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VNM7 R105 PROJECT

REPORT

FORMATIVE RESEARCH

CENTER FOR COMMUNITY HEALTH RESEARCH AND DEVELOPMENT

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I. INTRODUCTION

For any country trying to integrate into the global economy, its people are its greatest and most precious asset. It is a nation's workforce that controls its sustainable development. In this context, health and education take the lead in human resource strategies in many countries in the world. That's why, throughout the economic development process, the Vietnamese Party and State have always paid great attention to people's healthcare as evidenced through the improvements to Vietnam's health indicators compared to other countries of the same economic development level. Figures in 2005 showed life expectancy in Vietnam increased to 71, the malnutrition rate among children under 5 fell to 25% from 50% in 1990, and the mortality rate among children under 1 reduced from 46% in 1990 to just 18%; equal to the level in countries with income per capita 2-3 times higher than Vietnam. Vietnam has made major progress in the area of family planning and been acknowledged by the United Nations as making a contribution to stabilizing population growth and initial success in poverty reduction processes. In general, people's knowledge about health has improved significantly, particularly in rural areas and people are aware of and more able to take care of their own health. These positive results can be attributed to the concern, guidelines and investment of the central Government and local authorities, and major contributions and support of the international community.

Despite this progress, the health sector has not fully met the people's expectations and cannot keep up with the country's socio-economic development. Many health issues remain, for example maternal and infant mortality, reproductive tract infection, induced abortion and so on. In addition, a considerable difference exists between health indicators in urban and rural populations. For example, the number of children a rural married couple have is, on average 0.5 times higher than an urban couple, more than 40% of rural children were born to mothers under 25 years of age, and the birth rate of rural adolescents is twice that of urban ones. Although the malnutrition rate of Vietnamese children is trending down, it remains higher than other countries in the region. Notably, there has been no considerable improvement in the child malnutrition rates in ethnic minority areas and among poor households.

In addition to common health problems facing poor countries, Vietnam in general and the health sector in particular, must confront new challenges of modern life posed by the integration process.

Prevention and mitigation of the risks facing people's health are considered the first priority for improving health indicators in rural areas. This approach strictly combines individual and family health protection and care with sustainable community development. Throughout this process, health education is the most

important factor, as it strengthens healthcare awareness, and imparts the knowledge and particularly the skills needed to change harmful behaviour and lifestyles. This first priority approach is very effective in most national healthcare strategies and programmes which have been approved and are being implemented in Vietnam, including Population-Family Planning, Reproductive Healthcare, Safe Motherhood, Tuberculosis, Malaria and HIV/AIDS prevention and control programmes.

However, recent research and evaluation has found that while health education has helped improve the people's general knowledge about health, it has not led to changes in behaviour and lifestyle that benefit health. Findings of research conducted under the Safe Motherhood programme in 2002, with samples representing different geographical regions in the country showed that mothers' knowledge of birth risks was very low. For example, only 34.2% of the mothers knew about the risk of high blood pressure, 57.2% of them knew about risks to the fetus during pregnancy, and only 37.4% knew about having hyperpyrexia after birth. Findings of national research on the reproductive health (RH) of Vietnam's adolescents showed that while >90% of young people knew at least one way that HIV/AIDS can be transmitted, only 52.2% had full knowledge of all methods of HIV transmission. The rate of young people with adequate preventive knowledge was even lower.

Therefore, in reality, there are clear gaps in people's health knowledge, not to mention the gaps between attitudes and changing healthcare behaviour. If their behaviour does not change, any efforts by the health sector to help prevent disease and illness remain less than effective. This situation can be attributed to the fact that although the mass media in Vietnam has been modernized, health education, despite its great efforts over the last few years, still provides information through traditional education means such as handouts, billboards, posters and lecturing in clubs. Communication campaigns have become less attractive to the public. Nowadays, as people's life has improved, new and diverse methods are needed to impart health information. In addition, to help them change their thinking, lifestyle and behaviour, education methods need to be tailored to each individual as well as each community. It is necessary to introduce specific images in certain settings so that the information receivers can understand the information and share it with others.

World experience has shown the value of entertainment as a means of reaching people to help them strengthen their knowledge, change attitudes and particularly change behaviours. In the past, healthcare messages were transmitted in a dry, stiff and monotonous manner. Currently, they are included in dramas, songs, films and TV, radio, newspaper and on-line shows. This makes it easier for

the audience to accept and receive information, and from that, to change their attitudes and behaviours to benefit their own health and that of the community.

Project VNM7R105, financed by the Government of Denmark, will help the Voice of Vietnam Radio to produce and broadcast entertainment and education programmes to encourage behavioural change. Through the project, the Radio will develop and broadcast serialized radio dramas. The radio dramas are expected to comprise 104 episodes, each lasting 15 minutes. They will focus on HIV/AIDS, RH and gender equality education, and will be broadcast weekly nationwide (Every Sunday, one episode will be broadcast).

In order to get reliable information about the target audience and their socio-cultural environment, as well as Vietnamese listeners' needs and taste in serialized radio drama, the Voice of Vietnam Radio and the US-based technical assistance agency PMC have conducted formative research at several sites in the country. The research findings will provide the basis for developing the scripts. The original objectives of the formative research are four, of which the first objective is to review the legal system for multiple episode drama airing in the Radio system for RH-FP and HIV/AIDS education using current laws and regulations. After consideration the overlap part of literature review and this first objective, the research team has decided to move the first objective "Reviewing the legal system for multiple episode drama airing in the Radio system for RH-FP and HIV/AIDS education" into the literature review research because this objective requires similar work as literature review. Therefore, major objectives of the formative research are aimed to help project:

1. Define the programme's target audience;
2. Define education issues in the programme;
3. Generate a value system for the programme.

To reach these objectives the CCRD and the VNM7R105 project management unit (PMU) decided to employ formative research methodologies to gather the necessary information to meet the demands mentioned earlier.

II. METHODS

2.1 Selection of research sites

The sites selected for the formative research were in the same provinces where samples of an initial basic survey were taken. Altogether the formative

research was carried out in 6 provinces, namely Lao Cai, Quang Ninh, Hung Yen, Binh Dinh, Gia Lai and Can Tho.

Lao Cai and Quang Ninh are Vietnam's northern border provinces where more than 30 ethnic minority groups live. They were chosen to represent northern mountainous provinces (in both the North East and the North West regions). Hung Yen was chosen to represent provinces in the Red river delta and the North Central regions. Binh Dinh represents the central coastal provinces, Gia Lai for the Central Highlands and Can Tho for the South East and South West regions. In each province, two sites were selected; a city/town, and a rural area, more than 20km away from the city/town by land. The rural sites were the same as those of the basic survey to help combine the work of the researchers with the monitoring work of the field investigation team.

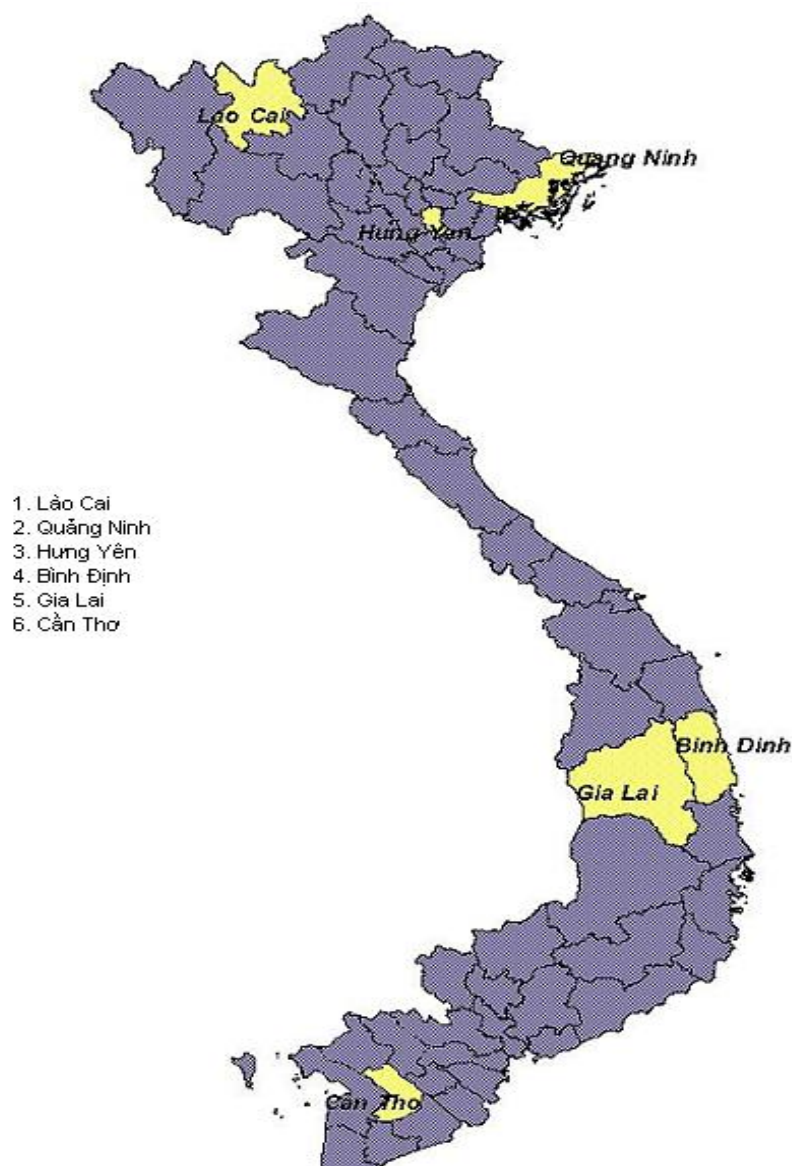


Table 1: List of sites selected for the formative research in each province:

Province/City	Urban site	Rural site
Lao Cai	Ta Phoi commune, Lao Cai city	Ta Van commune, Sa Pa town
Quang Ninh	Tran Hung Dao ward, Ha Long city	Dan Chu commune, Hoanh Bo district
Hung Yen	Hai Ba Trung ward, Hung Yen town	Dinh Cao commune, Phu Cu district
Binh Dinh	Thi Nai ward, Qui Nhon city	Phuoc Son commune, Tuy Phuoc district
Gia Lai	Tra Ba ward, Plei Ku town	Ladang commune, Chu Prong district
Can Tho	An Lac, Can Tho city	Chau Van Liem commune, O mon district

2.2. Target groups

A total of 114 in-depth interviews and focus group discussions were held in 6 provinces, cities and at central agencies, 104 of which were held at provincial level and 10 at central level. The samples included: 24 focus group discussions (12 discussions among radio listeners and 12 others with non-radio listeners) and 90 in-depth interviews with different target groups including radio listeners, non-radio listeners, leaders of sectors and social organizations, people in the communities, people with HIV and drug users. 20 in-depth interviews were carried out with people from northern and southern ethnic minority groups.

In this formative research, the researchers used the indicators of regular radio listeners and non-listeners. A regular listener is defined as someone who listens to the radio at least once a week. To fully represent these target groups, we invited both men and women to the focus group discussions and in-depth interviews. We did not fix the age limit for the selection of the research participants.

In provinces where ethnic minority (EM) people live, the researchers interviewed another 2 people from the largest EM group in the province.

Table 2: Distribution of samples for in-depth interview and focus group discussion on the research sites

	Lao Cai	Quang Ninh	Hung Yen	Binh Dinh	Gia Lai	Can Tho	Total
1. Radio listeners' discussion	2	2	2	2	2	2	12
2. Non-radio listeners' discussion	2	2	2	2	2	2	12
3. In-depth interview with EM	4	4	0	4	4	4	20
4. Interview with manager of province's radio station	1	1	1	1	1	1	6
5. In-depth interview with Population, Family and Children Committee	1	1	1	1	1	1	6
6. Interview with drug users	1	1	1	1	1	1	6

	Lao Cai	Quang Ninh	Hung Yen	Binh Dinh	Gia Lai	Can Tho	Total
7. Interview with people with HIV/AIDS	1	1	1	1	1	1	6
8. Interview with prostitutes	1	1	1	1	1	1	6
9. Interview with community leaders	1	1	1	1	1	1	6
10. Interview with commune women leaders	1	1	1	1	1	1	6
11. Interview with male radio listeners	1	1	1	1	1	1	6
12. Interview with females of 15-49 years of age	1	1	1	1	1	1	6
13. Interview with HIV infected people in the community or high-risk people	1	1	1	1	1	1	6
Total number of interviews at province level	18	18	14	18	18	18	104
Interviews at central level	10 interviews						114

2.3. Design of the questionnaires for focus group discussion and in-depth interview

Because qualitative method is the primary method for the research, two qualitative data collection methods Focus Group discussion and In-Depth Interview with Key informants were used.

The researchers developed two sets of guidelines, one for the in-depth interviews and one for the focus group discussion. They designed the questions to gather information based on the listed indicators.

The interview/focus group discussion guidelines were developed for the following 4 main target groups:

- A. Questionnaires for focus group discussion with radio listeners
- B. Questionnaires for focus group discussion with non-radio listeners
- C. Questionnaires for interviews with local leaders
- D. Questionnaires for in-depth interviews with people in the community.

2.4. Gathering data from the sites

The appropriate purposive sampling and snowball sampling methodologies were employed to select the people for the interview and focus group discussion samples. Heads of residential quarters helped select listeners and non-listeners for

the discussions. Before the discussions, researchers screened them again by asking if they listened to the radio once a week. Once they had confirmation of the interviewees, researchers rearranged members for the focus group discussions.

All the in-depth interviews and focus group discussions in the provinces were conducted by senior researchers with the support of a research assistant.

2.5. Data analysis and processing

All the tapes were transcribed through the same process. The transcribers were all trained in the technique and methods and they had experience after working for previous research. The Vietnamese font ABC was used to transcribe the tapes so that it could be read by the software used to analyze the qualitative data. The software Atlas.ti 4.0 was used to help processing the information according to the agreed coding system to help analysis for report writing.

2.6. Language and translation

The Vietnamese language was used in all interviews and focus group discussions. At research sites inhabited by ethnic minorities, the researchers employed indigenous people who were fluent in both Vietnamese and the EM language to interpret and translate. These interpreters were often health workers or population collaborators.

2.7. Protecting the participants

Participation in the research was entirely voluntary. Before any interview or focus group discussion, the researchers made clear to those involved the objectives of the working session, and their right to participate or not participate. Only after the people had agreed to continue participating in the interview or focus group discussion, did researchers begin the session. Individual information such as names and addresses were not recorded.

The sets of guidelines for focus group discussion and in-depth interviews were approved by the IRB - the Institutional Review Board of the CCRD before training of researchers and implementation at the sites.

2.8. Limitations

The first limitation is a wide range of target audience (15-49) and the formative research can not generate its finding to bigger population as the epidemiological survey. The information focuses on people 15-49 listening to radio and living in the research areas during the time the research was being carried out. Even with a lot of effort, some special groups such as soldiers, polices, construction workers and migrant workers were not selected in the sample.

The second limitation is that the number of radio audiences in fact is much smaller than expected. Majority of audience were primarily TV audience combined with radio listening and not frequent radio audience as per study definition. Therefore, extract information about radio program was much more difficult because community people confused between names of the program, time to air, contents v.v. and they even confused between TV program and Radio program. In addition, serial radio drama is totally new and never broadcast in the radio before and all people do not have any idea about the serial drama when asking about it.

Finally, language is one of barrier to communication between researchers and ethnic people. The team has requested a support from translator, but the discussion flow was interrupted by translation and prolong the discussion/interview time.

III. RESEARCH FINDINGS

3.1 Description of research sites

Hung Yen

Hung Yen, which had been considered the second most developed area after the Hanoi capital, is in the key economic area of the northern plain. It is close to Hanoi, Bac Ninh, Ha Nam, Ha Tay, Hai Duong and Thai Binh. Hung Yen has an area of 932.09 sq.km and a population of over 1.1 million. It comprises 9 districts and 1 town. Hung Yen is inhabited by the Kinh people.

In recent years Hung Yen has achieved comprehensive socio-economic goals. Its economic growth rate has been high and stable, 13.7% in 2006 while its natural population growth is 0.95% a year. The people's lives have improved dramatically, and income per capita reached about US\$ 550 (in 2005). Hung Yen completed universal lower secondary education in 2001 and ensured 100% of commune health stations were staffed by M.D. The province is trying to become an industrialised province before 2020 with a logical structure for the economy, social development and political stabilization, and to ensure national defence and security, and social order and safety.

Lao Cai

Lao Cai is a mountainous border province in Vietnam's North West region. It is bordered by Ha Giang province in the east; Son La and Lai Chau provinces in the west; Yen Bai province in the south and Yun Nan province (China) in the north with a borderline of 203 km. Lao Cai covers an area of 6,357.08 sq.km and has a population of more than 576,800 (in 2005). Currently, Lao Cai consists of 1 city directly under the provincial authorities and 8 districts. It is inhabited by 25 ethnic groups, in which ethnic minorities account for 64.1%. The Mong people make up the highest percentage among EM people in Lao Cai (26.56%).

GDP per capita in 2005 reached US\$ 330. Lao Cai is one of the 6 most financially difficult provinces in the northern mountainous regions, with 125 out of its 164 communes classified as especially difficult. However, Lao Cai has made considerable socio-economic progress. In 2006, its GDP growth rate reached 13.6%. Currently, 82% of its communes and 60% of households have access to grid electricity, 100% of communes have access to telephone services and 70% of households have safe water. The province has also made much progress in socio-cultural fields. The education universalisation outcome has been maintained

sustainably, 96% of school-age children go to school, and community healthcare services have been improved.

Binh Dinh

Binh Dinh is located along 110 km of Vietnam's central coast. Binh Dinh is bordered by Quang Ngai province in the north, Phu Yen province in the south, Gia Lai in the west and the East Sea with a coastline of 134 km long. It has a total area of 6,024.4 sq.km and a population of 1,562,400 (in 2005). Binh Dinh consists of a city directly under the provincial authorities and 10 districts. It is inhabited by the Kinh majority and Cham, Bana, Hre and some other ethnic minority groups, of which the Kinh people make up 98%.

Recently, Binh Dinh has recorded impressive economic growth of 9% a year. Its economy has been restructured in a logical and modern manner to generate more jobs. The province boasts 1 university which provides education and training in more than 40 different fields.

Binh Dinh has a provincial polyclinic with 600 beds, 1 city polyclinic and 01 private polyclinic which are able all to meet the health needs of people in the province and some adjacent provinces.

Can Tho

Can Tho city is in the middle of the Mekong Delta, which has a total area of 1,390 sq.km. It is bordered by An Giang and Dong Thap provinces on the north, Hau Giang province on the south, Kien Giang province on the west and Vinh Long and Dong Thap provinces on the east. Can Tho city consists of 4 precincts and 4 districts. It is accessible by road and there are telephone services in all communes. It has a population of 1,112,121, the urban population makes up 50.31% and rural population is 49.69%, including 35,500 people of the Khmer ethnic minority group and 31,200 people of the Hoa ethnic minority group. The natural population growth rate is 10.99%. 98.7% of its population has access to electricity and 90.0% have access to safe water.

Can Tho has a high economic growth rate. In 2006 its GDP growth rate was 16.18%, and income per capita was US\$ 980. The poverty rate has been reduced to 9.46%. Can Tho city boasts 4 universities, 4 colleges and middle-level vocational schools. 67% of the communes meet universal lower secondary education standards. 6.47% of pre-schools and general schools were acknowledged as reaching national standards and the literacy rate was 98.44%.

On healthcare, Can Tho city has 16 hospitals, 8 regional polyclinics and 61 commune and ward health stations. The malnutrition rate along children under 5 is 21.1%. Radio and TV reception covers 97% of the city.

Gia Lai

Gia Lai is a mountainous and border province in the northern Central Highlands. It is bordered by Kon Tum on the north, Dak Lak province on the south, Cambodia on the west with a national borderline of 90 km, and Quang Ngai, Binh Dinh and Phu Yen provinces on the east. It has an area of 15,536.9 sq.km. By the end of 2006, Gia Lai had a population of 1,154,778, of which the 34 EM groups comprise 44.6%, mostly Jrai and Bana people. Currently, Gia Lai consists of 13 districts, 2 towns and 1 city with 205 communes, wards and townlets.

Gia Lai has achieved a positive economic growth rate over the last few years. In 2006, the growth rate reached 13.1%, and GDP per capita reached VND 6.33 million (equivalent to US\$ 396). 116 communes and wards and 02/16 districts and towns met universal lower secondary education standards. The province is preparing to implement the programme of upper secondary education universalisation. 95% of school-age children go to school. Currently, 92% of primary school teachers and all secondary school teachers meet national standards. Gia Lai is considered a socio-economic strength on the central coast.

Quang Ninh

Quang Ninh is a coastal province in Vietnam's North Eastern region which has a coastline 250 km long. It is bordered by Kwang Si, China on the north with a borderline of 132.8 km; by the Bac Bo (Tonkin) gulf on the east; by Lang Son, Bac Giang and Hai Duong on the west; and by Hai Phong on the south. Quang Ninh has a total natural area of 8,239.243 sq.km, including 5,938 sq.km of mainland, and 2,448.853 sq.km of islands, gulfs and internal water. Quang Ninh has 1 city directly under the provincial authorities, 3 towns and 10 districts. It has a population of 1 million, consisting of 21 different ethnic groups including Kinh, Dao, Tay and San Diu and others.

Quang Ninh is geographically advantaged and rich in natural resources. Recent annual economic growth is 11%. Industry makes up 47% of the province's GDP, with an annual growth rate of 20%. Income per capita reached US\$ 726 in 2005, which was higher than that of the whole country in the same period.

Currently, Quang Ninh is trying to become a leading province in the industrialisation and modernisation process in the north and an industrialised province by 2015, five years ahead of other provinces.

3.2 General information on the research target groups

Some characteristics of the interviewees are described in Table 3 below. Most of interviewees involved in in-depth interviews were leaders of local authorities and social and mass organisations, people living with HIV/AIDS, and high-risk behavior people such as Commercial Sex Workers and drug users. People from the community made up a low percentage of in-depth interviews, but they were the only ones who participated in focus group discussions.

Table 3: General information of the interviewees

	In-depth interview N= 59	Focus group discussion N= 137	General N= 196
Specific characteristics of the interviewees			
People in the community	23.7% (14)	100.0% (137)	77.0% (151)
High risk people (drug users, CSW),	20.3% (12)	0.0% (0)	9.2% (18)
PLWHA	10.2% (6)	0.0% (0)	3.1% (6)
Officials	45.8% (27)		13.8% (27)
Interviewees by sex			
Male	49.2% (29)	37.2% (51)	40.8% (80)
Female	50.8% (30)	62.8% (86)	59.2% (116)
Average age	39.59	36.11	37.07

The difference between men and women was about 10% (40.8% were men and 59.2 were women) although interviewees were not chosen according to gender and age. It can also be seen that the participation rate of men in focus group discussions was much lower than women.

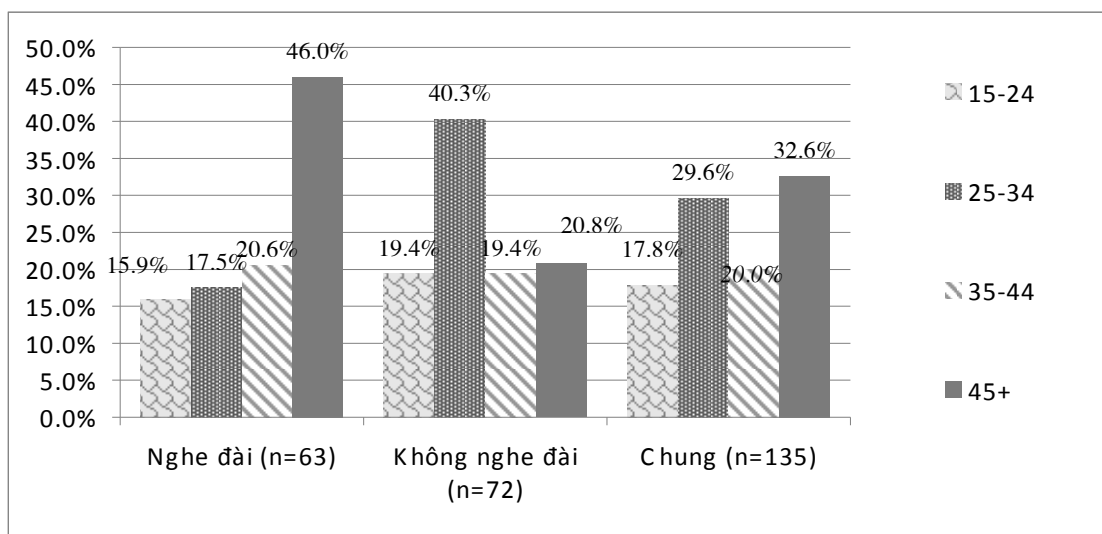
Table 4: Rate of radio listeners who participated in interviews by gender

	Nam	Women	Chung
Binh Dinh	50.0% (8)	50.0% (8)	100.0% (16)
Can Tho	16.7% (3)	83.3% (15)	100.0% (18)
Gia Lai	64.7% (11)	35.3% (6)	100.0% (17)
Hung Yen	11.1% (2)	88.9% (16)	100.0% (18)
Lao Cai	57.9% (11)	42.1% (8)	100.0% (19)
General	39.8% (35)	60.2% (53)	100.0% (88)

Analysis by province showed that the rate of male participations in the research was lowest in Hung Yen (11%) and Can Tho (16.7%). The rate of male radio listeners who participated in focus group discussions was highest in Gia Lai (64.7%), followed by Lao Cai (58%). Binh Dinh had the most equal participation rates between men and women (50% for both sexes).

The youngest person involved in the research was 14 years old boy from Lao Cai) and the oldest, a 70 years old man from Gia Lai. Dividing the age groups of all interviewees, including radio listeners and non-radio listeners into 10 groups, we got the result below:

Diagram 1: Distribution of interviewees in 6 provinces by age groups (n=135)



There was a difference between the occupations of rural and urban interviewees. Most rural interviewees were farmers while most urban people were small traders and pensioners. This shows the limits of non-random sampling, namely including the same types of people for convenience.

3.3 Accessibility and practice of using the mass media:

The central-level mass media channels:

The most popular mass media channels mentioned by the target groups included TV, radio and newspapers. TV ranked first in all regions and ethnic groups, followed by radio. Most households in the project sites have a TV set. Family members often gather to watch TV programmes, getting information and enjoying entertainment shows. It takes up most of their time. As the locality had access to grid

electricity, with a normal antenna they can receive local channels, VTV1 and VTV3. Some people have bought a dish antenna at the price of VND 5-700,000 and can get more TV channels. However, there is a gap in access to the mass media between the Kinh and Ethnic Minority groups. EM people have less access to TV and radio because many interviewees say they have none of these means.

Newspapers, tapes, CDs and the internet are popular among certain target groups depending on their age, accessibility and habit of using these means. Newspapers and magazines are popular in the cities and among officials and employees. Currently, people in many locations, particularly rural people and even people in some urban areas and agencies have no access to the Internet.

While radio broadcast coverage is very high, up to 97% according to a report by the Voice of Vietnam Radio, not many households have a radio set, particularly those in urban areas. Listeners often used Chinese-made radio sets which were sold at VND3000-100,000 using medium-sized batteries or AA batteries at the price of VND 2,000-5,000, which could last some weeks or 1-2 months. It was easy to use the radio set and change batteries. A radio set of this type could last for some years. However, most women did not dare to buy a radio set for them but relied on men.

According to some local radio and TV station staff, radio is a very good communication tool for people in remote, inaccessible and island areas and those working on the high sea where there is no TV coverage or no electricity. We had no relevant data on this but this shows people in these areas constitute a considerable and important target audience.

When asked why they did not listen to the radio, some interviewees from all research sites answered they had no radio set in their house. Others said they had no time to listen, and others replied that they only watched TV. A few people said radio programmes were not interesting. However, information gathered in this research cannot explain why more than 60% of people had no radio set, and only 15% had no TV set while the qualitative data gave some explanations such as the radio set often broke, and it was difficult to repair and some locations could not receive radio signals, etc., these reasons are not convincing.

Provincial level

Local radio and TV stations are available in all 64 provinces and cities directly under the central Government. These stations are guided and managed by

local authorities. The Voice of Vietnam Radio and Vietnam television only provide them professional and technical assistance. By law, all local radio and TV stations must re-broadcast VOV and VTV's daily major news and current affairs programs. Depending on their customs and practices, the local stations can re-broadcast any other programmes they like. And district stations can also re-broadcast programmes from provincial stations and VOV and VTV, depending on their conditions.

Currently, provincial radio and provincial TV are in the same agency. The central Government allocates a joint budget for the provincial radio and TV stations. They share this budget depending on the conditions of each locality. This has led to insufficient investment in radio, or as the Deputy Director of the Press Department of the party Central Committee's Education and Communication Commission put it, "more investment should be made in radio work".

Some have suggested that at provincial level, radio and TV should be split into two separate stations, because their work has become increasingly different, and they should improve to meet the growing needs of the people.

District level

All districts in this research have their own district radio and TV stations. The main task of these stations is to re-broadcast programmes from VOV, VTV or provincial stations. Besides this, district stations also produce their own radio programmes and send tapes to communes which do not get radio reception. It is necessary to point out that without district stations; it would be difficult for the locals to receive VOV or provincial radio programmes, particularly those in remote areas.

Because not every area gets radio reception, particularly mountainous and island areas, district stations have different solutions for re-broadcasting programs depending on local conditions, such as using a generator or satellite receiver.

Ward and commune level

In addition to VOV, provincial and district radio and TV stations, the ward and commune public address system also plays a certain role in disseminating information from state governance agencies to the people. Currently, the ward station mainly re-broadcasts news and current affairs and no other shows.

The loudspeakers are hung on electric poles or other high points in residential areas. They broadcast at fixed times and responsible persons do not need to know how many people listen. In this case, the listeners are passive, but it can't be denied that this form of communication is still accepted particularly by rural people. Rural interviewees, particularly those in remote and inaccessible areas, who have no access to diverse information channels as those in urban areas, had some very positive comments about the commune public address system. On the other hand, many urban people do not welcome the public address system, saying it is broadcast too early and is too loud. Therefore the system is less effective there. However, it is still necessary to use the system to give the locals specific information relating to community activities in the area (such as the date of immunization, announcements from the Ward/Commune People's Committee, and activities of social and mass organizations).

It appears that listeners are passive to the public address system which broadcasts at set times during the day and there is no problem if the people don't want to listen. They may become accustomed to listening when they want to, and not listening when they don't want to. However, the public address system still plays an important role in communicating information to the community, particularly in rural areas. The system may also become a bridge linking the people to VOV programmes if program planners know how to make the most of it. Currently, with a limited broadcast time (3 hours a day), it is necessary to consider how to use this system. It should be used in this transitional period to try to change the passive listening to active listening by switching on the radio.

Listening and watching habits

First of all, information gathered from in-depth interviews and focus group discussions also helped us to confirm the findings of some of the quantitative surveys. People from many localities

Q: *In the past, did you listen to the radio?*

A: *In the past when TV was not available I listened to the radio. My father still keeps his radio set. In the past I listened to the radio for the weather forecast. But since TV has become available I have not listened to the radio regularly...."*

QN TLN-TX Quang Ninh-Female

said since they had access to electricity and TV, they have spent more time watching TV and getting useful information about their daily lives such as the weather forecast from the TV instead of the radio as in the past.

For those who do not have much time like the following woman, TV takes priority over radio:

"I've got small children and I have to go to work in the field, so I don't have time to listen to the radio... I go to work and my children go to school and we just watch TV from time to time and we have no time for radio."

HY-Group discussion- Female with small children

Focus group

discussions and in-depth interviews also highlight a difference in terms of age in the use of mass media, i.e. old and middle-aged people listen to the radio more often and read newspapers more than young adults. Youths, particularly in urban areas, rarely listen to the radio and read newspapers less. Internet is quite popular among young people in urban areas, district towns, and provincial towns including those in mountainous provinces such as Lao Cai where young people can access the Internet at regional postal service points. However, information provided by many young people shows that most of them use the Internet for "Chatting" or playing games, not for access to information.

The main reason for this difference, particularly in listening habits, is that middle-aged and elderly people have been used to listening to the radio for many years, since the period when Vietnam had little access to mass media and Voice of Vietnam Radio was almost the only mass media channel available in many parts of the country. Next came mainstream newspapers from the Party, army and mass organizations, which were widely published during the 1960s and 1970s such as Nhan Dan (People) and Quan Doi Nhan Dan (People's Army). Many people over 40 still maintain their listening habits.

For adolescents and young adults, particularly those who were born in the 1990s, TV is quite popular and preferable to radio, as well as online newspapers which increasingly attract them with their diverse programs and functions.

"Young people do not buy radios now. From morning to night, they can access films and other preferable TV programs, and do so particularly on Saturdays and Sundays."

HY_FGD_Listening radio_town

It's clear that people today do not listen to the radio as often as they watch TV. Very poor families have hardly any means to access the media and those who do, will try to buy a TV set, as they claim radio

"We don't travel anywhere. When we listen to the radio we don't understand it, so we don't listen. The broadcasts are in Vietnamese which we cannot understand, so people don't listen."

LC- Woman ethnic minority – Tavan Commune

set often doesn't work and they cannot repair it. In addition, TV is the means that suits family members of all ages.

Ethnic minorities involved in the interviews, such as the Khmer, the H'Mong, have more limited access to the mass media than the majority Kinh people. Firstly, due to the language barrier, many of them cannot understand the content of the programs, especially radio programs. Even though local radio stations have broadcasts in local languages such as Khmer, the number of such broadcasts is few. The language barrier, little social knowledge and limited access to the media are reasons why many people, particularly poor women are less interested in entertainment in general and the media in particular.

In addition to these language and access barriers, differences in culture, education and living environment have a significant impact on the reception and interest of ethnic minorities in mass media channels. The following comment is quite typical of ethnic minorities.

"A: The educational level of our people is not high. I listen to get some basic knowledge. But I have the feeling it is not basic. And I do not understand much.

Q: Why can't you understand much?

A: Many things have been developed in the lowland and the plain areas which we are not familiar with"

QN-IDI- Male ethnic minority

Many listeners, particularly the elderly and those whose educational level is low say that radio has some advantages over TV. They say the messages on TV are delivered too quickly, so they cannot understand the program contents. However, messages on the radio are more specific with in-depth analysis and transmitted over a longer period of time, listeners can absorb the information more easily.

The results of focus group discussions and in-depth interviews in some localities show that the loudspeaker system in wards and communes operates differently to radio stations. While the radio stations are broadcast around the clock, the ward and commune loudspeaker

"In general, as my house is close to a loud speaker, I listen to its programs three times a day and after that I listen to the district radio programs ..."

BD-FGD- listener- Phuoc Son

"Q: Do you often listen to programs from the commune loud speaker system? Do you listen to the loudspeaker here? What time do you listen to that loudspeaker?

A: In the morning. Morning, noon, at 11.00 am and in the afternoon at 5.00 pm."

CT-IDI- Fame Khmer- listener

system is only on for a few hours. In many places, the loud speaker system operates three times a day: in the morning from 5.00 to 7.00, at noon from 11.00 to 12.00 and in the afternoon from 5.00 to 7.00 h.

People also reported that it depends on the time of the day, but in general from 5.00 to 5.30 am, the loud speakers report on the commune/ward situation, from 5.30 to 6.00 am the situation in the district and province, and from 6.00 to 7.00 am they play Voice of Vietnam programs or other programs depending on who is on choice of the commune/ward loud speaker system that day.

Comments on the loudspeaker system also very widely. Some people say that their life is disrupted by the loudspeakers near their houses as they are too loud. But they have a sense of humour, saying that they've got used to it and without it they cannot sleep.

3.4 Preferable programs and audience choices:

The News and Current Affairs program of both TV and Radio has been mentioned as the first choice for most groups, men or women, young and old and in all regions. They want to know what's going on in Vietnam and the world and to improve their general knowledge. After the News and Current Affairs program, entertainment programs such as film, music, radio drama and game shows are preferred by most listeners. Health education and counseling programs over both radio and TV are also familiar to many people, mostly married and elderly people.

People who often listen to the radio share the view that VOV programs have improved a lot compared to the past.

" (VOV) has made great strides. I can see many improvements. They have made great efforts and there are many channels for listeners to give feedback on. I think the radio has taken into consideration public feedback, therefore its content is deeper"

QN_FGD_listeners in the town

However, some mentioned poor pronunciation by announcers and poor writing skills and limited geographical and cultural knowledge of some young reporters.

"... I think some things still not up to scratch. Some young reporters do not provide in-depth reports. Secondly, some announcers don't sound professional. Some mispronounce words and read place incorrectly.....actually young reporters have limited knowledge. They are complacent in citing geographical names, not to mention data. I want to give you constructive comments. I listen to the radio and have heard many mistakes in the way they pronounced some names of my home town..."

QN-FGD-listeners in the town

Many rural and mountainous people are interested in programs which are more practical to them such as those about agriculture, the economy or facts about life in general.

For radio, in addition to News and Current Affairs, other programs known to different audience groups, particularly middle aged and young people (including married and unmarried, males and females and ethnic minorities) are: 'Window of Love', 'Tell Us, Friend!' and the Saturday Drama Show. Listeners regularly tune into these programmes, not listening by chance like they do other

programs. They are familiar with the contents, format, and broadcast times of these shows and gave quite specific comments on these programs during the interviews.

Music programs were not often mentioned by the interviewees by name, but FM programs were listened to by most of the listeners.

"Women and old people prefer youth programs, teaching people how to become rich. There are many very useful things on such programmes. We can learn from other people how to do business. In rural areas, people only learn about making money from other people. The science and technology program teaches us how to use electricity and electric appliances. They are very interesting. But the thing is we don't have much time to watch TV, sometimes we do our work while listening"

HY-FGD- listener-Woman

"Q: You often listen to the radio, so what program do you like most? And at what time do you often listen?"

A: I often listen to the News and Current Affairs and the Window of Love Program. The News and Current Affairs Program is on at 7.00 am and 7.00 pm. And the Window of Love is broadcast at 10.00 am every Sunday."

QN_ IDI_ ethnic minority listener _Male

"A: Recently I've been listening the Program "Tell Us, Friend!". I never miss any broadcasts. My husband and I listen to this program regularly.

Q: Why do you prefer this program ?

A: Because it carries a certain message. Moreover it applies to us. We can identify with certain aspects of the story. "

HY_IDI_Woman listener

For the Program “Window of Love”, listeners said its contents are very useful for them, even though sometimes they do not fully understand all the program’s messages.



The “Window of Love” Program deals with love between men and women and youngsters. It also talks about issues such as prostitution and HIV-AIDS.

Q: Can you tell me why the program is useful?

A: It’s useful because they talk about love between young men and young women and advise school children not to fall in love too early and to prevent sexually transmitted diseases. We have to be vigilant with those diseases.”

QN-IDI- -Male ethnic minority listener

At present, talk shows and programs with audience participation often attract more listeners. The “hot” program on VOV right now is “Tell Us, Friend”. Most listeners live in the Red River Delta. The reason why they prefer this program is not only because of its format, but also because it helps them improve their knowledge, realize their expectations and feelings, and have a certain current affairs bent. However, some listeners also raised elements they do not like :

<p>THÍCH</p> 	<p><i>That program [Tell Us, Friend!] is somehow similar to the Program ‘Warning Story’ or ‘Late At Night Story’. I think the program is very interesting. Firstly, listening to it we can learn, and secondly we can communicate with others on how to resolve conflicts in the family and at workplace and in society in general”</i></p> <p>HY-FGD-listeners in the town</p>
<p>CHƯA THÍCH</p> 	<p><i>The Program ‘Tell Us, Friend!’ is useful as it can answer many of our questions, but the quality is still limited because people speak their views and the program accepts these views without analysis. Whatever anyone says, it is accepted. In my opinion, if they analyze the opinions of Mr. A, Mr. B or Mr. C, it will help listeners have a more comprehensive understanding.</i></p> <p>QN_FGD_Listeners in the town</p>

Listeners also prefer these two programs because through them, they learn about the thoughts and feelings of other listeners throughout the country. It is also because these programs are broadcast live with phone-ins from listeners, quotes from listeners’ letters and counseling and answers from experts.

“Ah, Window of Love, I listen to it from time to time. I think the program is good as it provides guidance to young people on disease prevention, and advice from medical doctors...”

Hung Yen_In-depth interview_young drug user

In general, it seems men prefer “foreign-oriented” programs such as ‘News and Current Affairs’, ‘Tell Us, Friend!’ and education and sports, while women and young people prefer ‘emotional’ and entertainment programs such as films, music and counseling.

Many interviewees also mentioned the radio drama which is broadcast every Saturday afternoon, called “Radio Dramatic Story”. This is a traditional program and is well-known by many generations of listeners. They said that the program has maintained its attraction because it’s on at a suitable time and has special characteristics that TV does not have.

3.5 Factors affecting listening behaviors

Women dominated the group discussion of those who do not listen to the radio. One of the reasons why women say they listen to the radio less, is because they do not have time and they prefer TV.

"Q: Why don't you like listening to the radio?"

A: Because of my work, I don't have time"

QN_FGD_Listeners in the town

"I have small children. I also have to work in the fields and so have no time to listen to the radio. Information is often available, but the thing is we don't have time. I have to go to work and my children go to school. I just watch TV from time to time and don't have time to listen to the radio."

HY_FGD- Female with small children

While people watch programs such as News and Current Affairs, sports and films

on TV during “prime” time, i.e. between 19.00 to 21.00 pm, radio programs after 20.00 h often attract many listeners, particularly the elderly and married people, especially those in rural areas who are used going to bed early and those who do not have TV sets. In addition, many other interviews said they often listen to the radio from 5.00 to 6.00 am or 5.00 to 6.00 pm after coming back from work. They can do the housework while listening to the radio. Listening to the radio or loudspeakers can be either active or passive.

We regularly listen to broadcasts between 5.00 and 7.00 am and between 5.00 and 7.00 pm

I get up early every day at 5.00 am. I do some house work and the loudspeaker is very close to my house, so , we have to listen to it.

LC_FGD_Listeners in the town

In general, the choice of whether to listen to the radio or watch TV sometimes depends on the conditions.

For example, for TV, viewers have to sit in front of the TV set but it does not require a high level of concentration. Meanwhile,

“..TV has its own interesting features, as does radio. In some cases, TV reports on some issues, but radio does not and vice versa. For example, negative issues are mostly covered by the radio....”

HY-FGD-Old man

radio is quite suitable for mobile jobs but requires a quiet atmosphere. TV programs are more passive for viewers as there is less discussion with them, while the most preferable radio programs are radio counseling shows and talk shows on practical issues. As well as this, for some audience groups, information provided by TV programs is difficult to understand due to short programme durations, therefore they want to listen to radio programs with more specific information. In general, the audience wants radio and TV to supplement each other.

3.6 Listeners' comments on health education programs:

The health education program is one of the programs many listeners are interested in, mostly married people and the elderly who describe it as very useful. The contents of this program that most expressed an interest in include: nutritious diet, food hygiene and raising children. The issues of population, family planning and HIV/AIDS prevention have become familiar topics to most of the interviewees as they are often told about them through radio and TV.

However, they also point out that health educational programs are very general, and somehow overlap in content. Regarding the program on HIV/AIDS prevention, most of the respondents thought it was more “scaremongering” than

“Regarding HIV- AIDS prevention before 2004, radio and newspapers, not excluding the Voice of Vietnam, provided information which is assessed by experts as biased. This means it tended to portray the disease as very threatening. Warning can be made at a certain level, but by giving people information, not by threatening them. Stigmatization can lead to the spread of HIV in the community. Recently, this remains the case at a reduced level...”



In-depth interview_Department of Press

... I think, in the past, when people talk about the content and format of programmes, they often introduced pictures, to explain their feelings and sometimes shock. For example, when talking about HIV and AIDS, they would show black clothes and a skull with a cross etc. So it created distance between the people living with HIV-AIDS and others.

Quang Ninh-In-depth interview-Leader- CPFC- in the town

education. Therefore, this has caused stigmatization of people living with HIV/AIDS in the community. The following is a comment from an officer in charge of HIV/AIDS at the central level education over the recent years.

Some interviewees said they did not really understand HIV and expressed the wish to receive specific examples such as how HIV is transmitted, how HIV-infected people live with other people and what are the ways to prevent it etc. They said:

These opinions are quite common among the interviewees and participants to group discussions, thus they must be taken into consideration while developing messages as well as scripts for radio drama programs in the near future.

"I don't know anything about those issues"

"I know HIV/AIDS exists. But I don't know what disease it is, or where is it transmitted to us from. I am not sure about that ..."

In-depth interview- youth –Hung Yen

When interviewing leaders from local radio and TV stations on their opinions about educational programs on HIV/AIDS prevention, family planning and reproductive health, as well as positive comments about improved duration and quality, there were also serious concerns about limitations in terms of content. Their comments are quite similar to remarks from people in the community and other managers.

Yes, the media tends to describe what is happening without guidance from health experts. For example, that HIV infection is increasing in Hanoi or in certain districts. And then, that drug use leading to HIV is also increasing. This is a fact. Whenever police catch them, we cover the case immediately

Hung Yen_In-depth interview_Leader Radio-TV

Most of parents, people in the community and managers said it is necessary to run sexual health education and family planning programs targeting adolescents and young adults, regardless of region, ethnic group or age. However, there are differences in the age groups suitable for teaching sexual and reproductive health educational to. For example, the following

"That (sex education) should be given to children. At the age of 12, 13 children are curious. They want to know many things. Whatever they don't know, they try to find out. If we introduce it into school, they will know it and will not try to find out themselves. It's better to show them, rather than make them curious enough to experience".

Quang Ninh_Group discussion_non-listener

woman who has teenage children, in a group discussion, supported the introduction of sex education into the school curriculum for children at grade 5 or 6 onward.

However, some do not support sex education for teenagers. And when this is the view of community representatives, it has a certain contingent. The above comment is shared by many of the parents interviewed.

A: *I don't think we should do that. Children under 16 years of age are not allowed to have sex. We should not encourage bad habits.*

Q: *They must be over 16 to be given guidance on the use of contraceptive methods?*

A: *Guidance is not allowed to be given to children at this age"*

Qn_IDI_Village head

According to comments from some parents, sex education programs in school at present are limited and don't equip teenagers with the knowledge to protect themselves from "incidents" in sexual relations or with the appropriate behavior in some situations. Parents are confused about how to educate and talk to their children when they face certain situations.

Q: *How can you explain to your children if you don't want them to have pre-marital sex? What will you do?*

A: *I only have ... they are big. They are grown up and will get married. I can tell them, for instance, to limit their indulgence to a certain level. Secondly, they must get married to those who have jobs. But many things might happen.*

HY-IDI-Women aged 15-49

They think it is suitable to use radio drama for health education purposes. The duration of each program should be no less than 20 minutes and no more than 30 minutes. On the format, many people say comedy and tragedy should be combined, but comedy is preferred with happy ending so it will be more interesting and attractive to listeners.

I think the ideal duration is half an hour but it will depend on the script and whether it is interesting and whether the acting is good? we run an hour or a 90 minute show, people won't be patient enough to listen and enjoy it. In my personal opinion, 30 minutes is just the right duration.

BD_IDI_Leader- Radio & TV

I think in the initial stages, introduce what is thrilling and sensational and then run comedy and tragedy shows. That won't force the listeners to think too much

HY-IDI-Leader, AIDS Office

3.7 Knowledge, conception, belief, ethical values and lifestyles relating to HIV and reproductive health

A very interesting finding in this survey compared to qualitative research is that, basic knowledge, concepts, ethical values and lifestyle relating to HIV and reproductive health have to different extent seen changes among people in different regions. It is important to stress that the results of this qualitative research are consistent with those of the quantitative research (baseline survey) to different extent this project, which was carried out at the same sites.

On HIV/AIDS:

Interviews and group discussions show progress in public understanding about HIV/AIDS such as the ways it can be transmitted and prevented, the real scale of the epidemic and stigmatization, compared to previous research on this issue in Vietnam. Apart from a few interviewees from ethnic minorities who can't speak Vietnamese, most of the interviewees can name two or three of the main methods of HIV transmission i.e. drug use, sexual relations and mother to child. It is noted that a high number of people said that people living with HIV cannot be identified until they become AIDS patients and that at present AIDS cannot be cured, although drugs are available to prevent the development of the disease and prolong the patients' life.

“ Q: I want to ask you some information relating to health... Have you ever heard of HIV?
A: Yes. I hear about it regularly on TV.
Q: For those who have heard of it, what signs do people living with HIV/AIDS show?
A: Looking at the appearance, we cannot tell whether they have HIV. I think we would have to take a blood test to know But during the progressing period (window period), we cannot identify them. After this period when it develops into AIDS, then we can tell ..”

HY_FGD_ provincial capital

Many people know that good treatment will help people living with HIV to live as normal, even healthy people can prolong the period of development into AIDS. Some say there are differences between HIV and AIDS and know AIDS is the final stage of HIV (although some are mistaken that AIDS comes before HIV), While they are quite vague in listing the symptoms of an AIDS patient because very few people witness AIDS sufferers with their own eyes, people have a general understanding of the disease.

“I think like you said, HIV is the initial stage, AIDS is the final stage. When someone just contracts HIV, no one knows but in the final stage of AIDS, it can be identified because AIDS patients look different to other people.”

LC_FGD_ provincial capital

However, people do not always understand the modes of HIV transmission, for example, through blood. Some misunderstand communication materials, thinking that it can be transmitted through mosquito bites and finger cuts. They don't understand how it is transmitted through sex although they could mention that some women are infected with HIV from their husbands in their locality. Little is known about transmission from mother to child, although the rate of 30 % - 40% of respondents being aware of it, that's higher than in the previous surveys. Some, however know that if the mother is infected, there is a higher possibility of HIV being transmitted to her child and that only a blood test shows if that is the case. But they do not know exactly how it is transmitted because they do not know any ways to protect against this.

A: There are less than 10 % of cases in which the disease is not transmitted to a child from a HIV infected mother. I've heard that only when the women have their blood tested, do they know whether they are HIV positive or not. .

Q: So 90% is the rate of mother to child transmission. Do you know the ways to prevent or reduce transmission rate from mother to child?

A: It's difficult to answer this.

Q: Have you ever heard of it ?

A: No, I've never heard of it. Because this baby is not exposed to the outside, we cannot separate them. Transmission occurs from mother to child through blood, so it is very difficult.

LC_FGD_provincial Capital_Male

Due to this limited understanding of the transmission modes, their knowledge of ways to prevent transmission is very vague. Firstly, people believe that only those who use drugs and have sex with Commercial Sex Workers – the word they often use is “indulgent” - face high risks of HIV/AIDS infection. They themselves face no risks as they are not involved in such “indulgence”. What is surprising is that some people say “officials” face high risks because they have enough money for “indulgence” and have contact with higher risk activities. These kinds of statements from young ethnic minority were rare, but we think it should be paid attention to, because up to now, no surveys have been conducted on HIV/AIDS high-risk behaviours of people who have a higher level of economic conditions such as state employees, businesspeople and intellectuals etc. It is noted that a recent survey by the Institute of Strategy and Policy of the Ministry of Health shows that State

A: I have heard of condoms but never used. I don't use it (whilst having sexual relations) I am not an official. I am a farmer. I always stay at home.

Q: Do you think only officials use condoms?

A: They must go out more, go to the market and have sex with girls or go to hotels.

LC_IDI_Male, Ethnic minority _Ta Van commune

employees have a high rate of drinking liquor and beer, including drinking during working hours. Excessive alcohol consumption always leads to high risk behaviors of other social evils.

They even think that women face higher risks because they “indulge in pleasure” more than men. Such limited understanding is because of a lack of knowledge of the modes of transmission and risks. It is possibly because of communication messages and description of Commercial Sex Workers, mainly on TV.

Q: *What is the message [on TV]?*

A: *It is reported that more women are infected.*

Q: *Why are more women infected?*

A: *I've heard it on TV. It might be because young women go out more often than young men. I rarely travel to other places, and so I don't know, I just heard it on TV.*

LC_IDI_Male, Ethnic minority _TaVan commune

While most of the respondents confirm that not using drugs or not sharing needles can prevent HIV transmission only, a few link the use of condom in sexual relations to HIV prevention. It is common knowledge that in many provinces now such as Quang Ninh, Can Tho and Lao Cai, the rate of young people living with HIV and dying of AIDS is high but many say it is only because of the use of drugs. Very few respondents mention the HIV transmission risks faced by young people through sex, although most of the interviewees from all survey sites and different age groups agree that it is common that young people fall in love early and have premarital sex. Except in some cases in which women passed the disease on to their husbands, most of the interviewees did not mention HIV transmission through sex, even those in Can Tho Province where the rate of HIV transmission through sex is high, especially among Commercial Sex Workers.

While stigmatization against people living with HIV/AIDS remains, there have been some improvements. The phrase “Living with the Flood” is now used by some people to describe their conception of living with HIV positive people in the community. Those who live in areas where there are many people with HIV/AIDS, particularly Quang Ninh province say

“...In general, we should not ignore or abandon them. We should be close to them and comfort them. We should encourage them spiritually and give them guidance so that they can integrate into the community and live a happy life. You don't have to lose everything because of the disease or be pessimistic and lead a negative life. This is what I think”.

Binh Dinh_Group discussion- listener-Quy Nhon

that they consider living with them OK, as long as both sides know how to protect themselves from HIV transmission. Most of the interviewees do not use words relating to stigmatization or show their obvious views of stigmatization as in the past and many of them

expressed their humanitarian views towards HIV infected people. For example, some think they can support people with HIV and their families, spiritually in the first place.

I think if my locality has a fund to support social policy beneficiaries it would be good. Any family who has a relative living with HIV and is poor must be given priority for support. It is because their life can only last for a certain period of time and they cannot be cured completely. If we give them priority, they will see we do not despise them. Secondly, they will see our feelings toward them and our respect for them. Feeling respected, they will not spread the disease to the community....

HY-FGD –non listeners- Hung Yen

Some even more have specific comments showing their profound empathy with the plight of people with HIV and their families. They somehow confirm issues raised earlier in the review of documents that, at present, the burden of caring for people with HIV rests on their families and there is little social support, despite having many legal documents and policies.

However, when talking about specific actions, many people are reluctant to have direct contact with people living with HIV, such as not wanting to buy goods or processed food from a HIV infected person etc.

While there is clear sympathy shown by the community to women who are infected with HIV by their husbands, we heard no one mentioning the responsibility of the husbands in transmitting the disease to their wives. This is consistent with other research conducted by CCRD in 2004 on “Reproductive healthcare for women living with HIV/AIDS”. This survey shows that the disease is transmitted from husband to wife because the husband and his family intentionally keep it secret from his wife, and partly because women do not request to be protected in sex with their husband/sex partners even when they know their husband is HIV positive. In particular, in some cases, Party members know their sons are infected but keep it hidden to allow their sons to get married in the hope of having children to continue the family line. Some interviewees have no clear explanation for their poor awareness about on practice of protection. Some women think it is a sign of love, others, mostly in rural areas are passive and dependent on their husband.

Interviewees are well aware of the economic and spiritual burden that rests on families having members infected with HIV/AIDS, and rarely see any people

living with HIV/AIDS being abandoned by their families. However, many talked about the high possibility of people with HIV/AIDS losing their jobs, despite some improvements in this area. A member of the high-risk group has this to say about the employment situation of people living with HIV/AIDS:

A: .. *For instance if I had already contracted the disease and wanted to apply for a job at a company, they would require us to show our health status. After the health check up, if they know I am infected, they would cause trouble and they would not recruit me. In reality there are many cases like this now.*

Q: *Is there a case of someone who is working being fired after testing positive for HIV?*

A: *Sure there is.*

Quang Ninh-In-depth interview-Drug user-Ha Long City

On family planning and reproductive health

Perceptions about the expected number of children :

The concept that we should have “few children”, or “one or two children only” is quite popular among people of different age groups and regions. Even those who have got three children or more, still think they should have fewer children so as to have the conditions to raise and educate them well, making their life more comfortable. The following opinion is quite common in all regions and among all target groups in this survey.

But in fact there remain cases of couples having many children in some regions, mainly in the South.

Q: *How many children do you think each married couple should have?*

A: *Just one or two*

Q: *What is the benefit of having just one or two children?*

A: *In general, we can care for them better ... our health will also be better than before”*

QN-IDI-Male, Ethnic minority

Q: *In your area where you are living, are there many families having many children?*

A: *Some families have got 6, 7 or 8 children.*

CT_IDI_Female, Khmer ethnic minority _listener

“..... Well, whether it's a boy or a girl is not important. But northerners who came here such as soldiers from the Military Zone No. 9, prefer to have boys. But here, it's not important whether we have boys or girls. This is what I know.

“ Boy or girl, I think it is not a big problem in the urban areas. Some people who have got two girls, they don't want to have any more children”

Binh Dinh _Group discussion-listener

There remain two parallel views on giving birth to a boy or a girl. One prefers to have sons to continue the family line and be the bread winner of the family, and the other thinks that today “boys or girls are both our children” and “boys and girls are equal”. Reality shows that cultural and traditional values as well as living conditions have a great impact on this position. For localities where men are used to being responsible for ancestral worship and being the head of the household like in the Red River Delta or in coastal regions, the birth of boys to “continue the family line” or to go fishing at sea is necessary for married couples.

“If 10 married couples all have daughters, about 70% of them want to have sons... 70 – 80% I think. ... 8 out of 10 prefer to have boys”.

LC-IDI, village head

Obvious improvements in terms of gender equality as well as the urbanized lifestyle in Vietnam, particularly among the young generation, has step by step eliminated the preconception with having sons to continue the family line. Even young ethnic minorities think it is not important whether they have boy or girl children.

Q: What’s about you? If you are married, do you think you must have a boy to continue your family line?

A: I think it’s not necessary. Whether it is a boy or a girl, they are my children.

Q: What about you, must you have a boy?

A: No

LC _FGD - listeners_ young men

Following are the opinions of two young unmarried men at the age of 16-17 in Ta Van Commune, Lao Cai province.

However, it is still an expectation of many people. The result of our analysis through codes shows that while most of the women do not consider the sex of their child important it is mostly the desire of their husband and his family. This biased view remains a big pressure for women to bear (1) This reality is quite common among the women who took part in in-depth interviews in different localities, mainly in rural areas and in the H’Mong and Khmer ethnic minority groups (2) However, some ethnic minorities areas including those in the northern region (for example the Giay in Lao Cai province in our survey), the Raklay in the central highlands province of Gia Lai, attach more importance to daughters, due to their tradition of women being responsible for ancestral worship and men having to stay with their wives’ family. In addition, for these ethnic minority groups, sons-in-law have the right to inherit family assets. For this reason, having a girl means the family has an additional labourer through the son-in-law (3)

(1)	<p>Q: <i>Did you say you need a boy?</i> A: <i>For me, boy or girl is OK. It's only because of my husband. He is the head of the clan and so he must have a son, if not ...</i> Q: <i>What will happen if your third birth is still a girl?</i> A: <i>Then he will ask me to give birth to more children. That's it.</i></p> <p style="text-align: right;">BD-FGD- listeners – married woman</p>
(2)	<p>Q: <i>Do many Khmer people think they must have sons, at least one son?</i> A: <i>They must have at least one son.</i> Q: <i>Well, if someone already has two girls, does he or she still want to have a boy?</i> A: <i>They will still want to have a boy</i> Q: <i>Why ?</i> A: <i>Because it is to continue the paternal family line</i></p> <p style="text-align: right;">CT_IDI_Khmer woman_Omon_listener</p> <p>N: <i>It's better to have sons. If only girls it's impossible!</i> H2: <i>I see. Do you have any sons?</i> N: <i>I've got two girls and must have a boy</i> H1: <i>Is that the common trend?</i> N: <i>Yes.</i></p> <p style="text-align: right;">CT_FGD_Listener_CanTho City</p>
(3)	<p>A: <i>If we don't have sons, no problem. If we have a daughter it is OK.</i> Q: <i>Well, I see. I thought people must have sons to care for their ancestral worship?</i> A: <i>Sons-in-law can do that.</i> Q: <i>What's about the Giay people? Must they have sons?</i> A: <i>For the Giay, it's better to have sons. But if not then we can have sons-in-law to stay with us. The H'Mong does not allow sons-in-law to live with them. But for the Giay, we do have sons-in-law to stay with us. .</i> Q: <i>Well, if the family has no sons, they can have sons-in-law to live with them and inherit the family assets.</i> A: <i>If we have daughters, we can have sons-on-law to stay in the family. Sons-in-law are OK.</i> Q: <i>Can sons-in-law worship the family's ancestors?</i> A: <i>That is the tradition of the Giay ?</i></p> <p style="text-align: right;">LC-IDI_Male, ethnic minority cannot speak fluent Vietnamese, does not listen to radio</p>

In rural areas, married couples prefer to have 3 or 4 children if “economic conditions permit”, while this figure in the urban areas is 2. However, the adoption of the Population Ordinance in 2003 allows married couples to have however many children they want. And this creates the trend of married couples who already have got two children under the previous population policy having more, mostly those who have either only girls or boys, because they want to have both boys and girls. Decisions about the births, including the number of children and when to have them are often made by both the husband and wife. But in some cases, it depends on just one person, either the husband or wife, or the family, particularly parents-in-

law. Although there is no distinct difference between regions or ethnic groups when discussing this issue, it seems women in ethnic minority areas in the South (Gia Lai) and in urban areas (Quang Ninh provincial capital) play a more important role than those in the northern and southern deltas where men seem to play a more decisive role.

	Lãnh đạo	Người dân
Nam	<p><i>“There is a family ideology among the people, including state employees. But the current living standards and lifestyles require economic development and so families want to be harmonized in society. Psychologically speaking though, they still want to have more children....</i></p> <p>HY-IDI-leader, CPFC</p>	<p>Đ : <i>In some families, the wife wants to have children and in others, the husband forces the wife to have children.</i></p> <p>H : <i>What is the ratio? Do more men or more women prefer to have children?</i></p> <p>Đ : <i>Mainly the husband. As I said earlier it is to maintain the race and in family relations, it's better the man makes the decision, as the woman has less power. As our ancestors used to say it's better to have both girls and boys. If we don't have both girls and boys, we have to bear it.</i></p> <p>HY -FGD- non listener- male</p>
Nữ	<p>Q: <i>Is the trend of having a third or fourth child to have a son to continue the family line popular here?</i></p> <p>A: Yes.</p> <p>Q: <i>It's still popular, right?</i></p> <p>A: Yes</p> <p>LC-IDI-Leader, Commune WU</p>	<p><i>Having only two children is very few. Like me, I've got three children and I regret it. It's because my husband is the head of the clan, if I don't have a son, he will get one out of wedlock.</i></p> <p>BD_FGD-listener-Quy Nhon – married woman</p>

The common trend now among young people in Vietnam, particularly in urban areas is not to get married early. The average age that the Vietnamese get married at now, according to statistics of the General Population

Census, is 23. In this survey, most the interviewees in different regions knew the marriageable age stipulated by the Law of Family and Marriage.

Q:	<i>Do you know what the earliest age that people can get married at now is ?</i>
A:	<i>18 for women and 20 for men.</i>
Q:	<i>18 for women and 20 for men. According to the Law of Family and Marriage, what is the marriageable age?</i>
A:	<i>Under the Law of Family and Marriage, 20 for men and 18 for women.</i>
	QN_IDI_ ethnic minority, listener

Analysis of the quantitative data in this survey once again confirms the level of understanding about the marriageable age as quoted earlier with 52.6% of the respondents knowing the right age. But it's worth pointing out that the percentage of respondents in the 25-34 age group that knew the right answer was the lowest (49.9%), and this is also the age group that listens to the radio or watches TV less than other age groups. Although there are warnings about child marriage in some localities, mostly in rural areas, information from interviewees in this survey shows that child marriage is not common now.

Knowledge, values and the use of family planning and reproductive healthcare services

As with the decision about how many children to have, there are two distinctive views on the use of contraceptive methods. One view holds that both husband and wife decide the use of contraceptive methods.

And the other view is that the decision should be made by one party, mostly the husband. One of the obvious reasons for not using contraception is the desire to have a boy, as highlighted by the following woman who attended a focus group discussion in Lao Cai province.

The most common contraceptive methods used are IUDs, the pill,

menstrual cycle and condoms. Only a few people knew about the pill and sterilization, and for those people, only when asked about them did they mention them. However, the two most common contraceptive methods are IUDs and the pill. People in northern provinces tend to use IUDs more, while more women in the

- H Who makes the decision on whether to have more children or not in your family?*
- Đ Both my wife and me. In general in any decision, it's better that both husband and wife agree.*
- H But when you registered to be sterilized, you thought carefully before you made the decision, right?*
- Đ Generally speaking, I think as I have already got two children, two boys, I will just follow the law, and do the right thing.*
- H Do you have to consult with your wife?*
- Đ Yes, on such a matter, I do.*
- H What did your wife say to you?*
- Đ She agreed with me*
- H Do you have to consult with your parents?*
- Đ No. This is a personal matter between me and my wife, I don't have to consult with my parents.*
- Hung Yen_In-depth interview_ Male, listener*

In a family, we must have one son at least . I planned to have an IUD inserted but my husband did not allow me.

LC-FGD- not a listener- Female, married

southern provinces use the pill. This result is quite similar to the previous qualitative surveys in Vietnam on contraceptive prevalence.

Among most interviewees, including men, condoms are rarely mentioned. When asked about them, their answers are vague such as: “I don’t need to use them” or “I am not interested in them”.

Availability of the above-mentioned forms of contraception has been reported to be quite widespread in the survey sites. Due to the fact that people know that contraceptive methods such as the pill, IUDs and condoms are available, they did not see any major obstacles for them in terms of either accessibility or affordability.

But, there are other factors affecting the use of contraception. In addition to issues often mentioned such as price, availability and knowing about contraceptive methods, the users’ beliefs and preferences are also important factors affecting the choice of methods. This is

“Q: Now I want to ask you about family planning. What are the common contraceptive methods, or family planning methods used where you live?”

A: Mainly IUDs

Q: What other form of contraception do people use now?

A: Condoms and also oral pills. Few people use condoms, mostly IUDs.

HY_FGD-not listening to radio- Male

Q: I mean the family planning methods you’ve just mentioned such as condoms and menstrual cycle. Are they available or not?

A: I don’t know. Young people get hold of them more easily.

GL_IDI_ male, listener

Q: Some people say that family planning methods such as IUDs and oral pills are expensive and difficult to find, is it true to you? Are they expensive?

A: No, it’s not true. They are available in any drug store. All drug pharmacies sell them. If we ask, they will sell them to us.

CT_IDI_Leader, Radio & TV

A: They are available in the drug stores, and most people know about them. But some women do not use them. When they open the condom package, gel comes out, so they think they are not good and go and buy imported ones instead. An imported condom is sold at VND 5,000 while locally-made condoms are given free of charge but they do not use them.

Q: What is the reason for this ?

A: They don’t like them. They think it is made in Vietnam and so they don’t like them. They like the imported ones

CT_IDI _Leader, OMon

particularly the case because it is imported products are more competitive than locally-made products and there it is a fashionable to use imported goods. In this respect, the users must be considered real clients, not beneficiaries of the State privilege policy. Home-made products are sometimes not attractive in terms of their design.

From these opinions, one can see the difference in reproductive healthcare and family planning between the provinces and regions. Some localities provide an adequate service to meet people's family planning demands and requests.

But in certain areas such as the Central Highlands, Information-Education-Communication materials (IEC) on contraceptive or family planning are scarce.

In addition, national reproductive healthcare and family planning programs tend to focus mostly on married couples rather than high-risk groups such as young people, Commercial Sex Workers or HIV positive people. The following interview provides an insight into the life of a prostitute.

For young Commercial

Q: *Who advised you to take the pill, or did you buy and take them on your own? Did you see a doctor?*

A: *Yes, I went to see a doctor. I got advice from a health station.*

Q: *Did they advise different methods of family planning or only tell you to take the pill?*

A: *Of course, they informed me about different methods, namely inserting IUD, or using a condom, or taking the pill, and I am free to choose which method I find suitable.*

QN_FGD_Non-listener_provincial capital

Q: *Are any talks or meetings on family planning held at this health station?*

A: *No.*

GL_IDI_Ethnic minority_Female

Q: *Do you think contraceptive methods are available here?*

A: *No. They were available previously but not now.*

Q: *What contraceptive method do you think is available now?*

A: *I've got no idea.*

GL_IDI_Female Sexworker

Q: *Were you not afraid of getting pregnant the first time you had sexual intercourse?*

A: *You can't get pregnant the first time you have sex.*

Q: *Have you ever heard of so-called HIV and AIDS from the brothel owner or other Commercial Sex Workers?*

A: *Yes, I have heard about it from other Commercial Sex Workers.*

Q: *What about other diseases?*

A: *Well, the horrifying "syphilis"*

Q: *What else have you heard from those Commercial Sex Workers?*

A: *Well, fungal infection or something*

Q: *What do you know about HIV, about AIDS?*

A: *I don't know.*

LC-IDI-sex worker-19

Sex Workers, their access to information on reproductive health and HIV/AIDS comes mostly from the brothel owner or other Commercial Sex Workers. This offers them very limited information about such direct threats as unwanted pregnancies and STDs, including HIV/AIDS. Although they are always worried about such threats, they have few choices and little knowledge about how to protect themselves.

Elements affecting behaviour and healthcare conditions regarding HIV/AIDS and reproductive health and family planning

Due to the fact that population workers provide contraceptive products in localities is conducted by population workers rather than health stations, counseling services have therefore been inadequate and biased. As a result, views remain distorted on contraceptive methods, as highlighted by the following cases:

Q: *Are you still using an IUD?*
 A: *Yes, it remained there while I gave birth to a child*
 Q: *Ah, really?*
 A: *Yes, it's still here. The IUD still stayed in place where the child was born. It doesn't work for some people, though. It even hurts. So better to take the pill instead of inserting the IUD.*

GL_TLN_IaDrang_Listener-male

Although family planning methods have become more and more popular among the general population, actual understanding about them, especially amongst women is limited. While many know the methods or where to access them, they don't really understand how to use them or how effective they are. This vague understanding has somehow affected their choice of contraception.

Well, there is a growing tendency among women to use condoms out of the understanding that giving birth to many children will have a negative impact on the family's income. In addition, many choose sterilization because they fear that using condoms may not be safe enough.

People fear that following insertion of the IUD, they may get certain infections and are therefore too scared to use them. It's the same with the condom use program. I had to do a lot of advocacy with ethnic minorities. Some men complained that they used the condom but their wives still got pregnant. When asked how they used the condom, they said that they put it on their finger.

CT_IDI_An official of O Mon Women's Union

Due to low quality training and communication information on family planning and reproductive health for local populations, there remain tangible fears about the side effects of contraceptive methods.

Perhaps such beliefs about the use of IUD (mostly in Southern provinces such as Gia Lai and Can Tho) continue to impact local population's choices around family planning methods.

Q: *So, is sterilization and IUD insertion popular here?*
 A: *It was very popular, but not now. They no longer go for sterilization nor IUD, but mostly take the pill.*
 GL_IDI_Head of a local Women's Union

It's reported from women's groups that abortions are on the decrease, due to the use of popular contraceptive methods, and partly due to cultural practice. It's also believed that a decrease in penalties shall result in increasing birth rates:

Q: *Do women here often have abortions?*
 A: *No, very few because the majority Kinh often use contraceptive methods, while ethnic minorities choose to give birth instead of an abortion.*
 Q: *If penalties were dropped, do you think those who choose to have a third or fourth child would increase?*
 A: *Yes, I think the number would rise.*
 CT_FGD_Not listening to th radio_Omon

3.8. Cultural, legal, educational environment and healthcare guidelines and policies

1. Family planning and reproductive healthcare programs

In general, Vietnam is among nations that have a favourable legal environment for family planning and gender equality. The most typical legal documents on this matter include the following:

- The Law on Marriage and the Family that provides stipulations on marriage, wedding age, family planning, rights to property ownership.
- Resolutions of Plenums of Party Central Committee (7th Congress)
- Population Strategies that stipulate the number of children a family should have, birth intervals, rights to use and approach contraceptive methods and counseling information. Population Strategies also include incentives and penalties on birth rates

- The Ordinance on Population that stipulates the number of desired children.
- The Population and Family Planning Program also develops specific strategies for advocacy for each stage of development and calls for widespread and constant participation of different branches and sectors, as well as the mass media organizations. The active and effective participation of mass media, particularly radio and television, in the Population and Family Planning programs have often been mentioned in our interviews and discussions, in different regions and with most target groups.

Such guidelines and policies have laid a firm foundation for the success of Vietnam's Population Program which culminated in the country winning the UN Population Prize in 1998.

However, despite these positive signs, the program has also faced constraints, not least of all the sustainability of birth reduction. This was mentioned by provincial program managers during discussions with the research group:

At present, the natural birth rate of the province stands at 1.07%, or nearly 1.1% and drops year by year. However, the decline has been slow in recent years.

The program's lack of sustainability comes primarily from the application of previous administrative measures, without taking into account the improving quality of family planning work:

The success of the program has been obvious in the past few years, and even as far back as the fourth Plenum of the 7th Party Central Committee, which ended up with a resolution governing population and family planning in 1993. So in this province, the population growth rate has dropped considerably since 1993

There has been almost no decline at all in the past three years. 2004 in particular saw a drop in the population rate, but some regions in the province experienced more births of third children. This might be the impact of article 10 of the Population Ordinance.

BD_IDI_leader of CPFC

Q: *So far, most provinces in the North have applied penalties of such things as confiscating rice paddy of couples giving birth to the third child.*

A: *In this province, such penalties apply to Party members and civil servants.*

Population Committee official

Most provinces mention this kind of penalty which is mostly applied to officials and party members, and ordinary people think that the number of people giving birth to a third child would

Q: *You were subject to penalties, weren't you?*
 A: *(male) Yes, because of our third child. My wife is a worker.*
 Q: *Do you agree with this measure?*
 A: *Yes, I do.*
 Q: *What about you Phuong, do you agree to being fined for having the third child?*
 A: *(female): No*
 GL_FGD_Not listening to the radio_laDrang

rise if such penalties were dropped (as indicated above). However, different views are also held among the population on this matter.

2. The HIV/AIDS Prevention program

The HIV/AIDS Prevention program, which has received extensive attention in recent years, has already been supported by fairly comprehensive legal documentation that includes:

- Directive 54 by the Party Central Committee's Secretariat
- The Law on HIV/AIDS Prevention and Control
- The National Strategy still 2010 and Vision 2020

However, so far, the HIV/AIDS Prevention Program has not established a stable network from central to grassroots level and still lacks qualified personnel and a widespread service network compared to the Family Planning and Reproductive Health Program. This reality has affected the program's impact. In addition, there haven't been adequate or clear policies and regulations around infected people.

With regard to healthcare advocacy, radio programs on HIV/AIDS prevention (including the promotion of condom use and clean needles), reproductive health and family planning, don't conflict with existing guidelines and policies of the Party and State. Communication programs on HIV/AIDS prevention and reproductive health and family planning are extremely important because, firstly, they erode stigmatization, and secondly, they are attractive to young people. So far, communication programs on such issues have done a good job.

However, sensitive issues such as harm reduction for intravenous drug injectors and the distribution of condom have only been included in legal state documents for a couple of years. Therefore, all activities in this regard, are only at pilot stage and have not yet become regular features in the mass media.

Healthcare facilities for HIV/AIDS and reproductive health

Vietnam has a healthcare network reaching down from central to communal levels throughout the country. Local health stations have followed standards set by the Health Ministry. They differ only in quality, types of facilities, and professional qualifications. That's why all national healthcare programs including Family Planning, Reproductive health and HIV/AIDS Prevention have been handed down smoothly through the existing healthcare network.

The Family Planning Program alone has advantages over the HIV/AIDS Prevention Program in that the former has established a linear network stretching down to communes with qualified staff who receive constant training. These staff have also received payment and resources for their work, which is a great source of encouragement, however modest it may be. The family planning program has also received a regular budget from the Government to realize set targets and activities.

The HIV/AIDS Prevention Program currently faces difficulties due to the lack of a network from Central to grassroots level, a shortage of full-time qualified personnel as well as an effective management mechanism. That's why healthcare services for HIV/AIDS are not always available. In addition, communication activities, which lack a specific strategy, remain unproductive.

At present, the Voice of Vietnam Radio, continues to use the State budget for communication programs.

The State budget allocated for the Population - Family Planning Program is 2,400 billion VND/year, excluding budget from the healthcare service. In 2007, the State allocated 150 billion VND for HIV/AIDS prevention in which about 20% is reserved for communication activities. The total budget for communication activities for HIV/AIDS Prevention, Family Planning and reproductive health from different sources and aid projects should be much higher. The HIV/AIDS Prevention Program alone attracts about 70% of its budget from foreign aid and the Government has not had full administration of the program. Accordingly, communication activities for the Program and reproductive health remain ineffective because they lack overall coordination, or a "conductor" as an official of the Press Department of the Central Commission for Communication and Ideology put it.

According to research on the management and coordination of HIV/AIDS Prevention activities conducted by CCRD in 2006, budgets on IEC for behaviour

change account for about 20% of the total budget of the program, or about 25-30 million USD per year. However, this report also made a similar observation about the ineffectiveness of the use of this source of funding.

The Voice of Vietnam Radio can't say exactly how much money has been put in its Communications programs on HIV/AIDS Prevention, Reproductive Health and Family Planning because they are often integrated into other topics with neither continuity, nor obvious objectives. In addition, as a result of different funding sources, healthcare programs in the mass media remain fragmented.

IV. CONCLUSION

4.1. General conclusions:

Accessibility

Qualitative research with representative samples once again confirms that radio and television remain the most popular media for all regions, age groups and nationalities.

Although reception rates for radio and television are almost the same, in reality, far fewer households and individuals own radio sets about half of those that own television sets. Similarly, the number of regular radio listeners is smaller than that of regular television viewers, with radio listeners concentrated in the above 40 age group and in places where television signals cannot reach.

More people in rural areas tend to listen to the radio than those in urban areas. Ethnic minorities listen to the radio less than the majority Kinh people. Language proves to be a barrier to ethnic minority groups accessing radio programs. Other elements such as people's cultural knowledge and living standards may also affect access to information from the mass media, radio in particular.

Habits and choice:

This qualitative research does not clarify the impact of cultural differences on the choice of media by people in the Northern, Central and Southern regions of Vietnam. However, the following differences remain in terms of age and gender: elderly people listen to the radio more than young people, more males than females listen and more people in rural compared to urban areas. However these findings should be double checked with quantitative research.

For radio, apart from the news and current affairs, other popular programs include traditional style programs and formats that are not found on television, namely counseling programs, commentaries and analysis, storytelling, interactive programs with listeners' participation such as "Window of Love", Radio Drama, Police Story, "Talk to Us"...

The role of the mass media and radio in particular, towards knowledge and practice of community healthcare:

Mass media in general:

Radio and television have always played a decisive role in raising knowledge about and awareness of healthcare in community. This has resulted in improvements in knowledge about and the practice of family planning, HIV/AIDS prevention, behaviour and the community's responsibility towards people with HIV/AIDS. Such results have been found in qualitative research and fit in with the results of quantitative research.

However, Vietnam's rapid economic growth rate alongside growing access to international media, requires Vietnamese mass media, particularly radio, to redouble its efforts to respond to the diverse needs and tastes of its audiences.

The communication of healthcare education alone needs a vigorous change in approach to adapt its message to the preferences mentioned by listeners in this research and to provide people with adequate and precise knowledge to protect their own health. Some major constraints of the mass media healthcare programs, especially on HIV/AIDS prevention, is that they are not yet attractive to audiences. Educational programs have not been designed from a thorough understanding of the target groups and thus end up too generalized and even with biased or inaccurate information.

Radio

The radio network from the Central down to grassroots levels has clear functions and tasks. Radio has performed well as a communication media with the following advantages:

Position: The radio network from Central through to provincial, district and even commune/ward level plays a very significant role in conveying information as well as covering the activities of different branches and sectors. Most of the population get access to information via the radio. Up to 60-70% of respondents say they receive information on HIV/AIDS prevention from the radio and newspapers (according to an official of the AIDS Prevention Department).

Role: Radio and television have proven to currently be the most effective communication tools. Whereas television, print newspapers and Internet appeal to audiences in urban areas, radio is the most useful source of information in rural,

disadvantaged areas. Radio has the advantage of being intimate for listeners and easily accessible. It has another big advantage of being able to hide the identity of a person on the radio. For example, in live talk shows, the counselors and callers can conceal their identity. This method works very well when dealing with sensitive issues such as HIV/AIDS, sexuality and reproductive health. In such cases, radio can convey specific messages and situations.

Radio also creates unique impressions and images. Exposed to a world of only sounds, listeners are free to use their imagination.

Live radio broadcasts are reliable and topical. The radio network is extremely important for a country in which more than 70% of its population are farmers because it's cheap and convenient. In distant, remote areas, books and newspapers are scarce items.

The radio network is well integrated from central to grassroots levels. According to the Ideology and Education Commission of the Party Central Committee, the Voice of Vietnam Radio is highly regarded because it treasures its identity. Local radio stations rebroadcast VOV programs on a regular basis but only focus on news and current affairs, although this proves to be the most economical and effective method for local public address systems.

V. RECOMMENDATIONS:

Audience

VOV listeners can be classified into the following categories:

First, the traditional target group. These are people above 50 years old. Previously, when other information sources were not yet available, these people would listen to the radio and try to get as much information as they could. In addition, this audience are parents of adolescents and youth. The fully understood RH-FP and HIV/AIDS prevention would better support them to provide advise and counseling for their children and grandchildren.

Second, radio access is vital to those who are always on the move like coach drivers, car owners, construction workers and those who can work while still listening to the radio.

Third, those who have little access to other sources of information such as ethnic minority people in remote, far-flung regions. For this target group, radio listening is the cheapest and most convenient option. As a result, farmers and people in distant areas are normally regular radio listeners.

Fourth, to better attract youth in the radio program, we should encourage youth to stay tuned to the program and to guess what will happen in the next episodes using SMS with prizes etc. We could also post the drama in the website of VOV for youth to download if they would like to listen from the computer. It could increase the accessibility to drama of the people who do not have radio but have access to computer and internet.

Fifth, It is likely that the age group 15-34 is listening less to radio than the older age group. Therefore, we should have special program and contents for this group. For the group ages 15-24, stories should have some connection to music, love, friend relation, conflict management with friend, parents, safe sex, how to stay away from drug addicts, etc. With audiences from 24-35, who are at the age of marriage, raising children, earning money for their family; the program should have some information on how to increase their income, raising a new born, feeding a new born, prevention of home accidents, how to be a good wife, good husband, etc.

With regard to the serial drama, this qualitative study does not clearly show any typical target audience (s). Generally, the population also do not have yet recognition of this type of program on radio. However as indicated in this report, there is a significant number of population who have been “loyal listeners” of some current radio programs that have similarities in contents, time length and purposes of the forth coming serial drama, such as the entertainment education programs or story programs etc. Therefore the health education drama should first target to this audience group as this group will be strong advocate for the serial drama once it is broadcasted.

Radio dissemination of information on HIV/AIDS prevention

Communication programs on HIV/AIDS prevention, reproductive health and family planning make significant contributions, first of all, because they help erase stigma, but also because they are attractive and thus easily win the hearts and minds of listeners, particularly youngsters.

So far, communication programs on HIV/AIDS prevention, reproductive health and family planning have been well produced and presented. However, further attention should be paid to the following aspects:

- First communication efforts and interventions should not use threatening images and messages related to HIV/AIDS and linkages with social evils but focus on educational aspects that will help enhancing knowledges for the population.
- Second there should be a well planned and more systematic health education programs and activities including HIV/AIDS prevention and control and the reproductive health contents for radio broadcasting. Greater efforts should be made for improving the sustainability of the radio's health communication programs and avoid its dependence on the "stand alone" project budgets that often create the fragmentation of interventions.
- Third communication programs broadcasted on radio should provide information and education on Government policies, laws on PLWHA and their families, on family planning/reproductive health on regular basis.
- Fourth the local radio at commune should increase its capacity in transmission of the VOV, in order to improve the quality and quantity of information as well as to be more cost-effective.

Fifth the communication programs and the forthcoming serial radio drama on HIV/AIDS and reproductive health education should provide more regular and concrete information on the location and address of service delivery points on family planning, HIV testing as well as types of services for the target audiences.

The development of radio drama on health education

The idea of broadcasting health educational programs by means of radio drama is a highly regarded notion. The quality and content will be vital factors in deciding whether the drama captures the audience or not. Creating an interesting story is extremely important. For a radio drama to be both interesting and educational, the following measures have been recommended by the audiences:

- The story line should focus on the people with HIV and their family members. The hero and heroine should be realistic and diverse but with a focus on rural areas where there are more listeners.

- The serial radio drama should be interesting with plots and subplots to capture the interest of listeners throughout the entire program. A sense of humour is highly recommended although there is a slight difference in the tastes of humour between North and South Vietnam.
- Each episode of the radio drama should last no longer than 20-30 minutes.
- Broadcasting hours of the radio drama should be around 5-6 p.m. or after TV programs. There's a suggestion that for urban areas, it's best to broadcast the drama in the evening, while for rural areas, a noon show also works well. The episodes should be repeated at different times for different target groups to tune into easily.
- Health educational messages should be integrated in all the episodes, but should not be too many and lengthy. Rather, they should be precise and written and presented in a simple style. The educational messages should focus on the following matters:
 - + Enhance male role and responsibilities on the reproductive health care, family planning, prevention of HIV/AIDS transmission and in proving the gender equality especially gradually eliminate the “boy preference”, discrimination with women with HIV/AIDS, safe and responsible sex practice etc.
 - + Dissemination of information and elaboration on new policies around family planning, all related to people with HIV and their families.
 - + Increasing the role, knowledge and skills of males in reproductive healthcare, family planning and HIV/AIDS prevention, and heightening gender equality, (particularly gradually phasing out the desire to have male babies as well as reducing discrimination against female HIV carriers or AIDS patients,) practicing safe sex and living responsibly.
 - + Provide comprehensive information on the mother-to-child HIV/AIDS transmission, and prevention measures.
 - + Intergrate education messages and contents on HIV/AIDS prevention with other education programs for youth on life skills, sexual health and life style
 - + Providing very concrete and specific knowledge on each of most available contraceptive methods (such as IUDs, oral contraceptive pills, contraceptive injectables, condoms), correct prevention methods

of STDs infection including HIV aiming at ruling out myths and vague knowledge on these issues as was shown in this study. On particular issue of condom use, it is recommended that special attention should be made to ensure that educational messages on its use for other purposes than just contraceptive including prevention of sexually transmitted diseases and HIV and that encouragement messages to men on use of condoms will be included in all communication products on condom use.

- + Due attention should be paid to meet the information needs of PLWHA, high risk groups and families, such as: VCT, treatment, drugs use, care of PLWHA at home and in community, safe sex and safe injection practices etc.
- + Reduction of discrimination toward PLWHA in the community. The story should indicate clearly whether daily contacts such as talking, shaking hands, sitting in the same place, eating at the same table with PLWHA, or buying foods from sellers who are HIV positive can transmit HIV or not.

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Summary of district radio stations in previewed provinces

Binh Dinh	Hung Yen	Quang Ninh	Can Tho	Lao Cai	Gia Lai
100% district radio and television stations	100% district stations	100% radio and television stations	100% radio and television stations	9/9 districts have stations that broadcast their own programs and rebroadcast provincial and central programs. Some communes, hamlets have relay stations or public address systems.	
Similar facilities, organization structure Different capacity of transmitters, depending on areas	Basically similar as Hung Yen is plain province with simple topology. Transmission and reception at districts are almost the same.	Similar facilities, organizational structure Different capacity of transmitters, depending on areas	Similar mechanism and organization structure, but different facilities conditions	Structure is similar but transmitter capacity varies, depending on topology; different in number and quality of staff	
Difference remains between the plain and mountains. District stations provide 15 minute radio programs to be rebroadcast at communes. Areas with no radio coverage, information from province will be much slower.	Different in news and features between districts. Similar in duration of programs and rebroadcasts from province, normally at 5 p.m.	Slight differences as some districts has sponsorship for reproductive health, HIV/AIDS programs. These programs are taped and sent to rebroadcast at communes' public address systems.	District stations only transmit via the public address system to communes. Programs vary between districts. Apart from relays from national and provincial stations, districts produce their own bulletins.	Different in number of programs produced by districts (from 3 to 7 programs/w) Similar method of rebroadcasting national and provincial programs. Provincial station also broadcasts in ethnic minority languages; District stations broadcast only Kinh language.	
In mountain provinces where radio coverage is difficult, district stations	Each district has its own news bulletins to cover local events.	Still necessary as it links national, provincial stations to the commune public	Should not drop district stations as they assist political and social	District stations can't be dropped as they are important links between national and	

play significant role in political-social life.		address system. At districts, programs can be edited to suit actual local situations. Such broadcasts should be strengthened via FM in districts that receive no provincial coverage, making full use of commune public address systems	activities of the district.	commune stations. District stations produce their own programs relevant to local economic and social conditions.	
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