

**THE EMERGENCE OF PEER GROUPS IN VIETNAM**

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## **SUMMARY**

Since Doi moi policy was applied in 1986, the relationship between the state and society in Vietnam has changed significantly, especially in the area of healthcare. Before Doi moi period, the state took the responsibility of subsidizing the entire healthcare service section. However, in the late 1980s, due to a deep economic crisis, the state decided to withdraw its commitment from subsidizing this sphere and allowed citizens to participate in taking care of their own health. The involvement of civil organizations, groups and associations is believed to be a means to assist the state in healthcare provision and lessen the economic hardship for the state. Among such organizations which contribute considerably to this development process are peer groups. Peer group is a kind of a civil society organization constituted by people having high-risk sexual and drug behaviors or those who are living with HIV/AIDS. The emergence of such peer groups has impacted on the relationship between the state and citizenry and represents a rare example of civil society in Vietnam where the concept of civil society has not been officially accepted.

## CHAPTER 1: INTRODUCTION

Signs of civil society have existed throughout Vietnamese history, especially through its associational life. However, since the 1950s, the Vietnamese Communist Party has sought to curb the public sphere so as to “impose a proletarian dictatorship and build socialism” (Marr, 1994; cited by Landau, 2008: p250). Simultaneously, the state has promoted the ideology of Marxism – Leninism and Ho Chi Minh’s thoughts. Vietnam’s case is special due to the Leninist nature of the state. In brief, the state in Vietnam makes reforms under a one-party system while proclaiming allegiance to Marxism-Leninism. The Communist Party plays a dominant role in the political system and portrays itself as the vanguard in guiding the Vietnamese people towards Communism. To allow the party to achieve its objectives, state leaders use the Leninist concept of mono-organization as a tool to mobilize diverse groups in society. Many state-sponsored social organizations, such as women’s organizations and trade unions, are perceived as a link between the state and the population, through which the different groups can express their aspirations (William, 1995). As a result, there has been little tolerance for civil society under a one-party, communist-governed state. Hence, many foreign scholars who have studied civil society in Vietnam concluded that there was no civil society in Vietnam until 1986 when the policy of Doi moi (reform) was adopted to alleviate the economic crisis of the early 1980s. This reform period is identified by the transition in Vietnam from a “subsidizing economy” to a “socialist-oriented market economy” and has relaxed the party’s control over society (McCormick, 1999:153; Thayer, 1992:110; 1995:39 cited by Landau, 2008: p250). The Doi moi policy opened a new era for Vietnam, in particular for the development of civil society which has altered the relationship between the state and

civil society considerably. Since then, civil society in Vietnam has had more chances to develop.

Together with education, healthcare is one of the facets of social life which has changed most under Doi moi. Before Doi moi, the state subsidized the entire healthcare service sector. However, in the late 1980s, Vietnam experienced a very serious economic crisis. Consequently, the state decided to withdraw its commitment of subsidizing healthcare and allowed citizens to participate in taking care of their own health. The involvement of civil organizations, groups and associations was perceived as a means to assist the state in healthcare provisions and lessen the economic hardship for the state. These organizations had the advantage of accessing target groups, lowering healthcare expenses and operating on a larger-scale. They have also initiated the call for support and funds from both internal and external resources. This has benefited the target groups with regard to improving or maintaining their health. Since the state cannot afford to cover this field due to the lack of either human resources or financial funds, it has encouraged a “socialization” policy, which involves greater civil contributions. Thus, civil society organizations have a more favorable environment in which to develop although they continue to operate under the strict surveillance of the state.

Simultaneous with the reform period, a HIV pandemic appeared in Vietnam. The first case was diagnosed in 1990. Since then, it has developed rapidly. By 31<sup>st</sup> August 2008, the estimated data released by the Vietnam Administration of AIDS’s Control, (hereafter referred to as VAAC), shows that there have been 132,048 HIV infected cases: 27,579 cases of full-blown AIDS, and 40,717 deaths due to AIDS, nearly three times the number in 2007 (VAAC, 2008). This disease has become the most serious health threat to Vietnam’s development on the global stage.

Peer groups - civil society organizations constituted by people having high-risk behaviors or by those who have HIV/AIDS - have emerged as an effective means of HIV prevention. They play a prominent role in assisting the state to stop this global pandemic. Some peer groups were created by VAAC, others by non-governmental organizations' (hereafter referred to as NGOs), and the rest by individuals who have HIV. Regardless of the above variation, all these groups have benefited their members who are either HIV/AIDS infected or display high-risk behaviors. They often play a role of both helper and helped. They are not only seeking a more secure life for themselves but also for their peers. In Vietnam's complicated socio-political context, the Vietnamese state cannot work well in the field of HIV/AIDS prevention and control without the assistance of peer groups. Therefore, the peer group becomes a particular kind of civil society organization which can harmonize the relationship between the state and civil society in Vietnam and also complement the state's management of society at large.

Although the concept of civil society is still new in Vietnam, there have been several studies on this theme. They mainly underline changes in the political system and how they influence civil society. In addition, regarding HIV prevention intervention, a lot of research related to HIV/AIDS has also been conducted. However, these studies have been conducted separately and there has been no research on the civil society approach to examine how peer groups in HIV/AIDS prevention can exemplify the changes in the relationship between the state and civil society in Vietnam. While other civil organizations still find it hard to operate within the control of one party state, peer groups are given a certain space in which they can carry out grassroots activities independently. The emergence of such peer groups indicates changes in the relationship between the state and citizenry and represents a

rare example of civil society in Vietnam, even though the concept of civil society has still not been officially accepted. This study therefore aims to explain why the Vietnamese government needed and encouraged the formation of these groups, the evolution of the relationship between the state and such groups since the era of Doi moi and the effect of these groups on the formation of civil society in Vietnam.

The overall argument of the thesis is that peer groups complement rather than challenge the state in healthcare provision. The data collected in Hanoi will provide us with a contextualized analysis of civic associations in a non-western and non-democratic setting in which the state retains a critical role in “monitoring” and “guiding” associations and organizations. I argue that since the state no longer guarantees healthcare for all by the Constitution of 1992, peer groups have been viewed as playing a complementary role to the state rather than challenging it.

At the theoretical level, this research is an effort to investigate the emergence of peer groups as a type of civil society organization. In addition, this paper will examine and try to find out how the concept of civil society can be applied to the context of Vietnam and whether Vietnam represents a case of exceptionalism when compared to other countries.

At the empirical level, this research also looks at the nature of peer groups and their activities. Subsequent research outcomes will probably help policy makers consider whether to develop or restrain this model of peer groups as a means to control HIV/AIDS in Vietnam. At the same time, this is an attempt to give a more detailed picture of the present relationship between civil society and the state.



## **1. Vietnam and HIV/AIDS epidemic**

### **1.1. HIV/AIDS in the world**

Since the first AIDS case was diagnosed in 1981 in the US, more than 30 million people have died from AIDS or AIDS related causes, making it one of the most terrible epidemic diseases in the world. United Nation Development Programme (UNDP) considered HIV as the “single greatest reversal in human development” today (UNDP, 2005: p13).

According to the most updated report on AIDS by UNAIDS and WHO, while the overall percentage of people living with HIV has stabilized since 2000, the number of people living with HIV all over the world is still at an unacceptably high level because of ongoing accumulation of new infections with longer survival times, measured over a continuously growing general population (UNAIDS, 2008; \*WHO, 2008). In addition, the most worrying aspect is that for every two people who have access to treatment, five others are newly infected. With this accelerating high number of new infections, and with so many deaths averted thanks to the provision of antiretroviral medicines, the number of people living with HIV has climbed up to 33 million people in 2007 (UNAIDS, 2008). Moreover, the annual number of new HIV infections was 2.7 million in 2007, of which 370,000 are children. Furthermore, the number of people dying from HIV-related illnesses reached an estimated 2 million in 2007. Everyday, over 6,800 persons become infected with HIV and over 5,700 persons die from AIDS. Although the rate of new HIV cases has decreased in several countries, globally these favorable trends are at least partially offset by increases in new infections in other countries (UNAIDS, 2008).

HIV/AIDS has affected people in various ways. In the countries most heavily affected, HIV has reduced life expectancy by more than 20 years, slowed economic growth, and deepened household poverty. In addition, due to the impact of HIV, people throughout the world have become less willing to tolerate inequities in global health and economic status that have gone unresolved for a long time. The HIV pandemic is said to remain the most serious of infectious disease challenges in all facets of our current life. No disease in history has mobilized so much political, financial, and human resources, and no development issue has attained such a strong level of leadership and ownership by the communities and countries.

## **1.2. Overview of HIV/AIDS epidemic in Vietnam**

Currently, within Asia, Vietnam is standing in fourth position after China, India and Thailand regarding the number of people with HIV/AIDS. The first case of HIV in Vietnam was reported in 1990. Since then, the number of people affected has climbed at an accelerating pace. Nationally, between 2000 and 2005, the estimated number of people infected by HIV more than doubled—from 122,000 to 263,000 (Ministry of Health Vietnam, 2005). They comprised an estimated 0.5% [0.3%–0.9%] of adults in 2005 (UNAIDS, 2006b).

On the VAAC website, the most updated data indicates that, as of 31 August 2008, there have been 132,048 HIV infected cases, of which 27,579 are cases of full-blown AIDS, and 40,717 deaths due to AIDS which is nearly triple the number of the previous year (VAAC, 2008). By 2010, estimates suggest that 360,000 Vietnamese will be infected by HIV, with approximately 113,000 of those cases developing into AIDS and more than 101,000 dying from the disease. At the same time, around 20,000 to 30,000 new cases are expected to be diagnosed annually.

During the early 1990s, HIV infections were diagnosed mainly in Ho Chi Minh City and the surrounding provinces. However, since 1996, HIV has been recognized as a country-wide epidemic, especially in the northern region of the country. It affects almost all the provinces in Vietnam. Approximately 96% percent of 659 districts and more than 66% percent of the 10,732 wards or communes have reported cases (Ministry of Health Vietnam, 2007; Vietnam Commission for Population et al., 2006). These are believed to represent only a fraction of the actual number of persons with HIV/AIDS in Vietnam since the stigma attached to AIDS discourages patients from coming forward. Drug users and sex workers remain the two groups most at risk of HIV transmission; however, heterosexual transmission has become increasingly common, particularly in the South, although this region still accounts for a small proportion of the total number of cases. More than 26,000 of the HIV infected people have developed AIDS, and 14,000 have died. Of all reported HIV cases, 78.9% are in the age group of 20 – 39 which indicates that people infected by HIV are getting younger.

As a result, HIV/AIDS has caused harm not only to the health of the people and the community but has also led to great economic losses. Besides the large number of people dying from AIDS, according to a government assessment of the socio-economic impact of HIV/AIDS in 2003, economically, most families of HIV/AIDS sufferers live below the poverty line, due to the loss of employment or missed days of work, for both the person with HIV/AIDS and the caregiver. In addition, healthcare costs also become a burden for those who have HIV/AIDS and for their families. Health expenditure for these families is on average 13 times higher than for families without HIV-positive members (Khuat Thi Hai Oanh, 2007: p19). In 2004, 124,000 families became officially impoverished because of the effects of

HIV/AIDS (a poor household, by definition, has a monthly per-person income of less than 200,000 VND) and the figure could potentially reach a half million by 2015. Furthermore, in a society where HIV/AIDS is labeled as a “social evil”, people living with such an illness are easily stigmatized and hindered from integrating and contributing to society.

### **1.3. Vietnam’s responses to HIV/AIDS**

The data above poses a serious challenge for Vietnam due to the increase of people with the disease. More importantly, the spread of the disease to the mainstream population raises the alarm in terms of the risk posed to the total population.

Given this situation, the government of Vietnam and many Vietnamese citizens have made an attempt to prevent the spread of the disease. For a developing country like Vietnam, efforts to find and implement suitable strategies to prevent HIV/AIDS can be very difficult mainly due to economic constraints. In spite of this, Vietnam has made major advances in the response to HIV since the beginning of the epidemic.

The Vietnamese government has demonstrated a strong political commitment to prevent and control HIV/AIDS and has built up a framework to ensure the effectiveness of efforts against HIV/AIDS. For instance, the government issued a National Assembly Ordinance, the highest legislative order, to support the national AIDS program. This ordinance reflected the government’s response to HIV/AIDS from the mid-1990s to mid-2006. Vietnam’s attempts were fostered at that time by the 2004 launch of the *National Strategy on HIV/AIDS Prevention and Control in Vietnam until 2010 with a Vision to 2020* (hereafter referred to as the 'National HIV Strategy') and the establishment of VAAC. Under the National HIV Strategy, which is

coordinated by VAAC, Nine Programmes of Action were set up to provide detailed guidance for the implementation of HIV programs. The strategy reaffirms the government's commitment to uphold the UNGASS (UN General Assembly Special Session) and the ASEAN Summit Declarations on HIV/AIDS<sup>1</sup>. To support the National AIDS Strategy more effectively, Vietnam passed a new HIV/AIDS law in June 2006. The Law on the Prevention of and Fight against HIV/AIDS is a significant improvement over the Ordinance. It provides stronger protection for the rights of people with HIV/AIDS, including provisions to ensure confidential HIV testing and to prohibit discrimination and stigma against people with HIV/AIDS in the sectors of education, employment, and social services.

The government of Vietnam has acknowledged HIV as an important issue which requires the mobilization of different stakeholders including various government ministries and offices and even non-governmental groups. The government thus has requested multi-sectoral collaboration since controlling HIV/AIDS is not only the responsibility of the health sector. The National Strategy assigns duties and responsibilities to ministries and other sectors. They have responded with programs in specific areas. For example, the Labor Union has implemented programs on HIV at the workplace, the Vietnam Women's Union has established Empathy Clubs and monitored the GIPA<sup>2</sup> project in order to enhance the

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<sup>1</sup> ASEAN Summit Declaration on HIV/AIDS was passed at the 2001 - 7<sup>th</sup> ASEAN Summit in Brunei Darussalam. This declaration is the commitment of ASEAN countries to build up a drug-free ASEAN, as called for by the Joint Declaration for a Drug-Free ASEAN adopted by the 33<sup>rd</sup> ASEAN Ministerial Meeting held in July 2000 and the Bangkok Political Declaration in pursuit of a Drug-Free ASEAN 2015 adopted by the International Congress "In Pursuit of a Drug Free ASEAN" held in October 2000 (see more in webpage: <http://www.aseansec.org/8582.htm>).

<sup>2</sup> GIPA: means the Greater Involvement of People living with HIV/AIDS and is derived from a principle embedded in the Paris AIDS Summit Declaration of 1994. See more about GIPA principle in website: [http://www.ahrn.net/library\\_upload/uploadfile/file1777.pdf](http://www.ahrn.net/library_upload/uploadfile/file1777.pdf).

involvement and participation of people with HIV, and the Fatherland Front<sup>3</sup>, a major government organization in Vietnam, with the “cultured family and community” movement. Furthermore a range of laws, decrees and bills to promote AIDS prevention and control activities and to provide financial aid have been promulgated.

Apart from the greater involvement of government agencies, according to the National AIDS report, the years 2006 – 2007 witnessed a significant increase in the participation of civil society in all aspects of the AIDS response, from prevention to treatment, care and support, behavioral change communication, counseling and testing, harm reduction and, to a lesser extent, in the policy development process. At the end of 2004, the introduction of the National Partnership Platform on HIV/AIDS fostered closer cooperation between Government and civil society organizations in HIV activities. Civil society organizations have gradually taken on a key role in the struggle against HIV/AIDS in Vietnam, in recent years.

## **2. Civil society Literature Review**

Civil society is a broad concept originating from ancient political thought. In the early time, civil society was defined as political associations in which rules were imposed to manage citizens. Through each stage of its history, this notion contained a different and sometimes opposing content and meaning. Thus the understanding of this notion has changed significantly as well. For classical philosophers such as Socrates, Plato and Aristotle, civil society primarily referred to “good society”. Accordingly, the relationship between the state and civil society was indistinguishable at this time. Then, during the transition from absolutist monarchies to the modern

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<sup>3</sup> The Fatherland Front (Mat tran To quoc) is a component of the present Vietnamese political system. Members of the Fatherland Front are composed of members of the Vietnamese Communist Party, Vietnam General Confederation of Labor, and professional associations, social organizations. The Fatherland Front is a kind of mass organizations that currently manages all social organizations and associations (see more in the website: <http://mattran.org.vn>).

states when states became territorially-based political units, new forms of social interactions arose. Due to this, the term civil society was linked to the concept of “civility” which meant respect for individual autonomy. This concept was developed by two thinkers: Hobbes and Locke with the theory of social contract<sup>4</sup>. Although there was still no separation between civil society and the state, elements of the possibility of a distinction emerged, especially after the birth of Locke’s notion of private property as a condition for civil society. Locke’s accounts then became the basis for the formation of the liberal tradition.

After Locke, it was Hegel who opened a new chapter for studies on the idea of civil society. According to Hegel, civil society emerged under capitalist conditions and represented the satisfaction of the individual’s interests and private property. The important contribution of Hegel is the appearance of the market in his study of civil society. In addition, Hegel was the first to see, that with the rise of national state at the beginning of the 19<sup>th</sup> century, civil society was separated from the state. Since Hegel, variants of the idea of civil society have been taken further by many theorists, such as Tocqueville, Karl Marx and Gramsci. Among them, Gramsci was the theorist who narrowed the content of the concept to twentieth century forms of social interactions (struggles, compromises) which are separate from both the state and the market. The neo-liberals also considered civil society as a realm for struggling against communist and authoritarian regimes. Contemporarily, civil society is often referred to as social movements, associations, NGOs or the nonprofit sector which stress the ethos of autonomy and self-organization. The concept of civil society today brings a meaning

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<sup>4</sup> Both Hobbes and Locke saw civil society as a sphere that sustained civility and civil society co-existed with the state rather than separating from it. While Hobbes underlined the compatibility of civil society with the powerful state and see state as necessity to maintain *civility* in society; Locke stressed the primacy of society over the state and believed that since people led a peaceful life in the state of nature, *civility* thus was born prior to the state (Kaldor, 2003).

of a “third sector” besides the state and the market, which can complement the state in some areas that the state can no longer afford to manage. This concept, for instance, was part of Habermas’ thinking<sup>5</sup> (Kaldor, 2003: p21).

The changes in the usage of the term civil society are seen not only in different periods but also in different schools of thought. Some theorists underline the exercise of rights while others focus on the practice of virtue. Whereas conservatives see civil society as a vision for a larger role for community-based charities, especially faith-based ones, which can replace defective government programmes, libertarians, who recently adopted the term, frequently use it as a synonym for privatization, implying that this term may be useful to expand the marketplace and restrain the state’s power. Alternatively, many liberals see civil society as a means to broaden community participation in public projects, thereby enhancing both the government’s performance and the public’s acceptance of it. Some advocate civil society as a means of improving democratic deliberation, creating more public space, and curbing public distrust and cynicism. Overall, most scholars include some variation of the above ingredients in their definitions of civil society.

To understand any civil society, one of the most difficult issues is how to determine what kind of civil society a country has. Due to such variety of understandings and definitions, I reckon that civil society should be understood in a given context rather than being generalized as a common type for all societies as the outcome changes when the historical context changes (Norlund, 2008).

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<sup>5</sup> According to Habermas, “the institutional core of civil society comprises those non-governmental and non-economic connections and voluntary associations that anchor the communication structures of the public sphere in the society component of the life-world” (Kaldor, 2003, p21).



In Vietnam, since Doi moi period, there have been many researches on civil society conducted. However, as the idea of civil society has not been accepted broadly in Vietnam, most of the studies on this topic were carried out by international scholars whereas Vietnamese scholars paid more attention to mass organizations linked to the state. The perspectives of foreign scholars on this topic can be categorized into three main approaches including: neo-liberal, good society and post modern. In his book *Vietnam's civil society in the era of economic sustainable development and integration – Internal analysis and views on civil society in Vietnam* (2008), Norlund concluded that these three different models are partially linked to special historical periods, but they are at the same time overlapping due to the basic ideology and theoretical perception of each author. Though each approaching way considers civil society in Vietnam as a certain type, all agree that the control of the Vietnamese state over civil society is relatively strong, which in turn makes civil society in Vietnam a unique case. Thus in this study, among many views, I argue that Vietnam contemporarily has a “state-led” civil society since I believe civil society currently exists in Vietnam and it has been led by the Vietnamese state. It also should be noted that until now the concept of civil society has not been accepted officially though it has recently appeared in public discussions and has becoming relatively familiar among Vietnamese scholars who study Vietnam.

As stated above, the change in historical context leads to the changes in outcome. Hence before going further in analyzing the emergence of peer groups in Vietnam under the perspective of civil society, the important thing is to contextualize civil society in Vietnam within which peer groups in HIV/AIDS prevention emerged and developed. To understand civil society in Vietnam and the reason why I select this term for Vietnam, it is necessary to look back to the whole historical development

of Vietnamese civil society. Because of distinct cultural and historical characteristics, the emergence and development of civil society in Vietnam is totally different from other countries even in the Southeast Asian region where the existence of civil society has been documented for a long time as in the case of Singapore. Many international scholars argue that civil society in Vietnam only emerged after the era of Doi moi in 1986. However, I believe several indicators of early civil society were found even back to the pre-colonial period.

Traditionally, Vietnamese people tended to gather and organize themselves into associations within their living areas. Vietnamese individuals used to live with a very close link to their communities, as illustrated by the communal village. These communal village organizations were formed to serve common interests, such as building a temple, mutual aid, and so forth, and they played an extremely important role in ensuring that individuals' interests were subordinate to the interests of the community. Because of that, there is an old saying about the relative autonomy of these organizations: *State authority stops at the village gate* (Nguyen Van Huyen, 1994:69; quoted by Lux and Straussman, 2004: p177). As a legacy, Jamieson argues that underneath the appearance of a strict and authoritarian society, Vietnam also has a more egalitarian, non-confrontational and loosely structured layer which he called yin subsystem (as opposed to *yang* subsystem, characterized by those strict rules mentioned above)<sup>6</sup>.

Although the associational life formed and developed and the activities of associations in villages were relatively autonomous, they were all limited within the

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<sup>6</sup> See more Lux, Steven J. and Straussman, Jeffrey D.; *Searching for a balance: Vietnamese NGOs operating in a state-led civil society. Public Administration and Development*, Vol.24, No.2, May 2004, pp173-81.

village and were still under the control of the state. The degree of autonomy and independence of these associations was endowed by the government based on a pyramid organization model. The state held power at the top and controlled macro issues while villages were a lower form of organization which were much less powerful than the state. Moreover, village-level associations lacked official status, and remained dependent on the official communal organizations. The village associations appeared as apolitical organizations which could hardly challenge the power of the state. They could operate easily since they were seen as a tool of the state to govern society indirectly. Vietnam did not have a fully developed civil society, but a state-led civil society was germinating.

Turning to the colonial period, Vietnamese associative practices changed significantly under French rule and through exposure to French society and ideas. In 1933, French legislation of 1901 concerning association and meeting rights was implemented in Indochina. This law sought to prevent anti-French political activity, and limited the aims of associations. At the same time, ideas about democracy and trade unionism entered Vietnamese culture through students, workers and sailors who went to France. Together with the exposure of French ideas, western-style associations were set up in this period. Western thought attacked the very foundation of formal Vietnamese society by advocating individualism and rejecting a rigid hierarchy. Such ideas were presented in all the French schools that sprouted throughout the country. In addition, the exposure to French ideas regarding social organization inspired the Vietnamese nationalist movement and anti-colonial struggle. Indeed, Steinberg argues that “channels of change” were brought by Westerners to Southeast Asia. Among these channels of modernization was the creation of voluntary

associations that were not based on ascribed membership (Steinberg, 1985: pp246–58).

The rise of the postcolonial Vietnamese state was established by the army which fought the first Indochina War from 1946 to 1954 against the French imperial nation and fought the Vietnam War (1959-1979). This war ended with the victory of North Vietnam against the US-supported Republic of Vietnam (South Vietnam). What ensued was the reunification of Vietnam under the Communist regime of the North. Such history of wars and civil wars made Vietnamese leaders to realize how important organizations were. Subsequently, the Vietnamese Communist Party (VCP) began to make use of social organizations as a pillar of its nation-building project. It merged the state apparatus with civil society groups such as associations to create a new nation with the people, for the people. A pyramidal party organization was implemented to integrate civil society into the state. That system is both centralized and decentralized, reaching right from the capital city into the villages. This scheme of mass organizations supposedly created better conditions for people to take part in the political process and express themselves. As Georges Boudarel has shown, this method was imported from China to Vietnam, and produced a large scale bureaucratization of the party, the state and every sector of society (Boudarel et al. 1983: p31-106). In spite of Marxist ideology, the long existence of neo-Confucianism in Vietnam indicated that this bureaucratization process was already advanced: the VCP partially repeated pre-colonial modes of social organization, emphasizing legalism and rule-bound order. This pervasive legalism, compounded by the bureaucratized manner in which socialism was constructed, produced a heavy-handed and ineffective apparatus, under which grassroots voices could hardly be heard by those at the top. The government made attempts to resolve the problem in the 1970s

by decentralizing management and emphasizing the role of the districts (Werner 1988:pp147 – 62). However, since membership of mass organizations was automatic, many supposed members were not committed to their appointed roles: all women, for example, were members of the Women’s Association, and all peasants were designated members of the Peasants’ Association. To sum up, the state started paying more attention to participation in civic associations as well as to the grassroots groups. Consequently, the practices of civil society at this time changed significantly. However, the outcomes were still not effective and civil society was not officially or broadly accepted. Overall, The political system put in place by Ho Chi Minh and his people, for many years was characterized by Rigby’s concept of “mono-organizational socialism”<sup>7</sup> which was believed to prevent organizations from having voluntary membership and from making and carrying out decisions relatively independently from the government; subsequently, civil society in Vietnam was hindered from developing.

By the early 1980s, Vietnam was facing a lot of severe problems: from lack of basic goods and service provision to a high rate of illiteracy, and especially the poor performance of the economy resulting from excessive bureaucracy. At the same time, the collapse of the Soviet Union greatly reduced funding for the Vietnamese state. For instance, the value of Vietnamese trade with the Soviet Union decreased by more than 60 percent (Thayer, 1994). In response to this crisis and the chaotic situation, the Vietnamese government decided to adopt the policy of Doi moi in 1986 to reform the economic and social system, and subsequently led to a new developmental period for civil society in Vietnam. According to Painter, reform policies “are not simply formal

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<sup>7</sup> Cited by Wischerman, Joerg (2003). “Vietnam in the era of Doi Moi – The issue-oriented Organizations and their relationship to the Government”. *Asian Survey*, Vol 43, No 6, p867-889, Nov – Dec 2003.

changes to abstract sets of market rules, but the restructuring of concrete opportunities for acquiring power and wealth in a particular historical and institutional context” (2008: p266).

As a result of this reform policy, the political and economic context of Vietnam changed rapidly, especially with the opening of the economy to capitalism and a move towards global integration. At the same time, the Vietnamese society has been attracted to the idea of giving space to non-government organizations. Several foreign scholars have argued that since the mid 1990s, the institutional environment seems to accept the contribution of other developmental actors instead of relying entirely on state-dominated developmental activities. For instance, Sabharwal and Huong stated that “Vietnam is characterized by a low but increasing tolerance for autonomous civil activities although civil society remains a politically sensitive issue” (Sabharwal and Huong, 2005: p2). Due to a decline in goods and services provisions from international donors as well as the sluggish development of domestic economy, the government, in the 1980s, started to give some restricted space to private businesses, leading to the start of a market economy. In addition, since Doi moi, the state stopped subsidizing organizations and associations due to its limited budget; hence organizations and associations received less support from the state and had to operate “semi-independently”<sup>8</sup> from the party. They have become more active and independent in finding other financial resources and have gradually become a substitute for or complement to the state in several spheres.

Besides, to meet the demands of this new era, instead of restricting the operation of these associations and organizations through the use of law as in the past,

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<sup>8</sup> This term is used by Irene Norlund in her presentation on Vietnam’s civil society in the era of economic sustainable development and integration – Internal analysis and views on Civil society in Vietnam (2008: p2) .

the legal and policy framework was reformed in order to be more supportive of the development of civil society organizations. The first legal reform started when policy guidelines were added in 1989 and 1990 regarding institutions “commonly referred to as mass organizations that are neither directly linked nor completely separate from government and communist party organizations” (Lux and Straussman, 2004: p177). By the early 1990s, the VCP began to accept or at least to negotiate a certain level of acceptance for outside activities, public commentary, and even criticism of the party state as long as the power of the VCP was not challenged (Wain, 1990). There seemed to be an implicit compromise between the party state and the people: in exchange for growth, a degree of social equity and reasonable governance, the citizens accepted the continuing conduct of politics according to the rules of the party state, appropriately adjusted to meet the requirements of the new economic order (Fforde and Goldstone 1995: p100).

The 1992 Constitution further redefined the party-state relation, by providing greater autonomy for state institutions and making the party subject to the rule of law. Heng (2001: p219) considers this evolution as the start of a political environment in which citizens are able to hold the leadership legally accountable, so making the nature of civil society stronger. In January and November 1992, the Decision 35-HDBT was issued, allowing many groups to claim a legal status. According to this Decision, organizations can be formed to promote scientific and technological innovation and advance (Sidel, 1995: p301, quoted by Lux and Straussman, 2004: p177).

The next most important government decree was issued in 1998 to allow the re-establishment of private social funds that Jamieson depicted as “commonplace and necessary to the functioning of traditional society in Vietnam” (cited by Lux and

Straussman, 2004: p177). Thus, parliamentary agencies at the national and provincial levels seemed to be more supportive of the local NGO field.

More recently, the government has realized that there is a great need for a new legal and policy framework for local associations and NGOs, especially with regard to poverty alleviation programmes. For example, the 1999 Decree 177/CP on social funds and the 2000 Law on Science and Technology (21/2000/QH10) aimed to help associations and domestic NGOs obtain their official status and have a more favorable legal framework. These laws “ensure the legitimate rights and interest of organizations and individuals engaged in scientific and technological activities” (Law on Science and Technology, No.21/2000/QH10,9 June 2000; quoted by Lux and Straussman, 2004: p177). For the first time, scientific and technological research organizations, either government or independent, were endowed with autonomy to develop ideas and research topics related to economic development and to address social problems. Overseas Vietnamese communities have also been invited to participate in this area of research (McCargo, 2004).

With these reforms, the state has made important efforts to broaden membership as well as keeping these organizations in close touch with the leadership of the VCP and increase “the sense or participation by leading interest groups to believe that they are closely connected to the state and their voices are sincerely heard” (Yeonsik Jeong, 1997: p167; quoted by Chris Dixon 2004: p21). The political system has become more “responsive and open” (Quan Xuan Dinh, 2000: p369, 378-9 quoted by Dixon, 2004: p22), thereby facilitating the emergence of political activity which might be regarded as outside direct state control and as constituting elements of conventionally defined civil society. As a result, the number of organizations and associations has exploded since the 1990s. They have taken quite different forms,



functions and objectives. Data from the CIVICUS<sup>9</sup> report of 2005 suggests that there were roughly 140,000 community-based organizations (hereafter referred to as CBOs) and 3,000 cooperatives in Vietnam under the new law. Most of them were working in the areas of agriculture, fisheries, construction, sanitation and healthcare. About 200 charities and 1,000 local NGOs were registered. However, as the number of civil society organizations has increased rapidly over the past decade, no accurate data listing them is available (Sabharwal and Huong, 2005). Since the middle of 2000s, the existence of a viable civil society in Vietnam has been broadly accepted by scholars and donors. One of the most difficult issues, still, is to find agreement on which organizations and activities should be counted as part of civil society. There are two main approaches: scholars who see the mass organizations as the most essential and ‘eligible’ part of civil society and who are inclined to dismiss the role of Vietnamese NGOs. The second group of scholars tends to see the Vietnamese NGOs as the new factor which can lead to new ideas, approaches and methods for development and poverty alleviation or which can end up as a prolonged arm of the party which will not bring any changes. According to Norlund, “with the fairly recent development of many new CBOs also called Farmer’s Collaborative Groups there is a general interest from all sides to assess if they are possible new agents of change – in a positive or negative direction” (Norlund, 2008: p3).

Although civil society organizations are currently working in a more favorable legal environment, every element of civil society organizations is still under the surveillance of the state and led by the state. Presently, there are five important

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<sup>9</sup> **CIVICUS:** *World Alliance for Citizen Participation* is an international alliance of members and partners which constitutes an influential network of organizations at the local, national, regional and international levels, and spans the spectrum of civil society including: civil society networks and organizations, trade unions, faith-based networks, professional associations, NGO capacity development organizations, philanthropic foundations and other funding bodies, businesses and social responsibility programmes. Website: <http://www.civicus.org>

decree/laws<sup>10</sup>, which govern different aspects of these organizations in Vietnam. These decrees/laws provide the basis for the establishment of civil organizations that operate relatively independently of the state. The analysis of these decrees shows that the government wants to define roles and responsibilities for the new forms of associational life that have emerged. Furthermore, media and newspapers – key vehicles to promote the development of civil society – remain under relatively strict state control. Approval of their content by the Ministry of Culture and Information is compulsory before publication in order to limit the coverage of sensitive political issues and moral ones. Painter posed that there has been a strong presumption that “reform is a top-down process of command and control” (Painter, 2005: p266). Accordingly, the control of state over society is still strong though it has been relaxed gradually.

In addition to changes in the legal framework, a number of other factors have contributed to the recent growth of the NGO sector in Vietnam. For example, several former high ranking public officials have participated in NGOs. Given their status and connections within the government, they are capable of forming such organizations, regardless of the laws and regulations that might otherwise constrain them. Moreover, “equally important, development aid to Vietnam has increased 1,000% over the past 10 years” (Lux and Straussman, 2004: p178). The government would not have been able to make use of these resources without the assistance of non-state actors. Thus, there is a tendency for donors and international non-government organizations (INGOs) to pay more attention to the potential role of Vietnamese non-government organizations (VNGOs). However, their support usually goes to mass organizations,

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<sup>10</sup> Five important decrees/laws include: The Grassroot Democracy Decree 79 (2003), the Law on Cooperatives (2003), the Law on Science and Technology (2000), The Decree 177 (2004) and the Law on Associations (is currently under revision of the NGO Department of the Ministry of Home Affairs).

among which the Women Union stands out as it receives support from almost all international donors. When donors want their development activities to reach the grassroots level, they in fact have to support local government or mass organizations like the Women Union. Hence, they tend to set certain funds aside for local NGO activities and insist on the inclusion of non-state actors in the implementation of internationally funded projects.

To understand civil society in Vietnam, it should be realized that institutions are neither inherently independent nor dependent on the state; rather there is close interaction among them and the state. Ben Kerkvliet insists that state and society in Vietnam should not be seen as two isolated, competing poles: “‘State’ and ‘society’ are often conceptualized as though they are distinct areas; and relations between them are seen as relations between two entities, each trying to influence, exercise power over, or be separate from the other” (Kerkvliet, 1994: 26; quoted by Gray, 2004: p697). In reality, since the revolution, the state has been seen as the foremost leader in Vietnam, and as the agency that sets guidelines for civic organizations. Nevertheless, the role of VNGOs and CBOs is increasing in the development of a fledgling civil society. According to Blanc, “to some extent, they draw on a longstanding Vietnamese tradition of local associative structures operating beyond the state’s reach. As long as their concerns are localized, they pose little challenge to the existing order and may readily be tolerated” (2004: p163). It can be difficult for them to try to organize themselves into networks and alternative structures which are able to call for resources or for substantive changes in social policy from the state. Thus, it would be better for them to take on the appearance of apolitical associations. Consequently, Kerkvliet agreed to call local NGOs in Vietnam a “state-led civil society” (termed by Frolic in his analysis of contemporary China cited by Lux and Straussman, 2004:

p178). This concept contains an important attribute often missing in western thinking of civil society, namely that it needs not to presume democratic principles anchored in centuries of western political thought and practice. In this study, “*state-led civil society*” was defined as “a grey zone of organizations that mediate between the state and the citizenry but are not fully independent of the state as found in liberal democracies” (Lux and Straussman, 2004: p178). This definition fits with Vietnamese practices. Because of a rich history, Vietnamese society needs to balance the relationship between the informal and the formal subsystems or between the *yin* and *yang* subsystems of Jameison, as discussed above.

At a more concrete level, in the spring and summer of 2005, the CIVICUS project started collecting information and data to assess the existing civil society in Vietnam. This research, carried out by Stakeholder Assessment Group (SAG), evaluated 74 indicators of four main dimensions of civil society: structure, socio-economic environment, values and impact.

SAG started with the assumption that in Vietnamese society, the Communist Party is the most important and powerful force, followed by government agencies. The private sector and the press are considered to be in third and fourth positions. Civil society organizations are assessed as having less influence.

Research outcomes indicated that civil society structure in Vietnam is very broad as it includes a variety of organizations, associations, and groups. Apart from mass organizations, there are many other groups, technical organizations, VNGOs and CBOs working in many different sectors. Some 74% of the population participate in at least one organization. Nonetheless, the authenticity of these organizations is suspect since their membership is not totally voluntary and these organizations have close connections with the party and state. The weakest point of this broad civil

society is that these organizations do not have either strategies or networks and they receive few donations as well. Some organizations lack financial resources and need to improve their capabilities. These organizations have expanded at the grassroots level since the 1990s. Despite this, they are evaluated as having limited power.

The second dimension assessed was the socio-economic environment in Vietnam. The assessment found that there is a mixture of conducive and less conducive factors. Despite considerable success in poverty reduction and the development of the private sector, there are limited advances in many other political and cultural spheres such as a high rate of corruption, limited competition in politics, and the lack of an appropriate legal framework. Consequently, the socio-economic environment in Vietnam is not really favorable to the operation of civil society.

The third dimension – values of civil society, including transparency, non-violence and gender equity – was evaluated as highly positive. Indeed, the report concluded that civil society's values have been flourishing in Vietnam. Positive values thus have been significantly enhanced with poverty reduction. However, more improvement within organizations is still needed. Specifically, the values of democracy, tolerance and environmental sustainability were seen as unimportant and low priority.

Finally, the impact of civil society on human rights, public policy and national budget estimates is limited, according to the SAG. Civil society has little influence on the accountability of both the state and the private sector. The capacity of civil society to meet social demands and social concerns are at average although the level of trust in these organizations is relatively high. Overall, the impact of civil society on general society is still limited.

In general, this assessment shows that there is considerable potential for individuals wanting to work towards a better society to achieve this through participation in civil society. Although the fragmentation of civil society seems to be a disadvantage presently, it could become an advantage if the connections among various groups and organizations become stronger. Moreover, better division of labor among these groups is necessary to improve their productivity. At the same time, organizations need to focus on deepening the involvement and responsibilities of their members.

This study aims at providing us with a more detailed picture of civil society in Vietnam today from the vantage point of a single organization: HIV/AIDS peer groups. Supporting previous studies, this piece finds that despite the recent explosion of the number of civil society organizations thanks to the opener policies, those organizations are still working under the control of the Vietnamese state within a political system “typically characterized as containing three components: the Communist party, the government and its various ministries and departments, and the mass organizations which are given the task of implementing many of the government’s policies” ( Gray, 1999: p696).

Through a crude historical overview, I tried to show that civil society has been germinated a long time ago and now is further developing in Vietnam. The case is different from other countries where only independent organizations can constitute civil society since civil society in Vietnam is better captured through the concept of “state-led civil society”. Similar view is found in the article *Vietnam in the era of Doimoi – The issue-oriented Organizations and their relationship to the Government of Vietnam* in *Asian Survey*, Vol. 43, No. 6 (Nov. - Dec., 2003). In this paper, the author proved the hypothesis that “Vietnam is moving towards State-corporatism, i.e.,

admitting or conceding the emergence of new civic organizations, yet keeping them under strict control” (Wischerman, 2003: p889). Similarly, Norlund saw “several signs of new groups and organizations appearing independently of the state, and the state reacts towards these groups quite forcefully”, thus, civil society in Vietnam “is still limited” (2008: p4).

In another study entitled *Law and Civil society in Cambodia and Vietnam: A Gramscian perspective*, the author Landau noted that “state authorities have significant discretion in determining whether to grant approval” and that “the existing laws emphasize that the State retains a critical role in monitoring and guiding associations”. In addition, Landau stressed Tran Thi Lanh’s point (1994) that in Vietnam it was difficult to accept the definition of civil society if NGOs were seen as independent and not linked to party or state. Indeed, Adam Fforde underlines (2005: p150) that “there is little evidence to suggest that the Party considers non-state organizations to be positive or long-term contributors to social and economic development.” Indeed, one of the political rhetoric of the regime is the one regarding the “peaceful evolution,” that is, the secret plan of foreign enemies to weaken Vietnamese socialism through various political, economic, and cultural strategies, an accusation that targets the United States. Hence, as Landau wrote, it is the reason that the Party is so suspicious of and hesitant to tolerate the free activities of foreign NGOs that encourage democratization, “civil society” and human rights.

Overall, there have been quite a few studies on the topic of civil society in Vietnam so far. Though each study emphasizes one aspect of civil society, they all underline the rapid development of civil society as well as the ongoing grip of the Vietnam state over the Vietnamese society due to its unique cultural, political and social – economic features. From all the readings, we can conclude that civil society

in Vietnam has advanced since Doi moi and keeps on developing under the leading of the Vietnamese state as we will see from the vantage point of peer groups. Though it is hard to examine the development of civil society in Vietnam as a whole through the study of a single type of civil society organizations, this paper hopes nonetheless to offer some insights on the topic by exploring HIV/AIDS peer groups located in Hanoi.

### **3. Self-help group literature**

Self-help groups are a new kind of civil society organization that has emerged mainly in the fight against HIV/AIDS in Vietnam. Self-help groups are formed by people with HIV/AIDS with the aim of helping and protecting their members as well as themselves. Although Vietnamese government tries to control society in general and civic associations which could challenge the power of the state-party in particular, self-help groups composed of people with HIV/AIDS have proved that they can bring many benefits to people with HIV as well as lessen the burden of the state in the healthcare sector which the state can no longer afford since Doi moi. Given that the state cannot provide sufficient healthcare services to all the people with HIV, the HIV patients themselves have no choice but to help themselves. As they know what they want and need, they can give help to each other effectively, and thus contribute greatly to the fight against HIV/AIDS. The Vietnamese state understood that no organization could counter HIV/AIDS as well as the self-help groups. So, the state agreed to compromise with these groups in order to carry out HIV/AIDS prevention activities. In addition, self-help groups are thought to focus on social work rather than political activities and thus are unlikely to threaten the state's power. As a consequence, the state has opened up more space for these civic organizations to assist HIV/AIDS patients. The end result is that the relationship between the state and



civil society, which used to be restrained in the past, has changed. In this research, a review of self-help group literature will help us to go further in understanding the nature of self-help groups and how they assist the state in the field of healthcare provision.

Since very early times, people have had to face many threats and deprivations. While in ancient times, man was threatened by environmental disasters or outside invaders, in modern times, people must also cope with problems resulting from industrialization and an economic system, which leads to the depersonalization and dehumanization of institutions and social life. Due to their incapability to solve such challenges or to control their lives as well as the decrease of a sense of belonging to a community and lack of a network support, people often feel isolated and powerless. All this dissatisfaction with their living conditions became their motivation and need to establish a mechanism to cope: informal organizations or self-help groups. People understand that mutual aid and internal resources are necessary to ensure their own survival. According to this assessment, self-help groups gained their vitality through their very smallness and loose structure a long time ago. Interestingly, the greatest number and variety of self-help groups in history flowered a few decades after the end of World War II (Katz & Bender, 1976).

Since then the model of self-help has been grown considerably, especially in the field of healthcare and education. Self-help groups are seen as a means through which outcast people can develop new identities, redefining both themselves and society. This model is believed to help people overcome challenges and achieve not only subjective interests, but also private satisfaction.

Although the term self-help has been used for a long time, there is no common understanding about the concept. For some theorists, the emphasis is placed on self-

help in groups and in the community while others only looked at the efforts of participants in the self-help groups. For instance, Borkman (1999) says “Self-help will refer to an individual’s taking action to help himself – or herself, often drawing on latent internal resources and healing powers within the context of his or her lived experience with an issue or predicament. The process of struggle can result in individuals’ taking responsibility for their behavior and becoming empowered, or not, some individuals retain their victim status and cannot rise about their misfortunes” (Thomasina Jo Borkman, 1999: p4). Unlike volunteers who participate in order to help others, members of self-help organizations aim at helping themselves. According to Robert Adams (1990), “ ‘self – help’ may be defined as a process, group or organization comprising people coming together or sharing an experience or problem, with a view to individual and/or mutual benefit” and can be perceived as “a form of empowerment” (Adams, 1990: p1).

In addition to various definitions of the concept of self-help, a number of explanations have been given to account for the self-help group phenomenon. Stewart (1990) reviewed theories on self-help groups prior to 1988 and found about fifteen theories, including affiliation, attribution, change, coping, deviance, loneliness/social isolation, empowerment, equity/social exchange, group, ideology, self-esteem, social comparison, social movement, psychoneuroimmunology and social learning. Nonetheless, only attribution, change, coping, exchange and self-esteem theories have been tested provisionally in single investigations of self-help groups (Stewart, 1990: pp1057-1066).

In this research, the definition of self-help group is borrowed from Samuel Smiles (1958). Starting from the definition of Katz and Bender, Smiles added and popularized the term. Smiles defined self-help groups as “voluntary, small group

structures for mutual aid and the accomplishment of a special purpose” (quoted by Katz and Bender, 1976: p9). According to Smiles’ redefinition, self-help groups are composed of peers who get involved in activities for mutual help and seek a solution and/or support for the common difficulties in their lives. People participate in self-help groups because existing social institutions cannot meet their demands. Benefits of belonging to a self-help group are material assistance and emotional support. The result of participation in self-help groups is social and/or personal change. Smiles asserted that through self-help activities, ideology or values are promulgated among members; as a result, their sense of personal identity will be improved. In addition, one prominent characteristic of self-help groups is that these groups rely on face-to-face social interaction and require personal responsibility from their members (Katz and Bender, 1976: p9).

From this definition, Katz and Bender (1976) proposed related attributes. Firstly, “self-help always involves in other persons and refers to patterned ‘small group’ or ‘face-to face’ interactions”; the second attribute is that self-help groups are established spontaneously; thirdly, “some self-help groups, either deliberately created or arising spontaneously to meet a need felt by two or more persons, are ad-hoc or short-lived”; fourthly, “self-help groups may have a variety of functions and characteristics”; fifthly, “face-to face interaction is a key defining characteristics of self-help groups; so is personal participation. By these criteria, bureaucraticization is the enemy of the self-help organization”; sixthly, “the social – psychological dimension, the meaning of participation to the individual, is one of the salient aspects of these groups”; seventhly, “the groups, then supply a “reference group”, a point of a connection and identification with others, a baseline for activity, a source of ego-reinforcement, a value system by which the individual’s tasks, joys, sorrows,

accomplishments and frustrations can be evaluated and dealt with”; eighthly, “its members agree upon and engage in some actions” and the final attribute is that such groups derive from a condition of “powerlessness”. In addition, “their initial resources are always limited, and the exercise and control of power is not one of their immediate objects” (Katz and Bender, 1976: p9).

Here I use this definition and its attributes to examine the nature of peer groups which are defined as self help groups. Peer groups under investigation are categorized into three types based on the way they are formed. Among many theories used to explain this phenomenon, Change, Coping and Exchange theories are selected to explain why peer groups compromise with the State in healthcare service provision.

To better understand self-help groups, this thesis will later on look at their activities and characteristics.

### **Activities and Characteristics**

According to Wilson (1995), self-help groups carry out activities such as: sharing experiences and information in small groups; one to one support and befriending; hospital visits; telephone support; talks; lending library of books, articles and leaflets; newsletter; publishing handbooks and literature; social activities; fund raising; campaigning for change and educating the public; taking part in consultative meetings (Wilson, 1995: p13).

On the other hand, Robert Adams (1990) posed the spheres that self-help groups are associated with, including: therapeutic (facilities and treatments); social educational; community action and research. Except for research, peer groups in Vietnam are involved in helping people getting access to therapeutic treatments;

offering social education on the topic, and community action by informing the population on the illness.

The method of classification depends on the setting that the self-help group belongs to. For instance, in a medical context, Michael Moeller (1983: p69) suggests that self-help groups have six characteristics: all members are equal in status; each member makes decisions for herself or himself; the group is responsible for its own decisions; each member joins because of her or his own problems; group proceedings are confidential; participation is free (Michael Moeller, 1983: p69; quoted by Adams, 1990: p11).

In contrast, Knight and Hayes (1982) suggest that there are at least seven characteristics of self-help, including: “voluntary activity, members having shared problems, meetings for mutual benefit, sharing of the roles of helper and helped, constructive action towards shared goals, groups run by members and groups existing without outside funding” (quoted by Adams, 1990: p12).

Generalizing the different perspectives, Killilea (1976) proposes a list of characteristics for all self-help groups. According to this list, members of self-help groups must firstly have the same experience. Second, peers in these groups are both receiving and giving help. The next characteristic is that “differential association by which people who wish to change decide to join groups in which existing members reinforce desired behavior”. In addition, changes often occur according to members’ abilities (Killilea, 1976: p67-73 quoted by Adams, 1990: p12). Finally, self-help group members work together to fulfill planned targets through group activities.

The application of self-help group literature in this research will help us to better understand the nature of peer groups and its motivation, as well as their

activities and characteristics for formation which are prerequisites to understand the emergence of peer groups which can play a role to complement the state in the field of HIV/AIDS prevention. Indeed, self-help approach has been often perceived by social workers as a means to improve people's coping skills, promote their self-esteem and to mobilize people social progress and community services.

#### **4. Statement of problem**

Before 1986, healthcare was provided exclusively by the government in Vietnam. The expense of health services was totally subsidized by the state based on cooperative funds or household contributions. However, in the early 1980s, Vietnam faced a deep socio-economic crisis due to the deficiency of the socialist model. In order to move forward, the Communist party and the state had to adopt a series of reform policies focusing on the economic development in 1986. At that time, due to a limited budget and the economic crisis, the government withdrew from subsidizing healthcare services and called for contributions from civil society organizations. At the same time, the HIV pandemic reached Vietnam and became the most dangerous disease that spread rapidly and threatened Vietnam's population. At the same time, the state found it too challenging to approach the target groups and allocate budget due to a lack of experience in the field as well as to mobilize sufficient financial resources and staff. In addition, anti-HIV/AIDS programmes would probably not be very effective if the voices of HIV patients were not heard. Indeed, civil society organizations, such as local NGOs and groups of people with HIV/AIDS, have demonstrated that if they have opportunities, they can contribute meaningfully to HIV control efforts, not only in implementing programs but in helping to guide and set up policies. More specifically, the participation of non-government actors has reduced discrimination and stigma which discourage HIV patients from disclosing their health

status and to enhance their rights, particularly, the rights to confidential HIV testing, education, employment, marriage, and reproduction. The participation of HIV patients can influence national HIV responses and to involve organizations in the development, implementation and evaluation of national HIV strategies. While leadership from heads of government and national ministries is critical, effective national responses depend on commitment and action from diverse actors, among which civil society organizations. UNAIDS also underlines the involvement of civil society organizations as an essential component in the fight against HIV/AIDS.

The involvement of civil society in social and political processes is still new in Vietnam, but the government seems to be increasingly receptive, particularly toward HIV/AIDS prevention and control. Among many other social issues, the HIV/AIDS problem has great importance in the rethinking of state-society relations and the nature of civil society in Vietnam, especially the changes in the development process of Vietnamese society since Doi moi. Templer indicates that “HIV presents Vietnam with an array of economic, political, social and moral issues that it has never dealt with before” (1999: p238, quoted by Blanc, 2004: p162). The emergence and development of HIV/AIDS civil society organizations since Doi moi are accepted if they did not oppose state’s guidelines. The state seems more ready to tolerate a more active civil society. These civil society organizations in Vietnam play a benevolent role complementing the state in the healthcare and education sectors with regards to HIV/AIDS.

In the thesis, peer groups are simultaneously seen as self-help groups. The definition of peer groups employed here is borrowed from SunWolf (2008). In his work, he defines peer groups as “composed of members who consider one another to be equals, in terms of abilities, background, age, responsibilities, beliefs, social

standing, legal status, or rights. Not all group members agree about the equality of all other members at all times, but there is overt consensus that members of the group are primarily equal” (SunWolf 2008, prologue xii). Literature on self-help group helps me to examine the characteristics, activities as well as the nature of peer groups in which people sharing the same illness and problems come together voluntarily for the purpose of mutual aid and try to seek better living conditions. When peer groups are formed, they have a set of detailed goals. They aim to increase the knowledge of people in HIV prevention, provide healthcare treatment for people with AIDS, reduce HIV infection, etc. The operation of these civil society organizations focuses on the HIV/AIDS disease, specifically on changing people’s perception regarding the illness itself. Being different from other activities, the operation of peer groups underlines the enhanced participation and involvement of key sectors of the population including drug users, female sex workers and homosexuals. Such an approach has proved to be relatively effective owing to its ability to connect with high risk groups and the low cost infrastructure of such an operation.

This thesis addresses the crossroads of two literatures – the study of self-help and civil society – through the empirical analysis of peer groups. Through this dual approach, I can question the motivation of those who participate in peer groups, look at their activities and characteristics in order to study the role of peer groups in the provision of healthcare and education and uncover the reasons why the state needs and encourages these peer groups. Indeed, for the first time in Vietnam, civil society was called to unite in the fight against AIDS.

After discussing the methodology, the third chapter will examine the phenomenon of peer groups, aiming to provide a background of the emergence and development of peer groups in Vietnam. Here, the study objectives are to:



- a. Describe the development process of peer groups: their activities and characteristics.
- b. Categorize different types of peer groups in Vietnam.
- c. Find the reasons why the state needs these peer groups.
- d. Elucidate how the emergence of peer groups impacts on the formation and development of civil society in Vietnam.

Moving on to the fourth chapter, this study will endeavor to deal with the changes with regard to the relationship between the state and society illustrated by the emergence of peer groups. Overall, civil society organizations in Vietnam play a role of complementing the state in particular spheres of social life that the state cannot afford to cover. Hence, this project attempts to contextualize the case of Vietnamese society. More precisely, with the formation of the Vietnam Civil society Partnership Platform on AIDS, the growing development of civil society in Vietnam is identified. The objectives of this chapter include:

- To describe the relationship between the state and civil society in Vietnam before Doi moi.
- Portray the contemporary relations between the state and civil society through the existence of peer groups.
- Examine how the relationship between the state and civil society has changed since the era of Doi moi.

In this thesis I will attempt to investigate and theorize on the relationship between the state and civil society in Vietnam. In our case, it appears that peer groups are driven by the state, what has been called a “state-led civil society”. Thus, the Western analyses of the concept of civil society seem inappropriate since they are often characterized by their voluntary nature and autonomy. In contrast, in the specific context of Vietnam, the operation of civil society organizations works in “harmony” with the state. They operate under the surveillance of the state, but they are also independent from the state at a certain level. Indeed, part of “state authority stops at the village gate.”

## CHAPTER 2: METHODOLOGY

### 5. Research site

Stressing the emergence of peer groups in Vietnam as a type of civil society organization working mainly on HIV/AIDS, this research selected Hanoi, Vietnam, as the site of research for the following three reasons:

1) Despite the fact that Hanoi is the capital of Vietnam with a relatively high standard of living compared to other Vietnamese cities, the high speed of urbanization, the large number of rural migrants and increasing social problems have led to a worsening of the HIV/AIDS situation in Hanoi. Moreover, since August 2008, Hanoi has been enlarged considerably; it now encompasses 29 subdivisions, comprising 10 inner districts, 1 town and 18 outer districts with a population of over 6 million people. Among its social problems, HIV/AIDS has become particularly serious and hard to control under the present complicated geographical spread. In recent years, Hanoi stands at one of the cities with the highest number of HIV/AIDS patients and individuals with high-risk behaviors. According to the Center of AIDS control, Hanoi Department of Health, by 30 September 2008, there were 17,200 HIV infected cases in the newly enlarged Hanoi, of which 4,786 are cases of AIDS. There were 2,837 deaths due to AIDS<sup>11</sup>. The rate of HIV/AIDS infection in Hanoi is estimated to be 290 over 100,000 people. The data shows that in the first nine months of 2008, 1,860 new infections were recorded<sup>12</sup>.

2) The second reason for selecting this site is that Hanoi is a center where many peer groups are operating with or without the assistance from overseas organizations hence this diversity makes an interesting place to investigate.

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<sup>11</sup> <http://www.baomoi.com/Info/Ty-le-nhiem-HIVAIDS-o-Ha-Noi-la-290100000-dan/82/2199326.epi>

<sup>12</sup> <http://www.baovietnam.vn/suc-khoe/118077/23/Ha-Noi-co-17.200-nguoi-nhiem-HIVAIDS>

3) Finally Hanoi was chosen because it is the capital of the country where the major political and social decisions are made, thus the relationship between the state and civil society organizations can be presented most clearly.

## **6. Qualitative method**

### **6.1. Archival research**

Statistics, documents, journals related to the emergence and operations of peer groups were used as a source of information. Since this study compares two periods: before and after Doi moi, it is necessary to examine historical materials which are meaningful to the study. By linking the notions of time and space to theoretical concepts – in our case peer groups and civil society – we can, it is hoped, connect social transformations in Vietnam since Doi moi to the market economy and the impact of globalization.

### **6.2. Structured in-depth interview**

Snowball sampling was used to identify informants of peer groups, local authority, government officers and donors. I made use of my personal network to approach initial subjects. I conducted 20 interviews in total for my research.

Informants were considered eligible if they were over 18 years old as this is the legal age in Vietnam. The reason they were chosen is that they had reached a certain level of maturity and thus they could provide a richer account of their experience than younger informants regarding the issue of this research. The data is analyzed through using a narrative and thematic approach in order to discover emergent trends and themes as well as the possible differences among the various clusters of informants.

## 7. Sampling size

In order to investigate the emergence of peer groups in Vietnam, this study identifies three target groups of informants which play a key role in the fight against HIV/AIDS. They are:

1. *Peer group members:* They were interviewed in order to account for the motivation of participating in peer groups as well as for their regular activities. Peer groups encompass people who demonstrate high-risk behaviors, suffer from HIV and non-HIV volunteers.

2. *Local authority/government officials who are either concern about the illness or/and dealing with the peer-groups.*

3. *Sponsors/leaders who fund or support the operation of peer groups:* I try to understand their motivations, how they participate in the creation and the everyday management of peer groups.

With regard to peer groups, I categorized them into three subsets, based on the way they are formed: 1. groups formed and controlled by government offices; 2. groups formed as part of NGO projects; 3. peer groups formed and led by individuals with the support of NGOs/ government offices.

The detailed number of informants for each criterion is as follows:

<b>Groups</b>	<b>Number</b>	<b>Criteria</b>
Peer group members:		
* Type 1	4	- Member of peer groups formed and controlled by VAAC
* Type 2	4	- Member of peer groups formed as part of NGO projects.

* Type 3	4	- Member of peer groups formed and led by individuals with the support of NGOs/ Government offices.
Representatives of Local authority/ Government	4	- Government officers who are directly responsible for HIV/AIDS prevention or manage the operation of peer groups in research site.
Sponsors or leaders	4	- Eligible informants are those who fund, sponsor or establish a peer group by themselves.

## 8. Demographic features

Among informants, there were 6 females and 14 males, of which 55 percent (11 informants) were married, 5 percent (1 informant) was divorced and 40 percent (8 informants) were single. Most of them were young: 11 were 20-30 years old; six others were 30 to 40 years old and only three individuals were over 40. However, there was no remarkable difference in their responses in terms of gender, marital status or age. The diversity mainly came from the different target groups' identity. This is an interesting finding since most of the literature on the topic finds that HIV-positive women have often a considerable impact on young people's attitudes to AIDS (Paxton, 2002).

### *Gender*

Male	14	(70%)
Female	6	(30%)

### *Marital status*

Single	8	(40%)
Married	11	(55%)
Divorced	1	(5%)

### *Age*

20-30	11	(55%)
30-40	6	(30%)
> 40	3	(15%)

In terms of education, nine informants had a high-school diploma, 10 a Bachelors degree and only one person had only secondary school education. However, those who had a Bachelors degree were mainly government officials and NGO programme officers (7 out of 10 cases), out of which all Government officials have a Bachelors degree (4 cases). Again the level of education did not matter regarding the capacity for informants to develop coping skills, personal growth and improve their self-esteem.

### *Education*

Secondary school	1	(5%)
High-school	9	(45%)
Bachelors degree	10	(50%)

To ensure the confidentiality of the informants, I recruited informants regardless of their HIV status; thus, apart from 4 representatives of government offices and local authority who are not HIV-positive, the rest of my informants included both people with HIV and without HIV. As a result, I cannot state how many people with and how many people without HIV are parts of my study. My informants came mainly from: male homosexual peer groups <sup>13</sup>(2 groups); drug users suffering from AIDS (2 groups), women suffering from HIV (1 group); 1 group of people with HIV regardless of the way they got infected and the Youth Advisory Group which

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<sup>13</sup> There has been no official group of lesbians in Hanoi so far. Perhaps because the gender bias against women is greater in Vietnam. Hence they don't dare to publically disclose their sexual identity.

were composed of both people with HIV and student volunteers. Because of all these characteristics, the data I have collected is relatively diversified.

## **9. Gaining access and Research Limitations**

### **a. Gaining access**

The most difficult part of this thesis was getting in touch with informants to collect data because of the sensitivity of the topic. Thus, besides the in-depth interview method, the participant observation method was employed as an additional way to approach the targeted groups to collect data.

As already stated, the research looks at the emergence of peer groups which mostly operate in the field of HIV/AIDS prevention. Hence, the first target group is composed of peer group members. They are those who come from all backgrounds, particularly people with HIV/AIDS and people having high-risk behaviors. Consequently, there are some obstacles to approach and collect data from them.

The first problem comes from the respondents' fear of discrimination and stigma as Neuman states, "a setting might contain fear, tension and conflict" (Neuman, 2007: p284). For the majority of Vietnamese, HIV/AIDS is often the result of social evils, from bad behaviors. Thus, the social bias against people with HIV is very great. They are often isolated, discriminated and stigmatized by neighbors and society at large. Much evidence of discrimination and stigma relating to HIV/AIDS in Vietnam is found in some recent studies, such as "*Understanding HIV and AIDS related stigma and discrimination in Vietnam*" by Hong, Van Anh and Ogden (2004) and "*Reducing HIV-related stigma and discrimination in Vietnamese hospitals*" by the Institute for Social Development Studies, The Horizons Program/Population Council and the International Center for Research on Women. Consequently, although

most people who participated in peer groups acknowledged and accepted the risk of stigma, they still hoped and believed that the information is known only within their circle or the HIV/AIDS community. They were afraid that if their status or behaviors were disclosed to the public, it could impact negatively not only on them but also on their family members, in particular their children. As Parker and Aggleton (2003) stated, stigma and discrimination in society limit self-defense and impede the fight against stigma and discrimination by stigmatized groups and individuals (Parker and Aggleton, 2003; Hong, Van Anh and Ogden, 2003). In addition, the investigator is a stranger in whom they would not confide as they would regard him as untrustworthy. According to Neuman, a field researcher should set up a “friendly relationship, share the same language, laugh and cries with members” to gain “an understanding of members and moving beyond understanding to empathy” before interviewing (Neuman, 2004: p284). Thus, at the beginning, before we reached a mutual understanding, the informants seemed to hesitate to share information with me. Essentially, I had to make a promise to ensure their privacy. All of their personal information was kept confidential and not released to the public. Interviews were also conducted in their groups’ offices to avoid the risk of discovery if we were to meet in a different place.

In addition, due to the sensitivity of this subject, I had to participate in several common activities to build a rapport with the targeted members. Subsequently, I took part in their meetings or extra-curriculum activities to gain their trust. Participation was necessary to create a closer and friendlier relationship with research informants. Most of the activities I participated in were formal meetings or training courses or outdoor activities. I attended these activities as a “participant-as-observer” (term used by Gold, quoted by Burgess, 1982b: p46) rather than as a “total participant” (Gans,



1982: p54) to achieve confidentiality for both investigator and informants. I announced my role as a researcher when joining their activities because Gold (1958) said that “the researcher and the researched are aware that their relationship stems from the research” and “both researcher and researched need to consider their relationships and the extent to which the researcher and the researched can over-identify with each other” (Burgess, 1982: p46). Remaining in the role of a stranger while getting involved in the circumstances under investigation is essential since it helps “make the tacit culture visible and encourages a researcher to reconsider his or her own social world” (Neuman, 2007: p284). After participating in several programmes with them, I had a chance to talk to them before conducting interviews. Although those encounters were informal and the result of other officials’ intervention, the informants seemed to be more open than those I met at the interview for the first time. Trust and understanding is extremely important in this case; as Neuman stated “understanding is a precondition for greater depth, not an end in itself” (Neuman, 2007: p285). After my fieldwork, I realized that when working or communicating with their peers, informants were much more active, self-confident and willing to talk than when they were interviewed by me one-to-one. For those I could not contact through peer group activities, I had to use personal relationships to get in touch with them. A representative of the Youth House – a Consultancy centre of Reproductive Health for Adolescents of Vietnam Youth Union who has close relationships with the targeted subjects facilitated the introductions. This representative played a role as “a gatekeeper” (termed used by Neuman, 2007: p282) who has “formal or informal authority to control access to a site” (Neuman, 2007: p282). Thanks to this representative, I finally got in contact with several informants.

Due to the fact that most of informants are vulnerable people and the research topic is sensitive, they were informed that they had rights to refuse or to stop the interview when they felt uncomfortable. I also tried to ask questions in a gentle and “non-directive” way (Whyte, 1982: p111) which Whyte considered as a “therapeutic development based on the theory that a patient would make progress best, if he were left free to express himself on his problems as he wished, stimulated by an interested and sympathetic listener” (Whyte, 1982: p111). However, it was not always appropriate, so I also had to guide or interrupt informants gracefully in order to collect the information necessary for the research. The results from the interviews indicate that some informants like homosexuals tended to provide very short answer while others, such as female peer group members who were infected by their husbands tended to talk much more. For those who talked less, I had to ask more questions in order to encourage them to share their experience. Due to these unique characteristics, the interview guideline was not completely fixed so that I could conduct interviews flexibly.

Besides, each peer group had its own characteristics. Some groups consisted of drug-users having HIV, others were composed of women infected by their husbands. Each group required a different approach. Being a female researcher was an advantage when approaching groups of women infected by their husbands but a disadvantage when approaching peer groups of male homosexuals. In this case, a male intermediary from the Youth House came with me to help build rapport and trust with them.

Overall, the important point when communicating with the subjects was to be objective when asking and listening to respondents’ answers. After the fieldwork, I

realized that patience was also crucial to successfully collect data from them since it took time for the informants to fully trust the investigator.

The second issue and also the main issue under investigation in this study is the relationship between peer groups and the local authority. This matter partly relates to the area of politics which is always a sensitive topic in Vietnam. The Vietnamese state is ready to open up more space for civil society organizations like peer groups but it does not tolerate political opposition. Moreover, because of the political system in Vietnam in which the state controls society, regardless of the way peer groups are formed, they always have to be under the control or management of an official organization. Such a structure influences the thinking of peer group members. Thus, they tended to phrase their opinion in the most general and neutral way possible to avoid problems later. In addition, due to their history of high-risk behaviors which could have violated the law previously, peer group members did not want to talk much about the relationship between state offices and their groups. In some cases, the investigator had to ask general or less related questions before focusing on this topic.

Meanwhile, government officials also did not seem to want to provide detailed information. They believe that the Vietnamese state scrutinizes all publications as well as statements with regard to the country. At the same time, the idea of civil society is not familiar to the majority of Vietnamese and has not been accepted officially. So far, there have been very little research or papers on civil society in Vietnam and most of them have been done by foreign scholars. Thus government officials often hesitate to give their own views in assessing this relationship. They think it would be better to avoid mentioning this sensitive issue. One of them refused to participate in the interview after she was asked about her evaluation of the HIV/AIDS situation and the relationship between civil society organizations and the

state. Overall, most of the target groups, especially government officials, preferred talking about the positive side of the relationship. Hence, some non-directive questions were used to probe deeper into the target population's thoughts.

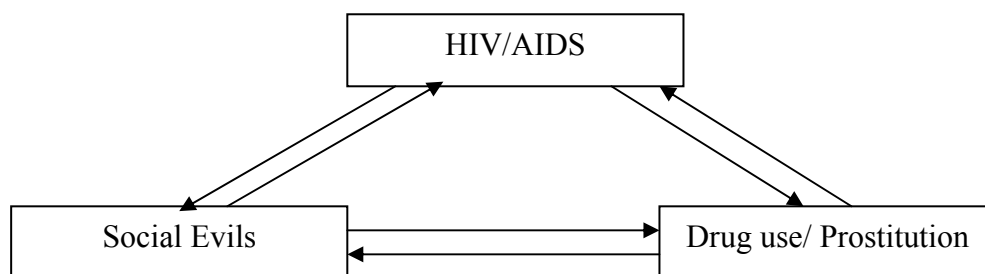
#### **b. Research Limitations**

The sample size of this research which is only 20 could be considered as the first limit to this study. That is due to the difficulty in gaining access to all target groups. As stated above, there were two main causes that created the obstacle to this research.

Firstly, since this study aims at investigating the mutual relationship between the Vietnam government and civil society organizations, namely peer groups, it refers to a sensitive issue that make people hesitate to provide information. For many reasons and its own historical circumstances, civil society is still not an open topic in Vietnam. Hence, people tend to avoid talking or discussing this issue in public, in particular those who are working in state- managed offices. Subsequently, finding representatives of government offices or local authority working in healthcare section who are willing to share information on this matter is not easy for the researcher. Upon the completion of the fieldwork, only 4 officials who were in the target group agreed to take part in the research.

The second reason for this limit is the fear of stigmatization of target people, especially peer group members. As stated above, the stigmatization against people living with HIV/AIDS or people having high-risk behaviors is extremely strong in Vietnamese society. In *HIV/AIDS in Vietnam – the CSIS final report* (Tommy G.Thompson, 2006), specialists have assessed that one of the obstacles to HIV/AIDS control in Vietnam is the prevalence of stigmatization in all corners of society. With

long lasting Confucian thinking embedded in Vietnamese people's perception, Vietnamese particularly honor morality as well as family and community values and norms. In addition, many researchers have shown that to ordinary people, even healthcare officers, leaders at many levels, HIV/AIDS has been perceived as harmful to families and the community. For a long time, HIV/AIDS has been usually attached with social evils which are drug use and prostitution. People who have HIV/AIDS are seen as those who have bad behaviors, deviant lifestyle and they are thought to deserve to have that disease. The report on HIV/AIDS related Stigma and discrimination in Vietnam presented a model named "Stigmatization Triangle", as shown in the diagram below.



(Hong, Khuat Thi Thu; Van Anh, Nguyen Thi and Ogden, Jessica; 2004: p20).

Infected people are thought to embarrass and ruin the family. Thus, those who have HIV/AIDS should be isolated from the society. Another reason that makes the stigmatization situation in Vietnam stronger than in many other countries is the limited knowledge of the public on HIV/AIDS. According to this research entitled "The HIV/AIDS related stigma and discrimination in Vietnam society" (p. 15), most people know about ways of HIV transmission but they seem to not really understand the nature of the disease. Since HIV/AIDS is an incurable disease and they do not know how to prevent themselves from being infected, their stigmatization behavior, namely isolation from the infected people, is considered as an effective preventive measure. Consequently people having HIV/AIDS regardless of the way they were

infected, are often disregarded by people and the community at large. Thus, they are ostracized from their neighbors, even in some cases, from their respective family. That fact results in a situation where people living with HIV/AIDS in Vietnam are fearful of disclosing their condition. According to a survey in six ministries and twenty-four enterprises in Hanoi, March 2003, conducted by the Institute of Social Development Studies under the request of UNAIDS Vietnam, job-applicants only need to submit Medical Certificate without HIV test. However, the survey revealed that 5 enterprises said they wanted candidates to submit HIV test for the purpose of recruitment. In addition, all 24 enterprises and 6 ministries answered that they would not recruit those who are HIV seropositive and would fire any employers who get HIV. We can also see evidence from the assessment on the need of knowledge and practice on HIV/AIDS prevention on the website Youth Agony, 2003. This assessment showed that 80 percent of youth have accurate knowledge on the transmission of HIV but 40 percent still hesitate to have any type of physical contact with HIV/AIDS people. In addition, I have conducted a small scale study in 2005 on the reintegration of people living with HIV/AIDS. This study was carried out in February and March 2005 in 2 districts of Hanoi with the sample size of 120 respondents. This study revealed that 59.2 percent of informants were completely unwilling to share towels with people living with HIV/AIDS, 55.1 percent refused to hug or kiss people living with HIV/AIDS. All these evidence are used to show that people living with HIV/AIDS in Vietnam have to face and struggle with the context of strong stigmatization in Vietnam and indicates that stigmatization is the reason why HIV/AIDS positive people prefer “staying in the closet”. Thus, it was hard to get contact with people infected with HIV/AIDS and this accounts for the fact that the number of informants for this research was limited. Contacting them in person

appeared to be an impossible task. Therefore, I had to go through official organizations of people living with HIV/AIDS. In addition, the number of people in those organizations who agreed to participate in this study was not many. Subsequently, after the fieldwork, the total number of informants I interviewed stopped at 20 regardless of the HIV status of informants.

The situation was even more difficult when I tried to contact people living with HIV/AIDS who did not belong to peer groups or any official organizations. Those who do not want to participate in peer groups are usually those who have more fear of disclosing their health status. Hence though I did ask for help from peer group members who contacted their infected friends who did not take part in any organizations, no one wanted to talk to me.

Since the number of informants was only 20, this research should be seen as a case study of peer groups in Hanoi rather than a case-study representing the whole nation. Though this sample size is not large, I think it is appropriate for a case study. Through 20 cases, this study offers a snapshot of civil society in Vietnam. The findings allow us to see peer groups in HIV/AIDS prevention campaign in relation to the Vietnamese state.

In addition to the limit of the sample size, due to time limit and the fear of stigmatization, I was unable to interview the informants more than once, and I understand that we cannot gain all the relevant information in the first interview (Whyte, 1982). Nonetheless, I tried to discover as much information as possible during my sole interview. In addition, their health, their time and many other factors did not allow for long interviews; hence the amount as well as the quality of the data that I could collect was limited.

Furthermore, due to the psychological characteristics of HIV infected patients, especially those receiving ARV<sup>14</sup> treatment, the informants' moods could change suddenly. Thus, the information they provided was sometimes unclear and incoherent. Consequently, I had to repeat or adjust the questions so that they could focus on the main topic.

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<sup>14</sup> ARVs also known as antiretrovirals are drugs developed to disrupt the action of HIV. These come in a variety of formulations designed to act on different stages of the life-cycle of HIV (see more in webpage: <http://www.unaids.org/en/PolicyAndPractice/HIVTreatment/default.asp>).



## **CHAPTER 3: THE EMER GENCE OF PEER GROUPS**

### **10. Overview of Peer groups**

#### **10.1. Emergence and development**

Peer education programs constitute one of the most important strategies employed to spread awareness among Vietnamese people about HIV transmission and its risks in an attempt to change behaviors. According to UNAIDS, “peer education typically involves the use of members of a given group to effect change among other members of the same group. Peer education is often used to effect change at the individual level by attempting to modify a person’s knowledge, attitudes, beliefs, or behaviors”(UNAIDS, 1999: p5-6). Peer education for HIV prevention has long been considered as one of the most effective means for increasing HIV-related knowledge and promoting safer behaviors among persons at high risk of HIV infection. Thus it has been applied in many countries throughout the world. In developing countries such as Vietnam, peer education may be an especially useful component of a comprehensive program for HIV prevention because peer education programs have the ability to reach high-risk populations and require less expensive infrastructure as well as medical care systems when compared with other types of interventions.

At the end of 2007, a state-sponsored workshop was organized in Vietnam to call for the larger participation of civil society against HIV/AIDS. The success of this workshop exhibits the closer relationship between civil society and other organizations in the fight against HIV/AIDS. In addition, the workshop also emphasized the effectiveness of peer education in preventing the transmission of HIV/AIDS in Vietnam. Thus the emergence and operation of peer groups have played a critical role in supplying help to these people at a low cost. Though the emergence

of peer groups in Vietnam took place several years ago, its development has boomed recently due to the increasing knowledge about the illness by ordinary people and the government as well as the growing demand for HIV prevention in society. Accordingly, the National AIDS Standing Bureau of Vietnam (NASB) launched the first provincial peer education program in 1993 and has since expanded its support to other provinces with the assistance from international organizations. The NASB officially approves peer education programs whether they are supported domestically or funded through international donor organizations. By 2000, according to the *Peer Education for HIV Prevention in Socialist Republic of Vietnam: National Assessment*, 21 provinces have implemented peer education programs with a total of over 500 peer educators in 79 different teams (UNAIDS, 1999). In recent years there has been an increasing number of peer groups, with a growth of 60 groups encompassing over 4000 members. According to the VAAC, at present, Vietnam has approximately 120 self-help groups.

In August 2008, the representatives of 70 peer groups and associations of PLWH throughout the country, the representatives of Health Policy Initiatives (HPI) organization and UNAIDS gathered to build up a national network of PLWH. Even though the network has not been set up officially yet, it informally unites efforts and participants in the struggle against HIV/AIDS. In addition, it contributes to building a legal framework for peer groups' operation. Members of this network started to significantly influence the policy making process; enhancing people's perception regarding the illness by updating guidelines and promoting new legal policies supporting ARV treatment in medical centers; finally, by transferring clients among medical and social services. Most importantly, these groups have established

themselves as the main fighting force against the discrimination and stigmatization faced by PLWH and infected children (UNGASS, 2007).

## 10.2. Classification

A possible way to understand the characteristics, the operations and the nature of peer groups, as well as how these groups can effectively assist the state in HIV/AIDS prevention is by categorizing them into different sub-categories. Based on the ways they were founded and established, peer groups can be divided into three types.

The first subset is state-sponsored peer groups. They are formed and monitored directly by Governmental offices that are specialized in public health, healthcare provision or social issues, such as VAAC, Ministry of Health (hereafter referred to as MOH), Committee for Population – family planning and children or the Red Cross<sup>15</sup> at the local level. These governmental offices take direct responsibility for allocating funds and defining activities for each peer group. In the coming future, members of these groups will be granted work permits that will officially recognize peer educators provided they uphold minimum standards of safety and effectiveness. However the number of groups under this subset of category is the lowest due to limited resources. Thus, the state tries to broaden this model by encouraging the formation of the other two kinds of peer groups which consist of non-governmental organizations and private citizens through a policy called “socialization”.

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<sup>15</sup> **Vietnam Red Cross** is defined as a social humanity organization of the mass. This organization is constituted of all Vietnamese people regardless of ethnicity, religion, gender...who voluntarily work for the purpose of humanity, peace and friendship. It is one of the Vietnam Father Front’s members, thus it is a prolonged arm of Father Front – a government authority organization per se (see more in [http://www.redcrosshcmc.org/public/index.php?act=ctd\\_tonchi](http://www.redcrosshcmc.org/public/index.php?act=ctd_tonchi)). In this research, the leader of the Red Cross is also one of the leaders of local authority office.

The second sub-category of peer groups are those which grow out of NGOs' projects dealing with HIV/AIDS. The involvement of NGOs working on HIV/AIDS issues is increasing considerably in Vietnam because of the opening policy for non-governmental activities due to the greater needs of society, especially in the field of HIV/AIDS. These organizations have funds to design projects and implement them at the grassroots levels. To carry out activities in the field effectively, some projects need the participation of peer groups, which is the reason why this type of peer groups is created. Peer groups formed by NGOs are not under the direct supervision of the governmental office. In some cases, the peer groups are established only to perform for a short term as they serve the purpose of a particular scheme. In some other cases, some peer groups were established initially as self-help groups, but then developed a long-term working relationship with these NGOs. For instance, in recent years, the group *For a Brighter Future* has received most of its financial resources from the CARE organization, and most of its activities are under the control of CARE's projects. Such NGOs make plans and provide financial aid while members of peer groups work together to carry out activities after reaching bilateral agreements, as stated by a male NGO peer group member.

The final category of peer groups consists of individuals who operate independently. These groups are usually formed by target groups themselves, for example PLWHA or men engaged in same sex relations. Since these people are often isolated and discriminated by society due to their disease or behaviors, they want to create their own space in which they can share their lives as well as seek mutual help and support. In addition, many PLWHA find it meaningful to take part in social activities to either help those in their own social circle or in the entire community; as Hart (1998) pointed out "the [altruistic] appeal is perhaps the strongest due to people

generously donating their time and effort to their local community with altruistic motives” (cited by Parkin and McKeganey, 2000: p301). They want to contribute the rest of their lives assisting other people experiencing similar situations. Hence they form a group, recruit members and try to find support from NGOs or governmental offices, or even from ex-governmental officials. These groups largely depend on their internal resources rather than external ones. The number of groups under this category is the largest compared to the two previous ones. Recently this type of organization has gained importance and is given more space for operating despite not acquiring legal status. The increasing number of these groups and the opening up of working environments for this type of organization indicate changes in the operation of civil society organizations in Vietnam.

Because of the different ways they were established, these three kinds of sub-categories are distinguished from each other in terms of participants, activities, support resources, and abilities. While “*participants of self-help groups and VAAC’s groups are mainly PLWHA and their relatives*”, members of NGOs’ groups are more diversified, “*consisting of not only PLWH but also students, pupils, generally the Youth*”, as stated by a female NGO peer group member.

Besides, the activities of these groups are also varied. The informant above differentiated that “*Self-help groups focus on stigma and discrimination related issues and treatment. So do VAAC’s groups. Apart from that, VAAC’s groups also carry out harm reduction<sup>16</sup> activities. Meanwhile, our groups [NGOs groups] pay attention to external activities, such as cultural exchange programmes or consultancy making for big projects*”.

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<sup>16</sup> **Harm reduction:** is a term that defines policies, programmes, services and actions that work to reduce the health, social and economic and harms to individuals, communities, and society that are associated with the use of drugs (Newcombe, 1992).

Noticeably, the biggest difference between these groups is the availability of resources. Out of the above three subcategories, peer groups that are established by individuals clearly have to face the most difficulties in finding financial support to sustain their operations since they mainly depend on their own abilities to secure funds. Most of the self-help groups' members are composed of PLWH who are weak and do not hold full-time jobs. In addition, they lack both the contacts and information on how to find resources which can help them. Hence it is difficult for them to operate only on the basis of members' contributions. Among informants interviewed, there is one member of a self-help group which does not have any external financial support. Their work is carried out with the money they receive from the sale of their leader's paintings and exhibitions. Their activities mainly revolve around collecting contributions such as clothes and books from other people to support children infected by HIV in the Center 02<sup>17</sup>. Besides groups relying exclusively on their meager internal resources, other self help groups must seek for external funds from other organizations. At present, almost all peer groups regardless of their category are mostly financed by either international or domestic non-governmental organizations. However, compared to the other two peer group categories which receive relatively stable support from organizations, self-help groups must search all possible avenues to find support. After a project ends, self-help groups must write a new operation proposal to request for funds from numerous other organizations. In the event that their project is rejected, they have to rewrite their proposal or seek another source of funding. If no donor agrees to support them, they will operate on their meager contribution budget, which can only serve as a temporary measure. According to a NGO peer group member, his group has gone through several instances of

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<sup>17</sup> **Center 02** is a Center of Social Education and Labor located in Ba Vi – Ha Tay – Hanoi in which there is a kindergarten bringing up abandoned children infected by HIV.

interruption of funding. He elaborated that *“In those periods, we would receive a supporting amount from group’s fund that was raised by the monthly contributions of all members for such emergency cases”* (male, 29, NGO peer group member).

Apart from financial support, the state and NGOs peer groups also receive other kinds of support, such as propaganda materials, condoms, or clean needles which self-help groups find it hard to obtain in order to distribute it to people. This is another difference among those three groups. A founder of a self-help group mentioned that *“groups formed by organizations are supported greatly. They are provided free materials, condoms or lubricants. Furthermore they surely have a bigger financial resource to carry out activities. Meanwhile, self-help groups have to do everything by themselves. The operation of self-help groups thus is spontaneous and impulsive. As a result, their activities are performed without planned objectives compared to groups founded by organizations because they lack finance. Sometimes, self-help groups like ours have to ask other peer groups for materials and tools”* (male, 46, self-help group founder).

The availability of supporting resources strongly influences the operations of peer groups. Peer groups can carry out their activities, especially field-based programmes, only when they have sufficient funds. Due to the lack of funds, self-help groups on the contrary have to be active and creative in seeking funds and carrying out their activities; this has its own advantages. A self-help group member told that *“self-help groups usually do everything by their own: from writing proposals, working out activities to managing effectiveness whereas most peer groups founded by NGOs or governmental offices don’t have many rights to make their own decision. Those peer groups must comply with what their managers or sponsors request”* (male, 36, NGO peer group member).

Among these three kinds of peer groups, the self-help group model in fact is getting more popular now when the GIPA principle was encouraged in order to improve the quality and effectiveness of the HIV/AIDS response. This principle shows the commitment of countries to “support a greater involvement of PLWH at all levels and to stimulate the creation of supportive political, legal and social environments” (UNAIDS, 2007: p1). In addition, more international donors have been implementing projects in Vietnam and they want to ensure that the support they provide can reach the target population in the most appropriate ways. Hence, self-help groups have been encouraged to emerge. It should be noted that though self-help groups are individually established by voluntary members, to a certain extent, they are still under the control of the state since in Vietnam such organizations are not allowed to work independently.

Apart from categorizing groups based on the ways they are created, we can also classify them according to the distinct characteristics of their members. In this research, the informants come from a variety of peer groups, including: groups of People living with HIV and more specifically, groups of women infected by their husbands who are drug-users, groups of drug-users having HIV/AIDS, groups of men engaged in same sex relations and groups of youth volunteers who consist of both people living with HIV and student volunteers from universities and colleges. Each kind of peer groups’ members thus have their own activities which match their members’ characteristics.

### **10.3. Motivation**

In the context of Vietnam, it appears that the operation of peer groups challenges the concept of civil society since some peer groups are established by Governmental offices and the state keeps controlling their activities. However, under



the political context of Vietnam where the civil society can be called a “state-led civil society”, peer groups can still be defined as civil society organizations because based on the literature on civil society and self-help groups, civil society organizations are understood to be established mainly on the basis of volunteer members and are non-profit in nature. Basically they are formed by various grassroots groups in order to serve their own and others’ interests. To examine whether peer groups fit with such a definition of civil society organizations, this research also interviewed twelve peer group members about their motivation for participation.

For most cases, peer groups’ members are either HIV positive or have AIDS and thus are victims of discrimination. Hence, they all want to have their own space in which they can share their life experiences and live a ‘normal’ existence. They receive and give support and sympathy to friends and companions in such places. They therefore feel a sense of empowerment by being able to provide care for themselves and each other. Most informants stated that as the main reason which motivates them to get involved in peer group activities. A male self-help group member told that *“people join peer groups mainly because we need a place to live in, a community that can help us, a network of people who are in the same situation with us to share”*. According to him, *“...What PLWH as well as other high risk people need the most is the encouragement to help them keep on living and working. I myself and other people like me, I think, realized that only one person cannot do anything, we should be together in peer groups to support each other. My group, together with other groups, hopes to support every member mentally; to create a community for us to interact, discuss how to prevent normal people from getting HIV infection or how to follow all steps of ARV treatment process and avoid its side-effects; and to share their*

*experiences. For all the reasons above, I made the decision to take part in this peer group” (male, 28, self-help group member).*

*Another female governmental peer group member stressed “I believed that I would be the first beneficiary if taking part in peer work. I was a person with HIV and also there were several PLWH in my family. Therefore when senior peers in groups approached and encouraged me to seek treatment, they gave me a leaflet that introduced their group. Thanks to the contact on that leaflet, I came and tried to attend some group meetings. I realized that I had obtained much useful knowledge from those meetings, especially I felt more self-confident when talking with them, which helped me handle my stress and partly lessen my burden. Gradually I have had inspiration of helping other people who were similar to me like others had supported me in the past”.*

Previous quotes illustrate that peer groups are not only for the vulnerable to get emotional support, they are also useful avenues for peer group members to seek information on treatment and free medicine. International and domestic donors provide the financial support for access to treatment and medicine through these grassroots groups to ensure that PLWHA can get the most benefits. According to a male informant from a NGO peer group, the reason he decided to participate in his group is that he wanted to spread information on medicine, treatment methods and care services he had learned as a way of helping himself as well as other PLWH.

The group founders are those who have the clearest understanding of the reasons leading targeted people to take part in such work; thus one of them stated that *“people participate in these activities because they believe these peer groups are the place in which all members have a common voice, in which they can share their lives, their ideas openly. That is seen as a house where they can tell stories that could*

*hardly be told elsewhere. Furthermore, for PLWH for instance, they take part in this work to gain necessary information on treatment, medicine, and organizations that protect and advocate their voice and rights” (male, 46, peer group founder).*

Another reason which contributes to encourage them to join these organizations is their interests in social work. They want to dedicate their lives to improving the welfare of the community. However, there is also a utilitarian motive for participating in such activities, such as gaining professional experience. In the case of a student, he shared: *“The reason why I took part in peer groups’ activities is that I am really interested in social work. I think this work is meaningful to society, so I decided to join peer groups. In addition, I want to accumulate as much necessary knowledge as possible to prepare for my future since I am still a student. I think helping other people in the battle against HIV/AIDS is also one of my reasons to get involved in the peer group’s activities. I believe that once I have knowledge I will know how to protect and prevent myself as well as other people in community, in schools from HIV/AIDS epidemic. I hope to assist more and more people, especially the Youth, by spreading out what I have got from my real life, from those useful activities” (male, 20, governmental peer group member).*

A third motivation to join a peer group is that they desire to promote acceptance among the wider society of their condition as a HIV-infected person and as a ‘deviant’ in terms of sexual orientation. For instance, one of them said *“I feel myself enthusiastic. I care much about the health of high risk people, such as drug users, female sex workers, especially the group of men having sex with men (hereafter referred to as MSM). Thus I co-founded a self-help group named Lighthouse. After a while I realized that the operation of this group brought a lot of benefits to members*

*and to community and to have MSM more accepted in society” (male, 46, peer group founder).*

In addition, to better understand the emergence of peer group as a kind of a civil society organization, it should be noted that the participation of members is voluntary, as already stated. Most informants concurred that they participated on their own accord after finding out about the goal and activities of peer groups. For example, a member said *“when I found out that I was infected by HIV, I was really shocked. At that terrible moment, some of my friends who were living with HIV knew and came to see me. They were those who had much knowledge about HIV/AIDS in general and treatment methods in particular. They confided and shared with me their lives, their experiences and assisted me to overcome that sorrow affair. After going through that time, I really wanted to have those knowledge and information to help the community, especially people who were in the same situation like me, so I joined the peer group”* (male, 40, governmental peer group member).

For most informants who are peer group members, participation is self-motivated and self-initiated. Through many communication channels, such as senior members, communication talks, propaganda leaflets, they began studying peer groups’ activities and attended several meetings. After this trial period, they got involved in the organization. In another context, such as in Botswana, a study on the impact of peer education on HIV prevention among women in Botswana also indicates that all women who take part in peer education did it voluntarily (Norr *et al.*, 2004).

They understand that their participation could help them live better by relieving their mental burden, providing them with an outlet for consultation on treatment and medicine as well as offering them a chance to help others. Because of

such experiences, they feel empowered. As a result, they voluntarily get involved in this work without any demand of payment since they are benefiting from the organization in so many other ways. According to the National Assessment of Peer group, the forms of payment that peer group members can receive range from no payment at all to 30 USD, which is a relatively small sum of money (Dang, Van Khoat *et al.*,1996). A male member of self-help group said: *“I think all peer group members have never thought about interests when they decided to get involved in this work. Many groups, like mine, don’t have any financial support at all”*.

Interestingly, at first, many members only perceive benefits as consisting of financial capital, not taking into consideration the other forms of capital such as social, emotional support or free-medicine, which they can receive from belonging to a peer group. One informant stated *“In the beginning, I came over this group just for fun. I did not know where to go, where I could talk to people comfortably so I came to those peer groups, including my current group to seek relief from the pressure. I did not think about the benefits, especially financial stuff at all. In fact, what PLWH like me really needs is our own community where we can rely on spiritually. Thus when I saw this group having many interesting activities that were suitable for me, I decided to take part in them without consideration. Only after taking part in this group’s activities for a while did I understand the operation of the group and the benefits that it brought to us thoroughly”* (male, 31, governmental peer group member).

Overall, peer groups have been established for and by PLWHA as well as those who have high-risk behaviors for the purpose of HIV/AIDS prevention and control. The participation of members is voluntary. In these peer groups, members have rights to participate and also withdraw at any point in time. Additionally, these groups do not operate for financial gain, but many other forms of benefits are gained

as discussed above. As a result, though not completely independent from the state, Vietnamese peer groups can still be considered as a type of civil society organization because of its nature of voluntary and non-profit work.

#### **10.4. Characteristics**

In this research, “peer group” is defined as similar to “self-help group”. Indeed, they share many characteristics. As already mentioned, Knight and Hayes (1982) argue that there are at least seven characteristics of self-help, including “voluntary activity, members having shared problems, meetings for mutual benefit, sharing of the roles of helper and helped, constructive action towards shared goals, groups run by members and groups existing without outside funding” (ibid: p41).

The first feature which is similar to the feature of self-help groups is that members of peer groups share a common problem or experience. Information collected from peer group members in this study indicates that peer groups under investigation come to exist as a means to deal with a common problem, i.e. the debilitating aspects of HIV/AIDS. Indeed, in the field of HIV/AIDS, peer groups are mainly composed of people having HIV/AIDS or those who are involved in high-risk behaviors. They mostly face health problems as well as stigmatization and discrimination.

Moreover, most of the HIV/AIDS related peer groups are also categorized based on the profile of members, such as groups of PLWHA, groups of men engaged in same sex relation, groups of HIV positive women who were infected by their husbands and the Youth Advisory Group, which includes both HIV- and non-HIV people. Due to the illness and their identity as peers, they are thus equal in status. This is the second characteristic of peer groups which is also similar to that of self-help

group, according to Michael Moeller (1983). As noted by a NGO programme officer, *“though they can be PLWH, drug users or MSM, once taking part in this work, they are all peer educators. “Peer” as you know implies those who are in the same situation, all equal. Hence they can operate anti-HIV activities much better than others because they understand their target group. They know their friends, and then they can communicate more easily. Briefly, their similarity is that they all want to have their own forum to share with each other and assist people who have similar condition with them in community”* (male, 46, peer group founder).

Working for the purpose of mutual help is the third feature of peer groups which is common with self-help group. Subsequently, in peer groups, members described their work as both helpers and those who receive help. Since they were supported and indirectly trained by a senior, they in turn offer help and useful knowledge to newcomers. That is also the most effective aspect of peer education brought to the community. Talking about their dual role, some participants shared: *“I felt I was taken care of when I was here. Other people cared for me sincerely. Thus I decided to stay here and became a key member [to help each other]”*, as stated by a male informant from a governmental peer group.

The fourth characteristic of peer groups is *“constructive action towards shared goals”* which is again similar to that of self-help group proposed by Knight and Hayes (1982, cited by Adams, 1990: p12). All activities are carried out by peer groups with the purpose of preventing and controlling the pandemic of HIV/AIDS, enhancing the population’s knowledge of HIV/AIDS and improving the lives of people living with HIV. That is the common goal of any peer activity, as a female peer group founder shared: *“Each group has its own characteristics and is good at one specific area.*

*Nevertheless, generally their common objective is reducing number of people infected by HIV and eliminating discrimination. They work for the community's benefit'.*

The important characteristic of peer groups is that taking part in peer groups makes its members feel empowered by having a say in the decision making process. They can choose the group with the most appropriate activities that suit their condition. Subsequently, they will contribute more to society. Making their own decision give them of sense of empowerment and becomes the fifth characteristic that peer groups share with self-help groups. Indeed, the literature on peer group shows how this organization wants people to move away from a victim identity (See Adams, 1990).

Another characteristic of peer groups is that peer group operation leads to the improvements of members' skills and knowledge. This characteristic is close to that of self-help groups proposed by Killilea (1976). According to Killilea, "collective willpower and belief in group values emphasize the fact the change is within members' capacities" (quoted by Adam, 1990: p12). Changes are an unquestionable outcome for peer group members. For some members, changes take place when their knowledge has been enhanced greatly upon participation. For instance, a NGO project officer who used to be a peer group member said "*I have known about treatment method that helps me improve my health significantly. In the past I was really shocked when discovering my status. I did not know what to do except for drinking. Now I have many things to do, many friends to meet*" (male, 32, NGO programme officer).

When peers have more knowledge, they are likely to modify their unsafe behaviors, as a member of a male homosexual group shared "*Those activities that we have carried out have changed minds and behaviors of the majority of MSM in particular and people in community in general. People have received necessary*



*information that lead to the important change in their sexual intercourse behaviors”* (male, 22, self-help group member).

Moreover, they can obtain more information about treatments and medication. Consequently, many members particularly feel much better and again empowered after participating in this organization. Their mental burden can be relieved and their lives can also be improved. There is a chain of changes occurring when people get involved in peer group work and most changes are positive. Not only do they have more information on treatment and medicine, they also develop a network of support. As Borkman (1999) demonstrates in other contexts, a network of support is key in order to help people deal with the pain, sorrow, as well as sharing successes and transformations. Subsequently, their health also improves. One informant asserted *“Definitely, changes in both social relations and my own life. In the past I was very naughty. I did nothing but playing. However since being in this group, I realized that I needed to live a better life and should care for other people more. This environment has brought to me a new current of thinking that helps me adjust myself and my life. Now I always attempt to get along well with all people”* (male, 36, NGO peer group member).

The changes in attitudes and opinions seem to occur in every informant who is a peer group member. For instance, a governmental peer group member said *“Taking part in peer activities makes me more self-confident. Now I feel free to make a speech in front of the mass, not like before. I have been educated, trained and provided with many knowledge and skills to mobilize and propagate other people...”* (Female, 29, governmental peer group member).

## **11. The Government's need for peer groups in HIV/AIDS prevention**

Under the distinct political system where the Communist Party holds exclusive power in Vietnam, the room for civil society operations is very limited. However, since the Doi Moi period when the Vietnamese state started withdrawing itself from the commitment of universal education and health care provision, the state has been forced to open up more civil space in order to call for the contribution from civil organizations to these two fields. Because of the severe economic crisis in the late 1970s and early 1980s, the Vietnamese state had to seek participation from the private sphere in terms of healthcare provision. Particularly, with the attack of HIV/AIDS pandemic, the Vietnamese state with limited budget and staff could not provide sufficient and effective services for HIV/AIDS prevention and control. Since the control over society is still the state's leading concern, the Vietnamese government is reluctant to hand over more space to civil society groups. Yet, civil organizations relating to the HIV/AIDS epidemic have gained priority over other civil organizations to emerge and develop due to the threat of the spread of the disease as well as the perceived apolitical aspect of their activities. Hence, in the area of HIV/AIDS prevention and control, peer groups as a form of civil society organization have become the important complementary service provider particularly because of its ability to reach the target groups.

Before investigating the state's need to form peer groups, it is worth examining the current roles that the state keeps playing in this area in order to find out the reasons why the state needs the assistance from these groups. As stated above, due to the specific political system, the Vietnamese party-state retains the foremost power and keeps all levels in society under its control. There is no exception for the area of HIV/AIDS prevention. Basically, the state keeps playing a main role in policy making

and implementation, service provision as well as funding and allocating funds to lower levels.

The first and irreplaceable role of the state in this area is monitoring and guiding society in terms of policy. The state plays an exclusive role in policy making and implementation. Through these policy documents and legal framework, the state exercises its guiding and control over society. In efforts to respond to HIV/AIDS epidemic, the Vietnamese state has increased its political commitments. The National AIDS Strategy was promulgated in 2004 as the most recent and **comprehensive policy document on HIV/AIDS (tell us a few lines about what this policy is about)** and provides the foundation for national efforts. Then, in 2006, **the Law on the Prevention of and Fight against HIV/AIDS (put a footnote and tell us a little bit more on the content of the law)** was passed in order to improve significantly the efforts and effectiveness on HIV/AIDS prevention. However, since the participation of civil society in the policy making process is still limited, the effectiveness of the policy implementation remains a great concern. In fact, there is a gap between the policy and the reality.

Regarding policy administration, the state established the National committee for the Prevention and control of AIDS, Drugs and Prostitution (NCADP) with the coordination of three ministries, including Ministry of Public Security (MPS), Ministry of Health (MOH) and **Ministry of Labor, Invalids and Social Affairs (MOLISA) (Why is this ministry is involved with this issue? What are they supposed to do regarding control of aids?)** in 2004. Later on, the government approved the creation of the Vietnam Administration of AIDS Control (VAAC), specifically for HIV/AIDS prevention task. All activities relating to HIV/AIDS prevention in society are under the control and allocation of these bodies. Besides, the

state has its own discretion in deciding whether to grant approval to civil society organizations' establishment and operation. The Father Front operates as a governmental competent authority which is responsible for managing all social organizations. However, according to Khuat, Thi Hai Oanh (2007), these governmental organizations have not been effective since they have never had sufficient financial and human resources. At the same time, they do not exercise meaningful authority over HIV/AIDS programs. Accordingly, the larger contribution from non-government section is needed in order to improve the transparency and effectiveness of policy making and its implementation.

Secondly, the Vietnamese state keeps playing a main role in service provision. Vietnam has decentralized the primary health care system to the communal level where localities are in charge of preventive, ambulatory, and inpatient services as well as implementing a range of national health programs, including maternal and child health and family planning; program of immunization; communicable disease control; and the HIV/AIDS program. By the end of 2004, nearly all communes had health centers staffed with an average of 4.5 health workers, according to a report on HIV/AIDS policy (Khuat, Thi Hai Oanh, 2007: p32). However, despite those attempts, the capacity of providing full and effective services is still limited. A series of reports on Health have indicated that health centers are staffed thinly, health workers are not enough trained and lack of experiences in counseling, caring and treating PLWH; the accessibility to and availability of medical treatment is insufficient. By mid of 2007, within 64 provinces throughout the country, there were only 24 CD4 count machines. In addition, the high price and limited source of ARV prevent many people living with HIV/AIDS from having chances of treatment (Khuat, Thi Hai Oanh, 2007: p157). Thus, the Vietnamese state needs the assistance from

international organizations as well as grassroots groups so as to approach, assist and provide necessary services for target groups.

The third important role that the Vietnamese state has been playing is funding and allocating funds to lower level organizations. Through its efforts, Vietnam has increased domestic budget allocation for HIV/AIDS activities from \$5 million in 2005 to \$9 millions in 2007. Vietnam also demonstrated its concern regarding HIV/AIDS epidemic through its increased total expenditure on HIV/AIDS prevention, roundly \$29 millions in 2004. At the same time, Vietnam has actively sought international assistance in financing HIV/AIDS activities. As a result, the large amount of foreign funding has flowed into Vietnam and the government has revised the estimated expenditure for HIV/AIDS activities upward to more than \$518 million for the 2007–2010 period ((Khuat, Thi Hai Oanh, 2007: p88). Subsequently, the challenge for the Vietnamese state now is less the lacking of funding but the effective use of this money. In addition, according to the National Health Accounts (NHA) sub analysis for HIV/AIDS in 2004, approximately 66 percent of external funding went to international organizations, 24 percent to the Ministry of Health, and less than 10 percent to local organizations (Khuat, Thi Hai Oanh, 2007). Although in many cases, the funding for international organizations gradually come back to local organizations, funding from donors or from the National AIDS program are then usually allocated through Vietnam Women Union or Vietnam Youth Union which are mass organizations but governmental organizations per se. Thus, according to Khuat, only small amounts of money are spent on the grassroots level. People living with HIV/AIDS and target groups accordingly have little opportunities to get quality treatment and services. Hence, there is a need for HIV/AIDS on the ground groups to

be pro-active in terms of collecting funds as a means to have more chances to access information and treatment.

Overall, the Vietnamese state is still playing crucial roles in policy making and implementation, service provision as well as funding and fund allocations in relation to HIV/AIDS prevention activities. However, the state has limited funds and skills in dealing with the problem, as shown above, it needs the assistance from non-government section. Subsequently peer groups appeared as an answer to the failure of the existing health care institution to take care of their special needs.

### **11.1. Reaching target group**

According to Svenson *et al.* (1998), even though definitions of peer education are diverse, a key feature of this approach has to deal with the principle that “those of the same social group or social standing educate each other about a variety of issues or a special concern” (cited by Parkin and McKeganey, 2000: p295). Peer education model underlines the importance of peer educators sharing similar cultural backgrounds with the target group (Kelly *et al.*, 1991). Subsequently, due to this distinct characteristic, peer group members are able to communicate and mobilize people of target groups easily. With regards to this fact, a NGO programme officer said that “*HIV/AIDS prevention is a communal work with specific target population that normal people or even knowledgeable programme officers, experts can hardly approach. Only PLWH themselves can do that*”. He explained “*their main activities include: disseminating propaganda, communication, peer consultancy, peer care and cross-section advisory in community. Those activities are extremely important that no one else can do but them*” (male, 32, NGO programme officer). Thus peer groups have the capacity to reach target groups that lie beyond the state’s scope of operations.

In addition, the number of peer groups has developed fast, leading to a broader propagation of information on HIV/AIDS prevention. According to a founder of a peer group, *“4 years ago, in Hanoi there were just a few groups, but there are more and more groups formed now, about 20 groups, including drug user groups, homosexual groups, and groups of PLWH, like “mushrooms after the rain”* (female, 36, peer group founder). I found similar findings in the study of Khuat Thi Hai Oanh in which she indicated that despite a lack of support from government-endorsed entities to form official peer groups, the number of such groups has been increasing greatly with the assistance of international and local organizations. She illustrated her findings with the development of the Bright Future Network which presently has more than 1,800 members in 17 provinces (Khuat Thi Hai Oanh, 2007: p26).

Since 1996, the larger number of peer groups allows them to spread geographically their activities, which was revealed in the National Assessment of Peer Group. According to this assessment, peer groups carried out their activities in many settings, from city streets, drug injection settings, café and karaoke bars, gardens and parks to railways, brothels, clients’ homes with each peer group focusing on at least one setting (Dang Van Khoat, 1996). In my research, depending on their own characteristics, each group takes responsibility for concrete tasks and for a specific site which is the most suitable for them.

At the same time, another member from a PLWH peer group told that his peer group carried out activities throughout the city, and even cooperated with many neighboring regions to create the best conditions for PLWH to get access to medicine and treatment sources since his group’ office was located in DD hospital, which *“is one of the earliest and biggest hospital that offers ARV treatment for PLWH in Viet Nam”* (male, 40, governmental peer group member). Peer groups have taken

advantage of various avenues in order to contact as many target groups as possible. As a result, the number of target people who can receive services from peer groups is gradually increasing. It can be argued that, so far, no organization has been reaching and communicating with target groups as effectively as these peer groups, as one state official concluded.

Furthermore, peer group's service can reach an increasing number of target groups primarily because of their diversified operational system. Peers count on communication sessions and even public advisory talks to disseminate information to target groups. Further, friends form an effective communication channel as many peer group members learned about peer groups' operations through their friends. An informant told: *"I had some friends who were working for this group at that time. They were senior members so they understood this group"* (male, 31, governmental peer group member).

Besides, people at risk can consult senior members of peer groups in many advisory departments which are available in some hospital and clinics. This is an additional channel used by peer groups to reach target groups: *"I knew about it when I came to Dong Da hospital to take medicine. In Dong Da hospital there was an advisory communication office in which many senior members of this group came to approach and communicate with PLWH like me. They introduced this group and its activities to me and encouraged me to take part in. Thus I knew about that and decided to join"* (male, 29, NGO peer group member).

Overall, peer groups are better organized than the state in reaching the target group in the HIV/AIDS prevention struggle. Not only are they spreading throughout the nation, but peer groups also approach target groups through many channels, not only formal, but also informal ones, from professional consultancy departments to



peer relations and friends. In addition, through a division of operational tasks and sites, peer groups have a greater ability to reach target groups and to respond more efficiently to their needs.

### **11.2. Service provision**

All groups, regardless of their differences in origin and features, share the goal of controlling and preventing the outspread of HIV/AIDS disease throughout Vietnamese society. The primary objectives of these peer groups are improving HIV/AIDS related knowledge; reducing high-risk behaviors; narrowing down the prevalence of HIV/AIDS infection; and providing support for people living with AIDS (Dang, Van Khoat *et al.* , 2003). These objectives are achieved through a variety of concrete efforts, as listed by the National Assessment of Peer Education in Vietnam such as distributing pamphlets, brochures, condoms; counseling; speaking at conferences, public meetings, clubs; providing home-based care and treatment for PLWHA; providing educational cassette tapes, referrals for HIV testing or rehabilitation for drug users or sex workers (Dang, Van Khoat *et al.*, 2003). By the information collected from respondents, I categorized all activities performed by peer groups' members into three main types of service: consultancy, communication, and care provision.

Consultancy programmes are composed of activities providing information on treatment and medicine sources as well as support services for people living with HIV and those who engage in high-risks behaviors. These programmes particularly help PLWH to locate the best and the most convenient healthcare services and medicine sources through the consultancy department of peer groups or at hospitals. Consultancy services are also provided to instruct PLWHA on how to use ARV in accordance with strict regulations as well as advise them on how to avoid the

unpleasant side-effects. This activity often comes together with the second activity, which is communication.

Communication targets a larger population, including non-infected people. For ordinary people, peer groups carry out activities to enhance the community's knowledge of HIV/AIDS, such as HIV/AIDS infection prevention, healthcare, propagation against stigma and discriminatory attitudes towards PLWHA, etc. As for people holding positions of authority, peer groups make efforts to mobilize them for policy changes in the interests of groups of PLWHA. Communication forms are much diversified, such as setting up cultural exchange programmes, art and musical performances embodying the theme of HIV/AIDS prevention; group communication; the delivery of condoms, clean needles and lubricants, etc. One of the most popular communication campaigns is Behavioral Change Communication programme. This project aims at persuading people engaged in high-risk behaviors to embrace safe behaviors, such as having safe sexual intercourse or the usage of clean needles for injection. Usually, communication and consultancy are often carried out together by peer groups.

The main communication activities of peer groups are plentiful. While a group of PLWHA carry out "*consultancy; communication in community, such as: in high schools, colleges; and taking care of PLWH in the group and their family members*" (male, 40, governmental peer group member), predominant activities for Men engaged in same sex relation group include "*approaching community, communication for behavioral changes, delivering condoms, lubricants and other related materials*" (male, 46, peer group founder).

In contrast, another informant from a self-help group described that they "*set up communication programmes regularly with diversified and various activities such*

*as fashion shows, plays, etc.*” (male, 24, self-help group member). These programmes are believed to attract greater involvement of peer groups’ members by incorporating recreational activities into the dissemination of HIV/AIDS prevention content to the community.

According to Sicacca (1987), “peer health education is teaching or sharing of health information, values and behaviors by members of similar age or status group” (Scicca, 1987 cited by Parkin and McKeganey, 2000: p294). Thus, when possible, consultancy and communication are targeted groups with homogenous personal characteristics regarding age, gender, sexual orientation, which serves to enhance strategies in HIV/AIDS prevention. Besides these activities, peer groups also bring additional benefits through their activities of care provision which encompasses home care and sending-transferring programmes. These activities are considered to be the most typical service of peer groups. An informant from a peer group formed by governmental offices shared “*Our second activity is homecare, of which mental care is the most important issue. We help them accept their condition, provide them information on prevention, assist them to prepare for a new life, a future which is different from the pessimistic and utopian one in the beginning. The next step is health care. That means we give them medical examination and treatment assistance*” (female, 29, governmental peer group member).

Regarding rural areas, some peer groups set up sending-transferring programmes which assist PLWH by sending them to the higher quality healthcare services in hospitals located in urban parts of Vietnam where medical resources are available.

Interestingly, according to an informant of a governmental peer group, her group provides a rather comprehensive set of services that range from accessing the

targeted people, to consultancy and home care. She said “*after approaching target people successfully, we make consultancy to help them stabilize their mental conditions and their lives. We will try to find out their needs and see whether we can meet them. If we can do anything for them, we will. Not only supporting PLWH, we also have activities on assisting their families and relatives*”. This is a rather unusual case since peer groups would rather opt for a division of labor and specialization when it comes to HIV prevention.

Indeed, the division of activities thus depends on the respective characteristics of each group. For example, groups of drug-users with HIV/AIDS will take responsibility of approaching drug-users in the community while groups of women infected by their husband are in charge of taking care of mother and children with HIV/AIDS in hospitals. For instance, “*...while the Dove group majors in taking care of children affected by HIV in the Pediatric central Hospital; or the Milk-flower group specializes in caring for HIV patients in DD hospital and their main financial resource comes from organizing apprentice classes such as knitting class or bag-making classes; or the Belief group only focuses on arts performances*”, as a female governmental official stated.

Among peer groups whose members were interviewed, two groups are carrying out activities focusing on care provision for children infected by HIV/AIDS. The first group works to support the “*abandoned children who are infected by HIV in Social labor Center 02 in Ba Vi – Ha Tay*” (male, 28, self-help group member). The second group composes of women infected by their husbands. Due to their personal roles as mothers, they pay more attention to children affected by HIV/AIDS.

Activities are not only based on the distinct characteristics of each peer groups, but are also divided geographically. Each group will take charge of one area.

The group leader of Men Engaging in Same Sex Relations shared that *“each group has their own field. Since the Lighthouse group was the first group in Hanoi, they have undertaken 4 districts in inner Hanoi. My Green Pine group focuses on the group of male sex workers, thus their members exercise activities mainly in Long Bien district where many hotels and motels are located. The Desire of Living group is composed of pupils and students who are homosexual. They take responsibility for Thanh Xuan and Cau Giay district where universities, colleges converge. As they are students, they understand their target group, which will lead to a higher effectiveness of work. The last group – New world group- has its own way in operation. The main activity of this group is only meeting once a week at one member’s home. In the meeting, they talk and share with each other about lives and other information, receiving condoms and lubricants that we provide”* (male, 46, peer group founder).

By dividing up tasks in such a manner, the numerous forms of activities do not usually overlap with each other, thereby often increasing operational efficiency. A peer group member expressed: *“If there was any contradiction, HIV/AIDS prevention task would not be as successful as today. Both peer groups and governmental offices of health have the same purpose of reducing HIV contamination possibility. In addition, the important thing is that they both must set up a clear target, then there will not be any contradiction since all activities will be directed to reach that target”* (male, 60, governmental representative).

Besides different types of service provision, cost-effectiveness is an indicator which shows the advantage of peer groups over direct state’s involvement regarding HIV prevention. According to Hart (1998), peer education is a relatively inexpensive model of service provision (cited by Parkin and McKeganey, 2000: p307). With the assistance of peer groups, many PLWHA, particularly those who are peer group

members can receive free CD4<sup>18</sup> testing, and even free ARV which is supported by non-governmental organizations. Though CD4 testing and ARV are currently available, resources are still limited. One informant said that he and his peers had taken free CD4 tests and ARV treatments thanks to his group leader. He added “*As we know, having free ARV treatment is not easy. By his fame and efforts, Mr. K did his best to ask for free ARV treatment for all group members. It’s really valuable for us. The ARV treatment in Vietnam costs 1 million VND per month. If a PLWH makes all the payment by his-/herself, he/she will have to pay about 2 million VND each month and it’s obviously a big amount for PLWH*” (male, 28, self-help group member).

In terms of the quality of service provision, it is hard to argue that peer groups can provide higher quality services, especially with regards to treatment because ARV medicine are often provided through state healthcare centers. At the same time, self-help groups and NGO peer groups may experience interruptions funding - a situation that is unlikely to happen for governmental organizations. However, peer groups can still provide services at a low cost. In addition, they offer a comprehensive care scheme, including both mental and physical healthcare while allowing members to save money from medical treatment by acquiring proper knowledge of the illness. Finally, peer groups cooperate with medical centers and state hospitals to enhance the effectiveness of treatment. Peer groups therefore play a valuable role as a complementary agent to the state in providing healthcare services to target groups.

### **11.3. Support Attraction**

Another factor that defines peer groups as a particularly important asset in assisting the state in effectively working on HIV/AIDS prevention is their ability to

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<sup>18</sup> **CD4:** is a large glycoprotein molecule found on the surface of T lymphocytes that serves as the receptor for HIV. The CD4 gene is on chromosome 12 in region 12 pter – p12. CD4 is also called T4 (see more in: <http://www.medterms.com/script/main/art.asp?articlekey=33403>).

attract support. According to Khuat Thi Hai Oanh (2007), in 2004, the total expenditure on HIV/AIDS prevention was approximately \$29 million, which exceeded the estimated amount of \$ 20 million required to finance the National AIDS strategy. Since the state is not able to support all HIV/AIDS prevention related activities at the grassroots level, peer groups played a decisive role by attracting support from both international and domestic non-governmental organizations in order to carry out those activities.

The first form of support that peer groups receive is financial aid. According to informants, almost all peer groups regardless of their type are supported by non-governmental organizations. For example, a male informant of the peer group formed by the Red Cross said that his group was funded by the American Red Cross. At the same time, self-help groups also receive funds from CARE, Family Health International and Health Policy Initiatives among many others. International development organizations want to ensure that the resources reach individuals at the ground-level, which is the main reason behind funding these organizations.

Meanwhile peer groups formed by governmental have supporting sources that are more stable as already stated. Funds from international non-governmental organizations are often allocated through Vietnamese mass organizations, such as the Red Cross, the Youth Union, and the Women Union which are under the direct control of the state. According to Khuat Thi Hai Oanh, “mass organizations such as the Vietnam Women’s Union and the Vietnam Youth Union are referred to as civil society in the national HIV/AIDS program. They receive funding (\$15000 in 2001) from the national program for HIV/AIDS prevention as well as care and support activities. They are also included as representatives in the National Committee for the Prevention and Control of AIDS, Drugs and Prostitution” (Khuat Thi Hai Oanh, 2007:

p25). For groups formed by NGOs, it is clear that they have financial aid from those organizations. A NGO programme officer stressed that *“Now most of financial sources come from international organizations in Viet Nam, of which PEPFAR<sup>19</sup> is the largest fund. As far as I know, this Fund will continue to increase its financial assistance for peer activities next year”* (male, 32, NGO programme officer). Besides, a variety of other international and domestic non-governmental organizations are now funding peer groups that are carrying out projects relevant to those organizations. For example, the group of Men Engaging in Same Sex Relations is financed by COHED<sup>20</sup> – a center of community development to carry out cultural exchange programmes while another group of women infected by their husband obtains support from CARE and the Blanet Institute (**tell us in a footnote what is the institute about**), according to their group members.

In addition to financial aid, international non-governmental organizations also support peer groups through the dissemination of skills. Subsequently, peer groups’ abilities and skills of communication and consultancy have been enhanced greatly. Peer group members are trained and instructed. They have chances to take part in many workshops and training courses that are sponsored by such organizations. These courses develop communication and consultancy skills, creative communication, and also educate PLWH about maintaining nutritional diets. As a one founder of a peer group added, *“those organizations also provide us free training courses and technical support regularly. For instance, in the past UNAIDS assisted us technically, giving us free materials and tools that related to HIV/AIDS prevention propaganda*

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<sup>19</sup> PEPFAR stands for *The US President's Emergency Plan for AIDS Relief* which concentrates on creating and scaling up prevention, care and treatment programs in many countries.

<sup>20</sup> COHED (Center for Community Health and Development): is a Vietnamese organization established in December 2002. This center works for charitable and non-profit purposes and directly belongs to the Viet Nam Union of Science and Technology Associations.



*programmes*” (female, 36, peer group founder). Depending on each organization, they will provide either financial or technical support. For example, a representative of a NGO that has been carrying out many projects on HIV/AIDS prevention told that “*We provide them more technical support than financial one. Some other projects have funded peer groups greatly, rather than us*” (male, 26, NGO programme officer). Besides, “*NGOs can interfere into the process of making policy that assists peer groups to carry out activities*”, as another representative of a NGO mentioned.

In recent years, peer groups have attracted many different funding and technical expertise from organizations, especially international ones. Now, most of peer groups are supported by at least one NGO. This helps to lessen the burden on the state when it comes to carrying out HIV/AIDS related activities. However, according to several assessments, it should be noted that in practice, only a small portion of funding had been spent on the ground (Khuat Thi Hai Oanh, 2007). Additionally, financial resources are often allocated through mass organizations such as the Vietnam Women’s Union or the Vietnam Youth’s Union, which are referred to as civil society organizations in Vietnamese “state-led society” because NGOs or community based organizations and groups “*have not been allowed to act independently*”, as stated by Blanc (2004: p154). Nonetheless, many activists argue that these organizations are more governmental rather than civil society organizations, thereby challenging the idea of a growing civil society. I, however, would argue that the concept of civil society in Vietnam should be appreciated within the specific local context with its unique political characteristics and relationships between the Marxist-Leninist state and society. For the case of Vietnam, the term “state-led civil society” seems to be the most relevant in understanding the nature of civil society, as I will explain in the next chapter.

#### 11.4. Efficiency Assessment

Overtime, peer education programs have been proved to be effective in HIV/AIDS prevention. By investigating *The Rise of Peer Education Approaches*, Parkin and McKeganey (2000) discovered the impact of peer group on HIV/AIDS prevention. They concluded that peer education has **positively influenced (how, tell us)** both educators and the target audience (Parkin and McKengany, 2000). In addition, the findings from the study on *Impact of peer group education on HIV prevention among women in Botswana* reinforced the opinion that peer groups' operations bring effectiveness in HIV/AIDS prevention work by declaring: "peer led AIDS prevention intervention is effective in changing HIV prevention related attitudes, knowledge and behaviors for urban working women in Botswana." Also, "peer group intervention has been successful for commercial sex workers and other high-risk groups in Africa as well as other countries". Norr *et al.* also pointed out that peer group intervention can accelerate the rate of HIV prevention change (Nor *et al.* 2004: p223). Thus, in order to gauge peer groups' levels of operational efficiency, I also asked all informants to evaluate the effectiveness of peer groups in HIV/AIDS prevention and control work. The answers from all informants indicate similarities with the conclusions stated above and emphasize that the operation of peer groups has gained great effectiveness in HIV/AIDS prevention in Vietnam.

On the side of peer group members, all informants said that peer group activities have brought many positive changes to them. The biggest gain from peer groups' operation is education on the topic. With enhanced knowledge about HIV/AIDS, they now know how to protect themselves and the community from HIV/AIDS. Currently, many HIV-infected individuals as well as those who used to have high-risk behaviors voluntarily dedicate themselves to working on HIV/AIDS

prevention in the community. At the same time, they have gained a more positive outlook on life after establishing an interpersonal network of peers. The first example comes from a member of a governmental peer group. He shared his experience: *“Previously, about 10 years ago, I was naughty and a little bit irresponsible. For instance, though I knew I was HIV positive, once my friends enticed me to go out or participate in harmful activities, I would join immediately without any thought or care. I did not mean to contaminate other people intentionally, but I didn’t care about the infection or the consequences of my high risk behaviors at that time. Nevertheless, after getting involved in peer group’s activities, now I have a better knowledge about HIV/AIDS prevention and gain a lot of useful experiences. I’ve had a better sense of the community and I understand that I should protect myself and other people”* (male, 31, governmental peer group member).

In the same vein, changes in knowledge and skills often lead to changes in behaviors which are the most important goal in HIV/AIDS prevention mission. A male member of a self-help group elaborated about his change thanks to harm reduction education since getting involved in the peer group that *“in the past, if we had intercourse, we did not use any safety method at all. Though we knew the potential consequences, we still ignored them. Since participating in this group, I have learned more about HIV related issues and have realized its danger that out of 100 times of sexual intercourse, you might be lucky in 99 times, but just 1 time you are not lucky, you could easily be contaminated by HIV”*.

Such changes that are brought about by peer group activities illustrate the effectiveness of the model of peer groups. In the following example, this woman was not only able to educate her family regarding the illness, but her own neighborhood as well: *“I myself and other members in these groups have changed a lot since being*

*involved in this work. The most obvious benefit that we have brought to community and society is the change in people's minds. As I told you, not only my family members but also my neighbors looked at us differently after we mobilized and communicated with them. Moreover, our group members now have better health, safer behaviors and they know how to share and sympathize with each other. That is the success which not everyone can get"* (female, 29, governmental peer group member).

These findings support Parkin and McKeganey's statement, that "peer education is empowerment" (Parkin and McKeganey, 2004: p307). Subsequently, it is understandable that PLWHA and high-risk people who get involved in peer activities often become healthier both mentally and physically.

For most peer group members, joining peer groups has opened a new opportunity for living differently. They have more friends who are in similar situations as themselves, and this facilitates mutual feelings of sympathy and empathy with each other. Their personal social networks have also been broadened and this has made them more optimistic about their situation. Indeed, as an informant asserted "*It can be said that the lives of PLWH who take part in peer groups are much better than those who don't get involved because PLWH who work for peer groups will have more opportunities to get information and support, especially on treatment and to make supportive friends whereas people who don't will have neither"* (male, 29, NGO peer group member). This opinion is shared by many other informants.

Yet not everyone agrees with such a rosy description. One informant believes that current peer activities are at the average level and not really as strong as she expected. According to her, only peer groups which belong to large networks operate effectively since they have more experience, financial resources and are often

sponsored by organizations. These groups usually have a long history of working in the sphere of HIV prevention and thus have successfully built up their reputation. As a result, they are often the first recipients of aid and support. In addition, they cooperate with each other and have established a sustainable network for mutual help, which makes their coverage broader. *For a Brighter Future* is an example of such a network. In contrast, peer groups which operate individually are unlikely to function as efficiently and extensively as the others since they have limited information, resources and funds. As she stated, the effectiveness can be much improved if self-help groups gain more attention. In fact, the number of self-help groups is increasing dramatically. This statement seems to concur with the idea of Gray (2004) that small NGOs are always at a disadvantage in lobbying and advocating. Nonetheless, she assessed that “*generally its [peer groups’ operation] outcome is quite good*” (female, 24, NGO peer group member).

Furthermore, both NGO officers and Governmental officials also value the operation of peer groups. They evaluated that “*peer groups in Hanoi are operating very effectively, bringing many benefits to community, to society and to themselves*”, according to a male NGO programme officer. He exemplified with the advisory activity of peer groups. Accordingly, he said: “*My project has already set up a training course on HIV/AIDS prevention for 120 PLWH. Previously it was thought that PLWH didn’t need prevention. In fact, without prevention, for instance, if they don’t use condom when having sexual intercourse, will lead to the outspread of infection and surinfection in community. Therefore we advised them, then they in turn would diffuse that information to their communities. Another benefit is that peer group has become a place for PLWH to meet and take care of each other*” (male, 32, NGO programme officer).

Another NGO programme officer also assessed the effectiveness of peer groups' operation highly, that "*The participation in peer groups advances their abilities. Many peers, in the beginning, did not know how to use computer, how to speak in public but now they are very skilful and more confident of making presentation. Some of them even become instructors for other peer members. That peer group members' ability has been enhanced has impacted on the whole community. Previously stigma and discrimination was embedded deeply in society, even within healthcare staff. In people's minds, PLWH were spoilt and disgusting. Owing to communication of peer groups as well as many other activities such as disseminating propaganda, delivering needles or condoms, PLWH assert that they are also living actively*" (male, 26, NGO programme officer).

Even governmental officials who were interviewed for this research also stressed that the effectiveness brought about by peer groups is remarkable. A female official of the Red Cross at the local level thought that "*it would be very good if peer group's operation can remain*". The reason for this statement is that she has realized the effectiveness of peer groups in HIV/AIDS prevention right after her project was launched. She listed several beneficial outcomes brought about by peer groups, namely "*the first outcome was that peer group members' knowledge of contamination risks was improved considerably... Secondly, peer group members were those who could approach and communicate with other people in the same circle with them. That helped to change high risk behaviors within the given circle more rapidly and easily*" (female, 44, governmental representative). Working in the field of HIV/AIDS related peer groups for over ten years, this official witnessed the changes in peer group members as a result of participating in peer groups' activities. She said "*in the project process, PLWH believed much more in themselves. They have also gained*

*much more knowledge on HIV/AIDS prevention. So they do trust themselves and want to make their lives again. Moreover, they like to do useful things for the society, which they were unable to do when they still felt nervous and confused about their situation. Now they pleasantly and actively attended all activities. It's a good result brought by the peer groups. These groups really help PLWH reintegrate in and make themselves useful for the community"* (female, 44, governmental representative).

The efficiency of the peer group operation is simultaneously acknowledged by another female official from the Committee for Population-Family and Children – a state office - who has worked with many peer groups through her current project. According to this official, the reason that peer groups operate so effectively is that *"when peer group members go communicating, their lessons or stories are embedded deeply into the audiences' minds since those stories are real. They could tell us their own lives, the ways they were contaminated and the stigma and discrimination they experienced. If an ordinary people tell those stories, the stories will become hollow and theoretical. On the contrary when peer group members share them, those stories are worth as they are truth"* and *"one more thing is that activities such as delivering needles or condoms, or picking up used needles can be done well only by PLWH"* (female, 26, governmental representative).

So far several authors such as Hart, Milburn, Shiner and Newburn have investigated the reasons for the effectiveness of peer group model in HIV/AIDS prevention in many different contexts. Most of them concluded that inexpensive services and altruistic motives among people in the same situation were the main reason for the effectiveness of peer groups working towards HIV/AIDS prevention. My findings support these two main reasons while contradicting with Wolfers' conclusions who stated that "in Vietnam, peer education is not functioning well

because there is no trust in the peer educators” (Wolfers, 1998: p1). In contrast, evidences from my study show that the operation of peer groups has brought benefits particularly to PLWHA who do trust one another in general. They also can play the role of a “third-sector” in HIV/AIDS service delivery. With regards to HIV/AIDS prevention tasks since Doi Moi, peer groups have gradually become an important healthcare service provider complementing the state. In this domain, peer groups can be seen as the voice of PLWH. However, whether the emergence of peer groups can bring about changes to existing conditions of civil society in Vietnam is another question altogether, and this will be examined in the following chapter.



## **CHAPTER 4: CHANGES IN STATE-SOCIETY RELATIONS SINCE**

### **DOI MOI AS ILLUSTRATED BY THE EMERGENCE OF PEER GROUPS**

Civil society cannot be fully understood without taking state-society relations into consideration. Thus, one of the most important indexes that measure the degree of civil society development is the relationship between the state and society. In Vietnam, though relations may be classified as a variation of corporatism<sup>21</sup> between the state, organization and the market, the latter two institutions are still rather weak in relation to the state. Civil society though has emerged despite being under the strict control of the Vietnamese state. However, among the many civil society organizations, peer groups have, to some extent, become the service provider that complements the state in the field of HIV/AIDS prevention and thus contributes towards changing the relationship between the state and civil society in Vietnam. Hence, to explore the existing nature of civil society in Vietnam, this chapter investigates the relationship between the state, namely the local authority, and the peer groups. From the data collected, this chapter argues that since Doi Moi, peer groups represent a unique case by being able to attain more autonomous space to operate despite the government's relatively tight grip over Vietnamese society.

#### **12. The control of the state over civil society**

The era of Doi moi has brought about changes regarding state – society relations. If autonomous associations were almost forbidden before Doi moi, they

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<sup>21</sup> **Corporatism** is a system of economic, political, and social organization where corporate groups such as business, ethnic, farmer, labor, military, patronage, or religious groups are joined together under a common governing jurisdiction to try to achieve societal harmony and promote coordinated development. Corporatism is based on the sociological concept of functionalism (see more in: <http://en.wikipedia.org/wiki/Corporatism>).

have had more space to develop after Doi moi. However, it is necessary to examine how state – society relations have evolved in the context of a one-party state since 1975. To do so, we need to look at how the political system in Vietnam functions and investigate how the state controls society.

In the one-party political system in Vietnam, the Vietnam Communist Party (VCP) is the most powerful institution and holds supreme control over the society. The VCP has a similar structure to most communist political systems and as Thayer noted, the VCP “was divided into cells and branches that rose upward through territorial and functional structures to the national level” (Thayer, 2008: p3). Thus, for a long time, the political system of Vietnam has been obviously characterized by a “top-down” decision making process or centralization planning.

In the late 1970s, the crisis caused by the deficiency of the socialist model and later on the end the Soviet bloc’s aid led to changes in the political life of Vietnam. The situation was so bad that in the early 1980s that over 70 per cent of the population was living in poverty and the average per capita income was less than \$100 (Le Thanh Forsberg, no date: p1). Hence, reform policy was launched to improve the existing situation by integrating with the global economy. Politically, changes in the Politburo, Central Committee and its secretariats took place. As Dixon realized “many state officials were replaced by lower level and provincial officials” (Dixon, 2004: p20). The Reform policy declared that Vietnam would follow the “socialist-oriented market economy” instead of centralization planning. Due to that policy, much more space opened up for international donors and investors. As a result, the Party’s total control over society has been weakened and this resulted in the birth of various organizations dealing with a range of social issues (Beaulieu 1994, Dixon 2004, Marr 1994 and

Sidel 1995). Such social organizations, such as ones in welfare, health and education have dramatically developed in order to meet the demand of the new period.

Nonetheless, though the reform policy has allowed a greater space for civil society, many scholars argue that the VCP, until recently, “was not supportive of organizational expression of collective identity and interest outside the framework of the Party” as stated by Sabharwal and Huong (2005: p1). They also indicated that despite a rich associational life, in Vietnam “civil society as understood in mainstream development practice has remained underdeveloped” (Sabharwal and Huong, 2005: p1). In addition, despite the issuing of various rules and decrees promoting the participation of citizens, state authorities retain the sole right in granting approval. Studies of both Marr (1994) and Wischerman (2003) once again asserted this role of the Vietnamese state in guiding and steering all societal associations in Vietnam. In the same vein, Zingerli also argues that “Vietnamese leadership is very nervous about broadening political participation, or allowing autonomous civil society groups to emerge. Thus the decree calling for strengthening of grassroots participation was often implemented simply as another party-state directive by local bureaucrats and cadres” (cited by McCargo, 2004: p5). **You need to go deeper in your analysis and give precise examples. Are human rights organizations allow in Vietnam? If yes, how does the state control them? What type of activities are they allow to do? Are they some environment organizations? What are they allow to do? Are they charity organizations? What do they do and what can they do? HERE ADD 5 PAGES OF WHAT I JUST DISCUSSED ABOVE.**

At the theoretical level, Kerkvliet (2001) has synthesized three different interpretations of state – society relations: dominating state, mobilization corporatism and dialogue. According to the “dominating state” interpretation, “Vietnam is a vast

and coordinated party-state which pre-empts alternative and autonomous societal organizations from the national centre down to the grassroots of the village and the workplace” (Womack 1992, p180, cited by Kerkvliet, 2001: p242). “Vietnam’s system is mono-organizational socialism”, writes Garlyle Thayer, in which there is not much space for the organization of activity not link to the party-led command structures (Kervliet 2001, pp238-278). Thayer (1995) used the term of “mono-organizational socialism” to depict the political system of Vietnam. Accordingly, the party exercises hegemonic control over state institutions, the armed forces and other organizations in society through the penetration of these institutions by party cells and committees (Thayer, 2008: p3). Society thus has no significant impact on policy-making and implementation. On the other hand, for scholars who employ the “mobilizational corporatism” interpretation, civil organizations have gained importance because the state needs these organizations to mobilize people to support its programmes and policies, maintain channels of communication between authorities and each sector of society, and manage social and economic groups that otherwise might become unruly. William Turley argues that since non-governmental organizations are few and usually banned (and since the Communist Party retains significant legitimacy), “the power elite have been able to invite popular involvement under its supervision without much fear that things will get out of control...” (cited by Kerkvliet, 2001: p243). Finally, under the interpretation of “dialogue”, the state shows its limits and can be easily influenced by outside formal channels. Nonetheless, all interpretations posit that the Vietnamese state still holds more power over society and plays a decisive role in the policy making process. As shown by Thayer (2008), the VCP maintains its hegemonic control as the highest offices of the National Assembly are held by members of the Central Committee or Political Bureau (Thayer, 2008:

p5). The VCP hence retains its supremacy on power and leadership over the rest of Vietnamese society. These arguments will be re-examined here through the case of peer groups.

The evidence collected about the operation of peer groups as a form of civil society organization contributes to underline the existing control of the Vietnamese state over civil society. The state's control manifests primarily in its requirement of groups to register officially before being allowed to operate legally. According to Article 69 of the Constitution of the Socialist Republic of Vietnam 1992, a more favorable environment for Vietnamese citizens will be created by declaring the right to freedom of speech, freedom of the press and the right of assembly and association "in accordance with the law". By this phrase, these rights are restrained by legislation. In addition, Article 3 of Decree 88/2003/ND-CP requires that all "associations" acquire approval by the "competent state authority" before commencing activities (Government of Vietnam, 2003a cited by Landau, 2008: p251). "Competent state authority" in this case can be understood as the state offices which are responsible for activities outside of the state, such as the Red Cross, the State Healthcare Center at the local level, the local authorities, or The Fatherland Front. These organizations are perceived as the "umbrella organizations" in Vietnam and the leaders of these mass organizations regularly serve on the party Central Committee (Thayer 2008, p3). The Red Cross is a particular case in Vietnam since it is seen as a prolonged arm of the state. The Vietnam Red Cross is defined as a mass organization, a member of the Vietnam Father Front. Hence it is a state office in actuality and is thus often monitored by government officials. Blanc (2004) considers the Vietnamese Red Cross as the only exception that "reproduces the four level

structure of a mass organization (central, provincial, district and commune levels) and receive some funds from the government” (Blanc, 2004: p158).

As previously mentioned, all peer groups must therefore comply with this rule and have to register before operating. For the case of governmental peer groups, they are obviously working under the direct surveillance of the competent offices and sponsored by such offices. In this study, there is one group formed by the Red Cross and one group created through a programme of the Ministry of Health (MOH). For peer groups of international NGOs, according to two representatives of NGOs, they also have to register at the Bureau of International NGO in Vietnam. In fact, one of mass organizations is the Vietnam Union of Friendship Associations, which is “the official agency in charge of ‘people-to-people diplomacy” (Thayer, 2008: p4). This organization controls the People’s Aid Coordinating Committee that “regulates and monitors all international non-government organizations” (Thayer, 2008: p4). In the case of self-help groups, they also must inform the local authority of their existence and activities. According to the Law on NGOs, “associations and clubs should belong to one of the mass organizations or should operate under their umbrella” (Blanc, 2004: p158). In addition, it should be noted that the Vietnamese NGOs are different from a mass organization since “VNGOs do not receive financial support from the government but from foreign NGOs, UN agencies or private donors” (Blanc, 2004: p159). Subsequently, for self-help groups, their direct state manager can be the Communal police force or state office of health. A male member of a self-help group said that whenever his group members want to carry out activity on a site, they need ‘Introduction certificates’ which are issued by the local authority, namely the authority at the ward or district level. This is similar to Kerkvliet’s findings, i.e., social organizations “have not been allowed to act independently: they have been

obliged to register with one of mass organizations linked to the Vietnamese Communist Party” (Kerkvliet, 2001b: p246).

Another sign that shows the extent to which the state scrutinizes activities of peer groups is the requirement to submit plans of activities before carrying them out. That is also in accordance with the article issued by the Vietnamese government which requires all associations to get approval from “competent state authorities”. For governmental and NGO peer groups, peer group members meet monthly with representatives of competent organizations which are responsible for their activities. The female official from the Red Cross stressed that each group of her organization has a meeting schedule. After group meetings, key members of those groups will meet and discuss with the Red Cross’s officials. Through that channel, Red Cross’ officials can get the feedback and information from peer groups’ members. According to her, *“tasks and activities are submitted in the end of each year in order to be well-prepared for the following year. Members are allowed to participate in all activities of the group. Their ideas are proposed and if they are reasonable, they will be approved and carried out in practice. The Red Cross always gives them chances to join the peer group voluntarily and to learn new experiences...”* (female, 44, governmental official). That procedure ensures that peer groups’ plans are guided by the top offices or by the Red Cross and that they do not go beyond what is defined as “reasonable” from a state official’s point of view.

The submission mechanism applied also to NGO peer groups. The evidence comes from the representative of a NGO. According to him, every project of his organization has been registered in the Bureau of International NGO management. He said *“We get all activities and year plans submitted and registered at that office. Only when they are approved by that office will they be carried out”* (male, 32, NGO

programme officer). When he was asked about whether there is any activity that doesn't need the permission of that governmental office, the answer was "*No. All must be approved by that Governmental office. All activities and year plans have to be submitted. Though the Government does not manage directly those operations, all information and activities here should be under the surveillance of the Government*" (male, 32, NGO programme officer).

Another NGO peer group's member corroborates such statement. He said "*it [requirement of approval] depends on specific cases and activities. In cases that PLWH don't want to expose their status or personal information, we must work out activities confidentially to protect them. Yet, apart from those, all activities we perform are based on the plan submitted to the local authority in advance. Upon being approved, we will comply with that proposal correctly*" (male, 36, NGO peer group member). To clarify the word "confidentially", they mean that target groups' identities will not be disclosed to the public; the activity, however, is not out of the control of the authorities.

In addition, an informant who is a self-help group member told that his group sends all reports and proposals on group's activities to the local police office regularly. This information reflects what Marr (1994) observed in Vietnam in the beginning of 1990s, revealing that the Party "stills intends to play an interventionist role in society, on all fronts, at every level" (Marr, 1994: p9 cited by Landau, 2008: p251). Moreover, the observation of Marr was also supported by Wischerman's fieldwork in 2001 which showed that "officials insist on directing, guiding and controlling all societal organizations"(Wischerman, 2003: p886 cited by Landau, 2008: p251).



Moreover, as previously discussed, though peer groups contribute greatly to attract funds from international donors, many of those funds are allocated and monitored by mass organizations which are actually governmental.

Evidences about the operation of peer groups in Vietnam prove that the Vietnamese state keeps controlling civil society activities till now. The findings support many other previous studies on existing civil society in Vietnam which indicate the tight surveillance of the state over society. As stated by Forsberg and Kokko (2007), the Vietnamese state still wants to maintain the lead and a centralized system of development planning. In the same vein, Gray also stated that “it seemed that NGOs in Vietnam were emerging in an environment or social space tightly controlled by the state, and their ability to offer meaningful alternatives to the state approach was very limited” **give a precise example of a ngo working in a field other than health.**(Gray, 2004: p111). Hence, he asserted “in Vietnam, it proves very difficult to define organizations as “non-state” (Gray, 2004: p112). In practice, every activity is controlled by the Vietnamese state in order to ensure that the exclusive power of the Communist Party remains unchallenged. Peer groups as a form of civil society organization are also operating under such state-led politics. Despite such constraint, civil society in Vietnam obviously has emerged and developed due to the failure of the state to provide certain social services. Accordingly, in comparison to other forms of civil society found in other countries, and distinguishing them by the degree of autonomy and independence from the state, Vietnam appears to be a “state-led civil society”.

### **13. Changes in the state – civil society relation**

Though the state keeps controlling the operation of civil society, the Vietnamese state is not completely monolithic. With the birth of Doi moi, the space

for civil society has slowly been opening up in Vietnam; however, that process does not happen uniformly in all sectors.

Compared to the pre-reform period, the grip of the state on society has been more relaxed after Doi moi. The difference lies in the level of participation of civil society. According to the assessment of Heng (2001) and Koh (2001b: p291), the reform policies has made the Vietnamese state become much less unified and authoritarian. It has been recently described as “multifaceted, multisegmented and multilayered, featuring significant local power structures and inconsistency” (Heng, 2001; Koh 2001b: p291 cited by McCargo, 2004: p16).

With regards to our cases, the Vietnamese state since Doi Moi promoted a new guideline called the Grassroots Democracy Decree, which attempts to promote civic participation. In addition, Decree 35/CP defines the new “landscape” for civil society. This Decree allows the formation of private, non-profit social organizations (Sidel, 1995). Analyses of Vietnam have shown evidence that the Party tolerates organizations that operate outside the existing legal framework provided they limit their focus to economic and social affairs (see Thaveeporn, 2001). However, according to Wischermann and Vinh, “the policy of reforms does not have the same impact on all civic organizations” (Wischermann and Vinh, 2003: p215). In addition, Beaulieu (1994) pointed out that “some organizations continue to operate even though they occupy an ambiguous legal position in relation to the state” (Landau, 2008: p252). **DEVELOP 2 PAGES, give concrete examples of organizations working on various fields.** Civil society organizations that can find a way to work in a limited space are those that work on HIV/AIDS prevention. The local associations working on HIV/AIDS occupied “a shadowy realm” between other HIV/AIDS organizations and the Vietnamese state, as Blanc noted (Blanc, 2004: p163). Even though there has

not been an official legal framework for the operation of peer groups, this kind of civil society organization has attempted to exploit the limited legal scope for autonomous associative activity as best they can. For instance, community based organizations working on HIV/AIDS prevention, such as peer groups, “take advantage of windows of legal opportunity, notably the Party’s Central Committee Decree No 52-CT/TW of 11 March 1995, which urged everybody to fight the AIDS epidemic” (Blanc, 2004: p160). In addition, as already explored, peer groups play a particularly important role in assisting the state in healthcare service provision and HIV/AIDS prevention and control. As a result, they have been given more space to operate though there has not been an official legal framework for their operation. The “mono-corporatism” interpretation seems to better describe the case of peer groups. The state uses these groups to support its HIV/AIDS prevention programmes and policies. Peer groups’ role as a “third-sector” is reflected clearly in its efforts towards changing state – civil society organizations relations. In addition, peer groups do not appear to be a challenge to the state’s power since they have been politically incorporated or co-opted, through various means into the state’s structure. Overall, the state appears to be more tolerant of these peer groups as they are an answer to the failure of the health care system to respond to the special needs of the HIV/AIDS infected people. Hence, peer groups represent an exceptional case of civil society since they have a relatively greater space to operate and contribute to changes in state-society relations than other organizations perceived as representing a more ideological threat for the state.

The control has changed in terms of intensity and form toward peer groups. Firstly, change is found in the way the state relaxed its grip on peer groups by leaving them a certain space to operate at their discretion. Though the state requires all associations to acquire approval, it still leaves a space for peer groups to work.

According to informants, although they should submit all plans for activities to the competent governmental offices, they are formulated and implemented independently by members of peer groups and are free from the state's direct intervention. Accordingly, the participation of peer groups in HIV/AIDS related activities have been intensified and is gradually becoming more boisterous. Peer group members now are ready to express their ideas and contribute their voice to social issues. Consequently, they are occupying a stronger position in the decision – making process relating to the area of HIV/AIDS prevention. Meanwhile, the governmental office only takes responsibility of scrutinizing and commenting on the proposals of the peer groups. The control becomes less direct and there is more engagement between peer groups and state officials. According to a representative of a NGO, the control of the Government is mostly on reports of activities rather than getting involved in their work: *“At the beginning of every year, we must hand in our proposals and accounts of planned activities to NGO management office. That is a governmental office which manages operation of all international NGOs in Vietnam. That means we need to get their approval, but upon having permission, we are free to carry out activities. For unexpected activities we also need to report to that office. Nevertheless they never make difficulties to us”* (male, 26, NGO programme officer). However, he also added *“I think they just want to know what we are doing. In case that we get into trouble, they can testify or clarify answers to related organizations. If we don't do that, we push ourselves into problems. I feel that recently civil society organizations in Vietnam has developed significantly, they even formed their own network, thus policies and operating environment have been more open compared to 5 or 7 years ago”* (male, 26, NGO programme officer).

The official from the Red Cross also asserted that “*members of the peer groups managed by the Red Cross in DD District all grew up; they thus know how to make a plan or a suggestion by themselves and send it to organizations. The Red Cross only gives some compliments and comments or some additional information which is necessary for peer group’s participants on their way to find financial support. They almost do it on their own so now many of them have much more experience*” (female, 44, governmental official).

Thus, even governmental agencies now give room for peer groups to work autonomously. Governmental officers let peer group members decide what they require and intend to do by encouraging them to contribute opinions during the formulation of proposals as well as carrying out the activities; this can influence the policy making process.

Secondly, the state is changing its attitude toward such civil society organizations and such changes can be denoted in the way the local authority, as a state representative, cooperates with peer groups in carrying out HIV/AIDS prevention activities. This is part of the overall *doi moi* evolution to shift the economic burden of social services from the state to the individual.

When peer groups first started to operate, there was conflict between them and several governmental offices. According to peer group members, the mismatch occurred not only between some governmental agencies and peer groups but also among governmental offices themselves, where ministries seem to work in parallel rather than collaborating together and defining a unified policy on the matter. A peer group told that “*Whereas the Ministry of Health (MOH) encourages PLWH to be more active, to participate more in peer activities; the Ministry of Public Security (MPS) prevents PLWH from doing that. They are contradictory with each other. Take*

*one activity of peer group as an example. When peer group members deliver free needles and condoms, MOH encourages us to go all places to carry out activities aiming at reducing the harm and the HIV transmission ability for drug users and prostitutes. In the meantime MPS thinks that activity will abet drug users so they try to restrict peer group members, even arrest them. There are many cases in which peer group members bring with a large amount of syringes and condoms, to distribute in community, they are thought to help drug users or prostitutes illegally, which brings about the fact that some of them are even imprisoned 2, 3 days”* (male, 28, self-help group member). These findings are supported by Blanc’s study which recognized that “previously preventive education programmes aimed at prostitutes or drug users were considered illegal, because of the illegal activities in which the target group were engaged” (Blanc 2004, p160). Similarly, Wischermann and Vinh concluded that in Vietnam “there is a lack of common understanding of a proper division of work between Government and civic organization” (Wischermann and Vinh, 2003: p216). According to them, some or even many state officials have much comprehension of certain types of civic organizations’ activities, “which tasks could be carried out or are already being carried out by (which) Civic organizations, which roles such organizations could play or are already playing, and which modes of relationships between governmental organizations and Civic organizations are suitable so that such organizations can carry out their respective tasks and play their respective roles” (Wischermann and Vinh, 2003: p216). Hence the fear from the old Communist guards that such organizations get out of control and become a potential political threat to the political system.

However, according to peer groups’ members, the difference between peer groups and other CSOs is that the effectiveness of peer groups has been gradually

acknowledged by the various state institutions while the operation of other CSOs has not. Since peer groups' operation has been acknowledged, they have attained an increasing influence, and gained more support and encouragement from the state compared to other CSOs. An informant from a peer group highlights the changes in their relationship with the local authority and states that, *"In the early time we faced many difficulties in working since the local authority did not understand. Neither community nor the authority here knew about what we did and how the outcomes would be. That led to the conflict between two parties. Now what we have done is acknowledged to bring great benefits to the community in general and PLWH in particular. Hence the authority now starts encouraging and supporting us. For example, when we approach community to disseminate propaganda, they will appoint an officer to assist us"* (male, 36, NGO peer group member).

Sharing a similar experience with this informant, another male peer group member stressed *"Previously our group and the local authority, especially the local police office, were in contradiction. Overtime by our activities and outcomes that we have gained, we indicate the meaning and the effectiveness of what we've done so they gradually understand and support us more than before. Particularly we have a really good relationship with the local healthcare center"* (male, 29, NGO peer group member). Hence we can see a case of complementary relation between a peer group and a health care institution where their respective domain and mission are compatible.

In the course of doing fieldwork, changes in attitudes of the local authority towards peer groups were detected when a governmental representative made the following comments *"In the past the operation of peer groups in localities faced a pile of difficulties. However recently they have been supported partly. I said "partly"*

*because in the eyes of some local offices, especially the Police's, peer groups' activities such as delivering needles or condoms are considered as doing a favor for drug users. Occasionally when peer educators are working in the field, the local police force come to arrest them, which makes peers hesitate to carry out activities in community"* (female, 26, governmental official). At a more general level, Forsberg states that the Vietnamese state wishes for international integration and the development of the economy, hence the state tries to foster a more a favorable environment and offer inclusive reforms to reach this goal (Forsberg, 2007: p1). One of these strategies is to promote civil society. Due to such policies, peer groups also have an opportunity to obtain a more conducive environment to operate in.

In addition, the local authorities' attitudes towards peer groups are exemplified by their support to peer groups. For instance, the governmental offices can provide technical assistance, such as setting up training courses or workshops to disseminate HIV/AIDS related information and treatment methods. For instance, the representative above added that the Red Cross has organized a nutrition class for pregnant women in their peer groups. She was proud that many members of groups under Red Cross's supervision had been trained to be lecturers for nutrition and creative communicators. One informant of this kind of peer groups confided that *"frankly we all are grateful to the Red Cross for bringing to us jobs, a community for pleasure and share, and a place to rely on. Thus there is no reason for them to oppose the leader or the managers from the Red Cross"* (male, 31, governmental peer group member). When this informant was asked about the support from the local authority, he said he had not seen any direct support from them but he thought the local authority might assist his group through the Red Cross of the district. As indicated above, mass organizations play an important role in mediating the relationship



between the state and the civil society organizations. Many international donors provide aid to civic organizations through these mass organizations. At the same time, mass organizations are those which help the state monitor the operation of grassroots associations. This situation indicates that the state uses different channels to police external activities. Nonetheless, these channels are also the measure used by the state to hear from the grassroots. Actually, the government officials often take part in peer groups' meetings to listen to opinions and give them advice. To some extent we could argue that peer groups and local officials through their collaboration are indirectly creating a coalition which is influencing a third party, in this case state's higher spheres which determine which civil organization can exist or not.

In the case of peer groups formed by the Red Cross whose members were interviewed for this research, peer group members often attend meetings with the Red Cross's officials. According to the representative of this organization, the Red Cross officials obtain feedback and information from peer group members through this channel. Hence, they can assist peer groups to find financial resources or to comment on groups' activity plan. This can be viewed as a form of grassroots consultation used by the state, thereby the Vietnamese state is not totally monolithic. For more information, the most important achievement gained through this measure is that PLWH have successfully contributed their opinions to the Law on HIV/AIDS prevention. This is similar to what Chris Dixon concluded, that the Vietnamese state "always permitted considerable divergence of views on regional practices, along with well-established mechanisms for consulting the masses" and under Dixon's lens, VCP is "considered as 'absorbing' rather than 'repressing' dissent" (McCargo, 2004: p3).

Furthermore, the local authorities now offer various forms of support to peer groups, ranging from financial, material and human resources. In the opinion of a

NGO officer who used to be a peer group member, the local authorities in many provinces now have expressed their support of peer groups' operation. In practice, the degree of support depends on the perspective of each local authority. He said *“generally, in big provinces or cities where I have worked with, such as Hanoi, Ho Chi Minh City, Quang Ninh, Hai Phong, I think the local authorities really care about those activities. Their care is shown through their specific support. In the past when self-help groups operated in community, the local authority often obstructed their activities. But now they have created better conditions for peer group's operation. At the same time policies of each province has been changed to be compatible with the practice. That indicates the intimacy of leaders to peer operation”* (male, 32, NGO representative).

Regarding resources, local authorities tend to provide more technical assistance, such as communication materials, technical consultancy or support in raising funds or legislative documents rather than providing direct financial support as they do not have enough resources. A coordination relationship between peer groups and local authorities develop when peer groups become dependent on local state officials for material goods and legal support. Support from the local authority is also the result of the increasing advocacy of the state towards the model of peer groups, which has positively impacted these groups to a large extent. Talking about the support peer groups receive from the local authority, an informant told *“we have received a big support from the local authority, especially from Women Union in Thanh Xuan district, which is supported by the central state. They have supported us, asked organizations for fund for us and helped us a lot in carrying out activities in communities. We have been invited to perform plays in blocks in order to disseminate propaganda, sharing experiences on HIV/AIDS prevention sometimes. In this district,*

*the police staffs even don't make difficulties to us*" (female, 28, self-help group member).

Another opinion comes from a participant of a governmental peer group. She said *"we have received a lot of supports from the local authority. For instance, they participate in all activities that we organize. In cases that they do not take part in, they will not make any decision that may influence on the group's operation. In general, the local authority as well as other governmental offices don't have enough financial resources to allocate, thus they just advocate us in terms of mentality or legislative documents"* (female, 29, governmental peer group member).

Realizing the importance of the support from the local authority, one peer group founder even took an initiative in asking the local authority to sponsor her group. After she established a peer group as a self-help group, she actively asked the People's committee of her ward and ward's healthcare center to be her group's direct supervisors. Hence the effectiveness of coordination and subsequently the right to exist for civil organizations are linked to their capacity to create a strong tie – in this case, even a merger – between peer group and local state authorities. As a result, her group has gained much support from the local authority. She said *"we expected them to manage and orientated our operation. Presently the People's committee of Tay Ho ward is our manager. Under its management and guidance, we don't have difficulties in carrying out activities in community"* (female, 24, governmental peer group member).

Support has not only been provided in the area of technical expertise and logistics, but there are some locals in which the authority leaders provide great financial support to peer work, such as Quang Ninh as a governmental officer told. He said *"there People's committee has set a big amount aside to expand the operation of*

*peer groups. Previously, Quang Ninh had only 3 points of project. Then other wards, districts realized benefits that peer work brought about, they spend more budgets on establishing peer groups and expanding their operation”* (male, 46, governmental official). He also provided more information on the concrete case of Hanoi where the local authority seems to care more about the area of social work, due to the large number of HIV/AIDS cases. He said *“in Hanoi we receive the support from the local authority at all points of the project. Activities last year were financed by international organizations. However, they only provided that financial resource upon the accomplishment of the project. Therefore, the local authority or offices in charge help us by advancing us an amount on our payment. Without that advanced amount, peer groups can hardly operate”* (male, 46, governmental official).

Nonetheless, the perception of what constitutes “support” differs among my informants. Most informants consider the support of the state as its provision of either funds or materials and advices. However, there are also some informants who consider non-interference from local authorities as a form of “support”. As one informant from the NGO peer group stated, *“We always attain the advocacy from the authorities. As the matter of fact, they hardly bar our activities but they don’t really care about us as well. That means they don’t set obstacles to us but they are not enthusiastic to take part in our work”* (female, 25, NGO peer group member). There appeared to be an implicit compromise between the local authorities and people that: in return for permission to operate and develop, peer groups accept to conduct themselves politically in accordance to the rules of the party-state. They are also willing to adjust to meet the requirements of the new economic order (Fforde and Goldstone, 1995: p100). At the same time, some local state authorities also agree to open up more space for the operation of peer groups because peer groups are

beneficial to society. This view was once described in the study of Marr (1994: p14). He found that many NGOs in Vietnam tended to work within the framework imposed by the Party, both legally and more informally and considered it as the expression of consent within society. Despite the strict control of the state, the operation of peer groups has made the local authorities reconsider their relationship with civil organizations, particularly in the area of HIV/AIDS prevention. Though the changes in other spheres are not really clear, it is undeniable that the relationship between the state and society has undergone significant change. The emergence of peer groups had contributed more to an exchange of ideas between the state and society rather than a top-down model when it comes to dealing with the HIV/AIDS crisis.

Besides, the impact of the emergence of peer groups on the relationship between the state and society is continuing to evolve due to the efforts of peer groups in influencing the policy making process. As already stated, because of the distinct political system in which the state dominates all social sectors, the society has limited influence on politics and the policy making process, particularly before Doi moi when autonomous organizations were banned. Nevertheless, recently several peer groups started to become more vocal as a means to contribute to policy making process and mobilize more support and resources from the government. Since Doi moi with the 1992 Constitution, the relationship between the party and state has been redefined, resulting in a greater independence for non-state institutions. According to Heng (2001: p219), this policy could be a start for a more open political environment in which citizens can hold positions of leadership and be legally accountable. Thus, the growth of civil society should be further encouraged and nurtured. Though the evidence may not be clear yet, several informants shared that their peer groups were attempting to mobilize the local authorities to join them in the HIV/AIDS prevention

fight. Again forming a coalition can be a means to influence the legislative body, for instance. According to a leader of a same sex relationship peer group, its members were trying to launch a campaign for advocacy within all levels of the state's institutions because he thought that the prejudices and discrimination is still pervasive even among governmental officers, which severely limits the effect of Law on HIV/AIDS (male, 46, governmental officer).

In another case, a female interviewee who set up a peer group of HIV women shared that her group was also asking for more advocacy and engagement for their cause from the local authority. She said *“I am still mobilizing the supporting resources of organizations in order to eliminate the discrimination to HIV people, especially to HIV and HIV-affected children; and campaigning for free or cheap treatment programmes. Now, we must also campaign for the second level medicine for PLWH and then jobs for them since when they are healthy, they have a need of living and working. According to the report of AIDS prevention office or based on situation of Vietnam, most of PLWH are at the working age, if they have not got jobs, there will be a waste of labor force. Besides, there are still a lot of the poor in our country. Thus I am trying to help them find suitable jobs”* (female, 36, self-help group founder).

The attempt of influencing policy lies particularly within the objectives of peer groups formed by NGOs toward a more active participation of civil society in the running of society and indirectly promoting democratic ideals. One representative of a NGO whose organization works on HIV/AIDS policies emphasizes their contribution to policy makers with regard to HIV/AIDS prevention and control. The advice that they gave resulted in the creation of a more favorable legal environment for the existence of peer groups, which had a positive impact on their work. He stated *“We*

*understand that changes in policy play an extremely important role in lives of PLWH, hence this project makes all efforts to get along well with as many authorities at all levels as possible to make it more comfortable to canvass for more support for PLWH. For instance, when Law on HIV/AIDS prevention has not been issued, peer groups often operated spontaneously. They did not get any support or protection. Sometimes when they were attending group meetings, local police came to inspect, or even arrest members because they thought members were gathering to use drugs. Since this Law came into effect, PLWH has benefited greatly. That Law says that people should support, advocate and encourage groups of PLWH to set up and to work out projects for community and society in general. That creates a legal environment for the operation of peer groups without the fear regarding to policy” (male, 26, NGO programme officer).*

In addition, according to the founder of several peer groups for the same sex relations, his groups also aim at mobilizing more support from the local authorities. As he said, they are attempting to launch a campaign for advocacy from all levels of the authorities on the behalf of our groups (male, 46, self-help group founder). The support of state authorities is important in gaining legitimacy in the eyes of local communities, especially since homosexuality is often perceived as a “social evil” originating from the West.

Each group has its own way of impacting on the policy or the views of the local authorities. For the *Lighthouse* group (the name of a same sex relation peer group), its members have set up conferences on HIV/AIDS prevention to attract human resources, policy makers and invited local authorities to attend them. One member as an informant added “*we focused on promoting the involvement of people in the same circle and policy makers in changing the attitudes of local authorities*

*toward MSM as well as those peer group's operation. All those activities aimed at campaigning for peer group's support. In many districts, such as Hoan Kiem, Hai Ba Trung, Dong Da, Cau Giay, we usually held conferences, forums or communication talks to attract the care and support from local authorities"*(male, 24, self-help group member).

What I found in this study seems to contradict several studies **cite them (name, year; name, year)** on the situation of civil society in Vietnam which argue that civil society organizations have little influence on the policy-making process. However, as already stated, peer groups represent a rare case of civil society organizations in Vietnam which are encouraged by the state due to the social, rather than political work they do. However, their impact on general state-society relations is still limited. Together with the reform policies in the era of Doi moi, the efforts and contributions of peer groups have somewhat modified the relationship between the state and society. Indeed, the local authorities gradually gave peer groups greater autonomy which is reflected in their support in terms of finance or technical help as well as its more tolerant attitudes towards these groups. Incrementally, the voices of these groups have been heard and it contributes to enhancing the fledgling civil society in Vietnam. Finally, the greatest contribution they have made is their influence in policy-making of the Law on HIV/AIDS prevention.

It is still difficult to ascertain if the emergence of peer groups can bring about a more drastic change in the relationship between the state and society, but findings from this study support that "the current interplay between government and civil society groupings in terms of CBOs and NGOs, or 'institutional environment', appears to be shifting from a total state domination of development activity, to an



acceptance of the contribution that other players may bring” (Sabharwal and Huong, 2005: p2).

#### **14. Assessment of the relationship between local authorities and peer groups**

To go deeper into the changes in the relationship between local authorities and peer groups, this research asked all target subjects to evaluate the current relationship between them. The opinions from all three sides support the argument that the emergence of peer groups has improved the relationship between peer groups, civil society and the Vietnamese state. Interestingly, for groups which are formed by governmental offices, the relationship is based on closer rapport. An interviewee from a peer group formed by the Red Cross at a local level shared that his group has got along very well with the local authority and his group has obtained more care and support than ever before. He added *“the Red Cross here has done their work of supporting us very well. We have an extremely high opinion of what they have done for us in particular and for the community in general. In addition, the Red Cross staff is very friendly, courteous and gentle when interacting with such people from all backgrounds like us”* (male, 31, governmental peer group member). Furthermore, the interviewee even confided that *“I asked myself that why the Red Cross of other districts could not establish such peer groups like ours”*. Such statement shows the close connection between this peer group and the Red Cross, which is willing to advocate more help and understanding on their behalf. As a matter of fact, the Red Cross in this local area has a good reputation for peer activities and is one of the first offices which pioneered in HIV/AIDS related peer education. [To ensure the confidentiality for informants, the details about this organization will not be provided].

Besides, another assessment comes from a NGO officer who used to be a peer group member. In addition, he is now working on supporting peer groups through an international NGO which focuses on policy intervention. He judged that, *“The relationship has gone well up to now. The local authority has advocated promoting the involvement of peer groups in HIV/AIDS prevention task”* (male, 32, NGO representative).

Regarding another case, when being asked about whether his group could receive any support from the local authorities, a leader of a same sex relations peer group answered that *“the care from all sections, organizations, governmental bureaus and departments, Ministry of Health and people with enthusiasms is one of our advantages. Therefore we are often supported by them when carrying out activities. Even some individuals who know and esteem our groups are always willing to assist us to fulfill the task though they don’t have anything in exchange”* (male, 46, peer group founder).

The care and support provided by authorities differ among locals. However, in almost all cases, the operation of peer groups are often acknowledged and provided with assistance from the state. That could bode well for the future development of civil society in Vietnam.

A governmental officer who got involved in establishing a peer group said *“Before establishing any peer group, we usually set up a network of relations with organizations, competent offices and the local authority. We mobilize them to support our groups’ operation. The first support that we need is their approval legally. As a matter of fact, the local leaders often facilitate this aspiration since peers are clever, agile and active on the work. As a result they can persuade those organizations and offices”* (male, 46, governmental official).

In addition, the officer from the Red Cross also asserted that her office has a good network of relations with many related partners, such as The HIV/AIDS prevention Department, the Center of HIV/AIDS prevention - Hanoi and the People's committee. At the same time, the leader of the Red Cross is also the vice-chairman of the People's Committee and my informant holds the executive secretary position. Hence, peer groups' operations seem to function smoother when they have a close linkage with governmental offices. This informant clarified that because of such a close connection, *"almost all suggestions and ideas are supported and accepted"* (female, 44, governmental official).

Another opinion comes from the representative of NGO which sponsored many peer groups in the research site. He said *"Our organization majors in policy, as I told above, we thus always try to create and maintain a good relationship with both local authorities and offices at higher levels such as Party organizations, Ministries, and governmental departments and bureaus. Based on those relations, we have contributed to and adjusted strategies of policy campaign appropriately"* (male, 26, NGO programme officer).

Besides the majority of positive evaluations on the relationship between the local authority and peer groups, there are also other less favorable opinions. According to the leader of several same sex relation peer groups, though his groups have made many efforts to call for supporting their groups' activities, he still thought that the attempts to influence the policy-making process was hard *"since authority in some locals is not on the same side with us as well as other peer groups. For example, in hot spots, whenever they see a group of people gathering, they at once dispel us. In some other cases our peer educators must go for communication late at night because of the distinguishing features of target group, but the local authority does not*

*understand so they prevent us from operating. Though the Law on HIV/AIDS prevention was issued, the authority in some wards still has prejudices. That Law or related documents are only effective by Vietnam Administration of AIDS' control and Hanoi center of AIDS prevention. Except for them, some other governmental offices still make difficulties to us"* (male, 46, self-help group founder). **Explain, bring literature on the topic.**

One informant thought that although the relationship was strong, many peer groups still lacked support from the local authority. The reason for the emergence of peer groups arises from the fact that issues on HIV/AIDS have not got enough support from the authorities. He said *"I think the authorities at all levels have many different concerns and HIV/AIDS is only one of them. Thus the operation of peer groups usually lacks financial support since the government does not have enough budgets to allocate to all matters. In fact authorities often give priority to the issue of economic development rather than HIV/AIDS issue. To tell the truth, up to now if there had been no programme or project from outside, very few PLWH in Vietnam could have an opportunity to receive medicine and treatment services. Therefore our organization's goal is drawing authorities' attention to HIV/AIDS related matters. We attempt to indicate that HIV/AIDS prevention should be seen as a factor of social development as well, then call for more funds and care from the Government to improve lives of PLWH. That also motivates PLWH to contribute more to society"* (male, 26, NGO programme officer).

Overall, the relationship between the local authority and peer groups is assessed to be improving by the majority of the informants. Opinions seem to express positive attitudes toward the relationship between the state and society, but also indicate that the political issue of civil society remains too sensitive to be discussed in

public. As a result, the negative side or more conflictive aspects of this relationship becomes difficult to access, which is a limit to my research. Still, my findings are can be trusted and perceived as making a contribution to the field of HIV/AIDS in civil society in Vietnam since it questions several studies, such as with Blanc when she argues that “the value of CBOs’ work has never been officially recognized” (Blanc, 2004: p162). According to Blanc, “community-based organizations working on HIV/AIDS continue work largely unrecognized by the state, and have not been very successful in “mainstreaming” the problems of deprived and marginalized groups” (McCargo, 2004: p9). Blanc did not enough take into account the local context as well as the values and norms of Vietnam, rather she largely opted to apply a Western approach to the study of civil society.

Besides peer groups, there are many other kinds of civil society organizations contributing to the positive changes in the relationship between the state and civil society. Though each type makes contribution on their own way, generally they have created a greater space for the development of civil society in Vietnam. According to a research conducted by UNDP and SNV (Netherlands Development Organization) based on Civil society index, the current structure of civil society in Vietnam is composed of four main groups: mass organizations, professional associations, VNGOs and CBOs (Norlund, 2007). Among these four groups, mass organizations play a crucial role as they have an influence in and specially a close relationship with the Vietnam Communist Party. There are six core organizations classified as mass organizations, including: the Father Front, the Vietnam Women’s Union, the Vietnam Farmers’ Union, the Vietnam General Confederation of Labor, the Vietnam Veterans Association and the Vietnam Youth Union. In addition to mass organizations, professional associations include two subtypes: Sponsor associations and professional

associations. The third group - VNGOs is the one that is making significant contribution to the society through a variety of activities. Compared to other three groups, these organizations have lots of initiatives, however, they usually lack financial resources and have little influence. The last type is CBOs which are normally established in the purpose of improving people's life. According to Wischerman, the boom in **civil society organizations occurred between 1990 and 2000** (2003) **Be more precise tell us what types of civil society emerged: educational organization, civil right, etc..** Since the era of Doi moi, civil society though has not been accepted as an official concept, it has existed and developed greatly within Vietnamese society. The study of Wischerman revealed that in Spring 2000, there were 706 civic organizations<sup>22</sup> in Hanoi and Hochiminh city. In addition, the report of CIVICUS in 2005 then also added that there are around 140,000 CBOs and 3000 cooperatives in Vietnam at that time. All those figures demonstrate the rapid growth of civil society organizations during the past few years and that civil society in Vietnam has gained a certain position and status in relation with the state.

In the study on civil society in Vietnam for UNDP and SVN using civil society index, Norlund made a critical conclusion on the relationship between the state and civil society that firstly, in Vietnam mass organizations do not have a high level of autonomy from the state whereas the grassroots groups are more autonomous compared to those at higher levels (2007). In addition, among different types of civil society organizations, mass organizations have the closest relationship with the state. Norlund notes that civil society has a considerable impact on poverty reduction and people empowerment. Nonetheless, it does not have strong impact on social policies

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<sup>22</sup> Wischerman used the label "civic organizations" to define "all heterogeneous group of non state, voluntary, non-profit – oriented social organizations. They are civic in the sense that they articulate interest and affect policy" (2003: p867-889)

since the state remains the decisive force in policy making and implementation process. Furthermore, Vietnam lacks a favorable environment for civil society to operate effectively as the old guard within the Communist party and various institutions fear social change.

In order to provide a more solid grounds for the argument on the change of relationship between state and civil society in Vietnam, rather than merely placing emphasis on the empirical evidence collected from peer groups, this study borrows results from another research on civil society to illustrate clearer changes in the relationship. That research focused on issue-oriented organizations which are defined as “a specific subtype of civic organizations, which are active on different political – administrative levels in many areas...” (Wischerman, 2003: p871). According to this study, there were 302 issue – oriented organizations in 2000. **The reasons for their establishment are because they had to face much opposition from the authorities, and many people share their interest in solving social problems and assisting those who need help. Rewrite, does not make sense.** Interestingly, this study found out that founders in Hanoi seemed to be more interested in impacting policies than those in Hochiminh city. **Why such regional variations, explain.** Furthermore, organizations in Hanoi focused more on activities regarding research, gathering, dissemination of information and offering services while those in Hochiminh city underline concrete and instant action to solve social problems. Particularly, this study assessed the relationship between the issue-oriented organizations and governmental organizations through the level of cooperation between two parties. Results showed that 37% organizations in Hanoi and 60% of organizations in Hochiminh city find it easy to work with governmental organizations (Wischermann, 2003, p879). Moreover, 52% of organizations in Hanoi and 62.9% of organizations in Hochiminh

city admitted that they had a certain degree of independence. However, there is a high degree of control and guidance and even direct intervention of the state over these organizations. From all data collected, Wischermann concluded that Vietnam is conceding the emergence of new civic organizations, yet keeping them under strict control” (Wischermann, 2003: p889). Clearly, this conclusion is relevant to what I argue in this study that contemporary Vietnam has a “state-led civil society”. Furthermore, it shows the changes in the relationship between the state and civil society organizations under the new situation of Vietnam.

Overall, HIV/AIDS is not a political or ideological issue per se, but it is rooted in economic and public health concerns. The gap between the needs of the people living with HIV/AIDS and the provisions of the state has brought about greater space for new organizations to emerge as campaigning organizations and service providers. Among those organizations, peer groups emerged and have developed dramatically because of their advantages in complementing the state. Hence, peer groups have gained the support from most of the local authority. The information collected from this research shows that the Vietnamese state with its unique Marxist-Leninist political system remains a strict controller of peer groups in particular and civil society in general. Nonetheless, the local authorities as representatives of the state have begun to compromise with peer groups and provided a circumscribed space for them to operate and voice out their concerns. As a result, the relationship between the local authority and peer groups has changed and has been evaluated as one that is closer and more constructive than before the Doi moi period when the state dominated all levels in society and restrained almost all outside-state activities. However, we should note that there is also some continuity since state authority also can stop at the village gate. Now, many local authorities provide peer groups with either financial or



technical support, creating a more conducive environment for them to work. According to CIVICUS report “Vietnam can be described as characterized by a low, but increasing tolerance of autonomous civil activities though civil society remains a politically sensitive issue”(Sabharwal and Huong, 2005: p2). Among the many civil society organizations, the operation of peer groups in HIV/AIDS prevention indicates that due to specific benefits that they bring and the increasing demand generated by society, peer groups have gained more space than other civil society organizations in Vietnam. It is nonetheless difficult to say that the emergence of peer groups can change the relationship between the state and civil society in general; however, we can see that peer groups have contributed to gradually changing the relationship between state and civil society organizations in HIV/AIDS prevention.

## CONCLUSION

Civil society is perceived as a new phenomenon in Vietnam where the political system is characterized by the one-party regime and Marxism-Leninism with Ho Chi Minh's thoughts serving as the ideological basis for the Party and all Vietnamese citizens. Subsequently, civil society in Vietnam has developed in a different way, especially from the West. Before Doi moi, the existence of civil society in Vietnam was not acknowledged even though associational life actually emerged a long time ago. Only after Vietnam experienced a severe economic crisis in the late 1970s due to the cessation of aid resources from the Soviet Bloc and China as well as the general failure of the socialist system did Vietnamese state's authorities start to realize the importance of civil participation. At the same time that the transition from a centralized planning economy to a "socialist-oriented market economy" occurred, the Vietnamese state began relaxing its grip on the society and calling for support from international donors and the economic participation of citizens. This fact has led to the birth of various organizations involved in different social areas, particularly in the sphere of education and healthcare, which the state could no longer subsidize. Hence peer groups are were an answer to the failure of state health care institutions to meet the needs of HIV/AIDS people. However, it should be noted that despite the relatively greater autonomy granted by the state to civil society, the Vietnamese state still has a desire to retain its monopoly on power since its leaders to not want the political system to change like in the ex-USSR. Accordingly, the one-party rule remains and the power of the Vietnamese state has been mostly "unchallenged" since the Doi moi period thanks to the support of the army to the existing regime. That also means civil society keeps operating under the control of the state, within circumscribed spaces. The concept of civil society in Vietnam is thus always

considered in relation to the state, rather than being fully autonomous or independent from it. As a result, this study argues that civil society in Vietnam should be referred to as “state-led civil society”.

Nonetheless, HIV/AIDS prevention is a special type of civil society activities in Vietnam that seem to have more priority than other sectors. Together with the economic crisis, the rapid spread of the HIV/AIDS disease required a broader involvement of civil society into the fight against the illness. Since the Vietnamese state could not afford providing sufficient healthcare services, the state had to tap on the assistance of civil society organizations. Thus, among many other civil society organizations, NGOs or CBOs working on HIV/AIDS prevention have been granted approval to operate and develop. Peer groups are one of those organizations. The rise of peer groups in HIV/AIDS prevention was attributed to the response of the Vietnamese government to the spread of the HIV/AIDS pandemic, since for many countries in the world and for many years, the model of peer groups has been seen as one of the more effective tools in HIV/AIDS prevention. Therefore, this study examined two questions faced by Vietnamese society: why the Vietnamese state needs and encourages the operation of peer groups, as well as how the emergence of peer groups impacts upon the relationship between the state and the society in Vietnam.

In studying the emergence of peer groups through the lens of self-help group literature, I investigated the nature and characteristics of peer groups as a kind of civil society organization. Findings from this study indicate that peer groups as a form of civil society organization are composed of many different marginalized target groups. They take part in non-profit peer groups voluntarily. For members, peer groups are a response to a lack of distinctive services to meet their special needs such as how to

cope with stigmatization, etc. In addition, I also argued that peer groups play a complementary role to the Vietnamese state. Evidences from my data underline that the peer group model has succeeded in assisting the Vietnamese state in providing healthcare services at low cost, mobilizing a large portion of the labor force, as well as attracting a substantial amount of financial resources for the HIV/AIDS prevention activities carried out by peer groups. Though it is not enough to say that the quality of services that peer groups deliver is qualitatively better than that provided by the state, it is clear that the peer groups have an advantage in gaining access to target groups, which contributes greatly to their effectiveness in HIV/AIDS prevention. Thus, in studying the emergence of peer groups in Vietnam, I argued that the effectiveness of peer groups has been acknowledged by the state rather than being ignored.

Further, this research also argued that peer groups represent an exceptional example of a form of civil society organization that has emerged and developed dramatically in Vietnam where the state usually restrains activities outside of its purview. Many evidences point out that the strict state control remains in Vietnam, even in this sphere of HIV/AIDS prevention. The operation of peer groups is not totally autonomous from the state. They are still required to register with a “state competent authority” or to submit the detailed year plans. The most important point is that much financial resources are often allocated to them through mass organizations which are governmental in nature. Subsequently, I assert through the illustration of peer groups, civil society in Vietnam is described to operate in a “state-led” context. It appears that peer groups offer services that complement the ones already provided by state-sponsored institutions like hospitals and peer groups are not perceived as an ideological threat. The state sustains its control over Vietnamese in many ways. Thus, civil society in Vietnam should always be understood in relation to the state. In this

research, the idea of civil society has been extended to a non-western setting in which civil society operates in a different fashion.

In addition, I argue that peer groups represents a rare case of civil society organizations which can have more space to work than other organizations due to the need for more human service organizations and subsequently, the emergence of peer groups has had an impact on state-society relations in Vietnam. Indeed, the findings illustrate the benefits and interests that peer groups can bring about and what their advantages are over the state in healthcare service provision, such as their ability to access target groups, diverse kinds of service provision and their influence in policy-making. Hence they explain the reasons why this Marxist-Leninist state is more tolerant towards such peer groups. Evidences from this research also indicate that the operation of peer groups has gradually been changing the attitudes of the local authorities toward peer groups since they are not ideologically challenging the system and have been able to deliver positive results. As a result, peer groups contributed towards improving state-society relations.

The concept of civil society that is often used in western contexts seems inadequate when applied to the case of Vietnam. At a theoretical level, the findings from my study seem to contradict other studies on Vietnam. However, it should be noted that the concept of civil society has not been accepted officially in Vietnam. Thus civil society remains a sensitive topic in Vietnamese politics and this serves to restrain the degree of objectivity and freedom of the informants when publicly discussing state-society relations. Furthermore, with only 20 cases, this study should not be seen as representative of Vietnamese civil society as a whole. Rather it is should be considered as a case study illustrating a specific type of civil society organizations. However, I hope that this study will motivate more research on civil

society in Vietnam, an area still relatively neglected by scholars. In addition, many more aspects of peer groups could be explored such as the relationships between peer groups and professional health care, for instance.

## BIBLIOGRAPHY

- \_\_\_\_\_ (1993). *Vietnam: A development perspective*. Prepared for the Donor Conference. Socialist Republic of Vietnam, Hanoi September 1993.
- \_\_\_\_\_ *Civil society and NGOs in Vietnam: Some initial thoughts on Developments and Obstacles*. Paper presented at the Meeting with the Delegation of the Swedish Parliamentary Commission on Swedish Policy for Global Development to Vietnam, 26 Feb to 3 Mar 2002, at Horison Hotel, March 2, 2001.
- 2007 – AIDS epidemic update – Asia AIDS epidemic Update - Regional Summary. Chapter 7: p10:12. UNAIDS and WHO, March 2008.
- 2008 report on the Global AIDS epidemic. UNAIDS and WHO, July 2008.
- Adams, Robert (1990). *Self-help, Social work and Empowerment*. MacMillan.
- Asia Pacific network of people living with HIV/AIDS – APN + Position paper 2 GIPA, [http://www.ahrn.net/library\\_upload/uploadfile/file1777.pdf](http://www.ahrn.net/library_upload/uploadfile/file1777.pdf)
- Balme, Stephanie and Sidel, Mark (ed) (2007). *Vietnam's New Order – International Perspectives on the State and Reform in Vietnam*. Palgrave Macmillian.
- Bathroyd, Peter and Nam, Pham Xuan edited (2000). *Socioeconomic Renovation in Vietnam – The Origin, Evolution and Impact of Doi moi*. Institute of Southeast Asian Studies.
- Blanc, Marie Eve (2004). “An emerging civil society? Local association is working on HIV/AIDS”. In McCargo, Duncan, ed. (2004). *Rethinking Vietnam*. Routledge Curzon, pp153-164.
- Borkman, Thomasina Jo (1999). *Understanding Self-help – Mutual Aid: Experimental learning in Commons*. Rutgers University.
- Burgess, R.G. (1982b). “Some Role Problems in Field Research”. In Burgess, R.G. (ed) *Field research: A sourcebook and Field Manual*. London; Boston: G.Allen & Unwin, pp45-49.
- Civil society definition of London School of Economics:  
[http://www.lse.ac.uk/collections/CCS/what\\_is\\_civil\\_society.htm](http://www.lse.ac.uk/collections/CCS/what_is_civil_society.htm)
- Clayton, Andrew; Oakley, Peter and Taylor, John (2000). *Civil society organizations and Service Provision*. Civil society and Social movements – Paper Number 2. Geneva: United Nations Research Institute for Social Development.
- Dalton, Russell J. and Nhu-Ngoc T. Ong (?). *Civil society and Social Capital in Vietnam*.
- Dang, Van Khoat et al. (2003). “Peer education for HIV Prevention in the Socialist republic of Vietnam: A national assessment”. *Journal of Community Health*, Vol.28, No.1, February 2003, pp1-17.
- Dixon, Chris (2004). “State, party and political change in Vietnam”. In McCargo, Duncan, ed. (2004). *Rethinking Vietnam*. Routledge Curzon, pp15-26.
- Eberly, Don E. ed. (2003). *The Essential Civil Society Reader – Classical essays in the American Civil society debate*. Rowman and Littlefield publisher, inc.
- Edwards, Michael (2004). *Civil society*. Oxford Polity.

- Fforde, Adam and Porter, Doug (1995). *Public Goods, the State, Civil Society and Development Assistance in Vietnam*. Paper prepared for 1995 Vietnam Update Conference.
- Forsberg, Le Thanh and Kokko, Ari (2007). *The role of donors in Vietnamese development planning*. Working paper 238, June 2007, Stockholm School of Economics, EIJIS.
- Fritzen, Scott (2003). "Donors, Local Development Groups and Institutional Reform over Vietnam's Development Decade". In Kerkvliet, Benedict J. Tria; Heng, Russell H.K. and Koh, David W.H. "*Getting organized in Vietnam: Moving in and around the Socialist State*". Institute of Southeast Asian Studies, Singapore, pp234-270.
- Gans. H. J. (1982). "The participant Observer as a Human being". In Burgess, R.G. (ed) *Field research: A sourcebook and Field Manual*. London; Boston: G.Allen&Unwin, pp53-61.
- Gertler, Paul and Gaag, Jacques van der (1996). *The willingness to pay for Medical care – Evidence from two developing countries*. Published for the World Bank, the John Hopkins University Press, Baltimore and London, pp15-9.
- Glewe, Paul and Litvack, Jennie (1998). *Provision of Healthcare and Education in Transnational Asia: Key issues and lessons from Vietnam*. Working papers No. 147, World Bank April 1998, pp17-37.
- Gray, Michael L. (2003). "NGOs and Highland Development: A Case Study in Crafting New Roles". In Kerkvliet, Benedict J.Tria; Heng, Russell H.K. and Koh, David W.H. "*Getting organized in Vietnam: Moving in and around the Socialist State*". Institute of Southeast Asian Studies, Singapore 2003, pp110-125.
- Gray, Michael L. (1999). "Creating civil society? The emergence of NGOs in Vietnam". *Development and Change*; Vol.30, pp693-713. Institute of Social Studies.
- Hashim, Afiza Bte (2002). *Civil society in Singapore: A case study of AMP*. Unpublished Honor thesis. Department of Sociology, National University of Singapore 2001/2002.
- Hong, Khuat Thi Thu; Van Anh, Nguyen Thi and Ogden, Jessica (2004). *Because it is the disease of the century – Understanding HIV-AIDS related stigma and discrimination*. Washington, DC: Institute for Social Development Studies, Hanoi, Vietnam and International Center for Research on Women.
- Joint United Nations Programme on HIV/AIDS (UNAIDS). *Peer education and HIV/AIDS. Concepts, Uses and Challenges, 1999*, pp1–20.
- Jvnet, 14 January 2009. *Civil society in Vietnam Unites in the Fight against AIDS*.
- Kaldor, Mary (2003). *Global civil society – An answer to War*. Oxford Polity, pp1-48.
- Katz, Alfred H. & Bender, Eugene I. ed. (1976). *The Strength in Us – Self-help groups in the modern world*. New Viewpoints – A division of Franklin Watts – New York, London 1976, p1:241.
- Kaviraj, Sudipta and Khilnani, Sunil edited (2001). *Civil society: History and Possibilities*. Cambridge University Press 2001, pp11-32, pp287-323.



- Kerkvliet, Benedict J. Tria; Heng, Russell H.K. and Koh, David W.H (2003). *Getting organized in Vietnam: Moving in and around the Socialist State*. Institute of Southeast Asian Studies, Singapore.
- Kervliet, Benedict J. Tria. "An approach for analyzing State – Society Relations in Vietnam". *SOJOURN*, Vol.16, No.2 (2001), pp238-278.
- Key Issues in Vietnam's Fight Against HIV/AIDS. Statement of the community of concerned partners.
- Khuat, Thi Hai Oanh (2007). *HIV/AIDS policy in Vietnam – A civil society perspective*. A series of reports on HIV/AIDS policy in Nicaragua, Senegal, Ukraine, the United States and Vietnam – Open society Institute – Public Health Watch.
- Landau, Ingrid (2008). "Law and Civil society in Cambodia and Vietnam: A Gramscian perspective". *Journal of Contemporary Asia*, vol.38, No.2, May 2008, pp 244-258.
- Le Thanh Forsberg, "The Swedish exit from Vietnam: Leaving painfully or normalizing bilateral relations?", in Fridé, a Think Thank for Global Action in <http://www.fride.org/publication/749>
- Luke, Douglas A.; Roberts, Linda and Rappaport, Julian. "Individual, Group context, and Individual – Group fit predictors of Self-help attendance". *Journal of Applied Behavioral Science* 1993, No. 29, pp216.
- Lux, Steven J. and Straussman, Jeffrey D. (2004) "Searching for a balance: Vietnamese NGOs operating in a state-led civil society". *Public Administration and Development*, Vol.24, No.2, May 2004, pp173-81.
- Mason, Jenifer (2002). *Qualitative Researching, 2<sup>nd</sup> edition*. SAGE publication Ltd.
- McCargo, Duncan, ed. (2004). *Rethinking Vietnam*. Routledge Curzon.
- MedicineNet.com: <http://www.medterms.com/script/main/art.asp?articlekey=33403>. Last editorial Review 6/18/2004.
- Neucombe, R. (1992). "The reduction of drug related harm: a conceptual framework for theory, practice and research". In, O'Hare et al (eds). *The reduction of drugs related harm*. London, Routledge.
- Neuman, W. Lawrence (2000). *Social Research Methods (4<sup>th</sup> ed)*. Boston: Allyn and Bacon.
- Neuman, W. Lawrence (2007). *Basics of Social Research – Qualitative and Quantitative approaches*. Second edition – Boston, Pearson International Edition.
- Norlund, Irene (2007). *Khoa lap su cach biet: Xa hoi dan su moi noi tai Vietnam*. Hanoi, Jan 2007.
- Norlund, Irene (2008). Presentation on *Vietnam's civil society in the era of economic sustainable development and integration – Internal analysis and views on Civil society in Vietnam*. Central Institute for Economic management (CIEM), April 4, 2008, Hanoi.

- Norr, Kathleen R. et al. (2004). "Impact of peer group education on HIV prevention among women in Botswana". *Healthcare for Women International*, Vol 25, pp210-226.
- Nugent, Nicholas (1996). *Vietnam – The second Revolution*. Print 1996, pp66-86.
- Parkin, Steven and McKeganey, Neil (2000). "The Rise of Peer education approaches". *Drug: education, prevention and policy*, Vol. 7, No. 3, pp 293-310.
- Paxton S. (2002). "The impact of utilizing HIV-positive speakers in AIDS education". *AIDS Educ & Prev*, Vol. 14, pp. 282-294.
- Porter, Gareth (1994). *Vietnam - The politics of Bureaucratic Socialism*. Cornell University Press.
- Riessman, Frank and Carroll, David (1995). *Redefining Self-help: Policy and Practice*. Jossey-Bass Publishers, San Francisco.
- Sabharwal, Gita and Huong, Than Thi Thien (2005). *Civil society in Vietnam: Moving from the margins to the mainstream*. CIVICUS July, 2005.
- Schak, David C. and Hudson, Wayne ed. (2003). *Civil society in Asia*. Burlington, VT: Ashgate.
- Seligman, Adam B (1992). *The idea of Civil society*. The free Press.
- Sidel, Mark (1995). "The emergence of a Non-profit sector and Philanthropy in the Socialist Republic of Vietnam". In Tadashi Yamamoto, ed. Integrative Report: "Emerging Civil society in the Asia Pacific community – Non governmental underpinnings of the emerging Asia Pacific". Institute of Southeast Asian Studies, Singapore, pp293-306.
- Stewart, Miriam J. (1990). "Expanding Theoretical Conceptualizations of Self-help groups". *Social Science of Medicine*, vol 31, No 9, pp 1057-1066.
- SunWolf (2008). *PEER GROUPS: Expanding Our study of Small Group Communication*. SAGE 2008, prologue xii.
- Terry Carlton (2009). *Self-help groups for HIV seropositive people*. American Rehabilitation – Find Articles.com. 29 Jan 2009. Webpage: [http://findarticles.com/p/articles/mi\\_m0842/is\\_n3\\_v19/ai\\_14792882](http://findarticles.com/p/articles/mi_m0842/is_n3_v19/ai_14792882)
- Thayer, Carlyle A. (1994). *The Vietnamese People's Army under Doi Moi*. Singapore: ISEAS, 1994, pp21-22.
- Thayer, Carlyle A. (2008). *One-Party Rule and the Challenge of Civil society in Vietnam*. Presentation to Remaking the Vietnamese State: Implications for Vietnam and the Region, Vietnam Workshop, City University of Hong Kong, Hong Kong, August 21-22, 2008.
- Thompson, Kenneth (1996). *Key quotations in Sociology*. Routledge – London and New York 1996, pp16-7.
- Turley, Williams S. and Selden, Mark edited (1993). *Reinventing Vietnamese Socialism – Doimoi in Comparative Perspective*. Economic, Social and Cultural change in Asia and the Pacific Westview Press 1993, pp20-49.

- UNAIDS (2008). *AIDS outlook 2009 – On this world AIDS day in 2008 – 20 years after the first one. Several milestones have been reached.* UNAIDS World AIDS day Report, November, 2008.
- UNAIDS (2008). *The Global HIV challenge: assessing progress, identifying obstacles, renewing commitment – 2008 Report on the Global AIDS epidemic.*
- UNAIDS Policy Brief: The greater Involvement of people living with HIV (GIPA), March, 2007.
- UNDP (2006). *Deepening Democracy and Increasing Popular Participation in Vietnam.* UNDP Vietnam Policy Dialogue Paper, Hanoi June, 2006.
- United Nations General Assembly special session (UNGASS). *The third country report following up the implementation to the declaration of commitment on HIV/AIDS.* Reporting period January 2006 – February 2007.
- Vasil, Ivo (2003). “The Disabled and Their Organizations: The emergence of New Paradigms. In Kerkvliet, Benedict J.Tria; Heng, Russell H.K. and Koh, David W.H. “*Getting organized in Vietnam: Moving in and around the Socialist State*”. Institute of Southeast Asian Studies, Singapore 2003, pp126-152.
- Webpage: <http://www.unaids.org/en/Partnerships/Civil+society/default.asp>
- Webpage: <http://en.wikipedia.org/wiki/Corporatism>
- Webpage: <http://www.baomoi.com/Info/Ty-le-nhiem-HIVAIDS-o-Ha-Noi-la-290100000-dan/82/2199326.epi>
- Webpage: <http://www.baovietnam.vn/suc-khoe/118077/23/Ha-Noi-co-17.200-nguoi-nhiem-HIVAIDS>
- Webpage: <http://www.globalpolicy.org/ngos/state/2005/07vietnam.htm>
- Webpage: <http://www.medterms.com/script/main/art.asp?articlekey=33403>
- Webpage: [http://www.redcrosshcmc.org/public/index.php?act=ctd\\_tonchi](http://www.redcrosshcmc.org/public/index.php?act=ctd_tonchi)
- Webpage: <http://www.unaids.org/en/PolicyAndPractice/Prevention/default.asp>
- Webpage: The Vietnam Administration of AIDS’s Control: [http://www.vaac.gov.vn/index.php?option=com\\_context&task=view&id=303&Itemid=36](http://www.vaac.gov.vn/index.php?option=com_context&task=view&id=303&Itemid=36)
- Website of Association of Southeast Asian nations: <http://www.aseansec.org/8582.htm>
- Website of UNAIDS: Presentation: Vietnam Civil society Partnership platform on AIDS: [http://www.unaids.org.vn/sitee/images/stories/twg/19th\\_nov\\_2008/vc\\_spa\\_twg\\_191108.ppt](http://www.unaids.org.vn/sitee/images/stories/twg/19th_nov_2008/vc_spa_twg_191108.ppt).
- Whyte, W.F (1982). “Interviewing in Field Research”. In Burgess, R.G. (ed) *Field research: A sourcebook and Field Manual.* London; Boston: G.Allen&Unwin, pp111-121.
- William J.Duiker (1995). *Vietnam Revolution in Transition.* Boulder: West View Press, 1995, pp97-108.

- Wilson, John (2000). "Volunteering". *Annual Review of Sociology* (2000), Vol. 26, p215-240.
- Wilson, Judy (1995). *How to work with Self-help group: Guidelines for professionals*. Arena 1995.
- Wischerman, Joerg (2003). "Vietnam in the era of Doimoi – The issue-oriented Organizations and their relationship to the Government". *Asian Survey*, Vol. 43, No 6, p867-889, Nov – Dec 2003.
- Wischermann, Joerg and Vinh, Nguyen Quang (2003). "The relationship between Civic and Governmental Organizations in Vietnam: Selected Findings". In Kerkvliet, Benedict J.Tria; Heng, Russell H.K. and Koh, David W.H. *"Getting organized in Vietnam: Moving in and around the Socialist State"*. Institute of Southeast Asian Studies, Singapore 2003, pp185-233.
- Wolffers, Ivan (1998). "Why this initiative is important". In *Research for Sex Work*, 1998.