

E. Country Report: Vietnam

1. Country Profile

Stretching along the China Sea, for 1,650 kilometres from north to south, and with a an actual coastline of over three thousand kilometres, Vietnam is the largest of the lower Mekong countries (Maps 1, 2 and 3). Almost 75% of the land is mountainous, leaving the remaining valleys and plains for cultivation to feed the population of 77 million. Red River Delta in the north, and Mekong River Delta in the south, are among the most dense populations in the world. These two river deltas, providing very fertile rice farming land, as well as fresh water fish stock, are vital for the country's wellbeing. Highland minority groups populate the mountainous areas although, in the recent past, many lowland Vietnamese migrated into mountain areas, often sanctioned by the government. Vietnam is still a poor agrarian country with GNP per capita of 350 USD in 1998 (UNDP). The industrial and service sectors are growing slowly following the advent of economic reforms in 1986, known as *Doi Moi*.

Vietnam has achieved a very high literacy rate of 97% among men and 91% for women. Despite this, women still play a subordinate role in society. They are generally expected to show four qualities: skilfulness, beauty, gentleness and virtue. Social changes to improve women's status are taking place, albeit slowly. Under socialism the country has achieved excellent primary health indicators. During the last four decades, the infant mortality rate has been reduced from 147 in 1960 to 33 in 1996 (WHO 1998). But the major health concerns are those that remain common in many developing countries, such as infectious and parasitic diseases, particularly diarrhea, malaria, tuberculosis and respiratory infections. Road accidents, cancer and heart diseases are on the rise, especially in urban areas.

Table 15: Country Profile – Vietnam

Land Area	331,689 square kilometres
Number of Provinces/Municipalities	61
Total Population	77.2 million
Population Density per sq.kilometres	219 per square kilometre
Total Fertility Rate	3.21 per women
Annual Population Growth	1.8%
Infant Mortality*	31/1000 livebirths
Urban Population	25%
Life Expentancy (in years)	M=63.8 & F=67.95
Male-Female Ratio	51.5% female
Literacy Rate	91.5%
GDP per capita*	US\$ 310

*Source: National AIDS Bureau 1999 and *Unicef 2000*

Vietnam experienced a large-scale population migration during the war in the 1960s and early 70s, although many people have since returned to their places of origin. In recent years, lack of agricultural land in the overcrowded Red River and Mekong Delta Provinces, and scarcity of alternative income led large numbers of people to migrate to other parts of the country. Interestingly, the greater portion of this migration is rural-rural, leading some to say that this demonstrates the Vietnamese people's attachment to their rice growing culture (Mundle and Arkadie 1996). About a quarter of the internal migration was rural-urban, a great majority of it to Ho Chi Minh City, the industrial heartland of the country.

2. Migration and Mobility

2.1 Internal Migration and Mobility

Internal population migration in Vietnam has become a subject of interest in the 1990s following the years of economic reform, popularly known as *Doi Moi*. The 1989 census showed that, in the five years period of 1984-1989, only 4.4% of the population moved between districts, with almost half of that movement being between regions (UNDP 1998). There was considerable population movement during the war years, much of which was a result of either displacement by fighting, rural-urban flows in the south, urban-rural flows in the north, and strategic consolidation of settlements in the south (Barbieri et al, 1995). After reunification, in 1975, there were large-scale population movements from cities to rural areas caused by family reunification and resettlement to the New Economic Zones (NEZ), mainly in the south (Bannister 1993). The Vietnam Living Standard Survey in 1993 showed that approximately three quarters of all internal migration was rural to rural (Mundle and Arkadie, 1996). It has been emphasised that the level of migration to urban areas was probably underestimated because of the presence of large numbers of 'temporary migrants', and those living without legal registration do not appear in official statistics. While most rural migrants integrate into existing agricultural systems with relative ease, it is more problematic to integrate into urban areas.

Currently, as many as 700,000 people are unofficially migrating to major urban centres each year (Nguyen 1998). Often termed as 'spontaneous migrants', many of these people do not appear in official statistics. According to official statistics, most of the rural-urban migration occurred in Ho Chi Minh City (HCMC) and Hanoi, the former receiving about 70,000-100,000 annually, and the latter about 22,000 (UNDP 1998). A great majority of these people are young - in their twenties or younger. In Hanoi, about 43% of the migrants work in the service sector (eg pedicab and motorcycle taxi drivers), 20% in construction, and just over 10% in sales. In HCMC, most of the migrants work in manufacturing, service and professional jobs. Following the path to industrialisation, thousands of migrant workers continued to enter into NEZs, mostly in the south but also in the north and central region. One particular group of migrant people who deserve a mention here are the students and trainees who come from the Provinces to the major cities of HCMC and Hanoi.

Other internally mobile populations are traders and businessmen who constantly travel, often within the Province but also across Provinces or regions, or even across borders. Male traders, who have a good income and are away from home and the 'social controls' of their community, can be tempted into indulging in casual and commercial sex. It is known that some female traders, who appear to be increasing in number, can also be tempted, when away from home and in a different environment, into casual sexual relationships. Sales agents of private companies, who are usually on good travel allowances, are reportedly some of the regular clients of sex and entertainment workers. State and private enterprise officials, who often travel, are appreciated for their polite demeanour and good tips, according to the sex and

entertainment workers (Le Bach 1999). Police and military, especially those posted in remote border areas, are among the frequent visitors of sex workers as well. Sometimes they do not pay for services but provide security and protection to the establishments.

Gender in migration: Females outnumber males in the migration streams (UNDP 1998). In HCMC, most of the females are young, often in their teenage years, and approximately two-thirds are unmarried when they arrive. Over half of them work in manufacturing – particularly in textile, clothing and food processing industries – while another quarter work in trade, sales and service; and about 10% as domestic servants (UNDP 1998). There is little or no mention of women employed in sex and entertainment businesses. In Hanoi, female migration is still slow because of lack of job opportunities although it is now becoming more apparent in the service sector, particularly in domestic help services, and entertainment services.

Social impact: A notable negative impact of rural-urban migration, relevant to HIV/AIDS, is women's involvement in 'social evils', namely drugs, prostitution and gambling. According to UNDP's HCMC study, many of the workers involved in illegal occupations, such as prostitution, are migrants (UNDP 1998). Similarly, many of the sex and entertainment workers in Hanoi are migrants from the nearby Provinces (Le Bach 1999). In general, many urban migrants who are yet to register in the cities face many difficulties in accessing regular health services, as well as in raising children, in a new environment where there is some hostility toward them.

2.2 Cross-Border Migration and Mobility

Vietnam shares a 1,150 kilometre border with PRC, a 1,650 kilometre border with Lao PDR, and a 950 kilometre border with Cambodia. Unlike in the past, these borders are not serious impediments to population movement. The nonphysical barriers of many borders have been removed, or at least relaxed, by political and economic reforms. Many official and unofficial border crossings have been opened to facilitate movement of people and goods. Roads and bridges are being built to reduce physical barriers, often with the support of foreign development agencies, resulting in better and faster transportation inside the country and across borders. In general, the nature and size of cross-border population mobility depends on many different factors, mostly related to economic activities, and these factors are described in the following paragraphs.

(1) PRC-Vietnam border: Even when political relations between PRC and Vietnam were strained, cross-border movements continued motivated by ongoing trade and business connections. Normalization of relations has accelerated in recent years with the result that border crossings between the two countries are thriving, with large scale trading and business expansion. The two main border crossings are Dong Dang (Lang Son Province) and Lao Cai (Lao Cai Province). In Dong Dang, one hundred thousand heavy vehicles were counted in September 1999, along with half of this number of light vehicles (Uhrig 2000). At least three hundred trucks a day pick up or drop off goods at the three border gates. These are meeting points of thousands of traders, truckers, visitors, border police and state officials. There is an active sex industry, with Vietnamese women on the Chinese side of the border at all three gates (Uhrig 2000). In addition, many Vietnamese girls and women migrate to PRC. Some of them marry Chinese men while others work in domestic services or as sex workers. IDU is a serious problem here especially among young people, including truck drivers. The situation in Lao Cai is very similar to Dong Dang. In Tra Linh (Cao Bang Province) and Thanh Thuy (Ha Giang Province) cross-border mobility is much less than than Dong Dang. In Mong Cai (Quang Ninh Province), cross-border traffic is much lighter. However, IDU is highly prevalent in the Province, including border areas and among fisherfolk and seafarers. Overall

cross-border mobility at the PRC-Vietnam border is very intense with grave HIV risk situations.

(2) Lao-Vietnam border: This border is relatively quiet because of the slowdown in the economy. The main crossing point is Lao Bao in Quang Tri Province. It has received wide attention because of the much heralded 'east-west corridor' development project that connects Mukdahan in Thailand with Savannakhet in Lao PDR by a bridge, and the upgrading of route number 9 in Lao PDR and Vietnam, through Lao Bao to Danang seaport (see Lao PDR report). These development projects are supported by the ADB, as well as the Japanese and Australian governments. In Lao Bao, about one hundred trucks and 200-400 hundred people cross the border daily. Most of them are traders and truckers (CARE 2000). Trading at this location has been seriously affected by the economic crisis in Thailand and Lao PDR. In Lao Bao, there are discreet sex workers in the restaurants and karaoke bars, which is more open on the other side of the border. It is widely expected that, following completion of the Mukdahan-Savannakhet bridge and upgrading of Highway 9, trade and population mobility will increase significantly along this road. In Tay Trang (Lai Chau Province), Chieng Ve (Son La Province), Nam Can (Nghe An Province) and Plei Kan (Kon Tum Province), in addition to the mobility of some trucks and people, the former two locations are suspected to be trafficking points for opium and heroin, from the Golden Triangle through Lao PDR to Vietnam. Opium users in these areas may switch to injecting drugs if similar patterns occur as elsewhere, namely a scarcity of opium near trafficking routes leading to injecting of heroin. Further situational assessment is urgently needed to examine these areas and determine their potential for HIV/AIDS risk.

(3) Cambodia-Vietnam border: This border is very porous, especially in the southern sector where people on both sides of the border have close ethnic and cultural ties. The major land crossing between the two countries is at Go Dau (Tay Ninh Province). At the Moc Bau border gate about 300-400 people move through across the border daily (CARE 2000). Most of the Vietnamese migrants from here continue to travel to Phnom Penh and other large cities. In both Go Dau and Bavet (on Cambodia side) there are about 120-150 service girls. Three other less active land border crossings are Xa Mat (Tay Ninh Province), Ha Tien (Kien Giang Province) and Chu Ty (Gia Lai Province). In Chau Doc and Tan Chau (An Giang Province) and Hong Ngu (Dong Thap Province) many Vietnamese use Mekong waterways to go to Cambodia. In the Mekong Delta Provinces, there are many internal risk factors (eg commercial sex) for HIV transmission, but the risk situations are aggravated by return migrants from Cambodia who might have been exposed HIV/AIDS there.

2.3 Trafficking of Women and Children

Like many of its neighbours, trafficking in women and children is a growing problem in Vietnam. Until very recently, not much was not known about trafficking or prostitution and it was rarely a topic of discussion. The ratio of child sex workers is believed to be steadily increasing from 2.5% in 1989, 11% in 1994, and 11.4% in 1995 (Le Bach 1999). This coincides with a rapid increase in the overall number of the sex workers in the country, reportedly up to 200,000 sex workers, with 7% (UNICEF) to 10.5% (MOLISA) being children (Bond and Hayter 1998).

In a recent survey of 339 child sex workers (girls under 18 years of age) in Hanoi and Hai Phong, it was found that nearly 50% decided by themselves to enter into this work and the others were persuaded, deceived or forced (Le Bach 1999). Most of them originated from the rural areas and the reasons for entering this work are all too familiar: to help a family in poverty, family and personal problems, desire to make quick money, and deception or force. Child trafficking is also common among the Vietnamese sex workers to Cambodia and PRC.

A recent nationwide survey undertaken by the Human Rights Committee in Cambodia found 14,725 sex workers of which 2,291 were children and 78% of them Vietnamese (Kelly and Le Bach 1999). The situation appears to be worse in PRC although no proper statistics are available.

2.4 Specific Migrant and Mobile Population Groups

This section discusses some of the specific migrant and mobile population groups in the country and their characteristics, including ‘continuum of population mobility’ ie place of origin, mobility process, places of destinations and return and/or resettlement. This section can be read in association with the typology of migrant/mobile populations in the following section whose findings are presented in table format.

(1) Sex and Entertainment Workers

Like elsewhere, prostitution in Vietnam is as old as human history. The *Tales of Kieu* describe the filial piety of Vietnamese society as the young Kieu sold herself (for sex) to save her family. This is manifested in the modern day prostitution, where many girls and women enter into this work with the sole purpose of helping their family out of poverty. During the French colonial period, prostitution existed in large cities in brothels and salons. At the time of the Vietnam War prostitution boomed in the south, providing entertainment for soldiers and officials, especially foreigners. In the north, socialist development had virtually eliminated commercial sex. After national unification in 1975, the number of sex workers in the south was estimated at 10,000. Ten years later, in 1994, an estimate showed about 76,885 sex workers throughout the country (Kelly & Le Bach 1998). In recent years, the Ministry of Labor, War Invalids and Social Affairs (MoLISA) and UNICEF estimated that there are up to 200,000, with wide distribution throughout the country (Bond & Hayter, 1998). While the new economic order has created new opportunities for economic growth, new challenges have arisen in the social realm, the most destabilizing of these being the widening gap between the rich and the poor (Le Bach 1999). The present dilemma of Vietnamese society is that many long-held traditions and beliefs – some of which have been very positive for the cohesion of family and society – have eroded, before and during the *Doi Moi* reforms. The expanding market for the sex industry, and child prostitution in particular, is an indication of changing social mores and the erosion of values.

Domestic sex workers: Those who work in the present sex industry can be grouped into two categories: those who work within the country and those who go to work across the border. Although the Vietnamese sex workers in Cambodia, PRC and Lao PDR are the most talked about, in fact the domestic sex market is much larger and more complex. The domestic sex industry is now prevalent in Ho Chi Minh City, Hanoi, Hai Phong and other major urban districts. The establishments range from direct brothels, mini hotels and *beer om* to indirect karaoke bars and night clubs. There are also places like *Thanh Tuoi* for special service *huong dong gio noi* (scent of rice field), essentially referring to the sex services of authentic very young country girls. In HCMC and other cities, *beer om* or ‘hugging bar’ is a popular form of entertainment for many revelers.

Today, sexual services for money can be found in the great majority of the 61 Provinces, especially along highways, at border crossings and in seaports. Depending on the types of establishments, recruitment of the girls and women into the system involve the family or relatives, friends, recruiters, ‘establishment’ owners and guards and pimps. In many places, local authorities have a hand in the running of these places. Typically, the girls and women come from the rural areas of nearby Provinces and they usually don’t have to travel too far from their hometown. For example, most of the sex workers in Hanoi and Hai Phong come

from the Red River Delta Provinces (Le Bach 1999). It is very unusual to find a sex worker in Hanoi who originated from the Mekong Delta. Similarly, most of the sex workers in HCMC come from the Mekong Delta area and nearby Provinces. In the domestic sex market, local Vietnamese form the bulk of the client base and, ironically, one study in the north found that the largest group of clients are state officials (Le Bach 1999). Private sector employees, young men from rich families, police and military, foreign tourists and businessmen can also be regular clients.

Cross-border Vietnamese sex workers: In the past several years, Vietnamese sex workers have become an important issue at home and abroad. The main destinations of these girls are Cambodia, PRC and Lao PDR. There is conflicting information about the number of Vietnamese sex workers in Cambodia. The Ho Chi Minh City Women's Union reported that 40% of the total 30,000 sex workers in Cambodia were Vietnamese. A 1997 UNICEF report suggested the much lower number of 6,000 Vietnamese sex workers. In addition to large cities like Phnom Penh and Sihanoukville, the Vietnamese sex workers could be seen in the border with Thailand eg Koh Kong and Poipet. Some of them also work in Thai border towns eg Khlong Yai in Trad Province. Major originating Provinces in Vietnam include An Giang, Kien Giang, Tay Ninh and surrounding Provinces although no precise information about areas of concentration has been established. They usually travel by road at Go Dau in Tay Ninh Province and through Takeo and Kampong Cham. Some girls and women travel by boat to ports in Kandal and Bak Dey in Takeo.

In the north, thousands of girls and women go to the neighbouring Provinces of PRC, mostly from Lang Son, Quang Ninh and Lao Cai but also other Provinces of the Red River Delta. Most of the destinations are remote mountainous areas in Nam Ninh, Bang Tuong, Dong Hung, Ca Cuu etc, where they become wives, servants and labourers (SCF/UK 1999). Many others work in the border towns of Mong Cai, Lao Cai and Lang Son as sex and entertainment workers. In Lao PDR, there is a small number of Vietnamese sex workers, mostly along the east-west corridor at Savannakhet and Dang Savan but there also some in Vientiane. Most of these women come from the central Provinces (SCF/UK 1999).

(2) Fisherfolk and Seafarers

The 3,260 kilometre long coastline of Vietnam is dotted with nineteen major ports and many smaller ones. In addition to the usual trading and services, most of these ports have a large fishing industry. Cargo ships also dock in many of these ports, especially the large ones. So these ports are meeting places for many land-based mobile people, such as traders and businessmen, transport workers, migrant labourers, sex and entertainment workers, in addition to fisherfolk and seafarers.

There is a marked difference between the fisherfolk and the seafarers of cargo/passenger ships. Fisherfolk usually come from low socio-economic backgrounds and have a low education. They work in ports that are close to their hometown and usually maintain close contact with their family. Their work is very hard and they have very poor living conditions on the boat. Usually they go out to sea for long trips of up to a month or more and, on their return go to their hometown, although some boats may dock in other ports nearby within the country. They then spend a short period onshore sometimes with the family. Their jobs may not be stable and are often dependent on seasonal work, and thus their income is unreliable as well. Some unofficial reports suggest that there are up to 550,000 or more fisherfolk in the country, and double that number are involved in fisheries related businesses. Most of them have low knowledge about many issues including health and HIV/AIDS.

Seafarers, who work in cargo and passenger ships have the higher education of upper secondary to maritime college graduates, and belong to the middle class. Usually their work

is light and they have fair living conditions in the ship. Their ships make short trips in the domestic waters but may take long trips when they travel abroad. They have stable employment and income, though not very high. So the seafarers often work far away from home. Although they may try to maintain contact with the family, their long separation and loneliness encourages them to find a new 'sweetheart' in other ports. They usually have good knowledge about health and other social issues.

While on shore, both fisherfolk and seafarers may indulge in drink and sex, often with sex workers. But their background, lifestyle and level of knowledge puts them at different scales of HIV vulnerability. Also, there is a marked difference in the organisation and channels of communication, which is important in intervention programs. Thus, the necessity of noting here those factors that account for different HIV vulnerability.

Some of the major rivers and seaports in Vietnam are Ho Chi Minh City, Vung Tau, and Rach Gia in the south, Hai Phong and Ha Long in the North, and Da Nang and Nha Trang in the central region. Last year a seafarer research team studied HIV vulnerability in four locations – Hai Phong, Da Nang, Can Tho and Rach Gia (Seafarers Research Team, undated). Their report provides some detailed information on the fisherfolk and seafarers. While many of the seafarers are involved in casual and commercial sex, and sometimes drug use, many of them do not have a clear understanding of the risk of HIV transmission associated with their behaviour. As a result, they are not likely to rely on preventive measures, such as condoms and clean needles. This report however, did not discuss much about their interactions with other mobile population groups nor the local people. There is also very little information about the existing responses by the government, local authorities and private sector. It will be very important to supplement some of this information in order to develop appropriate responses at these locations. In the absence of detailed information about the other ports, anecdotal data supports similar or even worse HIV risk situations in many of them.

(3) Transport Workers

A rapid assessment of factors related to HIV vulnerability on several major transport routes in Vietnam was conducted in late 1999 by research teams composed of members of the National AIDS Bureau (NAB) and social scientists who studied Hot Spots of HIV vulnerability in eight Provinces (Uhrig 2000). Earlier, a smaller but detailed study was conducted by World Vision International (WVI) in Danang and the neighbouring Central Vietnam Provinces (Beesey 1998). Following the latter study, the provincial AIDS committees of four central Provinces of Quang Tri, Thua Thien Hue, Da Nang and Quang Nam joined in a project supported by WVI to reduce transmission of HIV among truck drivers and related population groups. The Provincial AIDS Committees of the southern Province of Tay Ninh and central Quang Tri, in association of CARE, have also developed interventions at two border areas (CARE 1997). Much of the documented information about transport workers is available from the above sources but also from the NAB.

Many changes have occurred in the trucking industry during the past eight to ten years that have resulted in a significant increase in the number of drivers, and a reduction in income (Beesey 1998). One of the changes is that there are far more young people driving now than in the past. Long distance drivers must spend long periods away from home, which leads them to seek out entertainment for relaxation when they can afford the time and money for it. At the same time, the number of sex and entertainment venues has increased significantly along the major transport routes all over the country and they can be easily identified. Many of these Hot Spots are near provincial or national borders, or river and sea ports where land and water transport routes converge (see list of Hot Spots). There are food, drink, accommodation, safe places to park vehicles loaded with goods, and entertainment and sexual

services available. It is common that drivers meet sex workers at the stops along their journey, especially in small restaurants or drink shops where sexual services may be negotiated. Sometimes sexual encounters may occur more directly through meeting low cost roadside girls. Hot Spots fluctuate in degree of activity. New Hot Spots develop as others are suppressed. Suppression leads to Hot Spots being formed on the other side of provincial borders, or to services being offered in more clandestine ways that may increase HIV vulnerability and make it difficult for people to access HIV prevention services.

Younger drivers are more likely to patronise sex workers more frequently than older drivers. Beesey (1998), notes four behaviours that are characteristically taken as masculine behaviours in Vietnam: smoking, drinking, gambling, and patronising commercial sex workers (CSWs). These behaviours are prevalent among many drivers. Drivers often implied that in the face of temptation their defense is weak. Both short and long distance truck drivers and their assistants buy sex. Small vehicle drivers, motorcycle taxi drivers, domestic tourists, passenger car users, state officials, businessmen and traders also buy sex. In the port towns, fisherfolk and seafarers use the same sex services as the transport workers. Motorcycle taxi (xe om) drivers are a very important part of these activities as they know much about the sex industry and guide the clients to the area. Alcohol is recognised by many people to play a major role in increasing risk behaviour, especially for younger men. Overall, unprotected sex is still commonplace in many instances and transmission of HIV and STDs are likely to occur. Some local transport workers in the north and some northern truck drivers working in the south inject opiates.

Almost all Provinces along highway number one – that extend from Lang Son to Ca Mau – have some large or small Hot Spots. Other important Hot Spots along road transport routes are Vung Tau in the south, Lao Bao (Quang Tri) in the central region, and Hai Phong, Viet Tri and Lao Cai in the north. This may appear to be a long list of places but the fact is that HIV risk situations exist in all of these places as well as many others along the trucking routes.

(4) Vietnamese Migrant Workers

Labour migration out of Vietnam is not a new phenomenon. During the early 1980s, some 300,000 workers and experts went to work in the former Soviet Union and East European countries (Business Vietnam 1998). In the 1980s, large contingents of Vietnamese military and civil officials were deployed in Cambodia and Lao PDR. At the same time many migrant workers, particularly fisherfolk, construction workers and entertainment workers also went to Cambodia (see section on Cambodia).

Since 1992, Vietnam has found a new labour market, mostly in Asia but also in the Middle East and as far as Africa. According to a MoLISA report (cited in Vietnam News, June 10, 2000), Vietnam sent 12,660 workers abroad in 1996 and 21,810 in 1999. They expect to send about 30,000 workers this year. MoLISA is targeting to raise the total number of overseas workers to 500,000 by year 2005. At present, they work in 38 countries, with the most favoured destinations being South Korea, Japan, Lao PDR, Taiwan, United Arab Emirates and Senegal. Earnings total more than one billion US dollars per annum. Most of workers abroad are employed in various jobs such as electric works, electronic assembly, garment factories, nursery and domestic help, depending on the needs of the receiving countries. Both men and women participate in the migration and in recent years the numbers of women are rapidly increasing, particularly in garment industries and domestic help. Most of these workers pass through legal channels but, like other similar situations, processes can lead to them becoming undocumented workers. Undocumented workers, such as those cross-border migrants into Cambodia and PRC, do not appear in these statistics.

The situation of Vietnamese migrant workers in South Korea and their HIV vulnerability was studied by CARE (CARE 1999). Experience from other similar situations of migrant workers in Malaysia, Singapore, Japan, Hong Kong and Taiwan indicates that HIV vulnerability increases significantly in the receiving countries due to language and cultural barriers, difficulty in accessing information, poor living conditions, lack of recreational facilities and inadequate health services (CARAM 1998, Hour-Knipe 1996, Panitchpakdi 1997). The situation is particularly serious for the illegal migrants who cross borders for work in Cambodia, PRC and, perhaps, Lao PDR. Because of the nature of employment, as well as the high prevalence of HIV, such as in Cambodia, the HIV vulnerability of these Vietnamese workers is considered very high.

(5) State Officials

Several million state officials form the mainstay of the workforce of Vietnam. They range from senior officers to drivers and other support staff. Many senior officers are middle aged, or old. Because of their work, many of them travel outside their duty stations. By sheer weight of numbers, these state officials form a good segment of the internal mobility in the country. In the customer portraits of the child sex workers, Le Bach (1999) described the largest group as state officials and state enterprise employees. According to him “it is not uncommon for state officials, when travelling to other Provinces, to visit disguised brothels to have fun by themselves or with local hosts who want to treat them nicely”. The girls also like them because of their polite behaviour and good tipping. Private sector employees working in the same situations do the same, so this is not unique for the state officials but rather a common phenomenon of many mobile men.

(6) Uniformed Officials

Similar to the state officials, the military and policemen (‘uniformed officials’) form another important group of the male workforce in the country. Border police and military are sometimes posted in distant areas, including borders, often without family. They are also periodically rotated to different stations. Military and policemen are described as the fourth largest group of clients in Le Bach’s study (1999). It is much more common in remote border areas than in the close vicinity of large army bases.

(7) Male and Female Traders

Like the rest of the region, trade and commerce is undergoing rapid expansion in Vietnam. This ranges from petty trading in markets and along roadsides to the long distance marketing of goods within the country or across borders, particularly on the PRC-Vietnam border. Many of these traders are mobile, whereby they travel to buy and sell their merchandise at different places. These people – both men and women – often have a very busy and stressful life. Usually their earnings are good and they therefore have a disposable income for rest and relaxation. They travel alone and usually spend time and nights with friends and acquaintances. This creates a situation where male traders take the opportunity to drink and sometimes visit sex workers. Some female traders away from family and living a stressful life may become involved in casual sex. Some women traders have been known to use sex and sexuality, or are forced to use sex, to negotiate safe passage, sometimes getting a ‘free’ ride with a truck drivers (Beesey 1998 & Lyttleton 1999).

(8) Construction Workers

Construction workers are found throughout the country, in urban centres and remote rural areas. In large cities, especially HCMC, there is a boom in building which requires a large pool of workers drawn from the countryside. Other labourers are working in dam, road and bridge construction. Construction workers move into the area and interact with local people

and/or other migrant people who move in to serve the workers. Road construction workers are currently in several locations along Highway One in Quang Binh, Quang Tri and other Provinces. There is also a large number of construction workers on Highway Nine to Lao PDR (east-west corridor) as well as Highway 22 to Cambodia (Asian highway). The next large project planned is turning the infamous Ho Chi Minh Trail into another major highway, which links the south to the central and northern regions. Dam construction is in progress in Dak Lak Province and another dam is planned in Son La Province.

(9) Foreign Tourists and Visitors

Vietnam is gradually joining its ASEAN neighbours in the promotion of tourism for much needed revenue. Historical attractions in Hanoi, HCMC, Dalat and Hue draw thousands of tourists each year. Vung Tao and Hai Phong are also gaining popularity among beach lovers. East Asians from Taiwan, Korea, Japan and PRC are the main visitors although in recent years European, Australians and those from ASEAN member countries are increasing. As always, there is a special segment of tourists for whom the main attractions are cheap sex and entertainment services. Some East Asian sex-tourists reportedly come to HCMC for the sole purposes of sexual services. Unconfirmed reports also suggest the existence of foreign pedophiles.

3. Typology of Migrant and Mobile Populations

Much has been described about the typology of migrant and mobile populations in the Cambodia section of the report. It is not surprising that much of the discussion in this report is about internal migrants and mobile populations. They range from migrant workers and students and trainees moving to the cities to traders, transport workers and state officials. Many of them are drawn into HIV/AIDS risk situations inside the country but also in cross-border locations. In general, the HIV risk situation is worse at border areas because of the nature of many border environments, and the lack of organised preventive measures. Vietnamese migrant workers to Cambodia and PRC, particularly the sex workers are extremely vulnerable. Small but highly active foreign traders and businessmen could also contribute to the HIV problem in Vietnam.

Table 16 provides an overview of internal and external migrant and mobile populations subdivided by occupational groups. Other useful typologies of mobile populations may be developed by using descriptions in the Cambodia section.

Table 16: Typology of Migrant and Mobile Population Groups and Assessment of Their HIV Risk Situation in Vietnam

Migrant and Mobile Population Groups	Population Size	Geographical Locations	HIV Risk Situation
A. Internal Migrants/Mobile			
Road/dam construction workers	*	Quang Binh, Quang Tri, Tay Ninh, Son La, Dak Lak	**
Dam construction workers	*	Son La and Dak Lak	**
Service sector workers	***	All major cities and border towns	*
Migrant Factory Workers	***	HCMC, Hanoi and other industrial areas	**
Students and Trainees	***	HCMC, Hanoi and other big cities	*
Sex and Entertainment Workers	**	Many cities, towns and border areas	*****
Male/female traders	***	Many cities and town, especially border areas	***
Road Transport Workers	***	Along Highway 1, #70, #22, #9 and borders	***
Fisherfolk and Seafarers	**	Sea and riverports, including cross-border sites	****
State Officials	*****	All over the country, including border locations	**
Uniformed Officials	*****	All over the country, especially in the border areas	**
Private sector/ businessmen	****	All over the country, including border locations	**
B. Vietnamese Emigrants			
Contract labours abroad	**	To South Korea, Taiwan, Japan, Senegal, etc	*
Cross-border Migrant labourers	**	To Cambodia, PRC and Lao PDR	**
Migrant sex workers	*	To Cambodia, PRC and Lao PDR, including borders	*****
C. Foreign Immigrants			
Private sector/businessmen	*	East Asians in HCMC, Hanoi and borders	**
Tourists and visitors	**	Mostly Asian in HCMC, Hanoi and others	**

**The number of asterisks proportionately signifies population size or severity of risk situations (see definitions in Methodology)*

4. HIV/AIDS Situations

Since 1990, when the first case of HIV infection was detected in Ho Chi Minh City, the number of HIV positive cases has consistently risen (UNAIDS 1999). During the second half of 1993, more than 1,100 new cases were reported, mostly from the south and central regions. In 1997, large numbers of HIV positive cases were identified among drug addicts in the Northern Provinces. By August 1998, HIV positive cases had been reported in 59 of the 61 Provinces and, in December 1999, in all 61 Provinces of the country. By early 2000, a cumulative total of 17,596 HIV positive people and 2,835 AIDS cases had been detected throughout the country. But this number represents only a small segment of the overall situation. Projections for the year 2000 are that the cumulative number of HIV infections will reach about 135,000-160,000. Among them, 14,000-21,000 will have developed AIDS and 10,000-15,000 will have died of AIDS (WHO 1998). The rate of spread of the disease is not as fast as in neighbouring Cambodia or Thailand but remains a serious concern.

4.1 The 'Two Epidemics' – IDUs and Sex Workers

A HIV epidemiological surveillance system was developed in 21 Provinces and cities in 1994. This involved anonymous testing of people from various groups such as injecting drug users, sex workers, massage girls, STI patients, TB patients, antenatal clinic attendees and military recruits. A behavioural surveillance system is in progress in three cities that will eventually be expanded to 20 or more Provinces and cities. The results of sentinel surveillance show that HIV prevalence rates vary greatly from province to province, and among population groups. Up until 1996, the epidemic was concentrated in the south, beginning with IDUs in Ho Chi Minh City, Vung Tau and the neighbouring Provinces. Heterosexual transmission was evident in the Mekong Delta region and in particular Provinces bordering Cambodia such as An Giang, Can Tho and Kien Giang, which are the sending areas of migrant labourers, including sex workers, to Cambodia. Since then, both epidemics in the south merged as the risk groups are very much interrelated.

In the north and central regions, the epidemic remained concentrated among drug users. In the central region and Tay Nguyen highlands, most of the IDUs are in the 30-49 year age group and have been taking drugs for many years. Most of the drugs users in the north and some in the south are young people of 20-30 years old. This latter group is very mobile and is sexually more active. They work and move along the drug (including heroin) trafficking routes in the north and pose a serious threat to the rapid spread of the epidemic. There is only a smaller proportion of sexual transmission in the north. Overall, 70% of the reported HIV cases were transmitted by IDU and the remaining 30% through sexual transmission (NAB 1999).

4.2 Drug Use and HIV Vulnerability

Government statistics in 1998 indicate that there were 129,705 drug users in Vietnam (MOLISA 1998). Earlier, in 1996, a large-scale nationwide survey in 41 out of 53 Provinces interviewed 68,276 drug users and provided very good demographic and socio-economic data concerning the drugs problem in the country. A recent survey report in January 2000 interviewed 7,905 drug users in seven geographical locations distributed throughout the country. This was a small-scale repetition of the 1996 survey that showed that drug use is rapidly increasing in the country.

In recent years, two important changes have occurred in the drug problem in Vietnam – the new phenomenon of IDUs in the north and south, and the change from opium use to IDU. During the Vietnam War and subsequent years, IDUs became a problem in HCMC and some

other Provinces in the south. Many of the old users are now in their late forties and fifties. The north was almost free of intravenous drug use, and thus the problem was confined at this time and throughout the 1980s. Some highland minorities in the north were smoking opium. Over the last five years or so, intravenous drug use has become serious problem in the north but also in the south. Most of the new users are young people in their early twenties. This trend is common in almost all Northern Provinces and HCMC but is still concentrated in the urban areas. This new trend is linked with shifting drug trafficking routes from the Golden Triangle to the outside world. Because of consistent suppression and control over trafficking through Thailand, several new trafficking routes are emerging. Some of these routes pass through Yunnan and southern PRC to north Vietnam, or through Lao PDR to north and central Vietnam, or through Lao PDR to Cambodia and South Vietnam. As one would expect, each of the drug trails is creating 'clusters' of drug users. These urban young form groups or networks to procure and use drugs. In order to save on costs and for logistical reasons, sometimes they organise a 'shooter' who takes care of all injection related matters. The use of a shooters poses a serious problem for HIV transmission as sterilization and/or disposal of the needles cannot be guaranteed.

The latest survey [MoLISA 2000] showed that about 75% of all drug users have used injecting heroin, followed by 33% who used opium. In the highlands of north and central Vietnam and in adjoining Provinces, opium smoking was practised for generations. Due to government and UN sanctioned suppression of opium production, its supply has been markedly reduced. It is now reported that at least some of those opium users have turned to IDUs now that heroin is available at a reasonable cost. In another words, the traffickers are using these old drug users to recruit new clients as well as creating trafficking routes in their area. Tay Trang (Lai Chau Province), Nam Can (Nghe An Province) and, perhaps, Lao Bao (Quang Tri Province) are a few examples of such drug routes. Overall intravenous drug use is a serious threat to the socio-economic stability of the country but also is a great danger for the rapid spread of HIV/AIDS among young people.

4.3 Current Trend of HIV Epidemic

The epidemic is no longer limited to these two specific population groups, that is to IDUs and sex workers. It is now spreading among the general population, in particular among people who live and work in high risk situations. The HIV risk behaviour of some population groups such as transport workers, fisherfolk, traders and migrant workers indicates potential rapid transmission of the disease, although there is no group specific seroprevalence data available to support such claims. As a whole, HIV transmission among the general population is more comprehensive in the Southern Provinces because of the simultaneous beginning of transmission among IDUs and sex workers. In the north, it is still mainly prevalent among IDUs but there is evidence that it is moving to sex workers and the general population. Nationwide, HIV infection rates among army recruits increased from no infections in 1994 to 0.15% in 1998, and in pregnant women from 0.02% in 1994 to 0.08% in 1998. Overall, countrywide HIV prevalence is still low. The current epidemiology suggests a general spread of HIV is occurring and could gradually increase through casual and regular sex with an undetected HIV positive partner as the use of preventive measures (eg condom use) is very low in almost all of these situations.

4.4 HIV Risk Situations in Relation to Population Mobility

The two main threats of the AIDS epidemic in Vietnam are linked with population mobility. The first and the most severe one is through IDUs. The Golden Triangle has been the main source of drugs for Vietnam and, in recent years, Vietnam has become one of the key

corridors of drugs trafficking to the outside world. With heroin trafficking routes inside the country, there are an increasing number of users along the way who provide support, such as transport workers, seafarers, fisherfolk, traders, uniformed officials etc. So the HIV epidemic has moved from the Golden Triangle to Yunnan and Guangxi in PRC and then to Vietnam (see Map 3). This is still very active and will continue to be a serious problem for years to come. The second route of spread for HIV has been the link of the Vietnamese migrants with Cambodia. Cambodia has been experiencing a rapid transmission of HIV since the early 1990s, which is still continuing almost unabated. It is predominantly heterosexual transmission involving large numbers of Vietnamese migrants, including sex workers. Most of these migrants originated from the Mekong Delta region bordering Cambodia, so HIV prevalence in these Provinces is among the highest in the country (see Map 3).

Natural progression of the disease continues and, once again, it involves various migrant and mobile population groups who are criss-crossing the country. Much of this has been described in the earlier section on transport workers along all major routes, but also heavily involved in HIV risk situations are fisherfolk and seafarers in ports, traders and businessmen in cities and at border crossings, and state officials and uniformed officials throughout the country. Intravenous drug use and commercial sex remain a dangerously important source of HIV transmission in the country but it is time now to look into many of these migrant and mobile population groups and their sexual networking. The North, especially the areas bordering PRC, is of particular concern. Due to the dramatic increase in drug trafficking and the expansion of commercial sex, all kinds of mobile people are involved in risk situations. In the central region, in addition to the Hot Spots along Highway One and in the ports, the development of the East-West Corridor is expected to increase mobility, which can enhance the spread of HIV. In the South, existing transmission among Mekong Delta people and migrants will expand as prevention activities are still not sufficiently effective to contain the situation.

4.6 Hot Spots of Population Mobility and HIV/AIDS

In this section we provide a list of Hot Spots for population mobility and HIV/AIDS. It has been widely accepted in Vietnam that a large number of mobile populations – both internal and external – have a very strong bearing on the transmission of HIV/AIDS in the country. As discussed in the previous section, mobile populations are not isolated groups but interact with other mobile groups. From the interaction within such groups, along with local service providers, risk situations emerge. It is therefore crucial to identify locations that have a large number of mobile populations with risk situations for HIV transmission (ie so called Hot Spots). A well designed mapping of Hot Spots of the country can assist government and other agencies to prioritise projects to develop integrated responses. The following Table 17 presents an attempt to develop such a list, which was guided by focus group discussions and other consultations in Vietnam. This list should be used as a guide to determine relevant Hot Spots and prioritise areas of concern, and also as a means to monitor changes over time (also see Map 4).

In addition, Tay Trang (Lai Chau Province), Chieng Ve (Son La Province) and Nam Can (Nghe An Province) all bordering Lao PDR should be kept under close watch as population mobility, particularly that associated with drug trafficking, could become a serious problem in these places. Many other towns and cities along major highways, and ports along the coast, could also be considered as Hot Spots as risk situations might have developed in these places. Last, but not least, is the need to conduct a full assessment of the hill tribes and ethnic minorities living in the highlands, many of whom used to smoke or inhale opium. Due to

short supply of opium and/or readily available injecting drugs, some of them may switch to heroin or other injections.

Table 17: Hot Spots of Population Mobility and HIV/AIDS Risk Situations in Vietnam

Hot Spots	Migrant and Mobile Population Groups Involved	Popn. Size	HIV Risk Situations
Northern Region			
Dong Dang/Lang Son	Transport workers, sex workers, migrant labourers, traders, state/uniformed officials, IDUs,	***	****
Mong Cai/Quang Ninh	Fisherfolk, transport workers, sex workers, traders, state/uniformed officials, IDUs	**	***
Lao Cai	Transport workers, sex workers, migrant labourers, traders, state/uniformed officials	***	***
Hai Phong	Fisherfolk/seafarers, tourists, transport workers, sex workers, traders, state officials, police, IDUs	***	***
Hanoi	Migrant workers, traders, transport workers, sex workers, state officials, tourists, IDUs, students and trainees	****	****
Central Region			
Da Nang	Fisherfolk and seafarers, transport workers, sex workers, traders, tourists, state/uniformed officials, IDUs,	***	****
Dong Hoi/Quang Binh	Transport workers, sex workers, construction workers, state/uniformed officials, IDUs,	**	**
Dong Ha/QuangTri	Transport workers, sex workers, construction workers, traders, tourists, state/uniformed officials, IDUs,	**	**
Vinh	Fisherfolk/seafarers, transport workers, sex workers, traders, tourists, officials, IDUs	***	**
Nha Trang	Fisherfolk and seafarers, transport workers, sex workers, traders, state/uniformed officials, IDUs,	**	***
Southern Region			
Ho Chi Minh City	Migrant factory workers, traders, transport workers, sex workers, state officials, tourists, IDUs, students and trainees	*****	*****
Phan Thiet/Binh Thuan	Fisherfolk and seafarers, sex workers, transport workers, state/uniformed officials, IDUs	**	**
Bien Hoa/Dong Nai	Transport workers, migrant workers, traders and businessmen, sex workers, state officials, IDUs	***	***
Vung Tau	Fisherfolk and seafarers, IDUs, tourists, sex workers, transport workers, officials.	**	**
Chau Doc/An Giang	Migrant workers (to Cambodia), transport workers, sex workers and traders	**	***
Rach Gia/Keng Giang	Fisherfolk/seafarers, transport workers, sex workers, migrant workers, traders	**	***

* The number of asterisks proportionately signifies population size/severity of risk situations.

5. Discussion and Conclusions

Launching of *Doi Moi*, or the economic reforms of 1986, heralded the beginning of a new Vietnam. Following years of war and displacement of people throughout the country in the 1960s and early 1970s, North and South Vietnam united again in 1975. After unification, there were large-scale population movements from cities to rural areas, mostly for family reunification. During the early 1980s, state controlled rural-rural migration was the main flow of people and, according to one official figure, 4.75 million people were resettled – mostly from North to Central and South Vietnam, in between 1976 and 1995 (UNDP 1998). But *Doi Moi* has also loosened state control over most of the economic sectors. In terms of its effects on population mobility, Dang and McNally (1996) have identified the following three important features of *Doi Moi*: (i) land-use rights were assigned to the family, to increase productivity and the amount of surplus of labour in rural areas; (ii) the subsidy system was abolished, thereby breaking the link between residence and access to services; and (iii) restrictions on private sector involvement in transportation, communication and trade were eased. Since *Doi Moi*, there have been very large population flows, initially rural-rural and then later rural-urban. Both HCMC and Hanoi are the principal recipients of the more recent rural-urban migration flows.

As the economy continues to grow, the mobility of people increases. In addition to resettled migrants, there are millions of others who move from place to place for work, including transport workers, traders and businessmen, state and private sector officials, uniformed officials, fisherfolk and seafarers etc. The demography, nature and frequency of movement of these people depends largely on the types of jobs they do. A long distance truck driver travels out of his home almost every week whereas a state official may travel only once, or less, each month. Most occupational groups have their own social networks, varying with location and duration and frequency of visits. Their HIV risk situations will therefore vary.

The recent upsurge of drug trafficking, from the Golden Triangle through Vietnam, has resulted in an increase in the number of IDUs in the north and central areas. Currently, it is the most important factor for HIV transmission in the country. The extent of drug use, and patterns of drug use, are rapidly shifting from opium use in rural areas to young, injecting heroin users in urban areas. Many of the latter group belong to migrant and mobile population groups such as unemployed youths, students and trainees, truck drivers, fisherfolk, and other migrant groups in the cities. It is therefore important to focus on urban youth, including migrants, and their lifestyles to understand the situation better and thereby develop appropriate responses. Special attention must be given to unemployed youth, who seem to have a special inclination to drug use and other risk behaviours. Attention should also be given to trafficking routes and the supply side of the problem. In addition to drugs, urban youth are also vulnerable to unsafe sexual behaviours, more so between friends and acquaintances but also in relation to commercial sex. This appears to be a serious problem in Ho Chi Minh City and perhaps other big cities too.

Transport workers form a large network of thousands of young men throughout the country. Their work conditions and lifestyle clearly link them with HIV risk situations. In addition to putting themselves at risk, they are also an important factor for transmission of the disease to distant locations, including their own families. Traders (including female traders), especially mobile ones, have similar situations as the transport workers. From the evidence, it can be said that both truck drivers' and traders' HIV risk situations are greater if their travel includes cross-border locations, such as Dong Dang or Lao Cai. Similarly, fisherfolk are also highly vulnerable to HIV and have quite a similar risk situation as the truck drivers, although most are limited to smaller geographical areas. Seafarers may have better education and

knowledge of health and HIV/AIDS but their customs and practices are nonetheless conducive to HIV transmission and should be targeted appropriately.

State officials and private sector officials, particularly those who regularly travel outside their usual duty station, are also vulnerable to HIV risk situations. In Vietnam, this is a significant number of people and is the top clientele base in some of the sex establishments. They may, however, be more inclined to practice safe sex because of their social background and knowledge of HIV/AIDS and its prevention. Similarly, 'uniformed officials' are also involved in a number of ways in HIV risk situations. First, they form part of the client base of the sex industry and second, they may be involved in the operation of the industry, which can sometimes include underage girls and/or trafficking. Some of the 'uniformed officials' are, of course, responsible for law enforcement related to the sex business and human trafficking.

The number of Vietnamese migrant workers is increasing, particularly to South Korea, Taiwan and Japan and as far as Senegal. These young people, especially female workers, are particularly vulnerable and programming should be in place to prepare them. Vietnamese migrant workers in Cambodia and, perhaps, Lao PDR and PRC are very vulnerable to HIV transmission because of their questionable legal status, the type of work they undertake and lack of social and health services. Of special concern are the large number of sex and entertainment workers in Cambodia, PRC and Lao PDR.

Large-scale development projects such as buildings, dams and roads are also having an impact on people's lives. Dam construction is already reported to have adversely affected the environment and, in turn, the lives of villagers. As controversy surrounds the construction of dams, others are planned. In addition to the displacement and resettlement of local people, environmental and livelihood effects, dams and other such projects also mean more mobile workers. Construction workers interact with local people when working in remote areas on bridges, roads and dams, or in mines. In direct and indirect ways such development projects can certainly have an impact on HIV risk situations and further assessments are needed for the different contexts.

For the purposes of intervention strategy, it is necessary to identify Hot Spots throughout the country. Based on the development of such lists, policy makers and program planners can prioritise areas and strategies for effective responses. It may sound simple but one should bear in mind that the nature of the Hot Spots change over time. As old Hot Spots are suppressed, new one develop elsewhere, or the nature of operation becomes different or sometimes becomes more clandestine. It is therefore very important to understand the mechanisms of defining and redefining the Hot Spots, rather than making a quick listing to determine their situations. Only a well organised group knowledgeable about the situations in the country will be able to prepare a dependable list of Hot Spots.

Finally, HIV transmission in Vietnam is intricately related to population mobility. A very large number of the mobile population groups – internal and external - are involved in HIV high-risk situations. It is therefore of utmost importance to develop comprehensive HIV/AIDS programs for migrant and mobile populations and to incorporate them into mainstream HIV/AIDS programming in the country.