

# Final Project Report: Reducing Vietnamese Migrants' and Immigrants' Vulnerability to HIV

## Part 1: General Information

### Section A: Project Information

Date: March 2010

**Project Name:** Reducing Vietnamese Migrants' and Immigrants' Vulnerability to HIV  
**Project Number:** 6807-06-2008/9860014  
**Project Start Date:** 11 May 2009  
**Recipient Organization:** HealthBridge Foundation of Canada  
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## Part 2: Project Information

### Section B: Project Objectives

| Project Objectives  | # IHGP Objectives |
|---|-------------------|
| <p><b>Project Objective 1:</b> To facilitate collaboration between two Vietnamese provinces to effectively deliver support services for overseas migrants.</p> <p><b>How Project Objective 1 meets IHGP objectives:</b></p> <ul style="list-style-type: none"> <li>• (1) The project was built upon the results of HealthBridge's recently completed A Safe Return project which was implemented in Thai Binh, a province in northern Vietnam; this facilitated the sharing of lessons learned, approaches, and best practices for reducing HIV vulnerability among migrant workers.</li> <li>• (2) Project partners working in Nghe An Department of Labour, Invalids and Social Affairs and Thai Binh Department of Health gained an opportunity to better understand the existing situation and policies related to labour exportation and HIV risk levels, and to identify ways to fill the gaps that existed.</li> <li>• (3) An important element of this project was the initiation of and support for collaborative working relationships between government officials in two Vietnamese provinces to address HIV vulnerability and prevention among migrant workers. The project engaged representatives of several different sectors in Vietnam, none of whom had previously worked together in this context. The project also fostered collaboration between a Canadian NGO and a community health centre to assess whether IEC materials developed in Vietnam would be appropriate to the Canadian context; this approach was also novel.</li> <li>• (5) Government departments and related agencies in the Vietnamese province</li> </ul> | <p>1,2, 3, 5</p>  |

|   |             |
|---|-------------|
| <p>of Nghe An that had not previously addressed issues related to HIV vulnerability and risk among migrant workers have now integrated this issue into their work plans.</p>  |             |
| <p><b>Project Objective 2:</b> To strengthen commitment and capacity of key stakeholders to implement government laws related to HIV prevention among migrants.</p> <p><b>How Project Objective 2 meets IHGP objectives:</b></p> <ul style="list-style-type: none"> <li>• (2) The project contributed to increased knowledge about HIV/STIs risks and prevention among local leaders and local project partners. By participating in the project, they have become more aware of the HIV/STIs situation in their locality and the need to put more effort into addressing the risks faced by vulnerable groups who have traditionally been underserved, notably domestic and international migrant workers. There was also an increased awareness of the responsibility that had to be assumed by the government body responsible for managing local labour issues to address HIV/STI issues (rather than just procuring and sending labour).</li> <li>• (2) Policy change related to the provision of HIV/STI prevention training to potential migrant workers was informed by the increased knowledge noted above.</li> <li>• (5) Government departments and related agencies in the Vietnamese province of Nghe An that had not previously addressed issues related to HIV vulnerability and risk among migrant workers have now integrated this issue into their work plans.</li> </ul> | <p>2, 5</p> |
| <p><b>Project Objective 3:</b> To assess the appropriateness and increase access of HIV prevention information materials developed for Vietnamese migrants for use among Vietnamese immigrants in Canada.</p> <p><b>How Project Objective 3 meets IHGP objectives:</b></p> <ul style="list-style-type: none"> <li>• (1,3) The project team explored the applicability of Vietnamese materials on HIV vulnerability and prevention among Vietnamese Canadians by working in collaboration with a local community health centre.</li> <li>• (3) The project was implemented both in Vietnam and Canada through regular communication and reporting.</li> </ul>  | <p>1,3</p>  |

### **Section C: Outputs and Results by IHGP Performance Measurement Indicators**

i. Types of information dissemination mechanisms

The information dissemination mechanisms utilized by this project to share products, knowledge, and information with others included:

- Conferences
- Workshops
- Training sessions
- Internet web sites
- Other mechanisms (specify): Educational materials (Small booklet on HIV/AIDs and STIs prevention, and manual for safe return)

ii. Knowledge projects developed

| <b>Type</b>                             | <b>Title</b>  | <b># Produced</b> | <b>Dissemination</b>                                       | <b>Purpose</b>   | <b>Target audience</b>   | <b># Reached</b>   |
|---|---|-------------------|--|--|--|--|
| <b>Research reports</b>                 | Situational assessment of labour exportation in Nghe An province, Vietnam | 100 copies        | Dissemination workshop                                     | To assess the current situation of labour exportation and related supportive services in Nghe An province as a means to identify gaps to be addressed through project activities and to provide a general picture of labour exportation that could be understood by local leaders. | Local leaders in Provincial People's Committee, members of Labour Exportation Management Boards at the provincial and district level, and related local authorities, including representatives of the Department of Overseas Labour Management (DoLAB) | 80 copies  |
| <b>Training / Information documents</b> | Training documents about HIV/STIs prevention among migrant workers        | 105 copies        | 1. Training workshops<br>2. Direct dissemination in Ottawa | To provide general information about: HIV/STIs, modes of infection, risk behaviors, testing, rights and responsibilities of HIV positive persons, and means to prevent STIs.   | 1. Trainers from the Provincial Centre for AIDS Prevention and the Centre for Dermatology and Venerology<br>2. Teachers from labour exportation agencies and vocational training centres in the province of Nghe                                       | 1. 105 teachers/trainers<br>2. 1 HIV counselor, 1 HIV outreach worker, 1 outreach nurse, 1 case worker |

| Type                                   | Title   | # Produced    | Dissemination  | Purpose  | Target audience  | # Reached   |
|--|---|---------------|--|--|--|---|
|  |   |               |  |  | An.<br>2. HIV/AIDS workers at Somerset Community Health Centre in Ottawa.  |   |
| <b>Booklet on HIV/STIs prevention</b>  | Booklet about HIV/STIs prevention for migrant workers | 17,900 copies | 1. Dissemination through Nghe An Department of Labour, Invalids and Social Affairs (DoLISA), exportation companies, and border customs post on Vietnam/Lao PDR border<br>2. Direct dissemination in Ottawa | To provide general information about: HIV/STIs, modes of infection, risk behaviours, testing, rights and responsibilities of HIV positive persons, and means to prevent STIs.  | 1. Soon-to-be exported workers and others crossing the Vietnam-Lao land borders<br>2. HIV/AIDS workers at Somerset Community | 1. 10,000+<br>2. 1 HIV counsellor, 1 HIV outreach worker, 1 outreach nurse, 1 case worker |
| <b>Manual “Depart and safe return”</b> | Manual “Depart and safe return”                       | 3,500 copies  | 1. Dissemination through DoLISA, exportation companies, and Vietnam-Lao border customs posts<br>2. Direct dissemination in Ottawa  | To provide guidance and advice for migrant workers and their families to facilitate their overseas migration before departure, during their stay abroad, and after their return home, in terms of migration procedures, health care and family relations, in order to promote safe and effective migration | 1. Labour exportation workers<br>2. HIV/AIDS workers at Somerset Community   | 1. 2,000<br>2. 1 HIV counselor, 1 HIV outreach worker, 1 outreach nurse, 1 case worker    |
| <b>Other (legal documents)</b>         | Letter 114/CV-SLĐT BXH                                | 80 copies     | Postage  | To require all labour exportation companies and vocational centres   | Labour exportation companies, vocational centres, and labour   | 80 agencies   |

| Type | Title | # Produced | Dissemination | Purpose  | Target audience      | # Reached |
|------|-------|------------|---------------|--|----------------------|-----------|
|      |       |            |               | in Nghe An province to extend the duration of their training on HIV/STIs and to provide more detailed training about HIV/STIs. | exportation workers. |           |

iii. *Use of knowledge projects*

| Type & description  | Who used it?   | Where was it used?   | How was it used?   | What was result of its use?<br>Any evaluation/assessment?   |
|---|--|--|--|---|
| Situational assessment of labour exportation in Nghe An province, Vietnam | Local leaders from Nghe An Labour Exportation Management Boards (comprised of representatives of organizations such as DoLISA, DoH, Department of Planning and Investment (DoPI)) and the project team.  | <input type="checkbox"/> Practice environment<br><input checked="" type="checkbox"/> Government (specify): DoLISA, DoH, DoPI, etc<br><input checked="" type="checkbox"/> Health authorities<br><input type="checkbox"/> Community/NGO<br><input type="checkbox"/> Education/research<br><input checked="" type="checkbox"/> Other (Project staff)  | <input type="checkbox"/> Implemented/adopted<br>To inform decision making:<br><input type="checkbox"/> Policies on priority health issues<br><input checked="" type="checkbox"/> Programs on priority health issues<br><input checked="" type="checkbox"/> Other | The report was used to provide the necessary information to guide the development and implementation of project's activities. In addition, local authorities whose work related to labour exportation gained a better understanding of the current situation regarding labour exportation in their local areas, as well as good practices and areas needing improvement.  |
| Training documents about HIV/STIs prevention among migrant workers        | 1. Trainers from the Provincial Centre for AIDS Prevention and the Centre for Dermatology and Venerology.<br>2 Teachers from labour exportation companies and vocational training centres.<br>3. HIV/AIDS workers at Somerset Community Health Centre in | <input type="checkbox"/> Practice environment<br><input checked="" type="checkbox"/> Government (specify): Provincial Centre for AIDS Prevention and Centre for Dermatology and Venerology<br><input checked="" type="checkbox"/> Health authorities<br><input type="checkbox"/> Community/NGO<br><input type="checkbox"/> Education/research<br><input checked="" type="checkbox"/> Other | <input type="checkbox"/> Implemented/adopted<br>To inform decision making:<br><input type="checkbox"/> Policies on priority health issues<br><input checked="" type="checkbox"/> Programs on priority health issues<br><input type="checkbox"/> Other            | 1. The training documents were used for training of trainers (TOT) (these materials had been previously pilot tested in another province). The trainees were teachers from the labour exportation companies and vocational centres who gained significant new knowledge both about HIV/STI issues and how to provide training to migrant workers on the key issues. The training documents will be used to teach actual and potential migrant workers |

| Type & description                                    | Who used it?   | Where was it used?  | How was it used?   | What was result of its use?<br>Any evaluation/assessment?  |
|---|--|---|--|--|
|   | Ottawa.  |   |  | <p>when they attend orientation training courses before going abroad and technical training at the vocational training centres.</p> <p>2. The training documents were assessed for potential applicability and appropriateness for use among recent Vietnamese Canadian immigrants. See below for assessment results.</p>  |
| Booklet about HIV/STIs prevention for migrant workers | <p>1. Potential overseas migrant workers (going through labour exportation companies)</p> <p>2. Migrant workers going to Lao PDR across the Vietnam-Lao land border in Nghe An province.</p> <p>3. HIV/AIDS workers at Somerset Community Health Centre in Ottawa.</p> | <p><input type="checkbox"/> Practice environment</p> <p><input type="checkbox"/> Government (specify):</p> <p><input type="checkbox"/> Health authorities</p> <p><input checked="" type="checkbox"/> Community/NGO</p> <p><input type="checkbox"/> Education/research</p> <p><input type="checkbox"/> Other</p> | <p><input type="checkbox"/> Implemented/adopted</p> <p>To inform decision making:</p> <p><input type="checkbox"/> Policies on priority health issues</p> <p><input type="checkbox"/> Programs on priority health issues</p> <p><input checked="" type="checkbox"/> Other</p> | <p>1. The booklet was distributed free of charge to potential and actual migrant overseas workers and other Vietnamese migrant workers going to Lao PDR through the Vietnam-Lao land border in Nghe An. The booklet raised the awareness of these migrant workers about HIV/STI prevention issues as well as behaviours that would put their health at greater risk.</p> <p>2. The booklet was assessed for potential applicability and appropriateness for use among recent Vietnamese Canadian immigrants. See below for assessment results.</p> |
| Manual "Depart and safe return"                       | <p>1. Potential overseas migrant workers (going through labour exportation companies)</p> <p>2. HIV/AIDS workers at Somerset Community Health Centre in Ottawa.</p>  | <p><input type="checkbox"/> Practice environment</p> <p><input type="checkbox"/> Government (specify):</p> <p><input type="checkbox"/> Health authorities</p> <p><input checked="" type="checkbox"/> Community/NGO</p> <p><input type="checkbox"/> Education/research</p> <p><input type="checkbox"/> Other</p> | <p><input type="checkbox"/> Implemented/adopted</p> <p>To inform decision making:</p> <p><input type="checkbox"/> Policies on priority health issues</p> <p><input type="checkbox"/> Programs on priority health issues</p> <p><input checked="" type="checkbox"/> Other</p> | <p>1. The manual was distributed free of charge to potential and actual migrant overseas workers. It raised their awareness about a range of issues, including their rights related to overseas work.</p> <p>2. The booklet was assessed for potential applicability and appropriateness for use among recent Vietnamese Canadian immigrants.</p>  |

| Type & description     | Who used it?   | Where was it used?   | How was it used?  | What was result of its use?<br>Any evaluation/assessment?   |
|------------------------|--|--|---|---|
|                        |  |  |   | See below for assessment results.   |
| Letter 114/CV-SLĐTĐBXH | 1. Leaders of DoLISA (to monitor)<br>2. Leaders of labour exportation companies and vocational training centres (to implement) | <input type="checkbox"/> Practice environment<br><input checked="" type="checkbox"/> Government (specify):<br>DoLISA<br><input type="checkbox"/> Health authorities<br><input type="checkbox"/> Community/NGO<br><input type="checkbox"/> Education/research<br><input checked="" type="checkbox"/> Other (Labour exportation companies and vocational training centres) | <input type="checkbox"/> Implemented/adopted<br>To inform decision making:<br><input checked="" type="checkbox"/> Policies on priority health issues<br><input type="checkbox"/> Programs on priority health issues<br><input type="checkbox"/> Other | The letter required all labour exportation companies and vocational training centres to extend the time provided for training on HIV/STIs and to provide more detailed information about HIV/STIs prevention. |

iv. *Policy tools and strategies for priority global health issues*

| Global Priority Health Issue              | New Policy Tools and Strategies Proposed and Developed |                     |                            |                           |                            |       |
|---|--|---------------------|----------------------------|---------------------------|----------------------------|-------|
|   | # Policies developed                                   | # Policies proposed | # Policy options developed | # Policy options proposed | # Recommendations provided | Other |
| HIV/STIs prevention among migrant workers | 01   | 01                  | 01                         | 01                        | 01                         |       |

**Description of type of policy tools and/or strategies produced:** The project team conducted two training-of-trainer courses about HIV/STIs for trainers working at labour exportation companies and vocational training centres. After participating in the training, these trainers have gained greater capacity to act as resource persons for training sessions on HIV/STIs for two target groups: 1) Migrant workers going through labour exportation companies before their departure; and 2) Students – who are potential migrant workers - studying in vocational training centres. Before the project was implemented, the time provided for training related to HIV/STIs prevention was very short and even sometimes ignored by the labour exportation companies. The project team worked with the Nghe An Department of Labour, Invalids, and Social Affairs to issue Letter 114/CV-SLĐTĐBXH<sup>1</sup> which requires all labour exportation companies and vocational training centres located in the province of Nghe An to extend the amount of time – and the content – of training related to HIV/STIs risks and prevention.

<sup>1</sup> In the Vietnamese context, a Letter such as this is equivalent to a policy.

v. *Improved collaboration in networks/fora with key partners and stakeholders*

| <b>Collaborative Networks Working on Priority Global Health Issues and Barriers</b> |   |   |  |
|---|---|---|--|
| <b>Name of Network/Fora</b>   | <b>Partners/Stakeholders</b>  | <b>Priorities Addressed in Network/Fora</b>   |  |
|   |   | <b>Type of Current Global Priority Issues</b> | <b>Type of Emerging Global Priority Issues</b> |
| Informal network only   | HealthBridge, Nghe An Department of Labour, Invalids and Social Affairs DoLISA and Department of Health (DoH), Thai Binh Department of Health | HIV/STIs prevention among migrant workers.    |  |

**Description of network or fora, including purpose and membership:** A collaborative network was established between HealthBridge, Nghe An DoLISA and DoH, and the Thai Binh Department of Health was established through this project. This was the first project that HealthBridge had conducted in Nghe An, a province in central Vietnam. The collaboration between the Thai Binh Department of Health and Nghe An DoLISA was developed based on earlier HealthBridge and DOH achievements in Thai Binh province. The project's results and lessons learned from Thai Binh were shared with partners in Nghe An to ensure that best practices were used.

vi. *Barriers to global health response identified and strategies/initiatives identified and/or proposed*

| <b>Domestic or International Barriers Identified</b>  | <b>Strategies/Initiatives to Address Barriers</b>  | <b>Number of Barriers Decreased</b>  |
|---|--|--|
| The project firstly targeted potential and actual migrant workers going through labour exportation companies. After assessing the current situation concerning labour exportation and related services in Nghe An, the project team found that Nghe An has a significant number of workers who go to Lao PDR, which borders on Nghe An province. These workers go to work in Lao for short periods of time and are at high risk of acquiring HIV/STIs. This group initially was not included as a project target group; however, if no measures were taken within this group, the rates of HIV/STIs could potentially increase at the project site. | As result of identifying this target group, the project decided to print an additional 10,000 booklets on HIV/STIs prevention for migrant workers and to work with the Vietnam-Lao border customs officers in Nghe An to freely distribute to the workers as they came to the border custom post to obtain legal permission to travel. | By providing these workers with concise information about HIV/STIs, including prevention measures, the workers' knowledge was increased sufficiently to enable them to protect themselves during their work period abroad. |

vii. Adoption/adaptation of approaches, models, and best practices incorporated into Government policies, programs, strategies, or policy options

| Approaches, Models, Best Practices  | Global Priority Health Issue | How the approaches, models, or best practices were adopted  |                        |                          |       |  |
|---|------------------------------|---|------------------------|--------------------------|-------|--|
|   |                              | In government policy/policy options   | In government programs | In government strategies | Other | Target Group   |
| Integration of HIV prevention training into migrant worker orientation and technical training | HIV/STIs prevention          | Nghe An Department of Labour, Invalids and Social Affairs issued Letter 114/CV-SLĐTBOXH which requires all labour exportation companies and vocational training centres located in the province of Nghe An to extend the amount of time – and the content – of training related to HIV/STIs risks and prevention. |                        |                          |       | Labour exportation companies and vocational training centres |

In addition, the local project coordinator in Nghe An DoLISA also acts as the focal point on the Nghe An Board of Women’s Advancement. In this role, she works with many sectors in the area of women’s advancement. Through her participation in this project, she has gained a greater understanding of the need to reducing the rate of HIV/STIs among women, and their vulnerability to such infections. As such, she has since integrated this issue into her work; when any multi-sector events are organized – whether for government or private sector representatives – HIV prevention training is now integrated.

## **Section D: Project Summary Overview**

The project met its three objectives as planned.

### **Objective 1: To facilitate collaboration between two Vietnamese provinces to effectively deliver support services for overseas migrants**

#### **Planned and Actual Activities**

1. Established a project committee representative of government and private sector institutions involved in labour exportation and of local migrant groups. The project was comprised of representatives of the Nghe An People's Committee; Department of Labour, Invalids and Social Affairs; Department of Health; and the Labour Exportation Management Board. These representatives were the key local government leaders who were responsible for managing labour exportation. The committee worked with HealthBridge to design the project's activities, and to implement and manage the project.
2. Undertook situational assessments of current labour exportation practices and existing supportive services. The assessment was carried out based on considerations of the limitations and experiences of a similar one previously carried out in Thai Binh province.
3. Shared lessons learned, experiences, and successes from Thai Binh province. The project implementation report from Thai Binh project was shared with Nghe An project team members to ensure that project implementation in Nghe An would be based on existing best practices. The experiences from Thai Binh also were shared in Nghe An through a project launch workshop and during the dissemination of the situation assessment findings.
4. Provided two training of trainer training courses on migrant worker health, HIV/STI prevention, and migrant workers' rights for teachers working for labor export companies and 60 vocational training schools located in Nghe An. The project utilized materials previously developed during the Thai Binh project that were adapted for Nghe An.
5. Disseminated a booklet and a manual to 10,000+ migrant workers to increase their information about a range of issues related to reducing their risks while working overseas.

**Results/Key Impact:** Through their participation in the project, project partners working in Nghe An DoLISA and Thai Binh DoH gained an opportunity to better understand the existing situation and policies related to labour exportation, and to identify ways to fill the gaps that existed. They did so in a collaborative way, learning from a previous experience in Thai Binh province. While the Nghe An partners' capacity was built in identifying and addressing gaps, the Thai Binh partners' capacity was built in acting as resource persons, sharing experiences and lessons learned, and suggesting ways to utilize and adapt material from an earlier project. This provided a unique opportunity for these partners to work together, as such collaboration is not the norm in Vietnam. Through their involvement in the project committee, representatives of a range of government and related agencies gained a greater understanding of the current situation of labour exportation in their province, best practices, and gaps and/or weakness in policy. The members of the committee were able to work collaboratively to address these gaps and to identify solutions, which were then directly integrated into their respective organizations' work plans.

### **Objective 2: To strengthen commitment and capacity of key stakeholders to implement government laws related to HIV prevention among migrants.**

#### **Planned and Actual Activities**

1. One meeting was held with the project committee to review the Law on HIV/AIDS Prevention and Control Law and the Ordinance on Labour Exportation (Law on Overseas Workers) with

respect to reducing the risks of HIV/STIs among migrant workers and how each sector could integrate these laws into their respective work plans.

2. Commitments were made by representatives of each participating organization, and especially the Centre for HIV/AIDS Prevention within DoLISA, to adjust their respective internal work plans to ensure coherence with the laws and to improve the quality of labor exportation management services.

**Results/Key Impact:** With the commitments made by the participating project committee members, and the training of trainers noted above, and with the official directive issued by the Department of Labour, Invalids and Social Affairs, significant changes are being made in terms of the types and level of training being provided to potential migrant workers about HIV/AIDS prevention. This training will go a long way to reducing vulnerability and risk among this population.

**Objective 3: To assess the appropriateness and increase access of HIV prevention information materials developed for Vietnamese migrants for use among Vietnamese immigrants in Canada**

**Planned and Actual Activities**

1. 20 CHCs and associations were contacted in several Canadian cities where sizable populations of Vietnamese immigrants live. Of these, 7 were in Vancouver, 6 were in Ottawa, 5 were in Toronto, and two others were in smaller cities. Each of centres was asked about the HIV prevention services provided to their local Vietnamese-Canadian communities and the nature of materials that currently exist. In the end, however, only one organization – Somerset West Community Health Centre in Ottawa – agreed to participate in the project. Of those that responded and declined, the majority did not focus on HIV prevention with their Vietnamese-Canadian communities and so did not feel adequately equipped to participate.
2. IEC materials developed in Vietnam (training documents, HIV/STI prevention booklet, and manual for migrant workers) disseminated to Somerset West Community Health Centre staff to assess the value and appropriateness of those materials to the Vietnamese-Canadian context.

**Results/Key Impact:** The evaluation of the Vietnamese documents by four key staff at the Somerset Community Health Centre engaged in HIV prevention work among Vietnamese Canadians in Ottawa revealed the following: (i) the manual for overseas workers was the least relevant in the Canadian context, as it addressed situations either not likely to be experienced by Vietnamese immigrants in Canada (in general) or not by those with whom the Centre works. While recognizing the value of the manual, the SWCHC staff did not feel competent enough to conduct a more thorough review to make the document Canadian-appropriate; they did, however, note that the manual caused them to have discussions about the realities faced by many economic migrants and made them more sensitive to such situations. (ii) The training materials and booklet about HIV/STI prevention among migrant workers was more contextually relevant, although it would have to be modified fairly significantly to be appropriate to the Canadian reality. In particular the reviewers noted that certain terminology and ideas presented in the document, while appropriate in Vietnam, would not be used in Canada. The materials also focused on some issues that would not be as relevant in Canada, and did not address other issues that are more relevant in Canada than in Vietnam. The reviewers also noted that some information contained in the materials may no longer be up to date (even though only created within the past few years). That said, the reviewers noted that the documents were useful as a starting point and if they were updated could be quite useful in Canada.

**Contribution to IHGP objectives:** This is addressed in more detail in Section B above.

**Challenges encountered and lessons learned:** (i) The right selection of project partners enabled the project team to achieve far more than its initial objectives: the project coordinator in Nghe An DoLISA is also the focal point in the Nghe An Board of Women's Advancement and in this role, she has integrated the training on HIV into her work which targets a broad range of government officers and representatives of private sector companies and businesses. (ii) Sharing project experiences from a prior project implemented in Thai Binh province helped the project to be implemented more effectively and for similar challenges to be avoided.

***Section E: Additional Comments***

This project, in building upon the results of a previous project funded by CIDA's HIV/AIDS Small Grants Programme, has contributed to greater collaboration and sharing among Vietnamese provinces in a largely neglected area: HIV/STI prevention and risk reduction among migrant workers. There is still much work to be done in this area, but the Canadian government has successfully initiated a process in which it will hopefully continue to be engaged.

# TRỞ VỀ AN TOÀN



**CUỐN SÁCH NHỎ DÀNH CHO TẤT CẢ MỌI NGƯỜI**

**ỦY BAN NHÂN DÂN  
TỈNH THÁI BÌNH**

**TỔ CHỨC  
HEALTHBRIDGE - CANADA**



RESEARCH • POLICY • ACTION • DEVELOPMENT

Tài liệu này được biên soạn dựa trên cuốn "Những điều nên biết về HIV/AIDS và bệnh lây truyền qua đường tình dục" của Dự án Trình diễn Cần Thơ - CSEARHAP - Sở LĐTBXH và Liên đoàn Lao động Cần Thơ

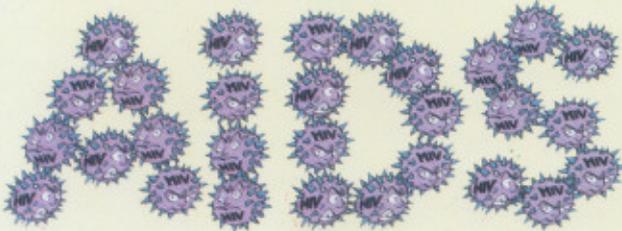
## Mục lục

|  |      |
|--|------|
| HIV là gì?   | tr4  |
| AIDS là gì?  | tr4  |
| HIV và những đường lây truyền  | tr6  |
| Qua đường máu  | tr7  |
| Quan hệ tình dục với người có HIV  | tr8  |
| Mẹ có HIV truyền sang cho con  | tr9  |
| HIV và những đường không lây truyền  | tr10 |
| Cách phát hiện người có HIV  | tr13 |
| Cách phòng tránh lây nhiễm HIV   | tr15 |
| Cách sử dụng bao cao su  | tr19 |
| Bệnh lây truyền qua đường tình dục là gì?  | tr20 |
| Mối quan hệ giữa bệnh lây truyền qua đường tình dục và HIV?                                | tr20 |
| Nguy cơ lây nhiễm bệnh lây truyền qua đường tình dục như thế nào?                          | tr21 |
| Một số dấu hiệu thường gặp ở người mắc bệnh lây truyền qua đường tình dục như thế nào?     | tr22 |
| Phải làm gì khi bạn nghi mình mắc bệnh lây truyền qua đường tình dục?                      | tr23 |
| Có thể phòng tránh bệnh lây truyền qua đường tình dục như thế nào?                         | tr23 |
| Các dịch vụ tư vấn, xét nghiệm HIV và các bệnh lây truyền qua đường tình dục tại Thái Bình | tr24 |



## HIV là gì?

HIV là cụm từ viết tắt của tiếng Anh chỉ loại vi-rút gây suy giảm miễn dịch mắc phải ở người. Khi xâm nhập vào cơ thể, HIV sẽ phá huỷ dần hệ thống miễn dịch làm cho cơ thể suy yếu và cuối cùng là mất khả năng chống lại bệnh tật.



## AIDS là gì?

AIDS là cụm từ viết tắt của tiếng Anh có nghĩa là "Hội chứng suy giảm miễn dịch mắc phải" dùng để chỉ giai đoạn cuối của quá trình nhiễm HIV. Ở giai đoạn này, hệ thống miễn dịch của cơ thể đã suy yếu nên người nhiễm HIV dễ dàng mắc các bệnh như ung thư, viêm phổi, lao, viêm da, lở loét toàn thân hoặc suy



kiệt... Những bệnh này nặng dần lên và có thể dẫn đến cái chết.



Cho tới nay vẫn chưa có vắc-xin phòng bệnh và thuốc điều trị đặc hiệu HIV/AIDS. Tuy nhiên, **đã có một số thuốc hạn chế sự phát triển của HIV** (thuốc kháng vi rút) cũng như thuốc phòng ngừa và điều trị các bệnh nhiễm trùng cơ hội mắc phải trong giai đoạn AIDS làm cho người có HIV sống lâu và khoẻ mạnh hơn.

**Nguy cơ nhiễm HIV có ở tất cả mọi người**

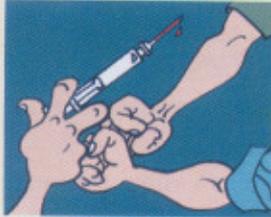


## HIV và những đường lây truyền

→ Quan hệ tình dục với người có HIV



→ Tiêm chích và truyền máu từ người có HIV



→ Mẹ có HIV truyền sang con



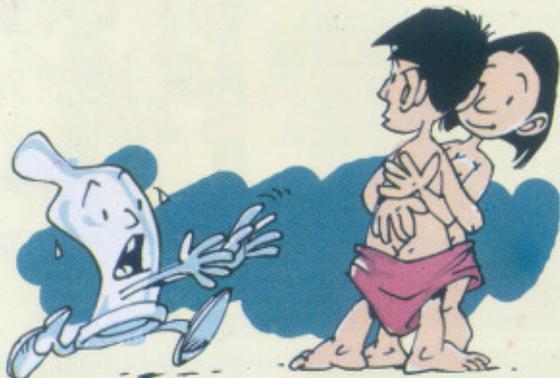
## Qua đường máu

- Sau khi tiêm chích, luôn còn sót lại một lượng máu rất nhỏ trong bơm và kim tiêm, mắt thường không thể nhìn thấy được.
- Nếu bạn dùng lại bơm kim tiêm này, bạn sẽ tiêm vào người mình chỗ máu còn sót lại đó. Nếu người sử dụng trước có HIV thì vi-rút sẽ theo đó lây sang bạn.
- **Một số người còn sót lại trong những bơm tiêm cũ để chích. Điều này cực kỳ nguy hiểm vì làm tăng nguy cơ lây nhiễm vi rút HIV lên gấp nhiều lần.**
- Truyền máu hoặc các sản phẩm của máu có chứa vi rút HIV sẽ làm lây nhiễm HIV cho bạn.
- Những dụng cụ xuyên chích qua da (xăm mình, xỏ lỗ tai...) có thể dính máu, nếu không được tiệt trùng đúng cách thì có khả năng làm lây nhiễm HIV.



## Quan hệ tình dục với người có HIV

- Nếu bạn có quan hệ tình dục với một người có HIV mà không dùng bao cao su, hoặc dùng bao cao su không đúng cách, bạn có thể bị lây nhiễm HIV.



- HIV có thể lây qua quan hệ tình dục bằng đường âm đạo, hậu môn và đường miệng.



## Mẹ có HIV truyền sang cho con

- HIV có thể lây truyền từ mẹ sang con trong lúc mang thai, khi sinh đẻ hoặc qua sữa mẹ khi cho con bú.

- Trên thực tế không phải tất cả trẻ do mẹ có HIV sinh ra đều bị nhiễm. Trong số 10 người mẹ có HIV và sinh con, chỉ có khoảng 2-3 đứa trẻ bị nhiễm HIV. Nếu được điều trị dự phòng lây nhiễm mẹ con và chăm sóc y tế đúng cách, nguy cơ truyền HIV từ mẹ sang con chỉ còn khoảng 10%. Vì vậy, phụ nữ có HIV khi mang thai nên đến các cơ sở y tế để được tư vấn và điều trị dự phòng nhằm giảm nguy cơ lây truyền HIV cho con.



## HIV và những đường không lây truyền

Hiểu biết đúng về HIV/AIDS sẽ giúp  
ngăn ngừa lây nhiễm HIV/AIDS

HIV không lây khi:



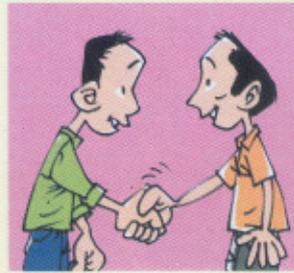
Cùng làm việc ở công xưởng, nhà máy



Cùng ở chung phòng  
trợ



Dùng chung sách  
báo, tài liệu



Bắt tay



Nói chuyện



Ho, hắt hơi, sổ mũi



Ôm nhau, hôn nhau



Ăn cùng nhau



Uống cùng ly





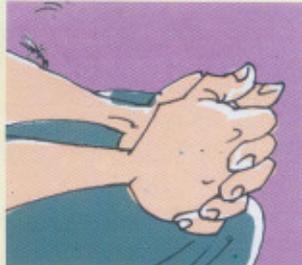
Dùng chung ca



Ngồi chung xe



Mặc chung quần áo



Muối dốt hoặc côn trùng cắn



Dùng chung điện thoại



Dùng chung nhà vệ sinh



### Cách phát hiện người có HIV:

Chỉ có một cách duy nhất để biết một người bị nhiễm HIV bằng cách thử máu tìm kháng thể kháng HIV. Nếu kết quả xét nghiệm là dương tính (+) có nghĩa là người đó đã bị nhiễm HIV. Không thể đoán bằng mắt thường một người có HIV hay không.



Sau khi nhiễm HIV một thời gian, người có HIV sẽ chuyển sang giai đoạn AIDS, một số dấu hiệu thường gặp là

- Gầy sút (giảm trên 10% trọng lượng cơ thể)
- Sốt kéo dài trên 1 tháng
- Tiêu chảy kéo dài trên 1 tháng
- Ho kéo dài trên 1 tháng
- Lở loét ngoài da hoặc ngứa toàn thân



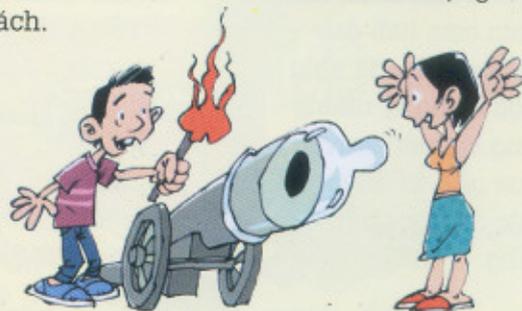
Nếu một người có xét nghiệm HIV (+) và có trên 2 dấu hiệu kể trên thì điều đó chỉ ra rằng người đó đã chuyển sang giai đoạn AIDS. Tuy vậy, đừng quá sợ hãi. Hầu hết các bệnh này đều có thể chữa được, chỉ cần đưa người đó đến ngay cơ sở y tế để được khám và điều trị kịp thời.



## Cách phòng tránh lây nhiễm HIV

**Nguyên tắc chung:** Không để máu hoặc dịch cơ thể (tinh dịch, dịch âm đạo...) của người khác tiếp xúc trực tiếp với máu hoặc dịch cơ thể của bạn.

- Nếu có quan hệ tình dục với bạn tình mà ta không biết có nhiễm HIV hay không, hãy luôn sử dụng bao cao su và sử dụng đúng cách.



Bạn không biết ai là người có HIV nếu chỉ nhìn bên ngoài. An toàn nhất là bạn hãy luôn sử dụng bao cao su khi có quan hệ tình dục.

- Phụ nữ có HIV nếu muốn có thai cần được tư vấn và điều trị HIV trước vì họ có thể truyền HIV sang con.



- Tránh việc truyền máu khi không thật cần thiết. Nếu buộc phải truyền máu, hãy cương quyết đề nghị được nhận máu đã qua xét nghiệm HIV.

- Trong trường hợp phải dùng các dụng cụ xuyên chích qua da như kim tiêm, kim châm cứu, lưỡi dao cạo, bạn hãy đề nghị được sử dụng những dụng cụ mới nguyên chưa qua sử dụng hoặc đã được tiệt trùng.



**Đùng bao giờ đùng chung bơm tiêm hoặc đùng lại các dụng cụ tiêm chích đã bị nhiễm bẩn.**

Nếu đùng bơm kim tiêm đã qua sử



dụng, phải làm sạch bằng cách ngâm vào nước tẩy Javel hoặc luộc sôi 20 phút. Ít nhất là bạn phải súc rửa cả bơm và kim tiêm nhiều lần bằng nước sạch.

**Nên đùng riêng các đồ đùng cá nhân như lưỡi dao cạo, bàn chải đánh răng, dụng cụ cắt móng tay,...**

- Trong trường hợp sơ cứu vết thương cho người bị tai nạn, hãy sử dụng găng tay để tránh bị dính máu. Trong trường hợp không có găng tay bảo hộ, hãy sử dụng túi nilon sạch có sẵn thay cho găng tay.



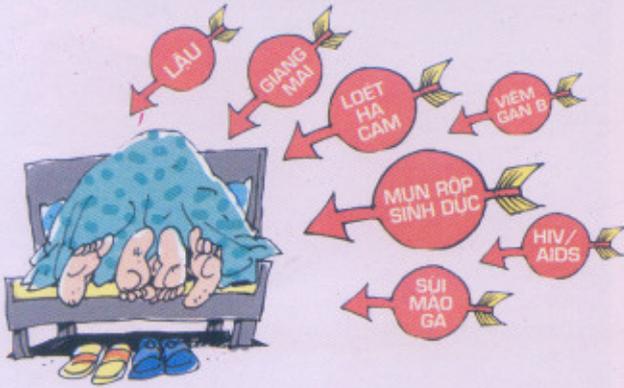
**Ghi nhớ**

**Cần rửa tay sạch Trước và Sau khi sơ cứu.**



## Bệnh lây truyền qua đường tình dục là gì?

Là các bệnh được lây truyền qua quan hệ tình dục. Những bệnh thường gặp nhất là bệnh lậu, giang mai, loét hạ cam, sùi mào gà, mụn rộp sinh dục, nhiễm Chlamydia (Cờ-lâm-my-di-a), viêm gan siêu vi B và HIV/AIDS



## Mối quan hệ giữa bệnh lây truyền qua đường tình dục và HIV?

Nguy cơ nhiễm HIV tăng gấp từ 2 đến 23 lần ở những người mắc bệnh lây truyền qua đường



tình dục. Ngược lại, người có HIV do sức đề kháng của cơ thể bị suy giảm nên dễ mắc và khó điều trị bệnh lây truyền qua đường tình dục hơn người không có HIV. Người có HIV bị mắc các bệnh lây truyền qua đường tình dục cũng dễ lây HIV cho người khác hơn.

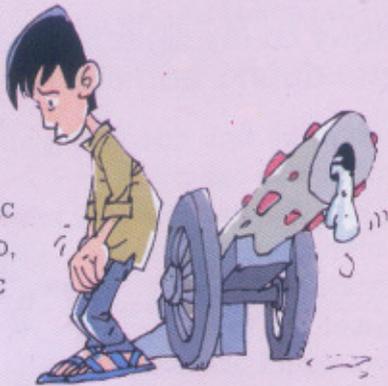
## Nguy cơ lây nhiễm bệnh lây truyền qua đường tình dục như thế nào?

- Quan hệ tình dục không an toàn (không sử dụng bao cao su)
- Quan hệ tình dục với người không rõ quá trình quan hệ tình dục trước đó của họ
- Quan hệ tình dục với người bị nhiễm bệnh từ trước



## Một số dấu hiệu thường gặp ở người mắc bệnh lây truyền qua đường tình dục:

- Dịch bất thường ở âm đạo như: khí hư ra nhiều, màu bất thường và có mùi hôi
- Chảy mủ hoặc chảy dịch ở đầu dương vật
- Có vết loét hoặc sùi trên âm đạo, dương vật hoặc hậu môn
- Nổi mụn hoặc có cảm giác đau hay ngứa trong, xung quanh dương vật, âm đạo, hậu môn
- Đau và có cảm giác rát bỏng hoặc buốt khi đi tiểu
- Đau âm ỉ vùng bụng dưới, đau tăng lên khi quan hệ tình dục



## Phải làm gì khi bạn nghi mình mắc bệnh lây truyền qua đường tình dục?

- Thông báo cho bạn tình, vợ hoặc chồng biết để bảo vệ khỏi bị lây nhiễm hoặc để cùng điều trị
- Cả hai người cần tìm gặp bác sĩ chuyên khoa da liễu để được khám chẩn đoán và điều trị sớm. **KHÔNG** tự đi mua thuốc hay tự điều trị cho mình.
- Thực hiện đầy đủ quy trình điều trị (uống hết số thuốc mà bác sĩ đã kê toa, khám lại theo đúng lịch hẹn của bác sĩ)
- Sử dụng bao cao su khi quan hệ tình dục trong quá trình điều trị bệnh

## Có thể phòng tránh bệnh lây truyền qua đường tình dục như thế nào?

- Luôn luôn sử dụng bao cao su thường xuyên và sử dụng đúng cách
- Tránh quan hệ tình dục không an toàn



