

Television and Adolescent Sexual and Reproductive Health: Results from a Randomized Experiment in Vietnam¹

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ABSTRACT

Television is hypothesized to significantly impact adolescent's knowledge, attitudes, and behaviors. Some argue that television serves as a sexual super-peer providing information and models about sexuality. New ideas about opposite sex relationships and the social models of adolescents on television may have important implications for adolescent sexuality. Particularly in cultures where there is a reticence about discussing sexual values and behaviors, television can become the most accessible and compelling source of sexual information. We use data from a unique randomized experiment conducted in remote areas of Vietnam to assess the causal impacts of television. 16 non-electrified villages were randomly assigned to treatment and control status, and treatment villages received televisions and generators and related equipment to operate them. We use ethnographic, semi-structured, and focus group data to better understand adolescents' expectations from television and how television influences their sexual and reproductive health knowledge, attitudes, and behaviors.

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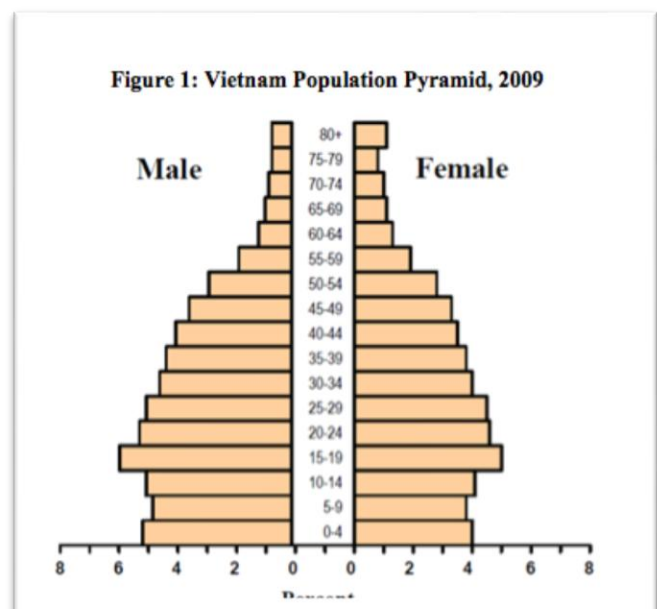
INTRODUCTION

Adolescence and the transition to adulthood is a critical stage of human development involving a series of biological, social, psychological, and economic transitions. While this life stage has received substantial attention in the West, it has only recently been recognized in developing countries and focused attention on it is relatively new (Lloyd, 2005). The lack of research on adolescents in developing countries is particularly stark for ethnic minority youth, who are either ignored or assumed to share similar experiences as majority youth. Rapid social change in many developing countries is changing the social context of adolescence, as cultural and economic globalization create new risks and opportunities. We focus on the impacts of social change on adolescents in Vietnam, where the pace of social change has been particularly acute. In particular, we focus on the implications of growing media access for ethnic minority adolescents on their sexual and reproductive health.

Examining adolescents and youth in developing countries gains added significance due to their sheer numbers. Demographic changes have resulted in a historically unprecedented number of young people--one out of every five people in the world is an adolescent, and 85% of them live in a developing country (Lloyd, 2005).

Vietnam, like many developing countries, is experiencing a youth bulge, where fertility declines have lagged behind mortality

declines creating exceptionally large youth cohorts relative to the overall population structure



(Population Reference Bureau, 2007). Vietnam's current population is 86 million, and adolescents comprise a significant share (See Figure 1). As shown in Figure 1, the largest age group are those 15 to 19 years of age.

This large adolescent and youth group, and the potential impacts of social change, hold particular concern with regards to sexual and reproductive health. Although the rate of HIV is still relatively low in Vietnam at 0.51%, youth are increasingly represented in HIV statistics (Ministry of Health, 2005). About 50% of new HIV infections occur in young people, and 40% of those living with HIV/AIDS are between the ages of 15 and 24 (The National Committee for AIDS Drug and Prostitution Prevention and Control, 2004). Less control by parents, greater freedom of movement, delays in marriage, and greater media access hold important health implications. Particularly given the large adolescent and youth cohort, there is substantial concern about the potential growth of HIV and other sexually transmitted infections (STI). Traditional views on sex and taboos against open discussions of sexual issues challenge accurate health information reaching adolescents.

MEDIA EXPANSION AND INFUENCE

After decades of war, first with France and then the U.S., Vietnam was reunified under the communist government in 1976. Following a decade of economic stagnation, economic renovation policies, *doi moi*, were passed in 1986. Similar to efforts in China and the former Soviet Union, agricultural decollectivization and free-market reforms were the center piece of reform efforts. The economic success of renovation policies are well documented and Vietnam's experience has been described as "one of the most dramatic economic turnarounds in history" (Dollar, Glewwe, & Litvack, 1998, p. 1). This increased world integration also opened Vietnam to globalizing influences. Among these globalizing influences, mass media expansion, and the

greater availability of Western television in particular, is hypothesized to have a significant influence on adolescent attitudes and behaviors.

As electrification has grown in Vietnam, television access has also grown. Currently, about 80% of Vietnam's population has electricity, and television is the main domestic use of electricity in Vietnam (and elsewhere in the developing world) (World Bank, 2008). Results from the 2009 Vietnam Census indicate that most households use television—91.3% of urban households and 84.9% of rural households. Television usage is far more common than refrigerator usage in Vietnam (57.4% of urban and 20.2% of rural households use a refrigerator)(General Statistics Office, 2011). Television has been described as one of the most powerful idea disseminators, socializing agents, and public opinion molders in the contemporary world (Kottak, 1991), and televisions power to change attitudes and behavior has long been assumed (Kottak, 1990; Westoff, 1999). As a globalizing influence, there is substantial concern worldwide that foreign television programs will introduce adolescents to new lifestyles and new models of social interaction and family behavior that may conflict with traditional norms and values (Hornik, 2001; Lloyd, 2005).

Given the developmental tasks required during adolescence, it may be that young people are particularly susceptible to media messages. For example, a core developmental task during adolescence is identity formation, and media messages may be particularly influential in two key areas: gender role identity and sexuality. The explicit images of television role models may influence adolescents as they absorb images of what it means to be a man or a woman (Steele & Brown, 1995). Television can also become an important source of sexual socialization, dramatically impacting adolescents' beliefs about sexual attractiveness, heterosexual interactions and relationships, sexual knowledge and behavior.

Some argue that television and movies serve as a sexual super peer providing information and models about sexuality (Brown, Halpern, & L'Engle, 2005; Strasburger & Wilson, 2002). New ideas about opposite sex relationships and the social models of adolescents on television may have important implications for adolescent sexuality. Adolescents are especially fascinated by depictions of male-female relationships, using television to learn sexual and romantic scripts (Brown, Childers, & Waszak, 1990). Television promotes certain sex roles and behavior, and depictions of adolescents on television provide models for attitude formation and behavior imitation (Chapin, 2000). Particularly in cultures where there is reticence about discussing sexual values and behavior, television can become the most accessible and compelling source for sexual information.

Although media and television are often blamed for social problems, they also offer valuable opportunities to positively influence knowledge, attitudes and behavior. In fact, studies worldwide report that television is the most frequently mentioned source of information about contraception and HIV (Valente, Poppe, & Merritt, 1996). Although causal data on media's influence is rare, many government and non-government organizations use Information, Education, and Communication (IEC) and Behavior Change Communication (BCC) strategies to promote family planning services. The UNFPA has provided substantial financial and technical assistance to more than 100 countries to develop IEC strategies and USAID supports the world's largest family planning IEC effort. Mechanisms to promote these goals range from short, public service announcements (PSAs), to paid commercials and television mini-series.

Media strategies involving entertainment-education (E-E) are considered particularly effective in changing attitudes and behaviors (Singhal & Rogers, 2004). E-E is defined as "a process of purposely designing and implementing a media message to both entertain and educate,

to increase audience member knowledge about an educational issue, *create favorable attitudes, shift social norms, and change overt behavior*” (emphasis added) (Singhal & Rogers, 2004, p. 5).

Based on social learning theory principles that people first learn new attitudes and behaviors by observing others, the soap opera format has been extensively used to promote family planning and reproductive health.

SOCIAL CHANGE AND GROWING DISPARITIES

Vietnam’s dramatic economic expansion has clearly improved living standards. While in 1981 58% of Vietnam’s population lived on less than \$1 per day, by 2001 this had declined to only 3%. Poverty has declined from 60% in 1993 to less than 20% by 2006 (World Bank, 2009). However, economic growth has not been evenly distributed throughout the country and there are growing differences among adolescents as some young people experience progress while others are left behind. While urban versus rural differences are often examined, disparities by ethnic groups require greater focus.

Vietnam is a multi-ethnic country comprised of 54 different ethnic groups and is one of the most ethno-linguistically and ethno-culturally complex areas in the world (Dang Nghiem Van, Chu Thai Son, & Luu Hung, 2000). The majority group, the Kinh (“lowland Vietnamese”), comprise 84% of the population and primarily reside in the fertile delta plains and coastal areas. The Hoa, ethnic Chinese, makeup about 1% of the population and are often grouped together with the Kinh because of their social and economic similarity. The remaining 52 ethnic minority groups primarily reside in remote, mountainous areas and constitute the poorest and least educated segments of Vietnamese society. Vietnam’s ethnic minority groups lag far behind the Kinh in poverty, nutrition, education, life expectancy, living standards, and other measures (Baulch, Chuyen, Haughton, & Haughton, 2002; Swinkles & Turk, 2006). As both government

and non-government based organizations increasingly invest in media-based approaches to sexual and reproductive health education, these disparities raise serious health challenges.

Our research focuses on the Tai ethnic minority group, Vietnam's second largest ethnic minority group. We use data from a unique randomized experiment to better understand how adolescents are affected by increased media access, in particular, television access. Our specific research questions include:

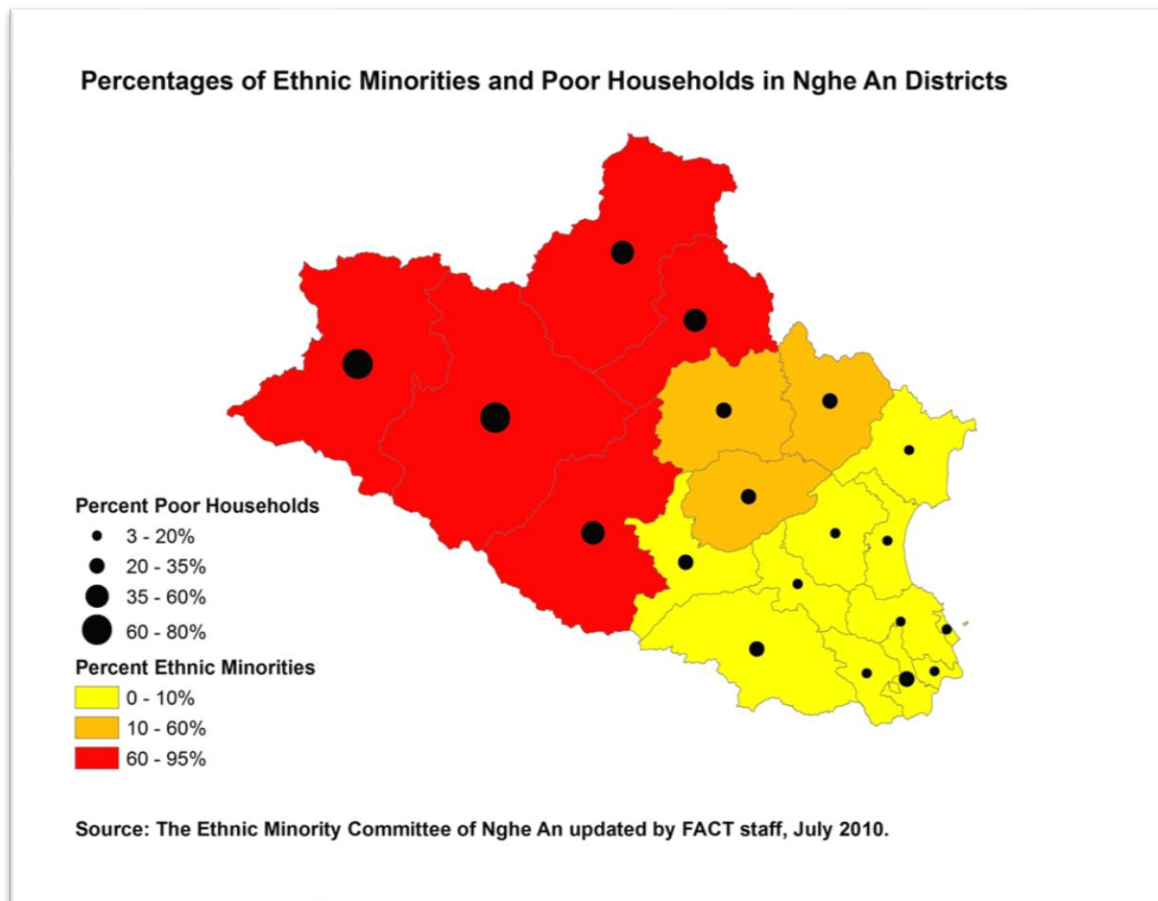
- 1) What are adolescent expectations from television?
- 2) How do adolescents view the costs and benefits of television?
- 3) What are the impacts of television on adolescent health, knowledge, and behavior?

DATA

Despite the substantial research literature on media's effects, "there is little agreement on the nature and extent of those assumed effects" (McQuail, 1994, p. 327). Correlation between television and a variety of outcomes has clearly been established. For example, television viewing and contraceptive use have been shown to be associated (cross-sectionally and over time). Establishing this correlation is not informative, however, about the direction of causation or even the presence of a causal relationship (as opposed to an association due to a common cause, such as socioeconomic status). Are changing attitudes due to greater media exposure, or do individuals with certain attitudes select to watch more television? Are individuals with higher SES more likely to have television access, and is it also SES that determines contraceptive use?

We conduct the first randomized experiment to assess the community and individual outcomes associated with television access. First, we identified an area in Vietnam where significant portions of the population lacked electricity. We focus on the mountainous districts of the Nghe An province in North Central Vietnam inhabited by the Tai ethnic minority. The Tai

make up 9.5% of Nghe An's total population and are the largest ethnic group in the province. While the coastal areas of Nghe An are primarily inhabited by the Kinh ethnic majority group and are largely electrified, the mountainous areas, especially along the Laos border, are primarily ethnic minority and lack electricity access.



We identified 39 Tai villages that were similar on socio-economic and agricultural output indicators. Next, our ethnographic research team spent time in these villages to identify 16 that were most culturally similar. Nine of these 16 villages were randomly assigned to the Treatment group and the remaining 7 villages were assigned to the Control group. After baseline data were collected in all 16 villages (using a survey of all village residents 16 years of age and over (n=4,259), ethnographies of all villages, semi-structured interviews, and focus groups),

Treatment villages were given televisions, and generators and associated equipment to operate them. Control villages remain without electricity and television.

This paper focuses on the ethnographic, semi-structured interviews, and focus group data from adolescents regarding their expectations of television, the assessments of television's costs and benefits, and their attitudes on how they see television impacting their health knowledge, attitudes, and behaviors. This data was collected both before and after television's arrival. Survey data will also be used to provide a description of population characteristics. However, post-television survey data will not be collected till June, 2014. We will use the RQDA, an R package for qualitative data analysis, to examine our research questions.

Data Collection Schedule

- Ethnographic data collection October-November 2011 and March-April 2012
- Survey data collection June-July 2012
- Ethnographic data collection; October-November 2012 and March-April 2013
- Semi-structured interviews on expectations of television June, July 2013
- Television installation in Treatment villages August 2013
- Semi-structured interviews on perceived costs/benefits of television Oct-Dec. 2013
- Focus group interviews on perceived costs/benefits of television Oct-Dec. 2013
- Ethnographic data collection; October-November 2013 and March-April 2014
- Post-experiment survey June 2014

PRELIMINARY DATA ANALYSIS

Focus group interviews have already begun in one Treatment village. In this, and in other villages, we conducted/will conduct a series of focus groups comprised of similar aged respondents, segregated by sex. One question posed to respondents by the moderator asked them where and from whom they received information about sex. Initial analyses indicate stark

contrasts in the source of information between the focus group consisting of aged 14 to 17 year old girls versus the focus group consisting of young women aged 24 to 29. While the most frequent responses given in the latter group was that information about sex came from mothers, aunts, and older female relatives the younger age group, which had 2 months exposure to television at the time of the focus group interview, responded that information came from mothers and television. Further divergence was evident when asked what type of information they received. Common responses from the older aged focus group included, “sex is a wife’s duty” or “sex is for having children”. In contrast, responses from the younger aged group included, “sex is for fun”, “girlfriends have sex with their boyfriends to show them they like him”, and “sex is very romantic”. In fact, one 16 year old respondent told the moderator, “Television is very educational. Television has taught us how to kiss and do things with boys”.

CONCLUSION

Adolescents comprise a significant demographic group in Vietnam and accurate information about sexual and reproductive health is essential for this group’s well being. Although Vietnam has long enjoyed the distinction of having one of the lowest HIV prevalence rates in Southeast Asia, adolescents and youth are over-represented in the HIV positive group. As the prevalence of HIV and other STI’s continues to grow, young people are ill prepared to effectively protect themselves. UNICEF Vietnam reports that while many young people know that condoms can protect the spread of STI’s, overall attitudes towards condom use are negative. Furthermore, open discussions of sex are still considered taboo and parents remain reluctant to talk with their children. Ethnic minority youth, in particular, lack information about sexual and reproductive health.

Television can step in to fill the void of unavailable information on topics of sex and reproduction. Although mass media is often blamed for a host of evils and can often spread inaccurate information, media also offers important opportunities to educate and inform young people. Better understanding youth's expectations from television, how they use television, and interpret information from it is an essential step to understanding the changing social landscape of adolescence. In addition to advancing our theoretical understanding of television effects, this research has significant implications for the design and delivery of PSA and Entertainment-Education programs that are designed and targeted to adolescents.