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Reproductive Health for Migrant Workers

A Qualitative Study in Quy Nhon, Binh Dinh Province



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Quy Nhon, Binh Dinh Province

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List of Abbreviations

BCC	Behaviour Change Communication
YU	Youth Union
IEC	Information Education Communication
IZ	Industrial Zone
RH	Reproductive Health
RHC	Reproductive Health Care
STDs	Sexually Transmitted Diseases
TU	Trade Union
UNFPA	United Nations Population Fund
PFPC	Provincial Committee for Population, Family Planing and Children

Preface

The United Nations Population Fund (UNFPA), in collaboration with the Binh Dinh People's Committee, is in the final implementation stage of a US\$3 million project on maternal and child health scheduled for completion at the end of 2008. The project is funded by the New Zealand International Aid and Development Agency (NZAID).

In 2005, the mid-term review concluded that, while the project had made positive progress in delivering quality reproductive health services to the urban and lowland populations of Binh Dinh province, this was less evident among migrants and youth.

In response to this situation, a qualitative research study was undertaken between September and December 2007, led by Mr. La Manh Cuong, lecturer from the Hanoi School of Public Health, to determine the current situation and to make recommendations for improvements. The study included a short field visit to industrial zones in Quy Nhon, Binh Dinh province to conduct interviews with migrant workers at the workplace and their boarding-houses.

For collection of primary and secondary data, the team also visited the project sub-contractors. These included the Provincial Youth Union, Trade Union, Committee for Population, Family and Children, and both public and private reproductive health care service providers. The research team was particularly interested in identifying the strengths, weaknesses, threats and opportunities inherent in the existing reproductive health service and delivery network available to young migrant workers.

This report highlights the existing gap in RH information and services and examines ways to make adjustments that will enable providers to meet the projected needs of migrant workers in the coming years.

In particular, I would like to thank Mr La Manh Cuong and his team for completing the study. I would also like to thank Dr. Duong Van Dat and Dr. Nguyen Tien Dung of UNFPA Viet Nam for coordinating the study and providing technical support. My special appreciation goes to Mr John Egan of NZAID for his constructive and valuable comments.

On behalf of UNFPA, I uphold the view that the findings in this report will be particularly useful to policy makers, programme managers, health professionals and donors in designing and implementing more appropriate reproductive health programmes for migrant workers aligned with the Millennium Development Goals and commitments of the International Conference on Population and Development.

Ian Howie

Representative

UNFPA in Viet Nam

Executive summary

This qualitative study conducted in Quy Nhon, Binh Dinh province between September and November, 2007 established the following objectives: (1) to analyse the level of migrant demand for reproductive health care (RHC); (2) to determine how the provincial Trade Union (TU) and Youth Union (YU) disseminate reproductive health (RH) information; (3) to assess the availability of RHC services and; (4) to propose recommendations for improved provision of reproductive health (RH) information and services to young migrants.

The study team reviewed secondary resource material from the project base-line survey, mid-term review study, project documents and related sub-contract reports. Primary data was gathered from in-depth interviews, group discussions and non-participatory observations during a field trip in September, 2007. Working sessions were recorded and videotaped, then transcribed and analysed in accordance with each study objective.

This summary highlights the strengths and weaknesses of two communication models presented by the provincial Trade Union (TU) and the Ho Chi Minh Communist Youth Union (YU) in Quy Nhon City. More detailed analysis of RH supply and demand is presented later in the report.

Strengths and Weaknesses of current RH service and information providers in Quy Nhon, Binh Dinh province

Provincial Trade Union

Strengths

- Information-Education-Communication (IEC) is highly appreciated and welcomed by TU members in the community.
- Smooth coordination between the TU, specialised agencies and leaders of involved units achieved commendable results.
- Provision of specialist support has enabled workers to better understand RHC topics.

Weaknesses and challenges

- Limited focus and availability of IEC activities for migrant workers;
- Lack of technical equipment to facilitate IEC activities.
- Poor cooperation among employers in implementing RH communication activities.

Provincial YU

Strengths

- Notable increase in expression of client interest in receiving RH services. For the combined fourth quarter of 2005 and all of 2006, the YU confirmed a total 872 cases. A comparison shows a marked increase in the first half of 2007 with 800 cases reported with an increase in face-to-face counselling cases from 20 to 32.

Weaknesses and challenges

- The number of face-to-face counselling remains limited compared with a marked client preference to seek information and advice via the telephone hot-line.
- Due to the significant lack of RH clinical services, client demand cannot be fully met.
- Venues are not located conveniently and therefore less likely to attract client attendance.
- Counselling services are provided during working hours rather than accommodating clients during their leisure time.
- Counselling capacity and staff knowledge is weak, especially on sexual health issues;
- The fast rotation of counselling officers impacts negatively on sustainability and quality of client services.
- Coordination between the YU and the counselling centre is weak in part due to low priority given to RH issues on the YU agenda.

Introduction

Rationale

Issues of migration and health are closely linked. Recent studies, both in Viet Nam and abroad, show that migrants are vulnerable to a wider range of health problems and communicable diseases than non-migrants. In 2005, research conducted on the movement of Bangladeshi migrants from rural to urban areas confirmed that the mortality rate among migrant children under 5 years old was 1.6 times higher than that of children born and bred in urban areas (Mazharul, 2005). A demographic study conducted in India by Halli in 2007, asserted that 35% of married male migrants and 40% of single male migrants engaged in extra-marital or pre-marital sex. Multiple partnerships are a major cause of increasing rates of HIV infection in the north of Karnataka, India, home to a huge number of seasonal migrants (Halli, 2007). Another study conducted in 1999 in Guatemala showed that internal migrants moving from rural to urban areas are significantly less likely than non-migrants to take contraceptive precautions (Linstrom et al, 2006).

The 2004 Migration Survey completed by the Viet Nam General Statistics Office (GSO) in conjunction with UNFPA showed that community knowledge of sexually transmitted diseases (STDs) and HIV/AIDS is more limited among migrants than non-migrants by a margin of 0.512. Concomitantly, the rate of contraception use is lower among migrants than non-migrants, standing at 65% and 71.7% respectively. These results are consistent with research conducted in other countries. Of all migrant groups assessed, those in the southeast industrial zones and Central Highlands demonstrated least knowledge about STDs. The survey recommended that more effort be put into IEC and intervention services to encourage reduction in STDs and HIV infection among migrants (GSO, 2006).

Analysis of the 2004 Survey results points to the close link between the process of migration and migrant health highlighting the urgent need for constructive IEC intervention and improved delivery of RH services.

The research study examined the RH challenges that face young migrants particularly those working and living in the industrial zones of Quy Nhon, Binh Dinh Province. The study was conducted by a research team from the Hanoi School of Public Health.

Within a broader context, the research team also considered the potential impact of the proposed Binh Dinh economic plan to expand the industrial zones, thereby attracting a new wave of migrants both from within and outside the province. To support their research, the team examined data and sub-contract reports related to the difficulties migrants face in accessing RHC information and services.

Brief description of the project VIE/03/P20

UNFPA and Binh Dinh People's Committee initiated and developed the project entitled: "Improving the quality and utilisation of maternal and child health services in Binh Dinh Province" in partnership with central and local authorities, with funding of USD three million from the New Zealand government.

The project aims to improve the quality of life for women, adolescents and children belonging to minority ethnic groups in the mountainous and remote areas of Binh Dinh province. Specifically, the project aims to upgrade the quality and utilisation of maternal and child health care services by developing district health care networks. The project outlines four specific goals:

1. To strengthen capacity of the DOH in providing quality maternal and child health services.
2. To strengthen capacity of the DOH, PCPFC and involved organisations in providing education and access to RH information and services for adolescents and young people.
3. To increase support from leaders at all levels and to enhance community participation in implementing maternal and child health activities by improving the advocacy and BCC capacity of the DOH, PCPFC, mass organisations and mass media.
4. To strengthen capacity of the MOH and involved organisations in supervision, monitoring and evaluation, and provision of technical backstopping on maternal and child health related activities

Project implementation, scheduled from February 2004 to December 2007, was extended to December 2008. While UNFPA and the People's Committee of Binh Dinh Province are the co-executing agencies, the implementation of project activities is the responsibility of local departments and organizations.

Object of the Study

Within the project context, the study aimed

- (1) To analyse the impact of industrial development on migrants and their need for reproductive health care (RHC).
- (2) To determine the quality and quantity of reproductive health (RH) information provided by the provincial Trade Union (TU) and Youth Union (YU).
- (3) To recommend improvements for delivering RH information and services to young migrants.

Research Methodology

The study was conducted in Quy Nhon, Binh Dinh Province between September and December 2007 with focus on young migrants aged 18-25. Data was collected in September, 2007.

The study combined qualitative method with ethnographic observation. Secondary data was obtained from project documents and periodical reports, mid-term review and reports of the provincial TU, YU and RHC centre. Additional reference material was drawn from reports on the field trip to the youth counselling centre and youth friendly corners (YFCs), UNFPA publications and other relevant documents.

The research team visited two wood processing factories and migrant worker rental housing located in Phu Tai Industrial Zone, Quy Nhon. Informants included staff at the provincial TU, Department of Health, Committee on Population, Family and Children, YU youth counselling centre and the YFCs in An Nhon District, Binh Dinh. The team also interviewed officers subcontracted under Project VIE/03/P20, managers of the three factories, and two worker groups, one exclusively male and the other, female.

The field research began with interviews based on semi-structured questionnaires, to examine the strengths, weaknesses, opportunities and challenges of existing RHC services (SWOT Analysis). This was followed by analysis of the level of RH demand among migrant workers in general and young migrant workers in particular and finally, recommendations for improving RH services.

Interviews were recorded digitally then transcribed along with fieldwork notes. Analysis of material was based on grounded theory. Findings were categorised to comply with research questions and objectives. Excel package was used to consolidate data.

Research Findings

Industrial development, migrants and the need for reproductive health care

Binh Dinh province located in central Viet Nam, forms part of a key economic zone in the heart of the north-south transport network. The network includes national highway No.1, the trans-Vietnam railway and a domestic airport facilitating relatively efficient access to the coast, the Central Highlands, southern Laos and northeastern Cambodia and Thailand.

The current population of the capital city Quy Nhon, 260,000 is projected to almost double to 500,000 by 2020. Quy Nhon is designated to become a first grade city under the provincial economic development plan. The national government considers Quy Nhon a key southern pillar of the economic zone along with Da Nang and Hue, providing a trade and service hub for the Central Highlands regions. The main industries include agriculture, forestry and aquatic processing; consumer goods and construction material production; mineral exploitation and processing; garment and footwear for export. However, it is the wood processing and fisheries industries that attract the largest number of migrant workers to Binh Dinh.

Quy Nhon is divided into two industrial zones - Phu Tai and Long My. The former is located at the intersection of National Highways No.1 and 19, just 12 kilometers from Quy Nhon Port, 2 kilometers from the railway station, and 20 kilometers from Phu Cat airport. The two zones accommodate 75 tenants mainly involved in forestry and wood processing, manufacture of paper and cardboard, granite, construction material, aquatic and food production

Table 1: Main industries of Binh Dinh Province

Industry	Annual output	2007
Finished wood products	120,000 m3	145,000 m3
Wood chips	150,000 tons	160,000 tons
Ilmenite processing	125,000 tons	80,000 tons
Frozen aquatic products	4,000 tons	4,500 tons
Sugar manufacturing	25,000 tons	25,000 tons
Beverage	20 million litres	22 million litres

(Source: Binh Dinh Investment Promotion and Cooperation website www.binhdininvest.gov.vn)

Other industrial zones in Binh Dinh province include, Nhon Hoa in An Nhon district; Hoa Hoi and Cat Khanh in Phu Cat district; and Binh Nghi in Tay Son. Nhon Hoi, the biggest, covers an area of 1,395 hectares. The province is currently in the final stages of making significant improvements to the transport infrastructure between Nhon Hoi port and Phu Cat airport. The new infrastructure will generate a more competitive edge for the province, particularly in integrating regional and international trade.

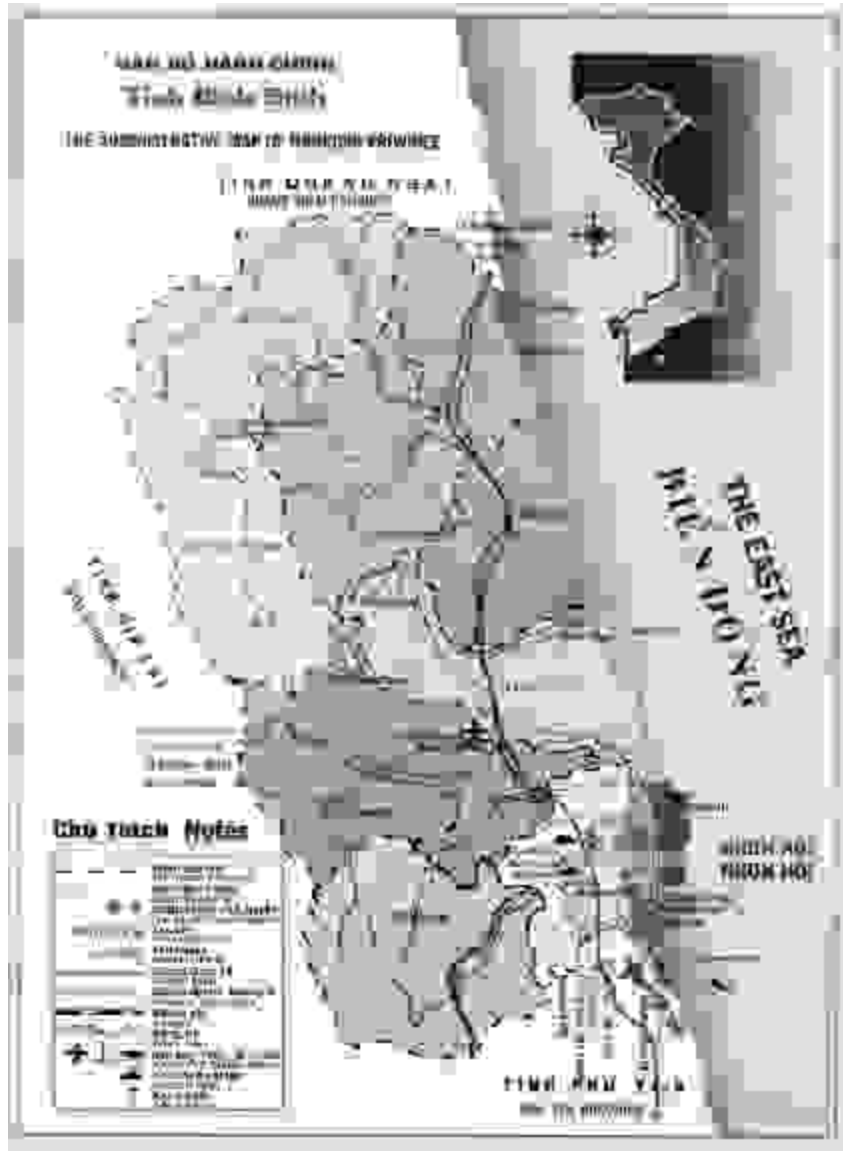


Figure 1: Map of Binh Dinh Province

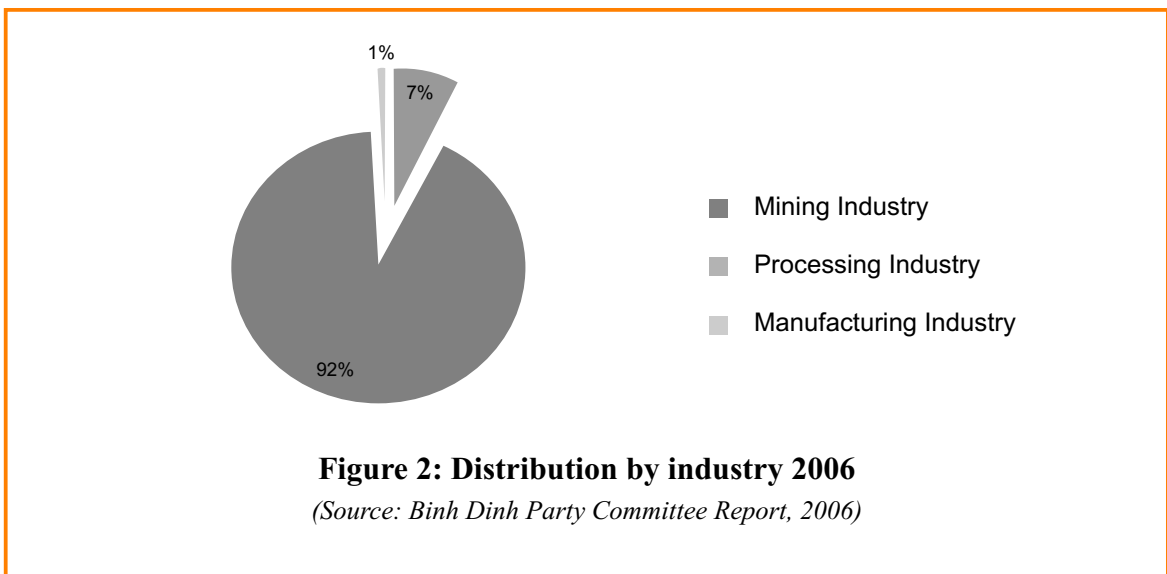


Figure 2: Distribution by industry 2006

(Source: Binh Dinh Party Committee Report, 2006)

Table 2: Enterprises in 2006

Type	Number
State-owned enterprises (SOEs)	09
Central SOEs	04
Joint-stock companies	131
Limited companies	1,049
Private enterprises	1,015
Foreign-invested enterprises (FIEs)	26

(Source: Binh Dinh Party Committee Report)

The industrial Zones in Quy Nhon produce 45% of total provincial export volume and 30% of industrial output. Evidence points to a downward employment trend in state-owned enterprises over the last decade. This contrasts with recruitment of increased numbers of workers into the private sector. In 2006, the province reported a workforce totaling 84,092. (See figure 2).

The majority of migrants come to Quy Nhon from remote districts of Binh Dinh or from other provinces. Initially the research team presumed that migrants to Quy Nhon came from different backgrounds similar to those found in Ho Chi Minh City and Hanoi. For instance, besides the skilled and employed, there were also unskilled migrant groups, coming from different regions and provinces and to undertake temporary jobs. However, research shows that migrants seeking employment in seafood processing factories in Phu Tai industrial zone, are predominantly skilled workers whereas the majority of migrants working in factories (mainly porters or construction workers) are unskilled and come mainly from Tuy Phuoc and An Nhon districts near Quy Nhon. Many of these workers commute to the city in the morning and return home in the evening.

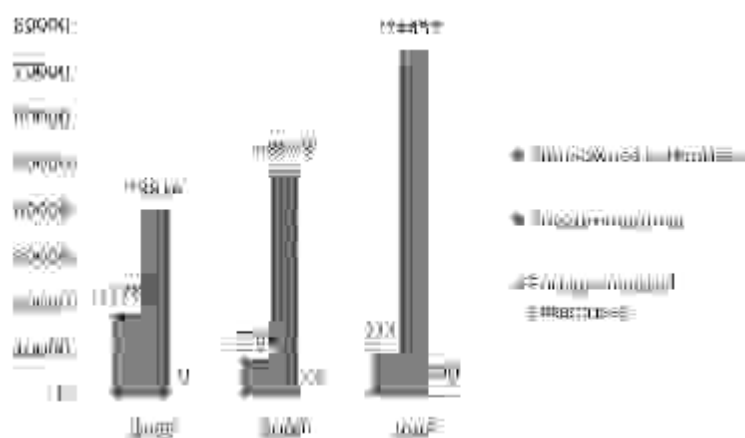


Figure 3: Employment by business sector

(Source: Binh Dinh People's Committee, 2006)

Binh Dinh province provides 85% of the workforce with the remaining 15% coming from other provinces. Female workers, mainly under 25 years of age, account for 67% of the total workforce and usually engaged in highly-detailed and precise jobs such as carving and carpentry, while male workers attend to the processes of painting and drying.

The majority of workers are from rural areas. Most of them just finished lower secondary school. Only a few have finished upper secondary school or vocational training. Their skills and knowledge, therefore, are poor.

A Trade Union officer.

Migrant workers endure very poor work place conditions with negligible occupational health or safety facilities. The noise level in workshops, especially in wood processing units, is alarming. In 2006, a report presented by the Provincial Party Committee confirmed that of the 186 workers seeking medical checkups, 31 (or 17%) suffered from occupational illnesses which cited from an unsafe working environment. Unsafe working conditions also place workers at heightened risk of injury from accidents and explosions. Between 2001 and 2006, 198 work accidents were recorded including 15 deaths and 70 serious injuries (Provincial Party Committee Report 2006).

The study team noted that 70% of employers neglected to sign work contracts with their employees. In most cases, workers are engaged in seasonal jobs of less than one year based on verbal agreements with their employers. Although the remaining 30% of businesses do require employees to sign work contracts, as stipulated under the Enterprise Law, the director of one wood processing factory estimated the total number of legally contracted workers at around 10% (according to the interview with a deputy director of a wooden processing factory). Employer negligence in signing contracts not only violates the Labour Code but compromises the job security of workers. Similar non-contractual situations occur in health and social insurance employment, especially in the private sector, leading to 4 intermittent labour strikes over the past seven years from 2000 to 2007.

Few employers comply with the provincial TU legislation that regulates the rental subsidies for factory employees. Consequently, migrant workers usually end up living in very poor and unhygienic conditions. Moreover, scant attention is paid to their health, thereby contravening employer obligations under the Labour Code that stipulate provision of regular employee medical check-ups.

The field interview with the manager of one wood processing factory confirmed that only 20% of workers had undergone employer-organized medical check-ups in previous months. This disturbing statistic is consistent with the Provincial Party Committee Report of 2006 that showed only 28 (1.2%) of a total 2,234 employers provided workers with regular check-ups.

The average working day lasts 12 hours, often under intense conditions that restrict worker access to information and health services. Further, in all factories visited in the industrial zones, the study team identified a lack of acceptable work place and local recreational facilities for migrants. Many workers provide their own entertainment by opting to meet friends after work, to drink alcohol or coffee. The team also observed a prevalence of guest houses and hotels in the Phu Tai intersection (near the industrial zone), providing rooms for young migrants to meet privately or to engage with sex workers momentarily.

The Provincial Party Committee estimates that the flow of migrant workers is likely to reach 320,000 by 2020, four times higher than today. This increase will be concentrated mostly in the Nhon Hoi and other economic industrial zones supported by foreign investment. To accommodate

plans for economic growth and development, the province will need to recruit 25,000 additional workers each year.

To meet the extensive demands of economic planning, provincial authorities have set the following goals:

- to create approximately 25,000 new jobs each year.
- to ensure that 80% of the provincial workforce and 90% of Quy Nhon's workforce are educated to upper secondary level.
- to ensure that 30% of the workers have computer skills and language certificates;
- to ensure that 90-100% of the businesses comply with labour policies and legislation, with special attention paid to female workers; and
- to ensure that 80% of the workers in the industrial zones have decent accommodation and access to one or two sports and entertainment facilities.

These goals are both far-reaching and far-sighted, particularly their impact on work place environments and literacy rates of migrant workers, health facilities and changing traditional attitudes towards reproductive health. During interviews, the research team found workers poorly informed about RH issues often to the extent of never having heard the term “reproductive health”.

“Recently, there was a young, unmarried woman in Tuy Phuoc, who had sexual desire. She overheard that the condom is a contraceptive, so when having sex she put 3 condoms into her vagina believing that this would prevent pregnancy. This is a good example of mis-understanding and poor knowledge of RH”

A leader of the Committee for Population, Family and Children

TU officers confirmed that the majority of migrant workers have, at most, completed lower secondary school. Inadequate literacy levels affect their ability to understand new concepts and to read print material. The communication sessions currently run by TU covers a limited proportion of workers from selected factories. Each session was normally short and addressed many topics. With a huge number of participants, who are very hesitant to talk about sexual related issues and to raise questions when needed particularly, it causes the fact that awareness and understanding on RH among workers are still poor.

As the agency responsible for IEC on RH, the TU faces many challenges, both subject and objective. Currently, the TU does not place RH communication issues high on its agenda, preferring to allocate this responsibility to other organizations concerned with population issues, HIV/AIDS prevention and women's affairs. At present, the TU is ill-equipped, both in staff capacity and resources to meet the RHC needs of such a huge number of workers. In effect, this means that to date, only a limited number of workers have benefited from sessions organized by the TU on RH issues.

Annually, the IEC program covers about 200 workers maximum while there are hundreds of thousands of workers in need. To cover them all with us is impossible.

A Trade Union officer

The study also found that business and state-enterprise leaders provide minimal practical and financial support to promote or establish health facilities that offer systematic on-site counselling and RH services for migrant workers.



Photo: A health communication session at a factory

The TU sent an official letter to more than 70 enterprises in Phu Tai Industrial Zone to request RH communication sessions. It turned out that only 7 of them responded with an approval.

A Trade Union officer

Despite advocacy efforts to inform and encourage employers to organise RH education sessions for workers, some enterprises require the project to pay their employees project for participation in such events. Without this input, health communication activities are less likely to be implemented.

A leader of the Committee for Population, Family and Children (CPFC) reported that, after working long hours, some employees are inclined to select types of entertainment that encourage ill-advised activities.

Roughly speaking, our monthly salary is 1,500,000. The house rent costs 150,000 dong; 300,000 goes to meals, the rest should be for savings, but it's not that way. In fact, most of us spend that money on drinking (nhậu nhét), gambling, and pleasure (chơi bời).

A male factory worker

According to the CPFC leader, RH needs of workers remain significantly unmet. One cause of this inadequacy is the inflexibility and constrained attitudes of current service providers.

Some RH service providers in Quy Nhon remain unresponsive and inflexible only dealing with those clients who approach them.

Leader of the Provincial Committee for Population, Family and Children

Reproductive health information and services for young migrants

Services delivered by the Trade Union

Under Project VIE/03/P20, responsibility for providing RH information to target groups is sub-contracted to mass organizations such as the Women's Union, Farmers' Association, Youth Union, Trade Union, and the Viet Nam Fatherland Front. In analysing RH information

available to young migrants in Quy Nhon, the research team focused on the Provincial Trade Union model that targets factory workers, and the Youth Counselling centre operated by the Provincial Youth Union.

The research team observed service facilities at the RH clinic in Quy Nhon. However, due to time constraints, the team found it necessary to confine field interviews to management staff of the RHC centre and a single visit to one private clinic. Lack of time precluded opportunities to look at all available migrant worker RH services located in the area

In Quy Nhon, RH communication activities targeting factory workers are the responsibility of the Women's Affairs Division of the TU. These activities are organized in the form of seminars at factories and enterprises. A typical communication session will begin with a distribution of leaflets provided by the project and the Trade Union. This is followed by a key note presentation and finally, questions and answers. The keynote speaker is asked to provide individual counselling if required.

RH communication topics range from the prevention of STDs and HIV/AIDS, contraception and safe abortion, reproductive rights and family planning, safe motherhood and RH care for their children who are adolescent.

Strengths

- IEC activities are highly appreciated and welcomed by TU members in the community.
- Coordination between the TU, specialised agencies and leaders of involved units has achieved good results.
- Specialist support has enabled some improvement in the general understanding of RH topics.

Weaknesses and challenges

- While the IEC program targets specific and numerous worker groups in selected factories the coverage of this program is neither sufficiently extensive, comprehensive nor adequate.
- Inadequate IEC equipment undermines efficient preparation and delivery of keynote topics;
- Scheduling seminars that do not conflict with other items on the corporate agenda is difficult. Businesses often place priority on fulfilling urgent orders before RH communication.
- There exists a reluctance or non-cooperation among the majority of employers to organize communication sessions for young migrant workers. This is largely due to the fact that they must pay workers for attendance time. Employers do not fully understand the immediate and longer-term benefits of providing substantive RH information and health services to their employees.
- RH communication activities target employees in state-owned enterprises. This excludes the large number of young migrant workers in the non-state sector undermining the specific aims of the project.
- Workers are expected to attend a series of sessions and this raises workforce deployment difficulties.

When factory leaders were asked to give us a permission to organize IEC events, many of them found the request hard to accept and argued that they would lose the workforce, damaging productivity and profit. Some only give permission if we pay allowances to their workers for the time they attend our events.

A Trade Union Officer

Services delivered by the Youth Union

The Youth Centre (YC) operated by the Provincial Youth Union aims to provide RH information to adolescents and young people in the form of counselling and community-based communication. Communication events are also organised in different educational institutions, ranging from secondary to tertiary level. The YU contacts designated schools to prepare for the event. Counselling officers from the YC invite RH or psychology experts (mainly from the Department of Health, and the Faculty of Psychology, Quy Nhon University), to participate. The mode of communication delivery is similar to that practiced in the TU model.

YC counselling services involve both face-to-face and telephone conversations, accounting for 5% and 95% respectively. In the first half of 2007, the YC reported a total 798 general counselling cases of which only 36 were face-to-face. RH counselling accounted for 67% of the 798 general cases, (covering different aspects of psychology and love) of which family counselling accounted for 20% and adolescents, 64%. The sex ratio of clients seeking telephone advice was 36% male to 64%, female. Besides counselling services, the Centre also provides free condoms and free internet access.

Strengths

- YC statistics point to significant growth in client interest and demand for RH information and services. This is clearly evidenced by a comparison between the 872 counselling cases reported for the entire 2006 and the fourth quarter of 2005 and the 800 cases reported in the first half of 2007 alone. During this period, face-to-face counseling cases increased from 20 to 32, respectively. This signals an increasing of the service coverage.

I think that having the counselling centre is a very good idea for meeting the practical RH needs of young people. In the early stage, few people were aware of this service and we dealt with very few cases a week, just 3 or 4. But now, each day we receive 10 to 15 cases.

A Project staff

Weaknesses and challenges

- Client preference for telephone rather than face-to-face counselling compromises discussion and precludes opportunities to distribute print materials.
- Few of the clients attending the centre take advantage of the free condoms or internet access.
- Counselling services focus on supply-driven information rather than on understanding, listening and prompting clients to speak out.
- Follow-up counselling services are not offered to clients;

The obvious weakness of most of monitored counselling staff is that they do not follow up feedback information provided by clients during the counselling process. Counselling staff focus mainly on delivering information to clients without checking what they already know in order to encourage them to continue their positive practice and limit/ avoid unhealthy practice. In short, counselling communication tends to be a one way performance.

Cited from the mid-term review by RTCCD, 2006

- Communication and counselling services are restrictive both in content and delivery;
- Counselling venue is located at an inconvenient setting, which is hidden from view, sharing with the Cultural House where is always crowded. This lack of privacy discourages clients from seeking RHC services, for fear of recognition and stigma.

In theory, a counselling setting should be private and friendly, but ours does not meet that requirement. It should be noted that this counselling centre is inside the Children's Cultural House which receives many visitors. That puts our clients at risk of being seen by others, and their personal issues leaked out.

A counselling provider

- Counselling is mainly offered during working hours and therefore inconvenient to most young people working in regular daytime jobs.

Although this centre has been set up for about 2 years, the number of people who know about our hot-line counselling service is still limited. For many young factory workers living in suburban district and working in Quy Nhon city, they don't even know the hotline number 1088 nor the kind of services we provide. In addition, they work long hours that overlap with our working hours. This makes it even harder to communicate our service effectively.

A counselling provider

- The capacity of counselling officers, particularly their knowledge of sexual health issues, is inadequate and dependent on the support and initiatives of staff subcontracted under the project.
- Coordination of the centre's activities (notably by the previous YU person-in-charge person) lack accountability and diminish the integrity and efficiency of the counselling centre.

We have requested the YU leaders on several occasions to re-arrange our working hours, such as splitting up into shifts that would extend our services after working hours to meet the needs of clients; however the YU officer remained silent.

A counselling provider

- The fast rotation of counselling officers impacts negatively on service sustainability and quality. Counselling officers are recruited on short-term, low-salaried contracts. They transfer from other provinces and lack incentives to stay in the job for extended periods.
- Supervision and coordination of activities by the YU and the Counselling Centre are poor, with RH issues accorded low priority.

In terms of coordination, the person in charge from YU was not in close touch (sâu sát) with the activities undertaken in the Counselling Centre. Consequently, counselling workers faced difficulties and had to rely heavily on the Project Management Board's assistance for work-plan development, task assignments among staff, monitoring activities and so on.

A project staff

Services delivered by other institutions

In Quy Nhon city, delivery of RH services is the responsibility of public health institutions namely the RHC Centre and the provincial and city general hospital. Services include gynaecological and STD examination and treatment, pre-natal check-up, IUD insertion, abortion and birth delivery. The two main city hospitals treat the largest number of clients.

The RH centre reported very few gynaecological examinations. In fact, between April 2006 and April 2007 the Tunnel Brick enterprise was the only employer to provide employees with gynaecological check-ups. More specifically, in 2006, this particular enterprise recorded 69

gynaecological examinations, 41 women sought general RH treatment, one had her IUD taken out and 5 had pre-natal check ups. In 2007, the number of gynaecological examinations remained static but the number of clients receiving treatment for general RH conditions increased to 57.

This report also reveals that there is inadequate attention given to male workers in regard to issues of RHC. Men are often reluctant to seek STD examination and treatment believing such matters to be exclusively a female concern. There was no evidence in the clinics visited by the research team of specific RH services targeting men.

My experience working with male workers showed that there is a high need for RH care among men. However, this issue has been 'left open' (bỏ ngỏ) or men are still hesitant to access our services. The barriers to acquiring better male targeted IEC programs occur on both sides (i.e. service providers and clients)

A provincial Reproductive Health Manager

The relatively high financial cost of services puts workers on low incomes at a disadvantage. In a public health institution the abortion fee is VND 80,000 (for fetus of 12 weeks or less) and at a private clinic VND 350,000 with an IUD costing VND 60,000 and genital check around VND 15,000/ visit. Although charges are higher at the private clinic, interviews with female workers and with a private RH provider, confirmed that many clients prefer to visit private clinics where they can expect not only better quality but also more confidential services than found in a public facility.

There was one time I had a pain in my stomach and I took a day off work. Initially I planned to visit the public hospital in Quy Nhon, but when my neighbours told me not to go there as it is very crowded I felt uneasy. I chose the private clinic because it offers better quality services and is more friendly.

A female factory worker

The study team noted that the number of migrant workers receiving employer sponsored health insurance, as required by law, is significantly small. Without insurance, workers are obliged to pay the full cost of health services.

The majority of government workers receive health insurance which covers their costs at public hospitals whereas ordinary, uninsured laborers tend to visit us in the private clinics. Generally I do not do collect statistics such as name, occupation or address partly because this clinic opens after working hours but also because I see so many clients, leaving no time to take down personal details. When they want to have an abortion, all I need is an agreement from their husband or boyfriend. That's it!

A private clinic doctor

Of further concern is that providers in the public health system do not actively encourage workers and laborers to use their services that most of workers must actively access to the services.

So far, only communication activities have been offered directly to some factory workers. Health providers in fact did not bring health services to workers.

A RH manager

Recommendations

After analysis of field and research data, the study team concluded that the level of RH information and services available to migrant workers in Quy Nhon is notably insufficient to meet demand, especially that of young migrant workers.

Relevant agencies in Binh Dinh province, with donor support, should adopt RH policies, interventions and regulatory initiatives that target workers, particularly young migrants.

To assist in this process, the research study team recommends:

Provincial People Committee

1. Strengthen leadership and commitment for delivery of high quality RH care services to migrant workers. The People's Committee should organize and conduct advocacy activities that target provincial leaders and cadres and related organizations, particularly private enterprise employers of migrant workers. In turn, this will create a legal corridor, common understanding and stronger commitment to the RH care programme.
2. Promulgate the appropriate legal document in all factories and enterprises to remind employers of their legal obligations to sponsor regular health checks for workers;
3. Conduct regular monitoring and evaluation of RH activities among factories and enterprises to ensure enforcement of the legal document (mentioned in point 2 above). Fines should be imposed for infringements of this law.

Provincial Department of Health

4. Strengthen coordination capacity among different agents (public and private) to build RH care networks and to encourage information sharing and collaborative client referral.
5. Monitor health services in factories to ensure that workers have access to regular health checks that includes RH in the service package. Report infringements to the People's Committee for further action.
6. Conduct capacity training and re-training for occupational health staff responsible for delivering RH services to factory workers.
7. Equip local commune/ward clinics at the industrial zone with RH clinical facilities and capacity building to enable them to provide adequate RH information and basic RH clinical services and to referall to specialized RH services at higher levels for workers;
8. Consider to establish mobile/quick responsive RH teams, in collaboration with the local health workers, to provide regular RH checks for factory workers flexibly.

Youth Union

9. Strengthen commitment from the YU by insisting that RH issues be placed at the top of the agenda.
10. Enhance capacity of the centre's counselling staff to deal with RH and other sexual health issues through on-job training and monitoring for counseling staffs.
11. Create job security by providing long-term contracts and competitive salaries that offer incentives thereby reducing the rate of staff turn-over.
12. Advertise current services widely among young migrant workers in the industrial zones through distribution of leaflets, posters and access to loudspeaker systems in the factories.
13. Strengthen collaboration with the TU in piloting face-to-face on-site counselling in factories.
14. Rearrange hot-line counselling time-table in compliance with worker leisure hours to increase service access opportunities.

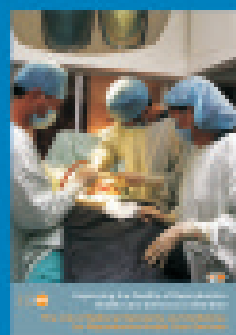
Trade Union

15. Advocate for policy change by targeting factory and enterprise leaders to ensure their commitment and support on RH intervention activities. Consider a mode of responsibility contract signed between factory/enterprise leaders and TU witnessed by a member of the Provincial Committee as proof of commitment.
16. Intensify communication programmes in both public areas of the industrial zone and in residential suburban districts to ensure that all workers can access RH information.
17. Involve more young people in a variety of communication activities that raise awareness of and demand for RH information and services. Communication should be participatory and democratic probably thought communication events or on-line counselling services.
18. Develop peer group networks in the workplace that build capacity, skills and knowledge for delivery of face-to-face counselling in the workplace, residential areas and on commuting buses. Strengthen network capacity to facilitate client referral to appropriate RHC clinic and hospital services.
19. Intensify time-table of communication activities during the low-season (normally in May and June) through on-job training and monitoring for counseling staffs;

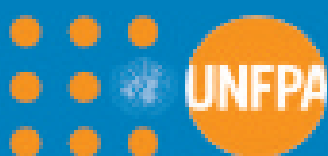
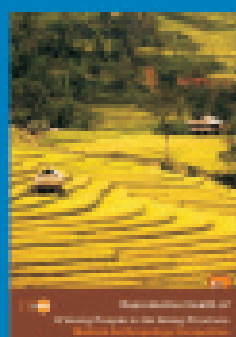
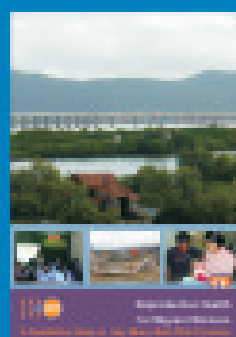
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