

**Barriers and Constrains of Accessibility of HIV  
Counseling and Testing in Ho Chi Minh City, Viet Nam.  
AN BAO  
VIET NAM**

48<sup>th</sup> International Course in Health Development  
September 19, 2011 – September 7, 2012

KIT (ROYAL TROPICAL INSTITUTE)  
Development Policy & Practice/  
Vrije Universiteit Amsterdam

## **Barriers and Constrains of Accessibility of HIV Counseling and Testing in Ho Chi Minh City, Viet Nam.**

A Thesis submitted in partial fulfillment of the requirement for the degree of Master of Public Health

By

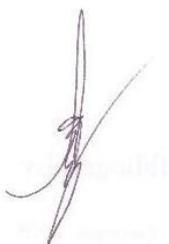
AN BAO

VIET NAM

Declaration:

Where other people's work has been used (either from a printed source, internet or any other source) this has been carefully acknowledged and referenced in accordance with departmental requirements.

The thesis "Barriers and Constrains of Accessibility of HIV Counseling and Testing in Ho Chi Minh City, Viet Nam." is my own work.



Signature: .....

AN BAO

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## Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CCSD	Community Support Counseling Centers
CDC	US Center for Disease Control and Prevention
CITC	Client-initiated HIV Testing and Counseling
DOLISA	Department of Labor, War Invalids And Social Affairs
FHI	Family Health International
FSW	Female sex worker
GDP	Gross domestic product
HCMC	Ho Chi Minh City
HIV	Human immunodeficiency virus
IBBS	Integrated Bio Behavioural Survey
IDU	Injecting drug users
MARP	most at risk population
MDM	Médecins du Monde
MOH	Ministry of health
MSM	Men who have sex with men
MVCT	Mobile HIV Voluntary Testing and Counseling
NGO	Non government organization
OPC	Out- patient clinic
PAC	Provincial AIDS Committee
PE	Peer Education
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PITC	Provider-initiated HIV Testing and Counseling
PLWA	people living with HIV and AIDS
PSI	Population Services International
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Program on HIV/AIDS
VAAC	Viet Nam Administration for HIV/AIDS Control
VCT	Voluntary Counseling and Testing

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**Abstract:**

HIV voluntary counseling and testing (VCT) can help men who have sex with men (MSM) to disclose their HIV status and make the behaviors change to reduce the transmission and decrease the burden of disease due to the effectiveness of the ARV treatment. This review is conducted with the aim to understand the barriers and constraints to access VCT services so as to provide the recommendation to improve the VCT services. There are several factors that influencing the utilization of HIV counseling and testing among MSM such as the psychological anxiety about HIV status, lack of knowledge and appropriate information about HIV/AIDS, stigma and discrimination, awareness about VCT services, the stigma and discrimination in healthcare services, attitude of healthcare providers, lack of appropriate skills toward to MSM, waiting time for HIV testing results, cost and the location of VCT services as well. With the finding about constrains and obstacles of accessibility of VCT services, the review also give some good practices from international and Ho Chi Minh City that help people overcome the barriers and provide the better services to MSM. Recommendation to healthcare authorities, international donors and specific to Viet Nam Administration for HIV/AIDS Control (VAAC)- Ministry of Health and Ho Chi Minh City Provincial AIDS Committee will be developed to express the solution for the barriers in order to improve the accessibility of VCT services and make it more appropriate to MSM.

Key words: MSM, HIV/AIDS, VCT, Ho Chi Minh City, Vietnam.

**Background:**

Before enrolled to Master of Public Health in the Netherland Royal Tropical Institute well known as KIT, I had worked in Ho Chi Minh City Provincial AIDS Committee as the coordinator of The U.S. President's Emergency Plan for AIDS Relief (PEPFAR)(first time in full) program in HIV counseling and testing from 2006.

As an advisor for HIV counseling and testing in Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) for several years, I have worked very close with men who have sex with men and developed the strategic plan to improve the HIV counseling and testing service targeting MSM in Ho Chi Minh City, Viet Nam.

With the knowledge I gained during last 9months as International Course on Health Developing student (ICHD) and experiences that I achieved during the working time in HCMC PAC, I would like to challenge myself with topic related to men who have sex with men (MSM) and taking HIV testing from international and in my hometown, Ho Chi Minh City – Viet Nam.

## **I. Introduction:**

In the first chapter of my thesis, I would like to give some general information about geography, Socio-economic situation, demographic data and overview of health situation in Viet Nam.

### **1. Geography:**

Viet Nam is the Southeast Asia country with a total area of approximately 331,210 km<sup>2</sup>. Viet Nam has a long coastline with 3,444 km long. Mountains cover 40% of the country and 42% of country is tropical forests. The plain is only 20% and mostly surround Red River Delta in the North and Mekong River Delta in the South of Viet Nam.

Ho Chi Minh City, well known as Sai Gon, is the economic capital of Viet Nam. The city is an area of 2,095 square km and about 1,725 km away from Ha Noi. The distance from northern point to southern point is 102 km, from the east to west is 47 km. It is connected with other Southern Provinces by Coach, Boat or Train easily.

### **2. Socio-economic situation:**

Viet Nam is a socialist republic with central government in Hanoi. At provincial levels, the People's Committee, known as city or local government, is responsible for provincial or city administration.

As the result of "Doi Moi" reform program, the country's economy has grown fast and achieved 8% annual GDP grown from 1990 to 1997 and continued at 7% between 2000 and 2005, even during global economic crisis in the late 2000s, Viet Nam GDP grown still kept at 6.8% in 2010. With the fast growing of economy, the poverty has decreased significantly and the living standard has been improving. In the stage of "Doi Moi", more resources have been invested in poorer, remote and mountainous areas, more investment in education and healthcare as well (Vandemoortele M 2010).

Ho Chi Minh City is the economic capital of Viet Nam. The city has achieved an economy development rapidly from "Doi Moi" period 1990s. In 2009, GDP per capita of Ho Chi Minh City was 2,800 USD compared to 1,042 USD of country's GDP per capita.

In 2010, the city's GDP increased 11.8 % compared with 2009. About Ho Chi Minh City's economic structure, the service sectors make up 51.1% and 47.7% for industry and construction while agriculture and forestry only account for 1.2%.

### **3. Demographic data:**

According to Viet Nam General Office for Population and Family Planning, in 2011 the population of Viet Nam was estimated around 87,84 million, up to 1,04 percent from 2010. Male population was approximately 43,37million equal to 49,5 percent and female population was 44,37 million and made up 50,5 percent among whole population.

Estimated 30,6 percent of population is living in urban areas and people living in rural areas account 69,4 percent.

Life expectancy is 72 years in 2009. Recently, the fertility is decreasing while the proportion of age over 65 has been increasing gradually.

The Kinh ethnic group is the major ethnic group in Viet Nam with 87% of total population. Ethnic minorities are mostly in mountainous and remote areas.

Population of Ho Chi Minh City, as 2010 Census, was 7,396,500 inhabitants, the highest population concentrated city in Viet Nam. The majority of population is Kinh ethnic and Chinese is the largest minority ethnic group in Ho Chi Minh City. Two other ethnic minorities are Khmer and Cham (General Statistics Office of Viet Nam, 2008).

Buddhism with 80%, Catholic 11% other religions such as Islam, Hinduism, Cao Dai with 2% and 7% of no or unknown religion are the kind of religion in Ho Chi Minh City.

### **4. Language:**

Vietnamese is used as the official national language and Vietnamese writing is based on the Romanized alphabet that was developed by Alexandre De Rhodes in seventeen century. Recently, English has become more popular and taught in school. All legal documents, strategic plan, research conducted by Viet Nam governments or the collaboration with international partners have to be translated to Vietnamese.

## **5. Health situation:**

Malnutrition, Malaria, TB and HIV/AIDS are the common public health problems in Viet Nam. In Viet Nam 2010, the maternal mortality rate (per 100,000 births) is 56. The maternal mortality rate is decreasing if compared with 64.3 per 100,000 births in 2008 and 157.9 per 100,000 births in 1990. It is the result of healthcare improving follow with the economy growing, more investment on health are distributed by both Central government and from private sectors.

Traffic accident also contributed the major number of deaths in Viet Nam. In 2007, about 13,000 road traffic deaths was reported (WHO country profile).

In 2009, total expenditure on health as percent of GDP was 7.2 percent and life expectancy is 72 years. 80 percent of health care expenses are from out of pocket, government covers only 20 percent of health care expenses in the country.

## **II. Health system respond for HIV/AIDS in Ho Chi Minh City, Viet Nam:**

Ministry of Health (MOH) is the government agency that is responsible of Vietnamese people's health care including preventative medicine, care & treatment, rehabilitation, traditional medicine, pharmaceuticals, and all kind of services of health development and management.

Ho Chi Minh City healthcare system is with about 100 public hospitals and health centers. Private sectors are developing fast. The France – Viet Nam hospital, well known as FV Hospital, is attracting many patients because of the good quality of services and good equipments.

The HIV/AIDS control program was a priority program from 2001-2005 and Viet Nam Administration of HIV/AIDS Control (VAAC) is one of the agency of MOH responsible of coordinator HIV/AIDS program throughout the country

### **1. The Current Organizational Structure for HIV Response in Ho Chi Minh City:**

In Ho Chi Minh City, healthcare system response to HIV/AIDS epidemic has been managed by Ho Chi Minh City Provincial AIDS Committee.

In 1990 Ho Chi Minh City People's Committee has founded the Committee of SIDA Prevention and Control, and now known as HCMC Provincial AIDS Committee that was under the management of HCMC People's Committee and chaired by a Deputy-Chairman of the People's Committee and consisted of 16 sectors and mass organizations as its members involving in HIV response. For 20 years, the organizational structure for HIV response managed by Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) has constantly been consolidated and developed. HCMC PAC has achieved its tasks in mobilizing and coordinating the whole public society to participate in HIV and AIDS response and created an important achievement of gradually halting and getting a control of HIV epidemic with the supported by International donors, mainly from PEPFAR. With the strong commitment of HCMC Local government and the support of international donors, ARV treatment has been expanded to 30 Out- patient clinics, provided the treatment to 23,868 people living with HIV and AIDS (PLWA) that helped to control and reduce the HIV transmission in HCMC and make the program more efficient (HCMC PAC Final Report 2010).

There are some current legal frameworks for HIV/AIDS response in Ho Chi Minh City:

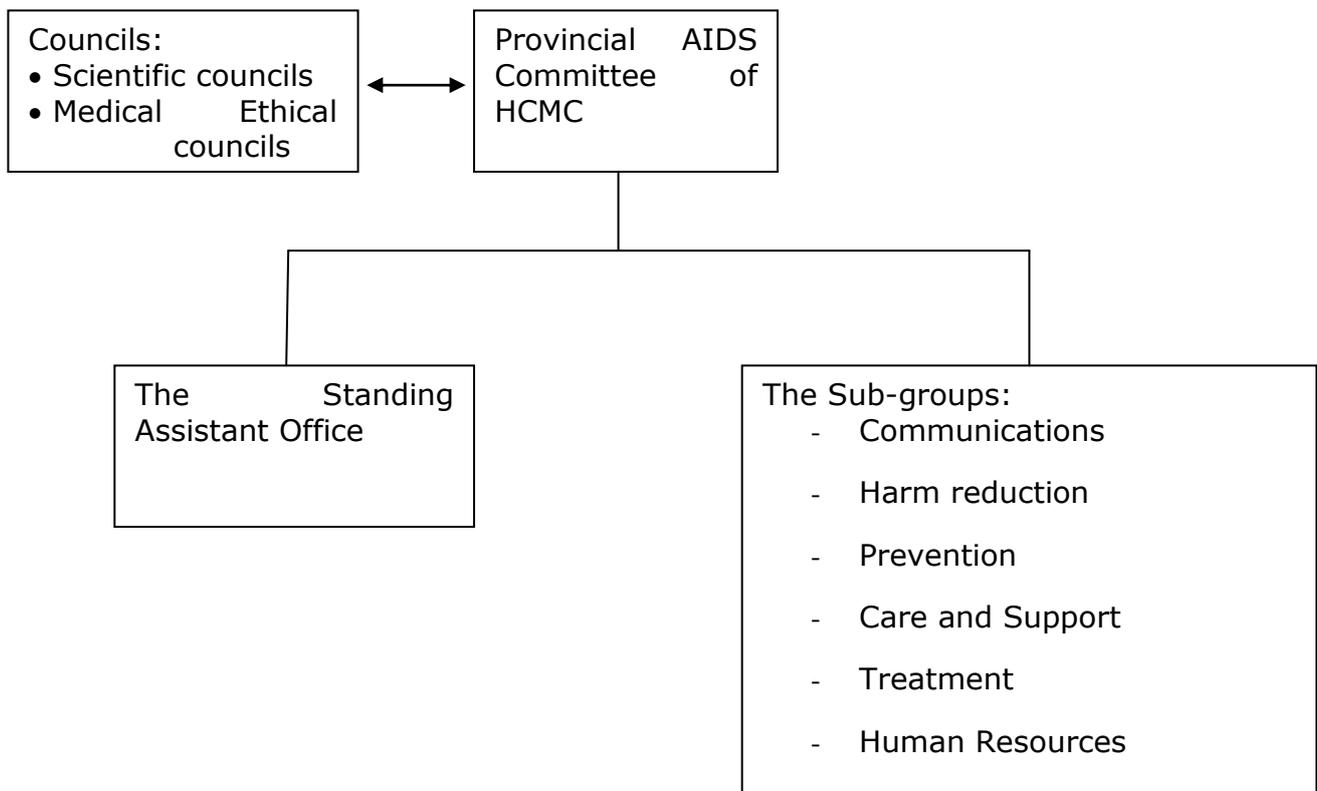
- The Joint Circulars promulgated by Ministry of Health (MOH) and Ministry of Internal Affairs;
- The Decisions and Official Documents issued by MOH;
- The Decisions issued by The City People’s Committee.

At the city level, there are 2 systems undertaking 2 functions:

(1) Leading and coordinating system (Provincial AIDS Committee). At this level, HCMC PAC has the collaboration with two majority councils of the city :

- Scientific councils
- Medical Ethical councils

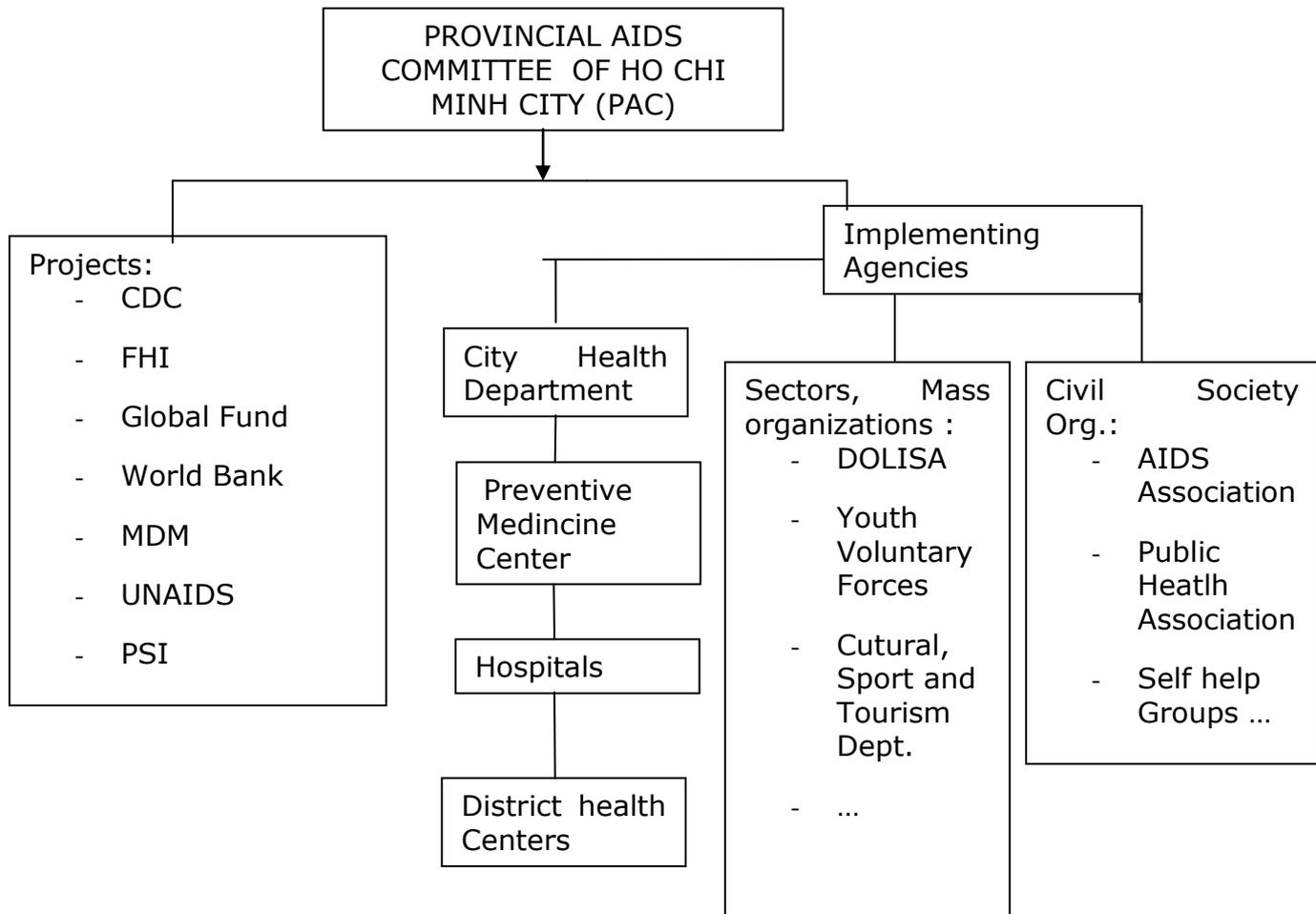
Two councils are responsibility on the examination of all research and survey conducted by HCMC PAC.



**Table 1:** Diagram of the HIV Leading and Coordinating System (Source: Ho Chi Minh City Provincial AIDS Committee 2011)

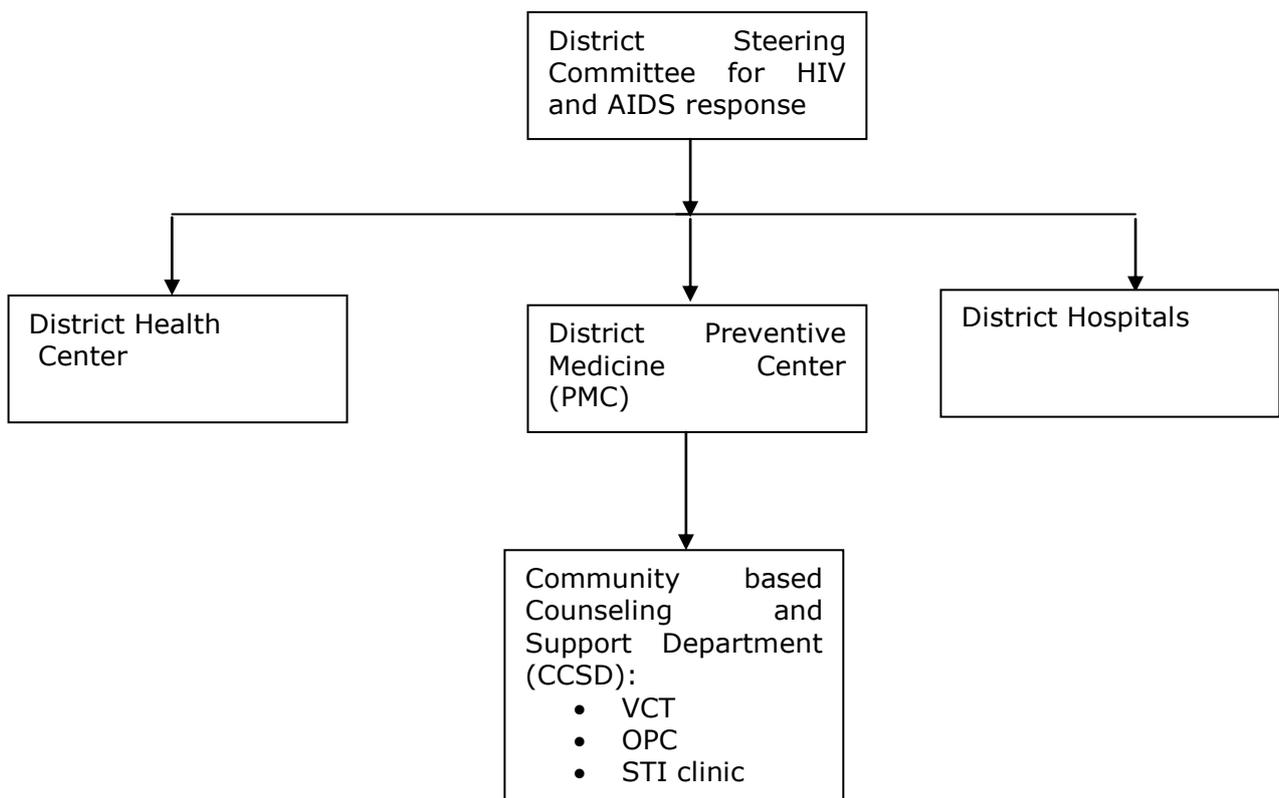
(2) Implementing system (The standing office of PAC). HCM City is continuing to strengthen the organizational structure for HIV/AIDS response at all levels (the city, district and ward ...)

Ho Chi Minh City Provincial AIDS Committee is implementing the HIV/AIDS prevention and control program with the technical and funding support from The U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Family Health International (FHI), Work Bank, Global Fund, Médecins du Monde (MDM), and Population Services International (PSI). HCMC PAC is cooperated with HCMC Department of Health to co ordinate the HIV/AIDS implementation program. Preventative medicine centers, Hospitals and Health centers at both city level and district level are the HCMC agencies to implement the HIV/AIDS prevention (voluntary counseling and testing, Peer Education and outreach program ... ), care and treatment (out- patient clinic for ARV, Laboratory) and support program (home base care, mitigation group) in the city with the technical support and the collaboration with some PAC's partners – NGOs, the city sectors and mass organizations such as Department of Labor, War Invalids And Social Affairs, Youth Voluntary Forces and Cutural, Sport and Tourism Dept, and with Civil Society Organizations as HCMC AIDS Association, HCMC Public Health Association.



**Table 2:** Diagram of the Program Implemented System  
 (Source: Ho Chi Minh City Provincial AIDS Committee 2011)

At the district level, District Steering Committee is responsible for operating HIV/AIDS control program in district with three implementing agencies including District hospital, District health center and District preventive medicine center (PMC). Most HIV/AIDS services such as VCT, ARV OPC, STI clinic was managed by Community Counseling and Support Department (CCSD), the agency of PMC. District health center and District Hospitals are implementing prevention mother to child transmission program and provide Provider-initiated HIV Testing and Counseling (PITC).



**Table 3:** Diagram of Organizational Structure of HIV Response at District Level

(Source: Ho Chi Minh City Provincial AIDS Committee 2011)

## 2. International support and funding for HIV/AIDS:

In Ho Chi Minh City, most of funding for HIV/AIDS program is from international donors. The international funding was contributed mostly by PEPFAR, World Bank and Global Fund, the funding keep increasing with 80% of total budget for HIV/AIDS program in 2006 reached to 94.5% in 2010. The city government also increases the budget but not too much if compared with international funding. The limit resources from government for HIV/AIDS program expected the unsustainability of HIV/AIDS program in the city. With the cutting budget by international sponsors as they announced and the limit resource from government will affect the quality of healthcare services for HIV/AIDS control program in the city (Harm reduction and Global fund 2012). Without the resources from international donors, the government investment on HIV/AIDS harm reduction program targeting most at risk population and is low and the cost to maintain ARV treatment program is unaffordable. The result is insufficient expanding and maintenance of HIV/AIDS control program to halt the spread of HIV epidemic.

	2006	2007	2008	2009	2010
Governmental	517,436	551,282	532,821	610,769	664,103
International (%)	2,282,564 (80)	2,866,667 (83.6)	4,432,821 (89.2)	8,351,282 (93.2)	11,448,718 (94.5)
Other	53,333	11,282	3,590	0	0
Total (USD)	2,853,333	3,429,231	4,969,231	8,962,051	12,112,821

**Table 4:** Budget for HIV/AIDS prevention and control program in Ho Chi Minh City (Source: Ho Chi Minh City Provincial AIDS Committee Final report 2011)

### **3. VCT and Types of VCT in Ho Chi Minh City:**

Internationally, Voluntary Counseling and Testing (VCT) on HIV/AIDS program provides the opportunity for people who would like to know about their HIV status.

VCT is including quality counseling, support and taking HIV test that help the clients to cope with both negative and positive results (HIV Prevention Now 2002). The VCT services has contributed to minimizing HIV spreading behaviors among the community as well as helped people to disclose their HIV status and get access to care, support and treatment as well as other psychological support services in the community

Some research conducted in Kenya, Rwanda and Thailand ... also showed that after accessing to HIV counseling and testing services, there was the significant increasing of condom use and reducing of HIV risk behaviors (UNDP China 2008).

In Viet Nam, The Government of Viet Nam, Ministry of Health has been developed and published the supportive legal, policy framework including:

- Law of HIV/AIDS prevention and control
- Party Directive on strengthening leadership in prevention and control (2005: No 54)
- Government decree No 108 (2007)
- National Strategy for HIV/AIDS prevention and Control to 2020 and the vision to 2030 (VAAC 2011)

for scaling up the HIV response for MSM including voluntary counseling and testing service.

VCT has set up to meet the need and demand of HIV testing of the community including the most high risk group as IDUs, FSWs and MSM.

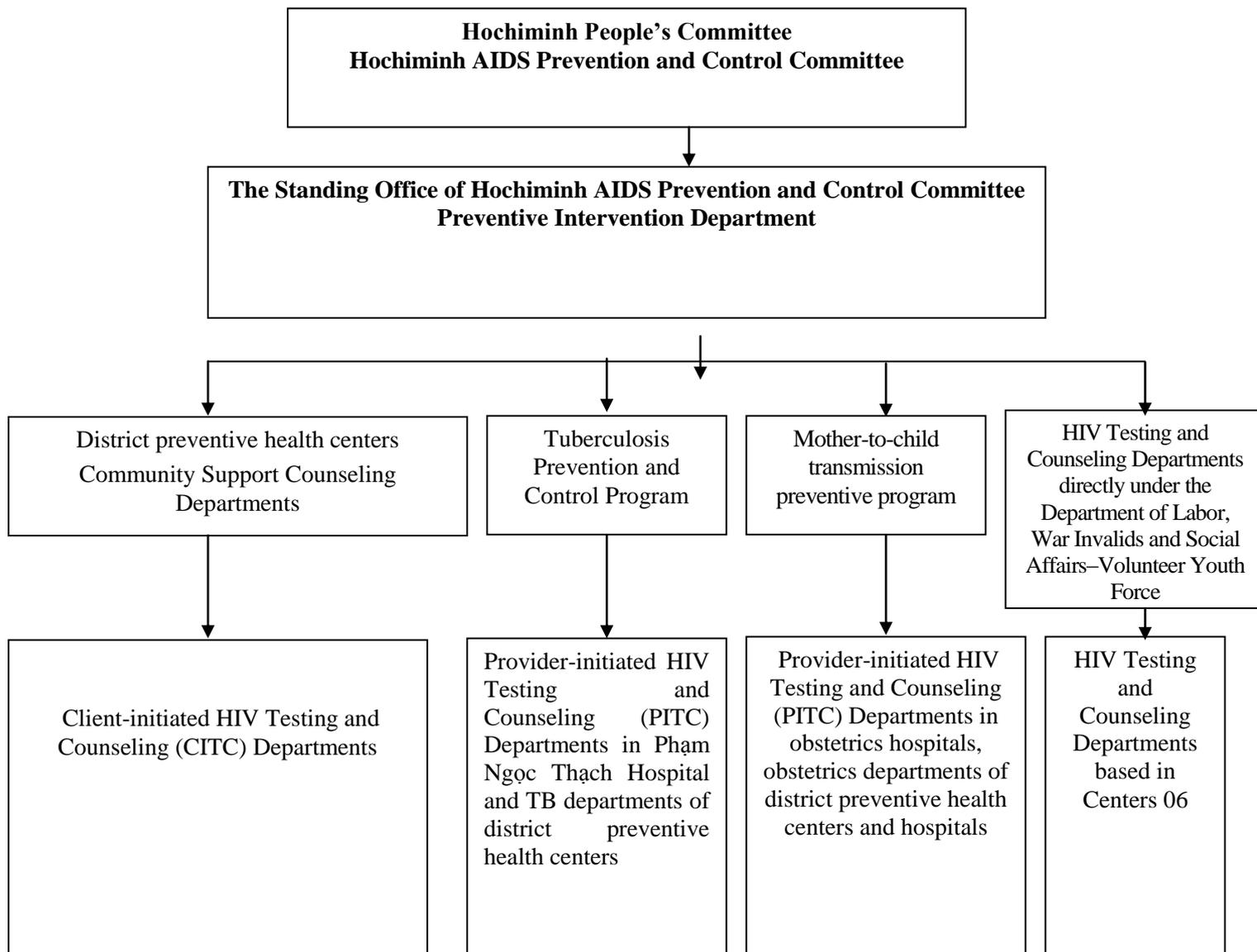
There are 4 models of VCT implementing in Ho Chi Minh City to provide the HIV counseling and testing.

(1) Client-initiated HIV Testing and Counseling (CITC) model to provide the services for general population and targeting most at risk groups such as Female sex workers, injecting drug users (IDUs), men who have sex with men (MSM) which are located in District Community Support Counseling Centers.

(2) Provider-initiated HIV Testing and Counseling (PITC) model that was developed in prenatal check-up facilities, hospitals, tuberculosis and dermatology test facilities to target pregnant women, tuberculosis patients and sexually transmitted infected people. In these facilities, "opt-out" policy for HIV testing is performed.

(3) Mobile HIV Voluntary Testing and Counseling (MVCT) model to provide the services for migrant workers in industrial zones, export processing zones, long distance bus stations, restaurants, hotels, hot spots and gathering places of commercial sex workers, injecting drug users (IDUs) and who have sex with men (MSM)

(4) HIV Testing and Counseling in isolated places such as Centers 05-06 to target drug users under detoxification process and rehabilitation centers, social and labor education centers for commercial sex workers, managed by Department of Labor, War invalid and Social Affair (DOLISA).



**Table 5:** Diagram of HIV Counseling and Testing Network in Ho Chi Minh City  
(Source: HCMC strategic plan for HIV/AIDS prevention and control, 2011)

### **III. Problem statement, the research objectives and methodology:**

In this chapter I will express the problem and develop the objectives of the research. Methodology and the framework help to find the answer for the research objectives also are described in this chapter.

#### **1. Problem statement:**

In Viet Nam, HIV/AIDS epidemic is the concentrated phase with high risk population among injecting drug users (IDUs), female sex workers (FSWs) and men who have sex with men (MSM) and mainly young men under 29 years old was reported with 64% of cases (VAAC report 2009)

National HIV prevalence among pregnant women was 0.21 percent in 2011, but the HIV prevalence among pregnant women in some provinces was higher than national prevalence such as Hanoi 0.63 percent, Ho Chi Minh City 0.5 percent (VAAC 2012).

In 2010 National HIV prevalence among IDUs was reported 41 percent, FSWs 8.87% and MSM 9% but the HIV prevalence among most at risk group was higher in Ha Noi (FSWs 22.5%) and Ho Chi Minh City (MSM 16%) (VAAC report 2011). The data showed that in Viet Nam HIV epidemic is still in a concentrated stage with the highest HIV positive among most at risk population including injecting drug users (IDUs), female sex workers (FSWs) and men who have sex with men (MSM).

In 2007 Estimated 220,000 people infected with HIV in the country, it is 0.26% of Viet Nam general population. In 2009 Number of people living with HIV and AIDS increased to 254,000, occupied 0.29 percent of total population. The number of HIV infected cases keeps rising in following years because the new infections and the efficiency of antiretroviral (ARV) treatment that can help prolong HIV/AIDS patient's life.

In Ho Chi Minh City, the first HIV infection case was detected in 1990 and the city HIV/AIDS epidemic is same to the country with concentrated stage and rapid rise (show this rise) of HIV infections rates among most at risk population (IDUs, FSWs and MSMs)

In 2010, the first time Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) included MSM in Sentinel Surveillance officially and HIV prevalence among MSM was assessed 16 percent (HCMC PAC Final Report 2011)

Although information on HIV prevalence among men having sex with men in Ho Chi Minh City is very limited, the available evidence shows that HIV is increasing in this group with the prevalence increased rapidly through the years, 15% in 2009 (IBBS) and up to 16% in 2010 (HCMC Sentinel Surveillance 2010). HIV prevalence among MSM in Ho Chi Minh and Ha Noi is higher than National assessments that was reported at 6% in 2000 (Cobly D 2004), reached to 9% in 2008 (Bao N V 2008).

Evidently, HIV prevalence among MSM is increasing and HIV prevention program targeting MSM still be lag behind.

Most men who have sex with men in Ho Chi Minh City are still invisible and ignored by society and the government. The routine surveillance for HIV just included MSM in 2010 and for a long time, behaviors surveys did not ask about same sex behaviors. Misconception and the silent of media program about homosexual reinforced that same sex behaviors were not a risk for HIV transmission.

Increasing uptake and effectiveness of HIV counseling and testing are very important that is one of element of the HIV control and prevention program. Although men who sex with men has been identified as the most at risk population of HIV epidemic and there are a lot of evidences show that earlier treatment can reduces morbidity and mortality and also can help to reduce the HIV transmission. People who take HIV testing early may also likely to reduce the transmission if they are positive because of lower viral load by treatment and received the HIV prevention information, sexual behaviors changes but in fact the uptake of HIV testing is still low and most people with HIV remain untested or taking HIV test at the late of infection stage.

There are several reason related to the low uptake of HIV counseling and testing. Internationally, lack of awareness about VCT services, stigma and discrimination in community and healthcare settings, inadequate knowledge of HIV risk, poor quality of counseling skills, confidential issues, fear of consequences of HIV positive status ... have been found as constrains and barriers of low utilization VCT services among MSM.

Similarly, Homosexuality is not illegal in Viet Nam but it is common considered as abnormal or unacceptable lifestyle in Viet Nam culture and most of homosexual men hide their identity and keep their sexual behavior in secret (Colby D 2002). Before 2010, MSM were not included in routine Sentinel Surveillance and the same way, same sex behaviors was not asked in the Behaviors surveillance surveys in Ho Chi Minh City (Colby D 2004).

In 2010, the first official Sentinel Surveillance included MSM conducted by Ho Chi Minh City Provincial AIDS Committee and the result showed that 16% of HIV prevalence among MSM and MSM were being recognized as the one of most at risk population of HIV/AIDS epidemic.

While two other highest risk population (Injecting drug users and female sex workers) are targeted on intervention, MSM are still lag behind in HIV prevention program. Men who have sex with men often involve anal intercourse with the low rate of condom use lead to high risk of HIV transmission. HIV prevention program target to this sub group of population is vitally important (Nguyen Anh Tuan 2007).

Estimated MSM population in Ho Chi Minh City:

Low scenario: assumed that 1% of males aged 15 years or older in HCMC are MSM. So with the city population at 7.396.500 inhabitants and

49,5% male in 2010, estimated the number of MSM is around 36.612 at the low scenario.

High scenario: assumed that 3% of males aged 15 years or older HCMC are MSM. Estimated number of MSM at high scenario is 109.838. The men who have sex with men identified in the estimated are homosexual, the men who practice having sex with men is not included in this estimation. (VAAC 2009)

The estimation on MSM population in Ho Chi Minh is almost the same with international estimation (2-3%) of male population (Bogaert AF 2004).

In other provinces the figure was estimated at 1.5% (VAAC 2009)

Ho Chi Minh City AIDS Committee reported only less than 2% (1.1%) of VCT clients are MSM. The number of MSM visited VCT is 1.149 that make up 1% of total MSM population (HCMC PAC reported April 2011). In 2010 The Official Sentinel Surveillance showed the HIV prevalence among MSM assessed 16 percent. If we compared with only 1 percent of total MSM population (109.838) visiting VCT, the uptake of HIV testing is rather low.

Sub- population	Tested (n = 104,391)		Found positive (n=28,407)	
	n	%	n	%
Injecting Drug Users	62,218	59.6%	13,834	48.7%
Female sex workers	2,922	2.8%	1,420	5%
Men who have sex with men (MSM)	1,149	1.1%	398	1.4%
Multiple sex partners	29,751	28.5%	9,488	33.4%
Other groups (step on syringe and needle, contact with blood of HIV infected people, sexual partners of injecting drug users – clients of sex workers)	8,351	8.0%	3,267	11.5%

**Table 6:** The number of HIV test performed in VCT among most at risk population in 2010

(Source: HCMC Provincial AIDS Committee Final report 2011)

In 2011 The report of public VCT in Ho Chi Minh showed that 398 HIV positive cases found among 1,149 MSM visiting VCT, it means around 35 percent of MSM clients taking HIV testing at VCT centers was found HIV positive while HIV prevalence among MSM assessed 14 percent in IBBS 2009. That can be explained that most of MSM visited public VCT are most at risk MSM such as "Bong Lo" and male sex workers, they are more risk than other MSM. As the report from VCT, The main source of clients coming to HIV counseling and testing services is recommended by the Outreach program, which account for around 40% of VCT clients and the targets of MSM outreach program are "Bong Lo" and male sex workers. Moreover MSM clients maybe have one test positive and they go to another VCT to test again but the test is anonymous so we can not know if people test more than one time. Then the sample of VCT is not representative while The IBBS tries to get a representative sample in the community. With IBBS, mapping process developed the potential places that we could recruit the participants and cluster samples were chosen randomly, then the samples in IBBS were more likely representative than samples from VCT. However, hidden MSM were not presented in IBBS sampling.

Same as international, In Ho Chi Minh city the low number of MSM visit VCT that may come from many reasons as the lack of knowledge about HIV/AIDS, no information about VCT services, afraid of stigma and discrimination in community and healthcare settings, affordable for HIV testing cost and insufficient quality of counseling skills, low awareness of HIV risk transmission, fear of HIV status, confidential issues ....

So it is important to understand the factors influencing the utilization of VCT services to make the recommendation to make the VCT better and appropriate to MSM.

## **2. Research objectives:**

### **2.1 Overall objectives:**

- Identify constrains and barriers of accessibility of HIV counseling and testing services among MSM

In order to improve the utilization of VCT services among MSM make the services better and more appropriate to MSM

### **2.2 Specific objectives:**

- To identify personal factors influence the utilization of VCT services among MSM

- To identify Social factors influence the utilization of VCT services among MSM

- To identify health services factors influence the utilization of VCT services among MSM

- To identify best practices for VCT services

- To give the recommendation to improve the utilization of VCT services among MSM to health authorities, NGOs and donors

## **3. Methodology:**

This study used literature review method with both Vietnamese and English language literatures including all published reports, newspaper, articles and research from 1990 to 2011. The Searching mechanism from PubMed, KIT library, Lancet, NGOs, WHO and Viet Nam government websites was used with key word: "HIV and AIDS, MSM, VCT, barriers and constrains of accessibility of VCT, HIV and AIDS in Viet Nam, HIV and AIDS in Ho Chi Minh City ...."

International literatures and all kinds of documents and reports of Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) and Ho Chi Minh City Department of Health (DOH) also will be used to analyze the objectives of the paper.

Limitation of the methodology: I understand there are some ways to conduct the research to find the answer for my objectives but because of limitation of time so literature review is the best way to answer my question. However there are some limitations of this method, there are unable to go out to talk with MSM, unable to do cohort study, unable to go Viet Nam to work with health care authorities. With the limitation on time, literature review is easier to identify my objectives.

#### **4. Conceptual framework:**

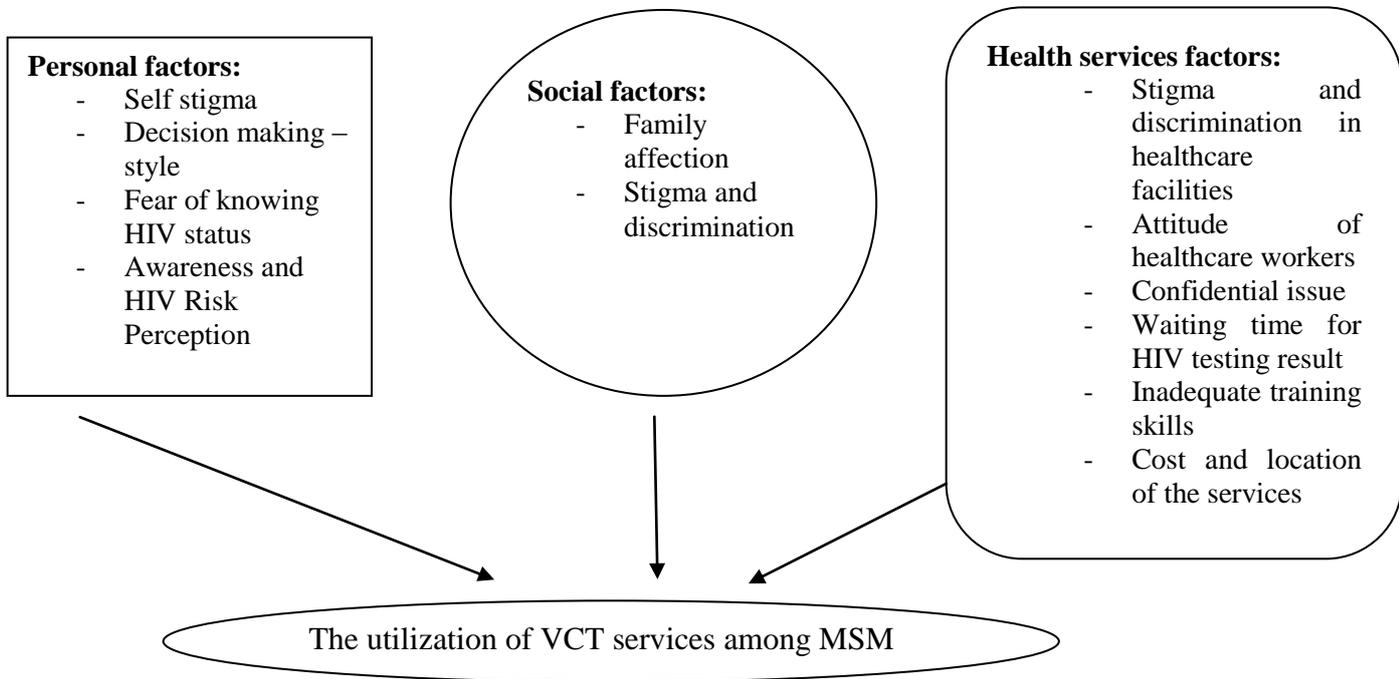
The conceptual framework for this paper was developed to identify the factors influencing the utilization of VCT services among MSM. The framework needs to be used to organize the idea and guide for the finding of factors that influence the access to HIV testing.

The conceptual framework provides the comprehensive view about all the factors from individual or personal factors, social factors and healthcare factors that can influence the utilization of VCT services.

There are many obstacles and constraints for utilization of VCT services among men who have sex with men (MSM).

Adapted from the Schematic of barriers to accessing care (Nash D 2006) and from some research that also identify constrains and barriers of the accessibility of VCT services, I found some possible factors related to my objectives that can be grouped into 3 categories including personal factors, social factors and healthcare factors. Based on the information from international literatures conducted to understand the barriers of utilization of VCT services and adapted from the schematic of barriers to accessing care, I developed the framework that can be used to find my answer. International also discussed about the self stigma, awareness of HIV risk, social stigma and discrimination, cost of services, attitude of healthcare workers, stigma and discrimination in healthcare facilities...Look through all possible factors influencing the accessibility of VCT services, I grouped all factors into 3 categories in the framework. The constraints or factors that keep MSM away from HIV counseling and testing services may come from 3 main categories:

- Individual decision due to Self stigma, Decision making –style, Fear of HIV status, Awareness and perception about HIV risk
- Social factors as Family affection, Stigma and discrimination.
- Health services factors such as: stigma and discrimination from healthcare services, healthcare workers' attitude toward to MSM, confidential issues related to HIV status, waiting time for HIV testing result, available of specific MSM guidelines of counseling, lack of appropriate skill of healthcare staff and the location of healthcare facilities



**Table 7:** Conceptual framework

(Source: Adapted from the schematic of barriers to accessing care for HIV 2006)

## **VI. Barriers and constraints of accessibility of HIV counseling and testing services among MSM in international literatures and Ho Chi Minh City, Viet Nam:**

In this part, I am going to present the finding of the research about barriers and constraints of utilization of HIV counseling and testing services among MSM from both international experiences and in Ho Chi Minh City. Following that I promised to do in the framework, the factors will be grouped into 3 categories including personal factors, social factors and health care system factors.

### **1. Personal factors:**

There are several factors identified as the obstacles of accessibility of VCT services among MSM such as self stigma, decision making style, fear of about the HIV status and awareness about HIV/AIDS. All the factors mentioned as individual factors will be presented in following sub-chapters:

#### *1.1 Self stigma:*

Both in international and in Ho Chi Minh City, self stigma has identified as the factor associated with the low utilization of VCT services among MSM.

Internationally, self stigma was associated with low self – esteem, suicide and result of less access to healthcare due to feeling guilty and isolating from community and identified the association with the low utilization of HIV prevention services due to avoid disclose the HIV status and homosexual behaviors that was found in the study from Mumbai (Prabhughate 2010).

From international then we look at how self-stigma influencing the accessibility of VCT services among MSM in Ho Chi Minh City.

In Ho Chi Minh City, most of MSM considered themselves as “abnormal” and carrying a “social disease”, in that case “Bong Lo” had more experiences with self-stigma than “Bong Kin” and “Bong Lo” was more likely to isolate themselves at school and community. Some “Bong Lo” decided to quit school early and usually worked in small businesses far away from their home (Hang Thi Xuan Lan 2005).

For the long time, the media and HIV/AIDS prevention campaign had expressed wrong messages to link homosexuality with “Social evil” and “Social disease or mental illness”. Consequently, MSM accepted the blame and rejection from surrounding people and isolated themselves from the community and less likely to access the healthcare services

(Bogaert AF 2004). Self stigma can lead to depressive symptoms, stressful, and end up with suicidal thoughts.

"Bong Kin" was a bit different than "Bong Lo". They did not often try to disclose their same sex behaviors to their families and the community. Then "Bong Kin" did not involve with "Bong Lo" to avoid being associated with these group. Because of their undisclosed sexual identities, "Bong Kin" may not experiences on discrimination seriously as "Bong Lo" but they often feel not comfortable when someone told something negative against homosexuals . Most MSM, especially "Bong Kin", they believed being identified as homosexuality that will negatively affect to their job promotion and ruin their business (Hang Thi Xuan Lan 2005).

Even some "Bong Kin" stated that he agreed that homosexuality is unacceptable by culture norms and parents. They implied that the family surely is not happy with homosexual son (Hang Thi Xuan Lan 2005). However it is changing in Viet Nam society when people are more like accept MSM as the part of community and society. In the same way, Viet Nam LGBT community is more open and more involving to some activities to help people understand about their sexual orientation. In August 2012, the first Gay pride, named as Viet Pride, had been organized in Ha Noi to raise the community and society awareness about LGBT in Viet Nam.

### *1.2 Decision making style:*

Access to HIV counseling and testing services was not common practice among men who have sex with men.

In general, most of MSM perceived taking HIV test just for building trust with their partners or requesting of no condom use. Creating the truth to the partners and to having sex without condom are also the reasons to decide taking HIV test among MSM

In Ho Chi Minh City Male sex workers, though outreach program, taking HIV test is recommended by provincial or district health authority, but in fact most male sex workers was asked to take HIV testing by the authority compulsorily (Hang Thi Xuan Lan 2005). Definitely, this is not an appropriate intervention to prevent HIV transmission among MSM and against the concept of voluntary counseling and testing of VCT services and also violence the human rights as the right of homosexuality people. But after all, it is happening in Ho Chi Minh City and influencing the decision making of receiving HIV testing among MSM. Some "Bong Lo" who working as male sex workers reported they visited VCT to perform the HIV test every months as the recommendation from outreach staffs.

Another review on utilization of prevention services among MSM also showed MSM who have friends living with HIV and AIDS or know about someone taking HIV testing are more likely to access to VCT (Mai Xuan Thu 2012).

### *1.3 Fear of knowing HIV status:*

Another factor influencing the utilization of HIV counseling and testing is fear about HIV status due to the incurability of AIDS.

In Peru, The online survey among MSM from seven Peruvian gay websites showed that more than 30 percent of MSM stated one of the reasons for not taking HIV testing is fear of the consequences of positive HIV test (Magaly M 2011).

There is no cure for AIDS at this time, treatment can only help to reduce HIV and improve the immune system. Fear of "sentence of death" or the term of "fatal disease" from HIV/AIDS most MSM did not willing to know about their HIV status. Most MSM reported HIV positive status could induce hopeless and anxiety (Mai Xuan Thu 2012).

For male sex worker, they reported that they did not want to know their HIV status, because if they were HIV positive they could not continue their work and loss customers. The fear of knowing their HIV/AIDS status reduces the use of VCT services and delays the health seeking among MSM. Delay on HIV testing, until serious stage of illness, can lead people living with HIV and AIDS to lower survival on antiretroviral therapy (ART) and increase the risk of HIV transmission to sexual partners.

### *1.4 Awareness and perception about the risk of HIV transmission:*

At individual level, awareness and knowledge about HIV/AIDS are also the factor that is influencing the access to HIV counseling and testing among MSM from both international and in Ho Chi Minh City.

Internationally, the result of 201 MSM in baseline survey conducted by Mianyang Center for Disease Prevention & Control China indicated the awareness of VCT was 36.8 %. There was 55 % of MSM in the survey were willing to take the HIV test but only 17.4 % MSM reported to have the test during survey time. In central southern china, 77.56 % of 312 MSM had never used VCT services. Influencing factors of VCT utilization were the awareness of VCT services, perception about HIV counseling and testing, and location of VCT (Li Gang 2009).

In Massachusetts, most Back MSM had a poor awareness of HIV/AIDS transmission. They did not know about their risk for HIV infection, they believed they had no risk and trusted on their partners as "clean" or "free of virus"

The study about barriers and constraints of utilization of HIV and STD testing services among at risk back - MSM in Massachusetts, USA indicated US Center for Disease Control and Prevention (CDC) found most black - MSM (67 percent) not aware about their HIV risk transmission and perceived low risk for infection. The majority of black MSM said that the

reasons for not using testing services are including not considering themselves as at risk population, not performing any clinical symptoms and believe on their partners free of virus (Matthew J 2009)

Specifically in Ho Chi Minh City, the knowledge about HIV/AIDS among MSM in Ho Chi Minh City was still low. Most MSM believed HIV could be prevented but they did not know that anal sex without protected caused the risk of HIV transmission (Tuan A N, 2007). Lack of data and HIV prevention program targeted to MSM were the reasons to cause the poor knowledge and hinder them from HIV/AIDS prevention services including HIV counseling and testing.

In fact, for a long time after the first HIV positive case was found in Ho Chi Minh City, the HIV prevention campaign and media messages about HIV/AIDS did not mention MSM as the most at risk population of HIV transmission. Public health messages only focused on drug use and multiple partners in heterosexual relationships and lack of official information and reports about the risk of MSM and prevention messages targeted to MSM as well.

The low perception of risk and inadequate knowledge about HIV/AIDS among MSM constrained them from the utilization of HIV/AIDS prevention services such as accessibility of appropriate information, the HIV testing or necessary skills for protecting themselves from HIV transmission (Colby 2002)

## **2. Social Factors:**

Besides individual factors, several social factors such as family affection and social stigma and discrimination has been identified as the barriers of utilization of HIV counseling and testing services among MSM.

### *2.1 Family affection:*

From international literatures, In China, the men without marriage and no having children is considering not fulfill their responsibility with the family and is unacceptable in society. Tradition beliefs and cultural norms remain thinking that having children to keep continuing generation and getting married are the important duty of Chinese men. Therefore, the homosexual men tried to hide their identity, keep away from community activities. Most MSM believed that disclosed their sexual identity or HIV status may loss the support and respect from their family. Consequently, hidden homosexual identity to the family is also the factor keep MSM deny taking HIV testing or access to intervention program targeted to MSM (Yuji Feng 2010).

We also found some similar things in Ho Chi Minh City, with high social role on marriage and having children for men in Vietnamese culture, many MSM, often happened with "Bong Kin", they are more likely

to get married to satisfy the expectation from their family about continuing generation but they still remain same sex practices with male partners.

This can result in multiple partners with both male and female sexual networks lead to opportunities for HIV infection and keep them away to disclose their HIV status. So it makes difficult to reach and use healthcare services for HIV/AIDS prevention including VCT services and access to health information (Adimora 2007)

## *2.2 Social Stigma and discrimination:*

There are several factors identified as the barriers of accessibility of VCT services and stigma and discrimination has been analyzed as the most important constrains among MSM.

From international literature, stigma and discrimination has been identified as the obstacles of seeking healthcare services among MSM in China. MSM in Chengdu was experienced stigma and discrimination from the society. Consequently, Fear of being isolated from the community because of their homosexual identity became the barrier in HIV/AIDS prevention program. Therefore, it is difficult to target MSM in information and intervention program. So MSM still remain as the hidden most at risk population (Yuji Feng 2010).

Due to stigma and discrimination against MSM, prevention program targeted to MSM are often harassed by government authority such as police, community politician. It not only happened in Viet Nam but also in some countries of Africa and the Middle East. Then the prevention program toward to MSM is difficult to achieve. Because of punishment law against MSM in some Africa countries, National Strategic Plans were not included MSM as a vulnerable population (Altman Dennis 2012).

As elsewhere, In Ho Chi Minh City stigma and discrimination have been identified as the majority constraint of utilization of HIV prevention services. Stigma and discrimination against men who have sex with men in Ho Chi Minh City is still high. Social discrimination is more likely to block MSM from HIV/AIDS prevention program such as HIV counseling and testing (Global Forum on MSM and HIV 2010).

Stigma and discrimination come with hostile activities on men who have sex with men push MSM underground and making them unseen in the epidemic and difficult to reach with the HIV/AIDS prevention services that they may need.

Social stigma and discrimination on MSM at high school level were more likely drive them to risk of self – harm, suicidal thoughts and making it difficult to reach health care.

From public health perspective, multi stigmas increase the challenges of disclosing health status including HIV positive status to sexual partners and healthcare providers, the negotiation on safe sex practices, and access to healthcare information and services. Most people

living with HIV and AIDS had experienced stigma and discrimination because of their HIV status (Scott SD 2010).

The reasons that cause stigma and discrimination against people living with HIV and AIDS (PLWA) including MSM are many such as lack of knowledge about HIV/AIDS, negative or wrong message about people living with HIV and AIDS in media, association of HIV with illegal or bad behaviors, known as "social evil". Among the root causes of stigma and discrimination, the lack of knowledge about HIV and AIDS is one of most important reasons that leads to misunderstanding about HIV transmission risk and fear of HIV transmission and negative attitude about people living with HIV and AIDS.

Truly, stigma and discrimination against people living with HIV and AIDS has been identified as the barrier of accessibility of HIV prevention services among MSM and limit the opportunities to disclose their HIV status.

### **3. Health services factors:**

In this part, I am going to show the finding on health services factors such as stigma and discrimination from healthcare services, healthcare workers' attitude toward to MSM, confidential issues related to HIV status, waiting time for HIV testing result, available of specific MSM guidelines of counseling, lack of appropriate skill of healthcare staff and the location of healthcare facilities influencing the utilization of VCT services among MSM.

#### *3.1 Stigma and discrimination in healthcare facilities:*

Not only stigma and discrimination from community but also stigma and discrimination in health care facilities drive MSM underground and making them "invisible", and make it difficult for prevention programs to target them, also make them reluctant to access HIV/AIDS counseling and testing services (Global Forum on MSM and HIV 2010).

In worldwide, stigma and discrimination in healthcare settings make it difficult for men who have sex with men to access HIV/AIDS care and support. Stigma and discrimination in healthcare services may increase the morbidity and mortality among MSM due to the denial of utilization of HIV/AIDS prevention, care and support services. Stigma and discrimination may lead may reinforce the perception of healthcare providers that MSM are related to sexual disease and "social evil" (Scott SD 2010). Consequently, this lead to poorer healthcare providing for MSM

International literatures also stated that stigma and discrimination from healthcare providers were identified as the obstacle of utilization of healthcare services among MSM. MSM from China said they feel uncomfortable to go to health centers or hospital to take the HIV test, because they will be implied as the bad people and doing something wrong by healthcare staffs (Yuji Feng 2010).

In Ho Chi Minh City, Access to HIV/STI/STDs services is also limitation among MSM, most respondents in the survey reported they had experiences on stigma and discrimination at health center because of their appearance (Hang Thi Xuan Lan 2005)

"Bong Lo" felt uncomfortable and less confident when they experienced the discrimination from people in the health centers due to their appearance. If they had STI they would be more likely to buy medicine in the pharmacies or looking for self - treatment. Some "Bong Lo" decided turn to private sectors when they need the care.

Some "Bong Lo" preferred to private sectors for STI/STDs or HIV/AIDS care and treatment instead of public health services to avoid the discrimination from public healthcare staffs and being examined by male staffs. The staff at one public clinic stated that the clinic would not welcome "Bong Lo" because they though "Bong Lo" that were also commercial sex workers, identified as "social evil".

Stigma and discrimination in healthcare settings make MSM difficult to open discuss with the healthcare providers or providing incomplete or inaccurate information to healthcare staffs.

### *3.2 Lack of appropriated skills of healthcare workers and no specific guideline for MSM counseling :*

Healthcare staffs with inappropriate and untrained skills to work with MSM also contributed the association of low utilization of healthcare services among MSM.

Poor counseling skills among healthcare provider were reported in the research in Massachusetts, USA (Matthew J 2009). Very little information and less explanation about HIV counseling and testing process had been provided by the staff

The staff member at HIV/STI clinic said that they have never treated "Bong Lo" in their clinic because they did not know how to handle them as female clients or male clients. Some male healthcare staffs also denied examine to "Bong Lo" (Hang Thi Xuan Lan 2005).

The staffs said that they did not know how to handle "Bong Lo", their works were for female or male clients but for "Bong Lo" they could not identify "Bong Lo" as male or female. Some doctors also refuse to perform the anal examination for MSM in STI clinic (Hang Thi Xuan Lan 2005).

Normally "Bong Kin" experienced less difficult than "Bong Lo" because they often did not show their sexual preference in the health centers.

Lack of trained skills on counseling and no specific guideline for MSM counseling toward to MSM has affected to the quality of providing counseling in VCT that may hinder MSM access to healthcare facilities (Mai Xuan Thu 2012).

### *3.3 Attitude of healthcare provider on MSM:*

The study in Massachusetts showed that most black MSM in the survey complained about the distant and prejudice attitude of healthcare staff (Matthew 2009).

The needs of health care among MSM have to be understood by health care providers. In some cases, intentionally or unintentionally the healthcare providers had a prejudice against men who have sex with men, especially with "Bong Lo", putting them away from healthcare services. Prejudice toward to people living with HIV and AIDS including MSM, especially the attitudes of healthcare providers were stated as the barriers of HIV testing (Sheena 2009).

### *3.4 Confidential issues:*

Concerning about confidentiality also had been identified as additional constraint to access the services among back MSM in Massachusetts (Matthew, Sari, Sean, Margie, Kevin, Deborah, Benny, and Kenneth 2009). Many MSM hesitate to take the test due to concerning about anonymous and confidential of HIV counseling and testing. Gossip against HIV testing confidentiality also became the barrier of taking HIV test, some health care providers making fun of MSM and tells other staffs and patients about their HIV status or their sexual orientation (Mai Xuan Thu 2012)

Obviously, in Ho Chi Minh City people are afraid of to be indentified or be countable as drug users, female sex workers or MSM by healthcare providers, then they may go to rehabilitation or re-education camps. Most MSM did not feel comfortable and convenience to come to healthcare services to avoid the homosexual identity by the community or the acquaintance (Vu Ngoc Bao 2005).Concerning about confidential issues from public services, MSM prefer to visit NGOs doctors or access to private sectors.

### *3.5 Waiting time of HIV testing result:*

Internationally, Rapid testing is using widely with the fast result back to clients just few minutes and post test counseling providing to negative result, and appointment for confirmation result will be made for positive clients (Pedrana Alisa 2011)

In Ho Chi Minh City, at the moment the waiting time for HIV test results (after 7 days) is rather long, which causes a lot of anxiety for clients as well as the rate of clients not coming back for results up to 10%. There is no point if the patients do not come back to take their result (Sheena G 2009)

### *3.6 Awareness of VCT services:*

Available information about HIV voluntary counseling and testing services for MSM are also not adequate. Awareness of HIV testing places is low among MSM, some MSM do not know where they can get the HIV test, result of the ignorance from HIV/AIDS intervention program toward to MSM group. Lack of awareness about the places for HIV testing was also a common reason in Peru for not taking HIV test, the participants on the online survey also reported they do not know where providing the services (Magaly 2011).

In China, found in Yunnan province the awareness of HIV VCT has been reported as one of important factors influencing the utilization of HIV counseling and testing services. Most MSM had never perceived about VCT services, they did not know where they can go for HIV testing.

### *3.7 Cost:*

The cost for HIV testing at private sectors is high that might limit the access from the low income people (Anastasia 2010)

Some studies in Cambodia showed that the cost might be the constraint of utilization of VCT. Even HIV counseling and testing are free supported by government, international donors and NGOs but opportunity cost has been reported in Cambodia, additional fee may be charged by healthcare providers even services are free as government policy (Sheena, G 2009)

The coverage of 20/24 districts (not in 4 sub-urban district) with HIV counseling and testing model located in Community Support Counseling Departments make it easy to access the services. HIV Voluntary counseling and testing service at Community Support Counseling Departments is free of charge with the supports from international donors. Although HIV testing is free but cost is still the factor influencing the taking of HIV test among MSM. Due to stigma and discrimination and concerning about quality of public VCT, some MSM turned to reach private sectors (Hang, Nguyen A T, Nguyen A P, Nguyen N T 2005).. Some MSM cannot afford to private sectors for HIV testing.

### *3.8 Location:*

The same situation in Northern Uganda, most VCT and testing services were located in urban area but rural areas lacking the services. The geography inequity of healthcare services including VCT made most people living in rural and remote areas are likely less utilization of the services in Northern Uganda (Dick D Chamla 2007)

In Cambodia, due to geography people may have to travel from their home to clinics that may locate far away and clients could not be afford for travel time and travel cost (Sheena 2009)

Different to other provinces and rural areas in Viet Nam, Ho Chi Minh City is urban areas without remote or isolated areas and with the sufficiency of infrastructure transport system makes it easy to travel around the city. However, most public VCT located in Health center or Hospital is considered as "HIV clinic" and people may not want to go to public VCT to avoid to be seen as seeking "HIV care" then it may keep homosexual population away from the seeking VCT services.

#### **4. Good Practices:**

In this part, in general I will provide some examples that will help people overcome the barriers discussed in the chapter IV and how to do the good VCT making sure it cheap, making it confidential, making sure it close to MSM meeting venues or making it combine with outreach activities, and community empowerment activities, making it as a part of comprehensive intervention.

Actually in Viet Nam, the blue sky program has come very close to good practices. The Blue Sky - drop in center, providing a comprehensive services of HIV counseling and testing, referrals to OPC for HIV/AIDS care and treatment, STI clinic, HIV/AIDS information and education is the model of appropriate service to MSM in Ho Chi Minh City.

The first Blue sky center was established by the collaboration between Ho Chi Minh City Provincial AIDS Committee (PAC) and Family Health International Organization (FHI) in 2003. "One stop shop" center – The Blue sky, has been covered 19 of 24 districts in the city. The center also is known well with the name "MSM-friendly service" and managed by MSM. The staffs in the center have been trained by FHI with the appropriate skills to deal with MSM on counseling and HIV/AIDS information, education providing.

In the center, most staffs including counselors and managers are MSM then MSM do not feel any stigma and discrimination when they visit center to receive the services and they feel comfortable and confident to disclose their health status and the need of health care with MSM appropriate trained health providers. The Blue sky center -MSM friendly services, the comprehensive drop in center has improved the access to HIV/AIDS services including HIV counseling and testing as the announcement of HCMC Provincial AIDS Committee.

However, The Blue sky center also have to work more serious with their limitation. The clients still have to wait 7 days for the testing results following the guidelines of HIV testing from Viet Nam Ministry of Health (MOH). The centers also located in Public Preventative Medicine Centers

Community HIV Counseling and Support Department that may make some MSM reluctant to go there because of being seen in an "HIV clinic". Community models of HIV testing for men who have sex with men has considered as the services that can help to improve the access to HIV/AIDS services among MSM.

Internationally, people have found the way to overcome the barriers of utilization of VCT services among MSM. New Zealand AIDS Foundation FASTEST services provide the sexual health screening including HIV and STI testing. HIV rapid testing is using in the centers with appropriate counseling, free and anonymous by well trained male sexual health staffs. The center also provides the outreach activities in gay sauna to offer HIV and STI rapid test and referral system for clients when they need. Most clients (%?) reported the satisfaction about the services, only 10 minute waiting for the test result and during 10 minute waiting for the result, adequate information and education delivered to individuals. For positive result, the immediate and appropriate post test counseling and support is in place.

Shorten the waiting time (HIV rapid test intervention) and friendly qualified training staffs are the factors to attract MSM into the services (Nash D 2011)

In Nanning China, the stand – alone clinic targeting MSM, located near MSM hot spots was not opened in healthcare center as the Blue sky model in Ho Chi Minh and the clinic provide full package of health checks then the clients who seeking the services not be seen as HIV or STI patients. The VCT services targeting MSM in Nanning are including pre test-counseling and post test counseling, HIV and STI screening and treatment services. The staffs in clinic have been trained with MSM specific counseling and technique to provide the better and appropriate services toward MSM. The full general health examination for male customers in Nanning services can help to reduce stigma and make the service more acceptable among MSM (UNDP China 2008)

With three models of VCT services targeting MSM, we can observe the most common features of models of VCT appropriate to MSM.

- (1) "Friendly Location": the location of MSM VCT service should not be located in healthcare facilities to avoid to be seen as "HIV clinic". The model VCT in Nanning, China shows the goal of the location nearby MSM meeting venues that can attract MSM and increase the accessibility of the services among MSM
- (2) Collaboration between government health authorities and other organization: all three VCT projects targeting MSM in Viet Nam, New Zealand and China are received the support from NGOs on MSM specific training, program design and the outreach activities... In Viet Nam and China, the budget for VCT also funded by NGOs and International donors.

- (3) "Friendly services": well trained staffs provide the qualified counseling and appropriate skills on STI examination and most MSM visiting the clinic are no more concern about the confidential issues related to HIV testing and their sexual oriental status. In Nanning clinic, general health check is provided to make the clinic be friendly with MSM and the clients not be seen as seeking "HIV/STI services". In Ho Chi Minh City Blue sky center, most staffs and managers are also MSM that lead to increase the acceptable of the services among MSM.

## **V. Conclusion:**

In this chapter, I am going to give the conclusion about what I found in the review. The review showed there were some barriers and constrains of accessibility of HIV counseling and testing among MSM. Some of barriers associate with personal issues, social issues and healthcare system issues. In term of personal factors, there were self stigma factor, decision making style, fear of knowing HIV status and issues about Awareness and perception of HIV risk. The paper also expressed the factors related to social issues as family affection and social stigma and discrimination. At last, healthcare services factors such as stigma and discrimination from healthcare services, healthcare worker's attitude toward to MSM, confidential issues related to HIV status, waiting time for HIV testing result, available of specific MSM guidelines of counseling, lack of appropriate skill of healthcare staff, cost and the location of healthcare facilities also has been approached in the review.

The review from both international and particularly in Ho Chi Minh City, Viet Nam showed the similar on finding constrains and obstacles of accessibility of VCT among MSM

In term of personal issues, the most important of personal factors influencing the utilization of VCT are self stigma. self stigma was associated with low self – esteem, suicide and result of less access to healthcare due to feeling guilty and isolating from community and identified as the most important factors influencing the low utilization of HIV prevention services due to avoid disclose the HIV status and homosexual behaviors

Due to stigma and discrimination from community and ignorance from healthcare services including HIV/AIDS control and prevention program, MSM are lack of knowledge about HIV/AIDS and do not receive adequate information about HIV/AIDS prevention services. Most MSM do not know about VCT services and be afraid of attitude of healthcare providers when they need the health care and supports.

The review also revealed that the awareness of HIV risk was associated with the taking HIV testing among MSM. Most MSM never test HIV showed the low perception of HIV risk, they believed they have no risk related to HIV transmission.

Fear of knowing HIV status is also the barrier of access to HIV counseling and testing services. MSM is not willing to disclose their HIV status because they may be stigmatized and discriminated in community and in family. The lack of information and knowledge about early HIV testing and treatment can lead MSM fear to know about their HIV status. Some MSM did not aware about the availability of ARV treatment that can help to delay the development of AIDS and reduce the death of AIDS. For

male sex workers if they are HIV positive, they cannot continue their work and may lose customers.

Although early uptake of HIV testing among MSM is important, but many MSM are invisible and unseen because they are more likely to hide their sexual orientation and most MSM, especially "Bong Lo", are stigmatized and discriminated by the community.

Both international literatures and in Ho Chi Minh City, Stigma and discrimination from the community also has identified as the factors associated with HIV testing behavior among MSM. MSM denied to access to healthcare services for HIV testing because they did not ready to disclose their HIV status and their homosexual orientation.

There are several similar and different barriers of utilization of VCT services among MSM related to health care services issues from international literatures and in Ho Chi Minh City, Viet Nam.

There are some similar what I found from international literatures and Ho Chi Minh City about constraints and barriers of HIV counseling and testing services among MSM. The finding showed that as stigma and discrimination from healthcare providers, attitude of healthcare workers, confidential issues related to HIV status, waiting time for HIV testing result, lack of appropriate skill of healthcare staff were the constraints and obstacles for seeking VCT services.

Similarly from international and Ho Chi Minh City, The lack of HIV counseling and testing information made the people not know about the services and the location of VCT. Not well trained staff and attitude toward MSM affected the quality of HIV counseling and become the barrier of using the services among MSM.

Moreover there are not specific guidelines for MSM in healthcare services then in some cases, the healthcare staffs do not know how to handle and provide appropriate services to MSM.

Confidential also is one of the concern about the quality of VCT services and the waiting time for result is 7 days that make difficult to increase the number of MSM come back for receiving the HIV test result.

Similarly, stigma and discrimination from healthcare setting has been identified as the most important factor hindered MSM to reach healthcare services in international and Ho Chi Minh City as well.

However, there are some different on the cost and location factors from international literatures and Ho Chi Minh City.

Internationally, as in Cambodia the cost has been reported as the constraint of utilization of VCT, opportunity cost has been reported in Cambodia and additional fee may be charged by healthcare providers even services are free as government policy (Sheena G 2009).

In Ho Chi Minh City, there was a different approached regarding to the cost. No evidence showed the cost of HIV counseling and testing in public

sectors hindered MSM to access the VCT services. But the other factors as stigma and discrimination from healthcare facilities, attitude of healthcare providers that make MSM turn to use the private sectors with high cost of HIV testing and they may not be affordable.

From international research, most VCT and testing services in Northern Uganda were located in urban area but rural areas lacking the services. The geography inequity of healthcare services including VCT made most people living in rural and remote areas are likely less access to services. It also happened in Cambodia, people may have to travel from their home to clinics that may locate far away and clients could not be afford for travel time and travel cost (Sheena G 2009), further you stay away from the services, the less accessibility of the services is.

But in Ho Chi Minh City, there are a little different. Although the VCT coverage of 20/24 districts in the city, but most public VCT located in Community Counseling and Support Department and seen as "HIV clinic" and most MSM do not feel comfortable to access public VCT in order to avoid to be seen as "HIV patient".

## **VI. Recommendation:**

In this chapter, I am going to give some recommendation that help to overcome constrains and barriers of accessibility of VCT services that we found in chapter IV. The recommendation will be developed for Healthcare implementing system, international donors and specific for VAAC and Ho Chi Minh City Provincial AIDS Committee.

There is no single approach or solution, addressing the issues will require the response of multi sectors and advocacy efforts from society and community. Importantly, the principle of targeted intervention to MSM has to respect the human rights including the right of people living with HIV and AIDS, the diversity of MSM community and meaningful involving MSM and MSM living with HIV to ensure the appropriateness and efficiency of HIV prevention program.

### **1. Recommendation to Healthcare implementing system:**

- Public information and education campaign related to HIV/AIDS should address the appropriate message on MSM to the community to help people realized that MSM are not criminals and not labeled as "social evil" and increasing the knowledge about HIV/AIDS transmission risk and more information about early treatment that can help reduce the transmission and delay the development of AIDS.

The perception about efficient ARV treatment that can make the shift from fatal disease to "chronic" disease of HIV/AIDS may help to decrease the stigma and discrimination of the community.

- Increasing investment to anti stigma campaign in MSM and PLWA:

Healthcare system collaborated with international donors have to invest more resources to decrease the burden of disease among MSM and increase the effectiveness of the combat against stigma and discrimination to this HIV high risk population.

- Creating the enabling environment to make MSM freely and confidentially access to health care services and supporting legal system:

- Healthcare workplace policies have to be developed to create an accepting environment in health care facilities.

- Involving the participating of community leaders or religious leaders on MSM topics to empower MSM and encourage them on seeking health care need.

- Improving the quality of VCT services:

- Improving the collaboration with outreach program and information, communication and education program to popularize HIV counseling and testing activities in the community and enable MSM to access healthcare information and services. Raising the awareness about HIV testing services among MSM to let them know about the location and the services providing of VCT and how to get there.

- Public health messages also have to target to MSM to deliver more information about the HIV transmission risk and appropriate education with simple messages and understandable language to increase the awareness of HIV risk among MSM.

- Improving the capacity building for health care system: Frequently provide capacity building to staff of counseling and testing with specific training courses, re- fresh training courses, advanced training courses, experience exchange workshop and site visits to ensure their practice's quality.

- Developing guidelines for health promotion among MSM including specialized clinical skills and anti-stigma training ensure that healthcare providers can obtain appropriate knowledge, tools and skills to provide the services to MSM.

- Beside VCT, other services such as the Out – patient clinic (OPC) for ARV treatment, STI clinic also should be more “MSM friendly”:

- Increasing investment in effective HIV care and treatment program. Ho Chi Minh City AIDS Committee has to work with international donor to ensure the sustainability of care and treatment program to decrease the burden of HIV and AIDS.

- Strengthen the referral system to follow up the positive HIV MSM should be more appropriate by making “MSM friendly” OPC and STI clinics to eliminate the fear of consequence of HIV positive result among MSM and make the post test counseling more efficient.

- Better Peer education or outreach program for MSM to refer to VCT.

## **2. Recommendation for international donors, NGOs:**

- The commitment of funding and support for HIV/AIDS program has to be very clear and consistent from international donors. The roadmap for transfer the responsibility on budget and funding of HIV/AIDS control program should be developed harmonically among donors and between grantors – international donors and grantee –to ensure the sustainability of the HIV/AIDS control program.

- NGOs with the good experiences on working MSM such as FHI, PSI should play an important role on providing technical assistant for HCMC health authorities to improve the training for Healthcare workers. Basic and appropriate skills on HIV counseling with MSM clients and in management of STI MSM patients should be train to health providers in VCT services and STI doctors.

### **3. Recommendation for Viet Nam Administration for HIV/AIDS Control (VAAC)- Ministry of Health:**

- Advocate for legal reform based on adopting a human rights approach:

The community in partnership with international bodies related to health development and legal institutions identify and develop the legal framework and other policies targeting to intervention among MSM.

- The international instrument for human rights and the right of MSM have to be committed and implemented by the Government such as "UNGASS Declaration on HIV/AIDS" and "International Consultations and International Guidelines on HIV/AIDS and Human Rights."

- "Social evil" and "Rehabilitation" policy implicated to the most at risk population have to be deleted in order to protect the human right and the right of MSM.

If the human rights are respected and the rights of MSM are protected, the stigma and discrimination can be decreased in the community.

- The National guidelines for HIV testing 2009 have to be revised and updated to reduce the waiting time for HIV test result.

- Shorten the waiting time for HIV test result: seven days for receiving the HIV test result is extremely long. There is no point and the benefits of VCT services are lost if the clients do not return for their result.

- Rapid test in VCT should be consider using widely and allow returning negative test result right after performing the test. With the HIV positive test, the post test counseling have to be immediate provided and the appointment for receiving the confirmation test will be made.

The low rate of return is really the problem in Ho Chi Minh City. The national guideline of HIV testing has to be revised to improve the effectiveness of VCT services.

### **4. Recommendation for Ho Chi Minh City Provincial AIDS Committee:**

- Although, the Ho Chi Minh City AIDS Committee is expanding the availability of HIV counseling and testing but barriers till remain. We need more activities and develop action plan to improve the effectiveness of VCT services in Ho Chi Minh City. Ho Chi Minh City the five years strategic planning for HIV/AIDS control and prevention to 2016 should facilitate the protection of the right of MSM and promote the uptake of HIV related services among MSM.

- Making the "MSM friendly" services by taking some good part of The Blue sky center such as using MSM staffs from the community, good liaison and communication with the MSM population.

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