DO YOUNG KEY POPULATIONS IN VIETNAM HAVE ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES?

A PARTICIPATORY YOUTH-LED RESEARCH ON THE NEEDS OF YOUNG KEY POPULATIONS

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BRIDGING THE GAPS
Health and rights for key populations
In 2020, worldwide 65% of people who contracted HIV were sex workers, people who inject drugs, transgender people, gay men and other men who have sex with men, or their sexual partners. These groups are at increased risk of HIV because of criminalisation, stigma, discrimination and violence. If you are young and from a key population, this vulnerability is aggravated by criminalising laws, unfavourable policies, and different social expectations. That is why young people account for a disproportionate number – around one third – of all new HIV infections worldwide in people over 15 years of age.

Young key populations need access to good quality HIV, sexual and reproductive health and rights (SRHR), and harm reduction services, to address this. However, young key populations experience barriers that hamper their access to these services. In 2020, Lighthouse Social Enterprise, a young key population-led organisation in Vietnam, conducted 40 in-depth interviews and four focus group discussions with 65 young people from key populations to understand what influences them to access HIV, SRHR and harm reduction services. The research is part of the Young, Wild and... Free? project (2019-2021), which supports young key populations to increase access to and uptake of HIV, SRHR, and harm reduction services in Russia, Kenya, South Africa, and Vietnam. Three young key population representatives were in the lead of the research process and guided this summary report, after receiving training in research skills from partners in the Bridging the Gaps programme (2011-2020), which is the parent programme of Young, Wild and... Free?

Lighthouse provides services to the community. To ensure staff and volunteers understand young key populations’ needs they receive trainings to stay up-to-date on new information, the difficulties young key populations experience and together make plans for improvement.

**Setting the Context: Vietnam’s legal and policy environment**

The government provides harm reduction services, with financial and technical support from international organisations. Some sexual health services (e.g. HIV testing, antiretroviral treatment, some STI tests, and pre-exposure prophylaxis (PrEP) screening) are funded by international sources, such as the Global Fund and PEPFAR. Generally, STI treatment and specialised transgender health services are not supported by the government or by international donors and are mainly only available privately.

**Did you know?**

Although sub-Saharan Africa remains the centre of the HIV epidemic, 93% of new HIV infections in 2020 occurred outside of this region. (UNAIDS data)

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2 When mentioning ‘young people’ in this report, we refer to adolescents (ages 10-19) and youth (ages 15-24).
3 While we use age categories currently employed by the UN and WHO in this report, it is important to acknowledge that the physical and emotional maturity of adolescents varies widely. The UN Convention on the Rights of the Child recognises the concept of evolving capacities, stating in Article 5 that direction and guidance provided by parents or others must take into account the capacities of children to exercise their own rights as they age.
4 The full research report, Perspective, the determinants and the needs for access to and utilisation of sexual health services among young key populations in Vietnam, is available from Lighthouse and was conducted in partnership with the Mainline Foundation and MPact, global partners in the Bridging the Gaps programme.
These findings reveal the level of young key populations’ knowledge about HIV and SRHR and where they get information from, key elements that affect how likely young key populations are to use services.

Knowledge about HIV and SRHR: Condoms, pre-exposure prophylaxis (PrEP) and maintaining hygiene were by all young key populations mentioned as ways to have safer sex. But the term ‘sexual health’ was relatively unfamiliar to them. Young men who have sex with men and transgender people knew more about safer sex than young female sex workers and young people who use drugs. The criminalisation of sex work and drug use, stops many sex workers and people who use drugs from seeking information. Young sex workers, particularly those newer to sex work, were also less able to practise safer sex due to the risk of client violence and income loss.

HIV and SRHR information sources: Peers, community-based organisations (CBOs), activists, social networks, health providers, teachers and parents were the most trusted information sources. Websites, social media, dating apps and online forums were seen as essential information sources (videos are particularly popular), although some participants felt these sources could be unreliable. Young sex workers and people who use drugs did not always have internet access so could not access online HIV and SRHR information. Big social events, smaller discussions, workshops, clubs and group activities hosted by well-respected CBOs were popular.

“I really didn’t have time to find out [about sexual health] at first … the main reason I went, was because my friends came to join us for fun, had a drink, and talked together, and then after joining more [events], I gained more knowledge and understanding [about sexual health].”

– Transgender woman, 23

Use of HIV and SRHR services: SRHR services were only used if young key populations had severe symptoms. The majority had accessed a service before - around 40% had taken an HIV or STI test at some point but did not test regularly. A minority had used PrEP. One participant was on antiretroviral treatment (ART). Participants tended to buy PrEP or ART medication online instead of getting it through healthcare facilities.

Drug use: Many participants used drugs (methamphetamine, ecstasy and ketamine) but did not identify as a person who uses drugs.

The enablers and barriers to HIV, SRHR, and harm reduction services for young key populations

In this section, young key populations reveal the main barriers that stop them from accessing HIV, SRHR and harm reduction services, as well as the factors that enable them to get the support they need.

1. Knowledge

Barrier: Some young key populations lacked information about the current SRHR services on offer, they were confused about which information sources to trust, particularly in relation to online sources. Most young people did not have access to harm reduction information or services, despite many of them using drugs. The majority of participants lacked information about friendly mental health services.
“I don’t know where to visit… I am afraid that one day I will get sick without knowing it. The longer I wait, the more [symptoms] I get.”
- Female sex worker, 20

Enabler: A good understanding of SRHR, of the need for regular check-ups and where to get services motivated participants to use SRHR services. They were proactive about finding information and used online and offline sources.

2. SERVICE PROVIDERS’ ATTITUDES

Barrier: Stigma and discrimination in facilities were identified as one of the biggest barriers to accessing services. Young key populations reported being gossiped about, particularly in relation to sexuality, gender identity and drug use. The most negative experiences in healthcare facilities involved doctors and administrative staff.

Enabler: Respect, openness, enthusiasm and sensitivity – as well as no stigma and discrimination – are what young key populations are looking for. Confidentiality was seen as a key factor, for some participants this was the most important thing. Community-based service providers were considered more attentive and friendlier, with more expertise about key populations than other service providers.

“I saw that they [community-based service providers] care for people like me and they also belong to my community, so of course I felt more comfortable. I was able to share my story, so I used their services.”
- Man who has sex with men, 23

3. CONVENIENT SERVICES

Barrier: Inconvenient services that do not meet the needs of young key populations, including inflexible opening hours and poorly staffed facilities, are a major barrier to access. A lack of wider services in HIV facilities, such as those relating to harm reduction, STIs and mental health, was also an issue. Young transgender people’s need for specialised SRHR services, which are currently illegal in Vietnam, was clear. Hormone therapy was the most common service needed: 14 out of 17 transgender participants had used hormone medication and the others wanted to. Through social networks, some accessed qualified health workers to inject hormones but many injected hormones themselves.

“Health providers do not dare to give injections in the medical rooms because hormone injection is dangerous. Someone died in shock. Someone injected too much hormone.”
- Transgender woman, 24

Enabler: Convenient locations, clear and available information, services that meet needs and short waiting times all encourage uptake.

4. COST

Barrier: Service costs are a significant consideration as participants’ incomes were often unstable or non-existent, something the COVID-19 pandemic has made worse.

Enabler: Receiving free or subsidised services and preventive commodities, such as condom, lube and clean needles, motivated young people to use services.

Young key populations and health insurance:
There were mixed views on this. Some were unconcerned about health insurance and were happy to pay for services. Others wanted health insurance but could not afford it. Others had health insurance and said it eased their financial burden when using health services.
5. FEAR, GUILT AND SELF-WORTH

**Barrier:** Guilt about using HIV and SRHR services and the fear of being judged (fears that are often linked to the stigma they experience) stopped young key populations from visiting services or caused them to delay, interrupt or refuse treatment.

**Enabler:** The importance of taking care of their health for themselves, their family and society enabled young key populations to actively seek HIV and SRHR services and to change their sexual behaviours. Emotional support and empathy from family or friends were a great motivator for accessing services. Peers were essential for helping them to navigate services.

“**My parents are getting old and sick... that's why I need to protect myself. As long as ... my health is good, I can take care of my family.”**

– Man who has sex with men, 23

**WHAT YOUNG KEY POPULATIONS RECOMMEND**

To address the barriers outlined above, young key populations made the following recommendations:

The government, NGOs and civil society need to provide emergency support to cover basic living needs and ensure access to HIV, SRHR and other services during the COVID-19 pandemic. Young key populations have been the hardest hit by COVID-19 in Vietnam. Support packages are needed to adapt and recover and for young key population-led organisations to prepare for future crises.

The government, NGOs and civil society need to close the knowledge gap by promoting online and offline, community-led HIV and SRHR information, adjusted to the needs of different groups and ages. Better communication on harm reduction services is also urgently needed.

The government, NGOs and civil society should also sensitise teachers, through systematic training on comprehensive sexuality education. Teachers are trusted information sources and therefore essential in addressing the knowledge gap.

The government, NGOs, civil society and health agencies need to build a friendlier sexual healthcare system by improving healthcare providers’ knowledge and attitudes towards young key populations to address the stigma they face. They should also enable young key populations to assess services to improve their quality. Service costs should be low, clear and consistent.