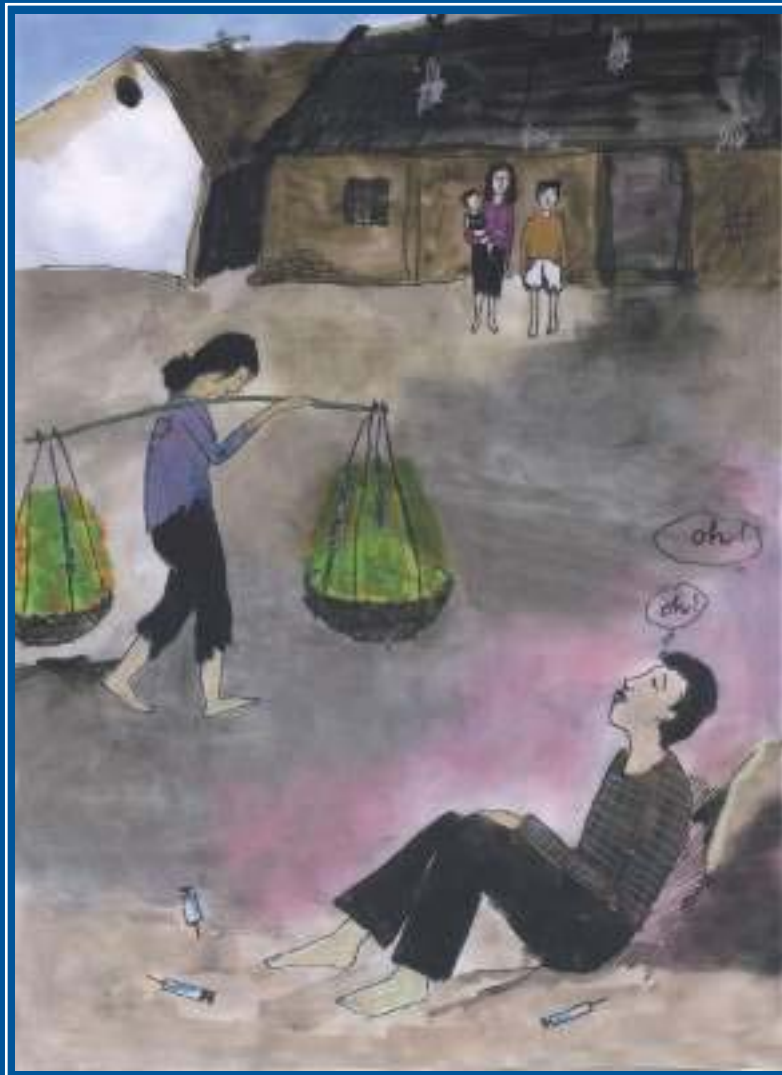




UNITED NATIONS  
*Office on Drugs and Crime*

# Men fly to Heaven Women go to Hell



**GENDER IMPLICATIONS OF DRUG ABUSE**



THẾ GIỚI

Findings of a Qualitative Research in Hai Phong, November 2002  
The Center for Social Development Studies (CSDS)



UNITED NATIONS  
*Office on Drugs and Crime*

---

# **Men fly to Heaven Women go to Hell**

---

## **Gender Implications of Drug Abuse**

Findings of a Qualitative Research in Hai Phong, November 2002  
The Center for Social Development Studies (CSDS)



## Table of Contents

<b>Preface</b> .....	v
<b>Executive Summary</b> .....	vii
<b>Introduction</b> .....	1
Background.....	1
Objectives of the study .....	1
Research Methodology.....	2
Data Collection in the Field.....	2
<b>Research Findings</b> .....	5
General situation in the study site.....	5
Major characteristics of study population .....	8
Consequences of drug use in the family: Men fly to heaven, women go to hell .....	10
Methods for coping .....	27
Role of the community .....	30
Community recommendations .....	38
<b>Conclusion</b> .....	39
Major Findings .....	39
Discussion.....	41
<b>References</b> .....	43



## Preface

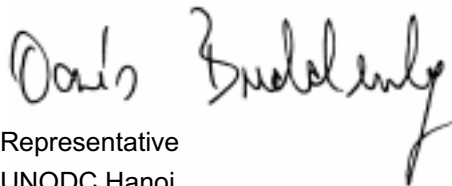
As drug use, and the risk behaviours associated with it, continue to escalate in Vietnam there is a growing need to learn more about the contributing factors and the impact of the trend. As a result of the relatively late emergence of HIV/AIDS in Vietnam, and the perception of drug use as primarily a male occurrence there has been little research conducted addressing the impact of drug use on the lives of women. Since 1994 UNODC, as part of the UN system, has officially recognised and made a commitment to gender as a fundamental consideration in the work of the organisation.<sup>1</sup>

In recognition of the strong links between gender, drug use, social and economic development, this report seeks to illuminate the plight of women with husbands or sons who are drug users. There is a growing body of international research tackling topics including gender, drug abuse and HIV/AIDS. Some general findings, at global and regional levels, regarding the impact on women of drug abuse in the family are reflected in this report. In particular women are found to carry a greater burden for caring and have fewer opportunities for socio-economic advancement and community participation.<sup>2</sup>

The unique social, cultural, historical and political situation in Vietnam necessitates further research into the strong beliefs shaping community approaches to drug use, approaches that ultimately increase harm in the community. This qualitative research, based on the input from a wide range of community members, is a step towards increasing understanding of the context and the impact of drug use. It is outside the scope of this report to posit extensive solutions, beyond a cursory discussion of the data presented and a recommendation for further research in order to develop culturally appropriate and effective interventions.

We would like to thank the Centre for Social Development Studies (CSDS) for conducting the research, in particular, Dr Khuat Thu Hong who wrote the report. Thanks also goes to all of the community members who participated in the interviews and group discussions in Hai Phong, in particular, the women with drug users in the family who spoke candidly about so many aspects of their lives.

Doris Buddenberg



Representative  
UNODC Hanoi

---

<sup>1</sup> *Report on Guidelines for Best Practices on Gender Mainstreaming in Alternative Development*, Independent consultants report, UNODC January 2000.

<sup>2</sup> Hsu, L-N, du Guerny, J., *Towards a gender-sensitive approach to drug demand reduction: a process within the United Nations System*, ODC Bulletin on Narcotics, 1995 Issue 1-002.



## **Executive Summary**

Rapid increases in drug trafficking and use in Viet Nam over recent decades have led to serious socio-economic consequences. There is no single official figure for the number of drug users in Viet Nam but numbers published by various ministries range from 116,000 to 142,000 registered users and there are claims that the actual number could be much greater.

Research has been conducted in a broad range of issues exploring drug use in Viet Nam including pattern and forms of drug use, characteristics of drug users, and links between injecting and the spread of HIV. However, there has been little attention paid to the economic and social consequences of drug use in society generally and on the lives of women specifically.

The United Nations Office on Drugs and Crime (UNODC) not only works to prevent, control and abolish drug trafficking and drug use but also pays great attention to the multiple effects of drug use in the context of socio-economic development. In recognition of the importance of gender implications of drug use on women's well-being and their social development, the United Nations Office on Drugs and Crime has contracted the Center for Social Development Studies to conduct field research in order to document and analyse the gender impact of drug use in Viet Nam.

The purpose of this small-scale study is to understand the vulnerability of women with husbands or sons who are drug users and to analyse the gender impact on women's well-being and social development. The study was conducted in Hai Phong, in the North East of Viet Nam. The four communes selected are among those with the highest number of drug users and the highest prevalence HIV/AIDS of Hai Phong. The selection of the communes was thoroughly discussed with Hai Phong AIDS Standing Bureau and officials of the Drug Control Bureau of Hai Phong.

The study participants included the following groups: 1) Women with husbands or sons who were or used to be drug users; 2) Drug users, some of whom had been diagnosed with HIV/AIDS; 3) Community leaders and community members who were not known to have a drug user in the family; 4) Local officials working in drug control and HIV/AIDS prevention; and 5) Peer educators working with drug users and those diagnosed with HIV/AIDS.

Given the sensitivity of the topic of the study, qualitative methods were used to collect and analyse the data. These included focused group discussions and individual in-depth interviews. Twelve focused groups discussions and 90 individual in-depth interviews were conducted in November 2002. A total of 194 people participated in this study. Statistics on drug use in the research sites were also collected from relevant agencies and institutions.

The major findings of the study were:

- Women are the most vulnerable and disadvantaged when families face difficulties due to the drug use of husbands or children. They are the ones who must work harder to provide the additional money needed and often suffer physical abuse if the needs of the user are not met. Almost all areas of women's lives are negatively affected, including health, work, economic situation, home life, relationships with family members and status in the community.



- Pervasive traditional socio-cultural beliefs severely limit women's options in times of difficulty. Strong beliefs about the role of women in the family and the lack of available alternatives for support or independence leave women in desperate situations with little hope of any improvement.
- Stigma is the main barrier to community support for women with sons or husbands using drugs. Although there is awareness of the hardships endured by women with drug users in the family, there is little motivation to provide real support, such as medical care in the home, credit programmes, and effective detoxification, due to the stigma surrounding drug use and HIV/AIDS.
- Community solutions included: increased information and education; improved law enforcement and drug detoxification; easier access to credit programs.

The impact of drug use in the family has devastating consequences for the lives of wives and mothers. The findings of this report demonstrate that drug use is not a problem limited to particular individuals and families but also has consequences at community and national levels. In order to deal with the growing drug problem effectively and the consequences of drug use in the family and the community, particularly for wives and mothers of drug users, there must be a greater emphasis on drug use as a community health problem through an unbiased fact-driven approach.

## **Introduction**

### **Background**

Vietnamese women have achieved a relatively high status compared to women in many other developing countries. At the macro level, women's participation in the work force has been encouraged through various social policies. Recent studies reflect that Vietnamese women have paid a high price for such progress. Specifically, women have endured intensive labour in low-income jobs, long working hours, and the sacrifice of their own primary needs in order to fulfil both productive and reproductive roles (NCFAW, 2001). Within the family, traditional values, labour divisions, and gender stereotypes are pervasive and, ultimately impede women's progress. In such a context, it is the women who are most vulnerable when unfavourable changes occur in their family.

The United Nations Office on Drugs and Crime (UNODC) not only works to prevent, control, and abolish drug trafficking and drug use but also pays great attention to the multiple effects of drug use in the context of socio-economic development. Within this mandate a number of studies on drug use have been conducted in Viet Nam in the last few years. Family and community members affected by drug use have been mentioned in these studies, however not as the focus. To date, there has not been any significant study focused on gender implications of drug use. In recognition of the importance of gender implications of drug use on women's well-being and their social development, the UNODC has contracted the Centre for Social Development Studies to conduct field research, document its findings and analyse the gender impact of drug use.

### **Objectives of the study**

The purpose of this small-scale research is to understand the living conditions and the vulnerability of women with husbands or sons who are drug users. The study also seeks to analyse the gender impact of drug use in the family on women's well-being and social development. Practical recommendations to cope with and prevent drug use in the family will be drawn from the research findings.

The study attempts to answer the following questions:

- What is the status and what are the living conditions of women with husbands and or sons that are drug users?
- What are the economic, social and psychological challenges of drug use in the family for women?
- What strategies do women use to cope with difficulties caused by drug use in the family?
- What are the attitudes of the community towards women with husbands or sons that are drug users? What actions have been taken at the community level to support women with users in their families?

To answer those questions, the study aims to:

- Document women's situation, with special attention to mothers and wives, in relation to drug use;
- Identify consequences facing women whose sons or husbands are drug users;
- Analyse gender issues related to drug use in the family;
- Examine the awareness of community institutions towards the problem of women burdened with additional responsibilities in relation to drug using family members and existing support provided by the community to reduce women's burden; and

- Draw practical recommendations to cope with and prevent drug use in the family.

## **Research Methodology**

### ***Study site selection***

After consulting with officials of the National AIDS Standing Bureau and experts in the field, Hai Phong was selected as the study site. Hai Phong is among the provinces with highest prevalence of drug use. Hai Phong is also experiencing a growing rate of HIV prevalence, with 245 people diagnosed HIV positive per 100,000 inhabitants. Hai Phong ranks second among ten provinces with highest prevalence of infection (NASB, 2002). In addition to the high prevalence of drug use and HIV/AIDS in the area, the site was chosen as local authorities and officials working in the field were eager to collaborate with research team to conduct data collection.

The study was conducted in four communes including two communes in the city and two communes in suburban areas. The two urban communes are Cat Bi in Ngo Quyen district and Quang Trung in Hong Bang district. The two rural communes are An Hong and Du Hang Kenh of An Hai district. These sites are among the communes with highest number of drug users and the highest prevalence HIV/AIDS of Hai Phong. The selection of the communes was thoroughly discussed with Hai Phong AIDS Standing Bureau and officials of the Drug Control Bureau of Hai Phong.

### ***Study participants***

Participants in the study were recruited with the assistance of local collaborators, who work in the field of drug control and HIV/AIDS prevention in these communes and maintain lists of drug users in each commune. In addition to assistance from local experts and officials, the 'snow ball' technique was utilized, where the research team requested interviewees introduce their friends and relatives.

The study focused on the following groups:

- Mothers and wives of drug users with different socio-economic backgrounds, ages, occupations and education levels.
- Drug users, some of whom had been diagnosed with HIV/AIDS.
- Commune leaders including local authorities, representatives of mass organizations, and community members not known to have drug users in the family.
- Local officials working in the field of drug control and HIV/AIDS prevention.
- Peer educators working with drug users and people with HIV/AIDS.

## **Data Collection in the Field**

### ***Data collection techniques***

Given the sensitivity of the topic of the study, qualitative methods were used to collect and analyse data. These included focused group discussions and individual in-depth interviews. (See table below).

<b>Data collection techniques</b>	<b>City level officials</b>	<b>Commune leaders</b>	<b>Community members*</b>	<b>Drug users</b>	<b>Women with husbands or sons that are IDUs</b>	<b>Peer educators</b>
<i>Focused group discussions</i>		4 groups (40 people)	4 groups (30 people)		4 groups (34 people)	
<i>Individual In-depth interviews</i>	4 per			18 people (8 diagnosed with HIV/AIDS)	64 people (24 with husbands or sons diagnosed with HIV/AIDS)	4 persons

*\*Members of this group were not known to have a drug user in the family.*

At the city level, individual in-depth interviews were conducted with the following:

- One official from Hai Phong Department for the Prevention of Drugs, Prostitution and AIDS
- One official of the Hai Phong Police
- One official from the Hai Phong AIDS Standing Bureau
- One director of a club for drug users

In each commune, information was collected from focused group discussions and individual in-depth interviews. **Focused group discussions** were conducted with the following groups.

- One group of commune leaders including:
  - Chairman/Vice-chairman of the commune
  - President of the Women's Union
  - Secretary of the Youth Union
  - Head of the Commune Health Centre
  - Principal of a school located in the commune area
  - Commune Police
  - Head of the hamlet/ward
  - President of the Fatherland Front
  - Staff of the Information and Culture section of the People's Committee
- One group of 8 to 10 women with husbands or sons who were drug users
- One group of 8 to 10 community members (women and men) who were not known to have drug users in the family.

**Individual in-depth interviews** were conducted with the following:

- 10 women with husbands or sons who were drug users
- 6 women with husbands or sons diagnosed HIV positive
- 2 drug users
- 2 drug users diagnosed with HIV/AIDS
- 1 peer educator

Local collaborators invited recruited participants to focused group discussions and assisted in the preparation of the meeting venues and providing refreshments. Local collaborators also accompanied the researchers on family visits for individual interviews. Focused group discussions were organized in the Commune People's Committee meeting room or in the Commune Health Centre. Individual interviews took place in family homes. On average, each focused group discussion was an hour and half to two hours long. Each individual interview was approximately one to two hours. All participants were asked for their consent to take part in the study, and no prospective participants declined. All group discussions and individual interviews were taped with the permission of the respondents.

### **Research Instruments**

The research instruments consisted of guidelines with various questions covering the topics of the study. The guidelines for focused group discussions had three sections: 1) The effects of drug use on women who have a son or husband that is a drug user; 2) Women's methods for coping; and 3) Community attitudes and community support.

The guidelines for individual interviews had four parts: 1) Personal characteristics and family situation; 2) History of drug use of husbands or sons; 3) Plans or strategies for coping with difficulties; and 4) Community attitudes and community support.

Eight frameworks were developed for interviewing different community members:

- Mother of drug user
- Wife of drug user
- Mother of HIV positive drug user
- Wife of HIV positive drug user
- Drug user not known to be HIV positive
- Drug users diagnosed with HIV/AIDS
- Peer educators
- Officials in the field of drug control and HIV/AIDS prevention

## Research Findings

### General situation in the study site

#### *Drug use in Hai Phong*

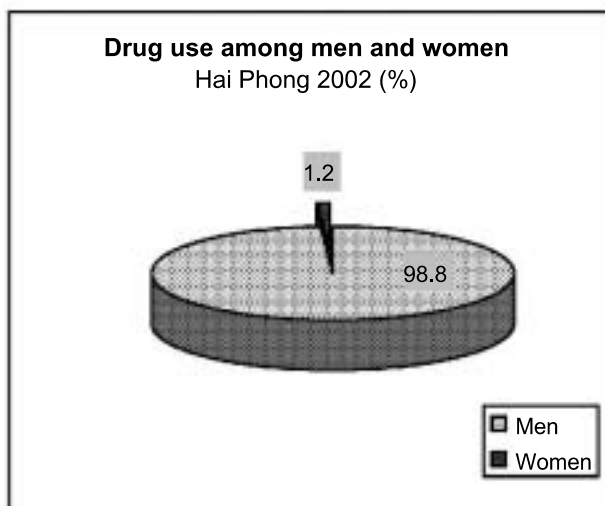
According to officials in Hai Phong AIDS Standing Bureau, drug use in the city has been apparent since the early 1990s. Like other provinces, initially drug users in Hai Phong generally used opium then shifted to heroin and recently to other substances. The number of drug users has been increasing year by year. In 1999 it was estimated that Hai Phong had about 4000 drug users, now there are thought to be 5200 in the city.

According to official statistics of the Sub-Department for Drug Control of Hai Phong Police and the City Sub-Department for Social Evils Prevention, at the time of this study, 3,874 drug users were registered. Almost all of the districts of Hai Phong have registered drug users. The city Rehabilitation Centre 06 can admit a small number of people for detoxification. More than 500 drug users are kept in temporary detention camps or prison as a result of being charged with committing crimes. The majority of drug users live in the community.

**Table 1. Drug use in Hai Phong (Total 3874 people.)**

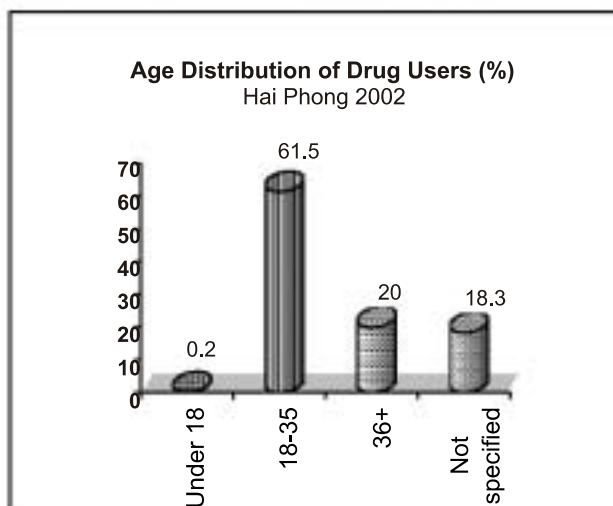
Distribution of drug users by district	Number	Percentage %
Ngo Quyen	812	20.1
Hong Bang	523	13.5
Le Chan	785	20.2
Kien An	105	2.7
Do Son town	132	3.4
An Lao	88	2.3
Vinh Bao	36	0.9
Tien Lang	15	0.4
Kien Thuy	135	3.5
Thuy Nguyen	228	5.9
An Hai	245	6.3
Cat Hai	62	1.6
<b>Current place residence of drug users</b>		
Community	3230	83.4
Rehabilitation centre 06	80	2.1
Temporary detention camps/prisons	564	14.5

Like other provinces over the country, drug use is predominantly a male phenomenon. Most drug users in Hai Phong are men. The number of registered female drug users in the city is very small, at about 1.2% of total drug users. Drug use is also a youth phenomenon; the majority of registered drug users are between the ages of 18 and 35. Heroin is the preferred drug of most users in Hai Phong and intravenous injection is the most popular mode of drug use. (See Figures 1-4).



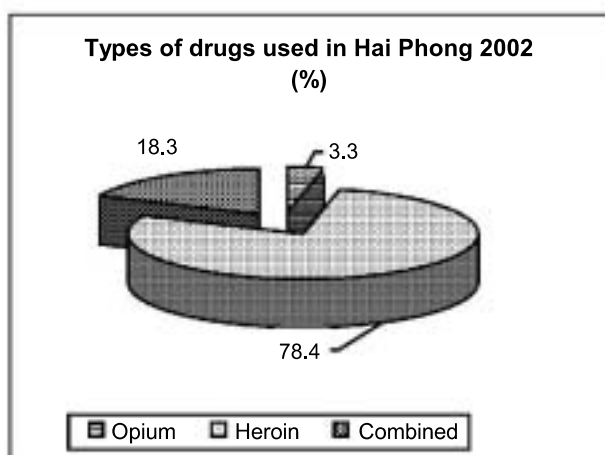
F1. Drug use is predominantly a male phenomenon

Source: Hai Phong Sub-Dept. for Social Evils Prevention



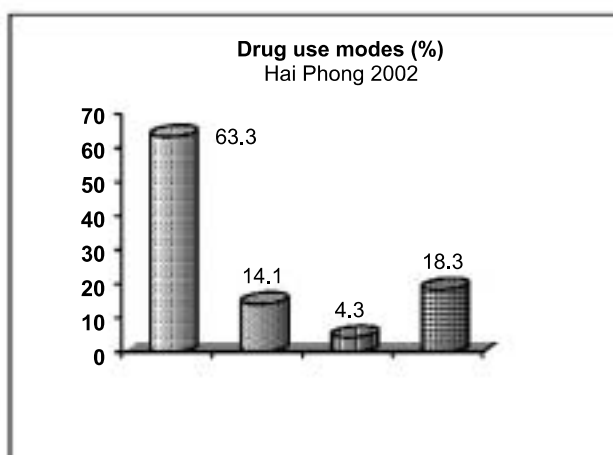
F2. Drug use is a youth phenomenon

Source: Hai Phong Sub-Dept. for Social Evils Prevention



F3. Heroin is the most popular drug

Source: Hai Phong Sub-Dept. for Social Evils Prevention



F4. Injecting is the most common mode of drug use

Source: Hai Phong Sub-Dept. for Social Evils Prevention

### HIV/AIDS in Hai Phong

According to official statistics of the Hai Phong Health Department (October 2002) there have been 4983 people diagnosed with HIV/AIDS in the city since the first incidence in the area. Among them, 786 were at the final stage of AIDS and 233 had passed away (Hai Phong Health Department, 2002). HIV infection has been identified in 14 districts of Hai Phong. Three districts within the inner city, (Ngo Quyen, Le Chan and Hong Bang) have the highest level of HIV prevalence. These three districts have approximately 60% of the total number of reported HIV/AIDS cases in the city (see Table 2). The main mode of HIV transmission in Hai Phong is injecting drug use, specifically through users sharing un-sterilised injecting equipment.

**Table 2. Registered HIV prevalence in Hai Phong, October 2002**

District	Number of HIV positive	Percentage
Ngo Quyen	1116	22.4
Le Chan	1070	21.5
Hong Bang	609	12.2
Kien An	239	4.8
Thuy Nguyen	292	5.9
An Hai	287	5.8
Do Son town	200	4.0
Tien Lang	38	0.7
Kien Thuy	133	2.7
An Lao	28	0.5
Vinh Bao	38	0.7
Cat Ba	66	1.3
Cat Hai	32	0.6
Bach Long Vi	1	.02
Unknown	834	16.7
<b>Total</b>	<b>4983</b>	<b>100</b>

***Drug use and HIV/AIDS in study sites***

**Table 3. HIV prevalence in the studied communes**

Commune	Population	Drug users*		People reported with HIV	
		Number	%	Number	%
Quang Trung	6413	55	0.86	75	1.17
Cat Bi	20000	110	0.55	96	0.48
Du Hang Kenh	24000	200	0.83	32	0.13
An Hong	8200	23**	0.28	11***	0.13

\* This number does not include drug users currently in the rehabilitation centre or detention camps.

\*\* This is the number of drug users who registered as commune residents.

\*\*\* Seven people have died of AIDS in this commune.

People in the studied sites expressed their strong concerns about drug use and its multiple consequences for socio-economic development of the community.

There are 60-70 drug users per 100 men in this commune. They are most crowded here.  
*Woman, 37, husband was a drug user and recently died of AIDS*

Leaders of Cat Bi commune are very concerned about the increase of drug use in the commune and the link between drug injection and HIV transmission in the community.

In regards to drug abuse and the transmission of HIV, we local authorities are very anxious. We are especially worried because this commune is an area with a high prevalence of drug users.  
*FGD, commune leaders*

According to local authorities and community members, most drug users are from families with economic difficulties. These families became impoverished when a member, who used to be one of the main household income generators, started using drugs. The participants of focused group discussions said that the mothers and wives of the drug users suffer most. The following sections will provide an analysis of



their living conditions and the consequences for women's well-being and social development that are a result of drug use in the family.

## Major characteristics of study population

### *Social-demographic characteristics*

A total of 194 people took part in this study. Among them, there were 65 men and 129 women. Eighty-nine of the participants were residents of the two rural communes, An Hong and Du Hang Kenh. One hundred and five participants were residents of the two urban communes Cat Bi and Quang Trung. The majority were at least 25 years old. Government employees, either working or retired, constituted 26% of total participants. Small vendors and service providers accounted for 22% and about 12% of the participants were farmers.

**Table 4. Study participants**

Characteristics	Number	Percentage
<i>Gender</i>		
Men	65	33.5
Women	129	66.5
<i>Age</i>		
<=24	5	2.6
25-34	47	24.2
35-44	33	17.0
45-54	54	27.8
55 and older	55	28.3
<i>Occupation/job</i>		
Government employees	51	26.3
Small vendors and service providers	45	23.2
Workers	4	2.0
Farmers	23	11.8
Housewives	13	6.7
Other	42	21.6
Unemployed	16	8.2
<i>Place of residence</i>		
Rural	89	46.4
Urban	105	53.6
<i>Degree of being affected by drug use</i>		
Not known to have a relative using drugs	79	41.1
Women with husbands or sons using drugs	94	49.0
Drug users	19	9.9

Most women with sons using drugs were 50 years old and older. Women who have husbands that are using drugs are mainly between the ages of 20 to 40 years old.

### *Economic situation of women with sons or husbands using drugs*

Most of the women interviewed were in relatively difficult economic situations before their husband or children started using drugs. Some exceptions were women who were either working as government employees, or retired from government positions and had a stable salary or pension. The majority of women had low and unstable incomes, especially farmers. Almost all of the women interviewed, including those who were already above the standard working age, needed to continue working in order to

contribute to the family income. They also had to tighten their belts so that the limited income could maintain the survival of the family.

For the majority of the interviewed women in the two rural communes of Hai Phong, farming was their main source of income. Like other areas in the Red River Delta, the average allocation of land per person, for cultivation, is a fraction of what is needed to maintain a family. The income from farming in the interviewed households was just enough to cover family consumption for a few months of the year.

Our family has five *sao*<sup>3</sup> of land for cultivation. For each crop, we harvest about 150kg of rice per *sao*. After deducting the cost of fertilizer and our labour, if we are lucky with a bumper harvest, then for one *sao* we are left with 80 to 100kg. That means a total of 500kg for 1 crop or 1,000 kg for 2 crops in one year. The price of rice, now, is about 2,000 Vietnamese Dong<sup>4</sup> a kilogram. Converting to money then we get VND2 million a year from rice. We sell a few kilos of rice only when we urgently need some money. You see, we have to feed five mouths, what would we eat if we sell all our rice?

*Woman, 29, husband is a drug user*

Most families have to raise livestock and plant vegetables to obtain additional income. Each family's income ranges between VND500,000 to VND1,000,000 a month.

Our income is insignificant. We have a rice field of six *sao*. The turnover is not worth much, if we do not do extra work then we have no money at all. Each harvest provides about 6 to 7 hundred kilos of rice. Two crops a year give about a ton of rice. But with the price of rice at about VND2000 a kilo, then it is just about VND2 million. Successful pig raising can only produce three farrows a year at the fastest rate, if unsuccessful, then only two farrows. In the case of the pigs, if they die then the capital is gone.

*Woman, 38, husband is a drug user*

Many women work as street vendors or contract labourers to help cover family expenses.

My husband has VND198,000 a month pension; I have VND10,000 a day from selling small things in the market. Thus, with my VND300,000 a month, I am not able to cover family expenses. Only two people in the family have an income. We have three children. One graduated from the Fisheries College and still has no job. The second is addicted to drugs and is now in a rehabilitation centre. The youngest, who is staying at home, is also an addict like his brother.

*Woman, 52, two sons are drug users*

I can only do farming. All year round, I work as a contract labourer. I work for hire right here, I am hired to cut rice or to transplant rice. The pay is the same, for transplanting or cutting, VND25,000 a day. How long I work is how much I am paid. Since my son is not working because of pain in his leg, I have to stay home too. My husband drinks all day.

*Woman, 51, son is a drug user*

The economic situation of the women living in urban communes was not much better as most of them have unstable incomes. The majority of the women interviewed received little or no formal education or training, and were limited to unstable jobs with low salaries.

My current salary is about VND600,000 to VND700,000 a month. It goes up to VND800,000 if I work a full month. However, the machines at work breakdown too often, and in a month, I can work only 10 to 15 days. For example, last month, I had only 10 workdays, but I had a miscarriage so I had only five days.

*Woman, 31, husband is a drug user and HIV positive*

---

<sup>3</sup> One *sao* is 360m<sup>2</sup>

<sup>4</sup> At the time of research, \$1 US Dollar is equal to approximately 15,500 Vietnamese Dong (VND).

Often all family members, including the children, had to work and the family income was still insufficient to meet all expenses.

My children and I weave bamboo wattle as contracted labourers. Their father drives a pedi cab. We earn VND30,000 a day on average: VND10,000 from weaving and VND20,000 from the pedi cab. It depends on our health; on the days we do not feel well the earning is little. When we are okay, we can get VND15,000-20,000. Our whole family earns about one million dong a month, at best.

*Woman, 36, husband is drug user*

Only a few of the families interviewed had a stable income of 1.5 to 2 million *dong* a month, which is just enough to live modestly. However, once a family member started to use drugs the living conditions of families with stable incomes quickly deteriorated. It was found that users in the wealthier families tended to spend more money for drugs than the users from poor families.

In short, most interviewed women, with husbands or sons using drugs, experienced economic difficulties. The majority of women interviewed were in the low and unstable income group, which occupies a large proportion of Hai Phong's population. However, they could maintain a modest standard of living if drug use did not occur in their family. The following sections present the consequences of drug use for women and their families.

### **Consequences of drug use in the family: Men fly to heaven, women go to hell**

According to the women interviewed in Hai Phong, the drug use of their sons or husbands ruined the women's lives and the lives of their families. Drug addiction in the family not only relegated the family to severe poverty, but also caused a breakdown in family relations and threatened the future of all family members. Due to the roles that women are held to be responsible for, in the family and the community, particularly in times of difficulty, mothers and wives are most vulnerable to the effects of their son's or husband's drug use.

It is this sense of the unbalanced burden of drug use that the title of this report aims to capture. "Flying to heaven" is a euphemism used in drug circles to refer to getting high. Thus, while men get high it is the women who are left to pick up the pieces and assume the onerous tasks of supplying both the money to pay for the habit and then later the care for the user if they contract HIV.

#### ***Economic consequences***

##### The family is impoverished - Women have to bear increased hardship

The findings of the research in Hai Phong have presented a dark picture of the economic situation for families with drug users. As mentioned above, the income of most of these families was low prior to husbands or sons using drugs. Regardless of whether the family income was low or not, the amount spent on drugs was relatively high. Normally, the amount spent every day on drugs for one user was several times higher than total daily expenses for the whole family.

According to a study in Ha Noi in 2001, on average, IDU injected 2.4 times a day and spent VND91,300. (Doussantousse, et al., 2001). The findings in Hai Phong provided similar figures. Everyday, drug users spend from VND30,000 to VND100,000 on drugs. The amounts spent on drugs placed the wives or mothers under constant pressure to try to make the ends meet. Some women reported reducing their meal

portions to give their sons or husbands money for drugs hoping that he would not steal from the neighbours.

The money spent for his drugs is twice the amount for family meals. Our family spends only VND400,000 to VND500,000 a month on food. I save money by spending only VND10,000 a day on my meals. However, he spends at least VND30,000 a day for injections, VND900,000 a month.

*Woman, 67, two sons are drug users and HIV positive*

Those using opium spend even more as it is more expensive to buy opium than heroin.

When he was heavily addicted, he smoked three *khau*<sup>5</sup> a day, each *khau* costs VND30,000, then you just multiply by three, it was a heavy dose. Sometimes he took two *khau*, but not one. When he had the money, he could spend a million in one day.

*Woman, 37, husband was a drug user and died recently*

The mother and/or wife of a drug user, more than anybody in the family, were affected by the economic crisis. A mother in An Hai district with two sons using drugs, both sons are HIV positive, expressed her despair at not knowing whom she could rely on.

Other families have only one addict but I have two. My husband is going to die. If he were still healthy, it would be better. Now I am the only one working in the field. I earn only VND100,000 a month. The harvest is only every five or six months.

*Woman, 73, two sons are drug users and HIV positive*

Another mother could not hold back tears when talking about the economic difficulties she faced.

It is very hard. I often cry because of my sons. Frankly speaking, I feel ashamed most of the time when borrowing money. I borrow money for my sons, but I have to lie and say that it is for other things, like paying for electricity, water bills etc. I am deeply in debt, many debts, including owing rice.

*Woman, 65, two sons are drug users and HIV positive*

One pregnant woman felt the situation was so desperate due to her husband's drug use that she had seriously considered giving up her baby.

I think so often that I will not be able to feed the baby, I had better give it away. I am going into labour soon but I have no money, I feel very sad.

*Woman, 32, husband is a drug user*

A woman whose husband recently died of AIDS said that since she has been married her life has been hell. She not only had to work continually but also had to live in a state of constant tension because of her husband's drug use.

Since I married him, I have suffered so much during these 7 years. When my husband got addicted, I had to work for hire, doing everything. My life was more miserable than Mrs. Dau<sup>6</sup>. It is too long to tell you. It was much more miserable than being imprisoned. In my house, there was nothing left because he had broken everything, including the bed, bowls, dishes, etc.

*Woman, 37, husband was a drug user and recently died of AIDS*

Women reported that not only was money taken, but also small amounts of capital to generate income.

---

<sup>5</sup> Khau - A measurement unit equal to 3.84 gramme.

<sup>6</sup> Mrs. Dau is a poor woman in Ngo Tat To's novel "Tat Den" (Fading Lamp), who has to sell her daughter to pay tax for her husband during the French colonization of Viet Nam.

Many times, at the end of the day I paid back the money I owed the delivery person and had no *dong* left, only some packs of cigarettes. When he found out that I had no money, he took the cigarette packs to sell and kept the money for his drugs.

*Woman, 67, two sons are drugs users and HIV positive*

Family life was unsettled as sons or husbands took from the home anything that could be exchanged for money to buy drugs.

He even took away cooking pots. We have no metal utensils left, only plastic.

*Woman, 63, son is a drug user*

Women interviewed were also worried about theft of their most basic belongings.

He already sold everything, leaving only the mosquito net and the blanket. He even sold clothes so that I have to carry my clothes with me to work.

*Woman, 31, husband is a drug user*

Community members also commented on the means drug users were prepared to resort to in order to obtain money for drugs.

In one family the mother took a bath, she hung her pyjamas outside to change into (after the bath), and the son stole them then snuck out to sell them. When the mother finished her bath, she had nothing to wear.

*FGD, commune leaders*

Theft from the home not only represents a loss of goods but also a loss of trust between family members. The interviews and discussions suggested that being constantly watchful of their own husbands or children hurt these mothers most.

He would steal something right away, if I were not on the alert. He steals whatever he can. He bothers me all the time so I cannot keep my mind on my work. He does not leave anything but steals everything. We used to run a shop, and then we needed someone to watch him.

*Woman, 65, son is a drug user*

Families that previously had a good income became very poor, especially when the main income generator of the family became a drug user.

We used to be the most affluent family in this ward, but now we are almost penniless. It is hard to calculate how much he spent on drugs. Houses, vehicle, everything is gone. He sold the car but not the motorbike.

*Woman, 40, husband is a drug user*

Compared to average incomes and daily living costs in Viet Nam, the amount spent on drugs can be astronomical. When asked about the amount of money he had already spent on drugs one man admitted that he had driven himself and his family to bankruptcy.

According to my calculation, it should be five to six hundred million *dong*. My own money was about five hundred million. I used to have a big ornamental garden, but I also sold it. In my garden there were many plants, which cost a million *dong* each, but there is nothing left. When one uses drugs, there can be nothing left.

*Man, 32, drug user and HIV positive*

According to this study and other studies, a drug user usually spends at least VND30,000 a day on drugs. To maintain a steady habit a user needs a minimum of VND10 million annually, approximately US\$645. When compared to the national annual GDP of US\$400 the high cost of drug use is clear. Most users

maintained little or no income themselves, which increased the impact of their drug spending on the household.

Drug use in the family also led to the separation and breakdown of the family. One woman had to leave home for the city to work for hire. Her children were sent to live with relatives:

When he was still alive, his wife had to go to the city to work as maid or to wash dishes. Their children were sent to their relatives. The eldest child was sent to Ha Noi to work. The younger child stayed with their grandparents.

*FGD, community members whose relatives are not known to use drugs*

Another case, reported by community members, demonstrates the sacrifices that women are forced to make when their partners are drug users.

In this commune, there was a man addicted to drugs for many years. He tried to quit several times but could not, and continued using drugs. Both his family and his wife's family were upset with him. His own parents avoided him. The couple sold their house to pay debts and moved into a room for rent. They started to sell drugs so they would have enough money for his drugs. They were arrested and the husband was sentenced to 18 years in prison. The wife then had to work as a sex worker in order to feed their two children

*FGD, community members whose relatives are not known to use drugs*

Drug use in the family can also affect the opportunities for other female members of the family.

I suffer so much. I have endless sleepless nights. I am ready to sacrifice everything. I would sell everything I have to rescue my son. My daughter has quit her studies and to sell groceries in the market to earn money for her brother, to pay for his drug treatment.

*FGD, community members whose relatives use drugs*

### Endless working hours

Research findings have shown that the economic crisis in the family with a drug user has affected women's well-being. Women have had to work longer or to increase their workload in order to compensate for the loss of income and to maintain family livelihood. Most women interviewed said that they have to work much harder compared to when their husbands or sons were not using drugs. Their working hours lengthened, often up to 16-18 hours a day. They also continued to fulfil the traditional role of women in the home, providing for the day-to-day care of other family members. When a husband or son was using drugs, the responsibilities in the home increased. This was particularly the case for women whose husbands or sons were diagnosed with HIV/AIDS.

According to the research results, women less than 45 years of age suffered more because they usually still had children at school age. This woman's experience of having to work long hours for minimal income is typical of almost all of the women interviewed.

I sell fruit on streets. It is hard work. I go to the market to buy fruit at 4:00 or 5:00 in the morning and come home at 9:00 or 10:00 at night. There is nobody except me earning in my family. I have three children going to school. The eldest is in eleventh grade, the second in ninth and the last is in seventh grade. In general, I have to work hard all the time except when I am sick. Today I am at home because I am sick. Otherwise, I would be on the street earning every bit of money I can to feed my children and to pay for their schooling. Nowadays, life is becoming more difficult. If the husband uses drugs, the wife not only suffers mentally, but also physically.

*Woman, 45, husband is a drug user*

Most couples in Viet Nam live in a nuclear household by the time they reach middle age. If the husband is using drugs, the wife alone has to look after all aspects of family wellbeing. In previous times, the extended family would have often shared the same home thus providing a greater support base for young couples. Women interviewed also commented on their concerns for the future of their children who were not drug users, especially when they were exposed to their father's use.

About my kids, I come home as late as at 7:00-8:00 in the evening but they do not do anything. My daughter is still small and innocent. Kids in other families where the father does not use drugs can enjoy their life with their friends. I cannot blame my kids but keep working harder. My daughter said while other kids her age enjoy their lives, dress in nice clothes, and eat good food, she has only vegetables and plain sauce, rarely some fish. Even the amount of rice is not always enough to eat. We suffer in every way. It is true; having an addicted husband one suffers in every way.

*Woman, 37, husband was a drug user and recently died of AIDS*

Older women also endure an increased workload due to drug use in the family.

I am the person suffering most in my family. I have to wash, to cook for all the people in my family.

*Woman, 73, two sons are drug users and HIV positive*

In Vietnamese culture when men reach retirement age it is considered a time to rest and enjoy life. Women at the same age still have to work hard in the family. When there is drug use in the family, women in their older years may even have to take on increased responsibilities.

I have to take care of everything. My husband is not very healthy now. He just goes in and out and watches television but does not do anything. In general, I have to do most of the work. I have to feed not only my son but also my grandchildren.

*Woman, 60, son is a drug user*

All women interviewed reported that since their husbands or sons started using drugs they have had to work much harder to compensate for the economic loss.

It is certain that I have to work harder. Sometimes I was tired; I wanted to take a day off to visit a pagoda or to sleep all day long, to recover. However, when I thought everyday I have to give him ten thousand *dong* [for drugs], I did not dare to take a day off but kept working. Even when I was sick, I did not dare to take time off because I have to feed so many people.

*Woman, 65, son is a drug user*

Community members also commented that women whose husbands or children were drug users have to work longer and harder than other women do in the community.

Women, I think, suffer most in the family with a drug addict because they have to work double to feed their husband and children. In a family with a son addicted to drugs, the mother, worrying that he may steal from neighbours would tell him 'You'd better stay home'. She herself has to earn money for him to satisfy his need.

*FGD, community leaders*

In many families in Hai Phong, when a child misbehaves, the father tends to be discouraged and careless and shifts all responsibilities to the mother.

In general, my mother has to shoulder all the responsibility in my family. Because I am spoiled, my father does not want to deal with me.

*Man, 28, drug user and HIV positive*

In the families where the husband engages in drug use, all burden for providing for the family shifts onto the wife:

He is already addicted (to drugs) and infected with HIV; I realize that I have to do everything.

*Woman, 45, husband is a drug user and HIV positive*

I am the only one who works to feed the whole family. My husband can no longer help me. He has sold everything except a cooking pot. Other families have everything and we have nothing. Our house is just empty.

*Woman, 32, husband is a drug user*

Community members reported that the lives of women with a husband or son who was using drugs consisted almost entirely of work.

In this street, there is a woman whose husband is a drug addict; I will not mention her name. Everyday, she wakes up at 4am to go to the market. For lunch, she dares to eat only a bread roll costing two thousand *dong*. In the afternoon, she returns home to prepare dinner for the family. After dinner, she has to wash a mountain of clothes. I never see her hands resting. She wakes at 4am but goes to bed as late as at 12pm. I never see her taking part in social activities. She just concentrates on her work. She has no time to watch television in the evening.

*Peer educator, 35, HIV positive*

When the drug user takes treatment courses in detoxification centres, the burden is not reduced for women. The mother or wife has to save money to accommodate the son or husband in the centre. The costs of the treatment centre often exceed the day-to-day expenses for the entire family.

My mother's suffering is endless. You see, every weekend she has to find up to a hundred thousand *dong* to provide for me in the centre. In the countryside, like this commune, where can she earn money? Her pension comes at the end of month. She has to borrow from her friends or relatives. She suffers so much.

*Man, 28, drug user and HIV positive*

Gender studies, focused on the gender impact of HIV/AIDS, have shown that care for HIV/AIDS patients is mainly given by women. The study in Hai Phong also confirmed that the mother or wife is the main source of care and support for drug users.

When I was taking the treatment course, nobody except my mother took care of me. My father kept thinking that I was grown up; I have to take responsibility for myself. During this course, only my mother cared for me. She brought the bedpan, gave me medicine, fed me at night, and massaged my limbs every night.

*Man, 25, drug user, HIV positive*

I suffer so much. Every time he took the treatment course, it was one week. I had to massage his limbs all day and night, from one morning to the next morning. This helped him to feel better. He could not sleep and had nausea all the time.

*Woman, 22, husband is a drug user*



If the traditional division of labour in the Vietnamese family is the root of inequality in Vietnamese society today, the drug use of a husband or son serves to amplify the extent of the inequality. Overtime, as the level of drug use increases so does the burden on the woman.

#### Mounting debts

The division of responsibilities in the Vietnamese family not only takes place in the gender breakdown of economic production within the household but is also clearly reflected in women's social status within the community. Men are usually responsible, or more prominent in matters, which are considered important or honourable. Women are associated with, and responsible for, personal or shameful matters. Women usually have to borrow, beg for apologies or explain misunderstandings on behalf of the family within the community. According to this tradition, the father or the husband, usually goes to village meetings, receives awards, and participates in prestigious and public activities on behalf of the family. The mother or the wife deals with negative results of her husband's or children's behaviour. The father or husband usually does not take any responsibility for problems within the family in the context of the community. In order to save face, the father or husband tends to claim ignorance and portray a lack of awareness regarding any family difficulties. When a child has behaved poorly, the father tends to blame to the mother and assigns her to deal with the consequences.

All families in this study were in debt because drug users borrowed or stole things from relatives or neighbours. These debts were regarded primarily as the responsibility of the women, both by the wives and mothers of the drug users, and within the community.

Both my sons are dying. I am too old to earn enough money to pay back the millions. I am afraid that before I die I won't be able to pay the debts and people will blame me.

*Woman, 73, two sons are drug users and HIV positive*

Many families live in constant fear of the ends that drug users will go to obtain money to buy drugs.

Within a month, he pawned seven motorbikes. Not all these motorbikes are from our family, we had only one, and the rest belonged to our relatives. He pawned even his sister's bicycles. There was nothing left for the family to use for transport. His sister's friend lent her a bike so she can go to work, but he also took it. His sister had to compensate her friend otherwise she would be blamed. His father borrowed a bike and he also stole it.

*Woman, 56, two sons are drug users and HIV positive*

When a son steals in the community, parents, but mainly the mothers, have to beg relatives or friends for their forgiveness, on behalf of the family. The women are also then responsible for attempting to make compensation. The women in the study were worried about repaying the money and felt disgraced in the community.

His friends encouraged him to start taking drugs. He took many motorbikes and bicycles, from our immediate family and relatives. We had to pay compensation for so many of them. Sometimes, five or six people came to claim back their motorbikes or bicycles. So far, we paid people back for 40 motorbikes and bicycles. Sometimes he took five bikes a week. It is terrible; I pay endless debts. I am always the one who pays the debts. I saved everything for him. I had to borrow gold and money to pay back his debts. I went mad because of him.

*Woman, 62, son is a drug user and HIV positive*

### **Health consequences**

#### Fatigued women

The Hai Phong study demonstrated that the mental and physical burden caused by family member drug use seriously affects women's health. Factors contributing to women's decreased health included long working hours, a constant state of anxiety and the violence of the drug user. One woman expressed sadness yet relief at her husband's death from AIDS.

Now I have some flesh, not like before. I was skin and bone, pale and anxious all the time. I worked for hire, so I did not have much money. He beat me black and blue every time he asked me for money and I had nothing to give him. I was not strong and I could not bear his beating. It was miserable.

*Woman, 37, husband was a drug user and recently died of AIDS*

While the women are responsible for multiple roles in the family and the community, there is often no one to look after them when they are sick.

I used to be sick for long periods, sometimes with a fever as high as 40 degrees. I was so sick, but nobody even gave me a spoonful of porridge. I was left alone in convulsions, but I could not even die. Maybe the Lord wanted to exile me. Even when I wanted to die, I could not.

*Woman, 37, husband was a drug user and recently died of AIDS*

Many women interviewed reported feeling physical effects resulting from the burden of responsibility they carried.

I am so distressed. Sometimes I cannot breathe or eat. I am old enough to die but I still suffer. My husband is careless about everything. He does not bother about our son's misbehaviour. I am the only one who suffers. In this family, I have to bear everything.

*Woman, 72, son is a drug user*

It is miserable. I am so sad and think about the situation, so I get sick often.

*Woman, 45, husband is a drug user and HIV positive*

I am very sad. I cannot sleep at night. I faint often. Since he got addicted to drugs, I have lost my appetite for food, I am very sad.

*Woman, 70, son is a drug user*

Many women interviewed felt that their family situation and the stress it caused had worn them down completely and led to them aging beyond their years.

We quarrel all the time there is nothing joyful left, this all due to his addiction. People would say I am more than fifty. I think so much and I get old beyond my age.

*Woman, 34, husband is a drug user*

Many women interviewed had lost weight.

I am very tense all the time so I have been losing weight. My weight was 47 when I was in best health, now it has reduced to 42 kilo. Once I come home, I get sad again. I often think about our situation while working.

*Woman, 29, husband is a drug user and HIV positive*

Community leaders also commented on the negative health affects of drug use in the family.

In the families of drug addicts everyone's health is affected, not only the parents but also the wife and children. For example, Mr. K., the son of Mr. N., since he was infected [with HIV] his wife became very thin. She used to be healthy and good looking. Since her husband was infected, she looks thin and weak. Their child is also unhealthy, sick all the time.

*Head of Commune Health Centre, FGD, commune leaders*

### Mental anguish

For all families with drug users interviewed in this study, from the time drug use started in their family, there was constant tension.

I am constantly miserable and tormented. [Crying] What can I do now? There is no hope at all. I can only beg the Lord.

*Woman, 71, son is a drug user*

Just look at my grey hair and you will know how much I have been suffering. My hair is turning grey in my sleepless nights.

*Woman, 52, two sons are drug users*

Some women wished for death as a release from their situation. However, the responsibility for the care of their sick children would not allow them to commit suicide.

I got used to this so I even do not feel miserable. I want to die but when they are still alive how can I die?

*Woman, 73, two sons are drug users and HIV positive*

Women with husbands who used drugs were apprehensive about the future of their children.

I don't know how he will be when he has grown up... I am so worried. I would die if he did anything like his father. I would be miserable if he fell in to the same situation as his father. I have already suffered because of my husband; I would rather die than have my son suffer.

*Woman, 30, husband is a drug user*

He [our son] said to his father 'Why do you keep asking mum for money, she has no money at all.' I am afraid that one day he will be seduced by his friends and do drugs, like his dad. I am so scared whenever I think of this.

*Woman, 31, husband is a drug user*

The family is extremely important for Vietnamese people, especially women. Being married is a way to confirm a woman's status, that is, to place her firmly within a complex social framework, not only within the family, but also within society as a whole. In order to hold status in the family and the community, an adult woman must have her own family. Unmarried women are considered imperfect and maintain a low status. (Belanger and Khuat Thu Hong, 2002). Therefore, even when husbands do not live up to the responsibilities and expectations of the marriage, the majority of Vietnamese women often accept the situation. Maintaining the family unit is the priority and the wives often consider unhappiness their destiny.

Pervasive social beliefs hold it virtuous that a woman's accept the suffering caused by her husband or children. The community and the family rarely support a woman who wants to divorce her husband because of his drug addiction. As a result, few women chose divorce as a solution. To continue living with a husband who is a drug user guarantees ongoing misery. However, a woman who asks for a divorce would not only be considered negligent in fulfilling her fundamental duties, but also heartless and selfish. Most women expressed a sense of being trapped in a helpless situation with no possible escape.

I cannot express in words how miserable it is for me to have such a husband. I am weary of him. It would be pitiful to leave him, but staying with him is terrible.

*Woman, 45, husband is a drug user and HIV positive*

Even when women did consider leaving their husbands, the strength of social and cultural beliefs severely limited their options.

I am very sad all the time. Many times when I wake up at night, I think of where I could live. I am so scared; I don't know where I would go. I cannot go back to my parent's home because I have already got married; my parents would be upset. [Crying] However, I don't know what will happen to me if I stay here.

*Woman, 29, husband is a drug user and HIV positive*

Life with a husband using drugs means endless arguments in the home. The family atmosphere is constantly tense. Mothers felt troubled by the affects of this environment on their children.

We quarrel with each other very often. I am tense all the time. Poor kid, my son, he has to listen to his parents quarreling all day.

*Woman, 34, husband is a drug user*

According to traditional gender stereotypes, a woman, especially a mother or wife, is expected to sacrifice her interests for her husband, children and other members of the family. This is particularly true when the family falls into a difficult situation; it is the woman who is obligated to minimize her needs. In this context, more than any other person in the family, the wife is the most deprived if her husband is using drugs.

Drug use in the family can curtail women's participation in the most fundamental cultural and family traditions.

I was seriously affected [by his drug addiction]. I used to like visiting pagodas, visiting my friends, or enjoying some entertainment, but I couldn't because of him. I wanted to visit my family home during New Year, or to worship on the anniversary of my parent's death. All my money was spent on them.

*Woman, 67, two sons are drug users and HIV positive*

While the force of economic crisis in the forms of endless debt and abject poverty were a heavy burden for women to bear, all women interviewed reported that the heaviest weight of use in the family was the constant uncertainty and anxiety.

I suffer not only economically but also mentally. Regarding economic conditions, I can live in poverty but I cannot bear the constant anxiety. I never feel safe.

*Woman, 32, husband is a drug user*

One characteristic of drug users is the efforts they will go to in order to obtain money to satisfy their craving. Their mother or wife is always the first, and weakest, person whom the husbands or sons approach for money. The women interviewed stated that they were bothered all the time when their sons or husbands did not have enough money to buy drugs. This woman's experience was typical of most of the women interviewed.

He asked me to lend him some money, I said I couldn't. He sat there, and kept insisting until 12pm. He insisted for 3-4 hours, did not allow me to sleep, and bothered me constantly until I had to borrow VND25,000 for him. It is miserable. He said, 'I will beat you to death if you don't bring money for me'. I was afraid of being beaten so I went to borrow the money for him so he would leave me alone. I have to work for hire, to pay back the money.

*Woman, 37, husband was a drug user and recently died of AIDS*

Even after hard work women found that they were unable to rest as it was difficult to stop worrying about their family situation.

Normally, after working so hard, even if I needed rest, I could not sleep. I tossed about in my bed for few hours until I fell asleep. Sometimes I was in a panic thinking about my life, my children; what our future will be.

*Woman, 60, son is a drug user*

A sense of hopelessness was constant amongst the wives of drug users interviewed.

It is miserable to have an addicted husband. There is no more love, no money. Once he craves for drugs he doesn't care about his wife or children, he can exchange all for drugs. Having an addicted husband, I will suffer all my life.

*Woman, 32, husband is a drug user*

### Women are blamed

In many families, the father is not actively involved in caring for and educating the children, but leaves this duty to the mother. Men often believe that women should be completely responsible for their children's behaviour. In families where a child uses drugs, the fathers tend to blame the mothers. Since the fathers play only a small role in raising their children they tend to think that they assume no responsibilities for their children's problems. According to many men, the reason why their children have difficulties is that the mothers were too gentle, not tough enough. Instead of sharing the burden and unhappiness with their wives, the men often blamed their wives.

We have arguments quite often because of my son. He [the husband] was not voted as a party member of special honour so he was very angry. He said, 'The son was spoiled because of you'. So we quarrelled again.<sup>7</sup>

*Woman, 65, son is a drug user*

To be honest with you, he is apathetic about my son. He blames me, leaves me alone to visit my son in the treatment centre. I work all day in our five *sao* rice field. He doesn't even look at the rice field. He goes around, and watches television. You see [pointing].

*Woman, 54, son is a drug user*

Sometimes both of them came back at once. I was selling thing in my shop when someone came to claim debts because my sons cheated him and sold their motorbike. The man threatened to call the police. I phoned my husband but he said 'You gave birth to them why do you call me?' At night we argue a lot, say bad things to each other, throw and break things. Women have to bear whatever happens to their children in or outside the family.

*Woman, 53, two sons are drug users*

The mother always suffers most when there is storm in the family. Men never understand that their children may be spoiled because of society. [Cries] Everything is on my head. Women are blamed when men do bad things. This is true. If I accidentally bothered someone in the neighbourhood, they would curse me 'Your child would not be bad if you are decent' so I suffer more.

*Woman, 53, two sons are drug users*

During discussion sessions, people who were not known to have relatives using drugs confirmed that the father in the families with sons who used drugs blamed the mother.

---

<sup>7</sup> One of the criteria for being voted as a party member with special honour is having a good family with all members behaving "appropriately".

It is common in all the families, the father would say, 'It is because you spoiled him'. The father always blames the mother for spoiling the child or not looking after him carefully.  
*FGD, community members whose relatives are not known to use drugs*

Women are also perceived to be responsible for controlling their adult son's behaviour.

The family atmosphere was always tense. My mother had to bear the consequences. My father got angry and he said it was because of my mother. She was careless, so I stole things.  
*Man, 25, drug user, HIV positive*

Once there is drug use in the family, all family members are affected. However, when the family is facing difficulties, men may avoid them, but women have to deal with challenges.

Women suffer men also suffer. Each has their suffering but women suffer most. A man, once his family is experiencing difficulties, could go away.  
*Peer educator*

### **Domestic violence**

The World Bank's study on gender-based violence in Viet Nam revealed that the majority of the victims of domestic violence are women. Men's addiction to alcohol or drugs is one of the main factors that lead to domestic violence against women. (World Bank, 1999) In the Hai Phong study, violence against women is common in families where there is drug use. When the husband's demand for money to buy drugs is not satisfied, the wife is often verbally or physically abused. Some women suffered disabling injuries.

Two years after we got married, he was engaged in selling 'specialty' drugs then he began using. At home, he kicked cooking pots, scolded and beat me without any reason. He always beat at soft tissues, beat to death and life. He knew kung fu so he always beat at soft tissues. Now I still hurt. When the weather changes, I feel gripping pains in my stomach.

*Woman, 37, husband was a drug user and recently died of AIDS*

Community members also noted cases of domestic violence.

That is the case of Mr. Q's wife, the husband is addicted so it is miserable. First is the misery from the psychological aspect, then the misery from the material life but also the misery of the physical body. He beats her continuously. Then the house, left by the parents, was sold to pay debts. One time when she was trading in vegetables, she went home and he asked for several thousand *dong* for the next day's breakfast, she didn't give it to him. He beat her with several blows so that the skin on her head was torn. She had to go to the health centre for a bandage. Her uncle and aunt carried her to the hospital.  
*FGD, community leaders*

Wives reported living in fear of being threatened or beaten by their husbands.

My husband is addicted and from time to time, he frightens me, and forces me to give him money. I am very miserable, don't know what to do now [crying], I am pregnant and about to give birth but I do not dare to go to my own home.  
*Woman, 32, husband is a drug user*

When he has no money, he asks me for money and if I don't give him any he is angry. He curses me this way and that way, picks a quarrel, and many times he even beats me.  
*Woman, 45, husband is a drug user and HIV positive*

Yesterday morning he took my shirt, which was hanging out to dry, to sell. In the evening, when I asked he threw a bowl at my face which made me faint at this gate. Today he still

keeps cursing me. Many times, he beats me to the point of bleeding, especially when he is drunk.

*Women, 36, husband is a drug user*

Community members also commented on violence in drug user's families.

Addicted husbands wander here and there, and then go home from time to time. If there is no money for them, they beat the wives, but the wives have to bear. There were times when they beat them until the wives' faces are swollen.

*FGD, community members whose relatives are not known to use drugs*

There is no addicted man that does not beat his wife. In most of the cases, if the wife doesn't give him money then he beats her.

*FGD, community leaders*

According to the World Bank research, wives were the main victims of violence. The research conducted in Hai Phong revealed that mothers are also subject to verbal or physical abuse from their sons as well as their husbands.

Having a son who is a drug user, the mother feels miserable. I have seen a mother who cries during the night but everyday carries vegetables to the market to bring money for his detoxification, but he could not give up. Many times, when there was no money, he even beat her or torn her clothes to pieces.

*FGD, community members whose relatives are not known to use drugs*

In this neighbourhood, there is a drug user, who got HIV and his legs and arms are all pustules. He still scolds his mother. He must be given money everyday; or he shouts at the whole family. When there is no money left in the family, the whole village is asked [by the mother] to get 20 or 30 thousand *dong* for him. Her circumstances are very pitiable.

*FGD community members whose relatives are not known to use drugs*

It is worthy of note that, to date, no research has been conducted in Viet Nam focusing on female drug users. However, this study found, through anecdotal evidence, that in Hai Phong female drug use in the family has not represented such serious losses to the family, compared to male drug use. In order to obtain an income, most female drug users tend to engage in sex work. Study participants reported that, in this situation, if violence occurs in the family, the victims are often female drug users. Female drug users rarely demand money from their family in order to satisfy their need for drugs. The gender implications of drug use in Viet Nam are clearly linked to the distinctive social and cultural structures in which drug use is occurring.

### ***Meaningless marriages***

The primary purpose of marriage for the Vietnamese people, especially for Vietnamese women, is to reproduce. It is also the foundation for them to assert their position in the family and society. Individual happiness and intimacy are not considered culturally important, and are never the main purpose of the marriage. Despite these cultural beliefs, many wives interviewed expressed sadness about the loss of intimacy and partnership with their husbands, after their husbands started using drugs.

There is no more [sexual] relationship. He is addicted to drugs and he no longer thinks of his wife. Now as soon as he gets money he uses drugs, he plays with that then does not think about wife. After using, he gets intoxicated then he does not think about his wife at all. Very often I feel sad, disheartened.

*Woman, 30, husband is a drug user,*

It is very sad, every time I go home my heart tears. [Crying] I tell myself that I live only for my children, if there were no children I would not be able to stand this situation. To tell the truth, having a husband is the same as being alone. Once you are attached to an addict, your whole life is buried.

*Woman, 40, husband is a drug user*

Our husband-wife relationship is now tasteless. He only lies and sleeps and does not care for his wife. I look at happy couples, and I often feel self-pity. Going to work, I often cry.

*Woman, 22, husband is a drug user*

This woman thanked the research team, as she had never had the opportunity to discuss the changes in her relationship with her husband.

Since he got addicted, we as husband and wife lie as if we are not together. Sometimes we even sleep separately; he never pays attention to his wife.

*Woman, 39, husband is a drug user*

### ***HIV/AIDS in the family: Women become the sole care provider***

One of the most serious consequences of intravenous drug use without clean injection equipment is HIV infection. When a son or husband is diagnosed HIV positive, it is almost exclusively the wife or mother that is responsible for all aspects of healthcare.

In the family with an addict who is HIV positive, the women have to bear one more task: taking care of the HIV-infected person. She has to spend time caring for them, then has to worry about whether the HIV-infected person will transmit the virus to others. It takes a lot of time – they are very busy.

*FGD, commune leaders*

When the husband is sick, it simply comes to our hands. When taking care of them, although we are sure that we will be sick [with HIV], we still have to take care of them. We cannot avoid it. In reality, for us women taking care of the house and going to the market are our sacred missions. Being a woman means suffering misery.

*FGD, community members whose relatives are not known to use drugs*

In this neighbourhood, there is a woman whose son is addicted to drugs and got HIV so she is miserable. From spoon-feeding to helping him urinate and defecate, she has to do everything by herself. There is nobody else to ask for help, it is very miserable.

*FGD, community leaders*

Even if the father is available to assist with the care of the son, it is often left to the mother.

The most miserable is the mother, the wife. She has to bear everything. Once the child has AIDS, the mother is miserable, the father rarely accepts to do such work. From washing the body, making the bed, changing the clothes... all of these jobs are done by the mother.

*FGD community members whose relatives are not known to use drugs*

Sharing his observations from visiting families of people with HIV/AIDS, a peer educator comments that while the mother has to take care of all duties, the father maintains a freedom from household tasks.

The women have many more difficulties; they take care of everything including medicine, and all aspects of the sickness, then worry that their children's sickness is incurable. Then in the family, if they don't know how to prevent it, the virus will spread to the whole family, they look after many things. The father, in fact, also loves the children but is still quite carefree, not like the mother.

*Peer educator, 35*



Women also fear that their husbands will become HIV positive and leave their children fatherless.

I am very worried about giving birth to the baby now that my husband is like that. If my husband is unlucky and gets that disease, then the child will not have a father.

*Woman, 22, husband is a drug user.*

Most of the women interviewed lacked knowledge of HIV transmission and effective prevention. Wives with HIV positive husbands also live in fear of contracting HIV. Most of the wives of drug users said that they did not use condoms while having sex because their husbands do not like using condoms.

I am very worried, I have a fear that he has that [HIV] then comes home and transmits it to me, to the children. Very often I feel afraid, for instance he could have played too much and been unlucky, then what?

*Woman, 40, husband is a drug user*

Despite the minimal risks associated, women feared their children would contract HIV through casual contact.

As my husband is infected, my biggest concern is how to prevent (HIV) transmission to the baby. I am worried about everything from food to daily life. Many times, I don't want to let him hold the baby. I am afraid that my baby while running and jumping may have some scratches. If my husband also has some cuts then it will be miserable.

*Woman, 29, husband is a drug user and HIV positive*

Wives interviewed also expressed little trust in government medical services, and lacked resources to go to private clinics for HIV testing.

I am very worried now about how to get money. If I go for the test [in the public clinic], they will say 'Oh, the husband is addicted and has HIV then the wife is also infected'. If they did not know I had an addicted husband then they would tell the truth but they know that my husband was addicted so even if I were not infected they would say I am. I think so. If I had money now, one to two hundred thousand *dong*, then I would go for testing outside. Then they would tell the truth.

*Woman, 37, husband was a drug user and recently died of AIDS*

## **Stigma**

### Loss of respect and self esteem

Another result of drug use in the family is a loss of respect in the community. There are a number of factors that contribute to the stigma associated with drug use: it is illegal; it is officially a 'social evil'; it is often associated with crime; it is associated with HIV/AIDS. Wives or mothers particularly feel the stigma, as they are considered ultimately responsible for the well-being of their families. Wives or mothers of drug users often minimize their social contact in order to avoid community criticism.

My mother is so miserable because of me. First, she feels ashamed in front of friends, neighbours, and relatives. Second, she worries all day and night whether her child is being beaten when he is out on the street. In short, it is shameful, sorrowful, and humiliating. My mother almost never goes out because she feels so ashamed and hurt when someone asks about her family. Children of other families are doing well, but her children are drug addicts, and thieves.

*Man, 36, drug user, HIV positive*

It is really shameful and disgraceful. Many people are unkind. With their eyes, they try to avoid us. I am so embarrassed. Happiness is from children, and sadness is from children,

as well. If my children were obedient, I would be very proud of them. My children are not like that. I should be very ashamed. I am inferior to my friends now that I have lost my children. I am so distressed. I feel anxiety in my heart.

*Mother, two sons were drug users and died of AIDS*

I feel so ashamed around other people. I don't know what to do now. If life is like this, I can't look at anyone's face because my husband is such a drug addict.

*Woman, 32, husband is a drug user*

Often it is not the drug user who hears the comments made in the community, but the wife or mother.

The drug addict feels bad, but I myself feel much worse than the addicted person. My husband is addicted to drugs and I feel so bad when I have to listen to all the criticisms. They never talk about anything in front of an addict, but I have to hear all of those sneers from them.

*Woman, 29, husband is a drug user*

Among interviewees, some women used to participate in mass social organizations or other social activities. When their husbands or children become known as drug users, they quietly withdrew from community involvement.

When my mother was a worker, she actively participated in social activities because of her involvement with the Youth Union. Since I have become addicted, it seems she feels hesitant and withdraws from that. My mother is affected so much because of me, especially losing face with people in her office. Since I became addicted, my mother has given up her social activities.

*Man, 25, drug user, HIV positive*

I have joined social activities since I was young. I loved those activities. I was fed up with them when I found out that my son is a drug addict. Suddenly, I just wanted to be alone. First, I avoided meeting friends, and then my association. I feel so disgraceful. Then, when my child is like this [HIV infected], I have no hope. I think that I have nothing good at all; my child is like that, how can I talk to other people? I feel so inferior I have lost my will.

*Woman, 45, her son is a drug user and HIV positive*

I think that a woman who has a drug-addicted husband often quits all social activities; she doesn't want to participate in any activity. She just avoids everything, and always feels sad. In that situation, they don't want to be in touch with anyone and don't want to meet anyone, either. They always feel sad. I see them crying almost all the time.

*FGD, commune leaders*

In my village, the head of the village Women's Union quit her position right away after she knew that her child was a drug addict. She even withdrew from the Women's Union Executive Board because her son is like that. How can she talk to other people? Fifteen women are on the Executive Board in my ward, four of them had to quit.

*FGD, commune leaders*

In terms of social life, we think that the wives or children of drug addicts often try to avoid social contact with the community so that those families rarely go to Women's Union Meetings. As they don't really participate in community activities, they don't have information and don't know much about policies, regulations, and law.

*FGD, community leaders*

#### Community attitudes and beliefs associated with drug use and HIV/AIDS

Drug use in the family severely limits all future possibilities for the wives and mothers.

I think if I ever want to get married, no one will marry me. Who wants to marry the ex-wife of a drug addict? If they know that he died of AIDS, they won't ever do that.

*Woman, 29, husband was a drug user and died of AIDS*

Young women whose husbands die of AIDS not only understand the fear that other men would have of marrying them, but also share their fear.

If someone hears about my marriage, he must be afraid. Even I am terrified of myself, the others must be too.

*Woman, 29 years old, husband was a drug user and died of AIDS*

Many women commented in interviews that one of the reasons for not divorcing their husbands is that they believe there is no hope of remarrying.

No one will ever pay attention to the wife of a drug addict. They have to consider. It could be better if a couple divorced and the husband were not a drug addict. I just wish that I had a friend to confide in, I don't ever think about another man.

*Woman, 32, husband is a drug user and HIV positive*

Having a husband or children who are drug users in the family is regarded as a reflection of the skills and abilities of women not only in the home, but also in the community and workplace.

I am an HIV infected person and that affects my mother so much, including my mother's job. I tell you the truth. My mother was teaching, and now her principal does not allow her to teach. He transferred her to preparing drinking water for the school, even though my mother's professional level is not too bad. Many times, I see my mother crying when I wake up in the middle of the night.

*Man, 28, drug user and HIV positive*

Most families with drug users are isolated from the community.

For example, we are selling goods like this, a drug addict is in the store, and every drug addict is the same, looks so dark in the face. Everyone can see that. If they want to buy anything from the store, they would be afraid. Instead of entering this store, they may turn to the other store if they see me sitting inside.

*Man, 36, drug user and HIV positive*

The stigma associated with drug use and HIV/AIDS is powerful not only in the community generally, but in the extended family.

Relatives have not visited us for long time, so I think they may know that my children have AIDS already. Perhaps, they are afraid of being infected; they don't come to see us.

*Woman, 73, two sons are drug users and HIV positive*

Even if the drug user has passed away, the discrimination towards the wife or mother continues.

I feel that everyone isolates me. When I just came here, they often talked to me. Since my husband passed away, I have felt that they look at me with different eyes, so I rarely talk to them as I think that they may think of me differently. They are not as nice as before. Now, they don't talk much. If we meet, they just greet me, not as friendly as they used to be. I think they are afraid of me.

*Woman, 26, husband was a drug user and died of AIDS*

## **Methods for coping**

### ***Sacrificing all for children***

All of the wives and mothers of drug users interviewed felt desperate about their situation. Despite the hardships they faced they felt the best way to protect their children and family honour was to attempt to cope with the difficulties to the best of their ability. The strong belief in women's need to sacrifice for the family is a long held tradition in Viet Nam. The traditional roles of women are reaffirmed through a series of well-known Vietnamese stories of women who have sacrificed everything for their family and proverbs like: 'the mother stays in wet space, dry space is for her child', and 'if a husband loses face, who is ashamed?' For most Vietnamese women, the interests of her husband, her children, and her family are always the first priority. All women interviewed reaffirmed the importance of these beliefs today.

I try to live in order to help reduce difficulties for my children. Their father is like that, they live with me and if anything happened to their father, I would feel regretful. I just live because of my children, so I try to bear it. In fact, it is so terrible, moral pain, and physical difficulties, difficulties in all aspects. *Woman, 34, husband is a drug user*

My point of view is still very feudal and old-fashioned. My husband is infected [with HIV], but I could never leave him. Now, I just live for my child.  
*Woman, 31, husband is a drug user*

Women whose husbands died of AIDS saw no hope of re-marrying and devoted themselves to caring for the future of their children.

I think that I will never remarry. I will try to take care of my children, to give them an opportunity to study and to become good citizens.  
*Woman, 29, husband was a drug user, died of AIDS*

According to local leaders, a few women do choose to leave their families, but it is very rare. Most women stay with their husbands.

Women who have an HIV infected husband or child decide to live with them and tend to their responsibilities as a wife, or a mother. They, themselves, know that they don't have a future at all. For women, they can suffer for a long time. They try to bear it, and silently serve children and family, and fulfil their responsibilities as a mother, and a wife for the family.  
*FGD, commune leaders*

My destiny is like that. I have to bear with it. If I were dead it would reduce my misery. I wouldn't need to work. Living here is like constant torment. I think so. If I ever wanted to divorce my husband, I would not be able to do that. My three children wouldn't have a father, so I decided to live this way.  
*Woman, 37, husband was a drug user and recently died of AIDS*

Some women did wish to divorce their husbands, but felt that the stigma of having had a drug user husband, in combination with divorce, would limit the opportunities for themselves and their children even further. Ultimately, they decided, it was better to stay with the husband.

I wanted to leave many times but I decided not to because of my children. I think I am at the age that if I leave, I cannot restart my life from the beginning. I just try to live for my children  
*Woman, 40, husband is a drug user*

Despite all of the difficulties associated with having a partner who is using drugs, women found that the stigma of leaving was worse, particularly for the children, than maintaining the family unit.

I have wanted to divorce many times, but when I thought of my children, I decided not to. I have left home two or three times. At that time, I thought why my life is so miserable. I often fight with my husband, I feel sad and leave home, but I think of my children and I come back.

*Woman, 36, husband is drug a drug user*

A commune Women's Union staff member summarised the lack of options for women.

Women just have to bear with the facts at that time. They have to accept their own destiny. During those times we women just try to do and arrange family matters in order to work and to take care of our husbands or our children. It is really that we have to hang heavy things on both sides of our shoulders.

*FGD, commune leaders*

### **Neglecting life**

It is the dream of the elderly in Viet Nam to live to a peaceful old age surrounded by family. Seeing their children grown and successful around them is considered the prize for years of hard work. Drug use can take a heavy toll on the family including assets, position in the community, serious illness and death of the children. Mothers expressed anxiety about their future. More than one woman interviewed shared that without their family, if the children were lost, the only option they saw was suicide.

Now, there is only one way, that all three die and I die with them, to end this sadness. If three of them died, I would also take a dose of rat poison. There are four people, if three died, how could the one left live?

*Woman, 73, two sons are drug users and HIV positive*

Women interviewed contemplated suicide, and even death of all immediate family members as the only way to overcome their situation.

When I found out my son was a drug addict, many times, I wanted to tell my daughter to go and buy a cake, and put rat poison inside it, and then all of us will die. There is only one way for me to be free. However, when I looked at my innocent daughter sitting beside me and studying, I loved her so much. I was afraid if we took rat poison, I would die but she wouldn't. It would be so terrible that way.

*Woman, 39, husband was a drug user and recently died, son is now a drug user*

Some mothers cannot accept that their children will die before them.

I have so many regrets for myself and for my child. Sometimes, I even think that I wish I could substitute for my child. If we changed places, I would die and my child would be alive, I could accept that.

*Woman, 45, son is a drug user and HIV positive*

At the time of the study community leaders reported that a woman had recently committed suicide.

Several weeks ago, there was a case where a drug addict asked for money from his mother. She did not give him money as she had only about VND15,000 in her pocket. Then, he berated his mother and she committed suicide.

*FGD, commune leaders*

Community members also reported a case of a woman committing suicide.

The woman, who lived in lot No 89, had nothing left in her house, her son even lifted the doorframe to sell, and his mother was over 70 years old. She was so miserable she hanged herself.

*FGD, community members whose relatives are not known to use drugs*

Community leaders reported that many mothers whose children are drug users have tried to commit suicide many times, but were unsuccessful.

### ***Accepting Destiny***

Almost all interviewed women were pessimistic about their future. They attempted a number of methods to curb the behaviour of the drug users in their families. None of the efforts were successful. Another tradition in Viet Nam, particularly for women, is simply accepting destiny or fate. That is, one must accept what life has brought them, without expecting or attempting to improve their situation, especially when any improvement appears to be hopeless. Women interviewed expressed that aside from taking their own lives they could only carry on and do their best regardless of the circumstances.

I don't have any plans because I don't have a future. I just live on a day-by-day basis.

*Woman, 32, husband is a drug user*

It is my destiny, so I have to accept it. Sometimes, I wanted to leave this family to go elsewhere, but if I did that, it would just hurt my children. So I have to just accept it.

*Woman, 24, husband is a drug user*

The only way is to bear with it. There is no other way because I love my children.

*Woman, 31, husband is a drug user*

After years of struggling, many of the women interviewed had lost all will to act proactively and saw no possible actions to take to improve the situation. They chose to isolate themselves as much as possible and accept their situation.

Now, my child is like that, I don't want to meet anyone. In short, I am unlucky in terms of my children. I will just do what I am able to do. I try to isolate myself from other people. If I don't do that, they still isolate me. So it would be better to avoid contacting them. I don't visit anyone, even my biological mother because I am so ashamed.

*Woman, 39, husband was a drug user and recently died, son is now a drug user*

Community members did not recognize any alternatives for women with a son or husband who used drugs.

If a mother has a drug-addicted son, it is almost certain that the mother would be in better condition if the child died.

*FGD, commune leaders*

## **Role of the community**

### **Community Attitudes**

#### Sympathy

In focused group discussions, community members and leaders expressed that there is sympathy for women with husbands or sons who are drug users. The majority of participants in the survey made a distinction between attitudes towards the user and his immediate family.

In such circumstances, the people in the community have compassion for the mother or the wife. They do not have any desire to keep away or ill feeling towards them because in fact, to keep using drugs is the choice of drug users themselves, not their mothers or wives.

*FGD, community members whose relatives are not known to use drugs*

Community members, who were not known to have a drug user in the family, felt that the sympathy of community towards families with drug users was a source of valuable support.

Families receiving assistance from neighbours feel more relaxed, they feel that people in the resident ward and neighbourhood care for them, so they become more comfortable with their children who have made them suffer. When their children are ruined, they went to report to local authorities right away. Then we come to help them.

*FGD, community members whose relatives are not known to use drugs*

Some residents living in the selected sites commented that drug use is not a problem for the user or the family alone.

This should be responsibility of the whole society. In this small society there are people who have children who are drug addicts. When meeting them, we are very keen to talk to them; this makes them feel more confident. We never pass them without saying anything. These days, the majority of people do like us. We are their neighbours, we are closer and pay more attention and make more visits to families when we hear they have addicted children.

*FGD, community members whose relatives are not known to use drugs*

Community members reported on how they gave advice as well as support to families with drug users.

In my hamlet, in general, people have lived together for long time, so people are sympathetic and compassionate to people with addicted children. For example, we advise them how to secure money, or assist them in daily matters. In addition, people talk with them, and encourage them in order to help them feel more relaxed.

*FGD community members whose relatives are not known to use drugs*

#### Condemnation, antipathy, and avoidance

Other community members acknowledged that there was discrimination towards families with drug users.

People say clearly that they do not keep away, but in fact, there is still a clear distinguishing line between families with addicted persons and normal families.

*FGD, commune leaders*

In general, condemnation was concentrated on the women, particularly mothers with sons who use drugs. Discussion participants expressed that 'good' families in the community tended to limit their relationship with families who have a drug users, and blame the mother for not being a good role model and not teaching their children well.

People dislike, in general, the whole family; people do not like the woman because she could not teach her child carefully. Good families could take care of each other easily, but when there are problems related to drug addicts or HIV, neighbours show antipathy.

*FGD, community leaders*

It was a popular belief that it was within the mother's power to stop drug use in the family if she took correct action at early stages.

It is the mistake of the woman, who tends to keep the drug use secret. If she let others learn about the matter earlier, it could be prevented. When he becomes an IDU, or starts smoking [heroin] heavily, he cannot give up using drugs.

*FGD, community members whose relatives are not known to use drugs*

Mothers were also condemned in discussions because they did not listen to community members when they were informed that their children were drug users.

I would like to mention one reason for blaming the mother. When a mother is informed by residents in the community that her child is a drug user, she usually denies the news. She does not believe that her child is a drug addict. She does not accept the truth and she does not make a decision to send her child to detoxification centre in his first period of drug abuse.

*FGD community leaders*

Some people in the focused group discussions suggested that the fear of stigma prevented mothers from acknowledging that their sons were drug users or HIV positive and that this denial was used as a self-defence reaction.

Women hide things because they may be afraid that the community would keep away from them, or they would not like their children to be stigmatised with HIV infection after death.

*FGD, community members whose relatives are not known to use drugs*

Many participants of FGDs reported that the community tends to criticise mothers who are perceived to be too involved with their work and neglect to educate their children properly. If the children are not well behaved, it is considered the fault of the mother.

The mother is criticised because as mother, she has to take good care of the family. The mother should pay careful attention to her children's study, for example. However, if the mother is too busy earning money, she knows about the truth too late, when her child is already involved seriously with drugs.

*FGD, community members whose relatives are not known to use drugs*

Some participants commented that people in the community, and even relatives, avoid close relationships with families with drug users, as they are afraid of being asked to lend them money.

The difficulty for the family is that neighbours start to keep away from them. If they would like to borrow, neighbours are reluctant to give. Even their uncle, or brothers and sisters



also think that they visit for purposes of borrowing something. Their close family members also keep away from them, not only villagers.

*FGD, community members whose relatives are not known to use drugs*

Community leaders expressed that in the early stages of drug use community efforts were made to assist the family, but as the level of drug use increased, they did not provide any further assistance or advice.

At the beginning, the community and social organisations paid visits in order to talk and advise going to a detoxification centre. But when the addicted person could not give up the drug, people paid less attention. Even neighbours do not believe in them, people keep away from the family; they do not visit them anymore. If your child steals from my house, how can my family like your family, how could I like you anymore?

*FGD, community leaders*

There have been many educational initiatives on drug use and HIV/AIDS conducted at community level, which target people's perception and attitudes.

I suppose that because of many years of IEC, people's attitudes have changed and become more sympathetic, but in fact, in daily communication, the isolation still exists. Even in our association, there are some members with drug-addicted children. Other people in the association feel pity for them and consider it unfortunate to the family. But in reality, there still exists an idea that it is better to avoid contact with them.

*FGD, commune leaders*

Community beliefs regarding the links between drug use and crime in the community also contribute to negative attitudes towards the families of users.

Normally, people stay away from them. Speaking truthfully, no neighbour would visit a family with a drug user. They keep away from them and they feel apathetic, because addicts have caused insecurity in society.

*FGD, commune leaders*

When a user is known to have been diagnosed with HIV, the level of discrimination and avoidance intensifies.

Neighbours communicate normally but not so intimately. Even if they visit the family, they would not drink water or tea. Really, it is the fear of being infected with HIV.

*FGD, community members whose relatives are not known to use drugs*

One mother shared her experience of community attitudes and actions.

Honestly, I would not like to greet anyone living in the village. I almost completely isolate myself from other people. I feel so much pity for myself. I visited them in order to talk with them and they thought that I came to borrow money or ask for something, so I have to avoid them. Everyday, I go by myself, alone to sell things in order to earn some money for my children. If someone in the village said that something was stolen from them, I was very hurt inside. I even wake up in the night in order to check where my son is. It was clear that my child was still at home but people blame him for stealing things. They insisted that they search my house. To be honest, it was very painful for me. I knew that my child did not steal, but I have to open door for them to search the house. I felt a deep sense of grief.

*FGD, community members whose relatives use drugs*

Discussions with community members who are not known to have a drug user in the family and with leaders reflected a high level of awareness of the difficulties facing families with drug users. Traditional views of the role of women in the family and in the community maintain that women are often responsible

for their children's behaviour and the stigma surrounding drug use and illness, particularly, HIV further encourage discrimination in the community. While there is a high level of awareness and sympathy, there is little motivation to take concrete action to assist families with drug users.

### **Community support to families of drug users**

#### Material support

According to local leaders and community members who are not known to have a drug user in the family, families of drug users receive material assistance from people in the community.

The majority of people with drug users in the family received help from neighbours if they would like to find a job. Instead of hiring those people less, now they hire more. If those people do good work, they receive more bonuses.

*FGD commune leaders*

One form of support through local authorities and mass organisations is the provision of loans. Women's Union representatives stated that they could provide loans from small-scale credit programs or poverty alleviation programs. For example, a women's group in one of the communes has assisted two women by providing loans to them.

Our group has assisted two women, not much, but with loans of about five to seven hundred thousand *dong*. Those women could raise more pigs or chicken or invest in small trading in the market.

*FGD, community members whose relatives are not known to use drugs*

The Women's Union in another commune reported that they had given loans to ten families with drug users.

The largest loan was three million *dong*. If the family is able to pay back the loan, then we will give the next loan to them.

*Chair of the Women's Union, FGD, commune leaders*

The Women's Union in a third commune also provides loans to some families.

We also gave loans to three persons for developing the family economy. One person borrowed 3 million, and the others borrowed one million each.

*Chair of the Women's Union, FGD, commune leaders.*

According to participants of FGDs, the Women's Union is probably most active in providing practical assistance to families with drug users.

Among mass organisations, only women in the Women's Union closely follow the situation. From the Ward office, there are probably some police who come to visit them.

*FGD, community members whose relatives are not known to use drugs*

Community members noted that although there was some capacity for practical assistance through loans, there were a number of difficulties with the disbursement of loans.

Recently [this commune] has implemented some projects, for example, there is the project providing revolving funds, and through the Women's Union's there is the Fund for Poverty Alleviation. One of the conditions is the ability to pay back the loan. There is the 1B project, which gives a total of 1.8 billion *dong* in loans to 910 households. The loans can

not be given to families with drug-addicted persons. The Fund for Poverty Alleviation also does not give loans to those families. It is not officially stated but it is because those families could not meet one of five conditions required by the Fund. That is, they would not be able to pay back the loan.

*FGD, commune leaders*

Families with drug users also confirmed that it is difficult for them to get loans from funds or credit programs.

Mass organisations do not assist. In many cases, I was hard-pressed for money to buy raw materials. It takes long time for me to borrow some money in order to buy bamboo for making the bamboo wattle. I have written application forms to get loans, but my applications were not approved. They are afraid that families with addicts will not have money to pay back loans.

*Woman, 36, husband is a drug user*

Drug users also commented on the increased difficulties in obtaining loans.

When I was not involved with drugs, they helped me. But since I have been involved with drug use, if my mother needs money and she would like to borrow, it is more difficult than before, because they think if there is a drug addict in the family, the money could be lost.

*Man, 29, drug user and HIV positive.*

In general, once people in the community are aware that there is a drug user in the family they are unlikely to lend money.

No one dares to lend money to a family with a drug-addicted person; people are very reluctant to do so. If the family has an addict and they have no job, how would they be able to pay the debt? The family has sold everything; they have nothing to pay, so we could let those women delay the payment of stock money. If the family has an addict and they do no business, where could they get money to pay the debt?

*FGD, community members whose relatives are not known to use drugs*

We give up. We only pay them our compassion to their unhappy fate. Now that person has to suffer until the end of their life, nothing can be done. It is very hard, impossible.

*FGD, community members whose relatives are not known to use drugs*

Results of this study revealed that some children had to drop out of school in order to help their parents to earn a living. Currently there is no policy oriented toward those children.

The school fee exemption according to the Government regulation has two categories. The first category is for the families of invalids, martyrs, and honourable families; the second category is for disadvantaged families who are in difficulties and receive a regular social subsidy. There is no school fee exemption policy for children with a father who is a drug addict or HIV infected.

*Primary school principal, FGD, commune leaders*

There are some initiatives to conduct special classes for children of poor families, including children of drug users or HIV positive parents.

Since 1994 the Education Council, the Party, and other branches have encouraged children of the poor and children of drug addicts to attend affection classes. Three courses have been conducted for 46 children. The recent third course includes 22 children.

*FGD, commune leaders*

It was reported that local health workers provide guidance to families of drug users on support and care during the process of detoxification. Health care workers also commented on the support they provide to wives and mothers of HIV positive family members.

From the health branch, we provide education to people with addicted husbands or children on prevention of infection, and methods of care, such as regular health examinations. We provide medicine to HIV infected persons; in some cases, we even bring medicine to their houses. There are people who are reluctant to come here for medicine because they are afraid of people knowing about their children's addicted status. In such cases, we give medicine in their houses. Our Fund for Population and Health provides medicine for children under 6 years old, who are the children of our target group whose families often are poor.

*Commune health worker, FGD, commune leaders*

In addition to providing information for families with drug users and answering their questions, the commune/ward health centre also reported that they assist women who experience domestic violence due to drug use.

We provide information on nutrition and medication. We also explain clearly the symptoms of early drug use so the family can be aware, in the first days, of what measure they should use to handle the outburst of the addiction. We help mothers or wives who have been beaten. In cases of those who are seriously injured, they received first aid at the health centre.

*FGD, community leaders*

#### Spiritual support, knowledge and skills

The Women's Union is the organization that conducts the most activities to support families with drug users and HIV positive members.

Every year the Women's Union conducts counselling for mothers so they can be aware of the harm caused by drugs, the ways of recognizing an addicted person, the ways of caring for an addicted person, and how to help him get drug detoxification. Sometimes the Women's Union branch and the commune send gifts to addicted persons who have been sent to the detoxification centre for the first or second time.

*Chair of the Women's Union, FGD, community leaders*

The Women's Union of one of the communes studied makes a list of members whose families have drug users or HIV positive members, in order to assist them.

Our Women's Union gets a list of members who have husbands or children who are drug addicts or HIV positive. Then we assign tasks to the branch so that the executive committee of the Women's Union of that branch could directly make plans for visiting and encouraging or helping them when they are in difficulty. For example, in one village there are members who received assistance harvesting rice. The Women's Union branch sent members to visit a family with a child who has AIDS in the final stages, the child of Ms. G.

*Chair of commune Women's Union, FGD, commune leaders*

#### ***Intervention programs***

##### Propagation and awareness raising to control and prevent drug use.

In all studied sites, there are Information, Education and Communication (IEC) activities conducted to raise community awareness. The local government and local mass organizations have conducted meetings to promote the fight against drugs and drug trafficking. Information about the harm caused by drugs and

education sessions for drug users are broadcast on the ward or commune loudspeakers. Local authorities and community members consider drug use a serious danger to the community. However, specific initiatives to support women with husbands or sons using drugs are still very limited.

Some mass organizations, for example, the Women's Union, do conduct activities specifically on the topic of drug use in the family.

The Hong Bang Women's Union has conducted many initiatives for drug control and prevention. One activity is conducting a women's group to help husbands or sons take a treatment course at home. There is also a women's group for those who have no drug-addicts in the family. This group is conducted in order to take precautions in advance. This means that the group decides to have members with no addicted husbands or sons, and members of the group should always help each other and care for each other in order to prevent family members from starting to drug use.

*FGD, commune leaders*

Women's Union representatives did point out that the women's group to assist wives or mothers with drug treatment in the home, was only an option for families where drug use had recently started in the family.

In Hong Bang District, there are six groups helping addicted husbands or sons to give up drugs at home. There are really only two wards where these groups could be successful. Families having addicts for a long time would like women to help very much. However, we do not dare to help those who have been addicted for a long time because we know for sure that it will not be successful.

*FGD commune leaders*

### Drug treatment

According to opinions of leaders and community members living in the sites studied, drug treatment activities are generally ineffective. Drug users who attempt to stop using drugs at the detoxification centre, even with repeat visits, continue to use drugs when they leave the centre.

There is no exception I know of where someone who was in the detoxification centre stopped using drugs. After returning home for few days they continued to use drugs again. After being released from the Centre No 39, some cases even became worse.

*FGD, community members whose relatives are not known to use drugs*

Community members, those who are known to have drug users in the family and those who are not known to, all expressed doubts about the effectiveness of drug treatment methods. Some felt that the only valid role of the detoxification centres was to isolate drug users from the community.

Frankly speaking, using compulsory detoxification would make 100% of them re-use drugs. It is only to let those addicted people to live far from community and family for some time in order to save public security in the area. However, when they return home from detoxification, they become addicted again. Sometimes they are more seriously addicted because the time for detoxification lasts only for 6 months.

*FGD, community leaders.*

Attempts by wives or mothers to conduct drug treatment in the home have also proven unsuccessful.

I think there is no woman who could overcome the difficulties of having a drug addicted husband or child. I have never seen a woman who would be able to bring her drug addicted husband or child back to normal life. Detoxification at home is available in this ward, but it is not successful. After one week, everything is the same as before.

*FGD, commune leaders*

### **Assistance requested**

The majority of women interviewed stated that what they wanted most was for their husbands or children to be able to stop using drugs. However, they are aware that this wish would be extremely difficult to bring to fruition due to the ineffectiveness of current drug treatment methods. Many families wished that drug users were housed away from the family.

I have lost all sympathy and affection towards my drug addicted child. I wish that the Government and the Party would establish a centre, anywhere, to keep the children, and families would visit and take care of them regularly every month.

*FGD, community members whose relatives use drugs*

The use of centres to house drug users, away from the community, is widely regarded as the only immediate solution.

In order to help them, the local government would have only one way, that is to conduct the detoxification for those children in a separate location: the farther away the place and the longer the time away the better. This way the family could find some relief from the grief. That is all that could be done; otherwise, there is no other way to help. When those children are sent to a detoxification place, parents at home would feel more at ease and they would become healthy. Then they would be involved in business and their lives would improve economically. If those drug-addicted children stay at home with them, parents would always be in grief and would never be happy.

*FGD, community members whose relatives are not known to use drugs*

Strengthening of laws and measures to combat drug trafficking and access to drugs in the community was also considered a priority.

We wish that drug dealers would be cleaned out from our society in the next few years, so that when our children come back from the detoxification centre they would have no opportunities to reuse drugs.

*FGD, community members whose relatives use drugs*

Women, with drug using husbands or children would also like to receive material support from the community and the government.

I wish the society and the government at higher levels would consider providing some economic assistance to families with addicts so mothers in those families could improve their situation to some extent. Many women have to feed their children and their grandchildren.

*Woman, 70, son is a drug user*

## **Community recommendations**

According to the opinions of local leaders and community members, the difficulties of women with family members using drugs may only be solved when their sons or husbands successfully stopped using drugs. The first and most important action was felt to be the strict control of the trafficking and circulation of drugs. Community members also conveyed the opinion that no individual or community efforts would be effective without simultaneous support at all levels.

### ***IEC and counselling***

- o IEC activities regarding the harm of drug use should be promoted more intensively with content that is more specific and better targeted to all community members.
- o Drug prevention measures should be implemented with the motto 'prevention is the main measure'. Women should be given counselling on how to disclose the drug use of husband and children at early stages and how to adopt education measures.
- o Following the discovery of drug use in the family, women should not hide it and they should demand help from community and social organizations. However, in order to do so, awareness of community members should be improved in order to gain their sympathy and encourage unbiased attitudes towards families with husbands or sons who use drugs.

### ***Improvement of law enforcement***

- o The laws on the control and prevention of drugs should be seriously and strictly enforced in order to have a high level of control and to gradually achieve the total elimination of drug trafficking and circulation.
- o The community should become more actively involved in the discovery of drug use and the fight against drug trafficking.

### ***Improvement of drug detoxification methods***

- o Detoxification programs, either in the detoxification centres or in the community have failed. This is probably due to ineffective measures for detoxification. International experiences of successful cases could be explored and adjusted to the Vietnamese context. Successful detoxification would be the practical way to assist women with drug users in the family.
- o Initiatives mobilizing resources in order to improve the quality of detoxification measures should be actively promoted.

### ***Credit activities for women with husbands or sons who use drugs***

- o Some regulations for credit and loans should be revised, for example, regulations determining eligible borrowers, and loan repayment schedules. According to current regulations, most wives and mothers of drug users in need of financial assistance are not able to access loan schemes.
- o In addition to providing loans, guidance and support should be provided in order to ensure the loan is used effectively. The guidance and support, for example, from the Women's Union, could help women to ensure the loan is not spent on the son's or husband's drug use.
- o Communities should mobilize contributions to families with drug users facing serious difficulties such as long lasting illness, long-term inability to work, and children at risk of dropping out of school. In order to do so policy should be developed with a designated task force that is assigned specific responsibilities.

## **Conclusion**

### **Major Findings**

*When the family faces difficulties due to the drug use of husband or children, women are the most vulnerable and disadvantaged.*

#### ***Family economics as women's responsibility***

Most families with drug users, especially those who are HIV positive, have exhausted any family savings as well as previous methods of obtaining an income for daily expenses. In many cases, women become the sole income generator for the whole family. As the husband or son either loses the capacity to work, or does not work, the mother or wife often work for longer periods of time in low paying positions. Families with drug users often fall into debt. The wife or mother is the main person, sometimes the only person, who is expected to repay the debts.

Results of the study reflect that drug use in the family affects all members of the family. However, traditional stereotypes affirm that when the family faces difficulties, it is women who are expected to accept sacrifice and loss. The wives and mothers are also expected to take responsibility for the spending, borrowing or stealing of family members and to find ways to continue to meet daily expenses.

#### ***Women's health suffers***

Drug use in the family has serious affects on the health of wives or mothers. Wives and mothers showed a number of signs of deteriorating health. They were physically and mentally worn down, had lost weight and were prone to illness. Women felt a sense of constant grief. All women interviewed with husbands or children who use drugs, were in a constant state of anguish over the present and the future for themselves and their family. Increased economic burdens, long working hours, difficulty maintaining basic needs and high levels of ongoing stress were all factors in the mental and physical breakdown of women's health.

#### ***Women become victims of family violence***

The deep roots of violence against women are situated in the patriarchal system, which dictates that men are the most powerful in the family, and men's needs are considered the family priority. When these needs are not satisfied, violence may occur and it is the women in the family who are most vulnerable to this violence. These power dynamics are intensified when the family is in a difficult situation. In the Hai Phong study, a number of examples were presented of men resorting to violence against wives or mothers when their need for drugs was not met. The mistreatment women faced included insults, threats, and physical abuse.

#### ***Meaningless marriages***

Wives of drug users expressed that in addition to all of the other changes in their lives, one serious consequence for them was a loss of intimacy in their marriage. As difficulties increased and greater responsibility in the family and the community shifted to the wives, there was also a loss of support and marital companionship, both physically and emotionally.



***Women become the sole care provider for HIV positive patients***

In the sites studied most of the known cases of HIV/AIDS were among IDUs. Results of the study showed that women, mainly mothers and wives, are often the sole care providers for their husbands or sons if they are HIV positive or have AIDS. In addition to the other burdens placed on women, this represents a significant increase in women's physical, economic and emotional burden. The study also reflected that there is a lack of accessible information and assistance for the care of HIV/AIDS patients. Due to the strong links between social evils, drug use and HIV/AIDS in Viet Nam there is an increased level of stigma and discrimination in the community towards wives and mothers.

***Women become the target of stigma***

Results of the study in Hai Phong indicated that drug use was a source of stigma for the entire family. However, it was most often women who were the targets of community criticism, as they were considered responsible for the behaviour of members of their family. Women felt themselves to be isolated from the community, and these attitudes were reaffirmed in discussions with community leaders and members. Women reduced or discontinued previous social activities, limited their social contact, and in some cases had been demoted in the workplace.

***Pervasive traditional socio-cultural beliefs limit women's options***

After numerous unsuccessful attempts to stop drug use in the family, most interviewed women with drug users in the family expressed a sense of resignation to their circumstances, with no hope of improvement in their lives or the lives of their family members for the near future. Although all felt the situation was hopeless there were different attitudes guiding their daily existence.

- o Women interviewed had made a conscious decision to simply accept fate and do their best to survive day to day.
- o Another approach adopted was to sacrifice everything for the sake of the children; many young women chose to maintain unhappy marriages with husbands who were drug users to try to minimize difficulties for their children. Mothers of drug users decided to sacrifice all of their personal needs in an effort to help their sons give up drugs successfully.
- o Many women interviewed considered death as the only possible relief from their situation, for themselves and their family members. Study findings point out that women with husbands or sons who are drug users in the communes where the study took place have committed suicide.

***Stigma is the main barrier to community support for women with sons or husbands using drugs***

According to local leaders and community members not known to have a drug user in the family there are a number of activities to assist women with drug users in the family. These activities included IEC and counselling, credit activities and clubs for women. However, according to the study participants, these initiatives have had minimal impact on the lives of wives and mothers of drug users. In focused group discussions with community members and leaders it was expressed that the stigma surrounding drug use limited the extent and the success of any community support to women with drug users in the family.

## **Discussion**

The impact of drug use in the family is devastating for almost all aspects of the lives of wives and mothers. The high level of stigma surrounding drug use and HIV as well as the strength of traditional notions of the role of women in the family and in society all contribute to the difficulties women suffer. The findings of this study demonstrate the need to investigate further the impact of drug use in the community. Community attitudes and beliefs towards drug users and their families and how these attitudes and beliefs may perpetuate harm also needs to be explored further. It is only with a clear understanding of the contextual factors of drug use that effective methods of prevention and assistance can be developed and implemented. Yet, simultaneously the urgency of the situation regarding women and drug use in the family requires immediate and concrete actions.

International experience with drug use and the spread of HIV/AIDS provides a number of successful models, which may be adapted to the unique Vietnamese context. Intervention now could serve to improve the lives of women who have drug users in their families and reduce the transmission of HIV/AIDS. The extreme disadvantages suffered by wives and mothers of drug users require specialized interventions in addition to the community recommendations proposed. Support groups for wives or mothers of users may be a valid tool to diminish the isolation of these women and allow them an opportunity to share their concerns, strategies and support in a safe and supportive environment. Further research into appropriate interventions needs to be undertaken.

Currently access to support of any kind, for a woman with drug users in the family, is very limited. Findings also indicate that most existing initiatives are accessible only in the early stages of drug use. As the situation becomes more desperate, women have less access to support. At the same time, as difficulties increase, women take on significantly greater responsibility for the well-being of the family. In light of the existing pressure on women, in the family and in the community, any initiatives that seek to address the consequences of drug use should clearly alleviate, and not increase, the burden on women.

The links between drug use and HIV have multiple consequences for wives and mothers of drug users. Reducing high-risk behaviour and the spread of HIV/AIDS will also reduce the difficulties facing women with drug users in the family. Experience of HIV transmission throughout the world has proven that early, unbiased and enthusiastic multi-sectoral prevention initiatives are the most effective method of reducing the spread of HIV/AIDS. Research, in a wide range of cultural contexts, has also demonstrated conclusively that successful community interventions with drug users have led to behaviour change, both in regards to the mode of drug use (i.e. using clean injecting equipment) and in practicing safe sex. These interventions can include the provision of information and counselling and support groups as well as accessible supplies of clean injecting equipment and condoms.

The lack of adequate services and accurate information surrounding HIV/AIDS also increases difficulties for women with a drug user in the family. Provision of accessible, inexpensive and trustworthy confidential medical services for HIV testing is essential. More accurate health information, specifically on the transmission of HIV/AIDS, is needed to dispel misconceptions about the spread of the disease through casual contact and focus attention on the actual modes of transmission.

It is evident from the interviews and discussions conducted with all community members that the awareness of the dangers of drug use is very high. Despite the knowledge of the harm of drug use, there are still growing numbers of users. Focus needs to be directed to the causes of drug use in individual communities and developing strategies that target these needs directly. That is, directing efforts to determining why people are starting to use drugs and addressing specific local needs.

In conclusion, in order to deal with the growing drug problem effectively and the consequences of drug use in the family and the community, particularly for wives and mothers of drug users there must be a greater emphasis on drug use as a community health problem. The findings of this report demonstrate that drug use is not a problem limited to particular individuals and families. The growing rate of drug use and HIV prevalence in Viet Nam has repercussions for individuals, families, communities and the socio-economic development of the country. A focused, unbiased and fact driven approach, at all levels, is needed to minimize the impact of drug use.

## References

Sager R.A., Wild J., et al., 'The wheel project: Women helping to empower and enhance lives', *Journal of Substance Abuse Treatment*, Volume 14, Issue 2, March-April 1997, pp. 113-121.

Belanger, D. and Khuat Thu Hong, 'Too Late to Marry: Failure, Fate or Fortune? Female Singlehood in Rural North Viet Nam', *Gender, Household, State; Doi Moi in Viet Nam*, Cornell, Southeast-Asia Program, 2002.

Doussantousse S. and Nguyen Thanh Hoa, *Heroin smoking in Ha Noi; Some recent insights from field research*, UNODC Report, Hanoi, Viet Nam, June 2001.

Go Fei-ling, V., Quan Vu Minh, et al., 'Gender gaps, gender traps: sexual identity and vulnerability to sexually transmitted diseases among women in Vietnam', *Social Science & Medicine*, Volume 55, Issue 3, August 2002, pp. 467-481.

*HIV/AIDS Newsletter*, Hai Phong Steering Committee for Prevention of Drug Abuse, Prostitution and HIV/AIDS, Hai Phong Health Department, Viet Nam, 2002.

Lowndes, C. M., Rentona, A., et al., 'Conditions for widespread heterosexual spread of HIV in the Russian Federation: implications for research, monitoring and prevention', *International Journal of Drug Policy*, Volume 14, Issue 1, February 2003, pp. 45-62.

Loxley, W., Bevan, J., et al., 'Sex, gender, drugs and risk: The Australian study of HIV and injecting drug use', National Center for Research into the Prevention of Drug Abuse, Curtin University of Technology, *International Journal of Drug Policy*, Volume 9, Issue 4, 1 August 1998, pp. 255-262.

Nguyen Hoang Long, Johansson, E., et al., 'Different tuberculosis in men and women: beliefs from focus groups in Vietnam', *Social Science & Medicine*, Volume 49, Issue 6, September 1999, pp. 815-822.

Nguyen Hoang Long, Johansson, E., et al., 'Fear and social isolation as consequences of tuberculosis in Viet Nam: a gender analysis', *Health Policy*, Volume 58, Issue 1, October 2001, pp. 69-81.

Nguyen Tran Hien, Le Truong Giang, et al., 'Risk factors of HIV infection and needle sharing among injecting drug users in Ho Chi Minh City', Viet Nam, *Journal of Substance Abuse* Volume 13, Issues 1-2, September 2001, pp. 45-58.

Rydstrom, Helle, 'Sexed Bodies Gendered Bodies: Children and the Body Children and the Body In Vietnam', *Women's Studies International Forum*, Volume 25, Issue 3, May-June 2002, pp. 359-372.

*Viet Nam- Gender Based Violence*, World Bank, 1999.

Chịu trách nhiệm Xuất bản: Trần Đoàn Lâm  
Biên tập: Phan Ngọc Hà  
Kỹ thuật vi tính: Nguyễn Duy Lý  
Trình bày bìa: Nguyễn Duy Lý

*In 200 bản, khổ 21 x 29,7 cm. Tại Xi ởng in SAVINA, Giấy chấp nhận đăng ký xuất bản số 7-970/XB-QLXB. Cấp ngày 6/8/2003.  
In xong và nộp l; u chiếu 9/2003.*



**United Nations Office on  
Drugs and Crime  
Viet Nam Country Office**

25-29 Phan Boi Chau  
Hanoi, Viet Nam  
Telephone: (84-4) 942-1495  
Fax: (84-4) 822-0854  
E-mail: [fo.vietnam@unodc.org](mailto:fo.vietnam@unodc.org)