

HIV EDUCATION

'Face up to the truth': helping gay men in Vietnam protect themselves from AIDS

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Summary: Appropriate AIDS prevention information is not available in Vietnam for men who have sex with men. Current AIDS prevention messages can be misunderstood with potentially dangerous results. We outline some features of gay culture in a provincial city in Vietnam. We describe the activities of a peer educator who made contact with a small group of young gay men during 1996 and 1997. All the young men were ill-informed about AIDS. Their attitudes and sexual practices made them vulnerable to AIDS. The peer educator provided clear information and emotional support. The peer education was done without government endorsement and on a very low budget.

Keywords: AIDS, peer education, gay men, Vietnam

ISSUES

The cultural and legal context: male-to-male bonding and homosexuality in Vietnam

Vietnamese men behave in an easy, naturally affectionate way with other men (as do women with other women). It is common, for example, to see men holding hands or kissing in public. This does not represent homosexuality and should not be misinterpreted as such. It is an example of Vietnamese men fulfilling their needs for intimacy by means of close friendships with other men. Vietnamese government spokesmen have found no evidence for homosexuality in their country¹. Vietnam was the only country, in a survey of 11 Asia-Pacific countries, to report no homosexual/bisexual transmission among cumulative AIDS cases up to 1997¹⁻³.

We lived in Vietnam, working with Médecins Sans Frontières (MSF) in the provincial cities of Vinh (in the north) and Nha Trang (in the central coastal region) from 1992 to 1996. During this time we met more than 100 men who had sex with men, most of them self-identifying as gay. We developed friendships with about 20 of these men. In our opinion, the need for emotional intimacy and bonding is a very important component of gay relationships in Vietnam, as it is in other kinds of relationship between men. This is an important consideration in any AIDS prevention activities targeting gay men.

Sex between men is not specifically prohibited under Vietnamese law, restrictions being social rather than legal. Both the authorities and most people who become aware of such behaviour regard it as a 'social evil'. In January 1996, the government in Hanoi launched a massive propaganda campaign against so-called social evils and negative foreign influences. At the top of the list of social evils were prostitution and drug abuse. However, the campaign was vaguely worded. Police have wide and arbitrary powers to deal with people indulging in social evils.

The HIV/AIDS epidemic in Vietnam

The first detected case of HIV was found in 1990. Since then a growing epidemic has been recognized. Reported HIV infections are mostly clustered in Ho Chi Minh City and nearby provinces in the south of the country. The central highlands and central coastal provinces have also been affected. The highest cumulative (1990–1996) incidence rates have been reported in Ho Chi Minh City (43 per 100,000) and Khanh Hoa province (42 per 100,000)¹. The city of Nha Trang, which was the location of this project is situated in Khanh Hoa province. Rising HIV infection rates in Ho Chi Minh City herald an emerging AIDS epidemic in Vietnam⁴.

Talking about gay sexuality in Vietnam

The absence, in the Vietnamese language, of suitable terms for discussing sexuality is a problem. The Vietnamese technical terms for homosexuality, 'ngươi đồng tính' and 'ngươi đồng luyến ái' (literally

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'people-same-love') are meaningless to most Vietnamese people. The commonest slang word (equivalent to 'queer') is 'Be De' (derived from 'pederast'). People use this word without understanding its meaning. We found that the term 'men who have sex with men' (MSM), when translated into Vietnamese, had no meaning, either to doctors, gay men, female sex workers or members of Provisional AIDS Committees. The word 'gay' does have a meaning for many Vietnamese (although their concept of 'gayness' may be different from that of a Westerner).

During the period 1992-94, we met young gay men in Hanoi and Vinh (northern Vietnamese cities) who referred to themselves and their friends as *ngươi đồng* (= 'people-same'). From 1994 to 1996, we met many gay men in the south of Vietnam who identified themselves as 'gay'. Some of them distinguished between 2 main categories of gay men. 'Con trai' (= 'boys') are young men, up to the age of about 28, who enjoy a completely inert role in a sexual partnership. They lie or stand still while their partner does whatever he wants (maybe including anal penetration). 'Gay boys' are more participatory and physically expressive, generally performing oral sex but also playing either an active or a passive role in anal penetration.

We did not come across terms comparable with 'Gay King' or 'Gay Queen' which are in common use in Thailand. In common with urban contexts in the Philippines, but in contrast to attitudes in other Asian cultures⁵, the concept of sexual orientation was more important than sexual behaviour. The difference between degrees of physical participation in sexual activity seemed more important than distinctions between conventionally 'active' or 'passive' roles. Clearly the physically inert 'con trai' present a special problem in terms of AIDS and STD prevention.

Gay sex and the risk of AIDS

In Asia, the HIV epidemic is labelled as heterosexual, but with significant transmission in some countries from sharing injecting equipment during illicit drug use. There is an absence of national programmes for men who have sex with men⁵. Young gay men whom we met in provincial cities in Vietnam had unprotected penetrative sex with frequent changes of partner. They are therefore at high risk of contracting and spreading HIV. A World Bank report released in October 1997 urges developing countries to begin focusing on 'high risk' populations, including gay and bisexual men⁶.

THE PROJECT: AIDS PREVENTION FOR GAY MEN IN NHA TRANG

Finding a way to work

Nha Trang is a town of 300,000 people on the coast of southern Vietnam. Industries include fishing

and tourism. There are 3 km of beach, where many people go after dark to have sex, with either regular or casual partners. Vietnamese people we met in Nha Trang say the beach has been popular for this purpose for many years. Recently other venues (especially dimly-lit coffee shops) have also become available, but the beach remains the most popular. Different areas of the beach are used by men who want sex with women and men who want sex with men. There are 3 cruising areas for MSM, the different areas being busy at different times of the night. The busiest time is between 03:00h and 05:00h.

Médecins Sans Frontières began an AIDS and STD project in Nha Trang in November 1994. The programme used peer educators to target female sex workers and intravenous drug users. Our local counterparts were the Women's Union, the Youth Union and the Provincial AIDS Committee. The Women's Union provided some health education for male transvestite sex workers, but apart from this we did not find official local partners who could help us access gay men.

In November 1995, MSF opened a medical clinic which provided a range of services including STD treatment and health care for people with AIDS. Our local counterpart was the Provincial Health Department. The first male STD patient was a 19-year-old male sex worker with *Lymphogranuloma inguinale*. This young man also worked as a pimp for a female sex worker (male and female sex workers often worked as a team in this way in Nha Trang, at least in 1995-96). He was introduced to the clinic by a peer educator for female sex workers.

As in other contexts, male sex workers are a difficult group to access. One problem in Nha Trang is their working hours (generally between about 01:00h and 05:00h). We lived in Nha Trang for more than 2 years. Early on we met 2 male sex workers, one aged 16 and the other aged 13, whose 'front' was selling postcards on the beach. They made contact with customers either on the beach, or at beach-side cafés, or at a disco. After we had known them for about a year, it became possible to discuss AIDS prevention with them. The service they usually provided to customers was anal sex in which they were the receptive partner. They knew about condoms but their clients rarely used them. They had close contact with many other young sex workers, both male and female. We found we could only work in a very limited way with these young men, giving basic information about safer sex and providing about 200 condoms over the course of 6 months.

Finding a peer educator for gay men

Later, we met a 33-year-old gay man who wanted to help other gay men. He asked MSF to help him with peer education work on the beach. He would not agree to any link, formal or informal, with an

'official' Vietnamese partner, such as the Youth Union, for fear of being identified as gay. We provided him with information and paid his expenses. The cost of the project over 6 months was about 150 US dollars, about half of this being the cost of replacing 2 stolen bicycles.

Because he had a full-time job during the day, he chose to work on an area of beach where men went between 20:00h and 23:00h, although there was less activity there than in other areas. For 7 months, from August 1996 to February 1997, he went there one or 2 evenings per week. On a typical evening there would be about 20 men on this area of beach at any one time. The total number coming and going during an evening was much greater. Most of them were local people but some were tourists, mostly from Ho Chi Minh City. The majority were aged 18 to 28. He spent several weeks observing and making initial contact. His main achievement was to make close contact with and support 12 young men (referred to below as key informants). Before they would accept his advice, he had to make friends with them. (This seems particularly important in the Vietnamese context.) He was not able to make contact with older men, who usually went away when he approached them.

All the key informants had completed primary education and 5 were in full-time secondary education or had completed secondary education. The group included students, teachers, soldiers, construction workers, an unemployed man and a male sex worker who also pimped for 4 female sex workers.

RESULTS

Knowledge, attitudes and behaviour of the key informants

Knowledge

Following intensive government campaigns in 1992, most people in Vietnam have heard about AIDS and know that drug users and prostitutes are at risk. Government campaigns have exhorted people to stay away from 'social evils' but have not given precise information about risk behaviour. One example of an AIDS prevention message is, 'For the sake of future generations, stay away from AIDS'. Information leaflets often state that HIV is transmitted by body fluids, but do not state which body fluids are most risky.

All the key informants in this study had heard of AIDS and were aware that body fluids were involved in the disease process. Most of them did not understand that HIV is an infection, but thought that AIDS somehow happened when body fluids came into contact with each other. Most thought anal sex was safe because the anus is dry. They thought oral sex was dangerous because the mouth is wet. (At the time our peer educator was working, news that simian immunodeficiency virus had been transmitted by saliva between

monkeys in an experimental situation was widely reported in the Vietnamese media.) Also they thought that AIDS can pass through the skin, so masturbation to orgasm was dangerous (more dangerous than anal sex) if semen landed on the skin.

They thought that if someone gets AIDS, they will die immediately. Only one man knew about condoms for gay sex. He had learned about them from his older brother who lived in the USA.

Attitudes

All of these young men were very afraid of being found to be *Be De* (queer) and being rejected by society. They all refused to accept information leaflets in Vietnamese (from Australia for example) which were obviously targeted at gay men. Some liked to live life 'on the wild side' and did not care about getting AIDS. Some thought that because they were gay they could not be useful to the community and so they did not care if they got AIDS. Ten identified themselves as being gay and these all wanted to make friends and develop sexual relationships very quickly. Even after hearing about condoms, they thought that trusting someone (even a casual partner) meant not using a condom.

Behaviour

Most of them needed sex very often and went to the beach every night. Masturbation and oral sex were the commonest sexual activities, but all of them had anal sex on occasions (from one time a month to 3 or 4 times most nights). On the beach in Nha Trang, if one man begs another for anal sex, he can always have his way eventually. Condoms were only used during anal sex with a foreigner. The two men who did not self-identify as gay had sex with both men and women, but preferred men. One (a soldier) said he liked anal sex with a gay boy because there was more feeling. In the dark, he could imagine that the gay boy was a girl.

Apart from the man who was a regular sex worker, 4 of the other key informants sometimes earned money from sex, but this was not their priority. Their priorities were to make friends, to have sex and to develop a relationship. Some refused money if it was offered because accepting money would mean they were prostitutes. Because developing a relationship was important, these young men would often meet someone on the beach and then go to live with them after a very short acquaintance. These relationships soon broke up (often after less than a month) and both partners were back on the beach.

Many of the young men on the beach had small photo albums with photos of men whom they thought attractive. Generally these photos were not pornographic. They exchanged these photos with their friends and used the photos when they were trying to make new friends.

Helping the key informants have safer sex

It was urgent to correct some basic misunderstandings about HIV transmission and to show them how to use condoms. Condoms are easily available in Vietnam, but lubricant is not. Our peer educator found that if he demonstrated how to put a condom on his fingers, his audience was not interested. So he demonstrated on his own penis, or their penis. Then they paid attention and wanted to try themselves. Common mistakes they made were failing to squeeze the air out of the end of the condom, or rolling the condom on inside out. He used a small torch as the beach was very dark. He used about 150 condoms in these demonstrations or in giving them away afterwards.

When he was making friends with these young men, they often wanted to have sex with him. They would often promise to be faithful to him even though they had only just met him. However, if he wanted them to be honest with him and follow his advice, he could not become their sex partner.

The custom of exchanging photos suggests the possibility in the future of producing small cards with a nice photo on one side and some simple messages on the other. Gay men might then pass these cards around among themselves. The photos should not be pornographic. Messages would need to be clear and precise but not explicitly directed at gay men.

Helping the key informants to make honest relationships

The young men could not use their knowledge about how and why to use condoms without improving their self image and changing their attitudes to gay sex and to making relationships. As well as giving information and condoms, it was equally important for our peer educator to find messages which created a warm feeling and helped his target group believe in him. He felt that the following messages were most useful. These messages were given in the way an older brother would give advice to a younger brother.

- You think being gay is not normal, but what is being normal?
- Be honest with yourself, then you will feel good about yourself.
- You can do something useful—pass on information about AIDS to other people you meet on the beach. Other people cannot do this.
- Face up to the truth. You have a partner already. You have just met me and now you are telling me you will be faithful to me, but you expect your partner to be faithful to you.

What went wrong?

It is safer to work in pairs than to work alone. We were unsuccessful in our efforts to find another gay man to work alongside our peer educator. One of

us tried working together with him, but the presence of a foreigner was too much of a diversion for the target group. During the course of 6 months, the peer educator had 2 bicycles stolen and was beaten up once. He thinks that he was assaulted by a member of the mafia who suspected him of belonging to a rival gang.

LESSONS LEARNED

There is a clear risk of homosexual transmission of HIV in provincial cities in Vietnam. There is a subculture of young men who have frequent high-risk homosexual behaviour, with changes of regular partner more than once a month and high numbers of casual partners.

Health education messages must be clear and direct. The term 'body fluids' is one example of a vague term, which can lead to dangerous misunderstandings. The use of this term has led gay men in Nha Trang and perhaps elsewhere to think that unprotected anal sex is safer than oral sex.

If we want to access marginalized groups, we need to make friendly contact with them, find out their needs and hopes, share their feelings and improve their self image.

Sexual contact networks need to be used as networks to disseminate information about HIV/AIDS.

If we want people to use condoms, we need to present them in an interesting way. People would not learn if they are bored.

Persuading people to use condoms is only part of the battle. Gay men need help to face up to the truth and begin to make honest relationships. Health planners need to face up to the truth that homosexual transmission of HIV may occur in Vietnam.

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