

GAINING MARKETS BUT LOSING HEALTH? (Part 2)

Too many baby elephants, not enough grass
OR
Sex, rice and development

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Dear Peter,

This newsletter is about sex. It is also about babies, mistresses, abortions and prostitutes. It is mainly about sexual-economic change, population growth and the sexual revolution. You say you did not send me to Indochina to write about sex? Well, yes and no. Sexual-economic change might be a more powerful indicator of where Vietnam is going than anybody might think. So stay with me!

Soft-spoken Thuy does not talk much about her job. She is a doctor. She is married, has two kids and is faithful to her husband. Every morning she goes to work and does abortions. That is about all she will tell me. But then as we part, she holds my hand and says: "I have been a doctor for many years and I have never seen so many teenagers abort. Some come back more than once. Something is happening to our young women. I do not know what."

No this is not working-class America. This is downtown Hanoi where an increasing number of teenage pregnancies and abortions is leaving authorities baffled. "The rate of abortions compared to live births has not yet reached the 3:1 level once found in the Soviet Union," says American demographer Daniel Goodkind who is just beginning to research the subject. "But the Hanoi Population Council is worried because they have never seen anything like it, especially among teenagers. In some provinces there are almost twice as many abortions as live births. Is the data correct? Is this signalling a major change? Nobody knows."

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At the National Committee for Family Planning in Hanoi, director Vo Quy Nhan, thinks Vietnam is in the midst of a real "sexual revolution." This revolution, combined with some "ill-advised" government policy, is creating a dangerous cocktail especially for teenagers. "I go to cafés and I listen to conversations between young women," says 45 year-old Nhan. "Often I hear young women say: why go to the trouble of getting contraception. If you get pregnant, you go to the clinic; they give you menstrual regulation. Fifteen minutes and its is over. Or you can abort. They do not realize the risk to their health. Even the Ministry of Health does not realize. We are still working to convince them."

Abortion is legal in Vietnam. It has been legal since 1945 in the North. The vacuum aspiration technique is widely used. At first, the husband had to authorize the abortion. Not anymore. Today, prices vary from 20,000 dong (2 US\$) in Hanoi to 10,000 dong in Thai Binh Province, the most densely populated province of the Red River Delta. In Thai Binh, a bucolic rice-growing province, there were 1500 abortions for every 1000 live births in 1992, compared to 860 in 1990 and 340 in 1980. "A lot of unnecessary suffering goes on because women lack basic care and information," says Inger Jernberg, health program officer for the Swedish Aid program, the largest donor in Vietnam.

After years of operation in Vietnam, the Swedes are now rethinking their role in the health sector. "Everything is changing so fast. We have told the Ministry we need to know more about where they are heading," says Jernberg. "Our new role may be to help set up their new health insurance scheme or to get involved in family planning."

Family planning is certainly high on the Vietnamese agenda as the high birth rate threatens to eat up economic gains. The population increase puts pressures on an already weak social infrastructure. Schools are bursting. Kids go to school in shifts, the same desk being occupied by three different children during one day. Quality of education decreases. "If we have fewer children we will be able to offer them a better life," says Luu, a Hanoi father of two.

According to the 1989 census, there were 64,4 million people in Vietnam. The number is now estimated to be closer to 70 million, twice as many as in 1965, five times as many as in 1901. Before World War II, life expectancy was 34 years. Now it is closer to 60. Demographers forecast a population of over 80 million by the year 2000. Close to 40% of the Vietnamese population is under the age of 14 now and most of them will have children of their own. A minimum of 30 million new people will be added before population growth begins to stabilize.

The threat of overpopulation was recognized in the North as early as 1960 when Hanoi set up its first family planning program. The fertility rate dropped from six (children per woman) in the early 70's to fewer than four in 1990. But the rate is still too high. The authorities want to reduce it from 3.7 in 1990 to 2.8 by the year 2000. "Since the mid 80's the government of Vietnam has been more determined than ever to show its people the benefit of small families," says M.A.Bhatti, an Islamabad expert on Population Education working as a consultant in Hanoi. "They even tell



Drawing used in a family planning campaign

kindergarten kid about sex. And they are very explicit, with pictures, and drawings. They are very serious about it all."(1)

In 1984, Hanoi created the National Committee for Population and Family Planning but provided little funding for its operation. It was strengthened in June 1991 by Communist Party Resolution #04 and began to be better funded. In 1989, the government allowed the creation of Vietnam's first family planning non-governmental organization: VINAPFA. (The group has slowly begun its own education campaigns and has been distributing contraceptives.)

All over Hanoi, hand-painted billboards show happy families of four: mommy, daddy and the two kids. Often the two kids are both girls. Sometimes, its a boy and a girl. "The desire for sons is still the main reason why people disobey the two child policy", says Professor Le Thi Nham Tuyet, long-time researcher on gender issues and author of Women of Vietnam, a famous book about Vietnamese women. "We are trying to tell people that daughters are as good as sons."

(1) Under the name "population education", sex education has been integrated into the "political education" part of the school program. In primary school it mainly focuses on citizenship training and civics.



Hanoi woman proudly walking her three sons

The desire for sons is strong in Vietnam but not as radical as in India for example where female foetuses are aborted because they are female. At least no one has found evidence of that in Vietnam yet. Despite the penalties for having a third child, people celebrate when the third child is a first son. "The penalty in rice is nothing compare to the long-term benefit family believe they will get from a son", explains Hanoi Professor Nham Tuyet.

Fifteen years ago, state employees who had more than two children lost their jobs. Some were forced to have abortions. With *doi moi*, Vietnam's renovation policy, most of the repressive measures disappeared. The new Health Law passed in June 1989 strongly stresses the fact that individuals may choose freely their contraceptive method. Article 4 of the law even says: "all acts of forcing the implementation of family planning are prohibited."(2)

But like everything else in Vietnam, nobody seems to agree on what this really means. "Couples who do not observe the articles concerning the number of children will be appropriately penalized by their immediate agencies in accordance with current law," says Decision 162 of the Council of Ministers. "Penalties" vary greatly. Some State Enterprises do not give salary increases to workers who have a third child. Others block those employees from any promotion. In Thai Binh province, residents of Hoang Dieu commune have to pay a fine of 35 kilos of rice when they give birth to a third child. They must also pay for his/her schooling. Families get a bonus of 25 kilos if they abort. "Not all communes give

(2) The law suggests "norms": urban women should have their first child at 22, urban men at 24. In rural areas, women can be 19, men 21. A maximum of two children is suggested for most groups in society with the exception of ethnic minorities or people whose children are handicapped. Authorities also want children to be spaced three to five years apart.

those bonuses," says Mrs Gai, the president of the Hoang Dieu commune. The Council of Minister's Decision 162 also states that families with more than two children must contribute social support funds, which include funds for education and health care.

Family planning has been clearly more successful in cities than in the countryside. Urban fertility is almost half of that of rural areas. "In the city there is little space for children," says Lan, a mother of two working in Hanoi and living in a one-room apartment with a mezzanine as a sleeping area. "It is also very expensive to bring them up."(3)

A recent study conducted by Professor Tuyet showed that less and less young Vietnamese believed in the famous Vietnamese saying: "There will always be grass for baby elephants." "Many young women know the hardship of big families," says Tuyet, "they know there is not always grass for baby elephants".

According to a 1988 survey conducted by the Ministry of Health, 53.8% of women aged 15 to 49 use a contraceptive method.(4) Close to half of them use withdrawal or natural rhythm. Only 1% used condoms. The pill and male sterilization were used less than 1% of the times. Over 40% of the women surveyed said they wanted contraceptives but could not find them! The survey showed major differences in contraceptive use between the North and the South. Birth control pills and condoms were most widely known and used in the South. The North mainly used intra-uterine devices (IUD).(5) "Younger women would use contraceptives more if easier temporary methods like the pill and the condom were readily available," says a 20-year-old Hanoi secretary. According to the 1988 survey, only a third of 20-24-year-old women use contraception. Those under 20 hardly use any method. Authorities want to increase contraceptive use from 42.5% in 1990 to 50.5% in

(3) Primary schools now cost 45,000 dong a year. Parents who want to supplement the half-a-day schooling their children receive from the public sector often spend \$15 or more, each month, for private tutors. With good wages from foreign companies averaging \$45 a month, one cannot afford too many children.

(4) Vietnam Demographic and Health Survey 1988, National Committee for Population and Family Planning, Hanoi, Nov.1989. The Demographic and Health Survey - better-known by its acronym VNDHS - provides the first nationally representative data on contraceptive use in Vietnam. According to a 1993 study by John Stoeckel, Senior Associate to the Population Council in Bangkok this rate does not take into account reporting errors and exaggerates the level of effective practice which is probably between 30 and 40%. Pregnancy termination and contraceptive failure in Vietnam.

(5) Surveys show that the North and the South are very different not only in contraceptive use but also in nuptial patterns. Women in the South tend to marry less. Only half of the urban women of the South are married, considerably less than elsewhere in the country.

1995. Most of the improvement will have to come from the countryside.

Some experts say farmers still have more children because more labor means more land, more rice grown and more money earned. In the North, families who have more children get more land.(6) Some like Gill Tipping, a British researcher working in the North, disagree. "The men want more children. The women do not. The only reason they still have more is the lack of contraceptives."

In the countryside contraceptives are hard to come by. "Women are often fitted with the wrong size or type of IUD," says Professor Tuyet. The United Nations Population Fund has been supplying the Ministry of Health with boxes upon boxes of IUD's, pills and condoms. As I write over six million pills sit in a Hanoi warehouse waiting to be distributed. "We have told the province but they do not come to take them," explains Doctor Vu Quy Nhan, Director of Vietnam's National Committee for Family Planning.

Most international documents say Vietnam has adopted the "cafeteria approach" - which means offering families a wider choice of contraceptive methods - but the products offered in northern rural health centers are dismally the same: IUD's, IUD's and more IUD's. "Their distribution network is just beginning to improve," says Linda Demers, director of the United Nations Population Fund in Hanoi.(7)

There are many reasons why pills and condoms languish in warehouses. Bad distribution is one. Lack of financial incentive is another. For each IUD inserted, health workers get a bonus. For each cycle of pills given out they get nothing. "I have suggested to give a bonus ten times as big as for an IUD if after one year on the pill a woman has no children," says Doctor Nhan. "The ministry has not answered me yet." Doctor Nhan knows that opponents to the pill are entrenched deep inside the Ministry of Health. "Many have not read recent research," he says. "They still think it causes cancer."

There is another widely acknowledged problem: donated pills and condoms often end up in private pharmacies. (The IUD cannot be sold to customers because one needs a doctor to insert it but pills and condoms can be sold over the counter.) "We are looking into that problem," says Linda Demers.

In theory, contraceptives are free. Health Centers should distribute them at no cost. However, every woman I have spoken to

(6) I do not know if this policy is applied in the South. The few days I spent in Thai Binh province convinced me that most of what I learned in the Mekong Delta does not seem to apply in the North. The contract system for example seems to be applied very differently. More on this later.

(7) Better-known by its acronym, UNFPA is the single largest donor in Vietnam for family planning with a \$36 million budget for 1992-1995.

says she has had to pay a few hundred dong, sometimes more. "Health workers must make a little money," explains a Thai Binh doctor shrugging his shoulders. "They also need to be trained," adds Demers who believes many do not push other methods simply because they do not know enough about them.

Help will soon come from an American non-governmental organization called DKT. Better known in the States for its newsletter about sex for people over 40 and for some daring acts such as illegally bringing into the USA the famous French abortion pill, DKT plans to "social market" condoms in Vietnam. "Nobody will be able to push condom use as a contraceptive or a protection against AIDS until some good products are on the market and there is a real brand recognition," says Andy Pillner, director of DKT in Hanoi.

Since his arrival in Vietnam, Pillner has bought condoms wherever he has seen them. He keeps his collection in a large wooden box. Sifting through it is like touring the condom-making world. There are elegantly packaged French condoms, expensive Japanese ones and oddly-decorated Chinese and Korean ones.

The most widely distributed condom in Vietnam is "Happy Family". Although it is made in Vietnam, there is nothing on the package to suggest this. The photograph below the label shows a blond woman walking on a beach with two children. The second most widely-distributed condom is "Intimity", a joint-venture between a Viet-Kieu (Overseas Vietnamese) and a Russian. The product is not made in America but the label says "Castle USA" which, explains Pillner, "is the address of the Viet Kieu's apartment." The man knows how to sell to his countrymen. Anything "made in USA" sells in Vietnam and he knows it. "A lot of people base their decision on where the product was made," says Pillner.

To launch its campaign, DKT has chosen a Malaysian-made condom. "We wanted to use a locally-made one," says Pillner. "But none passed our quality test. It would be stupid to spend that much money on building brand recognition for a product that people will not want to buy once they have tried it." (According to a Vietnamese doctor working in a rural area, the Happy Family condom is "too thick, too small and does not taste good". According to Andy Pillner it is simply not a very good product.)(8)

DKT's campaign will be much more than a health campaign. It might create the first large sales and distribution network in Vietnam.

(8) UNFPA supports Marufa, the HCMCity condom manufacture using Indian technology. They have been advising Hanoi "not to import foreign-made condoms" but to push its own product. The tests UNFPA did - both in Australia and Great-Britain - showed that the Vietnamese condoms met international standards. But Andy's test showed otherwise. For Linda Demers, director of UNFPA, this is not a reason to give up on the HCMCity factory. "They are having problems keeping the quality constant. We are trying to help." But even members of the National Committee are skeptical. "The Vietnamese know there are better products on the market," says a Committee employee. "Why would they settle for less?"

Nowhere in the country did Pillner find the kind of distribution system he needed so DKT decided to build its own. (According to a few businessmen such a network simply does not exist yet. Even the beer companies do not have a good one. Shop-owners and retailers go to wholesalers to buy what they need. The idea of distribution trucks regularly visiting stores has not taken hold yet.)

DKT will hire "travelling sales people" with motorbikes. They will be paid \$50 a month, plus a \$50 allowance for motorbike maintenance. A state-of-the-art system of "bonuses" and sales contests will be put in place. "If a store sells two gross of our condoms the owner will get a gift, a trip maybe," says Andy Pillner. DKT wants to "jump start" what it calls Vietnam's "very passive distribution system".

DKT condoms will be sold three for 1000 dong (10 cents).(9) DKT will pay more to buy them. "The more condoms we sell, the more we have to subsidize the program. So you see we are not in it for the money. We are in to develop something called social marketing." DKT will begin in six provinces and major cities and is planning to go nationwide as soon as possible. With UNFPA working in seven provinces - some are the same - that still leaves a large part of the country uncovered.

Most experts agree: it will take many years before the Vietnamese government has the budget to buy contraceptives. According to the World Bank "the donor community may have to take on the responsibility to provide oral contraceptives, condoms and IUD's until the government is able to allocate necessary foreign exchange to import them." (10)

In the meantime, says Professor Tuyet, "some dramatic changes are occurring in the countryside." One example is what Tuyet calls the "asking for a child" practice. In An Hiep, a northern commune where Tuyet did her research, eight unmarried women in their 40's recently had a child. Not only have they not been rejected by the village as would have happened in the past, they have received support and encouragement. The children enjoy full rights and protection. "This is a major change," she says. "And we are not sure what it means."(11)

Most of those women were volunteers during the American War. They went to the front to repair roads and do other odd jobs. The hardships took a heavy toll on them. "They dried up, shrivelled, lost their hair, stopped menstruating," says Tuyet. "When the war was over, no men wanted them." In their late 40's they feared the solitude and wished for a child. Some of them clearly said so and

(9) It has been estimated that a year worth of condoms for a healthy man is 100. It has also been estimated that he should not be spending more than two days wage to pay for that amount.

(10) World Bank Sectoral Report on Health, p. iv

(11) I did not go to An Hiep. But I asked in Thai Binh about the "asking for a child" practice. In the Hoang Dieu commune, two women had become mother that way.

asked local men to "give them a child". "They do not want a husband," says Tuyet. "They only want a child." She has documented many such cases but lacks resources to carry on her study.

In January 1992, Nham Tuyet and nine colleagues set up a semi-private independent group of researchers: the Research Center for Gender, Family and Environment in Development. The Center's office is in Tuyet's home: a one-room apartment the sexagenarian has ingeniously arranged in four areas divided by stacks of books and documents. Her narrow bed, pushed against a wall, hardly takes any space. Neither does the small burner on which she cooks. The main area of the room is near the window: a long table, covered with papers. The phone on the table rings often. Tuyet speaks alternately in French, English and Vietnamese. "We must find the means to do some good research to advise the government on social policies," she says brushing away her long black hair streaked with gray. "Our economic reforms are making good progress. But socially we are not doing very well."

Tuyet is worried about the increasing number of young women having abortions and about the high number of kids dropping out of school. The Center is looking for foreign researchers interested in those areas. It will sponsor them (help them get a visa) in exchange for a joint-research project and some money to help both the Center and its Vietnamese researchers.

Professor Tuyet is not in favor of free contraceptives. "When things are given free, people think they have no value," she says. "They throw them away. Contraceptives should be sold at a reasonable price."

She wants a closer look at some government policies such as the one giving more land to families who have more children to feed. "The government says: have fewer children but it rewards the larger families by giving them land. It is contradictory."

Colleagues of Tuyet in the Red River delta Province of Thai Binh do not agree with her. "It is only a humanitarian gesture," insists Doctor Nguyen Thé Lap, a gynecologist, vice-director of Tuyet's Research Center and in charge of family planning for the whole province. "We cannot let people starve. We must not confuse land and family planning." (In Hang Dieu, one of Thai Binh's communes, families get 240 sq.meters of land for each new born)

We are sitting in the meeting room of the Thai Binh Medical Institute. We drove four hours to come here and on the way saw people, people, always more people. Thai Binh is the most densely populated province of the Red River Delta: 1120 people per square km.(12) Driving around the Red River delta is very different from driving around the Mekong delta. Here too, men row their boats using their feet in a very agile movement; here too the land is amazingly flat and rice fields stretch to the horizon. But one quickly notices differences. On the ferry, there are no beggars. Or rather there is one rookie beggar: a young boy who is obviously too

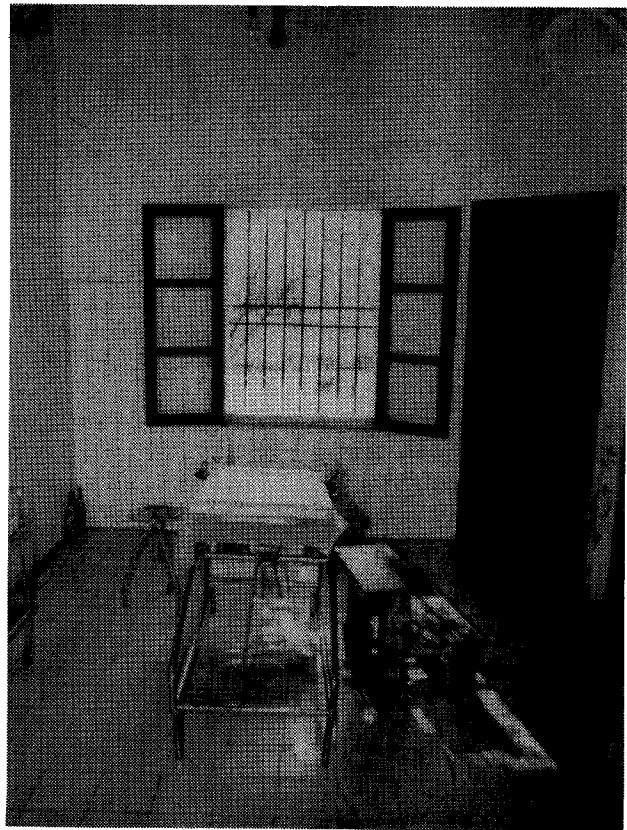
(12) Close to 80% of Vietnam's territory is mountains, jungles and high plateaux. The majority of the population is concentrated in the low-lying agricultural plains.

scared or too impressed by the foreigners to dare ask them for money. He walks around the crowded ferry stopping silently in front of the Vietnamese passengers, stretching his hand out without a word. We are a long way from the very aggressive beggars of the Southern ferries. In the fields there are fewer ducks but many more cows and buffaloes. Everywhere along the road people are engaged in "public works" (unemployed people can volunteer for public works in exchange for which they get rice.) Along the railway, volunteers are shoveling rocks. One man holds the shovel. Two other pull on a string attached to a shovel. Women cut grass along roads and around government buildings using hand sickles.(13)

Family planning wise, Thai Binh could be a model. Their birth rate is 21 per 1000. The growth rate is 1.6%. Close to 65% of married couple use contraception. The majority use the intra-uterine device (IUD). (Only 3% use the pill) But there is a skeleton lurking in the closet. Behind all these impressive figure lies another one: 1500 abortions for every 1000 live births. "In 1980, we had 106 abortions for 1000 live births," says Doctor Lap. "There were 340 by the mid-80's, 860 in 1990. In 1992 we had 1500." Those figures do not include women who used herbs to induce abortion.

No research has been done yet on that startling increase. "It took me years to convince the ministry that abortion was not contraception but rather the sign of the failure of contraception," says Doctor Vu Quy Nhan. "All they cared about was the number of births. Recently they have begun to understand."

To talk about this I meet Mrs Gai, the head of the Hoang Dieu commune, three kilometers from Thai Binh. I expect her to be alone. She is not. Over twenty people are sitting in the meeting room of the health station, a well-maintained painted brick building. Except for her and the representative of the Women's Union they are all men and they obviously have nothing better to do than sit around with us drinking tea. Outside, two young women in white overcoats try to look busy. There are no patients at



Hoang Dieu abortion room

(13) "Community work" still abounds in the North where it has almost disappeared in the South. Only recently were people hired in the North to clean schools thus freeing the kids from the chores they had to do during their days off.

the center. The meeting begins. "There are over 9870 people living in Hoang Dieu commune: 2024 households spread in 9 hamlets," says Mrs Gai. And her speech goes on and on and on for over half an hour. The precision of her data leaves me speechless. She knows exactly - at least she says she does - how many people in her commune use the pill (78), how many have had a vasectomy (3), how many women take injectable contraceptives (11) how many use condoms (*ca-pot* in Vietnamese, 340), how many women come for regular check-up of their IUD. The only number she forgets to give me is how many women have more than three children. When I ask for it, I create a small confusion. This number, oddly enough, she does not know exactly. "I know it looks very regimented," laughs Doctor Vu Quy Nhan, "but it is certainly better than some Third world country where nobody knows how many kids are born in the slums. "

Hoang Dieu is a rich commune. Mrs Gai does not deny it. Close to 85% of her people are "rather rich," she says. (Which means they have a brick house and enough food to eat).(14) About 10% are "average" and 5% are "poor". (A rather low percentage in a province where, according to government reports, 50% of the children are malnourished.) "People in Hanoi are unhappy when our statistic do not show weight gains," says Doctor Lap. "But you see people her are very happy not to be losing weight. For so long they were hungry. Now they do not lose weight."

Population "education" is a serious matter in Hoang Dieu. Ngo Van Cuong, the 29-year-old father of a four-year-old boy, is in charge of "IEC" (Information, Education, Communication which he calls "propaganda". Young men and women have to show up at Cuong's meetings. If they do not, he goes and visits them and they have to explain their absence. "It is very tiresome," he says. "It would be much easier if we had videos or printed material. Can you help us?"



Billboard promoting small families in Hoang Dieu

(14) The wealth of communes seem to be based on many factors: manager's skills for example and location (near a road or a waterway).

Compared to most other provinces, Thai Binh is rich and well-organized. "They are the best organized province I have seen," says Linda Demers. "The most determined one was Phu Yen, in the center. It is also the poorest. The people there are willing to learn but they have nothing, really nothing."

At the health station, I try in vain to question the staff. Mrs Gai answers for them. She is a tough woman, an ex-army major who has been head of this commune for 25 years. She wants to take me to visit a local family. Again I think we are going alone. We are not. The group follows. Others join. Ten minutes later at least 30 people barge into a woman's house. Obviously Mrs Xuyen, 42, is waiting for us and she will not answer a single question without Mrs Gai having whispered the correct answer to her. I try to tell Mrs Gai to stop. She laughs and says I am so funny.

Nearby, farmer Quynh, 66, is less impressed by Mrs Gai. He answers my questions before she can open her mouth. Quynh has five children - none of them farmers - and only six grandchildren. "Small families are better, more food for each child," he says pointing at the young couple living with him. The young man works a t r i v e r transport. His wife teaches. They have only one child, a chubby-cheeked smiling boy. At the back of his house, Quynh is raising a pig. He hopes to use the money from the pig - about 1,5 million dong - to pay for the new well being built on his farm. "The old well was near the fish pond," he says. "The water was very dirty because of the animals. We were often sick."



Inside and outside farmer Quynh's house
an intimate interview

Quynh says farmers would have fewer children if they did not fear losing them to sickness. He says there is not enough support for the farmers to dig those wells and to build better latrines. "A friend lent me the money to buy the pig," he says. "But not everybody has friends like those and the bank does not lend money to poor farmers. The government must help us."

In Anh Vinh commune, an hour drive from Hoang Dieu, "help" does not always go to the ones who need it the most. Tin, 32 and Lanh, 30 are the perfect family one sees on the large hand-painted billboards around town. They have two children: a boy and a girl. They work hard on their 1200 sq. meter farm and live in a brick-house. They follow the government health directives: dig a well, built a latrine. The well itself cost close to a million dong, an impressive amount for a farmer. Tin got helped from a government program to build it. And he built the best: an impressive grey-cement structure with shining pipes. As we come to visit, fifteen people gather around the well. Many laugh when Lanh activates the pump and clear cool water gushes out splashing everybody. Even the local authorities can not resist it. People are touching the pipes, lifting the cover of the well, peering inside. Tin and Lanh also have a new latrine, quite an improvement from the hole in the ground they used to have, and also a new stove with a long chimney. The smoke will not blacken Lanh's lungs anymore. (15)

Right next to Tin's brick-house stands an old mud hut surrounded by a makeshift bamboo fence and some crumbling chicken coops. "A poor family", explains commune president Nguyen Van Chien, shrugging his shoulders when I ask what the commune does to help. There are four children in that family. The father has been sick for a long time and the mother works alone in the field. Like every other family they must pay their taxes. And they do. They must also pay penalties for having too many children. The president will not tell me how much. In exchange, the commune gives them some "social support": 15000 dongs a month, that is about 1.50 US\$, the cost of a meal for four in one of Hanoi's cheapest food stall, enough to buy 7 kilos of rice.



Anh Vinh's health station dates back to the late 50's. There are gaping holes in the roof.

Anh Vinh health station

(15) The well cost about 700,000 dong, the latrine 100,000 and the stove 15,000.



Talking to Anh Vinh authorities
under the watchful eyes of
Marx and Lenin

Only one patient is being treated there during the hour we trudge around. (Which seems to confirm again the fact that people have deserted health stations. See CB-9) One doctor and five nurses are on staff. Consultation cost 200 dong plus treatment and medicine.

The commune raised another tax last year to build a new building a few hundred meters away. (This special tax of 10 kilos of rice, was added to the general tax of 25 kilos per 336 square meter of rice paddy and the road tax of 20 kilos. As far as I could understand there are other taxes, such as the 50 kilo of rice per 336 sq. meters of fruit trees, but the tax system is so complicated it will require another newsletter to explain it in detail.

Why build a new health center instead of buying equipment and medication for the old one? Easy. "The foreigners will not pay for the building," explains Nguyen Van Chien, recently elected president of the commune. "But they will give us equipment and medication if we have a new building."

Another factor influencing Thai Binh's contraception problem is catholicism. Thai Binh once had a large catholic population. Churches dot the landscapes. Crosses and spires jut out of the low-lying villages to dominate the rice fields. "The priests say: do not use contraception," complains a local woman. "The authorities penalize those who have too many children. What shall we do?"

Nowhere is the situation trickier than in the Highlands. "The authorities do not push contraception in the minority areas," explains a Vietnamese official. "They are allowed three children instead of two.

But the policy is very lax. It is too sensitive. The government does not want to antagonize the minorities." (16)
Most images of the Vietnamese held by Westerners are of hard-working reserved people, disciplined not only by years of communism but also by century old confucian tradition. This image might be misleading. "You would not believe how promiscuous they are," says Barbara Franklin, an American consultant completing a one year-study for Care Australia in Hanoi. "I do not believe it myself."

It's a very hot and humid day in Hanoi and Franklin has barricaded herself in Care's air-conditioned office to analyze the mass of data coming out of the focus groups and their 900 respondents. Cut-up pieces of interviews cover a huge wall from ceiling to floor. Franklin's report is due at the end of May. And the results are startling. Some preliminary findings: the majority of prostitute's clients are Vietnamese not foreigners, 30% of the married-men interviewed said they had two or more sexual partners (other than their wife) during the two previous weeks. "Clearly, the average Vietnamese man believes he needs it all: a wife, one or two girl friends, and a prostitute once in a while," says Franklin. The research was conducted in an unusual manner. It used new kinds of focus groups that Franklin calls "facilitated focus triads." Each group was composed of only three participants plus a Vietnamese facilitator and a foreign observer. "At first the facilitator translated for me, than the translation became shorter and shorter, just enough for me to follow. The participants forgot about the tape recorder on the table. Often they would tell the facilitator: I am telling you this but do not tell her. They had forgotten the tape recorder was running."

While testing the questionnaire, Franklin found some peculiar aspects of the Vietnamese language. "If you ask a Vietnamese man, in Vietnamese, how many sexual partners he has had, he will exclude his wife from the answer. He does not have sex with his wife, he sleeps with her." (In Vietnamese there are different expressions for having sex with your wife (*ngu voi vo*), with a girl friend (*lam tinh* or *choi gai*), or with a prostitute (*ban tinh*).)

Participants were organized in different groups: students, elite/rich, middle-class, under 25, poor, and racers. (Racers are young men who wildly ride around Hanoi on powerful motorbikes looking more like Californians than local Vietnamese.)

Care Australia has just begun a new study in cooperation with the Youth Union. Using focus groups of students, they are probing the youth's attitudes towards prostitutes. "In Thailand, 50% of teenagers have their first sexual encounters with prostitutes," she says. "We want to see how different it is here. Judging from these first few groups, the students have no moral problems with prostitutes. It is not like the West where young men tend to think only losers go to prostitutes. When we asked the young men in Hanoi if they would go they said: "Where are they? Do you have the money?"

(16) The birth rate in the Highlands is the highest in the country but the authorities are even difficulty deciding on a strategy.

Doctor Nhan, of the National Committee for Family Planning, tends to agree. "In the past, my father was taken to a prostitute by his father. It was normal. Those who did not go were not real men. Our generation lived under marxism and this changed for us. But who knows what the younger generation will do?" Nhan has asked the World Health Organization for funds to conduct a study on youth sexual behavior.

Fear of AIDS is at the core of most of these study projects. Three weeks ago when I wrote CB-9 there were 111 registered HIV cases in Vietnam. As I write CB-10 there are 318 and the number keeps climbing. (According to the World Health Organization the number of known cases is often 10 to 100 times less than that in reality) "AIDS will be a very serious problem soon," predicts Franklin. "Poorer men often share prostitutes to save money. Those gang rapes are common and are very risky behavior for AIDS."

Hanoi's policy, until very recently, was to blame the foreigners who "were bringing AIDS to Vietnam." When they report HIV-cases newspapers always mention how many of them are foreigners. Awareness campaigns have been limited to billboards and public announcements. "Most of the prostitutes we saw said they could not get AIDS because they only had sex with Vietnamese," says Franklin. Preliminary results show a profound ignorance of AIDS among both Hanoi and HCMCity prostitutes: over half think they can not get it from their husband or from a "good friend", 55% believe washing prevents AIDS and 63% say there is a cure for it.

Franklin's study did not mean to identify prostitution spots and gay bars in town. But in the process her team did. They will not tell though to protect their informants. (Ironically, one of the good pick-up places in Hanoi is in front of the Ministry of Health, right underneath a billboard warning people against AIDS. Another



Hanoi billboard warning that prostitutes are "the way" to AIDS

good spot is the park near the municipal theater. After 9:30 p.m. most parks are pick-up spots, especially Lenin and Gandhi parks. Cost vary: from 2000 dongs for a blow job by a park prostitute to \$200 for a night with a prostitute hanging around the VIP club, an elegant bar near West Lake. Asian men go to find new recruits at strangely unexpected place including local ballet schools and

institutions of higher learning. Franklin's team also labeled some streets "dangerous" because they harbor many brothels where some women are told to be kept "semi-captive".

That kind of research could hardly been done by Vietnamese officials. A researcher from the Women's Union told Franklin it was her duty as a citizen to turn the prostitutes in to the police after she has talked to them. She did it, she said, "because she wanted to help rehabilitate these poor women." "None of the prostitutes I talked to needed rehabilitation," says Franklin. "They were doing quite well thank you."

An interesting finding of Franklin's research concerns the attitude of the prostitutes' relatives. "They actually help her, take care of her kids while she works; they even recruit clients." Forty per cent of the prostitutes interviewed by Franklin's team were married, 50% had children and lived with their families.

Even in apparently isolated Thai Binh, prostitutes ply their trade. The middle-age doctors I quizzed about it first said they were ignorant of such things. A few beers later, they tell me the bus stop is a good pick-up spot. They know some hotels too. One of them even provides information on the cost of a "very good looking young one": 200,000 dong. When I tell them about *com and pho* (rice and noodles) they all laugh. "You know too much," says the older one. In Vietnam, "rice" is the wife, the basic staple you can not live without, "noodles" are your mistresses, for variety and different flavor.

Officially, the authorities deny the existence of homosexual networks; Franklin's team found some. "Not more than anywhere else in the world, but not less," she says. Some foreigners have certainly noticed gay activity in Hanoi. "I have been here three days and I have been approached twice by young male prostitutes,"



Posters against AIDS on an HCMC wall

says a lanky Irishman wearing an earring. "They obviously think I am gay." All this, hopes Franklin, should convince the Vietnamese government that it must begin targeting specific groups if it does not want to be faced with a full fledged epidemic. The data should also help non-governmental aid organizations (NGO's) better plan

their actions against AIDS. (Very few are working on that question. Among the most active is World Vision. Based in Danang, in the center of the country, the organization has been doing awareness campaigns. On Aids International Day it organized a massive parade, with floats, downtown Danang. "A memorable event," says Paul Jones, World Vision Vietnam director.)

Prime Minister Vo Van Kiet's recent speech about the need to fight AIDS was certainly a good sign of the government's determination to face the problem. But other signs are telling of Hanoi's conflicting thoughts on AIDS. The National Health Insurance scheme launched in September 1992 covers all seven million government employees. The government will pay all health care costs except in cases clearly specified by decree #299. People who commit suicide, were drunk or violated the law when they were hurt will not be covered. Neither will those who are "affected by disease due to sex abuse." The decree does not say what happens if someone gets AIDS after a blood transfusion. But this is certainly not the main concern of the Health Insurance Program though. They have much bigger problems too deal with (See following page).

What place AIDS will occupy on Hanoi's already long list of problems-in-need-of-solution is still unclear. The spread of the epidemic will certainly force it up on the priority list. According to some local NGO's, many prostitutes actually working in Cambodia come from Vietnam. They work there in teams and travel back and forth between Cambodia and Vietnam often bringing the disease into isolated provinces of Central Vietnam. For Andy Pillner and some other local NGO workers there is not doubt: as far as AIDS is concerned, the worst is still to come.

More soon,



Carole Beaulieu
Hanoi
15-05-93

Fighting on for social justice

Twenty years ago Tien became a doctor. For ten years, while his wife and children lived in Hanoi, he worked in the mountains helping the poorest of all Vietnamese: the mountain people. He lived in a makeshift house, saw his patients starve, was often sick himself, taught at the Medical College, had none of the equipment or the medication he needed, and for all his trouble earned 200,000 dong a month.

Six months ago Tien left the mountains and came to Hanoi. He left his stethoscope behind and has not seen patients since. The once idealist young man sits in a stuffy office behind the State Committee for Cooperation and Investment. There is a blue sign in front of his office: *Bao Hiem Y Te* (Health Insurance).



Entrance of Hanoi Health Insurance Program

Few people in Hanoi know of *Bao Hiem Y Te*. Those who do think the project is crazy. Even some top leaders at the Vietnamese Ministry of Health think so. "Our major problem is trust," says Tien smiling. "Nobody believes in what we are trying to do, not the people, not the employers, not even the Ministry. Everybody thinks we will fail. Maybe that is why I like this job. I know how much good we will do if we succeed."

At first Tien was not thrilled by the prospect. He had not studied medicine to shuffle paper. He finally took the job to come to Hanoi and see more of his wife and daughters. Quickly he was taken in by the challenge. "I knew it would be difficult," he says in the patient English he taught himself listening to radio during the long nights in the mountains. "But it is also very inspiring."

The first phase of the plan forces all government employees to join the scheme. Employers pay two thirds of the contribution, employees one third. Total contribution is about 3% of the employee's income. By early May, over 350,000 cards had been given in Hanoi alone (nationwide the number is said to be six million). In Hanoi, 15,000 people have used the card for an examination, 914 for hospitalization. "Even the card holders are surprised when it

works," says Tien whose job is to make sure the amount asked for at the hospital is justified. (Big city hospitals such as Bac Mai and Viet Duc get 30 to 40,000 dong a day per patient. District hospitals get as low as 8,000 dong a day)

.../...

On his desk, Tien keeps a few precious copies of letters patients wrote to hospitals. In one of them, a sick man tells how surprised he was when doctors treated him warmly and competently even though he was not "paying" but rather using the card. "We need to do a lot of education to explain this system to the people and to the doctors", says Tien. "Especially to the doctors." (Since the beginning of the economic reforms, doctors have been allowed to asked money from patients to supplement their poor salaries. Patients using the blue cards are most likely to be seen as "less interesting" than others. See CB-9)

By the end of 1992, 20 provinces and cities had set up health insurance organizations.(1) "Our biggest problem is our own ignorance," says doctor Tien. "We have never done this. We do not know how to do it." One expert from Sweden and another for Great-Britain have briefly helped the budding Vietnamese team. But they are gone now. The program recently received computers from Japan and Sweden.



Waiting for treatment at Anh Vinh health station

Before the end of 1993, *Bao Hien Y Te* hopes to begin its "voluntary" phase. Any Vietnamese citizen will then be allowed to pay its contribution and get a card. (Details on payments from employers still have to be worked out) Tien does not like the idea that people who cannot pay do not get treatment these days in Vietnam. "When you are seriously ill and you cannot afford the operation the recent changes do not look so great," he says. For all his new trouble at *Bao Hien Y Te*, Tien gets paid 150,000 a month, not enough to buy his food for two weeks. He believes salaries will improve soon. Maybe he is crazy after all.

(1) Nhan Dan Daily, 04-11-92