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HIV IN CONTEMPORARY VIETNAM:
AN ANTHROPOLOGY OF DEVELOPMENT

by

STEPHEN PETER McNALLY

A thesis submitted for the degree of
Doctor of Philosophy of The Australian National University

October 2002
DECLARATION

Except where otherwise acknowledged, this thesis represents the author's own original research.

Stephen Peter McNally
Melbourne 9th October 2002
# HIV in Contemporary Vietnam:
An Anthropology of Development

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Acknowledgments

Canberra, Hanoi, Canberra, Melbourne, Canberra, San Francisco, Canberra, San Francisco, Melbourne. This thesis has accompanied me on a weird and wonderful seven year journey.

I've lived abroad. Fallen in love. Attempted to emigrate. Failed. Returned to Australia. Tried to emigrate again. Failed. Returned to Australia. Cared for my sick partner. And yet through it all, this thesis has been with me. Canberra 1995 is a distant memory, but the people that have helped me along my journey are not, and I have many people to thank.

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I would also like to thank Professor Gil Herdt who provided me with a research affiliation at San Francisco State University as my partner and I tried, unsuccessfully, to make a life for ourselves in the States.
understandings of development that pervade development thinking to such an extent that it can be difficult not only to resist their influence but even at times to identify their workings.

For HIV and AIDS to become a threat in Vietnam certain attitudes and behaviours have had to be exposed and problematised and new behaviours and ways of thinking introduced. This study concludes by exploring a range of HIV prevention projects that focus overwhelmingly on changing people's behaviours, not through the introduction of restrictive laws that actively police people's behaviour, but by promoting self-regulating and active subjects.

My approach has been influenced by conventional anthropological participant observation methodologies. Over 14 months of fieldwork, I observed and participated in the development community. Formal interviews were conducted along with analysing a range of documentary practices. A major focus of my work has been on the development community and people in power, both expatriate and Vietnamese, who have helped to produce discourses of development. This work does not argue that the development work currently being played out in Vietnam is misplaced or inappropriate, but seeks to go beyond understanding development in its traditional power structure to offer insights into how a specific field of knowledge and expertise constructs and orders understandings of HIV in Vietnam. In doing so, this work contributes to the growing body of critical work of development while also broadening understandings of HIV as a development issue.
### Abbreviations

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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ARC</td>
<td>Australian Red Cross</td>
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<tr>
<td>CMEA</td>
<td>Council of Mutual Economic Assistance</td>
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<tr>
<td>CSW</td>
<td>Commercial Sex Work</td>
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<tr>
<td>DKT</td>
<td>International Condom Agency</td>
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<tr>
<td>DRV</td>
<td>Democratic Republic of Vietnam</td>
</tr>
<tr>
<td>doi moi</td>
<td>Economic renovation policy, beginning in 1986</td>
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<tr>
<td>FDI</td>
<td>Foreign Direct Investment</td>
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<td>GDI</td>
<td>Gender Development Index</td>
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<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>GPA</td>
<td>Global Programme on AIDS</td>
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<tr>
<td>GSO</td>
<td>General Statistics Office</td>
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<tr>
<td>GTZ</td>
<td>Deutsche Gesellschaft fur Technische Zusammenarbeit</td>
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<tr>
<td>HAG</td>
<td>HIV/AIDS Action Group</td>
</tr>
<tr>
<td>HCMC</td>
<td>Ho Chi Minh City</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HDI</td>
<td>Human Development Index</td>
</tr>
<tr>
<td>IDU</td>
<td>Injecting Drug Use</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>IMF</td>
<td>International Monitory Fund</td>
</tr>
<tr>
<td>KABP</td>
<td>Knowledge, Attitude, Behaviour and Practice</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MOLISA</td>
<td>Ministry of Labour, War Invalids, and Social Affairs</td>
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<tr>
<td>MSF(B)</td>
<td>Medicins sans Frontier (Belgium)</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have sex with men</td>
</tr>
<tr>
<td>NAB</td>
<td>National AIDS Bureau (Secretariat of NAC)</td>
</tr>
<tr>
<td>NAC</td>
<td>National AIDS Committee</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Government Organisation</td>
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<tr>
<td>ODA</td>
<td>Overseas Development Aid</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<td>PDI</td>
<td>Population Development International</td>
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<td>SCF(UK)</td>
<td>Save the Children Fund (United Kingdom)</td>
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<td>SID</td>
<td>Society for International Development</td>
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<td>SIDA</td>
<td>French and Spanish acronym for Acquired Immune Deficiency Syndrome (AIDS)</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<tr>
<td>SUCECON</td>
<td>The Supporting Centre for HIV/AIDS Control</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNDCP</td>
<td>United Nations Drug Control Programme</td>
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<td>UNGASS</td>
<td>United Nations General Assembly Special Session on HIV/AIDS</td>
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<td>UNICEF</td>
<td>United Nations Children Fund</td>
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<td>VICOMC</td>
<td>Vietnamese Community Mobilisation Centre for HIV/AIDS Control</td>
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<td>VLSS</td>
<td>Vietnam Living Standards Survey</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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Preface

I arrived in Vietnam in April 1996, hoping to secure a research visa to examine HIV/AIDS. Reports from other research students made me a little uneasy about finding a sponsor who would support my visa application and allow me to carry out my research. I was warned that the most common obstacle besides the visa was conducting research without inviting close government scrutiny.

Establishing what is termed in Vietnamese as *cua*, meaning ‘right relationship’ and ‘belonging’, is central not only to social relations in Vietnamese culture but to carrying out research successfully (Bolton, 1994, 1995). In return for sponsorship, I planned to offer some of my time and skills. As I entered the field, my options seemed clear: I needed to find either a university in Vietnam, a Vietnamese government department or an international non-government organisation (NGO) to sponsor me. I was unsure about how much academic freedom I would be allowed by a Vietnamese university or government sponsor, because my research would include what the Vietnamese termed ‘social evils’ relating to the study of HIV/AIDS. However, the likelihood of securing sponsorship from an international NGO seemed slim. I was advised that if I were associated with an international NGO, I would need to work on a project approved by the Vietnamese government. Each foreigner working for an NGO had to be accounted for and justified to the authorities.

At the end of my four-week visit one of the largest development organisations and one of the ‘leading organisations in HIV/AIDS prevention work’, offered to sponsor my visa. I was intending to focus a major part of my research on ‘the developers’ and so it made sense to accept their offer and to begin my field work in an international NGO with over 30 national and international development staff. This, I anticipated, would provide a strategic starting point
from where I could avoid too much government scrutiny and get on with my research. I was pleased with their offer mainly due to their involvement in a wide range of HIV/AIDS prevention projects in Hanoi and Ho Chi Minh City, in addition to being one of the longest serving NGOs in Vietnam. I was also assured that the organisation had a close working relationship with Professor Le Dien Hong, the Director of the National AIDS Bureau, which I expected to be useful. I was given a three-month visa with the promise of a six-month renewal.

Days before I was to begin my fieldwork, I was sent a ‘volunteer contract’. Prior to this we had had a verbal agreement that I would work approximately two days a week at the office, leaving me enough time to do my own research. It was agreed that I was to receive no financial remuneration from the NGO, only its sponsorship. As far as the NGO was concerned, I was to be a volunteer not a student conducting fieldwork.

My relationship with the NGO began to sour after only a couple of months. Five days before my three-month visa was to expire, I was told to leave the organisation. This created a great deal of anxiety: how would I be able to remain in the country? Who would sponsor my visa? How many months would it take to organise another sponsor and another visa? Were all my plans and efforts simply a waste of time? I was beginning to build trust between the Vietnamese nationals working in the office and myself. What would happen to these relationships? What would happen to my research? I would have to leave the country to be issued another visa, which could take weeks, if not months. Where would I go? I thought of Phnom Penh or Vientiane - the cheapest places to go and wait.

However, my termination gave me a unique opportunity to experience and then discuss, issues that I considered central to my research with some of the development workers I had met. The abrupt ending of my sponsorship also
helped raise my profile throughout the international HIV/AIDS development community. As far as many international development workers were concerned, dismissal from this particular organisation gave me credibility and status. Not all NGOs saw eye to eye on development. Other development workers saw my problem as a rite of passage, a view that resonated with me at the time, as I was also attempting to gain hands-on experience as an anthropologist. The Director of the NGO Resource Centre dismissed my predicament with her comment: “You’re not the first to have had a visa problem.” She then proceeded to list other development workers who had recently been refused visas. She was right. While it was a set back, I needed to toughen up.

In effect I was asked to leave the NGO for a number of reasons. At the end of my first week, it became clear that I was expected to work from 8 am until 5 pm Monday to Friday. As a compromise, I asked the Country Director for two mornings a week off from work so I could write and reflect on my research. My request was granted, along with the caveat: “There may be times when I need you here all week and I expect you to be here.” Our earlier agreement, whereby I would work two days a week, somehow became lost in the negotiations around signing the generic ‘volunteer contract’. At first, I had refused to sign the contract because it bore little resemblance to our understanding about what I was to do for the organisation. I was not a volunteer who had come to Vietnam to ‘help’ and gain some NGO experience. I was a Ph.D. student. I was concerned that the contract would leave me with little academic freedom. Furthermore, the contract raised questions concerning intellectual property, an issue that could restrict what I could call my own research. I finally signed the contract because my three-month visa had been issued and I had in fact already begun working for the NGO. Although I was not comfortable with the arrangement, there seemed to be no alternative.
The requirement to sign the contract and work nearly all week added to my sense of unease about my involvement with the NGO. It became clear that I was seen simply as a volunteer who was expected to work five days a week in exchange for a visa and 'experience'. Little did I know that the Country Director’s first words to me, “I will be treating you like everyone else in the office,” would come to mean that I could only spend nights and weekends on my own research. I began to resist the constraints placed on me by taking more and more time off to carry out my own research, further straining our relationship.

The other reason for my dismissal can be attributed to a pre-fieldwork paper I had written and presented to my university department. Soon after arriving in Vietnam, I began to distribute copies of this paper to people who had shown interest in my research. I did this because:

(i) Given that part of my research would focus on development workers and because I was using participant observation as a method, I felt ethically bound to inform potential subjects, in some detail, of the nature of my research.

(ii) Distributing my pre-fieldwork paper was also an attempt to explain to development workers, who were to become my subjects, that my interest in the development worker was only one part of my research. I wanted them to understand that the development process - and in this instance the HIV/AIDS development process - in Vietnam, was the major focus of my research, not the life and times of individual development workers.

(iii) I wanted to clarify how my research would critique the development process in general: to raise issues relevant to development thinking beyond HIV and AIDS in Vietnam. In retrospect, distributing my pre-
fieldwork paper may not have been the most appropriate way to address these ethical issues.

Most development workers who received a copy of my paper either organised to meet with me to discuss it or explained that they thought what I was attempting to do was an important project. However, one development worker, Mary, said that although she found my project extremely interesting and even necessary, she would probably have some difficulties with having me work within her organisation. Another development worker Jim, who would later become my main informant, provided me with some revealing and insightful comments about the value of information at that time in Vietnam when he said:

One of the hardest things about working here in Vietnam is that we’re often starved for information. I suppose it’s not necessarily only Vietnam, it would happen in other developing countries too. You just watch and see what reaction you get from people after you’ve worked your way into the scene here. Some of the people here, not all of them, but some of them, will be really grateful and excited for the ideas that you are bringing into the [development] community.

There are a few of us who have created sort of a book club. Whenever one of us returns [to Vietnam] one of the things that we do is to photocopy a book that we have brought back and then hand it around to the others. There are no [English] bookshops here. Do you believe that? - in a city with more than 2 million people. This country still heavily censors information. You see it all the time; it’s one of the hardest parts about living and working here.

Excitement and gratitude for my ideas were hard to find in the early days of my time in Hanoi. The most negative responses to my paper came from senior staff members of my sponsoring NGO. As John remarked: “I read your paper over the weekend. It depressed me. I’m not sure; it sort of made me a little sad to think that that is what we are all doing here.”
My pre-fieldwork paper acted as the catalyst for my removal from the organisation. Exception was taken by the Country Director and other senior staff to some of the positions I had presented in the paper. The greatest objection was to the ‘post-development perspective’, a position I was not necessarily advocating, but one that I presented as having scholarly currency in the perceived ‘impasse’ in development theory. I was seen as too radical and an unknown risk for the NGO. NGO managers, not only in Vietnam but also in Australia, I would later discover, were concerned that the aim of my research was to criticise and to uncover ‘failures’ in development practice. It later became apparent that the Country Director was uneasy with my presence because I was not just another graduate student volunteering in Vietnam to receive some field experience for a university course. I was interested in the anthropology of development, not development anthropology. My study was to be an anthropological analysis of development as a cultural, economic and political process, rather than the use of anthropology in the application of development. My wish to engage critically with processes of development, in particular the ways in which development discourse may construct the object of development caused concern. I was treating development as problematic, questioning the nature of politics, power and the relationship between discourse and practice.

The world of corporate reality, played out within the everyday practices of the NGO, provided no room for a voice such as mine, which had the potential to cause embarrassment. This became clear when a visiting executive within the NGO asked me: “Are you doing a “Lords of Poverty”\(^1\) here in Vietnam?” In an attempt to contain my research, but more importantly to establish safety nets for the organisation, the Country Director presented me with an ultimatum. If I wanted to stay, I would have to:

\(^1\) Graham Hancock’s work entitled “Lords of Poverty: the power, prestige, and corruption of the international aid business” (1989) is a damning critique of the aid industry.
(i) Change the section of my pre-field-work paper where I referred to the fact that "development had failed." In fact, this statement did not appear in my pre-fieldwork paper. Nevertheless, in place of this 'quote' I was to insert "some development has failed and some development has succeeded";

(ii) Do my research in collaboration with the NGO; or

(iii) Agree to an advisory board to which I would report on a regular basis. The intention was that this advisory board would provide 'direction' for my research.

I refused each of these options.

My primary objections were to the second and third options. I understood both as attempts to control my research. If I had agreed to the second request, I would effectively have agreed to help with the organisation's public relations efforts. Establishing and maintaining a high public profile has become a primary aim for many NGOs as they scramble for the international aid dollar. The third option would limit what little academic freedom I had.

It was the first option that I found most intriguing because it most clearly demonstrated our different worldviews. The request, as far as I could tell, would achieve nothing. The Country Director's concern focused on a pre-fieldwork paper that simply marked the beginning of my research. Attempting to explain that my intention was not to do an expose on the development industry in Vietnam - let alone to use this particular NGO as a case study -

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2The main passage under question was the following: "This work will primarily be a study about development, at a time when development, for good reasons, is being seriously questioned and declared to have been unsuccessful. As Sachs (1992) points out; "delusion and disappointment, failures and crimes have been the steady companion of development and they tell a common story: it did not work.... development has become outdated..." (Preface, 1996, 1)
seemed useless. I could give no guarantees. At that moment, it no longer mattered. I needed a new sponsor if I was to remain in Vietnam.

By this time, I began to wonder if the chasm between development in practice and development in the academy was unbridgeable. Adding to my despair was the realisation that one of the greatest forces operating in development thinking and practice is that of ideology. My conflict with the NGO revealed the negative workings of ideology and ideological difference. It was an ideological battle, unable to move beyond the preoccupation with questions of whether development ‘succeeds’ or ‘fails’ is ‘good’ or ‘bad’, ‘benevolent’ or ‘exploitative’. These important issues were subordinated to the managerial protocols and managerialist ideology of the NGO.

I submit that the complex realities that led to my dismissal cannot and should not be governed by these binaries, which appear to have driven the difference between our positions. When I entered the field, my intention was to explore ways to take the debate beyond this point of ideological preoccupation that so often occupies and constrains development debates. My aim was to step outside this orthodox approach by questioning the foundations upon which development rests, while coming to terms with the logic of empowerment built into the narratives of progress underpinning development. I was questioning a concept of development, which is generally understood as a tool that needs simply to be refined in order to do its job better. As Ferguson (1990, 9-10) writes in regard to some development analysts:

[There] are those who, either as insiders or as sympathetic outsiders, see “development” planning and “development” agencies as part of a great collective effort to fight poverty, raise standards of living, and promote one or another version of progress. For these writers...the “development” apparatus is to be understood as a tool at the disposal of a planner, who will need good advice on how to make best use of it. It goes without saying for these writers that a “development”
agency is at least potentially a force for beneficial change; the reason for analyzing such an entity is to enable it to perform better, to avoid failures and to maximize its success... the focus remains technical and managerial.

What remains with me from this experience is the perception of a rift between development practice and critical thinking about development praxis. It is a distance that seems as real today, as I sit within the University attempting to connect theory to my experiences during the 14 months I spent in Vietnam, as it did when I was in the field trying to see how theory could be used to bring meaning to the everyday practices of development. In an industry that spends so much energy, time and money on evaluation, it is surprising how little attention has been given to critical self-reflection (Apthorpe and Krahl, 1987).

A note on methodology

This study is primarily an ethnographic study of development at a unique moment in Vietnam's history. It is an anthropology of development, which focuses in part on the development community and people in power, both expatriates and Vietnamese, who help to produce the discourses of development.

Anthropologists’ relationship with development has always been a contradictory and difficult one (Escobar 1991; Grillo and Rew, 1985). Gardner and Lewis (1996, 153-4) note how the relationship between anthropologist and development has always been fraught with difficulties.

Anthropologists should also not expect involvement to be easy. If they have any collective responsibility it is endlessly to question and problematise their positions, to be uncomfortable, and with their questions to make others uncomfortable. This is a source of
My fieldwork reflects this contradictory role: as critic and consultant. Locating myself within development institutions as a volunteer for the first three months, and then later as a consultant, allowed me to become part of the development community and most importantly a party to the discourses that I have tried to critique. My role as participant and academic observer created numerous problems also provided countless opportunities that I have critically reflected upon throughout this study. These experiences have also been crucial in gaining insights into the various development communities. My approach has been influenced by conventional anthropological participant observation methodologies. My intent had always been to spend half of my time in Hanoi and then move to Ho Chi Minh City. I entered the field with this clear division of research labour in my mind: Hanoi was where policy was made, and most development organisations operated from, while Ho Chi Minh City was where the epidemic had taken hold most virulently. This division soon revealed itself as far too simplistic. I decided to stay in Hanoi for many reasons. Finding a new sponsor based in Hanoi was certainly important, but most important was the fact that building relationships with development workers and with Vietnamese government authorities took time. Moving to Ho Chi Minh City would have broadened my research but not allowed me to build meaningful relationships and gain significant insights.

Staying in Hanoi also allowed me to work with the National AIDS Committee at the provincial level. I was also able to travel throughout the country visiting Ho Chi Minh City, Nha Trang, Da Nang and other provinces to collect information and conduct interviews with development workers. However, the development workers in Hanoi received most of my attention. At the end of my first three months, I asked the development workers in the HIV area, who I had come to know socially and professionally, to write down some of their thoughts and/or stories about how they negotiate the political, social and
cultural constraints of living and working as a development worker in Vietnam. These works were followed up later with in-depth interviews. Information was gained by simply 'hanging out' with these people and as time progressed, insights deepened.

My first three months in Hanoi were spent working as a volunteer for one of the largest NGOs in Hanoi. While, as already explained, this NGO did not provide the perfect haven for me to hide away from government scrutiny and conduct my research, but it did give me an entrée into the development community and provided opportunities to participate in the HIV development community. Eventually I was to become one of them by becoming a consultant. I lived and worked among many of these experts building trust and confidence. I socialised with many of them, including dinners, parties, playing many games of pool and weekend trips to the countryside. Twice, while moving accommodation, I accepted the kind offer to stay with them, once in what was the privileged space of the United Nations compound. Besides giving me respite from hotel living and the opportunity to regain the joys of privacy, which is usually surrendered in Vietnam, I was given many insights into how these development workers experienced some of their time in Vietnam.

Formal interviews were conducted with officials from relevant organisations and government departments such as Ministry of Labour Invalids and Social Affairs (MOLISA), the National AIDS Bureau (NAB), HCMC Red Cross and bilateral and multilateral development institutions. When quotes are used from development workers and government officials pseudonyms have been used.

Documents and in particular written statements have also played a major role in my research approach. Development, as I argue in chapter 4, is at times overburdened with statistics, research reports, speeches, conference
proceedings, media reports, minutes from meetings and policy documents. And so these 'documentary practices' have also been crucial in building the story of HIV prevention in Vietnam. There are also narratives produced by different development actors and the link between the many development documents and what is said and acted out under the name development is a complex and at times ambiguous process.
Chapter 1

Creating the Problem of HIV and AIDS in Vietnam

Introduction

HIV officially arrived in Vietnam with the reporting of the first case in December 1990. All available research pointed to the fact that Vietnam was about to become part of the AIDS pandemic. Through the complex, dynamic exchanges of discourses between development agencies, HIV prevention groups and governments, the 'threat' of HIV and AIDS was created. At the same time, Vietnam was experiencing rapid and extreme social and economic changes. This thesis explores the modalities through which the threat of HIV and AIDS has been socially constructed in contemporary Vietnam. It was a time when Vietnam increased its efforts to modernise and become once again part of the global economy and thus it was especially vulnerable to particular readings of the dominant global discourses about the disease.

This chapter begins by identifying some of the discourses and practices played out in Vietnam's response to the arrival of HIV. The response shows a complex relationship between the global and the local. A history of the approaches and discourses about HIV and AIDS in Vietnam is set out, showing how these approaches and discourses structure perceptions of the disease. Particular attention is given to the role of statistics and the various ‘waves’ of the epidemic's progression, both in terms of reported and predicted cases. The chapter then explores the relevance of a social

1 HIV and AIDS are separate but have been collapsed into the term HIV/AIDS despite the fact as Dennis Altman reminds us in his work Global Sex (2001) that there are significant differences in practice between the two. He quotes Anthony Smith: 'While arguably they are simply cause and effect separated by a significant although variable period of time, they are in fact produced in two, largely distinct, cultural fields, the treatment of AIDS being mainly - almost exclusively - within the purview of clinical biomedicine and the prevention of HIV infection being within the province of the social and behavioural sciences' (70). I have kept HIV and AIDS separate, although at times the term ‘HIV/AIDS’ is used to reflect how HIV and AIDS is understood or presented at a particular time or place.
The notion of the existence of a ‘global culture’ has crept into the language of AIDS, revealing a global consciousness about the disease that rests upon the assumption that HIV and AIDS mean the same thing throughout the world (Herdt, 1992, Dupont, 2001). The concept of global culture typically implies the absorption of peripheral cultures, such as Vietnam’s, by ever expanding and powerful global forces, resulting in the perception that cultural practices and beliefs of countries are not all that different. The global AIDS epidemic is much more than a product of homogenising forces in a world that appears to be spatially and temporally shrinking; it is a consequence of complex interactions of global and local forces, or what Appaduari (1990, 296) refers to as “the interplay of ‘cultural flows’ producing ‘fundamental disjunctures’ between economy, culture and politics which we have barely begun to theorize.”

Due to technological advances in communication and transportation, particularly in the late twentieth century, the interconnectedness between people, communities and cultures has grown and deepened so that culture and place are no longer tied together but remain ‘ever fluid’ (Clifford, 1986, 1988; Trinh, 1989; Bhabha, 1994). These recent and intense global forces are transforming the way in which people live their lives. HIV has been one of these transforming forces for Vietnam, whereby established norms have been threatened and people’s lives have been changed. By linking cultures together and by producing more complex images and understandings of the other, new identities have arisen. What Friedman (1990) describes as ‘transnational cultures’ have developed in response to the virus, and manifests in such processes as the recent flow of development workers setting up office in Vietnam. The arrival of HIV into Vietnam demonstrates that HIV is, as Dennis Altman (1999) remarks, both

Chapter One
a product and a cause of globalisation. Development, global migration and a growing global economy have assisted the spread of HIV and AIDS. The increased participation in the exchange of goods, people, information, knowledge and images, has had an impact on not only the spread of the virus but also on how the disease is understood and how responses are waged. Despite the fact that the epidemic reflects and strengthens many of these globalising forces there is little written on this relationship. Many of the practices and discourses associated with explaining and mobilising against the spread of AIDS are global in nature, most notably the biomedical and developmental discourses. Global policies, programmes, language, conferences, study tours, regional workshops, solidarity groups, and Internet forums are all means for ensuring that HIV prevention continues as a transnational phenomenon.

The global nature of HIV and AIDS is demonstrated in a number of ways, some of the most obvious being the global epidemic reports produced by WHO and UNAIDS, the annual World AIDS Day, and recently the battles surrounding intellectual property rights and global trade rules. Preventing people in poor countries from access to drugs that are more readily available in wealthier countries continues to reinforce the global nature of the epidemic. At a United Nations Security Council session in 2000, AIDS was declared a global problem from which no country was safe. It was the first time the Council had identified a health issue as a threat to peace and security. Recognising AIDS as a threat, both to the First and Third Worlds secured a place for AIDS on the top of the agenda for many international organisations. A year later, a major UN conference on AIDS resolved to establish a new global fund to fight AIDS.  

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2 Altman (1999, 561) acknowledges the limited scholarly attention across numerous paradigms by noting: "At best AIDS is mentioned in throwaway lines as yet another symptom of the social and political disintegration associated with the 'new world order'...If students of international relations have thought little about AIDS, the reverse is equally true: by and large there is massive disinterest amongst AIDS researchers in such macro-analyses of the epidemic."

3 It was resolved at UNGASS (United Nations General Assembly Special Session on HIV/AIDS, June 25-27, 2001) that a fund was to be established with an annual expenditure on AIDS to $7-10 billion by 2005. The fund went on to be named the Global Fund to Fight AIDS, Tuberculosis and Malaria.
At the same time as AIDS became a global disease, identities became internationalised through HIV surveillance, prevention work and in particular through the work of epidemiologists. Throughout the past two decades, 'risk groups' have remained a central component in recognising and defining AIDS. As Ballard (1998, 126) writes, "Epidemiologists have come to see themselves as cartographers drawing boundaries around risk... 'risk groups' have been enshrined in epidemiological statistics and adopted in the design of public policy, social research and educational programmes." Early understandings of the epidemic, which identified the marginalised and already discriminated groups within society as most at risk, have proved difficult to shake (Plummer and Porter, 1997). These ways of framing AIDS contributed to a belief among epidemiologists and development workers that the most effective way to contain the spread of the virus was to organise a response around specific identities (Plummer and Porter, 1997).

The response to the disease in Vietnam supports this belief. For some HIV prevention experts the threat of HIV and AIDS is no different to past epidemics, where the disease has emerged within specific localised constituencies. From the early days of the pandemic, the threat appeared to be concentrated in and identified with particular groups (Hong, 1996; NAC 1993b). Sex work and increased intravenous drug use were identified as the central problem. Early in my field-work I was asked by an international development consultant who had been designing and running social and behavioural research relating to HIV risk since 1992, "Who is the target group for your research?" Identity has been central to HIV and AIDS prevention in policy, research and education. This central focus on specific target groups continues to influence not only the language of HIV and AIDS prevention work but also the distribution of international aid money and the design of projects. Global discourse frame understandings of epidemics and affect many practices.

4 Field-notes, Hanoi September 20 1996
The Global and the Local Culture of AIDS in Vietnam

What is unique about the Vietnamese experience of HIV and AIDS can easily get lost amongst the welter of details about preventative measures. The specifically Vietnamese discussions are dominated by epidemiologists and development experts who rely on the global AIDS language with its metaphors, labels, categories, acronyms and the growing list of international best practice. Ways of identifying, researching, reporting and responding to the virus in Vietnam have been imported from an international framework that was initially set up by WHO and its Global Program on AIDS (GPA) and sustained through the global development industry. Dennis Altman (1999) credits the GPA, which was the world’s first global health strategy, with three important achievements. First, the establishment of an international discourse around HIV/AIDS which stressed empowerment and participation; second, technical support for some developing countries through policy and programmes; and third, a multilateral response to the epidemic through the mobilisation of support from donor countries. Each of the GPA’s achievements has been influential in Vietnam’s HIV/AIDS prevention work. Global networks were also developed under GPA’s guidance, such as the Global Network of People Living with AIDS Service Organisations (ICASO) and the International Community of Women living with HIV/AIDS (ICW). These networks enabled links to be formed with other international solidarity social movements, such as among sex worker groups and development organisations.

While the media continually reports on the rising level of infections, the subjective experience of HIV and AIDS and how it manifests itself as

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5For example, UNAIDS’ Best Practice Digest Web site includes a new section that is dedicated to disseminating information on HIV/AIDS projects, research and data from U.N., governmental, non-governmental, academic and community organisations and from individuals all over the world. The reports, published and unpublished, are summarised and sorted under topic areas. UNAIDS believes “this is an opportunity for everyone working in the field of HIV/AIDS to quickly access as much information as possible ... rapidly disseminate their own work ... [and] to share ... successes and failures.” (http://www.unaids.org/bestpractice/digest/introduction.htm)
illness in the body has yet to become a reality for most Vietnamese people’s everyday experience. Attempting to bridge this gap and make the reality of the threat relevant to people’s everyday experience has been an objective of many development projects and government campaigns against ‘social evils’, as explored in chapters five and seven. A decade after the first person was diagnosed with HIV, most Vietnamese continue to have limited, if any, direct experience with the virus. To put it simply, the epidemic remains a distant spectre. This lack of awareness is partly because HIV is associated with marginalised groups in Vietnam and most testing is carried out on those who are marginalised. In addition, the virus does not quickly manifest itself in symptoms so most Vietnamese people with HIV remain unaware of the presence of the virus in their body. Brugemann and Franklin (1996, 16), identify this as a major concern in their study of HIV and Women in Vietnam. Despite the few celebrated cases which made their way into the newspapers in the early stage of the epidemic, they write, “AIDS remains a distant threat, imbued with an aura of unreality for most Vietnamese people.”

This lack of awareness of the levels of infection is significant for how people see and understand the virus. The prevalence rate of HIV infection to this day remains low at under 0.1% of the population. The number of reported AIDS cases each year, since the first reported case in 1990 and the first reported AIDS related death in 1993, also remains low. Despite the relatively small number of people known to be infected in Vietnam the disease is beginning to have an impact on Vietnam’s culture and society. Old ways of interpreting and common assumptions about culture and society are being challenged. Lisa Law (1997) explains how the arrival of HIV in the Philippines is changing social consciousness, in particular having an impact on prostitution. The same can be said for Vietnam to the extent that a greater focus has been given to marginalised groups through the burgeoning number of Knowledge, Attitudes, Practices and Behaviour

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6 WHO estimates that only 11% of those infected in Vietnam know that they are HIV positive
(KAPB) studies, which in a limited way have dispelled common assumptions about what people think and what people do.

New discourses have entered Vietnamese society through the AIDS arena and have begun not only to alter the way people conduct themselves in regard to personal risks, but also how people think and act towards those who are marginalised and stigmatised. Outreach programmes for sex workers and drug users, sex education programmes for youth, needle exchange programmes, the marketing and distribution of condoms to youth are all altering social consciousness. These programmes create a space for new ideas to enter and be discussed. As Herdt (1992, 4) writes, "What AIDS is doing, with an ever-quickening pace, is to challenge basic assumptions about the relationship between culture and deviance, sexuality, drug injecting, HIV transmission, and unsuspected forms of disease spread." The challenge to basic assumptions that Herdt (1992) writes about is unfolding in Vietnam, most prominently around the ideas and practices associated with the term 'social evils', an important component of government-constructed vocabulary which has defined 'unacceptable' behaviour. This challenge, heightened by HIV and AIDS, has coincided with recent and rapid economic and social changes. This is demonstrated by the changing values amongst Vietnam's youth (Marr, 1996), the expanding entertainment and service industries (Koh, 2001: Le Thi Quy, 1993), the increased cultural flows throughout the region (Walker, 1999) and into and out of Vietnam (Carruthers, 2001; Thomas, 1999), the ability to move throughout the country (Guest, 1998) and the rising level of urbanisation (Forbes, 1995). Each of these changes, the most prominent being 'development', has influenced the spread of the virus and ultimately the number of infected people.

7 Knowledge, Attitudes, Practices and Behaviour studies, commonly referred to as KAPB studies, are a popular research method employed by development organisations. They usually involve structured questionnaires with the aim of quantifying a range of factors. A CARE research report (1993, 4) gave a definition of KAPB surveys as "one in which quantitative data on knowledge, attitudes and practices are collected via formal questionnaire target to a particular group on a specific topic."
The response to the threat of HIV and AIDS in Vietnam is far more than the culmination of the international development community introducing activities and ideas and implementing global development policies. The local is also present in HIV prevention work. The involvement of mass organisations such as the Women's Union and the Youth Union are often cited as evidence of the local at work in Vietnam (Chu Thi Xuyen, 1996; Nguyen Thi Than, 1996). While these organisations are neither grassroots organisations nor representative of civil society, they provide for an opportunity for partnership and the possibility for a reaction against or modification of some of the global policies (Porter 1995b). How the Vietnamese response to the threat of AIDS is played out against a global one is perhaps best illustrated by the government's 'social evils' campaigns. Opportunities whereby "local communities bring their material and cultural resources to bear in their encounter with development and modernity" are hard to uncover in Vietnam (Escobar, 1995, 99). It is hard to see the impact of local Vietnamese communities given that civil society remains heavily controlled by the state. Mass organisations, such as the Vietnam Women's Union have been described as the closest structures to community-based organisations, however, they are part of the state structure. There are a few Vietnamese non-government organisations working in HIV prevention, however, once again it is hard to distinguish a local response from a government one, as government officials staff these NGOs. While a truly NGO movement in Vietnam is still to evolve, local reactions to global forces accompanying the virus are beginning to surface. One such example occurred during a conference on youth and HIV, held in Hanoi in 1996, whereby a Vietnamese participant suggested that the term AIDS, which in Vietnam had officially replaced the French acronym SIDA in 1994, should be changed to a Vietnamese term. Jim, a

8 Vietnamese Community Mobilisation Centre for HIV/AIDS Control (VICOMC), established in 1994, The Centre for Family and Reproductive Health (RaFH), established in 1993 and The Supporting Centre for HIV/AIDS Control (SUCECON), established in 1996 are the three Vietnamese Non-government organisations working in the area of HIV/AIDS.

development worker, recalls the attempt at a local response inspired from an international experience:

Khao Trang, who is head of the HIV/AIDS activities in the Youth Union went to Vancouver, but her action on returning from there was genuinely revolutionary. She spoke about conference 'democracy' at a HIV/AIDS Action Group meeting, the first Vietnamese person that I have ever heard do so. She then followed up with a provocative report, which she made sure was widely distributed. And then during a foreign funded youth union conference she suggested that the name of ‘AIDS’ be changed to the Vietnamese words ‘liet khang’.10

The suggestion to use the Vietnamese term Liet khang, meaning paralysis of defence, was an attempt at creating a Vietnamese identity for the virus. In a society heavily controlled by the state, it was a rare public display of resistance. Liet Khang was not adopted as the Vietnamese alternative. Rejecting the term AIDS was perhaps too much to expect given that so much about HIV and AIDS in Vietnam appears foreign; most notably Vietnam’s reliance on international funds to develop an effective response. Many Vietnamese still believe that HIV is either a foreigner’s disease, or principally a problem of other countries. This belief is reinforced by the knowledge that the first officially recorded case of HIV in Vietnam was a young woman who had engaged in sexual relations with her Viet Kieu (overseas Vietnamese) fiancée and was subsequently infected. The threat from foreigners was heightened by the fact that the first 57 reported cases of HIV involved 53 Thai fisherman, one Taiwanese resident living in Vietnam, two Viet Kieu (Australian and American residents), and the aforementioned woman (NAC, 1993a, 21). The notion of AIDS being a foreign threat is supported by the higher prevalence rates in border provinces such as An Giang in the south and Lang Son in the North, (refer to Figure 4) (Chung, Vu and Dondero, 1998).

10 Field-notes, interview, Hanoi (December 1996).
The Threat Arrives

When HIV arrived in Vietnam, the epidemic was instantly associated with prostitutes, intravenous drug users and homosexuals. These groups were accepted without question. Data about trends and predictions were borrowed from neighbouring countries, helping people to organise their thoughts around imported categories such as sex work and drug use (UNDP, 1994). The initial numbers of people infected, although only a small group, provided a direction for the government and the international development community. Well before HIV was uncovered in Vietnam, prostitutes and intravenous drug users were already identified as marginalised groups (Le Thi Quy 1993; Trang Vu, 2001, 15-16). These two groups were not created from the threat of HIV; they were already part of Vietnam’s history. 11 By the time Vietnam reported the presence of HIV within its borders there was more or less universal acceptance of the role of the sex worker and the drug user in spreading the virus. It was as though these categories were in fact natural. There was no surprise that these marginalised groups were the ‘vectors’. The testing demographics reinforced the belief that these groups and their labels were the ‘core transmitters’, or ‘vectors’ of Vietnam’s epidemic. Early in the epidemic, homosexuals as a category occupied a different space within Vietnam’s consciousness, whereby in the first few years they were included in statistics. However, the numbers were considered so small that as a ‘group’ they were not considered a threat to the general population. 12 From the early 1990s, the threat was ordered through the practice of labelling, and one of the most pronounced forms of labelling was through the use of the statistic.

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11 While intravenous drug use is a recently introduced practice, in the past most drug users smoked.
12 CARE (1993) and SCF (UK) (1992) carried out research into Homosexuals and HIV. Since this time issues around homosexuality and HIV has all but disappeared from research and policy work with the exception of outreach work in Nha Trang by Medicins Sans Frontier.
A Quick Response

In the same year as the first detection of a case of HIV, the National AIDS Committee (NAC) was established under the supervision of the Ministry of Health with a short-term plan of action for 1990-91. This was accompanied by the first of two medium-term plans for the 1991-93 period, which were developed in collaboration with the WHO and implemented at a time when there were few people infected with HIV. By late 1994, the National AIDS Committee was placed under the direct control of the Office of the Government while representatives from ten ministries and six of the mass organisations added to its membership. Government officials and development experts considered this change an upgrade.

At the time the epidemic was seen to be ‘taking off’ in Vietnam, an article by Murray Hiebert appeared in the Far Eastern Economic Review entitled: “Ambivalent Campaign: Praise of Vietnam is mixed with fear of possible explosion” (1993). The praise was due to the government’s quick response to the threat, particularly in contrast with other countries that had taken much longer to acknowledge the problem. Even before the virus was detected in Vietnam, the global network of social relationships began to develop with the establishment of WHO’s Global AIDS Programme (GPA) in Vietnam. HIV and AIDS appeared on the national political agenda in 1990. AIDS has never been the exclusive concern of minorities, action groups or the international development community. However, what could be labelled as ‘pro-active’ government commitment, or simply political will by the Vietnamese government, should also be viewed

13 Of the sixteen members, there are five permanent members of the committee; Ministry of Health, Ministry of Labour, Invalids and Social Affairs, Ministry of Education, the Ministry of Planning and Investment and the Women’s Union of Vietnam. There are five sub-committees within the health sector, a sub-committee of social issues and public relations, the sub-committee of information, education and communication and the sub-committee of school education and evaluation. The National AIDS Committee meets only twice a year, therefore most decisions are referred to a Steering Committee consisting of representatives of the five permanent members and the Ho Chi Minh Youth Union.


15 The Global AIDS programme is a short-term plan provided to most developing countries with the assistance of WHO.
alongside the government's attempts to down play the number of people infected while also denying the existence of an HIV and AIDS stigma at a time when intolerance, discrimination and limited knowledge about HIV transmission remained widely evident. The government's quick response at a political level was no doubt linked to its concern to be seen to be actively engaged in global health issues by the international community. At the same time as it was formulating a response to HIV so too were there increasing efforts at widespread vaccinations and the alleviation of malnutrition in rural areas.

The NAC Secretariat (the National AIDS Bureau) was established in November 1994 to carry out the day-to-day management of the Government's HIV/AIDS programmes. The main functions of the National AIDS Bureau (NAB) were: to establish annual plans for the prevention and control of HIV/AIDS; to assist the NAC to monitor, supervise and promote the annual HIV/AIDS plans and corresponding activities; to assist the NAC to co-ordinate international co-operation and assistance for HIV/AIDS activities; and finally to manage and ensure that all systems and documents comply with Vietnamese Government regulations. The National AIDS Committee structure was replicated at the provincial level, with local membership from each of the relevant ministries and mass organisations. By the conclusion of the first Medium Term Plan in 1993, 22 provinces had established Provincial AIDS Committees.

At the time of the formulation of the second Medium Term Plan in 1994 it was thought by most people involved in HIV prevention work that the detected number of infected persons (1,312 people) throughout Vietnam did not reflect reality (NAC, 1994). This misrepresentation was thought to be due to the small number of specimens and the irregular and unrepresentative sampling taken among 'high-risk' groups who tended to be over represented in rehabilitation centres. It was estimated at the time of the implementation of the second Medium Term Plan in 1994, that by 1998 a total of 570,000 people would be HIV infected, 7,000 people would
be living with AIDS and 15,000 people would have died of an AIDS related illness.\(^\text{16}\) The aim of the second Medium Term Plan, formulated in two stages 1994-1995 and 1995-2000, was to:

propagandise and mobilise people, based on family and community values, to display the national tradition of morality, healthy life-styles and faithful loving. The focus was to create a social and cultural environment favourable to the development of the society, thereby addressing the long-term course of HIV/AIDS. (NAC, July 1997, 2)

AIDS committees were to be set up in all the provinces throughout Vietnam. The modification of high-risk behaviour was recognised as the only way to control the rate of infection and to prevent further infection. Changing behaviour required training in HIV and AIDS prevention and control, along with ensuring that adequate recognition, authority and resources were given to the National AIDS Committee. The epidemic was considered unique compared with other epidemics mainly because bad behaviour was a contributing factor, and not bad luck. Despite the association of AIDS with stigmatised and marginalised groups within society, it was acknowledged that HIV/AIDS prevention measures should be considered separately without linking them to measures to control injecting drug use and prostitution.\(^\text{17}\) The strategies given priority in the National Strategic Plan centred on the promotion of sexually transmitted infections (STI) information and safe sexual behaviour, which included the promotion and the provision of condoms, ensuring safe and efficient

\(^\text{16}\) These figures were calculated based on an internationally accepted epidemiological estimation model called the Epimodel used by WHO. The Global Programme on AIDS developed the Epimodel in 1987. Epimodel started with an epidemic curve – a curve that reflects the start of the epidemic in an area, the speed at which the epidemic is growing, and the level at which prevalence has stabilized or is likely to stabilize. The program allows for inputs concerning the natural history of HIV infection, including progression rates from mother to child. Epimodel combines this information with the age structure of a population and age-specific fertility rates to calculate the number of adults and children currently infected with HIV, the number of AIDS cases and other aspects of the epidemic. This method depends on a large number of variables being available to draw a reasonable epidemic curve. (UNAIDS/WHO, Report on the global HIV/AIDS epidemic, June 1998, 52)

\(^\text{17}\) This policy changed in June 2000 when the National AIDS Committee merged with the Government Steering Board on Social Evils and the National Committee on Drug Control creating the National Committee on AIDS, Drugs and Prostitution. This point is picked up again in chapter five.
sexually transmitted infection care services, ensuring safe blood transfusion, implementation of an education programme for injecting drug users, and the preparation of a comprehensive care programme for HIV infected affected persons.

**The ‘First Wave’ (1993-1996)**

Statistics have been used to support the view that in 1993 “another HIV bomb had gone off” (Beyrer, 1998, 98). This time it was in Vietnam and specifically in Ho Chi Minh City. What was even more alarming than the number of new infections, rising from 11 reported cases in 1992 to 1,148 in 1993, was the Ministry of Health’s officially estimated number of infections totalling over 14,000 (table 1). An external review of the AIDS Control Programme interpreted the epidemiological situation in 1993 as becoming ever more serious:

> The number of HIV infections is rapidly increasing, particularly in the southern provinces where HIV-infected people are found almost weekly. Since the first HIV case was detected in December 1990, HIV infection in Vietnam has boomed into an epidemic in Ho Chi Minh City. (NAC, 1993, 6)

From the limited statistics, along with biomedical and behavioural research available at this time, the view emerged that Vietnam would experience an AIDS epidemic just as other developing countries had. What remained uncertain was the extent of the epidemic. It is clear that by 1993 the label ‘epidemic’ had entered the HIV/AIDS prevention discourse in Vietnam. The acknowledged inadequacy of testing and reporting created a space in the Vietnamese AIDS discourse for the term ‘epidemic’ to be used, despite the fact that the figures warned of an impending epidemic. Wave theory, a model representing the growth destructive elements of the epidemic took hold early in Vietnam’s experience of HIV (discussed further in chapter 4). Wave theory coupled with a high degree of certainty grounded in

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18 Chris Beyrer’s (1998) work *War in the blood: Sex, politics and AIDS in Southeast Asia* remains the only book-length treatment of the epidemic in Southeast Asia.

19 As early as 1992 newspaper articles and government reports used the term ‘epidemic’.

Chapter One
Thailand’s experience with the pandemic, had become part of Vietnam’s AIDS discourse as reflected in the following comments from a public address by one development worker:

Basically we are now seeing a replica of the Thai experience. Intravenous drug users currently dominate the numbers. This will be followed by men with STDs, then prostitutes and very quickly other women. Now, in Thailand, the majority of HIV+ women contracted the virus from their husbands or lovers – they are not IV drug users nor prostitutes. (Kelly 1993, 1)

Figure 1: Reported HIV Infections 1990-1999

![Reported HIV infections 1990-1998](chart)

Source: UNAIDS

Figure 2: Reported AIDS Cases 1990-1999

![Recorded AIDS Cases 1990-1999](chart)

Source: UNAIDS
Figure 3: Reported HIV Infections by ‘High Risk’ Category, 1990-99

Table 1: HIV and AIDS Projections

<table>
<thead>
<tr>
<th>YEAR</th>
<th>HIV New</th>
<th>HIV Cumulative</th>
<th>HIV Current</th>
<th>AIDS New</th>
<th>AIDS Cumulative</th>
<th>AIDS Current</th>
<th>Death New</th>
<th>Death Cumulative</th>
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<tbody>
<tr>
<td>1990</td>
<td>1,836</td>
<td>1,836</td>
<td>1,836</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1993</td>
<td>6,432</td>
<td>14,766</td>
<td>14,512</td>
<td>188</td>
<td>254</td>
<td>94</td>
<td>123</td>
<td>160</td>
</tr>
<tr>
<td>1996</td>
<td>22,527</td>
<td>61,893</td>
<td>59,281</td>
<td>1,245</td>
<td>2,612</td>
<td>623</td>
<td>987</td>
<td>1,989</td>
</tr>
<tr>
<td>2000</td>
<td>119,822</td>
<td>346,779</td>
<td>326,013</td>
<td>7,798</td>
<td>20,766</td>
<td>3,899</td>
<td>6,436</td>
<td>16,867</td>
</tr>
</tbody>
</table>


Getting across to people what is considered appropriate and correct information about HIV and AIDS has remained a major challenge for the Vietnamese government and international development organisations. Billboards, which have a rich history in Vietnamese revolutionary art, quickly found their place as a method of raising people’s awareness and increasing society’s commitment to vigilance against the threat of HIV and AIDS. However, despite the growing amount of AIDS awareness campaigns; also waged on television, newspapers and in schools, few
Vietnamese in 1993 understood how a person contracts AIDS.\footnote{Professor Le Dien Hong, then deputy chairman of the National AIDS Committee, was quoted as saying that only 3\% of people surveyed in Hanoi and 9\% in HCMC have ‘a full knowledge of AIDS’. ‘A full knowledge’ was defined as having the ability to correctly answer simple questions about the disease. (Quoted in Hiebert, 1993, 35). A number of KAPB studies report on knowledge levels. For example a CARE study, *The Risk of AIDS in Vietnam* (1993, 14-15), reported that most people do not know it is possible to get AIDS from sex with a friend or partner. The report noted that nearly 2/3 of Vietnamese surveyed do not know it is possible to catch HIV/AIDS from sex with their husband or wife.”}

Collecting more information about attitudes and behaviours of ordinary Vietnamese people and what had been marked as target groups was given a high priority by the National AIDS Committee and development organisations. The challenge, as one development worker, Ann, tells: "is to inform people about the virus, to help people understand the virus and how it is transmitted. It is our job to help people change their behaviour, and to teach people to be compassionate and tolerant towards those infected and affected by the virus." What is seen as ignorance about the modes of infection was identified and supported through social behavioural research as a major contributing factor to the spread of the virus. According to the development workers, their task was to alter perceptions about risky behaviour and to educate people. The opening passage to Hiebert’s article demonstrates the point nicely:

On bustling Nguyen Thi Minh Khai Street stands a giant billboard depicting a woman and a man encircled by a pink heart and declaring in bold letters: ‘One wife and one husband, avoid fear of Aids.’

But not everyone heeds the sign’s warning. Each evening as the sun sets over Ho Chi Minh City, a growing army of prostitutes line up under the Health Department’s billboard, openly soliciting clients from among the passers-by.

Given the popularity of Nguyen Thi Minh Khai Street amongst sex workers and their clients, the Health Department’s decision to place the billboard at this site was in all probability a good idea. The success of a ‘campaign’ depends upon much more than finding a clear message and a suitable location. The juxtaposing of the billboard against what Hiebert terms the “growing army of prostitutes” and clients, raises a number of questions that...
remain relevant to Vietnam’s HIV and AIDS campaign. Given the timing of this article, it is possible that many Vietnamese dismissed the relevance of the billboard’s messages because AIDS was still believed to be a foreigner’s disease. The article warns that incorrect information, along with policies that repress prostitution, “could cause an explosion of the deadly epidemic in the coming decade.” Experts at the time differed concerning the content of messages: “One wife and one husband, avoid fear of Aids” was considered by some experts to be not strong enough. As Robert Bennoun, of Save the Children Fund (UK) comments: “You can’t have an advertisement on television showing a photo of a man and a woman and say ‘Be careful’...People need to be shocked.”

The title, “Ambivalent campaign: praise of Vietnam is mixed with fear of possible explosion”, draws the reader to the fact that although the response, which in 1993 was only beginning to be ‘mobilised’, was a state organised and endorsed ‘campaign’, there were signs of ambivalence, principally because the government was not sure what to do. What to do with a growing sex industry that does not operate within neat and well-defined boundaries, continues to be debated within the broader context of the rising level of ‘social evils.’ This debate appears to be enhanced by the international development community. For some, most notably the international development community, the sex industry must be acknowledged and not driven underground. The same is argued for those who participate in illicit drugs, youth sex and male-to-male sex (MSM). The view espoused by Professor Le Dien Hong, Head of the National AIDS Bureau, is generally accepted, whereby he stated: that “the plague of prostitution and drug use is increasing uncontrollably.” The problem of ‘social evils’, which remains central to the fight against the virus, is dealt with in greater detail in chapter five.

The open solicitation that Hiebert portrays captures one of the contradictions within Vietnamese society. Prostitution, or more correctly,

21 Quoted in Hiebert (1993)
specific practices which the government identifies as prostitution, is illegal in Vietnam; however, sex work in its many manifestations is a booming industry and is particularly evident throughout cities and towns such as Ho Chi Minh City, Hanoi, Hai Phong and Nha Trang. While what is understood as ‘the sex industry’ continues to grow, partly in response to the more liberal policies associated with doi moi, traditional Vietnamese ideas of modesty still tend to hamper the ability to discuss sex. Sex is not discussed openly and sex education in schools remains problematic.

The first wave of the HIV epidemic was thus marked by a general confusion about how to respond to the disease combined with the government's efforts to reinforce ‘traditional’ values about the family and morality. At the same time the international community of HIV experts harnessed a well-used armoury of terminologies, statistics and notions of ‘target groups’ often reinforcing limited ways of understanding sex work and drug use, to define the impact of HIV in standardised ways.

The ‘Second Wave’ (1996-)

Once again, experts were able use a range of statistics to argue that by 1996 Vietnam was beginning to experience the ‘second wave’ of the epidemic. In August 1996, almost six years after the first person was tested HIV positive, 4,109 people were reported to be infected with HIV. This included 353 people living with AIDS and 184 AIDS-related deaths. Some government officials, and most development experts, considered the real HIV sero-prevalence rate at this time to be much higher than the officially reported cases. As with most developing countries, the blame for underreporting lay with inadequate surveillance techniques, lack of knowledge, and stigma associated with the virus. While not everyone agreed that the epidemic had reached the second stage of its development, there was agreement that underreporting was taking place. As Pat, one of the development workers from Ho Chi Minh City put it:
One of the biggest dangers now [1996] is that Vietnam might be lulled into a false sense of security. People aren’t going to come forward voluntarily to be tested as long as there is no guarantee for confidentiality and while there is so much stigma and discrimination associated with AIDS. You can’t blame people for not wanting to be tested. Until there are changes, underreporting will continue and there is going to be an incorrect picture of what is really happening here.\(^{22}\)

At this time, the presence of HIV had yet to spread throughout Vietnam: only 40 of the 53 provinces had reported cases of the virus.\(^{23}\) It would not be until the end of 1999 that the virus would be reported in all 61 provinces.\(^{24}\) Although the AIDS discourse of the time referred to the Vietnamese AIDS epidemic, the virus was still considered a rarity in northern Vietnam. For some development experts, the government needed to be more honest about what the reported numbers meant. The underreporting and belief that testing should not be directed towards ‘target groups’ was not the only concern for development workers. The reporting and acceptance of HIV and AIDS as overwhelmingly an urban and southern problem, echoing historical and political divisions concerned many development workers at the time. Pat continually fought against what she felt was a northern dominance about the way the epidemic was represented. She states: “There is a dangerous view out there that Saigon is where HIV is. It feeds on a division that runs deep in this country and it’s dangerous; it sends a message that most people are safe from the virus.”\(^{25}\)

Each week newspaper articles informed the Vietnamese public of the growing threat of the virus by bringing them up to date with the number of new ‘victims’ that had fallen to the virus. Most articles of this time were

\(^{22}\) Fieldnotes – interview; date December 2, 1996.

\(^{23}\) Professor Le Dien Hong, Vice president of the National AIDS Committee stated that the number of provinces reporting HIV was 40. Professor Do Nguyen Phuong, Minister of Health, at that same conference, reported the number of provinces to be 41. Chung A, Vu Minh Quan and Timothy Dondero (1998, 43) stated that through ‘1996, 43 provinces and cities have reported HIV infections.’ By the end of the year, 43 provinces reported cases of HIV.

\(^{24}\) The number of provinces increased in 1996 from 53 to 61.

\(^{25}\) Fieldnotes – interview; date November 12 1996.
short pieces with little commentary accompanying the statistics. The numbers were left to speak for themselves. The reader was brought up-to-date on the latest level of infection, the latest ‘hot spots’ and a comparison of ‘target groups’. The following news article was typical of the material found at that time:

The number of people diagnosed with HIV in Viet Nam has risen to 4,534 as of November 4, according to the National AIDS Committee. Among the HIV infected cases were 80 foreigners and 563 AIDS carriers. Ten of the 17 newly diagnosed HIV cases were in the northern border province of Lang Son near China. Most of those infected were drug addicts. HCM City ranked first on the list of HIV carriers nation-wide with 1,796 cases, 106 of which are women. In the Binh Trieu Vocational Training Centre of HCM City, 75% of 873 drug addicts were carrying the virus. HIV rates are also increasing among prostitutes. An Giang province adjoining the Cambodian border now has the highest rate of sex workers carrying the virus in the nation. (VNS, 9 November 1996, 2)

The second wave of HIV in Vietnam could thus be seen as indicating a hardening of the categories whereby the use of statistics became the foundation of wider responses, both public and government, at the same time as target groups were actively defined and monitored. The ‘mapping’ of HIV through Vietnam was now indicating complete coverage. The notion that no-one was safe led to a change in focus to ‘hot spots’ for the renewed attempts at prevention.

‘Hot Spots’ and ‘Target Groups’

In 1996, Ho Chi Minh City accounted for 67% of AIDS cases and as would be expected the prevalence of HIV mirrored that of AIDS whereby the southern region of Vietnam reported 73% of HIV infections. By the end of 1996, the National AIDS Committee had identified 5,565 HIV cases. In 1996, 85% of people infected were men and most people infected were

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26 Ministry of Health reported 4,811 cumulative cases of HIV for the same period.  
27 In 1993, the World Health Organisation (WHO) estimated there were between 11,000 and 15,000 people infected in Vietnam, with a male to female ratio of 8:1.
of working age: 23% were aged 20-29 years old, 43% were 30-39 years old, and 28% were 40-49 years old. However, the National AIDS Committee predicted a change within two years, estimating that over 50% of new infections would occur in the 10-24-age cohort.\footnote{Between 1993 and 1997, the number of HIV-positive 20-29 year olds increased from 15% to 29.7% UNDP Fact sheet on HIV/AIDS - updated August 1999).} According to the United Nations Drug Control Program, 70% of intravenous drug users were under 30 years of age (UNDCP, 1996, 3). Ho Chi Minh City, the popular seaside town of Nha Trang and the province of An Giang were marked as the three 'hot spots' in Vietnam (Reuters, 1996). Ho Chi Minh City reported 1,841 people with HIV, the province of Khanh Hoa, due to the town of Nha Trang, reported 383 HIV cases and An Giang province, which borders Cambodia,\footnote{The high infection rate was seen as a consequence of its location. The national rates derived from the 1997 serologic surveillance results showed that approximately 46% of female sex workers, six percent of police/military and three percent of antenatal women were HIV infected (MAP, 2001).} reported 224 HIV cases. All of these sites are in Southern Vietnam. At the same time, most of the northern provinces and cities recorded few infections of HIV, with Hanoi finding only 32 cases and Hai Phong, the second largest city in the north, reporting only 41 cases. By 1996 an anomaly had begun to appear in northern Vietnam with 98 infections recorded in a border province. This time it was Lang Son province, which shared one of its borders with China.\footnote{(Chung A, et al, 1998, S43) The 98 infections reported in Lang Son province were due to the testing being carried out in the prison.} Lang Son’s and An Giang’s high level of infection was explained by the borders they shared with China and Cambodia respectively. For An Giang, the high number of sex workers thought to be moving across the border with Cambodia explained the high HIV prevalence rate of three percent. In Lang Son the problem was attributed to the prevalence of drug trading across the border with China.

Statistics helped to argue that injecting drug users had been the hardest hit group. By the end of 1996, 69.3% of people testing positive for HIV were intravenous drug users (Ministry of Health, 1996). The government had estimated that between 185,000 and 200,000 opiate drug users were

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\footnote{Between 1993 and 1997, the number of HIV-positive 20-29 year olds increased from 15% to 29.7% UNDP Fact sheet on HIV/AIDS - updated August 1999).}
in Vietnam, with 135,000 thought to be opium smokers and more than 50,000 intravenous drug users. Other estimates put the number of intravenous drug users alone as high as 100,000 - 200,000. What is clear is that intravenous drug users, who came to be defined as a group, continued to exceed all other 'risk groups'. Khang Hoa province recorded 50.8% of HIV cases among drug users and Ho Chi Minh City recorded the next highest level with 36.9% (Chung A et al, 1998).

The recorded HIV prevalence amongst those labelled as sex workers ranged from zero to near zero throughout most of the country, with the exception of a few provinces and cities, the most notable being An Giang province, which recorded 4.7% in 1996. Only five of the twenty sentinel provinces and cities had prevalence levels for sex workers greater than one percent and four of these were in the south. By the end of 1996, 6.2% of all reported cases of HIV were classified as sex workers.31 The HIV prevalence among sexually transmitted infected patients (STI), both male and female, had remained low, ranging from zero to a high of 1.3% in An Giang province. HIV prevalence in what is considered to be lower 'risk groups', including antenatal women, military recruits, and blood donors, had also remained very low at under 0.5%. Among antenatal women, only 12 of the more than 22,000 tested were positive. Among military recruits, only seven of more than 17,000 tested were positive. Blood donors also recorded a very low rate of only 20 positive among more than 23,000 tested in 1996.

31 UNDP (1996a) puts this figure at 13%.
The circulation of official and unofficial estimates and projections, which do differ, further complicated the picture of HIV and AIDS in Vietnam. While the higher unofficial numbers and the official projections have significant implications for Vietnam’s future, they have remained relatively small for a
population nearing 80 million people and more importantly they have not spread into what is termed the ‘general population’.32

It is clear that by the late 1990s the formulaic construction of HIV in Vietnam was delineated and mapped according to prescribed readings of the spread of the disease by both government officials and international agencies. The reproduction of a globalised attitude and gesture towards HIV in the Vietnamese context was well underway.

Making Statistics

The avalanche of statistics produced by the Vietnamese government, WHO, UNAIDS and NGOs is often contradictory and therefore difficult to piece together. The available statistics, as Hiebert (1993) points out, are often problematic because of inconsistencies inherent in data collection. This is typical in countries such as Vietnam that has only begun its ‘campaign’ against the epidemic. The paucity of statistics is a concern for those who believe that the problem of recording what is out there now and what is predicted for the future can be fixed by finding the right models and theories, and improving on the techniques for data collection. The problem is often seen as a methodological one (Gagnon, 1992; Hobart, 1993). While there is an acknowledged problem with such small numbers, there is also certainty invested in these same numbers in creating the threat of AIDS.

As is the case with most other areas of development, the HIV statistic has become crucial in understanding what is happening. The statistic, and in particular statistical projections, have helped turn what could be argued as an impending epidemic into an epidemic. Statistics about particular ‘risk groups’ have raised public consciousness concerning where the threat lies. Statistics have helped to identify and reinforce the epicentre of the

32 The demographic impact of AIDS in Vietnam is yet to be established. The impact of AIDS on mortality, life expectancy and population growth, which is being measured in other developing countries, has yet to be calculated for Vietnam.
epidemic through the two ‘vectors’: intravenous drug users and sex workers.

Making statistics in Vietnam, as is the case in many other developing countries, raises many questions, the most obvious being: who is tested and who is not? The problems associated with testing, such as confidentiality and representation, are rarely reflected in the many tables that help create the threat of HIV and AIDS in most government and development reports. The statistic is usually the first piece of information at the beginning of a report and often the first piece of information sought out to help distill what is a complex situation down to a snap-shot. In countries such as Vietnam, where minimal social research has been undertaken, the statistic is often elevated to a much higher position of authority. As Treichler (1989, 49) states: "given its historical mission, statistical analysis, not unexpectedly, is widely seen as the most powerful way to understand the latest incarnation for the ‘darkly unknowable’ AIDS in the Third World."

The epidemiologist often leads the developer, not only in setting out the facts but also in setting the research agenda. The development expert working in HIV prevention is just as comfortable with the statistic as the epidemiologist. In many cases, the developer has had to rely solely upon the statistic, allowing the epidemic to be cast in what Escobar (1984:387) calls the ‘neutral realm of science’. Identities are created through these numbers, which are interpreted and reinterpreted as further information becomes available. The list of indicators: sex worker, blood donor, age, gender, etc. is long and continues to increase as more research is undertaken. Numbers reinforce what the expert believes to be a complex and even at times contradictory reality. As in other areas of development, the formula is a simple one: the more statistics, the better.

The official position on testing for HIV, which is carried out in all provinces, is only to identify individuals who are HIV positive or who are suffering
from AIDS so that treatment and care can be provided. Government policy states that individuals who present themselves at medical facilities with a range of symptoms (specified by the Ministry of Health to be associated with HIV/AIDS), common HIV/AIDS opportunistic diseases or who are suspected to engage in what is understood to be risky behaviour will be tested by a physician. The policy stipulates that testing will only be conducted if the appropriate equipment is available and if the individual consents to being tested. However, more often than not, people are unaware that they have been tested.

Testing began in 1987 and has increased annually. By 1993 more than 166,000 tests had been conducted; 222,000 in 1994; 272,000 in 1995; and 416,000 tests in 1996 (Chung A, et al, 1998, 44). The sentinel system is still being developed. No one, it seems, gives much credence to the low ‘official’ government figures. The ‘truth’, as seen by development workers and unofficially endorsed by Vietnamese government officials in 1996, was an infection level that was closer to the WHO estimated figure of 100,000.

Knowledge made from these statistics rarely reflects the limitations of techniques used to collect the data. Results are misleading due to the small sample size, low prevalence rates and, most importantly, due to the over emphasis on ‘artificial’ sites for testing such as rehabilitation centres for the main ‘vectors’: drug users and sex workers. In the early days of Vietnam’s epidemic, when statistics were unavailable or incomplete, global and regional statistics were often included in development and government reports to help make the necessary point (UNDP, 1994a; Le Dien Hong, 1992).

Data on HIV/AIDS infections in Vietnam continues to rely on two methods of collection: sentinel surveillance and case detection. The sentinel surveillance program was set up to estimate the incidence, prevalence and distribution of HIV infections in specific population groups. Results from the surveillance program are still used to help establish trends in HIV
infection. In 1994, just ten provinces were used for sentinel surveillance; by 1996, there were 20 sentinel surveillance programmes operating in selected provinces throughout the country. This method of surveillance involves systematic testing of 'target groups', such as intravenous drug users, and commercial sex workers. Testing is carried out twice a year in March and September. The HIV surveillance sub-committee aims to take 400 samples per population group, although a sample size of 250 per year is accepted for 'high risk groups'. Surveillance is carried out over an eight-week period. In 1995 surveillance focused on six population groups: female commercial sex workers, intravenous drug users, sexually transmitted disease (STI) patients, tuberculosis patients, new blood donor recruits and pregnant women. In 1996, the number of surveillance population groups increased to include 'massage girls' and military recruits. Locales for testing included: provincial centres for hygiene and epidemiology, clinics for dermatology and venereology, re-education centres, massage parlours, drug treatment centres, TB hospitals and obstetric hospitals or prenatal clinics.

The second method of data collection is case detection, which is carried out through all levels of health services in Vietnam. It involves mandatory testing of persons suspected of being HIV-positive and voluntary testing when people request to be tested. Provincial testing takes place at: centres for hygiene and epidemiology, hospitals, centres of dermatology and venereology, STD clinics, obstetric departments of hospitals, re-education centres, rehabilitation centres, and blood transfusion centres.

It is apparent that in the evolving response to the threat of HIV in Vietnam, statistics reinforced the categories and definitions that had already been

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33 In 1994, there were ten 'sentinel provinces' increasing to 12 provinces in 1995. There are still 20 sentinel sites operating in Vietnam in 2002.
34 ELISA testing technique is carried out in all of the 20 sentinel surveillance provinces. SERODIA, ELISA and Western Blot methods can be performed at the two reference laboratories plus the Nha Trang Pasteur Institute. Testing strategy II is followed which re-tests the original positive sample using an alternative testing technique.
35 Often conflated as the same: 'dermatology' clinics function as venereology clinics in order for people to avoid the stigma of being seen to enter an STD clinic.
concretised in descriptions of the disease elsewhere. These very same statistics continued to direct attention and responses to the disease in specific ways by being the basis for the future projections about its trajectory.

Making Estimates and Projections

Projections have played a major part in the threat of HIV/AIDS in Vietnam. A major contributing factor for the emphasis on projections has been the need to demonstrate that the future infection levels could be devastating for Vietnam. The categories also set out who are the innocent and the guilty.

In May 1996, the Vietnamese Ministry of Health released estimates and projections for HIV and AIDS in Vietnam. It was estimated that there were approximately 59,281 Vietnamese people infected with HIV and 2,612 cumulative AIDS cases. UNAIDS also estimated at this time that only 10% of people currently infected with HIV throughout the Third World were aware of their status. The reason given for such a low awareness was directly related to the paucity of reporting. At this time, WHO estimated that only 11% of all cases in Vietnam were reported in 1995 (WHO, 1996). Such a low awareness level is thought to have had significant consequences on a society’s consciousness.

In 1995, during a workshop on Drug Abuse and HIV Infection in Vietnam, the Vice Chairman of the National AIDS Committee, Professor Le Dien Hong (1995), presented a set of estimates showing what he termed the ‘real’ figures most likely for 1993 along with predictions for a number of categories of people considered to be at risk for the year 2000. At this time, it was thought that the ‘real’ HIV figures for 1993 were more like 11,000 to 15,000, in contrast to the 1,148 HIV cases that had been detected. It was predicted also that by the year 2000 the number of HIV cases would increase dramatically to between 200,000 and 350,000. The
‘target group’ thought to suffer the greatest increase was the sex worker (refer table 2), with the number to be infected projected to increase from 1,500 in 1993 to between 100,000 and 200,000 in only seven years. Also of note was the inclusion of the category gay. The gay category was also to experience a significant increase from an estimated 360 cases in 1993 to between 12,000 and 24,000 by the year 2000. However, this category has not managed to remain a ‘target group’. Professor Chung A, who replace Professor Le Dien Hong commented that homosexuality was not a problem for Vietnam as “[t]here are extremely few gays in Vietnam, and police have the situation well under control” (quoted in Hoan Nam and Le Thuy, 1999, 27).

Table 2: HIV Infection by Categories for 1993 and Estimates for 2000

<table>
<thead>
<tr>
<th>Category</th>
<th>1993</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case of HIV infection</td>
<td>11,000-15,000</td>
<td>200,000-350,000</td>
</tr>
<tr>
<td>IDU</td>
<td>9,000-13,000</td>
<td>50,000</td>
</tr>
<tr>
<td>Sex Workers</td>
<td>1,500</td>
<td>100,000-200,000</td>
</tr>
<tr>
<td>Gay</td>
<td>360</td>
<td>12,000-24,000</td>
</tr>
<tr>
<td>Women</td>
<td>&lt;100</td>
<td>30,000-60,000</td>
</tr>
<tr>
<td>Children</td>
<td>0</td>
<td>10,000-20,000</td>
</tr>
<tr>
<td>Ratio of sex (male/female)</td>
<td>8:1</td>
<td>1:3</td>
</tr>
</tbody>
</table>

Source: Le Dien Hong (1995)

The popular belief held by foreign development workers in Vietnam during 1996-1998 was that the number of HIV positive people in Vietnam was close to 100,000. As already stated, this estimate was much higher than official estimates made by Vietnamese government officials who estimated the number infected to be closer to 34,000. This difference between official and unofficial projections is not surprising given that the number of people detected with HIV is still very low and the first detected case of HIV was recorded only in 1990.

One significant trend in Vietnam’s story of HIV statistics over recent years has been the scaling back of the 1994 WHO projection of infections, where
it was estimated that the rate of infection would reach 570,000 by the year 1998. The projections released by the Vietnamese Ministry of Health in May 1996 were the first ever projections released by the Vietnamese government. In the past, projections had been modelled by WHO. It was estimated that there would be approximately 350,000 HIV infections by the year 2000. These projections were later revised down in 1998 whereby the cumulative number of HIV infections would only reach about 135,000-160,000 by the year 2000. Of these, 14,000-21,000 people are expected to develop AIDS and 10,000-15,000 are expected to have died of AIDS.

Two months before I began my fieldwork, the Ministry of Health had produced and, more importantly, published the first set of official Vietnamese projections of HIV/AIDS cases (refer table 1). In the past, the only projections available to Vietnam were those made by WHO, the global health body. The international development community saw the publication of these projections as a significant step in recognising the threat of AIDS. As seen from table 1, it was estimated that the number of HIV cases would reach approximately 350,000 by the year 2000.

Before leaving Australia to begin my fieldwork, I was asked by the Country Director of the NGO I was to work for if I would be interested in finding a way of expanding recently released projections from the Ministry of Health and demonstrating the economic costs associated with the projections. The letter I received stated:

This is a very important document as it is the first real attempt to move away from case detection to projections. Can you access any good economic models which allow us to cost these figures? (Correspondence, 25 June 1996)

Upon arriving in Hanoi, the different options to expand these projections were explored. These projections, the Country Director stated, “gave for the first time a realistic indication of what the level of infection could be by

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the year 2000. The potential of these figures was explained to me in the following way: "It is an important document because the Vietnamese government owns it. These projections will be crucial in getting the Vietnamese government to increase its commitment towards responding to the spread of HIV/AIDS. The financial commitment and political will of the Vietnamese government was in question by many of the international nongovernmental organisations. The NGO I was sponsored by wanted to expand these figures in order to estimate direct and indirect costs that the Vietnamese government could face in the near future. Unlike other countries where HIV/AIDS had been a reality for much longer, costing the epidemic in Vietnam had yet to occur. The problem for the development organisation seemed clear enough. Because the figures were too small and remained too small even up until the year 2000, no meaningful results showing economic costs could be calculated. My job was to get the Ministry of Health to expand these projected estimates by at least another five years to 2005, by which time the number of infected people would be much greater, thereby allowing for some type of cost-benefit analysis to be carried out.

The aim of the development organisation was to extend the projections far enough into the future so that the estimated number of infected people would signal a significant crisis. As WHO points out: "Both estimated prevalence and projections can serve as powerful means to alert decision-makers to the challenges facing country STD/HIV/AIDS programmes" (WHO, 1996). Prompting the Vietnamese government to acknowledge that significant increases were most likely - a scenario seen as almost inevitable by many of the development organisations working in Vietnam - would help secure greater funding and commitment from the Vietnamese government for the future, while also reinforcing the need for continued foreign development assistance towards Vietnam.

37 Notes from meeting, Hanoi, September 9th, 1996.
38 Notes from meeting, Hanoi, September 9th, 1996.
The Ministry of Health did not want to or could not assist me in extending the projections beyond the five-year period. Although the offer of extending the projections to the year 2001 was made, extending the projections by only one year would not create enough of a threat. The danger in pushing the projections out as far as 2005 were never discussed in relation to the previous WHO projections, which had been dramatically scaled back. The uncertainties associated with statistics and with projections were never questioned by the NGO.

I have revealed here the very conscious ways in which the international development community manufactured the HIV epidemic in Vietnam in order to galvanise the support of the government. Intense effort was directed into maximising the impact of statistics to alarm officials enough that they might direct their energies to the prevention of HIV in Vietnam. In spite of the government’s initial quick response to HIV in Vietnam in the early 1990s the international organisations involved in HIV work felt more the government had not acted in a decisive enough way. The tenuous link between the ‘reality’ of the disease and its description and mapping was made even more insubstantial as different organisations attempted to project into the future about the impact of the disease.

In the above sections, I have briefly outlined the historical trajectory of the construction of the HIV epidemic in Vietnam. Let me turn now to an exploration of the conjunctures between the virus itself and the organisation of responses to it.
There is now a well-documented history of the virus. We know that AIDS is caused from the infection of a retrovirus (HIV), which attacks the body’s immune system. We also understand that the virus destroys the immune system by binding with two types of CD4 bearing cells: CD4+ and T-cells and to a lesser extent, macrophages. These cells are crucial to the functioning of the immune system. AIDS manifests itself once the immune system is unable to protect the body against common diseases that normally would not be life threatening. The battle between HIV and the immune system has been categorised into three general stages. The first stage, known as the acute stage, begins at the time of infection and lasts until the body’s initial immune response gains control over viral replication. This process usually takes a few weeks from the time of infection. The CD4+ and T-cells drop dramatically in number and it is common during this time to experience flu like symptoms, which usually disappear within three weeks as the CD4+ and T-cell count increases. The disease then enters the second stage that is generally asymptomatic and accounts for about 80% of the time from infection to death. Most HIV-positive people remain clinically healthy during this stage while the immune system wages a relentless struggle against the virus. The final stage of the infection is categorised as AIDS, which is marked by the diminishing levels of CD4+ and T-cells to around 200 per cubic millimetre of blood. With the decline in levels, the individual becomes susceptible to opportunistic infections and other illnesses such as tuberculosis and pneumococcal disease (Mann et al, 1992).

In much of the literature, the idea that AIDS could be culturally constructed is thought to be ridiculous. Most people accept the notion that the virus is a single, stable entity with an underlying biological reality. Many also recognise that different cultures assign different meanings rather than the more radical view that everything we know about reality is ultimately a cultural construction. How culture determines the form in which reality of
the virus is constructed has gained attention through the work of scholars such as Paula Treichler (1992), Cindy Patton (1990, 1994), Jamie Feldman (1995) and Simon Watney (1994). I argue, along with these scholars, that what people say of and believe about the virus is mediated through symbolic constructions of the virus. Through the work of Feldman and Treichler, we see how culture determines the form in which the reality of the virus is constructed. Their point, as Treichler (1992, 75) puts it, is that: "[a] virus, -any virus- is a constructed entity, a representation, whose legitimacy is established and legitimized through a whole series of operations and representations, all highly stylized." Taking such a position does not deny the existence of the virus. In her work, Plague Doctors (1995), Jamie Feldman draws on her anthropological and medical background to challenge the assumption that biomedicine is uniform across the western world by arguing that medical communities, as is the case with all communities, construct their models of AIDS through discourse and practice. Feldman explores how the medical communities in both USA and France construct AIDS by a variety of techniques to make AIDS a knowable disease which is reshaped at every medical encounter.

HIV is part of the material world. The reality of the virus is experienced, interpreted and confronted in multiple ways by human experience. HIV and AIDS is understood in Vietnam, as is the case elsewhere in the world, through constructions continuously fashioned by active participants, both local and global actors who form interpretations within social and historical contexts that are constantly contested and temporal. The production of knowledge about the epidemic in Vietnam is embedded in social processes that reflect differences of power, authority and legitimacy.

To argue that the HIV epidemic in Vietnam is a cultural construct does not deny that HIV is out there in the material world, but it does purport that there is an ongoing interaction between the physical and the cultural worlds in which each is influenced by the other. What we know of the HIV epidemic has been shaped by things in the world such as practices,
behaviour, experiences, relations, substances, policies, plans or money. Classifying people as sex workers or drug users, then constructing them as central vectors of the virus, involves an assortment of practices and the ideas. Classifications are the product of social events, of legislation and of the activities of the people involved.

To argue that the epidemic is socially constructed not only requires an identification of exactly what is being constructed but also a consciousness of the interactions which are taking place within networks of relations, resources and meanings. Interpretations of the epidemic are constantly contested and temporal, existing within social, political, geographical and historical contexts. To argue that the epidemic is socially constructed requires understandings of risk, identity, morality, gender relations, inequalities, poverty, need, and the institutional production of social reality and all that is taken to be fact. It is here that development thinking and practice are drawn upon. Social constructionism has its roots in the phenomenological and sociological perspectives of Mannheim (1952), Berger and Luckmann (1966) and Schutz (1967). For these theorists, the world as we know it is determined neither by reality nor by the perceiving mind but by the product of their interaction. All knowledge is indirect and partial. An object becomes clearer with the systematic and cumulative analysis of different ways of seeing it. Social constructionism is about understanding processes of social interaction and negotiation, power relations and the co-production of knowledge. It involves everyday practice, language games, large-scale institutional frameworks, and resources. For sociologist Norman Long (2001), social constructionism is concerned with understanding the processes by which specific actors and networks of actors engage with and co-produce their own (inter)personal and collective social worlds. This is not simply achieved on the basis of reworking existing cultural repertoires, or language and learned behaviour, but also through the many ways people improvise and experiment with ‘old’ and ‘new’ elements and experiences, and react, consciously or otherwise, to the circumstances they encounter.
The creation of multiple realities and, in this case, understandings of HIV and AIDS occur through medical, developmental and moral discourses and through the range of actions and beliefs of different local and global actors. Development workers, government officials, epidemiologists, peer educators, counsellors, health workers, and the media each make interpretations and promote particular models about the epidemic. Debates and even conflict between these different groups occurs over matters such as mandatory testing and discrimination, or perceptions about sex workers and drug users being promoted as the main vectors in the epidemic. Contending factions divulge disjunctures in the HIV/AIDS narrative, reminding us that not everyone is on the same side fighting for a common cause and a common enemy. As Gagnon (1992, 32) points out there are cleavages between:

The pharmaceutical houses versus the third party payers and the patients, one virology laboratory pitted against another in a race for publication, the sociologist who wanted a grant versus the physician who had the grant, those in on the ground floor versus the new contenders, the women and African Americans and Latino Americans against 'white-middle class gay men,' the Third World against the First, the sick against the well.

It is through different representations of the virus that the virus becomes knowable. Language is often dismissed as problematic in what is frequently considered a 'scientific' story about a disease. Language is thought to cover and hide what is there. As Treichler (1989, 33) argues, there is the view that "science can somehow be combined with 'accurate information' and 'clear communication' to strip AIDS of its politics, its metaphors, its terrifying murkiness, in short its entire connotative life, and at last reveal it as it is, an infectious disease and nothing more." Treichler (1989, 36) goes on to say:

To believe that information and communication about AIDS will separate fact from fiction and reality from metaphor is to suppress the linguistic complexity of everyday life. Further, to inform is also to perform; to communicate is also to construct and interpret. Information does not simply exist, it issues from and in turn
sustains a way of looking at and behaving toward the world; it shapes programmatic agendas and determines capital investments.

The HIV epidemic in Vietnam was taken for granted soon after the first case of HIV was identified. Due to the sharp rise in the number of people identified as HIV-positive in 1993, and given the acquired knowledge about how the virus had spread in other countries, it was assumed that with the epidemic began with the arrival of the virus. With this knowledge came the view of the acceptance that the epidemic was inevitable. To argue that the epidemic (not the virus) is socially constructed, one must not only be clear about what exactly is constructed but also how these different constructs interact with each other (Hacking, 1999). My aim is not to criticise and change the responses to HIV, but rather to make apparent the processes of its construction. Here I follow Hacking (1999, 7) who states that one of the main uses of social constructionism is to raise consciousness.

The Argument

The challenge for the Vietnamese government, in ‘partnership’ with the international HIV/AIDS prevention groups and development community, has been to create HIV and AIDS as a problem and threat to Vietnam. This thesis examines how the epidemic has been made into both a problem and a threat through a complex, and at times, contradictory assortment of discourses and practices during a period of significant social, economic and political change. I argue that the HIV/AIDS epidemic in Vietnam was never inevitable. The epidemic was brought into existence and shaped by culturally defined social events, forces, history, all of which could have been different. Simply put, the HIV epidemic in Vietnam did not need to be as it is.

While acknowledging the important and influential role played by the scientific community in defining and explaining the Vietnamese HIV epidemic, I argue that the generally (perhaps globally) accepted
understanding of HIV and AIDS as a health issue has been overshadowed in Vietnam by HIV and AIDS as a development and a moral issue. Jonathon Mann’s (Mann et al, 1995, xxxiii) comment about HIV is central to this study, whereby he said: “How a problem is defined determines what will be done about it.” How the epidemic is defined and who defines it is significant for how the response and how meanings of the virus have been manifested throughout Vietnam over the past decade. As Cindy Patton (1990, 2) also states about understanding the AIDS epidemic, “Any framework offered for understanding ‘the AIDS epidemic’ is laden with historical references and assumptions which relate our lived experience to particular social institutions.” The culmination of these discourses and practices particular to Vietnam’s experience with HIV and AIDS in the 1990s has created a range of narratives. The many practices and ideas helping to shape and reshape the HIV and AIDS narratives in Vietnam are, I argue, embedded in the following locally and globally based discourses and associated practices:

- The social history of AIDS as a new global disease
- The bio-medical dominance of HIV and AIDS on a global level
- Development practice and thinking
- Vietnam’s efforts to modernise and industrialise
- Vietnam’s fight against social evils

This thesis is concerned predominately with the last three of these discourses and practices. To argue that HIV and AIDS have been shaped and reshaped through a series of local and global discourses is certainly nothing new. In addition, how a country’s experience with HIV is located within global knowledges of HIV and AIDS is not a novel question for medical anthropologists. Few AIDS experts would dispute the fact that there is not one dominant totalising Vietnamese AIDS discourse, but rather a range of discourses.
This thesis is not about how the virus has been interpreted and constructed in Vietnam but about how the HIV epidemic in Vietnam has been formed from a range of material and non-material components and from actions and perceptions. It is about how a range of factors operating within networks of relations, resources and meanings have helped to form what we understand to be the epidemic. These interpretations of the epidemic exist within social, political, geographical and historical contexts, and it is here that development practice, and development thinking play a crucial role.

While I take the view that HIV is a natural entity, I also argue that the virus is experienced and represented in different ways throughout the world as shown by ethnographic studies that have emerged during the 1990s (Farmer, 1992, 1999). Cultural acts determine the form in which reality is constructed. The work of Paula Treichler (1989, 1992), and Cindy Patton (1990) have contributed to such a debate by exploring HIV and AIDS as a complex social and cultural narrative. These works have shown us that to understand the conceptual and material complexity of HIV and AIDS throughout the developing world one needs to understand the discursive dimensions of development and how these discourses inform and create HIV and AIDS epidemic. This thesis continues their work by exploring the epidemic as a social and cultural construction at a unique time in Vietnam’s development.

Through a range of professional and institutional practices, knowledges and truths about the HIV epidemic are produced. Chapter 2 provides a theoretical background for understanding the formation of these HIV narratives in Vietnam through the workings of development, arguing that the development process consists of a set of activities, relationships and exchanges as well as ideas. A critical view of development is taken by drawing on the 1990 post-development movement and particularly through what Escobar offers in his work, which deconstructs the discourses of development. While accepting that development draws upon a collection
of historically and culturally produced concepts, care needs to be taken not to fall into the trap that there is an all-encompassing development gaze. How these institutions, practices and ideas associated with development shape and reshape the story of HIV in Vietnam is explored by turning its attention towards the developers. Recent critiques of development thinking and practice have tended to polarise the local from the global, when in fact the relationship is far more complicated. Chapter 2 provides insights into some of the unique experiences of the HIV development community, showing that the developers are not always the ones endowed with power.

Chapter 3 then moves on to place elements of this critique within the context of Vietnam during the 1990s. A range of development concepts and tools that have become the foundation of what is often considered a single ‘development discourse’ are deconstructed. My aim is not to argue that the development work currently being played out in Vietnam is misplaced, wrong or inappropriate, but to show how a range of development practices concerned with HIV/AIDS prevention are created through various development discourses. This chapter also shows that mainstream development thinking and practice, which is usually labeled as a modernisation approach that successfully incorporates alternative development approaches, is alive and well in Vietnam.

In chapter 4, I turn to how the problem of HIV and AIDS in Vietnam has been created. I argue that HIV and AIDS have been created through discourses and practices of development and a range of locally produced discourses of morality which are under threat of globalising forces; development being a major external force. I explore the link between HIV, AIDS and development, which has grown out of the claim that HIV and AIDS is much more than a health problem. HIV and AIDS are ‘development problems’ with the potential to threaten and even reverse many of the achievements that have been made over the past five development decades. Specifically, this chapter asks: How have the
various discourses, and in particular the discourses of development as a way of thinking and as a practice, helped to create what we have come to know about HIV/AIDS in the developing world, and in this instance in Vietnam? The aim here is to question that which has been taken for granted over the past decade of work on HIV and AIDS in non-industrial societies, focusing on a range of hidden assumptions bound up with development thinking and practice.

Chapter 4 also explores how HIV and AIDS interact with what we have come to understand as ‘development’. It explores how development creates, through its paradigms, policies, institutions and diverse cast of experts, the problem of HIV and AIDS in Vietnam. As shown in chapters 2 and 3, discourses of development have been subjected to critical analysis during the 1990s, forcing us to recognise hidden assumptions in development’s concepts and tools. Statistics, scientific predictions and modelling, development reports, social and medical research, local and international media, global health reports, international and national conferences, UN development policy, international NGOs, the National AIDS Committee and the supporting National AIDS Bureau, the Party, along with the assistance of the many international experts, have all played a role in shaping the story of HIV and AIDS in Vietnam. Key concepts that have helped frame what we understand development to be over the past five development decades, are also at work in framing HIV and AIDS as a development problem. Guided by the development experts in the use of concepts such as poverty, need, progress, statistics, and ignorance - which are all vital in understanding what development has come to mean - the subjects of development have been fixed, for example, HIV positive women are either innocent wives or immoral prostitutes.

To assist in understanding the story of HIV in Vietnam one needs to look further than the collection of development discourses. There are numerous other discourses operating, such as those on sexuality, social evils, and the role of the family in a modernising Vietnam. Each of these
discourses, which have become more prominent since the introduction of 'doi moi' or 'economic renovation' in 1986, have supported and clashed with the discourses of development but ultimately contributed towards creating the problem of HIV and AIDS in Vietnam. Chapter 5 continues to focus on what it means for HIV/AIDS to be a social and cultural construct by exploring how understandings of morality in Vietnam and in particular the fight against 'social evils' has helped to shape the problem of HIV/AIDS in Vietnam.

Chapters 6 focuses once again on the development worker as a social researcher and 'outsider' and the role the expert plays in producing knowledge. The development expert has become a conduit for a range of cultural flows based on ideas and techniques used in other times and places. The global response is far more complicated than development workers implementing internationally accepted best practice.

The most prominent approach to HIV and AIDS prevention work is behaviour change. Such an approach, which has its roots in social engineering, has been central to Vietnam’s socialist development policies for decades. Chapter 7 explores some of the Information, Education and Communication (IEC) programmes employed by international development organisations and Vietnamese authorities in response to the epidemic. These programmes focus overwhelmingly on changing people’s behaviours, not through the introduction of restrictive laws that actively police people’s behaviour, but through the management and discipline of the population by promoting self-regulating and active subjects. One of the goals of HIV prevention work is to create responsible and caring people. This requires assistance and coercion, which employs a power that is positive – a power that creates. The response to the epidemic can be seen as an example of biopolitics whereby individuals are molded into responsible and caring subjects. However, these positive forces never

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39 Economic reform, known in Vietnam as doi moi or ‘renovation officially began in 1986 at the sixth Communist Party Congress. The aim of the reforms was to reorient the Vietnamese economy from a central plan to an economy that was largely market based.
operate solely within the guidelines that it sets for itself. There is a far greater effect upon its subjects than is widely acknowledged.

What is clear is that development work in the area of HIV prevention is not straightforward. HIV is not obvious; it is not on display throughout Vietnam, presenting itself as other development problems such as malnutrition and poverty do. One of the jobs of the development apparatus in Vietnam has been to bring HIV out into the open. This has required certain behaviours to be problematised. People have had to be convinced that the virus is spreading throughout the country. Government officials from Hanoi all the way down to local provincial level officials have also had to be convinced of the growing threat of HIV and what it means for Vietnam's future development. The threat of HIV has also required the development apparatus to promote new behaviours and new ways of thinking. The development expert has played a crucial role in this process. It is to them I now turn.
Chapter 2

Ideas and Practices of HIV Development Work in Vietnam

Introduction

Development institutions and experts, with their practices and ideas, play an important role in shaping the story of HIV and AIDS in Vietnam. This chapter begins by setting out a definition of development. It seeks to show how, in recent years, development orthodoxies have been challenged to produce new ways to think about development. Since the 1980s these new ways of thinking, often referred to as alternative development approaches and even as alternatives to development, have gone beyond understanding development in its traditional power structure, established through imperial and neo-colonial interests. Many of these new works, which have been loosely labelled as ‘post-development’, explore how discourses govern the process of development. Through the work of the post-developmentalist, such as Sachs (*et al*., 1992) and Escobar (1995) insights are given into how development practice draws on a set of discourses that have dominated the development scene since WWII. While their work has been helpful in showing how fields of knowledge and expertise construct and order the world and different groups within it, they tend to fall into the trap of seeing development as an ethnocentric exercise which is dominated by what Escobar calls an all encompassing ‘development gaze’.

Development is not only about discourse, but also about material things – money, relationships and negotiating the everyday realities of doing development work. I argue here that although on one level the process of development may function hegemonically, development is also created and recreated by multiple agents who often have very different understandings of what they do. It is around this belief that this chapter attempts to explore how
practices and ideas of development help to shape the story of HIV and AIDS in Vietnam.

Traditionally, anthropological work in development has tended to focus more on the subjects of development than the developers, with limited attention given to the realities within which development workers act and make decisions (Apthorpe and Krahl 1987). Insights that have been made have usually been framed through biographies, or disillusioned stories of the development industry, as seen in Leonard Frank’s cynical story: The Development Game (1997), or Graham Hancock’s disheartening account of the aid industry: Lords of Poverty: The Power, Prestige, and Corruption of the International Aid Business (1989). What has also emerged over the past five decades is a blurring between the emergency development worker, who has gained hero status in the post-colonial era, and the more ‘long term’ development worker. This blurring has resulted in the generic ‘aid worker’, who is portrayed as the technical expert, helper, adventurer, or the more negative image of misfit, missionary or ‘bad Samaritan’. Present within many of these images is that of the aid worker as ‘outsider’ who possesses power, authority, and knowledge and provides help to those in need. By using the words of the development workers this chapter shows that the relationship between the local and the global, as manifested in the development process, is far more complicated than is often presented by post-developmentalists like Escobar (1995). Development is not always a top-down process with the world neatly divided into those who develop and those who are the subjects of development.

Assumptions of Development

Development has its roots in colonialism and in nineteenth century notions of progress and ideas of Western modernity. Meanings of development have for the most part continued to be produced within a Western cultural setting.
and have more often than not been thought of as natural processes rather than cultural constructs. Development is not only a process but also the result of the actions of states, organisations and individuals with a clear intent (Cowen and Shenton, 1996). It is a process, which consists of conscious acts that are not inevitable (Hacking, 1999). The ideas that dominate development debates have grown from a time when Self and Other, East and West seemed clearly opposed and separate. It was also a time when boundaries appeared more stable. Even though the aim for the development expert was to bring about planned change, knowing the Other was not considered necessary, nor were their secrets sought after.

Although definitions and meanings of development have been contested and negotiated over the decades, there are two distinct meanings of development that stand out in the development literature. On the one hand, development means the process of transition or change towards a modern, capitalist, industrial economy: a transformation from the simple to the complex, or from the traditional to the modern with an underlying belief that the Third World can in due course catch up to the First. For those advocating what is often labelled a modernisation approach, the intent has been to keep the Third World open to all the good things that flow from the West: trade, culture, science, technology, investment and education. As the following chapter shows, Vietnam’s recent efforts at encouraging development have been represented by both international development organisations and the Vietnamese government by examples of modernisation and industrialisation in an effort to ‘catch up’ with neighbouring countries believed to be further down the road of development.

Alternatively, development is also characterised in terms of ‘quality of life’ and ‘standard of living’. The aim of development is to reduce, and if possible even eliminate poverty. Development is realised not in terms of time but as an activity, a social program and a crusade against poverty. Both liberals and
development bureaucrats often equate modernisation with the elimination or alleviation of poverty (Ferguson, 1990). Development projects are thought to simply bring development about, and Vietnam is no exception. For those who align themselves more with the radical camp of neo-Marxism, these two notions of development do differ, mainly because capitalist development is often thought to be the cause of poverty and is seldom in the interest of the poor.

The modernist project of development, which encompasses both a conservative and a radical approach, has remained fundamentally unchanged over the past five decades. The development industry still presents itself as divided between the liberals and the radicals. The liberals tend to see development planning and development agencies as part of a great collective effort to fight poverty and raise standards of living while also advancing progress. Material progress and improved living standards have remained central to development. The development apparatus is seen as a procedure, or as Ferguson (1990, 10) puts it, "a practical tool for the solution of universal problems", which is at the disposal of the development expert, who must seek out good advice to ensure successful development.

In contrast to the liberal view, there is a radical critique of development institutions, which is often associated with neo-Marxism and dependency theory. Essentially, the radicals are wary of the First World, and view development assistance more as interference, disguising itself as a form of help or an act of altruism (Gronemeyer, 1992, 53). For these people there is nothing innocent about helping. Development projects are seen to be neo-colonialist tool, which either do not accomplish their objectives or cause unwanted side effects. Despite the obvious differences between these paradigms, they appear to share common ground over the end goals of development (Manzo, 1991). Not only is there a common ground but, as Ferguson (1990, 13) writes, one cannot help but be "doubly dissatisfied – with
the liberals, whose only concern seems to be with directing or reforming an institution whose fundamental beneficence they take as given – and with the neo-Marxists, who seem satisfied to establish that the institutions of ‘development’ are part of a fundamentally imperialistic relation between center and periphery and take the matter to be thus settled."

**Questioning Development**

By the mid-1980s, a crisis within development thinking came to be acknowledged at a number of different levels both theoretical and empirical. At its most basic level, the crisis emerged from development’s failure to reduce absolute poverty in the face of increased affluence, not only between developed and developing nations, but also within developing nations. Many people were worse off after nearly five decades of development. The growing environmental crisis, the demands of global sustainability, and increased recognition of the limits to growth further compounded the problem of development and made room for alternative development approaches and a more eclectic approach to development.

Colin Leys (1996) attributed the problems in development thinking to the fact that there had been significant changes in the ‘real world’. The decades of the 1950s through to the 1970s were seen to be not ‘natural’; but rather artificially controlled through institutions such as the Bretton Woods System. By the mid 1980s development theory was considered outdated, having little impact upon development thinking. The world in which ‘development theory’ was based had all but disappeared significantly changing the original development project.¹ States were no longer in control of development and

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¹ A new theory of development must at least begin by showing why this has happened. The reasons given for this perceived trouble vary. Leys (1996) argues that one of the main reasons is due to the end the regulated system of national economies formalised at Bretton Woods, which underlay the whole idea of development as it was conceived from the 1950’s onwards. The challenge that presented itself in the 1990’s was to identify ways to subordinate ‘the market’ to a new system of international and national regulation.
the internationalisation of capital flows had seen governments become less important (Strange, 1997). Most notably, the geopolitical transformations that took hold in the early 1990s, brought about a 'new world order'.\(^2\) Never before had development theory appeared to be so fragmented - its theories, as Leys (1996, vi) puts it, “no longer interesting or helpful.” For many, an era in development had closed.

For many development practitioners the crisis had been neatly relegated to the confines of development theory, or as Corbridge (1993, 450) comments, “many development activists are minded to dismiss the irrelevancies of development theory in general and of the Marxian vision in particular.”\(^3\) To what degree the crisis in development has been felt beyond academic circles is still debated among development practitioners today (Eyben, 2000). For some, the problems identified by the crisis remain peripheral to most development thinking, particularly when the ‘business’ of development is expanding into new countries and new areas of assistance.

The challenge to development no longer came from alternative development approaches but from the more radical post-development camp. The very concept of development was seen as problematic. At the very least, it was couched in terms synonymous with a meaning of development that came to be used with caution. For some post-developmentalists the crisis in

\(^2\) Francis Fukuyama (1992) had advanced the idea of the end of history at the time when the future of Socialism was thrown into doubt. It is also referred to by Benedict Anderson as ‘the new world disorder’. Anderson (1992) argues that the world is not moving towards order but towards disorder. The recent increase in disorder is due overwhelmingly to the market. See also Jonathan Friedman (1993). Friedman claims that in this era of increasing disorder traditional understandings of ‘entropy and order’ no longer apply to the new global system.

\(^3\) The crisis in development theory was first brought to our attention in 1985 by David Booth’s article *Marxism and Development Sociology: Interpreting the Impasse*. The crisis was seen, by Booth, and by others who responded to Booth’s argument, to rest within the crisis of Marxism and in particular in Marxism’s meta-theoretical commitment to essentialist and economic propositions. The interpretation of the crisis from a Marxist perspective never appeared to threaten development thinking as a whole, unlike future critiques of development: the most far reaching of later critiques coming from the post-development camp. Marxism for many developmentalists would eventually come to be considered dead in the development water.
development was simply intrinsic to modernity itself. Development will never rid itself of this crisis, which can be traced back to the origins of modernity itself (Berman, 1982; Watts, 1995; Cowen and Shenton, 1995).

This recent, and for some, painful journey beyond the modern has helped shift the debate in some development quarters from a liberal vs. radical to a modern vs. post-modern. This has given rise to a group of scholars labelled as post-developmentalists, some of whom have gone as far as talking not about development alternatives, but about a need for an alternative to development, rejecting modernity, and thereby seeing development in Wallerstein's terms as an "illusion not a lodestar" (1988). Sachs (1992, 1) makes the comment in his introduction to *The Development Dictionary* that development for many people has had its day and failed as an idea and as a practice. He wrote:

> The idea of development stands like a ruin in the intellectual landscape. Delusion and disappointment, failure and crimes have been the steady companion of development and they tell a common story: it did not work...development has become outdated...development has grown obsolete.

**Partnerships in Development**

While the crisis was unfolding in development thinking the development apparatus continued to redefine itself through the appropriation and institutionalisation of alternative approaches. As Jan Nederveen Pieterse (1996, 6) states: "yesterday's alternatives are today's institutions." While alternative development thinking has played an important role in altering

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4 This is not to say that polarisation does not still exist. Gardner and Lewis (1996) claim how some development agencies embrace a neo-liberal agenda while others stress empowerment and the importance of indigenous social movements.

5 For example, green thinking has been institutionalised as sustainable development, gender issues have been mainstreamed, capacity development has become central to development approaches and NGOs, once considered fringe players, now provide a popular means to deliver development funding.
development thinking and practice, it has also at times resulted in making development talk more palatable to a range of development interest groups. Partnership, participation, cooperation and people-centred development have all become key terms in mainstream development.

From the late 1980s, there was a shift in mainstream development discourse towards a language of development that underplayed inequalities between First and Third Worlds. It manifested itself as a general movement away from a conception of development as ‘assistance’ towards the understanding of development as ‘cooperation and partnership’. Development talk focused on identifying ways to build a new system for global security. Development organisations began to talk about responsibility, mutual obligation, global governance, even a “people’s development agenda” (Society for International Development (SID), 1991, 1).

Development at the beginning of the 1990s managed to portray itself in a different light. Even though development at this time was still seen as quantifiable and reducible to economics, the rhetoric did change. References to ‘partnership’, ‘global challenges’ and ‘mutual obligations’ became increasingly prominent in the publications of multilateral and bilateral development agencies. A policy statement in the mid 1990s by the OECD declared that the focus of development endeavours to be the fostering of ‘Partnerships in the New Global Context’:

> Our solidarity with the people of all countries causes us to seek to expand the community of interests and values needed to manage the problems that respect no borders – from environmental degradation and migration, to drugs and epidemic diseases. All people are made less secure by the poverty and misery that exists in this world. (OECD, 1996, 1)

With this change in rhetoric, there was the creation of a space for developing countries like Vietnam to assert more control over their integration into the
global economy than previous discourses of development had allowed. Human development and a 'people centred approach' became the focus. We were instructed by global institutions like UNDP that, "Development must...be more than just the expansion of income and wealth. It must focus on people" (UNDP, 1990, 10). The change in focus was helped, in part, along by the Bruntland Commission's report *Our Common Future*, (1987) which brought sustainable development onto the international agenda. Even though the 1980s made it clear that there was no single model for development, with success stories of Southeast Asia on the one hand and stories of maldevelopment in Africa on the other, what was clear was that development not only needed to be sustainable, but also built on partnership.

The loss in credibility of development theory and practice resulted not only in an increasingly eclectic approach to development thinking and practice in the 1990s, but also in a new theoretical direction within development thinking which explores development as discourse.

**Development as Discourse**

A substantial number of critiques of development during the 1990s have explored how development has been "put into discourse." Through the work of Escobar (1991, 1995), Hobart (1993), Sachs (1992), Esteva (1992), Ferguson (1990), Porter (1995) Apthorpe (1996, 1997) and Crush (1995), who have each in various ways deconstructed the development discourse, we have been made aware of what has come to be termed the 'development myth'. A common aim of their work was to 'denaturalise' development thinking and practice, thereby exposing development as a collection of historically and culturally produced concepts. These works, which have helped shape the 1990s development debates, will undoubtedly leave us with a legacy that will forever change the way we think about development.

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6 Foucault, 1976, 11
Of all the development texts of the 1990s, Escobar’s work, *Encountering Development: The Making and Unmaking of the Third World*, (1995) and Sachs’ edited work *The Development Dictionary: A Guide to Knowledge as Power*, (1992), unsettled development thinking the most. Both works have dismantled a range of development concepts that have become the foundation of what has often been considered a single development discourse. It has now been made clear that there is no singular development discourse, despite the fact that the larger and more influential global development institutions promote a particular dominant discourse. Rather it has been made clear that there are multiple discourses of development (Hobart, 1993).

The aim of Sachs’ collection was to expose and begin to dismantle the mental structure that informs our understanding of development. In Sachs’ own words, it was to: “bid farewell to the defunct idea [of development] in order to clear our minds for fresh discoveries” (1992, 1). Many people dismissed this collection of work as heavy-handed, ideologically left, and simply far too extreme to be relevant to the everyday field-realities of the development practitioner, thereby once again exposing the gap between development theory and praxis. (Long and Long, 1992; Grillo and Stirrat, 1997). Without doubt, this collection of work portrayed a disheartening image of development. Despite the flaws in *The Development Dictionary*, its contributors helped clear a space in which a fertile debate about the ‘development myth’ has since begun to unfold. A defining characteristic of the ‘post-developmentalist’ has been their efforts to redefine development by unsettling many of the tenets upon which development rests. This has been done through questioning not only the goals of development but also by questioning many of the assumptions that have been associated with development, for example, planning, poverty, needs, progress and participation. Their aim has been to move the understanding of
‘development’ from a socio-economic endeavour to one that works with a complex interpretation of the role of power.

One issue running through their work is a concern with systems of knowledge and specific constructions of reality. They are interested with how meanings are produced through representations and the role of power in the production of those meanings and ultimately how these meanings come to be accepted as ‘true’. Development, for these people, is clearly not a natural process of uncovering problems and then dealing with them. A major influence on alternative way of thinking about development has been through the work of Foucault. For these scholars, most notably Escobar (1984, 1995), development truths are produced within discourses, which can be identified as a collection of representations producing a system of knowledge. Sets of rules allow statements to be made. Discourse, claims Foucault (1972, 91), consists of “laws of possibility, rules of existence for objects to be named, designated or described within it, and for relations that are affirmed or denied in it.” The practice of development is represented as objective and politically neutral, however areas of knowledge are structured socially, historically and politically. How a representation gains dominance and is able to shape the way reality is imagined and acted upon is due more to the exercise of power within a specific time and place than with the presentation of ‘objective’ realities.

While development as a concept and act of intention has been around for centuries, it is important to acknowledge that the subtle workings of development has, as Escobar argues, operated within a unique discursive field only since 1945. It is from Escobar’s 1984 article on *Discourse and Power in Development* that Foucault’s work on discourse, power and knowledge was first brought to the study of the Third World. In his article, which was a prelude to his book *Encountering Development: The Making and Unmaking of the Third World* (1995), Escobar drew from Foucault’s work
to explore a range of disciplinary and normalising mechanisms. He also demonstrated how a range of discourses, produced by Western countries about Third World countries, worked to dominate the Third World and its people. Escobar’s work forms part of a body of work that has been labelled as anthropology of development, which shows how Third World countries and their peoples have been made into objects of development through the deconstruction of the discourses and the practices of development.

Just as Said (1978) described how the West was able to create the Orient through a range of techniques, Escobar wrote about how the Third World has been ‘invented’ by a Western discourse of development. Escobar’s work also reflected the debates within anthropology in the late 1980s and early 1990s, along with the challenges posed by postcolonial studies, which had begun to question cultural representations of the Third World that had been established in the Western mind over the past five decades. Corbridge (1993, 454) puts it nicely when he states that, the “voices of postmodernism-postcolonialism force us to ask what should be the first question(s) of development studies: what is development? Who says this is what it is? Who is it for? Who aims to direct it, and for whom?” The postcolonial turn has allowed some development scholars, most notably the post-developmentalists, to question in new ways what is meant by development, thereby acknowledging what Said (1989, 216) identified as “the deep, the profoundly perturbed and perturbing question of our relationship to others - other cultures, other states, other histories, other experiences, traditions, peoples, and destinies.”

The representation of subjects as political acts is not unique to the development encounter, having been well documented throughout a range of disciplines, notably cultural studies, comparative literature, cultural geography and anthropology (Rabinow, 1986; Said, 1989; Clifford, 1986; Thomas, 1994; Trinh, 1989). Said’s concern with the politics of representation is important to development studies, for it challenges the foundational logic of the
understanding of development as an act of helping. The implications of the politics of representation have begun to have an impact upon development thinking through the anthropology of development writings Ferguson (1990), Escobar (1991, 1995), Apthorpe (1996, 1997), Grillo and Stirrat (1997). Central to their work is an acknowledgment of the social and political practices that arrange realities, which has helped to create what has come to be known as development knowledge. Development knowledge is based on social constructions, which produce what is often accepted and understood as truths. Taussig (1980, 4) reminds us:

Our experience, our understanding, our explanations - all serve merely to ratify the connections that sustain our sense of reality unless we appreciate the extent to which the basic 'building blocks' of our experience and our sensed reality are not natural but social constructions.

The Development Gaze

Although the problems of development are manifested in everyday material ways, such as poverty, malnutrition or the lack of health care, a range of discourses of development have given rise to a series of practices, which Escobar argues, constitute one of the most powerful mechanisms for framing these problems and ultimately ensuring domination over the Third World. Escobar terms this the “all powerful and present development gaze” consisting of strategies and mechanisms that evolved during the unique post war period to deal with the problem of underdevelopment. During this time a particular discourse of development took hold, which "created an extremely efficient apparatus for producing knowledge about, and the exercise of power over the Third World" (Escobar, 1995, 9). This apparatus continues to produce new arrangements of knowledge and power, new practices, theories, strategies, concepts and so on.
By focusing his attention on discursive practices of development; reports, policies and projects, which have been professionalised and institutionalised, Escobar shows how the development industry has been able to create and promote certain knowledge(s) as truth, and as a consequence, other modes of knowing and seeing the world are displaced and marginalised. The discourse of development manifests itself through institutions and experts. It is here that Escobar turns to Dorothy Smith’s (1987, 1990) explorations into ‘institutional ethnography’ to explore what development institutions do through various practices, including the production of discourses about particular problems.7

"The purpose of institutional ethnography is to unpack the work of institutions and bureaucracies, to train ourselves to see what culturally we have been taught to overlook, namely, the participation of institutional practices in the making of the world" (Escobar, 1995, 113). The aim is to expose and then understand these practices, which are presented as both rational and neutral.

Especially over the past five decades, development has been made possible by the introduction and strengthening of a range of institutions, practices, and most importantly by a range of elements such as; capital, science, technology and education. For these elements to be effective it has been necessary for institutions, agencies and experts to play a greater role in dealing with the other. However, development is not simply the introduction or expansion of these elements, institutions or practices into the Third World. For Escobar, development is the result of the relationships created when all these elements come together, thereby creating a space which allows certain things to be said and imagined. Escobar (1995, 40-41) comments:

7 Bryan Green also draws on Smith’s work in his 1982 work Knowing the Poor. A case study in textual reality construction.
To understand development as a discourse, one must look not at the elements themselves but at the system of relations established among them. It is this system that allows the systematic creation of objects, concepts, and strategies; it determines what can be thought and said. These relations - established between institutions, socioeconomic processes, forms of knowledge, technological factors, and so on - define the conditions under which objects, concepts, theories, and strategies can be incorporated into the discourse. In sum, the system of relations establishes a discursive practice that sets the rules of the game, who can speak, from what points of view, with what authority, and according to what criteria of expertise; it sets the rules that must be followed for this or that problem, theory, or object to emerge and be named, analysed and eventually transformed into a policy or plan.

By deconstructing development thinking and practice a darker side of development has been revealed, exposing its hidden costs. Development's promise of empowerment, emancipation and freedom have been accompanied by means of disciplining and controlling individuals and societies, producing what Foucault terms 'governable subjects.' As Foucault (1979, 222) states: “The 'enlightenment', which discovered the liberties, also invented the disciplines.” Development has been able to “penetrate, integrate, manage and control countries and populations in increasingly detailed and encompassing ways" through the progressive incorporation of problems, the professionalisation of development, and by the institutionalisation of development (Escobar, 1984/85, 388). The professionalisation and institutionalisation of development thinking and practice created an extremely efficient apparatus for producing knowledge about and the exercise of power over the Third World.

Development was preceded by the creation of ‘abnormalities’, which were to be treated and corrected. For problems to be identified, detailed observation was required, information had to be collected, categorised and labelled. The subjects of development were exposed to ‘the development gaze’ and were, like other problems of development, socially constructed prior to the expert’s interaction with them. Escobar (1995, 107) means by social construction ‘the
relation between client and agent is structured by bureaucratic and textual mechanisms that are anterior to their interaction.” The strategy of incorporating problems and needs into the field of development demanded an ever more expanding domain of intervention. Experts helped by removing identified problems from the political realm and placed them in the more ‘neutral realm of science.’ The results of interactions were presented as ‘facts’. Science and technology, seen as neutral and beneficial, play an important role in constructing the story of HIV and AIDS in Vietnam. HIV testing methods, modelling programs, social research techniques and even the introduction of better quality condoms have all been introduced into Vietnam to better understand the threat or to promote a more effective response.

The process of labelling, seen most clearly in target groups, demonstrates the subtleties of the development gaze. However, labels reveal more about the process of authoritative designation and agenda setting than about the characteristics of the labelled. Labelling is a part of all interactions, vital in sorting information and making sense of a situation. Labelling helps us to think about and order our worlds, to create boundaries and stable environments. Without labels, interactions and relationships would be chaotic, unpredictable, inefficient and too expensive for self-management (Wood, 1985). Labelling affects the categories within which we are socialised to act and think. Boundaries are defined which influence thought, behaviour, and ultimately help to create social structure.

How development is understood and the way development policies are formulated and written about requires labels, despite the fact there is little notice of their use. Labelling is pervasive throughout policy and practice of HIV and AIDS prevention work. After decades of using labels associated with risk groups and acknowledging their limitations, these labels have not only persisted but thrived. They are also needed. Without labels, the work of the
development expert would be chaotic, and perhaps even more unpredictable and challenging. The aim, however, should not be to remove labels and categories: “We are all labellers and so the labelled”, but to acknowledge the dangers associated with using them. What should be asked is: “which labels are created, and whose labels prevail to define a whole situation or policy area, under what conditions and with what effects?” (Wood, 1985, 7).

A network of power is created through development institutions from international through to the local level organisations (NGOs, multi and bilateral donors, universities, government departments) creates a network of sites of power. It is largely through this network and system of regulatory controls that people and communities are bound to certain cycles of production, certain behaviours and rationalities. These institutions, along with programs, conferences, fact-finding missions, and consultant services help to form institutional fields where “discourses are produced, recorded, stabilized, modified, and put into circulation” (Escobar, 1995, 46). Together, institutionalisation and professionalisation constitute an apparatus that organises the production of knowledge and the deployment of forms of power, relating one to the other. It is through the action of this network of institutions that people and communities are bound to specific cycles of cultural and economic production and through which certain behaviours and rationalities are promoted.

The HIV Development Agencies in Vietnam

At the beginning of 1996, UNAIDS identified Vietnam as a priority country and opened an office in Hanoi. UNAIDS was given the job of coordinating the various UN organisations, along with identifying and encouraging international best practices, strengthening capacity and promoting advocacy.8

8The United Nations organisations who are members of UNAIDS in Vietnam are (UNICEF), (UNDP), (UNFPA), (UNESCO), (WHO), The World Bank, (UNDCP) and (WFP).
Setting up the office away from the UN compound in a small room amongst Vietnamese government offices on Giang Vo street symbolised for many development workers the primary goal of UNAIDS which was capacity development and that could only be done through creating a meaningful partnership with the National AIDS Bureau. Soon after the office opened UNAIDS began a project, entitled: Strengthening Capacity in Coordination, Planning and Management of HIV/AIDS in Vietnam. As was the mandate in other countries, UNAIDS in Vietnam was established not only to make the UN system work more effectively but also to push, persuade and counsel the Vietnamese government, which meant not only promoting IEC activities, harm reduction programs, and strengthening the capacity of provincial AIDS committees, but nurturing the political will of Vietnamese officials.

Creating partnerships and increasing communication between the recent influx of development organisations and Vietnamese professionals working in the area of HIV prevention was helped along by the HIV/AIDS Action Group, known as HAG meetings. The HAG meetings, chaired by the UNICEF country representative, had begun as a forum for the international development community to meet and discuss issue relating to HIV/AIDS. By June 1996, the meetings, which at this time were held only in Hanoi, extended an invitation to include all Vietnamese working and interested in HIV prevention work. Consequently, the meetings began to attract between 30 and 50 people. By early 1997, as a public demonstration of partnership, the meetings were co-chaired by the country’s UNICEF representative, and the newly appointed vice-chairman of the National AIDS Committee. Later, by mid-1997 these meetings were held every alternate month in Ho Chi Minh City. Moving what was a high profile forum out of Hanoi to the South where most cases of HIV were still being identified, was a significant step for the government in recognising that the answers to fighting the epidemic could not be found only in Hanoi.
In addition to the HAG meetings, a smaller forum, open only to workers of international NGOs, began in Hanoi. This forum, the NGO HIV/AIDS work group, along with the larger and more high profile HAG meetings, helped to build a professional and supportive HIV development community. Development workers met regularly at both forums to discuss a range of issues about HIV relevant to Vietnam. Forums such as these are not common in other areas of development work and did not occur in any other areas of development in Vietnam.

By 1996, a significant international development presence had established itself in Vietnam, with a core group of development agencies working on HIV prevention in Hanoi. This core group of NGOs working on HIV prevention consisted of Australian Red Cross (ARC), CARE International, Population Development International (PDI), Deutsche Gesellschaft fur Technische Zusammenarbeit (GTZ), Save the Children Fund (SCF-UK), Medecins Sans Frontieres-Belgium (MSF-B), DKT International, The Population Council, Path Canada and World Vision International. Their aims were to reduce HIV transmission and minimise the personal and social impact of HIV and AIDS. This was carried out by facilitating behaviour change among those considered at risk and strengthening local capacity so that prevention efforts could be sustained.

CARE International and Save the Children Fund (UK) arrived early on the development scene in Vietnam in 1990 and soon after began projects addressing HIV prevention. Both, with head offices in Hanoi, established regional offices in Ho Chi Minh City, from where their HIV programs operated. Having a regional office in Ho Chi Minh City in the early days of the 1990s

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9Multilateral organisations involved in HIV/AIDS prevention work were UNAIDS, UNDP, UNDCP, UNICEF, World Bank, UNFPA, WHO, and The European Union. The main bilateral agencies are The Australian Agency for International Development (AusAID), Canada Fund, Deutsche Gesellschaft fuer Technische Zusammenarbeit (GTZ) and the Royal Netherlands Embassy.
provided a challenge for both organisations. As Pauline, a development worker in Ho Chi Minh City, comments:

We are not officially allowed to have an office in HCMC. That’s why we don’t have a sign on our gate. We are not allowed to have meetings with more than two people. So, we have social gatherings and use them to talk about work issues. Of course, the authorities know we are here and I think we have a good relationship with them. But, it’s a relationship that we have to keep on developing. It also creates problems on a day-to-day basis. One of the most frustrating things is that we cannot have a car because we can’t insure it.\(^{10}\)

The focus of CARE International’s work through the early 1990s was social and behavioural research.\(^{11}\) From the mid 1990s projects included the production of a TV soap opera, an assertiveness training course for women for sexual negotiation, skills training for incarcerated women and a study tour for doctors to Cambodia. From the early 1990s the Save the Children Fund (UK) HIV prevention program concentrated on Information, Education and Communication (IEC) training and social/behavioural research. By 1996, SCF (UK) was implementing one of the largest international non-government sector projects involving more than 50 community/outreach volunteers which covered 28 sites throughout in Ho Chi Minh City. The program also trained and supported provincial AIDS committees and mass organisations in six provinces.

The overall focus of World Vision’s work since 1992 has been to assist the Quang Nam and Da Nang Provincial AIDS Committee to develop an effective AIDS education and prevention program. Focus was also directed on workshops for senior secondary school and university students. In 1997,

\(^{10}\) Fieldnotes, Hanoi, September, 1996

Australian Red Cross began working in Vietnam in 1995 in partnership with the Vietnamese Red Cross. Unlike CARE and SCF (UK), Australian Red Cross was involved in only one project, which was the development of a participatory training program in youth peer education, care and counselling. Medicins Sans Frontieres-Belgium opened a STD clinic in Nha Trang in November 1995. A Condom Café and an outreach peer education/counselling program were also part of their HIV prevention program. GTZ began its program titled ‘HIV/AIDS/STD Control in Vietnam’ in partnership with the National AIDS Committee in 1995, working to improve STI prevention measures, diagnostic procedures and appropriate therapy in three northern provinces, which later expanded to four northern provinces. Population and Development International (PDI) began working in Vietnam in 1995 with the Vietnam Youth Union with their project, ‘The Youth Health, Family Planning and HIV/AIDS Prevention Project.’ They worked with youth clubs in Hanoi and the northern province of Nghe An. Through different activities the project has worked to integrate AIDS prevention messages into family planning programs.

All the HIV development agencies in Vietnam reflected the wider changes in thinking about development practices that had occurred through the 1980s. All were distinctly collaborative organisations with an ethos of co-operation and partnership. In practice though, the development workers employed by these agencies were the ones called on to negotiate on a daily practice the mutual obligations proposed by the organisations. This offered challenges to any easy generalisation of the organisations as participatory and as representing a community of shared interests and values.
The Development Workers

The ways in which discourses of development are created and how these discourses influence the construction of the object of development is partly the work of the development worker. Like all narratives, those associated with HIV and AIDS are socially constructed, within particular historical and political contexts, which are multiple and fluid. As Long and Villarreal (1993, 159-160) state: "Knowledge is essentially a social construction that results from and is constantly being reshaped by the encounters and discontinuities that emerge at the points of intersections between actors' life-worlds." How HIV is represented as a problem and threat, how research agendas are set and legitimised, needs established and articulated, and how stories and policies emerge, are all in various ways connected to the development worker. Developers play an important part in changing and shaping the lives of those people being developed and in the production of knowledge about HIV prevention.

For those who privilege the workings of discourse in the development process, there is a tendency not to acknowledge that there is more to the process of development than ideas, theories and concepts. Development is also about material objects, and plans, experts, policies, techniques, strategies, relationships, money and institutions all working to bring about deliberately planned change that affect the lives of people in material ways. As Gardner and Lewis (1996, 2) state:

- Development agencies are actual institutions, which affect the world around them and spend billions of dollars a year. Likewise, development plans, workers and policies are all objective entities. We cannot simply will them into non-existence by insisting that they are constructs, however questionable the premises on which they rest may be.
Development may well have discourses which help establish the framework for development practice and these discourses have been a catalyst for development to re-enter Vietnam, but on the ground the situation is more complex and messy. Development workers, both foreigners and locals, are a diverse cast of characters, consisting of: NGO workers, consultants, government bureaucrats, and even the 'odd academic' (Porter 1995). They are self-defined insiders and outsiders who inhabit a variety of organisations: global and local. They are what Watts (1995, 55) calls, “cosmopolitan intellectuals, members of a new tribe.” If they do possess common traits, these are the ability to introduce new ideas and to identify and clarify problems and needs. The development worker plays a pivotal role in the system of relations, which Escobar writes about (1995, 140), through strategies, such as, recording levels of knowledge and behaviours, exposing people’s ignorance, documenting needs, introducing new ideas, promoting internationally recognised best practices, and repackaging failures as valuable lessons learned. Development workers are not simply vessels, whereby policies pass through to be applied to their subjects of development, they are embodied actors. They are active participants, who process information and strategies dealing with actors and institutions both locally and internationally.

**Paths to Vietnam**

Distinct cultures of development workers, argues Porter (1995, 72), tend not to exist because there are “no overarching norms or dedication to common values.” A strong community existed for some development workers in Vietnam working in HIV prevention. It was a new community embarking on a new area of development work in a country with limited recent experience in hosting outsiders. It was a community forged from a combination of skills, a sense of purpose, and the need for support from colleagues. A sense of community was also helped by the creation of structures such as the HAG.
meetings and NGO working group meetings, which provided the opportunity for people to come together on a regular basis. Some of the development workers felt that a distinct community existed which other areas of development in Vietnam at the time did not have. While a supportive community did exist in the area of HIV prevention, it was also a diverse group formed from a range of backgrounds with a range of desires motivating them to work in this area.

With the exception of the two foreign male development experts working for UNAIDS, most of the development workers I interviewed were women who worked for NGOs. No one had experience in economic development. While this is not out of the ordinary for an area that is understood as a health area, it is significant for how these development workers understood development and how they saw their role in contributing to change.

Some did not see themselves as development workers Deb comments: – “I don’t really have what you might call a development background.” Many were health workers, led to HIV prevention work by their technical skills, and then transformed into development workers on the job. While most had some experience in health care and often experience in HIV prevention work from their home country, at least half had little, if any, experience working as a development expert. Many entered development through what Deb, a development worker who had spent two years in Vietnam and Cambodia, refers to as bringing skills to the development sector from outside the industry. The following are accounts from some of the development workers from the main NGOs working in HIV prevention about how they found their way to Vietnam and to HIV prevention work.

Deb: I see myself as an aid worker. The way I see it, there are two ways to get here. First, there is the career way; what I mean by this is getting into a development organisation and moving from country to country. Then there is the other way, by bringing in skills from outside of development and applying them to development. I fit into
the second category. I have a nursing background. I worked in the NSW health system. In 1987, I started working in primary health care centre, targeting sex workers, drug users and street kids. It was a one-stop shop for all sorts of services. There was lots of education with an outreach component. During the five years of working there, I came more involved in health care. I also thought that some of the work could translate into developing countries. The epidemic had moved too far into Africa in the area that I wanted to work in, so I looked to Asia. My children were off my hands and I was now in a position to do what I wanted. I was nearly 50 years old and my husband had just retired. At the time, I was very much influenced by Elizabeth Reid and Rob Moodie. I liked their approach to HIV and AIDS. I wanted to look at AIDS from a socio-economic view. In 1994, I got my first consultancy with WHO. It was only for one month and it was on social marking of condoms in China. It was all pretty crazy when I look back on it now with the skills and knowledge that I now have.

Deb was able to trace how she came to work in the region and in HIV prevention work. Her past work experience, while not in development was in an area of health care that she thought could translate into development work. In contrast to Deb’s experience, it was by accident that some found themselves working in Vietnam. They had come for a holiday and either stayed or acknowledged that their earlier holiday had played an important part in making the decision to return to Vietnam. Some were motivated by the challenge of HIV and often by the desire for an adventure. Others, like Karen and Nancy, were less directed in their career plan and ended up in Vietnam almost by accident, or as they put it: by the possibility of an adventure. The attraction of being a development worker went beyond project work to the experience and the possibilities that could arise from a country undergoing extreme changes.

Terri: A few years back I came here for a holiday. Vietnam was exciting. Society was changing and I wanted to experience more. Then when the opportunity came to get a posting here I applied and I got it.

Karen: Sometimes I don’t know how I ended up here. I had finished my Masters in Development Studies. I came for a holiday to visit
some friends and while I was here, I looked around for some work. A long-term consultancy came up with one of the NGOs to do a behavioural survey so I took it. I hadn't worked in HIV before but I don't think that really matters. There are other reasons too: my marriage had ended and I was looking for something. In many ways, it was more about what I was leaving behind than what was on offer here.

Nancy: This will sound terrible, but it was really self-interest that brought me here. It wasn't altruistic beliefs at all. It was for the adventure. I wanted to work in Asia. Of course, the work had to be worthwhile, but it didn't matter what area I worked in, as long as it was helping the people of the country. I wanted to learn more about the region. It seemed 'exotic' and adventurous. Now near the end of my time here, I feel very lucky to have been living here at this particular time in Hanoi – it has been an adventure. Just look around at this place, it's changing at an incredible pace and I have been lucky enough to be part of it - to see it and experience it. I've also met some wonderful people and made some wonderful friendships.

Some were doing the job for a finite time and planned to return home once their contract had finished. Vietnam and AIDS politically motivated some, while for others it was adventure and intrigue with Vietnam or the region and the desire to help.

Lee: I was tired of being so far removed from people. AIDS had personally touched me I wanted to be involved. The reality at home [Australia] is that it is hard to get involved in HIV/AIDS work, as gay men own it. Although, saying that, if it hadn't been HIV I would have worked in some other area here in Vietnam. I didn't want to be just a tourist... I was a volunteer for one year in Laos, which was the first time that I did development work. I got a lot from that experience and I wanted to have another experience like that.

This reveals the way in which for many workers there was a perception that an opportunity existed for them in Vietnam which had not been available to them in Australia. Numerous workers revealed the way in which the definition of HIV as a 'gay issue' in the West was seen to prevent others from being involved on a professional basis. At the same time, working on HIV in Vietnam or other developing countries provided a mechanism for an
extension of the ‘tourist’ experience and was seen to be more personally rewarding. As Mary below put it: “It was Vietnam mainly because Vietnam was part of our generation.”

Mary: I was working in Sydney in sexual health. It is an area very much on the cutting edge. It deals with issues that people have of the self and gender issues. It deals with issues about what drives people, the nitty gritty of life. You get to deal with and talk about the heavy-duty stuff in people’s lives. Issues of social justice are very important to me. I want to be part of the solution. I spent six years working in that field. I came to Vietnam because I had a desire for an adventure and needing to travel again. It was Vietnam mainly because Vietnam was a part of our generation. I wanted to put something back. There was the push by Australia to be part of Asia. For me it all added up to Vietnam.

There was clearly a combination of factors that indicated that working in Vietnam became the means for bringing together concepts and interests for many workers. Some, like Mary, had already worked in the area of sexual health in Australia and this, combined with her interest in travel and deeper engagement with Asia, made Vietnam seem like an obvious choice.

Jim: What brought me to Vietnam in the first place was a desire to be back in Asia again, (my late spouse and I were both ‘Asia-philes’) but this time, it was to be someplace different. We found it. My wife got a job and I came as the accompanying one... I drifted away from general community health consulting work and back into HIV/AIDS work. I’m not sure of all the influences that got me back into work in the epidemic. The number of positions in the field opened up, UNAIDS was formed, the epidemic was taking off, and I suppose I felt I could get close to death again. For a while, before I left North America I had been pushing death away pretty hard. I’d seen a lot of guys just like me die. Just like me except for the switch at the back of my head that is set at the heterosexual default position. And my wife’s death showed me that pushing death away doesn’t work.

Jim’s comments indicate the ways in which Vietnam appeared more of an obvious place to ‘help’, suggesting that there is a perception for these workers that in the West it is harder to measure the impact of one’s assistance. At the same time often a very personal experience of HIV
Ann: I first ‘engaged’ with the HIV epidemic when my Dad ‘came out’ in 1987... Around the same time, I was studying. My studies got me interested in health in general, and particularly women’s health and aboriginal health in the context of the white, male, patriarchal medical system. In early 1991 (I think it was), I took the opportunity to train as an HIV/AIDS peer educator in free courses offered at university. It was so exciting for me to participate in that kind of training and so challenging to confront many of my own assumptions and values concerning sexuality, drug use and related issues. I had also been working for the Key Centre for Women’s Health on cross-cultural health issues... To cut a long story short, the more I learned about HIV/AIDS, its relationship to poverty, racism, sexism and homophobia, the more it seemed the ‘natural’ area for me to work in... I chose Laos for my PhD fieldwork site because it met the above criteria, as well as being relatively ‘untouched’ by contemporary anthropological research, particularly in the area of gender relations – not to mention HIV/AIDS. During my fieldwork, I got a job assisting a local organisation to establish a program on HIV/AIDS, focusing on youth peer education. I ended up staying there three years, together with my partner. The move to Vietnam came about because my partner really wanted to come here and it was his ‘turn’ to choose where we would next live and work – Laos having been my choice. I had been visiting Vietnam since 1992, for work since 1993, and my organisation was flexible enough to allow me to move there in my new position as coordinator of a network of HIV/AIDS projects in the Greater Mekong sub-region.

People not only have different skills, but also very different reasons for being in Vietnam and for working in the area of HIV prevention. Some felt compelled to work in the area because of personal involvement with people who had died from the disease. This was however never the sole reason for working in Vietnam which attracted people for other reasons. These ranged from the notion of getting in at the beginning of the epidemic combined in an often quite conscious way with being in Vietnam in a touristic sense ‘before’ it was rapidly transformed. The ways in which people naturally elided their tourist self with the HIV professional self in Vietnam is indicative of the processes of othering involved in development work. At the same time, that
people felt they would be more 'effective' in Vietnam, is indicative of the sense of being devalued as a health or policy worker in a western setting. That is, workers would be more able to be seen to be 'helping' in a developing country, perhaps even be seen to be altruistic by contrast to the same work in developed countries. This also reveals the often subtle ways in which social capital may be obtained through development work.

Doing Development Work

From the early 1990s, there was a substantial increase in the number of development projects and experts working in Vietnam. This expansion, detailed in chapter three, gives the impression of a healthy and ever-expanding development industry following a well thought out agenda. While the threat of HIV has been created through a range of discourses, the question raised by Corbridge (1993), about who is directing development, is not clear-cut.

Development does not happen naturally, it is produced through relationships and activities, formed through social, cultural and geo-political forces. This final section recounts the development workers reflecting on how they negotiate everyday development experiences. It argues that development knowledge and the hope for successful projects is due partly to the actions and intentions of development workers created from relationships, experiences, and understandings about reality.

Although elements of the development gaze appear to exist, it is short-sighted to accept that development is a homogenous undertaking based on a single set of ideas and assumptions. Development practice is far more complex and messy than how it is presented by the post-developmentalists. The all-powerful 'development gaze' is not always evident in the everyday experiences relayed by these development workers. "While at one level
development may function hegemonically, it is also created and recreated by multiple agents, who often have very different understandings of their work" (Gardner, 1997, 134). Grillo (1997, 20) agrees with Gardner when he argues that the post-developmentalistists tend to view development as a monolithic enterprise, which is "heavily controlled from the top, convinced of the superiority of its own wisdom and impervious to local knowledge, or indeed common-sense experience, a single gaze or voice, which is all-powerful, and beyond influence."

Many of the development workers came to understand themselves as being part of a new wave of development at a unique time in Vietnam's development. Having to negotiate the political, social and cultural constraints of living and working in Vietnam were for many a challenge on a personal and professional level. One development worker comments about being part of this 'new wave' which meant not always being able to draw on a collective development knowledge or experience about Vietnam. Jim comments:

There are some extra challenges to working in Vietnam. Often when you are trying to find the best approach to something you are not able to draw on what has happened in the past. That knowledge is just not available. HIV prevention work is new to Vietnam, but also people just haven't been here that long. I've been here for three years and I am now one of the oldest ones here. Having said that, this country is changing so rapidly that what happened a year ago is not always relevant anyway. So maybe institutional history is not really needed.

The collective knowledge was simply not there within the development community. Many of the development workers were learning as they went. Projects were new and often their partners had little experience dealing with Westerners. The development workers range widely in their understandings of development and the role they play in it. The liberal and radical camps of development were not easily identified. Some, like Mary, were sceptical
about their role and what impact they might be having. Mary comments about why she came to Vietnam:

It was to help. But, having said that, I do very much question what helping is. There is so much power tied up with helping. I think you need to constantly question what our impact in Vietnam will be. Are we going to be judged in 200 years time as the missionaries are judged today?

If there was a common factor uniting the development workers, it was their belief in partnership and cooperation. The following accounts tell about building relationships in the hope of having a positive impact. Building relationships were acknowledged as an important, complex and messy practice. Most workers had a desire to build meaningful relationships and partnerships, while also being aware of the power structures. Lee points out the problem with money and the implications of who signs the cheques. She acknowledges the power imbalance this sets up along with the fact that their Vietnamese partners are paid a fraction of what the local staff are paid in the NGO office. There were struggles over learning to accept Vietnamese procedures and cultural practices, such as Mary's difficulty coming to terms with kickback and understanding what 'no' means, and Terri being told by officials that they did not like the tone of her letter. Jim gives an accounts about relationships with people in power and how he found these relationships troubling. As Lee comments: where the power lies is not straightforward.

Lee: One of the biggest problems with relationships is that there is a foreigner sitting in our office called the project manager. That sets up a power structure straight away between the Vietnamese and us. The present structure does not help to build a meaningful relationship and partnership. I think that a far better title would be technical advisor or project technician. The way it is now implies that we have all the control. Added to that, we have all the money. We are the ones controlling the budget and there is no getting away from the implications of what this means when it comes to power. I don't see why our Vietnamese partners can't control the money. Why not give
them the opportunity to write the cheques. This doesn’t mean there wouldn’t be meetings that report on the budget. The money issue is really a problematic one. We have two young Vietnamese women working in our office who are paid about $350 a month. Dr Khang is the manager of our partner organization and as he is a public servant, he gets only $30 a month. This has to be very difficult for him, particularly when he comes into our office and sees the young women working for us who are paid so much more. Our counterparts are now being a lot more vocal about what they want, which is great. They have worked out the sort of person that they want to replace me and they have taken the initiative to decide where they want the project to go in the future.

Mary: Bending over backwards to be culturally sensitive is sometimes hard. Some ways make the relationships very hard because of the ways it is set up. Money is probably one of the biggest issues. Us coming in with the money is problematic. Every now and again, you realise that the partners want the money; they are not interested in partnership building. And, there is not a lot coming back from their side in the relationship... An example is the English language program that we have funded and organised for our partner. They decided that they didn't want to continue, but they didn't bother telling us. ...

Mary: I have experienced quite a few struggles working with my Vietnamese partners. My contract was initially for six months then it was extended for a further 12 months. I stayed because things got easier and I wanted to see some of the fruits of my labour. I also got over some tough stuff with my Vietnamese partners and I learnt that I couldn’t control the redistribution income with all the kick backs that happen.

What these comments reveal is the types of misunderstandings and negotiations that occur on a daily basis for workers on the ground in Vietnam. The developers were not always the ones in control, nor is development simply imposed from the outside, operating as a top-down hegemonic process neatly divided into those who develop and those who are the subjects of development. On the ground the situation can be a complex, and at times, a messy operation.

Terri: It isn't easy working here. The Vietnamese often don't know what they want, but having said that, once they do, they will certainly
tell you. I had someone from the Ministry of Planning and Investment phone me the other day saying he didn’t like the tone of a letter. Usually they don’t consult with us. A few times when I have pushed when an agreement must be reached, things have fallen apart. They deal with matters very differently; we tend to have round table discussions where we discuss and discuss matters. The positive side of their approach is that once a consensus is reached then that’s it, you can carry on knowing that everyone is behind the process.

These comments indicate that where there are cultural misunderstandings, both sides are involved in an on-going process of negotiation. Here, neither the ‘expert’ foreign workers nor the local Vietnamese professionals are privileged in the decision-making processes.

Pat: Then there is the saying no. The Vietnamese don’t say no, for various reasons. We needed to have the manual translated. Our partner said that they would use the young people, as they needed practice. I explained that it was extremely important and that it had to be a very good translation as it was a very important topic that couldn’t afford to be done wrong. I thought that everything was settled until one day when I went into my counterpart’s office and someone remarked that the young people had been doing a good job. I wondered to myself what had gone wrong here! It boiled down to not being able to say no. Things are a lot better now. Relationship has grown much more now and that probably wouldn’t happen now.

It is not uncommon for the Vietnamese to be perceived as ‘indirect’ which is a commentary on the perceived differences between styles of decision-making. Here, the foreign worker makes it clear that the Vietnamese could ‘learn’ and ‘improve’ from working together with foreigners. It was rare to see the reverse of this – foreigners learning from the Vietnamese. Again, a Eurocentric notion of values and cultural behaviour set up the foreign workers as being in a struggle to ‘better’ their Vietnamese colleagues. At the same time, it is quite apparent from all these interviews that the Vietnamese were actively involved in resisting the demands of foreigners to act in defined ways.

Pat: We seem to bend over backwards to demonstrate tolerance, but the Vietnamese does not always show it. In Australia through multiculturalism we have learnt to experiment with foods. To see how different things can go together. That doesn’t happen here. I think
this can be applied to many other areas of society. I'm sure it has something to do with Vietnamese society being relatively closed for the last few decades.

The interview with Pat quite clearly indicates the types of value judgements set up by many of the foreign workers – Vietnamese as intolerant and closed, foreigners as tolerant and open.

Jim: Power and authority are important in HIV/AIDS in Vietnam. There are two types of relationships that are interesting to me these days. I can divide them into those with people in power and those with people who will have power. My relationships with those in power are troublesome to me. The most difficult one is my relationship with the outgoing head of one of the government departments; Professor Hai, which was rocky from the start. I am proud of this. He accused me of not doing my work, he wrote in to my job description that he was the ultimate authority for approving expenditures and he took every NAB staff meeting as an opportunity to revile me. I asked to be a participant of NAB staff meetings and he refused permission. His power derived, in part, from his criticism of me and his rejection of foreign advice... So, I am very proud of my achievement of developing this relationship to the point where he had to criticise my ideas and me. This means that I was pushing the limits of what could be done in Vietnam. Then there are the other relationships: the ones that lead to change. There are dozens of examples where I feel I have been able to catalyse change, and support the development of local leaders for the next half-century.

Part of the success of this work derives from the fact the Party is firmly in control and will remain there for some time to come. And so, any change that I can catalyse in Party members will have an effect in the next few critical years and any change that I can catalyse in future Party leaders will have an effect a few years later. This is why work with the Ho Chi Minh Communist Youth League is so important...[it] assures that future leaders will know about HIV/AIDS and international best practices in the response to it.

The above comments reveal the often rather inflated sense of workers' expectations that they can 'make a difference'. In this case Jim feels that he can alter the political system through his individual intervention. This reinforces that many workers are apt to see themselves as a catalyst for social change in Vietnam whereas they often felt impotent politically in their
home countries. Jim goes on to give an example of a relationship he had
developed with a local doctor.

She is a 30 something women who leads the implementation of the
Dong Da district harm reduction programme through peer education
among women sex workers and men injecting drug users in Hanoi. I
met Dr Ha two years ago. At the time, she had a project running, and
I was impressed by her compassion for the women she worked with.
She only said good things about sex workers. I mediated some
funding for English classes for some of her co-workers, got her an
invitation to attend the 11th International Conference on AIDS in
Vancouver and continued to invite her to events. Things took off.
These days she brings peer educator co-workers to HIV/AIDS Action
Group meetings, lobbies for continued funding for her project and
represents the view of sex workers in public forums. Just today, I
watch her present her ideas and experiences on peer education to a
mixed audience composed mostly of conservative older people. She
began by saying that she had in her audience two of her former
teachers and if she made any mistakes then she hoped that they
would correct her. She then began to wow the audience with her
usual brilliant routine. They were still listening when she finished an
hour and a half later.

Development work is also affected by factors outside the control of
developers. Power struggles between weak and strong economies and
polities are played out that effectively thwart the best laid plans of developers.
Stories are told about how the Vietnamese government curtail activities of
NGOs if their work was too threatening to local power structures. Importantly,
the Vietnamese government is not always separate from development
organisations as many Vietnamese employees are also party members.
Party member as are all government workers, are an integral part of the
Vietnamese population, sharing and shaping Vietnamese culture.

Some development workers refused to get caught up in the paranoia, others
acknowledge having staff reporting back to the party did affect how they
worked with the national staff. It is too simple to argue that the 'dominant'
development discourse has succeeded in neutralising alternatives. Nancy
recalls how she had found work difficult when she arrived.
Nancy: Looking back on that time, I now realise that it had a lot to do with the project that I was working on. I remember being followed home from work, the telephone always clicking. Then one day while I was in the office two men from the interior police walked into the office and spoke to my Vietnamese colleagues. Of course, I couldn’t understand what they were saying, but I did hear my name mentioned. Two months later, another 'expat' working on the production side of the project was deported. At that time the government was not sure about what we were doing, a lot was unknown. It was a new project, nothing like that had been done before and it is on a topic that touches on a number of delicate issues. The scripts have now been written. Now everything is out in the open.

Making connections and building relationships with Vietnamese people is one of the main reasons for doing development work for some people. This desire was not confined to project work. All had no illusions about being outsiders. Building relationships with Vietnamese was something that Terri felt she had failed to do.

Terri: I never have to remind myself that I’m an outsider. I have very little understanding of how Vietnamese live. I have a maid that does the shopping. I don’t have any Vietnamese friends. I have very little real understanding of the political and economic situation in Vietnam. I go to Western establishments and I live on a Western compound. I moved into this place because it was where my predecessor had lived. I really didn’t have a choice.

While Terri’s account of making connections with local communities was not so positive, most felt they had made significant inroads into connecting with the local community. Mary comments on the need to find a community and how she had struggled with that:

Mary: The hardest aspects of living and working in Vietnam have been not belonging in the community. Not being lost in the crowd. My brother has lived in China and is married to a Chinese woman. He speaks Chinese fluently. I remember one day not being able to see him in a crowd. He was dressed like the Chinese people around him. He fitted in. I stand out. Coming alone without a significant
other has also been hard and it means that I don't have that extra level of support. The feeling of belonging is something that I have managed to find a little from playing badminton in the morning in the park. I am not very good. In summer, I get up early and go out to play. The good thing about badminton is that it is something you can do that doesn't require verbal communication.

While making connections and the desire for connections, which for some development workers was one of the main reasons for being in Vietnam it was through the misunderstandings, often tied up with promoting partnership, that on the ground is much more about the negotiation and management of different expectations Terri tells a funny story about how sometimes even through the best of intentions things just don't work out.

Terri: A recent trip I made with the ambassador to one of the provinces highlights one of the many misunderstandings between the Vietnamese and us. We had been meeting with the local officials each day and on the last day the ambassador decided that she wanted to have breakfast alone with the entire local People’s Committee. So, the ambassador said this to the Vietnamese and they were concerned that we would not be able to get breakfast without them. We assured them that it was really OK and that we were very capable of getting our own breakfast. The next morning we went down stairs and the Hotel dining room was closed. Apparently, it is always closed until 11.30am. They had been opening for breakfast because the people’s committee requested it. So they were in fact right, we couldn’t get breakfast without them.

Again, the above statement reveals the way in which the foreign workers learnt from the Vietnamese in spite of the fact that for the most part they felt the Vietnamese had to learn from them.
Conclusion

The struggle to comprehend each other and the desire to work in partnership meant that the Vietnamese and foreigners involved in HIV work in Vietnam were involved in a constant process of evaluation and a reframing of expectations. While many foreign experts attempt to impose western values and 'educate' the Vietnamese, the Vietnamese themselves resist easy categorisation and actively engage their western partners in dialogue. These relationships dynamically alter the on-the-ground practices of development. Rather than simply falling into divisions between 'the west and the rest' under the encompassing 'development gaze', these acts of negotiation involve participants with diverse motivations and needs who must ultimately work in partnership in the new dynamics of power within development organisations.
Making a Contemporary Vietnam: The Workings of Development

Introduction

This chapter explores how Vietnam has been imagined by the development industry at a unique juncture in its history; a time when Vietnam re-entered the global arena and began its transition from central planning to a State-led market-oriented economy. A consequence of Vietnam's opening up to the world and specifically to the West has been the expansion of the development industry on a scale never before experienced. This chapter follows on from the previous chapter by exploring how the development industry, which operates through an intricate web of relations between elements, institutions and practices, has in representing Vietnam, also helped to construct a contemporary Vietnam.

Most development reports produced by the Vietnamese government and major international development organisations working in Vietnam, present the view that Vietnam has undergone a dramatic economic and social transformation since the introduction of doi moi. One of the roles of the development industry has been to understand this transition and identify challenges facing Vietnam, while providing capital and expertise to help promote a modern, industrialised, open, progressive and ultimately democratic society (UNDP & UNICEF, 1996; UNDP, 1997, 1998a, 1998b; and IMF 1999). This dramatic change is often presented in a positive light through a range of development indicators.

Sachs' (1992, 1) claim that "development has grown obsolete" is far from obvious in Vietnam's recent embrace with the international development industry. Vietnam's approach to development, which has embraced
'development in partnership', implies that development has never been in better health. Embedded within the development approach of partnership, capacity development and human development, also referred to as 'people-centred development', are well-worn modernist development concepts such as poverty, needs and progress. Instead of challenging mainstream development, Vietnam’s approach supports and perhaps even strengthens mainstream global development practices, which some may find surprising, given Vietnam’s ideological past.

Most Western countries that turned their attention to Vietnam in the 1990s had very few insights into the realities of everyday Vietnam, leaving the development industry to play a major role in exposing Vietnam to the rest of the world. It is argued that the various discourses of development have helped, not so much to discover, but to create a new Vietnam. This chapter looks at central development concepts, such as progress, poverty, needs and statistics. While arguing that these concepts are not as innocent as they seem, they have helped to shape how Vietnam is presented today, showing how Vietnam is being portrayed as one of the most recent development success stories.

This chapter also provides a 'backdrop' to the development work in HIV prevention by describing how the development landscape in recent years has changed. The most prominent changes experienced by Vietnam are the dramatic increase in development activity, shown by the number of projects, experts and money. However, it is also acknowledged that not everything about this new flurry in development activity is new. The idea of progress has been a part of Vietnam’s idea of development for a long time.
Imagining a New Vietnam

Just two years after Vietnam’s decision to begin to liberalise and open up to the world, Vietnam scholars, Marr and White (1988), noted that very little had been written on contemporary Vietnam. This lack of scholarly attention was due to Vietnam’s, and in particular North Vietnam’s, post-independence isolation from the West. While most post-war Vietnamese events were of little interest to the West, Vietnamese authorities have also made it difficult for Western journalists and scholars to research and report on events in Vietnam. As Marr and White (1988, 6) explain: “Vietnam was not a ‘story’ after the Americans left.” Although the ability of outsiders to gain access to Vietnam was difficult, those journalists who were lucky enough to obtain a visa exposed very little about social, economic and political events. They “tended to hearken back to epic wartime events or dwell on foreign legacies, for example American soldiers missing in action, the Amerasian children, [and] decaying French villas in Hanoi” (Marr and White, 1988, 6). The stories then shifted to the flight and plight of the Vietnamese refugee, again giving little insight into the realities of everyday Vietnam. Today, attention towards Vietnam has increased dramatically, with the foreign media telling stories of poverty, and of how ‘development’ has finally taken hold, as though development had never occurred in the past.

The period prior to doi moi is seldom mentioned in the Vietnamese media or in development literature, but when it is, it is often represented in contrast to today’s advancements. The hard times of the pre doi moi days are dismissed as having little value in meeting the challenges now facing Vietnam. For

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1 Christine White, (1982) gives a comprehensive account of Socialist Vietnamese development policy, and makes the point that due to the many years of war there were few opportunities for contact with socialist Vietnam for Western development experts or academics. However, she argues that the ‘new’ relations between Western and Vietnamese academics are not totally new. Through Vietnam’s French connection, Vietnam has had a “window on the west which (with the exception of Cuba) is quite exceptional in the communist world” (White, 1982, 2).
some development experts pre-1986 serves as a reminder of failed policies: “Central planning had proven to be a failure as the main tool for sustainable development” (UN 1997, 4). The Soviets, Chinese, East German, Poles and Cubans all influenced development before 1986. However, this type of development has not been recognised by the West, as it was neither ‘western’ nor ‘democratic’. The illusion that development did not exist in Vietnam before 1986 may, as Marr and White (1988) argue, be because little was known about Vietnam before 1986. Furthermore, they point out that most assisted development work in the years after unification until 1986 responded to emergencies and the provision of basic needs, allowing little time to create a development vision for Vietnam. The UNDP Country Programme during 1977-81 took on “the character of an emergency programme responding to the immediate and enormous needs of reconstruction of a war-torn country” (UNDP, 1994, 6).

Today, in contrast to earlier journalist reports, there are stories of cultural curiosities, exposing a country of contradictions while it grapples with the forces of globalisation. However, since the onset of doi moi the flow of information and understanding between the West and Vietnam, while considerably improved, continues to encounter obstacles. Vietnam remains in the late 1990s one of the most tightly controlled countries in Asia, as Peter Mares (1998) Murray Heibert (1996) and Robert Templer (1998) recount from their journalistic experiences. The curiosity the West holds for Vietnam, as one of the last communist countries trying to make its way within a New World Order, is often met with frustration and a sense of incommensurability (Paterniti, 1997). Thus, the stories of the late 1990s also contain a twist on the positive stories of the doi moi period, whereby frustrated foreigners pack

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2 Peter Mares (1998) recalls his encounter with the Hanoi and provincial bureaucracy. He tells a story about a formal request to the Press Department at Vietnam’s Ministry of Foreign Affairs to ask for the assistance of the provincial Peoples Committee to tape some footage of a ferry that would soon be replaced by a bridge funded by an Australian aid project. Despite there being no obvious reasons for restricting on filming the ferry, his request was met with numerous obstacles.
up their belongings and head home, defeated by what at times seems to be a maze of incomprehensible red tape, corruption and an opaque legal system. Confusion exists over whether or not the Vietnamese government is committed to reform, as the government continually sends out mixed messages (Soloman and Prasso, 1997).

Over the past decade the West has re-acquainted itself with a country that was for many an old enemy. Without doubt, the West’s understanding of Vietnam and the Vietnamese has deepened since doi moi began, in part helped along by the development industry. Old images still find their way into contemporary constructions of Vietnam. These images range from peasants tending rice paddies to the merits of a growing “highly disciplined and literate labour force”, which offer comparative advantages through cheap labour to those wishing to invest in the future of Vietnam (UNDP, 1995, 4). Vietnam now shares this image with most of its Asian neighbours. Both the development and business community promotes a young and highly literate population eager to learn, which is remarkable for such a poor country. Vietnam’s prospects are often praised in the foreign media and development reports, as shown in the following comments in a UN report:

[T]he prospects for strong, sustainable economic growth [in Vietnam] are good. The country’s most notable comparative advantages include a low cost, highly disciplined and literate labour force, a diverse natural resource base, and a strategic regional location for doing business and trading. (UNDP, 1994b, 1)

Undeniably, the processes at work helping to promote ‘development’ are significantly different to what Vietnam experienced under colonial and its more recent post-colonial past. This is not to say that similarities cannot be found, the most obvious similarities being between social engineering initiatives which have influenced several mass mobilisation campaigns (van dong), such as: family planning programmes, resettlement campaigns and today’s HIV prevention campaigns. Greater exposure to global cultural and
economic flows has not only given Vietnam a place in the international division of labour but has helped to dismantle boundaries between the developed and the underdeveloped worlds. Borders, both imagined and physical, are no longer clearly defined. Flows of commodities, money, ideas, information, images and people on a global level have intensified. Unlike any time before doi moi, Vietnamese people are now more aware of the lives of people beyond their borders.

What this means for Vietnam's future development is yet to be determined. However, what is certain, as Appadurai (1990, 6) notes, is that the new global cultural economy is complex and "cannot any longer be understood in terms of existing centre-periphery models." While the aid industry is built on the notion of a world divided between a centre and a periphery, the reality for Vietnam is not clearly defined. The amount of aid and as a consequence, the amount of development activity, during the 1990s has been significant. The next section documents the rise in foreign direct investment and official development assistance.

The Development Industry Returns to Vietnam

China's decision to stop commodity aid to Vietnam in 1975 and then to cancel all aid projects to Vietnam in 1978 left the Soviet Union as the dominant donor from 1976 until 1985. At this time, Vietnam isolated itself from the rest of the world due to its ideological beliefs and its military involvement in Cambodia, thereby forcing Vietnam into greater economic dependence on the USSR and the rest of Council of Mutual Economic Assistance (CMEA). In

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3 This was a result of Vietnam's conflict with the Chinese backed Khmer Rouge. This dispute would later see China retaliate by a border conflict with Vietnam in 1979. The territorial dispute with China over the Paracel Islands off the 'Eastern Sea', along with the attacks on the southern border from the Chinese backed Khmer Rouge, weighed heavily in Vietnam's eventual decision in favour of alignment with the Soviet Union in 1978. (White, 1982, 6)

4 Karl Englund (1988) claims that it is almost impossible to attempt to measure the size of CMEA economic assistance to Vietnam. No figures on project costs or yearly allocations are

Chapter Three
June 1978, Vietnam became a member of the CMEA. From this time, the Soviet Union was to become not only the dominant source of foreign assistance but also the major source of ideological inspiration for the Democratic Republic of Vietnam's development programme. The few remaining links with the West were further reduced when the World Bank suspended assistance to Vietnam in 1979, leaving Sweden as one of the few countries outside of the Council of Mutual Economic Assistance (CMEA) to provide aid to Vietnam.

It was estimated that Soviet Economic aid to Vietnam in 1976 was US$655 million reaching US$1,600 million by 1985. By 1988/90 Soviet development assistance amounted to six percent of Vietnam's GDP (Fforde and de Vlyder, 1996, 89). Most Soviet aid was used in large-scale projects, which had failed to make an effective contribution to the growth of the economy. A reversal of fortunes occurred by the year 1988/89 when Vietnam lost approximately US$1 billion in Soviet bloc aid. This loss, argue Fforde and de Vlyder (1996, 244), was an important precursor to the improvements in Vietnam's market economy.

By the mid 1990s, Vietnam was receiving development assistance from 19 bilateral donors, some 15 multilateral agencies alongside assistance from available. "It has been estimated that assistance for civilian purposes coming from CMEA is worth the equivalent of about $1 billion yearly. Economic relations between Vietnam and CMEA covered a wide range of economic relations. In the mid 1980s, CMEA accounted for some 80% of Vietnam’s foreign trade. Since Vietnam consistently ran a large deficit, in particular when trading with the Soviet Union, most of Vietnam's imports were financed with long-term concessional loans.

5 The World Bank’s only commitment had been a US$60 million irrigation system (Englund, 1988, 229).

6 In 1980 Sweden was the only bilateral donor who maintained a large development assistance programme outside the Council for Mutual Economic Assistance (CMEA). Sweden became active in Vietnam in 1969 with aid disbursements peaking in 1974-75.

7 For more on Soviet Aid see Buu Hoan, (1991).

8 Australia, Belgium, Canada, Denmark, Finland, France, Germany, Italy, Japan, Republic of Korea, Kuwait Fund for Arab Economic Development, The Netherlands, Norway, Singapore, Sweden, Switzerland, Thailand, United Kingdom, and United States of America.
hundreds of non-government organisations (NGOs). Foreign direct investment had increased from US$8 million in 1988 to US$150 million by 1995.\(^9\) There appeared to be few problems in attracting private foreign investment. By 1998, at the time the United Nations was to celebrate 20 years of development work in Vietnam, overseas development assistance to Vietnam had reached levels never experienced before.\(^11\)

Just over a decade later in 1994, the Vietnamese government estimated that at that time, NGOs working in Vietnam committed approximately US$60-70 million to a range of development activities (Ministry of Planning and Investment Socialist Republic of Vietnam and UNDP, 1995, Vietnam’s Development Partners: Profiles of Cooperation Programmes, 55). Ten years earlier in 1983, the estimated NGO assistance granted to Vietnam for ongoing and future projects was US$5.5 million (Englund, 1988, 229). At the end of 1994, the United Nations Development Programme’s database listed some 2,445 projects in Vietnam.\(^12\) Of this number 1,687 were classified as technical assistance projects, of which 899 were operating with a budget over US$100,000 and 788 were US$100,000 or less.\(^13\) There was estimated to be between 200 and 300 international NGOs operating in Vietnam and by 1996

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\(^10\) There was a 300\% increase in FDI after the lifting of the US economic sanctions in early 1994.

\(^11\) The United Nations agencies as a group were the largest providers of ODA in 1994, disbursing a combined $72 million on development projects ranging from institutional and human resource development to national inoculation campaigns. Among the UN agencies, UNICEF disbursed the largest amount at $17 million, followed by WFP, UNDP and UNHCR (UNDP, 1995, 24).

\(^12\) This number covers all projects not only UNDP projects.

\(^13\) Eighty Russian (and ex-Soviet Union) projects, classified as freestanding Technical Assistance projects were excluded from this figure. Many of these projects involved large components of equipment purchases. Only eight of the Russian projects were grant funded, and these were included in main figure. (UNDP, October 1996, A-2) ‘It is most likely that the real number of TA projects under US$100,000 is greater than the number over US$100,000’ (UNDP, October 1996, 39).
with over 60 'official' international non-government offices in Hanoi and approximately 30 offices in Ho Chi Minh City (Ruijs, 1996).

The amount of overseas development aid (ODA) distributed in 1993 was US$287 million, which increased to US$1 billion by 1997. While this may not appear significant in international terms it should be seen in relation to Vietnam's GNP at the time which was only US$24.5 billion (World Bank, 1999). The sudden rise in ODA made it difficult for the Vietnamese government to plan, coordinate and effectively absorb aid dollars pouring into the economy. The difficulty in processing this money has been acknowledged by donors and the Vietnamese government as a major challenge facing Vietnam. Overseas Development Aid pledged rose from US$1 billion in 1993 to US$2.6 billion in only five years. The inability to effectively absorb the aid is reflected in the disparity between aid dispersed (1 billion) in comparison to aid pledged (2.4 billion) for 1997, which retreated to US$ 2.2 billion in 1999 as donors reduced their aid commitment in response to Vietnam's lack of commitment to what the international community considered to be 'needed reforms'. In 1999, an additional US$500 million was made conditional upon future reforms. In exchange for these aid dollars Hanoi promised a full-scale reform of the state sector, an overhaul of the banking system, and trade liberalisation. However, the main problem facing the Vietnamese government concerning aid money remained its inability to effectively use the money (UNDP, 1998c).

While the Vietnamese government had difficulties absorbing Aid and investment money, once Vietnam began to embrace the global development industry it quickly became an active participant in the global development arena. Vietnam's level of participation is reflected in its adoption of the dominant development language, specifically its commitment towards 'partnership' and 'human development', and its ability to carve out a place on the regional and global stage. Most notably, Vietnam has successfully
attracted foreign direct investment and overseas development aid at a level never before experienced. Vietnam has also acknowledged its limited capacity to effectively use this foreign investment. Its participation on the global development stage is seen through its role in numerous world conferences since 1990.\footnote{1990 World Summit for Children (New York), 1990 World Conference on Education For All (Jomtien), 1992 United Nations Conference on Environment and Development (Rio de Janeiro), 1994 International Conference on Population and Development (Cairo), 1995 Fourth World Conference on Women (Beijing), 1995 World Summit for Social Development (Copenhagen) and 1996 World Food Summit (Rome).} While it is recognised that it will take considerable time and resources to realise the goals set out at these World Conferences, the role of Vietnam as a signatory to each of these conferences has been noted by the United Nations.

In both relative and absolute terms, Viet Nam has made a major effort to follow up on development commitments made at the international level. Almost without exception, national plans of action have been quickly drawn up following each World Conference, and in most areas significant tangible results have been forthcoming. (UNDP, 1999, 3)

The Strategy for Socio-Economic Stabilisation and Development until the year 2000 was agreed upon in 1991 and later outlined in the Government’s presentation at the 1993 Donor Conference in Paris. The strategy promoted growth, the reduction of poverty, and improved living standards, and listed a range of favourable conditions necessary for development into the next century. For these changes to happen GDP would need to double by the year 2000. These development objectives went on to appear throughout the 1990s in most official development documents.\footnote{Vietnam’s Country Report on Social Development (1995); Development Investment and Official Development Assistance (ODA) in the Period of Strongly Promoting Industrialization and Modernization in Viet Nam (1996); Catching Up: Capacity Development for Poverty Elimination in Viet Nam (1996); United Nations Development Assistance Framework for the Socialist Republic of Vietnam 1998-2000; and Looking Ahead: A United Nations Common Country Assessment of Viet Nam (1999).} In conjunction with these aims and objectives, the government and the UN promoted a list of challenges to Vietnam’s development.
A major problem highlighted by the UN and the Vietnamese government was the government’s limited capacity to promote change. Due to the rate of change since the introduction of *doi moi*, the reform process has been overwhelmingly crisis driven. The challenge for the development community and the government was to create an environment that would give policy makers the opportunities to anticipate change and maximise opportunities, while creating a more conducive environment for domestic and foreign investment. Under the name of ‘partnership and collaboration’, the approach of ‘capacity development’ was promoted from the commune level through to the national level.\(^{16}\)

Capacity development, now a global development concept, has been promoted as an integrated process for developing, strengthening, coordinating and supporting existing structures at the individual, institutional and the national level. The aim is to create ‘enabling environments’ through technical assistance in areas such as policy reform, legal reform, public investment planning, environmental protection and HIV/AIDS prevention.\(^{17}\) Capacity development is considered much more than the promotion of human resources, which is now viewed as an outdated approach that focused primarily on training, education, health and the labour market. A UNDP (1997, 5) report explains:

> It had become clear in the pre-*doi moi* period that the value of educating and training individuals would remain limited unless the

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\(^{16}\) Examples of UNDP technical assistance projects are: ‘Capacity Building for Poverty Eradication’ in the provinces of Ha Giang, Yen Bai, Quang Tri, Ben Tre and Quang Binh. The UNDP technical assistance project for HIV entitled: Strengthening Capacity in Coordination, Planning and Management of HIV/AIDS in Vietnam (VIE/93/009/C/001/99) which began in 1996 will be discussed in later chapters.

\(^{17}\) The aim is to create 1) sustainable growth (investments, modernisation and industrialisation), 2) equity (equal access to opportunities) and 3) stability (good governance, macroeconomic stability and a stable legal system). Capacity development is seen as a process to ‘deepen and widen’ the *doi moi* process, “in order to reduce remaining poverty as well as to ensure financial sustainability of results achieved” (UNDP, 1997, 7).

Chapter Three
overall policy and institutional environment with which these individuals lived and worked was made much more rational.

A part of capacity building through technical assistance is to assist in managing information, so that relevant information is instantly available to assist the development expert. An example of this is the UNDP HIV capacity development project that supports the HAG meetings and maintains a list of all the HIV prevention projects. One of the objectives of the project is to ensure that information is disseminated to all relevant government departments and development organisations. Easier access to accurate and timely information at almost all levels in both the state and non-state sectors is considered by UN officials in Vietnam to be critical to the reform process.

The first phase of the doi moi reform process was able to rely on broad information to develop and implement effective policy decisions. The next phase of reform will involve much more complex implementation issues requiring more detailed, timely and precise information on which to base strategies, plans and rational decisions in both state and non-state sector. (UNDP, 1996, 8)

As demonstrated in later chapters, more detailed information is needed about people. In the area of HIV prevention, this requires establishing baseline data about people’s attitudes and practices that place them at risk of HIV. The following section critiques some of the development tools used in collecting and presenting data.

Using the Development Tools

Popular measurements of development indicate that Vietnam’s economy has gone from hyperinflation and economic stagnation in the 1970s to relative price stability and sustained growth all within a decade. During the 1990s, Vietnam achieved what was considered high rates of real GDP growth in the order of nine to 10% per annum. However, despite this increase, Vietnam’s GDP per capita was still by 1997 a low US$332 (United Nations Development
Although a wide range of development measures exist, GDP is used almost to the exclusion of all others as the standard measure of Vietnam's development. It is an indicator of 'standard of living', which quantifies and compares standard of living between any two groups of people no matter how diverse they may seem. As more people become wage earners, how much someone earns is relied on to determine 'standard of living.'

Statistics have become crucial, if not the most crucial of all the development tools. Over the past five decades, development practitioners have prided themselves on successfully creating more sophisticated ways to measure and compare change. The formula seems simple: the more statistics the better. Statistics help describe, measure and build arguments in favour and even against development. Statistics, we are told, reflect economic and social characteristics; they have the power to bring awareness to a range of problems, deficiencies, challenges and improvements.

The problem with statistics, as Apthorpe (1996, 26) argues, is that no matter which method is used, measuring tends to be "policy driven and not, as is normally presented, policy driving." The problematic nature of statistics, or what Apthorpe refers to as "measuring and numbering", in development work is given little credence. The aim for Apthorpe is the promotion of what he calls an "emancipatory reading of development policy"(16). However, to question the impact of the statistic is not the job of the development expert. Instead, it is regarded as a tool, which has become part of the development landscape, whose primary role is to help the development expert become more familiar with the subjects of development. Numbers have become part of the social and cultural practices of development practitioners and their discourses which Apthorpe (1996) argues, frame, name and number. We have become comforted by statistics, remaining unaware of how pervasive the use of the statistic has become to how reality is represented. Statistics
are political technologies, writes Urla (1993), they help to create realities and are understood, often without question, as facts which translate into truth. "As part of a modern regime of truth that equates knowledge with measurement, statistics occupy a place of authority in contemporary modes of social description; they are technologies of truth production" (Urla 1993, 819). Statistics create subjects; they tell stories and shape cultures.

Numbers appear innocent in the sense that development experts often use them unintentionally, only to further "entrench the development discourse" (Escobar, 1995, 213). They play a pivotal part in the professionalisation and technification of development, whereby experts are able to remove 'problems' from the political realm and "recast them into the apparently more neutral realm of science" (Escobar, 1984/5, 387). The professionalisation of development, along with the use of statistics, has been helped by the establishment of 'development studies' throughout universities in the West and through special attention given to development economics, which came to dominant development thinking in the 1950s and has since retained its dominance. Escobar, (1984/5, 388) comments:

This process of 'economization,' by which all realities and development subdisciplines were subjected to the rationality espoused by development economists, is undoubtedly of crucial importance. Its specificity, however, must be analyzed within the context of the establishment of economics as a "positive," "objective," science, thanks in part to the development - during the past two hundred years - of a culture in which a specific economic rationality (based on certain institutions such as money, markets, banks, etc.) became dominant.

A wide range of statistics in development practice and development thinking soon came to be seen as necessary if all the dimensions of reality were to be captured. The approaches to measuring have increased over the past five decades to find the 'truth' about a country's level of development and to uncover what may be holding a country back. A country's success or failure
Statistics also tell us that Vietnam has made significant progress particularly since and because of the introduction of doi moi. One such index is the Human Development Index (HDI), consisting of a range of human development measures which came into existence in the 1990s and allowed for a global comparison of 'human development' to be imagined. A recent report from the Ministry of Planning and Investment in collaboration with UNDP (1999, 1) comments on Vietnam's progress:

The overall well-being of the vast majority of Vietnamese people has improved considerably since the launching of the doi moi reform process in 1986. Indicators of life expectancy, literacy, real incomes, health and nutrition, child mortality, gender equality and material well-being reflect dramatic improvements in the quantity and quality of life for the people of Viet Nam over the past 13 years. Notably, poverty has been reduced from more than 70% in the mid-1980s to somewhere around 37% today according to internationally-comparable poverty criteria. Nevertheless, the country is still in need of further reform and related development assistance to build upon and sustain this progress.

In 1997, the Human Development Index ranked Vietnam 121 of the 175 countries listed by UNDP, thereby labelling Vietnam as a 'medium human development' country. According to the Human Development Report (UNDP, 1997), the aim of the Human Development Index is “to simplify a complex reality” by capturing as many aspects of human development as possible in one simple composite index The ranking of human development rests upon three factors, 1) a long and healthy life, 2) knowledge, and 3) a decent
standard of living. Life expectancy, educational attainment and income are each quantified to measure these three factors. The Basis of the HDI is to measure the overall progress of a country in terms of human development, giving a quick and easy indication of the "distance a country has to travel to reach the maximum possible value of 1" (UNDP, 1997, 44).

One of the most recognised development challenges for Vietnam is to create gender equality. A gender-related development index has also been created to help expose and compare a country's gender inequality with the rest of the world. As the 1997 Human Development Report states: "[g]ender disparity can be seen in proper perspective through the lens of the gender-related development index (GDI) and the gender empowerment measure (GEM)" (UNDP, 1997, 39). By comparing male and female life expectancy at birth, adult literacy rate, combined primary, secondary and tertiary gross enrolment ratio and earned income a gender related index is created. The GDI ranking for Vietnam of 101 out of 146 gave Vietnam a medium gender-related development index rating, which the UNDP uses to promote the belief that gender equality can be achieved at different income levels, stage of development and across a range of cultures and political ideologies (UNDP, 1997, 40).

Another popular measure is adult literacy, recorded at a high 93%. Such a high level has been a source of pride in Vietnam's socialist and neo-Confucian past, although it is now under question since a recently published UN report uncovered inconsistencies in how people are tested (McDonald, 1998). The 'health profile' given to Vietnam by the United Nations granted Vietnam with a 'medium human development' ranking of 121 from 175

To help improve human development statistics the UNDP states: "A major goal of the Report is to encourage national governments, international bodies and policy-makers to participate in improving statistical indicators of human development. The Human Development Report will continue to refine statistical data and to press countries and the global community to support the production and analysis of better human and social data" (UNDP, 1997, 145).
countries.\textsuperscript{19} Life expectancy in Vietnam is calculated at 66 years, much higher than expected when considering Vietnam's low level of GDP. Even though it is believed that 90\% of the population have access to health services, along with significant progress in a range of health measures (as set out in table 3) Vietnam does face challenges to its health program, ranging from limited investment to ensuring safer distribution of pharmaceutical drugs (VNS, 1999, n/p).\textsuperscript{20}

**Table 3: Measurements of Development**

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<tr>
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<tbody>
<tr>
<td><strong>Input Measures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Vaccinated</td>
<td>27</td>
<td>87</td>
<td>94</td>
</tr>
<tr>
<td>% Contraceptive use</td>
<td>NA</td>
<td>55.9</td>
<td>61.4</td>
</tr>
<tr>
<td>% Safe Water</td>
<td>NA</td>
<td>23.3</td>
<td>42</td>
</tr>
<tr>
<td>% Sanitation</td>
<td>NA</td>
<td>13.1</td>
<td>16.3</td>
</tr>
<tr>
<td><strong>Output Measures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child mortality rates</td>
<td>69</td>
<td>55</td>
<td>46</td>
</tr>
<tr>
<td>Fertility rates</td>
<td>NA</td>
<td>4.52</td>
<td>3.1</td>
</tr>
<tr>
<td>Malaria (deaths per 100,000 persons)</td>
<td>NA</td>
<td>2.7</td>
<td>0.6</td>
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</tbody>
</table>

Source: (UNDP and UNICEF, 1996, 78)

Numerous universal development measures are used to show that Vietnam is one of the poorest nations on earth. Vietnam is categorised by the United Nations as one of the world's ten poorest countries. After the harsh effects of the structural adjustments of the 1980s, which resulted in sacrificing basic needs, poverty returned to the global development agenda to become a central part of the 1990s 'human development approach'. Poverty elimination is on most agendas of development organisations working in Vietnam.

\textsuperscript{19} The 'health profile' consists of the following indicators: Percentage of one year olds fully immunised against tuberculosis and measles, number of HIV/AIDS, TB and Malaria cases, cigarette consumption, population per doctor, population per nurse, percentage of people with disabilities and public health expenditure on health.

\textsuperscript{20} According to the Health Minister Professor Do Nguyen Phuong (VNS, 1999, n/p).
Reducing the high level of poverty is seen as one of the most important challenges now facing Vietnam.

Poverty

The Eighth National Party Congress in 1996 set a target of reducing the country's rate of 'poor and hungry households', from 25% to 10% by the year 2000. Poverty, according to the Vietnamese government has been reduced from a very high 70% in the mid-1980s to about 30% in 1996, which was helped along by a GDP growth rate averaging more than six percent for the 1990s. Data on Vietnam's poverty is everywhere. The development economists have done their job well.

The word 'poverty', for most people, identifies a lack of development and evokes questions that ask for appropriate strategies to help alleviate the burden of the poor. "[W]hen poor is defined as lacking a number of things necessary to life, the questions could be asked: What is necessary and for whom? And who is qualified to define all that?" (Rahnema, 1992, 159).

A change in the focus of development policy in the 1970s suggested that people's needs were not being met by current development practices. In response to the over emphasis upon economic growth, human needs in the form of basic needs found their way on to the development agenda. Need

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21 Numerous studies have been carried out to measure the changing level of poverty throughout Vietnam. From the Vietnam living standards measurement survey (VLSMS), conducted by the World Bank, it was estimated that 51% of the population of Vietnam are 'poor' (1993). Vietnam's General Statistics Office (GSO) uses a much lower average poverty line, which concluded that some 20% of the population is 'poor'. The GSO estimated that the level of poverty was reduced by six percent between 1992 and 1994 and the World Bank estimates that poverty was reduced from over 70% of the population in the mid-1980s to around 50% in recent years. According to recent research carried out by UNDP, UNFPA and UNICEF, the underlying causes of much of the remaining poverty in Vietnam are isolation (geographic, social and linguistic); high risks from flooding/typhoons etc. Inadequate access to available resources, lack of environmental sustainability and inadequate participation at the local level in the formation of poverty alleviation initiatives are also cited as causes (UNDP, 1994, 9).
became central to understanding development and poverty. People learnt to experience their poverty in terms of unmet needs. Globalisation continues to play its part in creating needs by exposing developed countries like never before to the developing world. Global forces have allowed expectations and needs in Vietnam to grow like never before. The concept of need, argues Illich (1992), has become universally imagined only since the 1950s, and people have now come to speak of essential needs, often reflected by aid priorities from donors. Shelter, education and health have each become universally accepted as needs to the extent that, as Illich (1992, 91) laments, it has now “become almost impossible to deny the existence of needs.” As explored in later chapters, the spread of HIV/AIDS throughout the developing world has created a range of needs that have only recently been articulated.

Of all the concepts central to development, the notion of poverty is the one that appears to present itself in glaring reality. It is perhaps the most sacred of all the development concepts that the development community has learnt to rely on. It has earned itself a central place in official development reports in Vietnam. It is also an everyday reality for many people in Vietnam. One Vietnamese journalist recounts, that you can see, touch and be assaulted by poverty: “even seasoned foreigners living in Vietnam find walking in downtown HCMC a pretty harrowing experience” (Anh Dao, 1996, 8). Headlines from newspaper articles often focus on poverty, for example, ‘Poverty Still a Challenge to Vietnam’, ‘Vietnam must shed farmers to avoid further poverty, U.N. says’, ‘Vietnam: Party Politburo gives instruction on poverty alleviation’, ‘Poorest village has annual per capita income of dls 12’, ‘More than 40 % of Vietnamese children malnourished.’

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23 These are headlines taken from various Vietnamese newspapers from 1996 and 1997.
Poverty is also a myth in the sense that the West has constructed and refined it by the practice of development (Rahnema, 1992). The concept of poverty is one of the most common discourses of development that works to organise, distort and mislead. Poverty has come to mean much more than simply being poor. It works to fix subjectivities. To use the label 'poverty' implies a range of assumptions, the most glaring, as later chapters explore in relation to HIV, is that the person is probably ignorant, or at the very least lacking something. It also implies that the person has fewer choices. It means so much more than simply being poor. However, to claim that poverty in Vietnam is a myth would be met with confusion and perhaps even hostility by the development community whose very work, reality and even identity is defined by what poverty has come to mean. One of the most important aims of development is to help people get out of poverty and to stay out of poverty.

There is also an ambiguity in poverty, which can be seen throughout Vietnam as it opens up to the world and as development experts attempt to measure it. As development experts become more acquainted with their subjects, contradictions and an awareness of their own ignorance begin to surface. Rahnema (1992, 159) notes:

> Ambiguity starts when one crosses the vernacular boundaries. Are these strangers rebels, vagabonds, disease carriers, really poor or genuinely ill? Are they saints or sinners? These questions not only deepen our ignorance about who the poor really are, but face us with serious cognitive problems as to what people are actually thinking.

The ambiguity that Rahnema writes of is tied to the workings of knowledge and power. His questions expose ignorance by the experts, who are usually unaware of their ignorance of who the poor are. Such questions, however, seldom occupy the interests of development experts, for their aim is often to measure the rate of poverty through statistics. Instead, the expert and in particular the development economist, who often rely on figures, devote their attention to searching for the most appropriate poverty line. Attention is also
directed to identifying what deficiencies may exist in the data collection, or in searching for the means to overcome any shortcomings in data collection, all in an attempt to make the statistic more reliable and thereby expose more of the ‘truth’. Providing and refining information about poverty has become one of the jobs for the development economist. The aim is to work towards finding the most accurate measure. A report on poverty, entitled; *Poverty in Vietnam: A Report for SIDA*, explains some of the problems associated with researching poverty in Vietnam:

> Despite improvements in the availability, range and reliability of statistical data in Vietnam over the past few years, it should be emphasised that there are still deficiencies in the data and so qualitative as well as quantitative field research and personal and participatory observation are very valuable. (ADUKI, 1995, 4)

The need to identify and reduce poverty throughout Vietnam is rarely questioned by the development industry. Different poverty lines have been created and used depending on the organisation and what impression they want to give. The World Bank, in a report entitled *Viet Nam: Poverty Assessment and Strategy* (1995) outlined its accomplishment in developing the ‘Vietnam Living Standards Survey’ (VLSS). It claims to provide a “consistent nationwide poverty profile” to determine the level of poverty in Vietnam. The most important reason for measuring poverty, claims the Bank, is “to make comparisons in order to monitor development progress and target antipoverty programs” (World Bank, 1995, 1). Finding this poverty line is one of the main challenges to measuring poverty and ultimately fighting poverty. Making global comparisons allows for Vietnam’s level of development to be identified, labelled and plotted against other countries. To find what is considered a more accurate and ‘true’ measurement, new poverty lines for

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24 The State Planning Committee now named The Ministry for Planning and Investment carried out the first VLSS with the General Statistics Office. Funding was provided by UNDP and SIDA. The second VLSS was conducted solely by the General Statistics Office. It is a nationally representative multipurpose household survey of living standards covering a broad range of social and economic indicators.
Vietnam have been introduced, based on methods used in other developing countries. Per capita calorie requirement of 2,100 calories per day with the composition of a chosen food bundle, representing what is considered typical consumption in Vietnam, is used as one measure. This approach leads to a weighted average poverty line of 1,090,000 dong per person per year.\textsuperscript{25} By comparing this poverty line with the distribution of per capita consumption expenditure from the VLSS, about 51% of the Vietnamese population is classified as poor. Half of the poor, 25% of the population, are considered food-poor whereby they cannot meet their daily basic calorie requirement even if they were to devote all of their consumption to the basic food basket.

As Vietnam is accepted back into the world economy, Vietnam’s poverty has come to be defined as lacking in terms of money, partly because it is easier to draw comparisons with other countries. Official surveys, beginning in 1988-90 have focused on income as a measure for defining poverty. In the past poverty was never seen as simply a matter of material income (ADUKI, 1995, 2). Relying on the concept of family food supply, which was once the more popular measurement and definition for poverty, has come to be judged inappropriate to a non-subsistence economy. Money has now become the uniform unit of measurement.

\textbf{Conclusion}

Vietnam’s present development path, which has been impressive, is without doubt a product of the geo-political transformations that have ushered in the profound changes in global relations in the post-Cold War and post-socialist era. This chapter has provided an overview of Vietnam’s recent development activities, showing how impressive its impact, in terms of aid and investment, has been.

\textsuperscript{25} On average, the poverty line is 24% higher for Vietnamese living in urban areas: 1,293 thousand dong compared to 1,040 thousand dong in rural areas (World Bank, 1995, ii).
Vietnam has been represented as a country in transition through a range of well-worn modernist development concepts and practices. While the post-developmentalists may have shaken development orthodoxies, there is little evidence of Vietnam being challenged by alternative development approaches. What is clear from the past decade is that mainstream development thinking is alive and well in Vietnam. Many ideas of development such as progress, and the role of science, technology and planning are not new to Vietnam. A history of encouraging progress through the introduction of science and technology and planning exists. As Neil Jamieson (1991, 23) states:

Virtually all mid-century Vietnamese stood in awe of modern science. With the example of Japan clearly in mind, Vietnamese saw science and technology as necessarily playing a major role in Vietnam’s ascent up the ladder of social evolution to “catch up” with the rest of the world. On the whole, Vietnamese folk beliefs were scorned by all intellectuals and political leaders as “superstition” and actively opposed by both communist and anticommunist intellectuals who saw this aspect of Vietnamese traditional culture as a major source of “backwardness” and a formidable obstacle to progress.

Science, technology, and planning were also embraced with open arms by the Democratic Republic of Vietnam model of development. The Soviet model of the ‘new socialist man’ was admired as a way of building a new society. The fight to overcome traditions were directed not only towards altering modes of production but also at changing the way people thought and behaved. Socialist-inspired social engineering through state led initiatives can be traced from several mass mobilisation campaigns (van dong), such as; family planning programs, resettlement campaigns through to today’s HIV/AIDS prevention campaigns. The goal to transform Vietnamese society through the modification of people’s behaviours has been central to many different ideologically inspired development projects. Again, as Jamieson (1991, 37) notes:
Neo-confucianists, Marxist-Leninist, French colonial administrators, anti-communist technocrats and western development experts have all tried to improve the lives of the Vietnamese people by teaching them, by exhorting them to improve their lives by modifying their thoughts and behaviours to become more in accord with the insights provided by one or the other of these various universal models of reality.

In 1957, on the 12th Anniversary of the Founding of the Democratic Republic of Viet Nam, Ho Chi Minh (1962, 250) outlined the path for a socialist society:

We have to build up a completely new society unknown in history. We have to radically change thousand-year-old customs and habits, ways of thinking, and prejudices...Our ignorant and poverty-ridden country must be turned into one with an advanced culture and a happy, merry life.

While there are variations between past Vietnamese models of development, the strategy today is ‘industrialisation and modernisation’ has persisted for decades. Today, overseas development aid (ODA) and foreign direct investment (FDI) are expected to turn Vietnam from a backward, agricultural country into an industrialised nation (Socialist Republic of Vietnam, 1996). As has been the case throughout the decades, it is still considered natural that all societies follow a path between two ideal polar types. While there may be odd deviations from the path, they are expected to be only minor and temporary. As is hoped for all developing countries, Vietnam will eventually find its way into the time occupied by the First World.

26 See Christine White (1982), Initiatives such as the ‘Association of the Modernisation of Vietnam’ founded in 1904 and then later the rise of the 1930s ‘new literature’ are examples of policies and movements that actively promoted change throughout Vietnamese society. There was increased enthusiasm for modern education, which resulted in the ‘Travel East’ movement. Trips were initially made to Japan by members of the ‘Association of Modernisation of Vietnam’ beginning in 1904 to find revolutionary support and to learn about Japan’s successful modernisation program. Japan’s progress became even more impressive with their victory over Russia in 1905. The Association of the Modernisation of Vietnam recognised the need the importance for ‘Vietnamese people to acquire greater knowledge of the sources of Western power in order to improve their position in the world’ (Jamieson, 1996, 57). By 1908 there were approximately 200 Vietnamese students studying in Japan (Marr, 1971, 111).
This is not to say that there have not been some changes, most clearly seen in Vietnam's adoption of ideas and practices around partnership, and in various new and improved measurements of development. These ideas and tools have played an important role in not only how these recent changes have been presented throughout Vietnam but also to the rest of the world. It is to this point in relation to HIV and AIDS that chapter four turns.
The pandemic has manifested itself in the world of work... in the following ways: discrimination in employment, social exclusion of persons living with HIV/AIDS, additional distortion of gender inequalities, increased number of AIDS orphans, and increased incidence of child labour. It has also disrupted the performance of the informal sector and small and medium enterprises. Other manifestations are low productivity, depleted human capital, challenged social security systems and threatened occupational safety and health, especially among certain groups at risk such as migrant workers and their communities and workers in the medical and transport sectors. (International Labour Office, 2000, 3)

As many of you know, HIV/AIDS is not just a health issue. With its impact on young and middle-aged adults, the spread of the epidemic could have a disastrous impact on the social and economic development of the affected communities and ultimately, on the country [Vietnam] as a whole. The disease acts as both a cause and effect of under-development as it robs children of their parents, families of their incomes, communities of their wealth. (Morey, 1996)

Introduction

It is well documented that HIV passes through communities by the mixing of bodily fluids – the most common means of transmission being through sexual intercourse, the sharing of infected needles, blood transfusions, and during pregnancy from an infected women to her child. However, it is cultural, political and economic forces that determine how the virus moves, and these factors are temporally and locally specific. Categories and frameworks used to understand the Vietnamese epidemic and ultimately to create the threat of HIV and AIDS did not evolve from the Vietnamese situation. These categories and frameworks, as Porter (1997, 215) notes, “travelled along with the researchers and other experts, along with a host of assumptions derived from locations and experiences which were radically different” from Vietnam’s experience. Many of these categories
travelled as part of the development baggage. Predictions, modelling, development reports, social and medical research, local and international media, global health reports, international and national conferences, UN development policy, international NGOs, the National AIDS Committee and the supporting National AIDS Bureau, the Party, along with the assistance of the many international experts have played a role in shaping the story of HIV and AIDS in Vietnam. This chapter explores how various institutions with their discourses and practices helped to create what we have come to know about HIV and AIDS in the developing world and in this instance in Vietnam.

Through various techniques, categories and frameworks have fixed and stabilised people, objects and places. In particular, development practices have enclosed subjectivities through what has become a standard range of techniques such as KAPB surveys and IEC campaigns, along with the assumptions about ‘risk groups’. By importing categories and frameworks to create order and understanding, new identities are drawn and redrawn around ‘target groups’ such as Commercial sex workers, intravenous drug users, truck drivers, itinerant workers, construction workers, and also around groups which are in Vietnam’s case excluded from the official AIDS discourse such as homosexuals.

This chapter begins by presenting how HIV and AIDS have come to be understood as a development problem by reducing the problem to a range of socio-economic variables. In most cases, when HIV is considered as a development problem, the universal development concepts of poverty and inequality are drawn on to explain risk of transmission and through this process subjects are often stabilised. Development texts that address HIV and AIDS turn to models and measurements of HIV and AIDS, which reduce and stabilise HIV and AIDS as a socio-economic problem for

1 IEC campaigns stands for Information, Education and Communications. These campaigns are designed to create awareness and influence behaviour change. The most popular means of IEC campaigns are billboards, pamphlets and counselling when testing is carried out. Imparting information tends to be the focus rather than changing behaviour. Chapters 6 and 7 explore IEC campaigns in detail.
development to tackle. This chapter explores how HIV and AIDS interact with what we have come to understand as ‘development’ by questioning that which has been taken for granted over the past decade of work on HIV and AIDS in non-industrialised societies. As dealt with in chapter two, discourses of development have been subjected to critical analysis during the 1990s, forcing us to recognise hidden assumptions in development’s concepts and tools. Key concepts that have helped frame what has been understood as development are also at work in framing HIV as a development problem. Guided by the development experts who have come to rely on concepts such as poverty, need, progress, ignorance, and the practices of labelling and statistics, the stories of HIV and AIDS in Vietnam are told.

The Most Formidable Development Challenge of Our Time

According to the United Nations, AIDS is now “the most formidable development challenge of our time.”

Over the past decade HIV and AIDS has come to be considered much more than just another health problem. It is a development problem; with the potential to threaten and even reverse many of the achievements made over the past five development decades. One of the most distinguishing factors about HIV/AIDS is that it has a two-way relationship with development. Unlike other development problems, HIV/AIDS is considered unique. As the Panos Institute (1992, 140) stated “HIV/AIDS is both a symptom and increasingly a cause of underdevelopment.”

In 1992, a year before the HIV epidemic ‘took off’ in Vietnam, Des Cohen (1992, 2) wrote: “Although it is readily agreed that HIV is a health problem

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2 Report of the Secretary-General, Special session of the General Assembly on HIV/AIDS, (February 2001 3).
3 This is not the first time development has been accused of promoting disease. Stories of colonialism are littered with how development introduced disease, altered ecology, disrupted social relations and created public health problems. For example, see Hughes and Hunter (1970) and Brown (1997).
4 Principal Economic Adviser on HIV and Development at the United Nations Development Programme and Deputy Director of the HIV and Development Programme.
it is not generally seen as a development one." Today, a decade since Cohen wrote those words, the connection between HIV, AIDS and development has been made on a global level. HIV/AIDS is now understood to be critical to development, some even arguing that it is unique from other development problems. The implications for social well-being, poverty alleviation and political and economic stability, all familiar development issues, have come to play an important role in our understandings of HIV/AIDS as a development issue. Poverty, inadequate education and health systems, and limited resources for prevention and care in developing countries all fuel the spread of the epidemic and help label the epidemic as a development problem. However, the connection with development is often made due to the simple statistic that over 95% of the 36.1 million people infected with HIV worldwide live in developing countries.  

The introductory quotations for this chapter tell how HIV and AIDS not only threaten many of the gains made over the past five development decades, but how the conditions of underdevelopment – most notably poverty and inequality - increase the difficulty of managing the epidemic. These also tell how the many benefits of economic and social development are threatened, and in some case even reduced due to HIV and AIDS. However, more often than not, as Roy Morey, UNDP Resident Coordinator in Vietnam stated: the realisation of HIV and AIDS as a development issue emanates from a range of social and economic impacts at the family, community and national levels. Most of these economic interpretations focus on potential economic loss by quantifying measurable costs. Higher adult infection level is understood to be directly linked to reducing per capita growth rates, which in turn results in significant loss of income (Cohen, 1993). By 1996, unlike many sub-

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5 Africa is home to 70% of adults and 80% of children worldwide living with HIV, and to three-quarters of the nearly 22 million people worldwide who have died of AIDS since the epidemic began. During 2000, an estimated 3.8 million people became infected with HIV in sub-Saharan Africa, and 2.4 million people died. Of the 13.2 million children orphaned by AIDS, 12.1 million are in Africa. AIDS is now the primary cause of death in Africa.
Saharan African countries, the threat of HIV and AIDS in Vietnam had yet to be quantified. For Vietnam, the reported, estimated and projected numbers were too small. The epidemic was too young. However, despite these restrictions, a UN report in Vietnam managed to connect, although tentatively and broadly, the impact of HIV and AIDS on development in terms of cost-benefit analysis:

As in other developing countries, one of the key concerns about HIV/AIDS in Vietnam is the effect this may have on development. Increased spending on HIV/AIDS means fewer resources to spend on other fundamental aspects of development such as education, infrastructure and human resource development, while the fatal nature of the disease means fewer managers, producers and consumers. (UN News, 2(2), 1996)

The nexus between HIV/AIDS and development has been explored by a number of organisations, the most prominent being UNDP's HIV and Development Program, the Panos Institute, and WHO's Global Programme on AIDS. The most recent and most high profile of these organisations, UNAIDS, came into existence in 1996 replacing WHO's Global Programme on AIDS. Since these organisations began their work, the gap between what has been described as one epidemic in the First World and another in the Third World has widened, galvanising the importance of development as a way of understanding this threat.

During this time, a great deal has been learnt about HIV and AIDS. In particular, significant progress has been made in moving the debate from a narrowly based health problem to one that is seen as a much broader 'development problem', although still grounded in economics (Laurie et al 1995; Squire, 1997; Ainsworth and Mead, 1997). The United Nations Security Council began the millennium by holding an unprecedented special session of AIDS and Africa, recognising AIDS as an issue of human security and acknowledged its future impact on increased regional instability and issues of national security. A report issued in January 2000

by the CIA, which outlined the threat of global infectious diseases, declared AIDS a major security issue for the United States. Later that same year, the General Assembly adopted the Millennium Declaration, which called for action on HIV and AIDS. Because of this declaration, a special session of the General Assembly on HIV and AIDS took place in June 2001.

Despite these changing perceptions, the relation between HIV/AIDS and development remains linked to stable development paradigms, which privilege universal ideals and rationalities operating in the name of development. This relationship remains for the most part unexplored and consequently often misunderstood. Misunderstandings are exacerbated, in part, by the unique challenges posed by the means of transmission and further clouded by the fact that while development promises to curb the spread of HIV there is evidence to the contrary suggesting that increases to the rate of infection are due to the results of development. Cohen’s comment that HIV/AIDS is not generally seen as a development problem is, in part, a response to the priorities set out by WHO’s Global Programme on AIDS (GPA) which was established in 1986. The programme focused its attention during the 1980s and early 1990s overwhelmingly upon medical aspects of the pandemic, such as vaccine development, clinical research, drug development, and improvements in diagnostics and epidemiological research (Panos, 1992, 144). In contrast, UNDP’s HIV and Development Programme focused its attention primarily on the social impact of HIV and social responses. By 1996, when

7 The Millennium Declaration (resolution 55/2) specifically called for action on HIV/AIDS. The resolution committed the world’s leaders to halting and beginning to reverse the spread of HIV/AIDS by the year 2015. The declaration came after a series of goals set by global conferences and their follow-up processes, which includes The World Summit for Social Development, the Fourth World Conference on Women and the International Conference on Population and Development.
8 The WHO Global Programme on AIDS (GPA) was established in 1987. During the initial year of the GPA 170 countries requested assistance, by 1989 GPA had helped 151 countries. Vietnam gained assistance from WHO’s GPA in 1988-1989 and set up a preliminary one-year Short Term Plan.
UNAIDS replaced WHO’s AIDS programme, broader development issues began to receive greater recognition.

As new organisations came into existence and existing organisations expanded their focus to incorporate the broader implications of HIV and AIDS, the gap between the First and the Third World’s experience with AIDS widened. The crucial distinction between the two ‘epidemics’ is not one of epidemiology, as suggested by early GPA conceptualisations of Patterns I, II and III, but rather of political economy, and is still seen today most clearly through the availability of treatments and vulnerability to infection. In the First World, advances in drug therapies have made it increasingly possible for HIV to become a ‘manageable condition’.

Medical advances continue to mean more people infected are able to live longer and better lives after diagnosis. However, such developments are meaningless in poor countries such as Vietnam where per capita public health spending is a low $US 4 and the amount of money spent, per capita on HIV/AIDS is 9 US cents which is extremely low compared to 90 US cents in Thailand (UNDP, 2001, 4).

Within a short time, understandings of HIV and AIDS have moved from a predominate health context to a much broader understanding of development which include issues such as security. HIV is now well entrenched within development debates as the latest development problem. One understanding that stands out in the development literature is the unique qualities of HIV which allow it to touch on more areas of development than any development issue has in the past.

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9 Resources between developed and developing countries differ dramatically. For example the per capita public health spending in Vietnam in 1998 was a low $US 4. Total public health spending as % of general government expenditure in 1998 was 6.3% for Vietnam in comparison to 16.8% for Australia. ‘Of nearly 500 HIV-infected people in Hanoi, only seven will get free medicine. Treatment costs about VND10m [approximately US$1,000] a month, well beyond the means of most patients’ (Tran Le Thuy, 1999, 27).
The Uniqueness of HIV and AIDS

Past epidemics have been more geographically contained. Many either burned out on their own or were stopped by simple measures such as the use of sterile syringes. In other epidemics symptoms appeared soon after infection and there was a high and rapid rate of mortality. In contrast, AIDS was identified in three continents almost simultaneously, hiding silently and striking what appeared to be certain identifiable groups. While some similarities have been drawn between AIDS and the great plagues of the past and present epidemics, many qualities about HIV transmission are unique. The uniqueness of AIDS is in part due to its timing. Globalisation has and continues to have a significant impact on how the virus spreads and on the way we think about and respond to the virus. This uniqueness is predicated on the opinion that HIV/AIDS cuts across groups of people and their roles in development unlike any other development issue has in the past. HIV offers development workers access to the most intimate behaviours of communities. The head of UNAIDS in Vietnam comments on how HIV has provided a unique opportunity for the airing of other issues in Thailand and now in Vietnam. It is an opportunity with far reaching benefits that may not have been possible without the threat of HIV and AIDS.

I have never experienced anything like AIDS in the sense that it allows me to knock on any ‘development door’. An example is human rights. Through HIV/AIDS you can deal with issues of human rights without using the big ‘HR’ word and that is by simply asking how the government deals with people living with AIDS. I just had a meeting this morning with the National AIDS Bureau about working with Vietnamese NGOs. I mean with real NGOs, not with the Youth Union or Women’s Union. AIDS has allowed that to happen. A similar thing happened in Thailand in 1989. At that time, the government didn’t work with Thai NGOs but, through pushing the AIDS issue; money was eventually allocated from the government to support NGOs. Now a similar thing is starting to happen in Vietnam. HIV is also an issue that people can relate to more than something like Vitamin A deficiency. Whether it is

10 It must be acknowledged that many of the characteristics of HIV transmission are the same as Hepatitis C
about men having sex with men, sex workers, drug users, or heterosexual relationships, people are able to relate to some aspect of one of these 'types'. You can't say that for any other area of development.\footnote{Field notes interview date: February 26, 1997}

Linge and Porter (1997) offer a range of reasons to why this pandemic is distinct from other illnesses. Unlike most diseases, HIV is associated with bad behaviour - sex work and drug taking - what are referred to as ‘social evils’ in Vietnam. HIV is not associated with bad luck; it does not strike individuals at random, as is often the case with other communicable diseases. Biology and behaviour both play a part in its spread. Marginalised people are often more vulnerable to HIV. HIV also makes people more vulnerable to other infectious diseases such as Tuberculosis. AIDS cannot be cured. No vaccines are available. The drugs available can slow the development of the virus, albeit with side effects. However, these drugs are economically beyond the reach of most people living in developing countries. There is a long time lapse between infection and the onset of clinically apparent diseases, which increases the chance for people who are HIV positive to unknowingly pass on the virus to others. In developing countries, it is common for people to discover that they are infected only when they become terminally ill. Such a long latent period reduces the urgency for authorities to act in the present. As Linge and Porter (1997, 7) put it: “In societies and situations where people greatly discount the future and have to contend with the more pressing needs of immediate survival, concern with HIV transmission and its consequences seems to have a low priority.” Investments in education campaigns for behaviour change are not directly measurable, while other investments in a country’s future can produce results that are more tangible in a shorter time.

The final unique quality of HIV and AIDS often cited goes to the heart of the socio-economic rationalities of the disease. The largest share of a country’s knowledge and skills are tied to those aged 20-40 (Reid, 1992;
Ainsworth and Over, 1997). This cohort tends to be the most sexually active and therefore most at risk of HIV and AIDS. The vulnerability of this group directly affects both the quality and the quantity of available labour. Adult deaths impose costs on other family members and the rest of society. A smaller work force has to support more children and elderly people.

The uniqueness of HIV is far more than its unusual relationship with development in the sense that it runs in both directions. One of the most significant aspects of HIV is in its relationship to everyday practices. As the UNAIDS representative stated above in regard to using AIDS to tackle broad range of human rights issues, "it is an issue that people can relate to." It is here that the greatest threat of HIV lies. People are able to relate to some aspect of HIV through the different behaviours that may place them at risk. The uniqueness of HIV and AIDS is grounded in everyday practices. Getting people and governments to acknowledge the potential impact on society is one of the main challenges. Modelling has played an important role in the global AIDS discourse and within Vietnam.

Modelling the Epidemic

The first issues paper produced by UNDP's HIV and Development Programme's, entitled: The HIV Epidemic and Development: The Unfolding of the Epidemic (Reid 1992), was one of the first papers to directly deal with HIV and AIDS as a development issue by exploring various social and economic repercussions of the epidemic and labelling them in terms of 'waves of consequences'. For Reid the waves represented a deepening of the epidemic whereby the virus radiates out over time throughout society.

The aim was to set out what were considered the major contributing factors to the spread of the virus. During the early 1990s, the model provided much needed clarity about the repercussions of the epidemic as
it moved through communities and nations of the Third World. The waves provided a model to encourage better understanding of the epidemic from a development perspective. The four overlapping waves help explain the destructive path of HIV and AIDS. The most crucial point to Reid’s waves was her ability to avoid locating the vector within seemingly identifiable groups of people. She writes: "At the epicentre of the inexorable chain of consequences is the transmission of the virus from person to person, from adult to child." The waves explored how the virus would affect families, communities and ultimately nations. The waves are as follows:

<table>
<thead>
<tr>
<th>Wave 1:</th>
<th>During the first wave, those infected eventually with time will become ill and die. The areas of immediate concern are for the future well being of the children of those infected. The demand for treatment will increase as more people become infected beyond what the country will be able to provide. Increased burden of care will fall on family, friends but mainly on women. Household incomes will be affected. Basic needs will no longer be affordable. Some families will become impoverished.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wave 2:</td>
<td>During the second wave of impact, more and more adults die leaving an increasing number of children and elderly without support. The level of poverty due to lack of support will increase. Existing support networks will soon be overwhelmed. A distinguishing feature of this stage is the psychological impact on individuals and communities due to the loss of so many lives.</td>
</tr>
<tr>
<td>Wave 3:</td>
<td>During the third wave of impact, a range of macroeconomic consequences emerges. There is a reduction in quality and quantity of available labour. Household, domestic savings and ultimately foreign exchange earnings fall. The cost to society from this loss of output far exceeds the growing direct costs of health care. With the burden of care falling disproportionately upon women, coupled with the growing number of women falling ill and dying, women will have less time for work. Increased morbidity will eventually affect all sectors of the economy.</td>
</tr>
<tr>
<td>Wave 4:</td>
<td>The fourth wave is directly linked to the consequences of the earlier waves. If the spread of the virus is not slowed as early as possible, and if those affected are not adequately supported, then the very survival of communities and nations will be in jeopardy.</td>
</tr>
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Reid provided a degree of much needed predicability and clarity about how the virus affects Third World communities. Uncertainties about how the virus moves throughout a community plagued development professionals’ understandings at the time the ‘waves of consequences’ theory was conceived. Until this time attention had been devoted to understanding the virus from a medical perspective or from within a particular community. The ‘waves of consequences’ helped to organise
and arrange subject, objects and ideas. The model demonstrated how the virus could have an impact upon human development as no other disease had in the past. However, most importantly, a connection was made between the intensity of the epidemic with appropriate and timely intervention. By the time the fourth wave takes hold, “even international interventions to prevent the total disintegration of the nation state may be too late” (Reid, 1992, 11).

Models by their very nature help to manage and organise. Models, however, can also restrict, distort and mislead. The ‘waves of consequences’ has left a legacy, which constrains and limits ways of interpreting the link between HIV/AIDS and development. As the model travels through development circles, it homogenises the epidemic. The multidimensional and even contradictory nature of the ‘epidemic’ tends to be diminished and in its place, a sense of predicability is introduced. There is a degree of universal legitimacy associated with the different phases or ‘waves’ as the epidemic progresses. Just as Rostow (1971) in the 1950s showed how a country is able to see its future through the metaphors of successive waves, the same principles apply with the future impact of HIV on a country’s future development. Applying a model helps in establishing a framework and boundaries so that specific action can take place in relation to how far the epidemic has progressed. For Reid each stage has its own set of policies that are cumulative rather than sequential. For countries such as Vietnam, which came late to the epidemic, the waves theory provides a reassuring, while at the same time worrying sense of predicability. The epidemic’s path has been laid out. As Lim (1993, 12) states: “Those countries in the forefront of the battle can legitimately claim a lack of understanding of the disease and of its consequences for their dilatory action. Latecomers cannot lay claim to such ignorance.”

Variations of the wave model have evolved to explain how the virus moves through society. As recounted in chapter one, development experts and
government officials in Vietnam have relied upon the wave theory, recording its movement though the first into the second wave by 1996/1997. Vietnam, like most countries, has located the epicentre not in the infected person, as Reid showed us, but in identifiable target groups – female sex workers and intravenous drug users. The Vietnamese State along with the development experts has kept a close eye on Thailand’s encounter with the pandemic. In 1997, CARE located Vietnam’s epidemic somewhere between the first and the second wave. The certainty of Vietnam’s future was captured by the following passage:

HIV/AIDS in Vietnam will follow the path of the epidemic in neighbouring countries and be rapidly spread through unsafe sexual practices into the wider heterosexual community and to children through mother foetus transmission. Vietnam is already starting to see a slight change in the nature of the epidemic. (1997, 12)

At times, the movement from one phase to the next is presented as if the stages are discrete. “Vietnam has now come to the end of stage one of the epidemic,” declared Professor Chung A, at a Hanoi HAG meeting. He went on to say: “Now stage two, which is the stage when the disease starts to spread through the community, is beginning.” In 1990 HIV and AIDS were recognised by Vietnamese authorities as a new problem with unique characteristics never before seen. Being able to draw on other countries’ experiences did help in understanding what was happening in Vietnam. Vietnam’s future, reflected in the imported wave theory, required social research to be carried out upon specific groups within society and assumptions around poverty came to define many of the groups.

‘AIDS is an Epidemic of the Poor and Ignorant’

In development discourses identities are often fixed and stabilised through a range of associations made between ‘poverty’ and choice (Porter, 1997). The concept of poverty is one of the most common discourses of

12 Minutes from HAG meeting, Hanoi, May 6, 1997.
development that works to organise a situation. As explored in chapter three, discourses of poverty also work to distort and mislead. Poverty has come to mean much more than simply being poor. To use the label ‘poverty’ implies a range of assumptions, the most glaring being that a person is ignorant, or at the least lacking necessary information to make informed decisions that affect his or her well-being. If, despite what is understood to be their poverty, they are able to make decisions, there is a greater chance that their decisions will be based on what is seen by ‘experts’ to be incorrect or misleading information. Not only does poverty imply ignorance and lack of knowledge but it also implies that the person has few or no choices. The question of choice has been glossed over by development organisations: “choice has become an unwelcome guest at HIV debates” (Porter, 1997).

What is understood to be poverty creates the conditions that facilitate the spread of HIV/AIDS at the same time as it prevents an effective response (Panos, 1992, 10). HIV is spreading throughout Vietnam due to a range of factors, as identified by CARE (1997, 8):

Inadequate health services, including an unsafe national system of blood supply, and high risk behaviour set against a background of low levels of education, poverty, economic reform and rapid urbanization and marginalisation have facilitated the transmission of HIV in Vietnam.

Most development experts see poverty and inequality as the common thread running through each of these risk factors. Development organisations argue that the forces underpinning the spread of HIV in Vietnam are as economic and political as they are cultural. The problems of poverty and inequality drive the story of HIV and AIDS in Vietnam, explaining how migration, gender, blood supply, biological considerations, sex work and illicit drug use are all risk factors. AIDS, as is the pattern with most communicable diseases, seeks out the poor and vulnerable. It is no surprise that the poor are more at risk. For centuries, studies have

13 UNDP 1999, 42
shown that the poor are less healthy than the non-poor in the developed and developing worlds.

There is the assumption that if you are a blood donor then there is a greater chance that you are selling your blood because you are poor. Most blood available for transfusions is supplied from an estimated 10,000 professional sellers. By 1997, 2.4 per cent of blood donors in Vietnam were testing positive for HIV. The fact that not all blood in Vietnam is screened is a major concern. A World Bank funded mission in 1994 identified the lack of blood donors and as a consequence a general shortage of blood to be one of the major problems to the supply of safe blood throughout Vietnam. People are more willing to give voluntarily if their standard of living is reasonable.

Development experts argue that not only does being poor make education, along with provision of condoms and clean needles, more difficult, but it can also deprive people of the choice to make use of these prevention measures, even if they are available. In addition, if you have HIV, you are more vulnerable to poverty due to the associated discrimination and stigma. On the other hand, if you are poor, you have a greater chance of becoming infected. Poverty creates risky environments. Ann, one of the development workers in Hanoi recalled, "I often think about a quote I once read by a Brazilian doctor, something to the effect

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14 According to the National Institute of Haematology and Blood Transfusion, in Bach Mai Hospital, Hanoi, approximately 80-85% of the blood collected comes from professional donors and the rest from family donors (Nhan Dan, 2000). The price paid to donors for blood is fixed by the Ministry of Health at 80,000 dong per 250ml donation and is funded by national or local government. Patients are generally charged for the blood they receive at approximately 225,000 dong per 250ml.

15 While donors are routinely examined and screened before donation, it is not always possible in situations of emergency, which account for up to 30% of national blood usage in which case screening is either not done or it is performed after transfusion. In some hospitals, blood is never screened due to the lack of resources (Kitchen, 1994, 9).

16 It was estimated in 1994 that the collection rate was only 13 per cent of the theoretical need based on the number of patient beds (Kitchen, 1994, 7). By the year 2000, it was estimated that only 11 per cent of needed blood was available. In 2000, Do Trung Phan, head of the National Institute of Haematology and Blood Transfusion stated that Vietnam needed 400,000 litres of blood per year but could only collect one-ninth of this. (Nhan Dan, 2000, October 14-15, 5) These numbers equates with the under-requesting and undersupply of blood because of limited supplies.
that ‘the HIV pandemic has exposed the cracks and gaps of society's injustice’...I know I'm not the first to say it, but in a way, AIDS is a poverty virus.”17 For most development workers the connection between HIV and poverty and inequality is obvious. Not only does poverty contribute to HIV transmission but it also exacerbates the impact of HIV and AIDS. The bi-causal relationship between doi moi and HIV was acknowledged in a UNDP project document (1994): “These recent policy shifts have led to a number of changes that directly impact on the spread of HIV. Unfortunately, although the changes have led to an increased optimism for development, many of the major effects of the resulting social and economic dynamics will act to increase the HIV/AIDS problem.” Collins and Rau (2000, 6) also make the point:

- Poverty is a factor in HIV transmission and exacerbated the impact of HIV/AIDS
- The experience of HIV/AIDS by individuals, households and even communities that are poor can readily lead to an intensification of poverty and even push some non-poor into poverty. Thus, HIV/AIDS can impoverish people in such a way as to intensify the epidemic itself.

The World Bank report, *Confronting AIDS: Public Priorities in a Global Epidemic* (Ainsworth and Over, 1997), recognises that low income and unequal distribution of income are associated with high infection rates. High HIV infection rates occur along with high-income inequality, whereas countries with a high GNP per capita have lower rates of infection. Figure 5 and 6 show that there is a correlation between growth and lower rates of HIV prevalence among the urban adult population. Referring to figure 5 and 6, Lee-Nah Hsu, Manager of the South-East Asia HIV and Development Project argues for better governance by stating: “the higher Gross National Product per capita, in 1994 United States dollar terms, the lower the urban adult HIV prevalence there is.” For Lee-Nah Hsu, (2000)

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17 Fieldnotes, January 10, 1997.
there is a winning formula whereby "Development + good governance = low and stable HIV prevalence."\(^{18}\)

Figure 5: GNP Per Capita & Urban Adult HIV Infection in 72 Countries
(Source: Lee-Nah Hsu, 2000, 2)

Figure 6: Income Inequality & Urban Adult HIV Infection in 72 Countries
(Source: Lee-Nah Hsu, 2000, 2)

Clearly the conjunctures between HIV and poverty that were made elsewhere in the world set the foundation for the way in which HIV would

\(^{18}\) The formula is that for the average developing country a $2,000 increase in per capita income is associated with a reduction of about 4% points in the HIV infection rate of urban adults. Reducing the index of inequality from 0.5 to 0.4, the difference in inequality between, for example, Honduras and Malawi is associated with a reduction in the infection rate of 3% points. The World Bank also argues that there is a positive correlation between income and level educational level and occupational status with HIV infection.
be viewed in Vietnam. While some development experts believe that the answer to fighting the spread of HIV and AIDS is about promoting economic growth which is evenly spread throughout a society there still remains the problem of confronting those inequalities if one has limited resources. Learning what might be unique about a country requires creating order and understanding about the situation. Social research has played an important role in understanding the Vietnamese epidemic and ultimately in creating the threat of HIV and AIDS.

Rationalities of Development: Fixing Subjectivities through Social Research

Knowledge from other countries about the virus and how it is transmitted became more accessible to Vietnamese authorities with the reintegration of Vietnam into the region and the growing involvement of the international development community in Vietnam. It was understood from research conducted in places such as Thailand that unprotected heterosexual intercourse would most likely become a major contributing factor to increased levels of infection throughout Vietnam. Soon after the surveillance system was in place it was accepted that injecting intravenous drug users, and to a lesser extent female sex workers, were most at risk. Even from the early days of the epidemic it was believed to be only a matter of time before the virus would spread from specific ‘target groups’ to what was known as ‘the general population’ (Le Dien Hong, 1992).

19 In 1988 Asia, the Pacific and North Africa were classified as pattern III countries. This meant that the number of AIDS cases that had been reported was relatively small and the patterns of how the virus spreads had not yet to be determined. Pattern I countries were countries such as USA and Australia where HIV/AIDS was predominantly spread through male-to-male sex and injecting drug use. Pattern II countries included countries in sub-Saharan Africa where HIV was predominantly spread through vaginal intercourse (Moodie, 1997, 32).

20 December 1992 a government decree was issued mandating testing of female commercial sex workers, drug users, homosexuals, and prisoners. The legal response is discussed in more detail in chapter 5.
Information, not only to increase people's knowledge about how the virus is transmitted but also about transmission paths that might be unique to Vietnam, was considered vital if Vietnam was to protect itself from what the models predicted. Questions, specific to Vietnam, concerned with unique practices and behaviours that might place Vietnamese people at risk needed to be addressed. Due to discrimination against socially marginal groups in Vietnamese society added to the research priorities of development organisations, little was known about the behaviours and attitudes of the marginalised 'target groups'. Researchers began to collect information about both groups; gaining insights into what people thought and did in relation to accessing information (Franklin, 1993) sexual customs (Franklin, 1994b), relationships (Bennoun, 1992) and drug taking (Nguyen, 1993).

In 1994, only six international NGOs were listed by UNDP as working in the area of HIV prevention in Vietnam.\(^\text{21}\) By 1997, more than a dozen international NGOs had begun working on HIV issues, but more impressive was the fact that by 1997 a total of sixty projects had or were addressing the social aspects of HIV/AIDS specific to Vietnam. Even though most Vietnamese and international professionals working in HIV prevention were medical doctors or health workers, the social and behavioural sciences dominated HIV/AIDS discourse in Vietnam. The relevance of the social to HIV prevention was also recognised in the appointment of sociologist Professor Chung A as director of the National AIDS Bureau in late 1996. Appointing a sociologist to head the national response gave credibility to social and cultural aspects of HIV transmission, as against what had been considered predominately a health concern. These projects covered a number of areas such as: establishing base-line data to effectively plan for development projects; raising awareness among defined population groups; promoting

\(^{21}\)They were APHEDA, CARE International, DKT International, PDA, Save the Children Fund (UK), and World Vision. A further three NGOs had proposals to work in HIV prevention; ADRA (Adventist Development and Relief Agency), International Voluntary Services, Medecins sans Frontiers.
counselling; or exploring how poverty, gender or migration relates to the Vietnamese experience of HIV and AIDS.22 Some of the research projects were as follows: *Insights into AIDS-related knowledge, attitudes, beliefs and behaviours of ordinary women living in or near Hanoi* (Brugemann and Franklin, 1996); *Knowledge of AIDS among Hmong and Dao ethnic groups. How Hmong and Dao ethnic groups access information* (Vuong Duy Quang, 1996); *Result of KAPB Baseline Survey on Drug Addicts in Quang Ninh Province* (Vu Thi Minh Hanh, 1998); *Youth who talk about HIV/AIDS and Gender* (Efroymson, 1997). A *Study of the lives of truck drivers in central Vietnam and an understanding of obstacles to HIV prevention and care* (Beesley, 1998). Standard of services were also researched, such as blood transfusion services (Kitchen, 1994), counselling (McNally, 1997) and STI treatment, (Quigley, 1998). The list of research projects goes on.23

Many of these projects incorporated surveys, commonly referred to as Knowledge Attitude Practices and Behaviour (KAPB) surveys, often with the objective of exploring and measuring risks and behaviours, and people’s attitudes about HIV/AIDS. The aim was to gain knowledge that could help promote behaviour change. Most of the research was overwhelmingly descriptive of the different behaviours, recording what was there, with little thought given to the fact that research could also be prescriptive.

For development projects to be successful, whether that is distributing condoms, designing training workshops, or producing a TV soap opera, people considered most at risk need to be known. To design an effective project that would change people’s behaviours and attitudes, people had

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23 36 research projects were included in a matrix by the Sociologists working group on HIV in Vietnam ‘Sociological Research Activities on HIV/AIDS and Related Issues in Vietnam’, 14/02/97.
to be known. As Escobar points out: to ultimately govern subjects, development experts need to know their subject (Escobar, 1995). However, as Hobart (1992) argues, understanding in the context of development is often portrayed as simply collecting information to form knowledge. Such a process can be fraught with problems, the most obvious being that the social worlds of the developers, whether foreigners or nationals, are often far apart from those being developed. Knowledge gained from development research is seldom seen to be an imperfect, dialectical or critical process (Hobart, 1992). In fact, great lengths are often taken to cover over any hint that the research process may have encountered such difficulties. The objects of research are never just encountered, they are made through a range of discourses and practices. The "criteria of what constitutes knowledge, what is to be excluded and who is designated as qualified to know involves acts of power" (Hobart, 1992, 9).

The lives and lifestyles of individuals have become objects of development by becoming 'knowable'. As DeBois (1991, 21) states: "appropriate treatment is predicated upon an accurate diagnosis, which requires both comprehension and familiarity." While research is conducted through various methods, such as structured surveys and focus group discussions, what remains consistent is the goal of probing into people's intimate behaviours and thoughts. Vital knowledge is 'uncovered' about the individual, knowledge that reveals gaps in understanding. The development process through a range of documentary procedures, such as social research, plays an important role in defining what the individual needs to know, which reveals needs and creates ignorance (Hobart, 1992). These techniques, whether government sentinel surveillance programmes, research carried out by international NGOs, or simply statistical interpretations, all help to label and normalise identities within larger groups. Through social and behavioural research, subjects are made through the defining of people in relation to 'needs' or 'lacks'.

Chapter Four
Much of the social and behavioural research rests on the assumption of knowledge as communicable propositions, presuming shared rationality. Information is believed to be ‘out there’; all that is needed is for it to be recorded. Problems are framed mechanically and are thought to arise where the code is not shared, or where there are difficulties in the medium (Hobart, 1992). For the development expert, such difficulties are considered to be daily experiences. Gagnon in his work on HIV and AIDS prevention, divides the social researchers into ‘methodological doubters’ and ‘epistemological doubters’. The methodological doubters include the majority of social scientists who believe that “theories can be refined, techniques improved, error reduced, bias accounted for, and that there are some true parameters in nature that human efforts at discovery may approximate” (Gagnon, 1992, 33). The challenge is to ask the right questions. Then there are the epistemological doubters who see the problem as inherent in the practice of social science. For them, social researchers do not discover social facts, but participate in their production and reproduction. When social researchers seek to understand a ‘target group’, such as what sex workers do and think, they participate in the production of knowledge about the subject’s behaviour and in maintaining a socially and culturally approved category. Social researchers and their research become a part of the production of the phenomenon they study.

The challenge for the researcher, often a foreign development expert, is to make the chosen research method effective within the cultural setting and within institutional constraints of time and money. For Vietnam, methodological challenges to social and behavioural research exist not only because Vietnam is a developing country and the subjects are often marginalised, but because little research has been carried out in the area of sexuality and drug use (Khuat, 1998).

The research vision has also been dictated by available epidemiological data within a relatively limited range of target groups moving from one target group to another with limited vision for long-term research issues.
Although a considerable amount of behavioural research has been carried out in Vietnam, the epidemiologists have dominated the research agenda setting. The social research community follows in the wake of the epidemiologists, focusing on recording different behaviours in line with the categories provided by the epidemiologists. As a consequence, there is, in Parker's (1995, 264) words, "an almost constant sense of 'putting out fires' in which sexual behaviour research activities have consistently lagged behind the identification of epidemiological 'hot spots'."

What has occurred in Vietnam is similar to what Parker (1995, 260) calls, "a kind of extreme empiricism" based on the hope that theoretical insights will eventually emerge from the data. However, research on sexuality and other intimate behaviours fails to fully contextualise the behaviour within its social, cultural and political settings. Sexuality is not seen as inherently a political arena. The most obvious problems associated with identifying target groups can be seen by the confusion surrounding identity. For example: who is a prostitute? and what constitutes sex work? need to be explored in relation to social contexts. Men who have sex with men is another issue that has raised some concern, as discussed in the following section.

Creating Ignorance and the Need for Knowledge

Nguyen Dang Duc, 61, was arrested in April 1996, several days after he drowned his 65-year-old wife in the family water tank and forced his 11-year-old son to take a dozen powerful sleeping pills... [He] killed his wife and son because he mistakenly thought they had contracted AIDS...Doctor friends of the family were reported to have suspected Duc had contracted the AIDS virus after examining a rash on his back but a blood test at the Pasteur Hospital after the killings revealed he had not. (Deutsche Presse-Agentur, 1997)

The events that led to Nguyen Dang Duc's arrest illustrate a lack of understanding and knowledge about HIV/AIDS. The story is not unusual. The reader is left believing that these tragic events might have been
prevented if only it were not for Nguyen Dang Duc’s ignorance of how HIV is transmitted. Ignorance, as Hobart (1993,1) claims, “is not a simple antithesis of knowledge." In fact, the possibility of ignorance increases with the growth of systematic knowledge. It is a state which people attribute to others and is laden with moral judgement (Alatas, 1977).

The need for correct information underpins the popular development prevention strategies of IEC and Peer Education. Whether or not people clearly understand how HIV is transmitted has been a concern for government officials and development workers since HIV was first identified. The challenge of recording levels of knowledge, whether it is about how the virus is transmitted, or how to use a condom is not unique to Vietnam. It is considered a universal problem. During the early years of the HIV epidemic in Vietnam, Professor Le Dien Hong, deputy chairman of the National AIDS Committee, commented that only three percent of people surveyed in Hanoi and nine percent in HCMC have ‘a full knowledge of AIDS’. This was defined as having the ability to correctly answer simple questions about the disease. As the epidemic expanded, quantifying ignorance expanded into sub-groups of the population.

Identifying needs is an important part of creating HIV and AIDS as a development problem. The assumption held by developers is that needs exist and the challenge for the developer is to quantify that need, which is often established by base line surveys, such as KAPB surveys. The need is then provided with an appropriate response. Through professional expertise, along with the use of specific development tools such as statistics, specific needs relating to HIV prevention are identified. A crucial part of development work is to demonstrate that there is a need for intervention and that there is a deficiency to be addressed.

However, this notion of need is problematic. Needs are not self-evident; they are political and they are created. How needs are identified and responded to is open to a variety of interpretations. It is not simply the
case of encouraging participatory development which works to involve people at the local level in identifying and contextualising their own needs. The spread of HIV and AIDS throughout the developing world has, for example, created a range of needs that have only recently been articulated.

Development organisations have been instrumental in encouraging donor recipients not only to accept that they require assistance but also to articulate in internationally accepted development language what their needs are. The UNDP’s recent project, ‘Strengthening Capacity in Coordination, Planning and Management of HIV/AIDS in Vietnam’, is one example of a development programme providing help in articulating the need in internationally accepted terms. The major means of capacity building from this project were the HAG meetings, UNAIDS theme groups and the HIV/AIDS electronic forum on NETNAM. Other examples include the work of many development organisations in broadening the understanding of risk away from specific risk groups, such as sex workers and intravenous drug users, towards an understanding of risk as a set of behaviours.

Wilson and Cawthorne (1999) reflecting on their outreach work in the ‘gay’ community in Nha Trang argue that ‘ignorance’ is one of the greatest threats to the well being of Vietnamese society. ‘Ignorance’ is similar to ‘need’; both are socially constructed concepts. People are made ‘ignorant’ through a range of techniques. Just as development promises to free people from poverty, it also promises to free people from their ignorance through the transfer of the ‘valued commodity’ knowledge. The ending of the vicious circle of ignorance and poverty, defining concepts of what development has come to mean over the past five decades, are seen to be two of the most important factors in the spread of HIV and AIDS throughout developing countries. The need to make people aware of their ignorance and their need for knowledge has become a universal response by development experts.
Information, Education, and Communication (IEC) campaigns have become the backbone of most countries HIV and AIDS prevention and control programmes. The dissemination of information is at the centre of the Vietnamese government’s and the international development community’s efforts to prevent the spread of HIV and AIDS in Vietnam. The communication of knowledge is understood as the transfer of information between two parties that share a sense of rationality. In order for the HIV/AIDS prevention process to be perceived as successful, it is important that information be collected about the subject’s knowledge, attitudes and behaviours. The collection and construction of this body of knowledge also involves uncovering ‘local knowledges’, such as what men do when they get together for a night on the town.

The act of collecting this information and then bringing meaning to the information involves acts of power. As Hobart (1993, 9) claims: “The criteria of what constitutes knowledge, what is to be excluded and who is designated as qualified to know involves acts of power.” Knowledge, Attitude, Practice and Behaviour surveys, employed by most international development agencies and the National AIDS Bureau, has quantified the level of ignorance. The findings from an early CARE study: The Risk of AIDS in Vietnam (Franklin, 1993), provided evidence of Vietnamese ignorance about HIV/AIDS. One aim of the study was to identify any “behaviours, attitudes and gaps in knowledge that puts Vietnam at risk for AIDS.”

Misconceptions about HIV and AIDS are rife throughout most developing countries. The fight against this range of misconceptions and misinformation sets the agendas for many development workers. Lack of education, inadequate messages, even incorrect information, is each seen to contribute to the increase of HIV. Wilson and Cawthorne (1999), tackle the hidden problem of men who have sex with men in Vietnam. Male-male HIV transmission is hidden due to two reasons. Firstly, the
HIV/AIDS epidemic in Vietnam and throughout Asia is labelled as a heterosexually transmitted epidemic and not an epidemic with many modalities. The effects of this labelling is exacerbated by the fact that homosexuality is not officially acknowledged in Vietnam. UNAIDS representative, Laurent Zessler, is quoted saying, "we assume there are homosexual cases but it is difficult to deal with something that is not mentioned in official data" (Tran Le Thuy, 1999, 26). For those who are aware that homosexuality does exist it is most often seen as a 'social evil'.

Wilson and Cawthorne argue that the Vietnamese government's campaigns have failed in part because they urge people to avoid 'social evils' instead of giving 'precise information' concerning what constitutes risk behaviour. The problem for men who have sex with men is that appropriate AIDS prevention information that addresses this type of behaviour is not available in Vietnam. The information that is available, argue Wilson and Cawthorne (1999), could be and often is misunderstood, with potentially dangerous results. The extent of young 'gay' men's ignorance was revealed through a peer education program conducted during 1996 and 1997 in the southern tourist centre of Nha Trang. Most informants

[Most informants] did not understand that HIV is an infection, but thought that AIDS somehow happened when body fluids came into contact with each other. Most thought that anal sex was safe because the anus is dry. They thought that oral sex was dangerous because the mouth is wet (Wilson and Cawthorne, 1999, 4).

Ignorance, described by Wilson and Cawthorne (1999) and often by other development workers, is often described as a lack of correct information and is usually, as the above examples show, one of the greatest dangers to HIV infection. However, as this example shows, ignorance is created through HIV/AIDS campaigns and the discourses surrounding HIV/AIDS by focusing mainly on heterosexual individuals. Homosexuality has been muted by the HIV/AIDS prevention messages, which have not allowed for
people's behaviour to be contextualised within the particular social, cultural and political setting.

HIV and Women's Needs: How Vietnamese Women are Perceived in HIV Prevention

By 1996, 15% of the people who tested positive to HIV were Vietnamese women. The rate of infection among men at this time was 4.7 times that among females; however, the ratio was beginning to close and expected to reverse (Chung, Vu and Dondero, 1998). WHO had predicted for Vietnam that by 1998 the ratio of infection between men to women would change dramatically to three women infected to every male infected. The reason given for this dramatic turn around in infections was that the virus would spread from an ever-increasing sex industry from 'sex workers' to their male clients and eventually to 'ordinary women'. This path of infection is helped by cultural and economic factors, the most obvious being that sex is not openly discussed, particularly among women and women are usually unable to negotiate safe sex.

Evidence from many developing countries shows that women are not only increasingly becoming infected with HIV but they are becoming infected at a younger age than men are. Biological and cultural reasons place women at greater risk of HIV infection than men. Through various modes of domination and subordination, Vietnamese women, like women throughout the developing world, are silenced. Cultural beliefs, practices and values tied to gender relations help to maintain this silence. Women are represented as victims and vectors through the categories of 'partners', 'prostitutes' and 'mother-to-child-transmission'. One of the challenges for development has been to break that silence with the goal of

24 Sub-Saharan Africa teenage girls are infected at a rate of five times greater than their male counterparts. See also Reid's paper (1993). Women become infected more easily than men, possibly at all ages and most definitely, when they are in their teens, early
empowerment and participation, key concepts that run throughout discourses on development.

The relationship of Vietnamese women to the threat of HIV has emerged through a range of discourse and practices. The recent introduction of liberal feminist discourses, along with knowledge about women and gender relations from numerous base-line surveys have all contributed to a network of representations on Vietnamese women. This recent knowledge base has influenced the Vietnamese state, the Women’s Union, international development organisations and their many experts. The image of the Vietnamese women is pulled in opposite directions. Government campaigns fighting against ‘social evils’ construct women as perpetuating the ‘social evil’ of prostitution. Women are also seen more generally to hold the key in combating social evils, by virtue of their family roles of mothers and wives, and as keepers of tradition.

Vietnamese women are portrayed as tradition-bound victims of timeless patriarchal cultures. Vietnamese women, writes McDonald (1994), are more vulnerable to HIV infection because they are economically, politically, socially and culturally oppressed. They lack the necessary skills to educate themselves about HIV prevention and they are unable to say yes to an expression of their identities. There is what Mohanty (1991, 71-72) terms the ‘colonialist move’ which comes about through the fusion of a binary model of gender, which sees ‘women’ as an a priori category of oppressed, with an ‘ethnocentric universality’. Other locations and perspectives are taken as the norm helping to create the stereotype of the ‘Third World Women’ (Narayan, 1997; Hildson et al, 2000). The Vietnamese woman is seen as less educated with fewer opportunities than men to access information about HIV prevention. Her understanding about her body and how to protect herself from STIs is also limited. Class and race are absent from analysis in HIV prevention work. The only

twenties and after menopause. There appears to be a biological, immunological and/or virological susceptibility in women that changes with age.
diversity written about is categorised in terms of location – differences between rural and urban women – or in terms of culture – differences perceived to be between ‘modern’ and ‘traditional’ women.

The powerless position of women is further exacerbated by the subordination of the individual to the community, which is advocated in both socialist and Confucian traditions. This subordination clashes with the liberal feminist tradition underpinning most gender and development policies. The powerless position of Vietnamese women in the time of AIDS is blamed on a combination of factors ranging from the Communist Government, the economic shift to a free market, and patriarchal values shrouded in cultural excuses. Tension exists between the government’s view on gender relations whereby it prides itself on gender equality with evidence from a range of legalisation, an active Women’s Union, and wide participation of women in the public sphere and what Truong Tranh Dam (1996) argues as the continuing ‘feudal’ gender relations. The ‘feudal’ gender relations have persisted principally because gender equality in the past was more a means to strengthening the revolution and in nation building, rather than an end in itself. It was simply a trade-off between equality and efficiency. Patriarchal culture re-emerged after re-unification, and the trade-off between equality and efficiency has increased since the introduction of doi moi. The re-emergence of the household as a central player in economic development has changed women’s relationship to the economy, which previously had been strongly regulated by the state. Since the introduction of doi moi, it appears that “the assertion that ‘we have equality’ is increasingly out of time with the mounting evidence of inequality in Vietnamese society not only between the sexes, but also between the new capitalists and those marginalized by the market economy, between the burgeoning cities and the impoverished countryside” (Schech and McNally, 2001, 660). The effects of economic liberalisation on women’s employment have not been fully recognised by the state.
Many international development organisations working in Vietnam armed with liberal feminist understandings of gender and development have directed their attention towards exposing these structural constraints believed to hinder Vietnamese women from educating themselves about HIV prevention. By rendering women passive, the fact that the interpretation of her needs is not self-evident but a highly political act is obscured. Needs were ascribed to the individuals who have been predefined to be in need. Political overtones and obvious issues of representation are dismissed in base-line surveys with the popular focus group discussions claim that the subjects "speak for themselves" (Brugemann and Franklin, 1996, 7). The interpretation of women's needs is seen as unproblematic and self-evident. It is not seen as a political issue or act.

The problem for women is often framed so that choice is not an option. Women are portrayed as victims because of a range of obstacles preventing them from practising safer sex, such as inability to guarantee their partner's fidelity, difficulty in refusing sex, and in ensuring that a condom is used, inability to leave a dangerous relationship, inability to stop rape and incest, and economic pressures which may lead to sex work.

Cultural expectations and women's inability to keep a man sexually happy are often blamed for men's infidelity. In addition, gender inequalities often result in women being unable to negotiate safer sex. Women's limited bargaining power against the reluctance of men to use condoms place women at a high risk of HIV infection. Failure of the wife or regular partner to remain appealing or available for sex, the desire of men for something new and different, and sexual circumstances, including the seductive behaviour of others were noted in a CARE (1993) KAPB study as the three reasons why Vietnamese men had extra-sexual relations. This problem was followed up in a later study by CARE (Brugemann and Franklin, 1996).
To help change the inequalities experienced by women, projects such as CARE’s project *Skills Training for Incarcerated Women* began in 1995 with the long-term aim being:

To change attitudes in rehabilitation centre towards programmes for women and change the methodologies used in training programmes in detention centres for women by assisting women in re-education centres to develop relevant life skills and self esteem. (CARE, 1996, 2)

One objective was to “raise the self-esteem of 300 women in detention by giving them a framework of social analysis which constructs them as victims of circumstance rather than immoral people.” (CARE, 1996, 2)

One NGO worker commented on how the project was “liberating these women... Many of the women who attended the class said that they felt more confident about speaking out about their situation and can understand the impact of economic circumstances on families and individuals.”

Training programmes, such as the one provided by CARE, still run the risk of constructing women as victims with limited control and choice. Women’s needs are predetermined. This construction belies the reality of women’s lives as agents — with certain degrees of control and choice. However, women are far from the only group that suffers from the limits of social construction. This pattern of the narrow construction is also seen in migratory individuals.

**Travelling Subjects: Migration and Poverty**

Since the introduction of *doi moi* there has been greater freedom of movement throughout Vietnam. The increased role of the private sector, along with greater job opportunities and lower transport costs, has helped reduce financial and state imposed barriers to movement. Poverty,

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25 Interview with NGO worker, Hanoi, 11 November 1996.
uneven development and growing expectations brought about by economic growth and globalisation has meant people are able to look and move elsewhere for work. Some move to urban centres, another province or even across a border into Cambodia, China or Laos.

However, border crossings are often cited as one of the major causes of HIV. People move in search of work. Push-and-pull factors have sent both men and women to major cities – notably Ho Chi Minh City and Hanoi. Poverty is reported not only to drive labour migration but also it increases the chances of simply being on the move. Limited economic possibilities in rural areas push men and women to leave the countryside in search of work (UNDP 1998; Djamba, et al 1999). Poverty driven migration for seasonal work and young women often being forced and sometimes tricked into commercial sex work are two of the activities most commonly linked with risk for HIV infection (Hoang Linh, 1998, 5). A CARE report (1997, 9) comments that poverty remains a major factor in migration and recently it has been made easier:

A relaxation of restrictions on movement combined with poverty and poor economic prospects experienced within Vietnam has led to increased migration as people search for employment. Regardless of the regulations requiring exit visas for Vietnamese citizens, sections of the Vietnamese population are migrating (legally and illegally) for the purpose of work.

Border crossings are not new, although they are receiving more attention in this era of 'commoditisation'. A few days after I returned from a trip to the northern province of Lang Son, Professor Chung A addressed a HAG meeting and talked about the recent and worrying discovery of HIV in another northern border province. "Lang Son now has over 100 people infected with HIV. [This recent discovery] was due to the growing market
economy, drug use, along with issues arising from being a border province."

We stood on the balcony of our hotel in Lao Cai looking across the Red River separating us from China. Dr. Hai commented while he pointed to what looked like a shantytown on the other side: "Many Vietnamese women go over the border each day to work in that market. It's much easier these days to go over the border. Not all of the women are selling produce in the market; many are involved in prostitution. We don't know how many are working as prostitutes and of course how many are infected. I think it is going to be a big problem for Lao Cai."

Signs of a badly damaged Lao Cai Town are still evident from the Chinese invasion of almost 20 years ago. It was not until 1993 that the border between China and Vietnam reopened. According to development indicators, the town's people are now enjoying a boom time, primarily due to sharing a border with China's Yunnan province. Authorities estimate that most of the commerce between the two countries is illegal. Both Vietnamese and Chinese can cross the river at Lao Cai Town and some other points for daytime trips without need of passports or even special permits. With the economic boom occurring in the area, the connection between border crossings and development is automatically made. The explanation appears to be simple: the women Dr. Hai talks of travel for one reason - economics.

The epicentre of the epidemic is often located in these women. The risks lie outside Vietnam – over the river in China. The women bring the virus back home to Vietnam. It is an example of what Appadurai (1990) refers to as the "new global cultural economy" being played out across this

26 Minutes from HAG meeting Hanoi, 27 May 1997.
27 “Vietnam sends to China, both legally and illegally, iron, coal, rubber, poultry, baby pigs, wild animals such as tigers whose byproducts are used as aphrodisiacs and traditional medicine, and dogs and cats for cooking. In return, Vietnam gets from China vegetables, construction material, fans and light appliances, toys, cigarettes, soft drinks and beer, textiles, fertilizer, heavy machinery and garments” (David Lamb, 1998).
border zone. The dominant liberal interpretation of international relations, which depicts the nation-state as homogenous and exclusive, does not account for what Appadurai (1990, 296) calls the “complex, overlapping, disjunctive order.” The nation-state “cannot any longer be understood in terms of existing center-periphery models...nor is it susceptible to simple models of push and pull...or of surpluses and deficits...or of consumers and producers.” Existing theories are inadequate, as they have only barely begun to engage with the fundamental disjunctures between economy, culture and politics.

Dr Hai then asked: “Have you seen the poster? We were going to put it up next to the border crossing but the local AIDS Committee thought that it would offend the Chinese. So, we put it up this side of the bridge. I think it is better that way.” The billboard stood at the town side of the bridge, with the message: “Do not bring HIV/AIDS home.”

![Figure 7: Poster: 'Do not bring HIV/AIDS home', Lao Cai, 1997](image)

In 1996, Lao Cai was added to the national sentinel surveillance programme, bringing the total number of sites in the programme to 20 provinces. Within the pre-defined ‘target groups’ that are tested twice a year, no one during Lao Cai’s first year of surveillance had tested positive.
It was now 1997, as we looked out across the muddy Red River. A year is a long time for HIV to take hold. Mr Hai's concern that these women travelling each day to work in the market were infected with HIV, or soon would be, made sense as we looked into the market from our hotel balcony. Perhaps a more appropriate question at the time was not whether they were infected but how many of their partners were infected. Borders are dangerous. The identities and sexualities used to inscribe the risk of travel across the river did not evolve from this northern site. We had carried ideas of these identities and sexualities with us from conversations in Hanoi and reports compiled from research carried out elsewhere. We were introducing stories from other locations and experiences into Lao Cai Town. Similarities were effortlessly drawn with other border provinces such as An Giang experience with Cambodia in the south. At this time, no research had been proposed for this northern site. Privileging the nation and the idea of development would continue, a situation that Patton (1994, 22) argues,

misses the reality that sexual norms and the symbolic meaning of sexual practices (even an identical act) are temporally and locally specific. The failure to theorize sexuality as malleable when it moves leads researchers and policymakers to ignore important economic, political, and cultural factors which underlie mobility, supporting the temptation to deal with mobility problems through regulation of national borders.

Mr Hai and I had learnt a few weeks earlier, while running a series of focus group discussions on HIV counselling in the town of Lao Cai that one person in the province had been identified with HIV. A health worker commented, when talking about the difficulties of counselling: “We have one infected man now. We found out about him six months ago...he travels for work. Only the Director and I know who he is. I have been many times to his house. He stated that he will commit suicide if he is infected with HIV, so we have not informed him of his positive result at this moment. We said that he has a serious STD so he should use a condom and disposable syringes.”
The comment 'he travels for work' made sense. It was accepted with little questioning from the group. No more information was needed to help us locate him within what we thought to be an appropriate time and place.

He too like the women and the men who have sex with men as discussed above, was a victim of Vietnam's development. Borders do not have to be crossed to increase someone's risk of HIV just being on the move has consequences. It is an established truth, writes Jamie Uhrig, a long time AIDS consultant in Vietnam, that "people who move are more vulnerable than those who are settled" (2000,1).

Being aware of the fact that ideas of identities are some times brought to a situation from other experiences is not always easy to acknowledge. It is so much easier to look for similarities that fit existing models. The risk categories used in determining who is at risk, what Plummer and Porter (1997) term 'stigmatised risk categories' were created in the West in the 1980s. These were the early days of the pandemic when little was understood about risk behaviour and politics of identity gained little attention. It was a time when the AIDS epidemic drew its meaning not only from the times in which it arrived, but also from those who became infected' (van der Vliet, 1996, 3).

Conclusion

Attention has been given here to how the discourses of development construct objects of development. In particular, this chapter has explored how a range of development practices has framed subjects, ascribing needs and fixing stable identities upon them. It is a story of local identities, such as women, truck drivers, youth, poor people, migrants, drug users and sex workers and how their identities are fixed through a number of forces – the most dominant being the activities of development agencies and Vietnamese institutions. Problems are constructed and solutions given according to a priori criteria. This points to the necessity of
People’s thoughts and practices have been subjected to scrutiny through a range of intervention techniques, such as KAPB surveys and focus group studies. Through practices and discourses of development that classify, exclude, objectify, discipline and normalise, the subjects of development are fixed. There are universal ideals and rationalities operating in the name of development, such as poverty, need, the use of statistics and categories. Each of these concepts brings meaning to HIV and AIDS. It is clear that there need to be, as Porter (1998, 218) argues: “[a]lternative views on ‘poverty’ and HIV/AIDS as a way of elaborating an alternative conception of subjectivity and identity that...is more consistent with the diverse ways in which local people account for their situations and actions.” People who engage in sex work or travel seeking work or pleasure are assigned to pre-determined categories. Being classified as a sex worker or a drug user, or even a truck driver brings with it a range of assumptions often tied to what is measured and understood as poverty, lack of choice and ignorance. These categories have been defined at a global level often with little regard to the temporal and locally specific nature of HIV and AIDS. There is a presumed universality to sexuality, masculinity and migration. As the most popular means of HIV transmission, the understanding that sex is temporally and locally specific is more often than not lost within research practices which work to simply uncover what is thought to be there. Often development workers with their ideas and practices fail to grasp the malleable nature of sexuality and masculinity as they move from one location to another as shown in the example of male-to-male sex and the need not only to acknowledge that such practices exist but also more importantly to understand what such practices mean in Vietnam society.

While this chapter has shown how some of the discourses on development have helped create HIV and AIDS as a development
problem in Vietnam, there are a range of other discourses employed by the Vietnamese state that help to create the threat of HIV and AIDS in Vietnam. The most prominent of these discourses are the discourses on morality. The following chapter explores the impact of these discourses through Vietnam's fight against 'social evils'.
Chapter 5

Changing Behaviour: Vietnam's Fight against 'Social Evils'

Drug abuse and prostitution are the two social evils directly affecting the transmission of HIV infection in Vietnam and posing big problems to the Vietnamese society. (Le Dien Hong, 1992, 16)

Introduction

How the Vietnamese epidemic is understood, perceived and talked about is neither static nor universal. It is through culturally influenced acts of power that we begin to understand the epidemic. This chapter moves the focus beyond how discourses of development contribute to the construction of the threat of HIV and AIDS in Vietnam to exploring how the local context mediates the situation. In particular how do Vietnamese discourses of morality shape understandings of HIV/AIDS and the epidemic? It is argued that the moral discourse in Vietnam and, in particular, the fight against 'social evils' has played a major role in shaping both the problem of HIV and AIDS in Vietnam and in creating a response. While 'social evils' are not unique to Vietnam, how these evils are presented, how they travel, and how the Vietnamese public and those influencing policy interpret them is germane to Vietnam's story of HIV and AIDS.

HIV entered Vietnam at an extraordinary time in the country's history. It was a time marked with promises of development and accompanied by temporal, spatial and cultural disjunctures. During this time, drugs and prostitution assumed a new dimension within Vietnamese society. Social and economic change increased prostitution and contributed to replacing the smoking of opium with injecting drugs. These were new times, as the opening quotation from Professor Le Dien Hong stresses, when drug abuse and prostitution have both increased the incidence of HIV and ultimately were perceived as
threatening the social fabric of society. The cause of these escalating social problems, often explained as the “dark side of the market economy”, is attributed to unregulated development.

For most Vietnamese today the HIV/AIDS epidemic remains a distant spectre, having little direct impact on everyday practices. Yet, through its association with the increased attention towards the state construction of ‘social evils’, the threat of HIV and AIDS has become a metaphor for many of the problems facing a more open Vietnam. The reporting of the earliest HIV cases, including only one Vietnamese national, contributed to a deceptive belief in cultural immunity to HIV and AIDS among the Vietnamese public.¹ Despite numerous HIV awareness campaigns to counter this dangerous chauvinism, many people in Vietnam accept that HIV is a danger to specific, often marginalised, groups within Vietnamese society. Injecting drug users and commercial sex workers have been identified as the two vectors of the impending epidemic - a view that is not by any means unique to Vietnam. A widespread belief persists that HIV is not a personal threat to ‘good’ people, but rather an affliction of those persons engaged in bad behaviour, labelled in Vietnam as being associated with ‘social evils’.

Despite the many economic and cultural changes ushered in by doi moi, Vietnam continues to be controlled by a one-party state that remains often intolerant of freedom and social pluralism and that is ambivalent towards change. The fight against ‘social evils’ has received a great deal of attention since the country began to re-open to the world. This battle is much more than a fight against changing morals due to the increased exposure to the decadent West. It is a struggle against change within a society that officially values conformity while many citizens, particularly the young, have a clear desire for change. The most obvious tensions are between a culture trapped

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in the past while exposed to a range of global forces. There is an uncomfortable existence between old and new, played out between the north and south, the poorer countryside and the seemingly thriving urban centres, and pressure for conformity based on traditional values such as the family and community. As Jamieson (1991, 25) writes: “Traditional Vietnamese culture, modern Western influences and Marxism-Leninism now co-exist uneasily in the population of Vietnam.” Rising levels of consumption and individualism, both a product of market reforms have made these tensions between the old and the new even more jarring.

The corner stone of the government’s social evils campaign has been to attempt to stamp out prostitution and drug use. Surveillance, data collection and education remain focused upon specific ‘risk categories’ - the most prominent being sex workers and intravenous drug users. Despite attempts to do away with understanding risks in relation to ‘target groups’, a person’s group membership still appears to be more important in determining whether that person is at risk rather than his or her behaviour. Techniques used to fix subjectivities, as dealt with in the previous chapter, remain central to this chapter. People are forced to organise around predefined categories. The government plays a crucial and dominant role in identifying and labelling people in its efforts to reduce the growing level of ‘social evils’ and the threat of HIV/AIDS.

The chapter begins by exploring the sex industry through recounting ‘a night on the town’. Attention to Vietnam’s changing moral landscape is explored through a range of laws which attempt to regulate and mobilise the bureaucracy, the family and the individual to create a safe environment against HIV and AIDS. A constant message throughout all the decrees and

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1 It was thought that she contracted the virus from her Viet Kieu finance. The first fifty-seven cases were identified as being fifty-three Thai fishermen, one Taiwanese living in Vietnam, two overseas Viet Kieu (Australian and American) and the aforementioned woman.

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campaigns is the need to strengthen the role of the family, which is perceived to be under threat from the growing trend of individualism.

A Cuddle at Pha Ni’s Bar

Figure 8: ‘Let’s pay attention: Cuddle dollar cuddle SIDA!’

“I’ll take you to the ‘cuddle bar’ that we went to last night,” said my friend Mark. Mark often takes friends on what he ironically refers to as ‘Cook Sex Tours of Saigon’. It is a night ‘on the town’ where he gives his guests a glimpse of what the sex industry has to offer on the streets, in the small bars and clubs, and behind the facades of the karaoke bars and cafes. His guests get an opportunity to meet with some of the women who work the streets and bars that he has come to know over the years from his work with HIV/AIDS prevention. One of his regular tour stops is Pha Ni’s bar in Thai Van Lung Street, just around the corner from the infamous Apocalypse Now bar. It is well placed to tap into the foreign tourist market and the local clientele who can afford it.
The previous night Mark had taken his friends, Peter and Carol, to meet the women at Pha Ni’s. Tonight there were five of us heading off to Pha Ni’s for a drink and a look. Peter and Carol, who joined us for their second night, were visiting Vietnam to make a documentary on the contradictions of HIV and AIDS in Vietnam. The night before had been a great success; Peter mentioned how they had spent over one million dong,\(^2\) mainly on drinks but also on tips for the women, so that they would get some good footage for their documentary. He said “the women performed wonderfully for the camera, they danced on the tables and flirted outrageously.”

We walked into the dimly lit bar at around 8.30 p.m. Pha Ni’s was clearly a space reserved for male clients. Young women lounged around the black lacquered bar, waiting and looking a little bored. My skin instantly responded to the cool of the air-conditioner helping to bring me back in touch with my body. I felt that the women saw me as a typical male customer looking for enjoyment. Perhaps half a dozen pairs of eyes fixed upon me. The air was ‘sexed’. I felt an overwhelming sense of opposites: male and female, First World and Third World, although I acknowledge that it may not have been that simple. Behind the bar the decision had been reached as to who was to be my hostess for what was to be our brief encounter with the libidinal economy. It was a decision that I didn’t make.

I chose the bar stools over the chocolate-coloured velour module pushed into the corner of the room behind the front door. The stools against the bar somehow seemed safer. It was still early; there was only one other customer in the bar being entertained by two of the women. We took our places along the bar. Behind us, there was a narrow staircase that would take you to a room with a pool table and more velour seats that had somehow found their way here from the 1970s. I was told that upstairs was the place “where the more serious cuddling was done.”

\(^2\) Nearly $100 US.
was one side narrow room. The theme song the World Cup, ‘La Copa De La Vida’, drowned out a television perched high behind the bar. The World Cup, it seemed, permeated into every corner of Vietnamese life.

A Tiger beer was placed in front of me. Not hesitating, Hien my hostess set to work straight away on me. By running a scented paper towel over my face and arms, she gently laid claim to me. She was confident and she pretended to be impressed with me as she wiped the heat and dirt of the summer night away. She asked if I would like her to massage me, perhaps noticing that I was a little tense. She didn’t wait for an answer. Perhaps no one ever says ‘no’. Her job was to relax me so that I would drink more. She asked me if she could also have a drink. A voice from Peter then came over my shoulder, “You should be careful where you put your hands, because the price goes up depending on what you touch.”

We talked about nothing much. She asked the usual questions: what was I doing in Vietnam? Where was I staying? And what did I think of Vietnam? Hien told me that she really wanted to work in an office for an international company, but jobs like that are hard to get. Her story was not uncommon. She left her family and came to the city nearly three years ago to find work. She still has not been back to visit her family. I wondered how she sees herself. Perhaps she sees herself as the ‘dutiful daughter’ caught up in Vietnam’s drive to modernise? Perhaps she sends money home as often as she can and works in this bar for the moment for the money? She changed the topic as if she was tired of her story. “If you like”, she said, as she slowly worked her way down my body, making sure she did not miss anything, “I can get a day off work and we can spend it together?”
The night was not going to be another million-dong night, and we were soon off somewhere else. We, or perhaps Hien, had cuddled 50,000 dong worth. Hien would keep the 50,000 dong tip for keeping me there and keeping me drinking. The money for the drinks would go to the owner of the bar. Hien would have to work until at least 2 am. If she leaves with a customer at the end of the evening then that is her business. No sex takes place on the premises, which makes it much harder for authorities to control the sex industry, while also negating any responsibility on the part of the owner of the bar. Sometimes Hien has a busy night making men feel pleased with themselves, or else she has a night spent fixing her make-up. Tonight, however, is different; the women will be entertained by the World Cup game along with the rest of Vietnam.

We leave the women at Pha Ni’s to walk the streets of Saigon. If you wait your turn, 5,000 dong is all you need to buy yourself a few moments of pleasure on one of the benches in the park next to the Cathedral. A woman sits there in the half-light with a roll of toilet paper displayed next to her, indicating that she is open for business. If it were not for the roll of toilet paper you probably would not even notice her sitting on the park bench with her plastic basket next to her. She is nothing special, she is a world away from the women at Pha Ni’s. She has not put on any make-up or a short skirt for work tonight. She talks with another woman working one of the benches not far down the path. She smiles to her next customer as her last kicks up the stand of his bicycle, throws his leg over the rail, and heads off into the noise of the city that he was momentarily taken away from. They sit close together, his arm wrapped around her. She reaches for the paper. It’s over. Her capital outlay is negligible. Her business is much easier to set up than a pho stand, but for the price of a bowl of pho she will take you somewhere else. As we left the park, my friend Mark commented that once he counted 15 pieces of toilet paper late one night once trading was over.
The Sex Industry

Most people who have spent some time in Vietnam will have their own stories to tell about their encounters with the sex industry. The globalising forces that have accompanied Vietnam's 'industrialisation and modernisation' have helped to increase the number of spaces where sex is bought and sold. The sex economy, which has always operated throughout all levels of society, is becoming more visible and the blurring between public and private space is creating greater challenges for the Vietnamese government (Drummond, 2000).

Le Thi Quy, a Vietnamese Historian at the Centre for Family and Women Studies in Hanoi, argues that prostitution made a resurgence in Vietnam in the 1980s. Although prostitution is still neither recognised nor accepted in today's Vietnam, it operates "in a relatively open manner." It is "practised in almost all hotels, inns, restaurants, dancing halls, beauty and massage parlours, beer houses, cafeterias, public parks, street pavement, bus station, railway station and any other places such as dyke embankment or sea beach" [sic] (Le Thi Quy, 1993, 4).

Paying for sex is a large component of the country's growing leisure industry. Women's bodies are often portrayed as sexual, available and aplenty for the enjoyment or just for the gaze of men. These representations are found far and wide, from calendars in restaurants and bia oms to early government sponsored anti-social evils posters, which have a propensity to be recycled by local authorities. You could be forgiven for thinking that prostitution is legal in Vietnam. For most men a walk down Dong Khoi 'General Uprising' Street, the streets around the Reunification Palace, or up Pasture Street in District One on any night of the week will bring whistles from cyclo drivers or offers from women street vendors. These whistles are invitations to find you a 'beautiful Vietnamese woman', or perhaps the initial offer of a massage,
leading to other pleasures. Or you may be enticed by young women hanging out of the doorway of small bars or karaoke cafes to come join them. In a society with limited options for leisure, Bia Hoi³ and Bia Om⁴ offer relaxation, enjoyment and even excitement and adventure for people who find themselves with a little bit of money to spend on themselves.

In a CARE study on urban men and sex workers, titled The Risk of AIDS in Vietnam (Franklin, 1993), it was reported that 44 % of the men interviewed claimed they had two or more sexual partners within a two-week period. However, the figure of 44 %, which is an alarming discovery with frightening consequences, is only representative of the “categories of men who frequent the places where sex is bought and sold, or where dates for sex can be made, such as cafes, restaurants, parks, streets, bia oms, etc.” (Franklin, 1993, 35). Another finding from the report was that these “men report often going out to drink with friends and seek prostitutes.” They “prefer to go looking for them in the company of their men friends.” As one respondent claimed: “It’s for fun if we go out for girls. So most often we go in a group, and we all share a girl” (Franklin, 1993, 40).

³ ‘Bia Hoi’ is a place where you can buy beer.
The women are the reason why men go to these bars. Tuoi Tre\(^5\) newspaper published an article entitled *Bia Oms Are Just a Front.*\(^6\) Through articles such as this, women remain at the epicentre of the HIV/AIDS threat. They are easier to locate and to write about than are the male customers. As Moodie (1997, 29) states: it is much easier to identify and test sex workers than clients, despite the fact that clients may be more likely to travel to other areas and spread the virus. The article, about two 'bia oms' in district 7 of Ho Chi Minh City, begins by asking: "Is there something special about the bia oms here which makes them so attractive?" In contrast to my experience at Phi Ni's Bar, sex is allowed on the premises, and is one of the main drawing cards.

Huong Lan Restaurant... is a large restaurant with hundreds of hostesses prepared to serve 'from start to finish'. The 'law' here is that after drinking half a slab [of beer] the customers can request the girls to striptease with prices at 50,000 dong for just a look before the girls put their clothes back on again; 100,000 for a feel and 200,000 for the girls to striptease and then sit down with the customer for the whole evening! The restaurant is designed like a battleground in order to avoid the attention of the police. Emergency exits are everywhere and some of the doors look like walls. When there is a raid the girls pick up their clothes and escape through the paddy fields and as a result hooligans often give fake warnings of a police raid so they have a chance to see a free 'running striptease'... A nearby restaurant, Huong Thao...was even more reckless when the owner Le Thi Phuc, allowed the hostess and drinkers to go from A to Z right at the drinking tables. The restaurant was quite well organised. Waiters had the joint responsibility of standing guard, ushering customers into the restaurant and buying condoms if requested. On 11 June 1998 investigators from the Ho Chi Minh City police caught five drinkers in the act of having sex with the hostesses right on the tables of this restaurant. The owner, Nguyen Thi Dao, was arrested (p5).

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\(^4\) 'Bia Om' literally means beer (bia) and a cuddle (om). These places are popular male only drinking places.
\(^5\) Youth Newspaper
\(^6\) Hoang Linh, (1998, 5).
At Huong Lan Restaurant 70 to 80% of the hostesses were from far-flung provinces. Ms Tr. Th. P. told us that a woman from her village had suggested she come to Ho Chi Minh City to sell bia om. The pimp lent her 3 million dong to rent a house and buy a motorbike on credit. At first her life changed for the better, she was even able to buy a TV to send back to her home village. But after a while, with compounding interest on the loan, the restaurant owner discovered the proposition of ‘going with the customer’. If she agreed then the interest would be halved, if she didn’t then her things would be repossessed and she would be thrown out, with the added ‘present’ of a few scars on her face. Ms. P. didn’t have any way out.

It is an uneasy article, sending out contradictory messages. Sex at Bia Hoi’s is illegal and people are caught. However, the article conveys an impression that, due to the safeguards that management puts in place most of the time, it is safe. The image of the ‘girls’ collecting their clothes and running through the paddy fields along with the accompanying cartoon Figure 9, adds to the article’s lurid representation of sex work. It is a growing industry. Moreover, it is because of their growing popularity that sex takes place “with customers on the restaurant’s tables.” The reason given for the increased level of ‘naughtiness’ is due to their growing popularity. To stay in business one must be competitive with similar restaurants. No longer will the promise of only a cuddle attract a paying customer.

While this article sheds light on how women are almost unknowingly lured into the sex industry, it also serves to illustrate the point of identifying morally corrupt individuals; naming names and addresses of restaurants, owners and managers who have been arrested for organising prostitution in their restaurants and in some cases allowing sex to take place on their drinking tables. The owners, in defence of these acts “claimed that due to such stiff competition from many other bia oms they had to turn to naughtiness and sex to attract customers (?!)” (p. 5). Market forces are to blame, not only for introducing the spirit of competition but also for forcing these women into this industry. The article also warns of a growing threat of these places: “Many
other restaurants in the metropolitan area such as in Binh Chanh District and Districts 5 and 6, have 'trialed' and 'upgraded' their bia oms in imitation of those in District 7." The article describes how the women, who are usually from another province, are exploited and quickly become economically dependent upon the owner of the restaurant. The women depend on tips from customers, as they are not paid a wage. "If they come late or leave early they will be fined 100,000 dong. Arguing will cost them a 50,000 dong fine and there is a 200,000 dong fine for going with customers outside of the restaurant's control"(5). In one respect, the article is representative of many of the tragic stories of young innocent 'girls' who have become victims because of their lack of choice. The article also exposes and condones the most visible of social evils while also demonstrating that Vietnam is coming to terms with its newfound 'freedom'. The fact that such an article is printed is important, particularly in a country that continues to regulate heavily the moral conduct of its citizens.

As is the case in many other countries under threat of HIV/AIDS, there is a homogenisation of identity implied in the aggregated statistics and studies being conducted on the Commercial Sex Worker in Vietnam. One-dimensional views gloss over the more complex realities. The commercial sex worker has become a subject of experts from many disciplines. Her intimate activities are receiving more attention than ever before, while the male sex worker has still to receive attention from the expert in Vietnam.7 Research and media reports are constructing the commercial sex worker and other 'high risk groups' as, what Porter (1997, 216) calls "core transmitters" to the HIV epidemic. Prostitutes and drug users have become "physically and socially discernible epicentres." The realities have been forced to fit the model whereby the subjectivities of sex workers become fixed through the

7 Save the Children Fund (UK), conducted a study in 1992, entitled: HIV/AIDS Programming with High Risk Behaviour Groups in Ho Chi Minh City. This was the first and to date only study that addresses male sex workers.
campaigns is the need to strengthen the role of the family, which is perceived to be under threat from the growing trend of individualism.

A Cuddle at Pha Ni’s Bar

“..."I’ll take you to the ‘cuddle bar’ that we went to last night,” said my friend Mark. Mark often takes friends on what he ironically refers to as ‘Cook Sex Tours of Saigon’. It is a night ‘on the town’ where he gives his guests a glimpse of what the sex industry has to offer on the streets, in the small bars and clubs, and behind the facades of the karaoke bars and cafes. His guests get an opportunity to meet with some of the women who work the streets and bars that he has come to know over the years from his work with HIV/AIDS prevention. One of his regular tour stops is Pha Ni’s bar in Thai Van Lung Street, just around the corner from the infamous Apocalypse Now bar. It is well placed to tap into the foreign tourist market and the local clientele who can afford it.

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awareness about HIV and AIDS and to encourage behaviour change. The aim of the government at this time was to legislate rather than educate.

The relocation of the National AIDS Committee from the Ministry of Health to the guidance of the Office of the Government, with representatives of ten ministries and six of the mass organisations, was symbolically significant. The AIDS Committee and its secretariat, the National AIDS Bureau, were distinct from other departments such as MOLISA whose job was to deal with the growing level of 'social evils'. The National AIDS Committee's institutional identity through its location helped to create a space to argue that an effective HIV and AIDS campaign should reach beyond sex workers and drug users to include what was referred to as the 'general population'. However, HIV testing, research and many educational programmes have remained focused primarily on 'high risk' target groups. The most significant attempt by the government to demonstrate the separation between HIV and 'social evils' was taken with The National Strategic Plan for the Prevention and Control of HIV/AIDS in Vietnam (1994-2000) (NAC, 1993b). This plan, which was finalised at the time the second medium-term plan was written, set out a range of policies, strategies and priorities for HIV/AIDS prevention and control. Although the Strategic Plan did identify target groups thought to be most at risk, including: commercial sex workers, STD clients, injecting drug users, youth and blood donors, it also stressed that the HIV/AIDS epidemic must be understood as a separate issue from 'social evils'. It stated:

The HIV/AIDS epidemic must be considered as a distinct issue that requires specific measures for prevention. It should be considered

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8 In April 1994, the Minister of Health as Chair of the NAC approved the final version of the Strategic Plan, published by the National AIDS Committee in December 1993, but the report did not receive a higher sanction. The State Planning Committee approved the Second Medium Term Plan, issued in March 1994, following an evaluation of the first Medium-Term Plan for 1991-1993. (There is a lack of clarity concerning the status of the Strategic Plan).
separately without linking it to injecting drug use and prostitution (certainly associated but separate problems).9

The ten-year practice of keeping AIDS separate from a number of vices (if only in public policy) was effectively reversed in June 2000, when a new committee was formed. The new National Committee on AIDS, Drugs and Prostitution was a merger of existing committees: the government Steering Board on Social Evils, the National Committee on Drugs Control and the National AIDS Committee, bringing together HIV/AIDS, prostitution and drug use.10 In defence of the new committee, the Vietnamese government claimed that the merger would help streamline the government's public health efforts. Instead, as Jamie Uhrig, a consultant on HIV and AIDS, stated the new committee sent out the resounding message that “if you don't use drugs or go to prostitutes, you're free from risk.”11

The struggle between what Vietnam sees as 'traditional values' and what is allowed in from outside its increasingly porous borders can be seen throughout the government's campaigns that target 'social evils'. These 'social evils' cover a range of sins: prostitution, drug abuse, gambling, pornography, corruption and waste, and even at times western music. The 1995 decree, referred to as 87/CP,12 was brought to life in February 1996 just before Tet. It was the first of many campaigns targeting a range of 'social evils' (te nan xa hoi) and 'poisonous culture' (van hoa doc hai). The timing of the campaign was not lost on some Vietnamese; as David Marr (1996, 40) states, "some saw the campaign as an attempt by the conservatives in the Communist Party to embarrass proponents of continued rapid economic

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10 A Deputy Prime Minister heads the committee with the Minister of Public Security, the Minister of Labour, War Invalids and Social Affairs (MOLISA), the Minister of Public Health and a member from the Executive Board of the Vietnam Fatherland Front's Presidium.
11 http://www.feer.com/_0006_22/p10.html
12 "Enhancing the management of cultural activities and cultural services, increasing the elimination of serious social evils"
transformation, in the lead-up to the 8th Party Congress scheduled for June
1996.” Such campaigns have continued to be waged throughout the country
promoting ‘healthy’ cultural activities and displaying acts of power and
oppression in an attempt to expose threats to the moral fabric of society.
They are campaigns of social control, reminders of the two decades of
isolation and strict communist control over Vietnamese society. They are
attempts at eliminating aspects of society that contribute to harmful and anti-
social practices that threaten the community and ultimately the nation.

Most notable from the first campaign in February 1996 was the police’s
handiwork in creating moral barricades as they worked their way through the
streets of Ho Chi Minh City and Hanoi covering over, and in some cases
removing, advertisements bearing Western brand names. Raids took place
on bookstores and other places thought to be selling illegal literature. Music
and video shops, karaoke cafes and dancing halls were also raided. Rules
and regulations were broadcast throughout the streets over community
speakers. Newspapers also played their part by naming names and reporting
on how many instances of unhealthy cultural phenomena have been
discovered.

Reporting incidences of social evils has become a staple in many of
Vietnam’s papers, most notably the Ho Chi Minh Police Weekly (Cong An
Thanh Pho Ho Chi Minh) newspaper. As of July 30, 2000, there had been
33,514 rounds of inspections at cultural service units’ nation wide. It was
reported that 8,114 violations have been uncovered. As many as 1,170 units
have had their business terminated, and 1,177 business licences have been
revoked. The inspectors have seized 120,194 tapes, 84,054 CDs, 30 tonnes

13 Article 31 Decree 87/CP a sign board in a foreign language shall in no event be of a larger
size than the name in the Vietnamese language written on the same sign board.

14 Circulation of more than 500,000

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In 1998, the weekly newspaper *The Law of Ho Chi Minh City* published a survey of 2030 of its readers who listed what they considered the top ten legal vices needing of attention; corruption (26%), heroin use (23%), prostitution (10%), and dangerous driving (6%) were listed as the top four vices.

With the fading of the campaigns, public billboards remain to provide constant reminders of what to guard against. They often deal directly with a range of well-known evils. The three posters below (figures 11, 12 and 13) appeared together in Hanoi in 1995 and again in 1997. The first depicts a giant red fist smashing a range of activities that threaten society such as: karaoke houses, pornography, prostitutes, drugs that are smoked and injected, and gambling. The caption stating: “Preventing harmful culture is the responsibility of all society.” The next poster continues the theme with the message: “Determined to prevent and abolish all social evils.” Illegal videos and printed material are crossed out in red. The message from the final poster states: “Do not use or accept harmful cultural products – Do not [become] addicted to smoking or injecting drugs. Do not buy or sell prostitution. Do not gamble or bet.” A prostitute, pornographic videotapes, syringe and even fortune-tellers (*boi toan*), all are commonly known threats to society.

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15 The article does not make it clear if this haul is the grand total since the campaigns began in 1996. What is important is that they are reported.
Figure 11: ‘Preventing harmful culture is the responsibility of all society’
Figure 12: ‘Determined to prevent and abolish all social evils’
Figure 13: ‘Do not use or accept harmful cultural products – Do not [become] addicted to smoking or injecting drugs. Do not buy or sell prostitution. Do not gamble or bet.’
(Posters: Hanoi, 1997/98)

Figure 14: A ‘social evils’ poster Son La province
(Poster: Son La Province, 1997)

Other billboards help in the government’s IEC campaign directly targeting HIV and AIDS. Billboards such as (fig 15) fight the crusade against HIV by targeting the two ‘high risk’ groups. To prevent SIDA [AIDS], do not have sex
with prostitutes [and] do not inject drugs.” These images reinforce the messages that sex workers and drug users are at risk of contracting HIV. If you ‘avoid’ going to a prostitute and ‘avoid’ using drugs then you are safe from HIV.

Figure 15: “To prevent SIDA [AIDS], do not have sex with prostitutes [and] do not inject drugs.”

(Poster: Hanoi, 1996/97)

Nguyen Thi Hue, Director of the Bureau for Prevention and Control of Social Evils, cites the “dark side of the market economy” as the main reason for the increased level of social evils. She concludes that these social evils “include the adoption of too pragmatic and luxurious living styles, departures from all the cultural and moral traditions of the nation, and the increasing discrimination between the rich and the poor in a society in which part of the people are still living in incredibly miserable conditions.” (Mai Huong, 1996) Nguyen Thi Hue highlights the lack of importance given by “authorities of all levels” in educating young people.
Carried away with money-making, families reduce their important roles in education. The small number of the Communist Party members at the grassroots level have deteriorated and joined hands with social evils. Not enough stern measures have been taken against these violations. Many district courts and at the commune level have judged the crime of holding and trading in prostitution so lightly, sometimes, their sentences are suspended, which is not equivalent to their violation.

She goes on to state that some progress has been made:

For the past few years, although we have made many mistakes, we should know that some achievements have been gained. Some of the brothels have been closed as the press have reported. For the first six months of 1996, 770 brothels have been eliminated, which has brought a considerable number of brothel owners and pimps to the bar of the courts.

To control the increased level of social evils Nguyen Thi Hue suggests that a model must be put in place from the grassroots through to the central level. Simply, “control must go together with prevention.” She gives an example from Tuyen Quang Province:

[A]uthorities from the provincial to communal and village level are all firm in fighting against drug addiction. The addicts are supposed to take up rehabilitation in the first two months and then, work six months in construction sites. Idleness could drive addicted people to re-addiction. If an addict drops this therapy halfway, the administration would force him to start again.... Manual work is part of the drug-giving-up program. It is actually a good measure to create jobs for the addicts; it helps them to have a good environment to improve their health. Manual work could cure them physically and mentally (Mai Huong, 1996).

Contradictions can be seen through the clash between the Vietnamese government’s campaign against ‘social evils’, including prostitution and drug use, and those steps necessary to put public health first, such as legalising the smoking of drugs in an effort to deter people from injecting and the establishment of needle exchanges so that injecting drug users can get clean needles. The contradictions run also into the area of corruption, most
noticeably in the area of government cadres promoting 'social evils' through business ventures and private pleasures while on the other hand working with government policy to eradicate all evils that the government promotes as threatening the very fabric of Vietnamese society.

The awareness of contradiction within Vietnam was touched on during an interview with an employee of MOLISA.

Today it is too easy to get alcohol and to get cigarettes. These are the start of other social evils. People have more money today and they do not know what to do with their spare time and with their extra money. So many people will spend time drinking in Bia Hoi and then they will go on to another place after that. There are not that many things for young people to do. Here in Vietnam smoking, drinking and gambling are all encouraged by the government. Each of these things is a money earner for the government. Many companies have come to Vietnam to produce and to sell cigarettes. There are also many companies here to produce beer. Did you know that beer is produced in every province? Gambling is a social evil but the government has an official lottery that you see on most corners. Each of these things earns a lot of money for the government.¹⁶

A decade into the Vietnamese experience with HIV and AIDS, the link between social evils and HIV is stronger. Campaigns against morally corrupt practices are still waged. HIV has thus become a key metaphor for social decay perceived to have been brought about through the free flow of capital, goods and people into Vietnam. The link that is made between moral corruption and disease has been solidified and concretised by the government's on-going campaigns and directives. This strengthening link between HIV with social evils has been promoted through the promotion of legislation rather than education.

¹⁶ This interview was with a Humanitarian/Welfare Projects program officer in the International Relations Department of MOLISA. This interview was only one of the many barriers that I had to negotiate to obtain an official interview with MOLISA staff.
Legislating and Regulating

The state's view of HIV and AIDS draws heavily on notions of a moral panic which, is strongly linked to the construction of HIV and AIDS which in turn are associated with social evils. Many of these laws actively police behaviour most commonly labelled as social evils. These laws and regulations have been produced to protect individuals primarily through strengthening the family and protecting the nation against the threat of HIV.

While AIDS was referred to in a Vietnamese statutory document in 1989\textsuperscript{17} it was not until December 1992 that the first Vietnamese legislation specifically addressed HIV/AIDS. The decree divided responsibility for controlling the spread of HIV between the State, each person and society as a whole. The decree, summarised by Jayasuriya (1994, 2), a UNDP consultant, as containing "an interesting 'mix' of rights, duties and liabilities" set out an extensive list of restrictive provisions to be followed by the State, all citizens, foreigners, HIV+ people, Health workers and Institutions. The State sought to ensure that HIV+ persons were not discriminated against. Foreigners were required to be tested if staying longer than three months. Institutions were required to conduct tests on persons working in professions thought to be at high risk. The decree also required HIV testing of sex workers, drug users, homosexuals, prisoners and certain travellers.\textsuperscript{18} HIV+ people were prohibited to marry or work in certain professions. HIV+ foreigners had to declare their HIV status upon arrival and were not permitted to marry Vietnamese citizens. Contradictions existed where HIV+ people could not be discriminated against, however, divorce would be granted if, subsequent to marriage, a spouse was found to be HIV+. In most cases the nature, scope and extent of the many 'compulsory measures' were not set out in the law itself.

\textsuperscript{17} The law on the Protection of Public Health of 30 June 1989
\textsuperscript{18} While there was mandatory testing for drug users and sex workers, many of the clauses in the 1992 Act were not enforced.
Concern was raised by the International NGO community about the implications of a Decree issued in December 1992, which legislated for mandatory HIV-testing of drug users and prostitutes. In a letter to the National AIDS Bureau signed by eighteen international NGOs concern was raised about how mandatory HIV-testing of drug users and prostitutes would increase, not reduce HIV/AIDS. Based on international experience the international development workers argued that programmes punishing individuals have all been unsuccessful in preventing or reducing HIV/AIDS in contrast to programmes that focus on behaviour change, such as ‘Harm Minimisation Programmes’, which have proven much more successful and effective.19

In May 1993, a follow-up resolution gave the responsibility for the development of the 1992 decree to the Ministry of Justice. While HIV+ people were legally protected against discrimination, banning HIV+ people from a range of professions arose once again in 2000. This time the professions included plastic surgeons, dentists and health workers, acupuncturists, tattooists, hairdressers, kindergarten teachers, and those working in beauty salons, restaurants and hotels. The inclusion of kindergarten teachers is an odd inclusion in this list as a risk category.

Jayasuriya (1994, 5) notes that at the time the 1993 decree was issued there was no “public debate or even public comment, concerning these provisions”, either in favour or against. In response to the punitive nature of the decree a letter was written to Professor Le Dien Hong, Vice Chairman of the National AIDS Committee, and signed by eighteen international non-government organisations. The foreign experts argued against the many restrictive provisions, stating that from international experience the mandatory testing of drug users and prostitutes and the resulting punishments might have the

19 Letter addressed to the Permanent Vice Chairman, National AIDS Committee. Letter date April 20, 1993
effect of increasing and not decreasing HIV/AIDS. It was also stressed that programmes focusing on behaviour change, such as 'Harm Minimization Programmes' have proven much more successful and effective.

Two years later in 1995, two legal guidelines on HIV/AIDS were issued with a decree on 'social evils'. The first guideline issued in March, entitled: 'Instruction on the guidance of the Prevention and Control of AIDS' was directed to all levels of the Party in an attempt to strengthen their guidance on HIV/AIDS prevention and control and to all Vietnamese by stating, “that everyone maintains [a] clean, healthy and faithful lifestyle and self-conscious prevention of drug use and prostitution.” The family was chosen as the key to maintaining a high moral tone. The order was overwhelmingly proscriptive in nature towards sex workers and drug users, the two groups identified most at risk from the limited surveillance throughout Vietnam. In addition, a link was made with 'social evils' by stating: “It is necessary to closely combine the HIV/AIDS prevention duties with the social evils prevention, at first, the control of drug smoking, injection use and prostitution.”

Two months later, in May 1995, an Ordinance on the Prevention and Control of Human Immune-Deficiency Virus and Acquired Immune-Deficiency Syndrome (HIV/AIDS) was signed into power. Again, specific instructions were given to individuals and groups within Vietnamese society and government. These provisions were designed to protect individuals and groups from HIV infection. The ordinance addressed a range of anti-discriminatory regulations and the prohibition of activities thought to place people at risk of HIV infection. In particular, testing regulations were strengthened to include mandatory testing of all donors of blood, sperm and organs. Protection against discrimination for individuals was given by ensuring confidentiality for people seeking HIV/AIDS testing. HIV+ people

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were now required to inform their partners of their status and prohibited from working in sectors prone to transmission.\textsuperscript{21} Organisations and individuals with 'a good record' in HIV/AIDS prevention and control were to be rewarded. Health workers were given the authority to initiate HIV tests on patients believed to be at risk. Prostitution, intravenous drug use and other practices susceptible to HIV/AIDS transmission were 'strictly prohibited'. Once again, HIV+ people entering Vietnam were required to declare their HIV status.

In June 1996 yet another decree was issued: 'Guidance to Execute Laws on HIV/AIDS Prevention and Protection'- CP/34. While many of the provisions set out in this decree echoed the May 1995 ordinance the government had begun to focus on some new areas, the most significant being strengthening IEC activities and setting out responsibilities that families and communities have towards HIV+ people.\textsuperscript{22} The decree produced mixed feelings amongst many of the development workers. As one development worker wrote:

\begin{quote}
We need a bit of good news around here... While [the new decree] creates space for actively promoting prevention programs, respect for confidentiality (within a ‘community’ of service providers), and community care for PLWHAs, it also bans HIV+ people from certain professions presumed to carry a risk of HIV transmission to others (yet to be specified which professions) and heralds the introduction [of] a new medical form at immigration on which people are supposed to declare their HIV status. This is for ‘monitoring purposes only’ and HIV+ people will not be barred from entering the country, according to the Ministry of Health (Savage, 1996, pers. comm.).
\end{quote}

Legislation to control HIV spreading came early to Vietnam and has maintained a number of themes, the most salient features being its restrictive nature in banning HIV+ people from certain professions and the continual

\textsuperscript{21} The Ministry of Labour, Invalids and Social Affairs and the Ministry of Health regulated the list of professions.

\textsuperscript{22} Other new provisions with the CP/34 decree included: People infected with HIV/AIDS were entitled to receive occupational risk insurance if they were infected due to directly examining, treating and taking care of HIV/AIDS patients. Employers were required to organise periodical staff examinations. Lower health services are required to report HIV/AIDS cases to higher levels.
reinforcement of laws associated with eliminating the growing threat of ‘social evils’. Justification of the restrictive nature of the laws has been based on the need to protect society, which necessitates protecting the traditional ways of the family. The role the government gave the family in fighting the spread of HIV is explored in the following section.

**Individualism and the Family**

As the government embraces the virtues of economic development, it is forced to grapple with what freedom and change means for people’s everyday practices. The results are the strains and contradictions of a society undergoing rapid transformation. It is not simply a fight against the decadence of the West but a fight within – a fight against individualism and a fight to save the family. Individualism has always been a threat to the socialist state. Ho Chi Minh equated the suppression of individualism with patriotism. “To defeat the enemy from without, one must defeat the enemy from within, individualism” (quoted in Dang Chan Lieu and Le Kha Ke, 1987, 88-89). That battle still goes on today, most notably under the banner of social evils, corruption, greed and even, at times, foreign lifestyles.

One area where the fight against the rising level of individualism has been played out is in the government’s crack down against the literary project of the late 1980s. Literature until the late 1980s was guided by socialist realism, whereby the goal was to write about the successes of the revolution; the hero dominated texts, depicting homogeneous characters detached from time representing little relation to reality. In the literature project, writers such as Bao Ninh, Nguyen Huy Theip, Pham Thi Hoai and Duong Thu Huong replaced the revolutionary hero with the individual. For a short time in the late 1980s, facades within Vietnamese literature were dismantled. “With great poverty and dissatisfaction in Vietnam, the tearing down of facades
could reveal new faces of the problem and open up vistas which the
government found disturbing" (Lockhart, 1992, 8).

Throughout Vietnam, there still exists a sense in which individuals are required to fulfil duties and obligations. The requirement that individuals be subject to duties and obligations, whether to the community or the nation, is displayed in state-sponsored HIV/AIDS communication campaigns. An employee from MOLISA attributes the problems facing Vietnam to the rising level of individualism:

There are increasing forces that are bringing about individualism, but community is still very strong throughout Vietnam. In the past, individualism was something that was never thought about, it was not even considered. People were fighting for the country. The rights and opinions of the individual were not considered. Difference was not a part of society and so tolerance wasn’t something that was needed - that is tolerance for difference. Now difference is beginning to become evident as choices become available.

Families have tended to play a strong role in traditional Vietnamese society. They came under renewed attention after the revolution, when the socialist state directed its attention towards the family as the basic cell of society in its efforts to create ‘the new society’. Today there is a search for a new family model as families find themselves facing new pressures that arise from their new role in society. These new pressures upon the family are explored in an article by Pham Bich San (1997, 1) entitled: ‘Vietnamese families travel rough road to find model for the market economy.’

In the subsidised economy, all people faced the same direction towards the goal of national defence and country reunification. But nowadays, people turn their attention to their individual interests.... Modernisation requires traditional family values to change themselves to suit the new context. But people are facing a distressing dilemma in choosing a modern model.
The model of Vietnamese family has been changing, but not entirely toward the western style. Modernisation requires traditional family values to change themselves to suit the new context. But Vietnamese people are facing a distressing dilemma in choosing a modern model. Vietnamese are fascinated by western urbanisation and industrialisation but upset at western social issues such as divorce, single people, and attitudes towards elderly care. They see the bad side effects of the liberal individual tendency. This undermines the strength of community solidarity, another hallmark of Viet Nam’s historic survival and strength.

The question of ‘family’ and ‘family culture’ should be taken into account in AIDS prevention activities, according to Vu Trang Thieu, a member of the AIDS prevention Committee for the Ministry of Culture and Information when he addressed a conference on youth and AIDS in 1996. He went on to state:

To stem the AIDS epidemic, it is first necessary to guide young people - especially young couples - to live, study and work in a healthy cultural environment. Young families are key components to build the ‘cultural family’, an integral part of every family. The three criteria for achieving the title ‘cultural family’ are: to practise family planning; to lead a healthy, progressive and happy life; and, to maintain good neighbourliness with people nearby. Only when most families in Vietnam obtain the title of ‘cultural family’ and all people in every family live in harmony with strict observation of disciplines and law will Vietnam be strong enough to push back the AIDS epidemic'. (Vu Trang Thieu, 1996)

State sponsored billboards continue to play an important role in the authorities’ attempts to impose their will. Messages are often about fulfilling duties or obligations to one’s family, community and nation. Social solidarity is highly prized. Billboard messages warn that the family is under threat by HIV/AIDS.

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23 One of the tasks of the Ministry is to inform the public of the Government decrees and regulations. The Ministry has also organised movements to maintain cultural traditions such as the happy family model.
(Figure 16) Happy families mean a healthy society. Avoid SIDA, Let’s live healthy. The message intends to encourage families to strive for happy, healthy families.

![Poster: Hanoi, 1997]

Figure 16: ‘In order to fight SIDA [AIDS], let’s live healthily and faithfully’
(Poster: Hanoi, 1997)

The photo (figure 17) below advertises a meeting for world AIDS day in Ho Chi Minh City. AIDS and the family were chosen by WHO as the theme for 1994 to reflect the fact that 1994 was the international year of the family. Instead of depicting how families might be affected by AIDS or how families can become more effective in HIV and AIDS prevention and care, the poster shows drug use and prostitution as threats to the family.

![Poster: Ho Chi Minh City, 1994]

Figure 17: ‘Drugs and Prostitution definitely lead to SIDA’
(Poster: Ho Chi Minh City, 1994)
The moral landscape in Vietnam is changing and one place where this is felt is in the changing role of the family. Fulfilling duties and obligations is important to Vietnamese traditional values and at the heart of this is the family. There has been an attempt by the Vietnamese government to change people’s behaviour, not through the restrictive laws that actively police people’s behaviour, as discussed above, but through promoting self-regulating and active subjects. Remembering ones obligations and duties to one’s family is thought to hold one of the keys to fighting the spread of HIV.

Conclusion

HIV has been socially and politically constructed as the most recent wave in a long history of external threats to Vietnam. Public warnings through legislation and various campaigns have focused on strengthening the family and reinforcing a specific, politically convenient national identity. Making Vietnamese people healthy, happy and strong is a popular message used on billboards to warn people against the threat of HIV and AIDS. In her research on prostitution, Le Thi Quy (1993, 5) writes that it is important “to preserve and to find a place whereby Vietnamese traditions can be in harmony with the country’s modernisation and industrialisation... It is our view that we need to do much more to strengthen the traditional values in the family relations and increase the role of the community in the monitoring and surveillance of ethical actions of each individual.” Nowhere else do these ‘struggles with the devil’ appear as evident as they do in the attention given to reducing the number of sex workers and ‘drug abusers’.

A range of global discourses has begun to mix with the local, altering the political, economic and moral landscape of Vietnam. Just as important as the discourses of development explored in previous chapters, awareness should be given to the other discourses at work in creating the threat of HIV and AIDS. Rules and conventions employed by the state have helped to mould
understandings of HIV and AIDS in Vietnam. It has been argued that the moral discourse in Vietnam, specifically the battle against social evils has helped shape the threat of HIV and AIDS and the response. The battle with what is morally correct for contemporary Vietnam has created a tension between the old and the new. In urban Vietnam, sex workers in cuddle bars as in Pha Ni’s for the most part see the industry as providing them with a means to improve their economic status. Paradoxically in the street where they work, one often sees posters that hail women and the family as the central elements of social redemption in the globalising Vietnamese world. While government campaigns against the increasing prevalence of ‘social evils’ often depict women as perpetuating prostitution, at the same time women are championed as being one of the keys to combating social evils by virtue of their familial roles as wives and mothers, and as keepers of tradition.
"Not quite the Same, not quite the Other": Being a Development 'Expert' in Vietnam

The moment the insider steps out from the inside, she is no longer a mere insider ... She necessarily looks in from the outside while also looking out from the inside ... She knows she is different while at the same time being Him. (Trinh T. Minh-Ha, 1991, 74)

Introduction

This chapter explores the world of everyday project reality by focusing on what Norman Long (1992) refers to as the 'multiple realities' and diverse practices of development actors. The aim is to provide insights into different and often incompatible worlds that are the realities of development work and its fragmentary and disconnected struggles. Portraying development workers as benevolent helpers, outsiders, and experts providing needed knowledge and money is simplistic and leaves little room to explore complex relations as they evolve in the everyday experience of development work. Planned intervention, argues Long and Long (1992, 270) must be seen for what it is, "an ongoing, socially constructed and negotiated process with unintended consequences and side effects."

During my final month of fieldwork in Vietnam, I became a development consultant or in development talk, an 'expert'. My job was to manage an evaluation of a HIV/AIDS/STD project in the province of Ninh Binh.¹ The

¹ Trinh T. Minh – Ha (1991, 74)
² Ninh Binh province is approximately two hours driving time south from Hanoi. At the time of the evaluation, three people had been detected with HIV in Ninh Binh. At this time, it was considered by local officials in Ninh Binh that the HIV infection rate was low. According to a Provincial Police Agency Report, there are approximately 300 IV drug users and 100 sex workers in Ninh Binh. The majority of the two ‘target groups’ were believed to live in Ninh Binh Town.
evaluation required assessing the effectiveness of the Information Education and Communication (IEC) activities and making recommendations on how the project could be improved.

This was my third experience of working for an international NGO in Vietnam and my second experience as a development consultant. I was expected to supervise the evaluation process for five days in Ninh Binh town. Instead, at the end of my second day 'in the field' I was sitting on the train heading back to Hanoi. Although this twenty-day consultancy was ephemeral in relation to many of the experiences I had in Vietnam, it remained significant, for not only was it an uncomfortable and unusual experience, but it also exposed assumptions about the development encounter. What was happening to me was not simply unexpected and unusual. The two days 'in the field' and the subsequent days spent analysing data caused me to question significant assumptions about mainstream understandings of development. In particular, I was forced to assess a range of common orthodoxies around intervention and the role of the developer who is often authoritatively recognised as an outsider who possesses power and authority.

The job offer came from the project coordinator for GTZ's HIV/AIDS/STD project asking me if I were interested in a short evaluation consultancy. My job, as part of this project, was to:

- Decide on the methods of research in collaboration with a Vietnamese researcher.
- Train assistants in the chosen research methods.
- Travel to Ninh Binh province and supervise the collection of data in collaboration with a Vietnamese researcher.

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3 GTZ is the Deutsche Gesellschaft fur Technische Zusammenarbeit, the German government’s development programme which, unlike other government development programmes, also acts as an implementing agency.
I calculated that the opportunity to be involved in a project evaluation would give me experience of a mandatory component of development practice; evaluation has become one of the rituals of development. It would also give me an opportunity to visit one of the provinces again. I accepted the offer, even though GTZ's partner, the National AIDS Bureau,\(^4\) had still to decide on which province the evaluation was to take place. I then extended my time in Vietnam for as long as my visa would allow, giving me just enough time to complete the project and tie up loose ends of my own research. I was to start the following week, once the National AIDS Bureau approved GTZ's hiring me.

I was employed to do the evaluation for a number of reasons. I had already successfully undertaken a two-month consultancy with GTZ a few months earlier and it was convenient for the project coordinator to look no further. I had demonstrated that I had the necessary research skills and I could handle working and, most importantly, drinking in the provinces. I had also established during the first consultancy a good relationship with the GTZ Vietnamese staff in Hanoi.

\(^4\) GTZ has the policy of working only with the host government as their official partner in all countries that they work in. This policy is unlike other organisations that find partners in various government and nongovernmental organisations such as the Women's Union, and the Youth Union.
Later, when reflecting on my experience, I had the opportunity to ask Pauline, the project coordinator why I had been employed for the initial consultancy. Her response was as follows:

It was simple really...I needed someone who had time and had been in Vietnam for a while...someone who had done research before and was a native English speaker. You knew about HIV/AIDS and you were cheaper than getting someone from outside the country. I haven’t had the need to employ another foreigner since you. I have been able to employ nationals.\(^5\)

GTZ’s HIV/AIDS/STD\(^6\) control project is small in comparison with most international NGO projects on HIV/AIDS in Vietnam.\(^7\) GTZ’s office is modest, as are most medium-sized international NGO offices in Hanoi. It occupies only two rooms in an old house in the centre of town. Its Vietnamese partner pays the rent as part of its contribution towards project partnership. The project is run by a small team: a half-time project coordinator, who is a foreigner and a medical doctor; a senior project officer, also a medical doctor; a project secretary; and a full time driver. I had enjoyed working on the previous consultancy for this project because it gave me the opportunity to spend much of my time working with the Vietnamese staff and the Vietnamese people working on HIV projects at the provincial level. GTZ also had a very good working relationship with its partner, which was helped along by the fact that both the project coordinator and the head of the National AIDS Bureau spoke German fluently. This good relationship had given me many opportunities to develop my own relationship with people working for the National AIDS Bureau.

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\(^5\) Interview, Hanoi, 9 July 1998.

\(^6\) GTZ’s “HIV/AIDS/STD Control in Vietnam” is a technical cooperation project, which has its emphasis on the transfer of expertise and working methods through provision of services and advice. Technical cooperation is unlike financial cooperation, which is mainly financial support in the form of a soft loan or a grant, which is directly managed by the recipient country, but usually without technical support.

\(^7\) Seven international organisations form the core group working in the area of HIV/AIDS prevention. Save the Children Fund UK, Australian Red Cross, CARE, Population Development International (PDI), World Vision, GTZ and UNAIDS.
The Project

The evaluation was to assess the principal goal of the project: which was to slow down the spread of HIV infections and other STDs in the three project provinces, and to lessen the social and economic impact of the HIV epidemic. A major element of this was the promotion of safe behaviour regarding HIV and STI transmission and the establishment and improvement of prevention measures, diagnostic procedures and appropriate therapy of STIs including HIV. As a way of achieving these objectives an Information, Education and Communication (IEC) programme had been developed in partnership with each of the provinces' Provincial AIDS Committees. The target groups identified by the Ninh Binh authorities because of research carried out earlier by GTZ, were youth (aged 15-30) and hotel workers in Ninh Binh town, and injecting drug users in Hoa Lu District which is one of the nine districts in the province of Ninh Binh. From the earlier needs assessment, what was identified as the most effective means of promoting an Information, Education and Communication programme was:

- A booklet (handbook) for youth to include information on HIV/AIDS/STIs, sexual health, safe behaviour and condom use.
- A pamphlet for youth with messages on HIV prevention, appropriate attitudes and behaviour towards people living with AIDS (see figure 18)
Two thousand booklets and 20,000 pamphlets were provided to the Provincial AIDS Committee for distribution.

Figure 18: The pamphlet distributed in Ninh Binh province, Title: "you have got to protect yourself, your happiness and your future"

Main issues addressed in the pamphlet are: What do you know about HIV/AIDS? How HIV is transmitted, what the symptoms of STIs are for men and women, what you should do when you notice these symptoms, what do you know about safe sex? What safe sex is, and, how to use a condom
In addition to the booklets and pamphlets being handed out in schools, peer education groups were established and managed through the local Youth Union. Ten young people were trained to be peer education leaders whose job over the previous ten months was to distribute the leaflets to youth in their communes. The strategy adopted by the Ninh Binh local AIDS committee reflected what is often recommended among 'HIV experts' to be the main strategies for the prevention of sexual transmission of HIV. The strategies being, mass media campaigns for the general public through billboards, school based education, and interpersonal communication through counselling. These strategies are usually implemented through IEC programmes. The objectives of Information, Communication and Education programmes are, as D'Cruz-Grote (1997: 16-17), writes:

[F]irst, to motivate people to adopt safer sex practices by providing them with information on transmission and prevention of HIV and on services available, and second to create a social context which is favourable to the care of those affected and the prevention of further spread of the epidemic.

Mass media campaigns for the public are frequently the first step in the fight against HIV and AIDS, and so they are often carried out quickly, providing a broad message about HIV and AIDS, which may be less effective to a specific location. Mass media campaigns are generally considered an integral part of efforts to prevent HIV infection since they can reach large numbers of people simultaneously with a consistent message. However, promulgating a consistent message can be problematic. School-based education is also seen as an important way of raising awareness about HIV and AIDS, particularly in societies where sex is seen as a sensitive topic and is rarely discussed openly. Interpersonal communication approaches are now also considered a major part of IEC programmes, which usually involve peer education and education with pre- and post-test counselling.
Preparing for the Evaluation

A central part of the story of this consultancy concerns the relationship between myself, an 'outsider', and a Vietnamese academic/consultant named Thanh. We worked together on the evaluation project, with my role being to lead the evaluation, and hers being to assist me. It was to be a collaborative exercise between the two of us, taking into account the philosophy of PRA methodology, an approach that is beginning to receive a great deal of attention in development practice. When the project was established, I was looking forward to working with Thanh, whom I had met during my first month in Viet Nam the previous year. I had learnt that Thanh received a PhD in Sociology from a university in USSR. Her research was on the influence of Russian sociology on Vietnamese sociology. Thanh was now teaching at the Institute of Sociology in Hanoi and, like many academics, devoted a considerable amount of time doing consultancies for international organisations. What interested me about Thanh at the time was that she was one of the very few Vietnamese sociologists I had met who used qualitative research methods.

When we first met, Thanh was working on a different research project for another international organisation. This involved producing a booklet about Vietnamese youth and sexuality. Sexuality is a topic not openly discussed in Viet Nam, although the introduction of HIV had begun to create a space for numerous discourses on sexuality to permeate society. Thanh’s booklet, entitled: Youth Who Love Life: Know about HIV/AIDS was one of the items that GTZ had bought and distributed throughout each of their target provinces as a part of its preventive work. Part of our job now was to evaluate the effectiveness of this booklet. Thanh’s involvement in evaluating the booklet

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8 PRA (Participatory research approach) aims to counteract the top-down research that usually takes place in development. Emphasis is placed on participation thereby not giving all key responsibilities to outsiders. Robert Chambers (1983) is one of the main advocates of this approach.
that she had helped to research and write was not considered by GTZ as a conflict of interest. Two thousand copies of this booklet along with a pamphlet had been distributed throughout Ninh Binh province. Both materials formed the core to GTZ’s Information, Education and Communication campaign.

My first task was to find a research assistant. Dr Que, the ‘national expert’ for GTZ who had assisted me with my first consultancy, planned to be in Thailand attending a conference during the time that the research was to take place, so I needed to find someone new. Fitting my work around Dr Que’s scheduled presence in Hanoi had been one of the challenges of the previous consultancy. Primarily, I needed someone to act as interpreter, although I also thought that it made sense to find someone who also had some social science research skills. In my previous research job for GTZ I had been assisted by medical doctors, which was a common occurrence in the area of HIV prevention, since the majority of professionals involved in HIV prevention have a medical background.

I approached Thanh about joining the project evaluation. She was busy at the time, preparing to leave for Europe to take up an 18-month research position in Norway. Nevertheless, she was interested in the research and seemed keen to be involved in the project, in spite of the fact that I was offering less money than she normally accepted. Over the phone, I set out what the evaluation would involve and then negotiated terms, including salary. The consultancy, I explained, would be a form of ‘action research’ in Ninh Binh province and our job would be to assess the effectiveness of the prevention activities supported by GTZ. We would then make recommendations for improvements to the programme.

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9 Action research is a form of PRA research, with the principal aim that the research approach evolves as the research takes place.
The following day we met with the project coordinator to finalise contracts and discussed appropriate methodologies given the time constraints and project objectives. I was present during the meeting with Thanh and the project coordinator when all finer details of Thanh’s contract were finalised. My contract was finalised when she had left the room. I was to earn three times as much as she did. There was enough money in the budget to employ ‘assistants’ to help in the field, which would free up Thanh’s time so that she could concentrate on running focus group discussions and conducting interviews with key people in the community who had been involved in the project. Thanh agreed to find these other assistants as she already had in mind people working at her Institute.

It was decided at this meeting with the project coordinator that the report would be written in Vietnamese, partly because Thanh did not wish to work in English. GTZ was also much happier with the report being written in Vietnamese because the National AIDS Bureau would receive it much more quickly than if it were written in English and then translated into Vietnamese. The inequality in salaries between locals and international experts is an accepted part of development work.

Thanh and I met a few days after the signing of our contracts to begin arranging our trip to Ninh Binh and to draft questions for the questionnaire and focus group discussions. I was still unsure about the relevance of focus groups as a research method in Viet Nam. A previous attempt at supervising focus group discussions on HIV counselling was still fresh in my mind. During the focus group discussion the tape recorder was not able to pick up everyone’s voice and so it was handed from one person to the next around the table, leaving no spontaneity and making it much harder to encourage discussion.
Perhaps the worst experience that I had organising a focus group discussion was with a group of HIV-positive people. I remembered walking into the room where the discussion was to take place and seeing men sitting at a table, each with his head lowered. I assumed that these people were HIV positive, and I had the feeling that they had been used for research before. Around them were about eight people from various organisations busily arranging chairs, just as one would for a seminar when there had not been enough chairs put out for all the participants. I asked Dr Que, whose job as focus group leader had degenerated into reading out the questions in parrot-like fashion, to ask everyone else to leave the room, leaving only Que and the participants in the room. This experience demonstrated to me that how the contrasting needs and motivations of all the different groups involved in the HIV development ‘moment’ – the experts both local and foreign, the government, and and the participants – can result in project research which appears blatantly misdirected and inappropriate, and in which everyone feels frustrated.

This time it was to be different. I was assured that Thanh had plenty of experience with running focus groups. By employing her, I was hoping to avoid a repeat of these difficulties. We spent time before going into ‘the field’ talking about different methods to get people to feel comfortable, particularly when the topic is sex. Thanh talked about different techniques that she had used in the past when running youth focus groups with the topic of sex. We talked and laughed about some of the problems that we had both encountered in the past.

We agreed that five days would be enough time in Ninh Binh to gather enough data. We would hold six focus group discussions, so that we could target students from senior years of secondary school and from the local college of mechanics, women working in restaurants, karaoke rooms and hotels and the peer educators who were working for the youth union. The
two research assistants would target youth and women with a short structured questionnaire administered on the street. We hoped that the results of the questionnaire would show what impact the booklet and the pamphlet had on youth outside the school system and on women working in bars, restaurants and karaoke rooms. The questionnaire was to be piloted for half a day and then administered over the remaining three and a half days in the province.

We left Hanoi early Monday morning with a full car. The trip to Ninh Binh takes two hours down Highway One. Thanh, two research assistants, the driver, the driver’s son, a woman who I later learned was to be Thanh’s secretary and I arrived in Ninh Binh at 9 am. We were to meet at 10 am with the head of the Provincial AIDS Committee, staff from the Centre for Preventative Medicine, and representatives from the Red Cross, the education department, and the local college for mechanics, the youth union and a few other organisations who had been involved in handing out the booklets and the pamphlets.

Notes for My Journal Once I was Back in Hanoi

I left yesterday for 5 days of research in Ninh Binh, I am back today, and it is only the second day. Not what I expected! Perhaps I did too good a job in finding a research assistant in hiring Thanh. I have enjoyed watching Thanh at work. She appears so confident about what she is doing and she seems to have people eating out her hand. She would stop every now and then and fill me in on what was being discussed. It is so frustrating only getting the bare bones of the conversation. Since arriving in Ninh Binh I haven’t felt in control. Being in this situation makes me so humble and I probably come across as pathetic and a little lost, which makes me frustrated, perhaps that is why I am now back home in Hanoi.

She [Thanh] is great and appears to know her stuff and it became obvious by the end of yesterday that I really wasn’t needed. The few doubts that I had were pushed aside when Thanh turned to me at dinner last night and said: “so what are you going to do tomorrow.” Who knows how it was meant and how I should have taken it? I took it at face value. I thought later that she was probably right. Why did I go into the field? Was it to keep an eye on what was going on, or was it to truly offer any support and
advice when needed and if asked for? I am not sure if I was really needed. I am not about to tell the project coordinator this, hell, I need the money and I did do a lot of other work that I wasn’t paid for in the last consultancy and then there was all the organising that I did for the counselling training session with Dr Ngoc. Anyway, I said to Thanh that I would leave tomorrow. She just smiled at me and said “yes I think that is a good idea.” So what did she mean by that? Now, after mulling over it on the way back on the train, I am starting to think that perhaps I will have to fight to get into the ‘analysis loop’, this is going to be hard considering that the research is being carried out in Vietnamese.

In some ways, it is not a bad thing that I wasn’t wanted. It does make me question what I am doing and about the bigger development picture. After all making ourselves redundant is what development work is all about, right?

I decided to go back to Ninh Binh with Mr Hai, the driver, at the end of the week to pick up everyone from the field. We arrived just before lunchtime to find everyone at the hotel and all the research completed. Thanh was pleased with how the focus group discussions had gone and she thought that the street interviews had also gone well, although she was not sure how many street interviews had been conducted. I later found out that 60 interviews had been completed over the three and a half days. We had lunch and then rested for an hour before heading back to Hanoi.

I was home in time to meet an Australian friend who was staying in Hanoi for a week. Susan had worked as a development worker for two years in Hanoi, and I had interviewed her six months previously. I told her about the job that I was currently involved in and mentioned that I was starting to feel uncomfortable with the way my role was taking shape. I had over the previous days started to become more concerned about how little input I was having to the research. I told her that I was meeting Thanh the following day to discuss the data, and how difficult it had been to get Thanh to tell me about the results and to discuss possible conclusions and recommendations.
Susan asked me whether I had given any thought to changing my position from leader to assistant, and to taking the assistant’s pay. The following day I dropped into GTZ’s office. Susan’s words had begun to weigh heavy upon me. I had begun to feel guilty about accepting the money for work that I had not done, as Thanh seemed to have everything under control. As I was not going to write the report, but merely edit the translated version: it seemed clear that I was also going to have a minor role to play in the final stages of the evaluation. I can still remember the coordinator’s face when I said that I was having difficulties working with Thanh and I was not getting the opportunities to have the input into the research and analysis I had hoped to. I went on to say that I thought it would only be fair if my days of work were reduced from 20 to 15. My request was, to say the least, met with a sense of bewilderment: “Your not costing the project very much at all and in fact you are very cheap in comparison to most consultants. In addition, she went on to say: the work that you had done on the previous consultancy was far more than had been required, if it makes you feel any better a little bit of work could be found around the office and then when the report was finished I could check the English on the translated edition.” I kept the 20 days.

A draft of the report was eventually sent to me for comment after I had returned to Australia. However, my name never appeared on the final report; it was as if my involvement in the evaluation had never happened.

**Insiders and Outsiders**

As discussed in chapter two, the post-developmentalists have pointed out how development theory and practice were constructed out of the established categories of the post-war years: in a time when self and other, West and East seemed clearly opposed and when imagined the boundaries between each were maintained. The modernist assumptions inherent in the dominant discourses of development, seen largely as variations of modernisation.
theory, were incorporated into competing theories, the most common of which is dependency theory. Some critics point out how the development debate remains locked within a liberal vs. radical framework and continue to operate within a discourse, which reinforces a separation between subject and object, theory and practice. As Edwards (1995, 120) states: “Conventional approaches to development research and practice value technical knowledge of the 'outside expert' over the indigenous knowledge of people being 'studied' or 'helped'. In consequence, general solutions manufactured from the outside are offered to problems which are highly localised.”

For many development practitioners the categories of insider/outsider foreigner/national and cosmopolitan/local appear to be clearly fixed. Westerners are ‘outsiders’ and Vietnamese are ‘insiders’, and power is identified with specific organisations and individuals. One expatriate development worker when referring to her Vietnamese colleagues touched on the problematic nature of such categories and was surprised by the fact that her Vietnamese co-workers could also be ‘outsiders’. She commented: “The last field trips made me think about who are insiders and outsiders. I was with some Vietnamese who had never been out of Hanoi. One of the Vietnamese took a bag of fruit and another took clothes and money to give to the ethnic minorities. It made me think that we Westerners are not the only outsiders.”

There are only a few writers who have explicitly tried to break down these binary categories as they are used in development writing: Robert Chambers in his book Rural Development: Putting the Last First (1983) and David Crocker in his article: Insiders and Outsiders in International Development (1991). For Chambers, the binary category of ‘insider’/‘outsider’ is overwhelmingly constructed by space and access to resources. An ‘outsider’ is someone from elsewhere, usually urban, while also having more power and greater resources than an ‘insider’. Chambers overcomes the ambiguity of these categories by focusing his attention on the problems of rural...
development, thereby simplifying his analysis by not falling into the trap of having to equate 'outsider' with foreigner. Chambers also believes that the division between 'insider' and 'outsider' is not a simple one. It remains for him, neatly contained by the global workings of class. As he writes;

We these outsiders, have much in common. We are relatively well-off, literate and mostly urban-based. Our children go to good schools, we carry no parasites, except long life, and eat more than we need. We have been trained and educated. We read books and newspapers. People like us live in all countries of the world, belong to all nationalities, and work in all disciplines and professions. We are a class. (1983, 3)

There is also the wilful element of choice. Outsiders choose what to do, where to go, what to see, and whom to meet...Outsiders have their own interests, preferences and preconceptions, their own rationalisations, their own defences for excluding or explaining the discordant and the distressing (1983, 11).

Chambers goes on to state that identifying who is an 'outsider' in a rural setting can be difficult. “Differing widely in race, nationality, religion, profession, age, sex, language, interests, prejudices, conditioning and experience, these visitors nevertheless usually have three things in common: they come from urban areas; they want to find something out; and they are short of time”(1983, 11). Applying Chambers' understanding of these categories Thanh and I, along with all the other assistants on the evaluation, were 'outsiders'.

Crocker (1991) goes much further than Chambers in exploring the ambiguity of these categories. He acknowledges, like Chambers that: “the insider/outsider distinction does not coincide with native/foreigner or citizen/foreigner.” We are all, Crocker states: “insiders and outsiders in a multiple of ways...the insider/outsider distinction is better understood as a continuum or spectrum rather than a rigid dichotomy whose categories are mutually exclusive” (1991, 156-157). Crocker's interest in understanding 'insider/outsider' stems from questioning whether or not foreigners have a contribution to make to a country's development. He questions,
"who should conduct ethical research with respect to regional and, especially, global development when regional identity is comparatively shallow and global citizenship is arguably utopian or non-existent?" (Crocker, 1991, 150).

Foreigners can become partial insiders in an initially alien society just as citizens can be outsiders in their own societies. Being a pure ‘insider’ or a pure ‘outsider’, Crocker claims, is difficult if not impossible, mainly because the groups that we identify with have diverse and often antagonistic factions. We are also members of different groups that pull us in different directions. While Crocker argues against an essential difference between the two, he nevertheless falls into the habit of ascribing specific characteristics to both categories, such as when he writes:

An outsider can be free from the insider’s prior commitments and loyalties. An outsider may see things that an insider will miss. We know what-is by contrast with what-is-not, and the outsider’s very different experience may highlight what is hidden or obscure to the insider (Crocker, 1991, 165).

Both writers offer important insights into these categories. Although both are useful in exploring this story, it is Crocker’s work and specifically his acceptance of the ambiguous nature of these categories that is a more useful starting point.

Initially, I saw Thanh as an ‘insider’, primarily because she is a Vietnamese, which seemed to give her access and understanding that I could only dream of and envy. There were other factors that revealed significant differences between us, the most obvious being that I was paid a great deal more than Thanh. Although I was ‘leading’ the evaluation, in many ways I was less qualified for the position. Thanh also had more experience in carrying out research in the area of HIV/AIDS prevention than I had. Thanh was more knowledgeable than myself about what was being evaluated, as she had been involved in the research for the booklet that we evaluated.
In some ways, Thanh and I shared some common ground. We were both, through our participation in this evaluation, able to exercise some power over the local authorities of Ninh Binh Town who implemented the project. We were both social scientists who favoured qualitative research methods in a research community still dominated by medical doctors. At times, it seemed that we were both ‘outsiders’, or at the very least, we shared a common set of views and experiences. We both came from the more powerful and exploitative ‘centre’, me from the West and Thanh from Hanoi. In Chambers' terms, we were visiting the periphery intending to find something out. Due to time constraints, we were able to stay for only five days. It is also reasonable to think that the ‘subjects of development’ may have seen us as “powerful, important, and distinguished” (Chambers, 1983,11). We were both, although in different ways, ‘outsiders’ to our subjects, who were the local implementing agency in Ninh Binh Town (Provincial AIDS Committee), the associated agencies who took part in disseminating the information about HIV prevention and most clearly the students and women working in hotels, karaoke rooms and restaurants who took part in focus group discussions and answered the structured street interview.

During my short stay in Ninh Binh, I became aware of how restricting the categories of ‘insider’ or ‘outsider’ were to this particular situation. Once in Ninh Binh, our relationship changed. By the end of our first day in the ‘field’, the focus groups had been organised and other meetings with people from various organisations had taken place or had been arranged for later in the week. Thanh soon appeared to be more in control of the evaluation. When Thanh asked me at the end of the first day what I was going to do the following day my role in the evaluation seemed more unclear. When I reflect on why I returned to Hanoi on only the second day in Ninh Binh I believe it was because I did not think that I could be of any more assistance. Simply, I was not needed. I did have a major input into designing the research
methodology before we entered the ‘field’ but it appeared once in the ‘field’ Thanh had everything under control.

The growth of the ‘development industry’, which is now evident throughout much of Viet Nam, privileges certain people. Thanh who is an academic and consultant had benefited from the recent increase in overseas development aid to Viet Nam. She occupies a unique position by being able to offer a range of valuable skills to the growing development industry. The range of options now becoming available to a few Vietnamese is helping to create what Watts (1995, 55) calls “cosmopolitan intellectuals, members of a new tribe.” I saw Thanh acting as an intermediary between the merging spheres of the local and the global. For some cosmopolitans, argues Hannerz (1990, 248), “there are those who make a speciality out of letting others know what they have come across in distant places.” What it means to be a cosmopolitan in Viet Nam at this time may be very different to how a cosmopolitan is constituted in other places. While we were in the ‘field’ conducting the evaluation, I began to see Thanh as a ‘cosmopolitan’ through the stories that she told to the assistants and to me. Over lunch and dinner, she talked of her time in Russia while she did her PhD. She told a story about a diamond ring she wears which was a gift from someone in Russia. There were other stories she told about her times away from Vietnam and in other parts of Viet Nam. She had just received an 18-month fellowship in Norway, which would once again take her overseas. Thanh is in her mid thirties and not married. It is unusual for Vietnamese women to still be single at that age. Thanh came from a family that was once wealthy. During the first meeting in Hanoi when our contracts were signed, Thanh told us that she once lived in the house that GTZ now uses for an office. Although she had photos of the house back then, she could not remember living there, as she was very young when her family had to leave.
How I was seen and how I saw myself in the everyday was important in how I negotiated myself in my professional relations. My language skills were not good enough to use for work and I was not expected to have ‘good’ Vietnamese. To rely on interpreters was considered acceptable and even the norm for many development workers. There were many daily events that reinforced my position as an ‘outsider’. Being a foreigner gave me a position of authority in some peoples’ eyes, I was asked to give a speech at the beginning of most meetings. I was often thanked for doing nothing more than just being there. I was constructed as an ‘outsider’ and took on many more of the practices of ‘outsider’ as my time in Viet Nam passed. I was not a tourist. “Tourists” writes Hannerz “are not participants...tourists are assumed to be incompetent” (1990, 242). Development workers see themselves very different from tourists.

Conclusion

This story offers some insights into the contradictory and ambiguous nature of commonly used development binary terms as ‘insider’/’outsider’; ‘foreigner’/’native’; and ‘cosmopolitan’/’local’. Relationships forged through the development encounter are much more fluid and ambiguous than accounted for in development writing and thinking. There has been an unproblematic usage of these categories in development writings, as has been the case in many disciplines whose work involves the ‘other’. The aim of this story and indeed study is to expose and help to destabilise these oppositions. My aim is to unsettle the relationship between the ‘insider’ and ‘outsider’, showing that these categories are problematic and, at the same time, to demonstrate that these categories, as presented in development thinking and practice, are at times useful.
Acts of mimicry and resistance, as explored by Homi Bhabha (1994) Said (1989) and Scott (1985) have helped to expose and ultimately disrupt well-known modern constructions of binaries. Homi Bhabha argues that the binary is continually being interrupted, which in turn brings other meanings to the transactions between subjects. While Bhabha turns to mimicry and resistance to show 'slippage' between self and other, I argue that interruptions or the blurring of boundaries occurs through the flow of the ever-increasing level of global discourses on development. These discourses promote the professionalisation and institutionalisation of development and ultimately the expert discourse.
Chapter 7

Responsible and Caring Subjects

The AIDS 'epidemic' creates a political climate within which intervention and control are seen to be both necessary and benign. Individuals need, especially in the area of sexual etiquette, to become self-regulating and self-forming. (Turner, 1997, xix)

Introduction

Models of right ways of living have a history in Vietnam. Central to the range of past development projects, which have embraced different ideologies of development, has been the goal of transforming Vietnamese society through modifying people's behaviours. The fight to overcome traditions is directed towards not only changing modes of production but also changing the way people think and behave.

Between 1955 and 1965, when the DRV began its industrialisation drive with the aim of transforming the entire society, the new socialist person learnt 'new social behaviours'. Peasant co-operatives were encouraged to establish literature and arts companies in order to teach peasants the proper performance of new roles. Plays were produced at the village level which depicted how "modern army officers should conduct themselves, or how the chairmen of agricultural co-operatives should spend their time, in the hope that the village audience watching such plays will absorb appropriate new behavioural models and styles" (Woodside, 1976, 267).

Other attempts at creating or designing the new socialist person can be seen through the mass mobilisation land reform campaigns, which White (1983) argues transformed the traditional peasant worldview. From 1961, when the first five year plan was introduced, a number of officially sanctioned and socialist inspired social engineering initiatives emerged which were to be emulated nation-wide. The desire was to transform
society through promoting initiatives such as the agricultural co-operative, the model machinery factory, the model school, and the model handicraft co-operative. Not only was the mode of production and technology altered but also culture and thought. Attempts to change society can also be seen through State led programmes such as mass mobilisation campaigns, family planning programmes and resettlement campaigns and now through the recent HIV prevention campaigns. Later attempts to deal with the problems arising from increased population can be seen through family planning policies. In 1981, guidelines were set whereby each couple should have only two children to be spaced by at least five years. Guidelines set out the minimum childbearing age for government cadres at 22 for women and 24 for men; for others the minimum age was 19 and 21 respectively.\(^1\) What was to become known as the ‘one-or-two child policy’ received full government endorsement in 1988.\(^2\) These policies were supported by a system of incentives and disincentives, but also by a range of subtle persuasions, such as the promotion of the song: \textit{Why did you marry so soon?}\(^3\)

Today, like most countries, Vietnam is facing the problem of how to modify people’s behaviour when societal norms dictate behaviours that place most of the population at risk of HIV. Since HIV arrived in Vietnam, laws and regulations have been produced to protect not only the individual but also the nation against the threat of HIV. As outlined in chapter 5, most of these laws try to stop or diminish ‘social evils.’ These laws and regulations impose constraints on how people behave through exercising a power that limits and controls the population and is overwhelmingly negative. Individuals are punished and subjugated with the intent to regulate more than educate in an effort to ease Vietnam’s perceived

\(^1\) Ethnic minorities were allowed to have three children. Provisions also existed for twins (Goodkind, 1995, 90).
\(^2\) There was an attempt by the DRV to promote a small family norm (two or three child policy) in the early 1960s (Goodkind, 1995, 86).
\(^3\) The text of a less well-known song entitled: \textit{Hope you are like a one-child woman,}

‘When someone calls you a one-child women, my eyes become weary and longing, my dear. But when someone calls you thin and faded for all the many children you have

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growing problem of ‘social evils.’ In particular, these laws work to reduce, with the intent of eradicating, prostitution and drug use and supporting mandatory HIV testing of marginalised ‘target’ groups. While anti-discrimination laws do exist to protect HIV-positive people, they are few and have a limited impact on everyday practices.

In addition to these restrictive laws, there is another process acting on the individual and society in the campaign against HIV in Vietnam. These practices promote rights and freedoms and at times insist on the fulfilment of duties and obligations. While these more positive forces, which promote autonomous subjects, are not as obvious in Vietnam as in liberal democracies of the modern West, there are examples of promoting self-regulating and active subjects through the practices of development. One of development’s goals for HIV prevention, creating responsible and caring people, requires much more than laws and regulations which limit and control; it requires assistance and coercion, which employs a power that is positive - a power that creates.

The focus of this chapter is on these positive forces, which Foucault refers to as biopower. This chapter also argues, along with development theorists like Escobar (1995), Porter (1991) and De Bois (1991), that development practice never operates solely within the guidelines that it sets for itself. Development as a way of thinking and practice has a far greater impact upon its subjects than is widely acknowledged. As De Bois (1991, 19) states: "development opens doors to a combination of activities and discourses that have the effect of reshaping everyday life in ways unintended, unforeseen, and even (especially) unseen."

To build a successful response, which reduces the number of people infected while creating a caring, responsible and empathic society, these HIV prevention development projects work to manage and discipline the

carried, Rainy and sunlit days both become a burden, and youth passes quickly, my dear...” (Quoted in Goodkind, 1995, 91).
population. The aim of most Information Education and Communication (IEC) development projects during 1996 and 1997, of which a few are explored in this chapter, was to produce and then disseminate information in the form of booklets, leaflets, television shows, television commercials, peer education programmes, or ‘how to do’ manuals. By focusing on the mind and the body, these projects have aimed to save lives by identifying and exposing attitudes and practices which were documented and labelled as problems, needs and deficiencies. No matter what the project’s focus, they all had at least two things in common. Firstly, these projects documented and then produced knowledge about the risks associated with HIV and AIDS and then provided a way to get that information to the project’s identified target audience. Secondly, these projects worked to discipline the individual with the intent of creating caring and responsible subjects through promoting a range of techniques and norms.

The intent of many HIV prevention projects has been to support existing, or to create new, mechanisms to govern subjects. These projects, which often operate at a distance, aim to promote ‘active subjects’ who will take control of their actions and become, as Turner states, "self-regulating and self-forming." These prevention projects create and fix subjectivities by marking out an individual’s needs through adopting a range of strategies which often rest upon the discourses of development as outlined in chapter 4. As it is still relatively early in Vietnam’s response to the ‘epidemic’, and therefore too early to see how these norms are ultimately adopted, internalised and even resisted by the subjects of development, this chapter is limited to exploring the ways practices of development are carried out on the subjects of development, not on how these practices have been internalised.

This chapter therefore concentrates on the creation of norms through different practices of Information Education and Communication campaigns from various HIV prevention projects. Each of these projects adopts various techniques directed at the mind and body. Individuals’
actions and thoughts are regulated and modified sometimes in obvious ways although more often in subtle ways. Behaviours and attitudes are promoted for the benefit of the individual to practice what has come to be understood as 'safer behaviour'.

The chapter begins by exploring the changing use of the condom, from solely a contraceptive to a method that blocks transmission of sexually transmitted infections. The challenge for development workers has been to change the image of the condom and create a new demand for it. The aim has been to associate condom use with attitudes related to 'modern' and responsible behaviour. The strategy of creating responsible and caring individuals is carried through into the following section on the confessional. Public self identification as an HIV-positive person is a technique promoted by the Vietnamese government, and endorsed by the international development community as a method of promoting messages of responsibility and obligation to one's family, community and nation. While it is argued that the confessional is essentially a performance with its roots within old techniques that have been adapted for a new problem, it is also a technique of disciplining, regulating and ultimately controlling the population.

A series of comic strips and oral histories are explored as examples of creating subjects through what Foucault refers to as normalising techniques. The aim of both these techniques is to offer a series of narratives instead of using an instructional and judgmental approach for people to identify with the stories. The final example is a training manual that not only provides information and examples of correct practice, but also helps shape individuals' minds so that they take responsibility for their actions and ultimately become self-regulating.
Disciplining the Individual through IEC Projects

In 1994, 15 international organisations, 12 of them NGOs, were assisting Vietnam’s HIV prevention activities. By September 1996 international involvement reached 33 projects, with a further 17 projects planned for implementation. Within one year, by August 1997, 82 projects were being implemented, with a further 28 projects identified for implementation. These programmes, supported by national and international organisations, ranged in scope from: out-reach work with sex workers and intravenous drug users, peer education programmes, a health clinic, condom cafés, street theatre, production of comics, a television soap opera, skills training for incapacitated women, improving diagnostic procedures through training and updating equipment, counselling workshops, and capacity development through strengthening coordination between all programmes and the Vietnamese government.

Many of these development projects began by researching and establishing baseline data for one of the ‘target groups’. Then, appropriate information was produced and disseminated in what was accepted as a culturally appropriate and cost-effective manner. In addition to the many IEC projects, there was considerable energy devoted to social research, often in the form of KAPB surveys and focus-group discussions that work to help practitioners and policy makers understand behaviours, practices and attitudes of people considered to be at risk.

While the aim of some HIV-prevention projects is to upgrade equipment and technical skills, most work to change intimate and private practices of individuals. The aim of these HIV prevention projects, as can be said for development generally, is to expose and replace social structures along

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4 ADRA (Adventist Development and Relief Agency), APHEDA, CARE, DKT International, International Voluntary Services, Medicins sans Frontieres- Belgium, OXFAM Hong Kong, PDA, Radda Barnen SCF/Sweden, Red Cross-Red Crescent, Save the Children Fund (UK) and World Vision.
5 September 1996
6 Information provided by UNAIDS.
with their traditions, obstacles and irrationalities, with 'rational' new ways of thinking. Development experts hope to modify behaviours and attitudes; to produce what Foucault calls 'docile bodies' and 'normalised subjects.' The aim is to create new norms, which are used to create and often fix subjectivities. It is here that Foucault's conceptualisation of biopower can be used to gain insights into the working of these HIV prevention projects. At particular junctures in time and space, micro-relations of power come together to build strategies of power, which work with existing global forms of domination to bring about change. It is through the exercise of power and knowledge that disciplinary power creates docile bodies that may be subjected, used, transformed and ultimately improved.

A major component of the intervention work in HIV prevention is in convincing local authorities and recipients of the projects that they need assistance, whether in promoting counselling, or through more straightforward intervention of condom promotion. Help is not always given to people who consider themselves to be in need. The subjects of development, such as youth, sex workers and intravenous drug users seldom consider themselves to be at risk of HIV or ask for help. They may not be aware that an expert believes that their behaviours and attitudes need to be altered. They are unlikely to be aware that they have a deficit that needs to be overcome and corrected. As is seen to be the case for Vietnam, need becomes even more troublesome when dealing with marginalised people such as sex workers, intravenous drug users and homosexuals (Wilson and Cawthorne, 1999; Rekart, 2001). The task for the development worker is not only directed towards modifying the attitudes and behaviours of the population, which involves getting people to acknowledge that they have a specific need, but also changing how the State acts towards what are often newly identified problems.

Through the practice of HIV projects, individuals are increasingly required to take care and responsibility for themselves. Experts at IEC deploy
techniques to change conduct and this invariably shapes how individuals come to think of themselves. As stated in chapter 2, development as a practice of promoting change throughout the Third World has remained fundamentally unchanged since the post-war development project began. One aim of the development project continues to be to connect experts and their knowledge to individuals who are seen to lack certain knowledge. Although intervention for HIV prevention work is new to development practice, it is grounded within well-established development work of education, health and family planning, while also finding a home within the more recent development goals of improving governance, and gender equality.

As with many existing practices of development, HIV prevention is directed at the individual and the household, as opposed to large infrastructure projects. Changing behaviours and attitudes are often carried out through training people and by introducing new technologies and new ways of thinking, as shown by the examples in this chapter. The transfer of technology and techniques form a major part of development practice. DeBois (1991, 20) argues that with the introduction of new technology, "the body must be re-educated; it must enter into new relationships not just with some thing but with new knowledge (how to operate, maintain and repair that thing) and the power relations attached to these knowledges."

**Changing the Image of the Condom**

In the early days of HIV in Vietnam, as mentioned earlier, if a women was found with a condom she was labelled a prostitute and was dealt with accordingly. The condom beyond the home did not symbolise responsible sex, it was evidence of a 'social evil'. Before 1993, condoms were available in Vietnam mainly for family planning purposes. Efforts to promote the use of condoms focused predominantly on married women to the exclusion of single women and men. The public preferred the pill, the
IUD or abortion rather than the poor quality condoms available. All began to change in 1993 when the NGO DKT International, arrived with the objective of making the condom an attractive alternative not only for family planning but also for HIV prevention. Changing the image of the condom from an unpopular and socially unacceptable contraceptive for women to a method for preventing sexually transmitted infections was the central aim of DKT’s mission. The lynchpin to the success of the program was in inventing a new norm, which meant changing people’s attitudes towards the condom, and in particular changing the attitudes of young men. A major focus for DKT International’s development project was to create a new need and then market the condom to young men.

The title of a paper presented by CARE International development worker Paula Kelly, at the HIV/AIDS international conference in Manila in 1997 entitled: ‘Telling women to use condoms for AIDS prevention is a waste of time and money’ was representative of the attitude of many development workers in Vietnam in 1997. The challenge was how to increase condom use for HIV prevention. However, teaching women about condom use was seen as ineffective given the obvious power imbalance within gender relationships. Women are unable to insist on condom use with partners because men are the ones who make the decision about safe sex. Social research supports the view that responsibility for safe sex lies with men.

Through extensive advertising in the mass media, new language and procedures were introduced. The aim was to create new ways of thinking and acting about the condom. DKT promoted condom use beyond family planning to include HIV prevention. What was seen as appropriate behaviour for the entire population, and in particular young men, was promoted through a range of techniques so that attitudes of the population could be transformed and improved. The target audience for DKT’s marketing efforts were men. The Vietnamese government, DKT and various international development organisations helped to raise the profile of the condom through a range of IEC techniques such as billboards,
television commercials, training sessions, training manuals and condom cafés.

One of the most high profile strategies of the government’s IEC campaign was devoted to promoting the condom on public billboards.

The leaders of Vietnam and many institutions, including the Vietnam Youth Union, have already taken bold steps to deal with the many varied effects of the epidemic. For example, there is an open policy to promote the use of condoms at all levels of society. Everywhere one goes throughout Vietnam, one finds advertisements and promotions encouraging the use of Trust, Happy and OK condoms. (Kurtz and McCoy, 1996 conference on Youth address)

The three condom posters below (Figures 19, 20, 21) show variations on the straightforward message that ‘condoms prevent AIDS’. Not only did the condom become more visible throughout the streets of Hanoi and Ho Chi Minh City, but also it took on a positive image as the happy, healthy, smiling and at times abstract condom. One development worker commented in 1996: “We still need to increase the profile of the condom; we need to get everyone to know about the condom and not be embarrassed about it.”

Brand awareness and product image were part of DKT’s philosophy, along with subsidising condoms and introducing new commercial techniques to market them. The condom began to shed its image as a serious family planning option to become something that was available to young people and perhaps seemed less serious. The condom option began to represent a modern alternative. Market research by DKT for developing brand names and to evaluate brand awareness focused entirely on men.

From research, we found there were two qualities about condoms that men thought were important. Firstly, a condom that is strong and won’t break while also being sensitive. We then included in

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7 Fieldnotes, Hanoi, March 1997
the advertisements for the OK condoms body builders and the word 'Champion' (Vo Dich). 8

Based on research showing men considered condoms as modern and sophisticated a series of television advertisements were produced depicting a modern lifestyle with the slogan 'Trust condoms - for the modern man.'

From the beginning of the project in 1993, prices have been based on affordability, not on profit. The use of English brand names were defended by the program manager because it was found that "consumers were more likely to trust a product if they believed it was made overseas." 9 By July 1993, a foreign made condom called Trust was introduced by DKT in Vietnam and reached a sales distribution of 3.5 million for that year. By November 1994, a locally manufactured and substantially cheaper condom with the English name 'OK' entered the market. By 1996, 23.9 million 'OK' condoms were sold. The program has been such a success that Trust and OK have become generic words for condoms. A marketing survey conducted in 1995 by DKT found that 87% of men interviewed chose Trust as the most recognisable condom brand, most having learnt about it from television ads.

In March 1996, the Condom Café 10, supported by Medicins du Monde and the Youth Cultural House opened at Pham Ngoc Thach Street in Ho Chi Minh in the grounds of the Youth Cultural House. The Condom Café provided the opportunity for 30 volunteers, trained in communication skills, life skills and public speaking, to give away condoms and advice. One of the volunteers commented; "we give away about 30 condoms a day, mainly to students aged between 20 and 25. People usually come and ask questions like: How can I get infected? I say to them that you can’t get

8 Fieldnotes, Hanoi, March 1997
9 Fieldnotes, Hanoi, March 1997
10 ‘The need to improve access to education and health care in a less stigmatised or threatening setting has been the basis of the effort to develop and expand the peer education model of the cafés in HCMC' (Le Truong Giang et al, 2000, 90).

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it through normal contact. I often explain how to use a condom properly. We have many different programmes, like quiz nights, plays and competitions."

![Figure 19 Prevent AIDS, Let's use condoms (Ho Chi Minh City, 1995)](image1)
![Figure 20: Condoms [are] armour against AIDS (Ho Chi Minh City, 1995)](image2)
![Figure 21: Condoms to prevent AIDS (Hanoi, 1996/1997)](image3)

The number of condoms distributed in Vietnam increased from 40 million in 1991 to 97 million in 1995. As of November 1996, DKT distributed more than 55 million condoms and was distributing approximately 2.5 million condoms a month. The main concern today is that there is a shortage of condoms. "There is only enough money to buy 60-70 million, and they are all for family planning programmes...To buy the required amount would take the entire budget for anti-AIDS activities of $3.2m, down 10% on last year because of the economic crisis. At least 150 million condoms a year are needed to prevent the spread of HIV." (Professor Chung A cited in Tran Le Thuy, 1999, 26)

Promoting condoms rests upon changing people’s attitudes and behaviours, which in turn depends on changing the image of the condom and associating its use with young men, rather than as a contraceptive for women. The strategy of the government, in partnership with development organisations, has been to govern from a distance through a range of techniques such as associating condom use with modern and

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sophisticated practices. The aim of development to promote the use of condoms is in accord with the aim to replace irrational traditions and social structures with new, rational behaviour. Providing condom cafes as places where young people can go to get condoms and information about how to use condoms has been important in changing attitudes towards their use. The dramatic increase in condom use could be interpreted as what Foucault refers to as the successful workings of biopower. It shows the use of power as a productive, not a repressive, force. It also shows a power that is localised, which operates at the micro-level through everyday practices - such as television commercials, training manuals, billboards and the support of condom cafes that offer informal counselling within a range of programmes. Most importantly, as Foucault argues (1976), power needs to be acknowledged as a force that creates individuals’ bodies and identities through promoting norms. There is a disciplinary force operating on the body, whereby through promoting standards of normality in ways of thinking and acting, individuals are defined and shaped. Condoms can be relied on to protect people against HIV. They can be relied on for various reasons. The message is that condoms protect people from AIDS. There is nothing ambiguous about the three posters above. Their reliability is further strengthened because they are either foreign or have a foreign name and therefore are assumed to be of a high quality.

Remaking condom use as a norm is the job of the experts, not just the development experts, but also the health workers and the Vietnamese government officials working for the Youth Union. Experts such as demographers, teachers, counsellors and health workers all participate in promoting norms which in turn helps to control the population. Rose (1992, 14-15) defines the role of the expert in the deployment of technologies of private improvement and responsibility

The strategy of government through private improvement and responsibility is exemplary in the key role that is assigned to experts. For it is experts - first doctors but later a host of others -
who can specify ways of conducting one's private affairs that are desirable, not because they are required by moral code dictated by God or Prince, but because they are rational and true. It is experts who can tell us how we should conduct ourselves, not in airy and vaporous moral nostrums, but as precise technologies for the care of the body, the care of others - the children, the old - and the conduct of our daily routines of life. The notion of normality, the invention of the norm, is the lynch-pin of this mechanism. The norm is that which is socially worthy, statistically average, scientifically healthy and personally desirable - but it is also that which has to be achieved through a careful work on ourselves under the guidance of those who are knowledgeable.

One effect of these disciplining techniques is that people began to discipline themselves and regulate their own behaviour. It came to be seen as normal not only to be judged but also to judge yourself in relation to a range of social norms as is demonstrated in the following example of the confessional as a technique of HIV prevention.

Performing the Confessional

Bui Tin, a renowned journalist and recent political refugee, recalls meetings on Saturday evenings where members of the Party would come together in the act of self-improvement. Bui Tin (1995, 40) wrote about how “the system of criticism and self-criticism was regarded as the peak of individual and social progress.” He recalls his experience:

Every cell or group would meet to read the Party newspaper and conduct criticism and self-criticism sessions. Our thoughts, our awareness, our actions, all were called into question. So were our relationships with our superiors and subordinates, with our peers, friends, family and other soldiers. Our good points and shortcomings were all noted down in a record to promote self improvement...

In fact criticism and self-criticism was just something we had to cope with. There was no sincerity involved. You criticise me so I criticise you as strongly; you forgive me so I do the same.... We were told we were helping each other for the common aim and being constructive in order to progress. (Bui Tin, 1995, 40-41)
On May 18, 1999, the General Secretary of the Viet Nam Communist Party, Le Kha Phieu, launched an anti-graft campaign. This two-year criticism and self-criticism campaign was scheduled to begin on the official anniversary of the birth of Ho Chi Minh. The campaign, which was the largest seen in Vietnam since a similar campaign took place before the sixth National Congress in 1986, was expected to have little impact on the growing level of graft and corruption throughout the country. It was a performance, or as Carlyle Thayer, political scientist, remarked: "a clash of symbols and beat of drums...Eventually the dust will settle and life, including corruption, will continue as before" (Yates, 1999).

The plan was for the entire Communist Party, with a membership of approximately 2.3 million members, to undergo criticism and self-criticism with the hope "to root out graft and quell disunity with the ruling body" (Yates, 1999). The threat from the lavish lifestyle of officials, violence and growing discontent in some rural areas, as demonstrated in the Thai Binh unrest in 1997, along with increasing disunity among cadres, were cited as the main reasons for the introduction of this latest campaign. As Phieu stated in a televised party meeting held to mark Ho Chi Minh's 109th birthday, "These are degradations that may change the characteristics of the party and may threaten the existence of the regime, the country's independence and security" (Yates, 1999).

These public confessions, like the past confessions remembered by Bui Tin (1995), are an accepted way of acknowledging mistakes or uncovering irregularities in communist societies. They provide opportunities for self-improvement, not only for the individual involved but for all of society. A model is provided for all to see that it is possible for people to change their behaviour. As a performance of disciplining oneself and regulating oneself Vietnam's public confessions and self-criticisms has provided a model for the government to use in its fight against HIV and AIDS.
Do Kim Son is one of a growing number of HIV-positive people who has made a public confession. These confessions are performances where individuals declare that they have made mistakes but now see the error of their ways. The confession is a self-acknowledgment of actions and thoughts, an act of calling into question past behaviour and telling the audience who one is and what one does. It is presented as an example of the active speaking subject. It is a performance demonstrating to anyone willing to listen that through reflection upon past actions and thoughts, the confessor has come to be a better person through the guidance and goodwill of the expert.

However, as is the case with others making these confessions, Do Kim Son is caught in a web of social practices, discourses and subjectivity. Do Kim Son's past relationship with society was a strained one. Now he has been given the opportunity to 'speak for himself' and to publicly accept responsibility for his actions and choices. While he may appear to be speaking himself into existence, it is only through the available discourses, which are not all obvious, that he is able to show himself. On the surface, he is presented as having some agency. Agency for the marginalised, such as sex workers and intravenous drug users, is the exception rather than the rule in Vietnam, and so such a display often receives considerable attention by the media and experts at professional meetings. Bui Tin's comment, in the above quote, about his past acts of self-improvement wherein "[t]here was no sincerity involved" must also be asked of Do Kim Son. Are they his own words, or has he taken on the attendant ethical commitments of those in authority?

One of Do Kim Son's confessions took place at a conference on youth and HIV/AIDS in Hanoi in 1996. Son addressed the delegation with his story entitled: 'A Drug-Addict-Turned-HIV-Patient Wants to Become Useful to Society.' The title highlights Do Kim Son caught within a number of

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discourses. It is easy to locate him within the dominant humanist
discourse, whereby he is presented as an everyday hero who has
conquered a difficult past. His choices for being at the meeting and
making the confession perhaps run deeper than simply wanting to help
change society. The confession was clearly under the direction of
government authorities. In the eyes of government authorities Do Kim
Son had something to confess:

Over the past 20 years, I have been living as a spectre, useless
and without purpose, dependent on the family and have done
nothing useful to society. I have lead (sic) a life without future and
honour.

Under the old regime, being affected by an easy and depraved
life, I brought much sorrow to my parents, my brothers and sisters
and my dear ones. I did not think then of the consequences that
my bad behaviour left on them. (1996)

Do Kim Son goes on to tell how, when he was young, he was enticed into
the world of drugs, and that eventually he “resorted to opium.” He tells the
audience how his own family discriminated against him because he was
HIV-positive. He tells about how once he discovered that he was HIV
positive he became shocked and scared, feeling “only despair and
depression.” What followed was a critical moment that Do Kim Son
identifies as the time in which he was “saved.”

Doctor Luyen was the one who provided counselling and great
encouragement...At the end of the workday, Doctor Luyen often
came to my house to give me his counselling. Then I gradually
became mentally stable and accepted the fact and voluntarily
asked for rehabilitation. Six months later, I came back from the
drug addict rehabilitation centre and volunteered to become a
motivator for the Preventative Health Centre. After a short period
of serving as a motivator, I realised that HIV carriers are often
discriminated against and isolated from society. Therefore, with
the assistance and support of the City AIDS Committee and the
Preventative Health Centre, I rallied friends of the same fate into
the ‘Peer Group’ to share their sorrow, joy, difficulties in life, and
to encourage each other to be mentally stable and lead a useful
life...
For me, because of being a drug addict and engaging in unsafe behaviour, I have to suffer from HIV. Thanks to receiving counselling from doctors, I know that I have to adopt safe behaviours in order to avoid transmitting the HIV virus to other people in the community. I think that for the rest of my life, I will try to do something useful for myself and everyone. On behalf of the HIV community in Vietnam, I call on all of you who have been infected with HIV not to be prejudiced and afraid, but to change your behaviour to protect yourself, your family and society, as well as to lead a useful life integrated into the community. To my young friends, please lead a healthy life, care for your health, and stay away from social vices. Do not let yourself be infected by HIV like us. (1996)

It was a fine performance, which touched on many of the topics needing to enter or to reinforce the new public discourse about HIV and AIDS. These encompassed the government’s need to reinforce regulatory actions, such as rehabilitation and staying away from ‘social evils’ and more positive acts of governing, such as fighting against discrimination and intolerance towards HIV-positive people; raising awareness through positive practices of peer education and peer support; and the fact that HIV positive people can still be productive and helpful citizens. There was a moral correctness displayed throughout his story. Doctors had the authority to tell him what to do, which positioned him as lacking moral rightness. His choice to give up drugs and become a useful citizen was not presented as a forced choice. Do Kim Son was demonstrating ‘right’ behaviour and ‘right’ thinking, he was presenting himself as self-regulating and self-forming.

Later an expatriate development worker in Hanoi wrote to me contrasting confessions she had witnessed between Do Kim Son and another HIV positive person, Mrs Nguyen. She wrote:

I remember my first experience of the ‘confessional’ in Vietnam... Mr Son’s presentation was a full-scale confessional, beginning with an account of mistakes made (drug-use history), alienation, discovery of HIV+ status, further alienation, and redemption at the hands of a caring doctor/counsellor. Son described the work that he was doing as part of ‘Friends Help Friends’, showing moving photos of the conditions under which people living with - or, more accurately in this case, dying from -
the virus receive basic palliative care and support... Mrs Nguyen's presentation was less confessional; her own HIV status related less to her own behaviour than to being a 'victim' of a philandering husband. She shed tears during an emotional presentation. Unlike Son, she made no claim to being 'redeemed' by her HIV infection, though she echoed his sentiments about the desire to be socially useful in 'the last days' of her life.

At the last HIV/AIDS Action Group (HAG) meeting I attended in Hanoi, another confession by an HIV-positive man took place. It was a trial run for the confessor, but more importantly for the authorities that needed assurance that Nguyen Hai Anh would say the right things for the upcoming International AIDS Conference to be held in October 1997 in the Philippines. His story was similar to Do Kim Son's. Nguyen Hai Anh had also fallen victim to HIV because of his bad ways. He told the room filled with development experts how he had come to see how his bad ways led him down the path to HIV. It was a familiar story. Through his experience of becoming HIV-positive, he came to realise his bad ways and changed his actions and thoughts to become a good and useful citizen. Most importantly, he talked about how he wanted to help others. The irony was once again laid out for all to see. It took HIV infection to transform Nguyen Hai Anh into a worthwhile citizen. It was a confirming display for everyone to witness, about how good can come from bad. It was a story that everyone wanted to hear. It provided evidence that progress was being made in the fight against HIV and AIDS in Vietnam. The irony hung heavy in the room for people to acknowledge that despite all the human rights abuses associated with being HIV-positive in Vietnam, there is still good that can come from such an experience. Nguyen Hai Anh had become another role model for other HIV positive people. In addition, by speaking out, he helped to introduce a sense of empathy into a society that had little time for such indulgence.

I felt a sense of unease while Nguyen Hai Anh stood at the podium performing his confession. This was much more than an autobiographical narrative. HIV had created another hero out of an 'ordinary' person. He told the room filled with Vietnamese and foreign experts about how being
infected with HIV had changed his life for the better. By apologising for 
his past, he was able to become socially acceptable. For Vietnamese this 
romantic notion, deeply embedded in the nobility of suffering, is easy to 
resurrect in post-war Vietnam because it is still considered valid. There 
was a mixture of pity and perhaps empathy as the experts listened to a 
truth being proclaimed. Nguyen Hai Anh revealed secrets that he had 
kept hidden until that meeting. He told the experts how he had fallen onto 
hard times and through weakness turned to bad ways. There was, 
however, admiration for Nguyen Hai Anh. Admiration, respect and 
acceptance are important responses that were introduced during 1996 to 
help combat the widespread discrimination that exists throughout Vietnam 
towards HIV positive people. Elizabeth Reid, Director of the HIV and 
Development Programme for UNDP, argues for the necessity of instilling 
empathy. She writes:

Empathy is a skill or capacity and thus can be instilled, taught and 
developed. It is a skill through which compassion, as distinct from 
pity, can be exercised. It creates the possibility of solidarity and 
solidarity allows for mutual respect and trust whilst recognizing 
and accepting difference. Community, intimacy, trust, solidarity, 
respect and compassion do not spring into existence. They need 
to be created. (Reid, 1995, 4)

When Nguyen Hai Anh finally sat down, Mrs Thi, who works for one of the 
international non-government organisations, stood up at the other side of 
the room and walked over to him. She put her arm around him and 
rubbed his upper arm in a display of respect for what he had just done. 
Perhaps she was also demonstrating empathy towards him for what he 
was forced to deal with in a country that has little time and certainly little 
tolerance and empathy for people who have HIV. At the same time she 
was also demonstrating to everyone in the meeting that touching is OK, in 
fact it is a good, important thing to do.

At the end of the meeting, Jim, UN aid worker turned to me and said: 
"Wasn't that great, we are finally getting people to tell their story." For 
some people at that meeting the changes that had taken place over such
a short time in Vietnam's consciousness about HIV became overwhelmingly clear. "This wouldn't have happened twelve months ago," another development expert said. The rate of change in attitudes and practices was an encouraging sign of a job well done. The UN aid worker went on to say: "You know, we may just beat this thing if we get it right."

Nguyen Hai Anh’s presentation at the HAG meeting was in many ways a watershed, but what may have been missed by many of the participants was that his display was caught within a complex power relationship involving the State, the discourses of social evils, foreign aid workers and HIV-positive people. Nguyen Hai Anh was not only paid for his performance, but if he did a good job he would have a chance for an overseas trip to participate in an international conference. It cannot be denied that material gain for Nguyen Hai Anh also played an important part in his confession.

The confessional was one of many techniques used for producing the 'truth' about HIV and AIDS. It was also a self-congratulatory exercise by the HAG organisers, showing how far they had come in such a short time. People were now able to tell their stories and more importantly, they were seen to have some authority and agency. It was also a display of development recording social change, giving the development community an opportunity to evaluate its impact.

**Creating Norms through Comics: Identifying with the Story**

In 1995, an Australian non-profit organisation, Streetwize Comics, collaborated on a twelve-month HIV prevention project with Vietnam's Youth Union. The idea of using comics to pass on information about the risks of HIV and AIDS began with a visit in 1993 to Australia by a high level Vietnamese delegation. The Streetwize-Vietnam Youth Union HIV/AIDS Prevention Project, which was launched in June 1996, produced
six comics and two posters, which explored a range of HIV and AIDS issues. The aim of the project was to provide information about HIV prevention through a narrative rather than a didactic style. This underlying philosophy came from the Australian organisation Streetwize, who promoted the merits of learning through a narrative style rather than a judgemental and instructional approach.

The production of these comics coincided with what some experts call a change in philosophy of Vietnam’s HIV/AIDS prevention campaigns. This change was reflected in some billboards and prevention projects, which began to portray images associated with HIV and AIDS in a more positive and compassionate light. At this time there was also some movement by the development community and some sections of the government to encourage a greater emphasis on ‘harm minimisation’ as a response to the growing threat of HIV and AIDS.

Vietnam does not have a history of storytelling through comics; however, since the introduction of Japanese comics in 1991 a considerable following among the young has evolved. The Vietnam Streetwize project is the first time information about risks of HIV and AIDS have been told through comic or picture stories. The use of a narrative approach has since expanded as a method of IEC promotion, such as CARE’s soap opera and oral histories projects and PDI’s youth drama project. The credibility of the project was based on research among target groups and then extensive feedback from these target groups about stories from two project sites: Hai Phong and Son La province (see Figure 14).

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12 Since the 1980s, Streetwize comics have provided young people in Australia with information about what is considered sensitive issues such as sexuality, STIs and drug use.
13 The posters were designed for two ethnic minorities: Hmong women aged 14-18 years and Thai people. Posters instead of comics were used for these ethnic minorities because a high percentage of ethnic minorities are illiterate.
14 The Japanese comic ‘Doreman’ series was directed mainly towards children aged 8-12 years.
15 Hai Phong is a port city with a population of over 1.5 million, approximately a two hour drive from Hanoi. Son La is considered not to have a high HIV/AIDS ‘problem’. However, it is a producer of opium and is targeted under the poppy eradication campaign. During the initial stages of the project the local management team for Son La questioned whether
didn’t sit in the office and make up stories, but researched with the target ‘youth’ audience, and tailored our distribution so that the comics got to that audience” (Smith, 1997, 28). Within the project there was also a component for two artists and two writers to be trained in comic production. As with most development projects there was the expectation that these skills would flow on to the relevant organisations; in this instance the Vietnamese Youth Union were given responsibility to educate Vietnamese youth about HIV prevention.¹⁶

The target audience for the comics were youth between the ages of 16-24 years. Within this group there were subgroups of at-risk youth who were specifically targeted, such as intravenous drug users, sex workers, and youth moving to the city in search of work. The comics were also presented as a response to the ongoing social evil campaign. Each of the comics presented a moral message, as conveyed through the title of three of the stories: Sharing, Choice and Faithful.¹⁷ However, the project’s approach had to accommodate the contradictory goals of the Youth Union which is to support the government’s campaign against Social Evils, while also having the task of educating youth about HIV prevention. What was considered by the evaluation team to be one of the successes of the project was that the chosen topics in the comics challenged some of the premises of the ‘social evils’ campaign while at the same time managing to sit quite comfortably within the government’s social evils campaign (34).

¹⁶ The evaluation of the project by Mohr and Robinson (1997, 30) commented on skill transfer by stating ‘[a]lthough there has been skills transfer through the project, it is probably unrealistic to expect that the VYF can continue to produce such materials without further funding.’

¹⁷ The comic received approval from the Ministry of Culture and Information. This approval was important when the leadership of one of the provinces objected that the issues were too delicate to distribute to their members. The letter from the Central Committee in support of the publications resulted in their cooperation. (Mohr and Robinson, 1997, 10)
The focus of the comics was on matters labelled as controversial that received little public discussion. In an interview with the editor of On the Level project manager Sara Knuckey commented on the challenge of dealing with ‘delicate matters’ such as premarital sex, drug use, sex work and the less controversial issue of extramarital sex. She comments:

Vietnamese people are not used to discussing these things with anyone – it is especially difficult to get stories about premarital sex and drug use from inexperienced young people. Through establishing an atmosphere of trust, we were able to break down the cultural taboo against talking openly about sex.¹

![Figure 22: Cover of comic 'Off to the City'](#)

*Len Thanh Pho* (Off to the City) is a story of a young woman named Mo, sent to the city by her family to work as a sales assistant. The owner of the bar deceives Mo and her family. Mo ends up working in a *Bia Om* where she eventually catches gonorrhoea from a customer. The Doctor who treats her tells her about how to prevent STDs and HIV and that she must use a condom. The story then shows Mo successfully negotiating with a customer to use a condom. One of the messages of the story is

that Mo takes control and is able to successfully negotiate with a customer (a message that contradicts the general opinion about control of condom use). The final frame of the story shows Mo thinking of her family. The caption reads: 'Earning money like this is so humiliating. I must try to find a way out of this situation.'

Figure 23.1: Comic 'Off to the City'

Page 1:
Frame 1:
Restaurant Owner/Madam: Your family seem to have a lot of difficulties. Why don't you let Mo come to the city to work for me as a sales assistant?
Mother: That's good, if you can do something to help her, we would appreciate it

Page 2:
Frame 1: At the bar
Frame 2: In the early evening
Madam: Mo, dear, choose the one that you like best. I'll pay for it.
Figure 23.2: Comic ‘Off to the City’ (continued)

Page 3:
Frame 1:
Mo: What a beautiful colour!
Frame 2:
You will look beautiful with a new hairstyle.
Frame 3:
Customer: Wow, she looks gorgeous
Customer: Perhaps she’s still a virgin.

Page 4:
Frame 1:
Guard: Madam says that you must go upstairs to serve a customer. Don’t forget to please him.
Frame 2:
Oh, you are so lovely!
Frame 3:
Mo: NO! NO!
Figure 23.3: Comic ‘Off to the City’ (continued)

Page 5:
Frame 1:
Mo: Don’t! Don’t! Please don’t do it....
Frame 2:
Crying

Page 6:
Frame 1: Two weeks later.
Customer: Madam, get me the ‘pigeon eyed’ girl.
Frame 2:
Customer: Get me the stray cow from the country.
Frame 3:
Madam: Get up you lazy bones. A lot of customers are asking for you but you are just lying there.
Mo: I’m very tired. I have a pain in my belly.
Page 7:
Frame 1:
Madam: If you don't work, where do I get the money to feed you from?
Frame 2:
Doctor: You have gonorrhoea. You need a 10-day course of antibiotic injections.

Page 8:
Frame 1:
Doctor: From now on, you must use condoms to prevent STDs and HIV.
Mo: How do I ask the customer to do that?
Frame 2:
Doctor: Use sweet words, and you will have to put the condom on them.
Figure 23.5: Comic 'Off to the City' (continued)

Page 9:
Frame 1: 10 days later
Customer: Tonight you must spoil me in every way.
Mo: Yes, let me put the condom on you.
Frame 2:
Customer: No, I don’t like that.
Frame 3:
Mo: It’s only by using condoms that we can prevent STDs and HIV/AIDS as well as enjoying true pleasure.

Page 10:
Frame 1: The morning after
Madam: Wake up, it’s midday already.
Mo: I ache all over.
Frame 2: Earning money like this is so humiliating. I must try to find a way out
One of the criteria for judging the success of the project is for those reading the comic to recognise themselves in the story as one of the characters. It is generally accepted by IEC experts that recognition will increase the chance for people to adopt certain practices. The comics were developed to reflect what was seen as 'true-life stories' of young people. Mohr and Robinson (1997, 18), noted in their evaluation report to the funding agency AusAID, the acceptance of the comics by target groups:

They liked the fact that the comics dealt with 'normal life' or 'everyday life', or 'true life stories', with 'specific details of life'. This makes it easy for them to relate to the comics and the characters'...

Several of the former sex workers commented that Off to the City could have been their story: 'I like this story very much, it is exactly my fate - rural girl who is deceived into a life like that'. 'This story teaches us to be vigilant, we are easily tricked by other people'... 'The story taught us a lesson: young people should not forget that for money they can lose their dignity'.

The aim of each of the stories was to depict everyday life and for information to be easily understood and accessible. While the underlying goal was to teach the reader a lesson, the challenge was to produce a non-didactic comic with information about HIV and AIDS. In a country, that still embraces didactic approaches, the challenge ultimately proved too great, and a didactic approach was accepted as an appropriate method. The evaluation noted concern by specific groups such as sex workers, who were involved in focus group discussions to provide feedback, that the comics needed a much stronger didactic approach.
True Stories: Oral Histories

The first of two collected works of oral histories by CARE Vietnam was published late in 1996 with the title: Will To Live: An Oral History of Five People who are found to be HIV-Positive (1995). Through a series of in-depth interviews, CARE’s Project Officer and resident oral historian, Nguyen Nguyen Nhu Trang traces the stories of five HIV-positive people. Each case study illustrates how ‘ordinary’ people came to contract HIV. While the approach is different, the intent is similar to a 30-part TV soap opera, another of CARE’s projects under production at the same time. "People still think it is only sex workers and drug users who get AIDS," commented the project director for the soap opera, Dr Ngo Thi Khanh, and she goes on to remark how people often do not see themselves to be at risk. “Particularly in rural areas, they think if they live a traditional life they are not at risk... We want to show that even ‘normal’, beautiful men and women can get AIDS if they don’t protect themselves, and that HIV/AIDS does not mean death" (UNDP HIV/AIDS fact sheet, 1996).

Unlike the soap opera, in this project, real people tell the oral histories; they are ‘true’ and ordinary accounts. "The emphasis is on letting the subjects tell their story in their own words. We wanted to show that these people are the authors of their own experiences because they are true stories." A CARE worker went on to note how the approach was very different to the other HIV projects in Vietnam. "What we are trying to do is connect people to their stories and move away from stereotyping. I think the most important point is that they are true stories." The individuals in each of the stories are rendered as rational and autonomous. Identities are shaped through recording actions of individual. The stories make public these individuals as self-reflexive subjects by allowing the individual’s voice to come through. The subjects are located within a

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19 CARE produced a second oral history in 1997 called ‘Gia Nhu...’ (If Only...)
20 Wind Blows Through Dark and Light
21 Field notes, Ho Chi Minh City, interview June 1997
22 Field notes November 19 1996.
network of constraints and choices. The style of letting subjects speak for themselves is unusual, although not new to Vietnam. Vietnam does have a history of self-awareness writing, through the social realist fiction which gained some acceptance in the 1920s and some modern bourgeois ‘I’ narratives from the 1910s and most importantly, the 1930s reportage writing written in the first and not the third person (Lockhart, 1996).

In the preface to the collection Paula Kelly writes:

The telling of these stories shows bravery. They present to readers a range of attitudes towards living with the AIDS virus and methods of coping with the initial trauma of realisation to acceptance.

The book, it is believed, will be of great value to the community at large, through counselling services, to those who work or live with people who are HIV-positive and the increasing number of people who themselves are living with AIDS. It highlights the trauma of realisation, adaptation and choices currently available. The stories show the need for hope, a supportive family and friends, confidentiality, and good counselling services. (1995)

There is the story of a man who contracted the virus by taking drugs; a young women forced through poverty into prostitution; a young man’s past time in the army which brought him into contact with the virus; a woman who works at a restaurant and had an ‘easy life’; and last; a woman infected with HIV by her fiancée. These five subjects are presented as ‘ordinary people’ with everyday accounts. The reader is told about their stories and how they came to be tested HIV-positive. Subjects were prompted to tell how they came to be tested and how they felt about having a test. Since HIV arrived in Vietnam, testing has remained a major problem. Most people who are tested fall into one of the dominant categories of ‘high risk’ and are tested without choice and at times without being aware. For many people, to be voluntarily tested and to discover that they are HIV-positive is seen to bring discrimination and intolerance.
Through the help of experts, an oral historian, a social worker, a medical adviser, and foreign development workers, the five stories are crafted to touch on many of the issues that HIV/AIDS has uncovered in Vietnam. The five stories are interspersed with useful information: what families should do if one member is infected to protect others from infection; an explanation of the high-risk concept; the importance of staying healthy through exercise and diet; the effects of stress upon people who are HIV positive; how AIDS is spread; and the negative effects of discrimination. Each of the five stories finishes with a list of discussion questions to help the reader think through some of the issues brought up by the story.

The importance of partners, family and doctors through counselling are reinforced throughout the stories along with ‘real life’ examples of how these people’s lives are now better off from receiving support. Undeniably, HIV has changed each of the subjects’ lives. However, the reader is reminded that there is hope and that people with HIV can live a meaningful and productive life.

Within each of the stories, there are lessons for the reader to learn. In ‘A Story of Hope for the Future’, we are told that the life of the storyteller is now more enjoyable than before when he took drugs. "I feel my life has returned to spring since I stopped using drugs. During the time I was using drugs, my life was always as black as ink (laughing)" (1995, 5). The interviewer asks, "Have you gone often to talk with people in the high-risk groups?"

Yes, that is a personal task. In general, I talk to current drug addicts and even the ex-users. With the ones who are still using drugs, I tell them if they cannot quit, they should use clean needles and syringes. The benefits are that, if they are HIV-positive, they will not infect others and, if they are not infected, they will remain safe. So in short, I suggest if they cannot quit drugs, they should use the injection tools once only and then throw them away. It doesn’t cost much. (1995, 6)
Creating the Need for HIV and AIDS Counselling

Stories about people’s lack of tolerance and empathy towards people infected and affected were often swapped between development workers. The international development community and the government considered HIV counselling a necessary and important component of the response to the growing threat of HIV and AIDS in Vietnam. However, at this early stage in the epidemic most people were unsure about what counselling meant. It was thought by most development workers that counselling would help increase tolerance, empathy and most importantly knowledge about HIV and AIDS. It was also believed by the development community that counselling would become a crucial component of the HIV response as more people become infected and started to become ill. Counselling was to be the next stage in the response against the impending epidemic. The small number of ‘un-trained’ counsellors, particularly in Northern and Central Vietnam was also considered a problem.

In 1992, the Ministry of Health developed guidelines for establishing counselling networks and conducting counselling activities based on WHO guidelines. Counselling and support services for people infected with HIV and their families was then identified as a priority by the National AIDS Committee in the second medium term plan of 1994.

Still by 1997, little research had been carried out in Vietnam about HIV counselling and counselling in general. The limited counselling being conducted was in Nha Trang by MSF-B and in HCMC by the well known and respected Dr Do Hong Ngoc. CARE had just completed a document in ‘partnership’ with the National AIDS Committee for the Japanese government in the hope of securing Japanese aid. Among its many recommendations for the Japanese government to decide where to

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23 HIV/AIDS counselling was offered and actively promoted by Dr Do Hong Ngoc, Director of the Health Information and Education Centre, part of the IEC section of the Ho Chi Minh City AIDS Committee.
put its money, was a list of recommendations about counselling, which included:

- Counselling guidelines should be adapted to the Vietnamese situation;
- Counselling should be anonymous;
- Greater investment is required in developing the skills of informal and formal health and social workers in counselling skills relevant to their level of knowledge and local conditions;
- Counselling facilities and services should be provided at all levels and if possible not located within a government or mass organisation building;
- Non-identifying data needs to be collected at counselling sites to be analysed so that appropriate counselling services can be developed.

On a Thursday afternoon in May 1997, a group of HIV experts, both foreigners and nationals, met for a bi-monthly ‘NGO HIV/AIDS work group meeting’ at the La Thanh Hotel complex in Hanoi. These meetings provide a forum to discuss topics and share information of interest to NGOs working in the area of HIV prevention. They also provide an important forum for development workers to explore issues directly relevant to NGO work, particularly since the HAG meetings had grown in size and become much more formal. Representatives from most of the ‘key’ NGOs were at this April meeting (ARC, PDI Path Canada, GTZ, SCF (UK), CARE, MSF-B, and UNAIDS. The topic for discussion was counselling and as I had just completed a small consultancy on HIV counselling, I was this month’s presenter.

The research results that I presented came from the usual type of social/behavioural study – focus group discussions with counsellors and clients who had received pre and/or post-test counselling in three northern provinces. I had also designed a short questionnaire for people who had provided counselling to get some ideas about who these counsellors were.
Most of the experts, both Foreign and Vietnamese, who attended this NGO HIV/AIDS working group meeting had only a sketchy idea about HIV counselling in Vietnam. Their questions revealed the early stage of introducing counselling to Northern Vietnam. For example: "How do people get results? Is it anonymous? Are there independent counselling centres? How do you do counselling for IV drug users? Is there a definition for counselling? What is a good number of counsellors to train? Who does the testing in the provinces? What happens when people in Vietnam are terminally ill, besides from AIDS? How does the community deal with terminal illness? What are the traditional support systems? How do people get help when they have emotional or other problems they need to talk about with someone?"

A Report of an External Review of the Vietnam National AIDS Control Programme (1993) stated that there was no "fully equivalent Vietnamese term for the English word 'counselling'." Later in 1997 it was highlighted again in a CARE document (1997) that because of a 'lack' of a Vietnamese equivalent for the term counselling most counselling in Vietnam consists of a health professional or trained volunteer providing basic medical information about HIV/AIDS from within a government service facility.

It was agreed by the participants of the meeting that there was a need for a good definition of counselling as there appeared to be different terms used for counselling between the north and the south of Vietnam. Tham van being used in the South while Tu van is used in the North, which was creating confusion. The two terms have been explored by Dr Do Hong Ngoc (1996), he writes:

In the field of HIV/AIDS, the term 'consultancy' is often used in Northern provinces in Vietnam... 'consultancy' in this field means action to mental and social support for HIV/AIDS infected people and prevention of HIV/AIDS transmission in the community. This

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24 Minutes from the meeting May 29, 1997.
meaning is similar to 'counselling' in English...In Southern Vietnam; the term 'counselling' [tham van] has been used for a long time in the HIV/AIDS field. This word also has a different meaning to the term 'consultancy' used in the press. 'Counselling' expresses the close and attentive characteristics in a conversation and interactive process between two people, one (the consultant) has skills and the other (the client) who has needs. We strongly recommend that the term 'counselling' [tham van] be used in HIV/AIDS field instead of 'consultancy' [tu van] to avoid mistakes as mentioned above.

The two general objectives of HIV counselling are: to provide psychological and social support to those already affected and to prevent HIV infection by changing life styles and behaviour. WHO (1994, 30) considers HIV counselling necessary for the following reasons:

- Infection with HIV is lifelong;
- A positive diagnosis of HIV can create enormous psychological pressures and anxieties that can delay constructive change or worsen illness, especially as the HIV epidemic has given rise to fear, misunderstanding and discrimination;
- Behaviour change can prevent a person acquiring HIV infection or transmitting it to others.

Counselling services are considered a weak area of the HIV/AIDS prevention programmes in Vietnam. Most counselling is provided in government facilities or the offices of mass organisations. Many people are reluctant to use these services due to the lack of confidentiality and privacy offered coupled with the stigma and discrimination associated with HIV/AIDS. Anonymous counselling does not occur in Vietnam. Counselling as shown by a GTZ study (McNally, 1997) is usually

25 The World Health Organisation, in its report An Orientation to HIV/AIDS Counselling: A Guide for Trainers (1994) identified seven points to counselling as a process: “1) ensure passing-on of correct information; 2) provide support at times of crisis; 3) encourage change when change is needed for the prevention or control of infection; 4) help clients focus and identify for themselves their immediate and long term needs; 5) propose realistic action suitably adapted to the different clients and circumstances; 6) assist clients to accept and act on information on health and well-being; and 7) help clients to be well
conducted by health professionals and specifically by medical doctors with limited or no formal training in HIV/AIDS counselling. The Youth Union and the Women's Union were the only sites where counselling was offered by professionals who were not medical doctors.
Counselling in Nha Trang

Pinned to the notice board in the Nha Trang STD health clinic was a notice about one of the services offered at the clinic. At the top of the notice in big bold letters it said:

**COUNSELLING?**

Are you interested in COUNSELLING? Contact us.

1. **WHAT IS A COUNSELLING CONSULTATION?**
   + It is a private conversation or dialogue between a trained counsellor and yourself about issues that you are interested in.
   + It is based on your personal situation and on confidentiality.
   + The aim is to give you the correct information to help you improve your health status and to help you cope with your problems.

2. **FOR WHOM?**
   For those who need information, advice and/or help, especially:
   - HIV/AIDS infection
   - STDs
   - Your own possibilities to be at risk of infection
   - HIV testing

3. **WHERE?**
   Right here in this clinic.

4. **WHEN?**
   Whenever you ask for it.
   It is better, however, for you to contact the reception in person or to phone the clinic to have an appointment with either a doctor or a nurse.
   In this case you know the exact date and time and you do not have to wait.

5. **HOW LONG?**
   It depends basically on you. In general, it will take about 15 or 20 minutes or sometimes even more if necessary.
   You can ask for as many counselling consultations as you want.
   To serve you is our great joy.
   Try it and you will find it useful.

MSF Clinic

Figure 24: Counselling Poster Nha Trang (Translated by the NGO from Vietnamese)

26 The STD clinic is run by Medecins Sans Frontieres- Belgium. The project MSF-B works on is titled "Assistance for HIV/AIDS and Sexually Transmitted Disease (STD) Control in the City of Nha Trang." The STD clinic was opened in November 1995 to the public for general consultations, STD treatment and antenatal care. Specific population groups are targeted by the clinic that include intra venous drug users (IVDU), commercial sex workers (CSW), men with STDs and women of reproductive age.
The notice then went on to tell what counselling is all about:

- It is a private conversation or dialogue between a trained counsellor and yourself about issues that you are interested in;
- It is based on your personal situation and on confidentiality;
- The aim is to give you the correct information to help you improve your health status and to help you cope with your problems

More specifically, the poster went on to tell the reader that: "counselling was for those people who needed information, advice and/or help especially about; HIV/AIDS infection, STD's, your own possibilities to be at risk of infection, and HIV testing."

The offer of counselling at this Nha Trang clinic is unique in Vietnam because most counselling services are located within either government departments or mass organisations, such as the Women's Union. The location of counselling services is seen to be one of the major constraints still facing Vietnam. Often people do not feel comfortable using these services owing to the lack of confidentiality, as anonymous counselling does not exist in Vietnam.

"The purpose of our clinic", writes Luong Duc Hoa (1996), the Nha Trang STD Clinic Administrator:

[I]s to limit HIV transmission, treat STD's and look after people with AIDS. However, in Vietnam we can not say this openly, because no one will come...Our clinic gives priority to 'target groups', especially drug users and sex workers. It is easy for me to recognise the drug users, but often it is difficult to recognise the sex workers. I can't ask them directly where they work. Our outreach workers are helping us with this problem. They can accompany a girl if she is to come to the clinic on her own. Also, we have a friendly relationship with some brothel owners. They may telephone the clinic before the girls come to see the doctor.... Soon after our clinic opened, the national government issued Decision No. 87, which is a severe police clampdown on 'Social Evils' (principally prostitution and drug addiction). It has become
more difficult for our outreach workers to make contact with sex workers and tell them about our clinic. Some government officials working in a Provincial AIDS Committee project have taken girls to a centre in town that does mandatory testing. Then they bring the girl to our clinic for treatment of her STD. In that situation, it is very difficult for us to reassure sex workers that our clinic provides a confidential service.

Later that day I met with the expatriate nurse psychologist who was working hard at introducing what she considered to be an "appropriate HIV/AIDS counselling model" to Nha Trang. Finding it hard to hide her frustration with the way things are done in Nha Trang, she claimed;

Counselling is not done here in Vietnam. So, getting the message across about counselling is very difficult, particularly the idea that there are many stages to counselling. Now I am working with the staff at the clinic, a few other people have shown interest in being involved in the training but it hasn’t eventuated yet. I think that they expect some payment for being involved in the training, which is the Vietnamese way. The Doctors and nurses at the clinic have no idea about psychology, so it is very difficult to get the message across. In the training, we would listen to taped counselling sessions and then we would discuss it. I made a big mistake at the beginning of the training sessions. I used an interpreter who was young and single. The topic was about sex and death, so she was very embarrassed, and she felt uncomfortable to talk about sex. We then replaced her with a translator who could also speak French, which meant that I could speak in French. During the training sessions we dealt with issues such as judging clients, and I helped the staff try and understand what patients have in their minds and of course we would deal with the technical information, which would be done by a number of the staff at the clinic.

Confidentiality is not the Vietnamese way. We do not do HIV testing at the clinic, although we are able to do syndromic testing which is 90% accurate. There was one person who was obviously HIV+ and this person was to get married. To tell the doctors at the clinic that they must accept that what goes on in the room should remain confidential and that it is not up to us to tell the women that the man she intends to marry is HIV+ is very hard.27
With a hint of desperation and determination in her voice, she then looked at me and said; "It will change here. They will realise that it is for their own good. It is about saving lives."  

From the NGO meeting I attended in Hanoi about HIV/AIDS and counselling I was told that at the MSF-B clinic in Nha Trang if a person seems HIV+ syndromically, they are offered counselling by an expatriate nurse psychologist. "But so far no success... no one comes. Only two people have said yes."  

A Youth Training Manual: ‘A Healthy Way of Life for Youth’  

The Australian Red Cross Programme Manager arrived in Hanoi in early 1996, set up an office in the government run hotel and began working with her Vietnamese Red Cross counterpart. This project was the first HIV project in Vietnam for The Australian Red Cross (ARC). Its Prevention Programme was small in comparison to other HIV prevention projects at the time, with three components: a participatory training program in youth peer education, to be followed later by a counselling and a home-based care component. This section explores one aspect of the first stage of the program, the youth training manual.  

By the end of the first year, the Red Cross training program in youth peer education was well underway with the Youth Peer Education Manual, ‘A Healthy Way of Life for Youth’ (Tuoi Tre Loi Song Suc Khoe), successfully pre-tested and printed ready for the peer education workshops which would eventually spread throughout Vietnam. A training model was also developed for the Core Youth Trainers, which involved running workshops to select young people to be trained as Core Trainers. These Core Trainers would eventually run the workshops to train other young people.

27 Field notes, Nha Trang, interview, April 19, 1997  
28 Field notes, Nha Trang, interview, April 19, 1997  
who would in turn run workshops with the assistance of the training manual.

While the manual was available for young people to read, it was primarily designed to be used by youth facilitators of workshops for young people in the community. It was believed that information unaided would not be enough to bring about behaviour change. As set out in the manual (1996, 7-8), the emphasis of the manual was on participatory activities with the aim:

- To build on the existing knowledge of the participants;
- To encourage exploration of individual and social attitudes surrounding the issues of sexual and reproductive health;
- To assist in the identification of motivation for health promoting behaviour; and
- To develop decision-making and life skills for healthy living.

Nguyen Thi Y Duyen, the Youth Facilitator Trainer for the project, prefaced the training manual with the following message:

Dear Friends,

HIV is a grave danger for humanity, as well as for youth if we have misunderstandings about it. So to prevent this epidemic, we, all youth, need to have a very thorough understanding of HIV/AIDS and the related issues.

This manual is for you with its fundamental information on STDs, sexual health and birth control. As well as the information, it will also give you some skills to protect yourself from these diseases.

Above all, the attitudes we have about people with these diseases is very important. These people need to be loved and cared for by us, and by society, and treated with equality by all of us.

This manual is not only to read, but also to use in the Workshops on Peer Education for HIV/AIDS Prevention. It is a detailed introduction to the Workshop activities.
If you do the training to be a facilitator, you will be able to organise Peer Education Workshops to share your understandings, experiences, skills and attitudes, so that many young Vietnamese people will be well-informed and sympathetic about HIV/AIDS and sexual health. You will be supported by your co-facilitators and the Red Cross to do your job successfully, and to enjoy it. (Vietnam Red Cross Society, 1996, 8)

Duyen’s introductory letter highlights two central themes of the manual and project. Firstly, the intention is to provide the reader, or workshop participant, with as much information about HIV prevention as possible. The key to prevention is understanding HIV and its related issues. By providing what is seen to be ‘correct knowledge’, it is hoped that people will have a greater chance to protect themselves. The manual sets out problems, and provides options. The second theme of the manual involves presenting a range of ‘necessary skills’ for young people to assess and perhaps adopt to protect themselves from HIV and to care for HIV infected people.

One of the goals of the peer education program is to train future workshop facilitators to become ‘role models’ and experts. Nguyen Thi Y Duyen remarked that; “we train our friends because we care about their well-being, we want them to talk to each other, we want them to spread role models in our society” (Asian Red Cross et al, 1996). Through training and guidance from the manual and project facilitators it is hoped that future workshop facilitators will be equipped to teach young people to explore ways to take control and responsibility for their thoughts, actions and bodies. Medical and health care discourses are drawn upon to provide the facts. These discourses clearly select and confirm what the risks are, along with emphasising which of the risks youth are able to control through creating the active self. The individual is given a degree of control over him or herself.

As is the case with most HIV prevention projects, the aim of the manual is to change people’s behaviours and attitudes. The manual assists the workshop facilitators to explore behaviours and attitudes associated with
HIV/AIDS which are common, although not exclusive to young people. Socially unacceptable and even dangerous behaviours and attitudes are scrutinised through various techniques. Behaviours and attitudes labelled dangerous and undesirable are explored, along with ways that these behaviours might be modified. What is considered to be acceptable attitudes and behaviours for a loving, caring and sympathetic society are identified and their merits are discussed.

Discrimination towards people because of their sexuality, stigma associated with STDs, irresponsible drinking and drug taking, smoking, lack of assertiveness for sexual and reproductive health, discrimination towards people with HIV/AIDS and other Human Rights issues are all explored. One aim of the manual is for individuals to take personal responsibility. Workshop participants are introduced to a range of risks, relevant information and various skills to reduce identified risks. Consequences of inappropriate behaviours and attitudes are explored. An assortment of practices are explored that cover a range of related topics, such as: condom use, being faithful to partners, saying no, insisting that a partner uses a condom, drinking responsibly and using drugs in a safe manner. The manual identifies risks, which is an action that would have in the past been left to the State.

An underlying message of the manual is that ignorance can place people in danger, and that particular behaviours and attitudes are undesirable and dangerous. The manual does not tell the participants what to do or what to think but provides an environment where information is available and where topics and issues can be explored. The manual begins by offering warm-up exercises for the participants to create a more conducive atmosphere to learn. The aim, as one development worker stated, is: "to make the experience as participatory and as inclusive as possible. We wanted to make it fun for the participants." Ground rules are established and agreed upon by the participants. Exercises are suggested to create a

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30 Fieldnotes

Chapter Seven
more comfortable environment to discuss topics such as sexuality. Information is provided about sexual health, sexual attraction and sexuality. A section is devoted to birth control including 'traditional' and 'modern' birth control, with the underlying message that only abstinence or condoms will protect against STDs. Participants are shown “all aspects of correct, safe condom usage” with the aim of building on participants' existing knowledge. Exercises are introduced to provide an interactive environment. A ‘STD QUIZ’ is used to help “encourage people to tell what they know about STDs and to find out if it is correct” (49).

In addition to the information that is provided, the participants are also encouraged to role-play, rationalise, practise, and at times draw upon their own experiences and simple common sense. The participants are not just told how to behave; they are told that they need to think about their actions and feelings. Participants are encouraged to think for themselves.

Participants are told that there are right and wrong ways of treating people who are HIV positive. Respect and dignity towards people infected with HIV/AIDS along with promoting rights to a 'normal life' is a message often associated with HIV/AIDS work. The manual sets out a wide range of human rights issues related to HIV and AIDS. Part of the fight being waged in Vietnam is against misinformation, as the manual states: "Many people are afraid of HIV/AIDS because they are misinformed about it, or do not know about it" (91). Discrimination, the manual explains, "often leads to HIV-positive people keeping their positive status a secret, which may result in health risks of the person and increase the risk for their partner(s)." The manual sets out why it may be important for people to divulge that they are HIV-positive. Otherwise, these people may not find out how to take care of their health in the best way possible. This may mean that they progress to having AIDS much sooner than if they could receive medical care and know how to take care of themselves well (91).
The final section of the manual entitled; ‘Decisions for a Healthy Life’ is devoted to a range of practices to promote a healthy lifestyle by providing new knowledge about how to be a better person. It identifies decisions that must be faced in order to live ‘a healthy life’. Smoking, taking drugs, women’s and men’s roles in society, assertiveness, negotiation skills are all identified as important in reducing the risk of HIV infection and in building a better society. It is here that Foucault’s insights into biopower are at work, whereby attempts are made to positively shape individuals. They are acts of shaping and disciplining subjects.

It is through the help and guidance of the manual and trained facilitator that the individual is encouraged to know himself or herself and thereby become more self-reliant and self-acting. The manual provides answers as clearly as possible so as not to further confuse what is often seen as complex situations, fuelled by misinformation and conflicting messages. For example, the difficulty in explaining how to ‘clean a fix’ posed such a challenge for the project team: “We ended up going with the 2x2x2 method and we set it out in a diagram which we called ‘Needle and Syringe Use and Cleaning - to Prevent HIV and other Diseases.’ This was a difficult section to get agreement on when writing the manual. We spent a lot of time researching this. It is far more complicated defining how to get a clean fix than trying to define what a faithful relationship is.”

Throughout the manual various medical and health care discourses are promoted, the most prominent being taking control of yourself. The notion of the active self, as Nettleton (1997, 210) argues, “is especially critical in the light of the explosion within the epidemiological and medical literature of risk factors associated with health over which the individual can have some control.” The training manual is much more than just about providing information and promoting right practice; it is also about shaping the mind. The intent is to produce thinking active subjects. If an ‘epidemic’ is to be prevented or at the very least restricted, people will

31 Programme manager from Field notes.
need to take responsibility for their actions, which means thinking about their actions. As Nettleton (1997, 212) goes on to argue; "Individuals are recruited to take care of themselves, but the techniques that are deployed by the ‘experts’ of human conduct must in turn invariably shape how individuals come to think about themselves."

The manual with the medical and health care discourses which it employs also increases, and in some cases creates, a need by informing youth about HIV/AIDS and the potential consequences of this ‘silent’ virus. New knowledge is provided to the participants along with appropriate techniques to reduce risks. The aim of the project and the manual is for the youth to be made aware of the dangers of certain practices and the choices that one must make concerning how to live.

One aim of HIV prevention programmes is for people to become self-regulating. For youth to take control and arm themselves against the growing threat of HIV and AIDS in Vietnam there is a crucial prerequisite: individuals must learn how to know themselves. As Usher (1994) states, if naiveté about sexuality was once a sign of a Vietnamese woman’s purity, it is now a fatal liability. Women and men must become conscious about their bodies and make active decisions to protect themselves. Just to ask men to use condoms or to stop going to brothels is no longer enough. “We need to support the view that assertive women are ok, we need to look for ways to change the social environment,” says one development worker from CARE who had just completed an assertiveness training programme for all women. This is also an important issue woven into the TV soap opera.
Conclusion

The art of discipline, as shown by Foucault, has matured beyond a functional shaping of the actual movements of the body. The barracks, schools, prisons, asylums and hospitals are not the only places where behaviour is monitored and then corrected. Disciplinary power assumes a more general form while maintaining its original objective of normalising the individual. The promotion of norms is one of the keys to the workings of HIV prevention projects. Standards of normality are promoted through a TV soap opera, a comic strip, counselling, peer education, and manuals to name only a few projects. Collectively these projects aim to encourage the entire population to think about their behaviour and attitudes that could be placing them at risk and to consider what the experts and the authorities have labelled as appropriate behaviour. Development experts work to promote a range of norms, such as using condoms, faithfulness to a partner, clean fixes, and not discriminating against people infected with HIV. An important goal to these development projects is to get people to begin to discipline themselves and regulate their own behaviour. Through the exercise of knowledge and power along with particular techniques, individuals become 'positively' shaped and ultimately the population managed. We can see forms of Foucault's bio-power at work in many of the IEC projects. Also, present and understood as crucial to the success of development and the growing problem of HIV, is that through disciplining practices the subjects of development are made more responsible. It is here that development is at its most successful in being able to make its subjects.

This chapter demonstrates how the subjects of development in Vietnam are regulated and governed in attempts to create responsible and caring people. An example of the progression of discipline from a direct and overt form of power to an indirect form of control can be seen in the promotion of the active self who is encouraged to take responsibility. To succeed, these projects must create what Foucault terms 'governable
subjects’. By supporting existing disciplinary practices and by introducing new ones, individuals are exposed to a range of ‘normalising’ techniques, which in time will change them into ‘governable subjects’. Not only are modernist discourses of development alive and well, operating throughout a wide range of HIV prevention programmes in Vietnam, but many of these Western approaches to development are not new to Vietnam. As demonstrated throughout previous chapters, individuals are classified, excluded, objectified and normalised through a range of discourses and associated techniques that form the practices of development. The aim of HIV prevention projects and in this case IEC projects, has been to introduce new technologies and new ways of thinking, based on rational ways of thinking. Many of the IEC projects implemented during 1996 and 1997, ranging from the broad statement approach of the billboard with the intent to reach a large population to the more intimate activities such as peer education, worked to promote norms and truths with the ultimate goal of getting people to discipline themselves. What are considered vital qualities for individuals and communities to fight the threat HIV and AIDS, whether that is empathy, compassion, trust, or responsibility, do not, as Reid (1995, 4) states, "spring into existence. They need to be created."
Chapter 8

Conclusion: An HIV Success Story?

A great gift has been given to the peoples of Asia and the Pacific. It is a gift of time - time to avert the worst of the AIDS epidemic, time to protect economic growth, time to safeguard human security, time to implement the world's best responses to AIDS. (Piot, 2001)

At the Asia-Pacific Ministerial Meeting on HIV/AIDS and Development held in Melbourne in conjunction with the sixth ICAAP meeting, Vietnam's Health Minister, Do Nguyen Phuong, made a plea for international help. He was asking for assistance in Vietnam's long-term strategies for fighting the AIDS epidemic, which he claimed, had begun to spread to the 'general population.' At the same time, he also demonstrated his country's global responsibility by supporting the UN Global AIDS Prevention Fund and he urged other government representatives attending the meeting to work together to strengthen international cooperation (VNS, 2001, 2).

Over the last few years, Vietnam's surveillance system, which according to many development experts remains inadequate and biased, has provided 'evidence' of a success story. Dire predictions of catastrophic outcomes, made in the early 1990s, have yet to materialise. At this time, 39,000 people have tested positive for HIV in Vietnam, a relatively small number. While Do Nguyen Phuong acknowledged that HIV and AIDS had affected Vietnam's socio-economic development and had now begun to spread to the 'general population', he was also proclaiming how Vietnam's response to that threat had been successful. Vietnam's success has been attributed to a range of factors such as; public awareness programs, strict controls on high risk groups - specifically sex workers and intravenous drug users - and behaviour

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The two-day meeting ran concurrently with the sixth Congress on HIV/AIDS in Asia and Pacific (ICAAP), held in Melbourne October 2001. Government representatives from over 30 countries attended the ministerial meeting.
modification, such as increased use of condoms, teaching people to take responsibility for their actions and educating people about how HIV is transmitted. Vietnam’s surprisingly early commitment to the creation of medium and long term strategies, the establishment of the National AIDS Committee and a positive partnership with international development efforts, in particular UNAIDS, have also been linked to Vietnam’s perceived success. The impact of the many new programmes and projects are purported to have been significant in containing the spread of the virus.

HIV entered Vietnam during a period of significant social, economic and political change. As Piot claims in the opening quote, timing has been a crucial factor in shaping Vietnam’s story of HIV and AIDS and in helping to create HIV as a development and a moral issue. Undoubtedly, timing has given Vietnam an advantage. The arrival of international assistance has allowed Vietnam to draw on the knowledge gained from experiences with HIV and AIDS elsewhere. The flood of development activity in the form of money, experts and ideas made the connection between the virus and development even more apparent. It is here that Sachs’ and Escobar’s work falls down.

As argued in chapter two, traditional development paradigms have been challenged over the past decade by the works of scholars such as Sachs (1992) and Escobar (1984/5, 1991, 1995). Their work has enriched development thinking through their critique of the discourses that govern the development process. However, as argued throughout this thesis, the materialist aspects of development make a strong case that there is no evidence for post-development ideologies having an impact. The modernist, liberal and universalising ideas of development are alive and well influencing the Vietnamese state and the growing number of NGOs operating throughout Vietnam. This research builds upon post-developmentalists’ critique by exploring how some of these discourses have shaped the story of HIV/AIDS in Vietnam. However, while this research accepts that discourses are
important to development thinking and practice, it has been stressed that they are not everything. The development process is also about material things: money, relationships and the negotiation of the everyday realities of development work.

Categories and frameworks, which have become part of the Vietnamese HIV/AIDS discourse did not evolve entirely from the Vietnamese situation but were also introduced through a range of development practices. The international development community has helped the flow of discourses and practices. Statistical packages used for modelling, stories from other countries about how the virus works its way through communities and most importantly how best to respond to stopping the spread have been a major focus of this study. This study’s exploration of the connection between HIV/AIDS and development has illuminated the problematic nature of development. The critique of development and its traditional power structure has offered insights into how specific fields of knowledge and expertise have constructed and ordered understandings of HIV/AIDS in Vietnam. Development practices remain bound to stable development paradigms which privilege universal ideals and rationalities operating in the name of development. Development as a process and a way of thinking has organised and brought meaning to the problem of HIV/AIDS in Vietnam. The objects of development have been influenced by discourses and practices. Universal ideals and rationalities, operating in the name of development, have brought meaning to the epidemic.

While it is true to say that problems have been constructed and solutions given according to a priori criteria, there has also been a local Vietnamese response. This is not to argue that the Vietnamese state has not resisted new practices, as shown in chapter two, often to the frustration of the development community. There is also evidence that the state has fallen back on ‘tried and true’ socialist mobilisation practices and categories to
accept new ideas slowly and adapting to its own preferences, practices and strategies. These old techniques are evident in the more didactic approach of the comics and techniques of self-criticism and self-improvement of the confessional which were explored in chapter seven.

This research has not sought to make a judgement as to whether Vietnam’s fight against HIV and AIDS has been successful. Nor has this work sought to simply recount the events of HIV and AIDS in Vietnam as one of the most recent problems of development. This study is not a history of the emergence of HIV and AIDS in Vietnam, but rather a study about development and development practices exemplified by HIV and AIDS in Vietnam. The aim of this research has been to reveal the processes which helped to construct HIV and AIDS as both epidemic and threat and to introduce alternative ways of seeing and understanding HIV and AIDS within the Vietnamese experience. Exploring the ongoing interaction between the physical and the cultural worlds in which each is influenced by the other has been critical to this work. In doing so, this work has attempted to raise the level of critical thinking by examining how HIV interacts with what we have come to understand as ‘development’ in Vietnam as a particular point in time.

By arguing that Vietnam’s HIV epidemic did not have to be as it is, this research has sought to demonstrate how the reality of HIV has been brought into existence and shaped by culturally defined social events, forces and history, all of which could have been constructed very differently. For example, the threat did not have to be acknowledged so early by the Vietnamese state, nor did what soon came to be termed ‘epidemic’ have to be associated almost exclusively with specific ideas around drug use and sex work. It is reasonable to imagine that the state could have argued that the virus spreads because of poverty and ignorance. Other discourses and practices could have influenced understanding of the epidemic. Wider theoretical debates within anthropology and development studies have been
drawn upon to question the assumptions upon which development rests and how development concepts have been used to create an epidemic and threat.

This work contributes not only to the debates in development and HIV work but also to the debate on globalisation, which illustrates the fact that local and global discourses played out in Vietnam’s response to the threat of HIV are not conflicting forces but rather, what Friedman (1990, 311) calls, “two constitutive trends of global reality” working together. It is through this lens of global and local discourses that a range of development’s paradigms, policies, institutions and diverse cast of experts, that HIV and AIDS has been made into a development problem rather than just a health problem.
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