

## Chapter 5 Awareness, Knowledge and Seeking Information about Reproductive Health

Respondents were asked about their awareness of a range of sexual and reproductive health issues. The four key areas explored were family planning, pregnancy and menstruation, gender and sexual relationships, and love and marriage. The average number of topics that young people reported they had heard about was 3.4. 95.5% of the sample had heard of at least one of the four topics. The number of topics young people had heard of increased with age, from 3.2 for the 14-17 year olds, 3.5 for those aged 18-21, and 3.6 for the oldest group of 22-25 year olds.

### 5.1. Awareness of Reproductive Health Topics

Generally speaking, a high percentage of youth had heard about each listed topic, with the lowest awareness levels for pregnancy and menstruation (77.7%), and the highest awareness for family planning (92.4%). There was no notable difference between young men and young women, but there is a clear difference when comparing Kinh young people with those from ethnic minority areas. The latter group, as clearly shown in Graph 22, was less

aware about every topic relating to reproductive health, with differences ranging from 14-17%.

Young people in rural areas were slightly less aware of sexual and reproductive health topics, with the exception of their awareness of family planning. This may be explained by the extensive nationwide family planning campaigns that have taken place over the last two decades, compared to fewer programs or campaigns on other related issues like gender. Therefore, it is important to address other reproductive issues, such as gender/sexual relationships and pregnancy, in planning future programs.

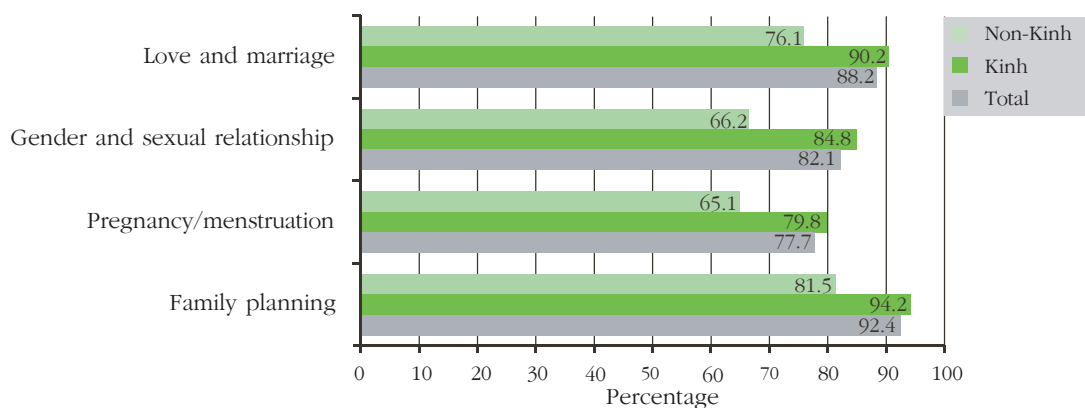
SAVY results show that awareness of an issue does not necessarily correspond with knowledge and understanding in that area. This is clearly demonstrated in results that show relatively high rates of awareness of family planning, pregnancy and menstruation, yet much lower rates on a knowledge question about the fertile period of a menstrual cycle: less than 30% of young respondents could answer this question correctly.

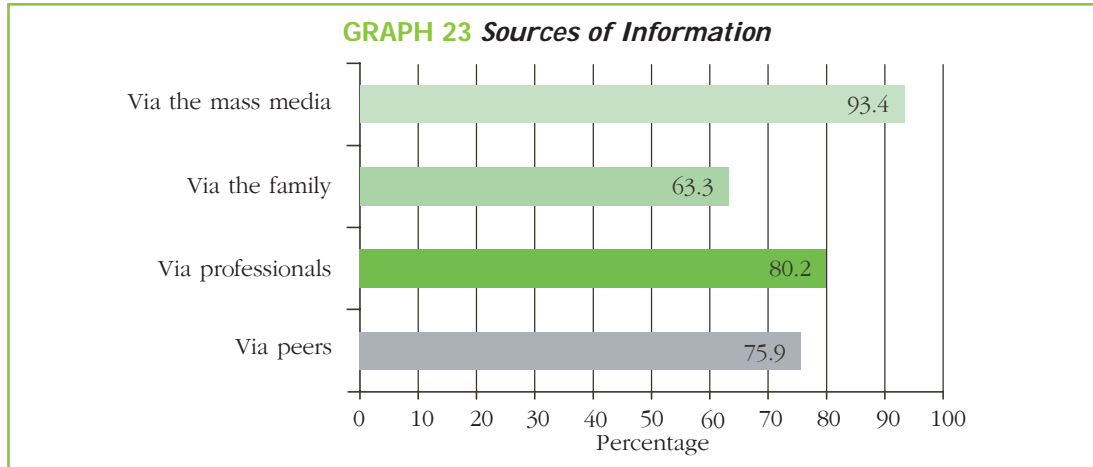
### 5.2. Sources of Information

Young people were asked to identify from where they had accessed their reproductive health information. They were provided with an extensive list of 15 different sources of information. These responses were then categorized under four main sources of information:

- Mass media: television, radio, newspaper and magazine, books and the Internet.

**GRAPH 22 Awareness of Reproductive Health Topics**





- Family: mother, father, sister, brother.
- Professional: teachers, health professionals, Population and Family Planning volunteers.
- Friends: peers, boyfriend, girlfriend.

On average, young people had 3.1 scores for information sources out of a possible score of 4. This ranged from the lowest score in the male ethnic minority group (2.6) to the highest in the 22-25 year old urban female group (3.5).

As seen in Graph 23, mass media was reported to be the most common medium for informing youth about reproductive health (among the four listed topics). Interestingly, there is a difference of only 5% between the abilities of urban and rural youth to access this information via mass media (97% for urban as compared to 92% for rural areas), despite the fact that only 73% of rural youth reported having access to television.

Accessing information via professionals was rated as the second most common medium (80.2%), including teachers (67.8%), health professionals (47.6%), and Population and Family Planning volunteers (42.3%). There was a marked difference in the percentages of married and unmarried young people accessing information from family planning volunteers, with married people accessing information at 62% compared with unmarried at 36.3%. Younger respondents, or those in school, were more likely to receive their information from teachers than from other sources (between 70-80%). This does indicate that teachers in middle secondary/high school are communicating some reproductive health information. It is difficult to assess from this survey how comprehensive the school reproductive health

programs are. While mass media can reach young people with messages, teachers may be better placed to assist youth in developing life skills, which cannot be communicated as easily through mass channels. In addition, Behavioral Change Communication should also be strengthened among health workers.

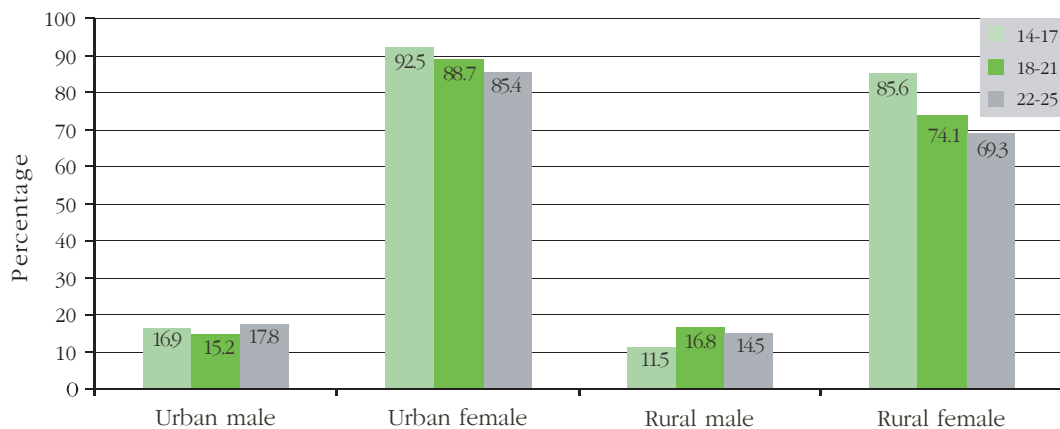
Very clear gender differences were reported in accessing the family as a source of information, with young women (84.9%) far more likely than young men (62.7%) to seek and access reproductive health information from their families.

### 5.3. Sharing Experiences of Puberty

In the survey, young people were asked whether they had ever talked to someone about their own experiences of puberty and, if so, with whom. Results show that there was a substantial gender difference in these responses: although approximately half of all respondents talked to someone about their experience of puberty, girls (80.6%) far outnumbered boys (14.9%) in sharing their experiences. Similarly, far more girls (91.1%) than boys (24.2%) discussed puberty with someone in their family. One explanation could be that first menarche usually causes more anxiety among young girls, and that they need more hygiene instruction and support at this time from adults than boys do regarding their puberty issues.

Of the young women who shared their experiences, 92.6% tended to talk to family and relatives, mostly to their parents. Young men, on the other hand, preferred to talk to their friends (72%), though the younger the boy, the more likely it was that he

**GRAPH 24 Talking to Others About Puberty**



would talk to a family member (42% of boys aged 14-17 in urban areas, versus 31.1% in the 18-21 group and 13.3% in the 22-25 group; similar percentages were found among rural boys, with 42%, 14.2% and 13.4% of boys discussing puberty with their family members).

It is encouraging that the youngest girls or adolescents tended to report talking more about their experiences of puberty when compared with older girls (across age brackets, 92%, 89% and 85% in urban areas; 86%, 74% and 69% in rural areas), suggesting an increased awareness and openness to discuss previously hushed or hidden issues.

Overall, 75.9% of young people reported hearing about the four topics from their peers, with the oldest group most frequently relying on their peers for information (85.1%) compared with the younger groups (82.2% of 18-21 year olds and 66.6% of 14-17 year olds). This could be expected, as these matters tend to be discussed among older peers and are considered to be less acceptable discussion among younger age groups.

#### 5.4. Mass Media as an Information Source

Mass media has been highlighted as not only a means of entertainment but also a good source of information, and the latter was the focus of this survey. As previously mentioned, mass media was the most common source of reproductive health information for all groups of young people in the survey. From the list of mass media sources

(television, radio, books, newspapers/magazines and the Internet) young people were given a score out of four, with five being having access to all the mass media sources listed. The average score was 3.1.

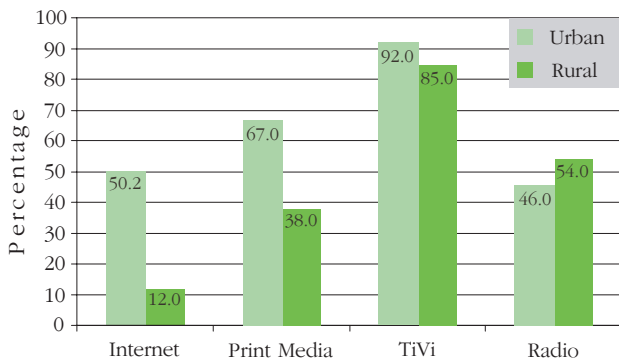
Youth were also asked how often they watch TV, listen to the radio, or read a newspaper or magazine. Results show that television is still the major source of information.

- Television: 86.5% of respondents watch TV at least twice a week; 50% watch daily.
- Radio: 52% listen to the radio twice a week.
- Print Media: 45% read newspapers or magazines twice a week.
- Internet: used by 17.3%; showing big differences between urban (50.2%) and rural (12.8%).

The respondents' access to information is noticeably different when comparing rural and urban areas. There is an increased use of television, reading material and the Internet in urban areas, but a greater use of the radio in rural areas (see Graph 25). This is easily explained by economic status, as the Internet is the most costly, newspapers and magazines also must be purchased, and television is not available in all homes in rural areas. This gives a good indicator of what sources should be targeted when developing future information programs.

Although only 73% of youth in rural areas have television in their households, 85% of them watch TV regularly, either at friends, neighbors or cafes, making television watching sometimes more of a social event. Favorite TV programs are movies, including soap opera (29.4%), news (23.9%) and music programs (23.2%). Favorite radio programs are

**GRAPH 25 Use of Mass Media**

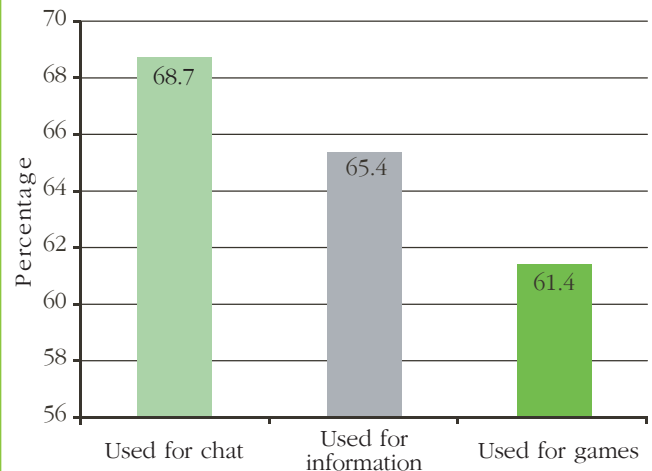


urban and 65.6% of rural respondents have heard of the Internet. However, its use is still low. Overall, only 17.3% of respondents have used the Internet, with young people in rural areas using it four times less than their urban counterparts (50.2% in urban areas versus 12.8% in rural areas). At the present time, the small numbers that use the Internet are more likely to use it as an entertainment source rather than an information source. The majority of respondents said that they used the Internet for chatting (68.7%), and 61.4% use computers or the Internet for games.

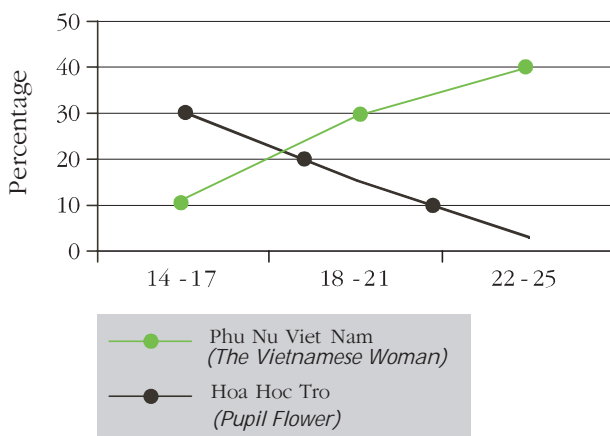
music (40%), story telling (22.2%) and news (10.5%). Favorite newspaper/magazines are sports magazines or papers (11.9%), Vietnamese women’s magazines and newspapers, including the weekly *Phu Nu Viet Nam* (The Vietnamese Woman) (11.3%), and *Hoa Hoc Tro* (Pupil Flower), a weekly magazine for young people, but more popular with girls (10.3%).

As youth become older they tend to shift to more serious programs. The trend is for boys to prefer *The People’s Police* newspaper and news on TV, while girls list reading the very popular weekly magazine *Hoa Hoc Tro* (Pupil Flower) and start to prefer, as they grow older, the more mature subject matter of *Phu Nu Viet Nam* (The Vietnamese Woman).

**GRAPH 27 Most Common Use of the Internet**



**GRAPH 26 Female Reading Preferences by Age Group**



## 5.5. Awareness and Knowledge of Reproductive Health

### Sexually Transmitted Infections (STIs)

Young people were asked if they had heard about a range of nine different STIs in addition to HIV. On average respondents had only heard of 3 STIs. Awareness ranged from 4.7 for the 22-25 years-old urban males, down to 2.5 for the 14-17 years-old rural males, and 2.1 for the ethnic minority group. Awareness of STIs appears to be lower than awareness in other reproductive health related topics, including HIV. Awareness rates between married and unmarried groups were similar.

### The internet

Young people are clearly aware of the Internet as a source of information and entertainment: 90.3% of

The chart below shows that respondents had the greatest awareness about Hepatitis B (72.2%). Awareness about Hepatitis B was consistently high across different groups, although notably higher in

the urban older male and female group at 81%. The relatively high number of respondents had heard of syphilis and gonorrhea, at 61.9% and 62.8% respectively. Trichomonas was recognized by 24.5%, with more rural than urban recognition. Similar percentages had heard of herpes and genital warts at 20.4% and 21.8% respectively. Only 7.2% of respondents had heard of chlamydia. There was a strong association between chlamydia and age, with older respondents much more aware of it.

Graph 29 shows the difference within and between different groups regarding their awareness of gonorrhea and syphilis. Again the older urban respondents were most aware of syphilis (87%) and gonorrhea (91%). There was a marked difference of awareness rates between rural and urban young people for syphilis and gonorrhea, with urban groups

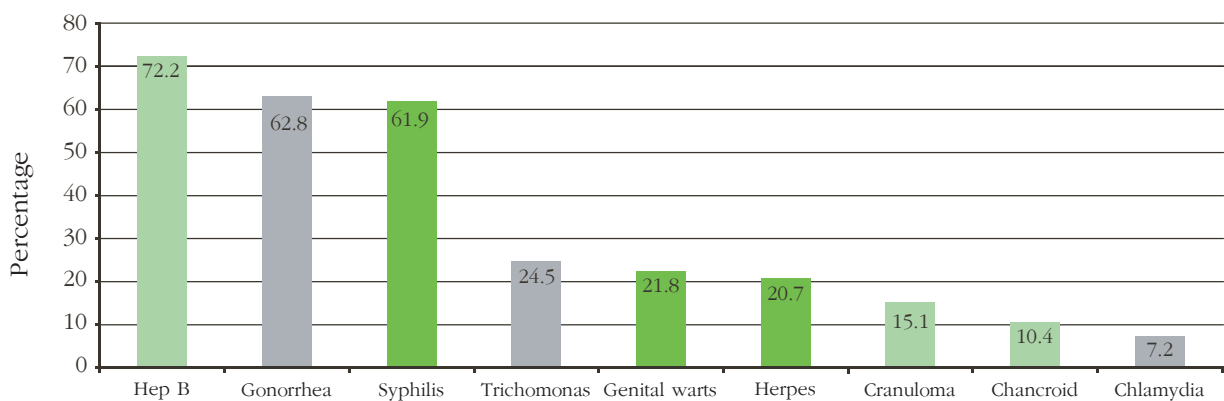
aware by around 20% more on each indicator.

A very small number of young people reported having had an STI (0.3%). However this was 0.5% for the married group and 0.2% for the sexually active unmarried group. While this number is very small, of those that did report an STI, most went to a public health facility, and a few to a private clinic. A few treated themselves, with another two young people reporting to do nothing.

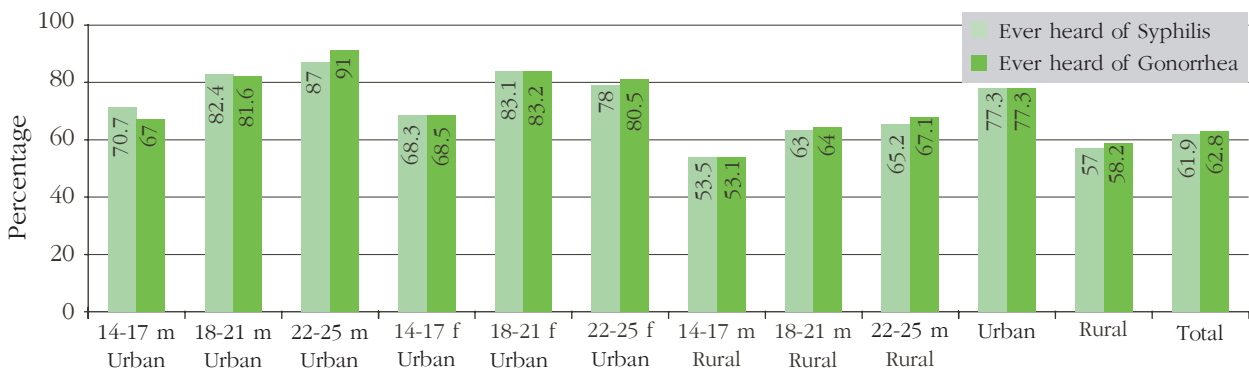
### Knowledge about Menstruation

Of some concern is the lack of correct information about the fecund times in the menstrual cycle, with only 27.8% having correct knowledge. Females had better knowledge (33.3%) compared to males (21.1%). Perhaps surprisingly, knowledge levels were

**GRAPH 28 Awareness of Sexually Transmitted Infections**



**GRAPH 29 Knowledge of STIs Across Age**



identical for the married and unmarried groups (27%).

This finding is a concern in terms of young people being able to exercise control over their fertility, and their ability to make informed choices about sexual activity with an understanding of all the possible consequences. While young people may be aware of contraception methods, not knowing when is the most crucial time to use such methods may reduce the method's effectiveness. Young women should also learn about irregularities in cycles, and that precautions need to be taken anytime that sexual activity occurs. Clearly education and information/campaigns (IEC) messages about fecund times for women have not been well communicated and it is possible that other aspects of reproductive health are poorly understood or confused. This demonstrates a need for this type of information and knowledge to be dealt with in more detail, and for an increase in one-on-one or more intensive discussion and education rather than a reliance on mass messages. Understanding such vital elements of reproductive health, is currently demonstrated by the SAVY data as being inadequate.

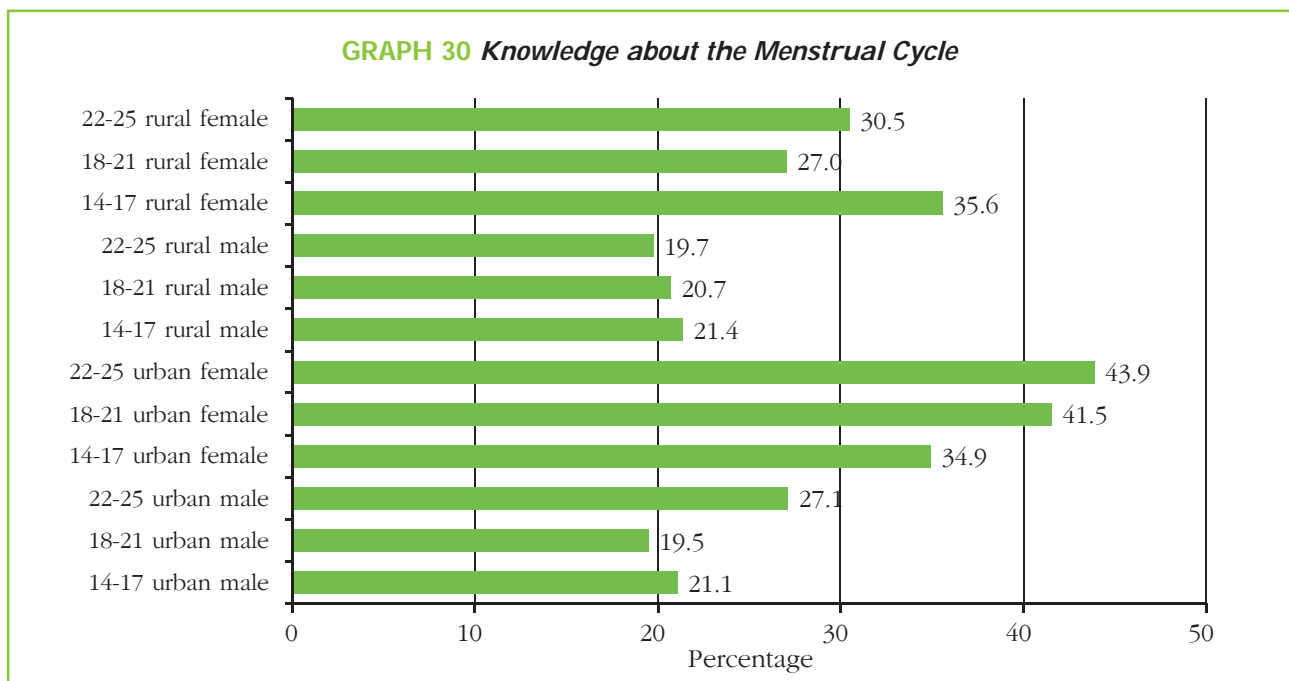
### Contraceptive Knowledge and Practices

Young people were presented with a range of contraception methods and asked which ones they

had heard of and which ones, if any, they had used. The vast majority of young people knew of at least one contraceptive method (97%), and on average the number of contraceptive methods known was 5.6 out of a possible 10. There is a clear age relationship with the oldest age groups knowing more contraceptive methods than their youngest counterparts, both in urban (7.3% for males, and 7% for females) and in rural areas (6.4% for males and 6.9% for females).

Only 14% of the total sample reported having used contraception. There was a huge difference between the married and unmarried groups, with 71.6% of the married group having used contraception compared with only 3.8% of the unmarried group. The rate of contraception use at the time of interview was reported to be 59.4% by the married group and 2.1% by the unmarried group. This must be considered in the context of the fact that the overall sexually active rate in the unmarried group is only 4.9%.

All sexually active young people were asked whether they had used contraception for their first sexual experience. Of the married sample, 88% had used contraception at the time of first sex compared to just over half of the single sexually active group, at 51%. The married groups most commonly reported that the contraceptive method used at first sex was condoms (41.9%) followed by the contraceptive pill



(30.4%). The single group had a much higher reported rates of condom use (79.9%) than use of the contraceptive pill (only 6.1%). Reasons for these differences may include barriers to accessing the contraceptive pill for single women, safe sex messages or HIV messages influencing single young people to chose condoms for dual protection, and initial sexual experiences of some young singles occurring with sex workers and hence an increased acceptance or preparedness to use a condom.

Another measure of contraceptive use was gauged by asking the question: “At your last sexual experience did you use contraception?” 52.5% of the married sample had used contraception during last sex compared to a reported 66.8% of the unmarried sexually active sample. Similarly high rates of contraceptive use were reported by sexually active young people at their first sexual intercourse.

Young people were asked the reasons for not using condoms during first sex. The answers differed depending on if the person was married or not. Many married people reported that they did not want to use a condom, while the most common

reason that unmarried people did not use a condom at first sex was because they were not planning to have sex. A small number of respondents reported that they did not know how to use condoms and also because their partner did not want to. This question also had an extremely high ‘other’ response (30%) suggesting too few options were provided for this question, or perhaps due to some other cultural reasons, for example the stigma associated with condom use, which was not offered as an optional answer.

### Condoms as a Method of Contraception

Of all respondents, 70% said that condoms reduced sexual desire. As already mentioned, the majority had not used condoms. It could be interesting to further explore from where do young people get their information/perceptions about condoms, why they feel it decreases pleasure, and whether messages to promote condom use can become more acceptable or less stigmatized.

98.5% of young people recognized that condoms could reduce pregnancies, HIV and STIs. Pricing was not identified as a major barrier to condom use, with only 25% reporting that condoms were expensive.

This survey provides good insight into understanding the way youth seek information about reproductive health, as well as their awareness and preference for information source programs. This information is essential for designing future programs in order to improve young people’s knowledge and skills relating to reproductive health. Looking carefully at disaggregated data about age, gender and location gives us rich information for targeting certain groups.

