



Department of Communication Studies

**ASSESSING THE ENGAGEMENT OF YOUNG PEOPLE WITH THE
COMIC BOOK “*CONDOMS: A DECISION FOR LIFE*” AS AN
EDUTAINMENT APPROACH TO HIV/AIDS PREVENTION
PROGRAMME**

By

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Abstract

This study assesses how young Lao females engage with an edutainment type of information campaign that seeks to raise awareness about HIV/AIDS prevention. HIV/AIDS prevention is one of prioritised development strategies in Lao P.D.R. Over two decades, the Lao government has been trying to confine and reduce the number of HIV/AIDS patients. There have been several HIV/AIDS promotion programmes and activities for raising awareness, but there is a general lack in evaluating the effectiveness of these programs.

Sexual and reproductive health is still a sensitive topic in Lao society. Designing health promotion programmes requires suitable communications approaches and tools for attracting and engaging target audiences. This thesis presents the evaluation of an edutainment model project as a communication tool in the health sector. The research focuses as a case study on the use of a comic book, *Condoms: A Decision for Life*, which was published and distributed in two provinces in Laos--Vientiane Capital and Savannakhet province by organizing workshops and training in educational institutions, a vocational training centre and a local community, in order to increase awareness on HIV/AIDS and condom use.

The research examines the concept and design of the publication, type of information provided, target audience, their perceptions and attitudes, engagement with the publication and its content and their awareness levels after reading. Qualitative methods, including content analysis, semi in-depth interviews with key informants and

focus group discussions, were employed for collecting data, followed by critical analysis and discussion of the findings.

The findings of this study indicate that there is a general awareness of those involved in the health promotion sector in Laos of the need to raise awareness of reproductive health and HIV/AIDS prevention methods among Lao adolescents and the models/approaches/tools available to them in terms of information dissemination, including the edutainment model in the form of comic book. The data collected in this study indicate a successful application of the comic book project as evidenced by the readers' ability to identify the use and value of the information provided in the publication. An analysis of the cartoon itself as a form of story telling using visual presentation, and explicit images and additional information, increased the readers' awareness of the importance of consistently using condoms as a safe sex method in order to protect them from HIV/AIDS. Participants though indicated that they prefer to have a smaller size booklet that can be carried more easily inside bags to avoid embarrassment from being seen to carry in public print images of a still sensitive topic.

This study also contributes insights and specific recommendations to the comic book designing team for future improvements in health related information campaigns in Laos that involve youth. Suggestions include additional information for female condom use, the revision of language, and dissemination of the comic book to local communities and the establishment of community volunteers in target areas.

Declaration

Name of candidate: **Sneamphay Phrasayamongkhounh**

This thesis entitled: *“Assessing the engagement of young people with the comic book “Condoms: A decision for life” as an edutainment approach to HIV/AIDS prevention campaign in Lao P.D.R”* is submitted in partial fulfillment for the Unitec degree of Mater of International Communication.

CANDIDATE’S DECLARATION

I confirm that:

- This thesis represents my own work.
- The contribution of supervisors and others to this work was consistent with the Unitec Regulations and Policies.
- Research for this work has been conducted in accordance with the Unitec Research Ethics Committee Policy and Procedures, and has fulfilled any requirements set for this project by the Unitec Research Ethics Committee.
- Research Ethics Committee Approval Number 2014_1061.

Candidate Signature. 

Date: 11 January 2016

Student number: **1420539**

Dedication

This research is dedicated to my beloved father Som Phrasayamongkhounh whose dream is to see his daughter achieve Master Degree from abroad.

A combination of his dream and my effort will allow me to have this success.

May your soul go to heaven without worry.

Acknowledgement

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List of figures

Figure 1: Map of Lao People’s Democratic Republic.....	18
Figure 2: The structure of the campaign.....	24
Figure 3: The Edutainment Model (Global Health, 2013)	44
Figure 4: The communication model--one-way communication.....	46
Figure 5: KTP Participatory Action Research Model (PAR Model)	56
Figure 6: Methodology of the research <i>Condoms: A Decision For Life</i>	66
Figure 7: The cover and characters of the comic book.....	83
Figure 8: 1 st story--Namfon.....	84
Figure 9: Condom use instructions and additional tips about condoms.....	86
Figure 10: Venues to buy and collect condoms.....	87
Figure 11: 2 nd story--Souk.....	88
Figure 12: Unintended pregnancy information.....	89
Figure 13: Sexual transmitted diseases and the knowledge.....	90
Figure 14: HIV/AIDs general knowledge information.....	91
Figure 15: Quiz game.....	92
Figure 16: Services information from the healthcare center and call center’s contact numbers.....	93
Figure 17: Distribution point for the comic book and the trainings & workshop room.....	105
Figure 18: Youth Information Center, TTI, Savannakhet province.....	106
Figure 19: The Shadow Magazine--issue 9, February 2014.....	107
Figure 20: The Shadow Magazine--issues 10&11.....	108
Figure 21: Kayson District Hospital and the comic book.....	109
Figure 22: The dissemination of the comic book.....	125
Figure 23: Workshop and training on how to use the comic book effectively.....	126

List of tables

Table 1: Facts and figures of Laos.....	19
Table 2: Coding for Focus Group 1 (FG1) at Vientiane Women and Youth Center for Health Development.....	74
Table 3: Coding for Focus Group 2 (FG2) at Teacher Training Institute, Savannakhet province.....	74
Table 4: Coding for Focus Group 3 (FG3) at Kaysone District Hospital, Savannakhet province.....	75
Table 5: Coding for Key Experts (KE) at Center for Information and Education on Health.....	76
Table 6: Translations of names, characters, places and incidents are fictitious.....	84

Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
CFSC	Communication for Social Change
CIEH	Centre for Information and Education on Health
HIV	Human Immunodeficiency Virus
KDH	Kaysone District Hospital
NCCA	National Committee for the Control of AIDS
STIs	Sexually Transmitted Infections
STDs	Sexual Transmitted Deceases
TTI	Teacher Training Institute
UN	The United Nations
UNDP	The United Nations Development Programme
UNFPA	The United Nations Population Fund

Table of Content

ABSTRACT	2
DECLARATION	4
DEDICATION	5
ACKNOWLEDGEMENT	6
LIST OF FIGURES.....	8
LIST OF TABLES	9
ABBREVIATIONS.....	10
TABLE OF CONTENT	11
CHAPTER 1 INTRODUCTION.....	13
1.1 RATIONALE AND PURPOSE.....	14
1.2 RESEARCH QUESTIONS.....	15
1.3 OPERATIONAL DEFINITIONS.....	15
1.4 COUNTRY PROFILE	18
1.5 AIMS OF THE COMIC BOOK.....	23
CHAPTER 2 LITERATURE REVIEW.....	29
CHAPTER 3 METHODOLOGY AND RESEARCH DESIGN.....	63
3.1 OVERVIEW.....	63
3.2 COMMUNICATION FOR DEVELOPMENT AND SOCIAL CHANGE, AND HEALTH COMMUNICATION RESEARCH METHODOLOGY	63
3.3 DATA COLLECTION AND SOURCES.....	64
3.3.1 <i>Secondary data (document analysis)</i>	66
3.3.2 <i>Content analysis</i>	67
3.3.3 <i>Focus groups</i>	68
3.3.4 <i>In-depth semi-structured interviews</i>	70
3.4 POPULATION AND SAMPLE	71
3.4.1 <i>Secondary data (document analysis)</i>	71
3.4.2 <i>Participants' profiles</i>	72
3.4.3 <i>Focus group</i>	72
3.4.4 <i>In-depth semi-structure interview</i>	75
3.5 DATA ANALYSIS.....	76
3.5.1 <i>Data analysis from indirect source</i>	76
3.5.2 <i>Content analysis</i>	77
3.5.3 <i>Qualitative data analysis</i>	77
3.6 ETHICAL CONSIDERATION.....	77
3.7 LIMITATIONS OF RESEARCH	79
CHAPTER 4 FINDINGS	80
THEME 1: THE EDUTAINMENT APPROACH IN THE COMIC BOOK.....	81
<i>Key finding-- Theme 1</i>	96
THEME 2: THE CONTRIBUTION OF THE COMIC BOOK TOWARDS INCREASING KNOWLEDGE OF CONDOM USE BY YOUNG PEOPLE.....	97
<i>Key finding--Theme 2</i>	99
THEME 3: THE ENGAGEMENT OF THE FOCUS GROUPS TO THE COMIC BOOK.....	100
<i>Key finding--Theme 3</i>	102
THEME 4: RAISING AWARENESS OF THE COMIC BOOK AND METHODS OF PREVENTION AMONG YOUNG PEOPLE	103
<i>Key finding--Theme 4</i>	104

OBSERVATION.....	104
SUMMARY OF OVERALL FINDINGS	110
CHAPTER 5 ANALYSIS AND DISCUSSION	113
THEME ONE: THE EDUTAINMENT APPROACH IN THE COMIC BOOK	113
5.1.1 <i>The comic book’s structure (Content and display of the cartoon)</i>	114
5.1.2 <i>Language use</i>	115
5.1.3 <i>Timeframe of the campaign’s operation and outcomes</i>	116
5.1.4 <i>How is edutainment expressed within the comic book?</i>	118
5.1.5 <i>Display and content</i>	118
5.1.6 <i>Language use</i>	119
THEME TWO: THE CONTRIBUTION OF THE COMIC BOOK TOWARDS INCREASING KNOWLEDGE ON CONDOM USE BY YOUNG PEOPLE.....	120
5.2.1 <i>Perspective from the key informants</i>	120
5.2.2 <i>Perspective from the focus groups</i>	120
THEME THREE: THE ENGAGEMENT OF THE FOCUS GROUPS WITH THE COMIC BOOK	121
5.3.1 <i>Opinions from the practical learners from the KDH in Savannakhet province..</i>	123
5.3.2 <i>How did the focus groups/individuals engage with the publication?</i>	124
THEME FOUR: RAISING AWARENESS OF THE COMIC BOOK AND METHODS OF STD PREVENTION AMONG YOUNG PEOPLE	124
CONCLUSION.....	127
CHAPTER 6 CONCLUSION AND RECOMMENDATIONS.....	130
SUMMARY.....	130
RECOMMENDATIONS.....	132
STRENGTHS AND LIMITATIONS.....	134
REFERENCES.....	136
APPENDICES.....	151
<i>Appendix 1: Questions for focus groups (English and Lao languages)</i>	151
<i>Appendix 2: Questions for individual participants (English and Lao languages)</i>	153
<i>Appendix 3: Questions for key informants (English and Lao languages)</i>	155
<i>Appendix 4: Participant information form (English and Lao languages)</i>	157
<i>Appendix 5: Research information for interview participants (English and Lao languages)</i>	159
<i>Appendix 6: Participant consent form for focus group (English and Lao languages)</i>	161
<i>Appendix 7: Participant consent form for interview (English and Lao languages)</i>	163

CHAPTER 1 INTRODUCTION

Communication has been an essential part of many development fields for decades to help transmit messages and to enhance knowledge, perception, and raise awareness of development programmes' goals. In the health sector, communication is also used for disseminating messages and products of knowledge to audiences in order to contribute to their well-being (Airhihenbuwa & Dutta, 2012; UNDP, 2011). In other words, health communication helps people have a better understanding about health facts or changes that are happening around them. It is viewed as a two-way approach for sharing information, knowledge and ideas in order to empower individuals and communities to take action, stimulate better changes and improve the quality of their lives (UNICEF, 2014). Raising awareness about health prevention is implemented differently, depending on each campaign's purpose, whether it is about stopping smoking and drinking, clean water or preventing malaria, dengue fever, and HIV/AIDS.

In 2003, the United Nations Population Fund co-operated with the Centre for Information and Education on Health to publish the cartoon booklet *Condoms: A Decision for Life* to raise awareness about reproductive health among young Lao people aged between 18 and 24.

This research focuses on two provinces in Laos, Vientiane Capital and Savannakhet province, with young women aged between 18 and 24 years forming the focus groups. To address the issue, this research assessed the publication's condom use promotion and youth engagement programme and studied the perception of stigma regarding condom use among Lao youth.

1.1 RATIONALE AND PURPOSE

The primary purpose of this research was to assess youth engagement with the comic book in the urban areas of Vientiane Capital and Savannakhet which has the highest prevalence of sexually transmitted diseases and HIV infection (Phrasisombath, Thomsen, Sychareun, & Faxelid, 2013). Vientiane Capital is the capital city of the country and Savannakhet province is the biggest province in terms of economic development in the country (UNDP, 2002).

The Lao government has established a special economic development zone for free trade at the Lao-Vietnamese border in Savannakhet province. Many Lao young people in the province are legal and informal migrants to Thailand in order to look for job opportunities because they lack education and skills (UNICEF Lao PDR, 2011). The aim of this zone is to turn the province into the industrial zone of the country and stimulate employment opportunities in this area (IMF, 2008). Despite these efforts, the province faces several challenges. Poverty and limited education are widespread among local people, and half the population is from an ethnic group which has never heard about HIV/AIDS (UNDP, 2002). HIV/AIDS and poverty lead many women to engage in prostitution. These circumstances force them to abandon school early in order to generate income and to secure financial stability for their families. At the same time, discussion of sexual issues is taboo in this society (ChildFund, 2012).

1.2 RESEARCH QUESTIONS

The following key research question and sub-questions led this research project:

How do young people engage with the campaign to raise awareness about HIV/AIDS prevention programmes through its comic book Condom: A decision for life?

To answer the primary question, the research has used these following sub-questions:

- *How is edutainment expressed within the comic book?*
- *To what extent has the comic book contributed to providing knowledge of condom use among the young people?*
- *How does the focus group engage with the comic book?*
- *How are young women made aware of HIV/AIDS in the comic book?*

To process the research, a qualitative methodological approach was taken in order to learn how young people engage with the edutainment approach in the comic book. In terms of collecting data, support tools such as document analysis, qualitative content analysis and in-depth semi-structured interviews were employed.

1.3 OPERATIONAL DEFINITIONS

Assessment

“Assessment is the systematic collection, review and use of information about educational programs undertaken for the purpose of improving learning and development” (Palomba & Banta, 1999, p. 4).

Communication for development and social change

Communication for development and social change is the use of communication processes, techniques and media to help people become aware of their situations and their options for change, to resolve conflicts, to work towards consensus, to help people plan actions for change and sustainable development, to help people acquire their knowledge and skills that they need to improve their conditions and societies, to improve their effectiveness of institutions” (Fraser & Restrepo-Estrada, 1998, p. 63).

Engagement

Engagement can be defined in various ways, depending on its framework. According to Butler, Ardal, and Edwards (2006), engagement is an action that conveys and explains information to stakeholders in order to seek feedback from the information. This is because the engagement involves all stakeholders to share ideas and skills to solve problems and support each other.

Entertainment-Education (Edutainment) approach

The edutainment approach involves the combination of entertainment and education for raising health issues and awareness campaigns and educational development. The approach articulates cognition and fun activities such as films, songs, role-play, storytelling, comic books, poems or games (Papa & Singhal, 2009; Tufte, 2002).

Health communication

Health communication is defined as “a multifaceted and multi-disciplinary field of research, theory, and practice. It is concerned with reaching different populations and

groups to exchange health-related information, ideas and methods in order to influence, engage, empower and support individuals, communities, health care professionals, patients, policymakers, organizations, special groups and public, so that they will champion, introduce, adapt or sustain a health or social behaviour, practice, or policy that will ultimately improve individual, community, and public health outcomes” (Schiavo, 2013, p. 9).

Comic book

A cartoon is a “humorous drawing in a magazine or newspaper, often with words written below” (Macmillan, 2015a) and publication is the process of producing a book, magazines etc for people to read and buy” (Macmillan, 2015b). Comic books, therefore, impart knowledge and information through images and scenes.

HIV/AIDS

HIV stands for human immunodeficiency virus. It is a virus that no medicine can cure. AIDS stands for acquired immunodeficiency syndrome. It is the last stage of HIV (U.S Department of Health and Human Services, 2013).

Prevention programs

The AusNPHP (2006) defines prevention programmes as strategies and actions to mitigate or eliminate problems, and to protect target population from risks of diseases.

1.4 COUNTRY PROFILE

Location

Lao People's Democratic Republic (Lao P.D.R. or Laos) is located in the middle of the Indochina peninsular surrounded by countries experiencing economic growth such as China, Vietnam, Cambodia, Myanmar, and Thailand. Due to the country's geographical location and attempts to move to better economic integration with its neighbors, Laos has been encouraged to develop better transportation and infrastructure in order to support economic development. This created a large number of job opportunities in big cities which attract population from rural areas to immigrate to the cities for employment and better living conditions (IOM, 2014; UNICEF Lao PDR, 2011).

Figure 1: Map of Lao People's Democratic Republic



Source: Google map

Table 1: Facts and figures of Laos

Capital	Vientiane Capital
Population (2013)	6.8 million
Area	236,800 km sq
Languages	Lao, French, English, various ethnic languages
Currency	Kip (LAK)
GDP per Capital PPP (2013)	USD 4,812
HDI Rank (2013)	139 of 187
Remittances (2013)	USD 64 million
Net Migration Rates (2010 - 2015)	-2.2 migrants/1,000 population
Immigrants (2013)	0.3%
Women as a percentage of immigrants (2013)	45.7%
Population under 15 (2013)	35%
Adult HIV prevalence (2013)	0.15%

Source: <http://www.iom.int/cms/en/sites/iom/home/where-we-work/asia-and-the-pacific/lao-pdr.default.html?displayTab=facts-and-figures>

Vientiane Capital

Vientiane Capital (Lao pronunciation is ViengChanh) is the capital city of Laos, and shares a border with NongKhai province, and Thailand which has Mekong river as the border. The population of the city was 795,000 in 2009 (JICA, 2011). Vientiane Cap. is the central social, economic, and political development in the country. In the past decade, the government has boosted development in the country by attracting foreign direct investments in industrial sectors such as hydropower, mining and tourism, including infrastructure improvement (MPI, 2011). These factors have attracted population from within the country and beyond its borders to the capital. This has created a multi-cultural population in the city, with migrants from Thailand, Vietnam, China, America and Europe (IOM, 2014).

Savannakhet province

Savannakhet province is the biggest province, located in the middle part of the country. The province shares a border with Moukdahane province, Thailand, with the Mekong River on the border in the west and Vietnam on the east. The landscape of this province is lowland, suitable for agriculture. Over 10 years, the government has transformed the economy from agricultural with the creation of an industrial zone in 2003 in order to attract foreign investment and to improve economic development within the province (IUCN Lao & NERI, 2011; Suzuki & Keola, 2008). This has led to a high level of emigration from rural areas to urban for employment and better living conditions (IUCN Lao & NERI, 2011). Contrary to the aims of special economic development in the province, there is high rate of youth migration from Savannakhet to Moukdahane province because they believe they will find a better income and life in Thailand (Haughton, 2006).

Social and cultural context

Laos is a Buddhist country that is considered socially conservative with regard to cultural and traditional beliefs. More than 60 per cent of country's population is under 25 years old (Phrasisombath, 2012; UNFPA, 2013h). The influence of living style for Lao families is inherited from elderly generations, including living principles and traditional practices (Siliphong, Khampoui, & Miho, 2005). The sharing of personal ideas and opinions is still confined to family members, close friends, relatives and same gender discussion (Boase, 1997). Lao women and young adolescents are not encouraged to express their opinions or contribute to important decisions with regard to social affairs such as political issues, family decisions and sexual discussions (Phrasisombath, Faxelid, Sychareun, & Thomsen, 2012a; Savage, 2013b; Siliphong et al., 2005). This can be found commonly in provincial levels and rural areas where there are not many influences of

different cultures due to a lack of accessibility to media and information (UNICEF Lao PDR, 2011). This characteristic, however, gradually disappears in big cities where people from different cultures and nationalities live together.

HIV/AIDS and prevalence in Laos

Laos is classified as having a low rate of HIV/AIDS, yet the rate of HIV/AIDS infection is constantly increasing (East Asia and Pacific Regional Consultation on Children and HIV/AIDS, 2006; UNAIDS, 2004). It has been reported that the Lao population between 15 to 49 years engages in high risk behaviour for HIV infection (Berry, Rogers, & Burrows, 2011; UNICEF, 2004). Data concerning HIV/AIDS infection of Lao people was collected from 1990 to 2010. The statistics demonstrate that there were 4,272 people infected by HIV/AIDS (FHI, 2011b). Young people between 20 to 39 years old were identified as an HIV infected target group. In this group, more women than men in the 20 - 24 years age group were likely to be infected with HIV (East Asia and Pacific Regional Consultation on Children and HIV/AIDS, 2006). For two decades, the Lao government and international organizations have worked together to confine and reduce the spread of HIV/AIDS. To overcome this disease, both sectors have established many types of projects and activities such as condom use promotion, HIV/AIDS prevention through printed media, television, radio and web-based media and drop-in healthcare centres to raise awareness of HIV/AIDS particularly vulnerable groups such as youth and adolescents.

HIV/AIDS was first detected in Laos in the early 1990s and the first patient with AIDS was diagnosed in 1992 (National committee for the control of AIDS, 2010; Thanavanh, Harun-Or-Rashid, Kasuya, & Sakamoto, 2013; Vientiane Times, 2012). To combat the

prevalence of HIV/AIDS in Laos, the government first established the National Committee for the Control of AIDS, under the supervision of the Ministry of Health as the government agency to issue policies, to develop HIV/AIDS prevention programmes and raise public awareness. The agency was re-established in 2003 due to the need to combat the HIV/AIDS epidemic.

Many international organisations such as the UN agencies and NGOs provide funds for HIV/AIDS prevention projects (National committee for the control of AIDS, 2010). The government has issued the National Strategy and Action Plans (2006, 2015) on HIV/AIDS/SIDA that aim to support and to co-operate with all stakeholders in effectively implementing programmes (National committee for the control of AIDS, 2006, 2010). In 2010, the Lao National Assembly introduced a Law on HIV/AIDS in order to strengthen and to ensure the effectiveness and efficiency of HIV/AIDS preventions programmes (Ministry of Health & WHO, 2011).

Raising awareness and HIV/AIDS prevention programs in Laos

In order to answer the main research question “How do young people engage with the campaign of raising awareness of HIV/AIDS prevention programs through its Comic book *Condoms: A Decision for Life* and its sub-questions I conducted field trips in two provinces in Laos--Vientiane Capital and Savannakhet province. During the field trip, I visited five organizations with regard to the comic book and the promotion campaign. These were:

- The United Nations Population Fund (UNFPA) to explore the background of the campaign to raise awareness that included the comic book.
- Centre Information Education for Health, Ministry of Health in order to learn how the publication was distributed and implemented.

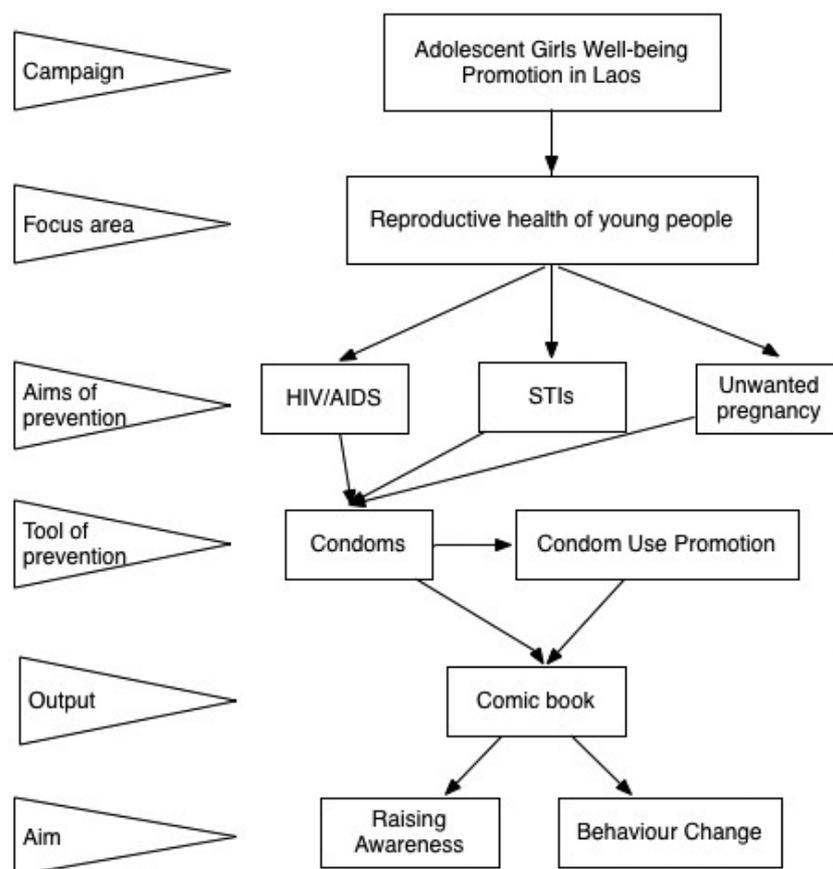
- Vientiane Women and Youth Centre for Health and Development which are located in Vientiane Capital of Laos
- Teacher Training Institute
- Centre for Youth Consulting on Health, Kaysong District Hospital in Savannakhet province, Laos, where the publication was distributed and promoted.

This research took place from 25 August - 11 October 2014.

1.5 AIMS OF THE COMIC BOOK

The comic book *Condoms: A Decision for Life* is one of the campaign tools of the “Adolescent girls well-being promotion in Laos,” which was officially launched on 11 July 2013 in Vientiane Capital in order to mark the 26th World Population Day. The content of the publication comprises two stories which supply useful facts and information about the consequences of unprotected sex as well as showing how family planning can have a very positive influence on young people’s lives. On the other hand, the adolescent health issue is increasingly important regarding reproductive health and HIV/AIDS prevention. The negative consequences of young women having unsafe sex include unintended pregnancies.

Figure 2: The structure of the campaign



Source: by researcher

The comic book was produced by the United Nations for Population Funds (UNFPA) and the Centre for Information and Education on Health (CIEH), Ministry of Health in Laos with funding from the Bill and Melinda Gates Foundation through the UNFPA Laos. The booklet was designed and developed by specialists with technical support on reproductive health from the UNFPA staff in the collaboration with the CIEH officers regarding comments and suggestions in the booklet’s content (UNFPA, 2013b).

The booklet itself contains 20 pages, comprising two main stories and five characters. The first story is about the life of a young girl living in a rural area who is going to graduate from secondary school and soon will become a young woman. Another story is

about the life of a young boy who lives in a city. The purpose of the stories is to show different environments that affect the teenagers' decisions and attitudes. At the end of the stories, the authors leave two options for readers to choose, whether the characters should use or not use condoms. Leaving the decision to the readers is meant to inspire the readers to think about consequences for their own lives if they do not use condoms with partners.

The target group for the publication was young people 18 - 24 years old because "this group of age makes up 60% of the total population of Lao PDR (UNFPA). They are the group that is affected most by the recent development scenario in the country. Poverty; lack of study opportunities in combination with availability of information and opportunities to travel; to find alternative livelihoods, have made this group more vulnerable to more risky behaviours. Although not sufficient, evidence of more young people engaging in commercial sex and drug use has been found. More studies are needed to explore more on behaviours, knowledge, and practices among this population" (UNFPA, 2007, p. 27).

At the provincial level, the publication was launched on International Youth Day in Savannakhet in the same year (UNFPA, 2013c). The launching of the comic book was one of many activities to promote family planning for young people which its purpose aims to encourage young people to be aware of using condoms for preventing STIs, HIV/AIDS and unintentional pregnancy (UNFPA, 2013i). The publication was a result of the Lao Reproductive Health Survey in 2005, which reported "Knowledge concerning sexually transmitted infections (STIs) and HIV/AIDS... Both for men and women tend to cluster around urban areas, the Central region and among those who have high

education” (UNFPA, 2007, p. XXIV). It can be interpreted that the poorly educated rural population still lacks opportunities to access information and knowledge concerning STIs and HIV/AIDS. There was, consequently, a policy that aimed to create an enabling political environment and service in order to support reproductive rights, improve and promote sexual and reproductive health both men, women and adolescent (UNFPA, 2013f).

At the celebration, other health promotion activities included the use of traditional and modern dances and singing, printed exhibits, t-shirts, posters, free condoms, youth reproductive health guidebooks, a drama about adolescent sexual reproductive health and the launching of the UNFPA’s Facebook fan page. The latter activity aims to provide a platform for young people to share their stories and opinions about HIV/AIDS (UNFPA, 2013h). However, there is no mention of a time frame for the implementation of this campaign.

Before the official launch of the publication, it was pre-tested with young people between 15 and 24 years old in Vientiane Capital and Savannakhet province, with 20 - 25 people taking part in each place. The pre-testing was to gain comments from the participants and train them to become peer educators and community volunteers who could help the campaign reach its target audience (UNFPA, 2013d; UNFPA & CIEH, 2013). The implementation of pre-testing activity was intended to ensure that the final version of the publication was easily understood, appropriate and suitable for target audiences. Feedback and suggestions from the participants contributed to the final draft of the publication (UNFPA, 2013e). An initial 5000 copies of the publication were printed and disseminated in some other provinces as well such as Oudomxay and

Xiengkhaung. More were requested by different youth centers in the country (UNFPA, 2013c). In September 2013, another 10,000 copies were printed and distributed by CIEH and UNFPA (UNFPA, 2013d).

HIV/AIDS prevention programmes cannot focus on one gender to prevent the disease. According to Phrasisombath et al. (2013), females account for 51 percent of the Lao population. About 77 percent live in remote areas and have limited education. Despite economic development, Lao traditional culture and social order remains conservative. It is considered shameful to discuss sexual issues, especially among young women (Sychareun, 2004). Hence, applying edutainment approach in the form of a publication is the most appropriate tool regarding HIV education. Using a form of entertainment helps avoid embarrassment when the target audiences discuss sex. This is because the elements of the comic book include art, fun stories, entertainment and knowledge (Lopes, 2006).

Educational sections about HIV/AIDS/STDs are inserted at the end of the stories and contain information on reproductive health, condom use, basic knowledge on HIV/AIDS, and STDs that leads to HIV infection. The publication includes real pictures of people who were infected with STDs as a result of not using condoms. The publication offers tips on using condoms. In order to aid knowledge retention, the publication includes a quiz game. Lastly, the publication provides information about where to obtain condoms, including places where young people can have consultations about their sexual health and safe sex, and free phone calls for young people to ask about reproductive health and HIV/AIDS (CIEH & UNFPA, 2013).

1.6 THESIS STRUCTURE

The thesis is divided into six chapters. Chapter 1 provides an overview and background to social perceptions toward sexual issues in Laos. This is followed by a discussion of the motivation for the research and an examination of its aims, purpose and location. The chapter contains background information on HIV/AIDS awareness raising campaigns in Laos. The literature review of communication for development, specifically health communication with the application of edutainment approach, is provided in Chapter 2. Chapter 3 introduces the readers to qualitative methodology, the design of the research, comprising documents revision, content analysis, in-depth semi-structured interviews and focus group discussions. Chapter 4 presents the findings through four main themes that developed from the four sub-questions about the edutainment approach in the comic book, the contribution of the publication towards increasing young people's knowledge of condom use, the response of the target audience to the comic book and raising awareness of the publication in *Shadow* magazine as a method of prevention among young people. Analysis and discussion based on the findings are dealt with in Chapter 5 with supporting relevant research and literature review. Chapter 6 presents the final summary and conclusion of the research with recommendations for how the information could be used by the relevant organisations to improve the implementation of the programme.

CHAPTER 2 LITERATURE REVIEW

Communications campaigns for development and social change have long been employed in the health sector in order to enhance and to encourage positive behavioural change for better living conditions (Schiavo, 2015). This approach means applying a communications strategy for raising awareness of healthcare aims regarding disease prevention and to promote well-being for populations. In order to achieve this purpose, behavioural change is measured as a way of providing evidence that communication strategies have been effective. Behaviour is considered the primary indicator of the effectiveness of a health promotion campaign. Although health advice is accessible and affordable in many countries, in some countries with incomes of below one dollar per day (Deaton, 2010; Ravallion, 2010) people find it hard to reach healthcare centres or hospitals or pay for medical treatments. To eliminate this challenge, the promotion of basic knowledge about prevention is necessary for the remote rural and poor populations alike.

Health promotion campaigns are the primary prevention method that is practical and affordable for low income populations. The improvement of health information and accessibility to health services requires effective communication tools in order to disseminate health knowledge. To achieve institutional goals, communication approaches are introduced into the healthcare sector in order to assist health technicians and experts to improve perception and raise knowledge levels about health and disease prevention.

This chapter provides a literature review of the health communications and related health communications research, especially the edutainment model. It also explores the relevant theories in the field of health communications and behavioural change in order to learn which health promotion programmes are effective. The literature review specifically focuses on the implementation of the edutainment approach and HIV/AIDS prevention programmes in the form of awareness raising publications on HIV/AIDS.

Communication for development and social change theories and approaches:

Better healthcare is the better social-economic growth

Healthy populations contribute more to socio-economic development. This is because development plans and exercises rely on having a population which is mentally and physically well and who will remain free from illness (Bloom & Canning, 2008; The Mexican Commission on Macroeconomics and health, 2004). Instituto de Políticas Públicas y Estudios del Desarrollo (IPD) (2004) has indicated an important correlation between economic development and health as a substantial impact on economic growth because “being healthy, meaning a complete state of physical, mental and social well-being including the absence of illnesses, is one of the goals most valued by human beings” (p. 12). However, there is evidence that illustrates the relationship between economic development and healthcare. It is shown that being healthy contributes to improved productivity, improved learning, reduced family size and reduced treatment burden (Bloom, Canning, & Sevilla, 2001; Lennox & Ehrenpreis, 2003). Nevertheless, these findings do not indicate that those developments ensure healthy living conditions and freedom from diseases. Newly emergent infectious diseases such as avian influenza virus --H5N1, H5N6, H7N9, the Ebola virus (WHO, 2015; Zhao et al., 2015), current

incurable diseases like cancer, diabetes, HIV/AIDS and tropical diseases like dengue fever, malaria, diarrhoea, and tuberculosis threaten health and well-being (CDC, 2015).

Although healthcare is constantly developed and upgraded, the improvements are often limited to urban areas. New medical treatments exist only where the population is able to afford them. Rural or poor populations do not often have access to high quality and effective healthcare services due to the high expense of them (Audibert & Mathonnat, 2013; Peters et al., 2008). In developing countries, accessibility to healthcare services for the greater population are still limited because the majority of healthcare centres are in big cities. Furthermore, investment and improvement in health services is a challenge for governments because they require both funds and human resources in order to fulfil this sector's needs (O'Donnell, 2007). It is common in many developing countries for international organisations to provide all-around health assistance resources such as medicine, medical equipment, health experts, and technical knowledge (Peabody, Taguiwalo, Robalino, & Frenk, 2006).

Raising awareness of preventive healthcare is a necessary tool to enhance and to increase essential knowledge for preventing diseases and living a healthy lifestyle (Davies, 2013; Edgar & Volkman, 2012). Communication, specifically in the development sector, has become an important tool for promoting healthy practices because it assists in the dissemination of health knowledge and information about the latest health treatment and new disease prevention methods to populations (Lunenbury, 2010).

A brief journey of communication for development

Communication is an essential aspect of human development. After the end of the Second World War in 1945, rapid social and economic development contributed to an increase in population, the creation of independent countries in the former European empires, global trade, and economic co-operation. The innovation and widespread use of communication technologies such as television, radio, telephone and the internet increased inter-connectivity and brought people closer to each other (Zheng & Gallager, 2006). Mass communication is commonly perceived as a way of broadcasting and disseminating information. It is a means of helping a society to become aware of news and relevant information. In addition, it also fosters dialogue in communities in order to bring changes (Berry, 2006).

Around the world, it has been recognised that social development parallels economic development because the stimulation of economic growth requires supportive development foundations. Improved education and skills for populations produce quality human resources. An expanded and improved healthcare system which is accessible and affordable, and improved infrastructure for better transportation and communication also support this (Huitt & Dawson, 2011; Sumner & Tribe, 2008). To accomplish development goals, governments need to promote their development plan and strategies to their citizens in every sector so they can be understood by and thus gain support from the population (Mefalopulos, 2008b). Communication automatically plays an important role for delivering and transmitting the purposes for both parties in order to achieve agreement and implementation in the form of debates, guidelines, recommendations, advocacy, promotions, education, and conversation in order to secure cooperation and tackle problems that come along with development. This is

essential because communication leads to the formulation of policies, and the building of a better understanding that can lead to social change (Hovland, 2005).

Servaes (1996) claims that collaboration between development agencies and local communities is based on cross-cultural communication. This is important because development organisations work and co-operate with different group structures, various cultures and local languages. He adds that “a major misassumption of development practitioners is to assume that their own logic and world-wide views are correct, universal and applicable for all” (p. 24). In addition, Gumucio-Dragon (2001) asserts that “participatory communication may not be defined easily because elements of participatory communication for social change are diverse, such as cultural and geographic settings (p. 8). Therefore, the classic Sender-Receiver model is still mostly applied (Gumucio-Dragon, 2008).

Communication functions in development and social changes

Communication helps planners identify the need for development programmes and to formulate them, to discuss with participants and stakeholders in order to perceive their needs, attitudes and traditional knowledge (Fraser & Villet, 1994). Development is not only a set of different activities in various fields such as healthcare, education, agriculture etc between practitioners and participants. It also includes a complex set of relationships between donors, partner organisations/countries and stakeholders involving co-operation, collaboration and implementation (FAO, 2002; Peter da Costa, 2009). In order to stimulate the success of development goals, a crucial factor for development programmes and their implementation is communication because “communication for development is a major link in the accountability relationship

between donor agencies and their domestic constituencies” (Peter da Costa, 2009, p. 4). Communication for development (C4D) is employed comprehensively within many development fields such as rural development, educational promotion, environmental awareness and preventative health care. Anyaegbunam, Mefalopulos, and Moetsabi (2004) define communication in rural development as “the systematic design and use of participatory activities, communication approaches, methods and media to share information and knowledge among all stakeholders in a rural development process in order to ensure mutual understanding and consensus leading to action” (p. 10).

Unbalanced social-economic development affects a population’s well-being and living environment. An explosion of population, environmental destruction, or climate change cause societies to suffer complex problems such as lack of residence, shortage of natural resources and food, pollution, and suffer different types of hardship such as poverty, discrimination, and illness (John, 2000; MaAnany, 2012). Communication for development and social change has evolved to address and mitigate the hardship of living. According to Reardon (2003), communication “allows communities to articulate their values, reconcile disparate interests and act upon shared concerns. Because it engages people in dialogue about difficult issues, it can be slow and unpredictable” (p. 1).

Conceptualisation of communication for social change

The term “social change” is a broad concept, which includes many social benefits and affects (Figueroa, Kincaid, Rani, & Lewis, 2003). It has been defined as “shifts in the attitudes and behaviors that characterize a society” (Greenwood & Guner, 2008, p. 1).

Primary factors that contribute to social change are changes in the social environment of culture, gender and income.

Social environment and cultural change

Change exists in each society, whether in urban or rural areas, with the introduction of innovation in technology, economic expansion and movement of populations, diseases, and warfare (Skoll, 2006). Changes such as population movement also affects cultures. This is because culture is a foundation of societal discipline, rules, and relationships. However, many sociologists have defined the term “social change” differently. Schaeffer (2014) views social change as social activities that happen over time and lead to changes within authorities, organisations, and communities. For instance, the lesbian, gay, bisexual and transgender (LGBT) rights movement in New Zealand began in the 1970s in the form of events and parades in order to promote LGBT’s rights and acceptance from society. In 2013, the New Zealand government announced that LGBT citizens were able to marry legally (Think Differently, 2014). According to Lefebvre (2013) social change benefits from social marketing that provides strategies and tools for better change such as improvement in health, well-being and the environment. Similarly, the dramatic increase of social mobility, the improvement of life expectancies and education, the gradual dissemination of new technologies and the power of global communication networks are all thought to stimulate social change (Nicholls, 2006).

Since every society has been changing due to external effects such as technological innovation, population movements, cultural structure needs to reconfigure itself in order to adjust and adapt traditional beliefs and practices so that external changes can be integrated in the societies (Marana, 2010; Sreberny, 2010). Culture represents

different practices and beliefs based in the social context, influencing how people behave, what they believe and how they practice. This can include their daily lifestyles, social disciplines and the traditions and beliefs that are transmitted from generation to generation (Bennett, 2007). Cultural practice includes non-physical attributes such as language, emotions, organisational history, beliefs, traditions, discipline, and behaviour. It is powerful in terms of its influence on society because it shapes people's behaviour. It helps us understand the causes of different kinds of behaviour and how they are formed, created, planted, developed, managed, manipulated and changed (Middleton, 2002). Culture is like a mirror that reflects social realities. It can be seen through social structures and social patterns (Grisword, 2013). Constant change brings advantages to a society in relation to new technological inventions, economic expansion and growth, social structure improvement, cultural exchanges, and new lifestyle (Glenn, 2004), but it also creates social inequality that leads to social conflicts in terms of income, imbalanced resource management, power and status (Warwick-Booth, 2013).

Gender perception change

Gender inequality or injustice, particularly regarding women's rights, has long been debated for over a century from the 18th century (Wollstonecraft, 1759–1797). Because of the imbalance of power between men and women, it brings conflict to societies in terms of rights and sexual abuse, discrimination in the workplace and the general result of patriarchy in which women are regarded as being of lesser social worth than men (UNFPA, 2013a). Gender equality is required so that women can participate, make decisions, influence and contribute to the development process (World Bank, 2001 as cited in GRID, 2005, p. 11) .

Gender inequality is commonly found in developing and impoverished countries (UNFPA, 2013a). Measures to counter this include basic actions in community or society that leads to changes such as allowing women to vote, stand in elections, become leaders make decisions and have the same rights to employment and wages as men (The Guardian, 2014). However, “the current movements for sexual, gender, and racial equality are closely tied to the new concept of difference, acceptance, and assimilation” (Krisch, 2000, p. 108). Gender/sexual expression in societies has become widely accepted, especially the expression of gay, lesbian, transgender and bi-sexual people. Some developed countries such as New Zealand (Chapman, 2012), and about 36 states across the US allow those people are able to marry legally and adopt children (BBC News US & Canada, 2015).

Income change

Change does not necessarily bring benefits to societies. Many changes also have negative affects because poor communication leads to misunderstandings between those implementing the changes and those affected by the changes (Gumucio-Dragon, 2009; Monbiot, 2005; Seitz, 2013). One example is the collapse of “user fees” in primary schools and basic health service in Uganda in late 1980s. The government decided to collect fees in public healthcare centres and schools in order to create a new market for private sectors. Poor people were unable to pay the fees (Monbiot, 2005). Another example is the pan-African ‘Roll Back Malaria’ prevention project in 1998 that aimed to reduce malaria rates by 2010. The project needed \$1.9 billion a year to achieve its goals, but by 2002 it was only receiving \$200 million a year due to a rise in production costs and political considerations (AP, 2007).

To overcome misperceptions and fear of change, communication for development and social change is needed in order to raise awareness and provide better understanding of and participation in change to populations. The provision of knowledge and information is essential for changing perceptions of people who lack knowledge of social change and its effects (Servaes, 2008). Communication is exercised in our daily activities and every field of work. It usually involves relations between partners. In addition, it also requires discussion partners to have a shared understanding of the information that is transmitted (Berry, 2006) .

The introduction of health communication to the development sector

As populations continue to grow, better healthcare services are needed, paying closer attention to preventative approaches, and awareness-raising campaigns about health promotions either for developed or developing countries (UN, 2013). Access to healthcare services is considered difficult to provide in impoverished countries because of the high cost of treatments and medicines (WHO, 2008). Awareness-raising campaigns about health issue have been used by governments and aid agencies in order to deliver health information to their population, allowing them to prevent illness rather than going to hospital for medical treatment. These campaigns are recognised as a way of helping health programmes promote supportive preventive care.

Health communication is mostly practiced through tools or approaches that allow audiences to receive knowledge and information most easily and effectively. This encourages participants to discuss and share opinions on health issues that have been happening in their communities (Zimmerman, Noar, & Palmgreen, 2013). Health communication strategies can insert HIV/AIDS prevention knowledge into drama,

songs, story-telling, TV programmes, seminars, workshops and training in order to bring about behavioural changes (Zimmerman et al., 2013). In order to enhance healthcare, Benata, Gill, and Bakker (2011) argue that public healthcare must be the core to support population growth, rather than concentrating on new scientific creation, technological advances or economic growth, and the greater social justice. They claim that productive capacity, commonly known as economic development, and the ability to sustain caring social services like education and healthcare are needed.

A commitment to communication in the healthcare sector

The emergence of new diseases and the re-appearance of old ones, in parallel with the development of new technologies or the failure of technology have made the world more complex and hazardous. Communication has played a vital role in the healthcare sector to convey warnings and reflect effective responses in terms of health promotion and disease prevention (Seeger & Reynolds, 2008; Thomas, 2006). The main objective of health communication is to engage, empower and influence individuals and communities in order to improve human health by exchanging relevant health information (Schiavo, 2013). For instance, health communication is applied through HIV/AIDS prevention programmes, anti-malarial, clean water use campaigns, responses to viral outbreaks such as SARS and H5N1 flu, and improvement of maternal and child health in rural areas (UNICEF EAPRO, 2013). Basu and Dutta (2009) emphasise its importance as “an emerging trend in health communication research that advocates the need to foreground articulations of health by participants who are at the core of any health campaign” (p. 86). To raise awareness and promote health behaviour change, therefore, an effective communication tool is required in order to help individuals and

campaigners share information that will help them understand the causes of problems and develop solutions (Victorian Quality Council, 2010).

Health promotion campaigns have relied on the mass media such as television, radio and print in order to communicate health information to populations (Lee, 2009). Print and web-based materials are widely used to circulate news and technical information to individuals about specific illnesses and diseases in order to change their behaviour (Parker, 2009). Applying communication approaches to health campaigns requires a clear conceptual structure in order to shift away from one time, one-way communication practices like the sender-receiver model. Krep and Maiback (2009) define campaigns as “central to the development of public health intervention. There is a growing dependence on campaigns as a primary strategy for public health intervention” (as cited in Corcoran, 2010, p. 1).

Backer, Rogers, and Sopory (1992) characterise campaigns as being intended to influence individuals and persuade target groups to adopt a specific innovation. Campaigns involve co-operation in the community and includes social capital such as networks, norms and trust which generates the outcomes of health campaigns (Thorson & Beaudoin, 2004). They explain that in a society people have different levels of social awareness, attitudes and behaviour. The primary task of the health campaign is to ensure that the message is well delivered and transmitted to participants.

The integration of edutainment and participatory approaches in communication practice: An Application of edutainment approach on health campaigns

Tufte (2008) defines edutainment as “the use of entertainment as communicative practice crafted to strategically communicate about development issues in a manner and with a purpose that can range from the more narrowly defined social marketing of individual behaviour to the liberating and citizen-driven articulation of social change agendas” (p. 329). The edutainment model is considered the most suitable for health campaigns, particularly HIV/AIDS raising awareness campaigns (Tufte, 2002).

An edutainment project can be designed as a small or large scale project depending on the size of the audience, culture and location. Edutainment activities can include a community drama in a local area, a village storytelling event, a puppet show, posters, comic books, television (dramas, soap operas, game shows, reality shows, talk shows) and radio (drama, phone-ins, magazine programs and music). Edutainment is often combined with advocacy and on-the-ground programmes that build on the popularity of the edutainment, which acts as a catalyst for community and interpersonal dialogue, debate and action (Japhet, 2013). These activities encourage young people to further their creative ideas on health promotion, particularly concerning HIV/AIDS. Visual arts, music and other creative expression can contribute to a greater individual and community understanding. The performances encourage audiences to be part of the shows (UNESCO, 2007).

Edutainment approach on the use of a comic story

There have been many successful uses of the edutainment model aimed at changing behaviour. The edutainment model has been applied to projects with an educational

purpose for many decades in order to address health problems, particularly HIV/AIDS (Lacayo & Singhal, 2008). One of the strategic tools of edutainment is the comic book which can convey knowledge to its target population through visuals and words. In addition, a comic book represents another potential vehicle for entertainment-education through sound and gesture like songs and role play (Branscum & Sharma, 2009; Brown & Singhal, 1999). The edutainment approach is commonly applied in HIV/AIDS awareness raising campaigns because edutainment can encourage the audience to reflect on their behaviour through the fictional characters used in entertainment programmes (Anderson, 2013). Edutainment also generates dialogues between audience members themselves to discuss and share opinions about the stories or compare their lives with the characters (Papa & Singhal, 2009).

Applying the visual-comic book as a tool for health promotion

Story telling that is full of information requires techniques such as utilising visuals along with a narrative. It is useful because the visuals attract the attention of readers to the story (Packalen & Odoi, 1999). Implementation of health communication and health promotional messages through comics is common because comics are able to introduce serious messages into a flexible medium (Cohn, 2012; Ginman & Ungern-Sternberg, 2003).

According to Packalen and Odoi (1999) the meaning of comics is “visual storytelling, where texts and effects are added to bring more meaning to the visual story. Comics can be compared with a film that stops at intervals and what we see in the panels (boxes) of the comics is a still image from the story” (p. 8). Comics are compared to a “visual language” because they fill “the gap in categorization for describing the cognitive system

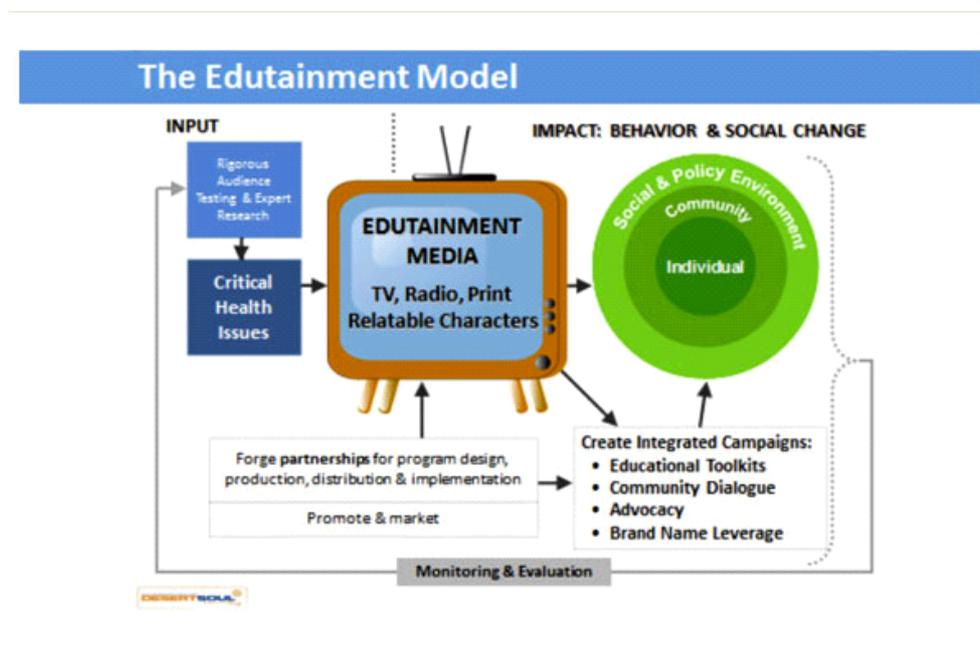
at work in graphic expression” (Cohn, 2012, p. 6). Besides a sense of humor, good drawing, colour and image creation, the story narration itself is the main component of the comic that will encourage readers to engage with the story (Packalen & Odoi, 1999). This is because comics are a non-aggressive medium which can cope with very sensitive issues such as sex, love, death etc.

Characters and environments in the comics are mostly designed as cartoons for entertainment. Scenes of the comics can be in colour or black and white, depending on how the designers want to present the information (Branscum & Sharma, 2009). To ensure all messages and knowledge are well received and useful for the readers, a consideration of the appropriateness of a comic’s content and visuals is necessary in terms of the cultural and traditional context. Furthermore, target readers should be defined in order to check that the purpose of the comics is suitable for the target groups (Lopes, 2006; Wurzback, 2002). If the target readers are highly educated, the characters and contexts in the comics may express indirect knowledge. This tactic will encourage the readers to pay more attention. If the comics are for children or young people, the structure of the comics will include direct messages and the visuals will not look complicated (Westmaas, Gil-Rivas, & Silver, 2007).

Language use is an important element of crafting stories that are lively, attractive and touching (Rosnay, 2012; Walsh, 2012). This element motivates readers to remember the message of the stories. It may also encourage the readers to pass the messages they have read to others (Walsh, 2012). Adding the use of exclamations like “Oh no!”, “What a good day”, “Let’s go”, the use of onomatopoeia like “Bam!”, “Ouch!”, “Bang”, “Bingo!” are good lexiconic tactics to create interest in the readers (Rosnay, 2012).

Although comic books are widely used and applied in health promotion, Branscum and Sharma (2009) argue that the use of the comic book is not effective and sufficient in terms of affecting behavioural change. They argue that comic books are used mostly in the pilot study phase and operate in the short term (Montgomery, Manuelito, Nass, Chock, & Buchwald, 2012). They argue that comics enhance awareness, but do not stimulate behavioural changes. They argue that the nature of comic books is to provide entertainment to readers. If the writers insert too much information, it will bore the readers. Therefore, writers should be careful to select the content and context of stories in order to send appropriate messages to the target population (Branscum & Sharma, 2009). Figure 3 illustrates this process:

Figure 3: The Edutainment Model (Global Health, 2013)



Source: http://globalhealthpdx.blogspot.com/2013/06/global-health-education-through-art-and_6.html

Awareness raising health communication concerning HIV/AIDS

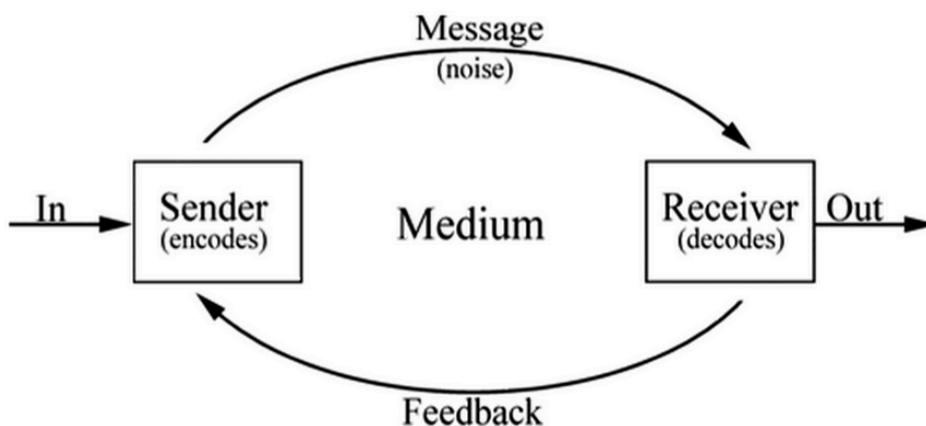
The field of communication for development and social change has been researched for several decades (Servaes, 2012). Theory about health communication about HIV/AIDS is well recognised and used in different domains. Experienced practitioners from various schools of thought concentrate on the effect of social and cultural change and use in-depth studies in order to develop communication and outreach tactics. The U.S Department of Health and Human Services (2010) defines health communication as the study and the use of communication strategies to inform and influence an individual's and a community's decisions in order to improve health and enhance the quality of life (Freimuth & Quinn, 2004; Parvanta, 2011; Rukhsana & Bates, 2013). In order to ensure all messages are delivered to audiences, health communication specialists are required to set clear outlines of the differences of policies and strategies in the context of healthcare programmes. Importantly, the understanding of a connection between the policies, strategies and the concept of local cultures should be consistent (Markwell, 2009). Researchers, therefore, need to focus on in-depth studies of the society and culture in order to formulate communication and outreach tactics (Servaes, 2008).

Among the eight Millennium Development Goals formulated by the United Nations, three focus on health promotions (The United Nations, 2013). Combating HIV/AIDS is one of the three focuses (U.S Department of Health and Human Services, 2010, 2013). HIV is a virus that no vaccine has been able to cure since its emergence. However, there have been an increasing number of anti-viral medicines and vaccines to confine the pandemic. Even with these, the number of new HIV infections has significantly expanded. Globally, an estimated 34 million people were living with HIV in 2011 (The United Nations, 2013). The Millennium Development Goals 2013 report said that

HIV/AIDS infection peaked in 1997. Since then, there has been an increased use of anti-retroviral therapy in order to confine the epidemic.

Sub-Saharan African countries are the most critically affected and account for 69 per cent of HIV infected people worldwide. South Asia is the second most HIV/AIDS affected region (The United Nations, 2013). Health communication aims to provide health information for all. Brian, Pual and Ronale (2006) raise the issues of the inequality of healthcare between the poor and the rich, and access to the information in rural areas. Corcoran (2010) adds that old communication models which consist of a sender, a message and a receiver are not sufficient and no longer appropriate for communication in the 21st century. Providing feedback and responding to health promotions should therefore be included in communication practices (see figure 4).

Figure 4: The communication model--one way communication



Source: <http://www.media-studies.ca/articles/echoland.htm>

The improvement in medications in the 1990s have given hope for the recovery from HIV/AIDS to people who had been infected. The stigma attached to being infected with HIV/AIDS still exists despite medical improvements (Rintamaki & Brashers, 2005). This

is because people fear they will be infected if they live with the HIV patients (Herek & Capatano, 2002, as cited in Rintamaki & Brashers, 2005).

HIV/AIDS prevention and health promotion through the use of comic books

To promote education about sexual health and HIV/AIDS, special communication tools are required in order to transmit knowledge and information to target populations who still have cultural restrictions on expressing opinions about sex (Shaw & Aggleton, 2002). Often, raising awareness through the use of real pictures that includes real parts of the body may embarrass some readers. This can lead the readers to not want to continue reading and abandon the book. Delivering sexual knowledge concerning HIV prevention through a comic book, including posters, is commonly used in countries where there is a high rate of HIV infection, particularly in African and Asia (Castle, Filgueiras, & Long, 1996). This is because these regions still have a high rate of poverty, low education and cultural restrictions on expressing opinions about sexuality. Simultaneously, the expansion of socio-economic developments in these regions stimulates the movement of populations and migrations (IMF, 2014; United Nations, 2013). Therefore, introducing knowledge of HIV prevention in the form of comics is an alternative way for health campaigners to raise awareness and engage the readers with the activities (Packalen & Odoi, 1999).

A number of authors (Morris, 2006; Singhal & Rogers, 1999) have commented on the successful implementation of this model in HIV/AIDS awareness raising campaigns. The prominent characteristic of edutainment is the integration of entertainment into education instead of delivering the knowledge in a form of a seminar or an interview (Singhal & Rogers, 1999). Health promotion campaigns, particularly those about

HIV/AIDS, need to move beyond raising awareness. Campaigners, therefore, are required to approach the third parties such as families, parents and educators to help influence the target audience to change their behaviour (Patel, 2005).

The overall perception is that sexuality in Lao society is a sensitive topic and it can bring embarrassment to a person who mentions the topic (Phrasisombath, 2012). Lao society perceives sexuality as a topic just for adult or married people. In reality, sexual temptations can be found and approached easily on social networks or the internet, but still sexual discussion between adult and young people is limited (Savage, 2013a). This social phenomenon limits the accessibility to reproductive health, particularly information about HIV/AIDS/STDs, to Lao young people. The UNFPA and CIEH have recognised this issue as a special characteristic of Lao society. The edutainment model in the form of comic book, therefore, was chosen as the primary tool to deliver knowledge and information about HIV/AIDS prevention, including a promotion of condoms use (UNFPA, 2013f).

Behaviour change in health communication

Due to insufficient HIV vaccine distributions and treatments, behavioural change remains the main method of preventing the transmission of HIV. However, more study of the interplay of cultural and psychosocial pressures on human behaviour are needed (Safren, Wingood, & Altice, 2007). As a result, behavioural change communication is applied as an approach in order to motivate individuals and communities to enforce positive change (Briscoe & Aboud, 2012). To enhance the positive awareness of health change, the edutainment model has been applied as a strategic tool in order to assist behavioural change operation. Simultaneously, edutainment also incorporates

knowledge and preventative health awareness in a form of entertainment to persuade and stimulate actions from audiences (Singhal, Wang, & Rogers, 2013).

Support Edutainment approach on HIV/AIDS prevention program to behaviors change.

“Behaviour change communication (BCC) is an interactive process with communities (as integrated with an overall program) to develop tailored messages and approaches using a variety of communication channels in order to stimulate positive behaviours; promote and sustain individual, community and societal behaviour change; and maintain appropriate behaviours” (Family Health International, 2002, p. 5). BCC acts to increase knowledge of the basic facts of HIV/AIDS in a language or visual medium to the target population to raise awareness. BCC encourages community discussions, promoting potential attitude change, providing service for preventative care and support, reducing stigma and discrimination, creating a demand for information and service and improving skills and sense of self-sufficiency (Family Health International, 2002). The application of the edutainment model has been successfully used to change behaviour when applied health problems, particularly HIV/AIDS (Lacayo & Singhal, 2008).

The output of health promotion campaigns can be seen through various visual materials such as booklets, brochures, posters or souvenirs such as t-shirts, notebooks, pens, pencils and key chains, which often carry the logo of the campaign (AMC Cancer Research Center, 1994). The campaigns also design activities to engage the target audience, such as meetings, workshops and seminars. These activities usually include education-entertainment tools, such as role-playing, songs, quiz games and dancing (AMC Cancer Research Center, 1994).

Health communication is used to deal with issues such as “HIV/AIDS/STDs and sexual health, influenza, vaccine-preventable diseases and antimicrobial resistance/healthcare-associated infections (hand hygiene)” (Doyle et al., 2014, p. 27). Campaigners are careful and creative in designing HIV/AIDS prevention and awareness raising programmes because HIV/AIDS is considered as a sensitive and taboo topic in society, especially in conservative regions of Africa and Asia, where a stigma is attached to the disease (Advocates for youth, 1994; AVERT, 2014; Singhal & Rogers, 1999).

An introduction of participation to development and social change

The failure of the modernisation paradigm to bring about sustainable and relevant change to communities development in the 1950s was followed by the Dependency theory as an alternative approach in the 1960s (Mefalopulos, 2008a) which emphasises the engagement and participation of the target communities (Matunhu, 2011). Following this, a new and different approach, the participatory model, emerged in late 1980s (Tuftte & Mefalopulos, 2009a). This approach emphasises the cultural realities of communication rather than focusing on a variety of political-economic dimensions (Rogers, 2008). All the aforementioned failures from many past projects and programmes can affect, directly or indirectly, the involvement of people’s decision-making processes. Participation, therefore, is introduced in development and social change in order to initiate discussion, assess risk, identify solutions and seek consensus for actions from communities. Participatory communication is a key strategy of successful sustainable development efforts (Mefalopulos, 2003).

Participatory communication is defined as an approach “to inform people, enable them to contribute their points of view, reach consensus and carry out an agreed change or development action together, this can be said, that communication is participation” (Parks et al., 2005, p. 3). The main purpose is to emphasise two-way communication in which participants can interpret and encode discussions and information from what they have learnt. Meanwhile, opinions and ideas that are gained from participants will help practitioners formulate strategic planning and practical implementation (Muturi & Mwangi, 2011). Gumucio-Dragon (2008) asserts that a meaningful discussion will not be generated unless stakeholders participate, share and exchange knowledge with each other. Development communicators mostly seem to take these elements for granted. This is because such participation requires more attention to detail in programs in order to facilitate dialogue.

Servaes (1996) claims that collaboration between development agencies and local communities is based on cross-cultural communication. This is important because the organisations will work and co-operate with different group structures, various cultures, and local languages. He adds “a major misassumption of development practitioners is to assume that their own logic and world-wide views are correct, universal and applicable for all” (p. 24). However, Gumucio-Dragon (2001) asserts that “participatory communication may not be defined easily because elements of participatory communication for social change are diverse based on cultural and geographic settings” (p. 8).

The participatory communication approach can be employed with any tools and techniques in order to support exercises in social participation (Gumucio-Dragon,

2008). Applying participatory communication to healthcare, particularly in HIV/AIDS prevention, is necessary because this approach helps audiences express their thoughts and feeling to the community, including practitioners in order to find solutions. Without people's participation, the project may not last long enough to support social change (Gumucio-Dragon, 2008).

An example of case study of Participatory approach in Papua New Guinea

What alternative model could then be used to promote condom use and encourage the target audience to change its behaviour?

The application of the Participatory Model is now more common in health communication, particularly in HIV/AIDS/STDs prevention programmes because it involves a two-way communication. As presented in the literature review chapter, valuable insights can be gained by the successful implementation of a project in Papua New Guinea (PNG), "Komuniti Tok Piksa (KTP)" that aimed at reducing the stigma of AIDS and discrimination against AIDS sufferers in communities in four rural areas.

In 2009, the number of people between 15 - 49 years living with HIV in PNG was estimated to be 35,800 (Secretariat of the Pacific Community, 2011). Although many recent research papers mention that an estimation of HIV prevalence in PNG is less than one per cent of the population, the country still has the highest rate of HIV in the Asia Pacific region (Thomas, Eggins, & Papoutsaki, 2013). It is difficult for people to reach healthcare centres outside the main towns and it is equally difficult for health experts and officers to reach to all areas (Suwamaru, 2013) .

To combat HIV, the PNG government established the National AIDS Council Secretariat. Its job is to take action to prevent, control, and eliminate the transmission of HIV. In addition, the organisation works to minimise the personal, social and economic impact of HIV and AIDS. The council is also meant to prevent discrimination against HIV patients in PNG (National AIDS Council Act 1997). The government also “passed an anti-discrimination law in 2002 and the HIV/AIDS Management and Prevention Act in 2003. A parliamentary committee on HIV/AIDS was formed in 2004” (Secretariat of the Pacific Community, 2005, p. 24). Several HIV prevention programmes have been implemented by international agencies, including external and external experts in order to confine its prevalence (Cullen, 2006).

The country’s geography, hundreds of languages, different cultural practices, and thinly spread rural population all work against the successful implementation of HIV/AIDS prevention programmes (Hermann, 2007). HIV/AIDS is a taboo topic in PNG’s culture, especially in the rural areas. A range of communication approaches has been used, including HIV/AIDS prevention posters in healthcare centres and raising awareness by using SMS-based HIV/AIDS education in rural areas in 2007 (Suwamaru, 2013). The free distribution of condoms and promotion of their use have been practiced for a long time as a way of preventing HIV/STDs and avoiding unintentional pregnancy (The Asia Pacific Business Coalition on AIDS, 2011). *Love Patrol* was a popular television soap opera programme produced by Secretariat of the Pacific Community in 2008 to provide a better understanding of HIV/AIDS/STIs in the Pacific regions (Drysdale, 2011; PAHP & SPC, 2008).

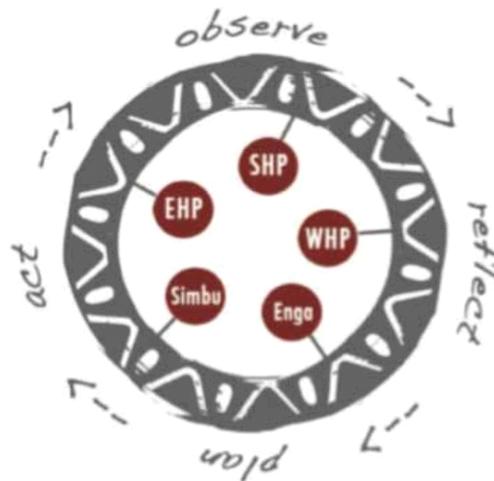
The understanding of HIV/AIDS in local communities is that HIV/AIDS is a very dangerous virus and sickness. Once a person is infected by the virus, they will spread the disease to others and die in a short time. This brings a stigma to HIV patients and leads to discrimination by communities (Boslough, 2013). A primary factor that contributes to the misinterpretation of HIV/AIDS of the local people is a lack of knowledge and education (AusAID, 2006). Due to these challenges, HIV/AIDS communication practices are unable to achieve goals and success in raising awareness among the locals (Thomas, Eggin & Papoutsaki, 2013).

Most of the population of PNG still lives in poverty (The World Bank, 2012). Access to mass media is quite difficult. Most citizens receive news and information through radio because it is portable and cheap. The coverage of television is still limited mainly to the capital city and provincial capitals (BBC News Asia, 2014). In order to promote the coverage of media and circulate news and information to local people about HIV/AIDS, the University of Goroka (UOG), PNG and the University of Technology Sydney, Australia instigated the use of audiovisual tools in HIV and AIDS prevention and education under the Komuniti Tok Piksa project, which was funded by AusAid through the PNG National AIDS Council Secretariat (Centre for Creative Media and Social Change, 2012). The project aimed to educate and raise awareness by applying the participatory visual methodology framework. The KTP project produced five videos that were recorded in Western highlands, Eastern Highlands, Simbu, Southern Highland and Enga province (Eggins, Thomas, & Papoutsaki, 2011). Each project recorded people's stories about their experience of HIV/AIDS in Tok Ples (local languages). Using local languages rather than the national lingua franca Tok Pisin (which even a generation ago was still not

widely understood in Enga province) was a way of generating public discussion (Centre for Creative Media and Social Change, 2011a).

The project employed the communication for development and social change process that focuses on health communication using a participatory approach. This approach helped the team and the audience to receive a clear idea of the communities' perception of the issue (Gumucio-Dragon, 2008). The KTP project deployed a Participatory Action Research approach (PAR) by using visual methods in a Melanesian research framework (Centre for Health Communication, 2010). This has been described as a "useful way to conduct research in Melanesia respectful of the diversity of cultures found across Melanesia, and a way of understanding research that Melanesian cultures will find harmonious with their values and adaptive to their experiences" (Vallance, 2012, p. 1). It was first used in PNG and the South Pacific islands of Melanesia in 1975 when local people were confronting the pressures of economic development that affected their traditions and cultures (Bailey, 1994, as cited in Vallance, 2012). PAR was used in the KTP project in a cycle consisting of observation, reflection, planning and acting. The observation formed a baseline study. Then the team reflected on the observation. After finalising results from the reflection, the team crafted the research plans in collaboration with community members. Lastly, the team started implementations (Centre for Health Communication, 2010). (see figure 5)

Figure 5: KTP Participatory Action Research Model (PAR Model)



Source: Komuniti Tok Piksa: Annual Report November 2009- November 2010

In order to gain the trust and co-operation of the communities, the KTP project recruited project staff from both the University of Goroka and the community (Centre for Creative Media and Social Change, 2012). This implied to the local people that these staff members would understand them better than foreigners because they were PNG nationals and thus understood the culture well (Centre for Health Communication, 2010). The introduction of the project and the team were held in the communities which involved UOG researchers, students and the KTP team, together with explaining the aim of the project and why they wanted to conduct research in the area. The team assessed the communities' general level of HIV/AIDS knowledge and perceptions and then began to plan the project in detail. During implementation the project applied mixed-method research in order to broaden the bigger picture of the project. The team conducted in-depth interviews with nine communities to understand their levels of HIV/AIDS knowledge and attitudes. This allowed the KTP team to develop the research concepts

which included more than one way to look at a situation and perspectives (O'leary, 2010).

To minimise or erase the stigma and discrimination against HIV patients, the KTP project used “communication to explore” by asking HIV infected participants to talk about their experiences after being diagnosed. After exploring the basic knowledge of HIV in the communities, the KTP project applied “communication to empower” by showing that HIV-positive people could still carry on with their lives and not infect other people. The films also showed that HIV infected participants could contribute their opinions and thoughts in public.

Audio-visual application

“Participatory video as a process is a tool for individual, group and community development.... It brings about the critical awareness that forms the foundation for creativity and communication. Thus, it has a potential to bring about personal, political and cultural change. That is what video power is all about”

(White, 2003, as cited in Harris, 2009, p. 541)

The five videos produced by the project were *Wanem Rot Nau*, *Mama Betty*, *Paul's Big Heart*, *One More Chance* and *Painim Aut*. Each story has different contexts because producers wanted to exhibit many issues and solutions at the end of the stories. Most videos are based on true stories, although one is a drama. The project was implemented between November 2009 and September 2011 (Centre for Creative Media and Social Change, 2012).

Wanem Rot Nau (What Road is it?)--length: 39 minutes, filmed in an Engan village, Laiagam district: *A tool for raising awareness on condom use*

This video is aimed at raising awareness about HIV/AIDS. The film illustrates a dialogue between local people and the *KTP* team in order to share experiences and to discuss issues that were happening in their community. The story was narrated by one of the *KTP* researchers who talked about her findings. The story was well planned and consistent. When the film crew staff arrived at the village they introduced themselves to the community and explained their goals. After that, they opened the floor for the local people to discuss and share what was on their minds regarding to HIV/AIDS. They also investigated how young people had been infected with HIV. The team added a story about a belief that young people contracted HIV and AIDS because they disobeyed the traditional village system as represented by the men's house (Centre for Creative Media and Social Change, 2011b, 2014).

The older generation valued the Hausman (men's house) as a place "where social, political, economic cultural values and norms were taught by elders to sustain the Papua New Guinea-Highlands people over decades and centuries" (Kari, 2011).

Mama Betty-- length: 17 minutes, filmed in the Southern Highland province: *A tool for against stigma and marginalization*

This story demonstrates the discrimination that occurred when a woman named Betty was diagnosed as HIV positive eight years after her husband's death. The story's structure has two main characters, Mama Betty and her adopted son. The main part of the video shows an HIV infected woman who lives happily and healthily with her

adopted family. The story's structure comprises two parts, the first about how Mama Betty was infected with HIV and the latter about how her adopted son proved Mama Betty could live with his family, and be included in the community without spreading HIV to others (Centre for Creative Media and Social Change, 2011e, 2014). The film employed a positive message by presenting all the family members living together happily without isolation.

Paul's Big Heart-- length: 23 minutes, filmed in Western Highland province: A tool against stigma and marginalisation by care-giving in communities

Paul's Big Heart is intended to encourage HIV infected people. Paul was a founder of Kui Charity Hope Centre where HIV patients can receive care, treatment and attention. The story reports on his intention to help people and provide them with hope. He encouraged them by offering harmony, hospitality and trust. He also provided knowledge of taking care of their health. His place was a shelter, full of motivation, cheer and support for hopeless people. He used his religious beliefs to reassure the people he was helping. After that, he gave a small lecture to motivate the patients to remain positive after being infected. He also taught their families and community to ensure the HIV infected people would not be rejected (Centre for Creative Media and Social Change, 2011f, 2014).

One More Change--length: 35 minutes, filmed in a village in the Eastern Highlands: A tool against dishonesty within a family

One More Change tells the story of Siparo who was infected with HIV when he was away from his family and passed the virus to his two wives--Marimbes and Yavito. This story

showed the worry and anger of the family when they knew they had HIV. However, at the end of the film, he emphasised his religious beliefs to his wives in order to give them strength and encouragement. The film is intended to encourage people infected with HIV to talk with somebody in order to relieve their fears, concerns and feelings of hopelessness. The film showed this family seeking solutions by going to the church and praying (Centre for Creative Media and Social Change, 2011d, 2014). The story is intended to shame men in the community about being dishonest and infecting their families (Centre for Creative Media and Social Change, 2014).

Painim Aut--length 28 minutes, filmed in Simbu: A tool for youth engagement

This story is about a young girl named Esther who had sex with her boyfriend without using a condom. Later, she found out that her partner had slept with many women, one of whom was infected with HIV. She was worried and did not know what to do. Suddenly, she realised that she had a friend who was infected with HIV, but still lived a normal life. She decided to call that friend to ask for a solution.

The film demonstrated the value of peer education and talking to somebody in the same position. The film chose young people to perform in the story because the project wanted to get young people to watch the film in order to increase knowledge of HIV. The film also showed the young people asking their partner to have a blood test (Centre for Creative Media and Social Change, 2011c, 2014). The story uses both a positive message which can be seen through asking a friend for a solution, and a negative message about the ignorance of not using condoms while having sex. The film focuses on young people because the new generation tends to have sex at an early age, and the

temptation of economic development influences the youth to try new things without considering the risks (Centre for Creative Media and Social Change, 2014).

I was impressed by *Paul's Big Heart*. It is a very motivational and inspiring story because its context meets the criteria and goals of the KTP project. *Paul's Big Heart* is different from other stories. While each of the stories talks about the hardships and solutions sought by HIV infected participants, this story provides basic knowledge of HIV/AIDS and how people can take care of themselves.

Paul taught his people to eat good food, stay positive and take their medicine on time. He has also been able to find partners to continue his work. He was able to show them that HIV/AIDS does not mean the end of people's lives. He also visited the community that his patients came from to share his stories and educate people about the disease.

To test the thesis that *Paul's Big Heart* is an effective tool for communication and raising awareness, I conducted a pilot story exhibition with five volunteer audience members who had not seen the film before. The focus group consisted of three women and two men aged over 20. Most of them said the story was well produced and informative. Paul's activities were consistent with basic HIV/AIDS treatments. His visit to their community led the pilot group to believe there would eventually be change. All members of the audience understood the issues involved.

The KTP project has been successful in raising awareness and providing education about HIV/AIDS. This can be seen through a huge positive responses the film and co-operation from all the community members. The participatory communication provided

a logical method to help the KTP team approach the core issues of HIV/AIDS. Combined with good planning and teamwork this approach led the team to identify and solve problems correctly. Alongside the video project, a photo exhibition 'Em Mipla, Na Yu?' ('This is us, what about you?') was held (Kumoniti Tok Piksa, 2010). The exhibition represented the stigma of people living with HIV. It is a powerful tool because all the pictures directly demonstrate the feelings of HIV infected people (Centre for Health Communication, 2010).

CHAPTER 3 METHODOLOGY AND RESEARCH DESIGN

3.1 OVERVIEW

According to WHO (2001), methodology is “a systematic body of procedures and techniques applied in carrying out investigation or experimentation targeted at obtaining new knowledge” (p. 1). The research is conducted through a qualitative methodology that explores and investigates social issues in order to understand social and human activities (Collis & Hussey, 2003; Servaes, 2007). By employing qualitative tools such as focus groups, interviews and observations, researchers can explore sensitive factors that affect young people’s attitudes in order to generate tools which cause behavioural change. This chapter outlines the data collection and analysis approach, the key sources of information (Lao youth and key informants) and the central role of the comic book in HIV/AIDS raising awareness, condom use and reproductive health promotion.

3.2 COMMUNICATION FOR DEVELOPMENT AND SOCIAL CHANGE, AND HEALTH

COMMUNICATION RESEARCH METHODOLOGY

Communication was officially converged with healthcare as a sub-discipline of communication in 1975, in the annual convention of the International Communication Association, Chicago, Illinois, USA. This decision aimed to boost the role of communication in healthcare systems (Harrington, 2015). Health communication is applied widely in health promotion and awareness raising campaigns about disease prevention. Health communication is an effective tool because it does not require diagnosis, tests, payment, technology or expensive treatments. Its main function is to

share information and knowledge about health to prompt health behaviour change in communities (Slutsky, Atkins, Chang, & Collins Sharp, 2014; Villagran & Weathers, 2015).

Health research does not rely on one particular methodology to investigate and explore health issues. Both qualitative and quantitative methodologies can be applied to health studies in order to formulate root causes, findings and solutions (Bowling, 2002). Applying communication tools to health research helps researchers and campaigners understand their target audiences and patients in terms of engagement, perception, feeling, and behaviour toward health promotion campaigns (Evans, Davis, & Zhang, 2008). Most health promotion and prevention programmes apply communication approaches as the final stage of the campaign structure to promote and engage target groups. The main purpose of health promotion is to raise awareness in vulnerable populations and to influence behaviour change (Fathalla Mahmoud & Fathalla, 2004).

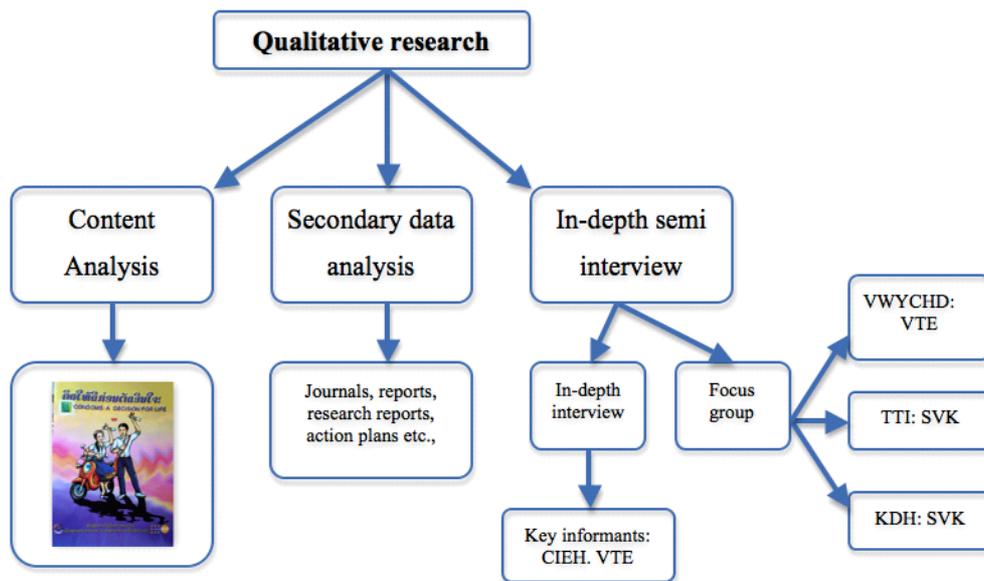
3.3 DATA COLLECTION AND SOURCES

The qualitative method can be used to understand the meanings that are often embedded in behavioural patterns and are crucial to behavioural change (Parker & Carballo, 1990, p. 508). This method is frequently employed to answer “how” and “why” research questions to identify and explain human behaviour and culture (Ware et al., 2009). In terms of information collection, researchers can employ multiple tools such as in-depth semi-structured interview and document analysis (O'leary, 2010). One of the primary resources of this research is the comic book. Qualitative content analysis, therefore, is required. Content analysis is defined as a technique used for drawing

inferences by systematically and objectively identifying any special characteristics of the message, with a careful explanation of how characters are portrayed on television, in films and novels, word usage on news releases and political speech etc (Neuendorf, 2002). According to Neuendorf, content analysis is an important first step in understanding the impact of the comic book. With the support of in-depth semi-structured interviews, it provides opportunities for researchers to learn from environments that shape people's behaviour and to obtain information.

I used a combination of qualitative data collection methods in order to explore interviewees' perceptions of condom use after reading the comic book *Condoms: A Decision for Life*. I first reviewed research on the use of comic books focusing on condom use and its consequences. After that, I used content analysis to examine and assess its substance. Finally, I conducted in-depth semi-structured interviews and focus groups with young people, including those who had read the booklet and those who had not. Key informants from the Centre for Information and Education on Health were also invited to take part in semi-structured interviews. (see Figure 6)

Figure 6: Methodology of the research *Condoms: A Decision For Life*



Source: by researcher

The data was gathered from open-ended interviews and discussions. Observation was used to obtain insight into the social environment of the venues and the reactions of participants. All the appointments with the key experts, and approaches to the target groups were assisted by the officers from four organisations, including arrangement of meeting times. The data collected were based on the key experts' and the focus groups' personal understanding and knowledge of the questions. Their opinions informed analysis of perceptions, attitudes and behaviour with regard to sexual education in Laos.

3.3.1 Secondary data (document analysis)

According to Heaton (1998), "secondary analysis involves the utilization of existing data, collected for the purposes of a prior study, in order to pursue a research interest which is distinct from that of the original work" (p. 1). Secondary information usually includes "sources of data and other information collected by others and obtained in

some form such as government reports, industry studies, archived data sets, and syndicated information services as well as the traditional books and journals found in libraries. Likewise, it offers relatively quick and inexpensive answers to many questions and is almost always point of departure for primary research” (Stewart and Kamins, 1993, p. 1). Supporting documents concerning the research were drawn from related research publications in the country such as journals on health and HIV/AIDS preventions and assessments of condom programme reports, and online sources such as UNFPA’s website, Vientiane Women and Youth Center for Health Development, Teacher Training Institute’s Facebook fan pages (TTI, 2015; UNFPA Laos, 2015; VWYCHD, 2015).

3.3.2 Content analysis

As the first step, a content analysis of the publication was carried out. The primary focus of the research was on the booklet as part of a larger campaign. The results of the research were mostly based on the understanding, perception of the participants and knowledge gained from the booklets. The booklet and its content were analysed for the overall design and content of stories (formats, layouts, number of stories), presentation of key characters (how many, gender representation, role modelling etc), language use (appropriate to local cultural context and age group, relevant to needs) and visuals. In addition, the educational parts and facts regarding reproductive health, condom use tips, venues to obtain condoms, and basic knowledge about HIV/AIDS/STDs presented at the end of the stories were also evaluated in terms of relevance and appropriateness to the life style and needs of young people.

3.3.3 Focus groups

The focus groups of the research were young women. I decided not to include young men in the focus groups as sex is a taboo topic in Lao culture. Discussion of sex between men and women is considered rude and disrespectful. Since I am a woman it was considered sensitive to discuss such issues with young men (iBiz24/7, 2014; Sychareun, 2004). Although Lao society is now more open to acceptance of gender equality, in reality, Lao people are still conservative about sexual conversation and the cultural norm is not to discuss sexuality, particularly among Lao women (Lamar Soutter Library, 2014).

The focus groups were selected from the two provinces in order to broaden the base of information for the research. Three focus groups from the three places were selected, with between four to six people for each group. The first focus group was selected from the Vientiane Women and Youth Center for Health Development (VWYCHD), a place where young people can consult about their sexual health and HIV/AIDS knowledge (UNFPA, 2011). Young women from the VWYCHD who wanted to participate the interview were invited to do so based on their willingness to be involved. The discussions were divided into two processes, beginning with a group discussion to ascertain general opinions from the six questions (please refer to appendix 1 for group discussion questions) about their first impressions and feelings after reading, followed by individual discussions to learn their personal perspective toward the comic book from the 12 individual questions (please refer to appendix 2 for individual discussion questions). This provided an insight into the subjects' thoughts and allowed me to compare what they said publicly with what they said privately.

Conducting the focus group in Vientiane allowed me to a better understanding the participants' feelings, perceptions and engagement with the booklet; how the publication presented and delivered HIV knowledge, and the effectiveness of its promotion of condom use in comparison to other media such as posters, television, radios, songs, and the Internet.

I selected two other focus groups from the Teacher Training Institute (TTI) and the Kaysone District Hospital (KDH) in Savannakhet province. At TTI, I organised the focus group the same way as the focus group in Vientiane because it consisted mostly of young female student teachers. The publication needs to engage this group because these young female students need to be able to pass the information on to their future students. The last focus group was from the Youth Centre in Kaysone district hospital, where the booklets were distributed. In 2003, there was a pilot project about caring for and supporting HIV-infected people, including the provision of antiretroviral treatment (ART) in this hospital. Later in 2006, a drop-in centre was established under the supervision of the Secretariat of HIV/AIDS/STDs Prevention and Control Unit, Savannakhet Province (Phrasisombath, Faxelid, Sychareun, & Thomsen, 2012b). The process of selecting the focus group from this hospital was slightly different. There was no group discussion session because mostly the focus group was community volunteers. They visited the centre when there were activities about reproductive health or health promotion in order to pass information and knowledge to their own community members. I conducted individual discussions directly with them.

The data collected from the focus groups and individuals enabled me to gain a better understanding of the values, attitudes, perceptions and behaviours of young females

from different places about sexuality and how they learned about and engaged with the comic. Before starting the actual interviews and discussions in Laos, a pilot discussion about the booklet was conducted with fellow Lao students in New Zealand in order to test the language and content appropriateness. This helped me to practice the interview sessions.

3.3.4 In-depth semi-structured interviews

An in-depth interview offers an opportunity for participants to demonstrate their perspectives or to share experiences with researchers (Mack, Woodsong, MacQueen, Guest, & Namey, 2011b). The in-depth interviews were conducted with key informants, including staff involved in the campaign and the design of the booklet. These key informants were from the Centre for Information and Education on Health, Ministry of Health. Information gained from these key experts helped me understand the concepts, visions and aims of the campaign, and anticipated outcomes from the dissemination of the publication. It also provided a better understanding on how the Ministry of Health planned and applied communication approaches to raising awareness campaigns in Laos.

The comic book, information sheets, participant consent forms and sets of discussion questions were provided to all participants before I started discussions with key experts and the focus groups. I took notes of observations during the field trip. These approaches were used as a form of reminder or/and comparison with other awareness campaigns to generate discussion about their effectiveness and impact on behaviour change relevant to the topic/issue research. I recorded discussions after obtaining permission from the participants.

3.4 POPULATION AND SAMPLE

Selecting samples is an important component of the research process. The samples can be selected according to a range of criteria, including gender, occupation, location and status (Sachdeva, 2009). The sample for the key participants was young women aged between 18 - 25 years. The sample came from a population group that previous research indicates as the most vulnerable to HIV infection (East Asia and Pacific Regional Consultation on Children and HIV/AIDS, 2006; Phrasisombath, 2012). Campaigners and key informants from the CIEH were also invited to take part the interviews.

To gather all the data and information from the focus groups and the key informants, I had to obtain consent forms from the organisations conducting the interviews because this process was as an official introduction of my research to the government agencies, and it was also an important step to approach the targets groups. All the questions for the focus groups and in-depth interviews, including the organisational consent letters, were translated into Lao for participants who for the most part could not understand English.

3.4.1 Secondary data (document analysis)

Supporting documents for the research relied on previous research, journals on health prevention publications and reports regarding HIV/AIDS prevention programs and reproductive health. The support documents were from international organisations and

national policies such as the National Strategy and Action Plan on HIV/AIDS/STDs that are available in Lao, particularly from the CIEH and UNFPA Laos office.

3.4.2 Participants' profiles

Data collection took place at the Vientiane Capital and Savannakhet province over a period of 45 days. The data was collected from government agencies and international organisations who are co-partners and the fund provider respectively. Key Informants included young women from the Vientiane Women and Youth Center for Health and Development, Savannakhet Teacher Training Institute and Kaysone District Hospital.

3.4.3 Focus group

Four to six young women from each location selected to take part in the focus groups for the discussions. The compilation of information and data for the research was preceded by discussions based on a list of leading questions. I met the young female participants from the three target locations. Before starting the discussions, I asked the participants whether they were comfortable discussing sensitive questions. I told the participants they could choose to talk to me elsewhere if they did not feel comfortable talking in the focus groups.

In order to set up the focus groups, I approached the directors of the VWYCHD, the TTI and the KDH to officially introduce myself and to explain the purpose of the research. At the VWYCHD, I visited the place where the booklet has been kept as well as asking for permission from the director of the centre to meet the focus group. For the interviews at TTI, I sought the assistance of a teacher in order to approach the young female students.

Doing so, it helped the researcher gain the students' trust. At the hospital, young women who had already read the comic book were invited to participate the discussion. After obtaining acceptances of the invitations from the participants, I started the discussions.

Convenience sampling was used as a tool for drawing relevant data by selecting discussants according to their willingness to volunteer, availability or ease of access (Business Dictionary, 2014; Explorable.com, 2009; Given, 2008). I gave each focus group a set of approval documents that included research information for participants, a consent form, a set of interview/discussion questions in English and Lao to demonstrate the purpose of the research and the background of the research. The discussions took between 20-30 minutes for each person. I stayed in each location for a week to conduct the interviews.

Table 2: Coding for Focus Group 1 (FG1) at Vientiane Women and Youth Center for Health Development

Code	Representation	Roles and responsibilities
FG1-FP1	Vientiane Women and Youth Center for Health Development, female participant 1	Peer Educator
FG1-FP2	Vientiane Women and Youth Center for Health Development, female participant 2	Peer Educator
FG1-FP3	Vientiane Women and Youth Center for Health Development, female participant 3	Peer Educator
FG1-FP4	Vientiane Women and Youth Center for Health Development, female participant 4	Peer Educator
FG1-FP5	Vientiane Women and Youth Center for Health Development, female participant 5	Peer Educator
FG1-FP6	Vientiane Women and Youth Center for Health Development, female participant 6	Peer Educator

Table 3: Coding for Focus Group 2 (FG2) at Teacher Training Institute, Savannakhet province

Code	Representation	Roles and responsibilities
FG2-MP1	Teacher Training Institute, male participant 1	Peer Educator
FG2-MP2	Teacher Training Institute, male participant 2	Peer Educator
FG2-MP3	Teacher Training Institute, male participant 3	Peer Educator
FG2-FP4	Teacher Training Institute, female participant 4	Peer Educator
FG2-FP5	Teacher Training Institute, female participant 5	Peer Educator
FG2-FP6	Teacher Training Institute, female participant 6	Peer Educator
FG-FP7	Teacher Training Institute, female participant 7	Peer Educator

Table 4: Coding for Focus Group 3 (FG3) at Kaysone District Hospital, Savannakhet province

Code	Representation	Roles and responsibilities
FG3-MP1	Kaysone District Hospital, male participant 1	Community volunteer
FG3-FP2	Kaysone District Hospital, female participant 2	Community volunteer
FG3-FP3	Kaysone District Hospital, female participant 3	Community volunteer
FG3-FP4	Kaysone District Hospital, female participant 4	Community volunteer
FG3-FP5	Kaysone District Hospital, female participant 5	Community volunteer

3.4.4 In-depth semi-structure interview

To gather more insights about the way young people engaged with the publication and the edutainment model, I interviewed campaigners from the CIEH to learn about the real practice of the promotion and final result of the activity by using guiding questions. Three campaigners were chosen as key informants. The in-depth interviews lasted between 25-40 minutes each and were designed to find out about the development, expectation and outcome of the campaign regarding condom use promotion and HIV/AIDS prevention. I first approached the project co-ordinator and the communication team leader of UNFPA Laos office who co-produced the comic book. I received a positive response from the organisation that allowed me to explore more about the project and materials and make direct observations about their activities. Before visiting the CIEH, I sent a formal letter, accompanied by an information sheet about the proposed research, seeking a formal invitation, to help facilitate the interview process with government officials. An organisational consent letter from the director of

CIEH was also obtained in order to approve my work and give me official support. (Please refer to Appendix 3 for a list question used during the in-depth interview)

Table 5: Coding for Key Experts (KE) at Center for Information and Education on Health

Code	Representation	Roles and responsibilities
KE1	Deputy Director General of CIEH	Supervisor of CIEH
KE2	Technical Officer of CIEH	Health promotion educator
KE3	Technical Officer of CIEH	Health promotion educator

3.5 DATA ANALYSIS

Data analysis is the process of examination in order to produce a summary description of conducted research and to explain the results (Babbie, 2008). Merriem (2009) adds that “data collection consists of direct quotations from people about their experiences, opinions, feelings and knowledge, thoughts from interviews, detailed descriptions of people’s activities, behaviors, actions, recorded in observations, and excerpts, quotations, or entire passages extracted from various types of documents” (p. 85).

3.5.1 Data analysis from indirect source

Indirect data such as national and international HIV/AIDS research, journals of health promotion and prevention and HIV/AIDS assessments reports were reviewed and analysed in order to gain initial information and background on this research project. This helped me to have a better understanding the background and context of the issues, and provided more in-depth analysis of the gathered data. Analysing indirect data helps the researcher to compare the effects and outcomes of previous research on this subject in order to produce a better assessment of the project. The indirect data

was a useful resource in terms of identifying key issues that have been explored and investigated in order to be fundamental to information comparison.

3.5.2 Content analysis

Information from the content analysis was analysed according to the categories generated beforehand, including language, visuals, design, characters and stories. This analysis contributed to the analysis of the data collected from the focus groups and interviews, particularly the sections involving questions about the perceptions and use of the book and its different components by the participants.

3.5.3 Qualitative data analysis

The information and data gained from interviews was analysed through a data collection process (Merriam, 2009). A qualitative analysis technique was applied to investigate the primary textual data, note-taking from the interview, observation, comments and feelings in order to gain an understanding of the issue (Schutt, 2012). Data gathered during the interviews and the focus groups was processed as soon as each session was finished. This helped me categorise and prioritise data sources.

3.6 ETHICAL CONSIDERATION

Ethics is an important part of conducting research. It concerns issues of confidentiality of the participants and organisations involved, achieving agreement from the target group, the preservation of dignity, and avoidance of distorted information in publications (Collis & Hussey, 2003). Mack, Woodson, MacQueen, Guest, and Namey (2011a) say that “research ethics deals primarily with the interaction between

researchers and the people they study. Professional ethics deals with additional issues such as collaborative relationships among researchers, mentoring relationships, intellectual property, fabrication of data and plagiarism, among others” (p. 8).

Because the research project involved the assessment of HIV/AIDS perceptions and sexual behaviour issues it was necessary to obtain the approval of relevant authorities such as Unitec Research Ethics Committee and the authorities in Laos, namely, the Center for Information and Education on Health, Ministry of Health, the Vientiane Women and Youth Center for Health Development in Vientiane, the Teacher Training Institute and the Kaysone District Hospital in Savannakhet province, including the UNFPA Laos office and the focus groups.

I consulted the appropriate literature on how to conduct research on topics that are considered taboo, such as sex and HIV/AIDS. During interviewing, the participants were informed that all information shared would be held in confidence and that the anonymity of participants would be respected. They were given the opportunity to withdraw at any stage of the research without any consequence. All participants were informed in advance with an information sheet handed to them or read to them prior to gaining consent (see Appendix 4, participation information form and Appendix 6 for participation consent form). The use of electronic recording devices depended upon permission from the participants. All data was kept in a safe space at the office of the supervisor at Unitec.

3.7 LIMITATIONS OF RESEARCH

Most of the information on which this research was based relates to health communication theories and practices. This provided me with insights regarding theoretical frameworks and the practical implementation of international health prevention programmes. Most of the documents, particularly regarding health prevention programmes and health promotion in Laos, were based on reports, evaluation documents from international agency partners and national policies. There was not much health communication research, particularly academic research, concerning condom use promotion using the form of comic books. Furthermore, the case study, *Condoms: Decision for Life* has just been newly launched and there had been no previous evaluation of this publication. This lack of information provided a challenge, but also an opportunity to cover a gap in the related literature in the Laos context.

Although the approach to focus groups was successful, with co-operation from the participants, I noticed that the focus groups did not cover the groups of young women that had wanted to speak with. The participants were mostly from well-educated backgrounds and trained to be peer educators and community volunteers. The discussions, therefore, were well-conducted, open-minded and informative. The participants were obtained through the teachers and trainers at TTI and VWYCHD and the officers at KDH.

I did not have the chance to talk with young women who did not have a basic knowledge of HIV/AIDS and prevention strategies, so the data collected reflected one-side discussions.

CHAPTER 4 FINDINGS

This chapter is based on data collected during fieldwork in Laos and came primarily from focus groups and semi-structured interviews. Key informants included a Deputy Director General and two Technical Officers of The Centre for Information and Education on Health (CIEH), included the United Nations Population Fund (UNFPA), which was the fund provider for the publication. Target participants (young people between the age of 18 and 24) from The Vientiane Women and Youth Center for Health Development (VWYCHD), in Vientiane Capital, The Teacher Training Institute (TTI) and Kaysone District Hospital (KDH) in Savannakhet province joined focus groups for discussions. Data such as personal observation notes, photos taken during the field trips, relevant documents such as journals, newsletters from MoH, national newspapers, and *Shadow* magazine were included.

Conducting semi-structured interviews with key informants from CIEH, MoH and an informal discussion with related staff from the UNFPA who co-developed and designed the booklet served to provide valuable insights and in-depth information regarding its conceptualisation, design and overall processes of publication, and promotion activities. The set of interview questions for key informants pertained to the aims of the campaign, definition of the target group, approach, concept of displays and contents design, partners of its publication, the length of the campaign's operation and its results. In addition, questions relating to challenges of the design and promotion of the publication were also asked (see Appendix 3 Question for key informants).

The findings have been grouped under four themes based on the four sub-questions of this research project:

Theme-1: The edutainment approach in the comic book

Theme-2: The contribution of the comic book towards increasing knowledge of condom use among young people

Theme-3: The response of the target audience to the comic book

Theme-4: Raising awareness of the publication in *Shadow* magazine as a method of disease prevention among young people. A summary of key findings is provided as part of the topics of discussion in Chapter Five.

THEME 1: THE EDUTAINMENT APPROACH IN THE COMIC BOOK

This theme emerged from findings based on the interviews with key informants who were involved in the development and design of the comic book. Semi-structured interviews were conducted with three officers from the CIEH to explore the expression of the edutainment approach in the comic book in terms of conceptualisation, content, and design. The interviews started by asking about the project's background and profile. The officers said the idea for the publication came from the Lao reproductive health survey in 2005 and their own observations from workshops and training sessions in reproductive health promotion. These showed that Lao young people did not clearly understand reproductive health, particularly sexual behaviour, and did not know much about family planning. In addition, they were not comfortable with seeking consultation when they had to deal with sexual health issues and ask what methods were available to protect themselves.

“In the past, we did have assessments of perception and awareness on reproductive health issues in rural communities. We found that local people still lacked knowledge and misperception on this issue regarding reproductive health treatment and prevention, especially family planning among young people” (KE2).

The “100% Condom Use” promotion was initiated in the same year (2005) as a model campaign for HIV/STDs prevention and control programmes under the supervision of National Committee for the Control of AIDS (FHI, 2011a). One of key informants said:

“The target group is young people because they do not have sufficient understanding in reproductive health prevention. They do not know how to create family planning. They are still having fun with social temptations that will cause them make wrong decisions” (KE1&2).

The Deputy Director General of the CIEH said this ignorance was one of the factors which led them to promote condom use among young people in the form of comic book:

“Our focus groups are mostly...students... the comic book will help them access and reach information easier. Importantly, the cartoon itself is an attractive tool that can gain interest for them to pick it up and read” (KE1).

Contents, display and partners of publication

The cartoon’s design and development was carried out in two stages. In the first, the UNFPA drafted the stories and information based on the purpose and aim of the publication (UNFPA, 2013f). Later on, the stories and information were circulated to the CIEH for review and comment so they could be adjusted to make them suitable for the

intended readers. Secondly, after reaching agreement on the content and display, they were sent to the design and printing company where the panels were drawn. As the Deputy Director General of the CIEH explains:

“From the beginning, we started with designing the concepts and structures of the stories. The concepts were structured and the displays were drafted. We conducted an internal meeting in order to review and edit them. After amending the stories and finishing the displays, we started a pre-test with the focus groups” (KE1).

Figure 7: The cover and characters of the comic book



(4-1) The cover of the comic book

(4-2) Introduction of characters in the stories

Table 6: Translations of names, characters, places and incidents are fictitious.

<p>(4-1) Title in Lao with English subtitle is represented by young successful students</p>	<p>(4-2) Introduction of characters Namfon's story 1. Namfon 2. Keo (Namfon's boyfriend) 3. Namfon's father</p> <p>Souk's story 1. Souk 2. Joy (Souk's friend) 3. Tim (Bar girl) 4. Doctor</p>
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The publication comprises two stories. The first is about a young girl from the country named Namfon, and a young boy from a city named Souk. Each story has a different background relevant to the story's context (rural and urban). There is an additional section about general knowledge on HIV/AIDS/STDs, a quiz, and locations of places where young people can seek individual and confidential consultation concerning their reproductive health. At the end of each story, the publication provides additional information on safe sex methods such as condom use, including venues where young people can buy condoms when needed.

Figure 8: 1st story—Namfon



1. Namfon's story

This is the first story (4-3) depicting a young woman growing up in a farming family and attending secondary school. At school she has a boyfriend. The end of the story shows her high school graduation party. She decides to have sex with her boyfriend.

(4-4) However, Namfon is not shown as having made a decision about whether to use or not to use condoms yet. The choices - do's and don'ts - are intentionally left at the end of the story to engage the readers to think which choices was the right decision to for her.

Choice 1: They do not use a condom and two months later she realises she is pregnant. The cartoon shows the symptoms of pregnancy to help readers recognise them. At the end of choice one, Namfon and Keo become a poor family with many children and regret not using a condom.

Choice 2: They decide to use a condom. Keo and Namfon did not have children so they decide to continue studying in higher education. Both of them find good jobs and end up marrying each other and having a happy life.

Figure 9: Condom use instructions and additional tips about condoms



(4-5) Instructions for proper condom use

The introduction presents six tips on using condoms properly. These are: 1) checking the expiry date on the condom wrapper before use, 2) tearing the wrapper open from the serrated edge and handling the condom carefully, 3) squeezing the teat end of the condom so there is no air trapped inside (ensuring the roll is on the outside. If it is on the inside, the condom is inside out), 4) squeezing the teat out on the condom on top of the penis and rolling it down with the other hand, 5) after ejaculation, and while the penis is still erect the condom should be held firmly in place at the base of the penis before withdrawal, 6) then take it off and put it in the bin. In the page, there is a warning for the reader not to flush condoms down the toilet.

(4-6) Additional tips about condoms:

There are five additional pieces of information about condoms to remind the readers to be aware of the benefits of using condoms. These are: 1) keep spare condoms all the time in case one is broken or has been used inside out, and for more intercourse, 2) wear the condoms before intercourse, 3) make sure that condoms are lubricated which can help to reduce friction and prevent them from breaking, 4) don't use condoms if they have a leak or are broken, and store condoms in a cool and dry place. 5) keep the condoms away from sunlight and don't keep them in a wallet because this can wear down the condom and possibly tear the wrapping, causing the condom to dry out.

(4.7) Venue to buy or get free condoms

Figure 10: Venues to buy or get free condoms.

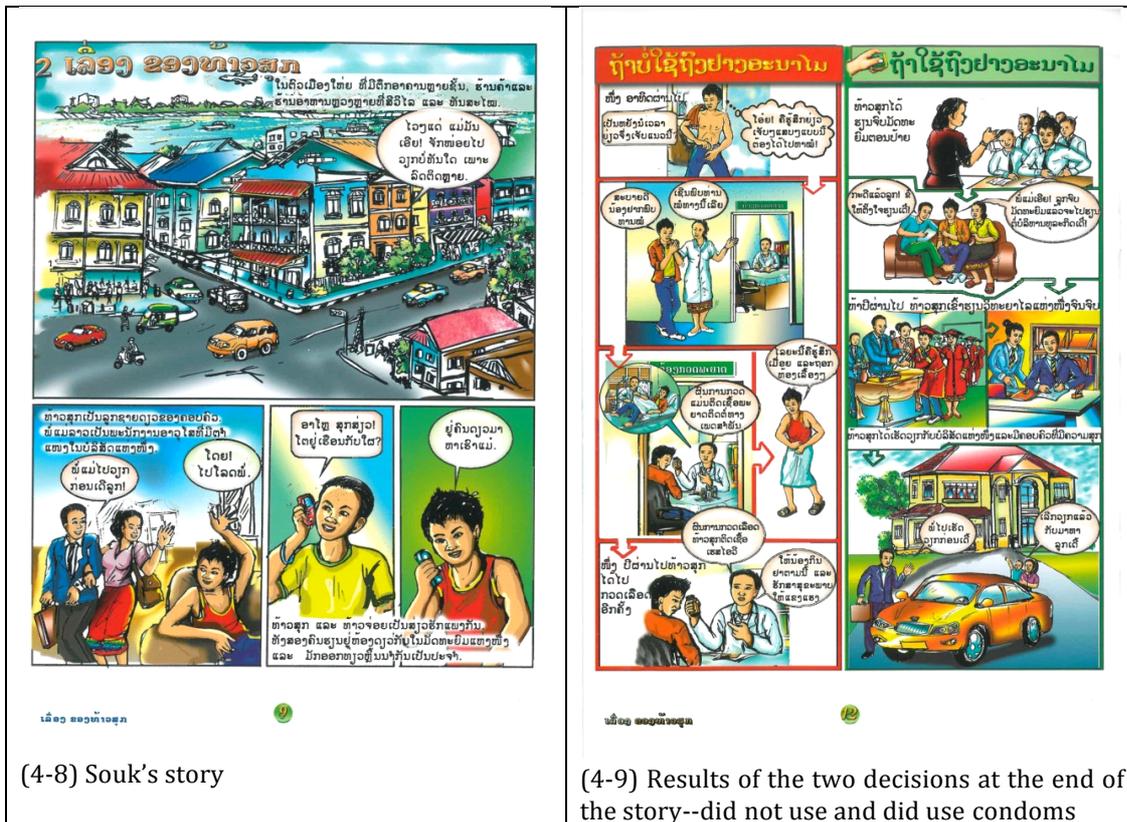


The cartoon in the figure 7 illustrates seven different venues where one may buy or get condoms for free, including hospitals, local healthcare centers, youth clinics, community volunteers, mobile clinics, midwives, grocery shops and pharmacies.

2. Souk's story

This story depicts a young man living in the city. Souk is a student and a son of a wealthy family. His life is full of temptations such as friends, parties and beautiful young girls. One night, he goes to a party at a nightclub with friends and meets a young woman the same age as him. After the party, they decide to hang out together at the young girl's house and have sex without using a condom. The authors follow the same approach as Namfon's story by offering two options in the end of Souk's story, inviting the readers to reflect on the young man's choices [see (4-8) and (4-9)].

Figure 11: 2nd story--Souk



(4-8) Souk's story

(4-9) Results of the two decisions at the end of the story--did not use and did use condoms

3. An additional section about general knowledge of HIV/AIDS/STDs, a quiz game, and a health centre were added after Souk's story.

Information on six issues of reproductive health are provided at the end of the two stories such as information about unintended pregnancy, sexually Transmitted Infections (STDs) and general knowledge about STDs, General knowledge about HIV and AIDS, quiz game and health service centre information (Call Centre),

3.1 Information about unintended pregnancy

Figure 12: Information about unintended pregnancy

ຂໍ້ມູນກ່ຽວກັບການຖືພາແບບບໍ່ຕັ້ງໃຈ

ການຖືພາແບບບໍ່ຕັ້ງໃຈ ແມ່ນຫຍັງ?
ການຖືພາແບບບໍ່ຕັ້ງໃຈແມ່ນການຖືພາທີ່ເກີດຂຶ້ນໂດຍທີ່ແມ່ຍິງຫຼື ເດັກຍິງຜູ້ຖືພາ
ນັ້ນບໍ່ມີຄວາມຕ້ອງການໃຫ້ເກີດຂຶ້ນ

ຜົນກະທົບຂອງການຖືພາແບບບໍ່ຕັ້ງໃຈໃນໄວໜຸ່ມ:

- ເສຍໂອກາດທີ່ຈະໂດ້ຮຽນຕໍ່ ໃນລະດັບສູງ.
- ເສຍໂອກາດໃນການເຮັດວຽກງານໃນຕໍາແໜ່ງດີໆ.
- ເສຍໂອກາດໃນການໄດ້ຮ່ວມກິດຈະກຳມ່ວນ
ຊື່ນນຳໝູ່ເພື່ອນ.
- ເຮັດໃຫ້ສຸຂະພາບຂອງແມ່ບໍ່ແຂງແຮງເພາະ
ຮ່າງກາຍຍັງບໍ່ທັນພ້ອມທີ່ຈະມີລູກ.
- ອາດຈະນຳໄປສູ່ການເອົາລູກອອກ ແບບບໍ່
ປອດໄພຊຶ່ງຈະເປັນຜົນສະທ້ອນຕໍ່ສຸຂະພາບ,
ມີມິນທິນ (ຮູສຶກຕິດ) ທີ່ເອົາລູກອອກ ແລະ
ອາດພາໃຫ້ເສຍຊີວິດໂດຍອັນອາການສົນ
ຮຕ່າງໆ.
- ຄົນຮັກອາດໜີປະບໍ່ມີຄວາມສັບສົດຊອບ.
- ສ້າງຄວາມເຊື່ອມເສຍໃຫ້ກັບພໍ່ແມ່ ແລະ ຍາດ
ຕີພີ່ນ້ອງ.

(4-10) Information for unintended pregnancy

(4-10) This page provides knowledge about unintended pregnancy for readers. Before the readers continue reading, the page begins with the title question, “What is unintended pregnancy?” and gives a definition to encourage readers to think about this issue. It is followed by the impact of unintended pregnancy such as loss of opportunities for higher education, good employment, ability to participate in social activities with

others, health problems which may follow after giving birth by a young mother, unsafe abortions that may happen which bring health problems to mothers and children, abandonment and irresponsibility of partners due to a lack of responsibility and immaturity, and how the unintended pregnancy brings stigma to relatives.

3.2 Sexually Transmitted Infections (STDs) and general knowledge about STDs

Figure 13: Knowledge of sexually transmitted diseases.

	<p>ຄວາມຮູ້ກ່ຽວກັບ ພະຍາດຕິດຕໍ່ທາງເພດສໍາພັນ</p> <p>ພະຍາດຕິດຕໍ່ທາງເພດສໍາພັນແມ່ນຫຍັງ? ພະຍາດຕິດຕໍ່ທາງເພດສໍາພັນ (ພຸຕພ) ມາຈາກພາສາອັງກິດທີ່ວ່າ: Sexually Transmitted Diseases (STDs). ມັນແມ່ນການຕິດຈາກການຮ່ວມເພດລະຫວ່າງຄົນທີ່ມີເຊື້ອພະຍາດແລ້ວ ຈາກຄົນໜຶ່ງ ໄປສູ່ອີກຄົນໜຶ່ງ. ຈາກການສໍາພັນກັບ ບາດແຜຂອງຄົນເຈັບທີ່ມີເຊື້ອເຖິງນີ້, ຈາກແມ່ ທີ່ເປັນພະຍາດນີ້ແລ້ວຕິດໃສ່ລູກໃນເວລາຖືພາ ແລະ ການສົ່ງເສີມ.</p> <p>ການແນະນຳການປິ່ນປົວ: ພາຍຫລັງທີ່ມີເພດສໍາພັນ ເມື່ອມີອາການຕິດປົກກະຕິ ໂດຍສະເພາະທີ່ອະໄວຍະວະເພດຕ້ອງໄປປຶກສາແພດທັນທີ. ບໍ່ຄວນກັງວົນຍ້ານສິ່ງຄົມຕໍ່ານີ້ສັງກຽດ, ບໍ່ຄວນອາຍທີ່ຈະໄປພົບໝໍປິ່ນປົວ, ບໍ່ຄວນໄປຊື້ຢາມາກິນເອງ, ແລະບໍ່ຄວນປະປ່ອຍໄວ້ຈົນອາການຮ້າຍແຮງຈຶ່ງໄປພົບໝໍປິ່ນປົວ ເຊິ່ງຈະເຮັດໃຫ້ຍາກໃນການປິ່ນປົວ ຫຼື ເປັນອັນຕະລາຍຕໍ່ຊີວິດ.</p> <p>ບ່ອນປິ່ນປົວ: ພະຍາດຕິດຕໍ່ທາງເພດສໍາພັນ ສາມາດປິ່ນປົວໄດ້ ຢູ່ຕາມໂຮງໝໍສູນກາງ, ໂຮງໝໍແຂວງ, ໂຮງໝໍເມືອງ ຫຼື ໂທລະສັບຕິດຕໍ່ສູນສຸຂະພາບແລະພັດທະນາໂຕທຸ່ມທີ່ນະຄອນຫຼວງວຽງຈັນ. ໂທລະສັບໝາຍເລກ 1361 (ສໍາລັບແມ່ຍິງ) 137 (ສໍາລັບຜູ້ຊາຍ) ເພື່ອປຶກສາຫຼາກໆບັນຫາລວມທັງຄວາມລັບໂດຍບໍ່ເສຍຄ່າໃຫ້ໄດ້ທັນທີ.</p>
<p>(4-11) Sexual transmitted diseases</p>	<p>(4-12) Knowledge of Sexual transmitted diseases</p>

(4-11) Sexually transmitted diseases (STDs)

This page presents real pictures of people who were infected with diseases. All the pictures have explanations of the symptoms to help readers understand the diseases clearly and easily. The five most common STDs are listed. These are syphilis, human papillomavirus (HPV), lymphogranuloma venereum, and pthirus pubis in males and females.

(4-12) Information on sexual transmitted diseases

This section begins with the question: “What are sexually transmitted diseases?” and then gives a definition. Treatments and venues in which to have consultations, including contact numbers for infected people are also provided.

3.3 General knowledge about HIV and AIDS

Figure 14: HIV/AIDs general knowledge information



(4-12) HIV general knowledge information

(4-13) AIDs general knowledge information

(4-12) HIV general knowledge and information. This page describes the pathways of HIV infections, symptoms, preventions approaches, and ways to help and live with HIV patients.

(4-13) The display explains the symptoms of AIDS. There is a comparison between having HIV and AIDS to help differentiate how HIV and AIDS patients experience symptoms.

3.4 Quiz game

Figure 15: Quiz game

ເກມຫຼິ້ນເພື່ອເສີມຄວາມຮູ້ຂອງໄວໜຸ່ມ
ຈົ່ງຊ່ວຍນາງຕີມ ແລະ ຫ່າວສຸກ ຊອກຫາຄຳຕອບທີ່ຖືກຕ້ອງ

1 ພະຍາດຕິດຕໍ່ທາງເພດສຳພັນມີຈັກຊະນິດ?

2 ພະຍາດຕິດຕໍ່ທາງເພດສຳພັນມີຊະນິດໃດບິວໄດ້ ແລະ ບິວບໍ່ໄດ້?

3 ສິວ ຫຼື ເມຍ ໄປມີເພດສຳພັນກັບຄົນອື່ນໂດຍບໍ່ໄດ້ໃຊ້ຖົງຢາງອະນາໄມຈະມີພະຍາດຕິດຕໍ່ມາສູ່ສິວຫຼືເມຍໄດ້ບໍ່?

4 ພະຍາດຂອງໄນ, ຫອນໄກ, ຊີສີສິດ, ມີໝາກມ່ວງ, ເຊື້ອເຂາໂອວີ ແລະ ພະຍາດເອດມັກພົບກັບຄົນກຸ່ມໃດ?

5 ຖ້າເປັນພະຍາດຂອງໄນ, ຫອນໄກ, ຊີສີສິດ, ມີໝາກມ່ວງ ຄວນໄປຮັກສາຢູ່ບ່ອນໃດ?

6 ໃສ່ຖົງຢາງອະນາໄມໃນເວລາມີເພດສຳພັນ ບ່ອນກັ້ນຫຍັງໄດ້ແດ່?

7 ຖົງຢາງອະນາໄມໃຊ້ໄດ້ຈັກຄັ້ງ?

8 ການເປັນພະຍາດຕິດຕໍ່ໄດ້ຮັບການເປັນຢ່າງຖືກຕ້ອງ ແລະ ຫັນເວລາຈະເປັນອິນດະລາຍດີສຸຂະພາບຫຼືບໍ່?

ກ ການເປັນພະຍາດຕິດຕໍ່ໄດ້ຮັບການກວດ, ເປັນຢ່າງຖືກຕ້ອງ ແລະ ຫັນເວລາໂດຍແພດ, ບໍ່ຄວນຊີ້ຢາມາກິນເອງ. ຖ້າເປັນຢ່າງຖືກຕ້ອງ ຫຼື ບໍ່ໄດ້ຮັບການເປັນຢ່າງຈະເຮັດໃຫ້ເປັນອິນດະລາຍດີສຸຂະພາບເຊັ່ນ: ເປັນພັນ, ມີຊຸກເອກໄພ, ຊິມເຊື້ອຂອງນ້ອຍຊຸນແຮງ, ໃນແມ່ຍິງຖືພາອາດເຮັດໃຫ້ລູກ, ລູກເກີດມາເປັນພິການ ຫຼື ຕາຍໃນຫ້ອງ.

ຂ ຖົງອະນາໄມໃຊ້ໄດ້ສູງກວ່າຄູ່.

ຄ ໃສ່ຖົງອະນາໄມທີ່ມີຄຸນນະພາບດີ ແລະ ຖືກວິທີສູງກວ່າທີ່ມີເພດສຳພັນ ເປັນວິທີທີ່ປອດໄພບ່ອນກິນການຕິດຕໍ່ພະຍາດພາຍ ແລະ ບ່ອນກິນການຖືພາ.

ງ ຄວນໄປເປັນບິວໄດ້ນຳໂຮງໝໍສູນກາງ, ໂຮງໝໍແຂວງ, ໂຮງໝໍເມືອງ, ສຸກສາລາ ແລະ ຄລີນິກຕ່າງໆ.

ຈ ຄົນທີ່ມີເພດສຳພັນກັບສູນກາງແລະບໍ່ຈຳເປັນຕ້ອງໄດ້ຍ່ອຍກັບຄົນເອງ (ບໍ່ໃສ່ຖົງຢາງອະນາໄມ).

ສ ສິວ ຫຼື ເມຍ ໄປມີເພດສຳພັນກັບຄົນອື່ນທີ່ບໍ່ແມ່ນຄຸນອອງຕົນເອງ ໂດຍບໍ່ຢ່າງກິນມີໂອກາດສູງທີ່ຈະນຳເອົາພະຍາດຕິດຕໍ່ທາງເພດສຳພັນມາສູ່ສິວ ຫຼື ເມຍຂອງຕົນ.

ຊ ພະຍາດຕິດຕໍ່ທາງເພດສຳພັນທີ່ມີສາເຫດຈາກເຊື້ອຈຸລິນຊີເຊັ່ນ: ເຂາໂອວີ, ຮັກເສບກັບB, ພະຍາດດູມໄສ, ຫອນໄກແມ່ນບໍ່ມີຢ່າງໃດທາງເພດສຳພັນ. ພະຍາດຕິດຕໍ່ທາງເພດສຳພັນທີ່ມີສາເຫດຈາກເຊື້ອຈຸລິນຊີເຊັ່ນ: ຊີສີສິດ, ຫອນໄກ, ລິງຊາວ, ພະຍາດໂລນ, ມີໝາກມ່ວງແມ່ນມີຢ່າງໃດທາງເພດສຳພັນໄດ້.

ດ ພະຍາດຕິດຕໍ່ທາງເພດສຳພັນມີຫຼາຍຊະນິດເຊັ່ນ: ພະຍາດຊີສີສິດ, ຫອນໄກ, ຫອນໄກ, ມີໝາກມ່ວງ, ພະຍາດໂລນ, ພະຍາດດູມໄສ, ລິງຊາວ, ຮັກເສບກັບB, ເຊື້ອເຂາໂອວີ ພະຍາດເອດແລະອື່ນໆ.

ຊ່ວຍ ຕີມ ຊອກຫາຄຳຕອບທີ່ຖືກຕ້ອງແດ່



(4-14) Questions and answers about HIV/AIDS

(4-14) The quiz game contains eight questions and eight answers about condom use, STDs, HIV and treatment venues for the readers in order to remind them about what they have read and learnt. The game is designed as matching correct answers on the right column to the questions on the left. In the middle-bottom of the page, there are correct answers provided to check again whether the readers match the right answers.

3.5 Health service centre information (Call Centre)

Figure 16: Services information from the healthcare centre and call centre's contact numbers



(4-15) and (4-16) are inserted at the end of the publication in order to introduce hotline numbers and venues for young people who want to have confidential consultation with regard to reproductive health, STDs and HIV/AIDS. The call center numbers are separated into two free hotlines: 137 is for males and 1361 is for females. On the page (4-16) there are some statements to motivate young people who have reproductive health problems, STDs or sexual concerns to call the centre. These include: “Do you want someone to listen and talk to you?”, “No matter the sexual health issues or mental health problems, you can call us anytime,” “Calling with no charge,” “We are youth professional consultants who can help you that are friendly and ready-to-help all times.”

The scenes and images of Namfon and Souk’s stories in the comic book are well structured. There are separate stories from male and female perspectives and HIV/AIDS

general knowledge for readers. Each story provides specific information that is gender relevant. Namfon's character, her family members and friends are drawn as local people in traditional dress. The scenes consist of rice fields, livestock, mountains and forests. Similarly, Souk's story is set in a big city with big concrete houses and buildings, cars, modern fashion and parties.

Length of campaign's operation and outcomes

The semi-structured interviews included questions about the period of the campaign's operation, including outcomes. The key experts indicated that there was no predetermined operational time frame. The publication was used as a promotion and support tool while the organisation conducted activities about reproductive health in the focus areas. However, the publication was based on cooperation between the UNFPA and CEIH, MoH, which had the same strategy of raising HIV/AIDS awareness and condom use among the youth. This strategy was found in the National Strategic and Action Plan on HIV/AIDS/STDs Control and Prevention 2011-2015;

"Young people have increased vulnerability to HIV if they have multiple concurrent partners or inject drugs. Recent research by UNICEF also indicates that most sex workers and high-risk MSM are young (some even underage), and thus extra vulnerable biologically and socially due to more peer pressure and fewer negotiation skills."

(National Committee for the Control of AIDS, 2010, p. 5)

The key experts were asked about the outcomes of the comic book's implementation in each of the target areas. The responses to the questions revealed that the readers expressed their curiosity about the publication itself and asked for more comic books in

healthcare centres where the booklet was promoted. As regards specific feedback from readers, the booklet was read attentively page by page. Some participants even carried the booklet home and asked to have more in order to give to their friends who did not participate in reproductive health promotion activities.

“I think the publication is very relevant to its target audiences. It can be seen when we circulated and distributed the book to participants, they paid attention to the book, reading carefully. Some took it home and some asked to have more booklets in order to distribute to their friends who did not join the training” (KE1).

“I noticed that when the participants read the book, they were shy when seeing explicit pictures about sexuality. However, that was not a big concern to prevent them from reading the book. Instead, it created more curiosity among the participants and encouraged them to follow up the stories and the end, including reproductive health information and condom use instructions inside the book” (KE2,1).

During the interviews, all key informants were very cooperative and open-minded and freely provided information and their insights about the background and profile of the publication.

Language used

While the language used in the comic book was Lao, some English technical terms were also used, such as the title of the booklet and the headline of HIV/AIDS/STDs. The use of a foreign language was not a barrier for readers because there were Lao subtitles. The

language in the story was informal and reflected daily usage. This allowed the readers, especially young people, to understand and remember the stories. The section on HIV/AIDS/STDs, reproductive health and condom use used technical language and some medical terms.

“The language use in the publication is appropriate for young people like us because it encourages us to read more. If the publisher uses impolite or slang words, it will make the stories not fun and uneasy to continue reading. It might be worse if the readers pick some impolite words to use in their daily lives” (FG1-P1).

“I think the use of language is appropriate because present Lao society is more open and young people are not shy to receive this type of information” (FG3-P2,3,5).

Key finding-- Theme 1

Based on the interviews with the key informants, the publication was seen to be successful overall, resulting in increased demand for HIV/AIDS awareness raising campaigns and training sessions. The readers, particularly young people, gained a better understanding of condom use, reproductive health and HIV/AIDS/STDs from the combination of clear language, stories, descriptions and images.

THEME 2: THE CONTRIBUTION OF THE COMIC BOOK TOWARDS INCREASING KNOWLEDGE OF CONDOM USE BY YOUNG PEOPLE

Opinions from both key informants and the focus groups were needed in order to demonstrate what information and knowledge the participants had gained from the use of the comic book. Therefore, this theme presents the findings from both key experts and focus groups.

Findings from the key informants

The interviews with the key informants provided a comprehensive background to the publication and its purpose. The primary purpose of the publication was to provide basic knowledge and information about reproductive health and a better understanding of STDs and HIV/AIDS among young people in terms of condom use.

“When young people have problems about reproductive health, they do not like to see doctors because they are embarrassed. They dare not to go to health clinics and ask for consultation from health experts. If they have this publication as their manual, they will learn by themselves. This is a good point of the publication. The distribution of the book attracts young people to read and inside the book has instructions that allow them practice” (KE2).

Nevertheless, since its publication, there has been no assessment of the effectiveness of the publication in raising awareness and youth engagement as one of the key informants indicated. Before its official publication, however, a pilot project was conducted with the target group in order to ensure the booklet was well developed and

designed (UNFPA, 2013g). The pilot was meant to help the team choose a tool to help the team to decide if inappropriate content and irrelevant images that might cause the readers to feel uncomfortable or embarrassed were used. After the completion of the pilot, there was positive feedback regarding the book itself.

“I heard there was good feedback when I promoted the publication in local areas. Some even suggested to us to add the stories into textbooks because participants perceived that the knowledge is very useful and its images are not explicit” (KE1,2).

Findings from the focus groups

The findings based on data collected from the focus groups were generated from group discussions and individual questions about what they had learnt from the booklet, how it raised awareness on HIV/AIDS, comments about reading the cartoon and stories regarding condom use promotion and what else they expected to learn from the publication. The insights gained from the individual discussions were grouped around three perceptions:

1. The focus group participants shared the same understandings about the aim of this publication:

“The comic book presents the benefits of using condoms. It also instructs me to use one while having sex, including how to use it. In addition, I have also learnt more about HIV/AIDS and STDs” (FG1-P1,3, FG1-P1,2,3,4,5, FG2-1,2,4,5,6).

2. The comic book presented the benefits of using a condom while having sex and the disadvantages of having sex without condoms.

“This comic book is very informative for young people. Mostly, the book teaches them to think over again whether to have sex by using or not using condoms. The stories leave us choices between using or not using them” (FG1-P1,2,3, FG3-P1,2,3,4,5, FG2-P1,2,4,5,6).

“Although, the book provides suitable and sufficient knowledge for young people, I still want to learn more about STDs because I heard that there are more types of STDs than those in the book” (FG2-P1,4, FG3-P3, FG1-P1).

3. The stories encouraged the focus group participants to imagine their future if they had sex without using condoms by clearly illustrating that the decision whether or not to use a condom could lead to two quite different futures.

“I have learnt about STDs and HIV/AIDS from the images of people who are infected in the book and instructions of using condoms” (FG2-P4).

“By giving two choices in the end of each story, it makes me reflect about myself if I were like that girl or boy in the cartoon, and which options I would choose” (FG1,2,3).

Key finding--Theme 2

The comic book presented a good balance of information in textual, visual and graphic ways. All information was presented clearly with no ambiguity with the assistance of visuals that demonstrated various messages in an easy way to follow. The participants

understood the stories quickly and became aware of the issues that may happen during their lives in the future.

THEME 3: THE ENGAGEMENT OF THE FOCUS GROUPS TO THE COMIC BOOK

Two perspectives were generated from discussions and focus groups. Participants at the Vientiane Women and Youth Center on Health and Development and the Teacher Training Institute wanted to talk about the sexual knowledge in the booklet with their classmates. As training and education institutions, these centres create an environment that allows and motivates these young people to discuss reproductive health and HIV/AIDS when they are in the classes and workshops.

“After learning from this publication, it encourages me to discuss with my friends and classmate in order to exchange different perspectives” (FG2-P4,5)

“Reading these books makes me want to circulate the knowledge to young people aged 13 or 14 years, or let’s say... the young people are in the ages below 18. It is because this age group is in a life transition, curious and willing-to-try new things. Furthermore, physical development of young people nowadays is very fast. I mean their bodies are bigger than their age” (FG1-P3).

2) The individual discussions in Kaisone District Hospital, on the other hand, indicated that they would like to circulate the knowledge with their families and friends because they were community volunteers working with vulnerable young people in villages. The publication encouraged the volunteers to be brave enough to talk with their family

members and friends because they encountered real problems among the young people and did not want the diseases to affect their loved ones.

“Because the stories in the cartoon reflect real situations in the society, it allowed me to imagine about the future if young people do not use condoms while having sex. After reading it, therefore, I am eager to share these stories with people around me” (FG3-P2).

“Because inside the book has true images of people who are infected with STDs and HIV/AIDS. I am scared. So, I would like to share my learning with my family members because I have many sisters. It encourages me to ask them what we should do if he gets infected with the diseases and brings those to one of us?” (FG3-P5).

The participants said they were mostly satisfied with the contents and story lines and enjoyed them. The publication was described as well-structured in terms of concepts and images. Importantly, the stories were of the right length. The audience did not lose interest while reading.

“I like the structure of the stories. They are not too long or too short for the readers. Each image has a description that allows me to follow and have better understanding. Further, the use of language is suitable for young people and the cartoon is design with local themes. I like it” (FG3-P3,5, FG2-P1,2,3,4, FG1-P1).

Some participants commented that apart from the appropriate design and layout of the cartoons, the injection of some sense of humour in the stories was important because the stories were quite serious. One participant indicated that she would like the producers of the publication to consider adding some local dialect into the stories in order to make them more attractive and relevant to the readers due to the linguistic diversity of Laos.

“I like the stories, but I would like to see some funny part in the story that can make the readers laugh and have more enjoyment” (FG2-P2, FG3-P1).

“If possible, I would like the publishers to add some more local language that would be nice in order to make the readers feel closer to the stories” (FG3-P1).

Key finding--Theme 3

It was clear from discussions that most of them knew about HIV/AIDS/STDs and condoms before reading the publication. They had learnt about these diseases and prevention methods in secondary schools and continued studying this subject in college because reproductive health studies are part of the curriculum. It is taught in biology in secondary school and population studies in college. The participants from VWYCHD and TTI preferred to discuss HIV/AIDS or condom use when they were in class. They perceived it as a compulsory lesson they had to learn because it was part of their curriculum. When they were home, they rarely talked with their own family members about the subject because they were shy and it was not a common or acceptable topic to discuss in the family. In contrast, the participants from KDH felt they were able to discuss HIV/AIDS and condom use with their family members.

THEME 4: RAISING AWARENESS OF THE COMIC BOOK AND METHODS OF PREVENTION AMONG YOUNG PEOPLE

This theme is based on findings that focus on the raising awareness programme, the publication under investigation and on various approaches to promoting the prevention programme among young people who act as opinion leaders.

Workshops for students and community volunteers have been the main activities to raise awareness about the comic book. Since the publication in 2013, there have been four workshops on how to use the publication effectively as a manual of reproductive health guidelines. The first workshop was initiated when the key informants organised a pilot test of the booklet. The booklet was officially launched on the 26th World Population Day celebration in 2013, in Vientiane Capital, at the International Youth Day celebration and graduation ceremony day at TTI in the same year (Khamlusa, 2013).

The primary methods of promoting condom use among young people was through peer educators (PEs) and community volunteers (CVs) who were in the same generation as the comic book's target audiences (UNFPA, 2013d). According to Lao culture, young people should not talk about sexuality. There is a stereotype that if they speak about sex society will perceive that young person as impolite and disobedient. Mostly, Lao young people choose to talk about this issue with their close friends or people of the same age or generation rather than talking with doctors, health educators/experts or even their family members such as parents or siblings (Ngonvonrarath, 2000; Sychareun &

Phengsavanh, 2011). Therefore, producing PEs and CVs was a suitable approach to reaching the target audiences.

Key finding--Theme 4

Since the first publication and distributions in 2013 the booklet has become part of a range of activities used to promote reproductive health and condom use, HIV/AIDS/STDs prevention and awareness raising.

OBSERVATION

Applying field observation as a data collection method is a necessary element to this research. "... observation is a perceptual process so that to observe is to look at, listen to, touch, taste, or smell something, attending to details of the resulting perceptual experience" (Bogen, 2014, p. 2). Observations during the interviews and discussions made it possible to learn more about actual places where the comic book had been promoted and displayed in each place in order to attract its target audiences:

The Centre for Information and Education on Health, Vientiane Capital

This was the first place visited during the field trip. It is a government agency office where the booklets were kept after publication for distribution based on demand for training days or workshops.

Vientiane Women and Youth Center on Health Development, Vientiane Capital

This centre was the second place visited. Although I spent most of the time there with the focus group, there was time to walk around the centre and visit the room where the

booklet was stored. The booklet was kept in a training room where trainers and trainees organised workshops and training. Young people were able to access the booklet and read it when the room was open for training and workshops. The centre did not have a library or a common room where the booklet could be displayed for young people who visited the centre.

After making observations, there was an opportunity to talk with the director of the centre about general information at the center, including the venue where the booklet was kept. She explained the centre was established in 2001 and the office building was located independently (VWYCHD, 2014). In 2011, the centre moved to its new location in the Vientiane Governor’s Office temporarily because the building has been under renovation (VWYCHD, 2013). In the new building, there will be a library and common area that will be an assembly point for youth. The comic book will be displayed there.

Figure 17: Distribution point for the comic book and the trainings & workshops Room.



(4-17) Venue to store the booklet at VWYCDH, Vientiane Capital	(4-18) Workshop room at VWYCDH, Vientiane Capital
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Teacher Training Institute, Savannakhet province

The third week of the field trip was at the Teacher Training Institute, Savannakhet Province which is located in Kaysonephomvihane District, the capital city of the province. At the institute, there is a youth information centre where activities, training and workshops are organised, including a promotion workshop on how to use the comic book effectively.

Figure 18: Youth Information Center, TTI, Savannakhet province



(4-18) Booklet exhibition

The stories in the comic book were also inserted into the youth magazine *Shadow*, which is supported by UNFPA. The magazine contains teen fashion, technological news, national pop stars' activities, entertainment events and reproductive health information. There were three issues at the institute: issue 9, February 2014 with an insert of the urban male character Souk's story; issue 10, March and issue 11, April 2014 with an inserted of the rural female character Namfon's story. Issue 9 had a fashionable young man on the cover page in line with Souk's story, while issues 10&11 had fashionable young women on the cover in line with Namfon's story. The *Shadow* is

published monthly in Lao. The target readers of the magazine are young people from the age of 12 years old upward (Lao magazine directory, 2013; Shadow magazine, 2015). (see figure: 19 & 20 The *Shadow Magazine*, 2014)

Figure 19: *Shadow Magazine*--issue 9, February 2014



(4-19) *Shadow Magazine* and (4-20) Souk's story in *Shadow magazine*

Figure 20: Shadow Magazine--issues 10&11



(4-21) Shadow magazine and (4-22) Numfon’s story in Shadow magazine

Kaysone district hospital, Savannakhet province

The Youth Consulting Centre at Kaysone District Hospital, Savannakhet province: Kaysone District Hospital generally provides primary health service for local communities. Because there is a drop-in centre in this district which provides care and support to vulnerable young people (Phrasisombath, 2012), the hospital is one of the dissemination points for the comic book. There was an opportunity to talk with one of nurses about the popularity of the book amongst the young people and patients. She said:

“There were some patients that read about it while they were waiting for having a medical check-up. We have had this comic book for while. I saw them sometimes

read it. I noticed the way they read just go through page by page--to look at the cartoon and images and then left it" (A nurse at KDH).

The comic book is displayed in the reception of the centre where the patients wait to meet doctors. It is on the small table, mixed with other books that have similar content such as teen magazines, health manuals, brochures, and reproductive health promotional booklets. The comic book competes for the attention of the readers as it is not prominently displayed and therefore often receives little attention.

Figure 21: Kaysone District Hospital and the comic book



(4-23) and (4-24) Kaysone district hospital, and (4-25) Booklet exhibition inside the hospital

Environment of Kaysonephomevihane District (Kaysone district)

During the fortnight I spent in Savannakhet province, particularly in Kaysone district, I had time to walk around the town. It was surprising to see many entertainment venues such as guesthouses, hotels, beer and karaoke bars and restaurants. Most people in the district are between 15-50 years-old. Getting into bars or nightclubs is easy as there is no age restriction. In the past decade, there have been huge investments in Savannakhet province accounting for 21.8% of all investments in the country (IUCN Lao & NERI, 2011). As a result there has been a pronounced population move to the province due to employment opportunities. One factor contributing to the increasing number of hotels,

guesthouses, restaurants, clubs and beer gardens is a casino in Kaysone district--the capital district of the province.

“everyday, an estimated 1,500 people cross the border to visit the casino as well as taking part in other activities in the province, especially in the area near the casino” (IUCN Lao & NERI, 2011, p. 18) .

SUMMARY OF OVERALL FINDINGS

Development, conceptualisation and design of the comic book was the result of co-operation between the Center for Information and Education on Health, Ministry of Health and the United Nations for Population Fund (UNFPA).

Delivery of information about the comic book to readers has been continually implemented since its official publication in July 2013. The application of the Education-Entertainment (Edutainment) approach helped the publication reach its young target readers. The development of the cartoon and contents of the stories were carefully designed from the creation of the story concepts, the, outline of contents and organisation of revision meetings in order to finalise the stories. The images and scenes are easy to follow because there is Lao language description in each page.

The publication grew out of the “100% Condom Use” campaign in 2005. The contribution of the comic book towards increasing knowledge of condom use among young people is consistent with the aims and objectives of the original project. Key experts have stated that Lao young people lack knowledge of how to protect themselves

from unwanted pregnancy and HIV/AIDS. On the other hand, there are not many health centres or venues for young people to seek consultation when they have sexual problems. On top of that, sexual discussion is considered as a taboo topic in Lao society. It results in young people feeling embarrassed about discussing sex and seeking assistance. The comic book is a useful tool to deliver basic knowledge on reproductive health, condom use guidelines, and HIV/AIDS/STDs basic information.

The target audience of the comic book already has basic knowledge about HIV/AIDS/STDs from their secondary school level and college courses. The publication is also used as a supplementary tool for other activities promoting reproductive health and condom use. The findings reveal that although the participants were open minded to talk about sexuality, the conversations were mostly limited to the classes and schools. They did not want to talk about this issue with their family members or friends outside the classes. However, there was a group that worked as community volunteers who were willing to talk with their families and people around them. They were willing to share and teach those people what they had learnt because they did not want HIV/AIDS/STDs to spread to others.

Using peer educators and community volunteers in the same age group as the target audience is a primary method of raising awareness about the comic book and methods of prevention. Young people feel comfortable talking about sexual topics with people their own age rather than discussing it with doctors or health experts. The cartoons have been published in their own comic, and also published as inserts in *Shadow*.

The publication was circulated to Vientiane Capital, Savannakhet province, and to three northern provinces: Phongsaly, Luang Namtha, and Oudomxay provinces. The distribution of the publication was mostly for large cities in the provinces due to the limited number of copies printed.

Although about 2000 copies of the comic book were printed and it was distributed to two main provinces and in the northern part of Laos, there were many comic books left in a government storage room in VWYCHD and CIEH. When I asked why there were so many left there, the respondent explained that these comic books were kept for future training purposes and further distribution. According to my observation, most of the comic books were used as a support material in workshops or training for reproductive health promotion and most likely they never reached its rural female readership target.

CHAPTER 5 ANALYSIS AND DISCUSSION

This chapter discusses and analyses the findings reported in Chapter 4. These findings will be evaluated against literature reviewed in Chapter 2. The analysis in this chapter seeks to answer the main research question: How do young people engage with the HIV/AIDS prevention program through its comic book *Condom: A Decision for Life*. In order to assess the effectiveness of the young people's engagement with the comic book as a communication tool for promoting condom use among young people in Laos, the discussion and analysis will adopt the theoretical lenses of some renowned communication specialists. They include Singhal and Rogers' entertainment-education approach as a communication strategy for social change (1999), Harrington's health communication (2015) and Servaes' communication for development and social change (Servaes, 2008).

This chapter is divided into five sections, which explore the themes described in Chapter 4.

THEME ONE: THE EDUTAINMENT APPROACH IN THE COMIC BOOK

I discuss the edutainment approach in the comic book by analysing the publication's structure (content and display), language use, the time frame of the publication's promotion and the campaign's outcomes. The analysis also employs the theoretical frameworks of Tufte (2002, 2008) and Singhal and Rogers (1999) and other resources to discuss the use of comic books in HIV/AIDS awareness creation and prevention campaigns.

5.1.1 The comic book's structure (Content and display of the cartoon)

The comic book's structure is a combination of script, artwork, and animation. These elements are found in Numfon and Souk's story. There are also additional information and tips on HIV/AIDS and STIs prevention. There is also additional information and tips on HIV/AIDS and STIs' prevention.

The two stories--Numfon and Souk's story

These two stories provide perceptions of current situations and issues facing young people in society. They reflect rural and city life, which represent the two social conditions with which young Lao are familiar.

This is believed to help the young readers identify with the stories and encourage them to think about the best decision they would make if they were in the same situation as Numfon and Souk.

In the publication, drawing and painting, photography and narrative techniques are used to provide information direct to the readers (YAHA, 2013). For examples images of various STIs are included because the explicit images allow readers to realise the dangerous nature of the infections. Consequently, it is hoped that readers will be encouraged to use condoms (Gilman, 2010).

At the end of each story, the reader may choose whether or not to use a condom during sexual intercourse because the publisher leaves it up to the readers to decide after thinking about the consequences of using or not using condoms. In my view, leaving the choice to the reader after reading the stories encourages and empowers them to think

more about the issues instead of instructing them on what to do. According to Tengland (2012) “two general approaches to health promotion are behaviour change and empowerment” (p. 140). Influencing readers to think and make a decision is a good approach to motivate the target groups to change their behaviors. It infers that the participants have been influenced by the stories and were able to imagine what it would be like to be in that situation. As a result, most of the participants were aware of the negative consequences of unprotected sexual intercourse.

Even though one of the primary purposes of the comic book was to promote the use of condoms to young people, the stories only covered males making decisions about using condoms. There was no information about or guidance on condom use for women. In my view there should be information concerning female (intra-vaginal) condom use as an alternative method for safe sex and protection. Presenting only condoms for men may lead to the perception that condoms are only available for men and it is a man’s decision to use it or not. Female condoms are an alternative form of protection for women if the man refuses to use condoms or did not have any (Cabral, Cotton, Semaan, & Gielen, 2004). Promoting condoms for women is also necessary in the publication because it increases women’s knowledge of how to protect themselves without relying on men to be responsible. Female condoms promote gender equality at the same time (Cohen et al., 1992; Helmore, 2010).

5.1.2 Language use

Parallel to my observation above, regarding technical medical language, participants in the focus groups observed that the stories in the book needed a bit of humour, to help the stories be more lively and attractive, as the content of the publication was quite

serious. For example some stated that “the conversation is quite formal and polite. It made the conversation boring” [FG3-FP2&4].

As a researcher and potential target reader/user of this publication, after reading the publication, I also observed that the stories were not exciting or attractive, even though the stories contained all the necessary information about reproductive health, HIV/AIDS/STDs and safe sex methods. The language used in the publication was quite polite compared with real life conversations. The informational content of the publication was already serious. Some sense of humour, therefore, would be a good tactic to reduce people’s anxieties while reading the publication.

Three months before starting the field trip in September 2014, I conducted a pilot individual discussion with three Lao Unitech students aged between 25 - 28 years old. This pilot discussion was conducted informally in order to get an idea of possible opinions about the publication. The three Lao students made similar observations to those of participants in the focus group. They found the stories boring. Therefore, one can conclude that a publication of this nature needs to be in a language closer to its everyday use and mixed with humour.

5.1.3 Timeframe of the campaign’s operation and outcomes

The comic book was promoted for 14 months after its publication in July 2013*

Apparently, there was no time frame was given for promotional activities relating to the publication.

* Starting from the official launch of the publication in July 2013 to September 2014 of the time of the field trip in Laos.

During interviews with the key informants, no mention was made of the challenges of designing the stories and developing the informational content of the booklets, including the promotion processes so far. Before the booklet was published, the key informants from the CIEH held meetings after completing each process of the comic book in order to seek agreements, feedback and further recommendations from related sectors such as Ministry of Education and Sports and Ministry of Health. The pilot project was organised with young people in the age between 18 - 25 years old after the booklet was published in Vientiane Capital and Savannakhet province.

Applying the edutainment model as a tool for HIV/AIDS/STDs and condom use promotion required implementers to spend more time on the programmes in order to ensure their success. There was a campaign that applied the Edutainment model in a form of comic book in South Africa named the Soul city project established in 1992 (AIDSTAR-One, 2015). It has been operating for 15 years and the project aims to raise awareness and to improve health status, and gender equality in South Africa. The project was pronounced successful because the organisation's structure implements consultation with stakeholders (included activists, non-governmental organizations (NGOs), government representatives, and technical experts (AIDSTAR-One, 2009). Furthermore, the project was considered successful because the project could increase awareness of sexual abuse, HIV/AIDS and reproductive health, be able to influence audiences to change their behaviours, and stimulate communication practices in order to promote knowledge of HIV/AIDS (Soul City, 2001, p. 6.). The programmes under the Soul City project have produced dramas broadcast through television and radio. In

addition, the project was evaluated and monitored in order to ensure the programme was implemented according to its objective and purpose (AIDSTAR-One, 2015).

It is too soon to say *Condom: A Decision for Life* has been successful because there is no official monitoring and evaluation. The project still needs more time to observe how the participants might have changed their attitudes and behaviour in order to prove that the project has been successful in its aims. To properly evaluate the success of such a project, aside the requirement of time, the evaluator needs to know how popular the booklet is amongst the target audience, whether they know where to find it and how to use it, whether they share it openly or discreetly with others, preferably their peers outside the learning space, and/or whether they share the ideas/suggestions from the booklet with others. However, attitudinal changes require time and this project was only in its first year of implementation at the time of this research. Regardless of this limitation, my research was able to provide some indications for the above which show that the use of the booklet was limited. Therefore, the agencies implementing the project need to continuously monitor its use so they can improve future impact.

5.1.4 How is edutainment expressed within the comic book?

In this publication, edutainment is expressed mainly through display, content and language.

5.1.5 Display and content

Images in the publication highlighted the rural lifestyle by using images of rice fields, farming and forests. It also represented the city lifestyle with images of a concrete

jungle with cars and nightlife which represented 'modern' life. This contrast ensured the reader understood the different context between the two stories.

5.1.6 Language use

The language used overall was seen as appropriate by the focus groups. It is easy to understand because the stories use common discussions from daily life. Technical terms in the comic book are mostly found in the information section relating to reproductive health, condom use and HIV/AIDS/STDs. The story sections were described as suitable for the focus groups because they contained simple conversations found in daily life.

Target readers of the HIV/AIDS comic book may not be only young people, but could include vulnerable groups, adults or even disabled people. Language use, therefore, should be more inclusive. For instance, in South Africa, a comic book on HIV/AIDS was launched for the deaf community in 2006 by using sign-language interpretation instead of speech bubbles (GALA, 2006; IRIN, 2006). I found that the language use in the comic book *Condom: A Decision for Life* used direct language which readers can understand right away. Although using direct language is a good strategy to help readers understand a story easily, it has the disadvantage that it may make readers not think about the story or the meaning of the sentences or words. Encouraging the readers to think about the story is what most authors want, especially for young readers who are full of enthusiasm, curiosity, and imagination. Adding some short sentences that retain a serious meaning could encourage them to think profoundly about the meaning of the text so they remember the message of the story.

THEME TWO: THE CONTRIBUTION OF THE COMIC BOOK TOWARDS INCREASING KNOWLEDGE ON CONDOM USE BY YOUNG PEOPLE

5.2.1 Perspective from the key informants

During the in-depth interviews the key informants said the pilot test was successful. The key informants and the team organised pre-tests of the comic book with young people aged between 20 - 25 years in Vientiane Capital and Savannakhet province in order to obtain further feedback and comments.

During the pilot test, the key informants personally observed that the participants were quite shy. This could be deduced from the smiles on their faces and their silence while they were reading. At the end of the pilot test session, there was a quiz game for the participants and the key informants discovered that they could answer and match the questions and answers correctly. From this point, the key informants inferred that the pilot test was successful. It was a good tactic to conduct a pilot test before official publication because it helped the key informants. It helped the cartoon developers identify mistakes or inappropriate information in the booklet as well as collecting useful feedback and comments from the participants (Kaham & Goodstadt, 2000).

5.2.2 Perspective from the focus groups

After reading the booklet, most participants gained some understanding of the issues. They were able to tell the purpose of the publication and the message of the stories. They acknowledged the benefits of using condoms while having sex and the disadvantages of intercourse without condoms. Importantly, the stories encourage the

readers to think carefully about their future if they had sex without using condoms by clearly illustrating two different outcomes.

Most of the participants acknowledged the benefits of using condoms correctly. They were also aware of the consequences of not using condoms, such as HIV/STDs infection, unwanted pregnancy and sexual health problems. This made them want to use condoms during intercourse to protect themselves. This is evidence that the comic book contributes comprehensive HIV/AIDS/STDs information to young people and influences them to change their sexual behaviours and perceptions about using condoms.

THEME THREE: THE ENGAGEMENT OF THE FOCUS GROUPS WITH THE COMIC BOOK

Opinions from the theoretical learners from VWYCHD and TTI, Vientiane Capital

Since the first AIDS patient in Laos was discovered in 1992, the government has regarded this issue as a critical health problem that needs to be tackled in order to confine the HIV/AIDS outbreak. In the late 1990s, there was an initiative to integrate HIV/AIDS/STDs and reproductive health information into secondary school curricula with the support of UNFPA. This included reproductive health and sexual studies and basic instruction in HIV/AIDS/STDs prevention (MOE Lao P.D.R., 1997, 2000a, 2000b; WHO, 2005). It has been a good tactic to include HIV/AIDS and reproductive health studies into curricula in secondary education because providing sexual and reproductive health knowledge and information through textbooks enables vulnerable young people to reach the information more easily (Doussantousse, 2010).

The findings in this theme reveal that the focus groups from VWCHD and TTI already had basic knowledge of HIV/AIDS/STDs and reproductive health issues obtained in secondary schools in grade 8 to 11. They were able to demonstrate their understanding of the issues well by being able to identify the dos and don'ts after reading each story. For example, at the end of each story the participants chose the same option Numfon took, which involved encouraging her boyfriend to use condoms, and agreed with Souk's decision to use condoms for intercourse. They acknowledged that using condoms provided protection from unplanned pregnancy and diseases such as HIV/AIDS/STDs. In order to ensure that the participants fully understand the purpose of the publication, I asked their opinions about the publication's purpose. All of them said that this publication was to encourage young people to use condoms in sexual intercourse. Therefore, it can be said that the comic book achieved its aim in raising awareness on HIV/AIDS/STDs and reproductive health.

Although the findings indicate that the participants were willing to share or exchange knowledge when they were in the classes, they still felt shy about talking or sharing what they had learned in their own social interaction with friends and families. This is partly because their learning was passive, through textbooks and additional materials such as posters, sample of condoms, story telling and from other publications related to HIV/AIDS. Passive learning is as a traditional learning manner which emphasises daily note taking and listening to lectures (Michel, Cater III, & Varela, 2009). Ed and Fredericks (2005) explain that learning from the textbooks or additional material allows student to learn a great deal of information because the books comprise explanations and visuals that help students imagine the situation or stories. In addition, students assume that learning is simply a collection of facts and figures. Thus, students

mostly share or talk about sexuality when they are in classes and teachers motivate and encourage them to discuss the issues. After finishing the classes, however, they barely share or talk to each other outside because they fear their friends or people around them will misinterpret their conversations regarding sexuality. As theoretical learners, they are able to provide HIV/AIDS information when they are in educational situations such as in classes, workshops or training sessions. As the participants from VWYCHD and TTI are trained to be instructors or teachers in the future, their target groups are going to be their future students. This results in HIV/AIDS/STDs information circulating only within the boundaries of educational institutions.

5.3.1 Opinions from the practical learners from the KDH in Savannakhet province

The discussion with the participants from KDH followed the same process as with the VWYCDH and TTI. The findings revealed that most of them were willing to share their knowledge and experiences of learning with people around them such as family members, cousins or friends without embarrassment. This is because being community volunteers allows them to get to know people who are infected by the disease. The knowledge they have gained from the comic book, additional training from the local youth centre and the experience of meeting HIV patients, act as strong reminders of the issues and their impact, and help them to recognise the importance of sharing information with others.

Although the textbooks provide comprehensive information about HIV/AIDS/STDs and prevention methods, in order to achieve better awareness within the population, opportunities need to be created for students to share what they have learned with their community, social circles and vulnerable groups. Working with communities and

vulnerable people has enabled the participants from KDH to deepen their knowledge through spreading the information to their people as this enables them to reflect on its impact.

5.3.2 How did the focus groups/individuals engage with the publication?

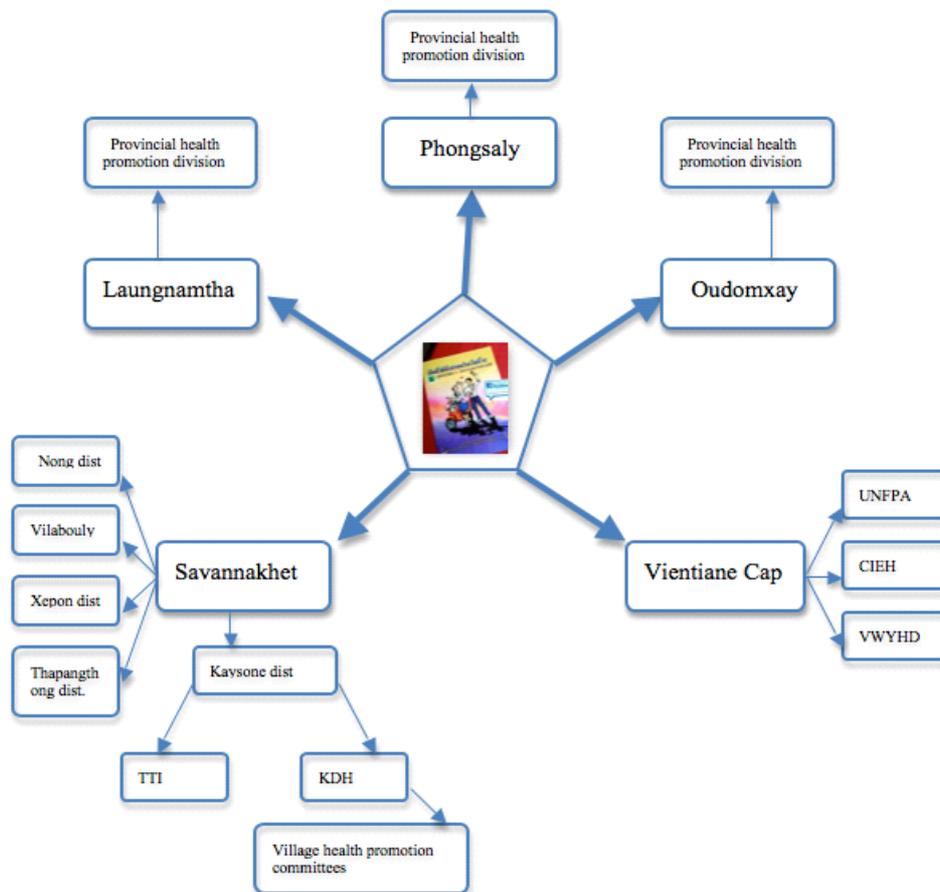
Although the participants acknowledged the existence of HIV/AIDS/STDs and their prevention methods, passive learning through reading the booklet was not enough to encourage them to pass on what they had learned to others once they were outside the learning environment of their schools, partly because of hidden barriers such as taboos on women talking publicly or with men about their sexuality (Dejong, Shepart, Roudi-Fahimi, & Ashford, 2007; UNFPA, 2012). As a result, the focus groups from VWYCHD and TTI were only partly engaged with the comic book in terms of its impact upon behavioural change. In contrast, members of the focus group from KDH which had had opportunities to work within their community were able to circulate the information to their family members, friends and vulnerable people in the villages.

THEME FOUR: RAISING AWARENESS OF THE COMIC BOOK AND METHODS OF STD PREVENTION AMONG YOUNG PEOPLE

This section discusses and analyses activities and methods for promoting the comic book to the focus groups in the educational institutes of Vientiane Women and Youth Centre for Health development, Teacher Training Institute and Youth Centre in Kaysone district. This theme highlights the dissemination of the publication and accessibility of the booklet. The conclusion of this theme will provide the answer of the fourth sub-question.

Since the cartoon booklet was published, awareness raising activities have mostly focused on workshops, training days, and exhibitions concerning reproductive health promotion organised by the UNFPA. After its publication the booklet was distributed in five districts in Savannakhet - Kaysonephomvihane, Nong, Vilabouly, Xepon, and Thapangthong. It was also distributed to three other provinces in the northern part of Laos; Oudomxay, Laungnumtha and Phongsaly. However, the booklets were kept in the health promotion office and not distributed to villages in each province. This limited the readers' access to the publication because the health promotion offices were not accessible to the public (see figure 22). At the time of writing, the booklet had not yet been promoted in local communities

Figure 22: The dissemination of the comic book

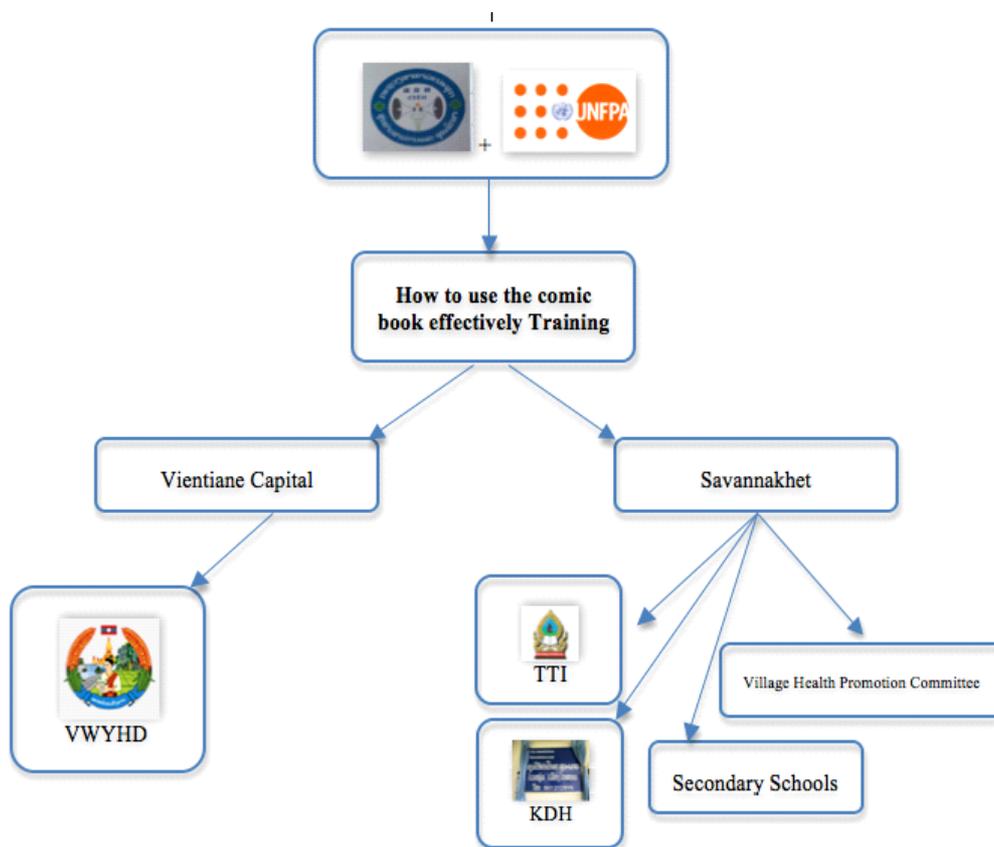


Source: by researcher

How young women were made aware of HIV/AIDS in the publication

Raising awareness through the comic book involved activities concerning reproductive health and HIV/AIDS/STDs prevention programs, and the dissemination of the booklet to other areas that the peer educators or community volunteers cannot reach. Recruiting young local peer educators (PEs) or community volunteers has been the main element used to get young adolescents involved. Selecting peer instructors who are of the same age or who are going to be teachers in the future to deliver HIV/AIDS/STDs knowledge and prevention is a good tactic because they have the skills to persuade their audience to change their behaviour (UNFPA, 2012).

Figure 23: Workshop and training on how to use the comic book effectively



Source: by researcher

CONCLUSION

This research set out to assess youth engagement with the comic book *Condom: A Decision for Life* in Vientiane Capital and Savannakhet province. The study focused on the edutainment approach in a form of comic book. To accomplish the aims of assessing awareness, the research was guided by four sub-questions, which were answered in the previous themes of this discussion chapter by content analysis, semi in-depth interviews with key informants and discussions with focus groups in the two provinces. This section seeks to answer the main research question:

How did young people engage with the campaign of raising awareness of HIV/AIDS prevention programs through its comic book--“Condom: A decision for life”?

The findings about theme one demonstrate the collaboration of display, content, and language use in the publication in order to craft the stories and make the information easy to remember. The publishing team designed the cartoon’s atmosphere and social environment to reflect the real situations in order to attract the readers, and to lead them to empathise with the characters when it came to decision-making in the end of each story.

Although the language was mentioned as appropriate and suitable for young people, there was some suggestion that the language use was too formal and this prevented some readers from engaging with the story. Nevertheless, the conversations in the stories, visual images, and additional information delivered the main messages of the publication successfully. The focus groups suggested there should be some slang or

dialect words in the publication. The groups praised the artwork, but there appeared to be a preconception that cartoons were meant to be funny (Oxford dictionary, 2015).

The key research finding under theme two was that most of the participants were able to identify the main method of not contracting HIV/AIDS/STDs by encouraging partners to use condoms. Apart from the two stories presented in the booklet, there were instructions and tips how to use condoms.

The findings under theme three explored the engagement of the focus groups from the three educational institutes in Vientiane Capital and Savannakhet province. The findings revealed two different opinions regarding to disseminating or circulating the messages to a third person/people apart from teachers/instructors and students. Members of the focus groups preferred to discuss HIV/AIDS in their classes. The three focus groups from VWYCHD, TTI and KDH had learned basic information about HIV/AIDS/STDs prevention methods from schools. However, only one focus group from KDH had worked with vulnerable young people in their communities. The focus groups from the other two institutes had rarely met HIV infected patients. Therefore, sharing and talking about safe sex methods in public was still a sensitive issue. As a result, knowledge gained from the comic book was only partly disseminated to groups such as friends outside school, family members, cousins or community members.

The findings of theme four highlighted the awareness raising activity of the publication and STD prevention methods for young people. Dissemination of the information in the comic book was clustered around young people who attended workshops and trainings. HIV/AIDS/STDs raising awareness activities drew a positive response from young

people because of the use of people their own age as peer educators. There was no feedback on reader use or reactions from the northern provinces where the booklet had been distributed because there had been no promotional activities around it.

CHAPTER 6 CONCLUSION AND RECOMMENDATIONS

This project has assessed the impact of a promotional tool for preventing and confining the spread of HIV/AIDS among Lao young people. The research has focused on the edutainment approach in the form of a comic book. The study sought to assess engagement and awareness after reading the comic book *Condom: A Decision for Life*. The result of this study may benefit the comic book's development team in terms of its content and design, and the potential to produce more publications in the same or similar contexts. This research focused on the opinions of young provincial women aged between 18-24 years old and key informants who developed and designed the publication. This chapter includes the key findings, summary and recommendations for future practices and research in this area.

SUMMARY

This research assessed youth engagement with a comic book. Preliminary research explored the use of communication tools for raising awareness about the subject and the channels used for communicating messages to people. This was done through the question:

Q: How do young people engage with the campaign on raising awareness of HIV/AIDS prevention programmes through its comic book--"Condom: A decision for life"?

To answer the main research question, four sub-questions were used:

RQ 1. How is edutainment expressed within the comic book?

RQ 2. To what extent has the comic book contributed in terms of providing the knowledge of condom use among the young people?

RQ 3. How does the focus group engage with the comic book?

RQ 4. How are young women made aware of HIV/AIDS in the comic book?

The research design emphasised qualitative research including content and data analysis, in-depth semi-structured interviews with key informants, and individual and group discussions with focus groups from two provinces. Personal observation and photography from fieldwork provided more insight and understanding of factors that affected and influence young people's behaviour.

The research demonstrated that two types of learners existed among readers of the publication. These included theoretical learners, peer educators who learned from school curricula, workshops and training. This environment encouraged the exchange of information among their friends and peers at school. They seldom discussed sex education and reproductive health after school or with their families. Practical learners, community volunteers who worked and met vulnerable people in their communities, were prepared to discuss safe sex practices with young people in the villages.

The assessment of youth engagement with the comic book revealed the success of the publication in terms of messages and knowledge delivery to the target audiences. Target groups were able to tell the meaning of the stories and understand the information presented. The perception gained of the target groups was consistent with

the objective and aims that the key informants and fund providers such as UNFPA expected (UNFPA, 2013c, 2013f).

The research outcome provides interdisciplinary knowledge which can be used for future HIV/AIDS/STDs prevention campaigns, reproductive health promotions, including raising awareness programmes. The research will also benefit programme designers and health experts in Laos in terms of the use of health promotion tools.

RECOMMENDATIONS

In the past, there has been no assessment or reports regarding the use of edutainment model in Laos particularly in the form of the comic book. It is hoped this research will provide the initiative for further research in this area.

The following information should be useful in developing any further editions of the comic:

- Although the size of the booklet is considered appropriate for young people in terms of the allocation of visuals, stories and additional information, participants said they would prefer a smaller size because it would be easier for them to carry without being embarrassed by the explicit images and title of the booklet.
- Participants said the language in the comic was quite formal/polite and this prevented them from fully engaging with the stories. They said the stories would be more interesting, funnier and more attractive if the publisher added some humour or local dialect so that the stories would be more engaging and relevant to their age

group. The stories should use a range of linguistic styles to make them more lively and realistic.

- Recruiting more community volunteers would be a good way to disseminate information to villages that have vulnerable young people who lack opportunities to access to information. They can act as facilitators or catalysts for change by using their local status to engage people with the content of the publication.
- While the correct use of condoms was clearly illustrated and described, this was solely for male prophylactics. It was felt there should also be information on how to use female condoms.
- It was noticeable that condom-use promotional activities were usually held in educational institutions, such as the Vientiane Women and Youth Center for Health and Development, and Teach Training Institute. Participants said there should be more activities about condom use in communities in order to ensure the information reached vulnerable people.
- There should be a clear time frame for the condom use promotion. This would help the publisher track the outcomes of the promotion.
- Since there has been no assessment and evaluation of the publication, the publication team should conduct an assessment activity in order to explore how well the participants received, absorbed and understood the message. An assessment would reveal whether the programme had been successfully implemented and provide feedback or comment for future improvement. In

addition, this assessment would illustrate whether reading the comic book had led to behavioural change among its readers.

Promoting condom use using the form of a comic book is a common product of the edutainment model. Comic books are convenient for publishers to distribute and take little time to read. They are also convenient for readers because they can pick up the booklet and read it whenever they want.

However, there are disadvantages that also need to be considered. Using the edutainment model can be categorized as part of the diffusion of innovation approach, which means one-way communication. This influences target audiences to be passive readers. At this point, it is difficult to measure their understanding, perceptions and behaviour change from reading the publications. Based on the findings, discussion and analysis, the stories are not as engaging to their readership, except for the additional information regarding to condom use and HIV/AIDS/STDs. The contents of the stories were mostly from the cartoon developers. This approach can be more effective when proper monitoring and evaluation is employed during and after the implementation of the project, where feedback from targeted audience is incorporated in the continuous improvement of the content.

STRENGTHS AND LIMITATIONS

Despite my best efforts, I faced a number of challenges which limited the amount of information obtained about the public assessment of the publication. . In retrospect, the age and make-up of the focus group (women between 18 - 24 years) was a problem.

Young men also needed to take part so that data collection could be more comprehensive. However, the fact that I am a woman presents certain problems in the traditional Lao cultural setting because young men would be embarrassed and uncomfortable talking about sexual issues with me.

Another limitation that I encountered was the source of participants for individual interviews. I originally intended to meet with the focus group that lived in communities who had learned little about HIV/AIDS from schools, but most of the participants were peer educators and community volunteers who have learnt HIV/AIDS/STDs and condom use well and consistently. The results of this research were mostly drawn from young people who already knew a lot about the issue. As a result of these issues, the results are less comprehensive than I would have liked. Having said that, this project is the first time such research has been conducted on the cartoon project. It opens the way for further research and has identified participatory communication as an alternative methods that might be used in the future to promote community awareness and promote behaviour change.

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APPENDICES

Appendix 1: Questions for focus groups (English and Lao languages)

The researcher will ask some warm-up questions in order to make interviewees feel more relaxed and comfortable before beginning the interviews and audiotape run.

The researcher will first greet the interviewees, following by introducing herself with some personal background and education. After that, she will begin with some general question such as age, level of education, the length of study/work, field of study/work.

Please note that this draft questions will apply the focus groups with the young participants.

- What is the first impression when you see/read this comic book? Or, what makes you want to read this comic book?
- How do you feel when you first see this book?
- How do you know about this comic book?
- Are there any activities to promote this comic book that you have known about/seen or participated in so far?
- In your opinion, if there should be a publication like this type of comic book, what do you suggest it should be?

For example: the design, language, length of the story, background of the book, name of designer and publisher, size of the book....etc

- Does this comic book make you want to carry it with you in order to encourage your friends, families to read it?

* If yes, please provide reasons,

* If no, please provide reasons

ຄຳຖາມສົນທະນາແບບກຸ່ມ.

ຜູ້ສຳພາດຈະເລີ່ມຕົ້ນການສຳພາດກຸ່ມເບົາໝາຍດ້ວຍຄຳຖາມທົ່ວໄປ ເພື່ອໃຫ້ຜູ້ທີ່ຖືກສຳພາດຮູ້ສຶກຜ່ອນຄາຍ ແລະ ເປັນກັນເອງ. ຜູ້ສຳພາດຈະແນະນຳຕົນເອງ, ລະດັບການສຶກສາ, ພ້ອມທັງສະເໜີ ແລະ ອະທິບາຍຈຸດປະສົງຂອງການຄົ້ນຄວ້າ ແລະ ການລົງສຳພາດ. ການສຳພາດຈະເລີ່ມຕົ້ນດ້ວຍການສອບຖາມເຖິງອາຍຸ, ລະດັບການສຶກສາ, ໄລຍະເວລາການຮຳຮຽນ, ແລະ ສາຂາວິຊາຮຽນຂອງຜູ້ທີ່ຈະຖືກສຳພາດ ເຫຼົ່ານີ້ເປັນຕົ້ນ.

1. ແມ່ນຫຍັງເຮັດໃຫ້ເຈົ້າມີຄວາມປະທັບໃຈ ແລະ ຢາກອານຸຍາດ ໃນຄັ້ງທຳອິດທີ່ທ່ານໄດ້ເຫັນ?
2. ທ່ານມີຄວາມຮູ້ສຶກແນວໃດ ຄັ້ງທຳອິດທີ່ເຫັນປຶ້ມຫົວນີ້?
3. ທ່ານຮູ້ຈັກປຶ້ມກາຕູນຫົວນີ້ແນວໃດ? ລະບຸສະຖານທີ່, ກິດຈະກຳ ທີ່ເຮັດໃຫ້ທ່ານຮູ້ຈັກກັບປຶ້ມກາຕູນຫົວນີ້
4. ມີກິດກະຈ່າຍທຳອິດທີ່ທ່ານໄດ້ເຂົ້າຮວມ ໃນການສົ່ງເສີມການອ່ານ ແລະ ການແນະນຳປຶ້ມກາຕູນ? ຫຼື ທ່ານໄດ້ເຂົ້າຮ່ວມຈັກກິດຈະກຳ?
5. ທ່ານຄິດວ່າ ໃນອະນາຄົດຖ້າມີການຈັດພິມປຶ້ມກາຕູນທີ່ມີເນື້ອໃນ ໃນລັກສະນະດຽວກັນກັບປຶ້ມກາຕູນຫົວນີ້, ທ່ານຍາກໃຫ້ມັນເປັນແບບ? ຕອບຕາມຄວາມຄິດຂອງທ່ານທີ່ຍາກໃຫ້ມັນເປັນ.
ຕົວຢ່າງ: ສີສັນຂອງປຶ້ມ, ການແຕ້ມຮູບກາຕູນ, ເນື້ອໃນກະທັດຮັດ, ການນຳໃຊ້ພາສາ, ຊື່ຜູ້ອອກແບບ ແລະ ຄະນະຈັດທຳ, ຂະໜາດຂອງປຶ້ມ ເຫຼົ່ານີ້ເປັນຕົ້ນ.
6. ຂະໜາດຂອງປຶ້ມກາຕູນ, ມັນເຮັດໃຫ້ທ່ານຢາກຖືຕິດຕົວທ່ານບໍ່ ເພື່ອແນະນຳໃຫ້ບຸກຄົນອ້ອມຂ້າງທ່ານໄດ້ຮູ້ ແລະ ອ່ານປຶ້ມຫົວນີ້?
* ຖ້າບໍ່ຢາກຖືຕິດຕົວທ່ານ, ຍ້ອນຫຍັງ?
* ຖ້າຢາກຖືຕິດຕົວທ່ານ, ຍ້ອນຫຍັງ?

Appendix 2: Questions for individual participants (English and Lao languages)

The researcher will ask some warm-up questions in order to make interviewees feel more relaxed and comfortable before beginning the interviews and audiotape run.

The researcher will first greet the interviewees, following by introducing herself with some personal background and education. After that, she will begin with some general question such as age, level of education, the length of study/work, field of study/work.

Please note that these questions will apply to individual young participants

- What do you know about HIV/AIDS? From where/whom?
- How often do you discuss about sexuality with your friends, family members or partners?
- What did you learn after reading the comic book?
- How does the book engage you and your perceptions of HIV/AIDS?
- What do you think about the content of the book?
- Are you able to distinguish the content of the book between the entertainment and education sections?
- How well does the book present HIV/AIDS knowledge and the use of condoms? e.g the appropriateness of the images, pictures and contexts
- After reading the comic book, what do you think of the awareness campaign?
- Are the languages and visuals appropriate to Lao culture and young people?
- What else did you expect to learn from the comic book?
- Did the comic book provide you with an opportunity to talk with others on this topic?
- Is a comic book an appropriate channel to deliver sexual health information? If not, what is an appropriate way?

ຄຳຖາມສຳພາດສຳລັບກຸ່ມເປົ້າໝາຍເປັນບຸກຄົນ

ຜູ້ສຳພາດຈະເລີ່ມຕົ້ນການສຳພາດກຸ່ມເປົ້າໝາຍດ້ວຍຄຳຖາມທົ່ວໄປ ເພື່ອໃຫ້ຜູ້ທີ່ຖືກສຳພາດຮູ້ສຶກສະບາຍໃຈ ແລະ ເປັນກັນເອງ. ຜູ້ສຳພາດຈະແນະນຳຕົນເອງ, ລະດັບການສຶກສາ, ພ້ອມທັງສະເໜີ ແລະ ອະທິບາຍຈຸດປະສົງຂອງການຄົ້ນຄວ້າ ແລະ ການລົງສຳພາດ. ການສຳພາດຈະເລີ່ມຕົ້ນດ້ວຍການສອບ ຖາມເຖິງອາຍຸ, ລະດັບການສຶກສາ, ໄລຍະເວລາການຮຳຮຽນ, ແລະ ສາຂາວິຊາຮຽນຂອງຜູ້ທີ່ຈະຖືກສຳພາດ ເຊິ່ງນີ້ເປັນຕົ້ນ.

ໝາຍເຫດ: ບັນດາຄຳຖາມດັ່ງລຸ່ມນີ້ ແມ່ນໃຊ້ສຳລັບກຸ່ມເປົ້າໝາຍທີ່ເປັນຊາວໜຸ່ມເທົ່ານັ້ນ.

1. ທ່ານຮັບຮູ້ຫຍັງແດ່ກ່ຽວກັບພະຍາດເອດສ໌? ທ່ານຮຽນຮູ້/ຮັບຮູ້ແນວໃດ? ຈາກໃຜ?
2. ທ່ານມີໂອກາດໄດ້ໂອ້ລົມ ກ່ຽວກັບເພດສຶກສາກັບໝູ່ເພື່ອນ, ສະມາຊິກໃນຄອບຄົວ ຫຼື ຄົນຮັກຂອງທ່ານບໍ່?
3. ທ່ານໄດ້ຮຽນຮູ້ຫຍັງແດ່ ຫຼັງຈາກທີ່ໄດ້ອ່ານປຶ້ມກາຕູນດັ່ງກ່າວ?
4. ປຶ້ມກາຕູນໄດ້ກະຕຸ້ນຄວາມເຂົ້າໃຈຂອງທ່ານກ່ຽວກັບພະຍາດເອດສ໌ ຄືແນວໃດ?
5. ທ່ານມີຄວາມເຫັນຫຍັງແດ່ກ່ຽວກັບເນື້ອເລື່ອງຂອງປຶ້ມກາຕູນ?
6. ໃນປຶ້ມກາຕູນ, ທ່ານສາມາດຈຳແນກໄດ້ບໍ່ວ່າ ພາກສ່ວນໃດແມ່ນການໃຫ້ຄວາມຮູ້ ແລະ ພາກສ່ວນໃດແມ່ນ ການໃຫ້ຄວາມບັນເທີງ?
7. ການນຳສະເໜີຄວາມຮູ້ກ່ຽວກັບພະຍາດເອດສ໌ ແລະ ຄຳແນະນຳການນຳໃຊ້ຖືງຢາງອະນາໄມໃນປຶ້ມກາຕູນ ເຮັດໄດ້ດີໃນລະດັບໃດ?
8. ຫຼັງຈາກທີ່ໄດ້ອ່ານປຶ້ມກາຕູນແລ້ວ, ທ່ານມີຄຳເຫັນຫຍັງ ແດ່ກັບການກະຕຸ້ນຄວາມຮັບຮູ້ກ່ຽວກັບການນຳໃຊ້ຖືງຢາງອະນາໄມໃນໄວໜຸ່ມ?
9. ການນຳໃຊ້ພາສາ ແລະ ຮູບພາບປະກອບໃນປຶ້ມກາຕູນ ມີຄວາມເໝາະສົມກັບໄວໜຸ່ມ ແລະ ວັດທະນະທຳລາວບໍ່?
10. ທ່ານຄາດຫວັງທີ່ຈະຮຽນຮູ້ຫຍັງແດ່ຈາກປຶ້ມກາຕູນຫົວນີ້?
11. ປຶ້ມກາຕູນຫົວນີ້ ເຮັດໃຫ້ທ່ານຢາກຈະສົນທະນາ ແລກປ່ຽນຄວາມຮູ້ຄວາມເຂົ້າໃຈກັບຄົນທີ່ຢູ່ອ້ອມຂ້າງຂອງທ່ານບໍ່?
12. ການນຳສະເໜີກ່ຽວກັບເພດສຶກສາ ແລະ ສຸຂະພາບຈະເລີ່ມພັນຜາມປຶ້ມກາຕູນແມ່ນມີຄວາມເໝາະສົມ ແລະ ພຽງພໍແລ້ວບໍ່?

Appendix 3: Questions for key informants (English and Lao languages)

The researcher will ask some warm-up questions in order to make interviewees feel more relaxed and comfortable before beginning the interviews and audiotape run.

The researcher will introduce herself and providing the background and the purpose of research.

- Why/how did you decide to promote condom use in a form of comic book?
- Who was involved in the campaign conceptualisation, design and implementation?
- What were the main aims for this campaign?
- Where/how do you get information about the target population?
- How long is the implementation phase of this campaign?
- Was the comic book piloted? With who? Where? What results?
- Has the comic book truly reached the target population?
- How did you define your target group?
- After launching the comic book, how well did young people engage with it?
- Since launching the comic book, has the implementation/impact of the comic book been evaluated? How? What results? If no, why?
- What are some of the challenges in implementing such an awareness campaign?
- Do you recruit young local volunteers in order to assist the activities? How?
- What skills were the volunteers trained in?

ຄຳຖາມສຳພາດສຳລັບຜູ້ອອກແບບ ແລະ ພັດທະນາປຶ້ມກາຕູນ

ຜູ້ສຳພາດຈະເລີ່ມຕົ້ນຖາມຄຳຖາມກົວໄປ ເພື່ອເປັນເລີ່ມຕົ້ນການສົນທະນາ ແລະ ເພື່ອເຮັດໃຫ້ຜູ້ທີ່ຖືກສຳພາດຮູ້ສຶກສະບາຍໃຈ ກ່ອນການເລີ່ມຕົ້ນບັນທຶກການສົນທະນາ ໂດຍການບັນທຶກລຽງ.

ຜູ້ສຳພາດຈະແນະນຳຕົນເອງ, ລະດັບການສຶກສາ, ພ້ອມທັງສະເໜີ ແລະ ອະທິບາຍຈຸດປະສົງຂອງການຄົ້ນຄວ້າ ແລະ ການລົງສຳພາດ.

1. ເປັນຫຍັງ/ດ້ວຍເຫດໃດ ທ່ານເລືອກເອົາກ່ຽວກັບການສົ່ງເສີມໃຫ້ນຳໃຊ້ຖົງຢາງອະນາໄມ ໃນຮູບແບບປຶ້ມກາຕູນ?
2. ມີພາກສ່ວນໃດແດ່ ທີ່ມີສ່ວນຮ່ວມໃນການອອກແບບເນື້ອເລື່ອງ, ແນວຄິດ ແລະ ການຈັດຕັ້ງປະຕິບັດຂອງປຶ້ມກາຕູນ?
3. ຈຸດປະສົງຫຼັກຂອງການຈັດພິມປຶ້ມກາຕູນແມ່ນຫຍັງ?
4. ທ່ານໄດ້ຮວບຮວມ/ເກັບກຳຂໍ້ມູນ ກ່ຽວກັບກຸ່ມເປົ້າໝາຍ (ຜູ້ທີ່ຈະອ່ານປຶ້ມກາຕູນ) ມາຈາກໃສ /ແນວໃດ?
5. ການຈັດຕັ້ງປະຕິບັດໂຄງການການສົ່ງເສີມຄວາມຮູ້ນີ້ ມີໄລຍະເວລາດົນປາຍໃດ?
6. ການນຳໃຊ້ປຶ້ມກາຕູນນີ້ ແມ່ນໂຄງການທົດລອງບໍ່? ນຳໃຊ້ກັບກຸ່ມຄົນໃດ? ຢູ່ໃສ? ຜົນໄດ້ຮັບເປັນແນວໃດ?
7. ເນື້ອໃນໃຈຄວາມຂອງປຶ້ມກາຕູນສາມາດເຂົ້າເຖິງ ຫຼື ເໝາະສົມກັບກຸ່ມເປົ້າໝາຍໄດ້ແທ້ຈິງບໍ່?
8. ທ່ານໄດ້ໃຫ້ນິຍາມກຸ່ມເປົ້າໝາຍແນວໃດ?
9. ຫຼັງຈາກທີ່ໄດ້ເສີຍແຜ່ປຶ້ມກາຕູນແລ້ວ, ໄວໝູ່ມີພຶດຕິກຳ ຫຼື ການຕອບຮັບ, ຕຸຂະໜອງຕໍ່ປຶ້ມກາຕູນແນວໃດ?
10. ນັບຕັ້ງແຕ່ໄດ້ເສີຍແຜ່ປຶ້ມກາຕູນ, ໄດ້ມີການປະເມີນຜົນຕອບຮັບຈາກການຈັດຕັ້ງປະຕິບັດການເສີຍແຜ່ ປຶ້ມກາຕູນບໍ່?
 - * ຖ້າມີການປະເມີນຜົນ, ທານປະເມີນຜົນດ້ວຍວິທີໃດ? ຜົນໄດ້ຮັບເປັນແນວໃດ?
 - * ຖ້າຜົນຂອງການປະເມີນ ບໍ່ໄດ້ຕາມເປົ້າໝາຍ ທ່ານຄິດວ່າຍ້ອນສາເຫດຫຍັງ?
11. ມີຂໍ້ຄົງຄ້າງ/ສິ່ງທ້າທາຍ ຫຍັງແດ່ໃນການເສີຍແຜ່ປຶ້ມກາຕູນ?
12. ໃນການເສີຍແຜ່ປຶ້ມກາຕູນ, ທານໄດ້ຮັບເອົາອາສາສະໝັກທີ່ເປັນຊາວໝູ່ ເຂົ້າຮ່ວມກິດຈະກຳບໍ່?
13. ຖ້າກິດຈະກຳດັ່ງກ່າວ ໄດ້ຮັບເອົາອາສາສະໝັກຊາວໝູ່ເຂົ້າມາຊ່ວຍວຽກ, ທານໄດ້ຝຶກອົບຮົມທັກສະຫຍັງແດ່ໃຫ້ພວກເຂົາເຈົ້າ ເພື່ອຊ່ວຍໃນການເສີຍແຜ່ປຶ້ມກາຕູນ?



PARTICIPANT INFORMATION FORM

My name is Sneamphay Phrasayamongkhounh. I am currently enrolled in the Master of International Communication degree in the School of Education at Unitec New Zealand and seek your help in meeting the requirements of research for a thesis course which forms a substantial part of this degree.

The purpose of this research is to assess young people's engagement with the comic book "Condoms: A Decision for Life," one of the campaign tools of the "Adolescent girls well-being promotion in Laos," which was launched on July 11, 2013 in the capital Vientiane. The book is an edutainment approach to HIV-AIDS prevention campaign in Laos.

I request your participation in an interview contributing to this study. The interview shall be audio recorded for purpose of the research, including the master thesis, conferences, international journal publishing.

Neither you nor your organisation will be identified in the thesis. The results of the research activity will not be seen by any other person in your organisation without the prior agreement of everyone involved. You are free to ask me not to use any of the information you have given, and you can, if you wish, ask to see the Thesis before it is submitted for examination.

If you have any queries about the research, you may contact my principal supervisor at Unitec New Zealand.

My supervisor is A/Prof Evangelia Papoutsaki, phone +64 (09) 815 4321 ext. 8746 or email epapoutsaki@unitec.ac.nz

UREC REGISTRATION NUMBER: (2014_1061)

This study has been approved by the UNITEC Research Ethics Committee from 21 August 2014 to 21 August 2015. If you have any complaints or reservations about the ethical conduct of this research you may contact the Committee through the UREC Secretary (ph: +64 (0)9 8154321 ext 6162. Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

ຂໍ້​ມູນ​ຂອງ​ນັກ​ຄົ້ນ​ຄວ້າ ແລະ ຈຸດ​ປະ​ສົງ​ຂອງ​ການ​ຄົ້ນ​ຄວ້າ

ຂ້າພະ​ເຈົ້າ, ນາງ ສະ​ເໜ​ອາ​ໄພ ພຣະ​ໄຊ​ຍະ​ມົງ​ຄຸນ, ນັກ​ສຶກສາ​ລະດັບ​ປະລິນຍາ​ໂທ ສາຂາ​ວິຊາ ການ​ສື່ສານ​ສາກົນ, ທີ່​ສະ​ຖາ​ບັນ​ການ​ສຶກສາ ຢູນິ​ເຕັກ ທີ່​ປະ​ເທດ ນິວ​ຊີ​ແລນ (Unitec Institute of Technology, Auckland, New Zealand). ຂ້າພະ​ເຈົ້າ​ຂໍ​ຮຽນ​ສະ​ເໜີ​ບາ​ອັງ​ທ່ານ ເພື່ອ​ຂໍ​ການ​ສະ​ໜັບ​ສະ​ໜູນ ແລະ ຄວາມ​ຊ່ວຍ​ເຫຼືອ​ຈາກ​ທ່ານ ໃນ​ການ​ໃຫ້​ຂໍ້​ມູນ​ທີ່​ກ່ຽວ​ຂ້ອງ​ກັບ​ການ​ຂຽນ​ບົດ​ໂຄງ​ການ​ຈົບ​ຊັ້ນ​ຂອງ​ຂ້າພະ​ເຈົ້າ.

ຈຸດ​ປະ​ສົງ​ຂອງ​ບົດ​ຄົ້ນ​ຄວ້າ​ນີ້​ແມ່ນ​ເພື່ອ​ຈະ​ປະ​ເມີນ​ເຖິງ ການ​ປ່ຽນ​ແປງ​ພຶດ​ຕິ​ກຳ ແລະ ຄວາມ​ຮັບ​ຮູ້​ຂອງ​ຊາວ​ໜຸ່ມ​ເພດ​ຍິງ​ຕໍ່​ການ​ນຳ​ໃຊ້​ຖົງ​ຢາງ​ອະ​ນາ​ໄມ ຫຼັງ​ຈາກ​ທີ່​ໄດ້​ສຳ​ນຶກ​ກາ​ຕູນ "ຄິດ​ໃຫ້​ດີ​ກ່ອນ​ຕັດ​ສິນ​ໃຈ" ເຊິ່ງ​ເປັນ​ກິດ​ຈະ​ກຳ​ໜຶ່ງ​ໃນ​ໂຄງ​ການ "ເພີ່ມ​ທະ​ວີ​ໃສ່​ໄວ​ໜຸ່ມ​ເພດ​ຍິງ ເພື່ອ​ອະ​ນາ​ຄົດ​ທີ່​ດີ​ຂອງ​ຊາດ" ທີ່​ໄດ້​ຈັດ​ຂຶ້ນ​ໃນ ວັນ​ທີ 11 ກໍລະ​ກົດ 2013 ຢູ່​ທີ່​ນະ​ຄອນ​ຫຼວງ​ວຽງ​ຈັນ. ບົດ​ກາ​ຕູນ​ນີ້​ໄດ້​ຈັດ​ເປັນ​ໃນ​ການ​ສົງ​ຄວາມ​ຮູ້ ຜ່ານ​ຮູບ​ແບບ​ບັນ​ເທິງ​ໃນ​ໂຄງ​ການ​ຕ້ານ​ພະ​ຍາດ​ເອດ​ສ໌​ຢູ​ໃນ ສ.ປ.ປ ລາວ.

ຂ້າພະ​ເຈົ້າ​ຂໍ​ຄວາມ​ຮ່ວມ​ມື​ຈາກ​ທ່ານ​ໃນ​ການ​ເຂົ້າ​ຮ່ວມ​ການ​ສຳ​ພາດ ແລະ ສົນ​ທະ​ນາ​ບັນ​ຫາ​ຕ່າງໆ ທີ່​ກ່ຽວ​ຂ້ອງ​ກັບ​ບົດ​ກາ​ຕູນ​ດັ່ງ​ກ່າວ. ທຸກໆ​ການ​ສຳ​ພາດ​ທີ່​ເກີດ​ຂຶ້ນ ແມ່ນ​ຈະ​ໄດ້​ຖືກ​ບັນ​ທຶກ​ສຽງ​ໄວ້ ເພື່ອ​ເປັນ​ຂໍ້​ມູນ​ໃຫ້​ແກ່​ການ​ຄົ້ນ​ຄວ້າ. ລວມ​ທັງ​ການ​ນຳ​ໃຊ້​ເຂົ້າ​ໃນ​ກອງ​ປະ​ຊຸມ, ການ​ນຳ​ສະ​ເໜີ​ບົດ​ຄົ້ນ​ຄວ້າ ແລະ ການ​ຈັດ​ພິມ​ຕ່າງໆ.

ທ່ານ ແລະ ຊື່​ອົງ​ການ​ຈັດ​ຕັ້ງ​ຈະ​ຖືກ​ລະ​ບຸ​ໄວ້​ໃນ​ບົດ​ຄົ້ນ​ຄວ້າ. ຜົນ​ຂອງ​ການ​ຄົ້ນ​ຄວ້າ​ຂອງ​ຂ້າພະ​ເຈົ້າ​ນີ້ ຈະ​ບໍ່​ຖືກ​ເສີຍ​ແຜ່​ຕໍ່​ບຸກ​ຄົນ​ອື່ນ ທີ່​ສັງ​ກັດ​ຢູ່​ໃນ​ອົງ​ການ​ຈັດ​ຕັ້ງ​ດຽວ​ກັນ​ກັບ​ທ່ານ, ນອກ​ຈາກ​ວ່າ ໄດ້​ການ​ເສີຍ​ແຜ່​ນັ້ນ ຈະ​ຜ່ານ​ການ​ຕົກ​ລົງ​ເຫັນ​ດີ​ຈາກ​ທ່ານ ແລະ ບຸກ​ຄົນ​ທີ່​ມີ​ສ່ວນ​ກ່ຽວ​ຂ້ອງ​ກັບ​ການ​ຄົ້ນ​ຄວ້າ​ນີ້. ທ່ານ​ສາ​ມາດ​ແຈ້ງ​ໃຫ້​ຂ້າພະ​ເຈົ້າ ເພື່ອ​ບໍ່​ໃຫ້​ນຳ​ໃຊ້​ຂໍ້​ມູນ​ຕ່າງໆ​ທີ່​ທ່ານ​ໄດ້​ໃຫ້​ໄປ ທີ່​ເຫັນ​ວ່າ​ມີ​ຄວາມ​ບໍ່​ເໝາະ​ສົມ. ທ່ານ​ມີ​ສິດ​ອາ​ນາ​ຍາ​ບົດ​ຄົ້ນ​ຄວ້າ​ຂອງ​ຂ້າພະ​ເຈົ້າ ກ່ອນ​ທີ່​ຂ້າພະ​ເຈົ້າ​ຈະ​ສົ່ງ​ໃຫ້​ທາງ​ສະ​ຖາ​ບັນ​ການ​ສຶກສາ​ທີ່​ປະ​ເທດ ນິວ​ຊີ​ແລນ.

ຖ້າ​ທ່ານ​ຕ້ອງ​ການ​ຂໍ້​ມູນ​ເພີ່ມ​ເຕີມ​ກ່ຽວ​ກັບ​ບົດ​ຄົ້ນ​ຄວ້າ​ຂອງ​ຂ້າພະ​ເຈົ້າ, ທ່ານ​ສາ​ມາດ​ຕິດ​ຕໍ່​ພົວ​ພັນ​ກັບ​ອາ​ຈານ​ທີ່​ປຶກສາ​ຂອງ​ຂ້າພະ​ເຈົ້າ​ໄດ້​ໂດຍ​ກົງ​ທີ

ທ່ານ ຮອງ​ສາ​ສະ​ດາ​ຈານ ເອ​ວາ​ນ​ເຈ​ເລ​ຍ ປາ​ບົວ​ສິ​ກີ, ໂທ​ລະ​ສັບ + 64 (0)9 815 4321 ວີ 8746 ຫຼື ອີ​ເມ​ວ epapoutsaki@unitec.ac.nz

UREC REGISTRATION NUMBER: (2014_1061)
This study has been approved by the UNITEC Research Ethics Committee from 21 August 2014 to 21 August 2015. If you have any complaints or reservations about the ethical conduct of this research you may contact the Committee through the UREC Secretary (ph: +64 (0)9 8154321 ext 6162. Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome

Appendix 5: Research information for interview participants (English and Lao languages)



Research Information for interview participants

Assessing the engagement of young people with the comic book *“Condoms: A Decision for Life”* as an edutainment approach to HIV/AIDS prevention campaign in Laos.

Synopsis of project

The purpose of this research is to assess young people’s engagement with the comic book *“Condoms: A Decision for Life,”* one of the campaign tools of the *“Adolescent girls well-being promotion in Laos,”* which was launched on July 11, 2013 in the capital Vientiane. The book is an edutainment approach to HIV/AIDS prevention campaign in Laos. The research will explore issues such as how edutainment is expressed in the comic book, how the comic book has contributed to young people’s knowledge of condom use, and how young people are made aware of the comic book.

Through this information sheet, I humbly invite you to participate in this study. Please note that you are under no obligation at all to accept this invitation. The one-on-one interviews will be held in a location of the key informants choosing, so that it is a private place where they feel comfortable to talk confidentially. If you accept this invitation, you may change your mind within 2 weeks after the interview. The information collected from this research might be used for conference presentations and publications.

Once you accept this invitation and sign a consent form, you will be expected to participate in a semi-structured interview lasting between 20-30 minutes which will be electronically recorded and transcribed by the researcher. The interview will take place at the Centre for Information and Education on Health, Ministry of Health, Vientiane Capital on a mutually agreed date and time.

Your personal details or information that may identify you will be kept completely confidential. All information collected from you will be stored on a password protected file and only you, the researcher and our supervisors will have access to this information.

The researcher recognizes the sensitivity of the topic of discussion. Care will be taken to make the participant feel comfortable to discuss their perceptions. However, if you feel uneasy at any time during the interview, you will have the opportunity to remain silent and reflect and/or stop the interview. Information for relevant support groups or counseling services will be provided, if needed.

Please contact us if you need more information about the project. At any time if you have any concerns about the research project you can contact our supervisor:

My supervisor is A/Prof Evangelia Papoutsaki, phone +64 (0)9 815 4321 ext. 8746 or e-mail epapoutsaki@unitec.ac.nz

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ຂໍ້ມູນຂອງນັກຄົ້ນຄວ້າ ແລະ ຈຸດປະສົງຂອງການຄົ້ນຄວ້າ

ຂ້າພະເຈົ້າ, ນາງ ສະເໜອາໄພ ພຣະໄຊຍະມົງຄຸນ, ນັກສຶກສາລະດັບປະລິນຍາໂທ ສາຂາວິຊາ ການສື່ສານສາກົນ, ທີ່ສະຖາບັນການສຶກສາ ຢູນິເຕັກ ທີ່ປະເທດ ນິວຊີແລນ (Unitec Institute of Technology, Auckland, New Zealand). ຂ້າພະເຈົ້າຂໍຮຽນສະເໜີບາຍງ່າຍ ເພື່ອຂໍການສະໜັບສະໜູນ ແລະ ຄວາມຊ່ວຍເຫຼືອຈາກທ່ານ ໃນການໃຫ້ຂໍ້ມູນທີ່ກ່ຽວຂ້ອງກັບການຂຽນບົດໂຄງການຈົບຊັ້ນຂອງຂ້າພະເຈົ້າ.

ຈຸດປະສົງຂອງບົດຄົ້ນຄວ້ານີ້ແມ່ນເພື່ອຈະປະເມີນເຖິງ ການປ່ຽນແປງພຶດຕິກຳ ແລະ ຄວາມຮັບຮູ້ຂອງຊາວໜຸ່ມເພດຍິງຕໍ່ການນຳໃຊ້ຖົງຢາງອະນາໄມ ຫຼັງຈາກທີ່ໄດ້ອ່ານປຶ້ມກາຕູນ "ຂີດໃຫ້ດີກ່ອນຕັດສິນໃຈ" ເຊິ່ງເປັນກິດຈະກຳໜຶ່ງໃນໂຄງການ "ເພີ່ມທະວີໃສ່ໄວໜຸ່ມເພດຍິງ ເພື່ອອະນາຄົດທີ່ດີຂອງຊາດ" ທີ່ໄດ້ຈັດຂຶ້ນໃນ ວັນທີ 11 ກໍລະກົດ 2013 ຢູ່ທີ່ນະຄອນຫຼວງວຽງຈັນ. ປຶ້ມກາຕູນນີ້ໄດ້ຈັດເປັນໃນການສົງຄວາມຮູ້ ຜ່ານຮູບແບບບັນເທີງໃນໂຄງການຕ້ານພະຍາດເອດສ໌ຢູໃນ ສ.ປ.ປ ລາວ.

ຂ້າພະເຈົ້າຂໍຄວາມຮ່ວມມືຈາກທ່ານໃນການເຂົ້າຮວມການສຳພາດ ແລະ ສົນທະນາບັນຫາຕ່າງໆ ທີ່ກ່ຽວຂ້ອງກັບປຶ້ມກາຕູນດັ່ງກ່າວ. ທຸກໆການສຳພາດທີ່ເກີດຂຶ້ນ ແມ່ນຈະໄດ້ຖືກບັນທຶກສຽງໄວ້ ເພື່ອເປັນຂໍ້ມູນໃຫ້ແກ່ການຄົ້ນຄວ້າ. ລວມທັງການນຳໃຊ້ເຂົ້າໃນກອງປະຊຸມ, ການນຳສະເໜີບົດຄົ້ນຄວ້າ ແລະ ການຈັດພິມຕ່າງໆ.

ທ່ານ ແລະ ຊື່ອົງການຈັດຕັ້ງຈະຖືກລະບຸໄວ້ໃນບົດຄົ້ນຄວ້າ. ຜົນຂອງການຄົ້ນຄວ້າຂອງຂ້າພະເຈົ້ານີ້ ຈະບໍ່ຖືກເສີຍແຜ່ຕໍ່ບຸກຄົນອື່ນ ທີ່ສັງກັດຢູ່ໃນອົງການຈັດຕັ້ງດຽວກັນກັບທ່ານ. ນອກຈາກວ່າ ໄດ້ການເສີຍແຜ່ນັ້ນ ຈະຜ່ານການຕີອາລົງເທັນດີຈາກທ່ານ ແລະ ບຸກຄົນທີ່ມີສ່ວນກ່ຽວຂ້ອງກັບການຄົ້ນຄວ້ານີ້. ທ່ານສາມາດແຈ້ງໃຫ້ຂ້າພະເຈົ້າ ເພື່ອບໍ່ໃຫ້ນຳໃຊ້ຂໍ້ມູນຕ່າງໆທີ່ທ່ານໄດ້ໃຫ້ໄປ ທີ່ເຫັນວ່າມີຄວາມບໍ່ເໝາະສົມ. ທ່ານມີສິດອານາຈາກບົດຄົ້ນຄວ້າຂອງຂ້າພະເຈົ້າ ກ່ອນທີ່ຂ້າພະເຈົ້າຈະສົ່ງໃຫ້ທາງສະຖາບັນການສຶກສາທີ່ປະເທດ ນິວຊີແລນ.

ຖ້າທ່ານຕ້ອງການຂໍ້ມູນເພີ່ມເຕີມກ່ຽວກັບບົດຄົ້ນຄວ້າຂອງຂ້າພະເຈົ້າ, ທ່ານສາມາດຕິດຕໍ່ພົວພັນກັບອາຈານທີ່ປຶກສາຂອງຂ້າພະເຈົ້າໄດ້ໂດຍກົງທີ່

ທ່ານ ຮອງສາສະດາຈານ ເອວານເຈເລຍ ປາບົວສັກ, ໂທລະສັບ + 64 (0)9 815 4321 ວີ 8746 ຫຼື ອີເມວ epapoutsaki@unitec.ac.nz

URFC REGISTRATION NUMBER: (2014_1061)
This study has been approved by the UNITEC Research Ethics Committee from 21 August 2014 to 21 August 2015. If you have any complaints or reservations about the ethical conduct of this research you may contact the Committee through the URFC Secretary [ph: +64 (0)9 8154321 ext 6162. Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome



Participant Consent Form for Focus Group

Assessing the engagement of young people with the comic book “*Condoms: A Decision for Life*” as an edutainment approach to HIV/AIDS prevention campaign in Laos.

I have had the research project explained to me and I have read and understand the information sheet given to me.

I understand that I don't have to be part of this research project should I chose not to participate and I may withdraw within 2 weeks after the focus group.

I understand that everything I say is confidential and none of the information I give will identify me and that the only persons who will know what I have said will be the researchers and their supervisor. I also understand that all the information that I give will be stored securely on a computer at Unitec for a period of five years. I also understand that I will keep confidential any participant’s comments (other than my own) outside the group.

I understand that my discussion with the researcher will be taped and transcribed by the researcher.

I understand that I can see the finished research document.

I have had time to consider everything and I give my consent to be a part of this project.

Check this box to confirm you willingly consent to participate in an individual interview.

Participant Name:

Participant Signature: *Date:*

Project Researcher: *Date:*

UREC REGISTRATION NUMBER: (2014_1061)

This study has been approved by the UNITEC Research Ethics Committee from 21 August 2014 to 21 August 2015. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Committee through the UREC Secretary (ph: +64 (09) 815-4321 ext 6162). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.



ໜັງສືຕົກລົງເຫັນດີເຂົ້າຮ່ວມການສຳພາດ ສຳລັບກຸ່ມເປົ້າໝາຍທີ່ແມ່ນໄວໜຸ່ມເພດຍິງ

ຫົວຂໍ້: ປະເມີນການປ່ຽນແປງພຶດຕິກຳ ແລະ ຄວາມຮັບຮູ້ຂອງໄວໜຸ່ມເປັນເພດຍິງຫຼັງຈາກ ທີ່ໄດ້ອ່ານປຶ້ມກາຕູມ "ຄິດໃຫ້ດີກ່ອນຕັດສິນໃຈ" ທີ່ໄດ້ຖືກນຳໃຊ້ເຂົ້າໃນການສົ່ງເສີມຄວາມຮູ້ ໃນຮູບແບບບັນເທີງຂອງໂຄງການສົ່ງເສີມ ການປ້ອງກັນພະຍາດເອດສ໌ ຢູ່ໃນ ສ.ປ.ປ ລາວ

ຂ້າພະເຈົ້າຂໍຢັ້ງຢືນວ່າ ໄດ້ອ່ານເນື້ອໃນ, ຈຸດປະສົງ ແລະ ບົດອະທິບາຍກ່ຽວກັບບົດຄົ້ນຄວ້ານີ້ແລ້ວ ແລະ ຂ້າພະເຈົ້າ ກໍ່ຮັບຮູ້ ແລະ ມີຄວາມເຂົ້າໃຈຕໍ່ກັບບັນດາເອກະສານແນະນຳກ່ຽວກັບບົດຄົ້ນຄວ້າທີ່ໄດ້ນຳສະເໜີແກ່ຂ້າພະເຈົ້າ.

ຂ້າພະເຈົ້າຍັງຢືນວ່າ ຂ້າພະເຈົ້າບໍ່ສ່ວນຮ່ວມໃນການຂຽນບົດຄົ້ນຄວ້ານີ້. ຂ້າພະເຈົ້າອາດຈະເລືອກທີ່ຈະບໍ່ເຂົ້າຮ່ວມ ຫຼື ຖອນຕົວຈາກການສຳພາດພາຍໃນ 2 ອາທິດ ຫຼັງຈາກທີ່ສຳເລັດການສຳພາດ.

ຂ້າພະເຈົ້າຍັງຢືນວ່າ ທຸກຂໍ້ມູນທີ່ໄດ້ໃຫ້ສຳພາດໄປນັ້ນແມ່ນເປັນຄວາມລັບ ແລະ ຂໍ້ມູນທີ່ຂ້າພະເຈົ້າໃຫ້ໄປຈະບໍ່ມີຜົນ ກະທົບໃດໆຕໍ່ກັບຂ້າພະເຈົ້າເອງ ແລະ ບຸກຄົນອ້ອມຂ້າງ. ທຸກຂໍ້ມູນທີ່ຂ້າພະເຈົ້າໃຫ້ໄປ ຈະມີພຽງແຕ່ນັກຄົ້ນຄວ້າ ແລະ ອາຈານທີ່ປຶກສາ ສາມາດເຂົ້າເຖິງຂໍ້ມູນນີ້ໄດ້ເທົ່ານັ້ນ. ຂ້າພະເຈົ້າຮັບຮູ້ວ່າ ທຸກຂໍ້ມູນຈະຖືກເກັບຮັກສາໄວ້ເປັນ ຢ່າງດີ ດ້ວຍການເກັບຮັກສາໄວ້ໃນຄອມພິວເຕີທີ່ມີລະຫັດຜ່ານຢູ່ທີ່ ສະຖາບັນການສຶກສາຢູນີເວີເອັດ ປະເທດນີວຊີແລນ (Unitec Institute of Technology, Auckland, New Zealand) ເຊິ່ງຈະຖືກກັບຮັກສາໄວ້ພາຍໃນໄລຍະເວລາ 5 ປີ. ນອກຈາກນີ້, ຂ້າພະເຈົ້າຈະຮັກສາຄວາມລັບທຸກຂໍ້ມູນທີ່ຂ້າພະເຈົ້າໄດ້ຍິນ ແລະ ສົນທະນາຢ່າງໃນກຸ່ມເປັນຄວາມລັບ.

ຂ້າພະເຈົ້າຮັບຮູ້ວ່າ ທຸກການສົນທະນາກັບນັກຄົ້ນຄວ້າ ແມ່ນຈະຖືກບັນທຶກສຽງໄວ້ ແລະ ຈົດບັນທຶກໂດຍນັກຄົ້ນຄວ້າເອງ.

ຂ້າພະເຈົ້າຮັບຮູ້ວ່າ ຂ້າພະເຈົ້າມີສິດທີ່ຈະອ່ານບົດຄົ້ນຄວ້ານີ້ ຫຼັງຈາກທີ່ຈັດພິມແລ້ວ.

ຂ້າພະເຈົ້າຮັບຮູ້ວ່າ ຂ້າພະເຈົ້າມີເວລາພຽງພໍທີ່ຈະລະນາທຸກຢ່າງ ແລະ ຂ້າພະເຈົ້າກໍ່ເຫັນດີລົງລາຍເຊັນໃສ່ໃນໄປຍັງຢືນນີ້ ເພື່ອເປັນຫຼັກຖານຢັ້ງຢືນ ແລະ ປະກອບສ່ວນເຂົ້າໃນບົດຄົ້ນຄວ້າ.

ໝາຍ ✓ ໃສ່ບອນຫວ່າງ ເພື່ອຢັ້ງຢືນວ່າທ່ານສະໝັກໃຈເຂົ້າຮ່ວມການສຳພາດເປັນບຸກຄົນ

ຊື່ຂອງຜູ້ເຂົ້າຮ່ວມ

ລາຍເຊັນ: ວັນທີ:

ຊື່ຂອງນັກຄົ້ນຄວ້າ: **ສະເໜອຳໄພ ພຣະໄຊຍະມົງຄຸນ** ວັນທີ:

UREC REGISTRATION NUMBER: [2014 1061]
This study has been approved by the UNITEC Research Ethics Committee from 21 August 2014 to 21 August 2015. If you have any complaints or reservations about the ethical conduct of this research you may contact the Committee through the UREC Secretary (ph: +64 (0)9 8154321 ext 6162. Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.



Participant Consent Form for Interview

Assessing the engagement of young people with the comic book “*Condoms: A Decision for Life*” as an edutainment approach to HIV/AIDS prevention campaign in Laos.

I have had the research project explained to me and I have read and understand the information sheet given to me.

I understand that I don't have to be part of this project should I chose not to participate and I may withdraw within 2 weeks after the interview.

I understand that everything I say is confidential and none of the information I give will identify me and that the only persons who will know what I have said will be the researchers and their supervisor. I also understand that all the information that I give will be stored securely on a computer at Unitec for a period of five years.

I understand that my discussion with the researcher will be taped and transcribed by the researcher.

I understand that I can see the finished research document.

I have had time to consider everything and I give my consent to be a part of this project.

Participant Name:

Participant Signature: *Date:*

Project Researcher: *Date:*

UREC REGISTRATION NUMBER: (2014_1061)

This study has been approved by the UNITEC Research Ethics Committee from 21 August 2014 to 21 August 2015 If you have any complaints or reservations about the ethical conduct of this research, you may contact the Committee through the UREC Secretary (ph: +64 (09) 815-4321 ext 6162). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.



ໜັງສືຕົກລົງເຫັນດີເຂົ້າຮ່ວມການສຳພາດ ສຳລັບຜູ້ອອກແບບ ແລະ ພັດທະນາປຶ້ມກາຕູນ

ຫົວຂໍ້: ປະເມີນການປ່ຽນແປງພຶດຕິກຳ ແລະ ຄວາມຮັບຮູ້ຂອງໄວທຸນເປັນເພດຍິງຫຼັງຈາກ ທີ່ໄດ້ອ່ານປຶ້ມກາຕູນ “ຄິດໃຫ້ດີກ່ອນຕັດສິນໃຈ” ທີ່ໄດ້ຖືກນຳໃຊ້ເຂົ້າໃນການສົ່ງເສີມຄວາມຮູ້ໃນຮູບແບບບັນເທີງ ໃນການສົ່ງເສີມການປ້ອງກັນພະຍາດ:ອດສ໌ ຢູ່ໃນ ສ.ປ.ປ ລາວ

ຂ້າພະເຈົ້າຂໍຢັ້ງຢືນວ່າ ໄດ້ອ່ານເນື້ອໃນ, ຈຸດປະສົງ ແລະ ບົດອະທິບາຍກ່ຽວກັບບົດຄົ້ນຄວ້ານີ້ແລ້ວ ແລະ ຂ້າພະເຈົ້າຮັບຮູ້ ແລະ ມີຄວາມເຂົ້າໃຈຕໍ່ກັບ ບັນດາເອກະສານແນະນຳກ່ຽວກັບບົດຄົ້ນຄວ້າທີ່ໄດ້ນຳສະເໜີແກ່ຂ້າພະເຈົ້າ.

ຂ້າພະເຈົ້າຍັງຢັ້ງຢືນວ່າ ຂ້າພະເຈົ້າບໍ່ສວນຮ່ວມໃນການຂຽນບົດຄົ້ນຄວ້ານີ້. ຂ້າພະເຈົ້າອາດຈະເລືອກທີ່ຈະບໍ່ເຂົ້າຮ່ວມ ຫຼື ຖອນຕົວຈາກການສຳພາດພາຍໃນ 2 ຂາທິດ ຫຼັງຈາກທີ່ສຳເລັດການສຳພາດ.

ຂ້າພະເຈົ້າຍັງຢັ້ງຢືນວ່າ ທຸກຂໍ້ມູນທີ່ໄດ້ໃຫ້ສຳພາດໄປນັ້ນແມ່ນເປັນຄວາມລັບ ແລະ ຂໍ້ມູນທີ່ຂ້າພະເຈົ້າໃຫ້ໄປຈະບໍ່ມີຜົນກະທົບໃດໆຕໍ່ກັບຂ້າພະເຈົ້າເອງ ແລະ ບຸກຄົນອື່ນຂ້າງ. ທຸກຂໍ້ມູນທີ່ຂ້າພະເຈົ້າໃຫ້ໄປ ຈະມີພຽງແຕ່ນັກຄົ້ນຄວ້າ ແລະ ອາຈານທີ່ປຶກສາ ສາມາດເຂົ້າເຖິງຂໍ້ມູນນີ້ໄດ້ເທົ່ານັ້ນ. ຂ້າພະເຈົ້າຮັບຮູ້ວ່າ ທຸກຂໍ້ມູນຈະຖືກເກັບຮັກສາໄວ້ເປັນ ຢ່າງດີ ດ້ວຍການເກັບຮັກສາໄວ້ໃນຄອນພິວເຕີທີ່ມີລະຫັດຜ່ານ ຢູ່ທີ່ສະຖາບັນການສຶກສາຢູນິເທັກ ປະເທດນີວຊີແລນ (Unitec Institute of Technology, Auckland, New Zealand) ເຊິ່ງຈະຖືກຮັບຮັກສາໄວ້ພາຍໃນໄລຍະເວລາ 5 ປີ.

ຂ້າພະເຈົ້າຮັບຮູ້ວ່າ ທຸກການສົນທະນາກັບນັກຄົ້ນຄວ້າ ແມ່ນຈະຖືກບັນທຶກສຽງໄວ້ ແລະ ຈົດບັນທຶກໂດຍນັກຄົ້ນ ຄວ້າເອງ.

ຂ້າພະເຈົ້າຮັບຮູ້ວ່າ ຂ້າພະເຈົ້າມີສິດທີ່ຈະອ່ານບົດຄົ້ນຄວ້ານີ້ ຫຼັງຈາກທີ່ຈັດພິມແລ້ວ.

ຂ້າພະເຈົ້າຮັບຮູ້ວ່າ ຂ້າພະເຈົ້າມີເວລາພຽງພໍທີ່ພິຈາລະນາທຸກຢ່າງ ແລະ ຂ້າພະເຈົ້າກໍ່ເຫັນດີລົງລາຍເຊັນໃສ່ໃນໃບຢັ້ງຢືນນີ້ ເພື່ອເປັນຫຼັກຖານຢັ້ງຢືນ ແລະ ປະກອບສວນເຂົ້າໃນບົດຄົ້ນຄວ້າ.

ຊື່ຂອງຜູ້ເຂົ້າຮ່ວມ

ລາຍເຊັນ: ວັນທີ:

ຊື່ຂອງນັກຄົ້ນຄວ້າ: **ສະເໜອາໄພ ພຣະໄຊຍະມົງຄຸນ** ວັນທີ:

URRC REGISTRATION NUMBER: (2014_1061)
This study has been approved by the UNITEC Research Ethics Committee from 21 August 2014 to 21 August 2015. If you have any complaints or reservations about the ethical conduct of this research you may contact the Committee through the UREC Secretary (ph: +64 (0)9 8154321 ext 6162. Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.