THE DEVELOPMENT OF A CONCEPTUAL FRAMEWORK AND MODEL OF SEXUAL HEALTH EDUCATION IN UPPER SECONDARY SCHOOLS IN NORTHERN VIET NAM

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Abstract

The development of a conceptual framework and model for sexual health education in upper secondary schools in Northern Viet Nam

Nearly half the Vietnamese population is under 25years, and among this group, there is a rapidly rising incidence HIV and STD's. There is an urgent need to develop strategies to improve young people's knowledge and understanding of sexual health. Currently, teachers lack the knowledge and confidence to effectively teach sexual health and there was no conceptual framework underpinning the curriculum (Thanh, 2010). This study developed a conceptual framework and model for sexual health education programmes for upper secondary schools in North Viet Nam and made recommendations for education policy and practice.

The study methods were based on the first cycle in action research, an approach recognised in Viet Nam for changing professional practice. Key to this study was Jarvis' (2004) description of lifelong learning, Kolb's (1984) experiential learning cycle and Problem Based Learning teaching documentation and discussions with Vietnamese government officials and NGO's working in sexual health. The findings revealed that most pupils did not understand or did not practice safe sex, and all wanted more knowledge and information. Teachers reported limited knowledge and a reluctance to teach this subject. When the new conceptual framework and models were piloted, they were seen as accessible, acceptable and appropriate for the education system in Viet Nam, and demonstrated measurable changes in teaching and learning. The study is unique, in that it was designed with ministerial support for strategic implementation and sustainability.

The Vietnamese government has accepted it. At their instigation, the research is already being used by an international working group for sexual health education in schools. It is also being used by a second international group, working to improve nurse education, and as a result is being piloted in undergraduate nursing programmes.

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GLOSSARY OF TERMS AND ABBREVIATIONS

Glossary

Viet Nam: written documentation reveals that in many countries Vietnam is written as a single word. A practice accepted by Vietnamese nationals, although the correct format to use is Viet Nam, and therefore throughout this study the country is referred to as Viet Nam.

'**The West'** or **Western Countries**: In Viet Nam these terms are used to refer to every country outside Viet Nam which is not seen as Asian (English–Vietnamese dictionaries (lac viet mtd2002-EVA)). In this study the terms refer to those English speaking countries which have been most influential in nursing and healthcare development in Viet Nam.

Community nurse: The title community nurse can be used by any individual who has studied a nursing course at level 4. This is equivalent to an undergraduate level in the U.K. They therefore can not be compared to specialist community health nurse in the U.K.

Abbreviations

ADPC.....	Asian Disaster Preparedness Centre
AIDS	Acquire Immunise Deficiency Syndrome
ARH	Adolescent Reproductive Health
BOET.....	Buereau of Education and Training
CHC.....	Commune Health Centre
DOET.....	Department of Education and Training
DST	Department Science and Training
Gos	Government Organization
HIV.....	Human Deficiency Virus
H5N1	Avian influenza A
IDU	Injecting Drug Use
IMR	Infant Mortality Rate
ISO	International Organization for Standardization
MMR	Maternal Mortality Rate
MOET	Ministry of Education and Training
MOH	Ministry of Health
MSC.....	Manpower Services Commission
NGOs.....	Non Government Organization
PBL.....	Problem Base Learning
RH	Reproductive Health
RTIs	Reproductive Tract Infections
SARS.....	Syndrome Acute Respiratory Severe
SAVY	Second Survey Assessment on Vietnamese Youth
SDL.....	Self -Directed Learning Skills
SH.....	Sexual Health
STIs	Sexually Transmitted Diseases
TB	Tuberculosis Bacteria
UNAIDS	United Nations Population Fund in Viet Nam
WHO.....	World Health Organization
WTO	World Trade Organization

The teacher has main responsibility for developing human resources in Viet Nam for the future. The key for success for educating them should follow the suggestions principle as below:

‘ The mediocre teacher tells,
The good teacher explains,
The superior teacher demonstrates,
The great teacher inspires.’

Source: William Arthur Ward (2009)

CHAPTER 1

INTRODUCTION

1.1. Background

Viet Nam is still classified as a developing country and, as with many other developing countries, a high percentage of the Vietnamese population is very young, with over 23 million out of a national 86 million aged between 5 and 19 years (United Nations Population Fund in Viet Nam (UNAIDS), 2009). This is a major challenge for the Vietnamese government who, as Viet Nam rapidly develops and links with the West, are trying to cope with the changes that come from an influx of companies from the west resulting in a sudden increase in technological and medical advances, which in turn change the nature and type of the employment needed, increased standards of living and expectations from the population as a whole. This also means that young people require more education to acquire the higher levels of expertise demanded by employers. In addition, as their work, expectations and lifestyles change, the young people, accepting the new possibilities and opportunities are moving towards a more western lifestyle. This impacts on health care services, particularly reproductive health services as the Western model of life has led to increased sexual contacts amongst young people, resulting in a rapidly increasing incidence of unplanned pregnancies and reproductive tract infections amongst those aged under 18 years old. Until the late 1990's levels of infection were relatively stable, in 1997, 575 cases of reproductive tract infections amongst school children. However, by 2001, the incidence had increased 14 fold from the 575 cases in 1997 to 7391 cases (Centre for Population Studies and Information, 2003).

In Viet Nam, sexually transmitted diseases (STIs) are often referred to as reproductive tract infections (RTIs) as this is seen as a more socially acceptable term. However, this blanket term is problematic as the percentage of these infections that are sexually transmitted is not always recorded. There is another concern, although there is evidence that some of those with RTIs are well below the age of consent, in Viet Nam, internal physical examinations for pupils who are under 15 year old are illegal so there is no detailed record for this group of teenagers (UNICEF, 2010). An infection will be noted, but that is all, if symptoms subside, an assumption is made that the RTI has been cured, and there will be no further checks or investigations leaving the child at risk of permanent damage to their future fertility, and possibly a carrier of infection to future partners.

State run clinics do differentiate between RTIs and STIs, but the increasing numbers of private clinics give no such detail in their records, and, health returns indicate that young people are choosing to attend private clinics where they are not only less likely to be given the diagnosis of an STI (as these clinics routinely refer to RTIs), something their family will not easily accept, but are promised confidentiality, meaning their family is less likely to find out. In the light of this it is, perhaps not surprising that over the last decade, less than 10% of consultations have been at public clinics as the young people try to avoid the stigma and family problems that come with the recording of having sought advice at a public clinic (UNICEF, 2010).

The problem for young people is that until recently there was a little sexual health education in schools, and even today, it is rare for sexual health education to be permitted before pupils reach the age of 15 years. This leaves schools with only two years to teach all aspects of sexual and reproductive health. This situation ignores the fact that government figures repeatedly demonstrate that the increase in RTIs in young people is a major health problem. There is considerable concern amongst health providers that statistics indicate that the youth of Viet Nam have insufficient knowledge and understanding of sexual health, specifically the prevention of sexually transmitted infections (STIs), HIV/AIDS, unwanted pregnancy and abortion (UNICEF, 2010), together with the increasing incidence of unplanned pregnancies and RTIs, the number of abortions has also risen rapidly, rising from between 700,000 - 800,000 in the 1980's to 1.5 million in the 1990's, with increasing numbers of these being young teenagers (Hong 2003). It is a major concern that, without appropriate age sensitive sexual health education, these trends will continue, together with an increasing spread of HIV/AIDS. Recent research by the Vietnamese government (UNESCO, 2010) revealed that among young people aged 15-18 years, 77.1% reported knowing about condoms but only 15% used them, and few reported having been given any formal, sexual health education regarding the risks (and possible outcomes) of unprotected sex, or the routes of transmission of, and implications of living with HIV/AIDS (MOH, 2006).

The lack of awareness reported by young people is alarming as today; Viet Nam has people living with HIV/AIDS in all 63 provinces. Until recently the main reason for transmission was intravenous drug use with 65% infected through the use of shared needles. However as sexual freedom has increased, sexual contact is becoming a more common mode of transmission of HIV/AIDS (MOH 2006). The rate of transmission has

risen rapidly so that while in 1992 there were around 3000 cases there are now 254,000 cases with a predicted figure of 280,000 by the end of 2012 (Ministry of Health (MOH, 2010). At present almost 10% of those reported to be affected by HIV/AIDS are under 19 years of age with 45% between the ages of 20 and 29 years (MOH, 2010). The situation is compounded because due to the strong influence of the hierarchy based Vietnamese traditions, young people are relatively dependent on their families for information and advice, but discussing sexual matters with their children has always been taboo. Rooted in two thousand years of Feudalism, Vietnamese children are born and educated into an environment that rewards those who "obey". Thus, traditionally young people were expected to be passive in their approach to learning and to accepted behaviours, they learn the importance of hierarchy, not equality, and to submit to their elders (Jamieson,1993).

This tradition is in direct contrast to the Western world that is influencing Viet Nam today. The socio-economic factors, and the impact of innovations in technology, mean that young people are under increasing pressure to change and follow Western trends, becoming more active, dynamic, and independent (MOH, 2010). However, although in their personal development young people are moving towards a modern society, academically and within their families they are still bound by traditional regulations. Thus, when they have insufficient information or knowledge regarding key modern issues such as safer sex, they may be unsure where to access the appropriate information, and feel that they are unable to ask their elders for advice as this would cross ingrained cultural taboos. Without this knowledge and support they are vulnerable. In the rapidly changing environment that Viet Nam is experiencing, it is essential that intervention programmes are developed to empower young people and equip them to make informed choices regarding their health and social behaviour.

Dang (2001) highlighted three main problems regarding developing good sexual health practices amongst young people in Viet Nam. Firstly, teachers reported having insufficient knowledge about sexual and reproductive health, and so were uncomfortable when the subject was raised. Secondly, the inabilities of parents discuss these issues with their children. With no traditions to help them, although concerned, they do not know where to start, or how to cross their cultural patterns and practices. Thirdly, there is a lack of capacity and resources. Disappointingly, there have been several programmes of Adolescent Reproductive Health initiated by international funds, but when these projects

were completed the activities appear to have been discontinued. This is often because although implemented in project form, they have not been designed to fit within the health and education structures of the country and as a result no resources have been assigned or allotted to continue the programmes or integrate them into mainstream programmes (Country Progress Report, 2010).

Services that could be of help to young people do exist, because culturally, in Viet Nam, providing knowledge of safer sex, contraceptive and reproductive health are well organized through a national family programme, but it is only for young married people. The traditional societal disapproval for premarital sex and contraceptive use means that although government statistics clearly indicate that young people are marrying later, there is no official recognition that they may be sexual active during this time, and therefore services are rarely available for them to access (UNICEF, 2010). This is a major concern particularly when the nature of sexual contacts amongst young people, specifically young single men is considered. Research indicates that motivation for pre-marital sexual intercourse is likely to be different for adolescent men and women. Among sexually experienced adolescents, a majority of the young women reported having had their first sexual intercourse with a steady boyfriend with marriage in mind (Brown et al, 2001). In Bélanger and Hong's (1998) study of the 279 unmarried women 95% had a boyfriend at the time of the survey defined as a male friend with whom they had a committed relationship, and in most cases, sexual intercourse. In contrast a significant proportion of men had their first and subsequent experiences with a commercial sex worker or a casual friend, and saw no sexual health concerns when they then established steady relationships (Brown et al, 2009). In view of the limited numbers practicing safer sex, this is clearly an issue that urgently needs addressing through the development of health promotion and sexual education programmes (United Nations in Viet Nam, 2011).

Before considering the details of the proposed study, it is important to remember that Viet Nam is a post communist socialist republic that has only relatively recently opened its borders. Prior to this time, most people in Viet Nam had little awareness or understanding of many of the countries in the developed world. It is therefore perhaps not surprising that they chose to bracket these countries together under the term 'the west' or in some instances the 'western world'. Over time this has resulted in non-questioning of 'common sense' meanings being given to these terms, and today both terms are used to mean any country that is not seen as Asian (English–Vietnamese

dictionaries (Lac Viet mtd2002-EVA)). This perception has been re-enforced because in the early days after the relaxation of border control, many of the countries in the developed world were quick to offer aid to the Vietnamese government. This resulted in a flood of projects all with different backgrounds and philosophies, all of which focused on providing aid to what was perceived to be a country working hard to improve the lives and wellbeing of its population. However, in their haste to provide help, few of these donors had the time to base their projects on Vietnamese culture, and even fewer developed sustainability strategies. In addition there was little liaison between projects, even when they were working in similar areas. For the Vietnamese people it appeared that overseas organisations arrived, worked with them for a few years and then left. Not surprisingly when seeking to describe these groups, with their mix of language, appearance and cultural patterns, the Vietnamese population used terms they already knew, confirming that for them, the definition of 'the West' and the' Western world' was everyone from outside the immediate region.

However, while this may be accepted custom and practice in Viet Nam, the terms can be confusing in academic and international settings, as in reality the various countries covered by this term are disparate in heritage, socio- cultural traditions and language. In a study such as this delineation of the different cultural groups could be expected to be explicit, but this document has to be submitted to and accepted by academic and ministerial colleagues. In consequence the terms that are commonly used in Viet Nam are adopted throughout, but for clarity a description of the main sources of academic and practice information are given below. In practical terms, language also had to be considered. Until recently, the second language of most academic and professional health care workers in Viet Nam was Russian, but today the focus in on English, possibly because of the development of the internet. It was seen as important that those accessing and using this document could track down the primary sources used, and therefore the majority of sources are from the English speaking world. In this study it was not possible to go into great detail regarding the different social structures of the various countries considered. The focus was on exploring their approaches to sexual health education and attitudes to young people and sexual activity, inclusion or exclusion has been based firstly on how acceptable their views would be in Viet Nam, and secondly information on how they delivered sexual health education programmes. Thus, for this project not only the language and subject area dictated the sources of information, but also the extent to which strategies used in those countries could be adapted for use in Viet Nam.

The most dominant countries with influence in the area of sexual health in Viet Nam are Australia, Canada, Japan, The Netherlands, Sweden, Thailand, UK, and the US of America (Thuy 2007). These are therefore the first countries to be referred to when seeking information in this field. Consideration of American literature on sexual health services revealed a major difference in the philosophy underpinning the provision of health care, and it was therefore problematic to reconcile studies from this country with the system in place in Viet Nam. Little research from Canada was found regarding sexual health in schools in a format that could be used in Viet Nam. They have a well integrated education programme that is based on all teachers having the knowledge, skills and willingness both to teach this subject and to use participative approaches (McKay and Bissell, 2010). It accepts that information must be culturally sensitive, but with over 91% of those consulted fully supporting the programmes, there is little guidance on how to work with groups for whom this is new or difficult to accept (Advisor Committee on Family Planning, 2008). They give few examples of research or activities aimed at changing teachers' attitudes regarding this area of education, and none on introducing the subject in late adolescence. This is in direct contrast to Viet Nam, where not only is teaching didactic, but for many, sexual health is still taboo (UNESCO, 2010). Japan was initially seen as an appropriate country from which to seek information, as it too is based on a culture of obedience and respect. However, as Ishiwata's (2011) study illustrates, they appear to have similar issues regarding sexual health and young people as have been described in Viet Nam. Exploration of their sexual health education programme revealed that as in Viet Nam, it has been based on reproduction and physical changes rather than the more holistic sexual health education approach found in countries such as the UK and Canada. They are actively seeking ways to change their national sexual health education programme, but as Ishiwata (2011) points out currently their system is not yet adequate. Research in Australia was also considered, but here it was interesting to find that the parents of adolescents' appeared to have had the same school experiences as pupils in Viet Nam are now reporting. Thus, there is a generational gap, with Viet Nam approximately one generation behind Australia in acceptance of, and attitude to sexual health. Today in Australia, strategies for teaching have been developed and implemented, and now tend to be cited but not discussed. For example, Dyson (2010) charges schools with ensuring that teachers have specialised training, but does not show what this should be, as it is already part of the ongoing professional education for teachers. As the study presented here, was based on developing a conceptual framework, research needed to be sought that illustrated how to work with both educators and pupils to increase the acceptability of discussing sexual health, and to

introduce the interactive teaching methods needed if pupils are to be able to discuss and explore issues that they see to be importance.

Thailand a near neighbour to Viet Nam is generally regarded as being a much more open society, but although this is the public view, in reality at least in terms of sexual health education it is very similar. Kay, Jones and Jantaraweragul (2010) found in their study of sexual health education teaching in schools, there is little co-ordination, there is no national curriculum, and there is no specialist training for teachers. There is conflict between official education policies and the liberal lifestyles that are found in tourist resorts. Teachers are not trained to help young people to cope with the differences between what they are taught in schools and what they see in public. Rather than offering research that could be used in this study, they appeared to be on a similar journey.

In the Netherlands as Van Loon (2003) points out the system of sexual health education in schools resembles that of the UK. However, the devolved nature of the curriculum means that few national studies could be found discussing the strategies used. School tend to use student centred learning approaches and little in English could be found on how to change from authoritarian approaches to participative teaching, particularly in such a sensitive field. Those studies found that were published in English tended to focus on the problems of poor socio-economic situations and teenage pregnancy, rather than issues in the school curriculum or approach used in teaching. It is interesting to note that the Netherlands has a national policy of integration, and thus pupils from other nationalities are expected to fit into the school and learn study that same curriculum as the other pupils. Until very recently they were also totally taught in Dutch, and although increasingly English is being used, learning and using the national language is still mandatory. There is some research on the Turkish community and attitudes to education, but the expectation is that children and young people will conform to Dutch norms in the classroom (Geurts and Lambrechts, 2008).

Sweden has been strongly linked to Viet Nam for more a decade and therefore it was logical to explore their approach to teaching sexual health. Like the Netherlands it is well established and accepted on a national level. The studies considered as with many others countries found focused on what was taught, not how to introduce the subject into a traditional hierarchical society. There is a strong focus on human rights and the right of the child to be given information, to control their own sexuality and sexual health (Kelefang, 2008). In the future their approach may well be relevant for Viet Nam, but the

challenge in Viet Nam today, is to have the subject accepted as a specialist issue in its own right. As transparency was an important part of this study, participants and the Ministry of Health and Ministry of Education and Training would have accessed to all information on which the study was based, it was felt that to use materials that were so diametrically opposed to current thinking would have been counter-productive.

The UK like Viet Nam has national education and health services, and as in Viet Nam, emphasis is on education and health working together. Also, perhaps because unlike countries such as the Netherlands the different communities are not forced to integrate, much of the research and government information in this field does discuss changing attitudes and strategies for education as well as giving insights into actual projects (for example (Wight, 2011), Westwood and Mullan 2007; 2009). Although the context within which they are provided is very different, nevertheless some parallels could be drawn, and studies from the UK did prove to be a useful resource for this research. For education and policy planners, they also provided an important adjunct, which was used to illuminate some of the issues that need to be considered when developing initiatives in this sensitive field. The lives of the young people in Viet Nam are very different when compared to the participants of the studies on sexual health. They do not as yet have the youth culture described in the UK (and other countries)(Mesch (2001), Nilan and Feixa (2006), Geldens, Lincoln and Hodkinson (2011) but as the influence of the developed world increase exponentially with technological developments, they are moving towards developing their own culture (Thang 2004). Thus this project needed to recognise this and develop an approach that could bridge the two worlds now emerging in Viet Nam. Another key difference is the age at which information can be given to young people, but notwithstanding this, the concept of protecting sexual health as described in the studies found from these two countries fits with the emerging recognition of the sexual health needs of young people in Viet Nam. Further, when discussed with experts from the Ministry of Education and Training, the Ministry of Health and NGO's working in this field, the nature of the approaches used was approved. It was accepted that Viet Nam is trying to accomplish in a few years what took decades in both the UK and Australia, but the format and direction were seen as appropriate for adaptation and modification for use in Viet Nam. Studies from other countries have been included when they were seen as contributing to the study, but in these instances, the actual name of the country is given.

The same concerns arose when considering which education theories could be used in the development of the conceptual framework and model. Inevitably, some of the issues regarding education strategies were identified when reviewing the sexual health

education materials, and where appropriate, these have been described above. Having chosen to focus on the sexual health information from the UK, it seemed logical to pursue the theories behind the strategies described, and to research the various different approaches to education and training used in the UK.

Viet Nam is in the process of major educational change and this project had to be able to contribute to the body of knowledge being developed by the Ministry of Education and Training in partnership with Vietnamese universities. As part of this process, the Vietnamese government has also been reviewing possible approaches to education. They have accepted that to focus only on schools is not adequate in this time of rapid technological advances. The traditional approach whereby a pupil left school trained for a specific role and place in society is no longer adequate. At ministerial level there is an acceptance that individual may now need to re-train at intervals during their working lives. To facilitate acceptance of this they want to move towards lifelong learning. As discussed in more detail in Chapter 3, this concept is new and selection of the materials to be used had to be carefully considered as the wrong approach could be destructive in both time and educational terms (Thuan, 2010). Review of information in this field revealed that the structures and processes of lifelong learning and the cycles of learning described by UK authors such as Jarvis (2004) and Kolb (1984) met many of the points already identified by the Vietnamese government, and hence as with the sexual health materials this led to the adoption of theories developed mainly in the UK as a basis for this study.

1.2. Main Aims

- To review current sexual health education provision in upper secondary schools in North Viet Nam.
- To develop a conceptual framework and model for sexual health education programmes for upper secondary schools in Northern Viet Nam.
- To make recommendations for the development of policy and practice for sexual health education for upper secondary schools in North Viet Nam.

Specific objectives

- To explore the perceptions of upper secondary school pupils of sexual health education in both urban and rural areas in North Viet Nam.
- To explore the teachers' perceptions of teaching sexual health (SH) in upper secondary schools in North Viet Nam.

- To review in detail the curriculum and information used to teach sexual health in schools in North Viet Nam.
- To gather information from key informants regarding sexual health education in secondary schools in North Viet Nam.
- To review theories of learning from both Western and Asian education systems in order to identify those that could underpin a conceptual framework and model for teaching sexual health education in schools in North Viet Nam.
- To explore the teachers perceptions of the proposed conceptual framework and model.

The future well-being of young people and the future of the country go hand in hand. The school more than any other institution, is well equipped reach out to young people and impact on their lives in the community, through the provision of coordinated messages regarding individual and collective measures to promote health as a whole and sexual health in particular. Such information is crucial because societal attitudes discourage young people from seeking health checks, and treatment is often sought late. The study focused on finding out what the young people really know and what they think are the issues and concerns regarding sexual health. Details of the project aim, the methods and processes used can be found in Chapter 4. The findings were then used to help develop an appropriate conceptual framework and model for sexual health education for school teachers to use to meet the needs of their pupils.

1.3. A project within a project

This study was undertaken as part of a much bigger project 'Improving the capacity of university and college level nurse education and training', with the ultimate aim of improving the health of the community in Viet Nam. The project was funded by Nuffic, the Dutch Government supported organisation responsible for providing overseas aid to help developing countries improve higher education and training. This project was developed because nursing had been identified as one of the essential services within the health sector in Viet Nam. Strengthening the nursing-midwifery capacity, defining an appropriate staffing structure, developing training capacity and curriculum development were all key issues and were factors that affect the health of the community. The project consisted of several activities it updated and internationalised the Bachelor of Nursing curriculum, the Diploma of Nursing curriculum, and to accompany these it developed five textbooks. It also reviewed and then developed the first institutional standard for universities who wish to offer nurse education and training. These activities have been

completed, accepted and approved by the MOET and MOH and are being implemented across Viet Nam. The project also had the function of raising the level of education of key nurse educators. As part of these eight educators' studies to Masters level in Netherlands and two university senior lecturers were identified as being suitable to undertake PHD level study in the UK. It was agreed with Nuffic, the MOET and MOH, that these ten individuals could choose the subjects they wished to pursue. The only proviso was that the MOET, MOH and project director agreed that the subject was appropriate for aims of the main project. These projects would then be carried out as independent studies, with the student being totally responsible for the design, implementation and completion of their own study. They would be supported by appropriate supervisors and would work within the guidelines of the universities at which they were registered.

This project presented here, is one of the two PhD studies, and focuses on sexual health education in secondary schools in Viet Nam. It was approved by the MOET and MOH as a crucial first step in addressing the contentious changes that globalisation has brought to Viet Nam, with regard to sexual health and relationships among young people. At the MOET and MOH's suggestion, the Vietnamese supervisor for the project was Viet Nam's leading professor in HIV/AIDs and sexual health studies, who is also the government advisor for policy in these fields.

Currently, in Viet Nam, two sets of professionals are involved in the field of sexual health education. The teachers in the schools and the community nurses who play a key role in sexual health education in their communities but whom, prior to this study, had little official contact with secondary schools. The study focused mainly on the first group, the teachers, because in Viet Nam, within the MOET policy, they have to take the lead in this subject and are responsible for establishing any links with community health services. In the light of recent research (Thuy,2007**)** the study started by gathering information about the needs, wants and attitudes of school pupils themselves regarding sexual health education. At the same time, it explored the perceptions of teachers and other key professionals, reviewed theories of learning and from this developed a conceptual framework for the consideration of the MOH and MOET for integration into mainstream school education. However, for the MOET and MOH to be able to implement the framework, it needed to be accompanied by strategies to encourage interaction between pupils and teachers.

There have been previous projects in Viet Nam, carried by NGO's in this field (VIE97/P13, VIE88/P09, Frontiers (Belgium) (1996-1998), GTZ (1999), National Centre in HIV Social Research (2000), and RAS/00/P04), but these have been based within a context of public health, and as yet the bridges between public health and the school curriculum have not been formalised. As a result none of these projects included strategies for integration or implementation into mainstream education, and therefore once completed were discontinued.

As a woman, nurse and educator I had been concerned about sexual health and began working in that field in 2002. During the intervening years little progress appeared to have been made in reducing the rates of STI's & HIV in Viet Nam. As a practitioner in both areas (health and education) I possessed the knowledge and skills needed to create the necessary bridge between the two areas to enable health care and education make the crucial changes identified as being required by the MOET & MOH. As a senior lecturer in a leading university in Viet Nam, the opportunity to study at PhD level was welcome, not only for personal development, but this was a unique opportunity to carry out a project in sexual health education at government level. It also helped to enhance the level of nurse educators, through sharing the knowledge and expertise gained with peers.

Therefore, in developing an appropriate programme for the schools, the possible roles of other health key professionals needed to be remembered. There was, and still is, an expectation that community nurses would be able to develop community-based care services particularly in disadvantaged areas, to work with those with low incomes and who are socially underprivileged. In addition, in response to the growing prevalence of HIV/AIDS and the absence of home care, nurses increasingly try to apply appropriate models of prevention, as well as the skills to provide effective and compassionate care for people and communities living with, and affected by HIV/AIDS. Involving them in sexual health education programmes in schools seemed to be a logical step forward, they are uniquely placed in the community, and the study identified a possible future role for them. However, although used to giving information on a one-to-one basis they have little knowledge of teaching methods or educational theory and would need additional education and training. For this to happen, the Ministry of Health (MOH) and the Ministry of Education and Training (MOET) need to further extend their current collaboration to develop new policies and practices for use in schools.

1.4. Outline of the study

The study contains 9 chapters

Chapter 1: Gives a general introduction to the study, outlining why it was selected.

Chapter 2: Gives the context in which the study took place by giving an overview of Viet Nam including the geography, health care and education system regarding sexual health issue in Viet Nam.

Chapter 3: In this section, there are two parts, the first is the sexual health and HIV/AIDS situation in Asia and Viet Nam and the second is a comparison of the situation regarding learning in the West and in Viet Nam.

Chapter 4: Outlines and discusses the research methods used and key issues such as ethics and ethical approval.

Chapter 5: Outlines the result of the survey of pupils' knowledge and teachers' perceptions regarding sexual health. This chapter also determines the current situation regarding sexual health education in four schools and overall provides the baseline measures for the study.

Chapter 6: Gives the results of the feedback of the initial findings, and the results from interviews with government and non - government officials. In addition, the process of the information concerning the text books and teaching education documents related to sexual health reviewed to identify the detailed content of the sexual health education curricula in these schools will be outlined.

Chapter 7: Contains the conceptual framework of teaching and learning designed to tailor make an education programme in Viet Nam. It also outlines the preferred methodology to be used to enable teachers and pupils to become more actively involved in the learning process.

Chapter 8: Describes the introduction of the conceptual framework to the teachers and their response to it. Also a description of the implications was arising from the findings in the study, including those for nursing education and training as well as for the future.

Chapter 9: The limitation, reflections/critique and recommendations for the study have been integrated into one chapter, as this brings together the key issues regarding the study and its use in Viet Nam.

CHAPTER 2

THE CONTEXT OF VIET NAM

Figure 2-1: The map of Viet Nam

2.1. Geography:

Viet Nam is a strip of land shaped like the letter “S” lying on the eastern part of the Indochinese peninsula. In the West, Viet Nam is near Laos and Cambodia, the East Sea to the east and the Pacific Ocean to the east and south. The country’s total length from north to south is 1,650km. Its width, stretching from east to west, is 600km at the widest point in the north, 400km in the south, and 50km at the narrowest part, in the centre, in Quang Binh Province. The coastline is 3,260km long and the inland border is 4,510km. Viet Nam is a transport junction from the Indian Ocean to the Pacific Ocean and lies in the tropics with monsoon areas and it has been one of the Asian Disaster Preparedness Centres (ADPC) since 2003. Three quarters of Viet Nam's territory consists of mountains and hills. For administrative purposes Viet Nam is divided into 63 provinces and cities.

2.2. Health:

The tropical climate of Viet Nam means tropical and infectious disease are common (MOH, 2008). Although many significant achievements have been made, Viet Nam's health care system still faces many difficulties and challenges, including the central problem of how to improve the health care system to move towards greater equity, efficiency and development in a socialist-oriented market economy (Health Financing in Viet Nam, 2008). Differences in health between regions of the country and the different income groups found in each region have been increasing in recent years. Although the Vietnamese government has made great efforts to improve the health of the nation, there are many problems that still have to be dealt with such as the child malnutrition rate, the infant mortality rate (IMR) and the maternal mortality rate (MMR). These are slower to improve and remain high in the poor, mountainous and remote regions than in Viet Nam as a whole.

Changes in disease patterns show an increase in both non-communicable diseases and communicable diseases which remain high, despite the efforts to reduce transmission and provide effective treatment (MOH, 2008). In addition, some new and/or unpredictable diseases have emerged such as SARS and Avian influenza A (H5N1). Although as the WHO (2003) point out, Viet Nam was one of the first countries to effectively treat SARS, environmental health issues such as medical waste, food hygiene and safety will continue to be major challenges for the health sector in the near future (MOH,2008). However, the pace for revising or amending health policies that are no longer appropriate has been slow.

In 2007, Decree number 188/2007/ND-CP reiterated the responsibility, tasks, and functions of the Ministry of Health in Viet Nam. However, at the district level, the designated model for the organizational structure of the health system has not yet been introduced as many localities have not yet implemented previous decrees (for example Nos. 13 and 14, nor Circulars Nos. 03 and 05). The implementation of actual health policies, strategies and plans has also encountered many problems (MOH, 2008). For instance, the health management information systems are not internally (or externally) consistent, and as a result there is often overlap, duplication and/or gaps in administration. In addition, the system for managing service quality is still only in its initial stages of development and the system for the inspection of service quality in both the state and private sector remains weak. Similarly, the potential role of the medical associations in managing the quality of medical and pharmaceutical practice has not yet

been fully developed, and drug price controls continue to be adjusted to reflect international price increases, as global inflation begins to impact on Viet Nam.

2.3. Population:

As in many developing countries, the population in Viet Nam has a very high percentage of young people, with over 45 million out of a national 86 million (52.3%) between the ages of 5 and 19 alone (Ministry of planning and investment, 2011). This demographic has major implications for both health and education, in health terms, childhood illnesses are a major concern, and in education terms a considerable proportion of the national budget has to be spent supporting the education of those under 18 years old. This situation arose in part because in 1986 Doi Moi (literally translated as the period of innovation and renovation) was introduced as the Vietnamese government moved towards initiating a market forces led economy. This led to major new health policies, and since that date there have been significant reductions in general, maternal and infant mortality rates (MOH, 2005). Recognizing the impact of this on the population and national resources, the Vietnamese government has placed a limit of two children per family with a mandatory 3-5 years between the births of the two children. Failure to comply with this ruling results in a system of fines and lack of employment promotion. However, it is difficult to enforce, particularly in rural areas, where traditional patterns have been to have more children. The current population structure has major implications for society as a whole, and is a challenge for the Vietnamese government who are trying to cope with rising living standards and the expectations of the young people themselves. At present the ratio of young to older people is such that care can usually be provided for elders within the family, as this young population ages, the problem of caring for older people, now evident in the West is likely to arise in Viet Nam (Figure 2-2).

Graph 1: Viet Nam's population pyramids in 1989 and 2009

Figure 2-2: Viet Nam's population pyramids in 1989 and 2009 (Ministry of planning and investment, 2011)

The social economic climate has also changed since 1986, with Viet Nam now recognized as one of the leading emerging economies. The impact of the West on Viet Nam has been most obvious in the last decade, with the sudden influx of companies seeking cheap labour and bringing with them the technology needed to support their industries and communication with their home country. In consequence, Viet Nam has undergone a major technological revolution in under ten years, with television, mobile phones and internet access now taken for granted in many areas. However, many other aspects of life have not kept pace with these changes and thus, Viet Nam is a country of contrasts. Today, 90% of the population still live in rural areas, and this is where most of those in poverty reside but there are increasing problems in cities as more people migrate to the more industrialised areas.

2.3.1 Youth, their place in the community in Viet Nam :

As the section above illustrates, young people in Viet Nam make up nearly a half of the population of the whole country. Whilst the Vietnamese government has accepted the reasons behind this, and have implemented measures of population control, until very recently little attention had been given to the needs of the young people themselves. In traditional Vietnamese culture the longstanding Confucian influence meant that the, young people in Vietnam are seen as 'belonging' to their parents, and directly under parental control. The concept of a 'youth culture' as described by Nilan and Feixa (2006) and found in countries such as the UK is alien and unknown to the societal structure in Viet Nam. Young people are still expected to respect the hierarchy but since Doi Moi the economic and societal pressures have begun to erode the traditional way of life. For the first time it has become permissible to access the outside world, and in the last five – six years, since the advent of mass access to technology and the internet the situation has begun to change, almost by the day. The result of this is that although they are still brought up in a tradition where the family is of prime importance, the expectations of the young person are beginning to change. There is still a strong family identity; it would not be acceptable to place an elderly relative in care, and young people are expected to take their turn in caring for relatives who are ill or in hospital. In Vietnamese society, caring for each other is part of life, indeed when the Dutch and UK project workers for the main project visited hospitals, the young healthcare workers were shocked that in western hospitals strangers (nurses) provide the intimate care for sick people.

Young people are in the position of spanning two worlds, they are torn between what they have been taught to revere and what they see every day on the internet. The

programmes accessed tend to be glossy ‘soaps’, films from the US, Australia and the UK, and online games. All of these are accessible via satellite which is increasingly available across all areas of Viet Nam. English (or American English) is now taking over from French, Russian and Chinese in part because now pupils can choose the languages they learn, and in part because the universal language of the internet is English.

The young people of today are still not seen by the older generation as a group in their own right, and they are struggling to find an identity that delineates both their Vietnamese traditions, and the way of life they would like to embrace. The problem is that what they see is not reality, and thus they are trying to build a world for themselves that does not exist. For the first time there is dissent in the family, with parents who (just as in Western countries) are not quick to adapt to new technologies, and are puzzled by the teenager they now live with (Chi 2009). They do not have the insight or experience to cope with what they see as rejection of themselves and of Viet Nam’s traditions. They cannot understand why their children wish to leave the familiar way of life behind and search for new avenues and ways to live (Thang 2004). They are now in the position, familiar to Western nations and recorded since the days of Socrates of saying ‘what shall we do with the younger generation?’. These differences are more evident in the predominant poorer rural areas. In some ways Viet Nam is beginning to reflect the changes that came with the industrial revolution in the UK in the 19th century with young people leaving en mass to try to find work in the cities. Just as happened in that instance, the rising level of migration means that there are now many young people who cannot find the work they hoped for, because just as with the previous industrial revolution, their education has not prepared them for the needs of the new industries. There is however, one major difference; today, mass access to high technology repeatedly reminds them of what they wanted but do not have, and they continue to seek what they think would be a better way of life.

There are indeed far more opportunities than in the past when there were very few possibilities for economic independence, and information was confined to local news as dispensed by community officials. Life focused on survival and was inward, not outward facing. Questions of social mobility did not arise, individuals were born in a position that they would remain in until they died. For the youth of today, this is not acceptable, they have learned to look at a wider world, and whilst their parents would like to retain their (old) world and are increasing trying to enforce this, the door cannot be closed (Thanh 2010). One major area of change that causes considerable family conflict is that of

sexuality. The concepts of love and sex were universally agreed and accepted with sex belonging inside marriage. It was not a subject for discussion; the young couple, once married would learn to live together and raise their children (Anh, 2002). However, as in many countries, there were clear differences between male and female, and whilst chastity for both sexes was revered, there was not the same shame for boys found to sexually active, as there was when a girl was seen as having let down her family and community (Chi 2009). To some extent this difference still exists.

These changes are not without cost; youth today are more influenced by peer and informal networks than formally (Anh 2007). They are more aware of their own sexuality with those who have chosen to undertake further study tending to have a slightly higher age for their first romantic relationship than those who leave school and immediately enter the workforce. However, for both groups, it is still earlier then before they had access to high technology. Linked to this, there is professional concern that instead of developing personal social relationships, the young people are focusing on internet relationships and networks. Yet this is the time when they should be learning how to develop their social networks and relationships for their adult life. There is also a fear that not only will they have limited life skills, but that they will acquire a distorted view of life. There is no control over internet access, and youth leaders are anxious that rape and violence are becoming more acceptable because they are seen repeatedly in films, 'soaps' and games. Prostitution is often portrayed as acceptable and glamorous and for the first time in Viet Nam there are examples of young girls being sexually traded by their peers for financial gain (My, 2005 and Thanh,2010).

For young people whose parents still retain traditional practices making the change through transition to the more modern model is difficult. Whilst they wish to follow the Western style of life that has come with industrialization, this means a change in gender roles, something that conflicts with their home life. In the rural areas where the role of the women is still the traditional one of housewife and mother, the idea that women can work independently and have successful careers, is still just an idea. The differences between the two worlds are less pronounced in urban areas, but the changing role of men and women may have been accepted in theory in the cities, but in practice, there are still role and value conflicts. The result is that women feel pressure to conform to traditional values whilst trying to live up to the expectations of their new roles, and this can lead to frustration and confusion (Goodkind, 1994). As Johansson (1996) points out, girls still have more tasks to carry out within the family than their male counterparts, within rural areas, girl children spending much more time helping their parents than boys.

There is another major change, the new industries and employment opportunities need a more highly skilled workforce, and this places additional demands on the education system. Longer and more varied periods of education are needed, and as the young people see the possible career opportunities they are choosing to marry later. This does not mean they are not interested in relationships with members of the opposite sex, but that they do not want to make an early, permanent commitment, a very different situation to the traditional patterns and practices. This too means areas previously not covered in the education system need to be addressed, and in some detail, if the sexual health of these young people is to be protected. As in the Western world, young people are very good at accepting and using new technologies, and one of the biggest influences on them comes from accessing western television and media programmes. The young people are increasingly exposed to a more overt form of sexuality through the media and their ability to surf the internet. At the same time, in many families the subject of sexuality remains taboo and formal (in school) sex education for young people is still based around the traditional norms and values of Vietnamese society. There is in consequence, a big gap between the expectations of young people and those of their parents. National surveys (Second Survey Assessment on Vietnamese Youth (SAVY II), 2009) revealed that more young people are engaging in sexual activity at an earlier age. However, parental expectations are that Viet Namese women will still be virgins when they marry and young men too should remain “pure” and “innocent”. In contrast to many western societies, until recently, in Viet Nam, as in many Asian countries, adolescent, premarital-sex was not seen as appropriate, and therefore the subject was never discussed. However, recent in depth studies on adolescent sexual and reproductive health undertaken in some countries of Asia have revealed that this situation is changing and pre-marital sex is clearly on the rise (Bhakta, 2002). The increasing peer pressure on young people to be sexually active has been recognised for more than a decade (Population Council at al., 1997) with Nhan and Hang (1996) pointing out the contradictions young people were experiencing. They argued that the changed situation was now here to stay, and that without adequate knowledge, young girls were being increasingly put at risk. They were put under considerable peer pressure to have sexual intercourse, but did not know how to protect themselves or how to negotiate for safer sex with their boyfriends. Their view was supported by The Centre for Population Studies and Information’s (2003) report which stated that knowledge of contraceptive methods among young people age 15-18 was not adequate, with for example only 15% of young people knowing how condoms can help to avoid sexually transmitted diseases, or how to use

them. However, there has still been no review of the curriculum and no government edicts to support the need for more sexual health education.

Inevitably, accompanying increased sexual freedom to come a rise in sexually transmitted diseases. In Viet Nam in 1997 there were 576 reported cases of reproductive tract infections amongst unmarried young people, but by 2001 it had risen 14 fold to over 8,000 cases (Centre for Population Studies and Information, 2003), and today it is still rising. These statistics are more likely to be under estimates than accurate representations of the actual incidence because there is considerable stigma around such infections in Viet Nam. The use of the term reproductive tract infections (RTIs) may be a more socially acceptable term, but this further clouds the picture as it is difficult to establish what percentage of these are sexually transmitted. The result of societal attitudes and fear of stigma discourages single young women and men from seeking sexual health checks with the result that only 5-10% attends public health clinics for diagnosis and treatment. For the remaining 90%, the only source of help is the private clinics where confidentiality is assured, but these cost much more money, and they wait until they can afford to go. This means that infections may go untreated for long periods of time, and that has inevitable consequences for future fertility. As national statistics are based on patients attending for other problems but also diagnosed with STIs, (national clinics do differentiate between STIs and RTIs in their report), the figures are therefore based on a small percentage of the population at risk. With so little accurate data it is difficult for planners to develop effective programmes for the young people of the country. The rate of abortion in adolescents is now raising with 2.2% of all abortion cases in 2010 being for those under 18 years of age (MOH, 2007). The rate of premarital sex amongst adolescents who had little knowledge of knowledge of sexual health was found to be below 10% (Survey Assessment of Vietnamese Youth 2 (SAVY2, 2010). However, this too was based on those attending public clinics so is likely to be a considerable under-representation (ASEAN Inter-Parliamentary Assembly (AIPA), 2011).

Until the 1990's there was little sexual health education in schools, but as society moves more towards a Western model with increased sexual contacts between young people this issue becomes of increasing importance. There is considerable concern amongst health providers, supported by research such as that given above, that the youth of Viet Nam have far too little knowledge and understanding of sexual health and specifically the prevention of sexually transmitted infections (STIs), HIV/AIDS and unwanted pregnancy and abortion (Centre for Population Studies and Information, 2003, SAVY 2010). Without sexual health education there will be no containing the continually increasing numbers of

unwanted pregnancies, abortions and an increasing spread of STIs and HIV/AIDS among the youth, resulting in an increasing national problem and crisis in care services. The future well-being of youth and the future of the country are integrally bound up with the education services. The school more than any other institution, forms the bridge between traditional and modern life. Education has to prepare children and young people for their roles, both in the community and in the family, and has the ability to reach further into the community. Preventive education for the community, coordinated through the medium of the schools, allows provision of coordinated messages to reach both the community and the school populations.

2.4. Educational System in Viet Nam:

The traditional goals of education of Viet Nam have been to train young people, providing them with an understanding of the Vietnamese culture and society, giving them an understanding of morals, knowledge, physical health, aesthetic sense and professional responsibilities. They were, and the emphasis in schools still is on training pupils to be loyal to the ideology of the national identity and socialism; to shape and cultivate their personality, their qualities and abilities to meet the needs for building and defending the Fatherland.

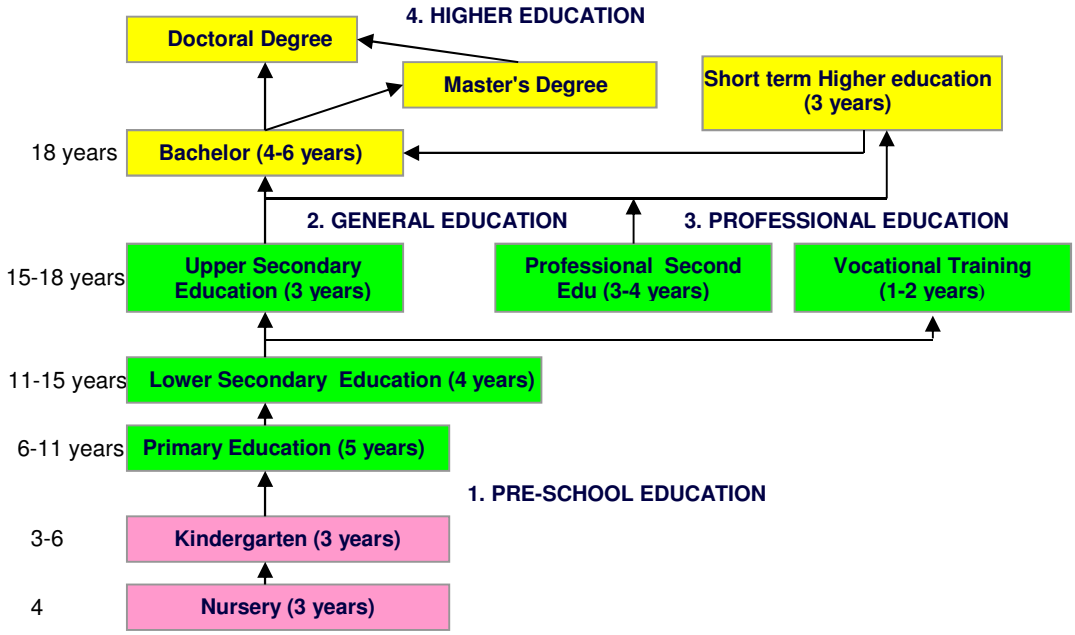


Figure 2-3: Education system in Viet Nam

As the above diagram shows, the education system is divided in four areas, pre-school, general education, professional education and higher education. Primary and lower

secondary education are compulsory, and all parents have to make a small financial contribution towards their child's education. In cases of extreme poverty the state will try to help, but it is recognized that in some instances children do not attend school, and although this is not officially acceptable, without further government support this situation will not change. For minority ethnic communities, where the level of poverty has been officially recognised, the rules are somewhat different as they have government provided community facilities and their education is free.

There have been some changes in the education system since Doi Moi (1986). The move from a seeing society as a collective to a market economy has had an influence on general education. Originally totally state organized and run, the changes led to the opening of private schools that cost considerably more to attend than the state schools. These schools initially opened because the state system is organized around progression based on examination results. Children who do not pass the graduation examinations cannot progress to the next level of education or reach final graduation. In response to this, under the innovations following the accepted economic shift, private schools were introduced to enable those that could not complete the state system to continue their education. However, more than two decades later they now serve a different function; they have a reputation for having higher standards and providing better preparation for children going on to the next levels of education than the state schools, so are now used by choice if parents can afford the higher fees.

2.4.1. Pre-school education:

This is not compulsory, but is increasing in demand, particularly in urban areas where in more families both parents are in paid employment. This form of education always has to be paid for by the parents. It comprises:

1. Crèches and groups of baby sitters to care for children from three months to three years old. All those running or involved in this level of care have to be registered and are regulated by the government
2. Infant school and infant class admitting children from three to six years old. This is a more formal preparation for school, and as with the crèches is government regulated
3. "Young bud" schools are education establishments combining crèche and infant school admitting children from three months to six years old. This is a newer initiative that has been developed to avoid the disruption that can occur when children have to leave and restart with a new group at three years. Instead, they

can continue on in the same organization until they are six years old. Again this is government controlled and regulated.

2.4.2. General education comprises:

1. Primary education is for all children from six to fourteen years old; it is conducted in five school-years from the first to the fifth form. The age of pupils admitted to the first form is six years, and before leaving this level of education all pupils have to take graduation examinations.
2. Basic or lower secondary education is also compulsory and is conducted in four school years from the sixth to the ninth form. Pupils admitted to the sixth form must have a graduation certificate confirming attendance at primary education and that they have passed the graduating examination. They must be eleven years old.
3. General secondary education is not compulsory; it is conducted in three school-years from the tenth to twelfth form. Pupils admitted to the tenth form must have the graduation certificate of basic or lower secondary education and be fifteen years old.

In reality, there has been very little research into the education management system in Viet Nam over the last 20 year. However, Thuan (2010) having recognised the problems, is in the forefront of those attempting to bring about change. He points out that at macro-management level the MOET has considerable power regarding management, and their functions are presented by law, policies, guidelines and inspection of the education programmes. The problem of coordination between MOET and management levels in local levels for implementing and reviewing the education programme is formulaic with too many people in the MOET being involved in specific activities or management functions. This lead to the division of responsibilities, overlap and gaps in administration. Thuan (2010) argues that the result of this is that there are no clear mechanisms in terms of formulating the education policies between agencies. The accuracy of this view became evident in the findings from within this study when some modules designed for young people to learn about sexual health were not even used despite having been piloted successfully. They were developed by Non-Government Organizations (NGOs) with overseas funds but without formal support from key personnel in the MOET, the programmes were not implemented in the long term.

Understanding the processes involved in an education development plan in Viet Nam clarifies what real power, if any, the school has. In the first step, the programmes are

developed by a school in a province/city and then submitted to the DOET (Department of Education and Training) and the BOET (Bureau of Education and Training). These official agencies review, adjust and finalize the programme, collaborating with the relevant sectors to review, correct and submit it to the province/city's People's Committee for approval. Following this, if it receives approval, it then goes back to the original DOET and BOET before being finally submitted to the MOET. This means that the programme for education development can go backwards and forwards between the schools to DOET and then to BOET for some time. Unfortunately, in some cases, this process takes so long that the approved plan/ programme may no longer meet the actual needs of the school (Thuan, 2010).

When considering how complicated and bulky the education management system is, it becomes obvious that the powers of the DOET and BOET to manage upper secondary schools under the jurisdiction of the MOET are somewhat complicated and give little clarity regarding to the regulation of organizational structures. Perhaps not surprisingly, Thuan (2010) concludes that the decentralization of the education management systems in Viet Nam was not school centred, but is management centred, making it harder for schools to move forwards and meet the changing needs of their pupils.

Decentralization is a problem at the school level with the schools dependent on the higher level authorities for their budget, personnel deployment, curriculum, teachers and student's outcome assessment and examinations. There is little autonomy, and teachers become discouraged by the processes they need to follow to change what they teach. Even though, there are some new management models of education and training that have been established in private schools, the curriculum of every school in Viet Nam is the same, with an official statement that "*the whole country has a national curriculum, only approved textbook are to be used across the region, and for all targeted student*s" (Thuan 2010:9). As a consequence of this problem, the quality of teaching and learning in Viet Nam at the moment is based upon a national, traditional and established approach, with little recognition of international trends, even though these are impacting on the pupils.

Increasingly, Vietnamese researchers (Thuan, 2010; Hoa, 2008; Lap, 2010) propose school based management systems, but there is no mechanism to implement or monitor such a model, and without such processes, it is doubtful if such a change would be successful in Viet Nam (Thuan, 2010). In reviewing and analysing the structure of education management systems in Viet Nam there is strong evidence to support the

removal of some stages, retaining only submission of any new programme to the DOET before piloting and then submission to the MOET after the piloting is complete. Shorter steps would make the framework function more effectively in terms of the current practices, and would prove less daunting to teachers.

2.4.3. Professional education comprises:

1. (Elementary) Job training, this is reserved for those having not successfully completed secondary school, and is specifically designed a training for specific jobs. There are two possible training programmes, one which takes less than one year, and is regarded as a short-term job training programme, and one which takes one to three years and is regarded as a the long term job training programme.
2. Secondary Vocational education which takes two years for learners who have the graduation diploma from basic/lower secondary education, and from one to two years for those having the diploma from general secondary education. For those leaving school without either diploma from secondary education, this type of further education is still possible but then it takes 3-4 years as they first have to gain an entry level qualification.

2.4.4. Higher education comprises:

1. College diplomas, these take three years and are for people who have a diploma from either general secondary education or from vocational secondary education.
2. University bachelors, these degrees take from four to six years depending on the profession or future employment and are for those with a diploma from general secondary education or a diploma from vocational secondary education. For those who have a college diploma in the same subject area, it is possible to undertake a shorter course and graduate in one to two years.
3. A Master's degree takes two years and is for people who have a university bachelor degree.
4. Doctoral degree training takes on average four years and minimum entry is a university bachelor degree. For those with university master's degrees the time can be shortened to two to three years. In special cases, the time for training the doctorate may be extended, but for this formal approval has to be given, following the guidelines prescribed by the Ministry of Education and Training.

2.4.5. The Non-formal education:

Non-formal education is the term used to describe any education or training designed to help individuals in their work. This is aimed at broadening knowledge, elevating cultural, specialization and professional standards in order to improve their quality of life help them to find a job and adapt to social life.

Establishments providing non-formal education are

1. Permanent education centres, these help those who failed to pass school examinations to have a second chance to gain skills or increase their level of education and so improve their job prospects. For example, in Viet Nam, the people need to pass at school examinations at grade 9 to receive a certificate giving them entrance to attend a higher level of education (upper secondary schools). For all but the small number who can afford private education the remainder the permanent education centres are their only chance to extend their knowledge and skills and gain the grade 10, 11 and 12 that open the doors to better jobs.
2. General education and vocational secondary schools, job training centres, colleges and universities.

Today, the use of internet and media to support learning is becoming increasingly popular, with more and more universities and colleges developing distance learning packages to enable people who are working but want to move on, to learn from home and without taking time off work. There are some new collaborative projects at master level between industry and education for implementing high technologies. It is hoped that if successful this approach will be developed further, and become an integral part of education and training.

2.4.6. Teacher training:

The quality of an education system is dependent upon the quality of teaching. The motivation and behaviour of teachers are key determinants of student achievement, and these, in turn, depend upon teachers' qualifications and other characteristics. The definition of what is a "qualified" teacher is specific to each nation, and in Viet Nam today, a teacher in primary and lower secondary education is expected to have graduated from a college-level teacher training institution, and in the case of an upper secondary school teacher, to have graduated from a university. The rate of standard (qualified) teachers at the levels of primary, lower secondary and upper secondary education in 2010 was 73.6% but this still left teachers at all levels who did not have the appropriate level of qualification (Thanh 2010). The proportion of qualified teachers tends

to be lower in the South than in the rest of the country but government policy is to increase the proportion of fully qualified teachers in all regions.

Since the introduction of *Doi Moi*, a number of changes have occurred that have had an impact on Viet Nam's system of education, and through that are impacting on teacher training. The transition from a centrally-planned to a market economy implied new self-reliance on the part of all Vietnamese, something not taught in schools where the emphasis was on duty to the state and the family, not individuality. For the first time, since reunification, the government could no longer be relied upon to provide civil service jobs for all who graduated from secondary and tertiary institutions. However, once the "shock" of *Doi Moi* wore off, individuals began to see opportunities in the newly opened marketplace and believed that education held the key to unlocking these opportunities (Hoan, 2003). However this meant that the education system needed to be reformed. Thanh (2010) who reviewed the system in Viet Nam, states that the result of this is that currently it is in a state of change from teacher training, based on traditional Confucian teaching approaches, and where in principle, only teachers training institutions have the right to train teachers. As a first step in the change process some major universities have now been allowed to establish teacher training departments of their own. In Viet Nam, however, currently they are bound by a training system designed to produce teachers to pass on knowledge rather than interact with their pupils.

Teachers are trained for the specific levels of education and subjects they will teach, for example, at the primary level, a teacher must be able to teach all subjects, at the lower secondary level, a teacher must be able to teach one main subject and one more extra subject, and at the upper secondary level a teacher can teach only one subject. They are registered at the school in which they will teach only for the agreed subjects. The present qualifications of teachers are not very high, and need to be raised to provide better opportunities for pupils. The aim is to standardize teachers training by providing university-level education for teachers of all levels in the not too distant future. In the meantime teacher educators in teacher-training universities and colleges have to be graduates with recognised teaching expertise or to have trained overseas (Hoan, 2003). These educators may have studied more interactive learning methods, but faced with the task of preparing teachers for large groups of pupils, have continued to place emphasis on ensuring that all pupils receive all the knowledge, which maintains the status quo. As a result, today, the majority of teachers are using the traditional teaching method such as the chalk-and-talk approach or one-way lecture, and not the new teaching approaches such as learner-or child-centred approach, child-to-child approach, problem-solving

approach, teaching with cases, etc. At the same time, they have a poor knowledge of foreign languages and information technology (IT) and so they cannot apply IT well to their teaching activities (Thanh 2010).

The type of training currently provided is meant to provide intensive full time training in central and local teacher-training institutions under the national unified training programmes developed and issued by the MOET. The have been designed to meet the requirements of teaching the national curriculum, using agreed textbooks and to keep pace with the general trends in education across the region and all over the world. There is an increasing emphasis on new methodologies, but this is for new trainee teachers and does not address the problem of those already trained and currently teaching in schools. For this group which is in fact the majority of teachers, additional training is needed, but this is in itself problematic. Additional training for teachers in Viet Nam is mainly self-training, but there are some government offered training days and short courses. However, these tend to be in the summer holidays, and the sheer distances involved make it difficult for teachers to access what are often centrally run training courses. In addition there is no tradition of mandatory ongoing education and training, and despite government efforts, there are severe shortages of teachers in all levels of education. Teachers often find it difficult to be released to even attend the periodic days that MOET organise (Thanh, 2008). These are usually to introduce specific issues such as national curriculum changes, new educational policies or new textbooks, and an inability to attend can leave teachers struggling to introduce changes they have not fully understood.

The problems identified as resulting from a lack of qualifications and limited training include poor self-knowledge, poor subject knowledge and limited knowledge of students in a multicultural, multi-religious context; levels of low managerial skill and poor pedagogical competence, lack of reflection and the ability to be self-critical (Hoan,2003 & Thanh,2010). Yet Thanh (2010) argues that such problems undermine the hallmark of teacher professionalism, and urgently need to be addressed. In addition, he states that teacher training institutions are poorly equipped with outdated facilities and training methods and are lacking in systematically and scientifically written training materials; all of which result in a mismatch between the demand for expansion in size and improvements in quality of education. There are other issues that also need addressing; the standard of the training programmes themselves has been criticised as many still have a main focus on theory not on practical teaching skills. Few libraries have research about education, and as many teachers remain in the same institution for many years,

there is a type of 'Academic inbreeding' which inhibits change and adversely affects the development of research environment in training institutions (Hoan, 2003 & Thanh, 2010).

Once the teacher has qualified in many instances they receive no induction training, no school-based in-service training and no teacher development, with some schools demonstrating a lack of clearly articulated and coordinated student learning outcomes at the institutional level. Few programmes are evaluated in any other format than final examinations, and as a result, institutional effectiveness is not based on student learning or understanding but on formal repetitive outputs. As a result, many schools have little motivation for change since few incentives or rewards are given for innovation and programmes are quantitatively measured. Indeed, the problems faced by Viet Nam in the field of teacher training are such that in 2012 the Asian Development Bank announced that it would provide $90 million to strengthen and improve the capacity of teachers and teacher training in Viet Nam.

2.4.7. Professional development:

As the education of adults began to develop, terms such as education permanence, lifelong education and recurrent education began to be used by professional education and training bodies in developed countries as the importance of continuing education and training became increasingly accepted. However, the term created considerable debate in the late 1970's and early 1980's, as different groups used it to cover different activities, some part time and some full time. Today it encompasses all forms of professional education, which occurs after initial education. Yet confusion between continuing education and further education can still occur, particularly in countries where the concept is new. According to Jarvis (2004, p.48) further education differs from continuing education for a number of reasons, although it may be post-compulsory (after or following a compulsory training), it is not necessarily post-initial professional education. Also, it tends to imply a specific level of study whereas continuing education can be at any level, as it can be pre-vocational, vocational or academic. Finally, further education tends to be designed to meet course assessments or awards, while continuing education need not be directed towards any formal assessment.

For professionals who are working in areas where qualifications are very demanding and in today's changing world constantly need updating, continuing education is crucial if staffs are to maintain their professional knowledge and develop their professional competence. The participation in regular learning activities is usually referred to as continuing professional development (CPD) for most professions including nursing and education or for medical doctors continuing medical education (CME). CPD and CME

consist of any educational activity which helps to maintain, develop or increase knowledge, problem-solving, technical skills or professional performance standards. The goal is to improve practice, and can include formal activities such as courses, conferences and workshops, as well as self-directed learning activities such as directed reading (Quinn and Hughes, 2007). Any continuing education programme has specific standards for both the education providers and participants, including preparatory tasks and ideally is regulated by an official authority such as a registration board. However, in Viet Nam this concept has yet to be developed, for most professions there is no system of registration, and no mandatory updating or on-going education requirement.

According to Steeves (1965) acceptance of the need for CPD and CME needs to be actively developed in the initial training curricula if it is to be sustained by qualified professionals, and this in itself is a challenge for Viet Nam. The current education and training programmes need to include this concept in their curricula. However, to do this, those who write the curricula (and submit it to the government) also need to understand the principles of CPD and/or CME. Thus, a train-the-trainers programme is needed, and although the government recognises the need to introduce continuing education, there are few such training courses available. Although this situation is slowly changing, and newly trained professionals may well be aware of the need to continue to learn, this does not solve the problem of those already qualified.

The majority of teachers in schools have never been asked to consider the need to study further. They may have attended specific courses, but there is no formal assessment of competence once a teacher has qualified, and no peer assessment either. Few have tried to undertake further study, and the cost and problem of being released from the school mitigate against their doing so (Hoat 2008). There needs to be a major change in attitude both in the teachers themselves, and in the managers of schools if professional education and training are to be effectively introduced. This project could be seen as a first step in this process, particularly as it has both government and school support.

2.5. Health care in Viet Nam:

There are major health challenges in Viet Nam, as with many developing countries. Since 2001, a series of policies have been issued on health issues ranging from strategic levels to specific sub-sectored interventions (MOH 2010). These have been supported by International aid from multinational and bilateral donors. This has included WHO recognising the diverse issues arising within the domestic health sector, have become involved in a range of concerns. By 2007, there

were 1003 hospitals, 825 general clinics; 18.1 beds per 10.000 habitants, and life expectancy had increased to an average of 72 74 years old respectively. The infant mortality rate is decreasing from 31.13 per 1000 live births in 2000 to 20.9 per 1000 live births in 2011 and child immunization rates has now reached 89%. National strategies have been implemented to improve the quality of health services and their effectiveness and efficiency. These changes demonstrate the commitment of the government to improving the health of people in Viet Nam and are seen as very important achievements in a relatively short time.

Preventive medicine has also been promoted by the government with health facilities aiming to focus on surveillance, early detection and treatment of disease (Ministry of Health (MOH 2008). As a result Viet Nam was the first country to effectively bring the spread of the SARS under control, but is currently battling with other diseases including the rapid rise of HIV/AIDS that has occurred since the opening of the borders. In such a rapidly changing environment, it is essential that more intervention programmes are developed to empower the youth and enable them to make informed choices regarding their health and social behaviour. However, for this to happen healthcare professionals need to develop the skills necessary for health education and health promotion, and in addition to government initiatives, the WHO interventions include adolescent health, sexual health and health promotion (MOH 2010).

In the past all health care was free, but as in other countries the increasing developments in medicine and the increasing demand from the public has meant that this could not be sustained. Between 1975 (time of re-unification) and up to 1986 (Doi Moi), the trade market mechanism was slowly being introduced into the socialist system which existed across the whole country. The government still controls the systems and types of services provided, including both curative and preventive medicine. Before 1975, Viet Nam had no health insurance system but since that time the government has developed a system of insurance for certain vulnerable groups, this includes mothers and children under 6 years old and older people. For these groups, health care remains free funded by the government insurance. However for all other groups' health care must now be paid for at the point of delivery. The changes after 1986 have been considerable, as at this time the private health sector began to develop. This new form of service quickly became popular and now is seen as providing an increasing role in health care provision (Hoat, 2008). However, perhaps the greatest changes were in the increased drug provision and improved health care equipment. These together with advances in medical care have led to greater possibilities and consequently a, change in the demand for, and delivery of health care services. However, as with education, there has been

little change in the formal government structures (figure 2.4), which were established in 1945 after the war of liberation from France.

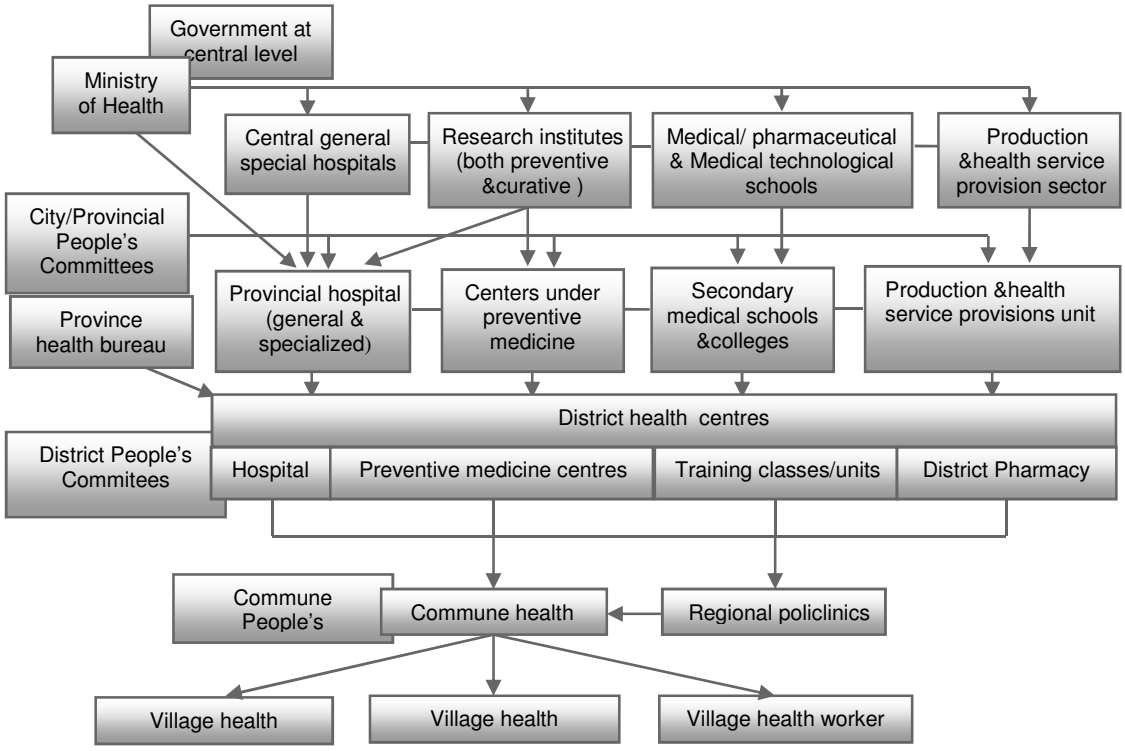


Figure 2-4: Structure of health system in Viet Nam

Source: Department of Organization and Manpower, Viet Nam Ministry of Health, 2006

The top level is the Ministry of health (MOH) and the lowest level is the commune, and where the professional components of service are decided by the MoH (at central level). Each commune includes between five and twenty or more villages within a radius of around 10 kilometres from the commune centre. The middle levels are represented by the province health bureau and district health centre respectively. Each level from central to district includes four components. The curative vertical lines descend from specialist hospitals, through provincial to district level, and there are a number of specialized research institutes with patient beds at central level that focus on one speciality, such as peadiatricts, obstetrics, tuberculosis, or gerontology.

The vertical lines for preventive health are represented by medical institutes at central level, colleges, secondary schools and training centres (such as the National Institutes of Nutrition, of Hygiene and Epidemiology, of Malarial studies, parasitology and Entomomology), through preventive medicine centres at province level to preventive medicine teams at district level.

2.5.1. Public Health:

Currently, in Viet Nam, the term public health has two components. The first and most widely recognised is its role in describing the health services provided for the public. This usage of the term arose following unification when public health services were developed nationally. It was continued after Doi Moi when, with the move towards capitalism and links with other countries, the term was used to indicate state services rather than the newly introduced private health care services. This element is so well accepted that today when official websites are accessed, the term public health leads to information regarding health services for travellers visiting Viet Nam.

The second component consists of hygiene and epidemiology, and encompasses the epidemiological based medical health interventions designed to contain and reduce infectious diseases and improve public hygiene. This is exemplified by the fact that the National Public Health Institute is in fact the renamed National Institute of Hygiene and Epidemiology. The field that most closely resembles public health as perceived in many developed countries being Population Health (CDC 2011). Initiatives in population health tend to be organised and monitored by The Centre for Disease Control & Prevention established in 2001 (CDC 2011).

The type of public health found in developed countries is a fledgling field in Viet Nam with currently, only a few programmes and facilities which can in no way adequately meet 'the challenge' of improving the health of the nation (Hanoi school of public health, 2012). As links with other countries increased health care professionals became interested in the ways in which public health was understood and delivered in more developed countries. This led, in 2002 to the establishment of the Vietnamese Public Health Association (VPHA), an independent non-government organization based in Hanoi. Members of the Executive Board of VPHA are leading health experts working in what they hope will become known as the field of Public Health in Viet Nam. The network of the VPHA has been developed and expanded, and today can be found in nine of the provinces and it continues to develop new offices nationwide. It has now become an official, but independent member of the Vietnamese government. The VPHA has two main aims. Firstly, the development of inter-professional and multi-disciplinary collaboration and secondly, the acceptance of health professionals as public health workers in community based activities. Its mission is focused on cooperative and mutual assistance to providing a means for sharing ideas, knowledge and information, to advocate for public health policies, development, research and training. In other words is adopting a holistic approach to public health. However, it has still to formalise its terms of

reference, and is currently working on setting its national and local priorities. It is anticipated that over the next decade it will begin to play a formal role in developing and maintaining holistic public health activities.

Given the fledgling nature of the VPHA it is not surprising that at the time of this study it had not started to work in the field of sexual health education. This has remained in education and is, for the present, outside their remit. Only when the profile of an area of concern has been raised will external funds be attracted and Viet Nam is still dependent on outside aid to achieve health improvements. Therefore an area that has already had major international funding since 1997 and where the government is already playing a key role is less likely to be a lead activity for the VPHA. However, the lack of strategic planning or integration of the many projects into mainstream curricula is causing concern and it is therefore likely that the near future they will play a more active role, in the planning stages, if not in the implementation of new projects in sexual health education for young people.

The logical role for the VPHA is to link with organisations such as UNFPA at a strategic and policymaking level. Also support initiatives to train the trainers at both central and provincial levels, and to guide the development and implementation of National Standards and Guidelines for reproductive and sexual health. The VPHA accepts that it is difficult to make efficient and effective links between UNICEF, UNFPA, UNESCO and the Ministry of Education and Training (MOET), as the evidence suggest that they do not work together in the field, and do not share ideas or even project reports. The VPHA needs to work to coordinate the currently fragmented projects and interventions, working to remove the stigma and discrimination that prevent young people accessing sexual health services (UNESCO, 2010).

There is another problem for those seeking to introduce public health activities. The system for decentralization introduce after Doi Moi has affected service provision across the country. While it empowered the provinces and districts, enabling them to focus on their own communities, it had the disadvantage of breaking the links which standardised and sustained programmes on a national level. The government has accepted that provinces and districts decide which services and activities are appropriate. However, in many areas, the local officials follow traditional patterns and practices, with the result that there are few sexual health education activities and programmes for adolescents (Hoat 2008). It is hoped that as the VPHA strengthens its position, it will be able to reintroduce national links and networks and through this, help to implement public health services

that include young single people. A copy of the final report from this project will be submitted to the VPHA as well as the MOET and MOH, as they have expressed interest in all projects that are based in preventative and/or public health.

2.5.2. Changes in Health insurance:

Until 2005, the government health insurance covered only those living in poverty it was a major change in 2006 when the Vietnamese government allowed all households to become involved in the scheme, and health insurance has continually expanded. By the end of 2007, there were approximately 36.5 million people at national level with health insurance (about 42% of the total population) (MOH, 2007). As a result, providing care is now provided by many non-public health facilities with the insurance reimbursing the patients. Today, 70% of commune/ward health stations received some insurance reimbursement for their services. The subsidy documentation has been introduced and people now pay monthly health insurance premiums. For those who have the right to some social benefits the amount paid is equivalent of up to 3% of the current minimum salary. However, 50% of the minimum of health insurance premiums for members of households living in or near poverty was contributed by the state budget, so enabling some disadvantaged target groups access medical services.

2.5.3. Overseas Aid:

Viet Nam received both grants and loans from global partnership organizations and private philanthropic orgnizations after 2000 with the objective of helping to control global epidemic threats such as HIV/AIDS, TB, and malaria.

Figure 2-5: Structure of external aid commitments for health included with permission from the MOH

Mother and child care have received the most support from funds in past few years, although hospital services, other primary health care services, and communicable disease control (Figure2-6) have also been supported.

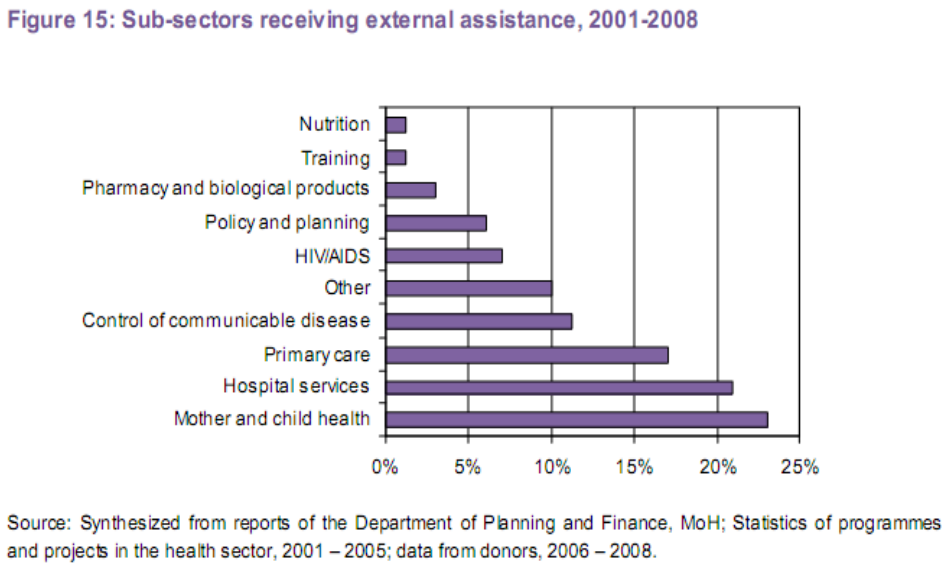


Figure 2-6: Sub-sectors receiving external assistance, 2001-2008 included with permission from the MOH

Now, the orientation of the support is changing to focus on training and development of human resources for health. It is a challenge to manage this aid, the development strategy of the health sector in Viet Nam lacks clarity for donors. There is a lack of clear guidelines and lack of awareness of the regulations the donors need to adhere to and the link between external assistance funds and the state budget also needs to be clearer. In consequence, the public administration of overseas aid contains many inconsistent and unclear points, leading to prolonged delays in the process of reviewing and approving plans, and in procurement. These limitations mean that project disbursement averages out at just 50-60%.of a total budget. The MoH together with some donors have implemented some sectoral evaluations and developed performance indicators (JAHR report 2008).

In the past, NGOs supported grants for preventive programmes regarding HIV/AIDS in adolescence. However the lack of a formal structure to incorporate project outcomes into existing health education service means that after completation most activities are not implemented into national programmes, and they lead to few long term benefits (MOH, 2006). As a result, sexual health education in Viet Nam demonstrates that even where there have been many projects designed to help improve the knowledge, attitude and skills of young people, there has been little impact on the target group. Most of these

projects were reported to be successful and were published, but even though the whole teaching programmes were put on the internet after they were completed the projects were not officially recognized and therefore not used by schools. The information is gradually going out of date without ever having been used on a regional or national level. This study differs in that it has been designed with consultation with both the MOH and MOET, and it is designed to provide a vehicle to update teaching methods and help teachers develop strategies to access new information.

2.6. Education and Training for health care in Viet Nam:

The training of health professionals includes medical, pharmaceutical, medical technologies univeristies and colleges at centre level, college and secondary medical schools and training centres at province level and trainning classes or units at district level. The changing logistics of the health sector mean that now production of medical equiptment and drugs is thriving in Viet Nam and the health services include pharmaceutical companies/factories, health facilities and equipment provision.

At commune level, both curative and preventative health services are intergrated in a single facility, the commune health centre (CHC). Four types of health workers are designated to work in each CHC although coverage by all four types of worker is not yet complete, especially in the rural and remote areas. These health workers should include a doctor or assistant doctor, a nurse, a midwife, and a pharmacist or assistant pharmacist. The staff in the CHC provide health services but also supervise the village health workers, a group with minimal training employed to establish an institutionally based organization in the community to carry out preventive health tasks. The challenge for the government is to develop a very large work force of well trained health professional to deliver the care. Currently, despite the major responsibility that they carry most workers at this level have only secondary level qualifications (Hoat, 2008) hence the need for the village workers to support and deliver designated services. The low level of education inevitably influences the quality of care, and Viet Nam is struggling to meet the current needs of the health sector, clearly, more investment in training and human resource development is needed. In addition, the training programmes are not updated regularly and have many constraints. The situation is not helped by the fact that the salary for health workers remains low, and the temptation for staff to move from public to private sector and from lower to upper levels is easy to see.

2.6.1. Nurse education in Viet Nam:

Nursing has been identified as one of the essential services within the health sector, as nurses are seen to be in an ideal position to work in patient education and prevention of diseases such as HIV/AIDS, a key issue for this study. Indeed, the development and provision of a well-equipped nursing workforce across Viet Nam plays a very important role in human resources for health. Strengthening the nursing-midwifery capacity, defining an appropriate staffing structure, developing training capacity and curriculum development were and remain high on the government agenda. In 2003 the ratio of nurses to doctors was well below the WHO recommendations of between 4:1 and 8:1. Viet Nam had 47,587 doctors; 64,375 nurses and midwives including 472 nurses at college and university level (0.7%), 47,368 nurses at secondary level (73.6%) and 16,535 elementary nurses (25.7%); this gave a ratio of Nurses / Doctors of 1.3:1. To redress this, by the end of the decade, it was evident that Viet Nam additionally needed some 78,000 nurses, of which the number of nursing professionals trained at university and college level should be more than 31,000 (40%) (Department of Science and Training, Viet Nam Ministry of Health, 2007) (Hien, 2001). At present, the government of Viet Nam and specifically the MOH has focused on supplying the concrete guidance, and proposing the investment solutions in national and international terms to improve the quality of nursing.

Currently in Viet Nam, nurse education and training is given at four levels: elementary, secondary, college and university level. However, education at university and college levels has only taken place for about 10 years, with the vast majority of institutions training the lower levels of nurses. University training takes place in 20 faculties, in Universities of Medicine and Pharmacy, there are around 40 Colleges of Medicine and Pharmacy and approximately 100 centres training the health care workers to Secondary level. However, to continue developments there need to be more changes and increased levels of knowledge and skills amongst educators, specifically nurse educators.

In addition to the changes in their education and training, nurses and midwives in practice needed to adapt to the both socio-economic changes and medical advances. Thus they needed to improve their knowledge, skills, attitudes and clinical techniques. There is also an expectation that they will be able to develop community-based care services particularly to disadvantaged areas, to work with those with low incomes and who are socially underprivileged. They are also seen as being able to provide services for, and work with young people to help them develop healthy lifestyles, and this includes

sexual health education. In response to the growing prevalence of HIV/AIDS and the absence of home care, nurses increasingly need appropriate models of prevention, as well as the skills to provide effective and compassionate care for people and communities living with, and affected by HIV/AIDS. It is only through such major changes and initiatives that nurses will be able to contribute to a reduction in morbidity, mortality and disability and through this support increases in health equity. However, raising the quality of nursing care to meet the above targets is, and will remain an ongoing issue. Standards of nursing practice cannot be developed in isolation; they must concur with all government policies regulating the practices of health professionals.

Raising the standard of nurses may have a second and important social effect. It was noted that in 2005, 90% of nurses were women. Therefore, promoting nursing as a scientific, knowledge-based profession will not only improve health care (and through that the health of the population), but will also, as recognition of their new role and hopefully status occurs, advance gender equity in the health sector. However, for this to be possible, policies that contribute to an improved social and economic status of nurses in the health sector and society as a whole are needed. In 2009 -2010 Viet Nam adopted the ASEAN competencies and these too will impact on the nursing curriculum, and the preventive health role of the community nurse.

CHAPTER 3

Section 1: SEXUAL HEALTH AND HIV SITUATION

3.1.1. Introduction:

This chapter has been organized into two sections. The first section presents information regarding the HIV/AIDS and sexual health situation in Asia and Viet Nam in particular including information regarding the current situation of knowledge, beliefs and behaviour of young people toward sexual health. The second is a comparison of the education situation in Viet Nam with information from other countries regarded by Viet Nam as 'the West' (see glossary). A wide range of strategies were used to find the materials used in this chapter Using academic search engines such as CINAHL, Medline, and Pubmed and key words such as sexual health, education, Vietnam, adolescent, young people, youth, sex education, education program, teaching, training, school yielded considerable information regarding sexual health. However, the search needed extending to gather information about education and training therefore; ERIC, the British Education Index, and the Teacher Reference Centre were amongst the search engines used for this. Key words used included sexual health, education, Vietnam, adolescent, young people, youth, sex education, education programmes, teaching, training, schools.

Review of the literature gathered revealed that there was limited information regarding the Asian countries, and virtually none regarding Viet Nam itself. A different strategy had to be identified. Following discussions with the Vietnamese supervisor who had a wealth of contacts and the National Library in Viet Nam, a strategy to find Vietnamese documentation was agreed. The National Library confirmed that most Vietnamese studies have not been uploaded onto relevant websites or data bases. The Vietnamese supervisor, in his role as government advisor to the MOET and MOH had a wealth of contacts which he made available. Those organisations which were identified as having relevant information were then visited and a manual search of their data bases was carried out. The next step was to use Google and Google scholar were used to identify sites developed additional organisations working and publishing in this field. They too were contacted directly and again those who had information were visited and searches of their libraries and data bases were carried out. The organisations contacted (see list in appendix 4) were all supportive, as were the MOET and MOH, and over a period of six months, the searches were used to locate appropriate documentation. However, this approach did provide documentation that proved invaluable for the study, it also had to be accepted that as UNESCO (2012) pointed out in their review of sexuality education in

Asia and the Pacific, in Vietnam, some policy and government documentation is restricted and can only be accessed by Vietnamese government officials.

3.1.2. The sexual health and HIV/AIDS situation in Asian countries and Viet Nam:

In the South-East Asia region, AIDS was first reported in Thailand in 1984, and a rapid spread of HIV, began during late 1980s in many countries of the region (MOH 2006). Although initially mainly confined to those with high risk behaviours, HIV infection rates have begun to increase in the general population as well, and now, heterosexual intercourse is the major route of transmission in the region. Today, the end of its third decade in the region, the HIV epidemic continues to grow, invisibly with the number of people diagnosed with AIDS increasing rapidly. WHO/UNAIDS estimate that worldwide more than 50 million men, women and children have been infected with HIV (since the beginning of the epidemic), more than 34 million people are currently living with HIV and 18 million people have already died. In the South-East Asia region, it is estimated that 5 million people have been infected HIV since the beginning of the pandemic and there is still a need for clear and effective responses from all countries (UNAIDS, 2011).

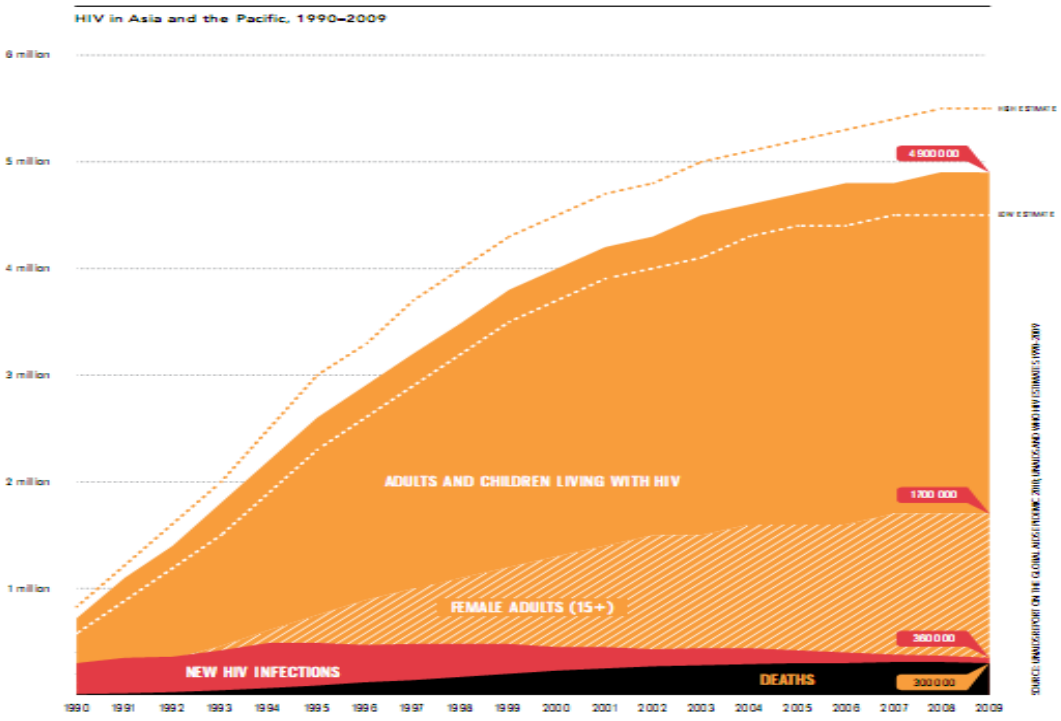


Figure 3-1-1: HIV in Asia and the Pacific, 1998-2009 (reproduced from UNAIDS 2011)

Within the region Viet Nam is estimated to have the fourth highest number of people living with AIDS after India, Thailand and Indonesia.

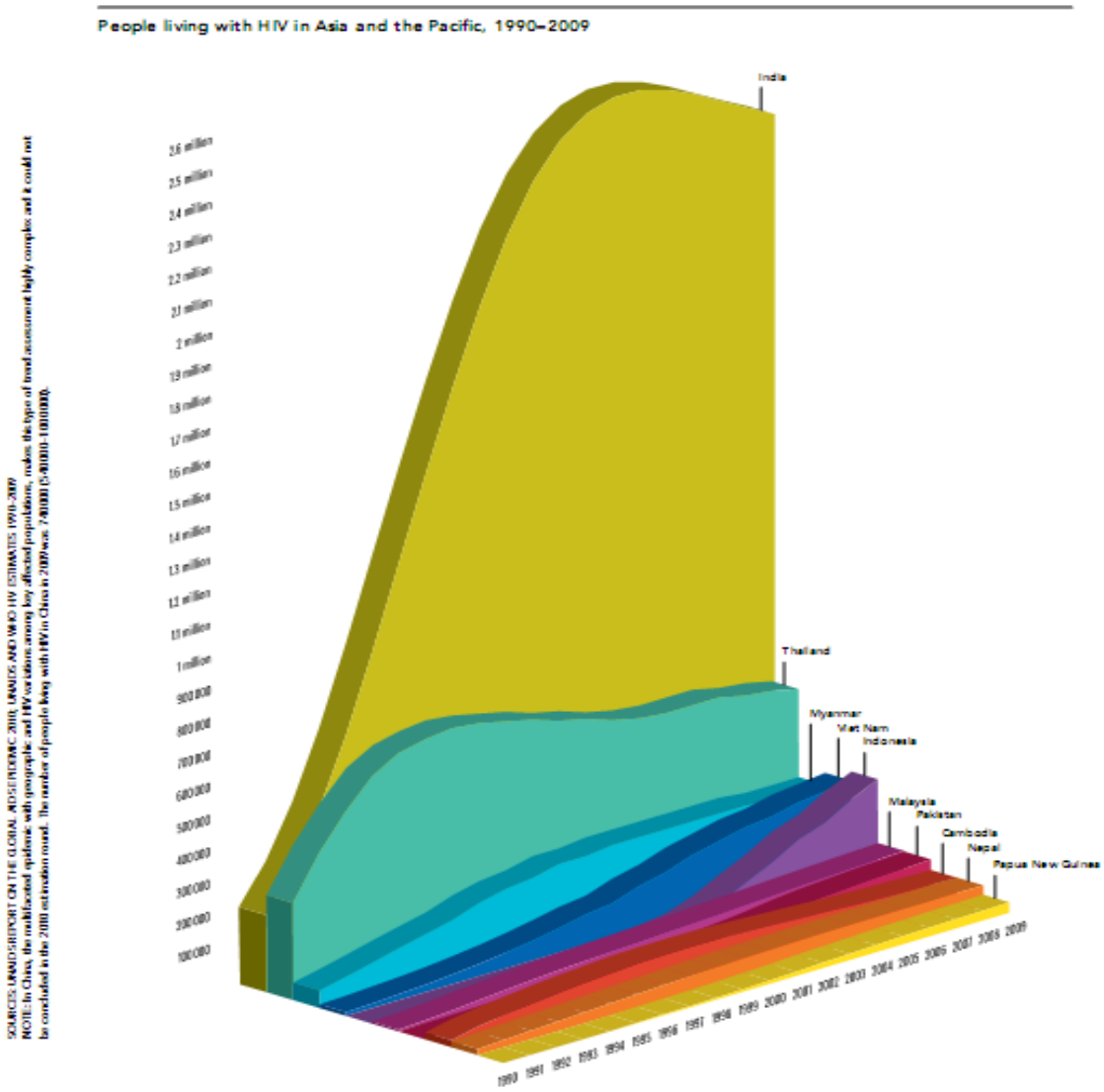
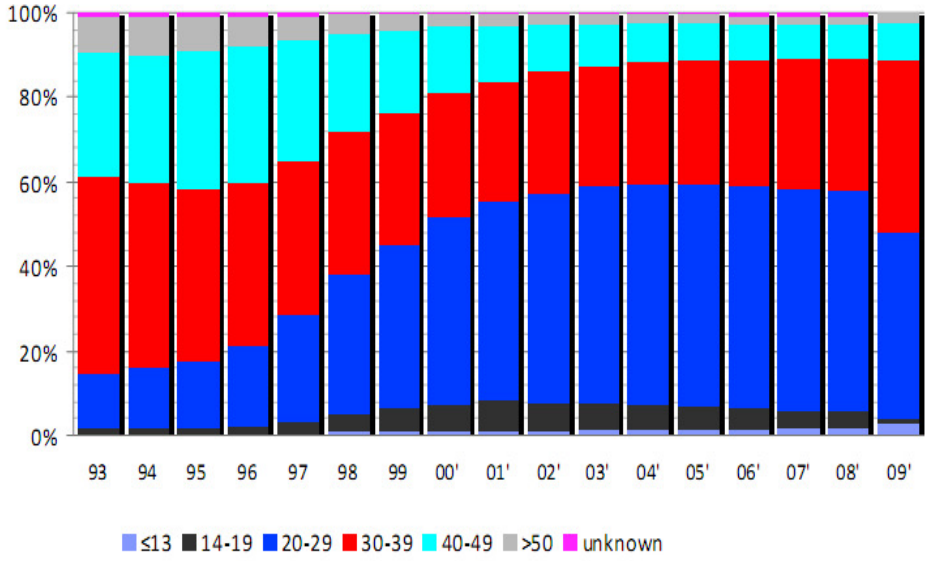


Figure 3-1-2: People living with HIV in Asian and the Pacific 1990-2009 (reproduced from UNAIDS, 2011)

As mentioned previously, Viet Nam currently has patients with HIV/AIDS in all 63 provinces and increasing numbers of people who are HIV positive. Reports from the MOH (2010) showed that almost all reported HIV cases were in people aged 20-39 years. In 13 to 19 year olds there are thought to be around 10% infected by HIV, and at present this rate remains stable see Figure 3.1.3 below. In total the number of recorded cases of people living with HIV in 2010 was 254,000 cases (MOH, 2010) however this is 100,000 cases less than had been estimated for 2010, possibly because many people with HIV remained unregistered. The estimate for 2012 is 280,000 recorded cases (MOH, 2010), but again the actual number is likely to be much higher.

Figure 1: Distribution of reported HIV cases by age group and by year, 1993-2009



Source: *Report on HIV/AIDS epidemic by quarter 4, 2009. MOH, 2010.*

Figure 3-1-3: Distribution of reported HIV cases by age group and by year, 1993-2009
reproduced with permission from MOH

Due to the strong influence of the hierarchy based traditions that underpin Vietnamese society, young people are relatively dependent on their families for most activities, including sexual health education. The patriarchal approach affects access to all services makes it difficult for young people in Viet Nam to have confidential contact with quality public health services. As a result 50.7% of those receiving treatment sought help for their health problems from private clinics (where although they have to pay, confidentiality is assured), 44.4% bought medicine for self-treatment and less than 5% of them attended the health services provided in communes, district health centre or hospitals or traditional healers at province/centre hospital (SAVY II, 2009). The implications of these statistics are that young people try to find money to go privately, and if finances prevent this, then they wait until symptoms are severe, and cannot be ignored before seeking help. However, with some sexually transmitted diseases, symptoms disappear after a relatively short time, although the disease is still present and can be transmitted. In consequence, young people who have had limited sexual health education, and not sought treatment may without realizing, be risking their future fertility and acting as disease carriers.

In the recent International survey by the United Nations (United Nations Viet Nam Report 2010), there were still few examples of sexually activity in the 14-17 age groups, but the age at which sexual intercourse begins was found to be decreasing. In 2008 it was 19.6 years, while in 2009 it was 18.1 years with 10% young people age 15- 24 reporting that they had had premarital sex, a major change from previous sexual patterns. Sexual activity was higher in young men than women, with those living in urban areas more likely to be sexually active. However, over one third (37%) of the young people who participated in the survey agreed with premarital sex provided both partners consented, and here there was no difference between males and females (United Nation Viet Nam, Report 2010).

Brown et al (2001) found that the majority of young women had their first sexual experience with a steady boyfriend, with marriage in mind, while a significant proportion of men had their first encounter with a commercial sex worker or a casual friend. Over 95% of the 279 unmarried women in the Hanoi study by Bélanger and Hong (1998) had a boyfriend at the time of the survey, who they defined as a male friend with whom they had a committed relationship, and in most cases with whom they had sexual intercourse. Once dating was initiated, one third of the women had had their first sexual experience in less than a year, and two thirds had had sexual intercourse within two years. All the women but one said that their boyfriend took the initiative to engage in sexual relations. These young women were likely to have pre-marital sexual intercourse for love, and as with Brown et al's (2001) sample associated it with marriage or a long term relationship. These studies also revealed that their partners were likely to see the relationship differently, as less permanent. Hettiarachchy & Schensul (2001) demonstrated cases studies of young women experiencing unplanned pregnancy being abandoned by their boyfriends when the pregnancy was known. The consequence of this changed pattern is a need for increased knowledge and awareness of the risks of unprotected intercourse, Ghuman et al (2006) supported the evidence of changing sexual patterns with their study showing a steady rise in the numbers having pre-marital sex.

Ghuman et al (2006) also found that about 5.7% of young women had been pregnant with 2% giving birth before aged 18 years and one-fifth between the ages of 15-19 years old. Of considerable concern was the finding that many of them had had no prenatal care. Perhaps not surprisingly, in the light of this research, the number of abortions in Viet Nam is increasing very rapidly, and went from 700,000 - 800,000 in the 1980s to 1.5 million by 2009, with the majority of requests coming from unmarried women (United Nations in Viet Nam, 2010). Almost all cases were in urban areas, but this could be

because the stigma of unplanned pregnancy means that young people from rural areas travel to the urban areas to seek help, so that no one in their local areas knows that they have been pregnant. The rate of repeat abortion is also increasing, and by 2009 10-20% of sexually active, unmarried women had had more than one abortion. In-depth interviews conducted through the Population Council study found that out of the 19 women interviewed, 11 women had had two or three abortions (MOH, 2009). The MOH (2009) also found that the social stigma associated with pregnancy among unmarried youth and the frequent lack of understanding of the physiology of pregnancy, resulted in delayed recognition of pregnancy, with the result that many of the young women sought abortions after the first trimester of pregnancy.

In 2010, the publicly recorded abortion rate for adolescents was 2.2% of all abortion cases, but this is inaccurate as it is known that due to the stigma, most abortions for underage women take place in the private clinics, and they are not required to supply statistical returns to the government (United Nations in Viet Nam, 2010). The high abortion rate also indicates the lack of use of contraception among young men and women. This links back to the lack of knowledge or inaccuracy of knowledge of possible methods of contraception, and is a clear indicator that schools need to increase their input in the field of sexual health. Also in Viet Nam, there is still a stigma linked to being thought to be promiscuous, and as a result most young women are afraid to let their boyfriends know that they have knowledge of the various contraceptive methods, or have sought contraceptive advice. As a result, they may choose to take the risk of unprotected sex, rather than loose the regard of their partners/boyfriends. There is a second issue, traditionally, a patriarchal society, the men always made decisions about issues such as contraception, but as they do not know how the methods work or should be used, they are unable to make informed choices, and even where they do try to protect their partner, pregnancy may still occur. Finally, it was reported that almost all adolescents avoided using contraceptives because they were afraid their parents would find out if they used condoms or oral contraception, and that would lead to major family problems.

There is another concern, results of studies have shown that there is a big gap between the knowledge of HIV/AIDS that many people appear to have, and the level of condom use, which is low (MOH, 2006). Other studies have found that young people have mistaken ideas about condoms, for example, a study of attitudes and knowledge about HIV/AIDS among young men age 14-28 in Tay Ninh province found that 33% of interviewees reported having premarital sexual intercourse (Anh et al, 2002). This group appeared to have good knowledge of HIV/AIDS, but very few of them used condoms,

some didn't know how they worked, and others were unsure and didn't know who to ask about correct usage (Anh et al, 2002). These findings were similar to those from a survey of pupils and young students in 2000 which found respondents had some knowledge of contraceptive methods, but most of them had no idea which method to use in which circumstances and therefore didn't use any contraception at all (Centre for Population Studies and Information, 2003). When women were surveyed in 2002 (Viet Nam demographic and health survey, 2002), although most knew about HIV/AIDS, 75% of women, aged 15-49 years believed that regardless of whether they were having unprotected sex, they were not at risk of catching either HIV, or another sexually transmitted disease. Similarly, government data collected in 2003-2004 showed clearly that nearly all young people in rural and urban areas had heard of HIV/AIDS but had little knowledge of how the disease affected people, and/or it was spread (MOH, 2005). These studies highlight the need to educate young men and women about sexual health and safer sex, to help them make informed decisions about condom use. Emphasis needs to be placed on educating young men about the risks they run as young women reported having difficulty in refusing the sexual wishes of their boyfriends, and acceded to sex whether or not they could persuade them to use barrier contraceptives (Anh et al, 2002).

Although HIV/AIDS is found in all provinces, the greatest concentrations of cases are found in the two biggest cities, Hanoi and Ho Chi Minh City. The rapidly developing technology and communication possibilities, together with the increase travel since Viet Nam opened its border to Thailand over a decade ago, has impacted on the changing the pattern of HIV transmission. As in many countries, infected needles from drug use used to be the main mode of transmission, but the increased tourism has led to a major increase in sex workers in these cities, and this group has a rapidly rising rate of HIV/AIDS (MOH 2010). As young men see sex workers as an acceptable way to become sexually active, this raises the risk of transmission in the general population and as mentioned previously, heterosexual intercourse is now the main method for transmission. This together with the lack of knowledge of sexual health exhibited by young people is a major cause for concern.

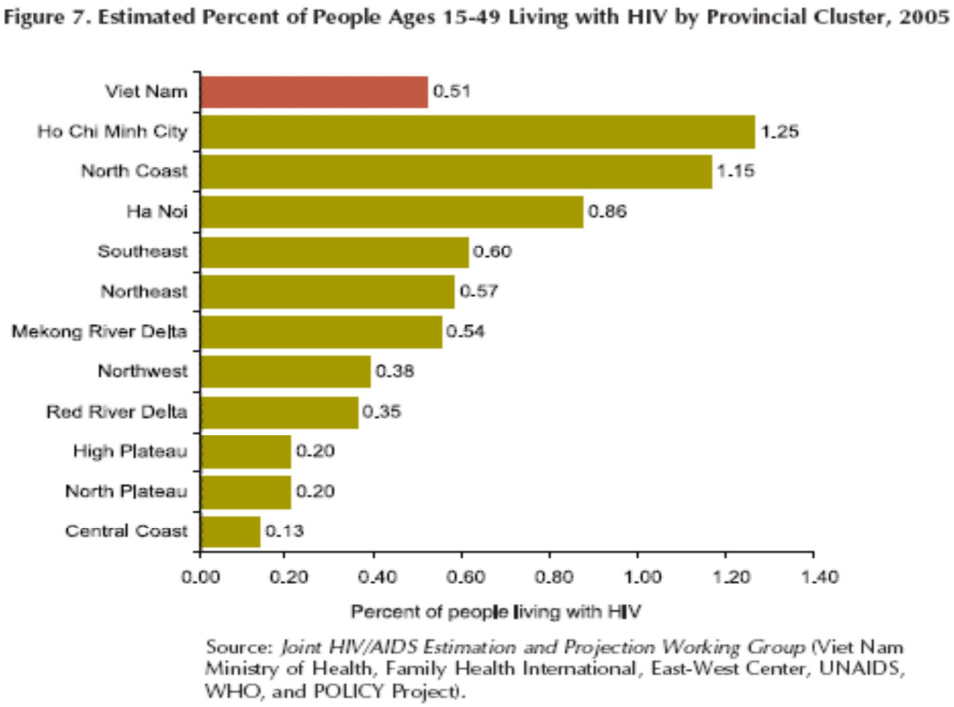


Figure 3-1-4: Estimated percentage of people ages 15-49 living with HIV by provincial cluster, 2005 reproduced with permission from MOH

Exploring this situation and seeking to make recommendations for young people, Dang's (2001) research highlighted several major problems with developing good sexual health education amongst this group. Firstly, teachers reported having insufficient knowledge about sexual and reproductive health, and in addition, because of their own beliefs and traditions some were uncomfortable when the subject was raised. Others reported needing more training in both of these areas to enable them, to be better equipped to meet the needs of their pupils. Secondly, parents traditionally have not discussed these issues with their children, and although concerned about the changing patterns and practices do not know where to start, or whom to ask for help or advice. Thirdly, there is a lack of education resources in Viet Nam, this situation could have been avoided if donor projects had been designed with structural links with the various Vietnamese government departments, and/or if measures for updating had been included in projects. However, whatever the reason, urgent measures need to be taken to fill a major gap in provision for young unmarried people.

In contrast, there is an effective national family programme that provides well organised services regarding information about safer sex, contraception, and reproductive health for married couples. However, these services are not for single young people and on the rare instances where they can be accessed, because of the fear of their parents and

peers finding out, young single people tend not to attend. Although increasingly government reports are recognizing the increased level of sexual activity in adolescents, the formal structures and health care provision still sees married people as the priority and therefore do not admit young people to the services. Also, although privately young people may be moving to Western sexual patterns, in public they still conform to their parents cultural patterns which strongly disapprove of premarital sex and contraceptive use. These traditions include the belief that sexual health education will expose youth to inappropriate information provoking their sexual desire and increasing their sexual activities, hence before marriage discussions of sexuality have always been taboo (Thuan 2010). The result of this is that the youth have to try to find the information they need for themselves. They use many resources, their friends, old partners the media and the internet, but have no way to check the accuracy of the information they access, and hence may be following inaccurate and potentially dangerous (in health terms) patterns and practices.

Clearly, providing knowledge of safer sex, contraceptive practice and reproductive health for young people is crucial, and sexual health education programmes within schools would seem to be the best way. However pupils of today have different experiences and expectations than their teachers, so for successful transmission of the appropriate knowledge and its application in practice, both the knowledge and education methods used need to be considered. It is essential to find out which learning methods are most suitable for this group, if their sexual health and future reproductive health are to be protected.

3.1.3. Sexual Health education for young people:

There are several activities for supporting the young people in Viet Nam regarding sexual health education such as advocacy to increase political and community support for adolescent sexual and reproductive health. Since 1988, UNFPA and UNESCO have supported the MOET as they implemented the “Family Life and Sexuality Education and Population Education” Programme. The first programme “Family Life and Sexuality Education” was launched and piloted between 1988 and 1993 in 17 of the 61 provinces of the country. In 1994, the program was expanded to cover the whole country. At the same time, it was recognised that the expanded programme included more information and reflected some key issues about the population and general health and illness, therefore the term” Population education” was incorporated into the title. Between 1998-2000 the Ministry of Health started to advocate sexual health education for young people

in schools and although not designated as a separate subject, schools had to link together elements of different school subjects, into a form of sexual health education, referred to as “Population and Reproductive Health Education”. The disadvantage of this is that, although schools now have the responsibilities for sexual health education, aspects of the programme are found in subjects such as biology, citizen education geography and/or extracurricular activities for pupils from grades 8 to 12. It does have a more central focus in grades 10 to12, but is still not a subject in its own right.

There are reports (Ngo, 1992) that give a positive evaluation to this approach and programme, but it is still difficult to formally assess its effectiveness. Most teachers still feel uncomfortable talking about sex and sexuality with young pupils, and evaluations are carried out for the overall subject, not just the sexual health element. Many teachers still think it is inappropriate within the school environment to talk and teach these subjects (Hong, 2003), and they argue that parents should take responsibility for discussing and teaching these subjects with their children. Understanding and recognising this, the MOET, with support from UNFPA has conducted the National Education and Training Programme on Reproductive Health and Population Development since 1997. There was a review of manuals for teachers and textbooks for pupils, which revealed that these were in very short supply. It also found that teachers had had little training. Furthermore, following the evaluation there was little official follow-up and additional teaching materials produced. The overview of sexual health education revealed that the previously mentioned project needed expanding to include broader family planning issues. It also needed to address other issues including teaching young people about reproductive health. The MOET developed a distance learning course for all teachers to provide information on population and reproductive health and a more traditional, attendance based course for secondary school teachers to help them teach these sensitive topics.

In 2001 (after 4 years) they published and disseminated materials for teachers under the name “Self-Learning Guidelines Manuals for Teachers or “ARH Education”. However, despite these government initiatives, teachers have not always made the best use of these new materials as it was found difficult to coordinate their use across the different subjects. They are constrained by the fact that with the best in the world it is not clear where these new materials should sit in what Hong (2003:12) refers to as the poor and vague content of the school ARH curriculum. In addition, the teachers can select what they think it is suitable for their pupils, so the information given is based on their perceived needs, not those of their pupils. In an effort to change the curriculum, there have been some small-scale, school-based projects and activities such as the one

carried out by the Department of Education Service in Ho Chi Minh City. With support from Save the Children UK, school-based HIV/AIDS educations for pupils from the primary to secondary level were trialled in several schools. Disappointingly, such programmes were not formally monitored or evaluated, and without evidence to support their impact, they have not been integrated into national or regional programmes, therefore they are no longer used.

Apart from these governments led initiatives, it is important to give an overview of some of the numerous NGO and international donor-led activities and community-based sexual health programmes that (as mentioned preciously) were also discontinued on their completion. These included clubs, counselling centres, mobile teams, and information distribution programmes. With international support from the UNFPA between 1996 and 2000, the Vietnamese Youth Union (VYU) carried out a pilot ARH programme and instituted various experimental models for Information Education Communication (IEC) activities. They have tried running clubs for unmarried youth, clubs for young couples and local competitions and contests about population issues and family planning. They set up intervention models including counselling centres, hotlines and IEC mobile teams in six provinces of the country. Within the range of the project, there were a variety of printed IEC materials including posters, leaflets and booklets designed to be disseminated across the whole country by the VYU. They choose names that they thought would appeal to young people such as “Friends and Love” and “Things that Young People Should Know about HIV/AIDS” as well as more academic texts such as “Psychology and Physiology of Adolescence”. These were designed for large scale distribution to young people in the country. Also at this time, the Path (Canadian sponsored) project developed reproductive health and sex education books for young people and The Women’s Union produced information for the “Improvement of Youth Reproductive Health for Young People”.

The IEC campaigns that disseminated these materials were aimed at raising youth awareness of the need to consider the benefits of placing sexual activity within long term relationships (in Vietnamese terms preferably to postpone sexual activity until after marriage), also to motivate those already sexually active to practice safer sex. The campaigns first launched in Hanoi in May 1998 were funded by project VIE/97/P12 and organized under the UNFPA and VYU. The campaigns covered eight provinces and cities and collaborated with mass media at central and provincial levels, with schools, youth associations, health providers, counselling centres and other organizations that had contact with young people. At the same time, the MOET working with the Viet Nam

Red Cross developed a curriculum designed to help the young people develop life skills such as decision making, assertion, value clarification and HIV/AIDS prevention. This was carried out in schools in seven provinces and cities, again with support from UNICEF. They also provided financial support for the Viet Nam Red Cross and Australian Red Cross to develop an out-of-school programme for young people. In addition, in the last decade, other creative IEC activities for HIV/AIDs prevention have been utilised within ARH programmes. These included counselling and peer education carried out in what were referred to as “condom cafés”, “counselling cafés” “green shops” and “friends-help-friends groups’. These were mainly led and coordinated by the Vietnamese Youth Union. Unfortunately, these activities all ran independently of each other and no information about out of school activities were circulated to the schools; nor did any of them, even those developed with MOT cooperation contain any policy planning. As a result, no strategic plans were developed for long-term integration into schools or local policies and this meant no long-term financial planning was considered. In consequence materials developed and initiatives launched with overseas funding ceased when funding ceased, and with that the projects stopped.

Today, there is little available evidence outside archive materials of all the work done, and planners of new initiatives tend not to know that these exist and start from scratch. This causes delays and limits the effectiveness of the new programmes which in many cases could have built upon the previous work. For example, amongst the activities focused on HIV/AIDS and reproductive health education is the three-province, Population Development International (PDI)-funded project for the Youth Union, “Mobile Drama and Life Skills Curriculum for Youth”; This project uses HIV/AIDS informational videos and theatre for the Khmer youth an indigenous minority group and works with the Population Council in Tra Vinh province and uses Soccer and HIV/AIDS Prevention for Youth in Quang Ninh province. However, their work makes no reference to previous projects, and inevitably in some areas has developed almost identical information sets (Hong, 2003).

Viet Nam is not alone in finding that young people are rapidly increasing access to sexual health information through the internet, and recognition of this is changing the nature of sexual health information. As in the USA, UK and France, amongst other countries, Vietnam has a website www.tamsubantre.org (Youth Sharing) offering current information to help young people learn about sexuality issues, reproductive health and HIV/AIDS. This website was designed by the Consultation of Investment and Health Promotion (CIHP) under the financial support of the Ford Foundation, and offers free online information. Initially piloted in 2002 the number of users of the website’s services

has increased rapidly and by 2006 the website had more than 95,000 members and 25,000-40,000 visits per day (Anh, 2007).

A second website was established to support the remote areas in Viet Nam; this website www.tuvantuoihoa.org.vn is a Confidential Hotline and Internet Counseling Service (CHIC) project funded by Australia Regional Development Scholarship (ARDS) from 2008 to 2011. This aims to improve the quality of reproductive health care at the community level. The evaluation of this project reported the hotline supported 7,217 counselling cases and in doing so it met 49.5% of the project's planned final target. They also used radio counselling shows. There were 264 counselling sessions broadcast to meet 100% of the expected target in four languages from July 2008 to September 2009. The final part of the project was a pilot for Counselling and Resource "Corners" at schools and alternative education centres. During the lifetime of the project 1,714 pupils used the services; it was 47% higher than expected for the first project year. The report showed that 77 communities opened counselling centres to help adolescent to reach 100% of the planned target numbers for the project over a period of 2 years. It used a counselling service led by specially trained community health workers. A total of 15,242 clients received some counselling or advice.

Finally, the project added in treatment services, with a total of 133,716 clients received health check-ups and treatment by commune/ward health workers, which was 282.0% higher than the project's planned target (Hoang, 2011). However, they recognized that it was difficult to do sustain activities without support from CHIC because activities were dependent on additional finances (Hoang, 2011). This programme was also piloted in some schools in remote areas but in almost all of these schools this proved to be the weak link in the project. Schools in these areas did not inform pupils about this website when they taught sexual health education, and the hits to the web-site were found to be from young people searching independently. In the light of the level of independent use if schools were to tell their pupils about it, the website could become one of the main sources of transmitting information to young people (Hoang, 2011). This view is supported by the Vietnamese government, who in their policy for 2011-2020 formally advocated its use (Dung, 2012).

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However, whatever the recommendations are regarding the application of the internet or high information technology as part of sexual health education, it will not be successful or effective if the website is not introduced in the schools and teachers do not use it as part of sexual health education programmes. Even though the internet and computers are

more and more popular in Viet Nam, this does not mean that teachers in Vietnam have the skills to use them appropriately. In addition, accessing the website in schools is not easy even when schools have permission from MOET or MOH as a lack of IT resources restricts access. The costs of upgrading equipment to use websites is high and budgets from the Vietnamese government to schools in Viet Nam do not allow for large scale purchases. Even where they can find the money, they still need additional resources to train teachers to use computers and the internet (UNFPA, 2007). Therefore, it has to be accepted that while in the future, web links and internet may form an integral part of teaching sexual health; it is not possible today. This PhD study focused on finding a feasible way to help both teachers and pupils as they struggle to adapt to a changing world and its new social behaviour patterns. The intention was to provide an approach to learning and teaching that could be used without additional equipment and support from the MOET.

Linked to sexual health education is an increasing focus on gender equity, information about sexual health can also be found in projects aimed at improving the equality between the sexes. These projects tend to led by organizations like the Vietnam Women's Union, the Farmer's Union and the Viet Nam Red Cross (Hong, 2003). Their programmes and activities are also funded by international agencies and NGOs. However, they have two disadvantages. Firstly, as they too make no effort to link with other programmes there is duplication and overlap of some materials. Secondly, when asked, most of the young people reported not finding them motivating or interesting because their approach tended to be dominated by moral directives given as lectures (Hong 2003).

Overall, it is evident that there have been a range of initiatives, all of which have tried hard to address the sexual health needs of young people in Viet Nam. However, the lack of contact between projects and absence of policy and long-term financial planning in these projects has meant that they were not sustainable. Any impact they had at the time of implementation has been lost and Viet Nam is continually in the position of accepting funding from international donors who see themselves as leading new and innovative projects, but who are in many instances repeating what has already been done. There is an urgent need for coordination of all donor projects in the field, and long-term policy and financial plans need to be a prerequisite for all future projects. Without this there will be no national benefits for the young people who are at risk of jeopardising their sexual health, and who urgently need accurate advice and information.

3.1.4. Sexual health services for adolescents and single young people in Viet Nam:

The previous section gives an overview of the sexual health education initiatives, but although these are MOET organized and linked to the education side of the MOH, they are separate from those who provide health services. The education initiatives were developed with overseas donor aid, and in response to identified need, but few of these donors worked with public health services. Both education and youth organisations work with young people, but it is only since the opening of its borders, and the development of social links with other countries that the need for changes in sexual health services for young people have become urgently needed. Prior to the recent changes, contacts with countries such as the USA, Japan, the UK, the Netherlands, France and Australia were based on colonial style links, not social interactions (World Bank, 2008). Whilst these regimes imposed their own bureaucratic systems and rules on the country, they had little impact on cultural patterns and behaviours. For the first time in Vietnamese history, the access to technology had led to the lifestyle of other countries appearing more attractive then the traditional way of life (Jef and Peter, 2011). This change is impacting on lifestyles, including sexual behaviour patterns and practices. The health services for young people were developed in the light of the county's traditional cultural patterns and practices, and not to meet the changes that young people are instituting into their personal lives. The focus therefore is on the needs of young married people, and not young people who are sexually active, but single. Unlike countries such as the USA where prominent Christian groups promote abstinence, but the government is pragmatic and organizes efficient and easily accessible services for single young people, Viet Nam health service providers have not yet accepted the need to change. This may be because those who organize services at a local or commune level tend to be senior members of the community who have retained their traditional beliefs. There is therefore a major gap between the sexual health education initiatives and the sexual health services that are available to young people, particularly in rural areas.

Although sexual health education has been possible in schools for more than two decades, unlike in the United Kingdom, no health services can be provided on school premises. Research in the UK regarding the effectiveness of clinical sexual health services in schools reports that 90% of pupils were happy was with the service they had received, and that 76% of sexually active males and 44% sexually active females had sought advice. They reported liking the friendly atmosphere and found the staff easy to talk to (Westwood, 2007). This approach to the provision of services which uses community nurses as a bridge between health and education services is being

increasingly found in developed countries (Westwood, 2007). It developed over time, and may well be one of the factors which has helped to bring down the teenage pregnancy rate in the UK (Westwood, 2009), but is not yet appropriate for Viet Nam, although it could be something to consider in the future. However, just as it took time for the UK to accept the need for services in or linked to schools, it will take time in Viet Nam. Firstly to recognize the needs of adolescent pupils, and then to develop a culturally acceptable strategy linked to schools that can meet their needs. There was one scheme in Ho Chi Minh City where a UK style clinic was established in a youth centre, but schools and other organizations did not publicise it and as a result, Thuy (2007) found when evaluating the service, most pupils reported never having heard of it. Currently, Viet Nam has no official plans for introducing community nurses into school sexual health education programmes, or to use them for the development of special sexual health services for young people. However, this group of nurses are ideally placed to offer confidential services to young people. While this may seem a step too far to those wanting to retain traditional approaches to sexual health services, the reality is that increasingly young people are sexually active and steps need to be taken to develop safe and confidential services that this vulnerable group are willing to access.

3.2.1. Lifelong learning:

In Viet Nam today, there is recognition of the need to move away from traditional methods of learning whereby learners are passive accepting information when offered, but not seeking it out for themselves. The aim is for the country to move towards more active learning with acceptance that all individuals and particularly professionals will need to refresh and extend their learning throughout their professional lives, they need to accept and move towards the concept of studying and upgrading their knowledge lifelong. As part of the process of changing the education process, working with European countries in conventions in NhaTrang and Hanoi in 2010, the Vietnamese government has created a forum for lifelong learning. As a result of the Forum's first international congress, specific recommendations were provided to the National Steering Committee on Building a Learning Society. This included formalising the decision that the principles of lifelong learning would be used to develop a conceptual framework to underpin the curriculum (UNESCO, 2012). A situational analysis by the deputy prime minister identified opportunities, challenges and barriers to the implementation of life long learning. This included a resume of international experiences and made recommendations regarding learning, society models, mechanisms for inter-sectoral cooperation and various financial options. The aim of adopting Life Long Learning is now

part of national education and training strategies, and its impact on culture and tradition are being considered. A framework is being sought that can be adapted to the Vietnamese situation. However, this is a huge task and the Vietnamese government needs external aid and support. They are working with UNESCO as a partner and have designed and launched an exhibition on Ho Chi Minh and how his thoughts are linked to Lifelong Learning. Currently, there are some 300 documents, exhibits, films and photos in the exhibition which more than 250,000 people have visited and it has also been taken to Cao Bang, Nghe An and Ho Chi Minh City.

To help in the search for an appropriate framework fifteen MOET policy makers were spent time in Germany working with the UNESCO Institute of Lifelong Learning (UIL) and government ministries and schools. They explored examples of lifelong learning which included teacher training and school development, non-formal education organizations as well as outreach and family literacy programs.

Since 2011, UNESCO in Viet Nam has been working with the MOET to help them to develop the Building a Learning Society strategy 2011–2020 which will include information for each sector. The aims are twofold. Firstly, to introduce the concept of lifelong learning to educators, professionals and the general workforce. Secondly to help the country to understand that effective learning in universities and schools is not didactic, but interactive, designed to guide the leaner to learn by themselves for themselves, in the present and for the future. The long term aim is to change and reform the traditional education services, step by step to move forward supporting the development of autonomous and independent learners who are able to make choices and work for their own future.

At the time this study began, there was still no agreement as to which theories were most appropriate for Viet Nam, and therefore, the first step was to review available theories, and then with the agreement of the MOET select the one which seemed most relevant for use in Viet Nam today. Authors such as Gerhard (2001) apply life long learning by using high information technology to design a conceptual framework based on communication through using networks and computers. This creates an information environment that can be supportive of self-directed learning. However, the conceptual framework underpinning this is complicated to apply (Gerhard, 2001). While Vietnamese people are interested in the internet, most are not skillful in its use and few have ever used it as a formal way of learning. In addition, Viet Nam does not as yet have its own materials, and the challenge of reading in different languages such as English is a

restriction for most people. Other conceptual models are based on learning networks but these are still very complex to understand (Rope, 2002).

Similarly, although such approaches as the European Life Long Learning Indicator model would help Viet Nam move towards the accepting lifelong learning it is currently too complex to apply in Viet Nam (Michaela, 2008). Viet Nam has had hundreds of years with a top down Confucian approach and teachers need evidence to encourage them to change. Today, there is still a lack of easily accessible evidence regarding how vocational and job related training can be improved by lifelong learning. In Viet Nam, there is limited communication between vocational training institutions and enterprise, so teachers have little awareness of the changing employment needs. UNESCO recognizes that these problems do not belong to Viet Nam alone, and is also working with other Asian countries to find appropriate approaches. China started their exploration into Life Long Learning at the same time as Viet Nam (Jin, 2011). In China the decision has been made to use globalization as a bridge to connect the industry and renaissance period with learning society and the development of knowledge. This approach has been specifically designed for China, so in many ways would not work well for Viet Nam. A key problem is that it requires the input of more resources than Viet Nam can currently release, and without full support it would not be sustainable. However, the concept of globalization is extremely relevant for Viet Nam, where it underpins many of the social policies now being developed. Therefore a search was made for less technologically based frameworks based around this concept.

The approach that matched most nearly to both the Vietnamese government policies and the ideas for lifelong learning developed by UNESCO was that proposed by Jarvis (2004). Therefore, after discussion with key personnel it was decided that this should be used as the starting point for the study and influenced the development of the conceptual framework. This section therefore presents an overview of lifelong learning as described by Jarvis (2004). Where appropriate, links to Viet Nam have been included to illustrate the decision making process.

Developing a rationale for the provision of learning opportunities for adolescents and adults, has evolved very differently in the West than in the East, as a result of social developments and history. The learning process is cultural and interpersonal with both social and culture construction influencing outcomes, Peters (1966) made a clear distinction between education and the educated man (a term which Peters used without

gender bias). According to Peters (1966) the educated person has not arrived but is travelling. Hence, for him the educated person is both educated and being educated throughout the whole of his life. Jarvis (2008) argues that this concept of lifelong learning is becoming more accepted by educators and needs to be considered when planning all education programmes from infancy right through life. In current times Jarvis (2008) further suggests that the learning process is affected by globalization, power and inequality.

Globalization is a concept encompassing economic, sociological and social phenomena, it's impact in the West has been recognized for some years (Jarvis 2008) but now as boundaries between states are diminishing, it is increasingly affecting Asian countries. The process impacts in two main ways, through economics and information technology, and the effects can be seen on people and society despite each having different histories, cultures, languages and traditions (Thanh, 2008). Although economics have direct effects on how a country develops, information technology is the facilitator in global change (Jarvis 2008) with information coming from the media and internet accepted as knowledge without in many cases any accuracy checks.

In the West accompanying the increases in technology has came an increasingly open approach to education which creates choices in learning, more opportunities to reflect on knowledge and opportunities to creating an individual approach to acquiring knowledge. Although this has not happened yet with education in Viet Nam, the changes have begun. When computers first came to the country, they were only for those with authority (power) and capital. Then this suddenly changed as the costs of production fell and for the first time computers became available to the general public, the numbers increased rapidly in a few years, even in rural areas with few facilities. Young people were the first to see the advantages of computer access to the internet and have quickly become skilful, using it to communicate and discuss most issues with each other, developing their own networks and communities. Just as the West used education to change attitudes, so the internet has done this for young people in Viet Nam. However, there are theories and guidelines to underpin education, whereas with the internet explosion, this is not the case. Young people have been, and still are sharing experiences with each other without control and with no way to check the background to, or theories behind the information gained. These adolescents who are still developing their personalities and social processes are therefore at risk from the mass of images and information they access, and it is essential that their parents and teachers find a new way to work with them to

enable them to safety learn from the new media that they see as a part of life, and to help them to prepare to cope with real life situations.

The young people in Viet Nam reflect how pressure stemming from globalization can influence societies while their parents reflect how people and societies can try to resist it to retain their national identities their uniqueness and independence. A way needs to be found to enable the two worlds to mix, in Viet Nam, young people need to know how to access and use the world wide information they are exposed to whilst still retaining their pride and knowledge of their heritage. Teachers need to find ways to build bridges between the traditional and the new, moving towards an approach first described by Robertson (1995), where learning is a form of consumption and education is a form of production. Only in this way will they be able to keep pace with the impact of globalization, 'producing' education and learning packages to be 'consumed' by their pupils that enable them to develop a lifelong learning approach to meet the ever changing education needs of the modern world.

However, countries in the developing world need to be aware that globalization can lead to exploitation where those with high capital move into a country where high percentages of people live in poverty without work or the means to obtain it. For Viet Nam, where western companies have moved into production in the country, the socialist structure which limits how companies can work, has to some extent protected the population, but the result of this is that there is still a major gap between the needs of the companies and the skills of the workforce. A move towards adopting a pattern of lifelong learning would help the workforce and particularly young people to adapt and move more rapidly into the industrialized world. It would enable pupils to develop a long term understanding of industry and move forwards with the means of production rather than being passive employees, accepting their limited education and skills. If Viet Nam is to go from being an emerging economy to take its place in the industrialised world, it is essential that it has a workforce able to adapt and develop the skills to meet technological advances.

To help countries adapt to the factors arising from globalization education needs to be based on a humanistic process, as only this way will it involve the learners, helping them to develop improved understanding, and critical awareness (Peters, 1966:23). This approach essentially builds upon a definition more than a century old that it is

> "*any institutionalized and planned series of incidents, having a humanistic basis, directed towards the participants learning and understanding*" (Dewey, 1916:230).

If as Jarvis (2004) suggests the prefix 'lifelong' is placed before the term education, this definition then describes education throughout the lifespan. The primary form of education in school, therefore becomes only one branch rather than the total educational process with the education of adults needs to be seen as a normal part of everyone's education, not as a luxury or an optional extra. In Viet Nam, this change still has to occur, as currently the school based model of initial education equates with education per se in people's minds. However, the concept of lifelong learning as described by Javis (1987) and given in figure 3.2.1 is complex and not easy to apply in Viet Nam. Nevertheless it provided a useful starting point as it demonstrates how the philosophy of the educator influences learning and that learners are also exposed to the influence of the wider society and its governing bodies.

Lifelong learning is sometimes confused with both individual learning and institutionalized learning, but in the context Jarvis (2008) uses of whole life can be an individual learning process. It is widely acknowledged that the supporting learning opportunities are important for the learners and in the educational systems learning during individual life-span needs to be recognized and accredited (Jarvis, 1996, 2008).

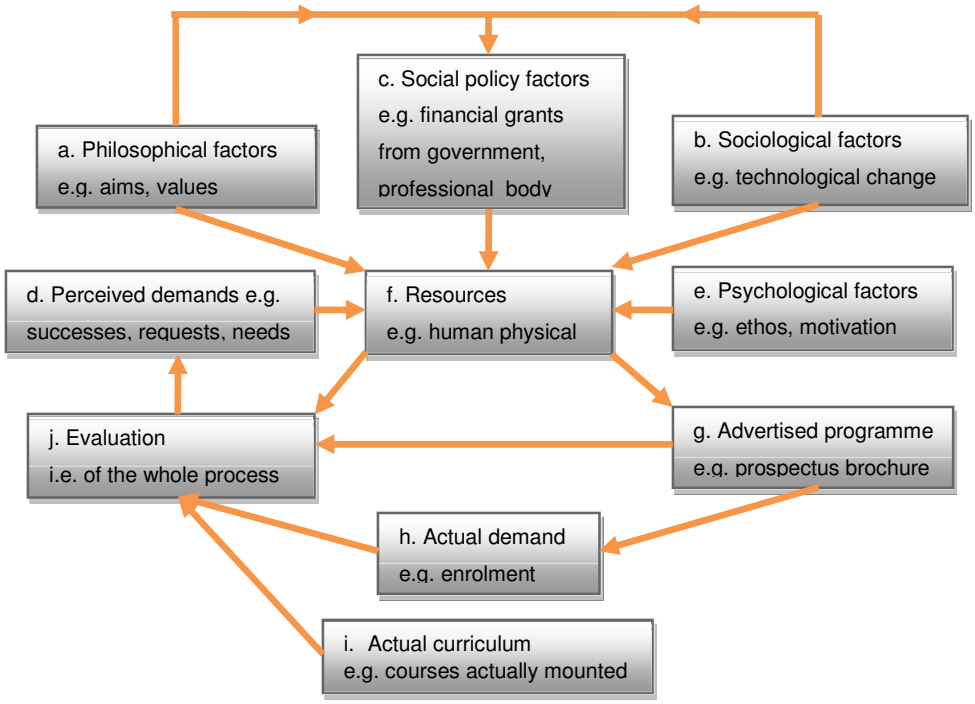


Figure 3-1-5: A curriculum planning model of the education of adults (Jarvis, 2004:258)

Before developing the conceptual framework, it was important to consider which of the 10 elements in a curriculum planning model of the education of adults in the figure above (figure 3-1-5) were relevant for Viet Nam.

3.2.2.1. Philosophical factors:

Jarvis (2004) states that an education programme should always include a philosophy whether it is explicit or implicit, and even if it is not recognized by all of those using the programme. He points out that it may be constrained by factors, such as social policies, but it remains a philosophy. Experiences should be provided in a humanistic manner that supports the growth of knowledge, enabling it to continue throughout the whole of life. He believes that underlying every curriculum should be a concern about the development of the learners as a person; something that he argues has traditionally not been prevalent in adult education. He further argued that a rationale for the education of adults should be based on the need to learn, and that in today's changing society each individual may need to make many adjustments over their lifespan in order to be maintain her/his place in that society.

In contrast to this, the Eastern system of learning is based on Confucian philosophy where education is only for some, and where the population is trained or educated to fit into specific roles or places in society without disrupting it. For those who do study, the aim is to find an expert teacher, learn from them and then repeat what has been learned without changing it. Thus independent learning is not part of the programme whereas to copy or repeat what has been learned is seen as estimable and as recognition of the excellence of the teacher. Thus to move towards a new more active system of learning, educators in Viet Nam will have to move from a philosophy that has been accepted for thousands of years, and which they understand to a totally new approach, no easy thing to do. The change is so great that it is not realistic to expect them to change overnight, instead, a way to help them take small steps along the process to more independent learning needs to be developed.

3.2.2.2. Sociological factors:

The curriculum is recognized as reflecting aspects of a society's culture, with social forces impacting on the educational process. Today in the West, culture is changing rapidly and knowledge too is continually advancing. Yet knowledge itself is not value-free, some is regarded as high status without being very practical whilst other knowledge

has low status but is of practical use (Yong, 1971). Jarvis (1978, 2008) asserts that the relevance of knowledge is significant in planning any curriculum. If curricula contain socially organized knowledge selected from a particular culture, then where, why and by whom such a selection of knowledge is made will impact on what the learners learns. Westwood (1980:43) argued that since adult education has traditionally been predominantly middle-class

> *" it has a reinforcing role in maintaining the status quo, engendering a state of consensus and contributing positively to the mechanisms whereby hegemony is maintained* ".

In her analysis, it seemed that adult education maintained a '*bourgeois hegemony'* and that the prevailing pattern was of social division. Jarvis (1993) concluded that no curriculum in lifelong learning could escape the social pressures exerted upon it, and he goes on to suggest that adults need to recognize this when they enter into educational opportunities (Jarvis 2008). Only once this has occurred will true self-directed learning be possible. In self-directed learning the learners need to learn to evaluate knowledge and where it comes from, only than are they free to select what they want to learn. Viet Nam currently has an education system which supported the belief that individuals (particularly older people) are in the position that they were born into. Thus, they maintain social divisions, and do not expect education to offer them a way to change. Although the impact of the media is affecting the way young people see society and they are beginning to look for more opportunities, the education system has still to catch up with them, and educators and their parents, from the more stable and unchanging traditional system have to accept that the changes experienced by the young people are irreversible. The MOET has recognised that education must change, but knows that this is a mammoth task, and that new programmes have to be designed to work with both groups.

3.2.2.3. Social policy factors:

The decisions of national and local governments regarding the education programmes provided inevitably mean that policy factors also affect the curriculum in all educational establishments. Education in the United Kingdom has an example where continuing vocational education was separate from 'liberal' adult education (Dearing report, 1997 and DfES, 2003). However, continuing professional educators recognized the advantages of lifelong learning and worked to incorporate liberal adult education within professional education. It then become a major focus of educational policy but in more

recent years there has been a division, and change from the original position with liberal adult education certificated as part of the mainstream provision and lifelong learning becoming linked more to vocational education, reflecting the European Commission policies (Jarvis 2008).

Content can also be affected by governmental policy, in the UK with the establishment of the Manpower Services Commission (MSC) any political material was prohibited from being in the curricula and it was stated that

> "*inclusion in the course of political or related activities' could be regarded as a breach of …agreement with the MSC and could result in the immediate closure of the course*" (Harper, 1982).

This illustrates that relatively recently even in the UK, a democratic country the government has policies that can be used to control curriculum content. Griffin (1999) argued that

> *"Lifelong education and the learning society are simply ways of integrating education policy into wider policies for the reform of the welfare state". (*Griffin, 1999b:451)

In Viet Nam, almost all education programmes come from the Ministry of Education, and the term lifelong learning has only been introduced in the last few years. The concept has been well received, but the implications have not yet been considered, or fully understood. However, the government in Viet Nam, as it moves more towards a market economy is keen to move towards more western models of education, to support the rapidly changing economy, the workforce needs of employers and the social system. However, at present they are still in a time of challenge while they try to decide in which areas innovation in education should begin, and which should remain unchanged to preserve the traditional history of the country. Currently they have decided that all education programmes have to include social history as compulsory elements, and therefore this too needs to be recognized in all education plans and designs, so reinforcing the necessity of social policy factors being constantly remembered in making final decisions for the expansion of provision of education and training.

3.2.2.4. Perceived demands:

In some instances a market model is referred to as a form of liberal adult education. It also has a welfare dimension when the language of demand and supply as practiced demands are used in it. Newman (1979:35) suggested that:

> "*Adult education is designed in the simplest possible way to respond to demand. It is the other side of the numbers game. If classes can be closed on the basis of attendance, then they can be also set up… if you have a group of people eager to pursue some activity, of if you have evidence of sufficient community interest you can … ask that a course be arranged*."

Using the idea of a basic need to learn, understanding of the term 'need' should be carefully considered as it has a significant role in the development of adult education thinking. It is very close to three terms "wants", "interest" and "demands" so careful analysis is important. The analysis of Griffin's (1999b: 438) has some points to that link it with social policy in both progressive social, democratic and modern liberal welfare which needs to be remembered when changing a model of learning. Viet Nam has like other countries in Asia recognized and accepted that there are new demands from the labour market that require more education and skills, with more people needing higher education. The education providers, the universities and colleges have now had to move from being based on national requirements to recognize demands at an international level. Education has become a commodity in the market place, to some extent this marks another change, and the individual needs of the learner now need to include the needs of employability. In this case, needs become "wants" and 'demands', understanding this differentiation was a key issue in this study.

It is clear, in the West, that there is an increasing recognition of learner's demands and needs; consequently the curriculum tries to make contact with more and more interactive methods through which to engage the attention and commitment of students. The developing countries such as Viet Nam have low income and tend to see these new methods; not only as alien, but also as expensive as at first glance they appear to need more resources. Currently, the Vietnamese government has limited resources and encourages schools and adult educators to keep costs down, and where possible not to charge fees. There tends to be a concern that interactive methods would mean the education costs would rise, and sexual education in schools is seen as no exception. There is concern that schools would not be able to afford such changes. A way had to be found to demonstrate that these methods are effective and because they increase learning, in the long term they are not beyond their resources. In sexual health, as in

many instances the government provide free learning materials, traditionally these are accepted and used in the format in which they are produced. In view of the education history of Viet Nam, this tends to be for a large group lecture format. That they could be adapted, for other teaching approaches seems not to have occurred to most of those using them. This also meant that the curriculum tended to be delivered exactly as the government first developed it, without adaptation to the group or setting in which it was delivered.

However, since Doi Moi in 1986 (the innovation period), there has been an improved economic situation with the income rising in each household. This has led to increased access to facilities once not even dreamed of, and with this comes a change in expectation and demand. Families and young people in particular have access to examples from the West that they see as more attractive. Adolescents in schools no longer want to accept what is given, they want to participate, to have a say in what they learn. The Vietnamese government has recognized this and encourages the schools to adapt and move towards providing an education that moves towards international standards, so that young people can meet the changed demands from what is an increasingly international workforce. However, without examples of how to change, teachers have been left following their traditional ways, and there is still minimal interaction between staff and pupils. This project provides a starting point for teachers to use an education approach that moves towards recognizing the perceived demands of students.

3.2.2.5. Psychological factors:

It is clear to see that the strength in Knowles (1980) educational approach to andragogy is the concentration on the psychological factors, these were very helpful in planning an approach to sexual health education that could use the theories of adult's learning to enable the pupils to develop an approach to learning that was participative and would stimulate them to learn more, to move towards the principles of lifelong learning. However, it was important to realize that to adapt to the Western approach, Viet Nam needs time. After more than a thousand years using one approach, it takes a major psychological shift to change direction. Any new approach needs to recognize the base from which the participants start and to move slowly and consistently towards a new future in education. Only that way will individuals feel secure enough to try and then hopefully embrace the changes.

Sargant and Aldridge (2002) argue that if the psychological factors are not considered in the planning, then they inhibit continued learning and there is a lack of acceptance of the proposed changes. In addition to the education tradition, the passive societal role and the acceptance of top down control that has traditionally existed in Vietnamese society means that individuals are not used to seeking solutions for themselves. Any approach developed needed to include ways to help individuals more to a more active approach, rather than believing that they have to accept the status quo, they need ways to change their knowledge, skills and attitudes to realize that creativity can be used to bring about change within existing government budgets.

3.2.2.6. Resources:

There are three resource elements in the curriculum planning model. These are finances, accommodation and staff in the curriculum planning model. These elements are interdependent with the policies of the decision makers in developing the curriculum. In Viet Nam, each of the three elements plays a role in education provision. Financial resources are an on-going problem, although Viet Nam is one of the few countries where the GDP still rises each year, the government has a mammoth task to raise the socio-economic standards of the population. This together with the high numbers of children and young people needing education and health services means that for some years to come the available funds for education will be limited. It also has to be remembered that although standards of living have risen, they are still relatively low with 70% of the population still living in poverty. Therefore, it is not feasible to expect families to follow patterns that are seen in countries such as the UK where parents often find additional funds to support their children's education. However, this should not be a reason to reject change, instead the focus needs to be on how to best use what is available. Currently, in Viet Nam as Jarvis (2008) points out, many educators fear to use, or are not able to demonstrate the entrepreneurial spirit needed to bring about change. The conceptual framework needs to include ideas to help educators move along the path of innovation and participation.

In the West, a great deal of adult education has become part of service provision with students often taking time out of work, either taking part in residential courses or using flexible hours for learning, and in both cases accessing up to date facilities. This part time approach is not appropriate for school pupils, but does have relevance for the teachers who also need to change their levels of knowledge and skills and need to be encouraged to move towards active learning. This approach helps learners to remain in

their wider community, whilst still learning. With flexible learning, the learners can study at any time that is convenient for them such as evenings, weekends and holidays. This makes it easier to continue professional education development since although employers need to be willing to release staff for some time for education and training purposes, much of the time is given by the individual so reducing the burden on the employer or service. It also means that resources in universities and colleges can be used for more than one group, with additional courses taking place in evenings, weekends and during vacation periods when the 'traditional' or full time students are not using them.

The problem in Viet Nam is that it has focused all its resources on established teaching patterns rather than on learning strategies, something that now needs to be urgently considered as Viet Nam is very different to how it was in the past. As industry and employment changes flexible programmes have to be developed to make the best use of current physical resources such as colleges and universities. Even if the finances were available (which they are not), it would take too long to create more physical resources. Educators need to look to the format in which they deliver their adult education if they are to meet rising and changing demands. In this study it meant that teachers needed to be encouraged to seek information and extend their education, not just when released from work hours, but also to want to learn and to continue seeking knowledge and information when needed, not only when officially authorized.

In the last element are human resources, where the tutor is the main resource. In Viet Nam, some educational institutions are using untrained staff (mainly in teaching adults) while others have part-time staff in the classes teaching minority subjects and interests. With resources limited, Viet Nam is in danger of following the pattern Hetherington (1980) condemned two decades ago, that if training is not compulsory then untrained teachers will be retained as they cost less, and part-time teachers may be used in preference to full time staff. It is therefore important that whilst the role of additional staff is recognized, it is not at the expense of permanent trained staff, as this would ultimately lower standards. Jarvis (2008) argues that the challenge is to reconcile the changing market demands with current and new educational programmes so that education becomes an integral part of workforce activities. This argument is gradually becoming recognized in Asian countries including Viet Nam, but this concept has led to most of these countries struggling to find ways to integrate new ideas within an existing system. As a result, there are examples of where countries have moved rapidly to embrace western approaches to the detriment of their own system and as a result countries are

now much more wary about accepting new ideas (Hoang 2012).This study needed to recognize this and find a format that would be acceptable on both micro and macro levels.

3.2.2.7. Advertised programmes:

An essential element for the success of any programme is the way it is advertised, or in school education described to parents and teachers. There are three issues that need to be considered, balance and level of the programme, and the timing. The balance refers to the different forms of knowledge or the balance between theory and practice in this period of change the education of adults has to function within a learning market. It means that a wide variety of short course and modules as requested by the consumer are replacing a planned and balanced curriculum process. However, the disadvantage of this is that learners have opportunities to choose what they are interested in rather than what they need. In these circumstances there is a danger that the educational philosophy takes a back seat as financial pressures increasingly dictate what is offered.

Rogers and Groombridge (1976:76) argued that programmes need stable and continuous promotion. Description needs to accord with the concepts of education, including timescale, content and assessment. In Viet Nam, some schools do provide information for parents but while as in the west the focus is on high quality education. It is not the programme itself that is described, but the chance for it to be used in the wider society. There is still little mention of the learning process or the methods of teaching. This is not stated, because all staffs in public schools use the same approach which has not changed from when parents attended school.

3.2.2.8. Actual demand:

Programmes should respond to the demands of the actual and future pupils Sargan et al (1997) argued that the role of high technology has implication all aspects of life including medicine, engineering, manufacturing and education itself. In addition, it had led to a change in the traditional differences female and male work, with most jobs involving some form computer work, increasing numbers of women are moving into professional, managerial and administrative areas previously seen as exclusively male. Therefore, schools and education programmes themselves need to change. However, there has been little recognition of this in Viet Nam, many secondary schools still teach traditional roles and deliver content not related to future work possibilities. This approach means

schools are not meeting actual or future demand, but trying to maintain the status quo, an untenable situation. In addition the current approach is based on whole group teaching which means that it is really difficult to respond for individual leaner's needs, as a result individual potential may be missed, with the result that on a personal basis actual demand is not being met. The situation could be improved if the Department for Education and Training developed a department to form a bridge between organizations, schools and individuals providing careers and job information.

Lifelong learning to prepare to meet actual demand starts in childhood, where patterns need to be established that pupils will follow lifelong. High standards of practice are needed, and understanding and acceptance of the importance of lifelong guidance, not to mention ongoing education and training for trainers. Feedback at regional and national levels on issues affecting access to opportunities and assisting in the exchange of information between services and practitioners is also needed (Javis, 2004). In Viet Nam, the result of the lack of ability to meet actual demand is the influx of overseas workers. International standards are now recognized, particularly for exports where ISO (International Standards Organization) is essential but the term is still new, and has not yet reached the education system. Viet Nam is beginning to be more familiar with the concept of lifelong learning as it accepted in many countries, with incoming workers and organisations bringing the concept with them. To maintain the growth of its gross domestic product, Viet Nam must adopt strategies to enable education to prepare pupils to meet the needs of industry and other employers.

3.2.2.9. Actual curriculum:

Teaching and learning is dependent upon the content in the curriculum. It is difficult to meet all aspects of actual demand because the curriculum needs to be based on core and agreed content. It cannot instantly adapt to new demands, but it should following major changes in demand, such as those caused by computers, once these have been carefully assessed and reviewed by key educators to ensure that changes to not lead to the loss of the philosophical foundation. The curriculum of an educational institution is more than its programme of courses, and where, as in some instances in Viet Nam it has become a list of content, the danger is that the over-arching principles governing education are lost, and with them the relevance and place of the content in preparing the future workforce and parents. This results in pupils being unable to relate the information given to their life, and as with the current sexual health education they choose to reject it, so putting their health at risk.

3.2.2.10. Evaluation:

The educational philosophy should be used in the basis of any evaluation. However, the economic situation should be considered as part of the ability of the programme to meet actual demand. The ability to meet desired outcomes also needs to be evaluated, and this includes pupil attainment, careers, financial structures, management and administration. In Viet Nam, there are criteria to evaluate education programmes, but at no point do these include the pupil', it is becoming as a pioneering condition to measure the success include the pupil's perceptions. This study was one of the first to seek to gather their views on a specific subject or area of the programme, and demonstrates the current gap between pupils and teachers, and the impact this has on their acceptance of the content.

3.2.2.11. From needs to demands-the way that the language of curriculum changed:

There are many arguments trying to make the meaning the term 'need' clear, but there is still confusion between the concepts of 'need', demand' and 'interest' with different people using them differently (Jarvis, 2004). However, "once a learning need is recognized by a potential student it creates a want, an interest, or a desire in the potential students." (Javis, 2008:271). This will impact on their ability to learn. To avoid problems there should be agreed definitions of these terms that are accepted by pupils teachers and policy planners, without these education will vary. In Viet Nam, there has been little questioning of their meaning with teachers using the MOET programmes without reflecting on its relevance. Hence there has been little attempt to meet actual needs, and this urgently needs addressing.

3.2.2.12. Programme planning:

By contrasts, American adult education has rarely used the term curriculum, Knowles (1980) is reported to have argued that '*we don't have a curriculum, we have a programme*' (Jarvis, 2008: 273). American literature suggests that there are three kinds of programme planning, the classical, the naturalistic and the critical (Cervero and Wilson 1994). Each of these consists of a series of steps, which together provide the learning experience for example the classical, according to Knowles (1980:26-27) has six stages. The first stage is to help learners to determine what they want to learn. The second is where the teacher makes plans with learners for a sequence of learning experiences.

Creating the conditions conductive to learning is the third step with selecting appropriate methods for learning being step four. Providing the necessary resources is the fifth step, while the last step is to help the learner measure the outcomes of the learning experience. The steps were based on a humanistic philosophy but lack any inclusion of the theory of curriculum as well as recognition of teaching styles and sociological factors. The naturalistic approach is based on idealized principles (Cervero and Wilson 1994:17) and an examination of the actual process of learning while the critical also has its own steps. However, it is a very difficult to maintain the distinction between the three processes as they are all built around a similar series of steps, it is only the focus that varies.

Houle (1972) suggests educational design situations can be individual, group or institution based. Although really designed for adults, he does use a variety of active learning techniques such as documentaries and distance learning that could, as technology increases be considered for lifelong learning in Viet Nam. However, the resources needed to implement this approach, which include leaders, clarity of design criteria for evaluation and independent learners will take considerable time to acquire. This model is increasingly being recognized, but for Viet Nam the first step will need to be to train leaders who can apply these new concepts to the Vietnamese setting before sustainable change is possible. Houle (1980:102) argues '*applying the model to a situation, one may begin with any component and proceed to others in any order'*, but his diagram since suggests it is a sequential cycle, and for those countries such as Viet Nam, for whom this approach is new, not following the sequence could make it more difficult to implement effectively.

Since the 1980s, the critical perspective has become increasingly popular; this recognizes that education cannot be separated from the social and political context within which it occurs. Cervero and Wilson (1980) pointed out that for this to be successful there is a need for education to encourage critical thinking. While accepting that this plays an important role in lifelong learning, because of the education tradition in Viet Nam, this is one of the hardest changes for individuals to make. For some time to come, it is likely that Viet Nam will need to focus on taking a series of small steps towards this type of approach to lifelong learning, rather than trying to implement an approach without the infra-structure to support it.

In conclusion, although the concept of lifelong learning is increasingly being recognized in Viet Nam, currently there is no consensus regarding which approach to use, or even where to start. The MOET needs to lead discussions into the best way to move forwards, as today, Vietnamese workers are a disadvantage when competing with those educated in the west. As more firms move into Viet Nam, it is important that the workforce is not wholly imported, and that Vietnamese employees have the flexibility and adaptability to compete with their international colleagues. Clearly, teachers have a key role to play in encouraging and enabling their pupils to develop a creative and independent approach which accepts that learning must go beyond the school years, and must be the responsibility of the learners themselves. It would seem therefore that the first steps must be to focus on teacher education and training courses, and on the in-service education of teachers already qualified.

Beisgen and Kraitchman (2003:98) point out that trying to introduce creativity amongst older adults is not easy, and that systems need to be put in place to support staff who may be afraid of failure. Teachers will need to understand that passive learning does not encourage pupils to develop and approach to learning that will support them in the ever changing world in which they will have to work. Support networks may well be needed for these teachers and they need to receive, as well as learn to offer, positive and constructive feedback. Opportunities to share ideas and plan activities with peers will all help to encourage them to be involved in changing the learning process.

There is a second issue, applying the theoretical components of any education curriculum. In lifelong learning this leads to innovation and change, however, in the context of Viet Nam, innovation is difficult as every change needs to be passed through the formal systems. The MOET needs to develop strategies to support innovation and change without delays, which currently can be lengthy, discouraging the individual from trying. Then too, there are financial implications for any change, and although Viet Nam is in the fortunate position a healthy GDP, over 70% of the population remain living in poverty and therefore the resources available for educational change are limited. NGOs do offer a way forward, but for this to be successful structures need to be developed to enable their activities to be formally linked to MOET policies and practice. Finally it is important that Viet Nam does not try to move too quickly, but settles for a programme of gradual change through small incremental steps based on an understanding of theories of learning. As this study aims to make education changes that move pupils towards accepting the principles of lifelong learning, a key element of the developmental process had to be a review of theories of learning, given in Chapter 7.

Section 2: Positioning the Study: The Education situation

As section 2.4 (page 18) illustrates, until recently the main goal of education in Viet Nam was to train young people to fit within the culture and workforce needed to maintain the Vietnamese way of life. However, since unification, the emphasis has been slowly changing towards education rather than training, with the Vietnamese government keen to improve the education status of their children and young people. The difficulty for them is that as Thuan (2010) points out, there has been very little research into the processes of learning in Viet Nam. Indeed, overall while there is a wealth of literature devoted to the study of learning and teaching in the West, there is relatively little literature based in East Asia (Jarvis and Holford, 2003). There are some instances of East Asian societies such as in Singapore, Malaysia, Thailand and the Philippines, who have been influenced by Western colonisation, and have as a result achieved some effectiveness in moving towards a more Western facilitative approach to learning. However, it is acknowledged that 'Confucian-Heritage Cultures' with their origins in Chinese culture have had strong influences on East Asian education (Li, 2003). Following Confucianism, it means that learning refers to listening, then accepting knowledge seen as 'good' and being able to reiterate what has been learned. Thus, learning, in Confucian terms, means finding a good teacher and imitating his words and deeds, an approach that for more than two thousand years has impacted on the cultures of China, Korea, Japan and Viet Nam. This has resulted in limited questioning of scientific and academic statements. Indeed, it is recognized that in East Asian societies, didactic teaching, rote learning and book-centred learning are preferred to critical thinking. The learners treat their teacher as an unchallengeable authority; education remains teacher-centred and based only on acceptance of theoretical approaches (Thanh, 2008).

Assessment of the ability to reproduce information is by examinations, these are highly competitive and put intense pressure on students and teachers but there is increasing recognition that examination results are not demonstrating the improvements in knowledge and understanding that were anticipated, or are needed (Rao, 2001; Liu & Littlewood, 1997; Jarvis & Holford, 2003). As a result, in recent years many East Asian countries have chosen to embrace new educational policies based on the need for change, innovation and reform. Perhaps one of the clearest successful examples being Singapore, where learning and teaching emphasizes 'holistic learning and linking theory to practice' an approach which originated from Western theories. They have been able to demonstrate increased effectiveness in learning and achieving planned outcomes (UNESCO, 2002). However, educational reform can bring dilemmas, and in contrast to

Singapore, there are examples where countries have encountered a 'crisis' because of too rapid and widespread use, or misuse of progressive and holistic methods of teaching, resulting in increased extracurricular distractions, a lack of discipline, and poor assessment results (Steinberg, 1997; Cu, 2007; Dung, 2004). The result of these varying outcomes, which illustrate the distinct differences between the Western and the East Asian learning and teaching methods, are such that many East Asian countries (including Viet Nam) are now cautious about change (Cu 2007). They are seeking ways to successfully link with the increasingly dominant Western methods, without disrupting or damaging current programmes. In consequence a key element of this study had to be consideration of how the possible learning approaches, could be adapted to fit within the current system in Viet Nam. For teachers who are working in schools with high pupil numbers, the demands on their time are high, the Confucian approach that they have been trained to use makes it possible to deliver the curriculum content to large groups of students. Assessment by examinations which only require repetition of what has been taught reinforces the belief that knowledge has been transferred, with the result that there is little incentive to change (Thuan 2010). However, this system gives little indication of how much has been understood, or is relevant to their (the pupils) lives with little time for them to consider alternative ways to teach.

The problem of the gap between knowledge and understanding has been recognised by the Government who, since unification have had a strong focus on education. However despite their best efforts, the rapidly rising numbers of children have meant that there has been a tendency for growth in education to be in terms of quantity rather than quality. Review of the actual situation reveals that it is still perceived by most Vietnamese people to be at a lower level than most other countries. The current shortcomings of the current system have been summarized by Tuy (2005), Ngoc (2005) and Dang (2005). They state that:

- Studying and curricula are overladen but inefficient, with learners at all levels forced to deal with a wealth of information that is not related to learners' expectations and needs. This is in contrast to many other developing countries where learners study less but are able to meet and satisfy the demands of workforce and economic development.
- In comparison with other developing countries in the same region as well as in the world the education system is still backward. Despite many efforts and support to enable to it become regionally and internationally integrated, this has only occurred to a very small extent.

- The education system by itself is unable to motivate learners or to lead to self-learning. The passive way of learning is used by learners to gain academically accepted recognition through diplomas and certificates. However, the knowledge and skills gained in this way do not match the country's workforce needs.
- There have been some attempts to use education and training models from other countries. Overall, however, the application of these models without critical considerations, prudent analyses of the Vietnamese context or real understanding of the models, tends not to be successful.

It is clear that existing problems and their resolution are very complicated. The government and society have for a long time, been concerned to find the best way forward. Frequently asked questions include how to develop an efficient education system, which model should be used, which are the most urgent issues in the current situation, and which areas have been addressed It is recognized that any system that improves the situation is likely to have significance for the whole country.

Following discussions with the MOET, MOH and Vietnamese supervisor, it was agreed that currently, as there is caution in Viet Nam regarding implementing change on a national basis, this project was to be treated as a pilot, which if successful could be submitted for consideration for incorporation into current school education. The MOET and MOH accepted that there would be implications for the teachers and the way that they interact with their pupils, but again believed that carrying out a pilot within the schools involved in the study was the most appropriate way to trial any changes. Their support for the aims of the study was such that they carefully considered the best way to move forward, because in Viet Nam it is not possible to directly carry out changes in education or teacher training without official approval. For this there is a lengthy and bureaucratic process to follow, however, traditionally this is only begun once there is official recognition of evidence that the changes are needed. Therefore, the study was seen as a good opportunity to explore the current situation in an area of education that is seen to be of increasing importance. The MOET, and MOH, were clear that this project sat within education in secondary schools. The focus for the project should therefore be education, not training. As documentation for the study was gathered it became increasingly evident that to implement a model developed for pupils, there needed to be a model for the teachers, this was again discussed with key personnel. The response was clear, changes for teacher-pupil interaction would be welcome, but this was still something that sat within the schools and the education system. Ultimately it needs to be considered when the new programmes for teacher training are developed in the near

future, but as the size of the grant from the ADB indicates this will be a major national initiative that will take some years to initiate. The urgency of the need to support and improve the sexual health of young people meant that changes needed to be considered sooner rather than later. By placing the study within education, it could be implemented much more readily as this subject is currently under review. The model developed for teachers will then be submitted to the ADB and government project team, when the proposed national teacher training development programme is started in 2013-2014.

CHAPTER 4
RESEARCH METHODS

4.1. Aims:

- To review current sexual health education provision in upper secondary schools in North Viet Nam
- To develop a conceptual framework and model for sexual health education programmes for upper secondary schools in North Viet Nam
- To make recommendations for the development of policy and practice for sexual health education for upper secondary schools in North Viet Nam

Specific objectives

- To explore the perceptions of upper secondary school pupils of sexual health education in both urban and rural areas in North Viet Nam
- To explore the teachers perceptions of teaching sexual health (SH) in upper secondary schools in North Viet Nam
- To review in detail the curriculum and information used to teach sexual health in schools in North Viet Nam
- To gather information from key informants regarding sexual health education in secondary schools in North Viet Nam
- To review theories of learning from both Western and Asian education systems in order to identify those that could underpin a conceptual framework and model for teaching sexual health education in schools in North Viet Nam
- To explore the teachers perceptions of the proposed conceptual framework and model

4.2. Epistemology:

As part of any study design the nature of the data required and from this the best research approach to use need to be identified. This includes consideration of the epistemology which governs and guides the paradigms in which research takes place. A paradigm can be described as a conceptual framework in which research is carried out (Bryman, 2008:605), with the two most frequently used paradigms being the positivist and the interpretivist (Pollit & Beck, 2006, Denzin & Lincoln, 1994, Bryman, 2008). The positivist paradigm, is based on traditional scientific research methodologies with an underlying set of rules and procedures used to collect data, Pollit & Beck (2006:16).

Denzin & Lincoln (1994) suggest that in this approach an understandable reality is accepted as truth, based on fixed natural laws and mechanisms. Research questions are worded so that measurable, numerical units can be formulated for data collection and analysis, and a key aim of this type of research is develop results that although gathered from a sample of the population can be generalised across the total population. Thus this is a research strategy that emphasizes the collection of measurable data, and is a deductive approach to theory development and research, which focuses on the development of hypotheses and on theory testing (Bryman, 2008).

A strength of quantitative research is the ability to research large study populations in a relatively short period, (Bryman 2008, Patton 2002), and evidence-based practice is mainly based on quantitative study results (Nieswiadomy 2011). However, there are criticisms of this approach. The objectivity gives little indication of the (dynamic) reality; there can be problems with reliability, particularly with surveys where the participant can interpret questions in a way that differs from the original intent. In addition, there is only a small (rigid) connection between the instrument (questionnaire) and the daily reality of the respondent giving a static or one point (in time) view of social interactions and processes, and the individual's life experience (Bryman 2008). This approach would supply the quantitative data needed, but care needed to be taken in the survey design to make sure that interpretation of the questions was standardized as far as possible. However, the limited in-depth information that can be gathered this way meant an alternative approach had to be considered. In contrast, to quantitative research, interpretivist or qualitative research is

> *"a form of empirical research that can be characterized by using a specific method of gathering information, the type of analysis, research design, the subject of research and the role of the researcher (Mason 2004, page 9).*

Searle (2004) points out that with this approach time needs to be taken by the investigator to explore the reality of the participants, using open observation techniques (Patton, 2002). This makes it possible, to connect findings with reality and to consider them from various approaches. Searle (2004) argues that this means qualitative research (unlike some positivist research) cannot use predetermined protocols, but should be cyclical and iterative. Each step should only be taken following reflection on previous processes, and numeric bases are entirely inappropriate. Reality is seen as a part of a larger whole in which several principles and perspectives may apply (Pollit & Beck, 2006) and interpretation of multi-view personal perspectives is possible. Absolute

truth or falsehood can never be determined, and research is seen as an interaction between the researcher and the participants. It is subjective, with data and analysis having a strong reliance on text, and all findings are time and place specific. The aim is to gain insights into the key elements or essences of social phenomena and specific groups, not generalise to the whole population (Pollit and Beck, 2006, Bryman, 2008, Silverman 2004). The strength of qualitative research is that it helps give meaning to social phenomena, identifying their essence or core aspects (phenomenology and social interactions), it can provide clarification of the behaviour patterns of the group being studied, and enhances the study of reality and linked theories and concepts (Denzin, 1994, Patton, 2002, Glaser & Strauss, 1967). It is inductive, with analysis from observations and data being used to identify new concepts, rather than relying on deduction from existing theory (Bryman, 2008). There are criticisms of this approach, that the subjectivity gives a narrow perspective of the (dynamic) reality, with a lack of reliability as the data is text based, and there is interaction between the researcher and participant. In addition, the results of can contain bias from inter-dependence on the researcher's previous experience (Bryman, 2008:391). However, as this was a study designed for a specific group, the narrow perspective was not seen as problematic, and in order to gain the information needed, interaction between participant and researcher was seen as relevant. The issue of potential bias was recognized and every effort was made to minimize its effects.

Consideration of the study aims revealed that whilst each individual paradigm could address some part of the study, no one approach could provide data to meet the overall aims of the study, therefore, triangulation was used. Triangulation entails using more than one method or source of data in the study of social phenomena. The term had been employed broadly by Denzin (1970:310) to refer to an approach that uses '*multiple observers, theoretical perspectives, sources of data, and methodologies*' but more recently the emphasis has tended to be on methods of investigation and sources of data. Triangulation could operate within and across research strategies, and results in greater confidence in findings (Webb et al 1996, Bryman 2008). Originally, associated with quantitative research strategies, triangulation is also possible within a qualitative research strategy and is increasingly, used to refer to a process of cross-checking findings deriving from both quantitative and qualitative research (Bryman, 2008).

However, when asked to reflect on the paradigm in which the study was placed it was evident that this was implicit and to give coherence to the project as a whole, it needed to be explicitly described (see reflections section Chapter 10). Only by doing that does the

framework encompassing the methods used for data collection and analysis, and the piloting of the new conceptual framework and models of learning become clear. The study had been designed using a modification of a research approach increasingly used in Viet Nam that of action research (Lewin 1948). This had not been initially described because it is not in total an action research project, but can be said to be based around the first cycle. However, by formally describing action research, it helps to illustrate how what could otherwise be seen as individual activities fit together so improving the audit trail and increasing the likelihood of reproducibility.

4.3. Study design:

Since its initial development in the last century there have been many definitions and explanations of action research (Waterman Tillen, Dickson and de Koning 2001). In education settings, it is often seen as a collaborative activity among colleagues searching for solutions to everyday, real problems experienced in schools, or looking for ways to improve instruction and increase student achievement (Ferrance, 2000). While Carr and Kemmis (1986) when considering professional practice, describe action research as having three possible functions. Firstly, improving practice, secondly, improving understanding of practice or thirdly, improving the practice setting. They go to point out that this type of research does not produce results that can be described as universal truths, but offers increased awareness and insights into specific situations.

The process of action research is based around spiral cycles, which combine actions/activities with research examining specific questions, issues or phenomena. It uses different methods of observation, reflection and planned interventions to make changes. One of the clearest descriptions of this process was given by Kemmis and Mc Taggart (2000) see figure 4.1.

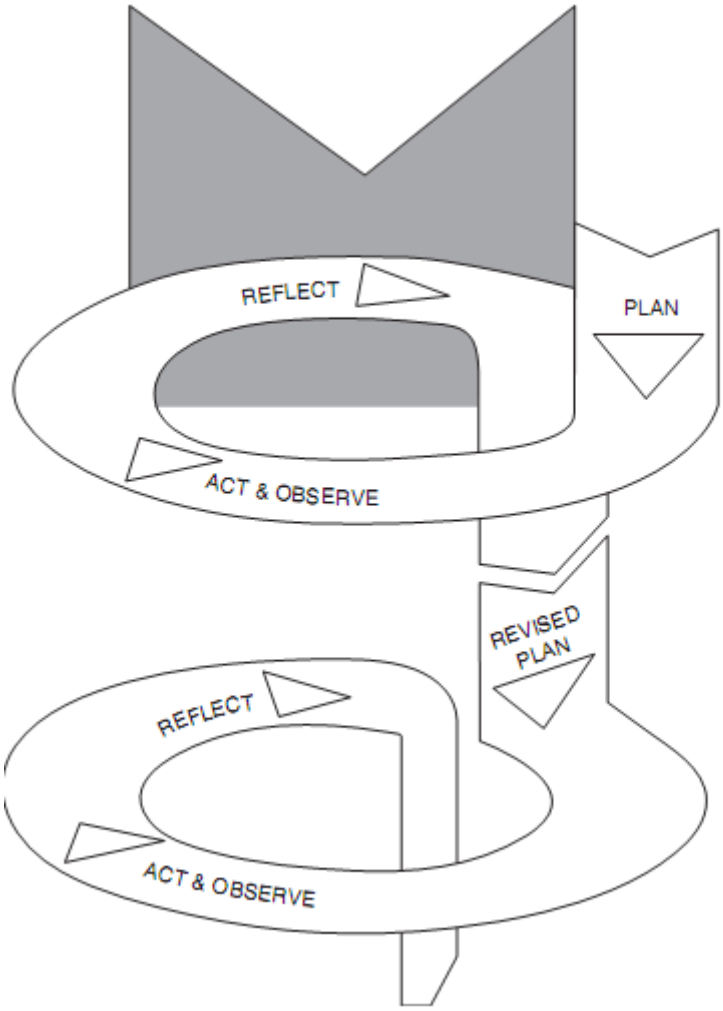


Figure 4-1 The Action Research Spiral
(from Kemmis, 2000: 278)[iii]

The origin of action research as developed by Lewin (1948:202-3) was the need to improve productivity amongst factory workers. By involving the workforce in reviewing, planning and then implementing agreed activities, the overall productivity from the participatory groups outstripped that of the control and semi-involved groups. Since then the idea of group decision and commitment to improvement in work situations and this can include education and administration has been further developed and is now seen as a research method in its own right (Bryman 2008). It begins by analysing a specific situation, identifying the core issues and then working on developing a way forward that will lead to improvement. All activities are evaluated and the cycle begins again, using the results of the evaluation as a starting point for re-evaluation of the situation. Action research is focussed on immediate application as it places the emphasis on identifying

and working within an agreed subject area. Although often seen as bottom up, it is in fact top down as the initial impetus for change has to be agreed and supported by management. Thus the activities may be worker led, but without acceptance of the issues at a strategic level it is difficult to bring about change.

In this study, the cyclical approach fitted with the overall aims of the study, but within a Vietnamese context the cycles could not be continuous. The education system is bureaucratic, and although the study had support at ministerial level, for any changes to be accepted after each cycle full reports to the relevant departments need to be made. To retain the strategic level of support the process needed to be transparent and acceptable to all involved. The MOET and MOH agreed that one cycle would enable the researcher to develop a conceptual framework and models for practice, and to pilot them and through that give an initial review of their appropriateness and effectiveness. A key advantage of choosing this approach was the recognition that sexual health education needed to move from being a passive, knowledge based series of lectures to an interactive and participatory approach. By involving teachers and pupils in specific activities it would enable them to share their experiences and feel part of the total process, rather than recipients who just accepted what was offered.

Using action research helps participants understand not only what they do, but it also helps then to consider why they do it in the way that they do. The initial step is to analyse existing practice, identifying elements that can change, and the best way to bring about change. This was seen as important, as although the aim was to improve sexual health education, it was crucial that it did not damage other areas of study in the process. It provided a practical way for teachers to participate together in an approved project studying the teaching of a subject that individually they found sensitive and in some instances difficult. It accepted their starting point and provided a non-judgmental way for them to debate and discuss the way forward. Although not based with the teachers as a formally recognised facilitator, nevertheless the researcher's role was to work with them to facilitate change (Yasmmen, 2008).

The study had to be designed within the context of school education, and where sexual health education sits in the overall curriculum. It was crucial to recognise that in Viet Nam sexual health education is an area of great sensitivity. In the light of this, before a conceptual framework could be developed it was important to review the actual situation in the schools participating in the project. It was therefore decided that baseline measures about sexual health education in these schools would be collected from both

teachers and pupils. To gain information from as many pupils as possible a survey approach was chosen. However as there would be few teachers in each schools and the perceptions of teachers were seen as important it was decided that qualitative data collection would be better for this group. The results from these two data sets could then be discussed with key informants such as government officials, leading experts from NGO's and other organizations currently working in the field of sexual health. Then, these baseline measures, together with the data sets from NGOs and government departments would then be used to inform the development of the conceptual framework and models. Other important data sources included curriculum documentation, government documentation and information on learning and teaching methods. Having chosen to use the first steps of action research Susman's (1983) description of five phases in a cycle gave greater clarity than the initial cyclic approach as it gave a series of practical activities that could be carried out. Figure 4.2 gives a diagrammatic representation of how the phases link together.

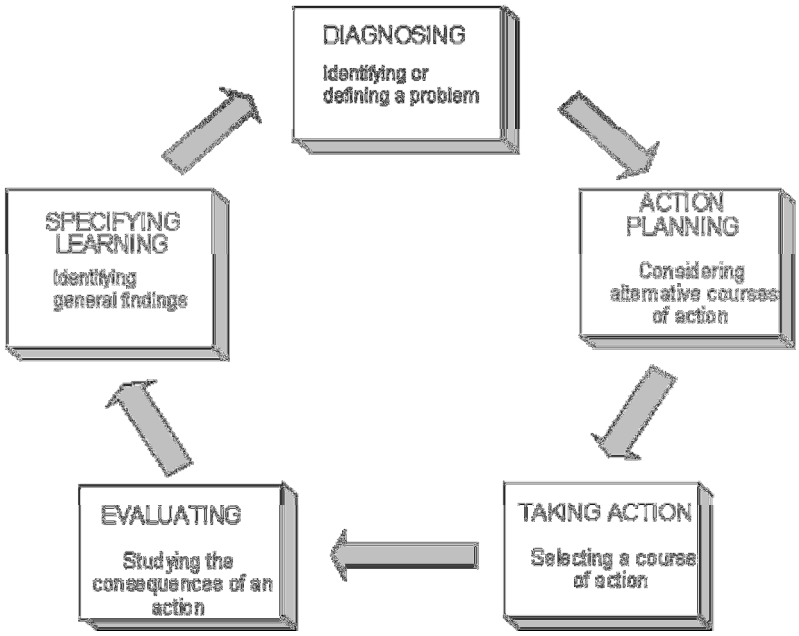


Figure 4-2 Detailed Action Research Model
(adapted from Susman 1983:102)[iii]

Based on these steps, the study design given below was developed. Although Susman (1983:102) uses a cyclic approach, it was decided that as different activities had to be linked together some concurrently and some consecutively it would be clearer if the activities that make up this first cycle were presented in a linear format as shown in figure 4-3.

Diagnosing	Action planning	Taking action & Evaluating	Specifying the way forward

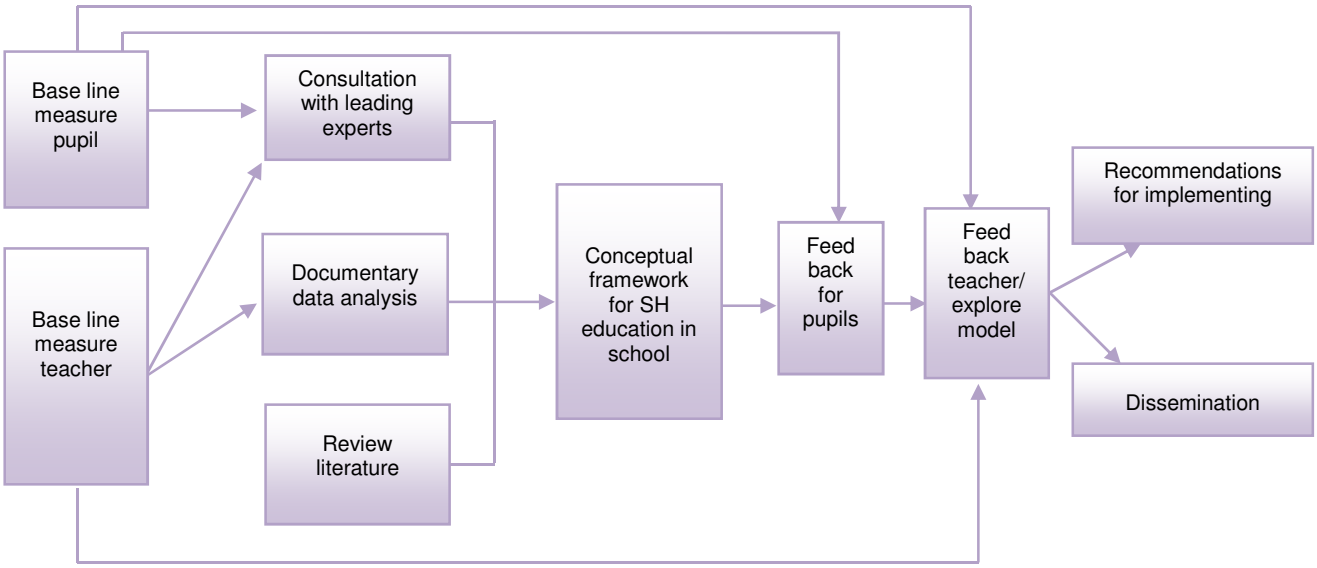


Figure 4-3: Study design

4.4 Methodological issues for data collection and analysis

Once the overall design had been decided, the next step was to identify the methods to be used to collect the differing data sets. Looking at the design, it was clear that overall there were distinct differences between the types of data needed. However, the methods used to collect the data had to fit within the overall modified action research design. As the first step in action research is diagnosing or defining the problem, the baseline measures needed to be collected in a format that could inform the rest of the study. Vietnam is a hierarchical society, and as Chapter 2 illustrates young people are taught not to challenge those in authority. Therefore in the presence of the teachers the pupils would be constrained when asked to express their views and opinions if they differed from those of their elders. In consequence, it was decided that data collection from these two groups had to be separate entities, and as Ferrance (2000) points out the use of different data sets at this stage strengthens the whole study.

Firstly, the baseline data from the pupils - it was important that as many pupils as possible could contribute to the study. As Chapter 2 indicates, Vietnam has a high percentage of young people, and therefore schools tend to have more than one class for each age group, and each class tends to be over 45 pupils in number. This meant that quantitative methods could be used for this data set, and after careful deliberation the

method described in section 4.7.1 was selected. This was seen as appropriate because as Waterman, Tillen, Dickson and De Koning (2001) point out, in action research such quantitative data can provide an indication of the situation at the start of a study.

Of equal importance was the baseline information from the teachers; this group carries the devolved responsibility for the information given to the pupils, and hence the official preparation that they (the pupils) are given to protect their sexual health (see Chapter 2). It was therefore seen as important that the teachers be given the opportunity to explain how they interpreted the government directives and coordinated what has been previously shown to be a disconnected series of subjects (Thuan 2010). For this to be possible a qualitative approach was deemed appropriate (Silverman 2004) and consideration was given as to which approach to use. Waterman et al (2001:37) in their systematic review of action research point out that qualitative research provides important insights that cannot be gained from quantitative data sets,

> "*Qualitative methods were shown to have a dual function in action research studies: that of data collection and of facilitating the participative processes … thereby encouraging participation in action components of the project*".

They go on to point out that frequently the qualitative approaches are presented without an epistemological basis and that this limits the overall utilisation of the findings. They argue that, for action research to achieve its full potential, researchers need to demonstrate a stronger understanding of the philosophical approaches that they use. Over a decade ago, O'Brien (1998) argued that developments in action research have led to recognition that interpretative approaches including phenomenology, hermeneutics and ethnography; all have a place in action research studies. It is accepted that in these instances, it is the principles developed to guide the processes used to gather and analyse data that are applied, to give a robust theoretical underpinning to the study as a whole (Patel and Arocha, 2000). Thus, in these instances, the study cannot be described as phenomenological, hermeneutic or ethnographic research, but instead as a study in which data has been collected and analysed systematically, following a specific philosophical approach. This provides a degree of transparency, and acknowledges both the strengths and weaknesses of the methods used (MacDonald, 2006). It also facilitates the application of measures designed to assess the rigour of data collection and analysis techniques which vary according to the theoretical concepts used (De Vocht 2011).

Qualitative research is new in Viet Nam, and as such it was important that the approach used followed steps that could be checked and understood by non-researchers as well

as academics. Only that way would the teachers and those responsible for education and training is able to accept the findings and implement them into policy and practice. For this study a description of the core components of discussions with the teachers was needed, and it was important that interpretation by the researcher did not affect the way the findings were presented. With this in mind, methods known to be based around interpretation such as hermeneutics were discounted, and consideration was given to which descriptive approaches could be used in the context of this study. Using O'Brien's (1998) work, this meant that from within the various possible approaches, descriptive phenomenology, with its aim of seeking to describe the essence of the lived experience (Mohanty 1989; Giorgi 1997:243) seemed the most appropriate, as it facilitates detailed concrete description' of individual and specific experiences. The advantage of using the principles designed for this approach to data collection and analysis is that it aims to describe events in a manner that supports the discussion of any ambiguities, and complexities that occur during data collection. In addition it does not rank any experience or description as higher than any of the others, and it remains firmly based within the evidence gathered with interpretation being within praxis, in this case in education (Giorgi, 2009). Also as Van Manen (1997:12) points out, phenomenology has an educative element and can be used to support educational developments and teaching, an important consideration for this study, he also states that the objective of a phenomenological approach is to:

> "*Gain an understanding of the experience of individuals…through reflective dialogic interactions with a researcher and not… developing theoretical an abstract accounts of an experience* "

As in this type of research, there is no formal hierarchical difference between the researcher and the participants (MacDonald (2006)). This participative approach enabled the teachers, and those interviewed to feel part of the process. For this project to achieve its planned outcomes such a participatory approach was essential. In addition as Smith and Dunsworth (2003) point out, this approach is particularly useful in under-researched areas, another relevant issue for this study. However it has to be accepted that as descriptive phenomenology has its own guiding principles, care has to be taken to describe the processes used as a distinct element within the whole action research cycle (Rice and Ezzy, 1999). Only that way can the reasons for the approach be understood, and the rigour of the process be seen and assessed against the criteria of the study rather than traditional positivist approaches (Zuber-Skerritt 2001). MacDonald (2006) goes on to argue that only the first stages of analysis needs to be achieved as

the focus is on using the outcomes of data analysis to facilitate change, not to reach the higher levels of insight that come from a pure phenomenological study.

As figure 4.3 illustrates, to complete the first cycle of action research, several different qualitative data sets were collected, these were the baseline measures from the teachers, the consultations with leading experts, and the feedback and pilot sessions with pupils and teachers. It was therefore decided that for consistency, all qualitative data in the study was gathered and analysed following the steps and processes developed by Giorgi (2009) (for descriptive phenomenological research) as described in section 4.8.1. Within the overall action research design, the phenomenological elements not only contributed to the study as a whole, but could stand alone (Barbara & John,2008:391), providing new insights and awareness of the issues around sexual health education in Viet Nam.

The two remaining data sets, were documentary data and the review of relevant literature, and the processes used for these aspects of the study followed the descriptions given in sections 4.10 and 4.10 .1. While the processes used for reliability and validity in quantitative data are clearly defined, with qualitative data, there is often less clarity. To have the credibility to be used in multiple ways, it was essential that both the quantitative and the qualitative data were seen to have been carefully described, without the application of value judgments or interpretation by the researcher. For the qualitative data sets, in addition to applying the formal processes described by Giorgi (2009) a modified approach to the phenomenological concept of bracketing was used (see section 4.9) to minimise bias and enhance the processes of trustworthiness and authenticity (Bryman, 2008).

The methodological challenge for this study was how to integrate data from the differing paradigms. It was decided that the different stages in the cycle needed different strategies. A key element in action research is critical reflection (MacDonald 2006), and therefore a way had to be found not only to integrate the data sets, but to enable participants to engage in dialogue and critical reflection with the researcher. This had several components; firstly, with the baseline measures and interviews with experts the dialogue had to include not only reflections on their own lived experiences, but also on the data provided by other participants, for example the pupils. In the later stages participants were able to review and reflect on all previous stages of the study. It was evident that to achieve this, within the action research process, triangulation needed to be used.

Risjord, Moloney and Dunbar (2001:58) argue that traditionally the differing paradigms have been seen as incompatible, and that as a result methodological triangulation has been seen as problematic. However, it is their contention that this view has to be challenged and social scientists "…*should radically reconsider the notion that the natural and social sciences have irreconcilable methods*". Thus, researchers should seek ways to blend the data sets, rather than seeing them as building blocks which can only be incrementally used. While accepting that quantitative data is seen as deductive and qualitative data as inductive, nevertheless, they suggest that it is possible to achieve a "*coherence of understanding*" (Risjord et al 2001:56), the aim of which is to maximise completeness (Adami and Kiger 2005) and through this reach a richer understanding than is possible with a building block approach. This view is supported by Olsen (2004:119) who also argues that triangulation can "cut across the qualitative-quantitative divide". She too rejects the traditional empiricist approach, suggesting that increasingly, researchers are recognizing the need to approach specific issues from different standpoints. Thus, what is needed is the development of an integrated epistemology rather than an acceptance of the tradition stance of two competing epistemologies.

This study has adopted the approaches described above. In line with MacDonald's (2006) recommendations, every effort has been made to describe each of the separate epistemologies used to guide data collection and analysis, and to illustrate the ways in which they have been combined. To facilitate understanding of the processes used, the diagrammatic representation of the study uses a linear format, rather than the cyclic approach in which action research takes place. This has made it possible for the participants, who were not researchers to see how the various elements linked together to create the whole study.

4.5. STUDY SAMPLE:

There are two types of school in Viet Nam, privately funded and public schools. The programmes in both kinds of school, although based on MOET guidelines, may differ regarding focused on individual activities and time allocated (Ministry of Education, 2006). Schools from both groups were included in the study. To find out what the pupils knew about sexual health and what they reported that they had learned from the programmes taught, the sample had to be drawn from those who had already received the basic sexual and reproductive health education programme. This group were in consequence now aged 16 to 17 years old, and attending upper secondary schools. A

list of all upper secondary schools in Hanoi was compiled. They were then categorised, and it was found that on average each school had approximately 500 students aged 16 to 17 years old. It was not feasible to survey all schools, and following discussions with the MOET it was agreed that one school from each category be used, and Tuan's (2001) system for determining sample size for descriptive studies be used to determine the numbers needed from each school. Randomisation was used within each category to select one school from each of the categories as shown in figure 4-4.

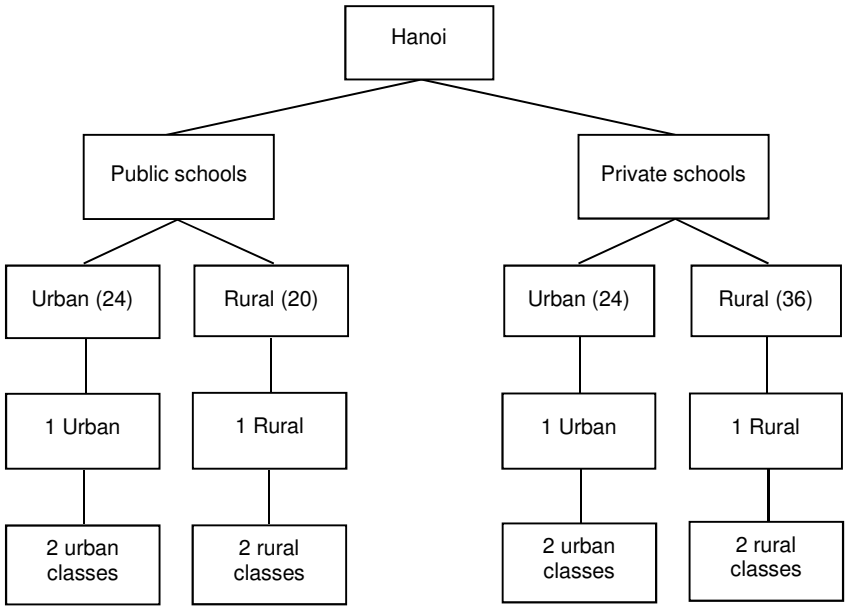


Figure 4-4 Diagram illustrating sampling technique

4.5.1. Sample size calculation and sampling technique for pupils from Tuan (2001):

Sample size

$$n = z^2_{1-\alpha/2}(1-P)/\varepsilon^2 P$$

The sample size was calculated based on estimating a population proportion with absolute precision (Tuan, 2001).

α: Level of statistical significance in here is set at 0.05, therefore Z=1, 96 (two-sided).

Z: probability of this sample size will cover the true population.

p: anticipated population proportion (proportion of young people have right knowledge of sexual health education in 2005 in Viet Nam was equal to 54% (MOH, 2005).

ε: relative precision set at 10% (Tuan,2001).

To follow the principle above the sample size n= 327

Therefore, the sample size was rounded up to 400.

Randomisation was used to identify 100 pupils per school, which was a 20% sample from within the total number of students in the year.

4.5. 2. Sample for teachers:

The sample for the teachers needed to come from the four schools that participated in the pupil survey, and therefore the sampling frame remained the same as for the baseline measures for pupils. The numbers of staff teaching sexual health education in each school was between 4-6 people, and it was decided that in view of these small numbers a total sample from each school was appropriate. As it was thought it would be more comfortable for the teachers to remain in a familiar environment data collection from the teachers was carried out in a quiet room in each school.

4.6. Approval and ethical issues:

Conducting research on sensitive topics and with a group designated as vulnerable, presents particular challenges and raises many ethical dilemmas (Ryen 2004). In designing the study, the ethical principles of beneficence, non-maleficence, justice and autonomy, as originally described in Seedhouse's (1988) ethical grid provided a practical framework for the study as this grid covered a wide range of important issues. It encompasses data protection, confidentiality, anonymity, the safety of participants, the processes involved in the study and dissemination of the final results. Application of these principles in the study was carefully considered, beginning with gaining formal approval to begin the study.

In Viet Nam gaining approval for projects such as this is not easy. The first step was the submission of the proposal to the academic committee in the university. Once they had given approval in principle, the proposal, with their written agreement was sent to the Department of Education and Training (DOET). Once the DOET had given their approval in principle, the proposal with letter from the DOET was then re-submitted to the academic committee of the university. This committee confirmed that the DOET approval was in place, and then permission to apply to the ethics committee for ethics approval was given. Once ethics approval had been gained the academic committee issued a letter of introduction to the schools and this together with the ethics approval was again

submitted to DOET. They then gave full approval for the study to take place and provided letters to support the university ethics letters for the heads of the schools. Their letter plus the proposal and approval from the DOET were then submitted to each school. The heads of each school then interviewed the researcher, and then gave their written approval. The written approvals from each of the heads of school were submitted to the university committee who provided yet another letter, this time stating that all necessary approvals had been given, and this too was submitted to each school. The heads of these schools then formally introduced the researcher to the teachers and the classes who were to participate in the research and only after this could the study begin. An addition to the processes described above, this project raised new issues for the university, the DOET and the schools. Normally in Viet Nam, unless the research is seen as medically invasive, oral and not written consent is given. The ethics approval by the university confirmed the use of written consent as this was a requirement of the UK University, but this was the first time that participants in such a study had been asked to given written consent, and the processes to be used (described below) had to be confirmed with the DOET, together with guidelines on how to protect the signatures, It was agreed that sealed envelopes would be used, and that all signatures would be securely stored, separately from the data itself. However, although this is a western concept it was accepted, and it is possible that with the increasing levels of literacy in the country this form of consent may increase.

Further application of the principles of ethical was demonstrated in the study through the processes used in design and implementation. With all approvals given, the researcher then sought the participants' consent prior to commencing the study, for the pupils, this included the consent of parents or guardians. Information was sent to parents/guardians, with details of the researcher and the approval letter from the head of school. Consent had to be returned before the researcher met with the pupils. Form teachers checked that the pupils attending did have parental permission before leaving the pupils with the researcher, where literacy was a problem teachers explained the study to parents who then chose whether or not to give formal verbal consent to the teacher, who in their presence, noted their approval on the consent form. This system of giving consent is accepted in government studies as literacy amongst adults remains a problem, and therefore for the parents to inform the teacher of their consent was seen as a normal and acceptable procedure. The parental consent was separately stored from the pupil data, in a locked cabinet. The potential participants (pupils themselves) were made aware of the limitations of the study, and that all information was being kept confidential and would

not affect any education or care they received. They were also informed that they had the right not to participate, or to withdraw from the study at any time.

The consent form was written on the first page of questionnaire and all pupils had to read the whole of the introduction and then listen to the researcher, and if happy then sign the form. Time was given for pupils to decide whether or not they wished to participate, and during both the initial survey and the feedback session, no teachers were present to see which pupils if any chose not to participate. The forms completed by the pupils contained no questions which would link their identity to the completed questionnaire. As it was handed back to the researcher, the first page with the signed consent was separated from the main questionnaire. At no time were the consent forms left linked to the completed questionnaires. They were separately stored in locked cabinets in a secure office.

The same process was followed with the teachers; they gave both verbal and written consent, once the purpose of the study had been explained. Both groups were assured that they had the right to withdraw any time if they needed or wanted to, and were given a chance to ask any questions regarding the research before they became involved in the study. They also understood that the research would be anonymous, so no names would be used. Once given to the researcher, the consent forms were sealed so that no one could identify who had chosen to take part, and the names of the schools were also kept confidential. The authorities from MOET and DOET, and other organisations interviewed agreed to not being told which schools were to be involved, so there could be no reprisals from participating in the study. The tapes were destroyed after transcribing and completing the research, and at no time were they used for any purpose other than this study.

The same process was used with the NGOs and government officials who also gave both verbal and written consent, once the purpose of the study had been explained. However, all commented that it was unusual; there was some interest in western issues of consent and the recognition that this approach may be increasingly used in Viet Nam. All were assured that they had the right to withdraw any time if they needed or wanted to, and were given a chance to ask any questions regarding the research before the interviews began. They also understood that the research would be anonymous, so no names would be used. Once given to the researcher, the consent forms were sealed so that no one could identify who had chosen to take part.

4.7. Project implementation:

For clarity the activities have been presented in the project was carried out.

4.7.1. Choice of data collection method for the pupil survey:

The sensitive nature of the data needed from the school children and the nature of societal attitudes in Viet Nam were such that a method needed to be found that would in enable pupils to provide information without embarrassment and fear of reprisal. It was also important to gather data from as many pupils as possible. For these reasons, a quantitative approach was chosen, and a cross-sectional survey with anonymous data collection through a self-completion questionnaire was seen as the most appropriate method to use (Leon, 2003). Studies based on cross-sectional designs are often used in exploratory and descriptive research because they can provide data both on the characteristics of a sample or population and the subject under the study, and can be applied with large populations. In Viet Nam, the demography means that the numbers of adolescents is very high, with the number of pupils in each school aged 16-17 years being around five to six hundred. For this study, purposive sampling was used to identify the schools (see sampling section), and an appropriate number of pupils to participate in the study. An advantage of this approach is that the necessary data can be collected quickly and comparatively inexpensively (Bryman, 2008).

4.7.2. Questionnaire design:

The survey needed to be descriptive and exploratory, aimed at identifying levels of knowledge, as well as patterns and trends regarding reported sexual health practices among young people (Sim and Wright, 2000). The structured self-completion questionnaire used consisted mainly of closed questions, but included some open-ended questions for respondents to explain their answers. The questions also had to support a descriptive analysis, to facilitate comparisons between and among the types of schools, and the background of students participating. Due to the nature of the subject, at government level there was some concern about pupils finding it difficult to write answers that their peers might, either intentionally or unintentionally see. Hien (2001) had faced the same concern when researching a sensitive subject in Viet Nam, and had resolved the problem by using audiotapes with response sheets that contained the formatted answers but not the questions. It was therefore decided that his approach was

appropriate for this study, approval was given, and the questionnaire was designed for this form of administration. With this approach, the researcher was present but completion was independent, as the questionnaire was recorded onto MP3 players and all pupils could then answer the questions and complete the form anonymously. Strength of this approach was that all pupils heard the same language and terminologies, but with this emotive subject, it avoided reactive effects from direct contact between researcher and individual pupils during completion (Hien, 2001).

The questionnaire was divided into different sections, these included the socio-demographic characteristics, their knowledge of sexual health, the attitude to sex and relationships and the sexual behaviour patterns reported by the pupils, the full question list and the response forms can be found in the appendix.

4.7.3. Data analysis:

Analysis was based on searching for patterns, trends, frequencies, correlations and significant difference. It was accepted that as the responses gave individual perceptions and individual attitudes from pupils, they were subjective. Therefore, even where numeric scales were used data had to be treated as ordinal not interval (Gomm, 2008). This affected the statistical analysis, as the more sensitive parametric tests such as T-test could not be used, instead, non-parametric test such as spearmen rank order correlation and Chi-square were used. Inferential statistics were not seen as appropriate in this study as the whole aim was to describe the knowledge and attitude reported by the pupils. Data was analysed using on SPSS version 16.

4.7.4. Reliability and validity:

Reliability refers to the degree of constancy or accuracy with which the instrument measures an attribute, while validity is the degree to which it measures what it is supposed to be measuring (Bryman, 2008). The validity and reliability of the survey depended on the processes used in design, and the rigour of the piloting (Polgar & Thomas, 1997). The questionnaire was designed for ease of completion; therefore most questions were closed using likert scales. As pupils completed it independently, using audio tapes piloting of questions, the design and audibility of the questions, the response sheet and the tape recording were all necessary. The questions and response sheet were piloted initially with the study supervisors and university colleagues, and only then was the tape recording made and the whole process piloted with thirty pupils from a

different school than those involved the study. To avoid bias from the researcher affecting the responses, the recording for the MP3 players was made by a lecturer not connected with the study, and who was therefore less likely to place undue emphasis on individual elements of the questionnaire. Something that is particularly important with a tonal language such as Vietnamese. No changes were seen as necessary following the pilot study.

The analysis was peer reviewed by lecturers involved in the study. This was seen as essential because the open-ended questions were coded for analysis, and it was important to check that the context behind the answers was retained during coding. In addition, following initial analysis, individual quotes were used to illustrate the data, and these needed to be reviewed to check that they were used within the context in which they were made.

4.8. The teachers: initial qualitative data sets:

4.8.1. Choice of data collection methods for gathering information from teachers:

As well as the survey of pupils, the teacher's perceptions were also seen as crucial, as these are the group that the government has entrusted to transfer information regarding sexual health to the pupils. In view of design of the study and the lack of research into this subject the aim of interviewing the teachers was not to produce generalisable findings, but to explore and describe the perceptions and experiences of those teachers, who have been given the task of teaching sexual health education. Each school has between 4 and 8 teachers involved in teaching sexual health, therefore it was possible to use an interpretivist approach to find out their perceptions. As Warr (2004) pointed out this approach generates rich and complex data, providing a window into the lives of participants. From within the various possible approaches, descriptive phenomenology, with its aim of seeking to describe the essence of the lived experience (Mohanty 1989; Giorgi 1997:243) seemed the most appropriate approach, as it facilitates '*detailed concrete description*' of individual and specific experiences. The advantage of this method for data collection and analysis is that it aims to describe events in a manner that supports the discussion of any ambiguities, and complexities that occur during data collection. In addition it does not rank any experience or description as higher than any of the others, and it remains firmly based within the evidence gathered with interpretation being within praxis, in this case in education (Giorgi, 2009). It was recognized the overall study design meant that this could not be a pure phenomenological study, nevertheless

the qualitative data sets in the study were gathered and analysed following the steps and processes described by Giorgi (2009).

The method of choice for data collection in descriptive phenomenology is interviewing. Initially in this study semi-structured interviews were chosen. In these, the interviewer develops a short list of topics to discuss with participants. The questions are open, and the researcher may have prompts to help explore issues (Denzin and Lincoln, 2003). This enables the researcher to ask further questions in response to what are seen as significant replies. When seeking approval for the study, at ministerial level there were some concerns about the suggestion of individual interviews for the teachers. In Vietnamese culture teachers are not used to being interviewed alone and it was thought they might find it difficult to meet with the researcher on a one to one basis. However, as they were used to discussing all aspects of the curriculum with each other, it was decided that group interviews would be more appropriate for them, they would be able to articulate their views while being supported by their peers, something seem as particularly important in sensitive subjects such as sexual health (Farquar and Das, 1999). Official approval was therefore given for this approach, and from the possible types of group interview focus groups were used.

4.8.2. Focus group discussions:

Focus groups are becoming an increasingly popular method in mainstream social research (Barbour and Kitzinger 1999; Bloor et al.2001; Krueger and Casey 2000). They are an effective method for exploring sensitive issues, so were particularly suitable for use in this study. Reed and Payton (1997:700) argue that the method also enables data to be collected that describes the group perspective or position of a particular set of people, as well as their individual perspectives. In this study this meant the researcher not only ascertained what individual teachers thought, but also explored how the teachers worked as a group and determined the degree of consensus (Wilkinson, 1998). Researchers can use stimulus material, such as problem scenarios for participants to discuss, videos for them to comment on or set piece debates (Krueger and Casey 2000). in this study, the findings from the initial pupil were used to help the teachers identify key issues and through these to share their experiences regarding sexual health education. As the first step the researcher summarised the findings and then discussed and helped them to search for solutions to the problems raised by the survey.

The focus group discussions provided an opportunity for the teachers to share their individual experiences with each other, something that they reported not having done

before as discussions usually focused on the curriculum and who would deliver which session. This stimulated their memories of issues that might not otherwise have been individually remembered. For the teachers, there was another benefit, by putting all teachers in each school together; the mixing of the younger and older teachers enabled the younger one to learn more about the experiences of their senior colleagues and conversely, the older teachers discussed new ideas from their younger counterparts regarding sexual health teaching (Gomm, 2008). In practice, each group discussion was based around a small number of key questions and lasted around 50 minutes (Edmunds, 2000).

4.8.3 Data analysis:

Analysis of the teachers' accounts was based on Giorgi's (1975: 1997) processes used for data reduction and transformation into general structures of meaning using phenomenological reduction and epochè. In this study this meant the reviewing preconceived ideas in relation to sexual health education, and noting how these could impact positively or negatively on the study. This required the researcher to consider how her own training and perceptions, her previous research, the reported experiences of the pupils, and government documentation and policy affected her approach to the study. As it was possible that her own experiences and knowledge could affect the study at any or all stages of data collection and analysis the researcher kept a reflective log of her own feelings. For example what she thought about during and after interviews, and on interacting with pupils, and how their participants attitudes and knowledge of sexual health education impacted on her. This process required her to constantly check her own assumptions and beliefs in a sustained manner, adopting a self critical attitude.

Giorgi (1985) and Bentz and Shapiro (1998) caution that the researcher must allow the findings to emerge from the data without allowing their own intentionality to shape what emerges, whilst De Castro (2003: 47) notes, in phenomenological studies it is essential to gain a grasp of the whole, rather than separating the given experience from the context in which it is based. In this study to do otherwise would mean that experiences would be approached from the perspective of the researcher rather than from that of the participants who have lived the experience. Therefore to identify the essence of the meanings in relation to teacher's perceptions, the researcher carefully read the research transcripts numerous times, rigorously scrutinising every single word, phrase, sentence and paragraph. In addition to this and following the model advocated by Giorgi (1985) observational notes made during each interview, as well as theoretical notes which were then considered together with the reflective log as the researcher studied the

experiences and attempted to derive the meaning of those experiences without imposing her judgment.

In practical terms, the actual process of analysis consisted of several steps. The first step was to transcribe the whole recorded tape, and write a summary of the whole interview. Second step was to check that no undue influence was being used in the reading and consideration of the transcription. In this step as far as was possible the researcher's meanings and interpretations came from entering into the world of the unique individual who had been interviewed. While accepting that “pure objectivity” was not possible every effort was made to avoid or minimise bias.

In the next or third step, matrices were constructed to try to identify that person's world-view in gain insight into the meaning of what that person had said. The matrix helped prevent the researcher from identifying words and phrases that fitted with what she had expected the interviewee to say. The matrix listed the paragraph, sentence and words to that initially seemed to give a specific perspective or insight. Listening repeatedly to the interview to keep a sense of the whole and to check that the initial delineating of units of general meaning were within context made up the two next steps. In these two steps, there were some slight changes of wording, additions were made and omission was used to clarify the units. However, for the most part the literal words were retained as repeated consideration supported their use in determining the discrete units of general meaning. At this stage these units of meanings are those experienced and described by the participant irrespective of whether they later are determined to be essential, contextual, or tangential to the structure of the lived experience being explored.

The next step was to assess which of the units of meaning were integrally linked to the research question, which were more loosely associated, and which were tangential. This was done by comparing the research questions to the units of meaning and considering whether or not what the participant said responds to and illuminates the subject under inquiry. If there appeared to be ambiguity or uncertainty at this time, the quote was removed from the specific unit and included it in a general unit of meaning. These were re-considered and where appropriate merged as the process of analysis continued. Here a second analysis by colleagues not connected to the project was used to check that the context of the quotes had not been lost. The elimination of what appeared to be redundant materials was then done by reassessing the matrices removing those which seemed to be clearly redundant to others previously listed. However, it is at this stage

that unconscious bias can affect the findings, so this process was also check by independent researchers.

The unit of general meaning were then grouped, in this step; care was taken not to artificially link units together, but to explore the context in which quotes had been made a crucial step in the overall process of analysis. In other words, it means that what was checked it is essence of that unit of meaning had been used within context, and was not being misinterpreted. For example, if there were a number of units of relevant meaning whose essence pointed to the important of having too little knowledge to cope with the situation being explored, then these could be grouped together under a general heading such as "Haven't enough". Again the context is critical because it may be have several clusters include what appear to be similar comments or to be exploring the same issue. However, a surface impression needs to be checked out both by the researcher and by the independent researcher to assess the unit and give the further specificity to its use. Although theoretically, giving the context may give most units relevance, it is very rare for this to happen in practice, and separate clusters can usually be developed with the clusters of units identified, the next step was to use these to identify the main themes. In this step, all the clusters of meaning were closely scrutinised if there was one or more central themes which expressed the essence of these clusters (and that portion of the transcript) for example, several clusters were determined as being part of the central theme of "lack of knowledge". The final step was to again read the transcript and write a summary for each individual interview, this process checks that use of the interview is still within context and gives a sense of the whole as well as reinforcing the context from the themes emerged (Richard, 1985). With the whole process complete again a second perspective was gained by independent review.

In this research, the data collected was manually analysed using the frameworks and processes designed for descriptive phenomenology, as described by Giorgi (1985; 2009). Consideration was given to computer methods, but these are not yet available in Vietnamese and translation before analysis could have altered the context, so biasing the analysis. Following Giorgi's (1985) steps the process of analysis was data reduction, epochè and transformation to identify general structures of meaning. Giorgi (2008) points out that researcher must allow the concepts and themes to emerge without allowing their ideas and preconceptions to shape what emerges. It is also important that the researcher does not lose the context in which it was experienced (Smith, Flower and Larkin 2009). In this study, for each phase, the process started by reflecting on the notes from the modified bracketing process, and at key stages colleagues checked that data was used

in context. Transcripts were read repeatedly, scrutinising every single word, phrase, sentence and paragraph to identify potential patterns, topic areas and themes. Mapping within and across transcripts, was used to search for related aspects discussed by participants.

The next step was the creation and naming of categories in order to generate the main themes. This involved grouping/ organising, the material into a structure that portrayed the data as appropriately as possible. This process involved further thorough reading of the transcripts and refining the categories within the main categories established, final themes were named and then the process repeated to establish the related ordering and to identify any sub-themes. The decision was not to produce too many categories, but ensure that the ones generated allowed for the fullest documentation of the volume of data.

Consideration was given to the possibility of using computer assisted analysis, but this was rejected as packages are designed for western languages, not tonal languages such as Vietnamese. The concern was that as much of the meaning is dependent on the tonal emphasis used, much of the context would be lost with computer analysis. This issue was so important that analysis was done in Vietnamese and then the quotes used were translated into English, this meant the role of colleagues and the Vietnamese supervisor were crucial as written text needed to be checked with the tapes.

4.8.4. Rigour of the processes used for the qualitative data:

The concepts of reliability and validity developed within the positivist tradition were designed for use with variable based analysis of data sets that follow rigid and predetermined rules. Applying these to the qualitative data in this study was problematic. Phenomenological research is the in-depth study of a specific phenomenon, group or individuals, or of perceptions of social phenomena, it is specific to time, place and context. As Giorgi (2009) argues, it was not designed to be, nor can it be automatically applied to the population as a whole. However, he argues that this is no reason not to check for methodological consistency. In this study this included verification of the study with colleagues (described above) an audit trail, and consideration of the concepts of trustworthiness and authenticity. Although designed by constructionists such as Miles and Hubernman (1994) and Denzin and Lincoln (2005) they provided helpful pointers for assessing the methodological rigour.

Mohanty (2008) argues, that with descriptive phenomenology, if descriptions have been accurately conducted then there should be a high degree of consensus between researchers. In this study although all data was collected by one researcher, colleagues from within the university assessed the use of data, and that descriptions were based within the context in which they were given. Also that translation maintained the core of the meaning, an essential issue in view of the nature of the language in which data was collected.

For the audit trail, a journal was kept throughout the study in which records of the processes used in the design, implementation and analysis were recorded. Attention was paid to the 'decision trail' as in this study, as with every project, some changes in implementation plans occurred as the project progressed.

Trustworthiness consists of four elements, credibility, transferability, dependability and confirmability. Credibility was assessed through the rigour of the data collection and analysis techniques, using points suggested by Miles and Huberman (1994), most of which were in the audit trail documentation. Although transferability originally referred to the transferability of theory to theory, rather than from sample to sample in this study some elements can be considered through the interpretation of the findings in education terms. Dependability was also considered through the audit trail. Confirmability which Guba and Lincoln (1989) suggest relates to how interpretations have been arrived at was assessed through the audit trail and also through the comments from the colleagues and Vietnamese supervisor who reviewed the data analysis process.

Authenticity, which also has several components, is more difficult to consider during the lifetime of the project as it relates to the way in which a project impacts on the researcher, the participants and those who read or access it. Criteria of fairness (which to some extent overlaps with confirmability) was considered through checking the processes used during the study, the others need to be assessed over time, after completion of a study. However, the aims of the study, do give some indication of the likely areas of catalytic, educative and ontological authenticity (see critique).

4.9. Bracketing:

Bracketing according to Giorgi (2008), can be used to identify researcher bias and perceptions prior to the study, during the interviews, and before and after analysis.

Originally it was believed that once identified researchers could put their own knowledge aside, to prevent it affecting the study. However, it is now accepted that whilst this is not possible, awareness of factors that can affect a study can help prevent them doing so (Bryman 2008). In this study, an adaptation of bracketing was used to help minimise any bias, to provide a check that interviews were participant led, and that analysis was data, not researcher driven. A narrative daily was kept to support this aspect of the study, and to minimise the likelihood of asking questions that would provide based data sets, a review of the researchers' preconceived ideas and thoughts was carried out. This was a formal process through which both professional and personal perspectives were identified. The researcher reflected upon her knowledge of the subject being researched, recording all thoughts and views in some detail. For example, it was acknowledged that the researcher's education, training and the experience of working changed the way in which intimate and embarrassing subjects are perceived and discussed. Subjects, such as sexual health, that to non- healthcare professionals might well be taboo, or be at the least, extremely embarrassing, were to the researcher acceptable subjects for discussion.

The bracketing process was repeated during data analysis, but this time the ideas and thoughts were recorded immediately following completion of the interviews. As with the bracketing conducted prior to the interviews, personal perceptions were grouped together, according to how they might affect the study. This second set of reflections, together with the original pre-interview, personal views and reflections was then used to provide a constant check that analysis came from within the data, not from the researcher's beliefs and anticipated understanding. On completion of analysis, both these personal reviews formed part of the contextual check that the findings had emerged from within the data.

4.10. Documentary data sources:

The aim of the documentary data sources was two fold. Firstly, to reflect on, and identify the key policy issues which any new framework or programme needed to recognise and include. Secondly, to compare the similarities and differences in taught content across the schools as they all use the same framework curriculum determined by the Ministry of Education and Training (MOET). Two main sources of data were used, firstly government documents regarding education and training. Secondly the textbooks, materials and curriculum guides for teachers, these were all collected and reviewed to give a detailed picture of the objectives, time and content of sexual health education in these schools.

However, for all these documents it has to be remembered that as Payne and Payne (2004) point out, they were not originally written with research in mind. This means that accessing the data needed for the study was time consuming, and in some instances not all data wanted (or expected) was found Mogalakwe (2006). The researcher needed to remember the origins, purpose and the original audience for the documents they were designed for work purposes and have been written in the format that the government and schools who use them need (Grix, 2001). To gather the data from the various documents a structured format was needed, and therefore a grid or table, much like that used in direct observation was developed. This enabled the researcher to systematically search each document and record the data from the documents.

4.10.1. Data Analysis:

The information once gathered was collated into tabular format, listing the data separately for each of the areas included in the study. No further analysis was used as the information sought was descriptive in nature, clarifying the current situation, and was used in combination with other data sets It provided a key point for discussion in the interviews with the DOET/MOET, the experts from NGOs and the feedback with the teachers, so was essential for the formation of the model.

4.10.2. Assessing the quality of the documentation:

Scott (1990) suggested terms for checking the quality of documents used these include authenticity, credibility, representativeness and meaning. *Authenticity is* whether the document used comes from a known and reputable source (eg government) *credibility* is whether the structure and type of content are similar to other documents from similar sources, r*epresentativeness* refers to whether the documents consulted are representative of other relevant documents, and *meaning* refers to whether the document is clear and comprehensible. Mogalakwe (2006) argues that government and other official documentation should be accepted as meeting the first three criteria. In this study all the documentation came from official sources, and as they formed the basis for teaching, their meaning was clear, so, the main challenge was identifying the information wanted.

4.11. Theories of learning: A review

The purpose of the review was gather information about the theories of learning in the west and the east. To help formulate this review, the researcher used the processes described by Noblit and Hare (1988). They suggest seven phases, the first phase is identifying an intellectual interest. The second is deciding what is relevant to the initial interest. The third phase is reading in detail and noting key themes in the studies rather an individual analysis of their characteristics. The fourth phase is to determine if or how the various theories are related. This stage entails 'putting together' the various theories, and beginning to identify links or relationships between them. The fifth phase, takes this further and is concerned with interpreting the meaning of the theories in relation to each other. There are three questions to ask in this phase. Firstly, are they directly comparable, secondly, do they give opposing views or theories. Thirdly, can they be used together to give a coherent argument. The last two phases focus on trying to synthesize the information provided in the various theories and research included, this can include suggesting new links or aspects, or finding evidence that further supports these existing theories. The last action is to present the review in the form of a logical discussion and argument. Although carried out as part of the development of the conceptual framework, as the review provides information that guided the study as a whole it has been included as an early chapter in the study.

4.12. Individual interviews with key informants:

These were carried out to provide insights into how the MOET and organisations working in the area of sexual health for young people regarded the education programmes, and what they saw as important.

4.12.1. Sample:

The sample for this activity was identified as consisting of a representative from the MOET/DOET and members from organisations who work with young people and/or are from NGOs who have worked, or are still working in Viet Nam. A total 5 individuals were interviewed for this study. The identity of the organisations cannot be revealed for confidentiality reasons. The organisations consulted were identified following discussions with the MOET who have records of all organisations who work with young people, and youth organisations who are aware of who has worked in the field of sexual health education.

4.12.2. Data collection and Data Analysis:

The element of structure within an interview schedule indicates the degree of freedom that exists within the interview for exploration and probing of specific issues (Denzin and Lincoln 2003). For phenomenological research, Silverman (2004) argues a high degree of freedom is essential to facilitate the probing and exploration of issues rose. However, as Bryman (2008) points out, without a minimal structure to guide the interview, participants may be unsure of the information wanted, and a topic list with prompts was seen as more practical. Before the interviews, the researcher carefully researched the areas for discussion, and developed a short topic list; care was taken researching and checking this list as with these interviewees repeat interviews were unlikely.

All interviewees had been given information about the study, but at the start of each interview the researcher carefully re-introduced the aims of the research and the reasons for the interview, and checked that participants were happy to proceed. These interviews were with busy executives and government officials, and it was important to establish a rapport with the interviewees to encourage them to want to participate in and persist with the interview (Bryman 2008). Therefore, the researcher also carefully explained why they had been asked for an interview, and how the data from the interviews would be used. All participants readily discussed the main issues and were willing to share their experience and ideas with the researcher. Tape recording was used in this study so that the researcher could concentrate on what was being said, rather than on writing notes.

Data analysis followed the same processes as were used for the focus groups with the teachers. Assessment of the rigour of the data also followed the same processes as used previously.

4.13. Feedback to pupils:

The start of the development process for the conceptual framework was a presentation of the findings of the initial survey to pupils who had also undertaken the sexual health education programme, but who were not part of the initial survey. There were three main reasons for carrying out this step. Firstly, although the first sample of pupils had been randomly selected by the schools, those chosen could have been atypical (Bryman, 2008), and therefore a presentation to a second sample of students, of the same age and same education status as the first sample provided a mechanism for data checking.

Secondly, in the first survey it had only been possible to collect limited explanations of the answers given (as within written questionnaires only short answers can be given), and the feedback session provided the opportunity to explore some key issues in more depth. This provided more insights into the baseline measures and strengthened the information (Polit and Beck, 2004) which was ultimately used in the feedback to the teachers. Thirdly, it was decided that the presentation could be designed to include an interactive process, of the sort suggested for the conceptual framework for collecting the information needed, and whilst this was a methodological choice, it also gave the researcher the opportunity to see how the students would react to more active learning methods. These results of this process were also included in the feedback sessions to the teachers.

Although seen by students simply as a feedback session, the use of an active approach needed assessing. Therefore, in addition to being asked about the survey, pupils were also asked for their opinion regarding the format of the sessions (Larson and Verma, 1999). The questions included whether they found it easy or difficult to discuss this type of issue in small groups and then to feed it back to the class as a whole, also whether any other approach would have better for them, or made the presentation, and indeed the overall session, more interesting or enjoyable.

All the data sets were used in the feedback to the teachers, and in the development of the conceptual framework.

4.13.1. Sample for feedback to pupils:

The time taken for the initial survey, analysis and preparation of the presentation took over a year, and in consequence, another group of students in each school had completed the schools' sexual health education programme. Therefore, it was decided that it was possible to stay within the original sampling frame, and the schools were again asked to randomly select classes of pupils who could be asked to participate. However, due to the chosen format for the feedback, the number of participants from each school needed to be smaller, and therefore for each school the sample was halved, and the teachers were asked to randomly identify around 45 -55 pupils from within the total possible pupil group. The total sample for this part of the study was around 200 pupils. Each class took around 50-60 minutes.

4.13.2. Data collection and analysis:

During the first part of the group work, pupils wrote very detailed descriptions both of their knowledge and the questions they wanted answered. They included their reasons for the questions and their thoughts as the session progressed. The result of this was that the researcher had more than two hundred sets of information. These read like transcripts not notes, and have therefore been analysed using the same processes as for all other qualitative data. A detailed description can be found in Chapter 8.

4.14. Feedback to teachers/ exploring the model:

The focus groups for the feedback sessions were in some ways a repeat of the first focus groups, but it was decided that the feedback to the teachers could also be an opportunity to explore their perceptions of the newly developed conceptual framework and model for sexual health education. The small numbers in each group, and the fact that they had met the researcher made this feasible. A detailed description of how these focus groups worked can be found in Chapter 8.

4.14.1. *Data Analysis:*

Data analysis and assessing the rigour followed the same processes as used for the initial focus groups.

CHAPTER 5

RESULTS OF BASELINE MEASURES

5.1. Introduction:

This chapter presents the results of the baseline measures from the pupils and teachers from the four schools in Northern Viet Nam. As indicated in the methods chapter, mixed methods were used for this phase of the study, for the pupils, the data set was quantitative and for the teachers it was qualitative. The quantitative data set has been presented first, together with a limited discussion to provide the context of the results, but further discussion has been combined with the findings from the qualitative data set, as this provides a more coherent and integrated discussion of this phase of the study.

5.2. School Survey Results:

The final sample consisted of 442 students, of whom 49.1% were male, and 50.2% of the respondents were female, with 50% of girls and 49.8% of boys from rural areas. The Vietnamese pupils who were invited to participate were very interested in sexual health issues, and there was a 100% participation. The study provided a wealth of information, and the key findings are presented in this section, with additional information available in appendix 4.

Table 5-1: Characteristics of the study sample:

Characteristics	**Distribution (N=442)**	**Percentage**
Gender		
Male	**222**	**50,2**
Female	**217**	**49,1**
Living place		
Rural		
Male	**111**	**50,0**
Female	**108**	**49,8**
Urban		
Male	**111**	**50,0**
Female	**109**	**50,2**
Religion		
Buddhist	**95**	**21,5**
Catholicizes	**12**	**2,7**
Ancestor	**227**	**51,4**
Not following any religion	**108**	**24,4**
Facilities in the family		
Cold and warm air systems	**303**	**68,7**
Fridge	**401**	**90,7**
CD video	**392**	**88,7**
Television	**428**	**96,8**

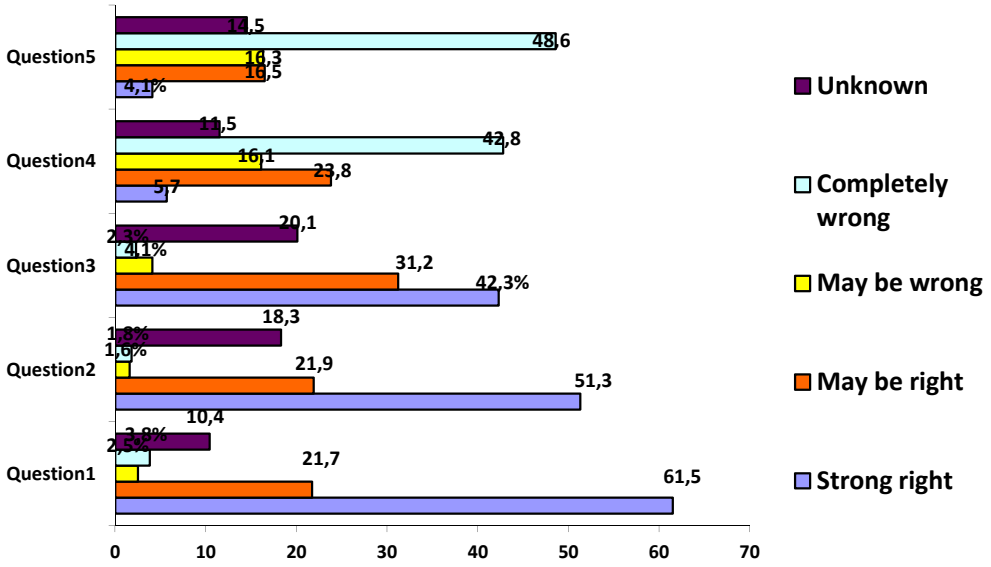
CD music	**324**	**73,3**
Telephone	**429**	**97,1**
Motorbike	**428**	**96,8**
Education level of parents		
Primary	**3**	**0,7**
Secondary	**436**	**98,6**
University	**1**	**0,2**
Postgraduate	**2**	**0,5**
Living status		
Living with both parents	**412**	**93,2**
Father only	**8**	**1,8**
Mother only	**13**	**2,9**
Sibling	**1**	**2,2**
Grandparents	**4**	**0,9**
Aunt/Uncle	**4**	**0,9**
Alone	**1**	**2,2**
With Partner	**1**	**2,2**

As table 5.1 indicates, nearly all pupils had the same home facilities, reported similar levels of parental education and were living with both parents, so the possibilities for comparative statistics between urban and rural areas, and boys and girls were limited. There were differences in religion, but there was no significant difference between religion and pupils' knowledge, attitude and/or behaviour regarding sexual health. The findings regarding the facilities illustrate the results of the recent period of social and economic change in Viet Nam with increasingly rapid access to home appliances, high technology and public communications.

For those used to the knowledge and information available in the West the statements and questions used in the survey and presented below may seem unrealistic and in some instances simplistic, however as a result of the cultural taboo, and the lack of discussion regarding sexual health, many myths and incorrect beliefs have developed. The format and content of the survey was based on commonly used statements and beliefs held in Viet Nam, and all questions were checked with the Vietnamese supervisor, and with organisations working with young people.

Knowledge of reproductive health:

Almost all the pupils reported knowing the theory of the mechanism for reproduction, particularly regarding conception and the fertilization process. However, they had limited knowledge regarding the practical implications of the theory, with half of them reporting not knowing how or when a girl could become pregnant. They also demonstrated limited awareness of the various methods of contraception, and the possible adverse consequences of an abortion (figure 5-1 and table 5-2).



Question 1: Sexual intercourses cause pregnancies when sperms meet mature eggs
Question 2: Conception only happen when sperms combine with mature eggs
Question 3: Whenever eggs are fertilized and nested in the uterus, a child can be born
Question 4: Conception can only occur after multiple sexual intercourse
Question 5: During puberty, conception can never occur after the first sexual intercourse

Figure 5-1: Knowledge of reproductive health

Figure 5.2 describes the knowledge of the mechanism of conception while table 5.2 below demonstrates the knowledge of pupils regarding preventing pregnancy.

Table 5-2: Knowledge of preventing pregnancy

Knowledge of contraceptive and abortion	Strong right	May be right	May be wrong	Completely wrong	Unknown
A young girl cannot be pregnant if ...					
1.She has never menstruated	41,2	15,6	5,9	13,3	24,0
2. She is menstruating	20,4	15,4	14,9	22,6	26,7
3. Her sex partner uses a condom	38,5	23,1	14,0	7,9	16,5
4. She urinates just after having sexual intercourse	2,0	8,6	13,6	34,8	41,0
5. She washes her genitals immediately after intercourse	5,0	11,5	12,9	36,7	33,9
6. She takes contraceptive pills everyday and has done so for a half of a month	31,0	32,1	10,9	9,3	16,7
7. She is under 13 year and her body is too small for conception	14,9	19,5	21,9	29,4	14,3
8. She avoids having sexual intercourses at her exact dates of ovulation	23,3	29,4	10,9	10,9	25,6
9. Her partners always ejaculate outside the vagina	23,3	21,7	12,4	13,6	29,0
10. She runs and walks a lot after sexual intercourse	2,7	7,2	14,5	40,7	34,8
11. Her partners have promised not to make her become pregnant	7,9	9,0	11,5	58,1	13,3
12. After having sexual intercourses, she start taking daily oral contraceptive pills	10,2	23,5	14,5	35,1	16,7

It has to be a cause for concern that as table 5.2 shows, many of the pupils gave incorrect answers to the questions, for example only 34.8% of pupils knew that the statement that “the girl can’t get pregnancy if she urinates after sexual intercourse” was definitely incorrect. Similarly, only 36,7% knew that washing the genitals did not prevent pregnancy and less than 50% knew that the popular myth (in Viet Nam) of running and jumping after intercourse was just a myth. Looking at these results as a whole it is apparent that unless these pupils are given accurate information they are at risk of unplanned and unwanted pregnancies, and all the problems that then follow.

In addition, there is increasing recognition that in contrast to traditional social patterns where sex before marriage is seen as unacceptable, today, more and more young people are becoming sexually active (MOH 2008), and the pupils in this study reflect these changes. However, whilst this group reported access to information about sexual intercourse had increased, the findings do not reflect an accurate or appropriate level of knowledge about sexual health.

Table 5-3 Numbers reporting being sexually active

		Have been		Never		X^2-square (p-value)
Urban						
	Male	22	56,4%	89	48,6%	0.57 (not
	Female	8	66,7%	101	49,3%	significant)
Rural						
	Male	17	43,6%	94	51,4%	0,992 (not
	Female	4	33,3%	104	50,7%	significant)

In total almost 10% (21 pupils from the rural areas and 30 pupils in urban areas) were sexually active by the time they were 15 years old, but overall there was no statistically significant difference (using chi - square) regarding the age or numbers of those sexual active in urban and rural areas. Although a relatively small percentage, this finding has to be a cause for concern regarding both physical and emotional maturity. When asked about activities such as holding hands, hugging, kissing and fondling, the findings demonstrate that over the preceding 3 months all pupils had carried out all these activities, again these are activities that until very recently would never have occurred between unmarried people, let alone school pupils.

Of those who were sexually active as figure 5.2 indicates, one pupil in the rural group reported that first sexual intercourse at occurred at 10 yrs old and one in the urban areas was 13 yrs old. These were isolated incidents, and in any such survey, it is not possible to check the accuracy of such statements, but the findings from this study do match the findings of the MOH (2008) who found that sexual activity was moving into early adolescence.

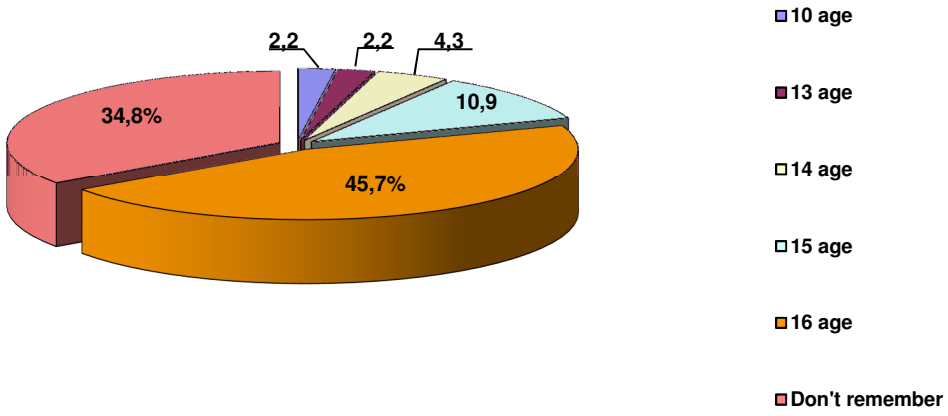


Figure 5-2: The first age for sexual intercourse

Those who were sexually active were asked whether or not they used contraception.

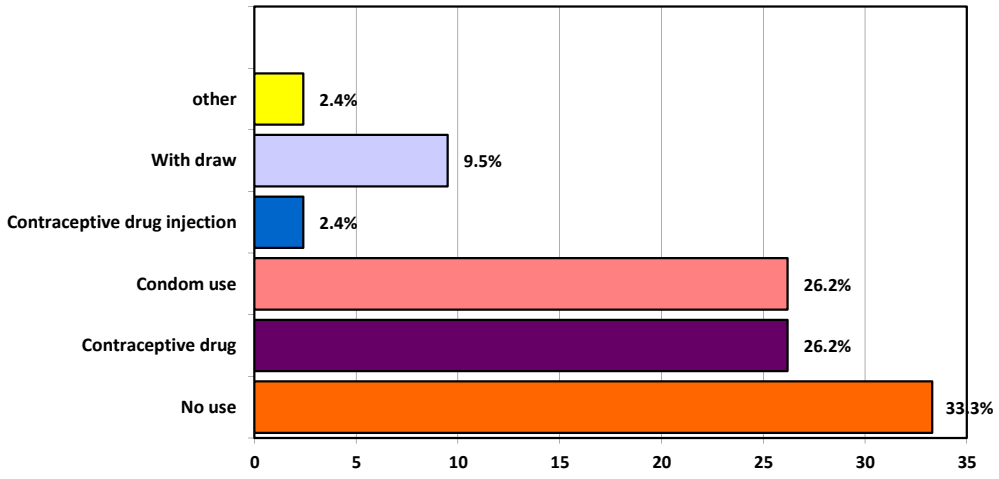


Figure 5-3: In latest sexual intercrourse, did you or your partners use any contraceptive methods

This finding and the answers given to the questions in table 5.4 reinforce the need for accurate sexual health education in schools.

Table 5-4: Attitudes and behaviour of sexual health among pupils

Attitude of sexual health	Strongly agree	Agree	Neutral	Do not agree	Strongly disagree
In my opinion, sexual intercourse during adolescence without marriage is not a good moral value	50,9	20,1	13,1	10,2	5,7
Having sexual intercourse during adolescence should be accepted as a normal activity when both are in love	6,3	12,0	17,0	34,4	25,1
If two adolescents love together they can be allow having sexual intercourse before they get marriage	7,0	10,9	20,8	36,2	25,1

The pupils perceptions of what they saw as acceptable sexual behaviour, demonstrates the move from traditional patterns and practices, to a more liberal and western approach. This reflects the impact of social changes arising from the increased external contacts, from the opening of the Vietnamese national borders and the increased technology driven communication possibilities.

The pupils revealed a highly developed sense of shared responsibility. When asked who should be responsible for contraception, as the responses below demonstrate almost all of them stated that it should be shared and that it was wrong for women to have to take total responsibility for preventing pregnancy.

Table 5-5 Responsibility

Statement	Strongly agree	Agree	Neutral	Do not agree	Strongly disagree
Contraceptive is the responsibility of women , there is no need for men to be involved	6,1	5,2	7,0	73,1	8,6
Male	8,6	6,3	9,9	64,9	10,4
Female	3,7	4,1	4,1	81,1	6,9

However, despite stating that contraception was a shared responsibility, as figure 5-3 had revealed, 33.3% were not using any contraceptive method at all. Condoms and the contraceptive pill were equally popular, but the concern here is that while hormonal contraceptive is very effective against pregnancy, it offers no protection against sexually transmitted diseases. Add this percentage to those not using condoms and it is apparent that the majority were not protecting their sexual health.

Perhaps not surprisingly, as in previous research, (Hong 2003) more than 55% of pupils in both areas (again there was no statistically significant difference between the two groups) reported that they found it difficult to communicate with their parents about personal and sexual matters.

Table 5-6: Distribution for pupil's attitude of talking sexual health with their parents

Talking with parents	**Strongly agree**	**Agree**	**Neutral**	**Do not agree**	**Strongly disagree**
Actually, I don't want to discuss the issue of sexual intercourse with my parents	28,3	27,1	25,1	15,6	3,8
Urban	29,7	27,9	25,7	14,0	2,7
Rural	26,8	26,4	24,5	17,3	5,0
When my parents talk about sexual intercourse with me, they express sympathy and respect my views	20,1	26,9	33,3	12,7	7,0
Urban	18,5	27,5	35,6	11,3	7,2
Rural	21,8	26,4	30,9	14,1	6,8

In the past these issues were taboo, with little or no discussion between family members, so it was no surprise to find that 67.3% (68.9% rural and 63.7% urban) pupils confirmed that their parents gave no detailed information or even answered when they were asked for explanations linked to relationships or sexual activity. There was no difference in these findings between boys and girls, or the areas in which they lived. However, despite their problems with communication almost 50% pupils reported that should they encounter problems with sexual intercourse then they would try to seek parental advice.

Table 5-7: Distribution for pupil's seeking advice from their parents

Seeking advice	**Strongly agree**	**Agree**	**Neutral**	**Do not agree**	**Strongly disagree**
If I have problems with sexual intercourse, I would ask my parents	19,5	28,3	24,4	20,1	7,7
Urban	18,5	24,8	25,2	23,4	8,1
Rural	20,5	31,8	23,6	16,8	7,3

They also reported that they would prefer not to need to ask, and wanted an alternative source of information, such as a formal sexual health programme in school. However, the curriculum for sexual health education in Viet Nam was developed 20 years ago and has not been reviewed or changed since. This is problematic as in the last 10 years there have been major changes in Vietnamese society. The Centre for Population Studies and Information's (2003) has stated that patterns of sexual activity are changing to mimic Western culture, and the findings from this study would seem to support their view, but the schools are still teaching the importance of maintaining the values and roles of traditional culture which states that the concepts of "Love" and "sex" are not suitable for school age pupils to discuss. Therefore, not only is the curriculum biologically and physiologically based, it has no component to improve communication on such sensitive issues, and makes no attempt to involve parents in any way.

To find information to answer their questions, pupils reported using information from the internet and the media (western films and television). The average time (using mode) given they gave for watching and listening to Western films, programmes and music was reported to be between 7 to 10 hours a week, and it was evident from their responses, that they saw western patterns of life, including sexual relations as attractive (Figure 5-4a and b).

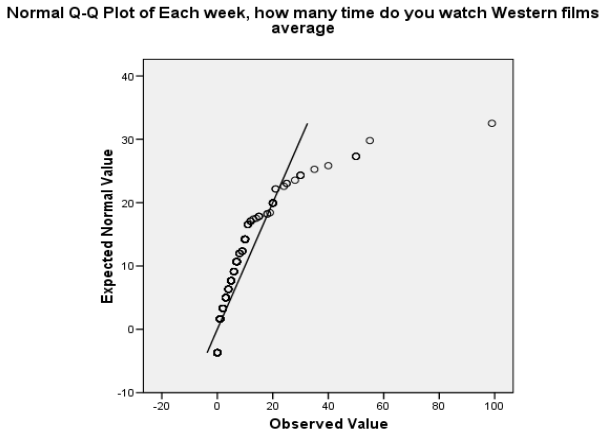


Figure 5-4a: Average times for watching Western films

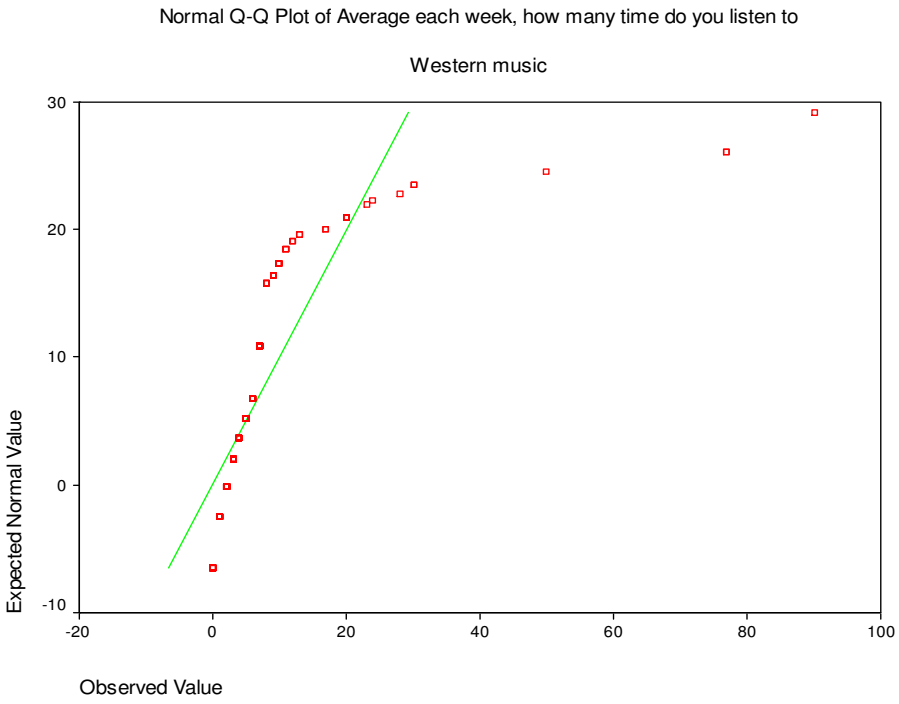


Figure 5-4b: Average times for listening to Western films music

For the majority of students to openly say that they use films and TV programmes from another culture to find their answers to sexual queries is a major concern, as these are the very sources that are bringing about the changes, they have been developed for a very different society, and not with the cultural patterns and values of Vietnamese society in mind. That they then appeared to identify with the lives they saw, preferring the ideas they saw to their own ways and customs is problematic. Without discussion with their parents, teachers or other community leaders they see none of the problems that can arise from this alternative lifestyle, but instead see only what they described a more liberating and interesting life.

Until the advert of the internet with its access to another way of life, the traditional roles of male and female in Vietnamese society controlled all aspects of life. In these, the male was more active and confident, with women, at least in public, submissive to the men. Although these roles are changing, leading to less gender stereotypical roles, it was evident from the survey that there were gender differences in attitude to sex and sexual relations with over 50% of male pupils reporting accepting the idea of having sexual intercourse before getting married and that they linked their thoughts with their actions. In contrast, 88% of the girl pupils said they thought about sex, but were not ready to participate, and all the female pupils saw a distinct difference between physical maturity and being ready for sexual intercourse. It was interesting that gender differences meant

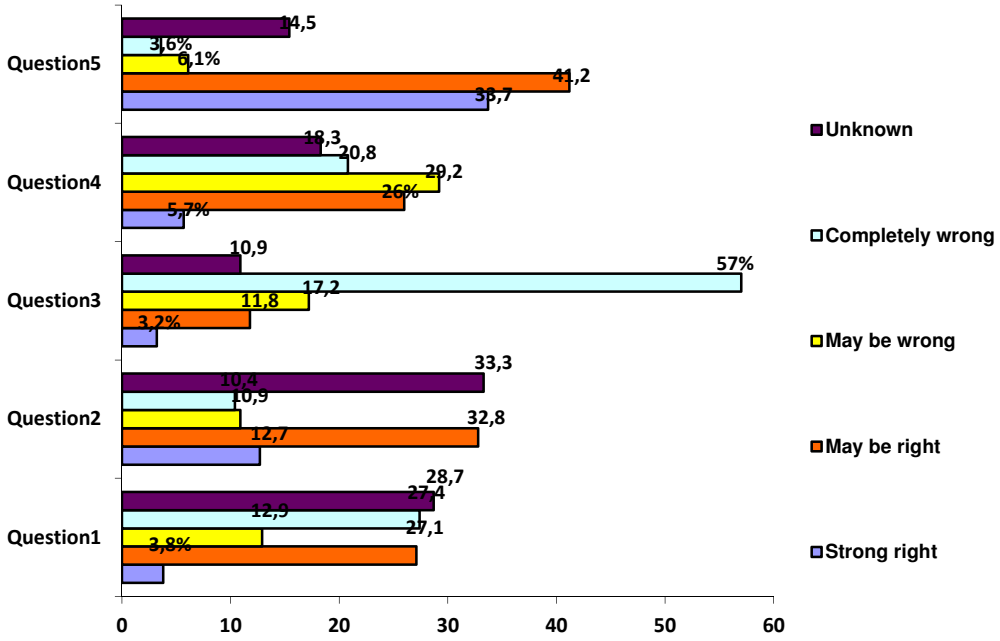
that while almost 27% of male pupils did not agree with sex outside marriage, only just 26.1% of females thought it acceptable. However for some pupils the problem was lack of privacy suggesting that if the opportunity was there then they would have intercourse.

Table 5-8: Pupils talking about sex

Thinking about sex	Strongly agree	Agree	Neutral	Do not agree	Strongly disagree
I feel very confident enough to refrain from having sexual intercourse even though my body feel ready	27,4	27,6	29,9	9,3	5,9
Male	22,1	28,8	34,2	10,8	4,1
Female	32,3	26,7	25,3	7,8	7,8
If two adolescents love each other they can be allowed to havie sexual intercourse before they get marriage	7,0	10,9	20,8	36,2	25,1
Male	12,2	16,2	27,0	28,8	15,8
Female	1,8	3,5	14,7	43,3	34,6
Sexual intercourse should be only allowed after marriage	34,4	26,7	21,7	11,1	6,1
Male	23,9	2,5	27,5	15,3	10,8
Female	44,7	30,9	16,6	6,9	1,4
Even though my body has matured this is not mean I am ready to have sexual intercourses	46,8	33,3	10,9	4,8	4,3
Male	31,5	40,5	14,4	5,9	7,7
Female	62,2	25,8	7,4	3,7	0,9
They can refuse sexual intercourse if they don't like it.	55,9	30,1	8,1	3,4	2,5
Male	53,6	26,6	11,3	5,0	3,6
Female	57,6	34,1	5,1	1,8	1,4
For young single girls, the suffering from STDs is signs of moral unsteadiness.	16,5	26,7	31,7	19,0	6,1
Male	14,9	25,7	32,0	20,3	7,2
Female	17,5	27,6	31,8	18,0	5,1

Another clear example of the gender differences was found when they were asked what they thought if a female pupil was found to have an STD. Almost 50% of pupils (90 girls, 98 boys) believed that if a single girl had an STD she had an *'unsteadiness of ethics'* or a low moral code, while the same stigma did not seem to exist for the boys. For them it was just a problem to be treated, although they reported that they would not talk about it with their peers, perhaps indicating that although they reported that there was no moral judgment it was still something to be ashamed of. This is an example at the contradictory beliefs that exist within health beliefs (Mohan, 2008) and is one of the reasons why health promotion and health education programmes need to be carefully developed. There was a general lack of knowledge about the signs and symptoms of STDs, and

about how to avoid catching sexually transmitted infections. This together with the findings regarding the use of condoms illustrates the need for changes in the sexual health education programme if pupils are to be protected against STDs.



Question 1: Sometimes symptoms of STDs disappear without any treatment
Question 2: It is easy for men to realize their symptoms of STDs than women
Question 3: Using contraceptive pills, women will not get STDs
Question 4: Symptoms of STDs are usually similar to those of other diseases
Question 5: You can get more than one STD concomitantly

Figure 5-5: Knowledge of STDs

That the programmes urgently need major revision was confirmed by the findings givien in figure 5-5 where although almost 50% were aware that symptoms were more easily diagnosed in men than women, this still left the majority either unsure or believing this statement was incorrect. In addition the majority (96%) were unaware that symptoms could disappear within 28 days, but that this did not mean that the disease was no longer present. Nor did they realize that even though they themselves were asymptomatic, they could still infect their partners.

Knowledge of HIV/AIDS

In line with their lack of knowledge in other areas of sexual health, they were certainly ill-informed about HIV/AIDS, this despite recent government campaigns and the internet information that they reported seeking out.

Table 5-9: Knowledge and attitude of HIV/AIDS

Knowledge and attitude of HIV/AIDS	Yes	No	Don't know	X^2-square (p^*-value)
Do you think it is easy to get HIV infection?				
Urban	15,3	51,8	32,9	
Male	21,6	47,7	30,6	
Female	9,2	55,0	35,8	0.043
Rural	20,9	39,1	40,0	
Male	24,3	40,5	35,1	
Female	16,7	38,0	45,4	
p^*-value: Pearson Chi-square				
Why do you think it easy to get HIV infection?				
Multiple sexual partner				
Urban	12,8	87,2		
Rural	25,8	75,8		
Not using condom when having sexual intercourse				
Urban				
Rural	12,8	87,2		
Drug injection	25,8	74,2		
Urban				
Rural	9,4	90,6		
Getting blood transfusion	24,2	75,8		
Urban				
Rural	10,1	89,9		
Other (Detail)	18,9	81,1		
Urban				
Rural	0,7	98,7		
	0,8	99,2		
Why do you think it not easy get HIV infection?				
Using condom				
Urban	40,5	58,6		
Rural	24,1	73,6		
Not injection transfusion				
Urban	46,6	52,6		
Rural	33,7	65,1		
Not getting blood transfusion				
Urban	53,0	67,0		
Rural	22,4	77,6		
Other (Detail)				
Urban	3,5	96,5		
Rural	2,4	97,6		
Have you ever heard about HIV test?				
Urban	73,4	17,1	9,0	
Rural	60,9	23,2	15,9	

In your opinion, when should you get HIV test?				
Multiple sexual partner				
Urban	61,7	38,3		
Rural	48,2	51,8		
Not using condom when having sexual intercourse				
Urban				
Rural	72,1	27,9		
Drug injection	65,0	35,0		
Urban				
Rural	68,0	32,0		
Getting blood transfusion	54,5	45,5		
Urban				
Rural	49,5	50,5		
Other (Detail)	41,4	38,6		
Urban				
Rural	2,7	97,3		
	0,0	99,5		
You can recognize HIV infected person if you look at their appearance?				
Urban	32,9	67,1		
Rural	24,5	75.5		
Are you ready to care members if they suffer from HIV in your family?				
Urban	88,3	11,7		
Rural	89,5	10,5		
You allow one teacher who suffers from HIV to continue teaching?				
Urban	68,0	32,0		
Rural	70,5	25,5		
You keep secret if one member in your family is suffers from HIV?				
Urban	69,4	30,2	0,5	
Rural	60,5	39,1	0,5	

In this table, it was a concern that 81.9% of the pupils said that they didn't think it was easy to contract HIV/AIDS, even when the various modes of transmission were given. The male pupils thought it was easier to get HIV than the female pupils did, in both rural and urban areas and this was one of the few areas where the difference was significant with $p < 0.043$. The study also found that there was a difference of belief within the female group with those in rural areas (16.7%) more afraid of catching HIV/AIDS than females in urban areas (9.2%). Over 50% of pupils in both areas said they knew about HIV tests and the importance of using condoms, a finding that was similar to that found by the Population Council in their 2002 study, even though previous findings had indicated that they didn't actually use them. The lack of knowledge among the remainder and the lack of application of knowledge in practice had to be a major concern in view of the rapidly rising rate of HIV/AIDS in Viet Nam. In addition, although, pupils reported finding it easy to use technology to listen to Western music, watch films and search the internet for information, it seemed that seeking for sites with health messages that they

could use was not part of their agenda. The pupils did recognize that it is very difficult to identify whether potential partners who have HIV, which increases the risk of transmission. It initially seemed from their responses that there was increasingly stigma regarding HIV, but as 60% went on to state that they would not reveal or discuss within in (or outside) the family if a member was found to have contracted HIV infection. This suggests that although in theory they see less stigma, in practice it is still a problem.

5.3. Baseline measures from the teachers:

5.3.1. Focus group findings:

The focus groups with the teachers revealed a wealth of information, and using the steps described by Giorgi (1994) outlines below, 5 main themes were identified:

5.3.1.1. Step 1: Reading and re-reading:

This first stage was carried out to check that the information from the participants was from a participant lead discussion, not what the researcher wanted to hear. Each transcript was then read and summarized, re-read to find out which issues were most frequently stated in each transcript. In this part, it was important to start coding the participants' reported views and experiences highlighting the detail, and colour coding was used to mark the main issues.

The process helped the researcher enter into a phase of active engagement with the data. Further re-reading was done to help the structure of the themes to develop from the stories and experiences of participants. As the process progressed, a changing pattern was seen from generic explanations to the specificities of particular events during the real story. This step also helped to check for rapport and trust between researcher and participants as well as to highlight the richer and more details in the sections and identify any contradictions or paradoxes.

5.3.1.2. Step 2: Initial noting:

The second step started by checking the semantic content and language to use a variety in the text. Everything of interest was noted in the transcript. A growing familiarity with the transcript developed and it was possible to start to identify the ways the participant

talked about understand and described specific issues. This table below gives a short extract from the process used to analyse the transcripts.

Table 5-10 Extract of process of analysis

Code	Original Transcript	Exploratory comments
Admitted to change when comparing in the past and nowaday	*Today, the pupils' opinion on sexuality is more open-minded and broad-minded this means that the pupils more freely express their feelings. Also, they are more fearless in exploring their loves...They are very sentimental to each other making loving signs such as kissing and holding hands with each other very unflinchingly* ***Or*** *" I think that sometimes the teachers here have less information than pupils. Because pupils watch the news on the internet, so they know more ….....”*	Why the pupil is different to the teacher when expressing their emotions.What affected the change in the pupils ways for expressing their emotions such as "love"
Afraid of the pupils question	*...when I teach my pupils say "there is no reason for you to hesitate" so I think they do not avoid the subjects themselves"* **Or** "*Sometimes I am rather afraid but some pupils are not afraid, sometimes I dare not speak directly but they tell me "don't be shy, teacher".*	Why the teachers feel hesitant. They may be aren't confident to teach because they do not have enough information or knowledge of sexual health or skills of the ways they can make contact with their pupils when talking about sex.
Lack of knowledge	*When I wash clothes, I take underwear for men to one place and underwear for women to another. If we wash underwear of men and women's clothes, the women will be easy to catch swell.*"	If teachers teach this subject with incorrect basic knowledge the pupils will have poor levels of knowledge and incorrect information that could affect their health
Transferring exactly the teacher's experience to the pupils	*'..we are not embarrassed because we have a bit of real life experiences, so we can give them some instruction to prevent some problems such as sexual relations before marriage show them its consequences…* OR "*...I told them: "Your sex organs are not stable so if you have sex early, you will easily get sexual transmitted diseases. Then you will unhappy in your future…*" *Or ...I have set these questions to my pupils and they answered me saying what the happy and enduring family was. Having sexual relation before marriage causes the family happiness to be limited..."*	The question is whether or not pupils like or want to learn the teacher's experience when everything that teachers have lived in their generation is not similar to the lives of their pupils. This way for teaching is suitable and can be effective for pupils currently in secondary schools
Differences betweenboy and girls in the teacher's view	"*..if we just talk about "sexual relations before marriage", most of schoolgirls are self-conscious but the boys said that "love is limitless but we don't like girls who are too easy". He means the easiness of girls is dangerous and that he is inlikely to chose such a girl as his wife .."*	In the teacher's view what the role of male and female in the family.is. Who is the most important and has the responsibility for building a happy family.

5.3.1.3. Step 3: Developing emergent themes:

This step identified and refined the emergent themes based on further reflecting on and considering the quotes identified, looking for a focus at the local level. However, it was important through the whole process of initial noting and breaking up the narrative flow of the interview, not to fragment the participant's experiences through this organization of the data. The tonal nature of the language meant that this was a distinct possibility, and at this point checks by colleagues were used to minimize the possibility of bias in analysis arising from this cause.

5.3.1.4. Step 4: Searching for connections across emergent themes:

All the themes were separately considered matched with related other themes. Some themes were close together and could be combined, others proved to be less central than initially thought, or seen as giving opposing views. The example below shows how the themes emerged from the initial coding and exploratory comments.

Table 5-11 Emergent themes

Code	Emergent themes	Original Transcript	Exploratory comments
Admitted to change comparing in the past and nowadays	Globalization	*Today, the pupils' opinion on sexuality is more open-minded and broad-minded this means that the pupils more freely express their feelings. Also, they are more fearless in exploring their loves...They are very sentimental to each other making loving signs such as kissing and holding hands with each other very unflinchingly* **Or** *" I think that sometimes the teachers here have less information than pupils. Because pupils watch the news on the internet, so they know more ……."*	Why the pupil is quite different the teacher's expressing their emotion. Which effected to change the pupils ways for expressing their emotion such as "love"
Afraid from the pupils question	Lack of communicatio n skill	*...when I teach my pupils say "there is no reason for you to hesitate" so I think they do not avoid the subjects themselves"* **Or** "*Sometimes I am rather afraid but some pupils are not afraid, sometimes I dare not speak directly but they tell me "don't be shy, teacher".*	Why the teachers feel hesitant. They may be aren't confident to teach because they do not have enough information or knowledge of sexual health or skills of the ways they can make contact with their pupils when talking about sex.

Lack of knowledge	Lack of knowledge	*When I wash clothes, I take underwear for men to one place and underwear for women to another. If we wash underwear of men and women's clothes, the women will be easy to catch swell.*"	If teacher taught this issues having wrong basic knowledge like that way. The question marks whether or not their pupils can get correctly information about basic hygiene.
Transferring exactly the teacher's experience to the pupils	Traditional way of life	*'..we are not embarrassed because we have a bit of real life experiences, so we can give them some instruction to prevent some problems such as sexual relations before marriage show them its consequences…* OR "...*I told them: "Your sex organs are not stable so if you have sex early, you will easily get sexual transmitted diseases. Then you will unhappy in your future…*" *Or ...I have set these questions to my pupils and they answered me saying what the happy and enduring family was. Having sexual relation before marriage causes the family happiness to be limited..."*	The question mark is whether or not pupils like or want to learn the teacher's experience when everything that teacher live at their generation is not quite similar with their pupils. This way for teaching is suitable and effective for pupils at currently.
Differences betweenboy and girls in the teacher's view	Cultural values	"..*if we just talk about "sexual relations before marriage", most of schoolgirls are self-conscious but the boys said that "love is limitless but we don't like girls who are too easy". He means the easiness of girls is dangerous and that he is inlikely to chose such a girl as his wife .."*	In the teacher's view what the role of male and female in the family.is. Who is the most important and has the responsibility for building a happy family.

5.3.1.5. Step 5: Repeating the steps with all transcripts:

This step, repeated the process given above with all the transcripts. This process checked and re-checked that the analysis was incremental, building on that from the first transcript, with findings from the other focus groups.

5.3.1.6. Step 6: Looking for patterns across cases:

The final stage was to consider and reconsider how the emerging patterns linked across the transcripts. It included searching for the connections both across the transcripts and within the individual transcripts. Only once this process was complete was it possible to see how a theme helped to illuminate the overall phenomenon, and which themes were the strongest.

Biographical Information

Table 5-12 Characteristics of respondents:

	N (N=18)	Percent (%)
Gender		
Male	3	16.7
Female	15	83.3
Age		
25-30	4	22.2
31-40	10	55.6
> 40	4	22.2
Subject teaching		
Civic	9	50
Biology	9	50

5.3.2. The final themes:

The final 5 themes were globalization, lack of knowledge, lack of communication skills, the traditional way of life and cultural values.

5.3.2.1. Globalisation:

Almost all of the teachers were concerned about the changes happening as a result of rapid changes in technology and increased access to the internet, this globalization process which has been increasingly seen in Viet Nam since 1986 was recognised as having a major influence on pupils' ideas and activities. The older teachers reported that in contrast to previous generations where there had been little interest in sexual health education, now the pupils had become very curious about sex and sexuality "*Pupils really want to listen, they are passionate and attentive*". Some of the teachers realised that the pupils found it easier than they the teachers did, to access information through high technology such as internet

> "*I think that sometime the teacher here have less information than pupils. Because pupils watch news on the internet, so they know more information..*"

They were concerned that the impact of all the western films, videos and other materials was leading pupils to reject the culture that they came from. They saw the sudden increase of access to the *"outside world"* as difficult to cope with, and bringing influences they did not understand. The changes had occurred in less than a decade, and suddenly they found their pupils were regularly accessing a world they knew nothing about. This had inevitably impacted on how they responded to their teachers; they felt the pupils compared them to the world they saw as more interesting, to their *"disadvantage"*. This

was particularly true in areas such as sexual health, where the traditional patterns of life had seen this as something that did not apply to young people; they would contact the relevant health services when they married. In consequence, until recently, most particularly the older teachers had been content to teach the different aspects of sexual health across the curriculum, but they were now realising this did not work.

They commented on the ease with which pupils accessed the internet, while most of them found it very difficult

> *" they find it easy… for me it's very difficult…where to start…the language* [of the internet] *I don't understand… I don't know who to ask…"*

They knew that they couldn't put the clock back, but the history of Viet Nam with wars and problems, and then a regime that for some years had focused only on Viet Nam meant their own education had contained very little reference to countries outside Viet Nam. So for them globalisation had also made them realise how little they knew of customs and practices from other countries *"we just don't know"*. Yet now they were in the position of teaching pupils who not only outstripped them in ability to access information but who needed guidance on what was appropriate and what wasn't and they (the teachers) didn't know. They felt unable to advise properly on western lifestyles, and as a result of this lack had tended to reject all the changes, but some realised that this was alienating their pupils, as one younger teacher said

> *"if we reject everything the pupils will not listen…they want the changes… we need to find what is good….we need to guide them … but what they want is different"*

A first step has to be teachers learning to interact with internet and social media, to explore for themselves what their students are accessing, learning to identify reliable and appropriate sites, but for that they will need help in the form of extra training and support services.

The impact of globalisation is far reaching, and while recognising the differences in pupils' expectations that have come from their access to technology, teachers also need to focus on the changing work place, preparing their pupils for the continually changing employment world they will enter. One result of the changes is that young people are marrying later as they try to establish their careers in what they see as a new exciting world (MOH 2006, 2010). However, survey's (MOH 2010) indicate that this does not mean they will not be sexually active, and therefore, because of the current lack of

access to contraceptive services for single people, it is even more important that teachers make every effort to help their pupils understand the importance of guarding and protecting their sexual health.

5.3.2.2. Lack of knowledge and lack of communication skills:

These two themes, although containing different issues were so interlinked that they have been put together. These issues arose repeatedly, some were openly concerned about the level of knowledge that they could provide, as few had been given any new or additional education in this field. Educated in a time when the subject was taboo, they had limited information to draw upon, and could only use the biological and physiological information in the official curriculum. In addition, some younger teachers were worried because when teaching sexual health lessons they had found that they didn't know as much as their pupils

> "*When I teach them, they ask me a lot of questions and if I can't answer immediately, other pupils answer for me because they watch films or have searched in internet … it shows they know more than me*".

They had found themselves unable to provide appropriate answers and were unsure where to go to find appropriate information for the pupils, or to help them to prepare for future occasions. Interestingly, those who initially thought that they did have enough knowledge to provide adequate sexual health education were found in the discussions to base their lessons on traditional cultural values, and reported finding it difficult to adapt to a society where not only was sex discussed, but young people were having sex outside marriage. However, they too reported that they had limited knowledge on issues such as HIV/AIDS and were keen to have further knowledge of this increasingly important issue. For nearly all teachers the more emotive aspects of relationships and communication were difficult to raise and discuss, and they found the pupils more open attitude difficult to cope with

> "*Sometimes I am rather afraid but some pupils are not afraid, sometimes I dare not speak directly but they tell me that "don't be shy, teacher!"*

Some teachers couldn't hide their embarrassment, even in the discussions with their colleagues and for this group who found it difficult to discuss with their peers and colleagues, then perhaps it is not surprising that as the above quote indicates in contradiction to the normal teaching situation, the pupils were having to encourage the teacher. Others reporting being told by pupils *"there is no reason for you to hesitate*". In

the light of these comments, there was clearly a need for staff development in this field with communication styles and ways to address sensitive issues needing to be included in any programme developed.

The concern about lack of resources for teaching was unanimous, and in the absence of official information. Teachers reported using materials from textbooks, leaflets and magazines that had been supplied by an NGO project no longer in existence, which meant their information, was in consequence some years old. Others borrowed manuals and journals from girlfriends, or used some small video clips from a range of unofficial sources. However, it was clear that the teachers did not ever use internet to find materials for their teaching planning, some said they had no skill for it and would need help to even consider using the internet "*In fact, when they ... show me* ". Others were concerned that information from the internet could be a negative influence on their pupils. However, when teachers avoid a subject and do not indicate which information is relevant and which is incorrect, the problem for the pupils is that they are left to explore by themselves, cannot discuss the implications of what they see from internet and will often not have the skills to identify which information is appropriate and which is incorrect or inappropriate. Some teachers actively disapproved of the available information but chose not to discuss this with their pupils, instead they ignored it. The clearest example of this was given by the teacher who reported "*The story of Vang Anh"* [example available on internet]

> *" I think that first, she is a person and I am allergic to the stories like that. I see that she has sexual intercourse, I can't accept what she did. She filmed those things and brought it to internet. We can't accept with those things. So I have never used this story to educate pupils.*"

However, the reality is that the pupils were happily watching this and other films whilst their teachers didn't accept and ignored this film because they afraid to discuss the implications of this type of film, which on the surface appeared to provide information on subjects that their pupils actually wanted to know. They appeared not to realize that to reverse the trends caused through globalization was not possible, and that by ignoring the programmes their pupils were watching, they left their pupils vulnerable to media input regarding sexual health and behaviour.

5.3.2.3. Traditional way of life and cultural values:

For those who wanted to retain the traditional approach to sex and sexual relations there was an additional fear that further moves towards Western culture would lead to the loss

of or change to the traditional values of Vietnamese culture. This group were trying to stop the changes by emphasising the **traditional ways of life** and introducing imaginary happy families into their lessons with statements such as "*Virgin hood's" weight in gold*" or

> "*having sexual relations before marriage make other things go wrong, it causes the family problems*"

These teachers are in danger of giving advice that at best pupils are not interested in, and at worst alienates them. As part of these **cultural values**, some teachers also placed an emphasis on traditional feminine and masculine roles in the family, using wife and husband images in lessons to keep in mind the government policy "*Building comfortable family, living in peace and happy".* Some feel so strongly about this that if they see pupils who they think are longer relevant sitting too close to each other they will re-arrange seats in their class to separate them. However, for pupils who daily are watching programmes stressing equality and shared activities the survey indicates this approach is seen as out-dated and diminishes their willingness to listen to the advice given.

Interestingly, despite the problems they found when teaching these subjects, and their attitude to more western patterns and practices, almost all teachers agreed that sexual health education is very necessary because "*Drawing pictures of new ways is better than running the wrong way*" but most believed so deeply that sex before marriage is wrong that they tended to focus on presenting topics such as love "Love" within a framework of "*No sexual relation before marriage*" suggesting that *"sex is ugly is bad"* that this approach could lead to relationship problems and gave no real information about the role of sexuality and intimacy in a relationship, and/or sexual health seemed to have escaped their notice. One older male teacher who did talk about sex and sexually transmitted diseases confirmed "*I mentioned*" *sex transmitted diseases* but as he went on to add that he gave advice in the absence of positive information, this gives only his message that "*sex is very bad*". This approach does nothing to cross the teacher-pupil gap, in the school but can make the gap bigger, and also lessens the chance of pupils asking for help and advice.

5.4. Discussion and conclusion:

The baseline measures from the survey of pupils were similar to those from the Vietnamese government with almost all pupils knowing the mechanisms of reproduction

but having little accurate about contraceptive methods and STDs (Population Research Council, 1997 and 2005). However it was disappointing to find that despite these two important government studies, in recent years nothing has changed or developed to support young people.

The separation of relationships from sexual health and the emphasis remaining on stressing that sex was *wrong* or *bad* had inevitably made sex even more interesting for the pupils. This message, from teacher to pupils makes their teaching on sexuality and sexual health less effective as it not only distances them from their pupils, but led to pupils dismissing what they had been told. The focus group discussions revealed that only one teacher was prepared to fully accept the current changes and teach about relationships, but that she too felt she had not enough knowledge. It was also evident that the teachers know sex is happening amongst their pupils, but as most find it unacceptable they try to ignore it by and focus on the more traditional values and practices, something that is possible because the sexual health programmes have not been updated for more than 20 years and therefore were based on just such traditional values. The teachers were therefore able to reassure themselves that by adhering to their traditional approach they were following government policy, something still very important in Viet Nam. There appeared to be a belief that adolescents would become promiscuous if they learned about sexuality and contraceptives, but they forgot that knowledge and understanding are essential for pupils to make responsible and safe decisions. They, the gatekeepers of education and knowledge do not want to look at the risks that arise from not providing this information to adolescents, and therefore supply no teaching about responsible relations, safe sex and the positive aspects of relationships.

Despite the recognition of the need for sexual education, the focus groups also revealed that some of the teachers did not really want to be ones to teach it, they had 'inherited' the subject from a physiological or anatomical perspective, rather than positively choosing to teaching it. The majority also felt that they did not have the level of education to teach this subject adequately. In addition during the focus groups many misconceptions and superstitions were revealed, and this has to be a problem, if teachers are basing their lessons on such inaccurate information they are likely to pass these misconceptions on to the pupils. The ability of pupils to search out their own information together with the teacher's lack of knowledge or difficulty in raising the subject means that in this crucial area the gap between teachers and pupils is growing and one of the few possible sources of information for the young people becomes less accessible or relevant. In the light of this, as the pupils had reported they couldn't or

didn't talk with their parents, they will increasingly have to seek out their own information, and as not all sites on the internet are accurate or appropriate, inevitably such misinformation or absence of information may lead to a higher rate of abortion and STDs in young people.

The baseline measures clearly revealed that in education today there is a clear conflict of ideologies. With the teachers trying to maintain the heritage arising from cultural patterns and traditional values, and the pupils determinedly moving towards the west there is a philosophical gap that has to be bridged if pupils are to be adequately prepared for their adult lives. The teachers, as responsible adults, need to find ways to interpret government policy and doctrine that is acceptable to their pupils. Only then will they be able to successfully guide their pupils through adolescence into the ever changing society that is Viet Nam today (Chi 2009). It was apparent that the different were recognized by both sides, but few positive steps forward have been tried. The teachers were clear that they would welcome a new approach that would support the delivery of information in a format that enabled teachers to meet the needs of their pupils, whilst still retaining their own sense of culture and heritage. In their turn, the pupils were adamant that they wanted information, but needed their perspective to be recoginsed and the current approach used did not work for them.

CHAPTER 6

DATA COLLECTION TO SUPPORT THE DEVELOPMENT OF THE CONCEPTUAL FRAMEWORK

6.1. Introduction:

As a background to the development of the conceptual framework, three key activities were carried out. The first activity was analysis of documentary data. This was based on curriculum documentation, government policy documents, text books and teaching materials from the 4 schools in North Viet Nam. The second activity in this part of the study was the series of interviews with key government officials and members of NGOs that were carried out to identify their ideas on how to teach sexual health in a way that can help the pupils as they move towards adult life. The findings from these semi-structured interviews provided information not only on the governmental view of the current education offered, but also the way key officials suggested that education should move forward. The information from NGOs working in this field was seen as invaluable as through their activities and interactions with young people they could give good insight into how they saw the problem, and make realistic suggestions regarding educational activities that they had found to work.

The third was the presentation of the main findings from the pupil survey to a second group of students and the recording of their reactions and opinions of the survey findings. As outlined in the methods section, this presentation was likely to be the first opportunity that the pupils had had to discuss this subject not only with each other, but also with a researcher with the knowledge and expertise to respond to queries. Although mentioned here as it was a key part of the data collection for the development of the conceptual framework and model, this session was also in some part a pilot and details of this session are given in chapter eight.

6.2. A review content of text books related to sexual health in North school in Viet Nam:

The documents revealed that sexual health was integrated into two subjects in terms of Biology and Citizenship. Having carefully reviewed the textbooks and curricula used to teach pupils, the most appropriate way to present the findings from the documentary data is in tabular form. Indicating which content in this subject was taught in the school in which year.

Table 6- 1 : Review of the text books from participating shools information reproduced with permission from MOH

Order	Biology Subject	Content	Civic Subject	Content
Grade 6	None	None	No lesson related to SH	Save, principle, peril, children's' rights
Grade 7	None	None	None	
Grade 8	1. Reproductive Transmitted Infection disease (STI's) 2. AIDS epidemiology	Introduce 2 diseases: Gonorrhoea and syphilis + Agent + Symptom + Harmful + Transmission Identify HIV/AIDS HIV Statistics HIV/AIDS prevention	1. Build up good, pure and healthy friend/relationship 2. HIV/AIDS prevention	Introduce the relationship between Marx and Anghen as an example of a good friendship Introduce the letter from the young woman whose older brother died of HIV/AIDS as a result of drug use
Grade 9	None		None	Defend the country
Grade 10	1.Replication of a virus in a host cell 2. Infectious disease/communicable disease	Introduce HIV as an good example of disease caused by a virus. Review how they can be prevented. General with healthy life, hygiene, no drug used, etc. Introduce names of diseases and a little information on how they are transferred	1. Citizen with love, marriage and family 2. How they can protect themselves	Introduce the love poem Definition of love Things that need to be avoid: + Too early to love: 15-17 year old + Love so many people at certain time/multiple partners + having sexual intercourse before getting married Marriage: + Definition of marriage + Regulation of marriage Family: Identify family Introduce the family's function Role of sexual health function Reminder of the responsibility of family and country
Grade 11	Control of reproduction in animals and then humans	Reproduction in human beings Introduction of contraceptive methods and mechanisms of pregnancy prevention	None	Regulation of economical advocacy
Grade 12	None	Genetic	Basic civil rights	Introduce laws related to human rights

It was clear that the information from the text books was not used systematically. Content related to sexual health occurred in grades 8, 10 and 11 but not in other grades. There was no rationale to explain why or how the MOET designed the learning programme. Moreover, the programme was did not meet the pupils' needs. Even though, the information mentioned in these lessons related to HIV/AIDS, STD's, contraceptive pregnancy and human rights, the details given didn't clarify how problems could be solved or their situation regarding sexual health. The advice for pupils was not to have sex not how to protect themselves. The main content of the lesson contained no information regarding when and where the pupils can go for help. One of the lessons does introduce human rights but doesn't mention about the right to reproduce or that the legal age for sexual intercourse in Viet Nam is 18 years. The content related to sexual health covered whole sexual health issues in the programme but the knowledge was limited and a 'surface' overview with no depth. Overall there was a lack of information and knowledge in the current sexual health education programme in the schools studied, and as they use a national curriculum it follows that the situation across Viet Nam will be the same.

6.3. Interviews with NGO's and Government Departments:

It was seen as crucial that any model developed reflected current national and international perspectives, not only respecting the cultural patterns and practices of Viet Nam, but also fitted within the system of education and training. Only that way could the outcomes of the study be used to inform policy and practice in this field. Therefore interviews were carried out with key organisations working in Viet Nam, and who had experience not only in the field of sexual health and working with young people, but also with the Ministry of Education and Training and Department of Education and Training. The interviews were analysed following the same processes as described previously, and from this process four themes emerged, societal changes, problems for educators, the role of government ministries and the way forward. In total, there were 5 people from NGOs and GO's interviewed using semi-structured individual interviews. For reasons of confidentiality the NGOs cannot be identified. The data analysis was followed the same steps as the other qualitative data sets. An example of the analysis process is given below.

Table 6-2 Process for analysis

Code	Original Transcript	Exploratory comments
Pupils body changes during adolescence. Occurring earlier than previously experienced.	*Puberty is now early .3rd grade students* [8-9year olds] *are pre-pubescent and menstruation in 4th grade students* [10 year olds] *is quite common...the early physical development of students has led to early sexual development.... teachers have reported young children making dates and writing love letters... and parents of 4th grade students telling them their children have become 'adult'*	Why do the teachers accept the status quo?
Barriers in the education system	*many barriers exist,..especially the conservative education system...the current programme focuses on physiology and psychology of pregnancy but it very raely talks about sex. Teachers are hesitant tto change ... they worry how they will cope... how this will affect them... they don't want to talk frankly..with pupils. but the pupils are still running even though they don't know the way*	Why the education system not changed.
Responsibility of the authorities in sexual health education	*The Ministry of Education and Training... should .... design an appropriate programme for all levels of education from primary schools to high schools.... officials should popularise this programme to help students have a full understanding*	In what ways can MOET help?

Table 6-3 Emergent themes

Code	Emergent themes	Original Transcript	Exploratory comments
Pupils body changes during adolescence. Occurring earlier than previously experienced.	Changes in society	*Puberty is now early ..3rd grade students* [8-9year olds] *are pre-pubescent and menstruation in 4th grade students* [10 year olds] *is quite common...the early physical development of students has led to early sexual development.... teachers have reported young children making dates and writing love letters... and parents of 4th grade students telling them their children have become 'adult'*	Why do the teachers accept the status quo?
Barriers in the education System	Problems encountered by the educators	*many barriers exist,..especially the conservative education system...the current programme focuses on physiology and psychology of pregnancy but it very rarely talks about sex. Teachers are hesitant to change ... they worry how they will cope... how this will affect them... they don't want to talk frankly..with pupils. but the pupils are still running even though they don't know the way*	Why the education system not changed.
Responsibility of the authorities in sexual health education	The role of government ministries and the way forward.	*The Ministry of Education and Training... should ... design an appropriate programme for all levels of education from primary schools to high schools.... officials should popularise this programme to help students have a full understanding*	In what ways can MOET help?

6.4. Findings:

Although the aim had been to present the findings using key themes, and the steps were carefully followed, the interviews all covered the same issues and overall the consensus was such that the findings have been presented as a general description of the key issues discussed rather than as a set of themes. There was general agreement that societal change in Viet Nam is moving at an unprecedented rate, and that there are major implications from this that cannot be ignored. They pointed out that changes in nutrition and health had led to physiological changes that impact on sexuality, with menarche in females reducing from mid-teens to now in some instances 10-11 years, and signs of puberty in boys also occurring at an earlier age

> *" Puberty is now soon...3rd grade students* [8-9year olds] *are pre-pubescent and menstruation in 4th grade students* [10 year olds] *is quite common...the early physical development of students has led to early sexual development.... teachers have reported young children making dates and writing love letters... and parents of 4th grade students telling them their children have become 'adult' "*

All those interviewed agreed that the increasing contact with the west had lead to irreversible changes, not least of these being a very different attitude to sexual relations and intimacy, which linked to a later age for marriage (see Chapter 2) had altered the views and perspectives of young people. The outcomes of these factors on the lives of young people cannot be ignored. No longer do young children passively accept what they are told and follow the traditions of their parents. They watch western television and see a more liberal approach to intimacy and then use the internet to find out more and satisfy their curiosity. Even in areas of poverty there is increasing access to television and the internet, even if only through shared facilities. The initial survey had suggested that very few used the internet to search for health messages, and a survey by one organisation whose survey had found that only 8% of young people looked for official health sites. The majority gained their information from general sites and web pages, and these can be inaccurate and misleading. From their chosen sources they have an unrealistic and glamorised version reality that they are keen to try for themselves

> *" Sexual intercourse before marriage in pupils is increasing more and more and in young people it is 5 times higher than before.... and the marriage age is later....they are sexually active from aged 15-20 years... and if they have strong desire....telling them to wait nearly 10 years is unbelievable ... therefore abstinence is just theory"*

In fact amongst this group of interviewees there was a belief that the incidence of sexual intercourse reported pupil in the survey was an under-estimate as some pupils would not have felt able to admit having had sex even in an anonymous questionnaire. This recognition was accompanied by a strong belief that young people needed to have the information to protect themselves, the results of the current system where they find out for themselves were well documented (see Chapter 2), and it was essential to find a way to help young people gain the knowledge they need to cope with life in modern Viet Nam. Those interviewed argued that there education needed to be provided in an acceptable manner and that no one approach was adequate. They needed to focus on all areas of the child's life, the school and the community as well as the individual relationships. Within the schools they found several problems

> *"...* [there are] *many barriers ...especially the conservative education system...this programme focuses on physiology and psychology such as when having a pregnancy is best but very rarely talks about sex..."*

The current curriculum for teaching reproductive health is an integrated programme, but this does not give enough time for teaching the whole range of issues of sexual health and there is no way to identify pupils' need and one NGO commented

> "…*the way teachers lecture is unsystematic in term of contents, is inappropriate and not based on student's needs….all integrated topics take too much time covering the main subjects…"*

They also reported that a real problem was that the teachers were afraid to move away from traditional values and teach something that might conflict with the family and community views. They understood how they felt but pointed out that while the teachers

> *".. hesitate to change ... they worry how they will cope... how this will affect them... they don't want to talk frankly... but the pupils are still running even if they don't know the way"*

In addition to teacher's lack of knowledge of sexual health, the lack of the time means they cannot find ways to add extra issues into the curriculum

> "… *teachers are not specialized in those topics so that we can not expect them to explain thoroughly as for their main* [teaching] *topics. This is the reason why the teaching of reproductive health is not deepened…., the students' needs assessment is really hard to do…"*

Another problem is the perception of trainers in training course for teachers who will teach reproductive health. The trainers only teach them the way that they (the trainers)

think is relevant for teaching this subject, but they are distant from the situation and challenges the teachers have to face. There are no theoretical education perspectives in the training course, the original teaching method comes from the Confucian tradition, and where acceptance of the teacher's wisdom is taken for granted so many teachers cannot easily apply it in the modern setting. In addition, programmes were developed based on subjects, and without a conceptual framework or theory to enable a flexible approach to the teaching methods to be developed for teaching sexual health subjects. The structure and process for training should identify the key issues and gaps in the training courses, as one organization pointed out

> *"…One expert from central level teaches them…each course includes 4 teachers from each province and each core teacher will learn directly from the expert …the training l takes 4-5 days…but it has 3 days in the Education department and there is only half a day when the trainee teachers transmit the knowledge to other teachers in their school…"*

This demonstrates that the structure for training has limited time to for teachers to access want them to learn and no time at all to learn how to act as facilitators for learning. So it is not surprising without funding from different Non-government organizations to support time for teachers to increase their competence in teaching techniques little has changed in the schools. In addition, the formal documentation for teaching reproductive health in schools is not always updated annual as it is seen as very complicated. Accepting that for annual reviews are difficult, 20 years is still far too long without any major updating or change particularly in the light of globalization which means that education needs are continually changing

> "…*I must tell you that textbook and curricula should be always changing, but it may not always be updated annually because issuing a textbook like that is very complicated….but no other countries keep their curricula standing still…*"

There was a suggestion that creating a programme of *'life skills'* which could encompass a range of subjects around living would be more appropriate than the current system, and would place sexual health securely in an appropriate part of the curriculum. However, the interviewees accepted that the major stumbling block was attitude and that until they could help teachers accept the need to recognise the new behaviour patterns nothing would change. At the time of interview they saw this as an almost insurmountable problem, but hoped that new training in universities would lead to a workforce more willing to discuss such emotive issues. However, this will take time, and the concern is that although they may be more willing, without a coherent model and

policy approval from MOET, these teachers will also only teach part of the subject. One organisation had funded a project in 5 provinces whereby technology and training could be funded to help teachers integrate sexual health education into the schools, but these pilots programmes had problems partly because

> *" Education in Viet Nam is very passive...the form is still didactic...it wasn't active ... it didn't make chance for pupils to explore ... and discuss..... we need to change education method in the future"*

They had placed considerable funding into this programme, but it had stopped because although they had developed manuals and practical guidelines, without formal support from the MOET and a theoretical basis for the programme it would not be integrated into government documentation and so could not work long term. They had responded to a perceived need, but had been unable to find a way to build the outcomes of the project into the national education system. In a similar manner a government department in Hanoi has developed 9 learning modules, but these modules were only piloted in seven provinces and Hanoi is not including them in their education programmes. This is a major disadvantage for selecting priority for education as without official support

> *"…we can only disseminate the extracurricular material in nine modules…these are sensitive topics ; high-school students must actively participate in learning activities…WPF (Word Population Foundation) only selected provinces with high sensitiveness where the issue was likely to affect students more…"*

Schools can decide which modules they want to use and when. Unlike previous projects, no suggested order for use was developed; the idea was that teachers would be able to select the most appropriate modules for their students. However in the absence of appropriate training, the teachers were not able to do this and therefore this set of practical modules also remains under used

> "…*It does not have a fixed schedule but depends a lot on the awareness of school leaders, hereby including management boards, main teachers and class monitors,…but teachers must help to set it up..."*

Not only teachers decides which modules are suitable for teaching in schools, but it has to be accepted that management boards have the power to decide what should be included. Even though, we (experts) know the curriculum needs to be based on pupils needs the fact is that pupils have no power to influence decisions on what topics and content that they want to learn

"…*The implementation of the nine modules will depend very much on school management boards…"*

This means that in terms of sexual health things that pupils want to learn they can't learn but other things they don't want to know they have to learn

"… *if they do not appreciate this content, they will not prioritise it or learn it "*

All five organisations agreed that teaching methods needed to change, to *'catch the interest'* of the pupils. The usual method of lectures did not allow for discussion and debate. Diversification should be encouraged to use interactive and experiential methods. These should include group work, video/CDs practical activities, meetings with experts, self-managed club with where possible students encouraged taking responsibility for their own learning

" activities like drama.... these are exciting... if the leader is enthusiastic and organises with his heart this is very easy...if the school is interested in their pupils... the pupils will be interested ..".

and

"..it is a good when students can discuss together topics that they are interested in. they can ask each other or share information together…"

This last point came up frequently, if the teacher is forced to teach the subject but is not interested the pupils will sense this and respond accordingly, only those who wish to work in this field should do so. As was pointed out, not all people have the communication skills needed for this type of teaching, everyone can teach the facts, but sexual health education is much more than that, and selection should be made to find the right teachers, and if necessary to bring in experts from outside. Supporting this idea one expert commented that teaching by using the NGO developed modules is useful as pupils can see what they are to learn and see why material is included. It was also pointed out that the modules recognised the need for inviting external experts to participate in the programmes taking the lead with the pupils in discussions about contraception, abortion and safe abortion, etc

"…*expert to come to the school and talk with her students about contraception, abortion and safe abortion, etc. I think such similar talks are very useful for students as they have many questions for the counsellors or have open discussions with teachers or parents surrounding the field of population, family planning and RH*."

The main reason for inviting experts into schools is that the teachers are not confident enough to teach sexual health in school. One expert from the Science and education Institute explained that:

> " *The teachers are not specialized in those integrated topics so that we cannot expect them to explain thoroughly as for their main topic….so Reproductive health is not well taught* ."

The interviewees suggested that a second reason for explaining the current lack of knowledge shown by pupils is that reproductive health is integrated into other subjects so there is limited time for each aspect and teachers have little chance to understand their pupils needs. There was consensus that the role of both MOH and MOET were integral elements of any programme developed, and that both need to be involved in any planned changes. The issue of sexual health is complex as it crosses the boundaries between the two ministries. In Viet Nam these work closely together, with the result that any change in curriculum or innovations in the field of education for sexual health have to be approved by both organisations before they can be implemented. In this instance all the organisations agreed that the ministries were in an equivocal situation. As one organisation pointed out

> *" The Ministry of Education and Training guides just include education activities but the reality of guiding and implementing in schools is very difficult because this issue is mostly integrated into biology, civic education and compulsory extra activities.... it has not become a.... programme yet... so it is difficult for school to teach..."*

Across those interviewed there was recognition that for education in this field to be effective, this situation needed to change and

> *" The Ministry of Education and Training... should .... design an appropriate programme for all levels of education from primary schools to high schools.... officials should popularise this programme to help students have a full understanding "*

This last comment reflected the view that attitudes at all levels needed to change to recognise the needs of children growing up in modern Viet Nam. They pointed out that the curriculum is so full that it is easy for teachers to *'evade'* the issue and continue to teach their current subjects, hence the point that the ministry needed to *'popularise'* this subject, they believed that only with official sanction will sexual health education be recognised and effectively taught. However, they were realistic and also accepted that it is difficult for the two ministries to move away from the current conservative thinking and as one pointed out

> *" There is no one answer.... everyone has different demands... it has to be accepted... changing attitudes takes time ...I think the Ministry of Education and Training cannot do...[*.this] *unless Ministry of health joins in"*

Here, they were referring to not just recognising new programmes, but the two ministries working in partnership, something very difficult to do in any government. One clear example of the problems was where one NGO's had worked with the MOH, to develop a textbook, but without the approval of MOET this could not be used in schools, and for this they are still waiting.

The MOET together with the Institute of Science and Technology is now researching into the possibilities of implementing life skills into the curriculum, and should they decide it is appropriate then training will follow, however, currently there is focus on preventing aggression in school, enforcing speed limits and keeping the law which may in any new proposals have greater emphasis than sexual health education. This has to be a concern because at present schools have this subject in extra activities and make a choice as one participant reported

> *" In rural areas of Hanoi many schools ...* [choose] *specific extra activities... these schools can choose... programme ...visit revolutionary martyr cemetery....exchange programme to combat drugs, social evils ....life skill education conference...reproductive health club meetings "*

As this indicates although they can choose to study reproductive health there are many other choices that schools can make and therefore whether or not they receive education depends on choices made by the very teachers who may be reluctant to discuss this issue

> *" It depends on the school infrastructure, time resource and students needs. …thus, the implementation of the nine modules will depend very much on school management boards. If they are aware of issue, they will guide the youth union to carry out. If they are too busy or do not appreciate this content, they will not prioritize it."*

As one participant pointed out new programmes always face obstacles, but over time become accepted, comparing this to the changes in dress

> *" In the past people were strongly against people wearing sexy clothes in the street but it's very popular now...now it's as sexy as possible...people didn't dare wear sexy clothes when going to the temples or pagodas.... now it's a normal phenomenon...thus we will have to implement step by step"*

There was agreement that it was much easier for younger people to change, and that as the accepted role of the teacher was training *'good people'* to fit into the community, this was a very different concept and change would only come when education worked alongside social organisations, political unions and professional organisations, all of which takes time. It was also suggested that the young people themselves could be trained and become part of the programme with peer support groups and mentors. Another suggestion was the use of '*chat online'*, this approach uses technology to enable young people to ask questions and receive answers in confidence. However although very successful there is not at present in Viet Nam the capacity to run this programme on a national scale. There was also concern that now the web is diversifying and therefore this relatively static web page would become less attractive, when compared with European sites, but again, today in Viet Nam it is not feasible to develop further. They did pilot a forum for young people but due to technical difficulties have had to stop this. That they received enthusiastic support and interest from young people for their programmes is an indicator of the need for information. When asked about the idea of a web page run by the ministry there was interest, but a general feeling that this also was not possible, information could be made available but interactivity was not feasible, because the technology was not freely available. Also the ministries try to give information for all, but this is a subject area in which agreement at present is not possible.

CHAPTER 7

DEVELOPING THE CONCEPTUAL FRAMEWORK

7.1. Introduction:

Reviewing the data from the survey, the focus group interviews and documents, showed that since 1995, there have been many formal and informal initiatives used to try to help young people to increase their knowledge and understanding of sexual health. Some of these were based on active learning approaches, for example one project which ran from 1996 -2000 included clubs for young couples, clubs for unmarried youth, hot lines and mobile teams. During this period there were increased numbers of published books about sexual health, as well as activities such as a "condom café", which also offered "counselling and coffee". The aim was for activity driven education models to be developed and integrated into the school curriculum (Hong, 2003). However, as projects run by NGO's, their theoretical underpinning remained with the NGO and was not shared with teachers in schools. Thus, the schools regarded the activities as being imposed on their pupils, rather than being part of the overall learning programme, a belief supported by the fact that there had been no ministerial agreement to integrate project activities into in the education system. In consequence, when the projects were completed the interventions stopped.

Discussing such initiatives In the interviews with the NGO's, concerned they were adamant that the activities had been designed to fit into the social activities of young people. They had used modified Western models, hoping to establish a new model in Viet Nam. However, within the project funding there had been no financial allocation to produce theoretical guidelines for others such as teachers to use. At the time they had not seen the necessity of sharing the theories behind the activities. With hindsight, this had been a major limitation as without training, once the project workers were no longer available, teachers and other youth workers could not see how to support or carry out the project activities. As a result, despite their positive outcomes, none of the initiatives had continued. Learning from this, it was decided that this project would produce detailed information, both of the practical processes to be used, and the theories behind them. Only this way would teachers be able to understand the principles of a new approach, accept them, implement them within the curriculum, and sustain them as new teaching staffs join the teams.

7.2. Developing the conceptual framework:

Analysis of all the data sets gathered, revealed that there was support for change to the educational framework in Viet Nam. There was acceptance that the existing passive and conservative education system in Viet Nam, did not recognise pupils' queries about sexuality, emotions and relationships, and STDs, nor did it actively involve them. The results also revealed that for any new educational framework and/or teaching and learning model to be accepted and implemented into the current teaching programme, required extensive work to be undertaken with the teachers, who need to recognize that they have a central role in the development as well as delivery of education (Tones and Tiford, 2001). To be successful, sexual health education in Viet Nam needs to be designed to provide clear accurate information. It needs to help young people in schools understand the importance of responsible relationships, and, as they move towards adult life, to make choices that respect themselves, their partners, and maintain their sexual health. Teachers need to develop innovative ways of providing information and, to consider ways to reduce the gap between pupils, teachers and parents (Attwood, 2006). However, this is an entirely new concept for the schools in Viet Nam, where traditionally, teaching methods have been didactic; moving from these to a more interactive approach will not be easy. Therefore, in addition to developing a conceptual framework and model for sexual health education and a training model for the teachers' education needed to art of the process. With this in mind the overall structure had to be considered, and for this MOET and MOH had to be consulted. The agreed focus for the project was on the content and processes needed for sexual health education for pupils, and the MOET and MOH were clear that the emphasis needed to remain with the pupils. Therefore, the model developed for the teachers should be part of this and not a separate section. It should be developed with the model for pupils and remain in education. They (the government) would then submit it to the relevant working party once the major project on teacher training began.

The conceptual framework needed not only to address the issues of learning and teaching in formal settings, but to lay a foundation for pupils so that they want to add to their knowledge as they continue into adult life. Thus, the framework needed to be built around theories not only of pedagogy, but also of androgogy and lifelong learning (Jarvis 2008) as at age 16 years pupils are moving from childhood, through adolescence into adult life. The move from a pedagogical approach also recognises that today, social factors mean that pupils are becoming more independent and autonomous.

When the theories of learning were reviewed from a wide range of countries, it revealed that most theories of active learning were designed for, and used in the West, with very few examples found in Asian countries. The majority of the literature came from the United Kingdom, Australia, and the United States of America, and, as a result of the rapid developments in technology, showed an increasing move towards distance learning (Jarvis et al, 2003). There was some evidence that some Asian countries such as Hong Kong, Thailand, China, Singapore, Malaysia, and the Philippines have started moving towards active learning. However, some of the literature appeared to suggest that Asian learners are always passive, preferring didactic teaching (Biggs, 1996). This assumption makes no mention of the importance of familiarity or the time needed to adjust to change. In fact study of the results of students from these countries studying in Australia demonstrates that once they were used to western methods, they achieved higher score than their Australian counterparts. To try to explain this difference a team of teachers were seconded to China. As part of this exchange they taught Chinese students and found that initially the learners kept silent throughout the teaching sessions, but afterwards they started to ask questions and debate issues from the class (Kenedy, 2002:88). For them, asking questions was seen as interrupting the teacher, something that is not acceptable in China. However, after classes are finished, students are free to question and discuss content with their teachers. This is a clear example of the need to consider cultural factors when developing programmes for specific countries or groups. This approach is not only found in China; in Viet Nam a similar respect for the teacher can inhibit questions. Traditionally both countries have education systems that have developed from Confucian theories, and in these, learning is about listening, accepting and then acting in the manner dictated by the teacher. The impact of globalization and links with the west have introduced a more questioning approach, but the 2000 year heritage means that students can find it difficult to act differently in the classroom setting. They have found their own solutions, and once the formal process is complete then they demonstrate a more active approach.

The challenge in this study was therefore to find a way to enable them to integrate this informal questioning into their formal learning process. To do this, aspects of Western theories need to be used in a format that builds on traditional practices. The first step was to compile a table of key terms used in theories of learning (Table 7-1), this was then used to identify aspects that could be considered for either the conceptual framework for sexual health education, or the education model need for the teachers.

Table 7-1: Terms used in theories of learning in Western and Asian countries Source: Jarvis and Holford (2003:68-88) The theory and practice of learning

Author	Distinction in terms of learning	
Argyris and Schon (1974:19)	**Single loop learning** Designs actions	**Double loop learning** Changes the thinking in field of learning itself
Botkin et al (1979: 10)	**Maintained** Acquisition of fixed outlooks, methods, and rules in known and recurring situations	**Innovation** "brings change, renewal, restructuring and problem reformulation'
Brookfield (1988: 7-9)	**Learning** Facilitated learning process	**Thinking** Critical thinking
Freire (1998)	**Banking education** Leaner remembers and repeats what they were taught	**Problem –posing education** Encourages the leaner to ask and learn through questioning in or about a subject
Javis (1987, 2003)	**Non-reflective** Process of accepting what is being presented and memorizing and/or repeating it	**Reflective learning** Process of being critical (thinking about situation /subject and then deciding to accept or seek to change current thinking /knowledge
Knowles (1980:43)	**Andragogy** Art and science of helping adult learn	**Pedagogy** Art and Science of teaching children
Mezirow (1991)	**Formative learning in children** Acceptance of learning from sources of authority and early learning through socialization	**Transformative learning in adulthood** Need to acquire new meaning / perspectives
Marton and Saljo (1984)	**'Surface' learning** Seeking to remember what is read without deep reflection	**'Deep' learning** Study/reading with a focus on understanding what has been read
Salili (1996)	**Collectivism** Loyalty, accepting and following the perspective of the social group,	'**Filial piety'** Obedience, following and acting on parental authority rather than learning from an education institution
Kennedy (2002:88)	**Passive learning** Listen and accept what is stated without questioning, uses rote learning and memorization	**Active learning** Participation in the transfer of knowledge, with focus on learning through doing

In Viet Nam, the focus on didactic teaching, means the role of the teacher is central as in figure 7-1

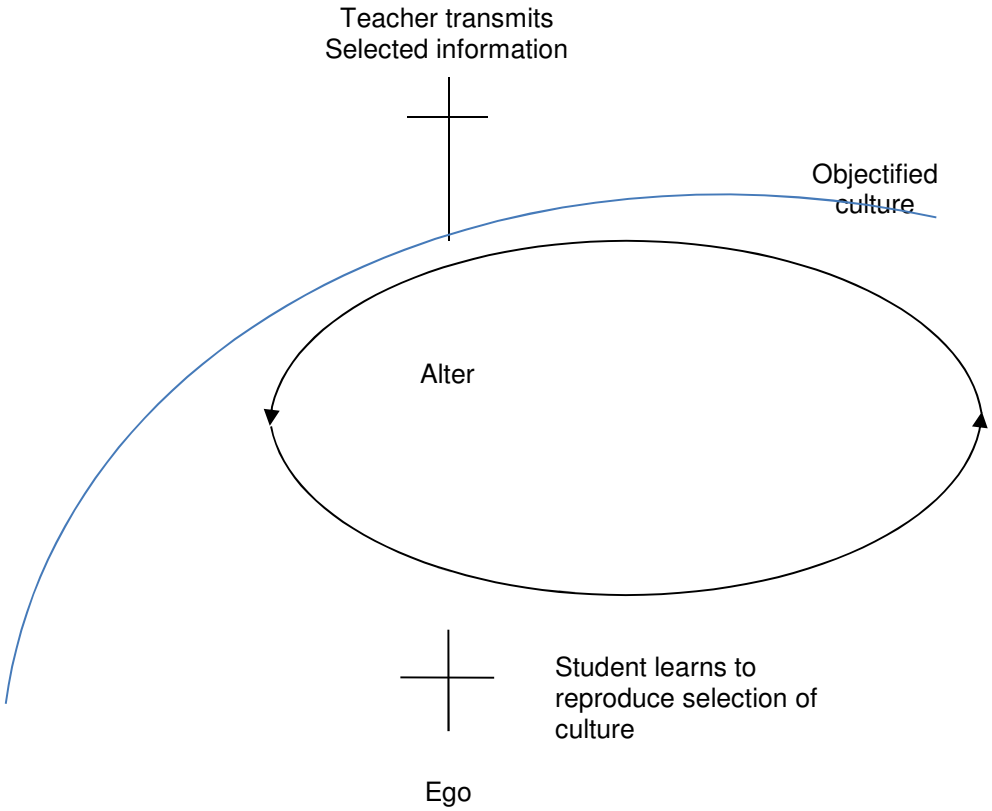


Figure 7-1: A stereotypical picture of teaching based on (Jarvis, 2004:149)

Whilst the teachers interviewed were still happy with Didactic teaching, the social-culture milieu of pupils is changing rapidly. Teachers cannot know, and as the focus groups revealed in many instances do not want to know, whether or not learners are sexually active. They chose not to consider this when planning lessons, but instead focused on transmitting the culture that they thought was suitable for young people. This was based on the traditional values of abstinence and excludes the possibility of pre-marital sex. This approach is unlikely to be well received by those who, as the survey revealed, find the media version of a western lifestyle attractive, or have engaged in sex already. Teachers need to find a way to enable students to consider the implications of the different lifestyles and then make responsible decisions about their own lives.

There were two areas that needed to change, firstly, the teaching approach and secondly, the content taught. Starting with the teaching methods, although much of the literature suggests moving from a didactic model to more facilitative teaching can be relatively straightforward, Viet Nam is a country with a strong identity formed over thousands of years. Its heritage is very different to the West from where most of the modern theories of learning and teaching are derived. Viet Nam's long and proud tradition of higher education includes having one of the oldest universities in the world,

which was established with the values and traditions of the theories of Confucius. These were handed down to all schools colleges and universities and were until recently seen as sacrosanct. The idea of changing from this revered approach would not occur to the teachers, it has to come from the government, and in this case that involves two ministries, the MOET and the MOH. However, in recent times, due to societal issues including wars and revolutions, there has been little possibility to apply these (or any other theories of learning) in the school setting, with the result that teaching is now based on lists of content rather than learning.

The challenge for this study was to develop a new framework integrating appropriate theories from the West with the traditions and culture of Viet Nam, which would be acceptable to the MOET, the MOH, teachers and the pupils. Only with the MOET and MOH's acceptance can recommendations for policies regarding sexual health education be implemented. Thus it would seem, that although the aim was to develop a framework for sexual health education for teenagers, the first step had to be the development of a model for the education of teachers that responded to the teachers' requests for more knowledge (as identified in phase 1), and that fitted within the requirements from the MOET and MOH. It needed to be recognised that for teachers who have always used didactic measures, in addition to their concern about meeting MOET requirements, there is security in traditional teaching methods. Therefore the framework had to be developed using small achievable steps that build towards the desired outcomes, rather than large scale sudden changes that crossed too many barriers too quickly (Sargant and Aldridge, 2002).

Searching the documentation available it was evident that prior to this study the schools were unaware of any formally approved or accepted framework for teaching sexual health education within state approved schools. However, analysis of the interviews in this study with the MOET made it clear that for them there was a structure, and using their description the diagrammatic representation of the current framework given in figure 7-2 was devised.

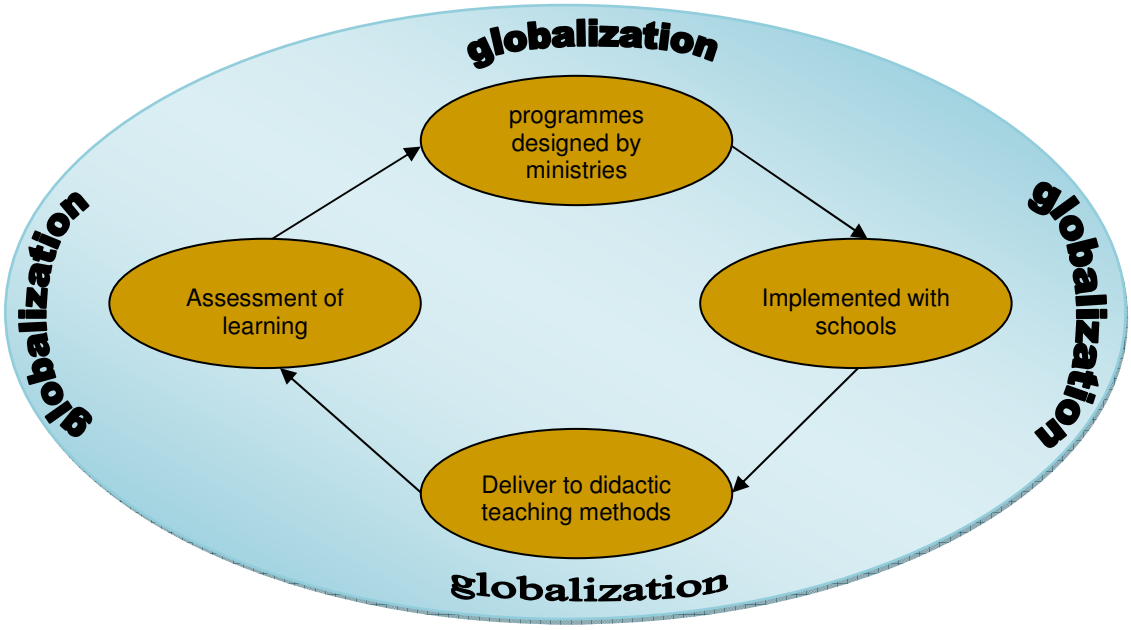


Figure 7-2: Current (traditional) framework utilized by state approved schools for curriculum design in Viet Nam

It was important to recognise that the impact of globalization in Viet Nam not only led to private international educational establishments being opened, but to the introduction of a more relaxed and sympathetic approach to curriculum design for these new schools. Recognising that these organisations are influenced by the ideals and education practices of the head teachers and management who are often from outside Viet Nam, the MOET and DOET have said only that they must meet the outcome requirements as described in the national guidelines. This means that these establishments have been allowed to adopt different curriculum designs and content to those allowed in state run schools. However, these schools are relatively few in number and for the majority of schools, the formal top down and bureaucratic system remains. The aim was for the outcomes of this study to be integrated into these systems and therefore it had to be designed in a format that, while bringing about change, did not disrupt the current school education system. This study was seen as extremely timely as there was concern that as Viet Nam is so keen to change the education system, different NGOs working with schools would all adopt individual approaches to change. Based on previous experience it seemed likely that these would not be developed in conjunction with the government and this would lead to far too many styles for active teaching and learning approaches being trailed without proper consultation with the authorities. In turn, this could lead to confusion and damage to the education system as has happened in other countries who tried to introduce western teaching styles without adapting them to meet their own context (Thanh, 2010). This study therefore provided an opportunity to consider Western teaching styles to help the Vietnamese education system cope with the rapidly changing

knowledge and information found in Viet Nam. Care was taken to make sure that the outcomes fitted within current government approaches and with the remit of the forum for lifelong learning established in 2010 (Vejs-Kjeldgaard, 2010). To date this forum has only been charged with reviewing the various Western approaches but no decision has been made regarding the way forward. It was seen as very helpful that this group would receive a theoretically based study which reflects the government perspective.

The conceptual framework had to be in a format to help teachers to see why and how they have to change both the curriculum design and the teaching methods used for sexual health education. It also had to recognise the teachers and pupils demands and needs, as identified in the baseline measures. It had to build on from the current system as illustrated in figure 7.2. Lack of understanding of theories of learning, other than Confucian teaching, is a major problem for schools (Thuan 2010). A starting principle was that the study would use a format that helps teachers in schools to increase their understanding of the various theories of education and learn to use them as a basis for designing active learning in their programmes. Following discussions with the MOH and MOET and information from the National Education Institute, the type of curriculum model they, (the government) wished to move towards was devised as Figure 7-3. As can be seen this curriculum model has greater flexibility regarding content, teaching and learning strategies. It moves away from formal didactic approaches to more student centred, experiential methods allowing students to acquire the skills and knowledge needed to for success in the increasingly international labour market in Viet Nam.

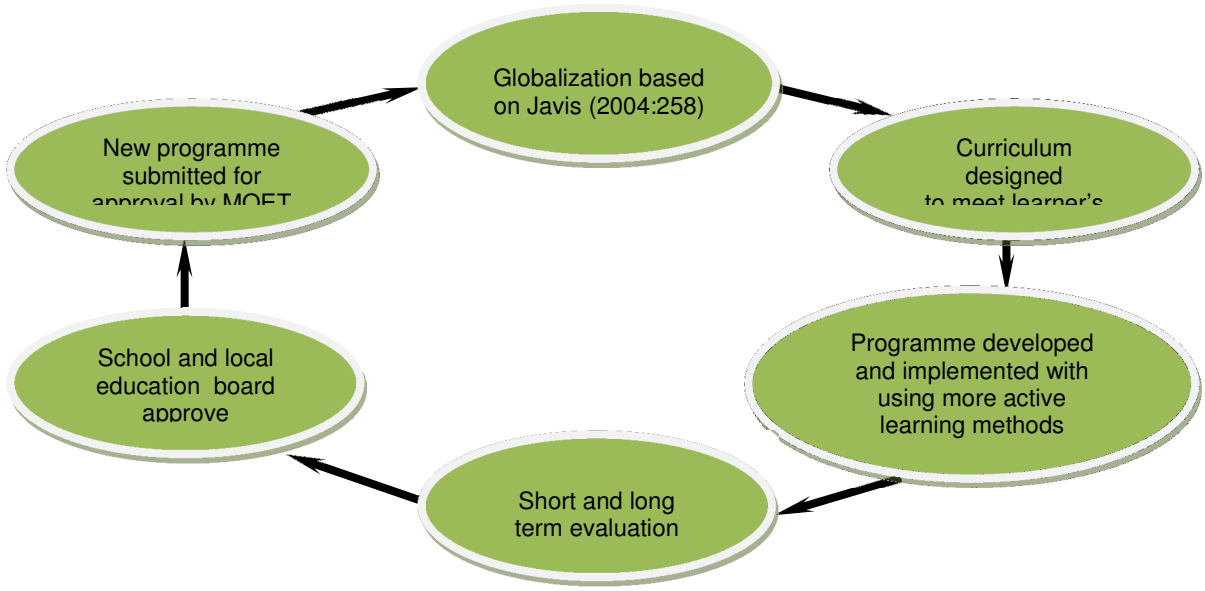


Figure 7-3: The proposed framework for state and private education organizations in Viet Nam.

As can be seen in figure 7-2, the ministry directly leads the knowledge given to students. Whereas figure 7-3 has moved to a more interactive approach, with freedom given to the

schools to choose which are the most appropriate modules for their pupils to study. For private organizations, the role of Ministry is different; it acts retrospectively as an approval agent when the school submits what they have done and the results from their chosen programme. However, even with this changed role of the ministry, for some of the head teachers of the private schools it had been difficult to change the teaching approach. Although they had brought teachers from Europe, Canada, Australia and/or the USA when western teaching methods were suggested, they had feared that too much change was being required too quickly. They stated that they found it very challenging to submit a new curriculum to the MOET as they were unsure how it would be perceived, or whether it would be accepted by them. Some of their hesitation was due to being uncertain of the extent to which staff within the MOET supported changes within secondary education. They were used to being given instructions on all aspects of teaching, and the idea of designing and then submitting a curriculum was alien to them. For safety, they tended to cling to the methods they had used when working in the state sector. This is perhaps not surprising, if the curriculum is not accepted then their school cannot provide education, and they would no longer have jobs or careers in education. Having left the state sector to go into private education it would be difficult to return to the state schools as their posts would have been filled, and teaching posts are hard to find.

However, the interviews in this study revealed that the MOET having seen the results, were supportive of a change of curriculum framework for both private and state schools, and were willing to move towards a more experiential mode such as that represented by figure 7-3. To achieve these teachers need to acquire the knowledge, attitudes and skills necessary for such a transition, and to be empowered to make it. Therefore, the need was for teachers to recognize that they had to focus more on the learners learning needs than on their role as teachers, so moving away from their traditional, central role. This required a major shift in the way teachers think about and plan lessons. It was not feasible to ask them to totally abandon the systems they were used to. Instead it was decided that change over time would be more effective with teachers learning to gradually move from set patterns to new and more innovative approaches.

7.3. Models and theories of learning:

7.3.1. Models of learning:

In reality, the review of theories of learning and teaching help to explain why teacher have to train their way for teaching regarding the sexual health education. Every in the worlds whether they are in West or in East, they apply and use active teaching methods

to help the student to be more active. There are so many model and learning and teaching approaches established to help teacher to know how they can change to meet the learner' need. In the study, it was clear from the results of the first survey and the feedback from the survey with the pupils and Government that the approach needed for the pupils would be different to that needed for the teachers, although both would need to focus on the learning cycle. In addition, the conceptual framework for the pupils would, to some extent, be dependent on that for the teachers.

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7.3.2. Learning cycle:

The learning cycle in figure 7-4 shows that the process of learning appears to consist of a series of interactions. The knowledge, skills and emotions of individuals are all affected by social interactions, and the learning process is no different. The way in which information is received is modified by previous experiences. The individual mixes their learning, knowledge, skills and emotions into their own personal biography. Depending on how he/she perceives the outcomes of this learning is how it is used, and affects local culture. The cycle is continuous, enabling the learner to build upon and extend their knowledge, skills and emotions. In recent years in Viet Nam, global influences such as high technology and the Western culture have had a major impact on local culture, and this in turn affects the learning cycle. The impact is perhaps greatest on young people who are receptive to change, thus, for teachers used to basing their teaching input on content lists, the change has to start with recognition of the learning cycle. Only once they accept and implement this into their teaching programmes, will their pupils be prepared for the changing world in which they will have to work.

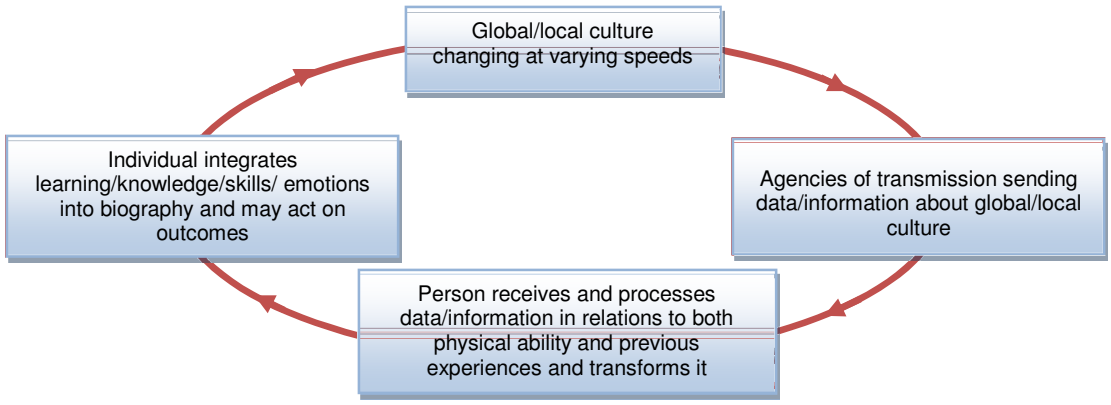

Figure 7.4: A learning cycle (Jarvis, 2008:84)

Although the learning cycle is crucial, it was thought that it could be seen as too abstract for teachers who have never studied learning theories, or considered any other approach

than the one they currently use. In addition, although teacher education now does include this and other theories, many of the teachers in schools were trained in an era where the focus was on following the MOET guidelines and delivering content. Therefore, the framework for teachers needed to be couched in terms that they were happy to accept, rather than in academic terms that they were unused to. It needed to focus less on authorities, agencies and global change but instead to emphasis individual change in a manner that translates into practice. Kolb's learning cycle (1975) although now over thirty years old is phrased in a format that illustrates the components of individual change. It also has the advantage that it is less complex to describe that some of the more recent theories and its focus on learning by experience provides an appropriate basis for teachers to use in a country where culture and social experiences are rapidly changing (see Figure 7-5).

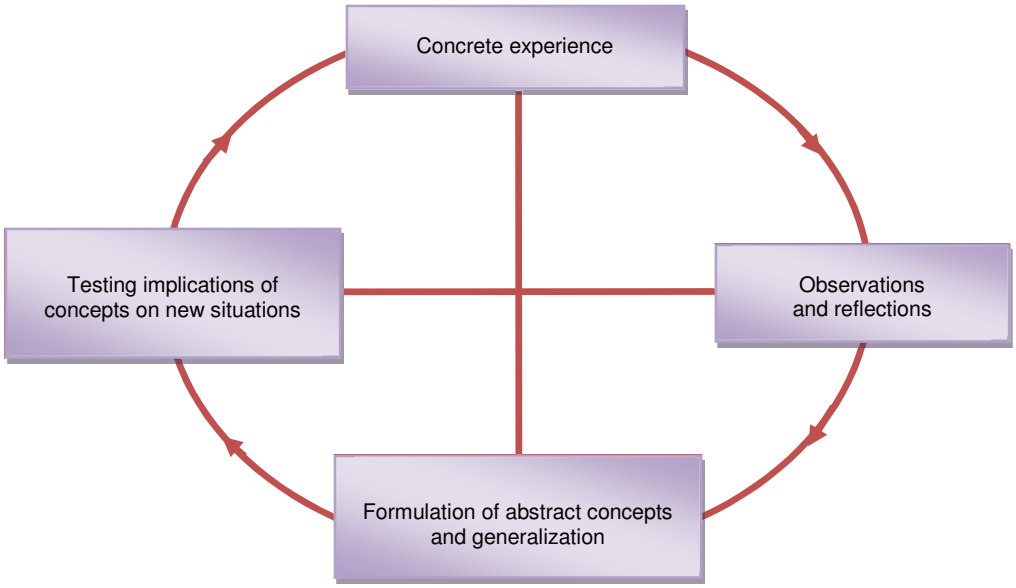

Figure 7-5: Kolb's experiential learning cycle (Kolb and Fry, 1975:33:37)

Kolb's (1975) cycle indicates that learners have some independence in their learning process. Starting with previous experience and using existing knowledge, the individual moves through observation and reflection new ideas and concepts, moving more towards more abstract thinking and new ways to use. Jarvis (1987) offers a more complex cycle of learning focusing on seeking which elements impact directly on learning and which are indirect. He describes ten elements in his cycle and as the arrows indicate, to explain the learning process they can be seen to flow in several directions.

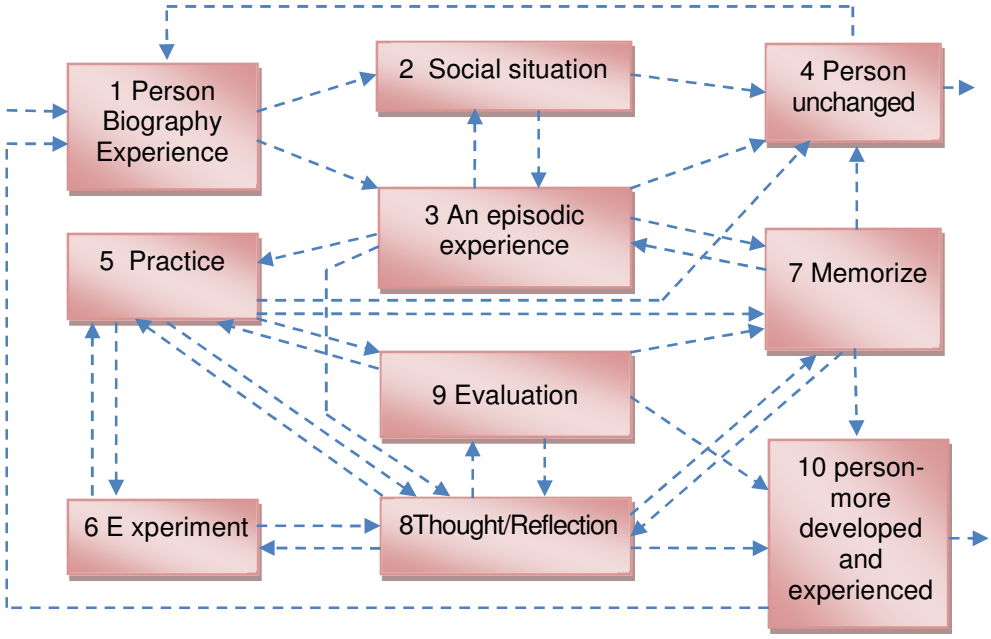

Figure 7-6: A model of the learning process (Jarvis, 1987:40)

Although the model given in Figure 7-6, may be appropriate for in the West, to expect Viet Nam to move from its current position to accepting such a complex model is not feasible, and therefore this approach was rejected, with Kolb's learning cycle seen as much more appropriate. The decision was therefore made to consider how this approach linked with the possible theories of learning.

7.3.3. *Theories of learning:*

There are a many different possible styles for learning. In Viet Nam, although there is a wish to move towards western approaches to education, they are so different from current practice that to try to superimpose western styles of learning onto the Vietnamese education system would be extremely difficult. Forcing teachers to change to an approach that is both alien to their current practice, and to the pupils, who are only used to passive learning, would lead to resentment and would not be sustainable. To be successful the changes need to be received with at best enthusiasm, but at the least with interest. Care needs to be taken to identify an approach that can be integrated into Vietnamese culture providing an approach that is uniquely suited to the context in which it is to be used. Only if that is done will any changes be sustained. The review of theories of learning revealed that the arguments of the earlier writers are less complex and easier to follow, an important consideration for the target group, for many of whom providing a theory on which to base teaching is entirely new. Therefore, although more recent models were considered, the main discussion stayed with the earlier models.

Self-directed learning is increasingly being incorporated into lifelong learning policies, and the review revealed a wealth of material regarding self-directed learning including Houle (1972), Tough (1979), Knowles (1980) and Brookfield (1988). Houle (1972:96) suggests it is

> "*in the deepest sense, a cooperative art in which learning must be guided at every point by the distinctive individualism of the learner. He must design and conduct his programme with the realization that it is based on his own uniqueness, that it has meaning only as it changes him, and that at every point he must be its master*."

Tough's (1979) study found that whilst developing and learning individuals spend about 700 or 800 hours a year engaged in various learning projects and roughly 90 hours on each one. Also that only 0.7% of all learning projects were a formally credited. Motivation and persistence for learners was more effective when it was unsolicited with enthusiasm and commitment coming from the individual. Learning or self-planned projects have been extremely significant in the long-term development research, and practice for self-directed learning.

Knowles (1975:14-15) aimed to clarify the purpose of self-directed learning, arguing that self-directed learners are better learners:

> "*people who take the initiative in learning…learn more things, and learn better, than do people who sit at the feet of teachers passively waiting to be taught*".

He suggests that '*self-directed learning is more in tune with our natural processes of psychological development*' (Knowles 1975 15-16), as it recognizes the increased independence that comes with adulthood. He believed that adults need less contact with teachers, as they are capable of taking charge of their own learning. This approach could be of great use in Viet Nam where the high numbers of young people means that teachers are already over-stretched. Developing approaches where less face-to-face contact is needed, and learning could be linked to the rapidly expanding high technology, would help overcome some of the resource problems. At the same time both teacher and pupil would become more autonomous. Knowles (1975 15-16) argues that: '*it is no longer realistic to define the purpose of education as transmitting what is known'*. A view that is definitely relevant for sexual health education in Viet Nam where the survey demonstrated that transmitting what is known has not prepared pupils for sexual relationships, or taught them how to protect themselves.

However, the de-institutionalization of education, in the form of open and independent learning systems, creates a need for the learners to change. No longer able to passively learn by rote, the pupil has to develop skills that will last a lifetime. Instead of thinking about learning as information which they have been or will be given, pupils must gain knowledge and skills from everything they do to

> "*…exploit every experience as a learning experience*". "*Every institution …community… becomes a resource for learning and… learning means making use of every resource-in or out of educational institutions-for personal growth and development*." (Knowles, 1975:15-16)

They need to learn that

> " *it is no longer appropriate to equate education with youth…Education-or, even better, learning –must now be defined as a life-long process*". (Knowles, 1975:15-16)

People can learn everywhere not is only in schools, but through using services and through life experiences. In its broadest meaning, "*self-directed learning*" describes a process in which individuals take the initiative, with or without the help of others, they diagnosis their own leaning needs, formulate learning goals, identify the resources they need (both human and material) for learning. They need to learn how to choose and implement appropriate learning strategies, and, to be able to evaluate what they have learned (Knowles, 1975:18). Knowles' (1980) concept of self-directed learning anticipated many of the developments now included in the term lifelong learning. His description of the changing role of teachers and the learning sources needed to achieve it, and concepts such as andragogy, the learning contract, and the idea of the teacher as facilitator are now widely accepted in the west, and provided an appropriate starting point for this study. It has to be accepted that he describes a range of activities that currently is beyond Viet Nam, but it could be seen as a framework that will help education move forwards.

While Knowles (1975, 1980) discussed the concept of self-directed learning, Brookfield (1988) focused on the connection between self-directed learning and personal change, taking the theory of self-directed learning much further than Tough's (1979) ideas about individual change. He tried to move towards a position of critical thinking about society and the individual's place in it. As many of the cultural traditions in Viet Nam are based on the individual's role and function within their family and the wider community, there are elements of this approach that would also work well in Viet Nam, particularly for subjects such as sexual health education.

In contrast, Freire (1998) regarded education as a way to freedom, the process of education enables learners to also learn about themselves and through this become able to achieve more, even influencing the wider community and helping to transform it. He regarded the teacher as also being a learner, arguing that the relationship between the teacher - learner and learner - teacher is a dialogue. The role of the teacher is as a facilitator who is able to stimulate the learning process rather than teaching the "correct" knowledge and values. He demonstrates clear parallels between the model of teachers who transmit cultural knowledge and those who facilitate learning. His arguments are important for Viet Nam, an emerging economy where many issues of the developing world still apply, and where retaining the traditional culture is seen as very important. For Viet Nam to use education to help meet the needs of the labour market, pupils need to know that the days of one job for life are now gone, and they will need to adapt and change throughout their working lives. Moving to facilitation where pupils are involved in the agenda and the learning process would seem appropriate. To learn to make responsible choices they need to understand the cultural implications of their choices, and how responsible choices give them more freedom.

Other authors, such as Gagne (1977) focused on the relationship between learning and instruction. Similarly to Freire, he discusses types of learning, suggesting there are eight types, seven of which he regarded as a hierarchical with the eighth occurring at any level. These are signal learning, stimulus-response learning, motor and verbal chaining; multiple discrimination, concept learning, rule learning and problem solving. Based on a psychological perspective, he proposed the highest level of learning is problem solving, a view that fits with ideas described by Kolb and Fry (1975). Gagne (1977) argued that the biggest problem for teaching is learning to act as a stimulus to help leaners move into a cycle of learning, rather than giving them facts. Recognition of this could be used in the development of education programmes in Viet Nam. It could be seen to offer an intermediate step for Vietnamese teachers to start to move through Kolb's (1975) cycle.

Knowles (1980:43) contribution to theories of learning is mainly based on andragogical principles; he originally defined adult learning as "*the art and science of helping adults learn*". He distinguished between child and adult learning, arguing that there are distinct differences in their learning needs. Firstly, adults need to be more self-directed, secondly they need to recognize the store of life experiences gives them a rich resource that can be used to support learning. Thirdly, adults want to learn in the areas that they regard as relevant. The result of this is that problem centred approaches can be very effective as they allows them to focus their learning on solving problems that they see as important,

using a wider range of information than if they were subject centred. However, he did recognize the differing views about andragogy and pedagogy, accepting that

> "*some pedagogical assumptions are realistic for adults in some situations and some andragogical assumptions are realistic for children in some situations*"(Knowles, 1979:53).

He emphasised the role of the self, pointing out that the self undergoes development throughout the lifespan, and these changes need to be recognized when planning adult education. However, he makes little mention of the need for teachers to facilitate the development of independent learning, nor does he include any of psychological factors in learning process. However, his view is still useful within this theoretical context as although andragogy is not a theory of adult learning its implications are important for the practice of teaching adult.

Mezirow (1991) described a more complete theory of learning. His starting point was that everyone has constructions of reality which he refers to as perspectives, and are dependent on, and reinforced by, various sources in the socio-cultural world. The term "perspectives" was used to illustrate that individual construction can be transformed through education, by reflecting upon their experiences and possible new strategies of living. As a result of their assessment of the situation they can move forward by integrating their reflections into their own constructions of life. A diagrammatic version of his learning sequence is given in Figure 7-7.

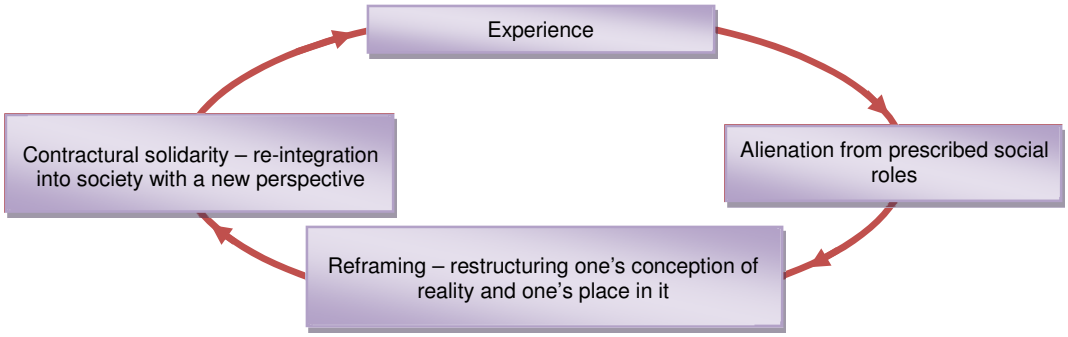

Figure 7-7: A learning sequence/cycle (Mezirow, 1977:158)

His focus on learning as a result of reflecting upon experience to help understanding means that educators need to check that socialization and non-formal learning situations are included in the overall learning experience. He suggested that there were 7 different levels of reflections that could be identified in adults. They are simple reflectivity, affective reflectivity, discriminative reflectivity, conceptual reflectivity, psychic reflectivity and theoretical reflectivity, with the last the most complex and only occurring as education progresses. When considering this approach, although reflection can be used

in almost all education settings, the move from experience to alienation may be becoming more evident as young people consider alternative lifestyles, but the move from to the third step to reframe is not currently feasible in Viet Nam, as not only would individual change be needed, but society would need to recognize the new roles, something not easy in the social structure of Viet Nam. The need for change in the workplace is being recognized, and with it slow change is occurring in society, but as the teachers illustrated, the perceptions of social roles are so ingrained that to change them is extremely difficult. The very people that need to facilitate change are in many instances resistant to change, and work needs to start with this group before pupils whatever their age can move through the different steps.

Developed later than Merizow (1991), Gagne's (1977) approach also concentrates upon meaning and reflection as learning, but he argues that the concept of development during the ageing process need further refining. However, he does use some aspects of Merizow's (1991) ideas regarding social change, and needed to be considered when planning the conceptual framework and model later in this study.

Rogers (1986) humanistic approach emphasized the self-actualization of the learner and recognized that the goal of education is to support the development of the individual as a fully functioning person. He did not always distinguish between the terms of therapy and education, but he and Knowles (1989) are close in their emphasis on the self and the need for self-development and self-direction. Rogers (1986) also records the results of his approach to experiential learning in the context of graduate teaching in the university, stating that experiential learning makes a difference to learners. He argues that with this approach, the teacher is evaluated by learners in terms of meeting their needs, rather than in terms of its academic quality. His approach strengthened the use of experience as the starting point for education, and in this study, consideration was given to linking this with Kolb's cycle as this seemed to be the most appropriate for Viet Nam.

Rogers and Freigberg (1994) point out that the function of the school has remained focused on teaching, while the aim of learning is the completely functioning person, two some what different concepts. Their view of the changes needed fitted well with this study, giving insight into the issues that needed to be considered, and reinforcing the need for two separate approaches for the teachers and the pupils. Some of the points (Rogers, 1969: 157-164) suggest can be found in part in other work. He argues that everyone has a natural competency to learn, but like Knowles (1980) that learning is more likely to occur when the learner perceives the relevance of the subject matter. He

refers to the need to change self-organization and self-perception in learning, just as Merizow (1991) argues for transformation. However, Rogers (1969) also recognizes that learning only occurs when the learner doesn't feel threatened, and that learning is increased when learners are willing to participate fully. He refers to self-initiated learning, with self-evaluation and self-criticism being attributes that students need to develop together with independence, creativity and self-reliance. He emphasizes the role of the processes used in learning and students who retain openness to experience find it much easier to learn. His approach may in the future be possible, but today, it is a step too far for Viet Nam. The concepts of self-evaluation and self-criticism are meaningful for the learning process, but both are new to Viet Nam, and must be understood before they can be implemented into an approach that can be applied in different settings in Viet Nam. Roger's (1969) theory too is a concept that is not yet really understood in Viet Nam.

Moving from learning to teaching approaches in adult education, 3 main teaching theories from traditional to the modern were considered. The first, didactic teaching has teacher at the centre of the learning process, and for this to succeed they need to stimulate learners to ask questions. However, the risk here is that they may give them the answers too easily, without stimulating their curiosity. Also the teacher may not start by the first step from identify the pupil's need, but from their own decision of what is needed. The learners are passive because the teachers who transmit the knowledge expect it to be received and accepted rather than discussed and explored. Students are seen as the receptacles of knowledge, rather than the "creators" of it. In contrast in more interactive learning, particularly with adults, the learners understand that if they ask questions that teachers cannot answer, teachers can admit not knowing everything without losing credibility. In addition, this may help to establish the teacher's position in the group as a human being. However, in Viet Nam this would be difficult for teachers as they have had no experience of this type of approach and would see admission of lack of knowledge as loss of face, not as recognition that no one can know everything. Culturally it would be very difficult to admit that they needed to go and seek the answer and inform the students on a future occasion. However, it is possible to help learners become more independent by encouraging them to seek the answer for themselves, and the best way for teachers to do this is to lead the students from question to question rather than from answer to answer. This approach could be a first step towards leading the learners towards self-directed learning, and would be easier for teachers in Viet Nam to accept as it is nearer to the way they traditionally teach.

A second teaching approach is Socratic learning (see figure 7.8), this has the starting point of a changing culture impacting on specific phenomena or subject. The role of teacher is still central as they transmit a selected aspect of culture and new knowledge. This does include reflection after the learners have been given knowledge. They have the right to accept or refuse the knowledge that was presented through self-adjustment. Adult learners can use both their store of knowledge and their experience of life (Gagne,1977), as learning resources, An advantage is that the learners' are actively involved in the learning process, but for adolescents this may not be so appropriate as they have less life experiences to use to help them. Also the teacher have to have the skills to help the learners 'create" rather than reproduce knowledge, and many teachers in Viet Nam do not at present have the skills to do this.

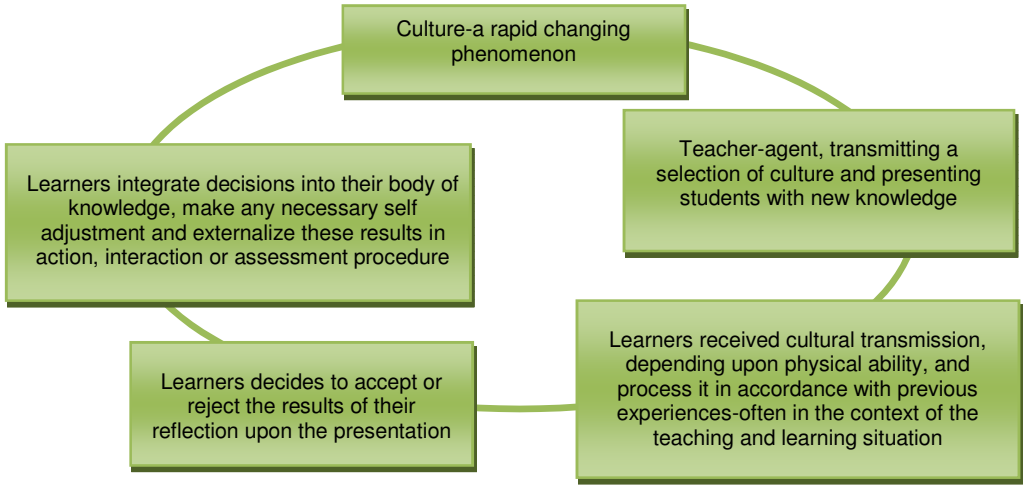

Figure 7-8: A learning and teaching cycle (Jarvis, 2004:152)

The third teaching style is facilitative teaching often seen as the most modern model in teaching and learning approaches. Starting with a specific experience, teachers select a problem to help the learners learn through seeking to create awareness in the students. They then guide them to observe and reflect on the problem; the aim is that through this process the pupils become more autonomous. In this approach the teacher acts as a facilitator but not the director of the learning as this would reduce autonomy and independence. This raises the question of whether or not teachers influence the process in the way they help in the process of observing or reflecting. However, Dewey (1938) suggested that, with children, the teacher should remain more involved (Figure 7-9):

> "*Sometimes teachers seem to be afraid even to make suggestions to members of the group as to what they should do … children are surrounded with objects and materials and then left entirely to themselves, teachers being loathe to suggest even what might be done with the materials lest freedom be impinged upon. "(Dewey, 1938:71)*

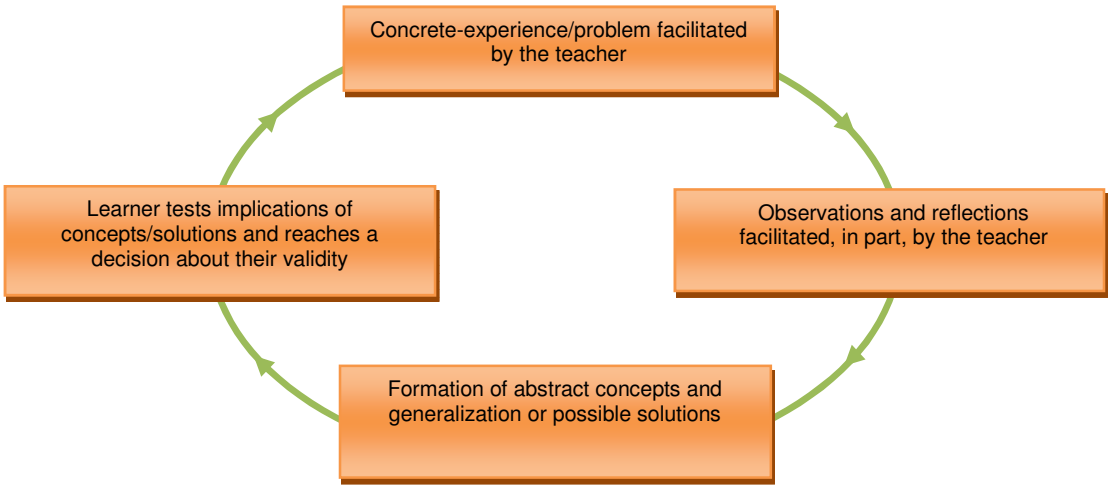

Figure 7-9. A facilitative learning and teaching cycle (Dewey, 1938:71)

It is difficult for teachers to set behavioural objectives for any learning experience because the learning experience is “open-ended” whilst the facilitator can often reach conclusions they cannot impose these on the learners, or restrict their freedom, but must wait for learners to develop them for themselves. Discussing freedom in education Bound and Bridge (1974) pointed out that freedom includes pace, choice, method and content. In other words the students are free to select what the speed they can work at, choose what the aspects of the course they want to learn, select the most appropriate learning style to choose what the detail they think they need to learn. The role of the educator is as a guide to enable the learners to go and find the needed information.

Boud et al. (1975), description of the importance of teacher’s role in any institutionalized course had changed to suggest that freedom included pace, method, content and assessment. Effective teaching and learning encourages the individual to join in learning process. The most important role of the teacher is to stimulate the students, and one effective way to do this is use an approach which is based on discussing “real” situations. Whilst the classroom situation may be far from reality, teachers need to look for life or work-based experiences to provide or the issue or problem the learners might actually face in the work place. Currently, in Viet Nam this does not happen, and as pupils move more towards adult life they lose interest in the content being taught, seeing it as unrelated to life. The need is to find a way to focus teachers on capturing the attention of the learners, on helping them relate classroom learning to life. There are many teaching methods that can be used, including problem based learning, evidence based learning, distance learning, e-learning, and project based learning, but all mean that teachers have to have an wide range of skills and for Viet Nam this has resource implications for teacher education and for teachers in practice.

With the development of information technology, the theories of distance education grew rapidly, with those developing the approach including Keegan (1990), Peters (1998), Moore (1993), Holmberg (1989), Gidden (1990), and in 1982 at the Open University in UK (Rumble and Harry 1892). There is evidence of distance learning as early as the 1870s when correspondence education for women was started in the UK (Stewart et al 1984), and in the early twentieth century correspondence courses began in the United States of America (Garrison and Shale, 1990). Jarvis (2004) argued that the distance learning can be integrated into the global context of space and time. This type of learning needs little space, no student campus as well being administered across geographical locations. However, he points out that although it appears straightforward, it does need a major change in teaching role, it is essential to have a production system which includes producing, packaging, marketing, processing, and of crucial importance, support services for clients/learners. Once teachers are trained in this approach then there can be increased focus on encouraging reflective leaning in learners, as there are more opportunities for the students reflect on their learning when they work at their pace on the learning materials. Tutorials for assignments can be carried out through individual email contact, discussion boards and agreed email question times. Although not yet commonly used in Viet Nam, this approach could work well for young people who take for granted their skills with information technology, and for subjects such as sexual health which is difficult for them to discuss, the apparent confidentiality and absence of face to face interactions could make it easier for them to ask the questions that they really want answered. The interviews with the NGOs revealed that they had used some internet information programmes and that these had been well received. There is another benefit to this approach; it helps overcome the problem of teachers who were reluctant to provide information that crossed cultural taboos. However, at present there are two problems, firstly the teachers would all need additional training and expertise and secondly, the available information technology in schools is insufficient, and therefore this approach was not seen as appropriate for this project.

In summary, the emphasis on the individual rather than the group is one of the major differences between western education, and the approaches used in Viet Nam. Where it is taken for granted that the individual needs to be encouraged in the west, with the Confucian tradition, the transfer of knowledge is designed to fit the individual for their role in society, not to promote their individual gain. However with Viet Nam moving more and more towards the west, education will ultimately also change, but there are limited resources for re-training and to introduce a new system ill prepared could lead to it causing more problems than it was originally designed to solve. The way forward would

therefore appear to be to identify a series of phases moving towards the long term aim of individual lifelong learning, with this project as one of the first steps.

7.3.4. The teachers: Theories of learning

The starting point for the teachers' journey was the traditional didactic model of teaching in Viet Nam. When reviewing the theories of learning it was evident that there are many different models but as described previously, it would be unrealistic to expect teachers to move directly to a model such as the experiential model suggested by Jarvis (1987) and given on page 156. Considering the main teaching types given on table 7-2 it is evident that Viet Nam uses only the first one, where the teacher is the centre/ expert and the learner is passive, listening to and reproducing the knowledge that the teacher has transferred, but not critically debating or discussing what they are told.

Table 7-2: Summary of teaching style

Type of teaching	Role of teacher	Role of leaner
Didactic (Hirst and Peter, 1970:80)	Central	Passive
Socratic (Krech et. al, 1962: 507-515)	Central	Interactive
Facilitative (Dewey, 1938:71)	Supportive	Central

Moving on from the didactic model is the Socratic model; here there is more interaction in the learning process, but the role of teacher in this model is still central, and this does not stimulate or sustain the creativity of the learner, as he or she still has to follow the teacher's lead. In the last approach the teacher is no longer the 'leader'; instead their role is to help, to facilitate the learning process and as a result the learner now becomes the centre of the process. With this approach, once started the leaner can continue the learning process with or without the teacher and they are free to become the "creator" of their own learning.

Currently, as a result of the technological advances Globalization has rapidly increased and now impacts on all countries in the world including Viet Nam. This also affects education and learning with information technology facilitating access to worldwide sources of information. If teachers do not accept this and adapt accordingly, they are in danger of being behind, rather than ahead of their pupils

> " *The knowledge is understood, not coming from what the teacher said, but… all information that learners[have] is learned and accepted although it is not necessary true or fact" (Jarvis, 2004:10)*.

This was an evident in the first survey in this study. The teachers reported being challenged because they (the teachers) were familiar with the previous traditional method of teaching. They admitted that they were often faced with students who have better understanding and appreciation of subject from their use of modern information technology, and that they (the teachers) struggled to keep up to date with knowledge. To develop a framework for Viet Nam that would help them overcome this, it was necessary to study which model of teaching and learning would help. The review showed that self-directed learning has many advantages as it encourages the leaner to learn whether or not the teacher is present. It is very different to the didactic model when the leaner only based on what the teacher says. Furthermore, the difference becomes more significant when Houle (1972:96) and Tough (1979) studied orientation and planning for learning. This led to the development of more active learning methods such as those outlined in tables 7-3 and 7-4.

Table 7-3: Summary of relation between approach of learning and teaching

Type of Learning	Author	Approaching for teaching
Self-directed learning	Knowles and Brookfield, Kolb &Fry (1975)	Problem base learning Case study/ scenario
Learning oriented	Houle (1972)	Group discussion
Self planned learning/ Learning project	Jarvis (2004)	Panel / individually agreed targets

In addition to these identified approaches, other researchers and authors have proposed additional factors which need to consider for adult learning to be effective. One such area is around the motivation of the individual to learn, theories related to this have been expounded by Dewey (1983). Furthermore, Rogers (1969) advocated that a non-threatening, informal learning environment was a requirement for learning to take place, alongside this notion Mezirow (2000) and Freire (1972) identified the need for students to be self-directed (free) and have flexibility in their learning 'programmes'. It was also important to recognize that the adult learners would have different styles of learning, which would be adopted in different situations. As the use of technology has been increasing within Viet Nam is was also important to identify appropriate teaching and

learning approaches for distance learning. However, currently the teachers do not appear to have the necessary IT skills to undertake distance learning or to help their students to safely access appropriate web based sites. This is an area where MOET need to invest in the future if the teachers are not to lag behind their pupils.

Table 7-4: Summary of opportunities and learning approaching

Opportunities for adult learning	Authors	Approaching of learning
Natural	Javis (1992)	Experiential learning
Freedom	Freire (1972)	Informal learning
No threaten	Rogers and Freigberg (1994)	Critics
Designed own learning style	Mezirow (1991)	Experiential learning
Different situation/speed	Knowles (1979) Gidden (1990)	Reflective learning Distance education

7.4. The teacher's model:

The model for education for teachers was designed following analysis of the survey, the first set of interviews with teachers, discussions with the MOET, DOET, NGOs and the feedback sessions with pupils. This first series of analyses revealed that the learning needs of the teachers are different to those of the pupils. Therefore the model for teachers has to be different. The tradition in Viet Nam places emphasis on the teacher as a source of knowledge and information, not as a student in a lifelong learning process. In addition, in reality, the teachers have to understand the learning approach that pupils will use to learn but, whilst they can see how that would work for students, their training means that they see their own needs as content and lesson driven not learning. They were requesting more information and knowledge and therefore the first step has to be to develop an approach that they can accept as a way to move forwards. The agreement from the government, regarding training of teachers and updating is also focused on knowledge not on teaching methods. That they did want to improve the information they provided, was the first crucial recognition of a need to change, but to expect them to move directly from their traditional didactic methods to those described in Kolb's cycle was not realistic. As well as needing to change their understanding of the possible approaches to learning, the processes in this cycle are dependent on the input from a facilitator, and in Viet Nam there are not the resources available to provide sufficient facilitators to change the education system immediately in all schools. While it is accepted that Kolb's cycle with its focus on learning would help them, before this can be

considered there needs to be changes in both their approach to updating and increased government resources in this area. Therefore an alternative that would fit with their perspectives whilst helping them meet the needs of the students had to be found.

There is another issue, almost all the teachers interviewed in Viet Nam were comfortable with traditional education, and moving them directly to use Kolb's cycle, would be a major change, during which they would have to continue teaching as it is not feasible to remove large numbers of teachers from the classrooms at any one time. The nature of sexual health education is such that teachers would be in the position of having to cross their own cultural boundaries, learn new methods and deliver lessons all at the same time. This could mean that they would reject or not fully follow the meaning of this new learning process. Therefore, an approach had to be found through which they could move forwards taking small but effective steps, and for this a problem based learning approach (PBL) can help (Barret, 2010).

The advantage of choosing PBL is that it starts with a presenting problem, in this case the problems identified by the pupils. The results from the first set of interviews with teachers revealed that the younger teachers were keen to change, but the older teachers were more diffident and uncertain, and by enabling younger teachers to work with their older colleagues they can move forwards together, so providing a consistent and positive move forwards in the teaching and learning process. By starting with a problem based approach, all teachers, including those from the older generation, who seemed to be more passive than their younger colleagues could work together to resolve an accepted problem. Once they have become comfortable with this approach, then it may be possible to consider further changes, but this will take time, and there is an urgent need to improve the education currently offered.

Due to the possibility of some teachers feeling threatened, the first consideration had to be how best to make them feel comfortable and relaxed enough to be able to participate fully in a more informal approach between them and to have the freedom to join in this learning process (Rogers & Freigbeg, 1994). In their usual approach, the environment in which the teachers find themselves may prove difficult as the director and vice director of the school tend would be present in any major education changes. However, with PBL, as it starts from an identified problem within the school and is not seen as such a total change, then it is much more likely that teachers will be able to work together without the presence of the school heads. Although they will of course have to submit revised programmes for approval this is not new and is not threatening for them. Furthermore,

the researcher from this study can initially work with teachers to help then begin the first steps, but unlike with Kolb's cycle where they would need ongoing facilitation, they will then be able to continue as a group. However, it has to be accepted that although it provides a good starting point, the BPL problem cycle (Barret, 2010) cannot apply completely, because with the first step of the original model the problem is identified by the leaner, but in Viet Nam first step in the cycle of education had to be showing the teachers the real situation and asking them to identify the problem. Nevertheless, despite the different starting points this is an appropriate approach to begin to implement changes that will ultimately enhance the education process. In Viet Nam all changes in education process however small, need to be approved by the Ministry of Education and Training. The interviews with key personnel had resulted in them expressing a need for change. The second set of interviews with teachers was therefore seen as an initial exploration to assess whether teachers could or would accept this approach.

F: Facilitator

M: Monitoring

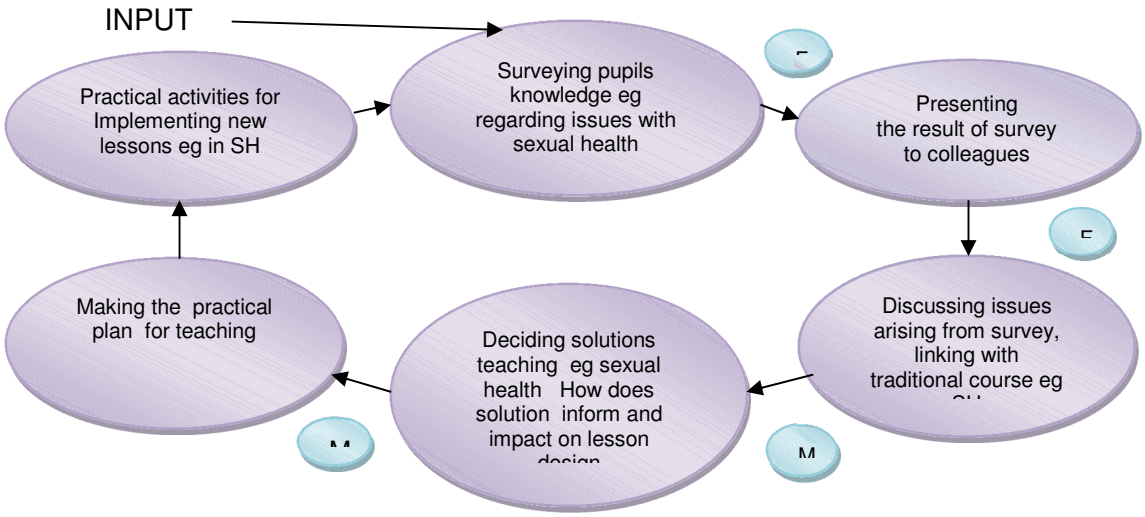

Figure 7-10: Modifying Problem Based model for training teachers in Viet Nam

In practical terms, a way has to be found for the facilitation and monitoring to come from within the schools. However, a key advantage of this approach is that for some years, PBL has been used as a method of learning in some areas in higher education, therefore there are already ministry approved courses available on how to introduce this approach. These would need to be modified to meet the teachers' needs, but with the support of the MOET, this is feasible within the current education system (figure 7-10). Once adapted, the approach can be included in the teachers MOET run up dating courses, and therefore there is a recommendation from this project are to that effect.

The first framework utilized for private educational organizations in Viet Nam demonstrated the importance of combining the knowledge and standing of both teacher and students. The proposal for new teaching framework in Viet Nam in future takes this approach further by establishing a process of learning which draws on the learner's needs. In order for the proposed new framework to be adopted requires several official steps. The first step would be to retrain the teacher so they could feel confident in teaching the pupils and helping them move the pupils toward following the Kolb cycle. The second step would be to help the teachers understand their role to undertake the quality of the curriculum in their school. It is very useful when they are active and committed to change, less concern about being directed by the government. The next step would be to submit the programme to DOET (Department of Education and Training) to get they allow permission for piloting and evaluation of the new programme before it is submitted to the MOET. It is very important that these steps are added to the teaching framework in order for it to be officially approved within the education management system in Viet Nam. All the steps are presented in figure 7-11 below:

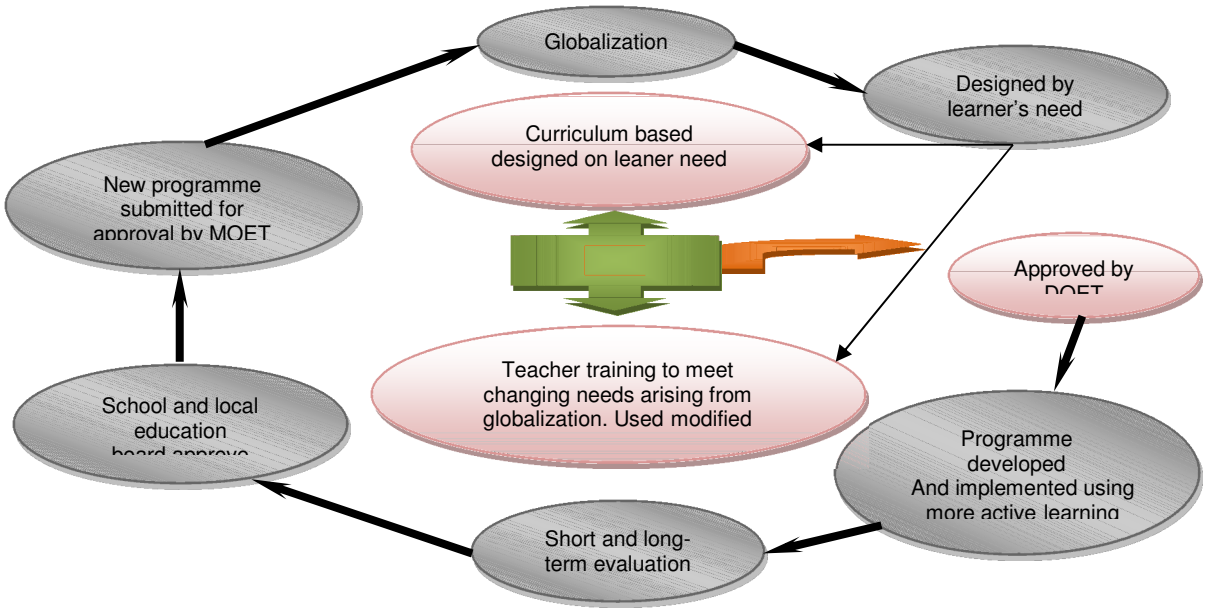

Figure 7-11: Completed or finalnew framework for teaching in Viet Nam in the future

7.5. The pupils:

The pupils have different needs to their teachers and for them; the model has been developed using elements of both BPL and Kolb's cycle of learning (figure 7-7). As with the teachers, neither PBL nor Kolb's model can be applied exactly. In this case, the pupil needs the teacher to act as a facilitator to help move them from passive to active learning. Although as the survey and feedback showed, on their own pupils accessed a range of information sources, and wanted more input at school, however their classroom

experience is based on the traditional, passive approach to learning. To move them to work according to the Kolb model of learning would be a very difficult process. The teachers do not currently have the skills to work with a class full of independent learners, and in this study were clearly concerned about the changes they saw in pupils' attention and concentration. However, this does not mean that none of the cycle is applicable, rather that a new model had to be developed incorporating aspects that fitted within the changing education system in Viet Nam. Kolb's argument was that self-directed learning and self-actualization impact on the learning process. He proposed the concrete experience of the individual was reflected and observed by each individual and in the variety ways. This means that in some instances, such as found in this study, the learner (the pupil) does not relate to what the education system tries to teach them formally. In other words, the pupils can observe and reflect as a result of their new knowledge and their own effort in understanding, and can choose to reject the formal sessions offered.

The review of the education system in Viet Nam demonstrated that currently, a problem for the current education system for sexual health is lack of theory underpinning the methods for teaching sexual health for pupils in school. Kolb's learning cycle helps to explain why the current education for sexual health is not relevant for all pupils in schools, because the pupils focus on learning what they want to learn. In addition, there has been little formal education for teachers, or help for them develop a suitable education programme for sexual health in the light of the new social climate in Viet Nam. As a result, many teachers were uncertain what pupils needed to know, so tended to keep to their traditional and in some instances no longer relevant teaching plans.

Following Kolb's learning cycle (see literature review), it is evident that the individual (in this case the pupil) is not so dependent on the factors such as culture or teachers, but instead of acquiesce to given knowledge, the approach is based on self-directed learning. In reality this seems to be the converse of the teacher's thinking, as they are still focused on being the central source of information, and therefore use only didactic methods. In the results, almost all the teachers were surprised when they watched the result of their pupils' survey. Prior to this they thought they provided adequate information, and were shocked that the pupils demonstrated such a lack of knowledge. The pupil listed so many questions when the facilitator asked them what they want to learn about sexual health. There were so many questions asked about safe sex, negotiation, and the right to have sex, STIs, pregnancy and contraceptives that it was clear to the teachers that they were not meeting their needs. However, these findings

had not been a surprise to the MOET, who had expressed their concern about the changing needs of this group of pupils.

Although, Kolb's learning cycle can help pupils to begin to actively learn, for Viet Nam it would be too big a step to bring the whole process into practice in schools, so some modifications had to be made, mainly to the first and the second step of the cycle. The starting point was to make sure that this approach was not seen as threatening to either teachers or pupils. There was the need to develop a model in which the teachers could act as facilitators, and therefore for participants in the project the feedback sessions were used as examples to illustrate how the facilitator can act so that the threat can be removed and pupils given more freedom for express themselves. Practical examples were used as ways to help pupils interact more at beginning of the process. For the second step, it was realized that the observations needed to be teacher led so as to provide the students with the opportunity to provide feedback and have an opportunity to discuss the issues that arise.

Understanding the Kolb model, there are two learning dimension in the learning process and this is related to two major different ways which the pupil learns. The first is how she or he receives information and the second is how to transform it (Smith and Kolb 1986). Kolb (1984) suggested that the pupil (the leaner) develops a preference for learning in a particular way by his or herself. Therefore, a modified version of Kolb' cycle would be a practical way to help teachers to understand and cope with many types of learning in pupils to help them (the pupil) to learn. In addition, Kolb's model is useful for these young people who are preparing to become the adults, as it enables them to develop and learn at their own pace, respecting the different stages of development found in 16 yr olds. It can help them become more independent and active in taking responsibility for their own sexual health (MOH,2006), but knowledge can be assimilated in small steps, with the ability to check and reflect at every step, so preventing them from being overwhelmed and rejecting the whole learning process. If the teachers who are the gatekeepers don't know or ignore this, it may be that pupils will continue to learn from inaccurate and inappropriate sources such as some websites, and which can as a result leave as risk of poor sexual health. Therefore, the teacher should understand or determine what the previous experience that their pupils have previously so allowing them to ask questions about sexual health to help define the need that they (the teacher) need to provide support rather than instruction. This is really important in the first stage of the cycle, as it is the first step from passive learning. They then need to help pupils reflect by using or showing them the real problem or issue and encouraging them to discuss it, exploring

the meanings for themselves (step 2 and 3 of this learning cycle). A logical next step is see how this fits into the wider subject or concepts (step 4). In the final step of learning, the pupil is applying their own knowledge in practice. It really useful for teacher can monitor their development as outlined in the model of learning for the pupils developed and given in figure 7-12 below:

F: Facilitator

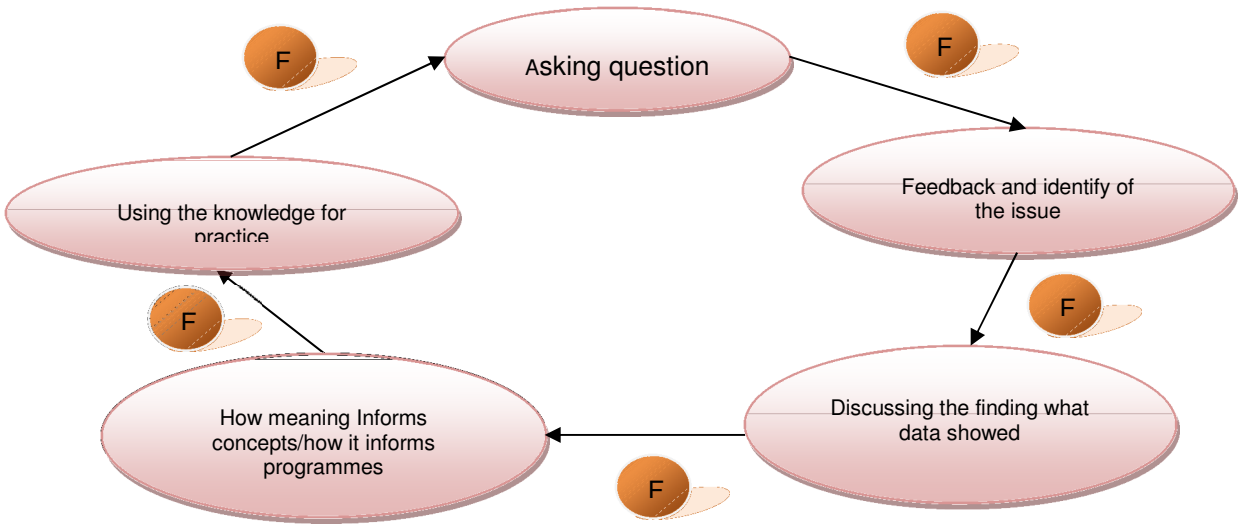

Figure 7-12: Model of Learning for the pupils

Having developed an approach that it was felt would work in the current education system in Viet Nam, it was seen as important that prior to feeding this approach back to the teachers, some aspects were tested through the pupil feedback session.

CHAPTER 8

PILOTING AND EXPLORING THE MODEL

8.1. Feedback from the pupils:

In total 200 pupils participated in this part of the study as described in the methods section, the session was designed to reflect aspects of the new conceptual framework. Firstly, the formal presentation of the results of the survey (identifying the issue) was carried out. Then pupils were given time to think about the information they had just received, and were then asked to individually write down the key issues and questions that they had.

Once they had completed their list of key points the pupils went into the small groups and encouraged to discuss what they had written down, and were asked to record key points on a flip chart (discussing the data). With the flip charts completed there was a plenary discussion when pupils were encouraged to say why information was included on the flip charts and to debate their outputs with the other pupils. This gave pupils the chance to discuss their points with a wider group, and for the researcher to observe the extent of consensus or disagreement that arose during discussions (meaning informing concepts). The session completed with a discussion of what the issues they had discussed meant for their future sexual health (knowledge in practice). The findings were used to assess whether the findings from the survey were atypical, how pupils reacted to the new approach, to illustrate to the teachers how the process worked, and to inform the recommendations.

A decision was made in consultation with the schools that each class would be divided into small groups some of which were single sex and others mixed. As this approach to teaching was new to both the schools and the pupils the opportunity to see whether there was a difference in the results from single sex and mixed groups, and pupils' feedback was built in accordingly. Observing the sessions, it was evident that the use of paper and flip charts was appropriate as it gave the pupils a starting point for the whole session. In Vietnamese education pupils may not have the opportunity to discuss the sessions with each other or with the teachers, as few teachers would consider using discussion groups, but pupils are used to writing everything down. By starting with a familiar activity, although the subject was sensitive the pupils did appear to have the confidence to move into the small groups and start to share the points they had listed. They also willingly participated in the plenary session stating why they had chosen specific points for discussion and discussing their points with the group as a whole. Thus, the session

therefore went from the known to the unknown, an appropriate education strategy for the session.

Although seen by students simply as a feedback session, the use of an active approach needed assessing. Therefore, in addition to being asked about the survey, pupils were also asked for their opinion regarding the format of the sessions (Larson & Verma, 1999). The questions included whether they found it easy or difficult to discuss this type of issue in small groups and then to feed it back to the class as a whole, also whether any other approach would have better for them, or made the presentation, and indeed the overall session, more interesting or enjoyable.

As the pupils had provided a wealth of written information that read like transcripts and detailed notes from the groups and plenary session had been made, it was decided that the analysis would follow the same steps as carried out for the initial focus groups with the teachers an example of this process is given below. There was considerable consensus across the groups with three main themes emerging. Firstly, sensations, feelings and emotions regarding sex, secondly, curiosity of young people of morality and legality of sex and finally, the results of sexual activities.

8.1.1. Coding:

Table 8-1 Initial Coding

Code	Original Transcript	Exploratory comments
Desire to learn about the sensations and emotions related to sex.	How does it feel to have sex? When I'm having sex with my girl partner how will I know if she has had an orgasm?	Pupils want more information about sex than they can get from books.
Concern about the morality and legality of sexual activity.	"At what age is it OK to have sex? T my age is sex a psychologically normal thing?	Why do the pupils worry about what is right & egal in relation to sex?
Lack of knowledge of STDs& contraceptive methods	"What can I do if my vaginal discharge has a bad odour? "Or "How can we avoid getting baby if we have sex?" or not sure if you use contraceptives before or after having sex" or "Not sure if oral contraceptives affect your health or not	The question mark is whether or not pupils know where they can go to seek the help and treatment? Why do pupils not feel safe when using the contraceptive method?
Different queries between male and female pupils	Female: "Whether if having a baby as an adolescent affects the health of the baby & its mother. If having an abortion affects chances of having a baby in the future.	Why are there differences between genders concerning sexual/reproductive health?

	Male: How can I attract girls to have sex with me? Or "When having sex how can I know my girl partner is having an orgasm?"	

Table 8-2 Searching for connections across emergent themes

Code	Emergent themes	Original Transcript	Exploratory comments
Desire to learn about the sensations and emotions related to sex.	Senstaions and emotion regarding sex	How does it feel to have sex? When I'm having sex with my girl partner how will I know if she has had an orgasm?	Pupils want more information about sex than they can get from books.
Concern about the morality and legality of sexual activity.	Curiosity of young people of morality and legality of sexual activity	"At what age is it OK to have sex? T my age is sex a psychologically normal thing?	Why do the pupils worry about what is right & egal in relation to sex?
Lack of knowledge of STDs& contraceptive methods	Consequences of sexual activity	"What can I do if my vaginal discharge has a bad odour? "Or "How can we avoid getting baby if we have sex?" or not sure if you use contraceptives before or after having sex" or "Not sure if oral contraceptives affect your health or not	The question mark is whether or not pupils know where they can go to seek the help and treatment? Why do pupils not feel safe when using the contraceptive method?
Different queries between male and female pupils	Gender differences in perceptions, attitudes and practices	Female: "Whether if having a baby as an adolescent affects the health of the baby & its mother. If having an abortion affects chances of having a baby in the future. Male: How can I attract girls to have sex with me? Or "When having sex how can I know my girl partner is having an orgasm?"	Why are there differences between genders concerning sexual/reproductive health?

8.1.2. Theme 1: Sensations, feelings and emotions regarding sex

While they had been given documents and information stressing that abstinence is the best way for good health, but these were factual, and gave no information about what the pupils reported as being of great interest to them, the sensations, feelings and emotions that come with adolescence and accompany sexual relations. They wanted to know about the physical sensations they could expect asking "*how it feels when having sex*" and how they should negotiate with their partners either to have, or to decline to have sex. These questions were clearly important to the pupils, and they reported that this was

the first time they had been able to ask them. In the main plenary session, some of the boys raised an issue that they said that they had been unable to ask any one, and regarding which they had been unable to find any useful information. They had seen western films that appeared to show both partners reaching organism, and while they could understand their own physical processes they wanted to know "*When having sex how can I know my girl partner to be going orgasm?".* There appeared to be genuine interest in the answer, and both boys and girls wanted information about what was special about a first experience of sexual intercourse.

As the session progressed they found it easier to discuss the various sensitive issues that concerned them, and it was evident that this was an area that needed much more input. In addition to their lack of knowledge about the physical sensations they could expect to feel, they also made it evident that they knew little about the feelings and emotions that they can expect to feel as they enter into a sexual relationship, or for that matter the emotional and psychological changes that can occur as they go through adolescence. This is a concern; they need to be prepared not only for the physical changes that can occur, but also for factors such as the way that changing hormones can affect their lives in general. In this session, they could only describe the stylised impressions of young people that they had gained from western films and soaps, and they wanted to know how *"real"* these were. They were interested in discussing the mood swings they themselves had experienced and how these affected their relationships, with family and friends as well as their girlfriend-boyfriend relations. They recognized the differences in attitude to sex reported by boys and girls in the baseline survey, and in the discussions all pupils did agree that girls *"do have the right not to have sex"* but it was also clear that for the boys, there was a much stronger desire to have sex than was reported by the girls. Without knowledge of how their emotions can affect them, or of how sexual arousal can affect both males and females they will find it much more difficult to cope appropriately, and unplanned and unprotected sexual encounters are more likely.

These findings also question the appropriateness of the textbooks available to pupils, and the curriculum used to plan sessions as clearly these pupils had reported gaps in the knowledge they had been given, and their understanding of all aspects of sexual relations, so raising questions as to whether or not the documentation available to teachers is adequate. The lack of links between what the pupils wanted to know and what was in the textbooks was a concern. It is essential that teachers check that what they are offering to pupils is in a format that they can use, and contains information to answer their questions. The information from this survey could be used to add additional

sections into textbooks. These way teachers could continue to use information that they see as essential and that fits with the government curriculum, while adding information that pupils need. This is a new recommendation to develop the teaching material from research, but it would help teachers by providing the information that they say they lack. For pupils it would be evidence that they were listened to, and this would improve the teacher/pupil relationship, which would in turn encourage them to engage with their teachers and actively participate in sessions. This is seen as important as pupils reported being bored by sessions as they were only given factual information they already knew, and if their sexual health is to be safeguarded ways must be found to involve them in the sessions.

8.1.3. Theme 2: Curiosity of young people of morality and legality of sex

There was considerable interest in both the morality and legality of sexual relations. The participants reported they were not clear about *"when having sex is suitable"* or *"which age is suitable for having sex".* They had tried to answer these questions, but had found it difficult. The only answer that they had found in the textbooks just said that *"we are too young for having sex" or "it is not for before marriage"*. They had not found these responses acceptable; they needed appropriate moral reasons for actions. They had queried the moral issues with teachers, but reported that they had only been told that they had to accept the statement, and they were not sure that they agreed. They wanted reasons that they could accept, and they did not find words such as *"tradition"* good enough. They (the pupils) were not sure that the teachers' ideas were right. There is an example of how the influence of the west is now affecting all aspects of life, including education. This is the first generation of pupils to question their teachers, as with Viet Nam's education based on Confucian patterns, questioning of acknowledged teachers or leaders does not arise. In consequence, teachers are not prepared to answer queries in an area that has traditionally been seen as taboo, but this leaves the pupils feeling alienated from their teachers, and searching for information wherever they can. They cited the programmes they watched on the television, pointing out that these often included teenagers having sexual relations with each other, and clearly enjoying the sexual contact. They saw only the pleasurable side of the relationships, not potential or actual problems. It is essential that they are encouraged to see such programmes in the light of real life not just as presented by media producers.

For some participants there was concern about their legal position, they wanted to know whether *"Adolescents have the right to have sex or not?*" or whether "*pupils have legal permission to have sex or not*?". They were two issues here whether in general sex is legal for adolescents, and whether the law is different for those still attending school this was linked to their trying to find out of there was an, "*age when there is permission for sex*?". They clearly were unaware of the legal situation, and this is something they do need to know. Interestingly there was no significant difference between female and male pupils regarding the legal age at which sexual intercourse is allowed.

In addition to their legal queries, for some there was another question, and that concerned their psychological and physical maturity. Here the interest came primarily from the girls, who wanted to know *"when having sex can affect psychological development and when it is a normal activity?".* This finding fits with baseline measures where the majority of female pupils were concerned about physical maturity before starting to have sex. Again this query reveals the overall lack of knowledge and understanding that pupils had about sexual relations, and the urgent need for the development of a programme that clarifies not only the physical and psychosocial issues, but all the legal position of young people. This finding not only provided more content to build the teaching material but it also provided evidence of the importance of selecting appropriate teaching approaches, with teaching strategies focused on the desires and needs of the pupil. Their approval of reading materials and writing their initial thoughts and followed by discussion was a teaching method which teacher should find relatively easy to integrate into their lessons.

8.1.4. Theme 3: Results or outcomes of sexual activities

Perhaps in view of their general lack of knowledge, as with those who participated in the baseline survey, students lacked knowledge of the consequences of sexual activity. There were many questions asked concerning safety and security when having sex, and regarding preventing pregnancy. The flip charts and discussions showed that they lacked knowledge of STDs, and HIV prevention. There were many basic questions around STDs. With pupils openly asking general questions such as *"The way to transmit HIV diseases and STDs*", and for some the issue was a total lack of knowledge with questions such as "*What is an STD*" or "*what are the signs and symptoms when someone has an STD*". Yet these pupils had completed the sexual health programme and it seemed that the same lack of knowledge and concerns were found in all four schools, and among both boys and girls. However, of considerable concern were the

more specific questions from some participants suggested that they had possibly already encountered some sexual problems "*What can I do if my virginal discharge causes discomfort or has an odour*?". Although asked as general questions such queries need to be followed up on an individual basis. The lack of knowledge they exhibited suggests that they would be unaware, that the disappearance of such symptoms, does not mean the problem as been resolved. They also need to know about the impact of STDs on fertility. These questions showed that not only had the schools not supplied sufficient information, but health care services intended for young people had also provided insufficient information. As a result the pupils have concerns that they do not know how to resolve and do not know who to go to or where they can find the right answers on their health queries.

Lack of knowledge of contraceptive methods was another problem raised in the groups, and without adequate knowledge how pupils can make informed choices to protect their health and future fertility. The pupils had general questions which revealed a total lack of knowledge about contraception, for example *"How can we avoid getting pregnant if we have sex?"* or *"should we use contraceptive before or after having sex".* These queries must be addressed if the young people are to avoid unwanted pregnancy and are to use barrier contraception to protect themselves against STDs. There were also misunderstandings about how oral contraception works, the benefits of these methods for preventing pregnancy and whether "*Oral contraceptive affect health or not?"*.

In addition to the practical issue of contraception, there were general questions about sexual relations and sexual intercourse with some questions focused on how they can stay healthy when they have sex. For example they wanted to know about *"Hygiene before, during and after having sex?"* and also about frequency with questions such *as "How many time per months should be we have sex and to stay healthy?".* It was evident from some queries that the pupils asking clearly had some experience of sexual activity and wanted to learn more about problems they had encountered and concerns that they had about the impact of sexual intercourse on their general health. They also reported that they had looked for answers to all of these points but had been unable to the answers in their school materials, and information on the internet had been confusing, or had only given partial answers to their queries.

It was reassuring to find that the participants were focusing on exploring safe sex, but after undergoing the school programme it was disappointing to find that almost all of them ask still asked *"what is safe sex".* Some questions were about the benefits of using

condoms querying the benefits of using them showing that the pupils had not really understood the information given to them about condoms and their two folds role of contraception and protection. This lack of understanding fits with the findings from the baseline survey where pupils reported knowing about condoms, but did not seem able to apply this knowledge in practice. In addition to this the pupils also reported lacking the skills to negotiate with their partners.

The final queries revealed the different emphasis placed on different issues by male and female pupils. Girls were more likely to ask about unwanted pregnancy, infertility, STDs, and hygiene. They wanted to know if "*Adolescents have babies whether or this not affects the mother's and baby's health"* also whether "*having an abortion their ability to have baby in future*?". They also had questions about intercourse in pregnancy *"If sexual intercourse occurs many times can it affect the baby or delivery of the baby?".* They wanted to know when intercourse was least likely to lead to a pregnancy and *"What can lead to infertility?".* It is not surprising that these were the issues they raised as they reflect the issues that women have care about their responsibility in preparing for the role of mother or wife in their family.

Male pupils focused on the role of a mature male or husband in family with desire for learning skill came from some of the male pupils who wanted to know whether *"masturbation is usually harmful or not?"* This question was probably to be expected, because as in the past in western society, where masturbation was seen as harmful, myths exist in Viet Nam suggesting that it can harm overall health and should be avoided. For others there was the issue of what to do when they have a problem as "*When I have strange sense at reproductive organization but I know I no have right for sex how can I do".* They were concerned about maintaining an erection and how to avoid premature ejaculation, asking *"If I eject sperm early how can we solve it?".*

All pupils wanted to know who they could go to in confidence, and where appropriate services could be found. Lacking the skills for solving the wide range of problems they had raised, prior to this session they had been undecided whether to talk to their parents, and ask their advice or not. They were concerned about how such questions would affect their relationship

> *"my parents are very strict, they always forbid their children to make love, …but I am already having sex and if my parents know they will be angry… what can I do about it?"*

For some the issue was that they intended *"Having sex with girl friends*" regardless of what their parents thought, and for this group it felt easier not to tell them. They were aware that this was not ideal, but saw no way round it. They reported that they was not only had a lack of negotiation skills to interact with their parents, but also for negotiating with their partners with questions such as "*how can I refuse or avoid sex if my partners want to do it?"*. It means that the pupils have a lack of confidence in making others understand their decision.

8.1.5. Feedback on the session:

The pupils reported that without the first step, they would not have known where or how to start their discussion groups. In western terms the initial written thoughts could be said to have acted as an ice breaker, making it much easier for researcher and pupils to work together. For the researcher, the approach also provided detailed records that the researcher was able to use in addition to the notes taken during and after the session.

The pupils also reported they liked the group work and the interactive nature of the session, but those in the mixed groups found it more difficult to share ideas and discuss such a sensitive issue. There was consensus that single sex groups were better for such a sensitive issue and therefore any recommendations about this approach should point this out. The gender differences in perceptions, attitudes and practices identified in the initial survey were also evident with this second group of students. This included different ways of finding out information. Almost all female pupils preferred to find information through textbooks and journals whilst almost all male pupils liked to learn through films, internet and practice. It was evident that teachers need to learn a variety of methods for teaching these topics.

When reporting their views of the overall process, the pupils reported feeling very comfortable but it was interesting to note that most teachers had reported never having been asked the questions which arose in this study. This demonstrates the need to move towards a more interactive form of teaching, as with sensitive and emotive subjects such as sexual health pupils will only feel able to ask questions if they feel safe, supported, and guaranteed confidentiality and anonymity. Admittedly a few did feel able to ask, but for the majority there was safety in numbers. Teachers need to learn how to facilitate and encourage their students, the positive feedback from all schools cannot be ignored, and the new freedom to learn was clearly valued by the participants (Freire, 1998). No teacher in the school attended in this meeting except the facilitator and pupils so making

it easy for pupils to share their needs. All groups willingly shared and discussed the way that they would prefer to learn about sexual health. Based on the feedback they gave to the facilitator they enjoyed the meeting, this was a new and novel approach for them and they were enthusiastic and keen for more such sessions. They pointed out that with this approach they can talk and think about sexual health without both teacher and parent. The most important reason that they gave was that they believed the facilitator could help them to identify and resolve individual problems without criticism. Race (1993) mentioned stages modified from Kolb's cycle as wanting, doing, feedback and digesting. Those pupils who attended in this meeting express themselves like this way. However, in the light of their comments, it would be worth considering whether for subjects such as sexual health a community nurse who with the knowledge of the subject, but who, like the facilitator in this study would be unknown could be used to carry out the first step.

The pupils' responses indicated that they preferred this style of choice for learning methods when they answered the question about which way the information should be delivered. When discussing the approach some of them suggested additional activities, wanting to use films, or relevant journals, while others wanted better textbooks and the chance for discussion sessions after using the textbooks.

Finally, the pupils have helped develop the new concept by outlining what they thought about the approach, what they liked and what was most useful for them. All of them reported that they were really comfortable, enjoyed it and asked many more oral questions than expected crossing a wide range of issues that they openly said they had not been able to ask before. As some of these covered issues such as unplanned pregnancy and sexually transmitted diseases, it is clearly important that they are given the opportunity for such discussion. It was clear that pupils where now more confident to share their problem with each other in the class.

8.2. Exploring the possible model for education for the teachers:

Once all the information was gathered, and a potential model had been developed, it was important to explore the teachers' perceptions of these proposed changes in teaching methods. The clearest way to explain or illustrate how something works is by example and therefore the second set of focus group interviews were implemented following the 6 steps in the proposed model.

8.2.1. Step 1: Identifying the content

This first step of gathering information, in this case the pupils' survey had in this study been carried out by the researcher, who had collated all the information, and chosen the format for gathering information. Although because of the purposes of the study the information gathered was very detailed, this method of data collection could be simplified for use by teachers, and the straightforward descriptive presentation used by the researcher could be carried out by teachers and would give the raw data sets needed as the starting point for the remaining steps. By choosing to use a questionnaire the researcher, acting as a facilitator, provided a structured way for the teachers to gather data that would be acceptable to teachers in Viet Nam where traditionally all research has been quantitative.

The open questions provided a first step towards a more qualitative approach to information gathering, which as teachers become more used to this way of working can be increased. Part of the exploration was to explain the processes used as this illustrated a way to respect the confidentiality of pupils, something essential for subjects such as sexual health education where cultural patterns and taboos may need to be crossed to give pupils the information they need. The feedback from pupils had revealed how important this had been to them, and this too is a new concept in education that the teachers needed to consider.

8.2.2. Step 2: Formal presentation of results of the survey and feedback from the pupils

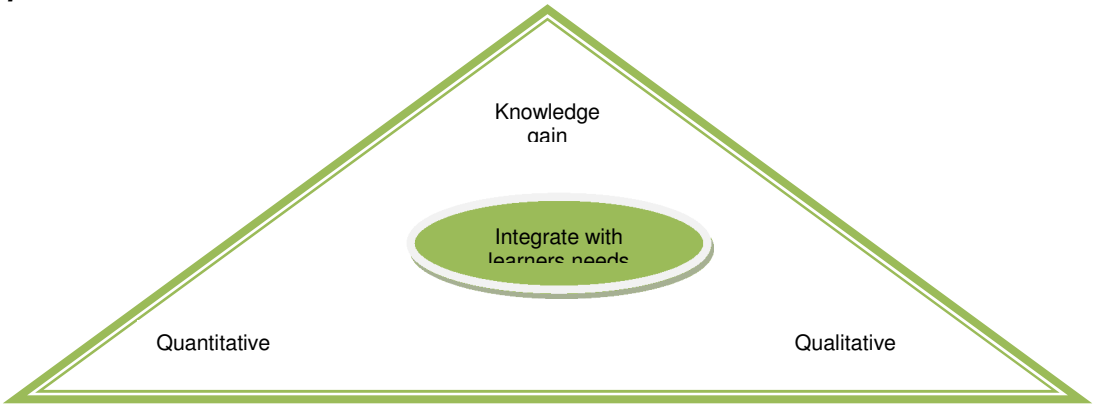

Figure 8-1: Diagram of using triangulation in the study

Using data triangulation provided additional insights into the prevailing situation regarding sexual health education. Each data set provided a different type of information,

but together was used to compare how the perspective of the two groups. The format of teaching meant that all pupils would have received the same information given in the same way, and therefore, for them, a quantitative approach was appropriate. However in contrast, in each school only a small number of teachers were involved and it was important to explore their perceptions of the process and information they delivered. A way needed to be found to integrate the two perspectives, and data triangulation (Denzin 1989, Bryman 2008)) was seen as the best way to develop a comprehensive picture of the situation. Only after doing that was it possible to look at the whole situation and move forwards to develop the conceptual framework and models. For the teachers, it also provided an opportunity for them to see how their perceptions, and those of their peers, compared with the pupils' perceptions given in the survey. This helped them to see that there was a need for change for sexual health education to be taught effectively.

As the first focus group interviews revealed, the teaching of sexual health education in Viet Nam is distributed across different areas of the curriculum and therefore involves a team of teachers. In consequence, the presentation the sharing of information is part of teaching preparation, however, the difference here was that the findings were formally presented rather than just discussed. The move to this format is important as reduces the likelihood of important information being missed, or misunderstood. It also provides a reference point for checking that all key points have been included in teaching sessions. Over time it provides a record of the needs of different groups which can help teachers identify how and when they need to further adapt the information that they provide. This presentation also included information from the feedback sessions, something that normally will only be included in repeat cycles of the model.

Although for clarity step 2 and step 3 have been listed separately in reality as the presentation continued the teachers began to discuss the findings more freely, and step 2 moved naturally into step 3. The role of the facilitator was to adapt to the responses from the teachers and support and encourage the discussion.

8.2.3. Step 3: Discussion of issues arising from the survey

It was interesting to note that in these second sessions, the older teachers shared their perspectives more openly than they had in the first interviews, but in both, the younger teachers gave positive feedback, and openly stated that they like the idea of moving the way they taught to the model suggested. Although, the results cannot measure the knowledge and skill as this was an exploration rather than a formal trial of the model, the

format clearly worked in all four schools following systematic way in this study. By asking the question what the leaner think about the data set after presentation have done, the researcher led them to identify the real problem by themselves**.** It is clear to be seen that this part couldn't be done without the facilitator when moving them around the problem to come to let them making the decision in the next step for making action plan.

In this part, it was important to ascertain what the teachers thought of the findings from the initial survey. Although they had been involved in focus groups interviews, they had had no input into the sessions with the pupils, and had naturally been curious about the results. The analysis of these focus groups, used the same process as described previously, and revealed 2 main themes; there were the findings from the survey, difficulties in teaching sexual health and possible solutions.

There was considerable discussion about the survey, and it was interesting to note that whilst some immediately accepted the results as they had been carried out with their pupils, others had a different perspective

> *" as for me, this result is few number of pupils so the reliability is not trustworthy "*

Even though more than 400 pupils had participated this group would have like the survey repeated with a much larger group. However, despite their concerns about reliability they did believe that the survey was useful as prior to this they had had no information regarding the pupils' perspective. There was concern about the lack of knowledge found amongst the pupils as there would be no further teaching on this subject and lack of knowledge at this stage would impact on behaviour after leaving school. Over the issue of HIV/AIDS there was disagreement between the teachers, some thought pupils were given enough knowledge

> *" I don't believe pupils don't know it is easy to get HIV/AIDS "*

While for others

> *"...I think in the fact the number of pupils who think it is difficult to get AIDS is higher "*

However, as they had no system for evaluating knowledge in this area, they could not refute each other's views and there was a vigorous debate with no final agreement.

Sexual health education is a sensitive subject and it was recognised that for some pupils it would be difficult to raise questions in a large classes and teaching occurs in groups of 50-60 pupils, but under the current system there is no way for teachers to contact their pupils outside the classroom. If they had problems they could phone or write a letter to the teacher, but, because :

" In fact, teachers and pupils still keep distance from each other."

they all acknowledged that this teacher /pupils gap meant that this was an informal and infrequently used approach, with only one teacher stating that

"I am comfortable [offering advice] *certainly I have to help and advise them in these situations"*

There was surprise regarding the ages given for first intercourse and the numbers reported to be sexually active. Most thought that the numbers were too high, and that fewer pupils were active and yet the national survey (2005) actually had much higher numbers, although that survey had not asked the age of first intercourse. It is important that teachers are aware of the real situation, as only then will they be able to offer appropriate help and advice. Their reluctance to believe that pupils were sexually active was in fact in contradiction to their recognition that there were changing physiological needs amongst their pupils, with much earlier maturation, although one did say

" As for pupils that have sex, it may be their physiological needs… and we can't tell them to stop it … but we have to orient them how to do to be safe".

This view was not shared by the majority, who still believed it was important to encourage pupils to follow traditional patterns and abstain, with some accepting that it was not easy to turn the clock back but still believing that

" as I mentioned it's difficult for pupils who had sexual intercourse already to subdue their passions. The solution is [help pupils find ways] *how to limit the times…to have sexual* [intercourse]*"*

with some suggesting that

" I think the solution is to orient them to play some sports such as swimming because sports will lead them to a wholesome life".

That these are not a realistic options is recognised worldwide, and teachers in Viet Nam need to look more closely at their pupils and try to determine what information they have, and what they need, rather than trying to maintain a status quo that does not in fact exist.

However, their main concerns were, as in the previous interviews, how to overcome the problems of teaching this subject. A repeated question that was difficult to answer can from teachers who said that the pupils didn't always ask the same questions, so how could they prepare the answers. That this is a subject with no one correct answer and where pupils will always have different questions to ask was hard for some to accept. Some reported being unsure what to do when pupils

> *" ..ask me how to have sex… ask for ideas of how to give your girlfriend pleasure ".*

such questions as this were a shock and a

> *" surprise when I have that question, of course they deserve to know but in fact I don't know how my husband gives me pleasure "*

It has to be a cause for concern that who a teacher is in the position of teaching sexual health and relationships does not have the knowledge to respond appropriately to the pupils, and has not seen it as necessary to find out. Instead such questions are just not answered.

8.2.4. Step 4: Finding the solution

Though out these second focus group interviews, as with the initial findings, lack of knowledge was the main problem, repeatedly the teachers commented that they did not know enough, but in the majority, there was passive acceptance that knowledge should be provided, not that they should go and look for it. This places the responsibility squarely on the MOET and MOH, who they believed should provide training courses. Whilst accepting that training courses will help, they are asking for short '*five day courses*, or *one week theory… one week practical',* and these cannot supply sufficient information to meet all the pupils needs, particularly as teachers are already overburdened with work and having difficulty in fitting the current training courses into their schedules

> *" Every year, we attend different training classes. For example, for teachers of citizenship education, this year they are trained about law and in the next year, they will be trained about law of marriage or sate policy "*

It was interesting to note that at this point they all pointed out that the term used is reproductive health not sexual health and that it is integrated into a range of different subjects including citizenship, civil duties and biology. Thus pupils get 'bits' of knowledge

as the year progresses, rather than a coherent programme. As reproductive health is divided across other subjects timing was a problem

> "…*we integrate reproductive health issue in some subjects [so] we cannot transfer a large amount of information within 45 minutes"*

The information has to be fitted in where possible, but this meant that there was little time for detailed information or for questions. Recognizing this, the teachers believed that reproductive health (which may or may not include sexual health) should be made into a separate subject

> *" everyone wants to separate it and propose to Ministry education department … in one subject to be more specific…it is waste of time if I talk too much about [it] in another subject "*

and

> *" Reproductive health* [needs to be] *separated to a subject alone, we will* [then be able to] *organize the class and help to equip our student sufficient knowledge*".

However, although as a separate subject it would be easier for pupils, in the current knowledge situation, it is difficult to see how separating out the subject from other curriculum content will resolve the problems. The MOH had tried to help by suggesting that specialist staff be brought in, as they would have the required knowledge levels, but this had raised further problems

> *" Ministry of Health requested that teaching reproductive health skill for pupils* [needed special teachers] *but the school had to pay teaching fees. This is very difficult because the school has biology teachers. Like* [in] *my school, …so why do we have to invite staff of Department of health and pay fees for them*..".

In Viet Nam, as in Europe in the state funded schools finding money to pay for additional staff is difficult and also this takes away the role of the biology teacher amongst others, a concern for those who currently have the responsibility for teaching the various disparate aspects of this subject. For private schools this is not such a problem as their fees are much higher, and it is possible that because of this children in private schools will in fact get better sexual health education. Indeed during this study, one of the private schools invited the researcher to take on this role.

In contrast to the MOH viewpoint some of those interviewed believed that *anyone* could teach reproductive health

" In general, it should not always be on the shoulders of biological and civic teachers. I think that all teachers have to take responsibility for it. If only biological and civic ones are involved in teaching it, it is very disadvantageous for pupils".

This suggestion was made because biology teachers have specific remit and do not know the pupils as well as the more general teachers. There was a belief that pupils would respond better to a teacher they knew well, and who had more responsibility for them as a whole. There was also the fact that with only one teacher, they choice of content was more limited, this teacher could decide which aspects to teach and which to leave out, with more staff involved they thought pupils would receive a broader education.

8.2.5. Step 5: Making a practical plan for teaching

Moving from the discussion to decision making and planning step required the researcher to adopt a slightly different role from facilitation to monitoring. This part is important for teachers to move from relying on information from the researcher (from dependence) to independence. Only in this way can they move on to make their own plan for future teaching. In other words, it is at this point that the important step that transfers the teacher from passive to active takes place, a move that is essential if they are to implement their plan in the last step of the cycle.

When asked what solutions they could suggest to improve sexual health education, they had a range of suggestions, including videos

" …If I only talk…, this will be not enough. Therefore, I played video about how they felt fearful. Actually, if they don't see it, they will not …."

But these videos were only about adverse consequences such as abortions, or the results of having AIDS, not about sexual health education. There seemed to be a belief that if pupils could be frightened of the consequences they would avoid the risk of getting them. But they don't know enough to know how to safely avoid these consequences. There were no proactive videos available in the schools. There was agreement that

" of course, it will be better if teachers can use pictures, photos, magazines, ..thus pupils will feel less bored"

However, it was difficult to assess the extent to which they are used. One teacher did give an example of having tried this approach successfully

> *" when we use photos, CD or let pupils present lesson by themselves, they became very enthusiastic "*

but this was an isolated comment, with most commenting that a lack of facilities topped them using more innovative measures, in some schools there was only one projector which had to be shared amongst all the classes

> *" We have already used projector but not very often. Therefore we are not good using it. Whenever we use the projector, we also need to have an instructor so it took a lot of time"*

They was agreement that role play is a good method to use

> *" they can play the part of pupil to solve problem after that the teacher can understand more pupil's thinking"*

But in classes of over 50 this is not feasible and they do not attempt it. This solution remains a theoretical possibility not a practical measure. For others, self learning seemed appropriate and they had been genuinely surprised at the amount of information that pupils had gathered, but this approach needed to integrated into overall programmes rather than being an isolated session for one teacher. They also agreed that internet could be useful, but as they recognised that their pupils knew more about this than they did they could not help them, and a problem with internet learning in the level and reliability of the sites accessed. For this type of learning to work the teachers must have a good knowledge of what is on the web and guide their pupils accordingly, something most admitted that they could not do, and some did not even see any need for teachers to have knowledge of what is on the internet, even though the pupils are openly asking questions about what they have found.

8.2.6. Step 6: Practical activities for implementing the new lesson

In this step, the role of the researcher was only to monitor what the teachers are able to include in the new lessons. In fact, the role of the teacher is now central, as here they must decide what and when they will carry out specific inputs into the lessons, something they have to do for themselves without input from the researcher (the facilitator). The teacher's role is complex as now they have to focus on using a new style of input for the pupils. The monitor role needs to check that a method for evaluating both content and teaching are included in the implementation, and this too is new to Viet Nam, as

evaluations are normally content based. The idea of asking students about the style of teaching, so completing the cycle and restarting the steps is a major change in practice, to moving them on further in terms of moving towards student centred learning.

In this part, there was a suggestion that teaching materials could be uploaded left for pupils to access but this takes considerable skill if sites are to be attractive enough for pupils to want to use them. It is not enough to simply put materials on a web site. Others believed that the Ministry of health and ministry of education should be developing websites, but this is for the future and does not solve the problems now.

8.3. Summary:

Presenting the findings of the survey illustrated how the conceptual framework and model can work. The teachers were given information supplied by the pupils, then asked to discuss what they thought the data meant. This led them into a discussion on how to solve the problem. Interestingly, the teachers gave many different ways for finding for problems raised by the feedback, and these included moving towards using modern technology including using videos for teaching sexual health, setting up a website for teacher and pupils to interact.

The sessions were completed by giving them a chance to share what they felt the meaning of the session had been and whether they thought that involving the learner at this level was best way to develop their plan for the future regarding the teaching programme. To make the suggested changes practical possibilities will take much more shared working, but it was evident from the teachers in all participating schools that they liked this way of working, and were willing to use it. This approach set the scene for moving them from discussion to a conclusion with their intentions for teaching and learning in the future identified, so following the 6 steps in the model of teaching and learning in figure 7-5 (see in the previous chapter). They clearly liked the new framework, seeing it as practical and appropriate for Viet Nam but pointed out that training for teachers would need to change for teachers to learn how to use it.

8.4. Considering the application of the model of sexual health education:

For hundreds of years education in Viet Nam has been based on Confucian traditions which have been modified and changed by the colonial influences of the countries which have invaded and ruled the country. The results of the various wars of independence

was that education was a relatively low priority and over time the theoretical traditions have been lost, until today, there are no theoretical descriptions underpinning education programmes in Viet Nam. Instead the focus is on content with the Vietnamese pupils being set a simple task to pass examinations by repeating everything they have learned by rote. This means that these pupils are totally and passively dependent on the formal transmission of knowledge. The challenge has been identify an approach to education that can be successfully introduced and sustained. The teacher's model designed in this study was developed to help the teachers in secondary schools make changes from their traditional didactic approach step by step. The model used aspects of PBL to help them see how pupils can develop self-directed learning skills (SDL), this is seen as essential for Vietnamese pupils as it will help them learn to discriminate between the different sources of information they can increasingly access through the internet and social media sources (Loyens, Magda & Rikers 2008). The teachers also needed to know how to identify the learners' needs to help them (the pupils) by designing the session to meet these needs, and the approach developed does this through encouraging the teachers to join in the learning process.

Lack of skills in practice was identified in the teacher's survey. Attending training courses did not mean the teachers were given the skills to change their approach to teaching. To support the teachers the approach gives them the role of instructor for guiding and changing the learning process. Although different to their normal teaching process, it provide near enough for them to take this first step towards active learning. This was the first study to accept that to for change to be sustainable to concurrent process needed to be developed. The model for teachers alone would not give them the way to work with pupils, and the model for pupils would not work alone as it did not give the teachers the new skills they needed to support their pupils in the important area of sexual health.

Although, this study was not designed to provide direct outcomes or to see and formally assess any changes in teachers or pupils, the response by pupils to the workshops, and the reaction of teachers to the exploration did reveal enthusiasm in both groups and increased confidence amongst teachers (see in Chapter 8).

The feedback session with the teachers revealed that initially the teachers may find it difficult to act as facilitators to move the pupils around the modified Kolb's cycle developed, so training programmes for teachers need to include strategies to help the teachers change the way in which they think about and support learning. They need to find ways to move from simple to complex situations, the cycle in the teacher's model

helps the teacher move away from didactic measures and gives them the chance to find their own solution in practice. They (the teacher) should be able to move from a newly identified problem or issue when they have observed pupil feedback. It is useful when using the pupil's model to help in meeting the teacher's needs. It is simple to show them (the teacher) the way for evidence based practice to be used. It is clear to see why the teachers in this study were willing to discuss the solution.

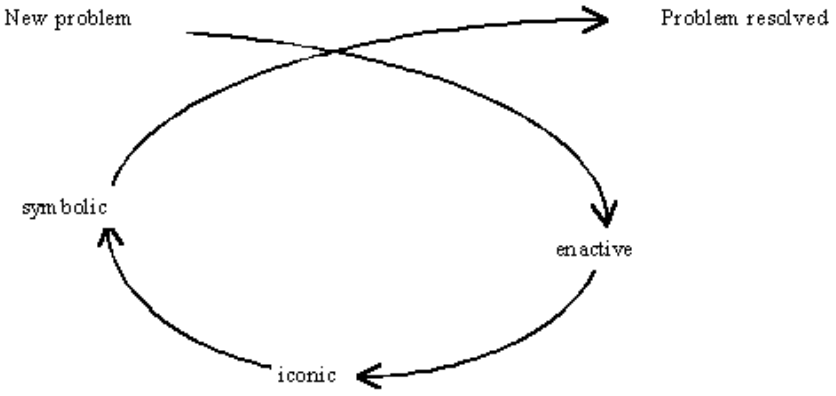

Figure 8-2: Bruner cycle of intellectual development (1966:44)

Bruner's (1966) cycle showed that the three elements for the process of development of the solution were based on what people think and see, and based on subjective more than critical thinking from the new phenomenon, making the solution general and not specific. This is also a disadvantage (Bruner, 1966) argues that in PBL the cycle moves continuously toward problem resolution. As a result from his argument, any solution that teachers gave in this study such as using video for teaching or using picture, group discussion (see Chapter 8) are seen as aids rather than as direct solutions to solve the education problem. However, solutions reveal that a good attitude is more important in demonstrating the process of changing from passive to active learning approaches.

In fact, in the study, from the exploration with the teachers, it was clear that they could not see how to move themselves towards a PBL cycle. Hence the steps in the approach chosen in this study, as these are smaller steps and give more guidance for teachers then expecting them to use PBL unaided. They need a facilitator to help them, they were keen to work with the researcher, and with help could see how the process worked, but were doubtful that without training they could use it themselves. This was perhaps to be expected, never having been encouraged to work in this way, they need help to begin the learning process which will ultimately enable them to become more autonomous. Looking at the education system the key question is, who will become a facilitator for the teachers in the first stage of the new framework. Key individuals will need to be identified and educated in the new methods, they will need to cascade the approach to their

colleagues, but it has to be accepted that this approach will take time, and some teachers may never move to embrace new methods. Teaching courses are trying to change attitudes to learning, but this takes time and most teachers are still from traditional courses. The format developed in this study proved to be an effective way for pupils to move from passive to active learning. It also provided the first step for pupils to take in the process of student centred learning, something that is essential if they are to become motivated to learn, and to carry this approach with them into their adult lives. The outcomes of the interaction with the pupils were so positive that it has been used to make recommendations to the DOET, MOET and MOH concerning teaching sexual health education.

In this study the researcher, a nurse lecturer, with knowledge of sexual health education, had in addition undergone communication skills training. The findings demonstrated that the combination of knowledge and skills meant that pupils were able to share their concerns with her and ask the questions that they wanted answered. They appreciated that she was not part of the school system, and they accepted her promise of confidentiality and therefore were willing to trust her with their queries. It would seem therefore, that an appropriate way forward would be to use the approach developed in the study, but substituting a community nurse for the role of the researcher. Using this format with community nurses and teachers working together, the pupils could receive both the factual information that is in the official curriculum, and the psychosocial and practical information that they need to safeguard their future sexual health. However, to be effective, policies also need to change regarding the education and training of community nurses, they will need more input regarding formal teaching techniques. The curriculum will also need to have a strong focus on sexual health, there is some information on these areas in the course, but it will need revising and expanding as currently family planning services are specialised and in consequence not carried out by all community nurses. They need to gain the expertise firstly in sexual health and secondly to work with adolescents. However, their job means that like the researcher, they are able to discuss issues such as sexual health without embarrassment and they already work with young people who seek help for health problems, some of which may be in the field of sexual health and therefore this move would seem to be a logical expansion of their role. It is also important that time is spent looking at accepting different styles of living, as these nurses must be non-judgemental, and must accept the difference their lives and those of the pupils. The teachers need to accept that the nurses are not part of the school system, and to leave them alone with the pupils. Only this way will pupils be able to ask questions without concern that either they will shock the

recipient, or that the questions will be remembered for the remainder of their time at the school.

The teachers in the study were willing to work with their local community nurses, seeing this as a good solution to their problems. However, for this to work well, there is another issue, there needs to be a formal system through which they can be brought into the school programme, and where their time can be reimbursed to their main employer. Private schools will be able to do this, but the problem is, that this just widens the gap between the education provided to those with money, and those without. The public schools can only pay for the nurses' time if it is government approved, and this is a cause for concern in view of the rising incidence of unplanned pregnancy, STIs and the increasing transmission of HIV/AIDS.

8.5. Wider use of the conceptual framework and model:

Although designed for use in schools, the combination of a new approach for teachers and one for pupils that teachers can learn to use has wider application. Education for health professionals would seem another area where it could work. The current MOH policy encourages the providers to place the patient in the central position in health service provision, but to achieve this, the professionals need to work differently and medical and nurse education systems also need to be changed from an approach that emphasises the professionals, to one that emphasises the patient. There is recognition that different teaching and learning approaches are needed help learners to reach the levels of academic and practice necessary to meet the changing challenges of health care provision.

In addition, nurses are continually being asked to do more as a result of medical advances and socio-economic changes which make access to improved health care possible and the required level of practice is now much higher than in the past. There is therefore, a need for all nurse education and training to develop strategies to enable nurses to proactively adapt to the changing social and professional demands of the health service. To do this nurses need to move away from their traditional role of following instructions and start to make their own nursing decisions, and education and training has a duty to implement educational models that can help their students learn to link theory and practice together. This is a major change from the Confucian methods of learning traditionally used where the nurse listens, records and then implements activities exactly as they have been taught. Now they need to learn to question why the

do things and to use evidence that they understand as the basis for their practice. An approach that has became more important since the adoption of the ASEAN Competencies in 2009.

The conceptual framework and model for learning could be adapted for nurse education and training particularly as it leads to more independent thinking, particularly as now, for the first time, the role of the specialist nurse is being introduced into Viet Nam, and in this new role nurses need to be demonstrate a much deeper understanding of both theory and practice than they have ever had to do before. Although the role of these specialist nurses in Viet Nam is still limited when compared with other countries in the West, the decision of the Ministry of the Interior (document 41/2005/QD-BNV 22/4/2005) in 2005 to issue professional standards confirming the independence of specialist nurse demonstrates their commitment to the development of the nursing profession. The role of these nurses is now to focus on leading the organization of caring activities in service fields at a higher level than the nurse graduating at Bachelor level can be expected to provide. These nurses are to be employed in both acute and community settings, a change from the previous approach where hospital posts took were seen to be at a higher level than community nursing, and it considerably increases opportunities for nurses working in the community.

In addition to specialist nurse education, the cyclical approach developed in this study can also be applied to help student nurses in all areas of their education. For example in the nursing process, which includes 5 steps (Assessment, diagnosis, planning, implementation and evaluation) it can help the nurse teacher work with their students following the steps to solve clinical problems. This in turn can help nursing students to move away from the passive approaches to learning that they will have experienced in school to be more confident, and to learn by themselves. However, as with the teachers in the schools, nurse teachers will need additional education and training as currently they are on the whole still using large scale lectures rather than interactive teaching approaches. The teaching of professional standards and competencies could also be carried out using the conceptual framework, and as the curriculum changes to meet the ASEAN standards the flexibility of the approach makes it relatively easy to change the content away from the traditional curriculum focused on the subjects alone. The new approach to curriculum design is based on the west, the direction that nursing is beginning to move to. The conceptual model and framework could be adapted to help nurse educators enable students to gain a much higher, level of learning as

demonstrated in the diagram of training nursing students in four years as below in (see figure 8-3).

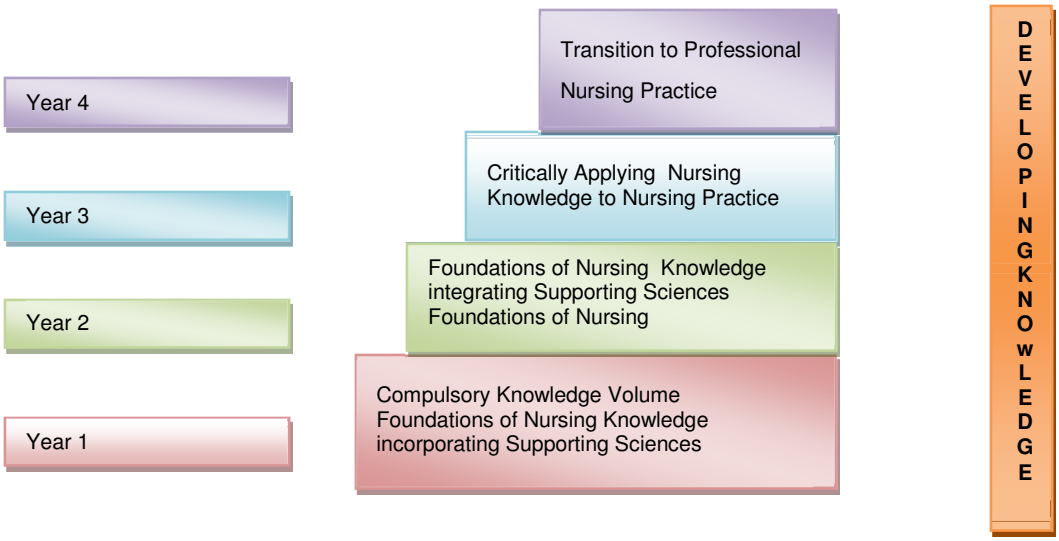

Figure 8-3 Proposed programme for nurse education (Hanoi Medical University, 2009)

Using the conceptual framework, each level of knowledge that nursing students have to achieve in each year can be planned and taught, taking small but logical steps towards a future education programme that will fit Vietnamese nurses for their new future. Indeed, having completed the conceptual framework and models, and identified how they could be used in nursing, permission was given for a pilot of the approach to be used in HMU. Co-incidentally, during 2011-2012 for the first time for HMU implemented a staff evaluation system, whereby for the first time, pupils would be asked to evaluate the teaching that they had received in the previous year. The researcher, who had used the modified approach developed from the study, to teach second year nursing and medical students was one of the highest ranked teachers by both groups, who further reported finding her lessons both stimulating and motivating. The evaluation result demonstrated that the approach is effectiveness in helping students to think about the subject being taught, rather than to just listen and accept the information given. Students reported wanting to find out more information for themselves and to learn how to solve the clinical problems they were being given. They also found it easier to share their own experiences and use them as part of the learning process, and to contact the lecturer outside the sessions if they had queries. This was in part because as part of the teaching approach email was used to maintain contact and to help all students to feel they are not alone as they try to discover new knowledge. It also helped to lead them from question to question and to stay motivated.

There has been considerable official interest in the university, as the evaluation which graded the researcher in the top 5 of 279 lecturers was organised by the Examination and Quality Ensuring Centre of the university, and not the faculty. The staffs were not told which sessions would be evaluated, and the final results were based on 4290 questionnaires. The results have been disseminated via the university web site, and this too has generated interest in the active teaching methods used. As a result, the first step in piloting the conceptual framework and models in HMU will be continued and more staff will be involved in applying theories of adult and lifelong learning.

The pilot was the first necessary step in translating knowledge developed by this research study into sustainable practice. Plans are now being made to disseminate the conceptual framework and models together with the principles for lifelong learning to other faculties and universities, and to develop a training programme to help staff adapt it to new subject. It would seem that what started out with the aim of improving sexual health education in secondary schools has much wider application than originally envisaged. It also has implications for teaching both in schools and in universities, fitting well with the government wish to introduce lifelong learning and active learning methods. However it is important that each step is carefully considered and that changes are only implemented with an appropriate infrastructure to support them, or as with the NGO projects referred to in this study the changes will not be sustained.

8.6. Future trends: Linking to conceptual framework and models to Information Technology

At the outset of this project it was recognised that the increased availability and use of internet based sexual and relationship information was causing dissonance between adolescents, teachers and parents in regards to appropriate education in these areas. In addition, the use of information technology in health care in Viet Nam (as with other countries) has also grown. However, for the reasons given in earlier chapters, the conceptual framework and models had been developed for immediate practical use and not linked to the internet or web pages. But this does not mean that such links cannot be incorporated into the learning cycle.

The use of IT in healthcare in Viet Nam since 2000 with Ordinance No 58/CT-TW dated 17/10/2000 by the Ministry of Politics on promoting the use of Information Technology(IT) in the social care and health care sectors, has been increasing (Hung 2005). These developments however focused on the introduction and development of hospital based systems, supporting and providing technical consultancy to health facilities. The Centre

for Health Information Technology was established to help a number of hospitals to apply IT in hospital management and now 20 out of 30 National Hospitals and 7 out of 64 District Hospitals are using administrative and management software following the Decision No 2824/QD-BYT dated 19/8/2004 by the Ministry of Health. As with other countries the introduction of such systems have not been without problems (Dung, 2005, Quan, 2006, Hung, 2008), especially in terms of staff readiness to adopt its use and the difficulties of non-compatibility between the various IT systems. However, although gradually this use of IT is being accepted, there has been little attempt to use it to link education with healthcare.

As with other countries, until very recently, the vast majority of interventions to try to improve health in Viet Nam adopted a mass media approach, and as the section on sexual health education indicates this included many of the projects in sexual health education for adolescents. More than a decade ago a study by UNICEF in 1996 (UNICEF 1996) exploring the use of mass media for communicating with adolescents demonstrated that television and radio were the most common sources of information in both the rural and urban areas. With 90% of young people living in rural areas and 80% of those resident in urban areas watching television every day and 70% listening to the radio daily. Similarly Thang (2004), when evaluating a campaign regarding reproductive health, found that 86% preferred to receive the information from their favourite television programme, whilst 70,3% got information from youth clubs, 66% from counselling centres and 52.1% from newspapers and radio. However, the UNICEF (1996) study found that newspapers were not an appropriate source of information in the rural areas, due to the low levels of literacy. In contrast, some newspapers designed for young people, such as Pupil Flower and Violet Ink, are popular in urban areas, and have been successfully used to provide information and counselling advice on HIV/AIDS. When technology has been added to media sources in specific sexual health relationship projects such as the 'Window of Love' programme, 'Hotline 1088', and the Counselling Centre and Youth House the interventions were evaluated as being too time consuming and costly (Anh, 2002).

However, in the time since these studies, adolescents have gained access to, and are regularly using the internet to search for information and keep in contact with friends (Duc, 2011). It would seem therefore that the internet should be re-considered as an appropriate medium to provide young people sexual health information and education. The success of the first free online counselling programme for young people on sexuality issues, reproductive health and HIV/AIDS through the website: tamsubantre (youth

sharing) piloted in 2002, has tended to go unnoticed. The website offers a chat room facility where young people can chat to experts about sexual health and relationship issues. In addition the young people can be directed to appropriate information available on the website. Disappointingly, and because of lack of supporting finances although the service provided by the website was free until December 2012, there is now a charge which may be prohibitory to those young people with little or no financial resources. This is in direct contrast to many Western countries where the internet has been used not only to supply information, but to facilitate testing for STD's (Swedeman and Rotheram-Borus, 2010). Even if donors were willing to help introduce type of service in Vietnam, currently the law would not allow such initiatives as health workers cannot examine the adolescents without parental consent. This means that to develop confidential sexual health services for young people, the law needs to change. Currently it is accepted that although some ministers would support the changes such a move could meet opposition from both governmental officials and parents, even though the use of web based prevention programmes could reduce the transmission of infection.

During the lifetime of the project, recognition of the use of IT based information sources by young people had grown considerably, and this included those seeking sexual health information. There is concern that adolescents are accessing Western style sexual 'messages' and information via the internet, with no idea how accurate the sites are, something that could be detrimental to their long-term sexual health and relationships. The situation has also changed as in the last two years IT sources have become much more stable and accessible to a far greater percentage of the population. As a result, in theory it could be used as a medium for sexual health education, just as it is used in countries like the U.K and USA to provide specifically developed phone applications, interactive websites text messaging and social networking information (Britnell, 2011). However, in Viet Nam although the signal may be present there is the problem of lack of available equipment, and there is also restricted access placed on some sites which are linked to local authority information systems. There is also little evidence regarding the robustness and accuracy of information used on some of the sites and the inequity of access to the programmes where they are offered via smart phones which are too expensive for many young people in Viet Nam (Blaya 2010). Nevertheless, Blaya (2010) argues that effective sexual health education could be offered through the application of IT.

The suggestion is that as Viet Nam is moving more towards the use of IT in health care, systems could be adapted to offer health education. It is therefore proposed that the

Vietnamese government explore the work undertaken in other countries, gathering information about successes and learning from the lessons and mistakes of others. The results could then be used to develop an approach which is specific to the needs of the youth of Vietnam. Once there is official recognition and approval of IT sources of information, these can be added to information given to schools. Teachers would then be more willing to use them, and it would be relatively easy to build internet searches into the models developed in this study, as pupils and teachers seek out knowledge and reflect on the information they have gained. However, to be effective there are two key issues. Firstly, there needs to be increased access in schools to the internet, or acceptance that such searches are part of self-directed learning, with pupils then bringing the information they have found back into the school. Secondly, teachers need to be taught how to assess the accuracy and appropriateness sites their pupils are accessing. Until both these criteria are met it seems likely that official use of internet sources in sexual health education will remain a theoretical rather than practical concept.

CHAPTER 9

CONCLUSIONS AND RECOMMENDATIONS

9.1. Introduction:

This chapter contains a review of the aims of the study, some of the limitations, a critique of the methods used in the study including personal reflections and the recommendations.

9.2. Aims:

9.2.1. Aim one:

Aim 1: To assess the knowledge and understanding of sexual health in upper secondary schools in North Viet Nam.

The survey was used to assess the appropriateness and effectiveness of sexual health education in schools in North Viet Nam. To evaluate the extent to which the survey met the first aim, the findings from the survey as a whole needed to be considered. However, to check that the participants were not from an atypical group of students the findings were used as the basis for pupil feedback sessions. Both the initial survey and the feedback sessions revealed considerable gaps in the pupils' knowledge and understanding. They also revealed that in the absence of information from their schools, the pupils had developed their own strategies to answer their queries. However, their prime sources of information were not necessarily either appropriate or accurate as they tended to be web sites and media programmes, and they had no guidance regarding which ones to use, and no system to assess the information they accessed.

The documentary data and the focus groups with teachers revealed several problems. Firstly an education curriculum that had not been up dated for 20 years, and did not match the changing lifestyles in Viet Nam. There appeared to be no attempt to base programmes on the learners (the pupils) needs and/or demands, hence lessons were not seen as either interesting or relevant, and information offered was not valued or retained. The integration of sexual health into other core subjects reduced its prominence, led to a loss of a systematic approach and made it difficult for pupils to link the elements together into a cohesive whole. Secondly, buy the time pupils reach the age when formal sexual health education can be given, for many it was seen as too late, they had already sought out information, some of it incorrect, and increasing their risk of adversely affecting their current and future sexual health. In addition, teachers follow traditional teaching patterns and find it difficult to change their teaching to methods which help pupils engage with

them. The teachers still saw themselves as central and reported finding it difficult to put their pupils needs before their planned curriculum.

The interviews with experts also provided information about sexual health education with in many instances their comments reinforcing the findings from the survey. All this information was essential for the design of the conceptual framework and model. Analysis of previous sexual health education health projects in Viet Nam demonstrated that there was a wealth of available materials that were not being used, but that could easily supplement and support the materials currently available to teachers. However, this would not solve the problem that some teachers have in actually delivering the information that had emerged in the focus groups. Nor does it help pupils who would prefer to keep their social lives separate, and not to share intimate details with the class teachers. These problems are compounded by the lack of training in communication skills for teachers which makes it difficult to explore with pupils which issues they see as important, how to cross the existing gap of traditional culture and current life, and use this to improve the teacher/pupil relationship. It was evident that a special training course needed to be developed to help the teachers, but although this would improve their skills, it would not address the confidentiality issue, which also impacted on the pupils' willingness to discuss such sensitive issues.

9.2.2. Aims two and three:

Aim 2: To develop a conceptual model and framework for sexual health education in schools in VN.

Aim 3: To make recommendations for the development of policy and practice for sexual health education.

The data collected together with the review of theories of learning were all used to develop the conceptual framework and model. Although originally the plan had been to develop a model for pupils, it was evident from the first data sets that a way to help teacher themselves move towards a more active approach to learning had to be found. Also that the needs of pupils and teachers were different and therefore two separate models were needed, that in combination would provide a way for education to move forwards. Thus the conceptual framework for sexual health education actually contains two cyclic models for learning. Both were well received and the teachers were enthusiastic about moving to more interactive measures.

The richness of the data sets demonstrated that using active learning methods such as group discussions and flip charts gave the pupils, the chance to express their concerns and discuss individual and shared issues. They reported preferring this more active approach to learning. The teachers too reported enjoying the focus groups, and sharing their experiences and knowledge. They were interested in more active teaching methods and the trial of the conceptual framework showed that they too learned (and enjoyed learning) from the shared activities. The role of the researcher as a facilitator was an integral part of the process, and until this approach becomes more usual, this role needs to be included in plans to move towards more active learning techniques. The framework developed also demonstrated that involving pupils in their own learning and using their feedback helped the teacher not only to recognize the gap between themselves and their pupils, but also gap between theory perspectives of a sensitive subject such as sexual health and its place in real life.

As a result of the review of the theories of education and lifelong learning, it was possible to identify what needed to change in Vietnamese education programmes if the pupils were to move from passive to active learning. Also to decide which approaches could be adapted to be used within the Vietnamese context. It was important to develop a model that would help the young people to move successfully through adolescence and transform from an adolescent needing support to an adult who can cope with the challenges that they will face in the future. However, choosing which model for should be used as the basis for the design of the conceptual framework was a challenge. Models and theories that worked well in the West would not necessarily translate to the context of Viet Nam. After careful consideration, of learning theories in the West and Asia, Kolb's (1984) model with some modification seemed the most appropriate for pupils' education but it the teachers have different needs if they are to move to the point where they can use active learning to work with their pupils. There was a need to find an approach that could be used relatively easily and quickly to move teachers from their traditional Confucian based passive teaching to offering active learning approaches. It was recognized that for some older teachers the major step to using a model such as that described by Kolb (1984) could be too great, and therefore and an alternative approach was needed.

PBL was selected as a first step of the development process. The aim was to help teachers to move step by step from their traditional practices to an active learning process. For this change to be sustained teachers have to become independent to run their programmes. However, although initially PBL seemed appropriate applying it

directly to the Vietnamese context was not possible, and modifications were made to develop a format that could be used by teachers in schools across Viet Nam. In the study the researcher acted as a facilitator or stimulus factor to start the process (see Chapter 7). In the long term, teachers who have accepted the changes in teaching approaches and are comfortable using them can act as facilitators for their colleagues, so supporting the sustainability of the framework. As more teachers move to this approach, the aim will be to introduce Kolb's (1984) model as a further step along the path for the teachers to become completely independent educators/learners. However, the most important aim is to help teachers transfer and apply their knowledge and experience to the lessons they give and to learn to help and support their pupils in a way that inspires them to learn. Looking at these aims it is apparent that the theory that underpins the conceptual framework can be used with other subjects in schools in Viet Nam. Thus, the conceptual framework could provide the basis for a major change in the delivery of education programmes for adolescents and if modified for younger children.

Learning by thinking and doing is a key principle for the success of the study in opening new ways to research and pilot education programmes based around the terms of lifelong learning and self-directed learning.

9.3. Reflections on the approach used in the study:

Initially the focus in the methods chapter had been on describing the individual steps in the study to explain how the study as a whole had been carried out. It was only when asked to state the paradigm in which the study had taken place that I realized that there was lack of explicit description of the principles governing the study. With hindsight I can see that I had left implicit the explanation of how all the separate methods linked together; this has now been resolved. When choosing the overall approach, a method had to be used that the Vietnamese government could accept and approve of, and that would deliver evidence in a form that would be understandable and acceptable to different audiences. I had worked with action research in the past, and it is increasingly being used in Viet Nam, so the idea of developing the conceptual framework and models with the two groups most involved having input into the development, through the baseline measures and piloting seemed to me, to be appropriate. The enthusiastic reception given to the completed framework and models support this choice. Thus, the study used an approach that follows the steps that comprise the first cycle of action research in a modified format. Modified in that rather than being an ongoing part of the

study, the teachers and pupils had two places of input, and the data collection, analysis and design remained totally with me, the researcher.

This approach chosen can be demonstrated to have at its heart careful monitoring of the planned changes in practice. The whole process was driven by a dialogue between the elements of: **action** and **the intentions behind action** or **practice** and **the values behind practice.** Action research is very different to other types of research. For example, while the more traditional methods are designed for hypothesis testing, or gathering and analysing data sets to generate knowledge, action research is all about facilitating change. It does not aim to generalise but to resolve specific problems with the participation of those involved. This difference made an action research approach relevant for this study, as it incorporated recognition of the Vietnamese context and considered the best way to help Vietnamese teachers to adapt to the changing context in which they work regarding sexual health education. A key advantage of the approach chosen was that it started with interviews with teachers, asking their opinion and experiences, helping them to focus on the issue of sexual health education without making them feel threatened or defensive. The pupils too were keen to participate, making it clear that for them, this was an important issue and changes were needed. When the completed models were taken back and piloted with the two groups they were well received. For the pupils there was the chance, for the first time ever, to say what they thought of a new approach. For the teachers a more theoretical perspective was used, but as it built on what they had previously said, it gave them an element of ownership which may well have contributed to their enthusiasm and willingness to adopt it.

Rather than seeing the study as something that was being 'done' to them and that they had been told to join in, they saw it as specifically designed to help them, with immediate use in the classroom. They were concerned about improving their teaching practice, and it offered a way for them to move forwards together. No teachers were singled out; instead they worked together in the pilot. With this approach it really is feasible to meet teachers' demands for help. It also has the advantage that instead of being top down, the power in this instance is with the teachers, to recognize that they do not need to wait for policy changes, but can work together to develop initiatives in their own schools.

The essential feature of the approach: was trying out ideas in practice as a means of improvement and as a means of increasing knowledge about curriculum, teaching and learning (Kemmis and McTaggart, 1982:1) so this study provided a way of working which

enabled the teachers to see how links between theory and practice can be made. It also gives an introduction to the principles of lifelong learning with its emphasis on reflection, extending knowledge for practice. The interactive process helps to make them understand the processes, problems, issues and constraints that affect their ability to teach sexual health education in schools. The reflection also helps teachers to identify their own school situation and this can in turn help them consider how they can develop strategic plans for their schools. Inevitably in this process the teachers learn about themselves, their students, and their colleagues. By sharing and communicating their ideas it helps them be able to determine ways to continually improve (Corey,1953) also, through their discussions they share and collaborate across their disciplines, other subjects and other schools (Elliott 1991).

In practical terms, the participation in the pilot helped the teachers to see how they could teach the sensitive issue of sexual health education in schools, accepting the reality of the current situation in Viet Nam. By working together, even where the policy is restricted by culture and the traditional way of life, teachers can develop acceptable solutions. Perhaps the most important aspect of the approach used is that the process enhances teachers' professional development through the fostering of their capability as professional knowledge makers. This helps them recognise their role in applying theories of lifelong learning to motivate and support their pupils. Although focused on sexual health education the principles of lifelong learning once accepted can positively impact on their future and career.

The participatory approach is important in Viet Nam because cultural and communication styles in East Asia place a high value on the importance of respect and "saving face". Honour and politeness are maintained at all times, and in all interactions between teachers and pupils. The approach used in this study fits with these concepts. At no time was an individual teacher placed at a disadvantage and the shared experiences and discussions provided a forum from which they could collectively respect each other and work to resolve problems. Then too, East Asian students honour and respect their teachers and find it difficult to challenge or debate with them. They find it difficult to express lack of knowledge even though they have questions they want answered. In a country where education is still centrally controlled and there is a proliferation of national guidelines and strategies, action research can help teachers feel more in control of their own professional situation, so giving them more confidence in their teaching, in this instance of sexual health education.

Another advantage of the approach used was that different data sources were combined which strengthens the likelihood of gaining good insights into the "real" situation (Bryman 2008). In the study, data triangulation was used mixing the qualitative and quantitative findings and results to identify the actual situation regarding sexual health education in the participating schools, and then designing the action plan to implement in the next steps. Although in reality unexpected outcomes may occur, action research starting with a carefully planned action, because as McNiff (1988, p45) and Whitehead (1989) point out there can be "messiness" of action research as the spirals continue. In this study, only the first cycle was carried out, and at the outset MOET and MOH approval had been given, and all other organisations contacted were supportive. This yielded a wealth of information, and was sufficient to develop a conceptual framework and models for teachers and pupils, which was then piloted, giving initial indication of effectiveness. However, it has to be noted that analysing the varying data sets was complex and time consuming as the integration of qualitative text based data with quantitative survey results and documentary data was not easy. However, there were unexpected but positive results. Firstly, the level of the enthusiasm with which both teachers and pupils embraced the conceptual framework and models was much higher than I anticipated. Secondly, the decision of the university in which I am based to immediately begin work on adapting the study for use in teaching nurse education and thirdly, the outcomes of the study as a whole on my role and function in the university (see section on role after completion of the study).

9.3.1. Specific methodological issues:

The advantage of using quantitative methods is that they can be used to provide the basis of evidence based practice (Nieswiadomy, 2011). For this to be possible it is important to make every effort to maximise the validity and reliability of the data (Bryman, 2008). In this study checking the questionnaire carefully and removing bias and jargon from the questions helped improve reliability and validity. Using quantitative methods for the survey was practical because of the numbers of pupils involved, and acceptable to both the Ministries and the schools involved, but the use of more open ended questions would have given greater insights (Bryman 2008, Patton 2002). However, the piloting of the model did allow for exploration of any queries. The method for response, although not often used was appropriate and all respondents successfully completed the questionnaire. However, I found it very time consuming to prepare, I had never had to record a questionnaire before and checking that there was no undue emphasis on any particular work took more time than I had expected. Then too, it was dependent on having sufficient resources to supply the necessary equipment for respondents, and this

necessitated collecting the IPods from a range of different groups, tagging them and then checking all were returned to the right places. Again a time was consuming activity. However, the pupils were appreciative of the confidential nature that this gave to their responses, and I would use this approach again for sensitive issues. However, quantitative data does have some disadvantages, it is difficult to check if accurate or truthful answers are given, and there is little room for respondents to clarify the answers they give, which as a result can give a limited indication of the reality (Bryman, 2008).

In contrast the qualitative data sets gathered from the focus groups with the teachers were rich and detailed (Giorgi, 1994; Patton, 2002) but because it was a small sample the results cannot be generalised. However, this was not a problem as the data was needed for a specific purpose and the focus groups also had the advantage of enabling me to observe the interactions between teachers. This in turn led me to explore the differences in experience and attitude between younger and older teachers, providing clarification and insights into the perceptions of the core group of teachers providing sexual health education. This depth of information could not have been gained using the quantitative methods used with the pupils (Patton 2002). The decision to use focus groups was appropriate; the teachers appeared to be comfortable and willingly discussed their perceptions of teaching sexual health education. Without using both qualitative and quantitative data sets, it would not have been possible to gather the range of data needed to develop the conceptual framework and models. Indeed it was the combination of the data sets that made it clear that pupils and teachers had different needs, confirming that I needed to develop two separate models.

Mixing qualitative and quantitative approaches by using data triangulation did strengthen the study, helping to minimize the limitations of the small sample, providing additional information and supporting crossing checking of the results (Bryman 2008). The combination of the data sets did provide a more comprehensive picture, but overall, the sample of four schools does limit the study although the numbers participating in the survey, which in turn influenced the numbers of teachers involved was decided using an MOET approved process, and agreed by them. Also all schools in North Viet Nam use the same curriculum, textbooks and teaching methods, and therefore when I discussed the sample size with my Vietnamese supervisor and the MOET they were happy to accept results from this sample as appropriate for an initial pilot. However, although ideally the study should be repeated on a larger scale, the feedback/ pilot sessions did give an indication of the effectiveness of the conceptual framework, and interestingly, the second group of pupils demonstrated a similar lack of knowledge of sexual health. I

believe that the findings do indicate that the conceptual framework can be applied in other state schools in Viet Nam, but it needs to pass through the official processes before can be repeated in more schools and therefore the timing of a repeat project is dependent on the MOET.

9.3.2. Methods used for data collection and analysis:

Every effort was made to avoid bias in data collection. In developing the questionnaire for the pupils survey was taken to use non-leading questions and to provide a method of completion that was acceptable to pupils and addressed the issue of confidentiality. The method used had previously been used in Viet Nam in sexual health studies, and although new to me, with care the preparation of the tapes meant that as the pupils completed the study no inadvertent body language or vocal emphasis biased their responses. They also were not afraid that their colleagues could read their responses to specific questions, an important issue in a sensitive subject such as this. Quantitative research is the main method used in Viet Nam, and I have used it before, therefore I felt competent to develop a questionnaire, particularly, as I had support from both Vietnamese and UK researchers.

Data analysis was carried out using SPSS, with the survey replies loaded straight into the computer. This meant that even the more open questions needed to be coded and then quantitatively analysed. However in presenting the findings where appropriate the actual statements made by pupils were used. Although I had initially thought that there would be differences between the rural and urbam schools, this proved not to be the case, so comparative data analysis was not possible and the data was analysed as a single data set. The consistency of the findings, which demonstrates how much Vietnam has changed in the last few years, was a surprise to me, and to my Vietnamese colleagues, but when asked, the teachers were not surprised. They are ones most closely linked to the pupils and have seen the rapid raises in home facilities and access to the internet regardless of where the pupils live. This rise in living standards fits with the aims of the Vietnamese government to bring the country out of poverty, but there is still a long way to go with over 70% of people still being regarded being in poverty. However, many of these are in the older age group and as these were young people, with in most instances both parents working perhaps the findings are not so surprising.

For the qualitative data sets care was taken not to ask leading questions, and checks were made that all quotes were used in context. A key issue for this study was that data was collected and initially analysed in Vietnamese, all translations were double checked, to check that translation was accurate. The teachers were assured that no identifiable information would be fed back to their head teachers, and that no-one who knew them would hear the tapes or read the transcripts. Qualitative research is relatively new in Viet Nam, and this was the first time that I had used this type of research method. Initially I found it difficult not to lead discussions and to allow short silences to occur as participants considered their responses, but by piloting the approach with colleagues before beginning the study I improved my technique. Having worked as a counsellor in the past made learning this approach easier, and meant I had already learned not to let my body language influence the sessions. However, a research interview is different to acting as a counsellor and I had to concentrate to prevent myself from slipping into a counselling approach. Replaying the transcripts helped to check that the interviews had been carried out as planned.

Data analysis was much more time consuming and complex than I had expected, I used the steps described in the methods and analysis sections, but reading about them and carrying them out is very different. It was difficult not to let my own biases creep into the analysis. The idea of the data leading the analysis was initially difficult, but as the process continued I understood more and more how this approach enables the findings to illustrate the individual experiences. I used the modified version of bracketing, repeatedly checking that my own beliefs were influencing the development of the themes. My colleagues also checked both the transcripts and the emerging themes, and using this combination of checks I was able to minimise the bias in the themes. I now feel much happier using this approach, and have been asked to act as a teacher for qualitative research studies based in my university.

Only 4 schools were used for data collection and the pupil population was only from one area of Viet Nam, but nevertheless there was considerable consensus both within and across the two pupil groups who participated, one in the initial survey and one in the feedback/pilot session. Although teachers and pupils were included, parents were not, as the study focused on the pupils knowledge and the role of the schools that were being reviewed. However it is accepted that in the light of the findings, although parents were reported as not playing a key role regarding sexual health education, only the pupils' perceptions of this were given. Although the pupils reported not being able to discuss things with their parents, it would have been helpful to explore this perception with the

parents and I believe that inclusion of this group could additional insights into the strategies needed. I therefore recommend that any future studies should include the parents.

All available textbooks, curriculum and policy documents were collected and reviewed. Initially this was expected to be more extensive that it proved to be, and the limited number of texts used was disappointing in two ways. Firstly, it meant that the information given was based on small sections in a limited number of books. Secondly, these revealed that there was lack of theoretical underpinning to the current system. The curriculum documents proved to be mainly lists of subjects, and with sexual health divided across different area of the curriculum. This meant that overall it was given little attention, and it was hard to see how it could be coherently taught using such a system.

The documentary analysis was based on searching for key aspects of the subject, and as it was so fragmented this meant a detailed search of each and every textbook and document. It was disappointing that while carrying out this process I found that in none of the schools had teachers added their own, more up to date texts to those supplied by the MOET. In view of the nature of the documentation, only a simple descriptive presentation of the information gathered was possible. In addition to the textbooks, all documentation regarding teaching in the schools was reviewed and this revealed that not only was there no theoretical framework for the subject of sexual health education, but there was no evidence of a model for teaching that could be built upon in this study. All the evidence suggested that only lectures were used, and that the traditional approach of imparting knowledge to a passive audience was used in all the schools. This meant that any conceptual framework developed would be new, but that I had to address the needs of the teachers as well as the pupils. I was concerned that they would resent what they could see as interference by someone who was not a school teacher. However, the approach used which involved them, and gave them a voice, was better accepted than I could have hoped for. They were clearly aware of the limitations of the information that they were using, but until this project had seen no way forward, and I felt privileged that they were willing to work with me.

9.4. LANGUAGE ISSUES:

The approaches of research methodology, theories of learning, presenting and writing up work were in English, while the survey, the focus groups and feedback/pilot sessions with the schools and interviews with other informants were carried out and recorded in

Vietnamese with translation into English after analysis. There was unavoidably a gap in the meaning of research work or a loss of meaning from the origin. Working with the first language and translating was difficult and led to some problems. For example, official translators were employed because at the start of the study I felt my English was not adequate, and I was concerned that this would affect the quality of the translation. However, this decision in itself caused problems, in some instances where translators were used, the translated work was not adequate and I had to redo it. Although this meant that I really did know the data, in some circumstances it felt that as Wong & Poon (2010) suggest not to translate is best. However, the advantage was that by being able to carry out the data collection in the participants own language it gave the researcher the ability to understand what the participants' were really trying to say. As the meaning was obtained firstly in Vietnamese then translated into English, this led to the researcher's learning much more English, and the reflection needed to check and recheck the use of the data not only improved the analysis of the data, but helped narrow the gap between Vietnamese and English supervisors. As data was also checked for context by colleagues in the university, they too became more fluent in reading and understanding English, an unplanned but useful outcome for them as they search for materials for teaching, and are able to use more international materials.

9.5. REFLECTIONS ON THE PhD EXPERIENCE:

As part of a big national study, behind the remit for this study was the need to increase the capacity of nurse education leaders. In those terms, the aim was for the study to provide a learning opportunity for me as the researcher to develop an in depth understanding of research and learning/teaching methods that could be cascaded to other colleagues involved in nurse education. In practice the process of developing and implementing the study offered a range of different learning opportunities, and in additional to widening and changing individual perceptions, I now have a bigger role in external affairs for the faculty and a much higher profile in the university and internationally.

Before this study, although a graduate from a famous medical university in Viet Nam and having obtained a masters degree in Thailand, I had had little input regarding research or learning/teaching approaches. Completing this PhD study has led to a strengthened and deepened understanding of both areas. The skills of critical analysis, synthesis and conceptualisation of relevant literature, not only helped in designing and developing the framework and models, but will be invaluable assets that can be used in education, and

shared with colleagues in the faculty. For examples, the processes of accessing literature sources then identifying new insights from each piece of relevant information are skills needed by all healthcare professionals, and can be included in both staff and student education and training. The development of the literature review in this study has given me a more comprehensive understanding on the research topic (sexual health) as well as providing the ability to identify problems in other healthcare approaches and find ideas for solving them. Again a necessary aspect of professional practice will be cascaded to students and colleagues. However, it also revealed the differences between the more developed countries and Viet Nam. The need to carry out manual searches in the libraries and data bases of many of the organisations in Hanoi, gave me the first indication of just how fragmented the information was, and how little collaboration there was between the various projects and international donors. It also showed just how rapidly the IT situation had changed. Today, projects and reports are automatically submitted to the government both electronically and in hard copy, but at the start of the project this was not the case, and in most instances, only hard copies were available.

Studying at PhD study level has meant that I have developed an increased ability to apply research methods. In Viet Nam nearly all research is quantitative, so before this study the only method that would have been used was a simple quantitative approach. With an understanding of the epistemology of research, and the different research paradigms, it was possible to accept and utilise the differing paradigms of positivist and interpretivist paradigms. Both paradigms have philosophical and/or ideological stances that help individuals to understand the nature of the world and how knowledge is produced. In education, healthcare and social work, a relevant combination of these approaches provides rich data and understanding that can help solve problems and find new and relevant solutions (Broom and Willis, 2007). Viet Nam, as a rapidly developing country needs healthcare professionals who can help their colleagues adapt to the increasingly western approaches being implemented, for example the adoption of the ASEAN competences is moving healthcare to a western model.

As a senior academic in the university, I have a lead role in the design and implementation of teaching programmes. Currently, in Viet Nam, there is little overall expertise in research and research methods, particularly qualitative methods are little understood. Research methods are seen as complicated and difficult to understand. I am now in a position to take the lead developing a research programme that demystifies research methods and helps begin to lay the foundations for evidence based practice. The use of both quantitative and qualitative methods in a modified version of action

research in this PhD study provides a practical demonstration for colleagues of the implementation of research into practice. This includes the issues of working with young people and of researching sensitive subjects, using different sources for research, collecting and analysing data from documentary sources, using questionnaires, and focus group interviews. It is my intention that the study will form the basis for publications in both education and health based journals in Viet Nam, and internationally.

Having completed this study and thesis I have also improved other skills that can be translated back into education and training in Viet Nam. For example learning to present at international scientific congresses, this includes how to write an abstract, develop a poster and give oral presentations, and one occasion it led to the award of the best first presenter at the European Association for Cancer Education 2010 conference (see appendix. 5). It will now be possible for me to teach both students and colleagues how to produce and give confident and good presentations, in terms of both content and delivery. Other practical skills include academic writing, and the use of statistical packages such as SPSS software for analysing, transforming and expressing data.

Since completion of the Project

Since its completion, the study has had a much greater impact that originally anticipated. The processes used and the outcomes of the study have influenced not only the subject of sexual health education, but have been seen as appropriate for the whole country. The main aim of the larger Nuffic project was improving the capability of nurse education and training in Viet Nam and the health of the community. The subject was accepted for this PhD project because although originally planned to work mainly with pupils in schools, it extended my skills as a researcher and had relevance for community health care nurses.

I was thrilled that following the pilot of the approach, I was so highly rated by the students. I believe in the active learning approach I have developed, but had never dreamt that students would be so overwhelmingly positive from just a small pilot scheme. I am delighted that the university as a whole is more interested, and the results have been officially recognised, and word is spreading to other universities. Until very recently the teaching in universities was based on Confucian traditions, and in consequence was also didactic, and university leaders recognised that a model for nurse teachers was needed to help them move away from this approach, and towards active learning. As the idea of professional development is introduced they (the teacher) need to understand the concept and principles of lifelong learning. One of the barriers to change is language,

many of the theories are written in English, and it is difficult for educators who although they will have studied some English, do not have the expertise to read or utilise academic texts.

As a result of success of the pilot with nursing and medical students, a role that developed from this study is that I have been tasked by the MOH to use my expertise in English, visiting schools and universities to translate some of these theories, and explain how they can be used in the various education settings. In some instances in the universities, nurse teachers reported that they were already using active learning strategies. However, in discussion it emerged that for them, active teaching methods consisted of delivering their handouts before starting the lessons. They believed that by sharing information in this way students were more involved in the session than when they just listened to lectures. This example illustrates the urgent need for accurate knowledge about active learning and teaching methods to be disseminated, Recently, Hanoi Medical University, the leading university in Northern Viet Nam has received funding to introduce Problem Based Learning (PBL) into two faculties which include Public Health, Nursing, Midwifery and medicine. Interestingly, when first introduced, PBL tended to be accepted without question, and yet to be effective it is essential that educators understand how it works and how it was developed. It is not enough to accept that as it is used in many countries such as the UK, America, Netherland and Australia it will work in Viet Nam. With support from the dean of the nursing faculty the strategies are being developed to increase understanding of the principles underpinning PBL. Until these are understood, PBL will not be successfully used in Viet Nam, and again my role will be to help colleagues understand the international literature about PBL and through that the theories underpinning this approach.

The format used in the project provided a unique opportunity for the MOH and MOET to have a theoretically based conceptual framework and models specifically developed for Viet Nam by a senior nurse teacher who can explain to peers and other colleagues in their own language how they work. Arising from this has been the selection of a core group of nurse educators in higher education who have focused on developing their skills in critical thinking and using and developing evidence based practice. This is challenging as much of the literature they want to use is in English and few have sufficient English language. Indeed, in the main Nuffic project it took two years to find eight nurses with the skills to learn at Master level in English and two of which I am one, to study at PhD level. Even then all of us had to undergo further English courses before commencing our studies.

At the same time, as I started this study, the Vietnamese government was still searching for an appropriate approach to lifelong learning that would work for Viet Nam, changing attitudes to education and therefore the outcomes of this PhD project were eagerly awaited. As in schools, the teachers in universities tend to be passive, waiting to receive new instructions from the government. As a result of this approach, there has been little recognition of the necessity for self-evaluation to review what they have done and taught in their classes. Accreditation of courses as carried out in countries such as the UK and Australia is also new in Viet Nam, traditionally the government curriculum was sent to schools and universities and taught using lectures. This meant that once teachers were qualified, they would continue to teach unchallenged, with no individual performance reviews, and no need to seek to improve their knowledge, understanding or teaching skills. However, as the country links more to other Asian countries the government is looking at giving universities more freedom in teaching, but they will then review courses and teaching standards. Part of the new role for me is to work with colleagues to develop initiatives to help educators learn to look at themselves, their competence as teachers. The need for schools and universities to develop programmes that is comparable with international curricula, particularly regarding professional education in fields such as nursing and medicine.

Also during the time, of this study distance learning and e-learning had begun to be mentioned at government level but was, and still is virtually unknown in schools and universities in Viet Nam. Therefore as the PhD study needed to be of practical use, it was decided that it was not appropriate to focus on either distance learning or e-learning, although the design is such that as previously discussed, it could be adapted for use with either or both when circumstances make it possible. Similarly although PBL would have been useful, experience in Hanoi University were showing that it needs to be modified for use in universities in Viet Nam. Therefore, in schools where the staffs have had less training it will be some time before this approach can be introduced. The models do include the concept of identifying and resolving problems and this modified version of PBL have been well received, support is needed to help staff use even this limited version (John et al, 2010).

The Ministry of Trade in Viet Nam is committed to developing a nurse curriculum that meets international standards, to enable Vietnamese nurses to work abroad. Many of the projects helping to do this are dominated by Western countries such as UK, Netherlands, and Australia, as a nurse teacher who can speak English, my role has become one of support and coordination with representatives from these countries. This role is seen as

very important because just as in Europe, the Vietnamese government including the MOET and MOH and the Viet Nam Nurses Association (VNA) have realized that nurses will have to take place the medical doctors in some tasks, including in teaching nurses in the future. Currently, most nurse education is provided by doctors, and this change is difficult for some teachers to accept, because nurses have traditionally been seen as needing medical supervision. My role is to work with colleagues to help them accept their new role and motivate them to make the necessary changes to succeed in their new roles. To move from passive to active teaching, educators need to change their attitude to their pupils as well as their strategies.

Participating as the lead nurse in other university based projects is now another new role for me, and I am part of a project funded by World Bank to help Vietnamese nurses have a chance to gain accreditation in international examinations. This programme based in Hanoi Medical University began in 2010 and in addition to the World Bank includes a private company IIG (Centre for giving an take examination and auditation of quality). This is my first experience as a consultant and includes responsibility for managing the nurse training in the pre-examination courses. This in turn has led to acting as a consultant for in nurse training in a national working group launched in December 2011 to introduce global standards for nurses into Viet Nam. This means organizing meetings with educators, consultants and leaders from the MOET and MOH with western experts. The final change in role arising from undertaking the PhD study is to become a manager in the Scientific Centre in Nursing and Midwifery faculty in Hanoi Medical University funded by PA under supported from Queensland Technology University in Australia.

In November in 2012, there was a workshop for youth entitle the “Global Labour Market and Youth Employment" organized in Hanoi by the Viet Nam Development Information Center (VDIC) and funded by the Word Bank. This introduction opens so many opportunities for young people in Viet Nam to work in different countries. I attended as the representative for nurse education and training, working with vocational training organizations and other delegates who came from different organizations including the government, on activities and education opportunities for young people in Viet Nam. For this, it is important to understand not only the current Vietnamese context, but the requirements of the Vietnamese government as they begin to link more with other countries particularly some Western countries as Japan, Australia, America and the UK.

9.6. Recommendations:

A key aim of this study was to make recommendations for improving sexual health education in schools, and reflecting on the study it is possible to make the following recommendations.

The MOET in the Vietnamese government are keen to improve the quality of sexual health education, and through that maintain and protect the health of the community. However for teaching to be effective it needs to be based on the best possible current information, yet some of the information found had little evidence based and had been unchanged for two decades. **It is therefore recommended that there should be regular national reviews and updating of the information available to teachers who have the responsibility for teaching sexual health.**

The review of the documentation revealed that although there are available modules that could be accessed through the MOET, without guidance it is difficult for schools to identify which information is crucial. Also the current system of teaching sexual health education as part of several different subject areas leads to fragmentation making it difficult for pupils to gain a comprehensive understanding of this key area. **It is therefore recommended that consideration be given to either providing a programme delivered based within one subject area, or to providing a structure that makes it plain how the different subject areas link to provide a coherent whole.**

The model chosen for the teachers goes from the known to the unknown, the decision to demonstrate to the teachers how taking small, acceptable steps towards student centred learning leads to increased critical analysis and reflection of their own knowledge and understanding was effective. **This practical approach to change attitudes to education which enables participants to move towards using interactive teaching methods is effective and should be considered for teacher training programmes.**

The Vietnamese model of teacher-centred learning in schools uses top down approaches that do not empower or inspire pupils. The study provides a good example of how to use an alternative student centred approach. Change is not easy, and sharing practical examples can help colleagues understand and accept the change process. The teachers were enthusiastic about the new models and by sharing this approach teachers

in other schools will be able to see how to develop programmes with the knowledge and skills to meet the needs of pupils. **It is therefore recommended that projects such as this be used to form a data base of practical examples for teachers to use as a reference as they begin to move to student centred learning.**

For education to be effective, it needs to be based on leaner's needs. Teachers need to develop the skills to not only identify pupils' needs, but also to appropriate teaching approaches, particularly with sensitive subjects such as sexual health. **It is therefore recommended that teacher training courses should include strategies for assessing pupils' needs, and for teaching contentious and sensitive subjects.**

The survey and feedback session with the pupils revealed that with a subject such as sexual health there were issues of confidentiality that prevented pupils from asking questions of teachers they would see everyday. Thus, the background of the researcher, a healthcare professional from outside the education system was extremely useful, and seen as appropriate by the pupils. **It is therefore recommended that consideration be given to the inclusion of external healthcare professionals such as community nurses in school sexual health education programmes to enable students to ask questions that they see as confidential.**

Pupils access information from websites, but there is no control over these and no way for students to know which are reputable sites. Although it is accepted that they will always seek new and in their eyes interesting sites, nevertheless the government does need to take the lead in providing clear and accurate information. **It is therefore recommended that the MOET, MOH and appropriate NGOs work together to to produce information regarding reputable websites** such as www.tamsubantre or www.tuvantuoihoa **that contain up to date sexual health information and disseminate this information to all schools and organisations such as the VYU.**

The use of Information Education Technology will grow exponentially in the next few years, and therefore it is important that teachers of sexual health education learn to use the internet and other media sources**. It is therefore recommended that training courses for teachers are developed and that they are updated at regular intervals on IT developments**

If information technology is to be used effectively, then schools need to have increased resources and capital expenditure, whilst it is accepted that this is not easy, seeking resources for this would considerably improve sexual health education in schools. **It is therefore recommended that all possible sources of funding be explored. This includes international donors such as UNESCO and civic institutions organisations where the internet is established.**

In both the first focus groups and the feedback sessions, teachers reported that no preparation time was available for this subject. If it is to be taught in a comprehensive programme, teachers will need to take time to prepare new knowledge and information. **It is therefore recommended that the need for time to develop new programmes and approaches be formally recognised and teachers be given time to update their programmes.**

The documentary data sources revealed that the curriculum was more than two decades old, and that textbooks were also outdated. There are modules that can be used but in the absence of guidance from the MOET and MOH, it is not easy for teachers to decide which are most appropriate. **There is an urgent need for the MOET and MOH to revisit the school curriculum and issue guidance regarding the way forward, and for textbooks to be revised and updated.**

The success of the pilot programme with nursing and medical students gives and indication of how the conceptual framework and models can be adapted. The university intends to continue developing this approach, and other universities are also interested. **It is therefore recommended that an infra-structure to support lecturers as they adapt to the new teaching approaches be developed. This should include the development of training manuals and the establishment of mentors as well as actual training programmes**

The study also identified a key role for community nurses, but they too will need additional education and training. **It is therefore recommended that the education and training for community nurses be revised to include group teaching and the skills needed to work in sexual health education.**

Future research

To take the conceptual framework and model further the models should be trialled in a larger scale. A larger sample of schools should be used, again including examples for all types of schools. The data in the survey demonstrated that there was no significant difference between urban and rural areas in these areas; the supporting literature indicates poverty does have an impact. It may be that as Viet Nam is only just moving from being a developing country to one classified as an emerging economy the differences apparent in the west are not so clear cut. However, it would also be helpful to include areas classed as very deprived.

No study would be effective if formal evaluation strategies were not included, and it is therefore suggested that the survey and focus groups could provide baseline measures, and further assessment should take place on completion of teaching sessions and then six months later to ascertain the extent to which information given in retained. It is accepted that in the interim period pupils will continue to access the internet, but this survey suggests that the information gained in this way did not appear to have led to high levels of knowledge, or understanding. Nor did it help them to protect their sexual health. The teacher's assessments should be based around using interactive teaching, and could include observed teaching sessions. Finally it is suggested parents be included as only with their perspective will the total picture be understood.

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APPENDICES

APPENDIX 1: ETHICAL APPROVAL

MINISTRY OF HEALTH
HANOI MEDICAL UNIVERSITY
No. 55 /HMURB
Issue: Approval of HMURB

SOCIALIST REPUBLIC OF VIETNAM
Independence-Freedom-Happiness
****
Hanoi, 16, June, 2008

CERTIFICATE OF APPROVAL

- Basing on the Decision No. 492/QD by The Rector of Hanoi MedicalUniversity on the foundation of the HMU Review Board and secretariat for reviewing the ethical issues in Bio-medical researches.
- Basing on the approval No. IRB 00003121 to Hanoi Medical University by Office for Human Research Protection USA.
- Basing on the Agreed Minutes (enclosured) of the Hanoi Medical University Review Board (HMURB) and The ratification and assessment committee on April 09, 2008.

HANOI MEDICAL UNIVERSITY REVEW BOARD (HMURB)
IN BIO-MEDICAL RESEARCH

approves the ethical issues of the following research proposal:

- **Research title:** A program of sexual health education among pupils in upper secondary school in Hanoi, Vietnam
- **Principal investigator:** Nguyen Thi Lan Anh
- **Research Institution:** Hanoi Medical University, Vietnam
- **Site for research:** Hanoi, Vietnam
- **Research period:** 2008 - 2010

Date of approval: June 16, 2008

Secretary of HMU IRB

Vu Thi Vung MD,MSc

Vice - Rector
Hanoi Medical University
IRB Chair

Prof. Do Doan Loi MD.,PhD

UỶ BAN NHÂN DÂN
THÀNH PHỐ HÀ NỘI
SỞ GIÁO DỤC VÀ ĐÀO TẠO

Số: 439 /SGD&ĐT -GDTrH
(V/v: Khảo sát thực trạng
giáo dục sức khoẻ tình dục)

CỘNG HOÀ XÃ HỘI CHỦ NGHĨA VIỆT NAM
Độc lập - Tự do - Hạnh phúc

Hà Nội, ngày 20 tháng 6 năm 2008

Kính gửi: **BAN GIÁM HIỆU TRƯỜNG TRUNG HỌC THÀNH PHỐ HÀ NỘI**

Theo công văn đề nghị số 530/CV-YHN-NCKH ngày18/06/2008 của Trường Đại học Y Hà Nội về việc khảo sát thực trạng giáo dục sức khoẻ tình dục tại một số trường trung học tại thành phố Hà Nội. Thông qua trao đổi và làm việc trực tiếp với tất cả các giáo viên giảng dạy các phân môn có liên quan đến sức khoẻ tình dục và học sinh tại một số trường trung học tại thành phố Hà Nội.

Sở giáo dục đề nghị ban giám hiệu các trường trung học tại thành phố Hà Nội tạo điều kiện và giúp đỡ Trường Đại học Y Hà Nội hoàn thành đợt khảo sát.

Nơi nhận:
- Như trên
- BGĐ (để b.cáo)
- Lưu: VT, GDTrH

TL. GIÁM ĐỐC
TRƯỞNG PHÒNG GIÁO DỤC TRUNG HỌC

SỞ GIÁO DỤC VÀ ĐÀO TẠO

Nguyễn Thành Kỳ

BỘ Y TẾ
TRƯỜNG ĐẠI HỌC Y HÀ NỘI
Số: 530 CV – YHN- NCKH
VV:Đề nghị phối hợp nghiên cứu

CỘNG HOÀ XÃ HỘI CHỦ NGHĨA VIỆT NAM
Độc lập - Tự do - Hạnh phúc

Hà Nội, ngày 18 tháng 06 năm 2008

Kính gửi: LÃNH ĐẠO SỞ GIÁO DỤC HÀ NỘI

Trường Đại học Y Hà Nội đã phối hợp với dự án Việt Nam – Hà Lan thực hiện đề tài " Xây dựng và triển khai thí điểm mô hình giáo dục sức khỏe tình dục tại một số trường phổ thông trung học thuộc Hà Nội – Việt Nam" do Thạc sỹ Nguyễn Thị Lan Anh cán bộ giảng dạy bộ môn Điều dưỡng là chủ trì đề tài. Thời gian thực hiện đề tài từ 2008 – 2010.

Trường Đại học Y Hà Nội đề nghị Sở giáo dục Hà Nội cho phép đề tài được thực hiện các nội dung sau:

Phỏng vấn học sinh lớp 11 về kiến thức, thái độ hành vi liên quan đến sức khỏe sinh sản, phòng tránh HIV/AIDS, các bệnh lây truyền qua đường tình dục và các biện pháp phòng tránh.

Phỏng vấn sâu một số các Thầy/ Cô giáo giảng dạy các phân môn Sinh học, Giáo dục công dân về chương trình giảng dạy cho học sinh và các vấn đề liên quan đến sức khỏe sinh sản, các biện pháp phòng tránh HIV/AIDS và bệnh lây truyền qua đường tình dục.

Thử nghiệm chương trình giảng dạy về sức khỏe tình dục tại 4 trường phổ thông trung học thuộc Hà Nội.

Kế hoạch cụ thể để thực hiện tại cơ sở sẽ được Ban chủ nhiệm đề tài báo cáo trực tiếp với Lãnh đạo sở Giáo dục Hà Nội.

Chúng tôi xin trân trọng cám ơn và mong nhận được sự chỉ đạo và giúp đỡ của các đồng chí để Đề tài có thể thực hiện được các nội dung khảo sát của mình.

Nơi nhận
- Như trên
- Lưu

KT. HIỆU TRƯỞNG
PHÓ HIỆU TRƯỞNG
TRƯỜNG ĐẠI HỌC Y HÀ NỘI

TRƯỜNG ĐẠI HỌC Y HÀ NỘI

PGS.TS. Đỗ Doãn Lợi

BỘ Y TẾ
TRƯỜNG ĐẠI HỌC Y HÀ NỘI

Số: YK/GT

CỘNG HOÀ XÃ HỘI CHỦ NGHĨA VIỆT NAM
ĐỘC LẬP TỰ DO HẠNH PHÚC
------oOo------

GIẤY GIỚI THIỆU

HIỆU TRƯỞNG TRƯỜNG ĐẠI HỌC Y HÀ NỘI

Giới thiệu .....

Chức vụ .....

Được cử đến .....

Về việc .....

Hà Nội, ngày tháng năm 20(
HIỆU TRƯỞNG

Có giá trị đến ngày.....

BỘ Y TẾ
TRƯỜNG ĐẠI HỌC Y HÀ NỘI

Số: YK/GT

CỘNG HOÀ XÃ HỘI CHỦ NGHĨA VIỆT NAM
ĐỘC LẬP TỰ DO HẠNH PHÚC
------oOo------

GIẤY GIỚI THIỆU

HIỆU TRƯỞNG TRƯỜNG ĐẠI HỌC Y HÀ NỘI

Giới thiệu .....

Chức vụ .....

Được cử đến .....

Về việc .....

Hà Nội, ngày tháng năm 20(
HIỆU TRƯỞNG

Có giá trị đến ngày.....

MINISTRY OF HEALTH
HANOI MEDICAL UNIVERSITY
No: 530 CV-YHN-NCKH
About: Proposed research cooperation

SOCIALIST REPUBLIC OF VIETNAM
Independence – Freedom- Happiness

Hanoi, 18th June 2008

Dear: LEADER OF HANOI DEPARTMENT OF EDUCATION

Hanoi Medical University has cooperated with a Vietnam-Netherlands project to implement the subject "Establishing and developing a pilot model about sexual health education in some secondary schools of Hanoi-Vietnam" which is conducted by Nguyen Thi Lan Anh (MA), lecturer of Nursing and Midwifery Faculty Hanoi Medical University. Planned subject execution will be from 2008 to 2010.

Hanoi Medical University seeks permission from Hanoi Department of Education to implement the following items of this project :

- Allow interviews/ a survey with grade 11 pupils about knowledge, attitude and behavior involving reproductive health, HIV/AIDS prevention, sexually transmitted diseases and prevention methods.
- Allow interviews with several teachers who teach Biology and Citizenship Education about a teaching program for sexual health, HIV/AIDS prevention methods and sexually transmitted diseases.
- Pilot a teaching program about sexual health at 4 secondary schools in Hanoi

The detailed plan will be reported directly to Leader of Hanoi Department of Education by Director Brand.

We would like to convey our sincere thanks to you and hope that we can have a direction and support from you to implement the project successfully.

Sign for The Principal
Vice Principal of Hanoi Medical University
Assoc Prof. Dr. Do Doan Loi

HANOI PEOPLE COMMITTEE
EDUCATION AND TRAINING DEPARTMENT

No:2439/SGD&ĐT – GHTrH
(About: Survey a real condition of sexual health education)

SOCIALIST REPUBLIC OF VIETNAM
Independence – Freedom-Happiness

Hanoi, 20th June 2008

Dear: **LEADER OF THE BOARD OF SECONDARY SCHOOLS IN HANOI**

According to the Dispatch No 530/CV-YHN-NCKH on 18 th June 2008 of Hanoi Medical University about the survey of the current position concerning the sexual health education in some secondary schools in Hanoi , permission is hereby given for discussions to take place with all teachers who teach subjects involving sexual health and for a survey with pupils from some secondary schools of Hanoi.

The Education Department formally gives permission to the Leader Board of secondary schools in Hanoi to facilitate and support Hanoi Medical University to complete this survey.

By order of the leader of Hanoi Department of Education

Recevied palce: As above
Board of Manager of HDE (Report)
Back up: Stationary, Secondary Education

Signature
Nguyen Thanh Ky

Ministry of Health
Hanoi Medical University

Number: YK/GT

SOCIALIST REPUBLIC OF VIETNAM
Independence – Freedom- Happiness

INTRODUCTORY PAPER

PRESIDENT OF HANOI MEDICAL UNIVERSITY

Introduction:…….....
Position: ……
Date: : ……...
Issue: ……..

Hanoi, day….month….year 20…
PRESIDENT

Valid up to: ……..

APPENDIX 2: QUESTIONNAIRE IN ENGLISH

001 Code of question | | | |

Code of city/province Urban 01

Rural 02

Consent Form completed prior to session

. Introduction: I am a nurse teracher called Nguyen Thi Lan Anh working in HaNoi Medical University. I am carrying out a survey for pupils in some upper secondary schools in North Viet Nam about sexual health. In last few weeks, have you been involved in any research in this area?

If you have been involved in any research or have done a similar research they do not need to take part in this study. If they have not been in a previous study, or have not completed the questionnaire then continuing:

Confidentiality: You will be asked some personal and/or private questions. All your answers will be kept secret. Your name is not writing on the questionnaire therefore no one can know what answers you give. Please be honest as your answers for these questions will help us to set up successful model for sexual health education for future pupils. I want to thank you for your collaboration and participation in this research. This interview will take about 45 minutes. Are you still willing to participate in the research? If so please can you sign this form., The consent form will not be kept with the questionnaires, so no-one can link your signature with the completed questionnaires

Name of pupil

Signature:.....

Parental approval

Signature……..

QUESTIONNAIRE

Introduction: I am a nurse teracher called Nguyen Thi Lan Anh working in HaNoi Medical University. I am carrying out a survey for pupils in some upper secondary schools in North Viet Nam about sexual health. In last few weeks, you agreed to participate in this study.If you no longer wish to do so, please do not feel you have to complete the questionnaire, and feel free to leave.

Part 1: Demography

Odder	Questions	Code	Transfer
C101	Gender?	Male ..... 1 Female 2	
C102	When were you born?	Month .....| _ | _ | Year .....| _ | _ | Don't remember 00	
C103	Religion ***Read any option and circle one answer***	Buddhist ..... 1 Protestantism ..... 2 Catholilicism ..... 3 Ancestors ..... 4 Not following any region ..... 5 Other (Detail) 6	
C104	Are you living with your parents?	Yes ..... 1 No 2	→C108
C105	Who are you living with in currently?	Your father ..... 1 Your mother ..... 2 Sibling ..... 3 Your grandfather/Your grandmother .... 4 Father's/mother's sibling ..... 5 Your friend ..... 6 Alone ..... 7 Partner ..... 8 Other (Detail)	
C106	If you don't live with your parents, when you don't live with them?	Year .....| _ | _ | _ | _ | Detail ..... Don't remember 00	
C107	Why don't you live with your parents?	Judicial separation ..... 1 Divorce ..... 2 Your father or your mother pass away 3 Like alone or living with your partner ... 4 Other (Detail):	

C108	What is a level of education your parents got or people who live with you in currently had?	I literature ..... 1 Primary ..... 2 Secondary ..... 3 College ..... 4 University ..... 5 Post-graduate ..... 6 Other ..... 7 (Detail)	
C109	In your house what is your facilities? Read any opinion and circle any answers	Cold and warm container ..... 1 Fridge ..... 2 CD video ..... 3 Washing machine ..... 4 Motorbike ..... 5 Air-Conditioner ..... 6 Lavatory pan ..... 7 Television ..... 8 CD music ..... 9 Telepone..... 10 Car 11	

Part 2: Knowledge of sexual health

Reproductive process			
C201	Sexual intercourses will always bring pleasure to both	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
C202	Sexual intercourses can make a woman become pregnant only when she like	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
C203	Sexual intercourses cause pregnancies when sperms meet maturated eggs	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
C204	Conception only happen when sperms combine with maturated eggs	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
C205	In semen, usually there are thousands of sperms	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
C206	When women have one of their maturated eggs fertilized, they will become pregnant.	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
C207	Whenever eggs are fertilized and nested in the uterus, a child	Strong right ..... 1 May be right 2	

	can be born	May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
C208	Conceptions can only be occurred after multiple sexual intercourses	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
C209	In puberty, conceptions can never occur after the first sexual intercourse	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	

Contraceptive and abortion

C210 A young girl can not be pregnant if.....

Ask one idea by one idea:

SR = Strong right
MR = May be right
MW = May be wrong
CW = Completely wrong
UK = Unknown

Circle relevant answers:

	SR	MR	MW	CW	UK
1. She has never had any menstruation	1	2	3	4	5
2. She is at menstruation	1	2	3	4	5
3. Her sex partners use condom	1	2	3	4	5
4. She urinates just after having Sexual intercourse	1	2	3	4	5
5. She washes her reproductive organ just after intercourse	1	2	3	4	5
6. She takes contraceptive pills everyday and has done so for a half of a month	1	2	3	4	5
7. She is under 13 year and her body is too small for getting conception	1	2	3	4	5
8. She avoids having sexual intercourses at her exact dates of ovulation	1	2	3	4	5
9. Her partners always apply ex-vaginally ejaculations	1	2	3	4	5
10. She runs and walks a lot after sexual intercourse	1	2	3	4	5
11. Her partners have promised not to make her become pregnant	1	2	3	4	5
12. After having sexual intercourses, she starts taking daily oral contraceptive pills	1	2	3	4	5

C211	Contraception is a responsibility reserved for women only, there is no need for men to care	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
C212	After sexual intercourses, a pause of 3 to 5 days of menstruations	Strong right ..... 1 May be right 2	

	means a sure conception	May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
C213	Only one abortion in adolescence can have no impact on woman health as well as their future children's births	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
Sexual Transmitted Diseases			
C214	You can get a particular STD many times even it was one cured	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
C215	Some times symptoms of STDs disappear without any treatment	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
C216	All STDs can be cured	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
C217	It is easy for men to realize their symptoms of STDs than women	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
C218	STDs can be transmitted by sharing lavatories	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
C219	Condoms are quite effective in STDs preventions	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
C220	If some ones got STDs they must had sexual intercourse beforehand	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
C221	Using contraceptive pills, women will not get STDs	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
C222	You can get more than one STD concomitantly	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	

C223	If you get STDs you have to inform all your partners	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
C224	Symptoms of STDs are usually similar to those of other diseases	Strong right ..... 1 May be right ..... 2 May be wrong ..... 3 Completely wrong ..... 4 Unknown 5	
HIV/AIDS			
C225	In your opinion, we can prevent HIV/AIDS infection following the actions listed below Circle the relevant answer for each statement:	SR= Strong right MR=May be right MW=May be wrong CW=Completely wrong UK= Unknown	
		SR MR MW CW UK	
	1. Using condom when having sexual intercourse?	1 2 3 4 5	
	2. Not using public toilet?	1 2 3 4 5	
	3. Having very rare sexual partners?	1 2 3 4 5	
	4. No contact to AIDS infection?	1 2 3 4 5	
	5. Not eating together with AIDS infection?	1 2 3 4 5	
	6. To be faithful with only one partner and this partner no have other partner?	1 2 3 4 5	
	7. Having limited topsy-turvy sexual intercourse?	1 2 3 4 5	
	8. Avoid mosquito bite?	1 2 3 4 5	
	9. Abstinence	1 2 3 4 5	
	10. Make sure all injected activities doing by clean needle?	1 2 3 4 5	
C226	Do you think it is easy to get HIV infection?	Yes ..... 1 No ..... 2 Unknown 3	→C228 →C229
C227	Why do you think it is not easy getting HIV infection? ***No read but only ask again "What other reasons"?*** Circle relevant answers ***Transfer to 231***	Yes No Using condom ..... 1 2 Not injection transfusion .. 1 2 Not getting blood transfusion ..... 1 2 Other (Detail) 1 2	

C228	Why do you think it is easy to gett HIV infection? ***No read but only ask again "What other reasons"?*** Circle relevant answers	Yes No Multiple sexual partner .... 1 2 Not using condom when having sexual intercourse ..... 1 2 Drug injection ..... 1 2 Getting blood transfusion 1 2 Other (Detail) 1 2	
C229	You can recognize an HIV infected person if you look at their appearance?	Yes .....1 No 2	
C230	Are you ready to care for family members if they suffer from HIV?	Yes .....1 No 2	
C231	You allow a teacher who suffers from HIV to continue teaching?	Yes .....1 No 2	
C232	You keep it secret if a member in your family is suffers from HIV?	Yes .....1 No 2	
C233	Have you ever heard about an HIV test?	Yes .....1 No .....2 Unknown 3	
C234	In your opinion, when should you get HIV test?	Yes No Multiple sexual partner .... 1 2 Not using condom when having sexual intercourse ..... 1 2 Drug injection ..... 1 2 Getting blood transfusion 1 2 Other (Detail) 1 2	
C235	Sexual intercourses done with person under 16 year old are illegal	Strong right .....1 May be right .....2 May be wrong .....3 Completely wrong .....4 Unknown 5	
C236	Only women can be raped	Strong right .....1 May be right .....2 May be wrong .....3 Completely wrong .....4 Unknown 5	

Part 3: Attitude of sexual health

Odder	Questions	Code	Transfer
C301	I feel very confident to refrain from having sexual intercourse even	Strongly agree ..... 1 Agree 2	

	though my body becomes aroused	Neutral ..... 3 Do not agree ..... 4 Strongly disagree 5	
C302	When I have problems with sexual intercourse, I can ask my parents	Strongly agree ..... 1 Agree ..... 2 Neutral ..... 3 Do not agree ..... 4 Strongly disagree 5	
C303	I feel that my parents do talk about sexual intercourse issue with me but they don't tell me everything they know	Strongly agree ..... 1 Agree ..... 2 Neutral ..... 3 Do not agree ..... 4 Strongly disagree 5	
C304	Actually, I don't want to discuss the issue of sexual intercourse with my parents	Strongly agree ..... 1 Agree ..... 2 Neutral ..... 3 Do not agree ..... 4 Strongly disagree 5	
C305	When my parents talk about sexual intercourse with me, they express sympathy and respect my ideas	Strongly agree ..... 1 Agree ..... 2 Neutral ..... 3 Do not agree ..... 4 Strongly disagree 5	
C306	In my opinion, sexual intercourse in adolescence without getting married is not a suitable moral value	Strongly agree ..... 1 Agree ..... 2 Neutral ..... 3 Do not agree ..... 4 Strongly disagree 5	
C307	Having sexual intercourse at adolescent age likely should be normal action when they are starting to love	Strongly agree ..... 1 Agree ..... 2 Neutral ..... 3 Do not agree ..... 4 Strongly disagree 5	
C308	If two adolescents love each they can be allowed to have sexual intercourse before they get marriage	Strongly agree ..... 1 Agree ..... 2 Neutral ..... 3 Do not agree ..... 4 Strongly disagree 5	
C309	The danger of AIDS and STDs is making young adolescent avoid having sexual intercourse before they get married	Strongly agree ..... 1 Agree ..... 2 Neutral ..... 3 Do not agree ..... 4 Strongly disagree 5	
C310	Sexual intercourse should be only allowed after getting married	Strongly agree ..... 1 Agree ..... 2 Neutral ..... 3 Do not agree ..... 4 Strongly disagree 5	
C311	They can refuse sexual intercourse if they don't like it.	Very agree ..... 1 Agree ..... 2 Neutral ..... 3 Not agree ..... 4 Not very agree 5	
C312	Even though my body has grown up	Strongly agree 1	

	and maturated but this does not mean I am ready to have sexual intercourse	Agree ..... 2 Neutral ..... 3 Do not agree ..... 4 Strongly disagree 5	
C313	If I get pregnant or make another person get an unwanted pregnancy, I have right to destroy it	Strongly agree ..... 1 Agree ..... 2 Neutral ..... 3 Do not agree ..... 4 Strongly disagree 5	
C314	I can use contraceptive methods if I don't want to get pregnant or make another person get pregnant	Strongly agree ..... 1 Agree ..... 2 Neutral ..... 3 Do not agree ..... 4 Strongly disagree 5	
C315	For young single girls, the suffering from STDs is signs of moral unsteadiness.	Strongly agree ..... 1 Agree ..... 2 Neutral ..... 3 Do not agree ..... 4 Strongly disagree 5	

Part 4: Behaviour of sexual health

Odder	Questions	Code	Transfer
C401	In the last 6 months, did you talk about sexual intercourse for people between 13-18 years old with your parents or adults in your house?	No .....1 Yes .....2 Don't remember 3	
C402	In the last 6 months, did you talk about getting pregnant early aged 13-18 years old with your parents or adults in your house?	No .....1 Yes .....2 Don't remember 3	
C403	In the last 6 months, did you talk about contraceptive methods with your parents or adults in your house?	No .....1 Yes .....2 Don't remember 3	
C404	In the last 6 months, did you talk about HIV/AIDS and STDs with your parents or adults in your house?	No .....1 Yes .....2 Don't remember 3	
C405	Each week, how many times do you watch Western films on average?	Time (Detail): _____	
C406	Average each week, how many days do you listen to Western music?	Days (Detail): ..... |_|_| _____	
C407	Average each week, how many days do you read English documents such as magazines, journals, note books, and internet? (exclude compulsory documents from your school)	Days (Detail): ..... |_|_|	
C408	Average, how many percent do you think Western young adults (the same your age) usually have sexual intercourse?	Almost (75–100%) ...1 A lot (50–75%) .....2 Few (< 25%) .....3 No one .....4 Unknown 5	

C409	Have you ever had sexual intercourse?	Have ever .....1 Never 2	→ C421
C410	What is your first age when you have relationship between male/female?	Age .....[_ | _] Don't remember 99	
C411	In the last 12 months, how many people did you have sexual intercourse with?	Total number of your sexual partners [_ | _]	
C412	In the latest sexual intercourse, have you or your partners used a condom?	Yes .....1 No .....2 Unknown .....3 No answer 4	
C413	In the latest sexual intercourse, did you also drink alcohol?	Yes .....1 No .....2 Unknown .....3 No answer 4	
C414	In the latest sexual intercourse, did you also suse drug?	Yes .....1 No .....2 Unknown .....3 No answer 4	
C415	In the latest sexual intercourse, did you or your partners use any contraceptive methods?	No use .....1 Pills .....2 Condom .....3 Injection .....4 Withdraw .....5 Other (Detail) _____	
C416	Have you ever got pregnant or made other person get pregnant?	Yes .....1 No .....2 Don't remember 3	→C418 →C418
C417	How many times?	Times: _____	
C418	When do you have sexual intercourse?	Time in school/playing truant/no lesson .....1 After lesson finish or daily at weekend .....2 After 6 pm or midnight .....3 Don't remember 4	
C419	What are the reasons when you want to have sexual intercourse with your friends but you cannot?	Your partners don't allow .....1 Not enough private time for you and your partners .....2 Afraid your parents against.....3 Afraid some one saw 4	

		I don't have the partners .....5 Never ever have difficulty.....6	
C420	Where do you and your partner(s) usually have sexual intercourse?	At home(When the parents absent) .....1 At home (The parents or adults are at home)2 Public parks .....3 At public dark place (bar, karaoke, etc) ....4 In hotel/lodging house5 Other place (Detail): I don't have sexual intercourse with any one 6	
C421	Have you ever done any of the following activities?		
	Holding hands	No ..... 1 Yes 2	→C424
	Kissing	No ..... 1 Yes 2	→C424
	Fondling	No ..... 1 Yes 2	→C424
	Sexual intercourse	No ..... 1 Yes 2	→C424
C422	What is your age when you have these activities		
	Holding hands	Year .....| _ | _ | Don't remember 00	
	Kissing	Year .....| _ | _ | Don't remember 00	
	Fondling	Year .....| _ | _ | Don't remember 00	
	Sexual intercourse	Year .....| _ | _ | Don't remember 00	
C423	In the last 3 months, did you do these activities?		
	Holding hands	No .....1 Yes .....2 Don't remember 3	
	Kissing	No .....1 Yes .....2 Don't remember 3	
	Fondling	No .....1 Yes 2	

		Don't remember 3	
	Sexual intercourse	No .....1 Yes .....2 Don't remember 3	
C424	Do you think you are going to do these activities in next 6 months?		
	Holding hands	No .....1 Yes 2	
	Kissing	No .....1 Yes 2	
	Fondling	No .....1 Yes 2	
	Sexual intercourse	No .....1 Yes 2	

APPENDIX 3: QUESTIONNAIRE IN VIET NAM

PHIẾU PHỎNG VẤN HỌC SINH

001 MÃ BỘ CÂU HỎI | | | |

002 PHƯỜNG, XÃ: .....

SỐ THỨ TỰ:

003. GIỚI THIỆU: Tên tôi là Nguyễn Thị Lan Anh. Tôi làm việc tại trường đại học Y Hà Nội. Tôi có một đợt điều tra với học sinh ở một số trường trung học phổ thông để tìm kiếm thông tin liên quan đến sức khỏe tình dục trong công tác phòng tránh lây nhiễm HIV/AIDS và bệnh lây ttruyền qua đường tình dục. Trong vài tuần qua, bạn đã được phỏng vấn cho nghiên cứu này chưa?

NẾU NGƯỜI ĐƯỢC PHỎNG VẤN ĐÃ ĐƯỢC PHỎNG VẤN TRƯỚC CHO NGHIÊN CỨU NÀY RỒI, THÌ KHÔNG PHỎNG VẤN LẠI NGƯỜI NÀY NỮA.

Nói với họ rằng bạn không thể phỏng vấn họ lần thứ hai, cảm ơn họ và kết thúc phỏng vấn. Nếu họ chưa được phỏng vấn cho nghiên cứu này, thì tiếp tục:

BÍ MẬT VÀ THOẢ THUẬN: Tôi sẽ hỏi bạn một vài câu hỏi riêng tư. Các câu trả lời của bạn hoàn toàn được giữ bí mật. Tên của bạn không được ghi vào trong bộ câu hỏi này, và do đó không ai có thể biết được thông tin mà bạn nói cho tôi biết. Các câu trả lời trung thực của bạn cho các câu hỏi này sẽ giúp chúng tôi xây dựng thành công chương trình giáo dục sức khỏe tình dục trong tương lai. Chúng tôi cảm ơn vì sự hợp tác và tham gia nghiên cứu của bạn. Cuộc phỏng vấn sẽ diễn ra trong khoảng 45 phút. Bạn có vui lòng tham gia vào nghiên cúu không?

Tên của điều tra viên:

Chữ ký:.....

Chữ ký:.....

PHẦN 1: ĐẶC ĐIỂM CHUNG

STT	Câu hỏi	Mã số	Chuyển
C101		Nam .....1 Nữ 2	
C102		Tháng ..... | _ | _ | Năm ..... | _ | _ | Không nhớ điền 00	
C103		Đạo Phật .....1 ĐạoTin Lành .....2 Đạo Thiên Chúa .....3 Thờ ông/bà tổ tiên .....4 Không theo đạo nào .....5 Đạo khác(Ghi rõ) 6	
C104		Phải .....1 Không 2	→C108
C105		Bố .....1 Mẹ .....2 Anh, chị, em ruột .....3 Ông, bà .....4 Cô, dì, chú , bác .....5 Với bạn .....6 Sống một mình .....7 Người khác .....8 Khác (Ghi rõ)	
C106		Năm ..... | _ | _ | _ | _ | Ghi rõ số năm ..... Không nhớ điền 00	

C107		Bố mẹ ly thân, nhưng chưa ly dị .....1 Bố mẹ ly dị .....2 Bố hoặc mẹ đã qua đời .....3 Tự ý muốn sống xa Bố và Mẹ, sống một mình hoặc với một người khác .....4 Lý do khác (Ghi rõ):	
C108		Mù chữ .....1 Tiểu học .....2 Trung học .....3 Đại học .....4 Sau đại học .....5 Khác (Ghi rõ) 6	
C109		Bình tắm nóng lạnh .....1 Tủ lạnh .....2 Đầu máy video .....3 Máy giặt quần áo .....4 Xe máy .....5 Điều hòa .....6 Xí bệt .....7 Máy vô tuyên truyền hình .....8 Nhạc CD .....9 Điện thoại .....10 Ô tô 11	

PHẦN 2: KIẾN THỨC VỀ SỨC KHỎE TÌNH DỤC

Quá trình sinh sản			
C201		Rất đúng .....1 Có thể đúng .....2 Có thể sai .....3 Hoàn toàn sai .....4 Không biết 5	
C202		Rất đúng .....1 Có thể đúng .....2 Có thể sai .....3 Hoàn toàn sai .....4 Không biết 5	
C203		Rất đúng .....1 Có thể đúng .....2 Có thể sai 3	

		Hoàn toàn sai .....4 Không biết 5	
C204		Rất đúng .....1 Có thể đúng .....2 Có thể sai .....3 Hoàn toàn sai .....4 Không biết 5	
C205		Rất đúng .....1 Có thể đúng .....2 Có thể sai .....3 Hoàn toàn sai .....4 Không biết 5	
C206		Rất đúng .....1 Có thể đúng .....2 Có thể sai .....3 Hoàn toàn sai .....4 Không biết 5	
C207		Rất đúng .....1 Có thể đúng .....2 Có thể sai .....3 Hoàn toàn sai .....4 Không biết 5	
C208		Rất đúng .....1 Có thể đúng .....2 Có thể sai .....3 Hoàn toàn sai .....4 Không biết 5	
C209		Rất đúng .....1 Có thể đúng .....2 Có thể sai .....3 Hoàn toàn sai .....4 Không biết 5	
Biện pháp tránh thai và nạo phá thai			
C210 Một cô gái không thể có thai nếu..... Hỏi từng ý một: RĐ = Rất đúng			

		Có TĐ = Có thể đúng Có TS = Có thể sai HTS = Hoàn toàn sai KB = Không biết	
Khoanh những câu trả lời thích hợp:		RĐ Có TĐ Có TS HTS KB 1. 1 2 3 4 5 2. 1 2 3 4 5 3. 1 2 3 4 5 4. 1 2 3 4 5 5. 1 2 3 4 5 6. 1 2 3 4 5 7. 1 2 3 4 5 8. 1 2 3 4 5 9. 1 2 3 4 5 10. 1 2 3 4 5 11. 1 2 3 4 5 12. 1 2 3 4 5	
C211		Rất đúng .....1 Có thể đúng .....2 Có thể sai .....3 Hoàn toàn sai .....4 Không biết 5	
C212		Rất đúng .....1 Có thể đúng .....2 Có thể sai .....3 Hoàn toàn sai .....4 Không biết 5	
C213		Rất đúng .....1 Có thể đúng .....2 Có thể sai .....3 Hoàn toàn sai .....4 Không biết 5	
Các bệnh lây truyền qua đường tình dục			
C214		Rất đúng ..... 1 Có thể đúng ..... 2 Có thể sai ..... 3 Hoàn toàn sai ..... 4 Không biết 5	

C215		Rất đúng ..... 1 Có thể đúng ..... 2 Có thể sai ..... 3 Hoàn toàn sai ..... 4 Không biết 5	
C216		Rất đúng ..... 1 Có thể đúng ..... 2 Có thể sai ..... 3 Hoàn toàn sai ..... 4 Không biết 5	
C217		Rất đúng ..... 1 Có thể đúng ..... 2 Có thể sai ..... 3 Hoàn toàn sai ..... 4 Không biết 5	
C218		Rất đúng ..... 1 Có thể đúng ..... 2 Có thể sai ..... 3 Hoàn toàn sai ..... 4 Không biết 5	
C219		Rất đúng ..... 1 Có thể đúng ..... 2 Có thể sai ..... 3 Hoàn toàn sai ..... 4 Không biết 5	
C220		Rất đúng ..... 1 Có thể đúng ..... 2 Có thể sai ..... 3 Hoàn toàn sai ..... 4 Không biết 5	
C221		Rất đúng ..... 1 Có thể đúng ..... 2 Có thể sai ..... 3 Hoàn toàn sai 4	

		Không biết 5	
C222		Rất đúng ..... 1 Có thể đúng ..... 2 Có thể sai ..... 3 Hoàn toàn sai ..... 4 Không biết 5	
C223		Rất đúng ..... 1 Có thể đúng ..... 2 Có thể sai ..... 3 Hoàn toàn sai ..... 4 Không biết 5	
C224		Rất đúng ..... 1 Có thể đúng ..... 2 Có thể sai ..... 3 Hoàn toàn sai ..... 4 Không biết 5	
HIV/AIDS			
C225	Theo bạn có thể phòng tránh nhiễm HIV/AIDS bằng cách sau đây hay không? 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	RĐ = Rất đúng Có TĐ = Có thể đúng Có TS = Có thể sai HTS = Hoàn toàn sai KB = Không biết RĐ Có TĐ Có TS HTS KB 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	
C226		Không .....1 Có .....2 Không biết 3	→C228 →C229
C227		Có Kh	

		Dùng bao ca su .....1 2 Không tiêm chích .....1 2 Không nhận máu truyền .....1 2 Lý do khác (Ghi rõ) 1 2	
C228		Có Kh Nhiều bạn tình .....1 2 QHTD không dùng BCS .....1 2 Tiêm chích .....1 2 Nhận máu truyền .....1 2 Lý do khác (Ghi rõ) 1 2	
C229		Có .....1 Không 2	
C230		Có .....1 Không 2	
C231		Có .....1 Không 2	
C232		Có .....1 Không 2	
C233		Có .....1 Chưa .....2 Không biết 3	
C234		Có Kh Nhiều bạn tình .....1 2 QHTD không dùng BCS .....1 2 Tiêm chích .....1 2 Nhận máu truyền .....1 2 Lý do khác (Ghi rõ) 1 2	
C235		Rất đúng .....1 Có thể đúng .....2 Có thể sai .....3 Hoàn toàn sai 4	

		Không biết 5	
C236		Rất đúng .....1 Có thể đúng .....2 Có thể sai .....3 Hoàn toàn sai .....4 Không biết 5	

PHẦN 3: THÁI ĐỘ VỀ SỨC KHỎE TÌNH DỤC

STT	Câu hỏi	Mã số	Chuyển
C301		Rất đồng ý .....1 Đồng ý .....2 Trung lập .....3 Không đồng ý .....4 Rất không đồng ý 5	
C302		Rất đồng ý .....1 Đồng ý .....2 Trung lập .....3 Không đồng ý .....4 Rất không đồng ý 5	
C303		Rất đồng ý .....1 Đồng ý .....2 Trung lập .....3 Không đồng ý .....4 Rất không đồng ý 5.....	
C304		Rất đồng ý .....1 Đồng ý .....2 Trung lập .....3 Không đồng ý .....4 Rất không đồng ý 5	
C305		Rất đồng ý .....1 Đồng ý .....2 Trung lập .....3 Không đồng ý .....4 Rất không đồng ý 5	
C306		Rất đồng ý 1	

		Đồng ý .....2 Trung lập .....3 Không đồng ý .....4 Rất không đồng ý 5	
307		Rất đồng ý .....1 Đồng ý .....2 Trung lập .....3 Không đồng ý .....4 Rất không đồng ý 5	
C308		Rất đồng ý .....1 Đồng ý .....2 Trung lập .....3 Không đồng ý .....4 Rất không đồng ý 5	
C309		Rất đồng ý .....1 Đồng ý .....2 Trung lập .....3 Không đồng ý .....4 Rất không đồng ý 5	
C310		Rất đồng ý .....1 Đồng ý .....2 Trung lập .....3 Không đồng ý .....4 Rất không đồng ý 5	
C311		Rất đồng ý .....1 Đồng ý .....2 Trung lập .....3 Không đồng ý .....4 Rất không đồng ý 5	
C312		Rất đồng ý .....1 Đồng ý .....2 Trung lập .....3 Không đồng ý .....4 Rất không đồng ý 5	

C313		Rất đồng ý .....1 Đồng ý .....2 Trung lập .....3 Không đồng ý .....4 Rất không đồng ý 5	

PHẦN 4: HÀNH VI VỀ TÌNH DỤC

STT	Câu hỏi	Mã số	Chuyển
C401		Không .....1 Có .....2 Không nhớ 3	
C402		Không .....1 Có .....2 Không nhớ 3	
C403		Không .....1 Có .....2 Không nhớ 3	
C404		Không .....1 Có .....2 Không nhớ 3	
C405		Số lần (Ghi rõ):.....	
C406		Số ngày (Ghi rõ): .....|_|_|	
C407		Số ngày (Ghi rõ): .....|_|_|	
C408		Đại đa số (75 –100%) .....1 Nhiều (50 – 75%) .....2 ít (< 25%) .....3 Không có ai cả .....4 Không biết 5	
C409		Đã QHTD .....1 Chưa bao giờ QHTD 2	→ C421
C410		Tuổi .....[_ | _] Không nhớ 99	
C411		Tổng số bạn tình trong 12 tháng qua .....[_ | _]	
C412		Có .....1 Không .....2 Không biết 3	

		Không trả lời 4	
C413		Có .....1 Không .....2 Không biết .....3 Không trả lời 4	
C414		Có .....1 Không .....2 Không biết .....3 Không trả lời 4	
C415		Không dùng .....1 Dùng thuốc tránh thai .....2 Bao cao su .....3 Tiêm thuốc tránh thai .....4 Xuất tinh ngoài âm đạo .....5 Khác (Ghi rõ)	
C416		Có .....1 Không .....2 Không nhớ 3	 →C418 →C418
C417		Số lần(Ghi rõ): .... ----------	
C418		Trong những giờ học ở trường/trốn học/không đi học .....1 Sau giờ tan học hoặc vào ban ngày lúc cuối tuần .....2 Sau 6 giờ chiều hoặc lúc nửa đêm ....3 Không nhớ 4	
C419		Người tình không cho phép .....1 Hai người không đủ thời gian riêng tư với nhau .....2 Sợ bị cha mẹ phản đối .....3 Sợ bị bắt gặp .....4 Tôi không có người tình .....5 Chưa bao giờ gặp khó khăn 6	
C420		Tại nhà (Khi không có cha mẹ hoặc người lớn ở nhà) .....1 Tại nhà (Nhưng có cha mẹ hoặc	

		người lớn ở nhà) .....2 Tại công viên công cộng .....3 Tại các nơi có đèn mờ công cộng (quán cà phê, karaoke, vũ trường) .....4 Tại Khách sạn/phòng ngủ, quán trọ ...5 Nơi khác (Ghi rõ): .... Tôi không có QHTD với ai cả 6	
C421	Bạn đã từng làm những việc sau bao giờ chưa?		
		Không làm .....1 Có làm 2	→C424
		Không làm .....1 Có làm 2	→C424
		Không làm .....1 Có làm 2	→C424
		Không làm .....1 Có làm 2	→C424
		Không làm .....1 Có làm 2	→C424
C422	Mấy tuổi khi bạn làm lần đầu tiên các hành động sau		
		Năm .....|_|_| Không nhớ điền 00	
		Năm .....|_|_| Không nhớ điền 00	
		Năm .....|_|_| Không nhớ điền 00	
		Năm .....|_|_| Không nhớ điền 00	
		Năm .....|_|_| Không nhớ điền 00	
C424	Bạn nghĩ là có dám làm trong 6 tháng tới các hành động sau?		
		Không làm .....1 Có làm 2	
		Không làm .....1 Có làm 2	
		Không làm .....1 Có làm 2	

		Không làm .....1 Có làm 2	
		Không làm .....1 Có làm 2	

PHÂN PHỐI CHƯƠNG TRÌNH THPT
MÔN GIÁO DỤC CÔNG DÂN

I. KHUNG PHÂN PHỐI CHƯƠNG TRÌNH

(ĐỐI VỚI MỖI KHỐI LỚP)

Cả năm: 37 tuần (35 tiết)

Học kỳ I : 18 tuần x 1tiết/tuần = 18 tiết

Học kỳ II : 17 tuần x 1tiết/tuần = 17 tiết

Lớp 10		
	- Phần Công dân với việc hình thành thế giới quan, phương pháp luận khoa học	16 tiết
	- Phần Công dân với đạo đức	11 tiết
	- Thực hành, ngoại khoá	2 tiết
	- Kiểm tra viết 45' trong học kỳ I	1 tiết
	- Ôn tập học kỳ I Học kỳ I dạy đến hết bài 8	1 tiết
	- Kiểm tra học kỳ I	1 tiết
	- Kiểm tra viết 45' trong học kỳ II	1 tiết
	- Ôn tập học kỳ II	1 tiết
	- Kiểm tra học kỳ II	1 tiết
	Cộng:	35 tiết

Lớp 11		
	- Phần Công dân với kinh tê	13 tiết
	- Phần Công dân với các vấn đề chính trị – xã hội	14 tiết
	- Thực hành, ngoại khoá	2 tiết
	- Kiểm tra viết 45' trong học kỳ I	1 tiết
	- Ôn tập học kỳ I Học kỳ I dạy đến hết bài 8	1 tiết
	- Kiểm tra học kỳ I	1 tiết
	- Kiểm tra viết 45' trong học kỳ II	1 tiết
	- Ôn tập học kỳ II	1 tiết
	- Kiểm tra học kỳ II	1 tiết

	Cộng:	35 tiết

Lớp 12		
	- Công dân với pháp luật	27 tiết
	- Thực hành, ngoại khoá	2 tiết
	- Kiểm tra viết 45' trong học kỳ I	1 tiết
	- Ôn tập học kỳ I. Học kỳ I dạy đến hết mục *b) Quyền được pháp luật bảo hộ về tính mạng, sức khoẻ, danh dự và nhân phẩm của công dân* của bài 6.	1 tiết
	- Kiểm tra học kỳ I	1 tiết
	- Kiểm tra viết 45' trong học kỳ II	1 tiết
	- Ôn tập học kỳ II	1 tiết
	- Kiểm tra học kỳ II	1 tiết
	Cộng:	35 tiết

Chú ý : Các trường THPT lựa chọn nội dung cho các tiết thực hành ngoại khoá dựa trên các vấn đề sau:

+ Vận dụng các kiến thức đó học vào cuộc sống thực tiễn;

+ Những vấn đề cần thiết của địa phương tương ứng với các bài đó;

+ Những vấn đề cần giáo dục cho học sinh ở địa phương như: trật tự an toàn giao thông; giáo dục môi trường; phòng chống HIV/AIDS, ma tuý, tệ nạn xã hội;

+ Những gương người tốt, việc tốt, những học sinh chăm ngoan, vượt khó, học giỏi;

+ Các hoạt động chính trị xã hội của địa phương.

LỚP 11

Cả năm: 37 tuần (35 tiết)

HỌC KỲ I		
PHẦN I. CÔNG DÂN VỚI KINH TẾ		
Tiết 1 + 2	Bài 1	Công dân với sự phát triển kinh tế.
Tiết 3 + 4 + 5	Bài 2	Hàng hoá - Tiền tệ – thị trường.
Tiết 6+ 7	Bài 3	Qui luật giá trị trong sản xuất và lưu thông hàng hoá.
Tiết 8	Bài 4	Cạnh tranh trong sản xuất và lưu thông hànghoá.
Tiết 9	Bài 5	Cung – cầu trong sản xuất và lưu thông hàng hoá.
Tiết 10		Kiểm tra viết 45’
Tiết 11+ 12	Bài 6	Công nghiệp hoá , hiện đại hoá đất nước.
Tiết13 + 14	Bài 7	Thực hiện nền kinh tế nhiều thành phần và tăng cường vai trò quản lý kinh tế của Nhà nước.
PHẦN II. CÔNG DÂN VỚI CÁC VẤN ĐỀ CHÍNH TRỊ – XÃ HỘI		
Tiết 15+16	Bài 8	Chủ nghĩa xã hội
Tiết 17		Ôn tập học kỳ I
Tiết 18		Kiểm tra học kỳ I
HỌC KỲ II		
Tiết 19+ 20+21	Bài 9	Nhà nước xã hội chủ nghĩa
Tiết 22 + 23	Bài 10	Nền dân chủ xã hội chủ nghĩa
Tiết 24	Bài 11	Chính sách dân số và giải quyết việc làm
Tiết 25	Bài 12	Chính sách tài nguyên và bảo vệ môi trường.
Tiết 26		Kiểm tra viết 45’
Tiết 27+28+29	Bài 13	Chính sách giáo dục và đào tạo , khoa học và công nghệ, văn hoá
Tiết 30	Bài 14	Chính sách quốc phòng và an ninh.
Tiết 31	Bài 15	Chính sách đối ngoại
Tiết 32+ 33		Thực hành ngoại khoá các vấn đề địa phương và các nội dung đã học
Tiết 34		- Ôn tập học kỳ II
Tiết 35		- Kiểm tra học kỳ II

LỚP 12

Cả năm: 37 tuần (35 tiết)

HỌC KỲ I		
Tiết 1 + 2+3	Bài 1	Pháp luật và đời sống
Tiết 4 + 5 + 6	Bài 2	Thực hiện pháp luật
Tiết 7	Bài 3	Công dân bình đẳng trước pháp luật
Tiết 8+9+10	Bài 4	Quyền bình đẳng của công dân trong một số lĩnh vực của đời sống xã hội
Tiết 11+12	Bài 5	Quyền bình đẳng giữa các dân tộc , tôn giáo
Tiết 13		Kiểm tra viết 45'
Tiết 14+ 15	Bài 6	Công dân với các quyền tự do cơ bản ; hết mục *b) Quyền được pháp luật bảo hộ về tính mạng, sức khoẻ, danh dự và nhân phẩm của công dân .*
Tiết 16		Thực hành ngoại khoá các vấn đề địa phương và các nội dung đã học
Tiết 17		- Ôn tập học kỳ I
Tiết 18		- Kiểm tra học kỳ I
HỌC KỲ II		
Tiết 19+ 20	Bài 6	Công dân với các quyền tự do cơ bản (tiếp theo)
Tiết 21+ 22+ 23	Bài 7	Công dân với các quyền dân chủ
Tiết 24 + 25	Bài 8	Pháp luật với sự phát triển của công dân
Tiết 26		Kiểm tra viết 45'
Tiết 27+28+29+30	Bài 9	Pháp Luật với sự phát triển bền vững của đất nước
Tiết 31 + 32	Bài 10	Pháp luật với hòa bình và sự phát triển tiến bộ của nhân loại
Tiết 33		Thực hành ngoại khoá các vấn đề địa phương và các nội dung đã học
Tiết 34		- Ôn tập học kỳ II
Tiết 35		- Kiểm tra học kỳ II

APPENDIX 4: PROGRAM OUTLINE FOR SECONDARY SCHOOLS

TITLE: CITIZENSHIP EDUCATION
I.PROGRAM SCHEDULE
(FOR EACH GRADE)

All year: 37 weeks (35 teaching hours)
Semester 1: 18 weeks x 1hour/week = 18 hours
Semester 2: 17 weeks x 1hour/week = 17 hours
1 teaching hour = 45 minutes

Grade 10		
	Citizenship with world outlook, theories of logical	16 hours
	Citizenship with ethics	11hours
	Practice, extracurricular	2 hours
	45-minute- written assessment for semester 1	1 hour
	Revision for semeter 1 Semester 1 concludes lessons from lesson 1 to 8	1 hour
	Semester 1- assessment	1 hour
	45-minute-written assessment for semester 2	1 hour
	Revision for semester 2	1 hour
	Semester-2-assessment	1 hour
	Total:	35 hours

Grade 11		
	Citizenship with Economics	13 hours
	Citizenship with Social and political issues	14 hours
	Practice, extracurricular	2 hours
	45-minute-written assignment for semester 1	1 hour
	Review for semester 1 Semester 1concludes lessons from lesson 1 to 8	1 hour
	Semester 1-assessment	1 hour
	45-minute- written assignment	1 hour
	Revise for semester 2	1 hour
	Semester 2 assessment	1 hour
	Total:	35 hours

Grade 12		
	-Citizenship with law	27 hours
	-Practice, extracurricular	2 hours
	-45-minute-written assignment for semester 1	1 hour
	-Review for semester 1. -Semester 1 includes lessons from lesson 1 to part b of lesson 6 (part b: Insurance rights for life, health, honor and dignity)	1 hour
	-Semester-1-assessment	1 hour
	45-minute-written assignment for semester 2	1 hour
	Revise for semester 2	1 hour
	Semester-2-assessment	1 hour
	Total:	35 hours

Note: Extracurricular content bases on:

- Applying knowledge into reality.
- Needs of local area aligned to lesson subjects.

- Problems, which need education for pupils, such as traffic safety, environmental education, HIV/AIDS prevention, narcotics and social evils.
- Example of good citizen, good action and good pupils who outcome difficulties to study well.
- Social and political activities in local settings

GRADE 11

All year: 37 weeks (35 sessions=35 hours; 1hour= 45 minutes)

SEMESTER 1		
Part I. Citizenship with Economics		
Session 1+2	Lesson 1	Citizenship with Economic development
Session 3+4+5	Lesson 2	Goods-Money-Market
Session 6+7	Lesson 3	Rules of valuation in goods production and delivery
Session 8	Lesson 4	Competition in goods production and delivery
Session 9	Lesson 5	Supply and demand in goods production and delivery
Session 10		45-minute-written assignment
Session 11+12	Lesson 6	Industrialization and modernization of the country
Session 13+14	Lesson 7	Implementation of the multi-sector economy and strengthen the role of the state's economic management
Part II. Citizenship with social and political issues		
Session 15+16	Lesson 8	Socialism
Session 17		Reviision for semester 1
Session 18		Semester-1-assessment
SEMESTER 2		
Session 19+20+21	Lesson 9	Socialist state
Session 22+23	Lesson 10	The Democracy of Socialism
Session 24	Lesson 11	Population policy and solution for work
Session 25	Lesson 12	Policy for natural resources and environment protection
Session 26		45-minute-writiten assignment
Session 27+28+29	Lesson 13	Policy for education, training, science, technology and culture
Session 30	Lesson 14	Policy for defense and security
Session 31	Lesson 15	Foreign policy
Session 32+33		Practice extracurricular for local issues and lesson content
Session34		Revision for semester 2
Session 35		Semester-2-assessment

GRADE 12

All year: 37 weeks (35 sessions=35 hours; 1hour=45 minutes)

SEMESTER 1		
Session 1+2+3	Lesson 1	Law and life
Session 4+5+6	Lesson 2	Implementation of the law
Session 7	Lesson 3	Citizens are equal in law
Session 8+9+10	Lesson 4	Equality rights of citizens in some fields of social life
Session 11+ 12	Lesson 5	Equality rights for different races and religions
Session 13		45-minute-written assignment
Session 14+15	Lesson 6	Citizenship with the right of basic freedom; This section ends with part b of lesson 6 (part b: Insurance rights for life, health, honor and dignity)
Session 16		Practice extracurricular for local issues and lesson contents
Session 17		Revision for semester 1
Session 18		Semester-1- assessment
SEMESTER 2		
Session 19+20	Lesson 6	Citizenship with the right of basic freedom(continued)
Session 21+22+23	Lesson 7	Citizenship with democracy
Session 24+25	Lesson 8	Laws of citizenship development
Session 26		45-minute-written assignment
Session 27+28+29+30	Lesson 9	Laws related to the development of the country
Session 31+32	Lesson 10	Laws realted to peace and the progressive development of humanity
Session 33		Practice extracurricular for local issues and lesson content
Session 34		Revision for semester 2
Session 35		Semester-2-assessment

APPENDIX 5: CHARACTERISITCS OF THE SAMPLE FROM THE PUPILS QUESTIONNAIRE

Characteristics	Distribution (N=442)	Percentage
Gender		
Male	**222**	**50,2**
Female	**217**	**49,1**
Living place		
Rural		
Male	**111**	**50,0**
Female	**108**	**49,8**
Urban		
Male	**111**	**50,0**
Female	**109**	**50,2**
Religion		
Buddhist	**95**	**21,5**
Catholicizes	**12**	**2,7**
Ancestor	**227**	**51,4**
Not following any religion	**108**	**24,4**
Facilities in the family		
Cold and warm air systems	**303**	**68,7**
Fridge	**401**	**90,7**
CD video	**392**	**88,7**
Television	**428**	**96,8**
CD music	**324**	**73,3**
Telephone	**429**	**97,1**
Motorbike	**428**	**96,8**
Washing machine	**297**	**67,2**
Air- codinator	**217**	**49,1**
Lavatory pan	**339**	**76,7**
Car	**69**	**15,6**
Education level of parents		
Primary	**3**	**0,7**
Secondary	**436**	**98,6**
University	**1**	**0,2**
Postgraduate	**2**	**0,5**
Living status		
Living with both parents	**412**	**93,2**
Father only	**8**	**1,8**

Mother only	**13**	**2,9**
Sibling	**1**	**2,2**
Grandparents	**4**	**0,9**
Aunt/Uncle	**4**	**0,9**
Alone	**1**	**2,2**
With Partner	**1**	**2,2**
Years for pupils didn't live with their parents		
Don't remember	**15**	**3,6**
1 years	**1**	**0,2**
3 years	**4**	**0,9**
4 years	**1**	**0,5**
6 years	**2**	**0,5**
9 years	**2**	**0,2**
10 year	**1**	**0,2**
11 years	**1**	**0,2**
12 years	**1**	**0,2**
16 years	**1**	**0,2**
17 years	**1**	**0,2**
18 years	**1**	**0,2**
Reasons why the pupils didn't live with their parents		
Don't remmember	**1**	**0,2**
Judicial separation	**4**	**0,9**
Divorce	**13**	**2,9**
Your father or your mother pass away	**8**	**1,8**
Like alone or living with your partner		
Other	**3**	**0,7**
	1	**0,2**

APPENDIX 6: MAIN QUESTIONS FOR GROUP DISCUSSIONS

Questions for teachers in the group discussions

Question 1: What is your gender? **1.** Male **2.** Female

Question 2: When were you born? **Year:……**

Group discussion

Question 3: Currently, what are the subjects you are teaching related to sexual health in the school?

Question 4: In your opinion, what is sexual health?

Question 5: What is your experience when you teach sexual health in your school?

Question 6: How did you feel when you teach sexual health in your school? Why?

Question 7: In your opinion, at present, what are difficulties in teaching your pupils sexual ealth issues?

Question 8: How can we teach pupils about sensitive issues (what is a key?) and how we teach in a way that they will find easy to accept?

Question 9: Which teaching methods do you apply when teaching a sexual health subject?

Question 10: Do you think "gender" should be considered in a sexual health education program in your school? If so, Why?

Question 11: What the teaching methods should we apply to teach pupils about sexual health issues?

Question 12: Where do your pupils find the information about sex? Why?

Question 13: Who needs to have responsibility to teach them about sexual health? Why?

Question 14: What do you need when teaching sexual health in your school?

Questions for the teacher interview in the pilot session

Characterirstics:

Question 1: Gender: 1. Male 2. Female

Question 2: Experience year: Age :…….

Group discussion:

Question 3: Can we review what you think are the problems of sexual health among pupils, and why sexual health education is a problem for pupils?

Question 4: What did you think of the findings from the survey? How do you think we can improve the pupils' knowledge of sexual health?

Question 5: currently it is part of several subjects. Is it necessary to have a formal education programme for pupils in sexual health? If so, why?

Question 7: Who should have the responsibility to teach them? Why?

Question 8: What do you think of the teaching methods in the presentation I have just given ?

Question 9: Using this approach, what barriers you think we will meet when we teach pupils about sexual health?

Question 10: Do you feel this approach will help when you teach pupils about sexual health?

Question 11: Do you think teaching of using condom to prevent HIV/STDs and unwanted pregnancy is necessary for pupils? Why?

Question 12: Can you use this approach to teach pupils about sensitive issues (what is a key?) and will they will find easy to accept?

Question 13: What are facilities we need to improve in the school to help the programme to be successful?

Questions for interview NGO's and GO's

Question 1: The survey showed that the sexual practices and needs of pupils are quite different from the expectations of the teachers. What are your views about this?

Question 2: Please tell me something about the role, function and responsibility of your office or organisation and sexual health education for young people?

Question 3: In your opinion,should school pupils be taught about sexual health or not? Can you explain your answer please?

Question 4: Can you please tell me about the cooperation between your NGO and Ministry of Education and Training regarding in sexual health education ?

Question 5: Are there any health services for pupils regarding sexual health issues? If yes, What are they?

Question 6: Which ones are relevant for taking to teaching sexual health education in schools?

Question 7: Who should be having the responsibility for teaching sexual health in schools? Please explain why?

APPENDIX 7: NON GOVERNMENT AND GOVERNMENT ORGANIZATION IN VIET NAM

	Name of organization	Data
Bi-lateral and Government Donors		**No**
1	AUSaid Australian Government's Oversees Aid Program	**No**
2	BTC Belgian Technical Cooperation	**No**
3	CDC US Centers for Disease Control and Prevention	**No**
4	CIDA Canadian International Development Agency	**No**
5	DANIDA Danish International Development Agency	**No**
6	DFID British Government's Department for International Development	**No**
7	European Commission – EU	**No**
8	Irish Aid The Government of Ireland's program of assistance to developing countries	**No**
9	JICA Japan International Cooperation Agency	**No**
10	JOICFP Japanese Organization for Organization in Family Planning	**No**
11	GTZ German Development Agency	**No**
12	HCCI French High Council for International Cooperation	**No**
13	SIDA Swedish International Development Agency	**No**
14	USAID United States Agency for International Aid	**Yes**
15	NIH USA National Institute of Health	**Yes**
16	Cooperazione Italiana	**No**
Multi-lateral Organizations Including UN Agencies		
17	Asian Development Bank - ADB	**No**
18	Inter-American Development Bank - IADB	**No**
19	The Pan American Health Organization – PAHO The	**No**

	Regional Office for the Americas of the World Health Organization	
20	The Global Fund to Fight AIDS, Tuberculosis and Malaria A partnership between governments, civil society, the private sector and affected communities	**No**
21	The World Bank	**No**
22	UNAIDS The Joint United Nations Programme on HIV/AIDS	**Yes**
23	UNICEF	**Yes**
24	United Nations Development Fund for Women - UNIFEM	
25	United Nations Population Fund - UNFPA	**Yes**
26	World Health Organization - WHO	**No**
27	Inter-American Development Bank - IADB	**No**
Private and Corporate Foundations and Grantmaking Sites		
28	Bristol-Myers Squibb Foundation	**No**
29	M·A·C AIDS Fund	**No**
30	Mama Cash	**No**
31	McKnight Foundation	**No**
32	Novartis Foundation for Sustainable Development	**No**
33	The Ford Foundation	**No**
34	The Global Business Coalition	**No**
35	The Global Fund for Women	**No**
36	The William and Flora Hewlett Foundation	**No**
International Non-Governmental Organizations		
37	Action Health Incorporated	**No**
38	Advocates for Youth	**Yes**
39	Catholic Relief Services	**No**
40	CARE International Serves	**Yes**
41	Centre for Development and Population Activities – CEDPA	**No**

42	Chemonics International	**No**
43	Child-to-Child Trust	**Yes**
44	Constella Futures (formerly Futures Group International)	**No**
45	Doctors of the World - DOW	**No**
46	EngenderHealth	**No**
47	Family Care International – FCI	**Yes**
48	Family Health International – FHI	**Yes**
49	Human Rights Watch – HRW	**No**
50	International Center for Women's Research – ICRW	**No**
51	International Committee of the Red Cross – ICRC	**No**
52	International Planned Parenthood Federation – IPPF	**No**
53	International Planned Parenthood Federation / Western Hemisphere Region – IPPF/WHR	**No**
54	International Rescue Committee – IRC	**No**
55	IntraHealth International	**No**
56	Macro International Inc., Demographic and Health Surveys (DHS+)	**No**
57	Management Sciences for Health (MSH)	**No**
58	Médecins Sans Frontières - MSF	**Yes**
59	Oxfam International	**Yes**
60	Pathfinder International	**No**
61	Plan	**No**
62	Planned Parenthood Federation of America – PPFA	**No**
63	Population Action International – PAI	**No**
64	Population Reference Bureau – PRB	**No**
65	Population Services International – PSI	**No**
66	Save the Children US	**Yes**

67	The Alan Guttmacher Institute	**No**
68	The Population Council	**Yes**
69	Women's Commission for Refugee Women and Children	**No**
Other Organizations and Resources		
70	Adolescent Reproductive Health Network - ARHNe	**No**
71	Asian Communities for Reproductive Justice – ACRJ	**No**
72	Asian Forum of Parliamentarians on Population and Development – AFPPD	**No**
73	CCISD International - Centre de cooperation internationale en sante et developpement	**No**
74	Center for Communication Programs at the Johns Hopkins Bloomberg School of public Health	**No**
75	CDC National Prevention Information Network	**No**
76	Data from Developing Countries	**No**
77	Eldis	**No**
78	EuroNGOs	**No**
79	Family Planning Councils of America	**No**
80	Global Alliance For Women's Health	**No**
81	Global Reproductive Health Forum	**No**
82	Harvard AIDS Institute	**No**
83	Harvard University Center for Population and Development	**No**
84	HIV InSite	**No**
85	HIV Positive Women Telling Their Stories	**No**
86	International Center for Research on Women	**No**
87	Interagency Gender Working Group – IGWG	**No**
88	International Data Base	**No**
89	International Union for the Scientific Study of Population	**No**
90	International Organization for Women and Development –	**No**

	IOWD	
91	Johns Hopkins University Center for Communication Programs	**No**
92	MEASURE Program (Monitoring and Evaluation to Assess and Use Results)	**No**
93	POPLINE (Johns Hopkins Center for Communication Programs)	**Yes**
94	Pacific Institute for Women's Health.	**No**
95	PopNet	**No**
96	Population Resource Center	**No**
97	Reproductive Health Gateway	**No**
98	Sexual Health and Family Planning Australia	**No**
99	Sexuality Information and Education Council of the US - SIECUS	**No**
100	The Asian-Pacific Resource and Research Centre for Women – ARROW	**No**
101	The Asia Pacific Alliance	**No**
102	The Foundation Center	**No**
103	The International Center for AIDS Care and Treatment Programs (ICAP)	**No**
104	The Support for Analysis and Research in Africa – SARA	**No**
105	United Nations Population Information Network (POPIN)	**No**
106	USAID Center for Population, Health and Nutrition (PHNC)	**No**
107	WHO Department of Womens Health	**No**
108	WHO Initiative on HIV/AIDS and Sexually Transmitted Infections (HSI)	**No**
109	WHO Statistical Information System	**No**
110	Women's-Health.com	**No**

APPENDIX 8: PRESENTATIONS

Student's Name: Nguyen Thi Lan Anh

Part-time PhD Student

Proposed thesis title: Developing a policy for teaching sexual health for schools in Northern Viet Nam

Poster Presentation 2011 faculty PhD conference

Background

This study was carried out as a result of rising concern over the increase in sexually transmitted diseases and HIV/AIDS in young people. The first part of the study was a survey of 400 teenage school pupils which revealed a major lack of knowledge inmost aspects of sexual health. Focus groups with teachers revealed concerns both for their pupils, and about their own lack of knowledge and access to relevant training. The second phase of the study was the development and piloting of a model for sexual health education based on Kolb's cycle of learning

Method

Overall the study uses mixed methods, with the focus on quantitative methods in the first part and qualitative methods in the second when focus group discussions were used to collect the data sets. There were 200 pupils and 17 teachers involved in this second part of the study and to gain insight into the national perceptions and perspectives regarding sexual health education in-depth interviews were used in 5 key organizations and with representatives from the MOH. Analysis of these data sets was based on a phenomenological approach.

Results

Almost all pupils wanted more information, but found few textbooks with helpful information and very little information about the emotional aspects of relationships. They wanted clear useful information about contraceptive methods, the signs and symptoms of STDs, and where they could go for help.

In contrast to pupils, the teachers didn't believe the pupils lack of knowledge was a problem. The provided some information, were still focused on retaining the traditional approaches to life. because they always think sexual health knowledge was provided sufficiently. However, they accepted the results from the students and suggested ways to improve the situation. These included updated textbooks as well as better facilities and specialist teachers, as well as more training opportunities for themselves.

Conclusion

The role of teachers and government is to provide appropriate information for their pupils, however, there are many constrains exiting. Also traditional teaching methods have been didactic, and moving from these to a more interactive approach will not be easy. Therefore, the use of a model based on Kolb's cycle of learning offers an opportunity for them to begin to move away from their usual approach to involve pupils in the learning process. To support implementation of the model, specialist nurses will initially provide the expertise lacking amongst teaching staff. (Mohan J. Dutta).

23th Annual Scientific Meeting
23rd-25th June 2010
Enschede, The Netherlands

Professor Ullabeth Sätterlund Larsson Memorial Prize: Presented in 2010 to Nguyen Thi Lan Anh

This award has been founded in memory of Professor Ullabeth Sätterlund Larsson (1939-2004), President of the European Association for Cancer Education 1995-1997, who always with great generosity, warmth and care received newcomers on the scientific arena.

Ullabeth was professor at the Institute of Health Care Pedagogics at the Sahlgrenska Academy, Göteborg University, Sweden, and also Assistant Dean at the new Faculty of Health and Caring Sciences. She belonged to the first generation of Swedish nurses, who achieved a doctoral degree and embraced an academic career. From 1997-1999 she was the Director of Research at Vänersborg University College of Health Sciences and in 2000 at The University of Trollhättan/Uddevalla. In 2000 Ullabeth became a full professor of Health Care Pedagogics at Göteborg University, where her esearch focused mainly on communication, health and life style. Then from 2002 to 2004 she was head of a national research platform at the Swedish Vårdal Institute.

She was an active member of EACE and hosted the first Swedish EACE meeting in Linköping 1993. With great enthusiasm, extraordinary skills and humour, she opened the door for those who wanted to go into research and development work.

In line with her caring legacy and her encouraging and confirming attitudes towards new researchers, the Board of the European Association for Cancer Education and Ullabeth Sätterlund Larsson's family have decided to give this prize to a first time presenter, who has demonstrated innovation within the field of cancer education. Judging for this prize is by all embers of the EACE board present at the confrerence.

Abstract 21: First time presenter

Developing a model for sexual health education in secondary schools in Northern Viet Nam

Lack of knowledge of sexual health among school pupils is often cited as a reason for taking increased sexual risks. This study tries toascertain the reason for this lack of knowledge and to recommend a new model for sexual health education in North of Viet Nam.

Aim: the development of a conceptual framework for sexual health education in schools in Northern Viet Nam, and to make recommendations for education policy planners in the MOET/MOH.

Method: Both method and data triangulation are needed to collect and analyse a range of data sets. This included; survey information from students, interviews with teachers, documentary sources including current curricula, text books and government guidelines. For the second phase focus groups with pupils, interviews with key organisations, and repeat interviews with teachers, will be held as well as study of models of learning from both Western and Eastern traditions.

Results: The findings in the first phase revealed several key issues impacting in sexual health education in Viet Nam, The curriculum wasdeveloped some 20 years ago and although Viet Nam has changed this has not. It was developed as a list of subjects there is no theoretical framework justifying content or teaching methods. Teachers have no formal training in how to teach sexual health education and many have insufficient knowledge. Sexual health education does not begin until pupils are aged 15 yrs by which time they have gathered information for themselves which may be inaccurate. NGOs have developed projects in this field but once completed these have lapsed and at no time were they integrated into government strategy. Pupils feel the teaching offered is not appropriate and does not answer their queries. Pupils feel unable to seek advice and help from within schools.

Conclusion: The school is an ideal environment in which to develop programmes that can help pupils link health with family life and the wider community. To be successful, sexual health education needs to be designed to provide clear accurate information and to help young people understand the importance of responsible relationships. However, this is an entirely new concept for Viet Nam, traditional teaching methods have been didactic, and moving from these to a more interactive approach will not be easy. A conceptual framework needs to be developed which recognises not only the issues of learning and teaching in formal settings, but lays a foundation for pupils to want to add to their knowledge as they continue into adult life. Thus the framework needs to be built around theories of not only of pedagogy, but also of lifelong learning. Although initially this may seem relatively straightforward, Viet Nam is a country with a strong identity formed over thousands of years with a different heritage to the West from where most of the modern theories of learning and teaching are derived. The challenge for this study is to develop a framework that can integrate appropriate theories from the West with the traditions and culture of Viet Nam, and be acceptable to both educators and pupils.

Author: Nguyen Thi Lan Anh

Nguyen Thi Lan Anh Faculty Conference and PhD conference 16th June 2010 BCU

Proposed thesis title: **Developing a policy for teaching sexual health for schools in Northern Viet Nam.**

Work undertaken to date

Background: lack of knowledge of sexual health among school pupils is often cited as a reason for taking increased sexual risks. This study tries to ascertain the reason for this lack of knowledge and to make recommendations for a new model for sexual health education in North of Viet Nam.

Aim: the development of a conceptual framework for sexual health education in schools in Northern Viet Nam, and to make recommendations for education policy planners in the MOET/MOH.

Method: Both method and data triangulation are needed to collect and analyse a range of data sets. This included in the first phase, survey information from students, interviews with teachers, documentary sources including current curricula, text books and government guidelines. For the second phase focus groups with pupils, interviews with key organizations, and repeat interviews with teachers, will be held as well as study of models of learning from both Western and Eastern traditions.

Results: The findings in the first phase revealed several key issues impacting in sexual health education in Viet Nam. The curriculum was developed some 20 years ago and although Viet Nam has changed this has not. It was developed as a list of subjects there is no theoretical framework justifying content or teaching methods. Teachers have no formal training in how to teach sexual health education and many have insufficient knowledge. Sexual health education does not begin until pupils are aged 15 year by which time they have gathered information for themselves which may be inaccurate. NGOs have developed projects in this field but once completed these have lapsed and at no time were they integrated into government strategy. Pupils feel the teaching offered is not appropriate and does not answer their queries. Pupils feel unable to seek advice and help from within schools.

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Proposed thesis title: Developing a policy for teaching sexual health for schools in Northern Viet Nam

Presentation International seminar Saxion, Enschede 2009

Background

This first part of the overall PhD study was carried out as a result of concern about the increase in sexually transmitted diseases and HIV/AIDS in young people. The first part of the study was a survey of 400 teenage school pupils and this has shown there are major gaps in knowledge. Focus groups with teachers found they were concerned both for their pupils, and about their own lack of knowledge in this area.

Method

The study uses mixed methods, with the survey which used quantitative methods and the focus group discussions using qualitative methods. For reasons of confidentiality and anonymity, the survey was distributed by the researcher and self completed without names. All were collected at the same time and stored so that no identification could be made of individuals

Results

Almost all pupils wanted more information, but found few textbooks with helpful information and very little information about the emotional aspects of relationships. They currently used the internet for information when they did not receive the information they wanted from school as most reported that they could not ask their parents

In contrast, the teachers didn't believe the pupils lack of knowledge was a problem. They provided some information, but on the whole b elieved that sexual intercourse as not appropriate for the

Conclusion

The role of teachers and government is to provide appropriate information for their pupils, however, there are many constrains exiting. Also traditional teaching methods have been didactic, and moving from these to a more interactive approach will not be easy. Therefore, the use of an education model offers an opportunity for them to begin to move away from their usual approach to involve pupils in the learning process.

Thi Lan Anh NGUYEN 2008

MPhil/ PhD

Proposed Thesis Title: Moving beyond age-old model of sexual health education in Northern Viet Nam

Work to date

Background: Lack of knowledge of sexual health among pupils is often cited for their sexual risks. This study tries to find out the reason for this lack of knowledge and to make recommendations for a new model for sexual health education in North of Viet Nam.

Method: All text books and lesson planning of teaching sexual health education were reviewed, including one curriculum published by the Ministry of Training and Education that for the first time allowed integration of sexual health knowledge.

Results: The text books of Biology and Civic lessons at grade 10 to 12 divided two levels: one for regular other for advance. However, the sexual health knowledge is not different between two grades. For Biology subject**,** there are very rare of knowledge of sexual health. For Civic lessons, they are not better than Biology subject. Students are warned to avoid: "sexual intercourses before marriage this is not acceptable in Viet Namese society and could result in abortion, STDs, etc". Almost teachers who teach these subjects haven't used internet to enrich their lesson plans. They reported used only text books published by the government.

Conclusion: The question is whether existing curriculum of integrated sexual health meet demand of sexual health knowledge in pupil and whether a new model is needed in the future. If Viet Nam are still thinking of solution for improving sexual health knowledge for young people and in a vicious circle of placing the blame for culture fault making high rate abortion or STDs, life-long learning is likely new form in Western and Asian countries currently to help leaner to be more independent to learn with adaptive quickly information for development high technology under multiple forms such as e-learning, e-book, clinic or distance learning and so on (Peter Jarvis, 2008).

APPENDIX 9: EXTRACTS FROM TRANSCRIPTS

Transcript 2 page 1-2

Interviewee 1 (Civics teacher): I am 40, I participate in "Ngoi nha tuoi tre" at No.5 Ly Duc, at the old days, it was quiet limited when talking about sexual health and sometime teachers avoided it too but in the last few years, especially with the interest of Government anh State, the sexual health with young people and juveniles is relatively good and during recent years, the introduction of this theme in training programme in schools has achieved satisfactory results in general. I have consulted and joined to a lot of activities at "Ngoi nha tuoi tre", I think, inserting sexual health content into my school is good and particularly, today pupil do not avoid when we talk about sexual health[1].	1 = recent changes in pupil's attitudes
Interviewee two (youngest teacher – Biology teacher): I think, we teach Biology and we have lessons with this content. When I taught this theme, I found that my pupils feel self-confident, they were not shy when discussing this theme, even though we slightly hesitated to raise it, when I taught it, my pupils said "there is no reason for you to hesitate"[2], so I think they do not avoid, as Ms.N said: "pupil really wants to listen, they are passionately and attentive"[3].	2= teachers confidence 3=pupils reactions interest
Interviewer: How long does the lesson take?	4 = similar to point 2
Interviewee two: My lesson just mentions women's genital and hormones. But, through it, I add more content to train pupils how to prevent pregnancy, so they listen with concentration. Sometimes I am rather afraid[4] but some pupils are not afraid, sometimes I dare not speak directly but they tell me that "don't be shy, teacher!"[5]. I think now, pupiuls are not shy like the old days[6]	5= teachers confidence /attitude 6= reported pupils attitude
Interviewer: Do the teachers agree with?	
Interviewee two: Ms.B is the youngest, ten years ago this issue was still new and most of women teachers hasn't never trained in sexual health[7].	7= teacher training
Interviewer: Why?	
Interviewee two: Formerly it's a different conception, women teachers didn't talk about but now, in the new juvenile sexual health programme of Hanoi's Education Office, I participated too. As I got married, when training it's less restricted than before[7]. And the pupils don't avoid this issue. For example, in the lesson in love which deals with sex before marriage, pupils speak freely and if we ask male pupils, it's 99% of them don't want to get married to a girl who had sex, with female pupils, it's seem to be more shy and dare not speak loud[8]. But male pupils don't want to get married to a girl who had sex[8].	8= reported male attitude to females who have intercourse pre-marriage
Interviewer: You don't think so?	
Interviewee two: There are several ways to explain but man are more egoistic, they aren't as tolerant as women, they always think so[8].	
Interviewer: How long does you lesson take?	
Interviewee two: In fact the lesson in love lasts a teaching period but I add on 15 – 20 minutes.	9 = teachers morality

Interviewer: What is the content of the lesson in love? Interviewee two: In "love" lesson, there is "What is needed to avoid physical love" section with "No sexual relation before marriage" item, when discussing this item, they are very enthusiastic[9] Interviewee three: I agree with your opinion and I think formerly all teacher anh parents avoided dealing with reproductive health, and now pupils think difference from us that time[10]. Interviewer: What is the difference? Interviewee three: Previous, if the relation between males and females was just friends, nothing happened. It's different from the young now, because, now they watch a lot of films and other means of communication so they are more fearless in friendly relations[10]. Others teacher said that in the programme, there are no lesson in this problem, in fact, we just add more content base on the issue[11]. If pupils want to listen, it's not enough. We added more content, for example, when we teach them about the grow up of embryo, we add information of foetus growth and talk about "Why people have some phases such as abortion" and "why they can abort at this time, but at others time, when foetus adheres to uterus it's very harmful to the health if we abort"[12]. We just add small section. Interviewer: How many minutes? Interviewee three: For example, in our program, they do not put this theme, we just add more content, we explain and expand in the Embryo development part, this theme is not in program. As Ms.H said, when we talked about hormones, sometime we graft to explain. But it's not enough to understand integrally the lesson[13], for example, just certain of pupils are improved their knowledge of juvenile reproductive health, these pupils understand reproductive health but others is difficult to comprehend. Interviewer: Do you think pupils are interested in this issue?	+ 4 & 2 10 = differences between teachers and pupils 11 = teaching content 12 = additional content on abortion 13 = problems of teaching sexual health

Transcript 4 Page 4-5

Interviewee four: Yes, I will analyze the consequences, if she has mistake then how is the consequence, how can it affect her future and career[19]. But I think we cannot forbid. Because we can follow her anywhere and watch on what she do, sometime I direct her thought to help her think in the right direction. Interviewer: how long does it take you to teach the section? **Interviewee four**: In fact, in the training program of the Education Office, there are some unnecessary lessons for this issue. For example, we have a Guide subject like this lesson with the main content is this section and that section is depended on us. That means, following the school plan for training pupils this issue, we actively add more related content[20]. But we do not do this if it is the Ministry's demand. Interviewer: This's depended on each teacher, isn't it?	19 = consequences of early sex 20 = need to follow formal school programme

Interviewee four: Yes, it's depended on the direction of school. When mention one issue, we can add content how to help pupils receiving easily. Interviewer: How long does the added content often take? **Interviewee four**: That depends, some lessons just spend 5 – 10 minutes[21]. As a whole, there are no particular contents, it's just added. Interviewer: What training method do you use? **Interviewee five**: With me, in the all Civics lessons, especially, 11th level program has "Sex, love" lesson, there are many way to teach, not only presentation and interpretation. We can use oral method or quick testing to ask[22]. We must prepare what to do, such as quick testing, then check the feedback from pupils. For example, do they have sexual relations before marriage?, I set 3 answers: A: Yes; B: No, C: All of 3 projects above. We test quickly to get their feedback, in fact "love" is close to "sex" and in general pupils really like talking about "love", if we just talk about "sexual relation before marriage", most of schoolgirls are self-conscious but the boys said that "love is limitless but we don't like girls who are too easy"[23]. He means the easiness of girls is dangerous and that girl is his wife or another own. There are a lot of feedback questions, we are advanced in years so it's comfortable to answer, we tell them "you should live up to Orient opinion. According to our opinion, "virginhood's weight in gold"[24], even the economy is open but "virginhood" still keep its value[25]. May be he likes me, when he hasn't had sex with me yet he proves good but if it happened there would be family life problems. In the lesson in the old 12th form, there was "family life building policy" section, if we want to have happy family[26], what do we base on to build our family life? This is mature love and spontaneous marriage, and what is "spontaneous"? I have set these questions to my pupils and they answered me what the happy and enduring family was. Having sexual relation before marriage make another think, it causes the family happiness to be limited[26]. Page 5 Interviewer: What is your training method? **Interviewee five**: We can give a lecture, tell a story or make group discussion. Interviewer: How long does a class take? **Interviewee five**: That depends, "love" lesson takes from 10 to 15 minutes, and "family" lesson takes about 5 to 10 minutes[27]. Interviewer: After lecture, we can use a quick test to quantify pupils knowledge? Do you keep their marks for year-end summation? **Interviewee five**: Quick testing can quantify, but we don't use this mark for year-end summation, we just use it to evaluate pupils' knowledge after lecture. Interviewer: Do you usually do the quick test? **Interviewee five**: That depends, for example, quick testing can be done after "population" lesson. With some social policies, what is the aim of Family life building Policy? Quick testing for this question is included 8 words, the Policy's aim is "building family comfortable, living in peace and happy"[27]. When pupils do quickly test, they will feedback.	21 = time and content 22 = teaching methods 23 = 8 male attitude to early sex 24 = traditional moral value 25 = as 24 26 = family values – impact of early sex on family happiness 27 = as 24 time and content,

Interviewer: When expounding a content related to sexual health, do you meet with any difficulties? **Interviewee five**: After 10 year participating Juvenile Reproductive health program, now, I see no difficulties. Beside, as Ms. A said, she has a daughter less than my child, my daughter is 17 years old, when I have this knowledge, is very good to help my daughter, condoms is an example, in olden times we hide the view of condoms, and we think it's very horrible. But now, I put condoms in our cabinet at home, my daughter can open cabinet and see them without shy. I think this is positive measure and nothing is horrible[28]. **Interviewer**: Is there anythings really causing problems for you? **Interviewee five**: I feel confident about methods. Of cause, the material has limitation, there are just our reality materials and some from school[29]. **Interviewer**: What source of material are you using? **Interviewee five**: Some of the leaflets, books and magazines from Juvenile Reproductive health centre, manual of girlfriends, puberty or some small VideoClips[30]. **Interviewer**: Do the other have any experiences to share? **Interviewee six**: In fact, I have never taught this issue, sometimes in the main course of lecture, I just talk a little about reproduction, I can talk in few minutes to give private lesson to pupils. I do not lecture[31]. **Interviewer**: How long have you taught in this school?	28 = changed attitude to sexual relations 29 = limited teaching materials 30 = possible additional materials 31= similar to 24 and 27 limited time spent