

PEARL S. BUCK INTERNATIONAL VIETNAM
“HIV/STD PREVENTION FOR DEAF AND HEARING IMPAIRED YOUNG
PERSONS IN HOCHIMINH CITY DEAF CLUB: A SEED PROJECT”

I. PROJECT BACKGROUND

Pearl S Buck International (PSBI) Vietnam received funding from CARE USA (a sub-grant originating with USAID Population funds), via the PSBI Home Office in Pennsylvania, USA. PSBI Vietnam (PSBI-V) received approximately \$5000, and lasted about 6 months. (In addition to this, PSBI-V staff were invited to training organized by the Home Office and held in Thailand.) Due to the limited funding and the short duration, we consider this project a “seed project”. PSBI-V decided on the Deaf Club in Ho Chi Minh City (HCMC) as the project location, given the organization’s good working relationship with the Club, and its previous experience with the deaf and hearing impaired population in Vietnam. PSBI-V has managed a USAID grant for screening and education services for the deaf and hearing impaired located in 7 provinces in the North and South of Vietnam.

II. PROJECT LOCATION

Out of 57 members of HCMC Deaf Club, 37 are in the range of 15-25 years of age. Over 30% of them are reported by the club leaders to have more than one partner, even after their marriage. The sexual practice of most deaf youth of the club seems to remain far from being safe: they have no ideas of condom use, nor do they know of contraceptive methods or HIV/AIDS. Their poor knowledge makes their sexual practice and behavior riskier as they can easily get STI/HIV infected once it occurs in one of their partners. So an STI/HIV prevention program, spread through a tool of effective communication, is necessary for deaf young persons in the Deaf Club. It is important that they are able to protect themselves from STI/HIV infection in a city where over 13,067 cases of HIV/AIDS infection have been officially reported by the end of 2002, and where the number of infected persons has been steadily increasing. In the period 1998-2002, the percentage of drug addicts with HIV/AIDS has increased from 18.6% to 75.8%, of sex workers from 2.3% to 25.9%, of pregnant women from 0.2% to 0.9%, and of young men undergoing medical check for military service from 0% to 3.4% (Source: Department of Health, HCMC). Over 77.5% of HIV/AIDS infected persons are under 30 years of age (Source: Cong Giao va Dan Toc (Catholicism and Nation) Weekly, No 1399, March 2003).

The seed project, called “STI/HIV Prevention for Deaf and Hearing-impaired Young Persons of HCM Deaf Club”, targeted 30 deaf youths. Several of them were later selected and trained to become peer educators. An additional 4 members of Deaf Club and its advisors also participated in the training sessions of the project, and will also make their contribution as peer educators afterwards. The project also provided a training on reproductive health to staff and partners of PSBI-V, who work at 4 orphanages and 3 Special Schools for the Disabled. Those trained partners will then train the disadvantaged children in their orphanages and schools.

III. STRATEGY USED

A. SUMMARY OF INFORMATION GATHERED DURING BASELINE

Demographics

From the baseline, the project learned about the demographics of the deaf youth. The vast majority (almost 65%) of the participating 57 members were under 25 years old. There were almost twice as many men as women. Ninety four percent of the participants reside in urban districts. Most of the participants had an elementary level education; less than 9% were illiterate. Most of the members were employed as low-skilled workers, and 30% earn less than VND 500,000 per month (about one US dollar per day). However, almost 39% have no income, but most stay home to assist their families.

Knowledge on RH

A large majority of deaf club members had little to no knowledge on human sexual/reproductive organs, safe sex, contraceptive methods, and sexually transmitted infections (STI) including HIV/AIDS. Even married couples did not know what family planning is, who provides family planning and where to get counseling. Specifically:

- Condom use: 90% of respondents are not familiar with the condom, not to mention how to use it. Only two had ever used it, one of them was six years ago.
- STI's: 86.96% of respondents cannot mention the name of any of STI
- HIV/AIDS: Almost all respondents (both male and female) had no understanding whatsoever of the various ways of HIV/AIDS/STI transmission.

Knowledge and behavior change survey

Items	RH issues	% of respondents with "Yes" answers
1	Deaf youth can understand & list out ways of STI/HIV transmission	0%
2	Deaf youth can tell ways of STI/HIV prevention	0%
3	Deaf youth know where to seek health care services or counseling, if needed.	0%
4	% who used a condom the last time they had sex.	0.02% (1 person)

Items	Behavior change expectation	Findings: Dec. '02
1	What do you see as the advantages or good things about using condom the next time you have sex?	100% no idea
2	What do you see as the disadvantages or bad things about using a condom the next time you have sex?	100% no idea
3	What makes it easier for you to use a condom the next time you have sex?	100% no idea
4	What makes it more difficult for you to use a condom the next time you have sex?	100% no idea
5	Who do you think would approve or support your condom use the next time you have sex?	100% no idea
6	Who do you think would disapprove or object to your condom use the next time you have sex?	100% no idea
7	Did you use a condom the last time you had sex?	0.02% (1 person)

B. IMPLEMENTATION STRATEGIES

1. PLA conducted to gain baseline data and define the way to work with deaf people as it is quite difficult to communicate with the deaf.
2. Use of visual aids and group discussions with the help of Sign Language Interpreter to provide training for deaf youth.
3. Organized team of peer educators who were selected from the trainees during the basic training course. Those peer educators were provided with upgraded training to be able to disseminate information to their peers in the club during the Club's regular meetings. Ideally, they should also be able to help members of the club get access to care and counseling services when needed. However, this service for the deaf is limited in the city due to the problem of communication. That is the main cause of the reduced accessibility that the deaf have to the basic services and it is beyond the control of this small scale project.

IV. GOAL and OBJECTIVES:

A. Project goal and objective

The goal of the project is to increase the percentage of HCMC Deaf Club members aged 15-35 who practice and promote STI/HIV prevention. The objective is to improve knowledge of deaf and hearing-impaired youth on STI/HIV prevention.

B. Progress towards this objective

Thirty deaf youth attended a basic training on STI and HIV/AIDS, including discussions of social values, life skills and reproductive rights. These trainings were held in two batches of 15 participants each; the group met each night for 2 hours for 10 days in March 2003. One participant missed one session in each batch.

Of the original 30 participants, 26 received a refresher and expanded training to help them become peer educators. At this point it is expected that 13 of them will actually become peer educators. This training again met for 2 hours a night for 10 days, in May 2003. At the end of the training course, these participants gathered to discuss the priority of 4 future actions:

- Improve knowledge and understanding on reproductive health, sex, and transportation law.
- Exchange information and experience on HIV/AIDS/STD amongst the peers through the meeting and entertainment activities.
- Disseminate information and knowledge on HIV/AIDS/STD to their friends and peers.
- Desire to be equipped with tools and materials for transferring knowledge to other deaf.

In addition to these trainings for participants, 5 PSBI-V staff and 12 partners were trained on reproductive health for adolescents of difficult circumstances. The participating partners represented 4 orphanages, the Child Welfare Foundation, and 3 Special Schools for Disabled Children (most of whom are deaf). This training was held in Hanoi and had participants from both the North and the South. By the end of the training, participants

from partner organizations completed a draft module in order to train the teachers, staff and students in their centers over a twelve-month period. Many of the partners sent letters after the training, stating their appreciation of the training, and requesting additional trainings.

In June 2003, the Disabled Youth Association of HCMC helped the project organize an educational contest related to STI/HIV for about 80 youths from the deaf club as well as other groups. Participants included individuals with movement and visual impairments. The questions were of increasing difficulty, terminating in role plays and condom demonstrations. The activities were intended to consolidate the deaf youths' knowledge and provide them with the opportunity to share experiences, develop lifestyle skills, and practice attitudinal and behavior change regarding STI/HIV/AIDS prevention.

C. Strengths

- Government now pays attention to the needs of deaf youth.
- This is the first project in RH for deaf youth in southern Vietnam. Other underserved youth have had projects, but never the deaf.
- Manager of project attended training facilitated by PSBI US (held in November 2002) so she had the necessary skills and confidence.
- World Population Fund (WPF) materials that were used for the trainings for the deaf youth were suitable to Vietnamese culture and economic structure. They were also suitable for the deaf because they have lots of pictures.
- The Project Manager had helped WPF with pilot teaching of and comments on the WPF materials, and thus was very familiar with them. She also attended a WPF training for RH for adolescents in difficult circumstances.
- The deaf youth had never heard of sexuality and RH, so they were very interested in it, and were never bored.
- The participatory methodology was new to the youth. Trainees used their own experiences to make concrete their learning. With time they grew more comfortable with it and realized that it wasn't really so new after all.
- Good relationships with partners.
- Sign language interpreter was patient and persistent.
- Contest included people with other disabilities, who were also able to learn something.
- Enhanced knowledge on RH for deaf club members.
- One deaf youth who acknowledged that he is sexually active has begun using a condom – an example of positive behavior change.

D. Weaknesses

- Deaf club can only hold trainings at night – right after office hours. So PSBI staff and partners have to work over time during the evening.
- Management Board of deaf club had limited educational background, and limited skills at organizing. Most are not yet capable of doing re-fresher trainings on their own.
- Project Manager (PM) doesn't know sign language, so she is dependent on the interpreter.

- Some things can't be translated at all, so there will be some losses in translations.
- Lack of funds so the length of time of training for partners was shortened. Fewer details on methodologies and skills. Will require more effort for partners to be able to apply their learning.
- There were few handouts for the partners. Would have liked to give copies of WPF documents but because materials were brand new, project was unable to give additional copies.
- There aren't signs for the 115 new terms, so new signs have to be agreed upon, which takes additional time.
- Some resistance from parents or other adults. In future need additional contact with parents. However, one mother briefly attended one session and was ok with it.
- Additional sign interpreters would be helpful.
- Trainers need to be sensitive to the varying levels of skills of participants.
- Allow a weekend break so trainers and participants can refresh themselves.
- Need more repetition during trainings.
- Ideally, would like to expand project to more participants, and to those of different disabilities.
- Management Board of deaf club wasn't always able to maintain order and discipline during training.
- Project too short.
- Country office of PSBI is in Hanoi, but project in the south. This distance created some miscommunications. Country Director didn't have the time to go to HCMC more often, to be more closely involved in project.
- Deaf club is unstable – it's a volunteer organization
- Big changes in the management board of the club – board had to be re-organized (Project Manager helped a little with that process.)
- Both club and association are not officially recognized by government as an independent association, so it's hard for them to raise funds.
- Lack of participation in national HIV network group. Group meets in Hanoi; PM can't travel for the meeting all the time; group meets in English and PM's English is limited. CD doesn't have time.

F. Examples of Capacity building

- In the process of the trainings, the project kept a list of all the terms that do not have a matching sign – 115 in total. The group agreed upon signs for these terms; the project will document the new signs.
- Staff were introduced to PLA (Participatory Learning in Action); used mapping exercise during initial assessment.
- Improved staff skills on training and STI knowledge
- Improved staff and partner confidence in RH counseling and project management
- Members of Deaf club now have capacity to manage small RH project on own.
- Deaf youth have improved confidence to express themselves, and thus have been empowered to some degree.

- Members of Management Board stated that the management skills of the Board has improved; however, they were not able to provide examples of how.
- Improved facilitation skills with deaf people
- Deaf club management board has plan to discuss RH at weekly meeting

V. Conclusion

The general public often assumes that people with disabilities are not sexually active, unlikely to use drugs or alcohol and at less risk of violence or rape than their non-disabled peers. Yet those who live and work within the disability community are keenly aware of the fact that those with disabilities are at increased risk of being exposed to all known risk factors for STI/HIV/AIDS. Moreover, most STI/HIV/AIDS prevention efforts overlook those with disabilities and are unaware of the unique limitations often posed in providing them with information, (i.e. STI/HIV/AIDS radio campaigns which are inaccessible to those with hearing impairments, newspapers ads which assume literacy in Vietnam where a few disabled children/youths get access to school and/or higher education). Finally, if infected, those who are disabled are less likely than their non-disabled peers to receive counseling, support, or medical care when they begin to show symptoms of the disease.

This seed project has made inroads in confronting those issues for the deaf in Ho Chi Minh City. Given the short time frame of this project, it has not yet moved this high need population to self-sufficiency or the project to sustainability. We anticipate that a subsequent project of 2 years is necessary to achieve that. In those 2 years, this population – as well additional disabled populations in HCMC – will have sufficient knowledge and opportunities to practice the necessary behavior change.