

‘Decent work’ has become the guiding contemporary image of an acceptable working life. It involves opportunities for work that is productive, delivers a fair income, security in the workplace, social protection for families, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men. The concept is situated at the convergence of four ***fundamental principles and rights at work***: *freedom of association and collective bargaining; elimination of forced or compulsory labour; child labour; and discrimination*. Decent Work also embodies a commitment to promote opportunities for women and men to obtain decent and productive work, in conditions of freedom, equality, safety, fair income, and human dignity.

The notion of ***Unacceptable Forms of Work*** aims to articulate the specific types of employment or working conditions that deny fundamental principles and rights at work, put at risk the lives, health, freedom, human dignity and security of workers, and keep households in conditions of extreme poverty, and therefore, should be eliminated as a matter of priority. Tackling Unacceptable Forms of Work recognises both the social vulnerability that places groups of workers at higher risk as well as the social context within which these unacceptable forms of work exist. Critical dimensions of Unacceptable Forms of Work are the lack of (i) physical integrity, (ii) human dignity, and (iii) empowerment.

A total of 73 male, female and transgender workers working in adult entertainment businesses, on streets, or as freelancers, 22 pimps and 15 representatives of local authorities, mass organizations and civil society organizations in Ha Noi, Hai Phong, Khanh Hoa, Ho Chi Minh City and Can Tho were invited for in-depth interviews.

Ten focus group discussions were conducted with additional roughly one hundred of sex workers.

The study also consisted of (i) a desk review, providing a Summary of the sex industry in Vietnam, and (ii) a consultation workshop on the draft report and review by external experts.

The International Labour Organisation (ILO) in Viet Nam is currently working with the Vietnamese government and other partner organizations to improve the working conditions of workers in entertainment service sector, particularly ones likely to engage in sex work, and to strengthen their access to social protection as well as HIV prevention, care and treatment.

The sex industry in Vietnam predates the colonial era and has continued through reunification and into the present day. Over time the size and scale of the invisible sex industry has varied in response to the political and social climate of the day, with the most

recent estimates suggesting there are about 101,272 sex workers, including 72,000 female sex workers in Vietnam. The industry is most visible in larger cities and often centred on tourist destinations.

In order to better understand the industry from a labour perspective, this qualitative study was conducted to explore: the structure and operation of the sex industry in Vietnam; the conditions of work within the sector; appropriate responses to address elements of unacceptability and working conditions that breach the fundamental principles and rights at work.

The study findings are organised around five key areas of interest: 1/ fundamental principles and rights at work, 2/employment practices, 3/workplace conditions, 4/occupational safety and health, and 5/ social protection.

1: Fundamental principles and rights at work

Equality and discrimination

The experience of stigma and discrimination was universal among the workers, who reported police and duty bearers, as well as family and communities as perpetrators. However, health services were reported as the most common context within which it occurs.

Women reported being negatively treated because of their involvement in sex work but also more broadly, because of societal judgements about their being single, independent, working women who do not conform to stereotypes and/or assumptions about their involvement with stigmatised health issues, drug use or criminality. Similarly, transgender workers reported experiencing verbal slurs within the communities where

they lived directed primarily at their expression of sexuality and gender. Men believed they were better able to conceal their involvement in sex work but acknowledged if their occupation became known they would be looked down upon and shunned by their family and communities.

Forced Labour

Being deceived into selling sex was rare and none of the workers reported having been made to pay a bond or of being indebted to their employer. However, many venue based workers have their movements controlled by employers through various means to limit their ability to change employers, to minimize their visibility as sex workers in their local communities, to limit their ability to take clients independently, to work longer hours or to provide services they may otherwise choose to decline.

Violence, and the fear of it, was reported in all work place settings and by almost all workers. Street was the highest risk workplace for violence, and women workers were the most likely to experience it. Male and female workers named employers as one of the most likely perpetrators of violence in the workplace, including most commonly verbal abuse in the form of being humiliated and degraded in public, being physically assaulted, and being compelled to have sex against their wishes and without payment in return for job security or as a form of punishment.

All of the live-in male venue based workers reported having their original papers held by their employers, and one male and one female non-residential venue based worker had been asked to leave their identity papers with their employer. The venue owners and managers reasoned that they needed their workers'

identity papers to show to the police security checks; the workers believed it was to better control them. Workers described financial penalties as an industry norm, with fines imposed for missing a night of work or if they were late from a break or absent when a client called.

Child labour

No workers involved in this study were under the age of eighteen at the time of their interview. However, six female and two transgender workers interviewed were between 15 and 17 years old at the time they first began to sell sex. The workers believed the reason children were not visible (in this study group) is that they are hidden within venues where managers and, sometimes, authorities collude to conceal them.

Freedom of association and collective bargaining

Sex work is illegal in Viet Nam and the policies that regulate it stem from an ideology that frames sex work and sex workers as “social evils”. In line with this ideology, there is no legal or industrial framework governing the sex industry that would allow sex workers to realise their labour rights, nor to act collectively for improvements in wages and conditions.

Similarly, under the laws that govern civil society organisations, it is not possible for sex workers to form self-governed community based groups that have a legitimate voice in decision making. However, within the current limitations, key actors have demonstrated a strong track record in recent years in reforming the industry. Vietnam Network of Sex Workers has been established as a network of 29 self-help groups providing health and harm

reduction, and community re-integration service to 4,800 current or past sex workers. Significantly, recent legal and administrative changes have seen an end to arbitrary detention of sex workers and an increase in some legal protections.

2: Employment practices

Venue owners, managers and procurers preferred workers who appeared young, healthy and good looking and people who didn't have a drug problem and could communicate well with clients. Most often workers approached the employers directly, having heard about either the venue or individual managers and the possibility of work. Occasionally employers directly approach experienced sex workers with offers of work, while most placed recruitment notices within venues and on websites. One venue owner said she regularly returned to her home town to recruit workers.

Seventy-two of the seventy-three workers surveyed for the study and all but one of the focus group participants reported that they had entered the sex industry voluntarily. Their main motivation is their increasing burden of financial responsibility, particularly for the women who were often sole providers - responsible for children, parents as well as unemployed spouses and siblings. Some chose to sell sex to pay for the cost of a family health crisis. Some others entered sex trade to support recreational drug use (their own and/or their spouses). Some saw it as a means to express their own sexuality and to meet their own sexual needs. Others viewed the sex industry as a way to enjoy their life, to make money and mix with people and experience a lifestyle they would otherwise never have.

None of workers had contracts that referred to their duties as sex workers, with one worker describing entertainment industry contracts as “fake” – used only to mislead authorities. Venue based sex workers had verbal agreements covering working times, services on offer, locations where sexual services could and could not be provided, client fees, management fines and fees, wages, leave entitlements and in cases where the worker lived on-site, accommodation arrangements. Street based and freelance workers described informal arrangements with pimps, protectors and procurers, with whom they negotiated a commission or fee in return for permission to work safely in a particular area, for recommending clients, for transport and for protection.

3: Workplace conditions

The study explored a range of employment conditions, including 1/ work hours, 2/ leave and rest entitlements, and 3/workload and 4/ wages.

Working long hours is not uncommon in Vietnam, and closely linked to the lower wage than living wage, particularly in low skilled labour and the informal economy. In fact, sex workers highlighted one of the advantages of working in the sex industry was having fewer and more flexible work hours; freeing them to fulfil other responsibilities. While flexible, and better than other options available to them, full time workers regularly worked between ten and twelve hours each day. Part-time workers fit sex work around other work, education and life commitments. Venue owners, managers and procurers felt that the long hours were acceptable and did not regard the time spent at work waiting for clients as work.

Freelance workers take leave and rest breaks at will, while venue based workers were able to take leave from work with permission – usually between one and three days at a time. While on leave, almost none of the workers received pay or other entitlements. Two venue based workers reported having to pay their employer in order to take leave - in compensation to the venue for its loss of their income. Leave taken without permission often resulted in wage penalties, fines or dismissal.

Venue based workers had the most clients per day, with women providing sexual services to between 6 and 10 clients on an average day and as many as 30 during busy periods, while men serviced between 3 and 5 clients per day, and up to 10 on busy days. Freelance and street-based workers regularly services up to 5 clients per day.

Most workers earned more than the minimum wage and more than the estimated living wage. Indirect female sex workers tended to report higher rates per client compared to direct sex workers, however their monthly income was similar. Street based workers reported earning lower total month incomes.

4: Occupational Safety and Health

There is a wide variety in the quality of the physical conditions of the workplaces, where sex is negotiated and sold. At one end of the spectrum are public spaces, brothels, cheap cafés, restaurants, karaoke bars, and massage parlours - usually frequented by lower waged labourers and local residents. At the opposite end, are well maintained, expensive dance bars, discotheques, spas, massage parlours and restaurants, which are usually frequented by a higher paying clientele.

Undercover brothels have the poorest facilities, with workers complaining of dirty, cramped, poorly ventilated spaces with no places to rest and concerns about their security and safety. Street-based workers felt unsafe, raising concerns about heavy road traffic and air pollution, with high risks associated with working in public alongside drug dealers, with regular police raids, and persistent fears of theft and violence.

Generally, men felt their health was normal, without serious illnesses. Most of the transgender workers believed their health had not changed as a result of their work selling sex but was generally good. However, about two-thirds of the women said that they felt their general health had worsened after beginning work in the sex industry, citing a range of physical and psychological illnesses and injuries. Only two women felt their health improved after their marriage ended and they gained economic independence through sex work.

Gonorrhoea and inflammation of the vaginal and anal skin were the most common day-to-day work related health problems specified, with anecdotes of high levels of drug use, HIV and/or hepatitis C amongst their co-workers.

Employers reported that HIV was the biggest health risk facing workers and therefore a risk to their businesses. To protect their workers and their business reputation, some venue managers described mitigating HIV risks by providing information to workers, supplying condoms and lubricant, encouraging regular health checks and helping to intervene with difficult clients.

More than half of the women workers reported having recent HIV tests – only six said they were tested regularly. Of those tested,

about one third were HIV positive and of these, three were currently taking ART. Most of the transgender workers had been tested for HIV and some were tested regularly, though none provided details of their testing to interviewers. Most of the male workers had been tested recently for HIV; however, of those tested, about one-third reported a negative HIV test results but about half either did not disclose their test results or had not returned to collect them

Overall, consistent condom use was low, particularly given this sample was drawn from a more accessible group of workers, already engaged with outreach and peer based HIV services. Women workers spent time explaining their health benefits to clients and requested they use them; however, only about one third refused clients if they did not. The majority of men and almost all but one of the transgender workers reported that they always asked clients to use condoms and refused service to those who did not.

Factors that influenced workers' ability to negotiate condom use were described by the women as: their ability to convince drunk or drug affected clients, often mediated by their fear of physical violence if they refused; financial incentives - when clients offered more money to have sex without condoms; knowledge – workers explained their commitment to condom use only followed awareness and education; supportive workplaces – venues with rules and regulations that either reinforce or undermine the workers' decision to use condoms; their trust in their regular clients and intimate partners; knowing their own HIV status.

Workers who reported drug use attributed it with helping them to work longer hours and serve more clients. Some used drugs or drank

alcohol to please clients. For some, drug use was a precursor to sex work and for others, drug use was adopted after entering the sex industry. Most transgender workers reported that they did not use recreational drugs at all and most of the male workers assured interviewers that they were not addicted to alcohol or drugs. In contrast, a larger proportion of the women workers said they either are currently or have used drugs in the past - two were currently taking methadone to treat drug addiction.

Violence against the workers in this study was endemic – it was reported in all work place settings and by almost all workers. Street was the highest risk work environment for violence and women workers were the most likely to experience it. Venues offered some protection from violence but did not eliminate it, and the standard of protection was inconsistent between venues. Even within venues, the workers described instances of physical and sexual violence and other forms of abuse at the hands of their employers, clients, police and other authorities.

The highest potential risk of violence for this group of workers came from clients, particularly drunk or drug affected clients, and pimps and employers, police and duty bearer, with other commonly named perpetrators including street ruffians, gangsters, drug users, money lenders, and intimate partners.

Workers reported a range of types of violence and abuse including: verbal abuse – being humiliated and threatened; physical violence - being forced to drink alcohol, being slapped, beaten and choked; sexual violence - including being forced to succumb to rough, humiliating and violent sex, to engage in unprotected sex, being detained by clients for periods longer than agreed and without

additional payment, being gang rape, being forced to have sex with employers and authorities in exchange for job security or punishment avoidance; economic - including clients refusing to pay or paying less than agreed, theft of property, unfair or corrupt administrative fees and fines.

5: Social protection

The study explored health service use, health insurance coverage and access to legal protections.

Transgender workers reported regularly accessing free voluntary HIV counselling and testing services and actively maintaining their health. However generally, health service usage described by male and female workers is low, with only a small proportion regularly accessing health services. Most only accessed health services when they were experiencing a current health problem and, although there is little information in the interviews, there seems to be a high rate of self-treatment of common ailments, like gonorrhoea, through local pharmacies.

Health insurance coverage is generally low amongst all informal workers in Viet Nam - due to its perceived poor value for money and specific access barriers. This generally low uptake is reflected in this sample with few workers holding current health insurance. Of these, only one was paid for by the worker directly, three were supported by their parents, one through a college enrolment and two were covered under the government scheme for poor households.

Legal protection is limited by the social evils narrative, which perpetuates stigma and policies that criminalize sex work and foster discrimination, violence, abuse and corruption.

Seeking legal assistance would expose sex workers to the additional risk of being humiliated, publicly shamed, abused and possibly subject to administrative sanctions once the duty bearer discovered they are sex workers.

According to workers, venue owners, managers and procurers, their greatest protection lies within the relationships they built with local government staff and police, including paying cash bribes, providing them with free meals and drinks, allowing them to have sex for free and allowing them to be the first person to have sex with new workers.

Workers felt that the new sex work administration laws were an improvement but that they were not perfect, with harsh fines and fostering ongoing abuse. Most were unaware of their specific rights under the current laws.

6. Recommendation

In order to begin to address the harm caused by Viet Nam's long running and damaging social evils narrative, the tripartite partners (the government, employer, and worker representatives) should:

1. Reframe the public debate around sex work, by developing a rights-based narrative and begin to raise awareness of the harm caused by the social evils ideology to both workers and the broader community.
2. Explore realistic, evidence based approaches to the regulation and administration of sex work that protects workers from institutional and community based stigma, discrimination and abuse.

Recognising that much of the sex industry is associated with the entertainment and tourist industry and that many of the same workplace practices are experienced not only by sex workers but also by entertainment sector workers, the tripartite partners should:

3. Support informal economy employers and workers to identify existing good workplace practices, as the bases of beginning a dialogue for the setting of employment standards for entertainment venues in Viet Nam.
4. Train and support labour inspection units to understand and promote good workplace practice standards within entertainment venues, to begin to improve a range of workplace rights and conditions for both the workers and the general public that use entertainment venues.
5. Develop a strategy to extend the right to association to entertainment sector workers, to organise, negotiate workplace agreements and improve industry standards.

Given much of the abuse that sex workers experience is underpinned by stereotyped gender roles and gender inequality, especially for women and sexual minorities, the tripartite partners should:

6. Build understanding and awareness of the negative economic and social impact of the gender stereotyped roles of men and women at work.
7. Amongst the tripartite partners, build understanding of the importance of a fair wage and wage equality, as an essential first steps in addressing the

underlying vulnerability of workers, particularly women workers.

Although sex work is illegal, sex workers could begin to address the high levels of workplace, community based and institutional stigma, discrimination and abuse more effectively through collective action. The tripartite partners should:

8. Strengthen community based organisations' capacity to meaningfully represent sex workers, to protect their access to existing rights and to improve industry and workplace conditions generally.
9. Support Vietnam Network of Sex Workers and other sex worker groups to develop and advocate for industry wide standards for the sex industry. While not legally binding, the process would provide a forum for workers and employers to consider and clarify workplace standards.

The workers in this study indicated a high level of understanding and commitment to using condoms. However, there are clearly factors outside the workers direct control, related to workplace culture and practice that limit workers ability to maintain consistent condom use with clients. The tripartite partners should:

10. Conduct research within individual workplaces with higher rates of condom use to understand what factors within the workplace facilitate and strengthen consistent condom use – sharing and promoting successful, protective practices to other workplaces.

Social protection for sex workers is limited by specific barriers to access, like location based services and value for money but also by the discrimination and abuse that workers experience within service delivery, particularly health, police and other protection services. In order to address these problems, the tripartite partners should:

11. Directly challenge the ideology of the social evils narrative as the primary driver of institutionalised discrimination against sex workers, especially within the health and police services.
12. Strengthen efforts by representative community based organisations to help raise sex workers' capacity to reorient service delivery to improve access to social services, including health services and legal protection.
13. Explore ways to support efforts to strengthen local anti-corruption measures, to ensure duty bearers have the capacity to fulfil their responsibilities to protect all Vietnamese workers, especially the most vulnerable and including sex workers.

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