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Human Trafficking and Emerging Sex Risk Environments in Vietnam: A Preliminary Profile of a Sex Work “Shared House”

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Abstract

Young male sex workers (YMSW) in Vietnam have high rates of HIV and STIs, yet have poor access to healthcare due low knowledge, stigma, and economic constraints. In the process of implementing a Sexual Health Promotion intervention to engage YMSW in Ho Chi Minh City in healthcare, we identified a unique sex work venue, known as a “Shared House,” in which YMSW provide sex under the direction of a manager who negotiates the terms of the transaction directly with the client. Survey data reveal that compared with YMSW recruited in other locations, those interviewed in Shared Houses reported lower levels of substance use, less contact with the police, and fewer nights spent sleeping in public places. However, observational data and informal interviews with YMSW in Shared Houses revealed that the majority were trafficked through third-party brokers who connect youth with Shared House managers for the explicit purpose of sex work. These YMSW had little or no control over their sex work transactions and very low levels of knowledge regarding transmission of HIV and STIs. Further research is needed in these and other venues in which young men are trafficked for sex work.

Keywords

Male sex work; Sex trafficking; HIV; Sexually Transmitted Infections; Vietnam

Introduction

HIV prevalence in Vietnam remains persistently high, and has been increasing in some high-risk groups for the past decade. There are an estimated 256,000 people living with HIV, with 14,000 new infections per year (National Committee for AIDS, Drugs and Prostitution Prevention and Control, 2014), in a country of approximately 90.6 million people. Although nationwide prevalence is decreasing among injection drug users and female sex workers, prevalence has been sharply increasing among men who have sex with men (MSM), from 1.7% nationwide in 2005 to 2.4% in 2013 (National Committee for AIDS, Drugs and Prostitution Prevention and Control, 2014). Rates in some cities are substantially higher,

with the prevalence among MSM in Ho Chi Minh City (HCMC) more than doubling from 6.2% in 2006 to 14% in 2014 (National Committee for AIDS, Drugs and Prostitution Prevention and Control, 2014).

Male sex workers (MSW) represent a particularly marginalized subgroup of MSM, and show higher rates of HIV (Nguyen et al., 2008; Muraguri et al. 2015) and less access to healthcare (Underhill et al., 2014) than non-sex working MSM. Routine behavioral surveillance data conducted among key populations in Vietnam, as in most countries, does not include MSW as a separate risk group, although one recent survey reported that 18.3% of MSM engaged in sex work (National Committee for AIDS, Drugs and Prostitution Prevention and Control, 2014).

Research on sex work focuses predominantly on female sex workers (FSW), and research in Vietnam has highlighted some of the existing limitations in providing STI services to FSW (Do et al, 2015). It is widely acknowledged, however, that MSW differ from FSW in important ways. For example, in Western countries sex work may be more accepted and less stigmatized in gay communities (Smith et al., 2013). In Vietnam, however, male sex work and homosexual behavior is less connected to sexual orientation and gender identity (Clatts et al., 2007), and therefore may be less protected from stigmatization.

MSW in HCMC (Closson et al, 2015) and elsewhere (Padilla, 2008) report high rates of stigma related to both having sex with men and selling sex, resulting in concealment of their involvement in sex work from their family and female sex partners. Moreover, disclosure of sexual orientation to health service providers has been associated with higher rates of stigma among MSW in HCMC, providing an additional rationale for MSW to hide sexual issues in the context of accessing health services (Oldenberg et al., 2014).

Environmental factors also impact the practice of sex work. Sex work occurs in multiple types of venues, each of which may provide unique protections or allow for exposure to unique types of risks. For instance, male sex work conducted in indoor venues is associated with relatively lower rates of HIV risk behaviors (Minichiello et al. 2000; Niccolai et al., 2013), and sex work conducted by “escorts” is characterized by a relatively low level of sexual violence (Jamel, 2011). A recent study found that HIV prevalence rates among MSW differ by the type of venue in which they are recruited (Colby et al., 2016).

Sex work is not legal in Vietnam and is considered a “social evil” to be eradicated (UNDP, 2012). Although sex work itself was decriminalized in 2012 and is now punishable by a civil fine rather than detention, Vietnamese law still criminalizes a number of activities related to sex work, including “harboring” a prostitute, sex trafficking, and coercing others into sex work.

Although trafficking for the purposes of forced or coerced labor takes many forms – including, agriculture, mining, manufacturing, and child soldiers – sexual exploitation (particularly sex work) is common. Trafficking in Southeast Asia frequently involves adolescents and young adults who are willingly and unwillingly recruited through labor brokers. These brokers serve as intermediaries between job-seekers in impoverished rural areas and managers of urban-based commercial sex environments (U.S. Department of State,

2015). UNICEF estimates that 120 million girls under the age of 20 have been subjected to forced sexual intercourse or other forced sexual acts at some point in their lives. UNICEF also notes that although global estimates for boys are scant, they are also at risk, with an estimated 73 million boys under age 18 experiencing sexual violence (UNICEF, 2014). While there is substantial research on sex trafficking among young women (Decker et al., 2011; Goldenberg et al, 2015), we were unable to identify any published studies that describe trafficking of young men for the purpose of sex work.

As a contribution to understanding the influence of the physical and social environment on sexual risk, (Clatts et al., 2005; Rhodes, 2009) we present preliminary results from an ongoing HIV intervention trial targeted to YMSW in Vietnam. We describe the emergence of a particular type of sex work venue in HCMC, known as a “Shared House.” Shared Houses are in some ways similar to saunas and massage parlors or other types of venue-based sex work in Vietnam, but they also differ from these venues in that they were not licensed businesses, had no exterior signage, and operated largely without the knowledge of neighbors or the local authorities. Using survey data from our ongoing study of YMSWs in Vietnam, as well as a limited set of ethnographic observations and informal qualitative interviews, the objective of this paper is to construct a preliminary profile of a “Shared House” as a risk environment.

Methods

Data come from a large study of young male sex workers (YMSW) in Hanoi and HCMC, Vietnam. Because this paper focuses on a particular type of venue that is only seen in HCMC, data are presented for that city only. All YMSW were recruited in public and semi-public venues in HCMC. Venues were selected in which MSM were known to congregate and where male sex work was known to occur. The 57 recruitment venues included parks, streets, cafes, saunas, massage parlors, a variety of public locations such as bus terminals and markets, and “Shared Houses”. There were a total of 12 Shared Houses, all of which were indoor venues that ranged in size, with between five and 15 YMSW on staff. Some included a small, informal café in which the YMSWs served as wait staff. Managers direct the activities of the YMSW on staff, many of whom are migrants from rural areas of Vietnam and all of whom live in the Shared House. Sex work was transacted in private rooms on the upper floors, or MSW were sent off-site to meet clients at other locations.

Data collection methods included a behavioral survey administered to eligible participants in each venue, as well as observational data collected by Principal Investigators of the research study.

Our survey recruitment protocol called for administering a brief screening instrument to all young men in each venue, rather than attempting to identify YMSW prior to screening. Participants who met eligibility requirements (age 16–29, at least one male sex work client in the last 90 days) were invited to immediately complete a cross-sectional survey, which assessed the following five domains: 1) demographics, 2) alcohol/drug use, 3) sexual experience (including recent events with male clients and male and female elective partners), 4) health service utilization, and 5) STI/HIV transmission and treatment knowledge. All

surveys were administered by interviewers who received training from senior U.S. and Vietnamese project staff, and ongoing supervision from the local project director., Participant responses were entered directly onto iPads. Data were analyzed using SPSS version 21 (IBM Corp., 2012).

Qualitative data were collected by Principal Investigators who visited Shared Houses, observed activities and informally interviewed YMSW and Shared House managers. These activities took place during routine site visits in HCMC, which included direct observation of study interviewers. Data collection was serendipitous; formal interviews were not planned, but rather informal contact took place with YMSW in the venues we visited. Shared House managers were aware that YMSW were being interviewed, but were not aware of the content of these interviews. Therefore, these data are limited to detailed field notes that were written following these visits. No identifying information was collected from any YMSW or Shared House managers.

Participants in the survey received compensation equivalent to \$5US for participation in the survey. No compensation was provided for the informal qualitative interviews. All study procedures were approved by the Internal Review Boards at the New York University School of Medicine and Hanoi Medical University (which maintained oversight of all project activities in Vietnam). Although the study is ongoing, data in this paper were collected from June, 2014 through June, 2015.

Results

A total of 2,496 potential participants were screened for study eligibility, and 1,132 (43.5%) reported engaging in male sex work during the previous 90 days, all of whom agreed to complete the cross-sectional interview. 196 (17.3%) of these YMSWs were interviewed in Shared Houses. The remainder of the recruitment venues included parks (58.1%), streets (8.6%), massage/saunas (5.4%), cafes/bars (3.3%), bus stations (2.6%), and others (4.7%).

Demographic Characteristics

Study eligibility criteria specified that all participants were males between the ages of 16–29. YMSW interviewed in Shared Houses were younger than those interviewed in other venues (mean age 21.9 vs. 22.8, $t=3.16$, $p=.002$), and had a slightly higher level of income (6.3 million Vietnamese Dong vs. 5.3 million Vietnamese Dong, $t=1.98$, $p=.048$). They were also less likely to have been born in HCMC (16.8% vs. 26.4%, $\chi^2 = 8.06$, $p=.005$) and less likely to have slept in public places during the past 30 days (4.6% vs. 19.9%, $\chi^2=23.97$, $p<.001$).

Differences were seen in gender identity and sexual attraction, with YMSW recruited in Shared Houses more likely to think of themselves as a man (84.0% vs. 57.5%, $\chi^2 = 44.88$, $p<.001$) and more likely to be attracted exclusively to women (60.4% vs. 27.0%, $\chi^2 = 93.33$, $p<.001$). YMSW recruited in Shared Houses were also more likely to have ever been married (5.1% vs. 2.1%, $\chi^2=9.46$, $p=.024$). Demographic data are shown in Table 1.

Substance Use

Overall, YMSW recruited in Shared Houses were less likely to report substance use than those recruited in other venues. Questions covered use of nine different substances. Reported rates of alcohol and tobacco use were high but not significantly different between groups. YMSW recruited in Shared Houses were less likely to have used crystal methamphetamine (31.5% vs. 41.9%, $\chi^2 = 7.28$, $p=.007$) or heroin (3.6% vs. 8.3%, $\chi^2=5.28$, $p=.022$) and were also less likely to have ever injected (1.5% vs. 6.0%, $\chi^2=6.54$, $p=.011$). No differences were seen for other substances (other amphetamines, ketamine, cocaine), although overall rates of use were low (all less than 3.0%). These data are shown in Table 2.

Sexual Partnering and STI Knowledge

YMSW recruited in Shared Houses showed different sexual partnering patterns compared to those recruited in other venues. They initiated sex work at a slightly older age (19.8 vs. 19.2, $t=2.01$, $p=.045$). They were more likely to have had sex with a female elective partner in the past 30 days (32.0% vs. 19.5%, $\chi^2=14.74$, $p<.001$) and less likely to have had sex with a male elective partner in the past 30 days (8.6% vs. 28.8%, $\chi^2=34.92$, $p<.001$). YMSW recruited in Shared Houses were also less likely to have a met male sex partner online in past 30 days (23.9% vs. 36.9%, $\chi^2=11.12$, $p=.001$). There were no differences between YMSW recruited in Shared Houses and those recruited in other venues on awareness of HPV or drugs available to treat HIV, and these rates were quite low (52.9% and 20.3%, respectively). Just over one third (38.8%) of YMSW had ever taken an HIV test. These data are shown in Table 3.

Interactions with the criminal justice and health systems

When compared to YMSW recruited in other venues, YMSW recruited in Shared Houses were less likely to report having ever been detained by police for sex work (2.2% vs. 11.0%, $\chi^2=13.26$, $p<.001$). Although no significant difference was seen in accessing healthcare or HIV testing, among YMSW who had ever seen a healthcare professional (27.0% of the sample), those recruited in Shared Houses were less likely to have revealed to a doctor, nurse, or other health provider that they have sex with men (29.2% vs. 55.4%, $\chi^2=11.17$, $p<.001$). These data are shown in Table 4.

Qualitative Findings

Observations and informal interviews conducted in Shared Houses revealed several important findings regarding YMSW in these venues. First, a majority of YMSWs in these venues appear to have been trafficked through third-party brokers who connect youth with Shared House managers for the explicit purpose of sex work. Although the migrant YMSW who were not born in HCMC came from throughout the country, the majority came from rural provinces in the Mekong Delta where employment opportunities are very limited. Similarly, migrant YMSW recruited in other venues also came predominantly from rural provinces in this area.

Most MSW were reluctant to disclose specific details of the brokering arrangement. Some indicated that they had been promised a different type of work (typically construction or work as a waiter) in HCMC, only to find out that their only employment opportunity was as

a MSW. Others understood that they would be working in a Shared House where they would be providing massage services to men and that sexual exchange might also be expected. Second, because clients are said to want young men who are less likely to have a disease, and managers are not always aware of whether YMSW are disease-free, there appears to be a preference to recruit young men who are new to sex work, with the result that many YMSWs in these venues have little or no knowledge about STI/HIV risk and most are limited in their awareness of, and ability to access, STI/HIV screening and treatment services. Third, sexual decision-making is often under the control of the client, mediated by the Shared House manager who may demand additional cost for specific types of sexual exchange, including anal sex and sex without a condom. Shared House managers negotiate both practices and prices with the client and assign a YMSW to provide the service. YMSWs may have little or no role in determining the terms of the transaction, which can range from a brief sexual exchange to a trip lasting several days. Because YMSWs are heavily dependent on the Shared House manager for food and shelter, they have very limited power to alter or refuse the terms of the transaction.

Discussion

This study describes the characteristics of YMSW recruited from Shared Houses, an emerging type of male sex work environment. Using community-level survey data, we compared these YMSW with YMSW recruited from other types of sex work venues. Working in a Shared House appears to provide protection from some of the risks of male sex work, while at the same time facilitating other sources of risk. Protective factors associated with working in Shared Houses include lower rates of drug use, less contact with the police, and fewer nights spent sleeping on the street, suggesting that Shared Houses are a relatively safe environment compared to street-based sex work venues. Yet YMSW working in Shared Houses also describe potential risk factors, including a greater likelihood of being migrants to HCMC (and thus disconnected from traditional sources of family and community support), to be attracted to women, and to have sex with female partners (potentially serving as a bridging population for HIV and STIs). While these are not risk factors in and of themselves, they support our qualitative data that suggest that YMSW in Shared Houses are relatively new to sex work and especially vulnerable to coercion from clients and the Shared House managers who broker their sexual exchanges.

Shared housing for YMSW in dormitories and “family clubs” has also been described in Shenzhen, China, another large city in East Asia with a sizeable migrant population, but there are important differences between these settings in Vietnam and China (Cai et al., 2010; Liu et al., 2012). In Shenzhen the dormitories were primarily used for sleeping and MSW had sex with clients in other locations. The family clubs were more similar to Shared houses in that they were small and unlicensed. They were also largely hidden from HIV prevention programming and resulted in higher HIV prevalence rates among YMSW. However, trafficking as a source of MSW for establishments in Shenzhen has not been reported.

While sex trafficking and sex work are both illegal in Vietnam, both persist, as evidenced by the findings presented in this paper. Many YMSW working in Shared Houses appear to have

been trafficked from rural areas of Vietnam to HCMC for the purpose of sex work. While other research in Asia has focused on rural to urban migration among young male sex workers (Wong, et al., 2008), we believe this is the first study to identify trafficking as a factor in this migration.

We identified trafficking serendipitously, in the context of ethnographic observation of study venues after the study was underway and using study protocols that did not anticipate the need for detailed questions related to trafficking. Thus, our knowledge of trafficking among YMSW in this study is limited. Future studies should directly focus on the specific ways in which young men are trafficked for sex work. In the context of the Shared House environments described here, many YMSW were trafficked through a third-party broker, in what might be termed “brokered-trafficking.” While the Shared House environment is in some respect implicitly coercive, YMSW are not held captive and indeed many routinely leave the Shared House to recruit clients from public settings for patronage at the Shared House. Thus, this is clearly different from situations in which an individual is required to work for a limited period of time (“indentured trafficking”) or is held captive indefinitely (“captive trafficking”). Further research is needed to understand variability in the structure and organization of sex trafficking among young men, and the implications that this variability may have for health outcomes.

Identifying Shared Houses as sex work environments, and discovering that in many instances young men are brought into these settings through some form of brokered trafficking, presented a number of ethical considerations. First and foremost is the issue of how to avoid further endangering the young men by asking intrusive questions about trafficking that might have been perceived as threatening to the Shared House managers. We exercised extreme caution in gathering trafficking information from research participants, erring on the side of collecting general information with limited probing for specific details. While this limited the data we could collect, the interviews nonetheless served to bring this issue to our awareness; future studies will be designed to specifically address sex trafficking of young men in an appropriate fashion.

A somewhat larger ethical issue relates to whether there is a responsibility to intervene in some way. In the context of Shared House environments described here, we considered the option of reporting our finding to the local authorities. However, while this might have resulted in the closing of a particular Shared House, the third-party brokering process is sufficiently insulated that it is unlikely that such an intervention would actually impact the larger trafficking process itself. In this context, it is likely that the YMSWs themselves would have borne the primary “cost” of such an intervention, including high risk for arrest and imprisonment, and loss of their primary source of food and shelter. Accordingly, and working within the confines of the limited resources available in a research project, we focused on reducing immediate risks, including the provision of STI/HIV education, condoms and lubricants, and free STI screening and treatment. As with all study participants, any youth found to be in crisis or in immediate danger to themselves or others was also provided appropriate crisis intervention assistance.

A number of limitations should be considered when interpreting these findings. All survey data reported in this paper were collected via self-report, and although confidentiality was ensured and interviewers reported good rapport with interviewees, it is possible that social desirability influenced responses. Data from Shared House YMSW were collected on-site at Shared Houses, with the permission of Shared House managers. While it is possible that participants were influenced by the presence of their managers, all interviews were conducted in a private space and confidentiality protections were described prior to each interview. It is also likely that non-Shared House YMSW in the current study may have had previous experience working in Shared Houses, as turnover among YMSW in Shared Houses is extremely high, and many YMSW ultimately move into street-based and other types of venues. Thus, the risk and protective factors associated with working in a Shared House may be particular to the venue, and may not carry forward when sex work is conducted in other venues.

Unfortunately, male sex workers remain disproportionately vulnerable to HIV, STIs and other harms worldwide. Addressing the HIV epidemic among male sex workers is essential to reducing overall HIV prevalence, as sexual partnering data in this and other studies have shown (Clatts et al., 2015). High levels of stigma serve as a barrier to accessing prevention and treatment services (Baral et al., 2015, Closson et al., 2015), as do issues of migration within the YMSW community (Wong et al., 2008). Provision of confidential and nonjudgmental services specifically targeting YMSW could increase access to needed services such as HIV and STI testing and treatment (Hoang et al., 2015), and humanizing YMSW, rather than viewing them as “vectors of disease,” may help to diminish the stigma associated with male sex work (Bimbi, 2007).

The increasing role of the internet in male sex work may pose a challenge to future intervention efforts (McPhail et al., 2015), but also presents an opportunity for outreach to YMSW in countries like Vietnam where internet penetration is relatively high (Justumuset al., 2013). Nevertheless, gaining access to MSW in the venues in which they work is essential to prevention and intervention efforts. As this paper has shown, Shared Houses are a new type of venue with specific risks unique to male sex work in HCMC, Vietnam.

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Table 1.

Demographics

	Non-Share House YMSW (n=936)	Share House YMSW (n=196)	p value
Mean Age	22.8	21.9	.002
Mean Years of Education	8.47	8.67	.474
Currently in School	2.5%	5.2%	.195
Mean Monthly Income – Vietnamese Dong	5,348,150	6,318,960	.048
Mean Monthly Income – USD	\$255	\$301	.048
Ever Married	2.1%	5.1%	.024
Sexual Identity – “I think of myself as a man.”	57.5%	84.0%	<.001
Sexual Attraction – Exclusively to women	27.0%	60.4%	<.001
Born in Ho Chi Minh City	26.4%	16.8%	.005
Slept Most Often in a Public Place - last 30 days	19.9%	4.6%	<.001

Table 2.

Substance Use

Substance	Non-Share House YMSW (n=936)	Share House YMSW (n=196)	p value
Alcohol	87.8%	90.9%	.224
Tobacco	74.2%	74.1%	.983
Marijuana	18.5%	12.8%	.053
Ecstasy/MDMA	15.9%	10.7%	.061
Crystal Methamphetamine	41.9%	31.5%	.007
Other Amphetamines	3.0%	1.0%	.124
Ketamine	2.9%	3.1%	.883
Cocaine	0.7%	1.0%	.594
Heroin	8.3%	3.6%	.022
Ever injected	6.0%	1.5%	.011

Table 3.

Sexual Partnering

	Non-Share House YMSW (n=936)	Share House YMSW (n=196)	p value
Mean Age First Sex Work	19.2	19.8	.045
Last 30 days...			
... Number of Clients	12.2	13.8	.541
... Number of Times Exchanged Sex	36.8	44.9	.153
... Had Sex with an Elective Female Partner	19.5%	32.0%	<.001
... Had Sex with a Male Elective Partner	28.8%	8.6%	<.001
... Met a Male Sex Partner Online	36.9%	23.9%	.001
STI Awareness			
Ever heard of HPV	53.2%	51.3%	.622
Aware that there are drugs that treat HIV	20.9%	17.0%	.216
Ever took an HIV test	39.8%	34.5%	.176

Table 4.

Interaction with Criminal Justice and Health Systems

	Non-Share House YMSW (n=936)	Share House YMSW (n=196)	p value
Ever detained by police for sex work	19.2	19.8	.045
Ever visited a healthcare provider	27.6%	24.4%	.354
Ever told healthcare staff that you have sex with men	55.4%	29.2%	<.001
Ever took an HIV test	39.8%	34.0%	.134
Any STI – past year	5.1%	6.6%	.404