

CHAPTER VI CONCLUSION AND RECOMMENDATION



6.1 Conclusion:

Thaibinh is facing a drastic increase in HIV infections. Estimates refer to 1,550 people living with HIV/AIDS in Thaibinh province. Men account for approximately 85% of AIDS cases, and more than half of all new HIV/AIDS infections are occurring among those under 25 years of age, and about 10% of the reported cases have been among those under 20 years of age. Although most of the identified HIV infections reported so far are associated with intravenous drug use, prostitution and heterosexuality, heterosexual transmission among young people is becoming more significant every day. Numerous surveys indicated that premarital sexual practice is not scarce among Thaibinh youth, who make up approximately 50% of population.

This study conducted among 300 respondents in Thaibinh City with the aim to find out the relationship between knowledge about HIV/AIDS and socioeconomic characteristics of individual and also find out the relationship between WTP for VCT and the above mentioned socioeconomic characteristics including knowledge about HIV/AIDS considered as an independent variable. The findings of this study could help us to conclude that:

- 1) The transmission of HIV in Thaibinh city increased quickly caused by many reasons in which the lack of knowledge about HIV/AIDS especially basic knowledge related to the ways of transmission and how to prevent in Thaibinh community was the most important factor contributing to the spreading of HIV epidemic. The lack of knowledge of HIV/AIDS could be the consequences of ineffective campaigns of HIV/AIDS education and communication. The campaigns providing knowledge have not yet focused on remote area and rural area which were the living place of people who had lowest knowledge level, lowest education, limited living conditions. The content of message, education courses about HIV/AIDS may not be suitable for particular area, not relevant for each group especially target groups including drug users, sex workers,

professional blood sellers. The resources allocated to improve knowledge about HIV were not enough in terms of human resource, budgeting and supported equipments.¹

2) Educational level was the most important characteristic of individual affecting to knowledge about HIV/AIDS with high sensitivity. This could be illustrated very clearly by the difference of knowledge between rural and urban area in which education level of people in urban area were higher than rural area on average. This could prove that HIV education in school may have important role on enhancing the knowledge of pupils about HIV/AIDS.²

As I mentioned in the part of discussion to explain why in general, education level in urban area was higher in rural area but the number of HIV infected people in urban area is still higher in rural area. So we realize that general education may not have impact on HIV prevention, only specific education could affect HIV transmission. Therefore, we should question which type of education is relevant to community and is relevant to each particular risk groups? In order to answer this question, further study should be implemented to find out the suitable type of education that can help people prevent HIV pandemic.

3) Individual income also had very important role for improvement the knowledge about HIV/AIDS of people. Income was an important factor to assess the living standard of people and it had strong relationship with knowledge about HIV/AIDS of people in Thaibinh City. People who had enough economic condition and also they had chance to access service providing knowledge like VCT, newspaper, radio, television and other information.³

From study found out that income could increase knowledge of HIV. However, it does not mean that increase in individual income alone can prevent HIV. Income of individual should be invested in education to improve the correct knowledge of HIV in order to change the behavior needed for prevent HIV infection.

^{1 & 2} This result was the same with result conducted by Do Huy Giang et al. in 2000 in Thaibinh

³ This conclusion was similar to research of Assessing the cost and willingness to pay for voluntary HIV Counselling and Testing in Kenya done by Stephen Forsythe et al. 2002.

4) There was an inequality between urban and rural area in terms of knowledge about HIV/AIDS and willingness to pay for VCT. Every service and activity such as health service, preventive health service, education, communication about HIV/AIDS seem to favor to urban area, regardless HIV epidemic increase quickly in rural area.

5) Knowledge about HIV/AIDS affected so much to willingness to pay for HIV/AIDS counseling and testing service or in other word it could increase WTP. WTP and knowledge between male and female also had difference with higher proportion favored to male. These mean the risk about HIV in male was higher than female and knowledge may be an evidence to assess the willingness to pay for VCT service because people with high knowledge about HIV could realize clearly about the risk of HIV that they faced, so that it was a dynamic to force or encourage people were willing to pay more than people with low knowledge.⁴

6) Concerning with willingness to pay for VCT, obviously, high income people was willing to pay more than low income group. In this study willingness to pay for HIV counseling and testing service was 6,140 VND on average with the difference between urban and rural area. Income, living place, gender, education level, knowledge were the important factor affecting to willingness to pay with the importance descended respectively.

6.2 Recommendation:

As we mentioned previously, the lack of knowledge was the main cause for transmission of HIV pandemic. So improvement the knowledge for people in Thaibinh City was necessary to prevent the spreading of HIV. In order to enhance knowledge about HIV for people need to have co-operation of multi sectors including health sector and agencies outside the health sector (such as those with responsibilities in finance, justice, education, planning, labour, agriculture, transport, tourism, corrective services,

⁴ “Willingness to Pay for Health Protection: Inadequate Sensitivity to Probability” carried out by Hammitt, J. K.; Graham, J. D. (1999) had the same conclusion.

defense, red cross association...) also have an important role to play in responding to HIV/AIDS. Generating such broad government participation in the fight against HIV/AIDS will be necessary if national efforts to combat the pandemic are to be optimized.

Simultaneously, identify those areas where health sector need to lead the response to HIV/AIDS, or where other areas of other sector need to take a leading role with support and technical advice from health sector. In term of education and communication about HIV/AIDS, information should focus on providing a clear indication of the need for education and programs focused particularly on boys concerns about sexual initiation, use of modern contraception, and how to protect themselves and their partners from HIV/AIDS and other STDs. This is not an easy task, especially as premarital sexual practice is not endorsed, and sexuality is not considered a topic meant for open discussion in Thaibinh City. Furthermore, Thaibinh youths were also trapped in the conflict of modern times and changing traditional views, so that information provided need to be modified so as to be relevant for each group in term of age, gender, economic condition, geography, culture and risk group. Counseling and testing service can be expanded in some area of Thaibinh City, this is strong tool to provide the knowledge about HIV/AIDS for the people in Thaibinh city and also provide necessary skills for HIV prevention.

On the basis of a data analysis with the reference other study such as study conducted by using in-depth interviews with eight boys and three girls aged from 15-19 years old from Hanoi, this report examines the potentials of implementing an HIV/AIDS project in Vietnam. This brings us to present a communication strategy concentrating on relevant cultural factors among Vietnamese youth. Our theoretical assumption is based on the theory of Diffusion of Innovations, combined with a participatory strategy: The fundamental ideas consist of using the Entertainment-Education strategy and thereby disseminate facts, initiate a dialogue about sexuality and raise awareness about HIV/AIDS in an entertaining and educational way. In order to obtain the most positive impact, I argue that the target group should participate and be integrated and encouraged to take part in the actualization of the health communication project. Through participatory training methods the target group will develop life skills. This enhancement

of life skills goes hand in hand with the promotion of self-esteem, self-control and personal responsibility which all in all enable the target group to make constructive behavioral choices in their own lives. Another way should be considered as an efficient way of initiating a dialogue about sexuality in Thaibinh City, is by combining an entertaining program with an interactive website on the internet, an informative and updated guidebook about HIV/AIDS, and finally various interpersonal channels. These four channels should relate to each other in a synergistic way, in order to give the target group the opportunity to develop the necessary life skills to initiate and sustain safe behavior when they engage in sexual activity.

Education level was the important factor affecting to knowledge about HIV/AIDS of people, so that compulsory education should be implemented especially in rural area to make sure that every one in the society can read and write. HIV education should be taken to community and grass-root level with the aim is to improve the knowledge of people prioritizing in remote areas. Whether HIV education should be compulsory or voluntary or not is another question by itself. Similarly, should HIV education be taken into formal or informal education system is also another question needed further study. The trainers who teach HIV education should be specialized in HIV issue with suitable content for each group of population and must be suitable for each culture context in each area. Especially, sexual education should be considered as a main subject in the activity of Information – Education - Communication (IEC). In order to do this activity, the need for the implementation of a preventive communication strategy should be focused on breaking the silence about sexuality is necessary for whole society.

In order to improve income for people in Thaibinh City, the poor need to be given a chance to get a job, to access health service and other services including VCT service. Encourage the maintenance and development traditional job villages through provision the budget and technical support by local authority. Strengthen the cooperation inside and outside province in term of trading exchange to make job opportunity for people.

To correct the inequality between urban and rural area, budget reallocation should be considered to balance between finance and parity. Local governments need to formulate a detailed plan for funding and the role of the health sector is to provide clear

advice on funding estimates required, based upon inputs from all health-sector stakeholders with the priority favored to equity. The development of an effective funding plan will be supported by a sound process of priority-setting for health promotion, prevention, treatment and care interventions; effective systems and processes for estimating the costs of these interventions.

As I mentioned, VCT (voluntary counseling and testing) was an important channel to provide knowledge about HIV prevention. So the advertisement of HIV counseling-testing service should intensify through mass media, leaflets, posters and health personnel. The advertisement content must state the importance and significance of VCT service in term of providing knowledge and skills for HIV prevention. At the end of the year 2005, oversea sponsors for VCT service in Thaibinh province will begin to terminate financial and technical support for this service so that Thaibinh have to maintain this service itself in the condition of resource limitation. So customers come to HIV counseling and testing service after the year 2005 should pay a part of fee for service, the other part would be subsidized by the government. Assessment of the willingness to pay for HIV counseling and testing service that we propose a price that customers have to pay was 15,000 VND for a case tested and counseled, the other part (equivalent 45,000 VND) should be covered by government.

Lastly, HIV/AIDS prevention campaign can be done successfully in condition of collaboration of whole society. The activities of HIV education, poverty reduction, inequality correction, VCT etc. must be carried out in collaboration otherwise the effectiveness of HIV prevention campaign can not gain as expectation.

6.3 Limitation of the study:

This study attempted to describe the relationship between willingness to pay for VCT and socioeconomic characteristics of people in Thaibinh City by using mathematic model applying to real condition. In condition of limitation in time, budget and some other condition I did not have chance to organize depth-interviews, focus group discussion, and could not compare estimated results and result from depth interviews. So

that the gap between results obtained from estimates and real condition might be unavoidable.

Even though there are many other factors affecting willingness to pay for HIV counseling- testing service such as the risk of people about HIV, the exposure for HIV, the availability of the service etc. In this study I only studied some particular factors like age, gender, income, education level, living place and knowledge about HIV of general population. In term of provider perspective, it also was not mentioned in this study.

To apply economic theory in HIV research was a recent method not only in Vietnam, also in worldwide. It was not easy to meet articles and research report that are more exact to enrich my study. In addition, because of the inadequate time and the limitation in knowledge and experience, we can not make the analysis in depth, may be we do not know that we have missed some important factors in this study. Anyway we will continue my research in the future and believe that I should make it better via this study.