Fear, Shame, and Peace of Mind:

Motivations and Barriers to VCT Utilization among Most at Risk Populations in Vietnam

PSI Vietnam
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## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ARV</td>
<td>Antiretroviral Therapy</td>
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<tr>
<td>BCC</td>
<td>Behavior Change Communication</td>
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<td>CDC</td>
<td>Centers for Disease Control</td>
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<td>COHED</td>
<td>Center for Community Health and Development</td>
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<td>CSW</td>
<td>Commercial Sex Worker</td>
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<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>FHI</td>
<td>Family Health International</td>
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<td>GOV</td>
<td>Government of Vietnam</td>
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<td>IDU</td>
<td>Injecting Drug User</td>
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<td>IEC materials</td>
<td>Information Education Communication materials</td>
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<td>IPC</td>
<td>Interpersonal Communications</td>
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<tr>
<td>IMPACT</td>
<td>Implementing AIDS Prevention and Care Project</td>
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<td>LIFE-GAP</td>
<td>Leadership Investment in Fighting the Epidemic Global AIDS Program</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MARP</td>
<td>Most At-Risk Populations</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>PAC</td>
<td>Provincial AIDS Committees</td>
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<tr>
<td>PHD</td>
<td>Provincial Health Department</td>
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<td>PLWHA</td>
<td>Persons Living with HIV/AIDS</td>
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<td>PMTCT programs</td>
<td>Prevention of Mother-To-Child Transmission programs</td>
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<td>PSI</td>
<td>Population Services International</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>SW</td>
<td>Sex Worker</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Executive Summary

This study provides insight into attitudes and beliefs among three high-risk groups toward VCT services in Vietnam. Given the paucity of information about the effectiveness and limitations of VCT sites and services in Vietnam, this study can assist social marketing efforts to target high risk groups more effectively.

VCT knowledge is low
The overall level of knowledge of VCT facilities and the services they offer is quite low. Very little of the information that potential clients do have comes from mass media or from leaflets or signs associated with specific facilities. Many members of high-risk groups inappropriately transfer ideas drawn from past negative experiences with the health care system to VCT centers and staff.

Stigma and shame are major barriers to using VCT services
Social norms are the most significant barriers impeding greater acceptance and utilization of VCT services. Stigma and discrimination foster an environment where even talking about VCT can be a shaming act. A fear of being branded HIV-positive and shunned by loved ones, neighbors, and the community causes many high-risk people to avoid learning their HIV status. The strong stigma attached to HIV/AIDS leads to low self-efficacy; people who might be curious, worried, or terrified about their HIV status often remain untested.

Lower stigma means more users of VCT services
Those who believe that there is a possibility for beneficial outcomes after testing, and who have less stigmatizing attitudes towards PLWHAs in general, appear to be more likely to seek out VCT services.

Confidentiality is key
A second major barrier to increasing acceptance and utilization of VCT services is the related belief that confidentiality can not be promised or, if it is, will not be honored. When the social costs of disclosure are so high, the act of going for an HIV test poses the risk of embarrassment, shame, or, in the case of sex workers, a loss of income. In the health system there appears to be a legacy of not treating patient information with care that contributes to potential VCT clients’ mistrust and fear.

Other significant perceived barriers to VCT include a lack of detailed information about locations and services, a lack of trust in the accuracy of test results, fear of being treated rudely and disrespectfully by clinic workers, fatalistic beliefs among IDUs about their HIV status, and worries about the cost of VCT services and follow-up medical care.

Personal contact with PLWHA, receiving advice from outreach workers or loved ones, and easing anxiety are major motivators for seeking VCT services
The study also provides insight into the motivations that lead people to use VCT services. The foremost motivating factors users of VCT services identified relate to threat level, subjective norms, and outcome expectation. Personal contact with a person sick with
AIDS increases the perceived threat level for participants. Receiving advice to use VCT services from an outreach worker, friend, or co-worker strengthens worried participants’ intention to be tested. A belief that utilizing VCT services will ease the anxiety of not knowing their HIV status is a strong motivator. For many non-users of VCT services, the motivation depended on HIV test outcome: they hoped to prevent transmission of HIV to a loved one if they themselves are HIV-positive and they feared contracting HIV if they proved to be HIV-negative.

**Future intentions to access VCT services are low**
Intention to seek VCT services is low among many participants. Many IDUs are convinced of their HIV-positive status without having been tested and some believe that definitively knowing their HIV status will be profoundly psychologically unsettling. Many CSWs believe that seeking services will make it untenable to continue earning money from sex work. In addition, fears about confidentiality and being seen going for testing led some participants to have difficulty imagining themselves entering a VCT facility in the future.

**CSWs have a short-term financial incentive to minimize risk perception and avoid VCT**
Among CSWs, outcome expectation is low. Despite threat of becoming infected by a client, sex workers emphasize the financial incentive to minimize their risk perception and act as if they are HIV-negative until proven otherwise. The most strongly felt motivations for sex workers to seek VCT services are those that related to thinking about a future in which they imagined themselves finished with commercial sex and in stable spousal relationships that had produced children.

**Counseling creates affirmative word-of-mouth**
The positive feelings generated by VCT counselors are one of the strengths of currently offered VCT services. Praise for the sympathetic manner and informational richness of the counseling experience is viewed by VCT users as a major benefit of getting tested. Good counseling appears to help ameliorate feelings of hopelessness and, possibly, increase users’ willingness to break the code of silence that surrounds HIV testing in Vietnam.

**More facilities in different settings are desired**
Many women want VCT clinics to be anonymously located in large health facilities. IDUs—which in this study were all men—preferred VCT sites to be discreet in both senses of the term; they desire clinics that are separate from large health facilities, which they associate with harsh detoxification treatment, and tucked away off main thoroughfares. All groups of participants agreed that more VCT sites are needed, for reasons of convenience and anonymity.

**Signs should provide detailed information; signs shouldn’t say “HIV” or “AIDS”**
Two views on signage emerged in the study. Many people felt the need for specific information and directions. Opposing this view, others, notably sex workers, want
generic signs that do not belie the purpose of the facility. It was widely felt that the words “HIV” and “AIDS” must not appear on any signs.

Specific Motivators/Triggers for Seeking VCT

Most commonly Mentioned Motivators:

- **Seeing a family member or friend get sick or die** from AIDS was a major trigger for getting tested. A spouse becoming ill creates a productive anxiety about one’s own health and the well-being of the family. Concern over what will happen to children if both parents are HIV-positive is a dominant worry.
- **A close call** that highlights one's own risk—such as a broken condom or STI infection—accelerated the decision-making process.
- **A new relationship** that warrants thinking about one's risk for HIV was a motivator. A relationship with “love” status is a prompt to know HIV-status in order to protect new partners.
- **Convenience or being at the hospital or clinic for another reason** was, for people who already had the intention to get tested, helpful in the decision-making process. (less commonly mentioned)

Barriers to Seeking VCT

Most Commonly Mentioned Barriers:

- **Fear of a positive test result** is linked to the fear of death. Most know there is no cure for AIDS and believe there is no point in knowing their status if nothing can be done about it.
- **Stigma/discrimination against PLWHA** is severe in Vietnam. Extreme social isolation is believed to be the result of testing positive. People fear being turned away by their families and losing their place in society.
- **Stigma/discrimination against IDUs and CSWs** leads MARPs to be wary of the medical establishment and its connections to the authorities. The legacy of morals policing and forced detoxification contributes to a fear of arrest or detention if one presents at a VCT center.
- **Fear of being treated badly by health workers** at VCT sites is particularly strong for stigmatized groups. CSWs, in particular, fear being looked down on and asked invasive questions by health workers. IDUs fears stem from past experience of cruel treatment in medical settings.
- **Being recognized by friends or acquaintances** is a strong fear among CSWs. The fear that rumors will start about what one is doing at a VCT center is a powerful deterrent to entering a facility.
- **Fear that results will not be kept confidential**—especially if HIV-positive—is a significant barrier. Past experiences and knowledge of others’ experiences with non-confidential HIV testing at hospitals leads many to suspect that VCT
services are not fully confidential.

- Among sex workers the fear that testing will result in loss of income prompts many to feel that not knowing their HIV status is better than taking the risk of a positive result.
- The fear that hopelessness or depression would result if HIV positive causes many to avoid seeking VCT services. Not being able to psychologically handle being HIV-positive makes not knowing seem like a better choice than VCT.
- That there is no cure for HIV/AIDS means that there is no reason to get tested. If medicine were available, or affordable, it might be worth it.

Less Commonly Mentioned Barriers:

- The fear that results might not be accurate and the risk of false positive outweighs the possibility of knowing one’s status with certainty.
- People don't know where to go. Knowledge of specific VCT sites is low.
- Not knowing what to expect at VCT site causes anxiety. Assumptions are made that VCT is like testing in hospitals.
- Low risk perception and the belief they are not at risk for HIV/AIDS. Underestimation of personal risk leads people to not consider VCT.
- A positive HIV test will cause extreme anger and could lead a person to seek revenge.
- People with nothing to lose will live recklessly and endanger others.

Benefits of VCT or Knowing One's HIV Status:

- Peace of mind and relief from anxiety and worry are major benefits of knowing one’s HIV status, especially if found negative. For some, especially CSWs, a negative test result would be a license to continue risky behaviors and for others, especially IDUs, it would prompt them to want to reform their lives. This relief is the converse of the fear of hopelessness if found positive.
- Being able to protect partners and family members from infection is a major concern for all who consider there is a chance they are HIV-positive.
- Being able to protect oneself from becoming infected is a benefit of knowing one’s status, especially for CSWs, who see continued income-earning as a distinct benefit.
- A chance to start again with a brighter future. For IDUs, this means a life without drug addiction and for CSWs different work, a new relationship, and having children
- Access to information about HIV/AIDS is commonly understood to be the content of counseling. Knowledge of how HIV is transmitted is viewed as a major benefit of visiting a VCT center.
- Access to medical care that might help one live longer was viewed as a benefit. Some non-users hope that they will receive medicine as the result of going to a VCT clinic.
Less Commonly Mentioned Benefits:

- Opportunity to discuss concern and worries related to HIV with someone kind and knowledgeable.
- Building "trust" in a relationship with a sexual partner with whom one does not use condoms.

Desired Characteristics of a VCT site:

The below were traits and characteristics in VCT sites that both users and non users of VCT desired.

- **Confidential and Anonymous Testing.** The lack of confidentiality associated with hospital testing convinces many that this is the number one criteria for considering VCT. A system of codes rather than names is strongly favored.
- **Kind, sympathetic, and respectful staff** who do not discriminate against IDUs or CSWs. These groups are used to being treated rudely or dismissively by health workers and authorities. A welcoming, supportive atmosphere is very important to them.
- **Staff they don’t already know** is important to CSWs, who fear embarrassment of recognition and the possibility that health workers will gossip about them. Some prefer to travel out of their own neighborhood to decrease the likelihood of being spotted.
- **Convenient locations.** The ability to choose from among several sites was desired for reasons of proximity. Less time to travel to and from a VCT site would make it easier to schedule.
- **Discrete locations** would lessen the embarrassment of entering a VCT clinic. Suggested tactics to make VCT easier to approach included embedding the site in a medical facility where other services available, placing it in a hidden location, and not writing "HIV" on the sign.
- **Counseling with accurate information to prevent transmission.** Fear of infecting others, especially spouses and other family members, produces a strong desire to be given complete, trustworthy information about HIV transmission.
- **Accurate test results** were frequently mentioned, indicating that there is significant doubt about laboratory precision or patient information procedures.
- **Routine testing or making it "normal"** was proposed as a way to ameliorate the anxiety surrounding testing. If everybody does it, it won’t be so embarrassing or frightening.
- **Fair and low price.** There is a willingness on the part of many to pay a modest amount for testing. Others are adamant that VCT services should be free.
- For IDUs, **monetary support in exchange for or after testing** was sited as a desired characteristic. Many felt that monetary compensation would make it easier to access VCT services.
- **Quick results** with short waiting time was viewed as desirable though there is wariness that accuracy should not be sacrificed for speed.
Programmatic Recommendations

The key lessons that emerge from this study of VCT Services for Most At-Risk People in Vietnam are:

Use selected and targeted media to provide correct information on VCT sites and services
The overall level of awareness and understanding of testing facilities and the services they offer is quite low, due to a lack of detailed information about locations and services. Especially where VCT clinics are new, programs should be sure to let potential clients know where and how to access VCT, as well as opening hours and the free price of services. While mass media such as television may not be the most cost efficient method of promoting messages, it would be an effective approach to widely disseminate key characteristics of sites and specific locations. Supplementary media such as outdoor advertising, posters, and brochures would be helpful as well.

Emphasize counseling and ‘talking’
Campaigns should emphasize the value of counseling as a key part of VCT services, encouraging people to come to talk with counselors, work out problems, and learn how they can protect themselves and their families.

Messages and campaigns should emphasize confidentiality, friendly and sympathetic staff attitudes, and accurate, timely test results
Campaigns should be affirmative, stressing the supportive atmosphere in VCT centers. Allaying fears and anxiety should be among the main goals of media campaigns.

Media messages should highlight the benefits of knowing one’s HIV status
Many members of the target groups do not see much benefit to knowing one’s HIV status and nearly all perceive great costs. Messages should highlight future hopes and plans of MARP, focusing on a “brighter future” or a “new start.” “Peace of mind” and the calming power of certainty should also be stressed. In messages targeting IDUs, “doing the right thing” to protect their families can be emphasized in an effort to counter feelings of alienation.

Signs should be published and clearly identify sites as VCT clinics
Signs should not contain words “HIV” and “AIDS” but should be easily recognizable to those wishing to access services. Promotional signs should be visible and clearly identify sites as counseling and testing clinics. One effective method is to employ a ‘brand’ that is promoted in communication programs and serves to link promotional efforts directly to sites. By advertising the branded image, a brand would replace the need to have sites identified as HIV/AIDS centers.

Over the long term, decreasing the stigma widely attached to HIV/AIDS should be a target of mass media campaigns
Role models, preferably famous and unlikely ones, could be used in television spots to break the silence and shame that surrounds those who seek testing. One way to indirectly fight the demonization of those who are HIV-positive is to make getting tested widely accepted and normal part of life. As secrecy about testing diminishes, it may be possible to more directly counter people’s ideas about PLHWA.

**Testing negative is not a license to continue risky behaviors**

Although messages to MARP should be upbeat, campaigns should also underscore the importance that testing negative for HIV does not provide a license to continue engaging in risky behavior. Some MARP appear to believe that they can continue taking risks (e.g., having unprotected sex or sharing needles) as long as they remain HIV negative. Such misconceptions should be corrected during counseling sessions and other targeted messages.

**Increase the coverage and effectiveness of outreach efforts by enrolling peers**

Personal contact with someone who has been through VCT, is willing to talk about testing and test results, and who is recognizably a behavioral peer (or was recently one) is a powerful motivator for MARP to utilize VCT services. Outreach workers should be able to discuss all of the reasons why MARP currently avoid testing. In addition to increasing the subscription to VCT services, outreach workers should be actively working to remediate anti-HIV/AIDS stigma that is pervasively felt by the target populations. Organize pre-VCT counseling for groups and for individuals. Partners of IDUs will require separate outreach efforts. Local networks of the Women’s Union might be organized to this end.
Introduction

The HIV/AIDS epidemic in Viet Nam is in the “concentrated epidemic” stage. The disease has spread rapidly in specific subpopulations, particularly among injecting drug users (IDU) and Commercial Sex Workers (CSW). The Government of Vietnam (GOV) is increasingly recognizing the need to address the epidemic and has identified several priority areas for HIV/AIDS prevention, including voluntary counseling and testing (VCT), peer education, and harm reduction programs for high risk populations.

Building on the efforts of previous and ongoing HIV/AIDS prevention programs, such as the USAID-supported IMPACT and MOH/LIFE-GAP projects, PSI is developing a pilot social-marketing program to increase the demand for VCT services by Most At-Risk Populations (MARP).

PSI will leverage Vietnam’s social communication infrastructure and decentralized public health system to implement a comprehensive communications program. This intervention will be based on collaborative work with the MoH/LIFE-GAP project, established NGOs, Provincial Health Departments (PHD), and nascent civil society groups working with MARP. The goals of the project will be to 1) increase knowledge of and demand for VCT services by MARP, 2) reduce the stigma associated with the use of VCT services, and 3) increased the capacity of GOV and local NGOs to implement social marketing approaches.

HIV/AIDS in Vietnam

At the end of 2002, the official estimate of HIV prevalence among adult men and women in Vietnam was 0.28%. As of November 2004, a cumulative total of 88,393 people had been reported as HIV positive and 13,952 people were diagnosed with full-blown AIDS. The MoH has estimated that by the end of 2005, 197,000 people would be living with HIV/AIDS in the country. HIV/AIDS infection in Vietnam is predominantly transmitted among IDU and CSW, with approximately 65 percent of transmission through IDU. The highest prevalence rates are found in border provinces, large urban and industrial centers, and tourist areas. Many sex workers are also injecting drug users, compounding the problem. Studies indicate prevalence rates among IDUs and SWs varies significantly by province, but up to 75% of IDUs in Ho Chi Minh City and Hai Phong, and 26% in Hanoi are HIV-positive, while nearly 20% of SWs were found to be HIV-positive in Hanoi.

Voluntary Counseling and Testing (VCT) in Vietnam

The number of VCT sites has grown rapidly in Vietnam in the last 3 years. Most provinces now have at least one VCT site, and the number of sites is expected to increase in the near future. To date, however, most individuals’ experience with testing for HIV has been through public sector hospitals or 05/06 rehabilitation camps, sites where HIV status is determined but generally accompanied by little counseling or confidentiality.

Motivations and Barriers to VCT Utilization among MARP in Vietnam

1 Source: MOH 2004
2 Source: UNAIDS progress report 2003
The MoH/LIFE-GAP project
VCT is the critical component of a five-year cooperative agreement established between the Centers for Disease Control (CDC) and the Vietnam Ministry of Health (MoH) to support the implementation of VCT in up to 40 of Vietnam’s 64 provinces. Since the first MoH/LIFE-GAP-supported VCT center opened in Hai Phong in 2002, similar programs have been established at 45 sites in 40 provinces, with technical assistance from the CDC. In ten provinces peer educator networks deliver HIV prevention messages while working to create demand for the VCT sites.

Other providers of VCT services
In addition to MoH-managed sites, FHI has been supporting and managing four VCT sites. Marie Stopes International has integrated VCT into 4 reproductive health clinics and plans to fund mobile VCT clinics that serve MARP in hard-to-reach areas. COHED, a Vietnamese NGO, also provides counseling training services to government health workers, including those in rehabilitation centers for IDUs and CSWs. Finally, the Global Fund to fight AIDS, Tuberculosis, and Malaria is supporting a fledgling network of VCT sites throughout the country. To date, funding is not widely available for test kits, however, and the sites cannot be classified as fully functioning VCT clinics.

Barriers to the use of VCT services
Much progress has been made in increasing the acceptability of VCT services in Vietnam. In addition to supporting high-quality testing and counseling at VCT sites, the MoH/LIFE-GAP project and other groups have focused on promoting the confidential and supportive nature of this service to MARP. However, decades of “social evils” campaigns to reduce the incidence of intravenous drug use and prostitution, together with the tendency to blame PLWHA for their condition, have resulted in profound stigma associated with HIV/AIDS infection and related services. Research has shown, both in and outside Vietnam, that stigma can substantially reduce the motivation to seek VCT services.  

The CDC assessment of IDUs and CSWs in Hai Phong demonstrates the need for more effectively marketed VCT services. Although nearly two-thirds of IDUs surveyed were HIV-positive (65.7%), only around one in ten answered that they were “very likely” HIV-positive (10.5%) or knew they were HIV-positive (“I have HIV”). Slightly more than two out of five (41.1%) IDUs had ever been tested for HIV. Of those who had been tested, 40.2% reported having done so voluntarily. Among those who had never been tested, the most common reasons given were: “It’s unlikely that I am infected with HIV” (52.0%); and “Worried that I may be already infected” (30.2%).

Among CSWs surveyed by the CDC, 32.5% were confirmed by surveillance to be HIV-positive. 32% have ever had an HIV test, and 63.5% thought it was “very unlikely” or “completely impossible” that they were HIV-positive. Only one in three (32%) of those

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3 A recent study of MARP in the Bac Ninh region concluded that in a perceived climate of social stigma toward HIV-infected persons, most IDUs believed they had little incentive to be tested for HIV. The socio-cultural context of stigma and other barriers to voluntary counselling and testing for HIV among injecting drug users in Bac Ninh, Vietnam. C Voytek, VF Go, LV Tham. 2004.
surveyed had ever had an HIV test. Of those who had never been tested, reasons often mentioned were: “It is unlikely that I am infected with HIV” (51.9%) and “Worried that I may already be infected with HIV” (31.1%). Two other prominent reasons given indicate CSWs’ concerns over confidentiality: 31.9% said they were “Worried that someone would see me getting test”; 28.7% were “Worried about having to give name.” The most frequently stated reason for getting tested was “Felt sick or self-suspected” (39.1%), and more than two-thirds (67.2%) said they got tested voluntarily.\(^4\)

\(^4\) CDC Surveillance Assessment of Drug Users and Sex Workers in Hai Phong
PSI behavior change framework

Over recent years, PSI developed a behavior change framework to help better understand and explain behavior change and health status and to provide a theoretical base for designing evidence-based interventions. The framework includes three constructs which are comprised of factors, referred to as “bubbles,” which influence individuals’ adoption of safer behaviors. The constructs are:

- **Opportunity** - institutional or structural factors that influence an individual’s chance to perform a promoted behavior. These are changeable by the social marketer, and not influenced by the individual (e.g. availability of VCT clinics, or availability of condoms in pharmacies).
- **Ability** - an individual’s skills or proficiencies needed to perform a promoted behavior. Ability is changeable by the social marketer, under the influence of the individual and can be seen in action (e.g. knowledge of how HIV is transmitted).
- **Motivation** - an individual’s arousal or desire to perform a promoted behavior. This is changeable by the social marketer, under the influence of the individual and can not be directly seen in action (e.g. attitudes towards accessing VCT).

These three constructs facilitate or inhibit the targeted behavior (in this study, utilization of VCT services) and can be enhanced, increased, or positively changed within the target audience by the social marketing agency. When opportunity, ability, and motivation are increased, the probability of behavior change is increased.

PSI Vietnam’s VCT social marketing program will focus on opportunity factors, such as the brand appeal of existing VCT sites, and increasing awareness of where MARP can access VCT. Through various education strategies the campaign will also address factors related to ability, for example social support provided by peer educators, and that individuals infected with HIV may be asymptomatic. Finally, factors related to motivation, such as people’s beliefs about how VCT services differ from hospital testing, reduced stigma associated with accessing VCT, and increased risk perception of MARP.

The analysis in this report highlights findings regarding the opportunity, ability, and motivation of IDUs and FSWs in Hanoi and Hai Phong, Vietnam to seek VCT services.

**Study Need and Purpose**

PSI Vietnam began operations in early 2005. Funded by USAID, PSI is implementing a social marketing program for the promotion of VCT services, in collaboration with the MoH/LIFE-GAP Program Office, the CDC and other VCT providers, as well as local provincial PHD and Provincial AIDS Committees (PAC) in Hanoi and Hai Phong. Through the use of social marketing approaches, PSI is working to increase awareness of and trust in VCT among MARP, reduce the stigma associated with these services, and increase the capacity of PHDs to develop effective, non-stigmatizing social marketing campaigns.
By conducting this qualitative research, PSI explores attitudes and behaviors relating to demand for VCT use among MARP. The overall objective of this research is to gain an in-depth understanding of the use and non-use of VCT services in Vietnam among three key target groups: Injecting Drug Users, Sex Workers, and their sexual partners.

Through this research, PSI hopes to understand motivational triggers, perceived barriers, and perceived benefits as they relate to demand for HIV testing and counseling among key target groups. In addition, this study explores VCT users’ past experiences with HIV counseling and testing to obtain insight into the benefits of knowing HIV status, as well as barriers to past testing in order to improve VCT services.

Results from this research will be used to develop targeted communications messages to increase informed demand by MARP for VCT sites available in Vietnam, particularly in Hai Phong, Quang Ninh, and Hanoi provinces. This research will help to define appropriate media channels as well as the content of Information, Education, and Communication Materials (IEC).
Methods

This study was conducted in Hanoi and Hai Phong cities in January 2005. These two cities were selected mainly because they are the largest cities in the north of Vietnam, where a system of VCT was initiated in recent years by several NGOs, and where individuals at high risk for contracting HIV/AIDS are assumed to be most numerous.

The study employed a qualitative approach, using two main data collection techniques: in-depth interviews and focus group discussions (FGDs). Fifteen in-depth interviews and sixteen FGDs were carried out focusing on three main target groups: male IDUs, female partners of male IDUs, and female sex workers. Female sex workers were further divided into two categories: Direct, or street-based sex workers, and indirect, or karaoke-based sex workers. Each FGD consisted of 6-8 participants and in total, 135 of participants took part in the study.

Sampling frame and strategies to access target groups

The study subjects were classified into two categories: users and non-users of VCT services. Snowball sampling was used to access groups of non-users. Meanwhile, client exit interviews were conducted with the study subjects who attended VCT centers during the time-frame of the study.

Table 1: Sampling frame

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<th>Target group</th>
<th>Hanoi</th>
<th>Hai Phong</th>
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<tr>
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<td>Users of VCT interviews</td>
<td>Non-user of VCT focus groups</td>
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<tr>
<td>Male IDUs</td>
<td>3</td>
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<tr>
<td>Sex workers (street-based)</td>
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<td>Sex workers (karaoke-based)</td>
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<tr>
<td>Sexual partners of male IDUs</td>
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</tbody>
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Data collection tools and data analysis

Semi-structured interview and FGD guides were prepared by PSI/Vietnam and used by researchers to conduct interviews and moderate discussions. Discussion guides covered (i) decision making process, motivational triggers associated with seeking VCT, including the role of influencers/gatekeepers, perceived barriers towards seeking VCT; (ii) perceptions and attitudes towards HIV testing and counseling service; (iii) perceptions and attitudes towards knowing one's HIV status; and (iv) perceived benefits of seeking VCT service. The data collection tools, including semi-structured interview and FGD guides, were developed using those employed in prior studies (S.K Ginwalla et al, 2002; Thomas H. Riess, et al, 2001) in consultation with PSI's research staff. Information from all interviews and FGDs were audio-taped and notes were taken by researchers. Discussions lasted approximately one and a half hours. All tapes were transcribed and translated into English, and verified by researchers. The transcriptions were then coded, using ANSWRS software developed by the CDC, for further analysis.

Controlling bias
A two day training course covering study design, data collection tools, interviewing, and focus group facilitation skills was conducted for 10 researchers. While these researchers had experience conducting qualitative research, the training helped them fully understand the study objectives and contributed to standardizing the methods deployed. During the training course, participants also had the opportunity to discuss definitions of the target groups and screening questions in order to maximize the coherence of the target groups. They were then pre-tested and revised before implementation. To avoid the influence of redundant information, it was decided that partners of the IDU who participated in some interviews or discussion were not included. Additionally, the study used multiple networks of peers in each city in order to minimize the limitation of the snowball sampling technique, which can produce an overly homogenous population. The rooms for in-depth interviews and FGDs were well-considered to foster a comfortable, participatory environment for participants. During the implementation, some FGDs and in-depth interviews were stopped or the results were excluded because the researchers recognized that the participants did not meet study inclusion criteria or they were peer educators in existing VCT programs. Finally, in order to limit the impact of gender bias, the male researchers worked with male participants, and female researchers worked with female groups.

**Difficulties and Limitations**

The research was conducted shortly before the Tet holiday when few clients visit VCT centers. Shortly after the outset of the study, the difficulty gathering sufficient numbers of study subjects at the VCT centers led researchers to engage outreach workers using snowball sampling to gather additional VCT users. The time allotted for FGDs and interviews with IDUs was limited due to the fact that the session had to be finished before IDU participants experienced an episode of “drug hunger.” In addition, several FGDs were cancelled because the participants were chased by police directly preceding the appointed time of discussion.

**Ethical issues**

Informed consent and confidentiality are particularly critical in this type of study, where most participants suffer from social stigma and have been targeted by police for incarceration. These two principals were stressed to peers who recruited study participants. Likewise, participants were reassured of their confidentiality and the nature of the study was explained before the start of all FGDs and interviews. Anonymity was ensured by allowing participants to call themselves by a nickname or pseudonym if they so chose and verbal informed consent was obtained from all participants.

Participants received financial incentives of VND 100,000 in order to compensate them for their time and travel expenses.
Findings

Knowledge and Understanding of VCT Sites and Services

Knowledge of VCT Sites
Among users of VCT services, medical personnel and outreach workers were cited as the source of VCT information about the facility where the testing occurred. All participants know that HIV tests are available for a fee at hospitals. However, few non-users of VCT had detailed knowledge of locations or services offered at VCT sites. Among the participants who were familiar with VCT, at most they could identify one site in their community. The most commonly mentioned were: Bach Mai (Hanoi) and 17 Le Dai Hanh (Hai Phong). Knowledge of VCT sites and services mainly came from friends, acquaintances, co-workers, and outreach workers. Among non-users of VCT services, IDUs and their partners were slightly more able to recall concrete information about VCT sites than sex workers.

Understanding of VCT Services
Study participants can be divided into three groups with respect to how accurately participants understand the services that VCT facilities offer: those who have a solid understanding of the various elements of VCT services (voluntary, confidential, counseling, testing); those unfamiliar with VCT services; and, those who hold erroneous views about the nature of VCT services. The terms “informed,” “uninformed,” and “misinformed” are used below to simplify the discussion of understanding of VCT.

Informed about VCT
A minority of non-users accurately understand the meaning of VCT. This group of participants could explain correctly the meaning of “voluntary,” “counseling” and “testing” and also mentioned other characteristics of VCT services such as confidentiality and a good attitude among staff.

“First, one receives counseling, then the blood test is undertaken and then you learn more about prevention. It is important that they provide counseling and that we learn our HIV status” (Hai Phong IDU)

“[VCT] is free of charge and the name of the person being tested is not needed.” (Hai Phong IDU)

“The staff will not look at us differently. It is voluntary so they are welcoming. It should be different from the hospitals.” (Hai Phong partner of IDU)

Uninformed about VCT
In comparison to IDUs and partners of IDUs, sex workers appear to be somewhat less familiar with the services provided at VCT centers. While many sex workers do grasp elements of VCT, in several discussions among non-users of VCT services, participants

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5 Estimates of the cost ranged from 50,000-200,000VND. The hospital at 50C Hang Bai Street was most commonly named by participants.
disagreed on the nature of services provided. When asked to describe what comes to mind when the term VCT is stated, some sex workers discussed their fear of being asked too many invasive questions rather than addressing the content of services provided.

“[With] counseling people may be afraid that they’ll be asked a lot of questions related to the test. For example: ‘why don’t you take precautions yourself?’ . . . We do not want people to jump into our own lives.” (Hanoi karaoke sex worker)

*Misinformed about VCT*

Some participants who stated they know what VCT is fail to make the distinction between hospital testing and VCT services. While seeming to comprehend the testing and counseling aspects of VCT centers, several IDUs focused on the potential for receiving government support for their health care or desire to be paid for using VCT services.

“I think counseling means that if you’ve got the disease they would tell you how to prevent giving it to other people and we can receive government support. . .” (Hanoi IDU)

“I think at a VCT center we can have the test done and the most important thing is that we know our HIV status. Then we receive counseling on prevention. But if they do not provide money in there I will not go.” (Hai Phong IDU)

Numerous participants from each of the groups in the study asserted erroneous ideas about VCT services. These include: VCT services are only for HIV-positive people; staff at VCT clinics will disclose information to the government; a positive test result will result in being arrested; many invasive questions will be asked; “voluntary” means VCT services are appropriate only for people with problems.

“VCT is a service to help HIV-positive people, to provide counseling to those people.” (Hanoi partner of IDU)

“People [at the clinic] will continue to question how I get infected if the result appears to be positive.” (Hanoi karaoke-based sex worker)

“[Voluntary means] that other people think ‘normal people rarely go for the test, this girl must have a problem.’” (Hai Phong partner of IDU)

*Motivations for Seeking VCT Services*

Participants in the study identified many motivations for wanting to be tested for HIV. Whether or not they were past users of VCT services, nearly all participants had at some time considered getting tested. The motivations past users of VCT services cited most frequently included a desire to know one’s HIV status in order to calm anxieties, receiving advice from a friend or co-worker, or seeing a loved one become infected or die of HIV/AIDS. When asked to think about what had made them consider getting tested, or what would make them want to seek VCT services in the future, non-users of VCT services discussed their fears about infecting partners or other family members, calming
their anxieties about their HIV status, and receiving medical advice about health issues that might be related to HIV/AIDS.

There were significant motivational differences among the groups studied. The concern that they had already been infected by a client was the most common reason street-based sex workers gave for wanting to get tested. Karaoke-based sex workers named a diverse set of rationales for potentially seeking VCT services. The most prominently named were the fear that they would transmit HIV to their clients, boyfriends, or husbands, to other family members, or to their future children in the course of pregnancy. A stated desire to reduce anxiety about their unknown status was also cited. IDUs demonstrated higher risk perception and most often mentioned the fear of infecting partners and family members, and a desire to end their apprehension about their HIV status. For some IDUs, their motivations rested on a negative test result. If they were to test negative, renewed hope for a better future including a life without drugs was viewed as a strong hypothetical motivation. Many partners of IDUs are concerned that they have already been infected by their partners. They view testing as a way to calm their anxiety about not knowing their status. Partners of IDUs also cited seeing a loved one get sick with AIDS as a prospective motivation for seeking VCT services.

**Users of VCT Services**

Personal experience was an important motivator for those participants who have utilized VCT services. Seeing a neighbor or loved one get sick or die from AIDS was identified by many as a deciding factor in seeking VCT. Users also cited the appearance of health problems they associated with HIV/AIDS as a motivator to testing.

Partners of IDUs, in particular, cited the appearance of AIDS symptoms in their partners, or the knowledge that the disease had killed people they knew, as the motivation for utilizing VCT services. One partner of an IDU, who had a family member become ill with AIDS, explained that this was the direct trigger to seeking VCT.

“I came here yesterday. I didn’t remember that it was Sunday. There’s a person [with AIDS] in the family and I was anxious. So I rented a place over there to spend the night and I came here today for the test.” (Hanoi partner of IDU)

For some participants, a combination of the support of outreach groups and a downturn in health triggered their decision. For some partners of IDUs, their partner’s health had faltered and for others it was their own.

“Now there is a peer group. They came to my house and invited us to join the group activities. We joined for one meeting and last Sunday went for the 2nd time. Then I noticed my husband got sick, so my husband and I planned to go [for VCT].” (Hanoi partner of IDU)

“Just recently, I felt weak. And my friends had gotten tested. I felt I had a risk of HIV and so yesterday I went to ‘Bright Future.’” (Hanoi IDU)
Sex workers appear to have had less direct contact with PLWAs than have IDUs. For some sex workers who have sought VCT services, the trigger was a specific incident that caused anxiety. Among those mentioned were having a condom break during sex or having sex without a condom.

“I was scared, I was worried because two months earlier I didn’t use condom. I was worried because I heard information that HIV lies dormant for 10 years before it shows symptoms. So I thought I’d better go have the test.” (Hai Phong karaoke-based sex worker)

Mistrust of sexual fidelity between themselves and their sex partners, both husbands and clients, motivated some sex workers to seek VCT services. These women were often skeptical about whether they could believe men’s assurances of sexual trustworthiness.

“[My husband] said he doesn’t have any extra relationships. I told him I don’t believe it, and that he shouldn’t trust me either. Restaurants and guest houses are now everywhere, and he’s out drinking, he has money, and if he wants sex he may go to a café or karaoke joint for sex.” (Hanoi karaoke-based sex worker)

Some sex workers said that testing provided reassurance to themselves and their clients. They saw this as a way to strengthen their relationships with their habitual clients. For other sex workers, testing HIV-negative allowed them to rationalize continuing to not use condoms with their trusted clients. These women also expressed the belief that a negative test result for themselves also made their clients seem more trustworthy.

“I see many people around me having sexual relationships and they have [AIDS]. I have sexual relationships too so I thought, ‘What if I have it?’ I got scared. And I don’t feel safe with my clients. I don’t trust them and they don’t trust me, so thought I’d better have the test to be sure and then both sides don’t have to worry.” (Hai Phong street-based sex worker)

A few sex workers spoke about the need for testing within their boyfriend or husband relationships. These women observed they always used condoms with their clients, they could not be sure if their boyfriends were taking similar precautions.

“I want to get my husband to go [for testing] too, and to be fair, if he goes I go . . . . Few men are decent now, many married men go out and have extramarital affairs and go having sex here and there. My husband also goes out, sometimes overnight, so I don’t trust him.” (Hanoi karaoke-based sex worker)

Non-Users of VCT Services
Though many non-users of VCT services are worried about becoming infected by HIV, they related fewer personal connections to people who had become sick with AIDS than those who had sought VCT. Despite the fact that a majority of non-users seem aware that they are at high risk for HIV infection, most expressed their concerns in hypothetical or
abstract ways. Those who had been tempted in the past to get tested often narrated the incident as a passing worry that had since receded.

Sex Workers’ Motivations
Sex workers described a range of motivations for seeking VCT services. The most commonly cited were: heightened risk perception, usually after a scare; convenience, including when they’ve gone to a health facility for other reasons; unfaithful partners; and, imagining a bright future.

Many sex workers acknowledged having concerns about their risky behavior, talking about the occupational hazard of a lot of “rubbing” against potentially HIV-positive clients. The scenario that they considered most likely to motivate them to get tested was after a specific incident, such as a condom breaking.

“We’re all worried about whether we’ve contracted [HIV] or not, especially when we’ve had accidents of broken condom.” (Hanoi Phong street-based sex worker)

Other motivations that non-user sex workers brought up include getting tested while they were at the hospital for other reasons and when they believe that a romantic sex partner had been unfaithful. Several sex workers talked about the future, when they expected to no longer be doing sex work. Future hopes for marriage and children could be a powerful motivator for some sex workers to utilize VCT.

“I think I should go for test because I will not work [as a sex worker] for my whole life. I will stop in the future and get married. But [I’m worried about] transmission from mother to baby.” (Hanoi karaoke-based sex worker)

IDUs’ Motivations
Motivations cited by IDUs were split into two categories: bleak negative examples, and optimistic future aspirations. IDUs who have watched multiple friends die from AIDS assume they are HIV-positive as well. Some of these men are torn between sadness over their friends’ fate and the hope that they may yet be HIV-negative. This hope tempts them to seek VCT services.

“About 5 to 7 of my peers have died of AIDS. So I worry. But I see my child still healthy, with no abnormal signs so that I half-believe. My wife is still normal. In general I still want to get tested but the conditions are not ready.” (Hai Phong IDU)

Other IDUs spoke about pursuing VCT in conjunction with making a new start by giving up drugs or beginning a romantic relationship.

“I want to make a new start, quit the drugs and stop making trouble for my wife and children. But before that I may have to take the test.” (Hanoi IDU)
“There is a girl who loves me. I will go for the test in order to protect her. I really love her and will make a new start if I’m not infected.” (Hanoi IDU)

For one IDU, hearing that the testing protocol involved no names, ID cards, or registration procedures caused him to consider visiting a VCT center.

“I’ve heard about VCT service and the advantages are no name, no ID card, and no registration procedure. They just take your blood and test. I think I may use that service. If the result is positive, no one will discover it and I will also receive a counseling session.” (Hanoi IDU)

Protecting others from becoming infected was a motivator for some IDUs. Several spoke about the understood risks of needle sharing and the need to protect family members, peers, and sex partners in case the IDU had already contracted HIV.

“Sometimes I have to share a needle so I’m very worried about HIV. So I want to have a blood test to see if I’m infected and then I can take some measures to prevent giving it to others.” (Hai Phong IDU)

**IDU Partners’ Motivations**

The partners of IDUs talked about seeking VCT services when faced with signs of illness. For some, their IDU partners’ HIV/AIDS had become symptomatic, causing them to worry about their own health and that of their children. For others, the appearance of health problems they associate with HIV/AIDS, such as STIs, led them to consider seeking testing.

“The first time I thought about HIV testing was in 1999-2000, when I suffered from Candida and one of my friend who was in Medical school told me that HIV-infected people are easily infected by Candida. I wanted to go for testing then but I was too frightened about how to face a positive test.” (Hanoi partner of IDU)

Many partners of IDUs whose husbands are HIV-positive expressed worry about what will happen to their children if they are also HIV-positive.

**Perceived Benefits of Testing and Counseling**

Among all participants, the foremost perceived benefit of VCT services is gaining the knowledge to prevent transmission of HIV to loved ones. While some users of VCT services mentioned transmission prevention as a benefit of testing, and many credited counseling with calming their worst fears, they appear to perceive relatively few benefits to VCT, including knowing their HIV status. Ironically, those who had not utilized VCT services were much more likely than VCT users to identify potential benefits. Many participants only thought VCT would be beneficial if they tested HIV-negative. Others said that a positive test—an outcome many suspect would be the case for themselves —
could also ease their state of anxiety, allowing them to access needed information, and prompting them to alter their behavior for the time they have left.

**Users of VCT Services**

Relieving one’s mind of uncertainty was linked to continued good health by some users of VCT services. They implied that the stress of not knowing their HIV status was itself deleterious to the body as well as the harmony of the family. Of course, this sentiment was particularly the case when the test was negative.

“Now I’ve had the test and I know I don’t have it. [Knowing HIV status can help] preserve the happiness of the family. It helps me have faith in our lives. Otherwise I would often feel pessimistic and not really want to do anything.” (Hanoi karaoke-based sex worker)

For some sex workers, knowledge of one’s HIV status was useful whether the outcome was negative or positive. If HIV-positive, these women felt they could take precautions against infecting their clients and other sex partners. If HIV-negative, sex workers could focus on preventing themselves from becoming infected. For one street-based sex worker, settling the question of her status was linked to her frame of mind while engaging in sex.

“I think it’s useful. I know about my health, whether I have or don’t have the disease. It feels tense to have sex while not knowing about one’s status.” (Hai Phong street-based sex worker)

IDUs and their partners, many of whom already assume they are HIV-positive, view the benefits of VCT and knowing one’s HIV status principally in terms of preventing transmission to loved ones and seeking medical treatment.

“The test result is positive. I use drugs and I have to accept that. I’m okay, but knowing that I am positive, I’m thinking of my wife. She is my hope.” (Hai Phong IDU)

“I think that I’m not free from the disease. I came here to take the test and to get medicines for treatment.” (Hanoi partner of IDU)

**Non-Users of VCT Services**

When asked to consider the benefits of seeking VCT services, non-VCT users who thought about receiving a positive test result spoke about preventing the infection from spreading to sex partners, including commercial clients and spouses, as well as to other family members. Those who imagined testing negative often talked about learning the facts about transmission so they could remain HIV-free in the future.

IDUs, the majority of whom appear to think testing positive is a forgone conclusion, saw confirmation of their fears as an opportunity to make major life changes. A number of them spoke about acting responsibly toward their families, quitting drugs, and making the most of their lives, but only after they learn for certain that they are HIV-positive. Thus, a
theoretical benefit of getting tested functions as a denial mechanism, allowing them to avoid confronting behavior change.

“When I know I have the disease I will firstly live in a way that protects other people. When I’m living dutifully . . . I’ll look for a job, such as being a counselor for people who have HIV and for those who don’t have it, [to teach them] that the disease is not infectious through normal contacts and there are precautions that will allow us to live in harmony with one another.” (Hanoi IDU)

Partners of IDUs were above all concerned with preventing further transmission of the virus to other family members. Occupying a space between the presumed vector of infection (the IDU) and the rest of the family, several partners of IDUs tried to focus on what they could do proactively to ameliorate the situation. When considering a positive test result, many partners of IDUs said that they hoped to use the knowledge gained to seek medicine to “struggle against the disease” and to “prolong our lives.”

Due to the impact a positive test result would have on their ability to earn a living, many sex workers considered the benefits and disadvantages of VCT to be completely dependent on the outcome of the test. Others sex workers viewed knowing their HIV status as an opportunity to make behavior changes accordingly: if they are HIV-positive, they say they will take precautions to prevent transmission to loved ones, seek medicine, work to maintain good health, or “stop having sex with my husband”; if they test negative, they will plan ahead for getting married and having children, and to protect their own lives.

**Barriers to Seeking VCT Services**

There is widespread acknowledgement among the study participants that they are at high risk for contracting HIV/AIDS. Despite this, participants perceive a range of social, personal/psychological, institutional, and logistical barriers standing in their way of seeking VCT services. Users and Non-Users of VCT services did not differ significantly in perceived barriers to testing and counseling.

There is a strong link between stigma and secrecy. Fears about becoming socially isolated if found to be HIV-positive stifle discourse about VCT. A major barrier to seeking VCT services is the secrecy with which test-taking and test results are held. Few non-users have discussed their thoughts about getting tested with others. Most of those who have not talked about testing do not think they would share the results of their tests in the future, including with their sexual partners. Although some users of VCT services, particularly those who are HIV-positive, reported having spoken with spouses and family members about testing and HIV/AIDS, this does not appear to have alleviated their fear of stigma or preference for secrecy.

Participants revealed numerous reasons why they would not wish to disclose their status. These include: feelings of embarrassment or shame; the sense that other people cannot
help even if they are found to be HIV-positive; the fear that talking to someone else will start rumors in the community; a feeling that family members already look down on them for their life choices and discussing HIV would exacerbate this; that they have no close friends or people they can trust with private information; and, a desire to not alarm their husband or wife.

**Social Barriers to VCT**

For many participants, the fear of becoming a social pariah keeps them away from VCT sites. Losing the ability to hold a job and being shunned by friends and neighbors are strongly perceived barriers to utilizing VCT services for many participants. The prospect of being rejected by their families if it becomes known that they are HIV-positive looms especially large for many.

“I’m sure that 100 drug addicts all have the same thought. They’re afraid of being isolated, kept away, and losing the chance to go back to their family.” (Hanoi IDU)

In addition to a fear of community rejection, several IDUs expressed a fear of being forcibly removed from society by the authorities. For many IDUs, past experience with compulsory detoxification, including accounts of brutal treatment while locked up, breeds the fear that if they get tested and the results are made public, they will suffer harsh consequences.

“I am basically afraid of being arrested as well as isolated. Others surely have the same feeling. If they find out you have HIV, they’ll isolate and lock you in a place for treatment.” (Hanoi IDU)

Several sex workers explained that stigmatization of prostitution by health workers and authorities made them wary of seeking VCT services. They spoke about receiving dirty looks and unkind remarks.

“We have several things to be worried about. First, when we initially walk [into the clinic] they look at us with a suspicious glance. Second, if the test is positive they will ask: infection, through what route? Big needle or small needle?” [i.e., Through sexual intercourse or drugs injection?] (Hanoi karaoke-based sex worker)

Past experience with strongly negative reactions to those thought to be HIV-positive lead some participants to prefer not to seek testing. One woman explained that it was better not to know for sure than to face community hostility.

“I don’t think I have [HIV] but people in the public hate me already. They see me with my husband and children and they will never come to us, they won’t cuddle my child. They hate my child. My husband has the disease. I don’t dare go out, people meet me, they say to my face that I have AIDS. It’s the whole village. (Hai Phong partner of IDU)
Personal/Psychological Barriers to VCT

A number of participants reported that a prospective loss of peace of mind kept them from seeking VCT services. Others fear that if they learn that they are HIV-positive, this news will upset their sense of equilibrium.

“If I am positive, my mind will not be peaceful. It will be in disorder and I will be without any chance for a better life”. (Hai Phong karaoke-based sex worker)

Some women with HIV-positive husbands discussed their fears about what will happen to their children if they too are positive. They express terror that their children could lose both parents. This is formulated as a prospect that is too much to handle, and several saw this as a reason to avoid VCT services.

“My husband’s already [HIV-positive]. I’m worried for my child. If I find out I’m positive too, how can I live with that knowledge? I don’t dare to go.” (Hanoi partner of IDU)

Several sex workers ruled out testing until they have stopped doing sex work. For some, they didn’t seek VCT because they didn’t want to have a positive test result interfere with their ability to earn money.

“We accept the fact that we might contract the disease, however we don’t dare to go for a medical examination because people might start rumors about our problem and keep away from us. Consequently, we will find it difficult to continue our jobs, to earn money, to feed our children. This is a reality. (Hai Phong street-based sex worker)

For others, a forward-looking outlook was viewed as a necessary prerequisite for seeking VCT services. These women deemed such long-sightedness to be incompatible with sex work.

“Because when sex workers engage in this job, they know they will not have a bright future, so they ignore [the consequences] and barter their lives for the job.” (Hai Phong karaoke-based sex worker)

Several participants identified the lack of palpable symptoms as evidence that they do not need to be tested. Those making this claim seem to view going for testing as an admission of vulnerability.

“I feel I am strong. If I’m weak then it’s because of some other illness, not that I’ve got HIV, [because] it exhibits ulcers and sores. So I don’t think I have HIV so I don’t go for the test.” (Hanoi karaoke-based sex worker)
A few sex workers minimized their risk perception in order to convince themselves that they don’t need to be tested. For these participants, VCT is viewed as something that is only necessary for people who are at higher risk than themselves.

“[My boyfriend and I] were in love for two years. During that time, I didn’t, I hardly had any relationships with other men because I had a boyfriend. My boyfriend also got tested several times and he didn’t have it. He showed me the result, so I thought I didn’t have it either and that’s why I haven’t gone yet.” (Hanoi karaoke-based sex worker)

A few participants linked fatalistic beliefs about death to negative ideas about HIV testing. A positive test result would only make the presence of death more closely felt, but it wouldn’t change the eventual outcome.

“I think it’s the attitude of contempt for life. Like my friend who has cancer and went for chemotherapy treatment: it only burns a bigger hole in the pocket. Death is a matter of time. Just like us going to have the test, just a waste of time. Since the disease is incurable, people adopt that attitude.” (Hanoi partner of IDU)

Institutional Barriers to VCT
Some respondents are deterred from using VCT services by their perception that the testing procedures will be complicated, hospitals confusing, or the tests inaccurate. Several participants spoke about how negative experiences at hospitals in the past have made them wary of seeking medical services. Several participants expressed the belief that hospitals don’t care about them as individual people but only as disease statistics. One IDU explained that in his experience, unless the hospital staff were given extra money, one would be treated shabbily.

“If I gave [the staff] money, then they performed the injection nicely. Otherwise, if there was no money, they would poke the syringe like they were injecting a pig.” (Hanoi IDU)

Many people expressed mistrust about confidentiality. This barrier appears to be strongly linked to the fear of social isolation that most participants associate with public knowledge of HIV-positive status. Because the social costs of disclosure of one’s HIV status, or even that one is at high risk of contracting HIV, are perceived to be steep, even a small amount of mistrust can form a potent obstacle.

Logistical Barriers to VCT
Logistical concerns were identified by some participants as barriers to testing. A lack of time was cited as a reason by several sex workers for not utilizing VCT services. In addition, some participants said that they didn’t have sufficient information about the location to receive VCT.
Perceived Disadvantages of Testing and Counseling

Participants’ ideas and opinions about the disadvantages of VCT overlap considerably with their conception of barriers to seeking services. They often discussed the two simultaneously and interchangeably. For most participants, perceived disadvantages of testing and counseling principally accrue from a positive test result. The key disadvantages stem from the social stigma attached to having AIDS, and individuals’ fear of death. Many fear of being socially isolated, controlled or arrested by authorities, or separated from society. These fears cause many participants to believe that getting tested will cost them peace of mind. When asked to consider what the negative consequences of receiving a positive test could be, a few participants talked about becoming suicidally depressed. In terms of perceptions of disadvantages, the study showed little difference between users and non-users of VCT services.

The fear of being shunned pervades participants’ perceptions of VCT disadvantages. For many, the experience of leading already stigmatized lives would be compounded by public knowledge of HIV-positive status. Individuals worry what will happen to themselves, but they also express great concern with the shame that will attach itself to their families.

Several participants related poignant stories about personal contact with the fierceness of the stigma often attached to PLWHA. For the tellers, the moral of these stories is often that even families abandon people who get sick or die from AIDS.

“There’s a person who had the disease who just died of AIDS from having sexual relations or something. Just passed away a few days ago. The family didn’t go to the funeral or attend the casket viewing. And at the burial, they wrapped plastic around the coffin.” (Hanoi partner of IDU)

The possibility of social exclusion leads some participants to attach a sense of hopelessness to receiving an HIV-positive diagnosis. The consequences of knowing one is HIV-positive were judged to be worse by a number of participants than the likelihood that one is HIV-positive. One IDU explained that knowing his HIV status would extinguish his last flicker of hope.

“I see a lot of disadvantages. It’s like the conclusion of a death sentence hanging over me. It’s better not to know, to let it be. I know that my chance of a negative result is very low, almost 0%. If I had a better chance of a negative result, I’d go to take the test. But if I go now, the result will show the truth. I want to hide that fact and I do not want to lose my last hope that my status might be negative.” (Hai Phong IDU)

Hopelessness could also lead to recklessness according to several participants. A few participants warned that knowing one is HIV-positive could remove the need to follow the rules of social order. Under these circumstances, people might act irresponsibly.
“[If] they know they’ve got HIV, they will feel tired of the world, live fast, live carelessly, play with whores, fight and kill because there’s nothing to be afraid of since they will die anyway. It’s very dangerous.” (Hanoi IDU)

In some sex workers, feelings of vengeance can result from a combination of shame stemming from doing sex work and bitterness toward the clients who they presume infected them. For one sex worker, anger over the prospect of contracting HIV from a client got formulated in terms of revenge.

“Even the doctor who counsels cannot imagine the feelings of hatred for somebody who passed the disease to me or how bad I feel about the reason that I got it. I will want to blame someone and I won’t care about anything . . . . I may take revenge against somebody.” (Hanoi karaoke-based sex worker)

Some sex workers expressed more practical disadvantages of testing positive. As with the sense of hopelessness, the economic consequences of knowing one is HIV-positive (and having it be known by others) could be dire for sex workers.

The Role of Counseling in VCT Services

Users of VCT Services

Nearly all users of VCT services reported favorable experiences with counseling. Though a few people still had questions that they posed to the interviewers, none described feeling cut off or disrespected by counselors at VCT sites. The sex workers in the study emphasized the enthusiastic manner and friendly demeanor of the staff at VCT facilities. IDUs and their partners were more matter-of-fact about the informational function of counseling, though several IDUs found counselors to be inspirational. Several IDUs either could not remember the content of the counseling session or reported receiving no counseling at all.

Sex workers were effusive in their praise of the counseling portion of their VCT experience. It is possible that many sex workers have had negative experiences with the medical establishment in the past, making the contrast particularly noteworthy. Terms used to describe VCT counseling are: “I felt great,” “[it] made me want to open up and confide,” “[the counselor] talked to me like a normal person,” and “doctors were enthusiastic and looked trustworthy.”

Many participants talked about how counseling assuaged their fears that the experience of going to a VCT center would be unpleasant.

“I got there and there wasn’t any more fear. They were friendly and welcomed me. They called me Ms. They told me to sit here for a rest and said, ‘It’s great that

Despite the enthusiasm Users expressed when asked about VCT counselling, few named it as one of the benefits of using VCT services or of knowing one’s HIV status. It is likely that some degree of investigator bias contributes to this paradox.
you came, please take a seat here and we’ll talk.’ So I felt like I was in my family.” (Hanoi karaoke-based sex worker)

IDUs emphasized the informational aspects of counseling. They recalled discussing the modes of transmission and how to prevent others from becoming infected. One HIV-positive IDU said that the doctor who counseled him helped turn around the gloom of the testing process:

“I felt very upset and scared when I arrived but when I heard the doctor’s counseling, I felt cheered up and I had hope. Their understanding and encouragement helped me to have strength to fight against the disease.” (Hai Phong IDU)

Partners of IDUs remembered their counseling sessions focusing on preventing the HIV virus from being transmitted to them by their partners. One Hanoi woman reported being advised to “encourage my husband to use condom so I won’t get the disease from my husband [him].” Another, whose husband had recently died from AIDS, said she was told to come back in three months for a retest.

Non-Users of VCT Services
Counseling was consistently viewed as an important asset by those who have not yet utilized VCT services. As many participants have avoided getting tested out of fear and anxiety about illness and disclosure, there was significant emphasis placed on the value of sympathetic, confidence-building counseling. Receiving information about preventing transmission was frequently mentioned by all groups in the discussions.

IDUs in the study are keen to be advised of the facts about preventing transmission and the ways HIV/AIDS manifests in the body. One respondent expressed a desire for peer counselors who were former drug users and another articulated his wish for affirming, inspiring counseling.

“I think the quality of counseling is the most important thing. In my opinion, the counselor should make me feel like life is truly precious . . . . Through counseling, I should feel that there is someone standing beside me, advising me how to live better, and more important, building up my confidence and belief in struggling with HIV-related matters. (Hanoi IDU)

Sex workers also want counseling to cover transmission prevention. In addition to learning how to avoid infecting their clients, several also mentioned wanting information on how to prevent transmission to relatives and friends. Privacy was a concern for one karaoke-based sex worker.

“The main concern is that I would meet someone who knows me at the counseling place. If counseling could ensure enough privacy, then I’d feel relaxed.” (Hanoi karaoke-based sex worker)
Receiving counseling when visiting a VCT site appeals to partners of IDUs. Several participants specifically contrasted VCT sites to regular hospitals when asked about the importance of counseling. One talked about not wanting to be treated by counseling staff on a lower level than “normal people” because they may deem her a “bad person.” Two other participants pointed out that at Hang Bai Hospital one must pay for testing while not “having a chance to receive advice.” One IDU partner spoke about the strong effect she feels good counseling can have.

“I expect from counselors an attitude of sympathy as well as reassurance because then I will feel more confident, mentally stronger, and optimistic. I think this would be good for my health.” (Hanoi partner of IDU)

**Desired Characteristics of VCT Facilities**

*Site Characteristics*

When asked what kind of VCT facility participants desired, discretion was their foremost concern. This manifested in two main schools of thought about what sort of building should house VCT sites. Some participants prefer a site inside a hospital. This would mask the purpose of their visit to the VCT facility since no one would know the precise reason why they have gone to the hospital. For similar reasons, many others stated a preference for a VCT site in an inconspicuous location. IDUs frequently expressed the desire to have a VCT site away from other health facilities, whereas sex workers more often wanted to visit a VCT facility nestled within a larger health facility.

“The testing place could be located down an alley, about 50m from the street because we don’t want other people to see us and treat us differently.” (Hai Phong IDU)

“Placing [the VCT site] in a health care facility is better. If the VCT place is alone, someone can recognize me when I come for the test and they may sneer at me [and think], ‘What kind of girl uses that kind of service?’” (Hai Phong street-based sex worker)

In contrast to the preference for VCT services nestled within larger facilities, one problem that several people reported was the difficulty of locating a VCT site within a large hospital.

“I was bewildered at the huge Bach Mai hospital. It took me a long time to find the room.” (Hanoi karaoke-based sex worker)

Among Non-Users, many participants, particularly IDUs and their partners, stated the need for more locations. Added convenience was an important consideration, as was the decreased likelihood of experiencing embarrassment stemming from bumping into a neighbor or friend. One participant imagined that if there were many VCT centers, many
more people would visit them and this would reduce the awkwardness of a surprise encounter.

“If there’s a testing service center in every district or every ward, then people may think, ‘Yeah, it’s a free test so I’ll go.’ There would be so many people going there so that even if they meet someone they knew, they wouldn’t feel too embarrassed.” (Hanoi partner of IDU)

Service Characteristics
Across all the groups, highly rated service characteristics of VCT facilities include: confidentiality; accuracy of testing and information; and, a positive, enthusiastic attitude on the part of the staff. Other important service characteristics for participants are: reasonable pricing; quick results; and, widely disseminated prevention information through counseling and media.

Confidentiality is enormously important—and a significant worry—for all groups. Frequently, when moderators asked participants about other desirable characteristics, they would bring the conversation back to confidentiality.

“Free-of-charge service is just one factor, however. We are very much afraid that . . . information would be disseminated in mass media such as television and newspapers. You can imagine the shock that our parents would get when they suddenly learned their child has HIV.” (Hai Phong street-based sex worker)

Partners of IDUs ranked accuracy of test results highest. Other highly rated concerns include keeping their information secret, a supportive staff manner, and quality counseling.

“I don’t think paying a test fee is an important issue. My concern is with the accuracy of the test.” (Hanoi partner of IDU)

“Waiting time is not so important compared to the attitudes of service providers, whether they appear to be enthusiastic or helpful.” (Hai Phong partner of IDU)

Several IDUs mentioned that they expected financial support when visiting a VCT facility. A few mentioned having been given money in exchange for getting tested in the past and would like to receive compensation in the future.

“The most important thing is that we know our HIV status. Then, we receive counseling on prevention. But, if they do not provide money in there, I will not go.” (Hai Phong IDU)

“I would appreciate it if the centre offers something which encourages people to come… some money.” (Hanoi IDU)
Among sex workers, confidentiality was the number one concern. Sex workers were most concerned that a lack of confidentiality would lead to harmful gossip. This led some to express the desire for trustworthy doctors, preferably ones they didn’t already know.

“They shouldn’t be local people, the people who know who I am. Tell you what, forget those doctors at Ky Dong or Viet Tiep because we know each other too well. They’ve been examining our kids for a long time. They know us all.” (Hai Phong street-based sex worker)

Sex workers as well as partners of IDUs also emphasized the importance of VCT staff attitudes toward clients. The adjectives most frequently used were: enthusiasm, sympathy, and respect. Reassuring, upbeat attitudes can help nervous and fearful clients relax, participants said. Likewise, an agreeable visit to a VCT clinic would enhance the likelihood that users would discuss their experience with others and encourage them to seek services.

**Signage Characteristics**

Opinions about the appearance of VCT site signs revolve around the tension between discretion and clarity. Many non-users of VCT services were concerned that VCT facility signs they have seen give too much information. The words “AIDS” and “HIV-testing” on clinic signs make most participants uncomfortable and by themselves are enough to prevent some from considering entering. However, other non-users would like to see more details on signs, including services offered and specific directions, which would help them find their way through confusing health facilities.

Users of VCT services made few suggestions for improvements of signage, though one Hanoi sex worker said that the sign was too obvious and stated that the internet was a preferable way to disseminate VCT clinic hours and directions.

Nearly all participants who voiced an opinion stressed the importance that marquees and signs must not contain the word “HIV.” For many people, the presence of the word itself was enough to scare them away.

“The sign is so big! I am afraid. No one would dare to go in. I passed by that center several times and had the intention to go in but the ‘HIV’ is so big. Seeing that, I felt afraid.” (Hai Phong street-based sex worker)

Some participants would feel more comfortable using VCT services if sites had completely generic signs. In particular, many sex workers expressed strongly that signs should not reveal the purpose of their visit. This led some to want very little content on VCT signs.

“The title should be general, for example . . . ‘health services’ or ‘general health clinic.’ Because when I go in, other people will just think that it’s a hospital and they won’t know the purpose of my visit.” (Hanoi karaoke-based sex worker)
Confidentiality

Users of VCT services place a high premium on confidentiality. Many non-users indicated that the fear that their test results, or even the fact that they were seeking testing, was a significant deterrent to utilizing VCT services. It is significant that almost no users of VCT services communicated similar worries. The system of using codes rather than names, in particular, appears to have assuaged fears that users carried with them into VCT facilities.

For non-users, the threat of having personal information disclosed to others looms large. Some participants fear that the authorities could learn of their illegal activities as a result of going to a VCT center. IDUs with experience of forced detoxification campaigns worry about the consequences if their confidentiality is not respected.

“In that [VCT] center, they may note your name and address in order to make a report. I actually met many other people in the [05/06] camp, where we tried to quit the drugs, who got HIV and their test results were sent to the local authorities in the areas where they lived.” (Hanoi IDU)

Sex workers were particularly wary of disclosure through informal channels. Some did not believe that doctors would keep their personal information within the confines of the clinic. The consequences of such a leak would be damaging rumors and shame.

“Just suppose [the doctor] gets my blood and carries out the HIV test and he knows I have the disease. When he leaves, he now knows I’m doing sex work and he goes to his friend’s house and his friend asks him about me. Then he’ll tell [that person] that I have AIDS and that’s it. It’s so hard.” (Hai Phong street-based sex worker)
Attachment 1:

PSI RESEARCH STUDY ON MOTIVATORS AND BARRIERS TO USE OF HIV VOLUNTARY COUNSELLING AND TESTING (VCT) SERVICES
NON-USERS OF VCT SERVICES FOCUS GROUP DISCUSSION GUIDE

I. Introduction (10 minutes)

Good morning/afternoon. I would like to thank you for having come here today. My name is _____ and I work for _______. Here is my colleague, her/his name is _______, and (s)he is our note taker for the discussion today. I would also like to tell you that the conversation will be taped in order for us to be able later to remember all the useful information you provide. We are very interested in hearing and learning from you about you opinions towards HIV counseling and testing service. The discussion lasts about one and a half hours, and we would like you to feel comfortable and speak openly of your feelings and opinions. The objective of this research is to help us to make the service as good as possible for people like you, so it's important that you give us honest feedback, even it's negative. There are no right or wrong answers. Everything you say will be treated confidentially, and your names will not be linked to your responses.

Before we start with the discussion, I would like us to agree on some basic rules we need to respect when we work in a group:
1. We will respect the opinions of others even when we disagree with them
2. When one person talks, the others should listen carefully and not interrupt
3. We talk when we are given the floor so that everyone will have an equal chance to express their opinions
4. Things discussed will remain within the group. No one should repeat anything they hear from the other members of the group. This particularly applies to sensitive topics and stories.

In order to get to know each other a little better, please tell us three things:
1. A name you’d like to be called during our discussion
2. Part of the city you would go to have fun when you have spare time

II. Ice-Breaker: (10 minutes)

1. What’s the first thing that comes to your mind when I say HIV testing?
   How about HIV counseling?

III. Key questions (50 – 60 minutes)

A. Decision making process, motivational triggers associated with seeking HIV voluntary testing and counseling, including the role of influencers/gatekeepers, perceived barriers towards seeking HIV testing and counseling

2. Think about some things that may prompt you to go for HIV counseling and testing?
   What are they?
   **Probe:** Outreach worker, friend, partner, radio, TV, newspapers…
3. If you were to consider going for HIV testing and counseling, who would you talk to?
   **Probe:** Why that person?
4. What do you think their reaction would be?
Probe: How might their reaction affect your thoughts about getting tested?
5. Who would you not talk to? Why?
6. What sorts of obstacles/barriers might prevent you from getting HIV testing and counseling?
   Probe: What would make you feel uncomfortable?
   Probe: Any concern about the services offered?
7. What have you heard about clinics’ ability to keep patient information confidential?
   Probe: What role does confidentiality might play in your decision to get tested?
   Probe: How important is it to you?

B. Perceptions and attitudes towards HIV testing and counseling service. Methods for improving service based on their suggestions
8. Where could you go in Hanoi (or Haiphong) to get HIV counseling and testing?
9. How did you hear about that place?
   Probe: Event, friend, partner, radio, TV, newspapers…
10. What did you hear about the center and its services?
    Probe: Good or bad?
    Probe: Convenient or inconvenient?
    Probe: Warm welcome or not?
    Probe: Anonymous or not?
    Probe: Other aspects of the services?
11. What would you consider to be an ideal VCT service for people like you? Can you describe such a place?

C. Perceptions and attitudes towards knowing one's HIV status
12. What would some of the disadvantages of knowing your HIV status be?
    Probe: why?
13. What would you consider the benefits of knowing your HIV status?
    Probe: why?

D. Perceived benefits of seeking HIV counseling and testing service
14. Besides finding out your HIV status, what would some of the benefits be of getting HIV counseling and testing service in general?

IV. Wrap-up questions: (5 minutes)
Thank you very much for your contribution. We talked a lot about HIV counseling and testing, benefits/advantages and disadvantages of going to get counseled and tested, as well as of knowing HIV status. We also discussed things that may influence people' decision on getting tested. Is there anything else that we talked but I did not mention?

15. Is there anything else about HIV counseling and testing that you want to add before we finish?