

Chapter 6

HIV/AIDS

The SAVY questionnaire explored a range of HIV related aspects including young people's awareness and knowledge levels, prevention strategies, sources of information, preferred methods for receiving HIV information and messages, and attitudes and behaviors toward people living with HIV/AIDS (PLWH).

One of the aims of the National Strategy on HIV/AIDS Prevention and Control in Viet Nam until 2010 is to raise people's knowledge about prevention of HIV transmission so that 100% of people living in urban areas and 80% of people living in rural and mountainous areas shall be able to correctly understand and identify ways of preventing HIV/AIDS transmission.¹ SAVY results suggest that this aim may well be realized for Vietnamese young people if future efforts focus on correct understandings and targeted interventions for young people from ethnic minority areas.

6.1 Awareness of HIV/AIDS

A most encouraging finding from SAVY is that, nationally, 97% of respondents reported that they had heard of HIV/AIDS, with this percentage increasing to 100% for urban respondents. Awareness is also relatively high among ethnic minority young people (84.7%), and those from the North West region (82.1%). Of note is that nearly one-quarter of young people (24.3%) never attending school had not heard of HIV/AIDS. These figures raise several points. Firstly the very high awareness levels support the fact that HIV/AIDS IEC campaigns in Viet Nam have been very successful in reaching the vast majority of young people and raising awareness about HIV/AIDS across regions, in both urban and rural areas. Although not a national survey, a large study was implemented in 1999 in Hai Phong with 15-24 year olds. This found that 70% were aware of HIV, when asked the question: "Have you heard about HIV?"² The SAVY figure of 97% seems to indicate that awareness of HIV has increased over the past five years.

While HIV awareness is high nationally, IEC activity

as indicated by the figures above has been less effective in reaching ethnic minority young people and those who have never attended school. Reasons for the lower awareness levels of some groups, in the face of such nationally high figures, may include lower IEC implementation in remote areas, low education levels which mitigate against an understanding of HIV messages, a lack of appropriate targeting of messages for different groups, and language barriers posed by media campaigns that are conducted only in the Kinh language.

6.2 Sources of HIV Information

The survey determined the most common delivery points from which young people received their information about HIV/AIDS. Respondents identified all information sources from a possible list of nine different information sources including: television/radio/magazines; loudspeakers; posters; meetings; leaflets and books; health professionals; teachers and schools; friends; mass organizations; and family. A score out of nine was calculated, with each information source being equal to one point. A score of 7-9 points was categorized as having 'many sources of HIV information' and 0-6 as having 'fewer HIV information sources'.

Just under half of the total sample reported having many sources of HIV information (49.3%), with slightly higher percentages of males (51.5%) compared with females (47%). Urban young people appear to be at an advantage in having many sources to access HIV information (57.5%) compared with their rural counterparts (46.7%). The most disadvantaged groups in terms of HIV information sources are the youngest rural females and ethnic minority young people, with only about one third of both groups having many sources of HIV



information; in other words, two thirds had few sources of HIV information.

Significant differences were reported by age groups, with the eldest respondents far more likely to have many HIV information sources (58.1% for those aged 22-25) compared to the youngest respondents (41.7% in the 14-17 year old group).

The nine listed information sources were also grouped into four categories: mass media, professional services including schools, family and mass organizations. Overall, 61.6% of respondents had access to all four-category sources of HIV information, with a trend for older and urban respondents to report slightly higher scores.

Graph 31 clearly shows that mass media is the most common source of information on HIV for young people, at 96.5%. This is the case across all age groups with similar results for males and females, and for urban and rural areas. While the majority of ethnic minority young people also report accessing mass media for HIV information at 83.2%. This is again noticeably lower than their Kinh counterparts, at 98.7%.

The family was the second most commonly reported source of information (88.2%), with urban young people more likely to have family as a source of HIV information than their rural counterparts (92.6% compared to 86.7%). An interesting but somewhat contradictory finding is that similar numbers of young men and women reported talking to their family about HIV, but far fewer young men (48%) than young women (78%) reported talking to their family about reproductive health. One possible reason for the apparent ease or increased openness with which young men can discuss HIV in the family, compared to discussing reproductive health,

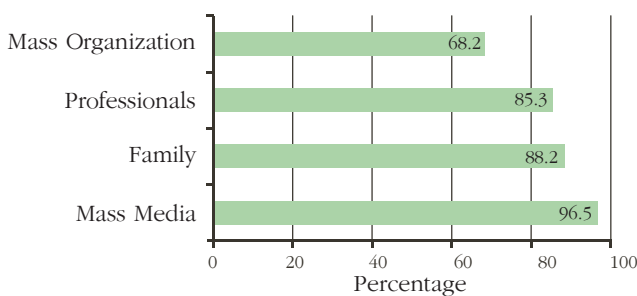
may be the portrayal of HIV as a predominantly male issue (linked to drug use and sex workers) rather than HIV being linked to relationships or reproductive health. Families may warn their sons to stay away from drugs and social evils without necessarily having further discussion about related sensitive issues, notably sexuality and reproductive health. Further research is needed to better understand how conversations about HIV are conducted within the family environment for both young men and young women.

Professional services (health workers and teachers) are another very important source of HIV information, reaching 85.3% of young people. Higher percentages of urban young people (92.5%) had accessed HIV information from professional services compared to their rural counterparts (82.9%).

Graph 31 shows that just over 68% of young people (broken down to 60% of ethnic minority groups) have received HIV information from mass organizations. Although the least likely of the four HIV sources of information to be identified, mass organizations are clearly an important provider, reaching just under seven in 10 young people. The data does not allow for identification of exactly which mass organizations are the source, but it can be noted that both the Youth Union and the Women's Union report that they have a focus on young people and HIV.

Very few respondents reported no HIV information sources (3%). However this figure is far higher in ethnic minority respondents (15.5%). Particularly concerning is the 19.4%, or nearly one in five, ethnic minority young women reporting to have no source for HIV information. Such a figure suggests the need for more targeted HIV intervention for particular groups and regions. Without access to information, young women are unable to take action to protect themselves, or to participate in community prevention and care efforts. The most recent HIV figures suggest that HIV already affects one in every 75 houses nationally in Viet Nam³.

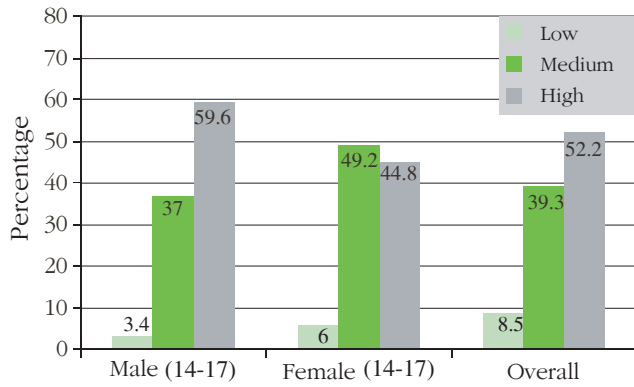
GRAPH 31 Access to Information Sources about HIV



6.3. Knowledge Levels about HIV

To gauge young people's knowledge about HIV/AIDS, the survey asked respondents 15 different questions about the physical appearance,

GRAPH 32 Knowledge Levels about HIV/AIDS of Urban Males and Females



actions and behavior of people living with HIV, as well as the actions and behavior that could prevent the transmission of HIV. A score out of a possible 15 was then created. Respondents with scores between 13 and 15 were regarded as having high levels of knowledge, 9-12 as medium, and eight or fewer as having a low knowledge level. The mean score on HIV knowledge for the sample as a whole was 12.6. The highest means were recorded for the 22-25 year old urban males (13.4) and females (13.3). There is a significant difference between average knowledge scores for Kinh (13.0) and ethnic minority young people (10.2). Graph 32 indicates that just over half, or 52.2%, of SAVY respondents had high levels of knowledge about HIV, 39.3% had medium knowledge, and 8.5% had low knowledge levels.

More of the older respondents (22-25 age group) had high knowledge levels and more males than females had higher levels of knowledge. Graph 32 also shows a rather large difference between the high knowledge levels of urban adolescent males aged 14-17 years (59.6%) compared with a lower percentage in urban adolescent girls higher knowledge (44.8%). Slightly more urban young people had higher scores than rural counterparts (54.4% for urban compared to 51.6% for rural), and less urban young people had low scores than rural (3.9% compared to 9.9%).

Of some concern, however, are the low levels of knowledge recorded from ethnic minority young people. While only 5.5% Kinh have low knowledge levels, 26.5% of ethnic minority young people have low knowledge, with 30.5% for ethnic minority young women. Similarly, this discrepancy exists in those

with high knowledge. More Kinh young people recorded high levels of knowledge (54.7%) compared with their ethnic minority counterparts (37.5%).

In assessing knowledge about HIV/AIDS, young people were asked: “Is it possible for a person who looks healthy to have HIV?” The majority (84.5%) provided a correct “yes” response to the question. This fact was better known amongst urban young people (89.4%) compared to rural young people (82.8%). The VNDHS 2002 asked young married women aged 15-24 exactly the same question, with only 75% of the sample answering correctly. This increase of almost 10% is a positive indicator of the reach of IEC and HIV prevention activities. SAVY comparisons to the VNDHS 2002 also show that knowledge about HIV/AIDS has increased significantly. The proportion of young people who mentioned condom use as a prevention strategy has increased dramatically from about 45% in 2002 (in married women 15-24) to 97.5% of the total SAVY sample⁴. While exact comparisons cannot be made between SAVY and the earlier samples, the SAVY figure (50% higher) does provide reason for optimism. It is not unreasonable to expect that young people are more knowledgeable than three years ago, given the government and development partner investment and support for greater access to HIV education, mass media campaigns and an improved policy context⁵.

While nationally a rather positive picture emerges about HIV awareness, and to a lesser extent knowledge, it is of some concern that as many as one in five rural 14-17 year olds girls, and 35.7% of ethnic minority young people, believe that people with HIV always look physically unhealthy or sick. This suggests that while IEC messages have raised awareness about HIV/AIDS, they may have also, unintentionally communicated incorrect or ambiguous messages to some segments of youth. Over the past few years a number of mass media HIV images have portrayed people with HIV as looking skeletal, unhealthy, unclean and perhaps socially undesirable. It is understandable that these images may have left a strong impression on some young people. Recently the government has stimulated the renovation of communication messages to minimize these misunderstandings.

Approximately two-thirds of young people (63.7%) could identify at least three different HIV testing sites. This suggests that access to HIV testing,

particularly knowing where to get a HIV test, is not a large barrier to testing for young people. However, many other factors, identified in previous reports, operate to prevent testing, including fear, lack of confidentiality, stigma around HIV, cost, lack of treatment for people with HIV, and poor processes about the sharing of results⁶.

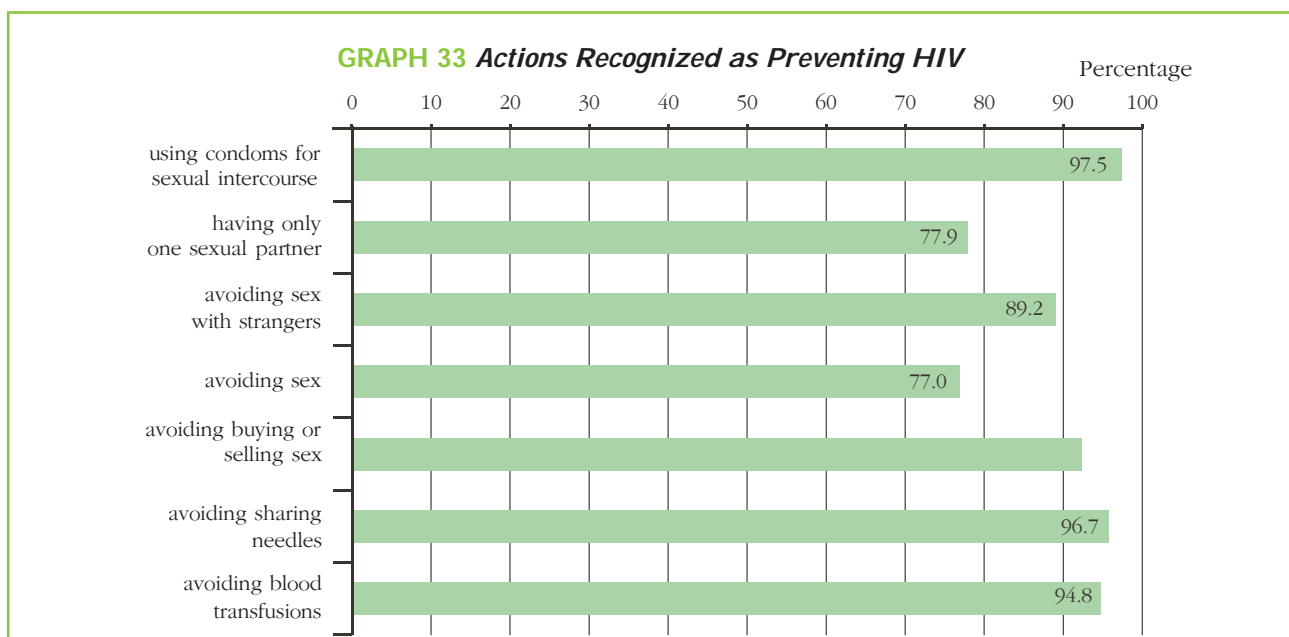
6.4. Means of HIV Prevention

Young people were asked seven specific questions about different means of HIV prevention and generally their knowledge levels were high. 82.9% of young people knew six out of 7 strategies for preventing HIV/AIDS. Graph 33 shows that 97.5% of respondents knew that condom use could prevent the spread of HIV, followed by 96.7% of respondents who reported avoiding sharing needles as a HIV prevention strategy. 94.8% reported avoiding blood transfusion as a prevention mode, followed by 92.5% reporting avoiding buying or selling sex, and 89.2% reporting that avoiding sex with a stranger could prevent HIV.

During analysis concern was raised about the possible ambiguity of two actions listed to prevent HIV. The question posed was: “Which of the following actions are useful in preventing HIV?” followed by a list of actions. The two actions of concern were: 1. Having one sexual partner; and 2. Avoid having sex. Discussion occurred because these two questions returned the lowest correct responses

and it was felt that respondents may have been confused about whether the question was exploring the effectiveness or feasibility of the suggested actions. For example, it is possible that young people reasoned that, while abstaining from sex can prevent HIV transmission, it is unlikely to be embraced by all people. Furthermore, youth responding to the question may have understood that monogamy only works to prevent HIV if the other partner is also monogamous. Therefore, it is difficult to garner significant insight about level of knowledge from the answers to these questions. Further analysis indicated that removing the two questions did not significantly alter the level of knowledge scores. However caution should be used in considering the knowledge about abstaining from sex and having only one partner in the context of actions to prevent HIV.

According to the National HIV/AIDS prevalence and projections data young people aged 20-29 are over-represented in HIV infection rates⁷. However, there is no significant difference between age groups (14-17, 18-21, and 22-25, ranging from 81% to 84%) with respect to recognizing the seven methods for preventing HIV/AIDS. As has been recognized in other research studies, knowledge alone is not enough to protect young people from HIV and it is necessary also to focus on risky behaviors, notably unsafe sex and intravenous drug use, as well as the skills that people might need to protect themselves. There is some evidence that young people tend to see themselves as invincible. Qualitative interviews with young Vietnamese migrant workers from the



Mekong delta found that young men, even those engaging in sexually risky behaviors did not see themselves as vulnerable.

6.5. Views of Condoms

Overall, attitudes to condom use were negative; for example, 70% of all respondents reported that condoms reduced pleasure and half of those surveyed felt that people who carry condoms might have improper relations. At the same time, respondents were convinced about the practical effectiveness of condoms, particularly with respect to HIV: 97% of respondents agreed that condoms could prevent HIV and STIs if used properly. Though the level of knowledge is high, the negative attitudes towards condoms reported are likely to prevent young people from using condoms. It should be noted that previous studies/surveys have recorded much lower levels of condom usage.

6.6. Views of Community Treatment of HIV/AIDS

Aspects of community treatment of people relating to HIV were explored by asking respondents if they would help a man/woman in their community who has HIV/AIDS. Generally, young people reported tolerant and caring attitudes, and limited fear, of those living with HIV. 13.4% reported that they would not help someone with HIV in their community; however, the clear majority said that they would help and keep normal contact with PLWH, but would be aware of protecting themselves (83.7%). Generally, the attitudes of young men and young women were the same, as were attitudes regarding helping either men or women in their community. A very small number said they would help without qualification (0.5%), and another 2% said they would help but would keep a distance. This shows either fear, lack of information and/or discrimination by a small group against PLWH.

The data shows a marked difference in the views of particular sub-groups of young people towards treatment of PLWH. Kinh young people seem more tolerant or willing to support PLWH than their ethnic minority counterparts. Approximately three times as many ethnic minority youth (33.5%) as Kinh youth

(10.1%) said that they would not help PLWH.

Interestingly, the ethnic minority group reported the lowest levels of information, and it is probable that fear and discrimination may be linked to this lack of information.

The picture drawn regarding young people's access to HIV information from a range of sources is rather positive. It is a sign that government and development partners' efforts to reach youth have been, on the whole, successful. It reinforces the need for a range of sectors to take responsibility to deliver information and education about these very important areas. The gaps in HIV/AIDS knowledge of young people also indicate areas and mediums in which future investment might be best placed, including mass media and other channels, HIV/AIDS programs for ethnic minority young people, and development of programs with very clear messages and which provide not only information, but help to develop appropriate attitudes, as well as useful and practical skills by which young people can protect themselves from HIV/AIDS.

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