

HEALTH KNOWLEDGE OF PROSTITUTES IN SAIGON, VIETNAM ⁽¹⁾

A study of Health Attitudes and Habits Relating to Venereal Diseases
taken from a Group of Prostitutes.

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A study of health knowledge and practices of prostitutes is presented here. The study took place at the V. D. Center in Saigon, Vietnam. It was designed with the objective of obtaining information to be used in preparing an educational program to be offered to the prostitutes at the Center, and for using in preparing educational materials with focus on V. D. prevention. The outline of a course is also presented.

INTRODUCTION

Saigon is the capital of Vietnam. It is also the hub of Governmental industrial and military activities in the war-torn country. War with its disruption of normal family activities — men away from their families coupled with the fatalism associated with war inevitably causes an increase of the world's oldest profession, prostitution. Prostitution in the city is outlawed but continues to flourish. It was estimated by Dr. Dang Van Cuong, Director of the V.D. Control Center that there are 5,000 prostitutes carrying on their trade in the Saigon Area. Tests carried out in the center indicate that 50% of these admitted are positive for V.D.. The women brought to the center are picked up by the police on suspicion of soliciting on the streets. They are checked for V.D., held

for 5 days, treated when necessary, then released. It was from this group that 60 were selected as they were admitted to the center, and interviewed by a social worker, Miss Kim Tien.

PURPOSE OF THE STUDY

The study was designed with the following objective in mind: to obtain information about the knowledge the women had about personal hygiene in general, and feminine hygiene in particular, about the practices they observed which might prevent them from getting V.D., what facilities were available to them in their homes (sanitation), and general information about them such as their age, education, family relationships.

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The information gained was to be used in preparing an educational program to be offered at the center and for use in preparing educational materials outlining methods of preventing Venereal Diseases.

INTERVIEWS

A questionnaire (Appendix A) was used as a basis for interviewing. Here are the results obtained, summarized in Chart 1.

I. *General information*

Questions were asked to get information on age, family relationships, schooling and association with the V.D. Center.

Ages varied from 15 to 49 years old, the bulk of women (47%) falling into the age group of 20 to 24 years old.

Ten per cent of them were illiterates, while 88% had 1 to 5 years schooling and 2% from 6 to 8 years.

Interestingly enough, 70% of the women were living with a husband or a man. Only 30% were reported to be single.

Most of the women (42%) had no children, 20% had one child, 28% two or more. Thirty seven per cent supported relatives.

When asked how many times they had been to the Center for observation or treatment, 47% answered 2 to 4 times previously, 25% five times or more. Only 28% had never been there before.

II. *Conditions in the home*

To find out about facilities for washing and maintaining adequate personal hygiene women were asked whether they had running water in their homes. Only 9% answered affirmatively. Besides, rooms were crowded, since 53% of them had someone (besides husband) sleeping in the same room.

III. *Financial conditions*

Most of the women (82%) did not have a job. Eighteen per cent worked

either as a street vendor, seamstress or laborer.

IV. *Health knowledge*

Questions were asked to find out what the women did in case of illness. Also, whether they knew about availability of medical resources. One third of them said they treated themselves at home, one third called on their private physicians, 13% visited a nurse, 16% went to a hospital. Only 4% looked for traditional healers or quacks. Two-thirds of the women said they knew where free treatment was available.

Asked about birth-control, 38% of the interviewed informed that they used contraceptives usually provided by the men since the law forbids sales of any kind of contraceptives in Vietnam.

V. *Knowledge of V.D.*

Fifty-five per cent of the women interviewed said they were unable to recognize the symptoms of V.D. either both in men or in women. Only 12% knew that V.D. is caught through intercourse with a sick person. However, most of them (91%) were afraid of getting V.D.; when asked why, 28% did not give any answer, 11% said because they could not afford treatment, 9% because of later consequences, 7% because it would represent loss of income and 7% because they did not have anyone to look after them. Only 8% were afraid of passing the disease on to somebody else.

CONCLUSIONS

1. *General Information* — It is noted that 72% of the women are 24 years of age or younger. This would seem to indicate that some social rehabilitation might be in order so that these persons might live a normal life.

The level of education is quite low. Ninety eight per cent have a primary school education or less,

10% are illiterate. Any education on V.D. must be simple and easily understandable.

2. *Family Relationships* — Answers indicate that 70% of the women have some sort of family responsibilities and relationship. In cases where children are involved it is a poor environment both socially, and health-wise.

A small percentage of the women (18%) use prostitution to supplement their income.

3. *Association with the Center* — Many of the women are repeaters.
4. *Conditions in the Home* — It is evident that overcrowding is a health problem for the socio-economic level of those women. Lack of sanitation facilities in the home make it difficult to exercise personal and feminine hygiene.
5. *Health Knowledge* — Most of the women seem to understand that medical care is available although 32% attempt self treatment. Pregnancy is not of major concern to most of the women interviewed.
6. *Knowledge of V.D.* — Of some significance is the fact that 55% of those interviewed were unable to recognize the symptoms of syphilis and gonorrhoea.

It is also evident that many of those interviewed do not understand how V.D. is spread.

The problem of getting V.D. was recognized by almost all of the women.

RECOMMENDATIONS

1. A social worker should be added to the staff to implement the rehabilitation of the younger women and children of prostitutes.

2. A better system of cooperation between the police and the center should be sought so that the number of repeaters could be cut down. Case records should be kept at the V.D. center and upon release the inmates should be given a card showing the date of release. They could show this card to the V.D. center staff when they are picked up. This would allow some realistic time span between admittance and cut down unnecessary work for the staff.

3. The staff of the V.D. center should be given some intensive training in V.D. symptoms, treatment, and prevention so that they can take advantage of imparting this knowledge to the inmates during their daily contacts with them

4. One course in V.D. prevention should be offered at the center, designed in such a way as to be easily understood by persons of low educational background. Actual demonstrations should be given on feminine and personal hygiene where a minimum of sanitation facilities are available. An outline of a projected 5 hour course to be given to the inmates is attached (Appendix B), simple pictorial handouts should be developed and given to the inmates.

5. Although this study is concerned with the educational aspect of the V.D. center activities it might be well to mention that if the out-patient V.D. clinic of the center could be well publicized it would assist in cutting down the V.D. rate. Out-patient's treatment hours might be increased although this would require additional staff and facilities.

Much appreciation is given to Dr. Dang Van Cuong and his staff for assisting us in this study.

CHART

Resume of results of interviews of women at VD center in Saigon

	%
AGE	
15 — 19	25
20 — 24	47
25 — 49	28
YEARS SCHOOLING	
None	10
1 — 5	88
6 — 8	2
MARITAL STATUS	
Marrried	70
Single	30
CHILDREN	
None	42
1	20
2 or more	38
VISITS TO VD CENTER	
2 — 4 times	47
5 times or more	25
Never before	28
RUNNING WATER IN HOME	
Yes	9
No	91
PERSONS IN ROOM	
Alone	7
1 — 4	80
5 or more	13
WORK	
Yes	18
No	82

%

IN CASE OF ILLNESS

Go to Private Physicians	34
Self-treatment	33
Go to hospital	16
Go to nurse	13
Go to quacks	4

USE CONTRACEPTIVES

Yes	38
No	62

KNOWLEDGE OF VD

Know symptoms:	
Yes	45
No	55
Know how to get	
Yes	12
No	88
Afraid of getting VD	
Yes	91
No	9

SINOPSE

Um estudo sôbre conhecimento e práticas de prostitutas em relação a doenças venéreas é objeto dêste trabalho. O estudo foi realizado no Centro de Controle de Doenças Venéreas de Saigon, Vietnam com o fim de obter informações que pudessem orientar o planejamento de um programa educativo a ser desenvolvido no Centro e o preparo de recursos audiovisuais, focalizando particularmente a prevenção das doenças venéreas. O esquema de um curso a ser oferecido às internadas é apresentado.

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APPENDIX A

QUESTIONNAIRE USED IN THE V.D. CLINIC

I. *General Information*

1. Age — Married — Yes No — Number of years of school
2. Number of children
3. Number of other dependents
4. Number of times here for observation or treatment

II. *House Surroundings*

1. No. of persons in home
2. Running water — Yes No

III. *Financial Condition*

1. Do you have a regular job?
2. What kind of work do you do?

IV. *Health Knowledge*

1. What do you do when you are ill? (check)
Treat yourself See a traditional healer
Go to the dispensary Other Describe
See a private physician
2. Where can you get free medical treatment in Saigon?
3. How do you keep from getting pregnant?

V. *Knowledge of V.D.*

1. How do you know when a man has V.D.?
2. How do you know when a woman has V.D.?
3. How can you get V.D.?
4. Are you afraid of getting V.D.? Why?

APPENDIX B

OUTLINE OF COURSE FOR IN-PATIENTS V.D. CENTER

I. Objectives

- Help the women to understand their role in the fight against V.D.
- Give information on V.D. and personal hygiene.
- Motivate the women to use the community resources for medical assistance.

II. Methods

- Classes for small groups with participation and large use of audio-visual materials.
- Film projections on V.D. and health in general.
- Provision of mimeographed materials.

Obs.: Equipment needed for the classes:

Blackboard	Film projector, screen
Flannelgraph	Flip-chart
Soap, basin, and towel	Model of human body

III. Program

- 1 Hr. — Communicable diseases (basic principles of transmission and prevention).
- 1 Hr. — Female anatomy and physiology (menstruation).
Personal and feminine hygiene.
- 2 Hrs. — Venereal diseases
Syphilis: etiology, treatment, prevention.
Gonorrhea: etiology, treatment, prevention.
- 1 Hr. — The role of women in the fight against V.D.
The importance of periodical medical examination.
Community resources for medical assistance.

IV. Evaluation

- Reduction of V.D. of women re-admitted at the Center.
- Reduction of V.D. in Saigon.
- Increase demands of out-patient clinic.