



Project WOMAN **Woman-centred Response to Pandemic Plan (Vietnam)**

Prepared for:
AED Vietnam

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Research Overview



1. Research Background
2. Research Objectives
3. Research Methodology
4. Sample Consideration
5. Research Design
6. Profile of Respondents

Research Background

- The U.S. Agency for International Development has awarded AED “Global Avian Influenza and Zoonotic Behaviour Change and Communication Support Activity” or The PREVENT project which focuses on using behaviour change and communication research, strategies, and interventions to prepare for, prevent, respond to, and control avian and pandemic influenzas and emerging pandemic threats.
- For the past four years, AED has taken responsibility to provide technical leadership on pandemic preparedness and planning to stakeholders at the national and provincial – levels in bi-lateral and multi-lateral countries. Key areas has been focused are livelihoods, food security, communication and non-pharmaceutical interventions (NPI).
- Among key lessons learned from 2009 H1N1 pandemic influenza are valuable to put into consideration further are the importance of rapid mobilization, free flow of communication, functioning health care services and the strength of individual, especially household level.
- Women are seen as having a majority role and responsibilities to prevent and respond to pandemic. They are key implementers, recipients of the vaccine and overall women are caregiver to assure vaccination or non-pharmaceutical in the home.
- In other to place women at the center of the program, desire of understanding women lifestyle, values, concerns, their needs in regard to health care, livelihoods and food security as well as current barriers is necessary to help AED getting information which are useful to creates an integrated program that reflects woman needs and also creates a more effective pandemic plan and response.
- Nielsen Vietnam was given the opportunity to conduct an Qualitative research to address AED's concerns.

Research objectives

- In general, the objective of the study is to acquire information to create an integrated program that reflects women's needs and a more effective pandemic plan and response. Therefore, specifically, the following information will be obtained:



Motivators, values, concerns, and context in a personal, social, and physical influence



Needs of the woman to be able to plan for and respond to a pandemic with regards to health care, livelihoods, and food security

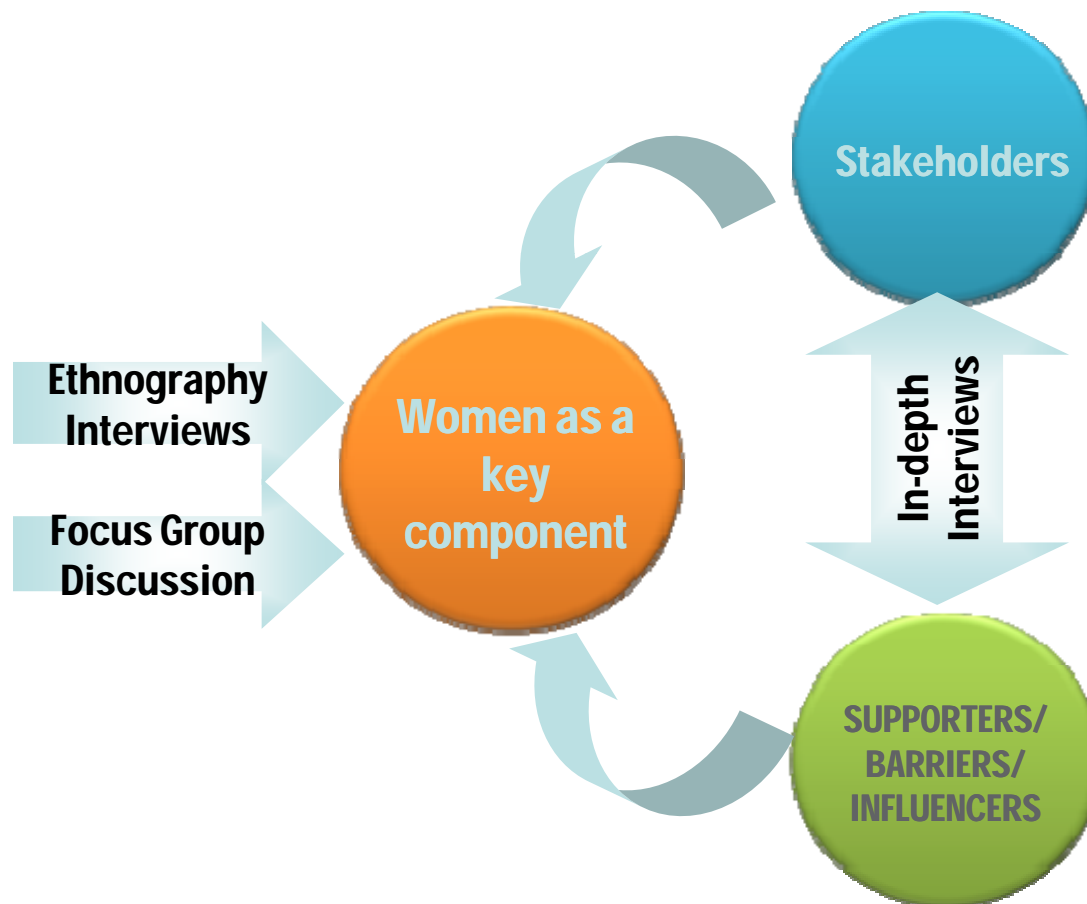


Barriers (real or imagined) that prevent women from adapting or following optimal behaviors



Research methodologies (1)

- In order to achieve these objectives, different qualitative methodologies were applied as the below combination



Research methodologies (2)

1. **Focus Group Discussion (FGD) among housewives**

The purpose of the FGD is to listen to women discuss their perceptions, concerns, motivations, aspirations and needs regarding healthcare, food security, livelihood and other aspects.

2. **Ethnography**

An actual observation of the housewives in their household setting in order to find out how they actually behave and interact with other members of the family on a daily basis.

Observations were made:

- From breakfast to lunch for some households
- From lunch to dinner for some others
- During observations, questions were asked of the housewives and their family members
- Photographs were also taken

Research methodologies (3)

3. In-depth interview (IDI) with Influencers

To identify their perceptions, beliefs and attitudes about the role of women regarding daily life in general and public health issues.

4. In-depth interview (IDI) With stakeholders

To identify their perceptions, beliefs and attitudes about the role of women regarding public health issues and to elicit suggestions on how to effectively communicate to women on public health issues.

Note: An interview guide for each category was prepared and approved by AED (see Appendix)

Sample Design Consideration

Our respondents were selected:

- From 3 key urban areas
 - Ha Noi (The capital - to represent the North)
 - Da Nang (to represent Central)
 - Ho Chi Minh city (to represent the South)

 - From rural areas of three provinces which have the highest female population in their respective regions
 - Nam Dinh (to represent the North; 1,018,000)
 - Binh Dinh (to represent Central; 811,400)
 - An Giang (to represent the South;1,132,300)
- (Source: GSO 2007)*

Target respondent and sample

	Respondents' criteria	Region	Location	No. of Ethno/IDI	No. of FGD
<u>Women</u>	Female Age: 25-45 y.o. Play the centred role in planning and response to pandemic in the family	North	Nam Dinh	3 Ethno	1 FGD
			Ha Noi	3 Ethno	1 FGD
		Central	Binh Dinh	3 Ethno	1 FGD
				3 Ethno	1 FGD
		South	An Giang	3 Ethno	1 FGD
			Ho Chi Minh	3 Ethno	1 FGD
<u>Supporters/ Barriers/ Influencers</u>	Male/female (Husband/Mother-in-law/Friend or Colleague)	North	Nam Dinh	3 IDIs	
			Ha Noi	3 IDIs	
		Central	Binh Dinh	3 IDIs	
				3 IDIs	
		South	An Giang	3 IDIs	
			Ho Chi Minh	3 IDIs	
<u>Stakeholders</u>	Female Head of Women's Union at province and city level Male/Female Head of Health Care Dept. of Community Committee at province and city level	North	Nam Dinh	3 IDIs	
			Ha Noi	3 IDIs	
		Central	Binh Dinh	3 IDIs	
				3 IDIs	
		South	An Giang	3 IDIs	
			Ho Chi Minh	3 IDIs	
<u>Total</u>				18 Ethnos & 36 IDIs	6 FGDs

Profile of respondents - Women

Target respondent Location		Woman		Number of children		Household income		
		Working Housewife	Pure Housewife	1-2	3-4	AB	CD	EF
North	Urban	6	3	9		6	3	
	Rural	8	1	8	1	2	4	3
Central	Urban	6	3	8	1	4	5	
	Rural	3	6	8	1	4	5	
South	Urban	7	2	9		5	4	
	Rural	4	5	8	1		8	1
Total		34	20	50	4	21	29	4

HIB	Household income band (VND)
A+	15,000,000 and above
B	7,500,000-14,999,999
C	4,500,000-7,499,999
D	3,000,000-4,499,999
E	1,500,00-2,999,999
F	0-1,499,999

Profile of respondents - Influencers

Target respondent Location		Relationship			Occupation					
		Husband	Mother in law	Friend/sister in law	Government officer	Self-employed	Employed	Farmer	Blue collar	Non-working
North	Urban		1	2		1	1			1
	Rural	1	1	1				1	1	1
Central	Urban	2	1			1			2	
	Rural	2	1		1		1			1
South	Urban	2	1				2			1
	Rural	2		1		1		2		
Total		9	5	4	1	3	3	3	3	4

- Respondents for IDIs with Influencers were selected from the relatives (in-laws, husband) or friends of women from FGDs or Ethnography.

Profile of respondents - Stakeholders

Target respondent Location		Organization		Year of experience		
		Women's Union	Health care center	1- 5 years	6- 10 years	Above 10 years
North	Urban	2	1	3		
	Rural	2	1	3		
Central	Urban	2	1	1	1	1
	Rural	2	1	3		
South	Urban	2	1	3		
	Rural	1	2	1	1	1
Total		11	7	14	2	2

- Head of Healthcare center or Women's Union in the local community (Ward level in urban area and Commune level in rural area); Not necessarily the same community with the Women from FGD/Ethno

Detailed findings

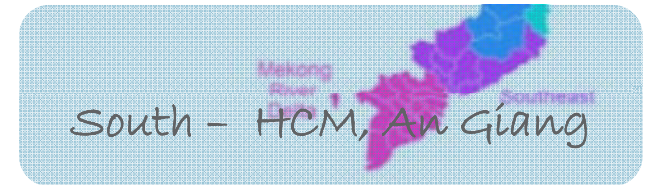


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7. Communication Channels to Approach Women



1. FACTS ABOUT FIELDWORK LOCATIONS

Some demographic data of Urban locations



Hanoi

- Area: 3,348.5 (km²)
- Population: 6,116.2 (thous.person)
- Density: 1,827 (person/km²)

Da Nang

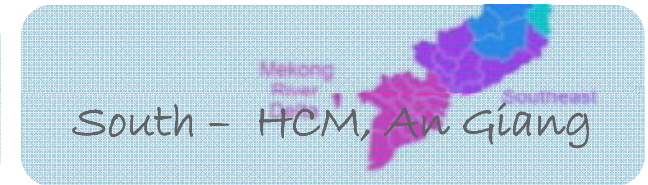
- Area: 1,283.4 (km²)
- Population: 818.3 (thous.person)
- Density: 638 (person/km²)
- Household: 169,283

HCM

- Area: 2,095.6 (km²)
- Population: 6,611.6 (thous.person)
- Density: 3,155 (person/km²)
- Household: 1,285,426

* Source: Statistical Yearbook 2009

Some demographic data of Rural locations



Nam Dinh

- Area: 1,652.3 (km²)
- Population: 1,990.4 (thous.person)
- Density: 1,205 (person/km²)
- Household: 510,564

Binh Dinh

- Area: 6,039.6 (km²)
- Population: 1,592.6 (thous.person)
- Density: 264 (person/km²)
- Household: 343,239

An Giang

- Area: 3,536.8 (km²)
- Population: 2,250.6 (thous.person)
- Density: 636 (person/km²)
- Household: 455,306

* Source: Statistical Yearbook 2009

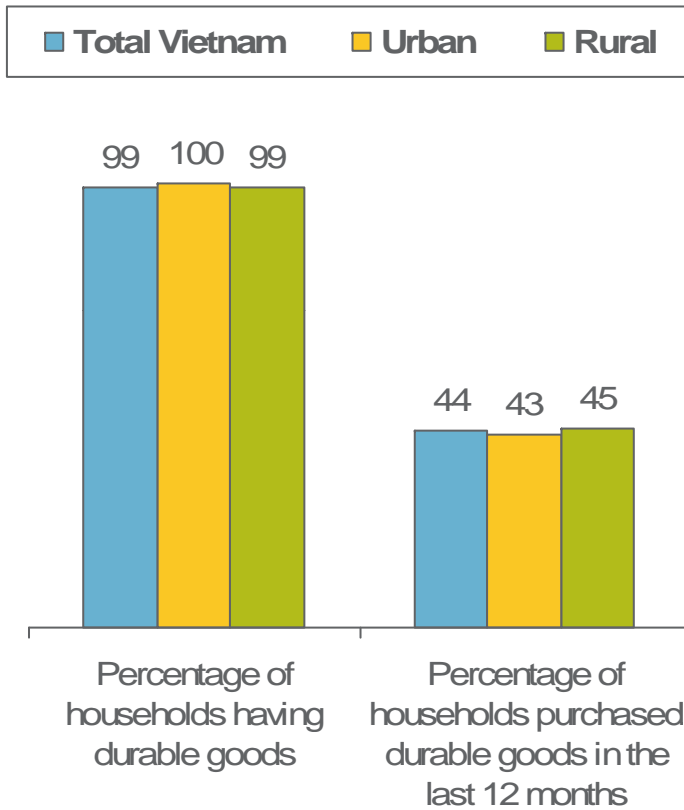
Public Health Facilities



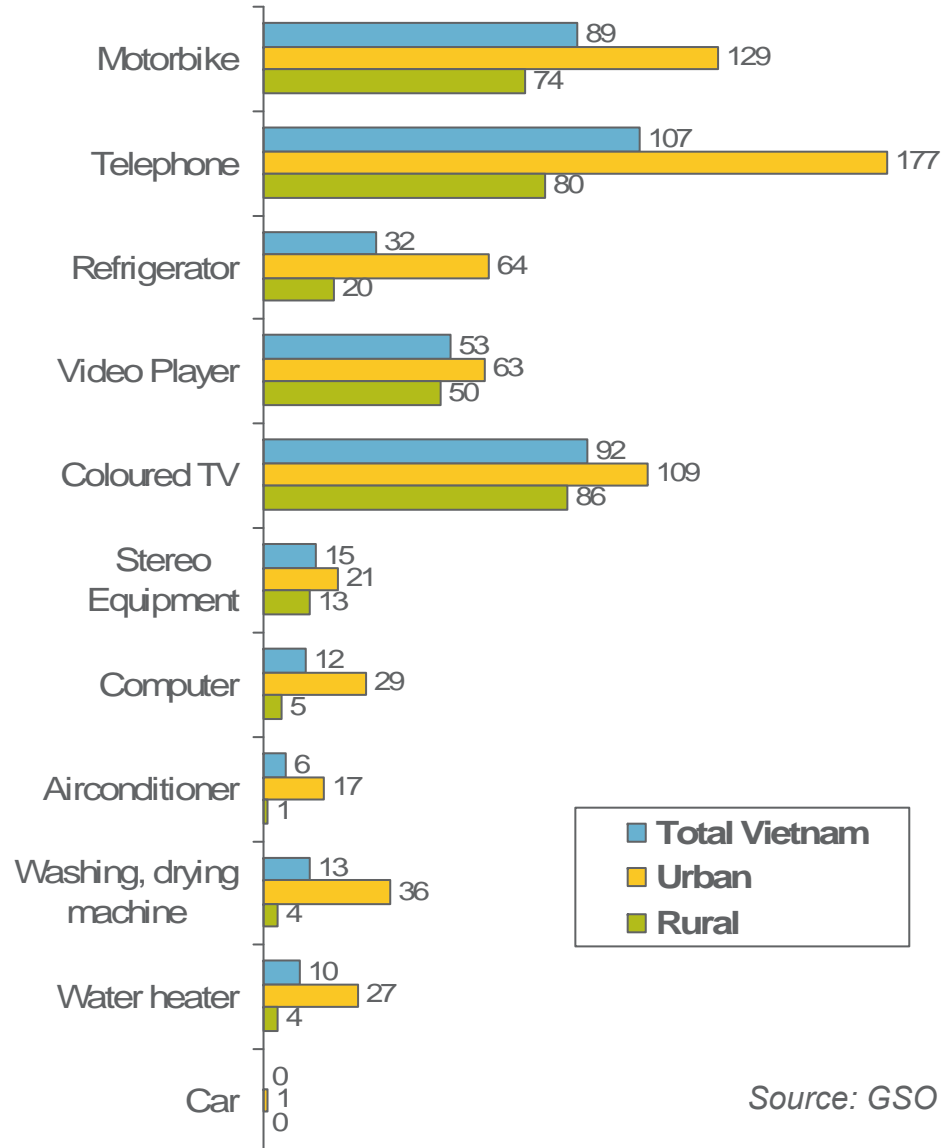
	Hanoi	Nam Dinh	Da Nang	Binh Dinh	HCM	An Giang
Hospitals	36	17	12	17	54	15
Regional polyclinics	46	4	0	6	29	11
Sanatorium & Rehabilitation hospitals	0	1	1	1	1	0
Medical service units	557	229	56	159	322	154
Total	665	251	69	183	410	180

* Source: Statistical Yearbook 2009, Excluding private establishment

Incidence of Durable Ownership and Purchase (Household)

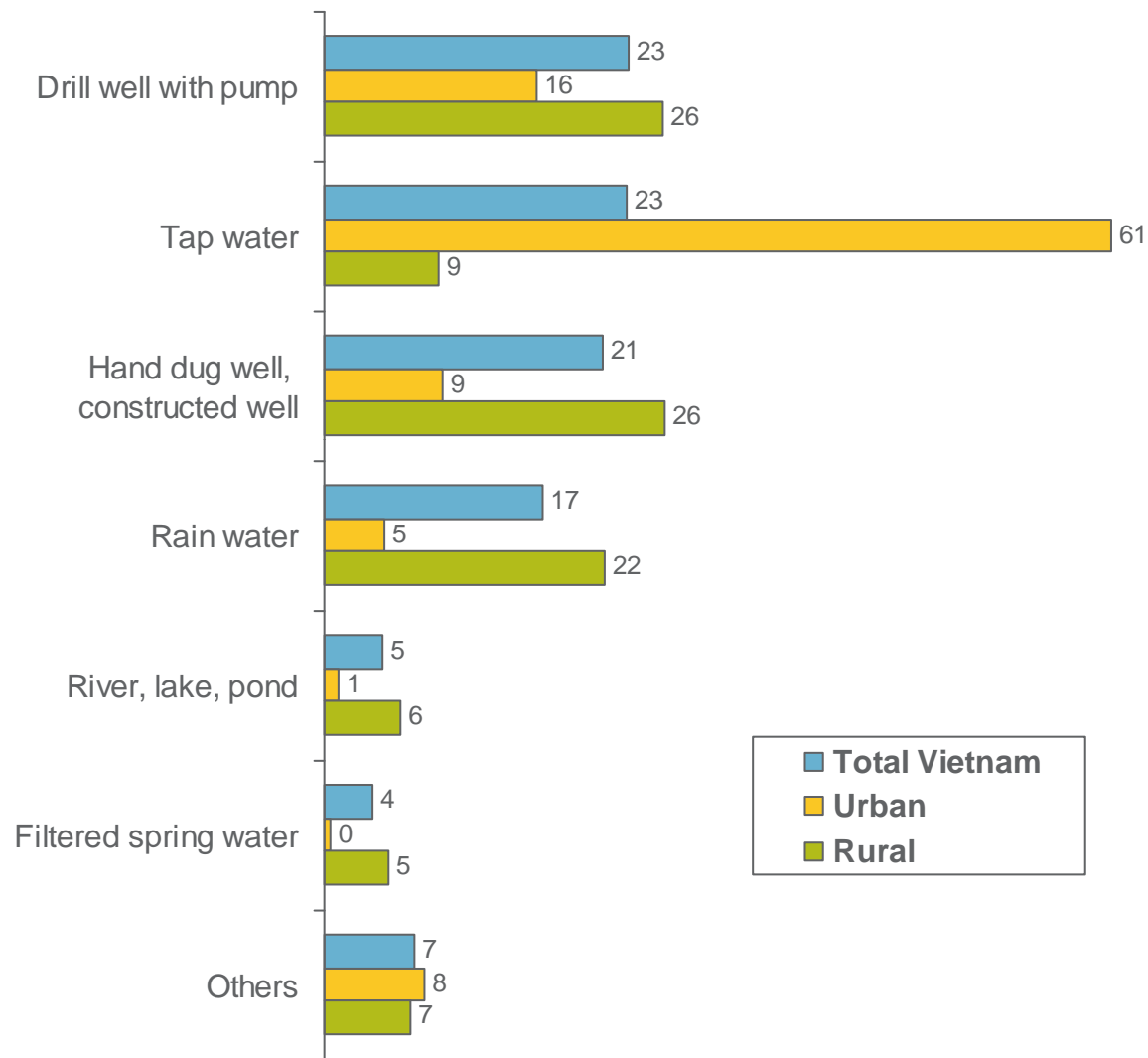


Durables Ownership per 100 Household Unit: Piece



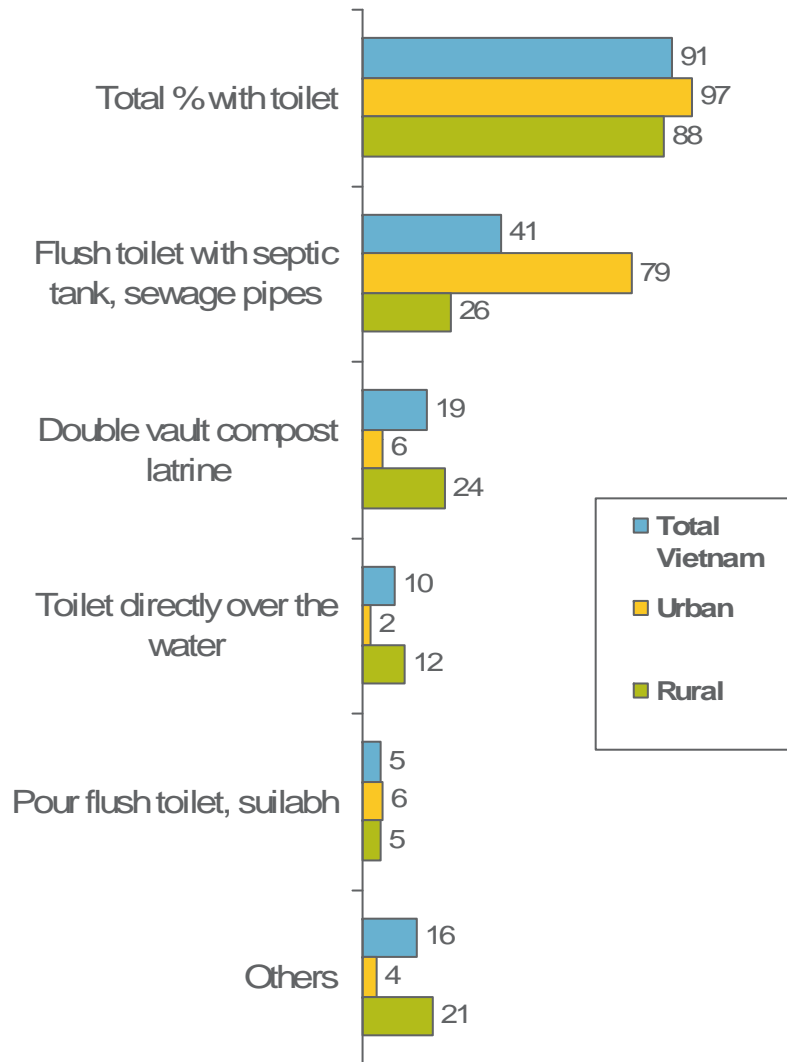
Source: GSO 2008

Percentage of Households by Main Source of Drinking Water

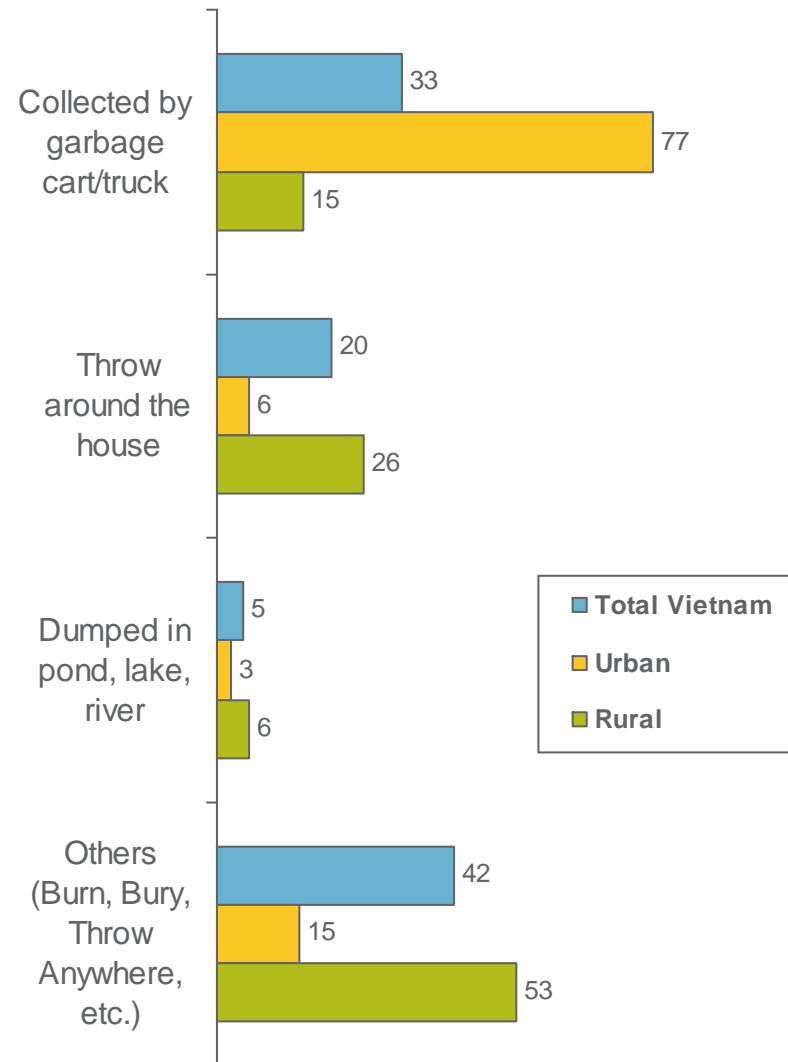


Source: GSO 2008

Percentage of Households Having Toilet by Type

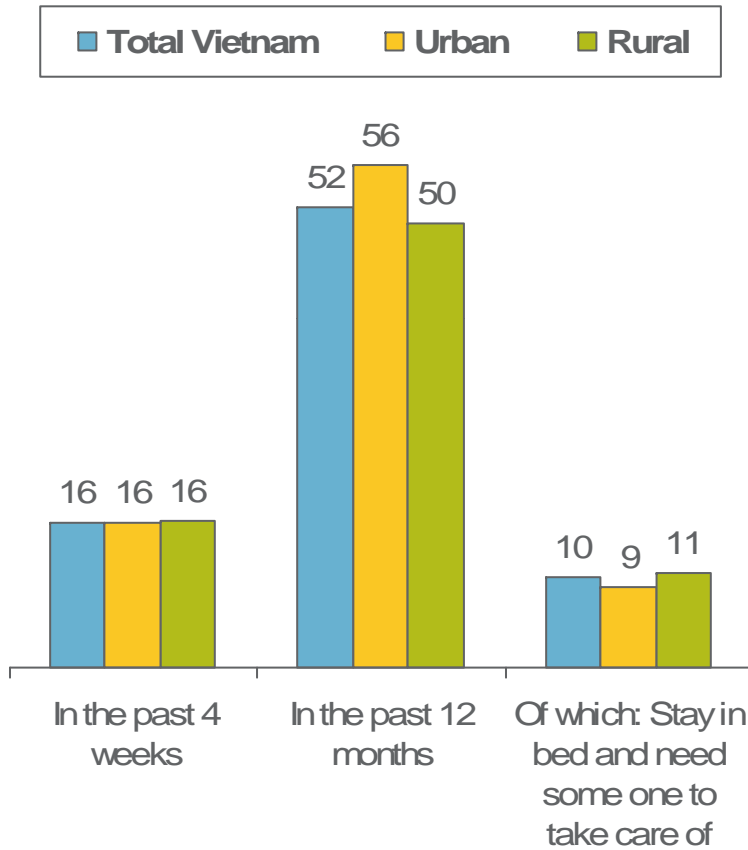


Percentage of Households by Method of Garbage Disposal

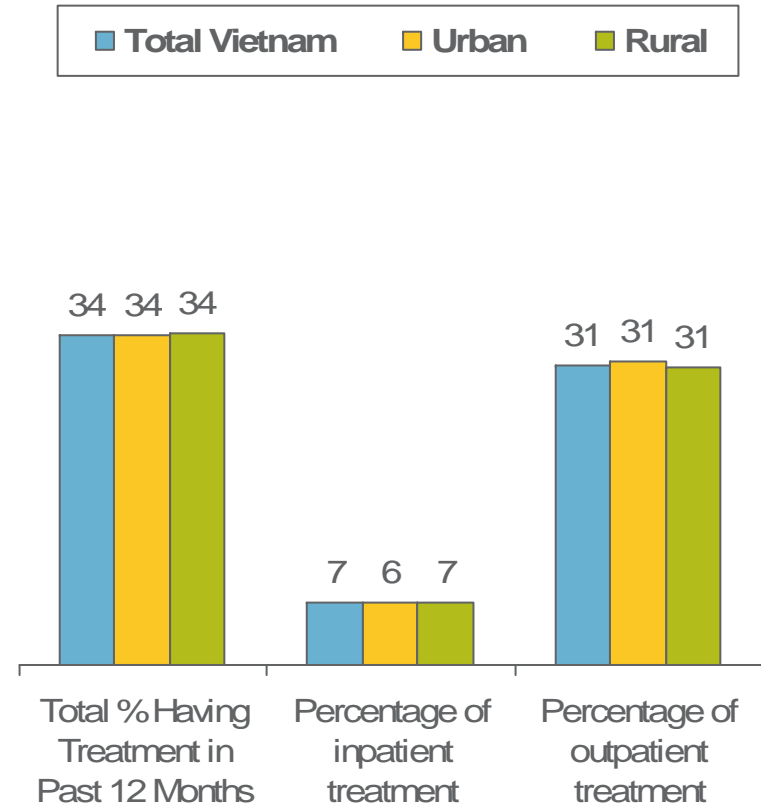


Source: GSO 2008

Percentage of People Who Suffered From Illness or Injuries



Percentage of People Having Treatment in the Last 12 Months



Source: GSO 2008

Note: Past 12 Months from time of survey 2008

Cultural Notes

- Vietnam still holds traditional roles for males and females where males are the primary income generators and females take care of the family.
- Activities are family-centric especially for females. Time spent is mostly at home with family members. Occasional leisure activities are still spent with the family. Males would have more flexibility by spending time with friends on weekends.
- Regionally, very distinct characteristics can be found among Northern and Southern Vietnamese, more particularly the Hanoians and the Saigonese. The Hanoians are seen as being 'proud' of themselves, conservative and a challenge to convince. The northern region has been heavily influenced by the Chinese feudal values which is very skeptical to change.
- Southerners, on other hand, have been more exposed to foreign influences. This lead the way to a more open mindset and willingness to experiment with new things.

***Source:** Nielsen Regional Differences
Qualitative Study & Male Versus Female
Study*



2. FINDINGS FROM FGDS WITH WOMEN

2.1 Lifestyle, Concerns and Values of Women

2.2 Public Health Issues/Epidemic/Pandemic

2.3 Livelihood in the Event of Epidemic/Pandemic

2.4 Food Security in the Event of Epidemic/Pandemic

[2.1 LIFESTYLES, MOTIVATIONS, VALUES AND CONCERNS]





[A DAY IN THE LIFE OF WOMEN]

A day in their life

Urban women 's daily activities

Morning

Afternoon

Evening

Working housewives

6-7am

- Wake up
- Prepare/eat out breakfast
- Go to the market (to have every day fresh foods). A few go to market on weekend only
- Take the kids to school (sometimes get help from husband or in-laws who live with them)

8-11 am

- Go to work

11-12 am

- Go home & prepare lunch or have lunch at workplace
- Have a short nap at home or office

12am - 5pm

- Back to work
- Pick up the kids (sometimes get help from husband or in-laws who live with them)

5pm – 11pm

- Do chores (cleaning the house, cooking, doing laundry)
- Tutor the children
- Watch TV while having dinner
- Go to sleep

• During weekends

- Go out with friends or family (supermarkets, parks, shopping centers, etc.)
- Visit relatives
- Have time for themselves: shopping, spa, nail, haircut, etc.
- Some Christians go to church

Full time housewives

6-7am

- Wake up
- Prepare breakfast
- Go to the market
- Take the kids to school

8am – 5pm

- Do chores
- Cook lunch
- Watch TV at noon time or take a nap
- Cook dinner
- Pick up the kids from school

5pm – 10pm

- Play or tutor the kid s
- Do some chores
- Watch TV
- Tutor the children
- Go to sleep

Source: Findings from FGDs with women

Urban women's daily activities

→ Working women

- ❖ Even working outside the home, they still do the household chores especially if not living with the in-laws or parents.
- ❖ Have little time for themselves except on weekends.

→ Non-working women

- ❖ Occupied with household chores.
- ❖ However, they have more time for themselves.

→ Women accept household chores as part of their role as they believe it is their duty to be homemakers.

→ Taking on a hobby is not very popular. Common hobby for women is to go shopping during weekends with friends or family. They also enjoy playing with the kids and taking them out to the park or entertainment spots at weekends.

Source: Findings from FGDs with women

A day in their life

Rural women 's daily activities

Morning

Afternoon

Evening

Working housewives

4-5am

- Wake up
- Prepare breakfast
- Go to the market
- Take the kids to school (sometimes get help from husband or in-laws who live with them)

6am – 5pm

- Go to work (market vendor; small factory worker, school teacher, etc.)
- Go home to prepare and have lunch
- Do chores
- No nap
- Go back to work

5pm – 8/9pm

- Do chores (cleaning the house, cooking, doing laundry)
- Watch TV
- Go to sleep

- Early to rise and early to bed
- The routine hardly changes during the entire week

Full time housewives

4-5am

- Wake up
- Prepare breakfast
- Go to the market
- Take the kids to school

6am – 5pm

- Do farming
- Go home to prepare and have lunch
- Do chores
- Take a nap
- Watch TV
- Sometimes go back to work

5pm – 8/9pm

- Do chores (cleaning the house, cooking, doing laundry)
- Watch TV
- Go to sleep

Source: Findings from FGDs with women

Rural women's daily activities

- Working housewives
 - Working outside the house to earn income (food vending, working at small local factories such as textile, aqua-cultural products, etc.).
 - Still doing the household chores.
 - Have little time for themselves, even during weekends.

- Full-time housewives
 - Working in the farm without extra income.
 - Still doing the household chores.

- Even living with the in-laws, they have limited support for household chores.

- Rural women hardly have any hobbies. Most of their day is occupied with chores or farming work. Probably the most enjoyable time is in the evening when they can find time to watch their favorite TV programs.

Source: Findings from FGDs with women



[THEIR MOTIVATIONS & CONCERNS IN LIFE]

Motivations

Higher order



Self Growth



Just emerging (work-life balance) but not yet common
"I go to extra school at night to earn a degree. I'm married but still young you know"

Relatedness/Relationships



- Their self worth is always related to recognition by family, relatives and neighbors. Focus on husband and children
-Confident and proud of themselves as a capable woman (taking good care of the family, earning money for the family, etc.)
-Sacrifice their own needs.
"I don't really care about myself, I just want my husband and my children to recognize my effort in making them happy"

Basic Needs Fulfillment



- Self and family security about health, accommodation, food, employment and children's education
"I try to work hard to ensure my family good health and a comfortable and happy life"

Lower order

Source: Findings from FGDs with women



Motivations

Differences between the young and the old

Higher order

Motivations

Self Growth

Relatedness/Relationships

Basic Needs Fulfillment

More identified among the younger women (in their twenties or thirties) who have more access to information thus have more progressive perceptions about their life and themselves.

→ Seek for Self Growth by saving time for themselves . Doing what they really want rather than sacrificing all for their family.

→ E.g.: Go to night class to earn more knowledge to have a better career; Find time for themselves to relax, go to spa, go out with friends, etc.

Older women take this more seriously their generation still holds a strong belief their role is relatively inferior to men.

→ Their main purpose is to seek recognition from men and their family rather than to satisfy their own need.

Lower order

Source: Findings from FGDs with women

Motivations

Differences between Working vs. Non-working Women

Higher order

Motivations

Self Growth



More identified among the working women who have more access to information and more exposure to the outside world

- Have more progressive perceptions and awareness about their role
- Seek for Self Growth by trying to seek work-life balance, making effort not only to become a capable housewife but also a woman with a successful career.

Relatedness/Relationships



Seeking for recognition not just from family members but also relationships in work. Family members to give acknowledgement as a capable homemaker while colleagues will credit as a successful career woman.

While the non-working women only need the recognition of themselves as a capable housewife.

Basic Needs Fulfillment

Lower order

Source: Findings from FGDs with women



Concerns

Women's concerns are primarily related to family



My life will be meaningless if my children are not well educated

After getting married, my concerns in life are all about my family. I always want to give the best to my children and husband

Having good health can help me and my family achieve everything we want

Source: Findings from FGDs with women

Concerns

Health of family members is their foremost concern in life. Food is perceived as the key factor contributing to family health.



Why is it a concern?

- **Having good health ensures**
 - **Family happiness** – everyone stays healthy, no more worries about illness
 - **More income** – husband performs well in work → Quality of life improved
 - **Proper growth and development of the children**
 - **More enjoyment of life** – enjoy life to the fullest

“Nutritious and safe daily food is very important to ensure my family’s health”

- **Puts heart and mind in taking care of the family as evidenced by:**
 - Providing good, nutritious and tasty meals
 - Shopping for food everyday to ensure freshness
 - Avoiding buying food which might be harmful to health
 - Keeping house clean and tidy

What are they doing to address the concern?

Barriers encountered

- Lack of information on the origin of the food
- “Everyday I buy food from wet market but I’m still worried since I don’t know where it really comes from”.*

Source: Findings from FGDs with women

Concerns

Children's education and future is another top concern



Why is it a concern?

- Providing children a bright future is reflective of their sacrifice and capability
- Women take pride in receiving recognition for their children's success
- Children create strong bonds between the women and the rest of the family
- The children will take care of them in their old age

What are they doing to address the concern?

- Provide good meals with enough nutrition to ensure their physical development
- Tutor and give advice to children to ensure their good education and keep them away from social evils (game online, heroin, etc.)
- Work hard to provide a good living standard for their children

Barriers encountered

- Finance might be a matter for low and middle income families to have the best for the children (best school, best facilities for entertainment, etc.) but they try their best to give what they can to their children (sacrifice their personal needs)
- Generation gap between the women and their children might be another barrier for the women to fully take care of the children the way they want
- Generation gap between the women and their in-laws might also be another barrier for the women to take care of their children the way they want

Source: Findings from FGDs with women

Concerns

Children's education and future is another top concern

Added
verbatim

Children

My children bring my whole family closer to each other. And everyone in the family is working hard for the best future of the children.

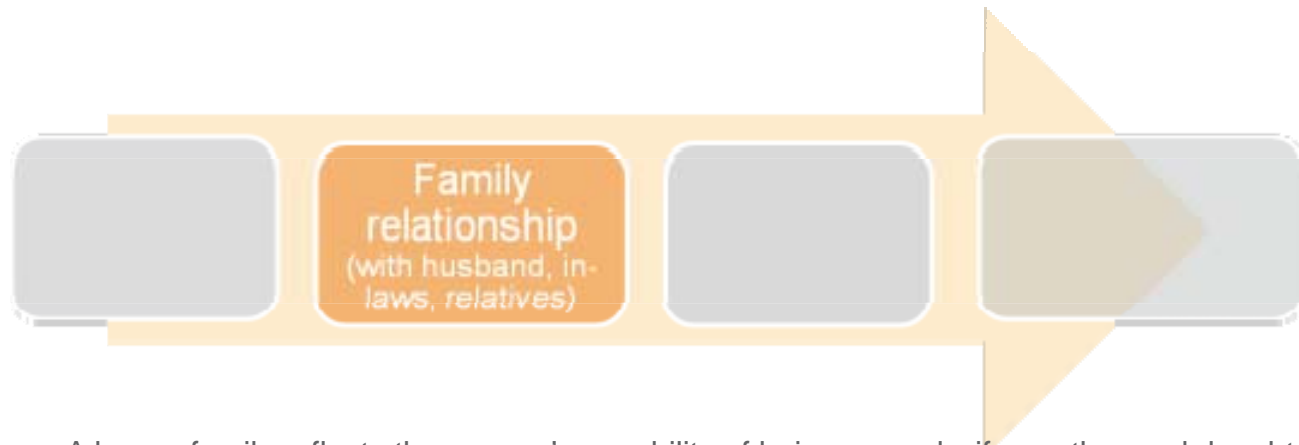
Everyone will look at my children's education and behaviors and judge me via that.

My sacrifice is really paid off through my children's success.

Source: Findings from FGDs with women

Concerns

Family relationship is also a major concern



Why is it a concern?

- A happy family reflects the women's capability of being a good wife, mother and daughter-in-law
- Good relationships with in-laws or relatives helps maintain a good relationship with the husband
- Good relationship with in-laws helps make life easier (getting more emotional and even financial support from in-laws, etc.)

What are they doing to address the concern?

- Spend time and effort in taking good care of the family by providing good meals, keeping the house clean and comfortable
- Pay respect and take good care of the in-laws
- Give relatives importance and treat them well

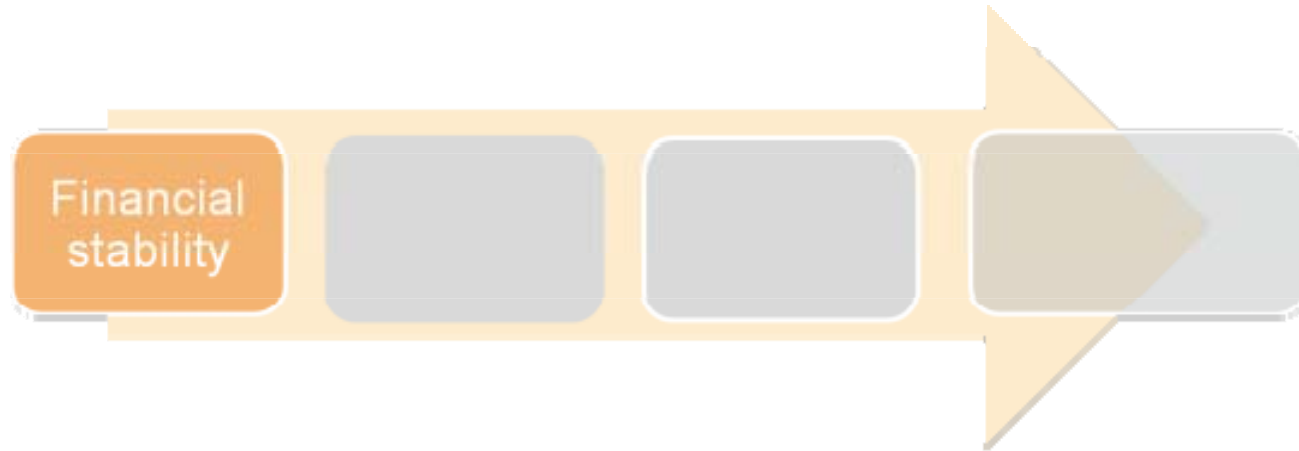
Barriers encountered

- Lack of time to take good care of the relationship with the in-laws or relatives
- Generation gap between the women and the in-laws might be a barrier keeping the women from fully satisfying the in-laws

Source: Findings from FGDs with women

Concerns

Financial security is key factor contributing to family happiness



Why is it a concern?

- **Stable financial status ensures**
 - A higher living standard (accommodation, food, equipment, entertainment, etc.)
 - Good education for the children
 - Saving for the future (children, retirement, etc.)

What are they doing to address the concern?

- Work hard
- Control/ manage household budget, save cost
- Sacrifice their personal needs (Limit shopping for personal needs)
- Manage the house and take good care of the children to enable husband to focus on his job and earn good money

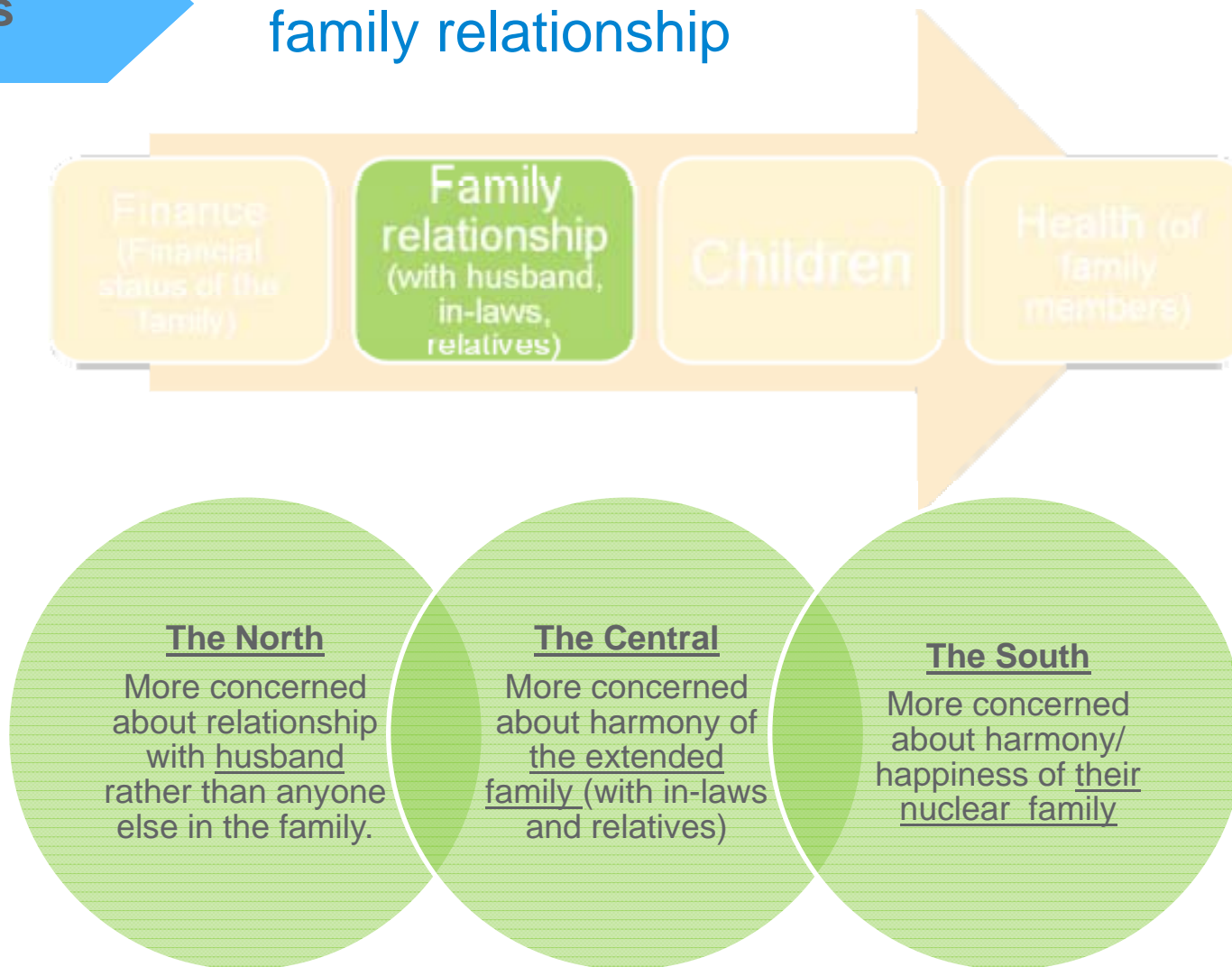
Barriers encountered

- Fast increasing living cost makes women struggle with everyday expenses

Source: Findings from FGDs with women

Concerns

Regional differences regarding concern about family relationship



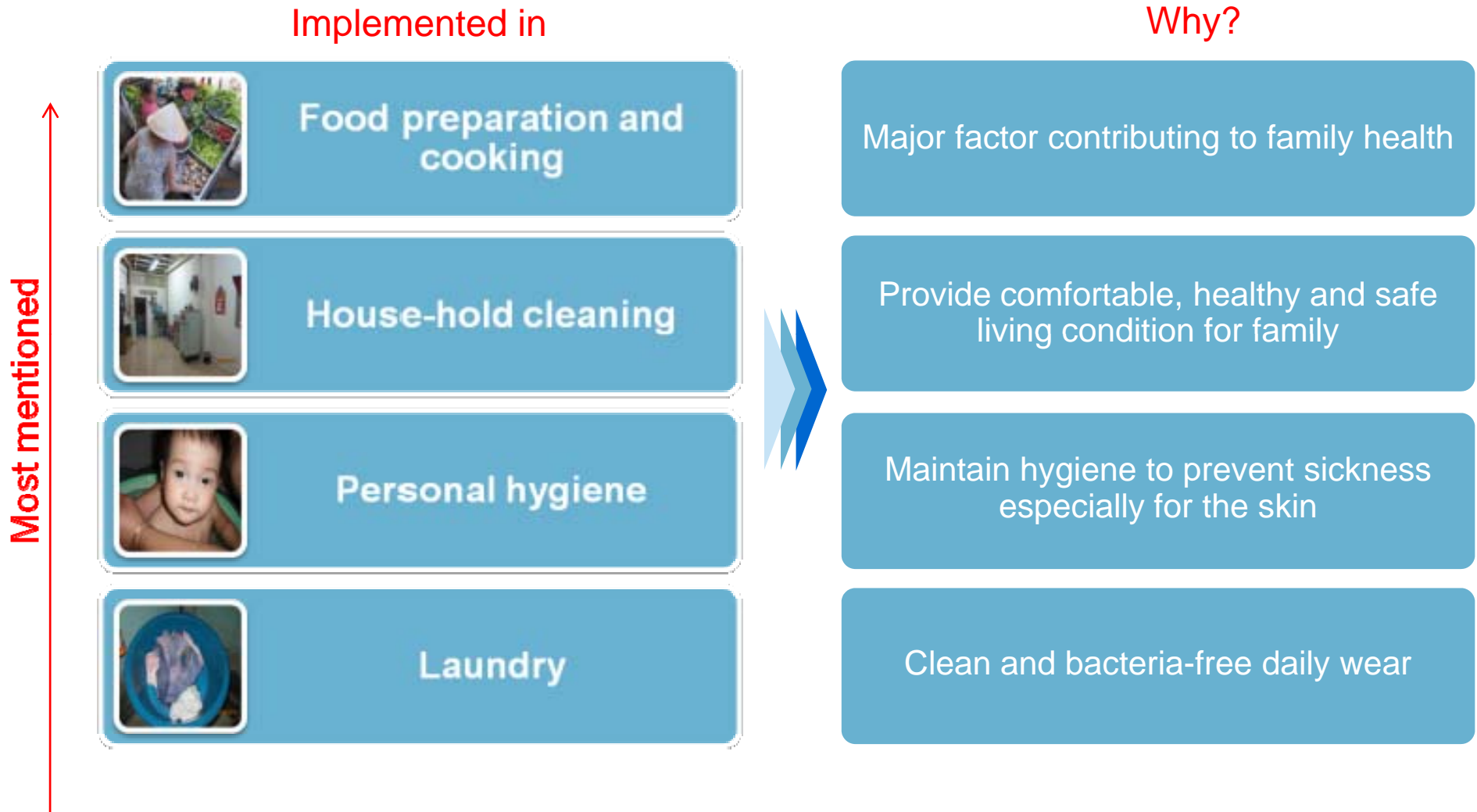
* For other concerns, there are no regional differences

Source: Findings from FGDs with women



**[CLEANLINESS AND HYGIENE PRACTICES REPORTED
BY WOMEN]**

Standard of cleanliness and hygiene



Source: Findings from FGDs with women

Indicators of women's standards on cleanliness and hygiene

Food preparation & Cooking

- **Fresh and of trusted origin:** Bought from reliable sellers in the markets. They also believe in their skills to pick fresh food items.
- **Bacteria-free:** Carefully wash hands with soap before cooking in order to remove bacteria
- **Cover cooked food properly** to avoid contamination from flies, cockroaches, rats
- **Dishes washed and stored in dry and clean places**
- **Cooking area cleaned** after every cooking

Household Cleaning

- **No dust** in the house especially on the floor or on the furniture
- **No bad smell** in the house especially in the bathroom
- **Rooms** clean and tidy
- **Comfortable and airy** atmosphere

Source: Findings from FGDs with women

Indicators of women's standards on cleanliness and hygiene

Personal hygiene

- **Practice personal hygiene everyday:** tooth brushing, bathing
- **Using personal care products** to eliminate bacteria that can cause sickness (soap, mouth rinse, body wash – in urban areas; soap in rural areas)

Laundry

- **No dirt and bad odors** on the clothes
- **Doing laundry everyday** to avoid bad smell and remove stains easily
- Clothes neatly folded

Source: Findings from FGDs with women

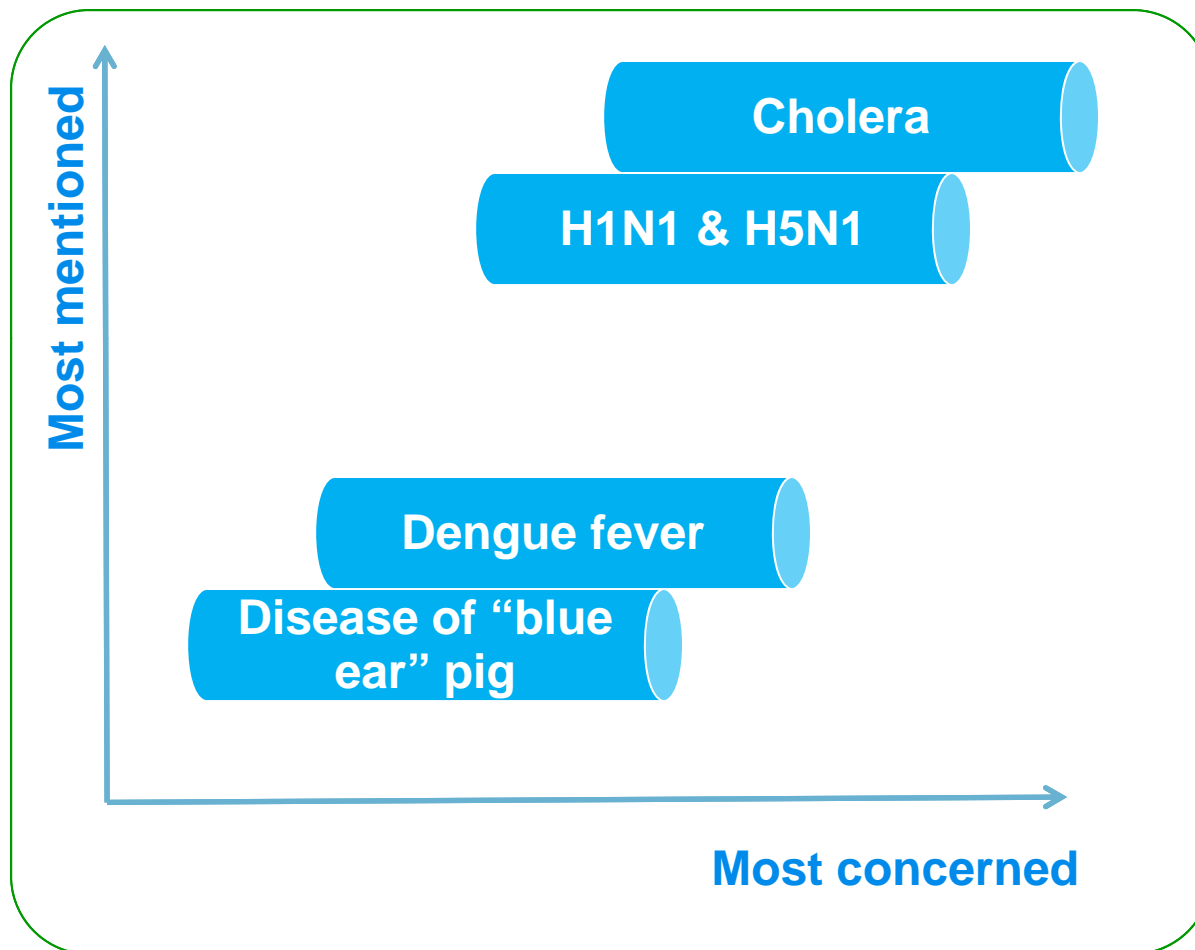
[2.2 PUBLIC HEALTH ISSUES]





**[Awareness and Perceptions of Imminent
Dangers]**

Overall, women’s concept of “public health issues” is related to “infectious diseases” and they have high awareness of such diseases



Awareness is primarily driven by the following factors:

- **Recency and frequency of occurrence** (there was a Cholera outbreak at the time of fieldwork)
- **Publicity achieved** – Cholera, H1N1 and H5N1 have been widely communicated by government and media.

Source: Findings from FGDs with women

However, knowledge about public health issues is wanting

There is still confusion between H5N1 and H1N1. Some associated H5N1 only with poultry while some associated H1N1 with poultry and they are confused about which one causes fatality.

Attributes changes in environment as causing diseases to spread. For example they blame the hot weather in the summer for spreading Cholera

Rural areas are seen to be more vulnerable to epidemics because they have less access to information and living standards are not as hygienic.

It is perceived that **government has improved in warning the public and providing directives** (more in rural).

High concern is given for **younger family members as they are the most vulnerable.**

Source: Findings from FGDs with women

Some quotes


Added
verbatim

H5N1 and H1N1 are both poultry diseases which are infectious to human via touching or eating the poultry.

Rural inhabitants tend to be easier to get sick in the event of epidemic as they have limited access to preventive information and poor living condition

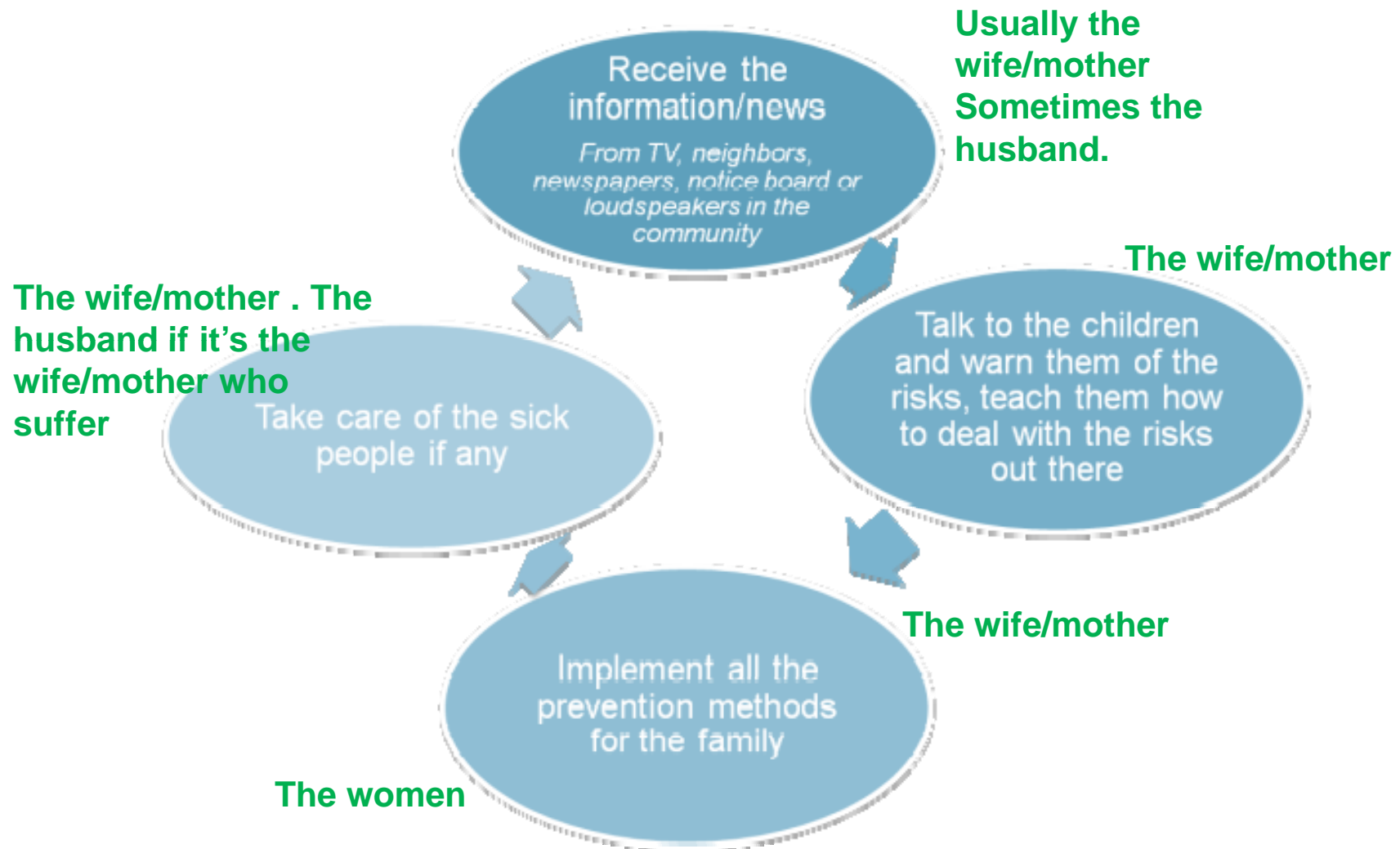
I think that in the event of public health issue, the government has to provide the prevention methods widely to the inhabitants to help them be more aware

I have young baby so I need to be more careful in the epidemics as she has weaker resistance



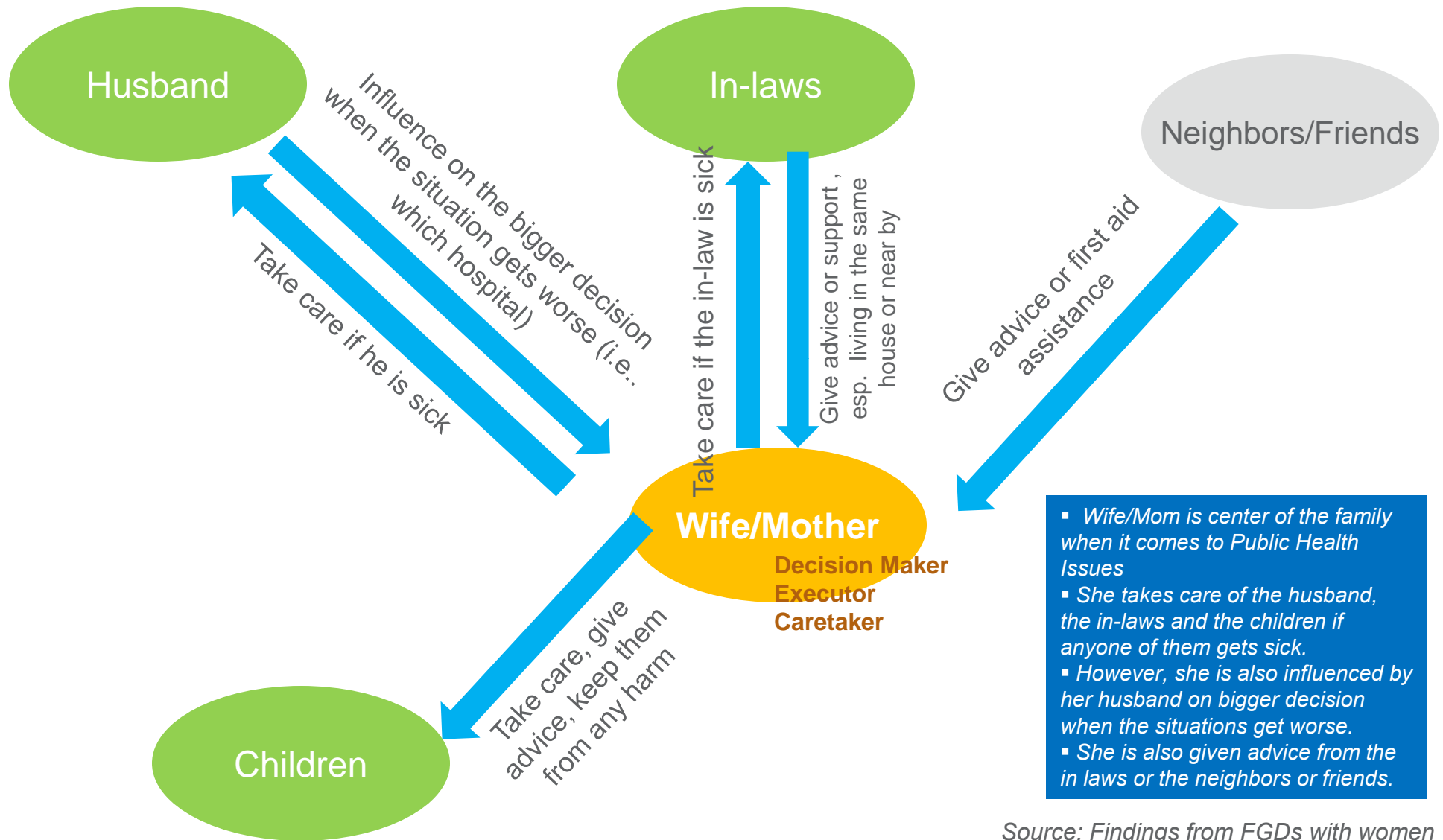
**[Decision Making Process & Interaction in
the family regarding Public Health Issues]**

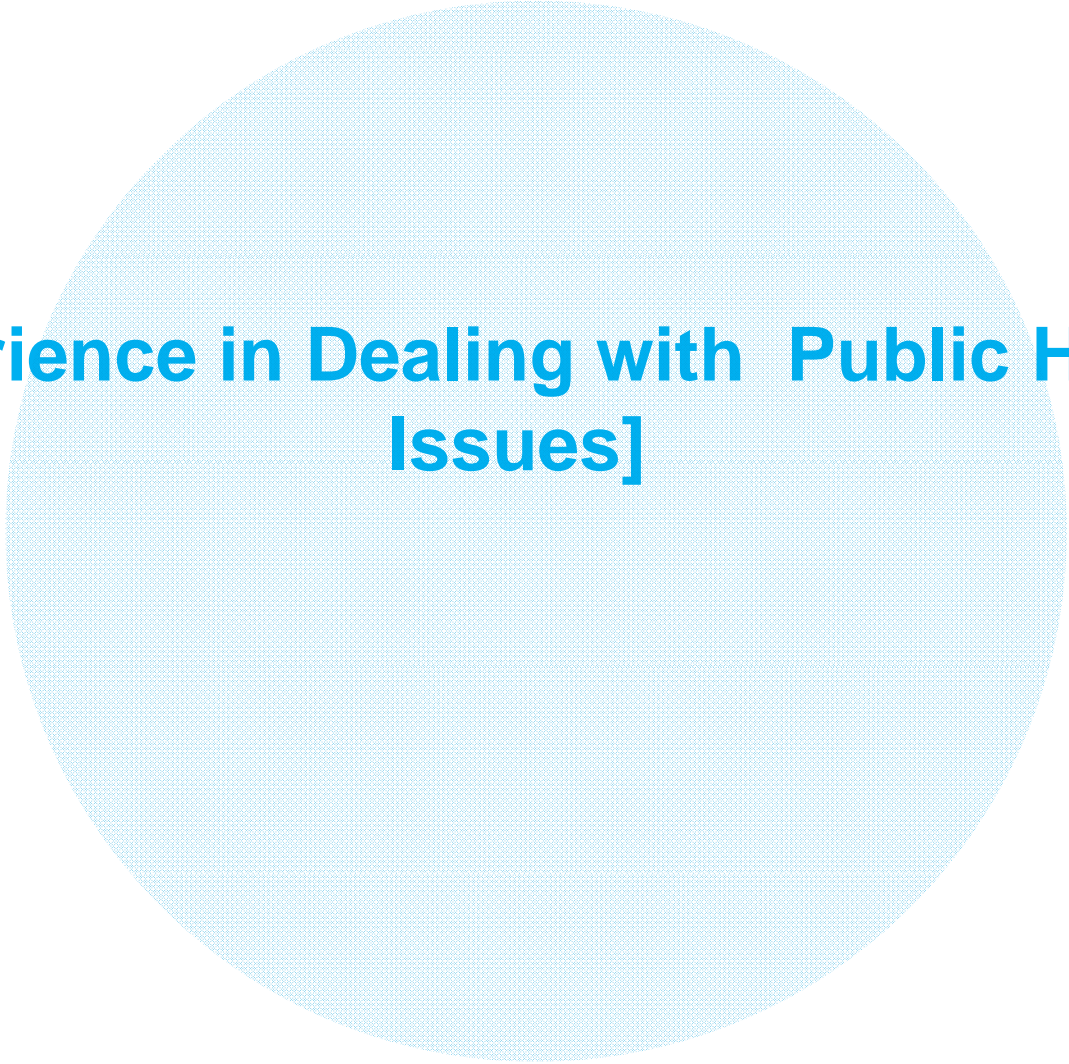
Decision Making Process on Public Health Issues



Source: Findings from FGDs with women

Family Interaction on Public Health Issues





**[Experience in Dealing with Public Health
Issues]**

Actual experience in dealing with news about public health cases

Note that: none of the interviewees in the FGDs or the IDIs has actually experienced disease outbreak in their own families. The actual experience are actually measured when they heard there's an outbreak somewhere near them from the media or WOM.

During outbreak of any disease, the general behaviors:

- Avoided crowded places (supermarket, public areas, etc.)
- Avoided people having symptoms
- Protected children to keep them away from any harm

However, there were particular behaviors that were different from one issue to another

❖ **During Cholera outbreak**

❖ **During Blue-ear outbreak**

❖ **During Blue ear outbreak**

❖ **During H5N1, H1N1 outbreak**

Source: Findings from FGDs with women



Actual experience in dealing with the news about public health case

❖ During Cholera outbreak

- ✓ More stringent house cleaning and personal hygiene
- ✓ Avoided uncooked and half-cooked food
- ✓ Didn't eat out
- ✓ Drank boiled water
- ✓ Took measures to ensure cleanliness prior to cooking; E.g. Soaked vegetable in water with salt (15-20 minutes) before cooking
- ✓ Cooked food more carefully and with longer time
- ✓ More particular about freshness and origin of food - Bought food from reliable sources
- ✓ *Washing hands before cooking or eating or after going to the toilet not mentioned*

No difference in the responses towards news of Cholera outbreak among locations as well as respondent groups.

Source: Findings from FGDs with women

Real experience in dealing with the news about public health issues

❖ During Dengue fever time

- ✓ Didn't sleep without net
- ✓ Buckets and jars of water carefully covered with lids
- ✓ Clothes folded and placed neatly into closet
- ✓ More stringent house cleaning and personal hygiene
- ✓ Avoided stagnant water
- ✓ Avoided mosquitoes' eggs, mosquito larva by cleaning jars, basins, buckets frequently
- ✓ Used mosquito spray
- ✓ Applied insect repellent cream in the evening (not popular, in urban only)
- ✓ Kept children carefully in secure area

Urban women started to use protective product (anti-mosquito cream) to prevent Dengue fever, but this has not been popular yet.

Source: Findings from FGDs with women

Real experience in dealing with news about public health issues

❖ **During H5N1, H1N1 outbreak: H5N1 and H1N1 are both perceived as epidemics related to poultry and both are infectious → They applied the same preventive methods towards the two diseases.**

- ✓ Wore mask when going to public places
- ✓ Had appropriate diet to strengthen resistance, i.e.. drank orange juice (Urban)
- ✓ Didn't eat poultry (Urban)
- ✓ Didn't eat half-cooked poultry (Rural - More careful in cooking: dipped in hot water, used salt to dispose germ. They believe that salt can dispose germs)
- ✓ Didn't eat blood pudding
- ✓ Avoided contact with fowls
- ✓ Used pork instead of chicken in parties
- ✓ *Washing hands before cooking or eating not mentioned*

Urban women were more careful in eating habits (didn't eat poultry) and health strengthening (improve resistance by drinking orange juice)

Source: Findings from FGDs with women


Real experience in dealing with news about public health issues

❖ **During Blue ear outbreak**

- ✓ Didn't eat pork
- ✓ Didn't eat out

Rural women didn't eat pork in the event of Blue ear while urban women still consumed pork bought from the supermarket as its quality could be assured

Source: Findings from FGDs with women



[Preparation and Planning for Public Health Issues]

Public Health Issue Preparation and Planning

- Preparation and planning for public health issues are limited to Cholera and Dengue Fever due to the following reasons as perceived by women:
 - Cholera and Dengue Fever can be triggered from any household
 - Other diseases such as H1N1, H5N1 and Blue Ear pig disease mainly affect poultry and pig raisers. These do not have a direct relation with women therefore limiting the possibility of getting affected.

Source: Findings from FGDs with women

Preparation and Planning for Dengue Fever

➤ **Women retain methods from past experience to prevent Dengue fever from happening**

- ✓ Sleeping in the net
- ✓ Always covering buckets and jars of water with lids
- ✓ Keeping clothes folded and placed neatly into closet
- ✓ Keeping the house clean
- ✓ Keeping personal hygiene
- ✓ Avoiding stagnant water.
- ✓ Using mosquito spray

➤ **They also keep themselves updated by watching TV or talking to friends/neighbors about public health issues to be able to react on time**

Source: Findings from FGDs with women

Preparation and Planning for Cholera

- **Similar to Dengue fever, women use methods from past experience**
 - ✓ Keeping the house clean
 - ✓ Keeping personal hygiene
 - ✓ Drinking boiled water
 - ✓ Washing vegetables carefully if eaten raw
 - ✓ Buying food from reliable sources
- **Now that they are more updated with information from TV, they are also implementing methods that haven't been applied previously**
 - ✓ Asking the children to wash hands before eating and after going to the toilet

Source: Findings from FGDs with women



**[Needs and Barriers in Public Health
Issues Prevention]**

Needs and barriers in preventing Public Health Issues

What is needed

Added verbatim

- **Updated information** - Women do not take any action until they have any official announcement from government sources which usually happens if an outbreak or epidemic already occurs. Hence they are not likely to take the right preventive measures → Timely and accurate information is needed to convert passiveness into taking a more proactive approach.

“If epidemic happens, the government would announce widely to inhabitants. Then we can follow their instructions on epidemic prevention or response”

Better living condition and facilities – Guidelines in maintaining clean surroundings (garbage disposal, stagnant water removal, etc.) should be given and strictly implemented. Food handling, storage and disposal should also be covered as there is an abundance of fresh food among the households.

Strict control and management of the authorities – of the manufacturers/suppliers of food. Control the poultry/livestock slaughtering operation strictly to ensure only good quality products are sold to end-consumers.

“I think that in order to prevent epidemic outbreak, the authorities should control food selling in the market. For example, only allow slaughter house to distribute their products to end-consumers if only they achieve a quality certification”

Source: Findings from FGDs with women

Needs and barriers in preventing Public Health Issues

Barriers in preventing H1N1/H5N1

Added verbatim

- **Family members (husband, children, in-laws) do not cooperate** 100% to implement all preventive methods; e.g. refuse to wear mask or insist on eating poultry during the outbreak

Financial matters - The mask price is unaffordable to some household during outbreak since the price increased dramatically, especially in rural areas.

“In the event of H5N1, the mask price increased 5-10 times (5k-10k per mask), so I could not buy for all my family members, it was too expensive to me”

- **Lack of information for both prevention and response** – Should cover the following – source/s of infection, everyday health practices, how to isolate/ prevent infected from transmitting the disease, etc.

“I was not sure about how to response to H5N1, I had heard that it is a epidemic related to sick poultry that infects human”

Source: Findings from FGDs with women

Needs and barriers in preventing Public Health Issues

Barriers in preventing Dengue Fever

Added verbatim

- **The neighborhood** – Not hygienic and well protected living environment providing mosquito good chance to grow

“I always keep my house clean to avoid mosquito growth, but my neighbor are not aware of keeping hygienic environment, they still throw rubbish into the street without hesitation ”

- **Lack of information on products** – Sometimes they want to spray anti-mosquito chemical but are afraid that it's is harmful for family health

Source: Findings from FGDs with women



Needs and barriers in preventing Public Health Issues

Barriers in preventing Cholera

Added verbatim

- **Careless control and management of authorities** – unsafe food is still being sold to consumers

“Food stores are still selling unhygienic food and it seems that the authority hasn’t done anything to control this.”

- **Cannot control their children** from going to school and eating out


“I don’t allow my kids to eat or drink at the street vendors when they go to school, but I don’t know whether they eat or not at their break time”

Source: Findings from FGDs with women



[2.3 LIVELIHOOD IN EVENT OF EPIDEMIC/PANDEMIC]





[Concerns – Actions taken to address the concern]

The extent of livelihood being affected is seen as short-term, not permanent and only affecting specific occupations related to the disease.

Perceptions about Livelihood

Women think that only people who work in related jobs (poultry/cattle breeder, transporter, meat vendor, etc.) will have the livelihood affected.
“They have to contact with poultry everyday so they are vulnerable to the disease. I have nothing to do with poultry so I cannot be infectious.”

Based on their experience, epidemic or pandemic has had little effect on livelihood . They totally believe that their livelihood is far from being affected in the event of pandemic/epidemic.

Being affected by health issues is seen as something you can recover from and go right back to work after recovery.

Source: Findings from FGDs with women

Women are oblivious that epidemics can have impact on their livelihood. This calls for support and more information.


No idea towards livelihood in the event of pandemic/epidemic → Their needs and barriers are not recognized

- *“I work for state company, so I am offered specific benefits. If I get sick in the event of epidemic, I will take leave and back to work after recovering. Therefore, there is no impact on my life”*
- *“In an outbreak, our office will close and we will get back to work as normal after everything is fine”*
- *“I still work normally as I don’t have contact with sick people and I will avoid crowded places, so I cannot be affected”*

Source: Findings from FGDs with women

[2.4 FOOD SECURITY IN EVENT OF EPIDEMIC/PANDEMIC]





[Concerns – Actions taken to address the concern]

The concept of food security is mainly associated with Food safety

Perceptions about Food Security

Food security as related to availability and access to food is not generally seen as an issue during an epidemic. According to the women, food is easily available and accessible (even from the backyard for rural areas).

For women, epidemics will not have a direct effect on food supply or consumption. As in the case of H5N1, they will resort to other food options that are not affected.

They have a high awareness of food safety mostly due to the recent food-related “scandals” (For example 3MCPD soya sauce; melanine in milk, etc.)

Any food related issues are automatically seen as part of the woman’s responsibilities.

Source: Findings from FGDs with women

There is still a great deal of information and effort needed to make the concept of food security realistic to women

What is needed → Their needs are more about food safety

- Food safety
 - Need to be updated about the origin of food sold in the market/ supermarkets
 - Need the authorities to have better management of food sold in the market/ supermarkets
- Food security/ availability: not concern at all about food availability even when probed further
 - *“It’s unbelievable that food is completely out of stock – I can buy any food from the supermarket” (urban)*
 - *“I don’t worry about food availability, I can utilize food from my harvest and in my garden” (rural)*
 - *“I only stock food in case of flooding or storm”*

 No perceived barriers towards food security

Source: Findings from FGDs with women



3. FINDINGS FROM IDIS WITH INFLUENCERS

3.1 Awareness and Perceptions of Imminent Dangers

3.2 Their Experience in dealing with Public Health Issues

3.3 Their Preparedness and Plan towards Public Health Issues

3.4 Their Barriers in Preventing Public Health Issues

[3.1 Awareness and Perceptions of Imminent Dangers]



Husbands (or men in the family) tend to be in denial about the dangers of public health issues

They tend to be less aware of the recent epidemics (H5N1, H1N1) therefore have less concern about these epidemics occurring in the future

- Confused between H5N1 and H1N1: Cannot differentiate as both are seen as diseases related to ducks and chickens which are infectious to humans
- There is no risk if they don't have contact with infected ducks or chickens
- Perceives that only children and pregnant woman can be easily infected as they have weak resistance.

Most of male influencers think that common epidemics such as Cholera, Dengue fever will be likely to happen in the future based on previous experience.

- Everybody can be infected
- Cholera is the result of poor hygiene and eating habits
- Mosquito is the main cause of Dengue fever

The men seem to disregard the danger of epidemics

- "I have strong resistance, so I am not worried for myself in event of epidemic"
- "The appropriate authorities overstate/ exaggerate the danger of epidemics, it happens but it is not too serious" – talking about H5N1 and H1N1

Source: Findings from IDIs with influencers

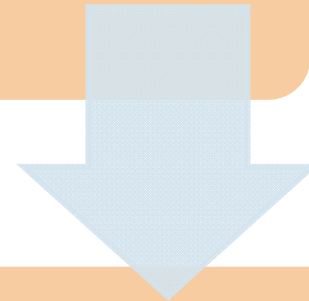
Mothers-in-law or friends/ neighbors (female influencers) mostly share the same perception with women (1)

They also have responsibilities of taking care of the family therefore they are highly aware and are very knowledgeable of public health issues

-H5N1 and H1N1 are dangerous issues which are infectious and can be life-threatening

-Dengue fever is easy to spread during the rainy season as mosquito eggs grow quickly in wet weather.

-Unhygienic eating habits cause cholera



Children are their top most concern in the event of public health issues

“Children are young and have weak resistance hence easy to get sick”

Source: Findings from IDIs with influencers

Mothers-in-law or friends/ neighbors (female influencers) mostly share the same perception with women (2)

However, some people also have not taken public health issues seriously

- *“The epidemic happens in another place far from here so I don’t worry too much, I only pay a little more attention on daily eating and cleaning” (rural)*
- *“Rural people with less knowledge and low living standards can be easily infected, not us” (urban)*

Tend to totally rely on the authorities

- *“I’m also scared, however, I cannot do anything”*
- *“I am just a normal citizen so I rely on relevant authorities who have responsibilities to response and prevent possible epidemics”*

Source: Findings from IDIs with influencers

[3.2 Experience in Dealing with Public Health Issues]



Women and influencers share the same experience with public health issues due to their proximity - either living in the same house or near each other

Cholera

- Avoided uncooked and half-cooked food
- Didn't eat out
- Drank boiled water

H1N1/H5N1

- Wore mask when going to public places
- Had appropriate diet to strengthen resistance, i.e. drank orange juice
- Didn't eat poultry (Urban)
- Didn't eat half-cooked poultry
- Didn't eat blood pudding
- Avoided getting in touch with fowls
- Used pork instead of chickens in parties

Dengue fever

- Didn't sleep without net
- Buckets and jars of water carefully covered with lids
- Avoided stagnant water.
- Avoided mosquitoes' eggs, mosquito larva by cleaning jars, basins, buckets frequently
- Used mosquito spray
- Kept children carefully in secure area

Blue ear pig

- Didn't eat pork
- Didn't eat out

However, it was the women/ wives who were the key persons to remind and urge other family members to take preventive measures.

Source: Findings from IDIs with influencers

[3.3 Preparation and Planning for Public Health Issues]



Preparation and planning for influencers are practically the same as the women/ wives. This is due to women/ wives reminding and urging other members to take preventive actions.

➤ **Dengue fever prevention**

- ✓ Sleeping in the net
- ✓ Always covering buckets and jars of water with lids
- ✓ Keeping clothes folded and placed neatly into closet
- ✓ Keeping the house clean
- ✓ Keeping personal hygiene
- ✓ Avoiding stagnant water.
- ✓ Using mosquito spray

➤ **Cholera prevention**

- ✓ Keeping the house clean
- ✓ Keeping personal hygiene
- ✓ Drinking boiled water
- ✓ Washing vegetables carefully if eaten raw
- ✓ Buying food from reliable sources

Men/ husbands were also aware of what should be done. However, most of this “to-do list” was implemented by women/ wives.

Source: Findings from IDIs with influencers

[3.4 Needs and Barriers in Preventing Public Health Issues]



Needs and barriers in preventing Public Health Issues

What is needed

• **Higher commitment and devotion than usual** - Women/ wives are seen as the experts and natural in taking care of others. Influencers need them to perform these skills on a higher level when it comes to taking care of the family in relation to public health issues.

• **Other needs are in line with Women's needs**

- Updated information
- Better living condition and facilities
- Strict control and management of the authorities

Source: Findings from IDIs with influencers





4. FINDINGS FROM BOTH FGDS WITH WOMEN AND IDIS WITH INFLUENCERS

- 4.1 Decision Making Process - Interactions within the Family
- 4.2 Women's Roles (Validation from FGDs)

[4.1 Decision making process – interaction within family]

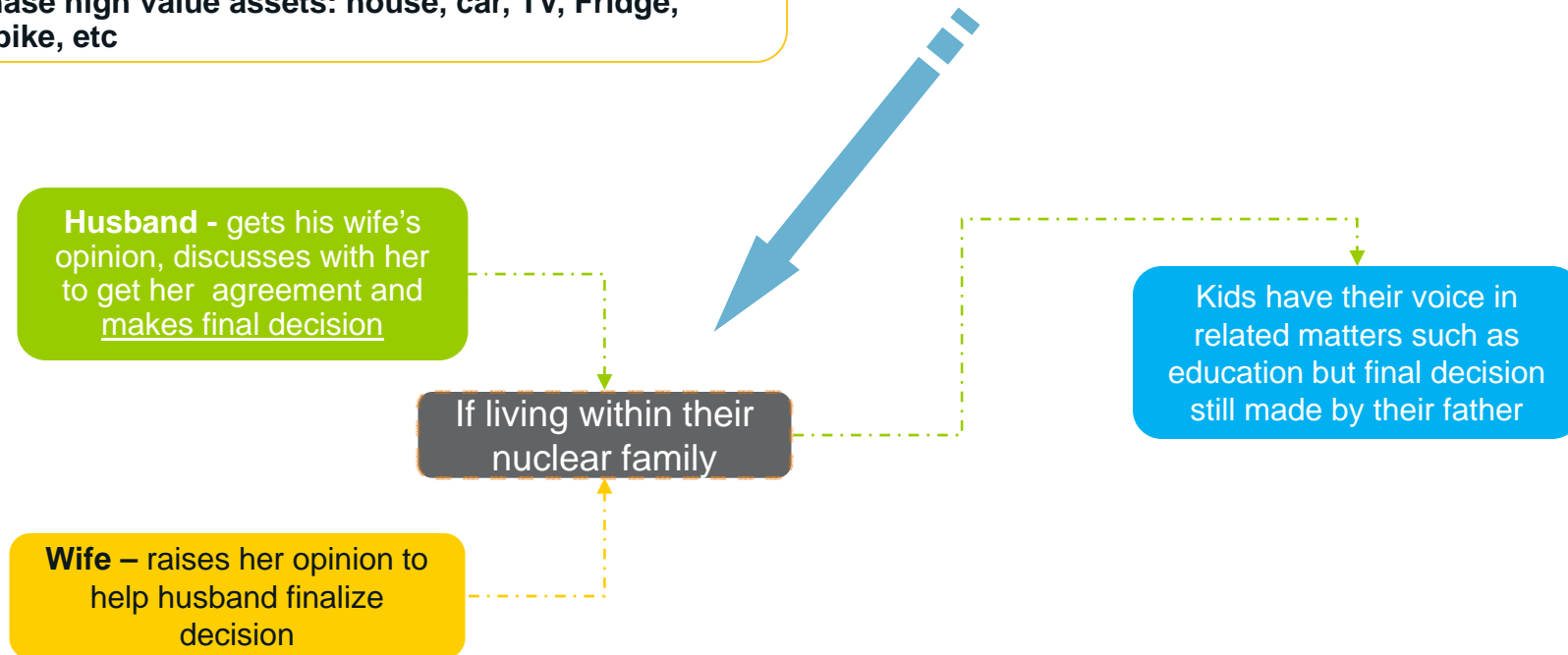


Decision making process – Important decision

Quite similar if living in the woman's parents' household. The woman / wife never wants her husband to lose face. Losing face will impact strongly on her family's happiness → Often let her husband make important decisions.

What are some important decisions?

- Children future, education
- Purchase high value assets: house, car, TV, Fridge, motorbike, etc



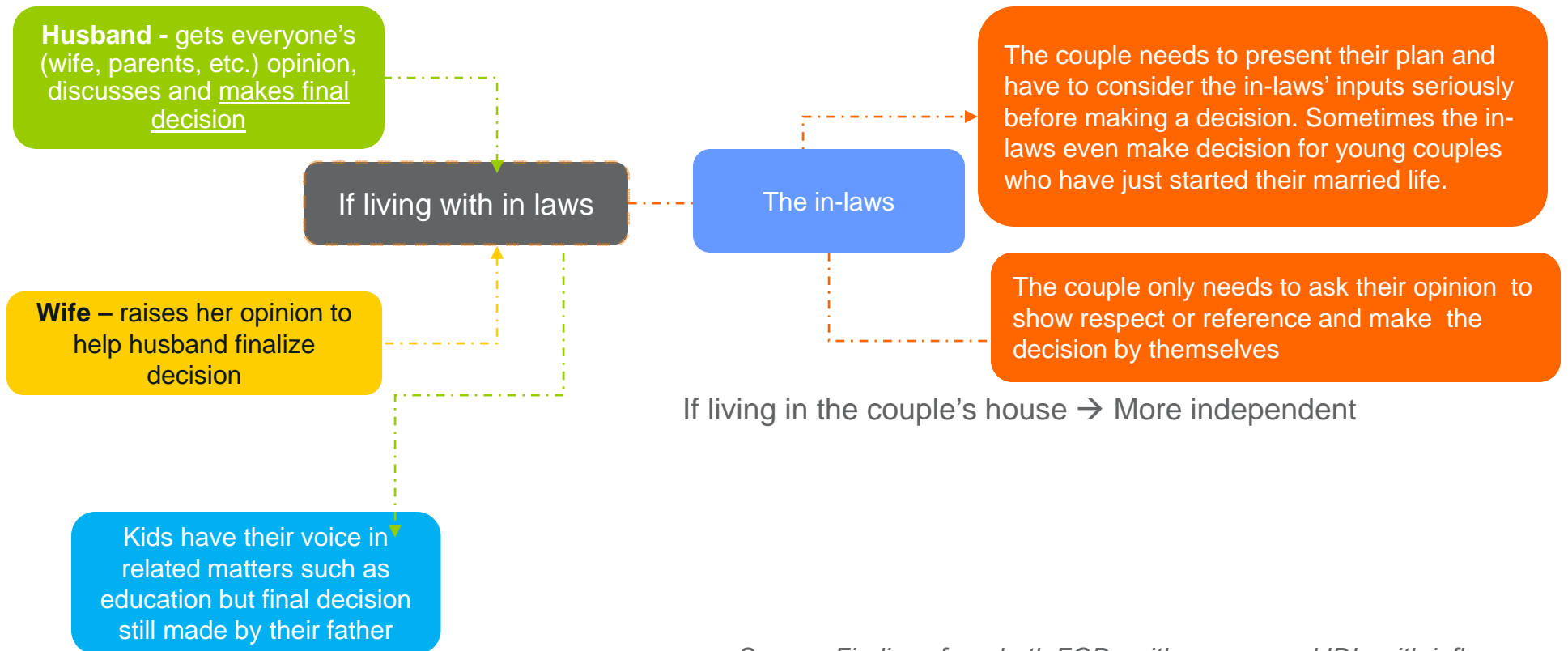
Source: Findings from both FGDs with women and IDIs with influencers

Decision making process – Important decision

What are some important decisions?

- Children future, education
- High value assets: house, car, TV, Fridge, motorbike, etc

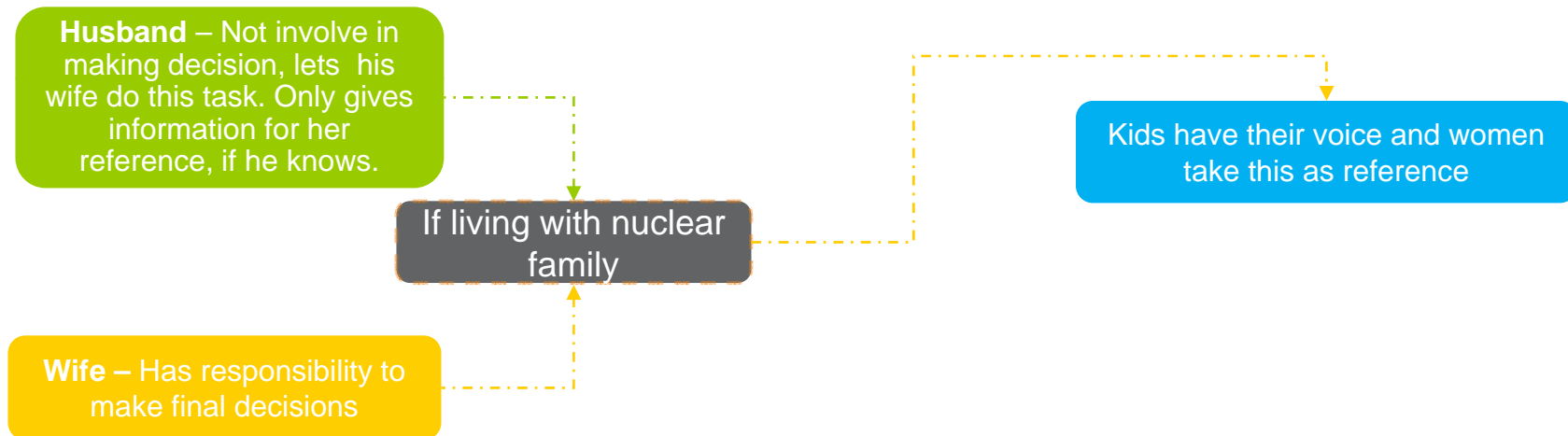
If living in the in-laws' house → More dependent



Source: Findings from both FGDs with women and IDIs with influencers

Decision making process – Daily family care

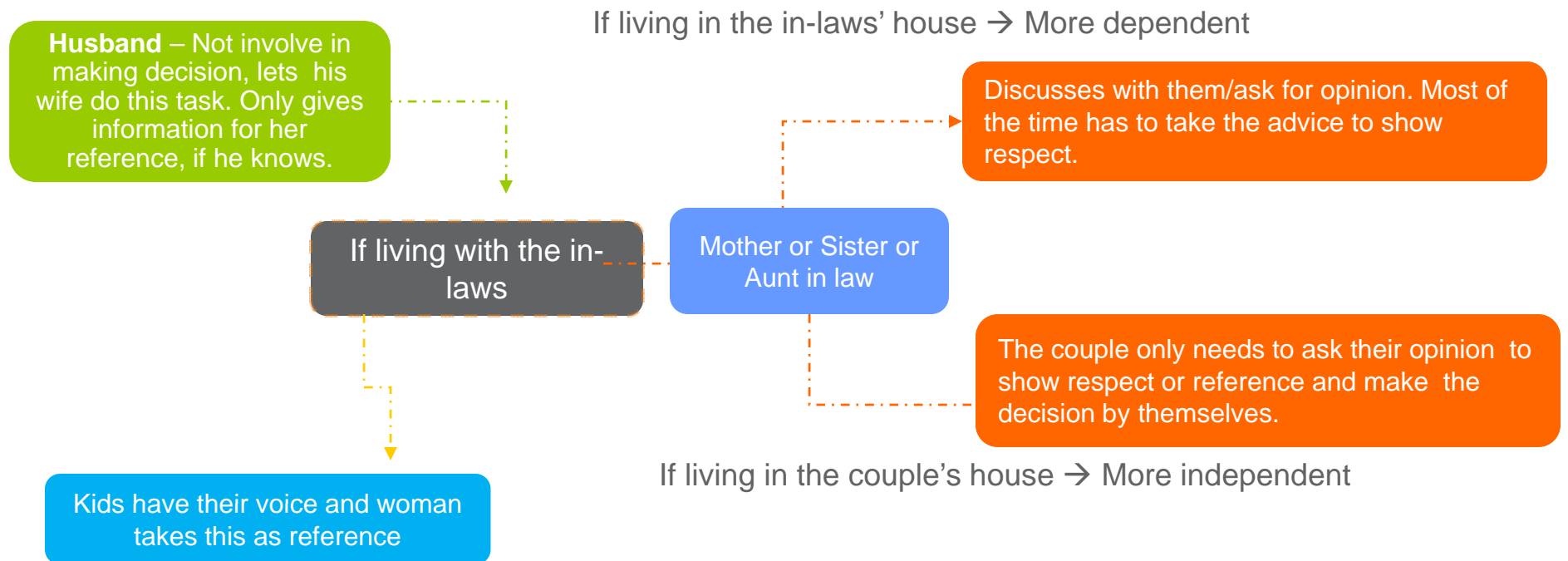
- Daily family care: health, food, consumer goods, etc
- Daily budget spending



Source: Findings from both FGDs with women and IDIs with influencers

Decision making process – Daily family care

- Daily family care: health, food, consumer goods, etc
- Daily budget spending



Source: Findings from both FGDs with women and IDIs with influencers

[4.2 Roles of women]





Generally, women follow traditional roles; but new roles are emerging

Traditional Roles

Homemaker

Still mainly responsible for doing/ managing household chores

Purse Keeper/ Manager

Manages family finances coming from income earned by husband or both husband and wife.

Care-giver

Makes sure that all of family members (including in-laws) are well taken care of. This covers education for the children, daily nutrition and health care. More often, her responsibilities for the family takes over personal needs and aspirations.

Emerging Roles

Income Earner

There is an emergence of double-income families especially in urban areas where women have higher opportunities of employment.

Decision maker

In urban areas, money earned enables the woman to take part in major decisions such as purchase of high-value items (housing, vehicles, major household appliances, etc.) as well as organizing important events (travel) which have been traditionally done solely by the husband.

Source: Findings from both FGDs with women and IDIs with influencers

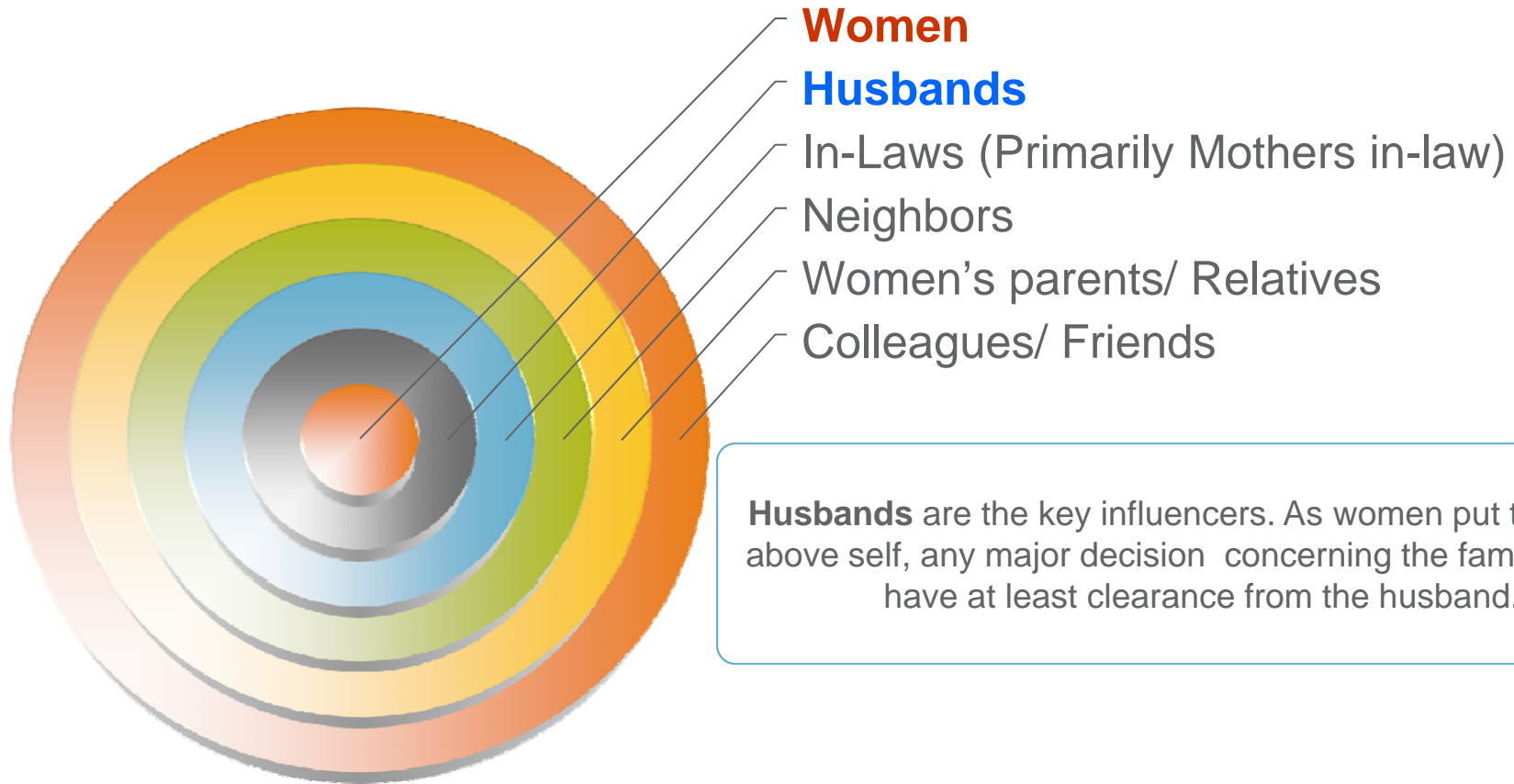
This is very much consistent with a recent study conducted by Nielsen among men and women in HCMC and Hanoi. In these areas, around a third of the women interviewed were already earning additional income for the family.



Source: Male vs. Female Study (HCMC/ HN n=300)

Source: Findings from both FGDs with women and IDIs with influencers

Key Influencers to Women



Husbands are the key influencers. As women put the family above self, any major decision concerning the family should have at least clearance from the husband.

Source: Findings from both FGDs with women and IDIs with influencers

Key Influencers to Women

Influencer	Husband
<p>How influence is demonstrated</p>	<ul style="list-style-type: none"> •He usually discusses important matters with his wife although he is usually the one to make final decision. These decisions include: children's education and welfare, marriage matters, and family finances (purchase of assets, investments, etc.). •Regarding family health care and response to illness, the husband defers to his wife' as he asserts that it is her area of competence. <p><i>“Woman is the most suitable person in the family to take care of family health as she is very careful and knows how to do that job well”</i></p>
<p>Why husband is influential?</p>	<ul style="list-style-type: none"> •Main income-earner in the family. • He is the primary motivation for her efforts and sacrifices for the family to keep his fidelity <i>“I’ve tried to cook good food, keep the house always clean, bring up the kids, be nice to his mother. All of these is to please him and make him keep his fidelity”</i> •To keep the family harmony, women rarely does anything against her husband’s will. • Deep rooted tradition of society for wife to defer to husband

Source: Findings from both FGDs with women and IDIs with influencers



Key Influencers to Women

Influencer	In-Laws (Mothers-in-law)
How influence is demonstrated	<ul style="list-style-type: none"> • If the family is living in the house of the in laws, mother in law has strong influence . • However, if the in-laws are living in the house of the couple, her influence is weaker • Mother-in-law involves in decision making of rearing the children, cooking, purchasing household items <ul style="list-style-type: none"> • <i>“I often share and discuss with my mother-in-law about daily family care to get her advice as she has more experience . This is also the way to build a good relationship in the family”</i> • The mother-in-law often gives advice to the women and the women also seek advice from the mother-in-law.
Why mother-in-law is influential?	<ul style="list-style-type: none"> • Deep rooted tradition of society for women to show respect to parents/ in-laws • Financial consideration, especially for couples who are starting a family • Mother-in-law has more experience in life • Social pressure to show that woman is a dutiful daughter-in-law <ul style="list-style-type: none"> • <i>“My neighbor will judge me as a bad woman if I am not nice to my mother in law”</i>

Source: Findings from both FGDs with women and IDIs with influencers



Key Influencers to Women

Influencer	Neighbors	Women's Parents/ Relatives	Colleagues/ Friends
How influence is demonstrated	<ul style="list-style-type: none"> Neighbors are immediate assistance and sources of information for household matters (cooking, child care, illnesses, etc.) and for more intimate/ emotional topics (how to make the husband happy). <i>"I often talk with my neighbors about many things in daily life such as shopping, food, social events and even my internal family matters"</i> 	<ul style="list-style-type: none"> Seen as sources of information and advice. A source of emotional support when she encounters the problem with her immediate family <ul style="list-style-type: none"> <i>"Sometimes, I have the issues which I cannot share with my husband. At that time, I often have a talk with my close friends. This helps me feel very comfortable"</i> For more intimate/ emotional topics (how to make the husband happy). 	
Why they are influential?	<ul style="list-style-type: none"> Proximity Intimacy 	<ul style="list-style-type: none"> Women feel close to entrust them as they are her blood relation and their own friends <ul style="list-style-type: none"> <i>"Different blood different thinking you know this proverb? Same blood runs in my body and my mom's body so of course we understand each other well"</i> 	

Source: Findings from both FGDs with women and IDIs with influencers



5. FINDINGS FROM ETHNOGRAPHY

5.1 Urban

5.2 Rural

Living condition from observation

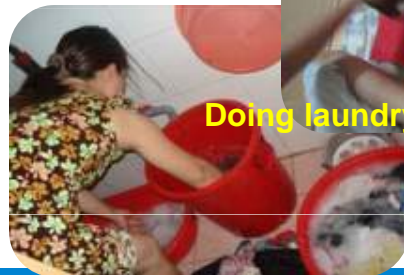
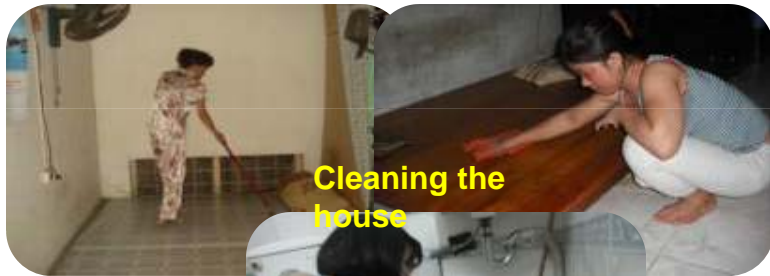
	HN	Danang	HCMC	An Glang	Nam Dinh	Binh Dinh
	A room is used for multi purposes (Dining, Sleeping)	Separate large rooms for different purposes	Separate small rooms for different purposes	A room used for multi purposes (cooking, dining and sleeping) Built on the waterway	Separate rooms for different functions; often with garden or big yard	House with separate rooms, often with yard
Living Condition	Crowded, not airy, jammed	Airy. Clean	Not very crowded; Not very airy but clean	Dirty	Airy, spacious	Airy

Source: Findings from Ethnography

[5.1 Urban]



Daily activities



Source: Findings from Ethnography

Neighborhood

HN



DN



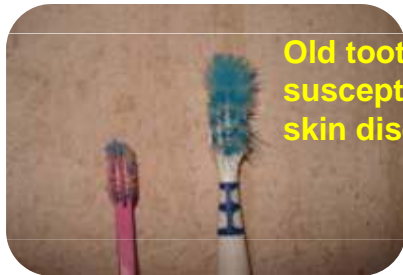
HCM



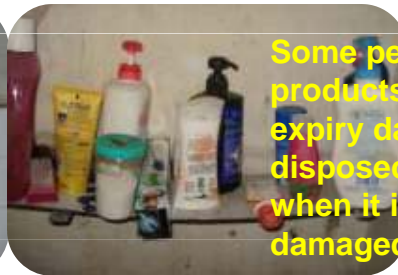
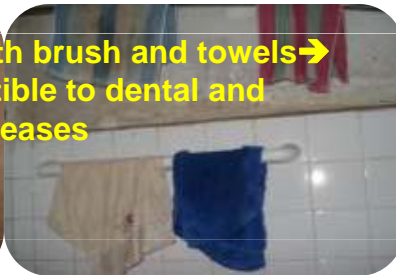
Source: Findings from Ethnography

Personal Care

HN



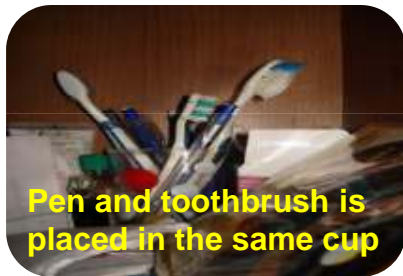
Old tooth brush and towels → susceptible to dental and skin diseases



Some personal care products are over its expiry date → disposed of only when it is empty or damaged



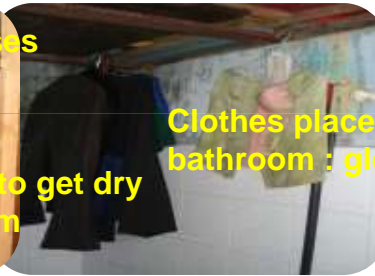
DN



Pen and toothbrush is placed in the same cup



Towels for different purposes (dust cleaning, table cleaning) piled on top of another
It's difficult for towels to get dry in the bathroom



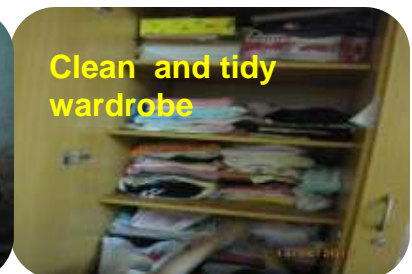
Clothes placed in the bathroom : gloomy, damp



HCM



Toothbrush and personal product are well -organized



Clean and tidy wardrobe

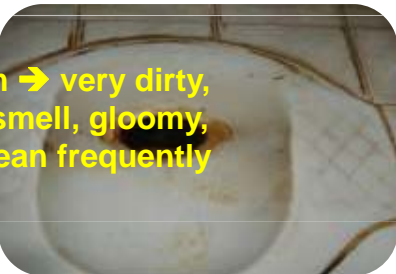
Source: Findings from Ethnography

Their house – Bathroom

HN



Restroom → very dirty, has bad smell, gloomy, do not clean frequently



Towels and clothes thrown in bathroom

DN



Bathroom used for preparing food

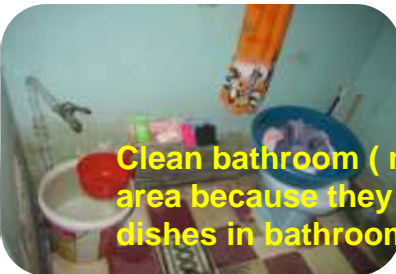


Use bathroom to do laundry



Separate and clean bathroom

HCM



Clean bathroom (multifunctional area because they also wash dishes in bathroom)



Source: Findings from Ethnography

Their house – Bathroom

HN



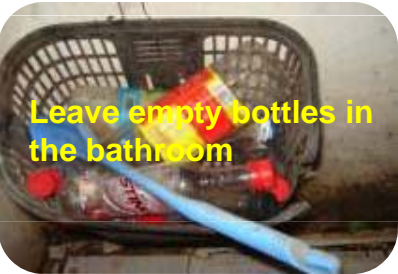
Dirty



Washing dishes area



Also a cooking preparation area



Leave empty bottles in the bathroom

DN



More household care & personal care products used



Multi-purpose: toilet, bathroom, cooking preparation



HCM



Well organized, tidy



Source: Findings from Ethnography

Their house – Bedroom

HN



Has mosquito net but not airy and lack of sunlight



Husband, wife and children sleep on the same bed



Baby is sleeping without mosquito net

Lie on the mat, on the floor

DN



Sleeping area is on the same place as dining area

Lie on the floor



No separate sleeping areas



HCM



Lie on the floor with the mattress



Husband, wife and child sleep together



Source: Findings from Ethnography

Food preparation

HN



Dishes and cooking utensils left in unclean places

Dishes stored without cover in wet and dark places

DN



Similar in Da Nang

HCM



Have kitchen cabinets to store leftover food and dishes

Source: Findings from Ethnography

Food preparation (Cont.)

HN



DN



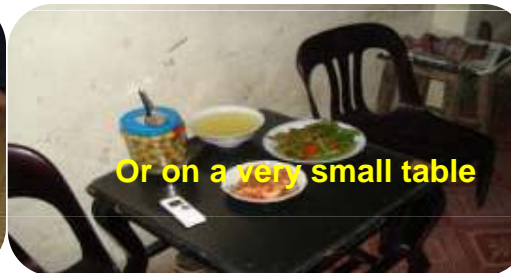
HCM



Source: Findings from Ethnography

Eating habits

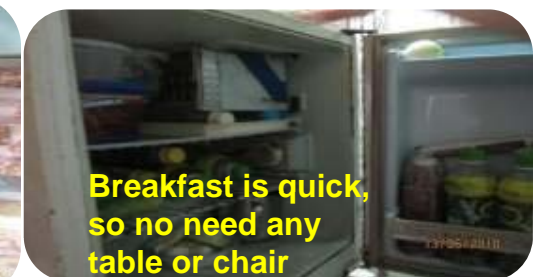
HN



DN



HCM



Source: Findings from Ethnography

Healthcare corners

HN



DN

There is no healthcare corner, just stored some type of balm oils to prevent headache or slight flu



HCM



Some households has good preparation for sickness with variety of medicine and healthcare products



Source: Findings from Ethnography

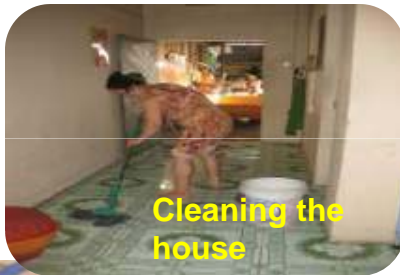
[5.2 Rural]



Daily activities



Going to the market



Cleaning the house



Doing laundry



Cooking



Washing dishes



Taking care kid



Source: Findings from Ethnography

Neighborhood

Nam Dinh



Large rice field nearby house



Wet market just nearby



Often have fish pond near living area

Breeding ducks in the backyard



Dust-hold near the house

Binh Dinh



Utilize the water for washing



Fish market near the canal



Large and airy garden



An Giang



A pond behind or in front of every house

Large river area



Fish market – stagnant waste water



Lots of rubbish and bad smell near the river

Source: Findings from Ethnography

Source of water

Bottled water used drinking while river water, well water or tap water are used for other daily activities (cooking, bathing, doing laundry)

Nam Dinh



Bottled water for drinking, well water or tap water for other daily activities

Binh Dinh



Bottled water for drinking, river water for other daily activities

An Giang



Source: Findings from Ethnography

Personal Care

High SEC house: personal care products look clean and new.
More products used (facial cleanser, conditioner)

Nam
Dinh



Old/not frequently replaced tooth brush

Doesn't wash hands after feeding the pigs

Binh
Dinh



Personal items placed in dry areas

Clothes are hung in wet areas and look messy

An
Giang



Bathing by river water

Source: Findings from Ethnography

Living condition

Large and airy space, have separate functional rooms

Nam
Dinh



Similar in Binh Dinh: Large and airy space, have separate functional rooms

Binh
Dinh



House built in the waterway, look temporary, have separate functional room

An
Giang

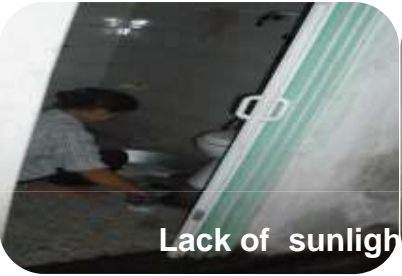


Source: Findings from Ethnography

Their house – Toilet/ bathroom

Toilet and bathroom are the same place. Look quite airy and clean

Nam Dinh



Lack of sunlight in bathroom

Binh Dinh



Clean and airy bathrooms across houses visited

Human waste is disposed of into the same river where children are swimming and the water is used for different activities.

An Giang



Source: Findings from Ethnography

Their house – Bedroom

Sleeping area is airy. Only used the mosquito net in the night time

Sitting near the bed to prepare food for cooking.

Nam Dinh



Having separate sleeping areas for family members (parents, couples and children)

Binh Dinh



Having separate sleeping areas for family members

Have mosquito nets but lack ventilation in living areas

An Giang



All family members sleep on the same bed/place

Have mosquito nets, airy space and near the river

Source: Findings from Ethnography

Their house – Cooking area

Nam Dinh

High SEC: Tidy, clean



Cooking on the floor, messy



Small area for cooking



Binh Dinh

Kitchen separated, spacious and clean. Have kitchen cabinet to store food



Not well arranged cooking area. Food and dishes not covered properly.

An Giang



Source: Findings from Ethnography

Cooking habits

Food preparation on wet floor, surrounded by waste water and dust

Nam Dinh



Wash food many times but don't wash their hands after touching meat or fish

Binh Dinh



An Giang



Source: Findings from Ethnography

Eating habits

Nam Dinh

Having meals on the floor



Food stored in the fridge and covered



Food served on the table. Many people dip their chopsticks into the same dish

Binh Dinh



Food served on the floor. All family members dip chopsticks into same dipping sauce

An Giang



Leftover food is not stored properly

Source: Findings from Ethnography



6. FINDINGS FROM IDIS WITH STAKEHOLDERS

- 6.1 Their responsibilities and interactions with community
- 6.2 Awareness and Perceptions of Imminent Dangers
- 6.3 Community's Experience in dealing with Public Health Issues
- 6.4 Community 's Preparedness and Plan towards Public Health Issue
- 6.5 Community's Barriers in Preventing Public Health Issues
- 6.6 Points of Views on Women's Role on Public Health Issues
- 6.7 Target Audience and Most Effective Communications methods

[6.1 Their responsibilities and interactions with community]



Head of Health care center

- **Bears the responsibility of taking care of the community's health**
 - Plan and execute the programs to reduce community health issues: giving out immunization, encouraging people to have annual health check, providing specific disease prevention information
 - Coordinate with Women's Union to implement health communication programs (H5N1, Cholera, dengue fever prevention and response, food safety, etc). Play the role of a specialist
 - Implement basic health check and treatment service for people in the community
 - Involvement in emergency cases (serious illness, etc) in order to persuade victims/sufferers to follow instructions and treatments
 - Coordinate with Women's Union to implement an annual free health check for women

Source: Findings from IDIs with stakeholders

Head of Women's Union

- **Has the responsibility to deploy and communicate the government policies which are related to women** such as gender equality, reproductive health, domestic violence, marriage law, public health issue prevention, etc.
 - Plan and organize activities and programs to communicate the policies such as holding seminars or visiting houses or neighborhoods
 - Allocate human resources to deploy communication activities to the communities
 - Play a role as the consultant to help women improve their lives
 - How to start a business effectively
 - How to keep family happy
 - Etc.
 - Monitor the effectiveness of the programs and modify approach or communication methods as needed
 - Coordinate with other departments (Health care center, People's committee, Communist youth union, etc.) for integrated activities related to public health issues
 - Involvement in emergency cases (serious illness, etc) in order to persuade victims/ sufferers to follow instructions and treatments
 - Coordinate with Health Care Center to implement an annual free health check for women

Source: Findings from IDIs with stakeholders

[6.2 Awareness and Perceptions of Imminent Dangers]




Their perceptions towards public health issues

Women's Union	Health care center
<p>“Unsafe food (chemical, out of date) and polluted water source may cause health public issues in the future (cancer, food poisoning)” → their top of mind public health concerns</p>	<p>“Epidemics related to food are possible dangers in the future as there is a low concern/ consciousness among street vendors as well as people having bad eating habits”</p>
<p>“We need to have the cooperation from everyone to respond efficiently (residents, authorities and related organizations such as women's union, health care center, people's committees)” towards public health issues</p>	<p>“Epidemic rate will decrease significantly if we implement preventive activities from the beginning”</p>
<p>“H5N1 or H1N1 are epidemics that originate from overseas and Vietnam is one of the countries affected. Therefore, we cannot predict these kinds of epidemics”</p>	<p>“End-consumers should be the key target audience of communication campaign, if they have high awareness, they will ignore unsafe food”</p>
<p>“Regular communication activities play significant roles in improving people awareness and knowledge to prevent public health issues”</p>	<p>“Communication campaign is very important to improve people knowledge and self-protection awareness which contribute to better epidemic prevention in the future”</p>
<p>“Women's Union role is mainly focused on preventive communication. This is also done through various media channels (TV, newspaper, etc.).</p>	


Source: Findings from IDIs with stakeholders

In summary, the stakeholders think that...


Food related public health issues are what we should be most concerned about.



Communication is a key tool for increasing awareness for prevention.



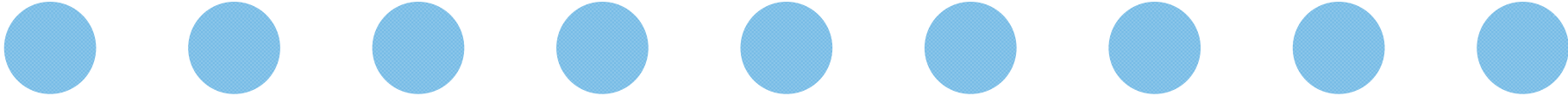
Efficiency in prevention and response can be achieved with cooperation from various organizations and the residents themselves.



Increasing levels of awareness and knowledge should be the main focus.

Source: Findings from IDIs with stakeholders

[6.3 Community's Experience in dealing with Public Health Issues]



Strong cooperation between Women's Union and Health care center on public health issue prevention and response

Job done	Women's Union	Health care center
Conducted timely treatment	<ul style="list-style-type: none"> • Visited infected households, provided treatment at home or sent them to the hospital/ health care center depending on severity • Isolated patients (H5N1) or advised family members how to avoid spreading the disease (Dengue fever, Cholera) 	
Conducted field visit	<ul style="list-style-type: none"> • Eradicated possible sources of infection and sprayed chemicals to get rid of the virus (Dengue Fever) • Provided specific instructions to family member and nearby households 	
Conducted preventive communication on a large scale	<ul style="list-style-type: none"> • Used leaflet, loudspeaker or door to door communication frequently to raise people's concern as well as communicate prevention and response methods 	<ul style="list-style-type: none"> • Provided Women's Union with specialized documents for distribution • Held seminars, talks via loudspeaker to give instructions on prevention and response
Controlled trading activities carefully in the wet market (H1N1, Cholera, Blue ear)	<ul style="list-style-type: none"> • Checked the origin of food at point of sale • Set regulations about food safety for the sellers 	

Source: Findings from IDIs with stakeholders

[6.4 Community's Preparation and Planning for Public Health Issues]



Preparation and Planning for Public Health Issues

Head of women's union

- Implement preventive communication activities for common epidemics (Cholera, dengue fever) during the season in when outbreaks are likely to occur
 - Provide prevention information via leaflets, banners, loudspeaker or meeting
- Plan human resource and assign tasks for each unit of the community to be ready for epidemic response
- Provide training courses for the executors (collaborators, staffs) to ensure they have enough knowledge and skills to communicate to target audience
- Regularly mobilize the residents to join in cleaning streets and living area to keep environment hygienic
- Send people to each household to remind them to clean their living areas

Head of health care center

- Implement preventive communication activities for common epidemics (Cholera, dengue fever) during the season in when outbreaks are likely to occur
- Hold seminars to provide residents knowledge about prevention
- Send collaborator to contact directly with each household and guide specific prevention methods (sleeping in mosquito net, cleaning living area, etc.)
- Organize quarterly environmental sanitation campaign.

Source: Findings from IDIs with stakeholders

[6.5 Community's Barriers in Preventing Public Health Issues]



Needs in preventing public health issues



Financial support and **human resource** are their current needs

Women's Union	Health care center
<ul style="list-style-type: none">• <u>Need more budget</u> from government, charitable organizations to increase resources for holding trainings, seminars for executors• <u>Improve salary payment</u> for executors to boost their involvement and enthusiasm	<ul style="list-style-type: none">• <u>Be well equipped</u> with different facilities: medicine, medicines for testing/ detection, etc.• Have <u>sufficient human resources</u>: more staff• <u>Need training budget</u> to improve professional skills for relevant staff

Source: Findings from IDIs with stakeholders

Barriers

From residents

Immigrants (blue collars, students, etc) who are temporary residents → cannot get their involvement in prevention activities

Low awareness and unconcerned about the dangers of epidemics → would prefer to hide their condition and ignore the advice or treatment methods

Poor people who have low education and always faced with budget constraints -> hard to communicate and improve their awareness

Big gap between poor and rich in terms of knowledge and awareness → they have different concerns and needs in life → difficult to communicate effectively

Within their organization

Limited financial support from government, authorities to invest further on communication activities (holding seminars, more striking leaflets)

Women's Union – most members are older woman (above 40 y.o..). People perceive Women's Union as a club for older people → lack of involvement from younger groups

Lack of enthusiasm from staff/ executor

Source: Findings from IDIs with stakeholders

[6.6 Points of view on women's role on Public health issues]



In relation to public health issues/ epidemic response, stakeholders see women as...

Influencer

"The most important as women will "whisper" (rũ rĩ) to their husbands & children to get their involvement."

Communicator

"Women are key triggers for information - they go to the market/ workplace and talk to others about daily events as well as share their knowledge and information."



Active Participant

"Women are key people as they will go to local meetings to receive communication messages and apply to their families."

Executor

"Women handle family matters on a daily basis – cooking, shopping, cleaning, etc. Therefore she is the most conscious family health care and would be the first to notice any concern."

"The woman is the key person in the family to take specific action on public health issue either in response or for prevention."

Source: Findings from IDIs with stakeholders

Barriers towards women from taking an active role on public health issues/ epidemic response

Low awareness

- Attention is too focused on daily family matters that limits receipt of information about public health issues.
 - Less interaction with media → not fully updated with official information.
- Takes on a reactive stand point – would not pay attention until issue is widespread.

Low education

- Finds difficulty in absorbing messages communicated.
- Lack of knowledge about basic hygiene practices (food preparation in the rest room, using river water for cooking, washing, doing laundry, etc). This leads to a careless attitude on doing everyday chores that contributes to spreading of diseases.

Passive attitude

- Totally rely on functional authorities to handle public health issues/ epidemics as it seen as their responsibility and not the woman's.
- This perception contributes to less cooperation when it comes to activities implemented by the authorities.

Source: Findings from IDIs with stakeholders

[6.7 Target Audience and Most effective communications methods]



Target audience for communication

Most effective ↑



Woman is centered of communication campaign thanks to her roles as

- Influencer
- Active participant
- Executor
- Communicator



The Youth – younger people in family who have high education

- Easy to absorb information/knowledge
- Play as the messengers to spread information to other family members, esp in Rural area where the parents/grandparents appreciate higher education of young generation



The men in family should be included in communicate campaigns as they are backbone of the family

- Have strong influence on family members' opinions
- Often remind family members on important things (health, education, etc)

Source: Findings from IDIs with stakeholders



Communication methods

Channels

Door-to-door communication as a consultant → opportunity get closer to target audience, understand their daily life → easier to get their involvement and cooperation

Leaflets - documents delivered directly to target audience for their reference

Annual meeting of women (perhaps coinciding with women's day) – a chance to popularize the cause and relevant information, gain more media mileage, etc.

Game shows or performances in which communication messages are delivered → create interesting atmosphere for participants → absorb information naturally

Propaganda car goes around residential areas and spread information via loudspeaker and leaflets → more effective to draw attention

Communication messages should be

Short and concise: high comprehension for all target audiences (poor or rich people, low or high education, etc.)

Relevant to target audience' concerns (family, health, children, etc)

Source: Findings from IDIs with stakeholders





7. Communication channels

Overall, women have wide access to a variety of information sources with regards to public health issues...

More common across location ↑

Television



...However, each tool plays a slightly different role in terms of ...

Word of Mouth



Local loudspeaker



Communication efficiency
across locations
✓ Ease-to-reach level
✓ Message delivery
✓ Persuasion in taking action

Newspapers



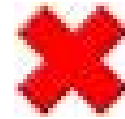
Internet



TV plays a significant role to draw audience's attention/ awareness towards public health issues



- **Daily news update**
 - ✓ Wide target audience
 - ✓ Whole family can watch and discuss during daily meals
- **TV widely available** in every house and across locations
- Being considered as the most **reliable source with government-operated channels**



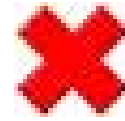
- **Working women** not have much time to watch TV
- **Not fully deliver whole message** due to short air time



Word of Mouth is one of the ways to spread information especially news, scandals related to health issues – WOM works well in term of raising attention.



- Women love chitchatting with each other → **quick and easy update**
- WOM seen as **a reliable source** if the women know each other well



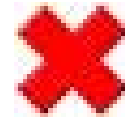
- **Only raise awareness** towards relevant health issues, **not strongly influence on taking action/ behaviours**
- Moreover, this is not really good way to deliver health care messages as **information might be biased or twisted**



Local loudspeaker is a great tool to inform news about social, economic and health care in case of epidemic



- **High frequency of** broadcasting – 2-3 times/day across locations exception HCMC
- Information repeated many times in a day → information absorbed deeply
- **Belongs to an organization with authority** → reliable source



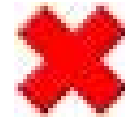
- Sometimes, recipients are fed-up or get bored with the frequency of announcements → not strongly focused on news



Internet and Newspapers are also the source of information but more for younger or working woman in urban areas



- **Convenient and reliable source**
- **Gain information in more detail**
- Famous newspapers such as:
Thanh Nien, Tui Tre (across urban locations) or Phu Nu Thu Do, An Ninh Thu Do (more in Hanoi)



- **Not familiar** among rural women



Conclusions



Conclusions

Revised

- **Motivators, values, concerns of women**
 - Motivations of women are mainly about basic fulfillment and relatedness/ relationships. In both cases, women see their motivations as family-centric or as seen through capabilities and achievements made for their family members.
 - Basic fulfillment
 - They want the best for their family - health, food, education etc.
 - Tend to sacrifice personal needs for the family
 - Relatedness/ Relationship
 - A woman's capability is often measured by how she can keep her husband happy, how she gets along with the in-laws, how she pays respect to the family, how she is seen by society.
 - **Motivation for self-growth is just emerging and can be seen more among younger, urban and working women.**
 - **These women are more aware of the opportunities they can avail of for themselves (education, more time for self, work-life balance, etc.)**
 - Nevertheless, the family is the center of women's concern. Foremost is the family's health followed by children's future, family relationship and financial security.

Conclusions

Revised

- **Current practices related to health**

- For women, health is primarily obtained by giving the family fresh and nutritious food as well as keeping the house clean and tidy. However, some observations (particularly in the rural areas) show that current practices are not necessarily up to standard levels of hygiene.
 - Food is prepared near the bathroom
 - Water used is not safe
 - Hand washing is not done properly or sometimes not practiced at all
- Prevention of communicable diseases (Dengue, Cholera) appears to be more of a response approach rather than prevention. This means preventive measures are only taken once the diseases are really publicized to be happening. Steps taken were mostly influenced by their reaction to a publicized incident which is prevalent in the newspapers or on TV.
 - Kept children secure
 - Avoid eating chicken, pork, etc.
 - Avoid people with symptoms/ crowded places
 - Wear masks
 - Cook food longer
- Information received from various informal sources (in-laws, neighbors, friends) also has influence on women's approach to health.
- **The influencers share the same experience with the women/wives in dealing with public health issues due to their proximity - either living in the same house or near each other**
- **However, it was the women/ wives who were the key persons to remind and urge other family members to take preventive measures.**

Conclusions

Revised

• Current View of Public Health Issues

- **Women have poor and insufficient understanding of public health issues**
 - Not conscious about basic hygiene practices (i.e.. hand washing), unaware of possible effects of epidemics/ pandemics to health and life in general, not aware of causes or how diseases are transmitted
 - Confusion between H1N1 and H5N1, inaccurate information passed on through informal channels, attributing causes to environmental changes
 - Public health issues are limited to those directly involved (livestock industries, sellers, etc.), can recover from it after a few days, too far away to be affected
- Overall, women have a relatively passive attitude towards public health issues
 - Not critical enough to affect livelihood or food security.
 - Over-reliance on the government for updated information. Concern for health issues increase only when government and media made enough noise about it.
- **This has been well validated from the points of view of the stakeholders who agree that low awareness and over-reliance on government attitude are the key barriers keeping women from taking an active role on public health issues/ epidemic response.**

Conclusions

- **What women need**

- Simple, accurate, and highly-relevant information
 - Simple – easy to understand across urban and rural areas, educational level, income class
 - Accurate – messages to clarify understanding about past epidemics/ pandemics, proper hygiene practices (what should be done and not what is ok enough), how diseases start and transmitted
 - Highly-relevant – information should be realistic/ close-to-life for women to believe in and actually see themselves as possible sufferers. This will minimize their attitude of being impervious to epidemics/ pandemics.
- Frequency and continuity
 - Continuous communication may improve women's perspective about the gravity of health care issues. This would then encourage a more proactive stand-point in the preventive measures.
- Compelling reasons to believe
 - The fact that epidemics can be long-term and life-threatening should be communicated clearly. This will serve as a compelling reason to take possible impacts more seriously.
- This has been well validated from the points of view of the stakeholders.

Conclusions

Revised

- **Communication approach**

- Women play the key role in the planning and implementation of tasks related to public health issues as they would be able to process the information well and it is part of their responsibilities. However, other influencers should not be dismissed entirely.
 - Husbands – still have much influence on the final decision on family matters. Anything that would involve the family should have a buy-in from the husband.
 - In-laws – They would have a strong influence on women/ wives on a more day to day level especially if the family is living with the in-laws.
 - Neighbors/ friends – They are channels to expand awareness through word of mouth. Just need to make sure that information passed is accurate.
- **From stakeholders' points of view, they also agree women should be the center of the communication campaigns. Besides, the younger generation in the household and the husband should also be targeted as they also have influence.**
- **Credible information sources**
 - Sources such as health care practitioners, health center staffs are seen as credible and reliable means of getting information and need to be used as channels to reach the women.
 - Women's Union, in partnership with health centers, is very close to the ground. They would be able to establish a close enough relationship with women in the community to support frequency and continuity of messages communicated. Furthermore, they would be considered as consultants for such issues.
- **Authority**
 - Integration with government or policy making bodies will strengthen credibility and stress importance of messages. Findings show that awareness is increase through government and media communications.
 - Concerns that can be explored on a more general level are:
 - Food sources in relation to food safety
 - Food safety standards implemented

Appendix



Discussion Guide for FGDs and Ethnography with Women (1)

- **WARM UP SECTION (5 MINS)**
- **Introduction and warm-up for settling respondent & creating rapport**
- Nielsen standard introduction and ice breaking
- Moderator's profile and his role
- Reassurance that no special knowledge needed, no answers are right or wrong, answer based on feelings and experiences....
- ***Lifestyle of women overall, their motivators, values, concerns (30 MINS)***
- **Respondent profile, a day in their life**
 - Please tell me about yourselves so that the group may know each other (Age, household status, work, kids age, husband occupation, family member)
 - Please tell me about your family and what are the responsibilities of each member?
 - Please tell me about your daily routine. Which are the tasks that you normally do?
 - What are important activities you participate in? Why are these activities important to you?
 - What are things that you most value and enjoy doing day by day? What do you least like doing? Why? And what do you hate the most?
- **Relationships**
 - Please tell me about your family decision when having important matter? How does your family make decision?
 - How is your role in your family?
 - How is your relationship with other members in the family?
 - Who have influence on your making decision? How do they influence on your decision? How much do they influence?
 - How is your relationship out of the family? Is there anyone who has influence on you? How do they influence? On which issues?

Discussion Guide for FGDs and Ethnography with Women (2)

- **Her dreams and concerns**
 - How do you all feel about life in general? Why so?
 - What are your concerns now? What are the things that you care most about?
 - What are the most important things in your life? What do you value highly? Why so? Can we rank here?
 - Are there any difficulties/ challenges that you are currently facing? Tell me more about that?
 - What kind of things do you worry that might threaten the things you care most/the things you value?
- ***Understanding women needs to able to plan for or respond to public health issue and pandemic (60 MINS)***
- **THE ORDER OF DISCUSSION WILL DEPEND ON THE RANKING. IF LIVELIHOOD IS NUMBER ONE ISSUE THEN WE DISCUSS IT FIRST**
- **Healthcare focus**
- Who do you often talk to get information about health issues? (*Mother/Mother in law/Friends/Neighbors, etc.*)
- Who do you trust most? Who is the most reliable sources for healthcare issues?
- What specific health issues do you worry about most?
 - For each concern, tell me more about the reasons
 - How does it affect your life/your family?
- **PROBE IN FULL ALL HEALTH CONCERNS TO UNDERSTAND REASON BEHIND AND SOUCE OF THESE CONCERNS**
- **ASK FOR EACH CONCERN**
- Have you taken any solution to address your concern?
- What have you done? Could you give me an example?
- What was your motivation to do that? Why did you do that? → EXPLORE MORE DETAILS TO UNDERSTAND

Discussion Guide for FGDs and Ethnography with Women (3)

- STRONG MOTIVATOR
- Have you faced any barriers that have prevented you from taking any action? What are they? How did you feel about that? Do you think that you should overcome these barriers in the future? How would you overcome?
- What do you think that can help to prevent that issue? Why do you know that?
- What do you do to prevent that issue for yourself/your family?
- IN CASE, THEY HAVE NOT TAKEN ANY SOLUTION
- If no solution taken, what do you think you could do?
- What barriers do you think you might face in taking action?
- What do you think that might support you to overcome these barriers?
- **Food security**
- What specific food security do you worry about most?
 - For each concern, tell me more about the reasons
 - How does it affect your life/your family?
- PROBE IN FULL ALL FOOD SECURITY CONCERNS TO UNDERSTAND REASON BEHIND AND SOURCE OF THE CONCERN
- ASK FOR EACH CONCERN
- Have you taken any solution to address your concern?
- What do you have done? Could you give me concrete example?
- What was your motivation to do that? Why did you do that? → EXPLORE MORE DETAILS TO UNDERSTAND STRONG MOTIVATOR

Discussion Guide for FGDs and Ethnography with Women (4)

- Have you faced any barriers that have prevented you from taking any action? What are they? How did you feel about that? Do you think that you should overcome these barriers in the future? How would you overcome?
- What do you think that can help to prevent that issue? Why do you know that?
- What do you do to prevent that issue for yourself/your family?
- IN CASE, THEY HAVE NOT TAKEN ANY SOLUTION
- If no solution taken, what do you think you could do?
- What barriers do you think you might face in taking action?
- What do you think that might support you to overcome these barriers?
- **Livelihood**
- What do you worry about your livelihood most?
 - For each concern, tell me more about the reasons
 - How does it affect your life/your family?
- PROBE IN FULL ALL LIVELIHOOD CONCERNS TO UNDERSTAND REASON BEHIND AND SOURCE OF THE CONCERN
- ASK FOR EACH CONCERN
- Have you taken any solution to address your concern?
- What do you have done? Could you give me concrete example?
- What was your motivation to do that? Why did you do that? → EXPLORE MORE DETAILS TO UNDERSTAND STRONG MOTIVATOR

Discussion Guide for FGDs and Ethnography with Women (5)

- What do you think that can help to prevent that issue? Why do you know that?
- What do you do to prevent that issue for yourself/your family?
- IN CASE, THEY HAVE NOT TAKEN ANY SOLUTION
- If no solution taken, what do you think you could do?
- What barriers do you think you might face in taking action?
- What do you think that might support you to overcome these barriers?
- **Understanding epidemic/public health issue response in overall (30 MINS)**
- What public health issues have you experienced? (avian influenza, H1N1, cholera epidemic, etc)
- **Probe on any experience they have been through**
- Where did you first hear about that epidemic? How did you feel at that time?
- What were your behaviors/practices in that situation? What lead you do that? Why did you do so?
- Did you get any supports/advices from relevant organizations (health care center, woman union, authority, etc)? What were their supports/advices? Did you apply these things? How did you apply that?
- Which supports/advices did you not apply? Why didn't you?
- Did you have anything in your home that can help you in case of emergency? (drug, equipment, food, bar soap, pesticide, etc)
- Where did you often look for information when you have faced epidemic? What information did you expect to know? Which source was most reachable? Why so?
- What was the most reliable source? Why so?
- Did you think what the best way to deal with these situations is? Why didn't you apply that way?
- Were there any barriers that prevent you taking that way? What were main reasons of these barriers?
- What did you think that would support/help you on solving these situations more efficient? What would be ideal solutions? Why did you think so?

Discussion Guide for FGDs and Ethnography with Women (7)

- **Future epidemic**
- What do you think about the possibility of an epidemic in the near future?
- What public health issues are you aware of that could possibly be the next or future epidemic?
- What kind of epidemic would you think of? Why so?
- How would you learn about that epidemic? From which source of information?
- How would you response? How would you react?
- How would you know to deal with the epidemic?
- Who would you turn to?
- **Ethno observation – take note and photograph all pictures relevant**
- **Living condition**
- Outside and inside of house
- Housing type, structure
- Any household items, assets, how is the living room, function areas (bedroom, bathroom, kitchen room) look like – main areas in the house, measure size of each room, what items are being displayed
- **Daily activities and their facilities**
- Morning ablution
 - Products displayed and used
 - Check covertly if everyone has a toothbrush/ or if family sharing toothbrush
- Cooking area
 - Describe cooking area: Hygienic level, food keeping area, how food preserved
 - Notice presence of crawling insects, mice etc.
 - Wash, preparation area for cooking
 - How the cooking prepared and going on

Discussion Guide for FGDs and Ethnography with Women (8)

- Family eating habit
 - Describe eating area; Do they wash their hand before eating
 - How food served; How do they eat: Use hands ? Chopsticks dipped in common food source? How do they wipe their mouths?
- Rest room
 - Does the family have a toilet? Describe the location and how the toilet
 - Operates: flush? Pour water? Shared with other families?
 - How do they clean themselves after doing a major operation? Wash with water? Wipe with dry leaves? Etc.
- Source of water
 - Where is water sourced for cooking, for drinking, for washing bodies, for washing clothes, for cleaning house etc. Do they use different sources of water for various purposes?
- Bathroom
 - Private or public baths? Did they take a bath that day?
 - Sharing of towels? Product used?
- Bedroom
 - Sleeping patterns (how many per room, on bed, on floor etc)?
 - What paraphernalia (mosquito net?)
- Observe other habits like spitting, coughing, sneezing etc. And take detailed notes the episode.
- Inventory health products in the household.
- Indicate distance of nearest health facility
- Indicate if house near a canal/ dumpsite or any health hazard
- **Family members & Interaction with each other.**

Discussion Guide with Influencers (1)

- **WARM UP SECTION (5 MINS)**
- **Introduction and warm-up for settling respondent & creating rapport**
- Nielsen standard introduction and ice breaking
- Moderator's profile and his role
- Reassurance that no special knowledge needed, no answers are right or wrong, answer based on feelings and experiences....
-
- **Understanding woman role in family and family interaction with each others (30 MINS)**
- **Respondent profile**
 - Please tell me about yourself to help we know and understand each other (Age, household status, work, kids age, family member – how is the family structure)
- **Her role in the family**
 - Please tell me about your family decision when having important matter? How does your family make decision?
 - What is the role of each member in the family? How is your role in your family?
 - How is your relationship with other members in the family?
 - How about your relationship with your wife (if respondent is the husband of the woman)/daughter-in-law (if respondent is mother in law of the woman)? How is her role in the family?
 - What is her role in the family? How does she fulfill her role?
 - What do you/your family expect from her?

Discussion Guide with Influencers (2)

- *Understanding their influences on women decision making as a supporter/barrier//influencer in regard to public health issue/pandemic response (30 MINS)*
- **Family interaction on health related issues**
- How does your family often interact with each other when having any issue?
- How about issues related to health?
 - Do all family members take responsibility to that issue? Or who have main responsibility to that specific issue? Why does your family rely on that person?
 - How does your family work out the solution?
 - Who will give the final decision? Do your family members agree on that decision? Are there any person giving opposite opinion? How does your family discuss and finalize in that situation?
- **Experience in dealing with pandemic**
- What health issues have you/your family experienced? (avian influenza, H1N1, cholera pandemic, etc)
- Who had the main responsibility for that issue? Why did your family rely on this person?
- → **If the woman mentioned**
- **ASK SUPPORTER**
- What did she do to solve that issue? How do you think about her performance? Good or bad or need further improvements? Why you say so?
- Did you give her any opinion/suggestion on dealing with that issue? What did you do to support her on solving that issue? Did she often consider your support and apply? What did she take? What didn't?
- How did you influence on her decision-making? On which aspect?
- What will you able to do to support her in the future? How can these things help her?

Discussion Guide with Influencers (3)

- **ASK BARRIER**
- What did she do to solve that issue? How do you think about her performance? Good or bad or need further improvements? Why you say so?
- Did you give her any opinion/suggestion on dealing with that issue? Did she often consider your support and apply?
- What did you think she should improve to solve that issue better?
- How did you influence on her decision-making? On which aspect?
- **Dealing with future pandemic**
- What do you think about the possibility of a pandemic in the near future?
- What kind of pandemic would you think of? Why so?
- How would you learn about that pandemic? From which source of information?
- How would you response? How would you react?
- How would you know to deal with the pandemic?
- Who would you turn to? Who would take the main responsibility then?
- What would be the role of your wife/daughter in law in that case?
- **WRAP UP & CLOSE**

Discussion Guide for IDIs with Stakeholders (1)

- **WARM UP SECTION (5 MINS)**
- **Introduction and warm-up for settling respondent & creating rapport**
- Nielsen standard introduction and ice breaking
- Moderator's profile and his role
- Reassurance that no special knowledge needed, no answers are right or wrong, answer based on feelings and experiences....
- Reassurance that their contribution are very valuable and important
- **Understanding stakeholders' profiles and responsibilities (10 MINS)**
- Please briefly tell me about your work and responsibility at this position
- How long have you been at this position?
- Who are the persons that you have responsibility to meet/take care of?
- How do you interface/interact with citizens at this location?
- **Understanding community preparedness to prevent epidemics/pandemics (30 MINS)**
- **Community preparedness**
- Are there any communications in your place to prevent major health issues? What are they?
- Are there any programs towards prevention? What are they?
- Why do you/your authority create that program? How can prevention to be put in place?
- Are there any barriers that prevent to apply these programs? What are the main reasons of these barriers?
- What has been your contribution towards that program?

Discussion Guide for IDIs with Stakeholders (2)

- **His/her knowledge and experience of prevention**
- How do you think about epidemic/pandemic prevention? Is it important? How important is it?
- What public health issue or pandemic have happened in your community? Could you please give an example?
- ASK FOR EACH ISSUE OR TYPE OF PANDEMIC TO UNDERSTAND HIS EXPERIENCE AND POSSIBLE REACTIONS OF GOVERNMENT, PRIVATE ORGANIZATIONS AND CITIZENS PRACTICES
- How did it happen? How did it effect on people life here?
- What solution did people (his authority, government, private organization, citizens, etc) apply to respond on that issue?
- What was their motivation to do that solution?
- Did these actions/solutions work well? Why or Why not?
- Do you think what we should apply to respond that issue more efficient? Why do you think so?
- Were there any barriers that prevent people here taking action? What are main reasons of these barriers?
- What do you think that can help them overcome these barriers from your side as well as other aspects?
- **Threat of pandemic outbreak**
- In your location, do you think that a pandemic out break is possible? Is your community at any risk? Why?
- What are these health issues that could possible grow into pandemic proportions? Why could these health issues be?
- Do you think that current community beliefs, practices and habits could be the causes to put this community at risk?
- What are their current beliefs, practices and habits that lead to that risk?
- **Future reactions**
- What will happen if another epidemic/pandemic should occur? How would your community react?
- How would you learn from the past?

Discussion Guide for IDIs with Stakeholders (3)

- *Exploring target audience and most effective communication methods to prevent/respond towards public health issue and pandemic response (15 MINS)*
- **Target audience**
- IF there should be a campaign to alert the community to a possible pandemic outbreak, who do you think that is best to target? What is his/her role in this case? Why do you think that he/she is key person?
- **Ask if woman not mentioned**
- How do you think about woman role in this case? What can she do to prevent/respond that issue? Why do you think that she can do that? Are there any barriers to her?
- What do you think that woman will need to be equipped to be a key person? Why?
- **Communication methods**
- Could you give advice how best to communicate to the target/women?
- What media tools do you think that should be used? Why?
- What information/message that should be communicated? Why?
- How best to get people cooperation in this area?
- **WRAP UP & CLOSE**



Thank You