LIGHTHOUSE SOCIAL ENTERPRISE

SURVEY REPORT

THE KNOWLEDGE, ATTITUTE, DIFFICULTIES AND NEEDS OF HEALTHCARE PROVIDERS IN PROVIDING FRIENDLY SERVICES FOR THE LGBTIQ COMMUNITY

LIGHTHOUSE
DNXH HẢI ĐĂNG

Everyone has the right to enjoy, access and use quality and friendly services

LIGHTHOUSE SOCIAL ENTERPRISE

Lighthouse Social Enterprise is a non-profit, LGBTIQ community-led organization, established in 2004, working for health, equality and rights of the LGBTIQ community and youth through various programs, communication and intervention project, research and community support towards a humane Viet Nam where all LGBTIQ individuals can be themselves, have a better quality of life, be equal and make a positive contribution to society.

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ACKNOWLEDGMENT

The research team of Lighthouse Social Enterprise would like to express our sincere thanks to MPact – Bridging the Gap Program 2, Oxfam and CDC in Vietnam for supporting to organize the training course "Increasing sensitivity in providing friendly healthcare services for LGBTIQ community", which provided us with great opportunity to conduct this survey.

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Specifically, the team would like to thank Dr. Ramona Bhatia, Eric A. Ardman and Francis Paynter for their support in writing and finalizing this report.

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CONTENTS

LIST OF ABBREVIATIONS

HCPs	Healthcare Providers
HIV	Human Immunodeficiency Virus
LGBTIQ	Lesbian Gay-Bisexual Transgender Intersex Queer
MSM	Men who have sex with men
SE	Social Enterprise
SOGIE	Sexual Orientation, Gender Identity and Expression
STIs	Sexual Transmitted Infections
UNAIDS	United Nations Program on HIV/AIDS

THE RESULT

SURVEY ON THE KNOWLEDGE, ATTITUDE, DIFFICULTIES AND NEEDS OF HEALTHCARE PROVIDERS IN PROVIDING FRIENDLY SERVICES FOR THE LGBTIQ COMMUNITY

I. Introduction

1. Background

History shows that the LGBTIQ community exists in every country and every culture [(1)]. Today, although society has a more open view on issues related to homosexuality, bisexuality and transgender, the LGBTIQ community still faces much stigma and discrimination in their life [(2)]. Many surveys and studies show that the stigma and discrimination that society causes has a profound impact on the mentality of the LGBTIQ community. Social pressures such as gender expectations, widespread misconceptions and negative stereotypes about the LGBTIQ community cause many LGBTIQ people to internalize these negative ideas and misconceptions. Consequently, they internalize a view of themselves to be unusual, pathologic, and contrary to social norms [(3)]. As a result, many LGBTIQ people do not dare to access healthcare services or disclose or share information about themselves with healthcare professionals.

In addition, stigma and discrimination against LGBTIQ people in healthcare facilities is a problem that has been reported by many studies in recent years. According to the Vietnam Country Report – Being LGBTIQ in Asia (2014) [(4)], there are currently only a few healthcare services for LGBTIQ community. Men who have sex with men (MSM) often suffer teasing and satirizing from healthcare providers (HCPs), which make them more hesitant to seek HIV/STIs screening and treatment services. Transgender people have also been denied access to healthcare services, as most of the current HCPs do not have sufficient knowledge and experience regarding LGBTIQ people's specific needs and behaviors.

Lighthouse Social Enterprises (SE) also performed some surveys and record some negative experiences of LGBTIQ community when using healthcare services.

After learning that I am a transgender person, the attitude of the doctor changed. He began asking questions that seems partly out of curiosity, but many stemmed from a place of stigma. The doctor asked about many sensitive topics such as: "Why does a man like you dye your long hair and wear earrings? Do you love boys or girls?" The doctor continued: "You are making your family miserable. Now, just live like a normal person! Then, get married and have children for your parents". The doctor also asked: "Have you had a lover? How do you have sex? Why do you do that?" Then he forced me to take off my pants to have a look. After that, he called my father in and said: "His genital organs are normal. You have no ovaries, so why do you want to become a girl?". I feel extremely uncomfortable. (T.L.; a transgender woman; Hanoi)

In this context, many intervention programs and projects have been implemented to raise awareness, attitudes and to provide supporting tools to increase the friendliness in providing healthcare services to LGBTIQ people. However, these programs are mostly conducted in big provinces and cities; the number and duration of training sessions or information sharing are also limited and are not replicable or sustainable. Additionally, the number of HCPs directly attending training sessions is very small compared to the total number of staff currently working in all healthcare facilities. As a result, changes in providing healthcare services still remain unclear.

To better understand the knowledge, attitudes of HCPs, current difficulties and their own needs to provide friendlier and quality services to LGBTIQ community, Lighthouse SE conducted a survey in cities/ provinces where we organized the training program "Increasing sensitivity in providing healthcare services for LGBTIQ community".

Lighthouse SE cooperated with Mpact and CDC to implement the training program in Thanh Hoa and Son La province, and then expand to other

provinces from the North to the South of Vietnam. Each training session lasted for two days. The first day is to point out the difficulties and needs of local LGBTIQ community in accessing and using healthcare services, the second day is to provide basic knowledge about the LGBTIQ community, such as community history, gender and sexuality, language of the LGBTIQ community, working with community skills, etc. for HCPs. The training was an opportunity for Lighthouse SE to conduct the survey and collect a variety of opinions from HCPs, as well as implementing an additional initial assessment section for each training session in order to provide knowledge in the most appropriate way.

2. Objectives

The overall aim of the survey was to assess the knowledge, attitudes and behaviors of HCPs towards LGBTIQ patients, as well as determining their difficulties and needs to provide friendly and quality services to the LGBTIQ community. With the results of the survey, we will have a deeper understanding of the causes of these difficulties, propose appropriate solutions that meet the needs of HCPs, and build healthcare facilities with friendly, quality services for the LGBTIQ community.

Specific objectives

To achieve the purpose of the survey, the following objectives were proposed:

- To understand the knowledge and attitudes of HCPs about the LGBTIQ community in their area.
- To learn about the causes of stigma and discrimination of HCPs regarding the LGBTIQ community.
- To learn about the difficulties and needs of HCPs to provide quality and friendly services for the LGBTIQ community.
- To recommend initial solutions to address the difficulties and meet the needs of HCPs.

II. Method

1. Time, Places and Subjects

Participants in the survey included all HCPs who had participated in the training on "Increasing sensitivity in providing healthcare services for LGBTIQ community", which was organized by Lighthouse SE.

Time and places of the survey coincide with the training schedule and places, which were prepared in advance with CDC and Oxfam.

This survey was conducted by Lighthouse SE in 7 provinces in Vietnam, including Son La, Thanh Hoa, Thai Nguyen, Hai Phong, Nghe An, Nha Trang and Da Nang from December 2017 to May 2018.

No.	Province/City	Time	Size
1	Son La	19-22/12/2017	93
2	Thanh Hoa	25-26/12/2017	54
3	Hai Phong	24-25/03/2018	16
4	Nghe An	15-16/04/2018	16
5	Thai Nguyen	22-23/04/2018	14
6	Nha Trang	13-14/05/2018	12
7	Da Nang	22-23/05/2018	11
	Total		***216***

In each province, the number of HCPs participating in the training and number of training courses was different, resulting in unequal sample sizes. In Son La and Thanh Hoa, two provinces in which Lighthouse SE has had the opportunity to organize previous training courses, the number of HCPs participating in the survey was higher than in other provinces.

2. Questionnaires

The survey included 19 questions, including content about personal information of HCPs; knowledge, awareness of HCPs about the LGBTIQ community; needs and difficulties in providing services to the community.

The questionnaire was built by the research team from Lighthouse SE, and tested in the first training in Son La province. The result from the test is included in this report because the questionnaire was unchanged.

3. Method of collecting information

The survey was conducted before the start of training sessions in the form of a self-administered questionnaire.

4. Method of information processing

The information was imported by Epidata 3.1 software and analyzed by SPSS 18.0 software by the research team of Lighthouse SE.

III. Results and Discussion

1. General information of participants

The survey involved 216 HCPs from seven provinces.

No.	Province/City	Size	Percentage
1	Son La	93	43.1%
2	Thanh Hoa	54	25%
3	Hai Phong	16	7.4%
4	Nghe An	16	7.4%
5	Thai Nguyen	14	6.5%
6	Nha Trang	12	5.6%
7	Da Nang	11	5.1%

The two provinces with the highest number of HCPs participating in the survey were Son La province with 93 HCPs (43.1%), and Thanh Hoa province with 54 HCPs (25%). The remaining provinces had fewer HCPs due to the lower number of training sessions. Specifically, the number of HCPs in Thai Nguyen province accounted for 6.5% of sample size. Participants in Nghe An and Hai Phong province each accounted for 7.4% of the participants. Nha Trang and Da Nang accounted for 5.6% and 5.1% of participants, respectively. However, during the analysis, the research team found that the analysis results in separate provinces were quite similar. Therefore, the difference in sample size does not affect the overall results of the knowledge, needs and difficulties assessment of a healthcare provider.

Demographic		Number	Percentage
Gender	Male	82	37.9
	Female	133	61.7
	Other	1	0.5
Religious belief	Non- religions	189	87.6
	Buddhism	21	9.7
	Christianity	2	1.1
	Other religions	4	1.6
Ethnicity	Kinh	165	76.3
	Thai	24	11.1
	Muong	8	3.7
	Other (Dao, Tay, H'mong…)	19	8.9
Living area	Urban	154	71.3
	Suburban	13	6.2
	Rural	49	22.5
Educational level	Graduated secondary school	1	0.5
	Graduated high school	12	5.6
	Graduated vocational training centers, technical schools, colleges and universities	171	79
	Graduated postgraduate school	32	15
Types of Work Environment	State agencies and organizations	209	96.7
	Private agencies and organizations	2	1
	Non-State, non-profit agencies and organizations	3	1.4
	Other types	2	1
Career	Doctors	66	30.6
	Consultants	32	14.8
	Nurses, medical examiners	82	37.8
	Managers	6	2.9
	Other (assistants, pharmacists, etc)	30	13.9

Regarding ***gender***, the majority of HCPs surveyed were female (133 people), accounting for 61.7 %, while men accounted for 37.9 % (82 people), and one participant identified as “other” which accounted for 0.5%.

Regarding ***religious belief***, the majority of HCPs who participated in the survey identified as non-religious, accounting for 87.6%. Only 9.7 % of HCPs followed Buddhism, 1.1% followed Christianity and 1.6 % followed other religions.

Regarding ***ethnicity***, 76.3% of the survey participants identified as Kinh, Thai participants accounted for 11.1%, and Muong accounted for 3.7%. Other ethnic groups such as Tay, Dao, San Chu, H'mong, San Diu collectively accounted for 8.9%. Most participants who identified as ethnic minorities such as Thai, Muong, Tay, Dao were in Son La province, while participants of the San Chu and San Diu ethnic groups were mostly from Thai Nguyen province.

Regarding ***participant living area***, 71.3 % of HCPs participating in the survey currently were living in urban areas at the time of this survey; 6.2% of people were living in suburban areas; and 22.5% were living in rural areas.

Regarding ***educational level***, the majority of HCPs were highly educated, 79% of HCPs graduated from vocational training centers, technical schools, colleges and universities. In addition, 15% of the providers graduated from postgraduate school. Only 0.5% of the HCPs graduated from secondary school only, and 5.6% graduated from high school.

Regarding ***work environment***, most of the participants in the survey were working in agencies and organizations of the State, accounting for 96.7%. Only 1% was working in the private sector, 1.4% was working in the field of non-State, non-profit, and the remaining 1% was working in other types of organizations.

Regarding ***participant careers***, 66 doctors (30.6%), 32 consultants (14.8%), 82 nurses, medical examiners (37.8%), 6 managers (2.9%), 30 people with other positions such as nurse assistants or pharmacists, etc. (13.9%) participated in this survey.

2. Knowledge, attitudes about the LGBTIQ community

In this survey, the research team surveyed HCPs about their knowledge, opinions, and attitudes of LGBTIQ, MSM, and The Gender-bread Person (biological sex and SOGIE, which stands for sexual orientation, gender identity and gender expression).

When asked about the meaning of the term LGBTIQ, only 52.8% of HCPs answered that they knew the meaning, while the remaining 47.2% said they did not know. However, among respondents who answered that they understood the meaning of this term, only 39.8% of respondents correctly answered the meaning of the term LGBTIQ. Specifically, acceptable answers include homosexual, bisexual and transgender community/person/people or gay, lesbian, bi/bisexual, transgender community. Most responses were incorrect because the HCPs forgot one group in LGBTIQ, or they had confusion of LGBTIQ phrase with homosexual behavior/ term of transgender.

Similarly, 53.9% of HCPs claimed to know the meaning of MSM. Among the respondents who answered that they did know, only 41.4% of respondents correctly answered the meaning of the term MSM. The correct answers included a community of men who have the same-sex relationship; a community of people has the same-sex relationships who are men, and men who have sex with men. The answers were wrong due to the confusion between sexual behavior and sexual orientation. Many HCPs believed that MSM referred to a group of gay men. Some of them might understand this as sexual behavior between two or more people who have the same gender, but they do not identify the gender as male.

Later in the training process, many HCPs shared that much of their confusion is due to the opinion that homosexual men would have sex with men, ignoring other minority groups such as heterosexual men who are sex workers, or homosexual men who do not have sex with men.

The following terms are used in this report based on the official document "Answers to Your Questions About Transgender people, Gender Identity, and Gender Expression" of the American Psychological Association. [5]

*__Biological Sex__: refers to one's biological status as either male or female, and is associated primarily with physical attributes such as chromosomes, hormone prevalence, and external and internal anatomy.

*__Sexual Orientation__: refers to an individual's enduring physical, romantic, and/or emotional attraction to another person.

*__Gender Identity__: refers to a person's internal sense of being male, female, or something else

*__Gender Expression__: refers to the way a person communicates gender identity to others through behavior, clothing, hairstyles, voice, or body characteristics.

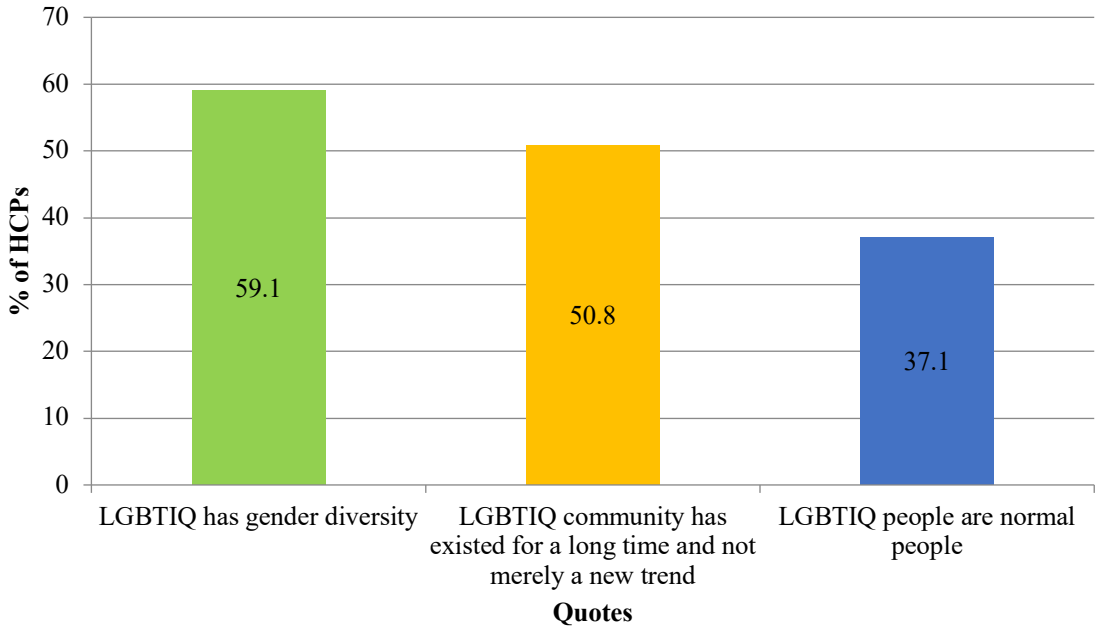
Regarding biological sex, only 30.1% of HCPs answered that they knew the meaning of this term. Among them, 49% of people share the right meaning of biological gender as the natural gender humans are born with. The rest gave inaccurate explanations such as genitals with normal functions, the gender that people express, the thought of the person's perception of his or her gender.

For gender identity/ gender awareness, only 13.1% of HCPs said that they know the meaning of this term. Of those, 52.6% shared the true meaning of gender identity as the person's idea of his or her gender. Many HCPs have confused gender identity and biological sex.

For sexual orientation, only 27.8% said that they know the meaning of this phrase. Of those, only 17.5% answered correctly. This demonstrates that this definition is confused and misunderstood by healthcare professionals, likely due to a lack of accurate knowledge. HCPs often mistakenly assume that sexual orientation is a way of expressing the emotional feelings of a man or a woman, a sexual interest, or the development of a particular gender.

Gender expression reported the highest percentage of recognizable answers amongst HCPs. Specifically, 34% of respondents knew the meaning of this phrase. Of which, 36.7% of HCPs answered correctly about the meaning of this term. The other answers often were confused with the way a person expresses his or her gender by his or her thought or the way that an individual presents his/her gender.

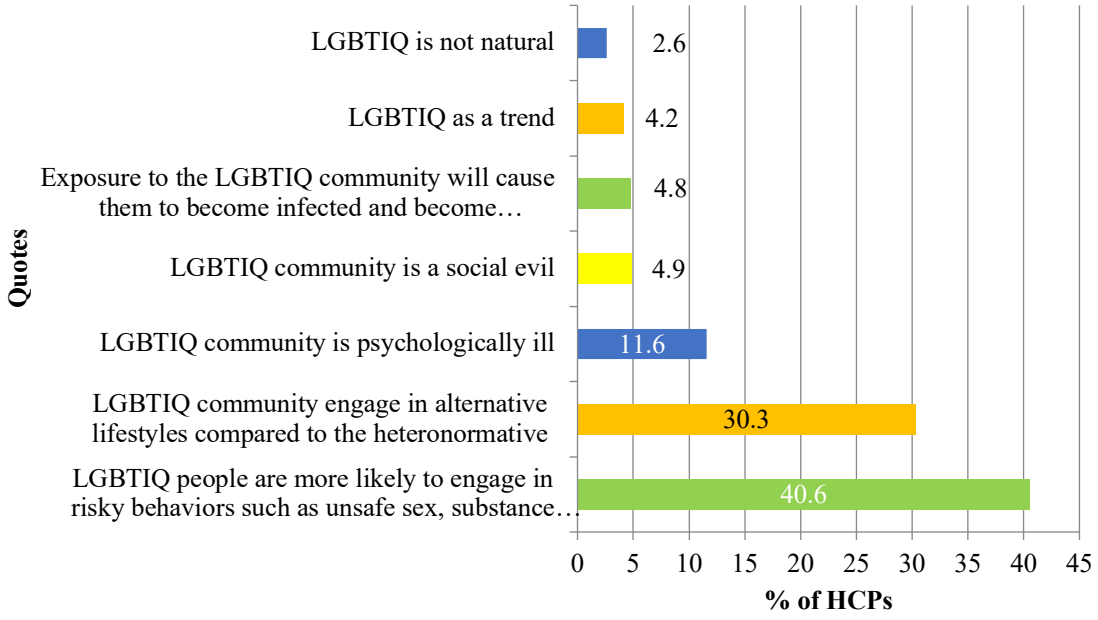
Regarding the perspective and attitudes of HCPs, there are a number of data showing that HCPs have an open and positive view of the community. Details are in the following chart.



- 59.1% of HCPs think that LGBTIQ has gender diversity
- 50.8% of HCPs believe that the LGBTIQ community has existed for a long time and not merely a new trend.
- 37.1% of HCPs think LGBTIQ people are normal people.

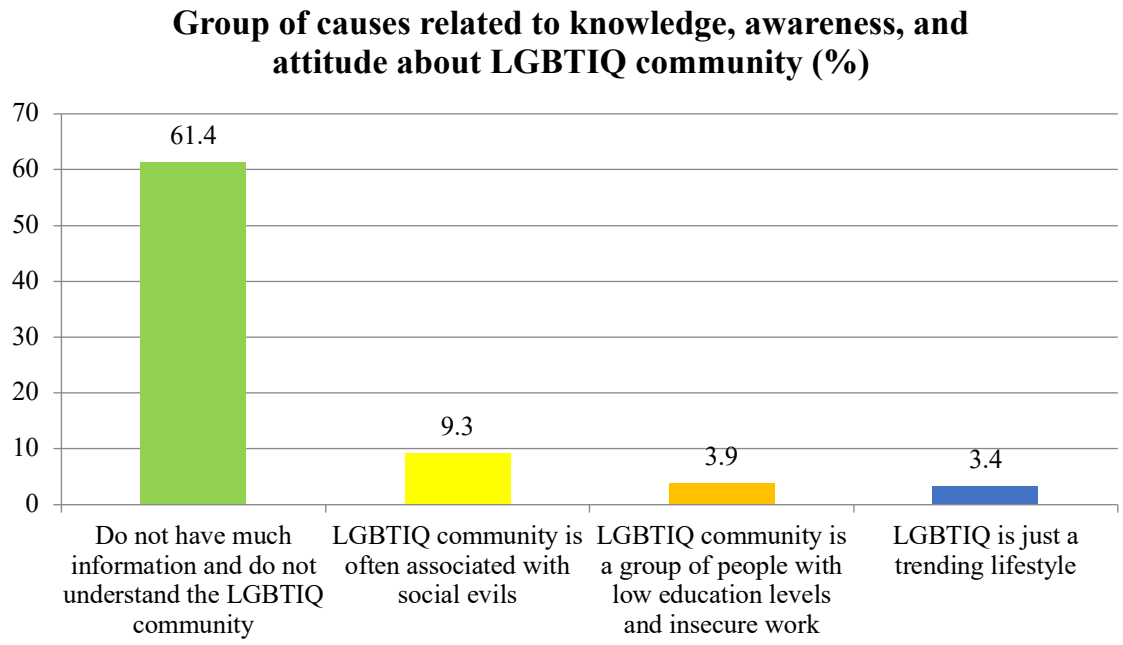
However, many HCPs still held negative stereotypes about the LGBTIQ community such as people in the LGBTIQ community are usually flamboyantly dressed and speak with effeminate tones. Many HCPs also believe people the LGBTIQ community are more likely to take part in risky sexual behaviors, have little education and take insecure, unstable jobs. When asked about the ways HCPs work to find out whether a person is part of the LGBTIQ community, 57.8% of the respondents say patients self-identify, 61.1% say they can be identified through their manner of speech, information analysis. Additionally, 68.5% of the respondents said that they could identify by the appearance and gesture of the individual. At the same time, 38.6% of HCPs reported that they regularly comment on the appearance of the

LGBTIQ community as wearing extravagant clothes and having feeble voices. In addition, some HCPs still think that the LGBTIQ community is an “unnatural” disease. Details are presented in the following chart.



- 40.6% of HCPs believe that LGBTIQ people are more likely to engage in risky behaviors such as unsafe sex, substance use, etc.
- 30.3% of HCPs believe that the LGBTIQ community engages in alternative lifestyles compared to the heteronormative
- 11.6% of HCPs think they are psychologically ill
- 4.9% of HCPs believe that LGBTIQ community is a social evil
- 4.8% of HCPs believe that exposure to the LGBTIQ community will cause them to become infected and become members of the LGBTIQ community.
- 4.2% of HCPs consider LGBTIQ as a trend.
- 2.6% of HCPs think that LGBTIQ is not natural.

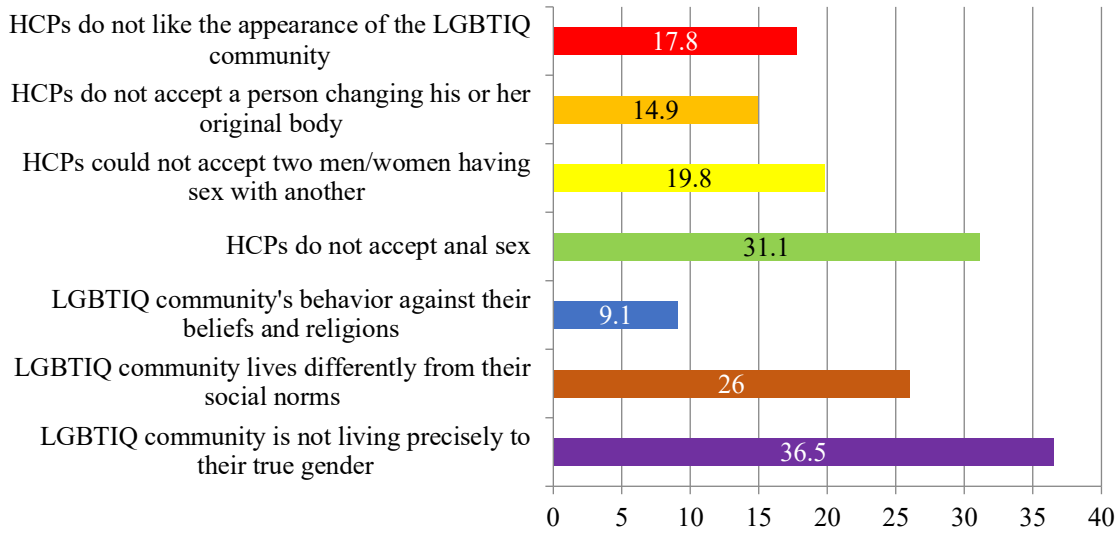
In order to better understand the causes of these negative attitudes to LGBTIQ community from HCPs, the research team questioned HCPs. Findings were organized into three groups: causes related to knowledge, awareness, and attitude of HCPs, causes related to culture, society, beliefs and religions, and causes related to HCPs’ social circle, such as relatives and colleagues.



Regarding causes of knowledge, awareness, and attitude about LGBTIQ community, we found that:

- 61.4% of HCPs shared that they do not have much information and do not understand the LGBTIQ community
- 9.3% of HCPs believe that the LGBTIQ community is often associated with social evils such as prostitution and drug use
- 3.9% of HCPs believe that the LGBTIQ community is a group of people with low education levels and insecure work
- 3.4% of HCPs believe that LGBTIQ is just a trending lifestyle

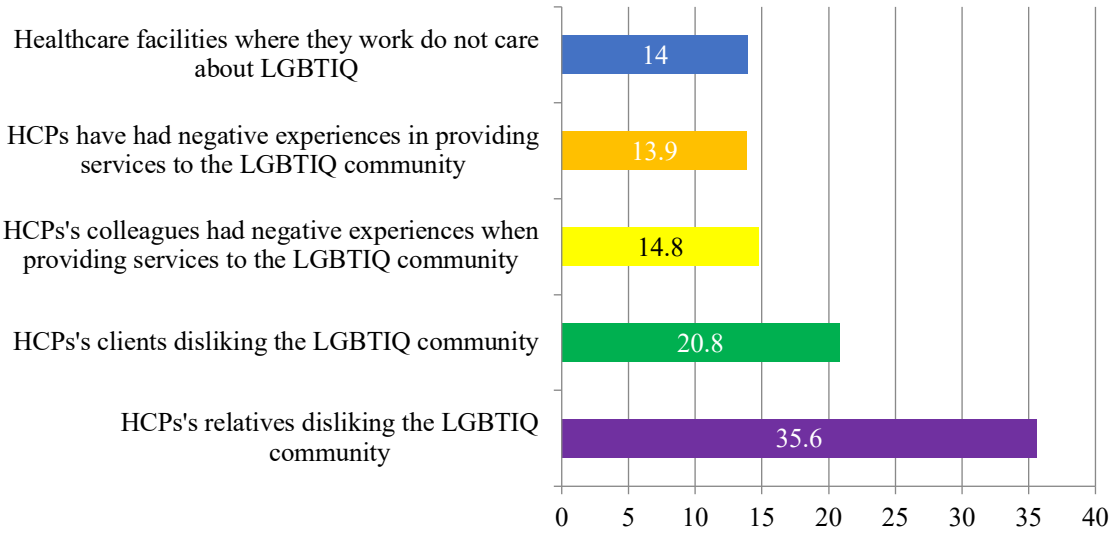
Group of causes related to culture, society, beliefs, and religions (%)



Regarding causes of culture, society, beliefs, and religions of HCPs, we found that:

- 36.5% of HCPs believe that the LGBTIQ community is not living precisely to their true gender
- 26% of HCPs believe that the LGBTIQ community lives differently from their social norms
- 9.1% of HCPs share that the LGBTIQ community's behavior against their beliefs and religions
- 31.1% of HCPs share that they do not accept anal sex
- 19.8% of HCPs share that they could not accept two men/women having sex with another
- 14.9% of HCPs say they do not accept a person changing his or her original gender
- 17.8% of HCPs say they do not like the appearance (too colorful etc) of the LGBTIQ community

Group of causes related to the surrounding people such as relatives, colleagues (%)



Regarding the causes of the surrounding people such as relatives, colleagues, we found that:

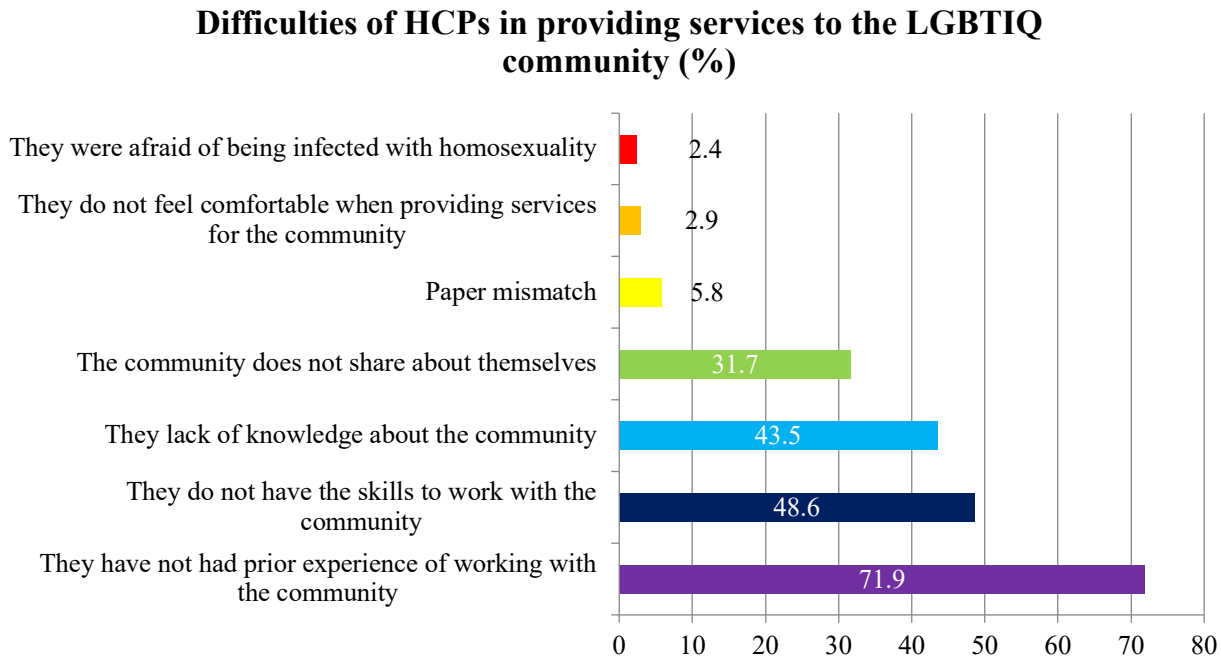
- 35.6% of HCPs share their relatives' disliking the LGBTIQ community
- 20.8% of HCPs share their clients' disliking the LGBTIQ community
- 14.8% of HCPs share their colleagues had negative experiences when providing services to the LGBTIQ community.
- 13.9% of HCPs share that they have had negative experiences in providing services to the LGBTIQ community
- 14% of HCPs share that healthcare facilities where they work do not care about LGBTIQ

3. The needs and difficulties of Healthcare providers working with the LGBTIQ community

Of the HCPs surveyed 71.9% had never provided services to the LGBTIQ community. This may be because many HCPs still identify client gender through their expression, not because of the client sharing such information.

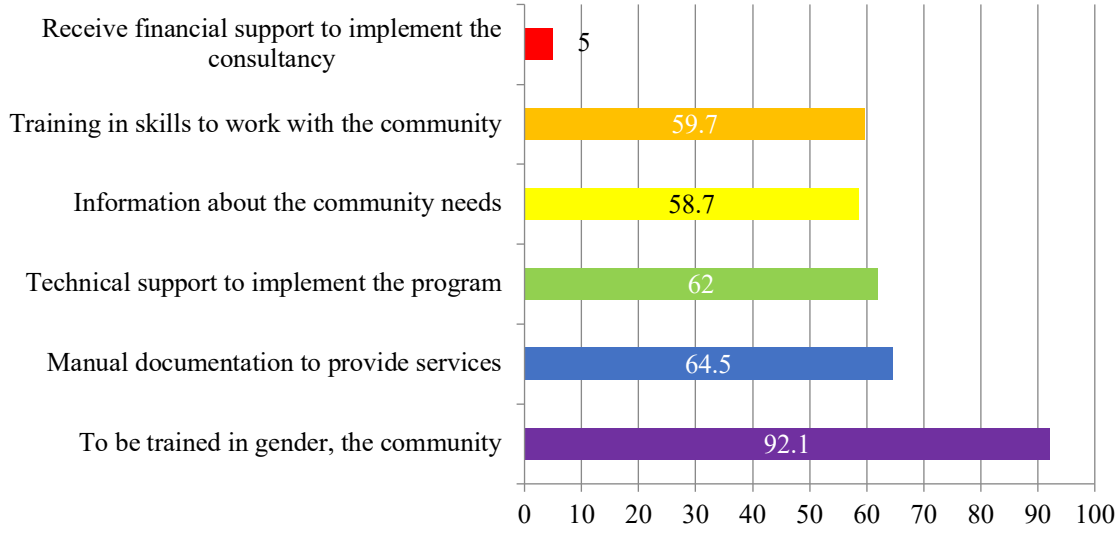
62.6% of HCPs shared that they wanted to provide healthcare services to the LGBTIQ community, 4.2% do not want to provide and 33.2% do not have an opinion. When referring to the comfort of providing healthcare services to the LGBTIQ

community, only 26.7% of HCPs shared that they were comfortable, 9.3% shared there were uncomfortable/ very uncomfortable and 64.1% felt “normal.” Thus, although 62.6% of HCPs want to provide services, only 26.7% of HCPs feel comfortable. Most HCPs think that whoever comes to their clinics to receive services are clients and patients, including LGBTIQ people. And, providing quality services for patients is the responsibility and the work of HCPs. That is why under all circumstances, HCPs would still provide services to the community. However, some HCPs feel uncomfortable due to their different perspectives, as well as some difficulties in providing services to the community. Specifically, 71.9% of HCPs said that they have not had prior experience of working with the community, 48.6% said they do not have the skills to work with the community, 43.5% have a lack of knowledge about the community, 31.7% said that because the community does not share information about themselves, 5.8% said it was due to paper mismatch i.e. sex on their ID card does not match with their presenting appearance, 2.9% said they had difficulty because they do not feel comfortable when providing services for the community, 2.4% were afraid of being infected with homosexuality.



Facing these difficulties, HCPs expressed the following needs in order to increase their ability to provide quality and friendly services: 92.1% want to be trained on gender and the community; 64.5% wanted guideline on how to provide friendly and quality services to LGBTIQ community; 62% wanted technical support to implement the program; 58.7% wanted to be provided with information about the community needs; 59.7% wanted training in skills to work with the community; 5% would like to receive financial support to implement the consultancy.

HCPs needs to provide quality services for LGBTIQ community (%)



IV. Conclusions

The results show that HCPs do not have sufficient knowledge about the LGBTIQ community. There was also significant confusion about the meaning and, more importantly, some HCPs claimed they had knowledge on these issues, but research demonstrated this knowledge to be inaccurate.

The Gender-bread person was the area in which HCPs knew the least about. In these domains, sexual orientation is a factor that HCPs do not understand well. Many HCPs have confused gender identity and biological sex, and they still identify clients' gender through their expression, not because of the clients sharing such information.

In general, HCPs have certain knowledge about definitions of LGBTIQ, MSM, or SOGIE. Much of this is the knowledge gained through daily contact with patients. Most HCPs stated they were not trained in a systematic or standardized way. Hence, HCPs still had little knowledge of LGBTIQ topics and what they thought they knew was often inaccurate.

Negative attitudes and social prejudice toward the LGBTIQ community stem from many causes which can be divided into three groups:

1. Causes related to knowledge, awareness and attitude of HCPs
2. Causes of cultural, social, belief and religion
3. Causes related to the surrounding people, such as relatives and colleagues.

In the group of causes related to knowledge, awareness and attitude of HCPs, the primary reason for this shortcoming was because HCPs do not have appropriate knowledge and information about LGBTIQ community. In the group of causes related to culture, society, beliefs and religion, some HCPs believed that the LGBTIQ community are not living precisely to their “true” gender, LGBTIQ community's behavior is against HCPs’ beliefs and religion, nor HCPs cannot accept anal sex, nor two men/women having sex with each other. Finally, in the group of causes related to the surrounding people of HCPs, the reason with the highest proportion is that relatives and customers of HCPs do not like the LGBTIQ community.

Although 62.6% of HCPs want to provide services to LGBTIQ, only 26.7% of HCPs feel comfortable administering such services. Some HCPs feel uncomfortable because they have a lack of knowledge and skills to work with LGBTIQ people as well as having different perspectives such as believing that LGBTIQ is just a trending lifestyle, they could not accept two men/women having sex with another, etc.

HCPs need to be supported; provided more documents and information, undergo training courses and professional exchanges with LGBTIQ experienced HCPs. These provisions would help them to gain more knowledge and skills ultimately allowing them to provide more quality and friendly services for LGBTIQ community.

V. Recommendations

In general, most of the HCPs do not have sufficient or appropriate information and knowledge about the LGBTIQ community. They also have negative prejudice and stigma towards the community. HCPs themselves have many difficulties in working with the LGBTIQ community and need more support to improve the quality of services which are provided. From the results of the survey, we present the following recommendations:

First, HCPs should have more continuous, regular, and practical training about LGBTIQ community (characteristics, languages, needs and counseling practices) and SOGIE.

Second, develop a criterion about friendly healthcare facilities and services, which include manage system, confidentiality policy, non-stigma and non-discrimination policy, service delivery, friendly environment, understanding and connecting with LGBTIQ community, feedback collecting and clients satisfaction evaluation.

Third, develop a curriculum about "Sensitizing HCPs in providing healthcare services to LGBTIQ community" in order to help HCPs know how to approach and work with the LGBTIQ community.

Fourth, promote communication to the general public on LGBTIQ issues, gender and sexual diversity and healthcare needs. This should include both online and offline forms, social media channels and mass media.

Fifth, medical students should have formal training during their studies at school.

Sixth, raise awareness of the LGBTIQ community about protecting their own health and reducing self-discrimination.

Seventh, advocate the Ministry of Health to promulgate a policy against stigma and discrimination based on sexual orientation and gender identity in healthcare facilities.

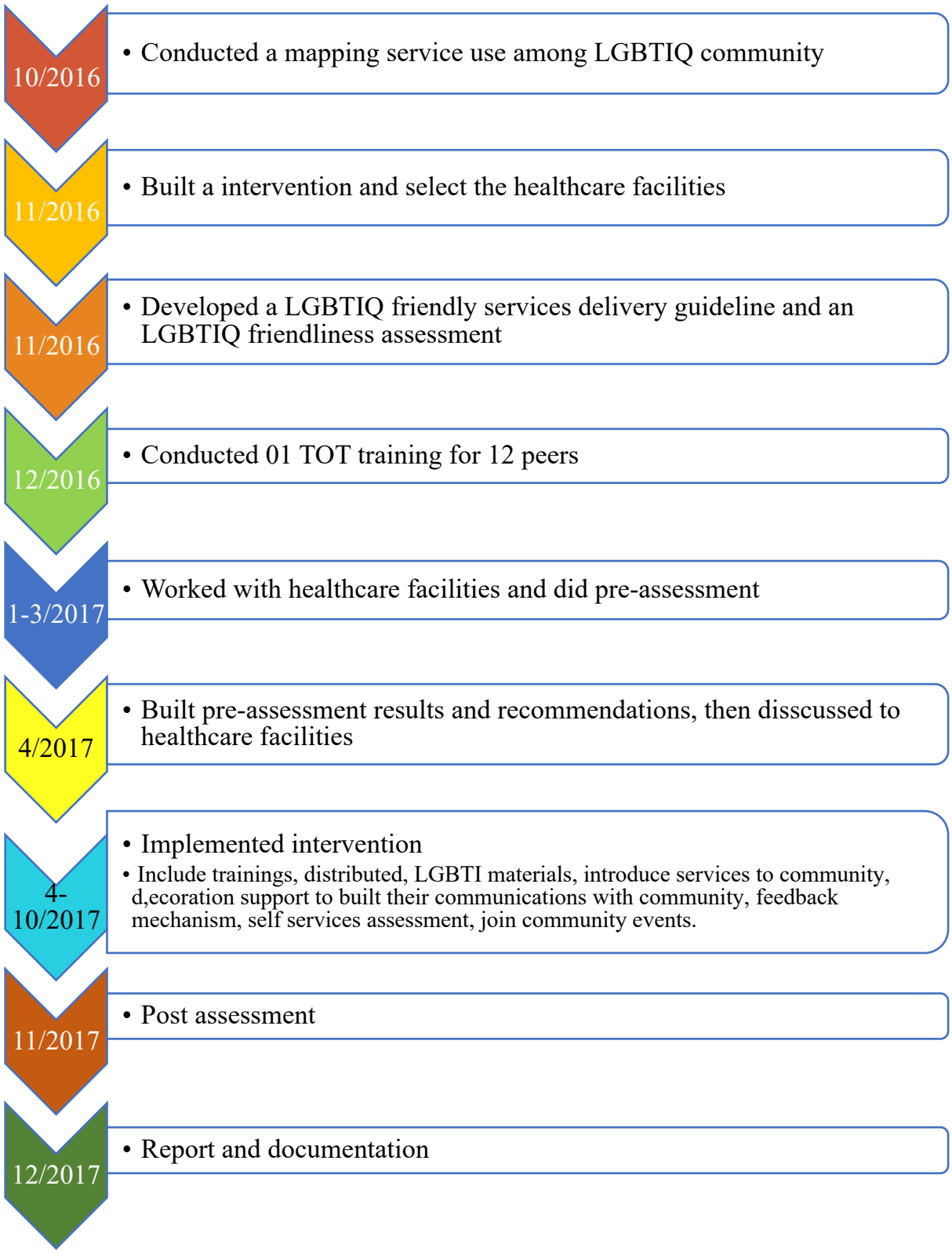
Eighth, advocate having regulations which can support transgender people about legal papers and procedures.

Ninth, connect healthcare facilities with LGBTIQ community groups which advocate for LGBTIQ community health.

Finally, there is a need for more research and assessment in multiple areas, a more comprehensive questionnaire to provide specific intervention directions, as well as provide evidence on step by step policy lobbying with related agencies.

A model has been applied in practice

This model was applied at Nam Tu Liem Health Centre and SHP clinic at Hanoi Medical University under Bridging the Gap project that Lighthouse Social Enterprises implemented in 2016-2017



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