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Physical activity gives health benefits, but is this new to the Vietnamese?

- An analysis of articles from Vietnamese newspapers



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Abstract

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The aim of this study was to analyse how physical activity in the prevention and treatment of diseases, is portrayed in Vietnamese media. This is interesting because the traditional Vietnamese health culture differs a lot from the Western one. The topic is also of immediate importance in Vietnam, because of the increasing numbers of diseases, such as diabetes and cardiovascular diseases, even called non-communicable diseases. This is connected to the decreasing physical activity and increasing obesity in the country. A Swedish-Vietnamese project in Vietnam is going on since two years, with the aim of disseminating Swedish experiences on the topic to the health care staff and the general public. Thirty-one articles have been analysed with regard to cultural references and persuasion means. The methods include rhetorical analysis, quantitative content analysis and semiotics. The theoretical framework constitutes of previous research on characteristics of Vietnamese/Asian journalism in general, and Vietnamese preventive health education in particular. To get a better understanding of the results, various theories such as post-colonialism and cultural hegemony have been used. The findings indicate that the articles portray the health-benefits of physical activity as something new to the Vietnamese people. It was not possible to find any point of similarity to the traditional forms of Vietnamese preventive health propaganda in the articles. The different references in the articles were mostly made to Western sources. The pictures in the articles signal both threat/fear and hope and they portray both people with East Asian-and Western appearance.

Keywords: health, culture, media, non-communicable diseases, physical activity, physical activity on prescription, prevention, SIDA, Vietnam

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1. Introduction

Hanoi, Vietnam in November 2011: The area around Hoan Kiem Lake is crowded with people doing exercise in the early morning time. The elderly and middle-aged people constitute the clear majority. Beside the lake tens of thousands scooters is sweeping along the road. A typical driver is a young person on his way to work. No bicycles are visible, which was the dominant mode of transport 10 years ago (own observations).

This picture could represent the situation in Vietnam today, with increasing obesity and decreasing physical activity, especially in the urban areas and among the younger people (Trang 2012ab). Cardiovascular diseases, diabetes, chronic respiratory diseases and cancers, are heavily increasing in middle-and low income countries and will continue to increase within the next years. Such diseases, called non-communicable diseases¹ (NCDs), have already exceeded communicable diseases, such as HIV/AIDS and malaria, in almost all regions in the world. They are now the biggest killers causing an estimated 35 million deaths each year, 60% of all deaths globally, with 80% in low- and middle-income countries (World Health Organization 2008). The Vietnamese people are and will be affected by this epidemic. Within the next ten years the highest number of absolute deaths due to NCDs will occur in Southeast Asia (WHO 2008). The mass media in Vietnam has recently started to highlight the non-communicable disease-topic and how to *prevent* NCDs through physical activity.

Sweden is one of the leading countries in the Western world when it comes to prescribe physical activity within the health care. The method is also well developed in the other Scandinavian countries (Swedish national institute of public health 2012). However, the notion that physical activity gives health-benefits has been known for more than 3000 years and can be traced from the East. The first written proof is from the Hindus in the Atharva Veda and to the Chinese in the book of Kung Fu around 1000 B.C (Snook 1984). A SIDA-sponsored project is ongoing in Vietnam Since 2010, where Swedish experts within the field

¹ Non-communicable disease is a type of disease that is not transmissible from the infected host to another.

train Vietnamese health care staff on physical activity in the prevention and treatment of NCDs. Lessons learned are shared from the Swedish experiences.

The Eastern and Western definition on health differs. The western approach to medicine clearly divides health from disease while in Eastern medicine “every individual person is in a state of balance between external insults and internal defensive mechanisms. If the insults are greater than one's defences, one is ill; if not, one maintains good health” (Tsuei 1978 p.552). The role of a physician is also differing. In Western medicine a doctor is traditionally trained for the acute phases of disease, while a physician from the East has a big role in promoting health (ibid). In traditional Vietnamese health beliefs the notion of *prevention* is very important. The word “health” in Vietnamese emphasizes the importance of strength, and exercising is one way to get a strong body. The focus on strength mostly refers to inner strength such as harmony and dynamism within the body’s functions and system. In Vietnam today, there is a clash between traditional and Western medicine and health beliefs. The Western health beliefs were brought to Vietnam by French missionaries, later the colonizer, in the middle of the 17th century (Craig 2002). The economic reform Doi Moi² placed the drug market out of control, which led to an increase in drug-use and consequently increase in the Western beliefs in curing diseases at the expense of preventing diseases (Finer & Tomson 1999).

Preventive health education and care was also an important priority for the Democratic republic of Vietnam after the cultural revolution in 1945 (and later in the Socialistic republic of Vietnam) (Craig 2002). The tradition of top-down health education started already at this time. The Communist party has always been using mass media as a tool for reaching and mobilizing the people (Finer et al 1998). The press freedom and freedom of speech are strongly restricted in Vietnam; the Communist Party controls all media, even though they are not practicing pre-publication censorship (Vietnam 2011). After the economic reform Doi Moi in 1986 the media landscape in the country has changed rapidly, from being full government subsidized to now being financially self-supporting. However, the training of

² Doi Moi: The meaning in English is renovation. It is the name given to the economic reforms initiated in Vietnam in 1986 with the goal of creating a socialist-oriented market economy.

journalists still relies heavily on Marxist-Leninist and Ho Chi Minh-ideology and has many shortcomings compared to Western journalist training, according to Dinh (2004).

1.2 Purpose

The aim of this study is to see how, physical activity on prescription in the prevention and treatment of non-communicable diseases, is portrayed in Vietnamese media. This is interesting because the traditional Vietnamese health culture differs a lot from the Western one. The notion of *preventing* illness through keeping the body well-balanced and in harmony is a central idea in Eastern health culture (Craig 2002). Parallel with the Vietnamese traditional health beliefs, the Communist party has for many decades propagated for *preventive* health education and care for the people. To this end they have used the media, which they control, as a tool (Finer et al 1998). Another interesting factor is the Vietnamese tradition of reformulating conceptions of the West within their own cultural context, from the 16th century and onwards (Wilcox 2010). The increase of non-communicable diseases is a global problem and it is an extra heavy burden for middle-and low income countries. The highest number of absolute deaths due to NCDs over the next ten years will occur in South-East Asia (WHO 2008). The topic is consequently of great importance and the media play a decisive role in conveying the message to the people.

1.3 Research questions

Overall research questions:

- How is the topic physical activity in the prevention and treatment of diseases, portrayed in Vietnamese newspapers and magazines?

This is specified by research questions that are divided into two parts.

Western or Vietnamese influences

- How is the topic, physical activity in the prevention and treatment of diseases, presented to the Vietnamese audience?
- Are the examples, sources and style of writing in the articles taken from a Western or Vietnamese/Asian context?

- Is it possible to identify the articles as traditional Vietnamese preventive health propaganda?
- What do the pictures in the articles portray?

How the arguments are presented to the audience

- What rhetorical measures are used to convince people to become physical active?
- What does the pathos-argumentation focuses on?
- Which are the main positions of the articles?
- Is the focus more on prevention or treatment of diseases?

2. Background

In this chapter, first of all a historical background is presented, followed by an overview of the media situation in Vietnam. The different health cultures and the traditions of preventive health propaganda in the country are also explained more in detail. The chapter also includes an overview of the NCD-situation in the world and in the country and the Swedish-Vietnamese project. The chapter aims to give the reader knowledge about the subjects and issue that the study focuses on.

2.1 Historical background and the economic reform

Doi Moi

2.1.1 Historical Background

The Socialist Republic of Vietnam, with a population of nearly 90 million people, has been occupied and influenced by many foreign powers, first China, later Japan, France and the USA. In 1945 Vietnam became independent from France; this was followed by a 30 years long war against France and the USA. After the North Vietnamese victory the war ended in 1975 and a planned socialist economy was introduced in the south as well, the Communist party already came into power in the north in the 1950s (McLeod & Nguyen 2001).

The impact China has had on Vietnam, for more than a thousand years, was an important reason for why the communist movement, led by Ho Chi Minh, succeeded to come into power. During the French colonial rule, nationalistic tensions started to rise among the pro-Chinese/Confucian group. The French tried to repress this movement and were therefore indirect supporting the communists (ibid).

2.1.2 Economic reform Doi Moi

The long war had consequently a negative impact on the infrastructure and on the economy in the country. The economic growth was only 0,4 % between 1975 and 1980 due to a costly recover from the war, a new war against Cambodia and the economic blockade from the USA. This led to the new market economic reform launched in 1986, called Doi Moi, meaning renovation or literally “new change” (Finer 1999 p. 18). The policy of Doi Moi consisted of three fundamental points. Those were:

a) shifting from a bureaucratically centralized planned economy to a multi-sector economy operating under a market mechanism with state management and a socialist orientation b) democratizing social life and building legal state of the people, by the people, and for the people c) implementing an open-door policy and promoting relations between Vietnam and all other countries in the world community for peace, independence, and development” (Boothroyd and Nam 2000 p.13).

The Doi Moi reform led to a significant growth in economy as a result of controlled inflation, the end of price regulations and subsidized state-owned companies (such as the media sector), increased availability of consumer goods, opening to foreign investment and an increase in agricultural production, for example (Finer 1999 p. 18). However, after introducing Doi Moi the gap between the rich and the poor increased in both the rural and the urban areas (Chuan et al 2000 p.158).

One sector in the country that had some problems during the initial period after Doi Moi, between 1986 and 1993, was the health care sector. Hospitals funding was cut back and the quality of the treatment and care became worse at many hospitals. Paying fees also became a problem, especially for the poor. To improve the situation the Party proposed a number of resolutions on public health care but also on culture, literature and art and education (Chuan et al 2000 p.163). The Party came to the conclusion that the above mentioned sectors were non-

productive (economically), but however necessary for the socioeconomic development, therefore investment was needed. The principles were: “together with science and technology, education and training are primary objects of national policy, health for everybody and culture is the spiritual base of the society, the motive power to push up socioeconomic development, at the same time it is the goal of socialism” (Chuan et al 2000 p.164).

However, the GDP (Gross domestic product) continued to rise but in the beginning of the new millennium inequality between the rural and urban population and between the rich and the poor increased even more according to Tran Thi Que & To Xuan Phuc (2003). The researchers mean that although the poverty was widespread even before Doi Moi, earlier basic services such as health care were provided by government. After Doi Moi the users have had to pay a service charge, which many poor could not afford. The privatization (desire for profit) also led to a significant decrease of health care provided in the rural areas (Tran Thi Que & To Xuan Phuc 2003).

2.2 The media situation in Vietnam

2.2.1 Media Situation after Doi Moi

The media landscape in Vietnam has changed as a result of Doi Moi, from being full government subsidized to now being financially self-supporting (Dinh 2004). This has brought in more diversity to the content and style of media. Before Doi Moi, when all media were subsidized by the government, the journalists only had to satisfy the Party with the produced content. Nowadays they need to attract advertisers as well, the funders, which means it is very important to attract readers by producing interesting content and style of in the newspapers (ibid). Tien though states “when media organizations have to engage with market economy, they become confused between government demands and consumer demands[...]the editors sometimes have to choose whether to serve the state or the market” (Tien 2002 p.245-246). The freedom of press and freedom of speech in Vietnam are strongly restricted. The Party controls all newspapers, magazines, radio and TV in the country, even though they are not practicing pre-publication censorship. The journalists themselves are responsible for what they write; self-censorship is therefore common. It is illegal to criticize or question the socialistic system and the communistic monopoly (Vietnam 2011). In the

Press Freedom Index from 2011-2012 Vietnam is at the bottom and out of 179 listed countries they end up on place 172 (Reporters without borders 2011-2012).

Today there are approximately 720 daily and periodical publications in the country, a quarter of them are newspapers. All the major newspapers nowadays have online versions. Many of the newspapers and magazines are specialized in a certain topic, such as health, business, family or IT. The news dominates the content of the newspapers and the entertainment section is still relatively low (Dinh 2004). The Communist Party newspaper 'Nhan Dan' ('The People') is the country's largest and has a circulation of more than 250,000, however the circulation in many cases is underestimated because the newspapers are commonly shared (Finer 1999 p.23).

2.2.2 Training of journalists

In Vietnam today there are three institutes that train journalists. All of them rely heavily on Marxist-Leninist and Ho Chi Minh ideology and they, like all other institutions, have to follow the media directions from the Party (Dinh 2004). One important directive is: "media cadres should be trained and educated domestically under the Party's leadership and the government's strict management" (Chi Thi 1997 p.22 see Dinh 2004 p.182). Dinh (2004) stresses that the training of journalists in Vietnam has three main shortcomings. The first is the lack of skills among the teachers; many of the teachers have graduated from political institutions in Russia. Only very few of the lecturers have a journalistic training and those few who have, do not have practical experience in the profession. Those Vietnamese who have been trained in the West as journalists are hindered to work in Vietnam according to Dinh (2004). Dinh concludes that the Party feels threatened by Western influences and believes that it may challenge the Party's monopoly over the media sector.

The second shortcoming is that all of the institutes lack education material. Dinh (2004) means that this also has ideological reasons, the Party does not see the importance of professional skill training, the ideological training is considered more important. The last shortcoming is a consequence of the lack of material and qualified lectures; the students do not have sufficient skills when they graduate, since their knowledge of the Party's policies and morality is the main concern. Journalism is also considered almost the same thing as literature and a lot of the content in the learning manuals is literature and not journalism (Dinh 2004). This could be reflected in how the Party requires the media and journalists to be;

“fluent”, “rhetorical”, “verbose” and “persuasive” (Dinh 2004 p.185). But as Dinh (2004) stressed, due to the demands on journalists has risen after Doi Moi, this might be about to change.

2.3 Traditional health culture and the clash between Eastern and Western medicine

2.3.1 Western medicine in Vietnam

In Vietnam today, there is a clash between the influences and use of Vietnamese (Eastern) and Western (foreign) culture and traditions. The Western ones were brought to Vietnam by the French missionaries. One example of this is the clash between Eastern and Western medicine, where the former one is seen as holistic and flexible and the latter one is considered as rational and does not see the overall picture (Craig 2002). One of the main differences between Eastern and Western medicine is the definition of health. In Eastern medicine, health is considered to be when the body is balanced, vital and adaptive to its environment (well-being). In Western medicine the definition of health is absence of disease. Other differences are the focus on prevention and treatment respectively. In Eastern medicine prevention is the major thrust of medicine and the concept of treatment is that you should prevent illness by staying balanced. In Western medicine there is a lot more focus on treatment and cure and prevention has not been a primary concern (Tsuei 1978). Eastern medicine in Vietnamese is translated “thuoc ta” and the meaning is “our medicine” as a way to differentiate it from Western medicine (thuoc tay). Craig suggests that this differentiation could be a home-grown Orientalism meant to “locate traditional from the outset within projects of identity and nationalist resistance” (Craig 2002 p.40). The French colonial medicine could be seen as a way of global colonial expansion and the export of civilization and the French “superior” culture. Craig describes further how the negative colonial attitudes against Eastern medicine and the superiority of the Western “were reproduced in Vietnamese medical pupils through local paramedical training and limited recruitment to Paris” (Craig 2002 p.41). After Doi Moi in late 1980s the greatest issue was the clash between Western medicine such as antibiotics and the traditional ones. The people were left to their own devices, knowledge and common sense when choosing traditional or Western medication, or a combination of both, however

self-treatment was and is still common, with antibiotics- resistance, for example, as a consequence (Craig 2002).

2.3.2 Formal and informal traditional health culture

One can say that two parallel traditional cultures in Vietnam are present, one formal and one informal. The formal one is based on Confucian (Chinese) values such as hierarchy, status and face (prestige). The informal one has its foundations in Buddhist and Taoist culture of “subjectivity, intimacy and empathy” (Craig 2002 p. 38). Both the formal and the informal culturally faces fit in to the Eastern philosophical concept of yin and yang (hot and cold). Generally, although the topic is sensitive, Craig argues, northern Vietnam is considered more formal while the southern part of the country is affected more by the informal culture. The northern part of Vietnam has been influenced by China, culturally and politically during a long period of time.

The people have though always been aware of protecting their indigenous culture, including health culture (ibid). The traditional health and medical tradition in Vietnam is a mixture between indigenous and Chinese medicine. Some of the core values are “the need to be internally strong, to resist and balance harmful environmental influence, and to know and develop trust in local resources and authorities” (Craig 2002 p.9). It is also possible to go deeper into Vietnamese (Eastern) medicine and health and see the differences between the formal (northern) and informal (southern) practices. The northern traditions relies on the Chinese, high metropolitan traditions when it comes to anatomy, physiology and pharmacology. The most important principles are “the organ system, the basic elements and pernicious influences, the notion of the need of balance and strength and the need to manage one’s own health” (Craig 2002 p. 47). Southern traditions combine the “high and low” medical knowledge and practice. The “low” knowledge refers to local traditions within families and villages passed on from generation to generation and rely much on oral traditions (Craig 2002 p. 49).

2.3.3 Physical activity in traditional health practices

One of the basic ideas within the traditional health medicine is the importance of having a strong body. The most common word for health in Vietnamese “suc khoe, khoe manh” emphasizes the importance of strength. The concept mostly refers to inner strength such as

harmony and dynamism within the body's functions and system. Strength can be divided into four different functions; circulatory, digestive, nervous and reproductive. Within all these functions exercise is considered helpful, especially for the circulation and flow in the body. One example of a commonly practiced exercise form is the Vietnamese version of Tai Chi (Craig 2002).

2.4 The tradition of preventive health education through media in Vietnam

2.4.1 Preventive health education and care after 1945

After the cultural revolution in 1945 preventive health education and care was one of the most important priorities for the Democratic republic of Vietnam (and later in the Socialistic republic of Vietnam) (Craig 2002). The Vietnamese Cultural Revolution officially began in 1945 when the Communists and their supporters took power. During the following years the Communists started to transform Vietnamese society, especially in the northern part of the country. The Communists wanted to replace already existing cultures and traditions which reproduced the old order, created by the previous exploiting regime. Karl Marx saw specific cultures as threats against the national identity, because "it often supports the interests or superiority of particular individuals or groups in society" (Malarney 2002 p.52). The Communists wanted a classless society, without any dominant class in power who controlled the material resources and the culture. Therefore the Communists decided to create a new socialist order for the country; they called it "New life" or "New Ways". One of the ten new points to be implemented was to "maintain good health so you can work hard" (Malarney 2002 p. 61). To fulfill this goal a campaign against bad hygiene among the Vietnamese people took place. A "secularization campaign" was also put in place. Everything that was not scientifically proved, like spirituality, were strictly controlled. Party officials "regarded superstitions as one of the greatest obstacles to the development of the new society" (Malarney 2002 p. 81). According to an in depth study carried out by Malarney (2002), in a village called Think Liet in Northern Vietnam people could not accept the abandon of spiritual forces and many people therefore never adopted the "New Way" fully. Between 1945 and 1965 there was a tremendous health mobilization that took place in the country; the

state introduced basic Western preventive and curative medicine and educated the population. One third of national social spending during this period of time was on health, mostly preventive such as mass prophylaxis program and hygiene education/propaganda. A socialist pharmaceutical industry was also established during the period of time (Craig 2002). However, at this time Vietnam did not face the problems with non-communicable diseases as they do today and the prevention focused more on communicable diseases, consequently.

2.4.2 The clash between prevention and cure after Doi Moi

In 1955 Ho Chi Minh said that “we Vietnamese have to build up our own medicine [...] based on the principles of being scientific, national and popular” (Hoang Bao Chau 1977 see Craig 2002 p. 60). He stressed the need to combine traditional health beliefs with the Western tradition based on science. Bloom (1998) argues that the economic transition after Doi Moi has switched focus a bit from preventive care, advocated by the Party, to curative care because the transition led to an increase in expensive drugs, for those who could afford it. However, Finer et al (1998 p.141) in their analyses of 67 articles in the Vietnamese magazine *Health* found four main arguments present in the articles; the dominating one was “prevention is better than cure”. The other three themes were; “traditional and modern medicine should complement each other but the former should be preferred”, “natural things are healthy; unnatural things unhealthy” and “humankind's dream of eternal life, youth and beauty is hubris; life and youthfulness can be pro-longed only through a sensible lifestyle”. The advice in the health education articles focused on correcting factors such as tobacco, alcohol and physical inactivity that can cause diseases.

2.4.3 The role of the media in preventive health education

The role between the state and the media in Vietnam is very different from a democratic and pluralist society. Traditionally, the media in Vietnam has been seen as a tool for the Party to reach the people, for example in the preventive health strategy (Finer 1999). Tokuda et al (2009) have in their research concluded that trust in mass media is significantly associated with self-related health (how people perceive their own health). Out of 29 Asian countries, Vietnam had the third greatest trust in mass media according to the Asia Barometer Survey 2003-2006 (Tokuda et al 2009). The high trust in mass media among the Vietnamese people co-relates with their relatively high self-related view on health. Tokuda et al (2009) see two ways for how trust in mass media influences health. One way is that the greater the trust in

mass media is, the higher is the use of mass media for health information. This may lead to higher awareness of important health information and could result in better decision-making and behaviour. The other way is for how trust in mass media influences health is that higher credibility of information on health issues lead to more dissemination of correct health information, which in next step may lead to better health-related behaviour.

2.5 Health situation, changed lifestyles and body perception in today's Vietnam

2.5.1 Lifestyle changes in Vietnam

After the social and economic policy reforms in 1986 (Doi Moi) Vietnam's GDP has increased over 7 % per year (World Bank 2012). This is one of the reasons why many people, especially in the big cities have changed their lifestyles (Trang 2012a). Change of traditional lifestyle and adaptation to a "Western" lifestyle includes unhealthy food consumption patterns and physical inactivity. This has caused a change in the epidemiological pattern of diseases during the past 20 years with morbidity from increasing NCDs as important health problems in the coming years. Vietnam suffers from a double burden of not only underweight but also overweight and obesity (Trinh et al 2008). Another change is that transportation has changed from bicycle-use to motorbike-use to a great extent (McLeod & Nguyen 2001). Trang et al (2012ab & 2009) highlight the decrease in active commuting (way of transportation) among young people in Ho Chi Minh City. Between 2004 and 2009 the decrease was almost 10 percentage units. Obesity among teenagers was increasing almost to the same extent physical activity decreased during the same period of time. The researchers (Trang et al 2012ab & 2009) have pointed out several factors that lead to physical inactivity, some of them are; way of transportation, school sport availability, availability of game shop nearby home and time spent watching TV. For girls a specific factor were how much time they spent studying after school.

2.5.2 Perceptions on physical activity and the body among older and younger Vietnamese

Belza et al (2004) have researched the different perceptions older adults, with different origin living in the USA, have on physical activity. The elderly Vietnamese people living in the

USA considered physical activity as important because it helps the blood circulation and they also emphasized the importance of being active in spite of their age. Elderly Vietnamese-Americans also considered physical activity as a way to avoid Western medications. One of the participants said “Whether or not you are old or young, if your muscles are not stiff, you will have good health. If you are lazy and your muscles are stiff, you will become weak and you aren’t able to do anything. It is a matter of daily activity and it must be consistent.” (Belza et al 2004 p. 6). Craig (2002) describes how the ideal body looks like for the Vietnamese people. He brings up the desire of have pale skin and to be reasonably fat as most important. These two characteristics are class indicators. Pale skin and a bit of overweight means you are not a labourer and you can afford to eat as much as you want. However, this norm seems to be changing nowadays, since they look to the Western for the ideal. To have pale skin is still important, but since the Western ideal body is to be skinny, more and more of Vietnamese, especially women, have adopted this trend.

2.6 The global strategy for prevention and control of non-communicable diseases

2.6.1 The global strategy and NCD-situation

A high-level meeting at the General Assembly of the United Nations on the topic prevention and control of non-communicable diseases was held in September 2011. Together the member states and international community came up with a global strategy how to prevent non-communicable diseases. They concluded that the four main NCDs people suffer from, share the same risk factors; lack of physical activity, tobacco use, unhealthy diet and harmful alcohol use. In 2008, 36 million people died from NCDs which is 63 % of the global deaths per year, in 2030, NCDs are projected to claim the lives of 52 million people. Non-communicable diseases affect the developing world and lower-income populations hardest; therefore prevention of such diseases would reduce poverty (WHO 2008). One reason for this is that the majority of expenditures of NCD treatment in low-and middle-income countries are privately paid or from out-of-pocket health care systems. Traditionally NCDs have mostly affected high income-countries, but current evidence shows that NCDs are associated with development and an increase in the standard of living. NCDs are currently exceeding

communicable diseases in all regions in the world, except Africa. The UN recommends “population-wide interventions include tobacco-control measures, including raising taxes and bans on advertising and smoking in public places; raising taxes on alcohol and enforcing bans on alcohol advertising; reducing salt intake; replacing trans-fats in foods with polyunsaturated fats; *promoting public awareness about diet and physical activity*; and delivering hepatitis B vaccinations” (United Nations High-level Meeting on the Prevention and Control of non-communicable Diseases 2011 & WHO 2008)

2.6.2 World Health Organization’s recommendations on physical activity

The general recommendation on physical activity is “adults aged 18–64 years should do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week, or do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week, or an equivalent combination of moderate- and vigorous-intensity (WHO 2010 p.8).

2.6.3 Physical activity on prescription

One way of promoting physical activity is the method physical activity on prescription. Sweden is one of the leading countries in the Western world when it comes to prescribing physical activity within the health care. The method is also well developed in the other Scandinavian countries. In Sweden the method has been used since 2001, when the national campaign “Sätt Sverige i Rörelse” (Eng. “Sweden on the move”) was carried out. The prescription can be a written suggestion of an activity or a more comprehensive plan including a supporting person. Prescription of physical activity can be used at various levels, either for an already ill person for treatment, or for a healthy but physically inactive person as a preventive measure (Swedish Institute for public health 2012). However, the notion that physical activity is health-beneficial has been known for more than 3000 years. The first written proof of this is traced from the Hindus in the Atharva-Veda and to the Chinese in the book of Kung Fu around 1000 B.C (Snook 1984).

2. 7 The Swedish-Vietnamese project: Physical activity in non-communicable disease prevention in Vietnam

2.7.1 Background and aim

In 2010, Swedish professional associations for physical activity (YFA) together with Hanoi Medical University started a SIDA-sponsored project in Vietnam, mainly in Hanoi and in the nearby province Phu Tho (100 km northwest of Hanoi). Two other collaborators are WHO and the Ministry of Health in Vietnam. The aim of the project is to collect scientific evidence regarding physical activity interventions for non-communicable diseases available for practical use in Vietnamese society and the health care system. The objectives for the project are to implement capacity-building and knowledge exchange in 1) an education and training program for health care practitioners and 2) an evaluation process investigating the effects on practitioner learning and usage as well as patient adherence to structured physical activity interventions. The project wants to introduce physical activity on prescription in the Vietnamese health care. The Vietnamese initiators in the project contacted the Swedish professionals a couple of years ago because they were interested in translating the book FYSS (Physical Activity in the prevention and treatment of disease) into Vietnamese. That was how it all started, and the book is now translated and is a part of the project (Project description, see appendix 1).

2.7.2 Communication strategy

The project (Physical activity in non-communicable diseases prevention in Vietnam) has a communication strategy which objectives are to diffuse information regarding the method and the project, to the public, health care staff and policy makers. The Hanoi-based media company Danson Media has been contracted by the project to handle the communication part of the project. The first press release was sent out to the media in the end of September and the second in the beginning of November last year, in which the Swedish/Vietnamese collaboration is described. The communication work will continue and be extended during 2012 (Overall communication plan, see appendix 5).

2.8 The close relationship between Sweden and Vietnam

It is important to bear in mind the strong ties between the two countries when trying to understand how the Vietnamese reader perceives references in the articles made to Swedes.

2.8.1 Historical retrospect

Sweden was one of the first Western countries to start development cooperation with Vietnam in 1969. Sweden was also the first Western country to establish diplomatic relations with northern Vietnam during the same period of time. The long relationship has built strong ties between the two countries. The most famous project is the support of building the paper mill Bai Bang northeast of Hanoi in the province of Phu Tho. It was meant as a clear mark by Socialdemokraterna (Swedish Social Democratic Workers' Party) and its leader Olof Palme to show solidarity for the North Vietnamese people, which country had been totally demolished during the war. The Bai Bang is now the most costly project ever in Swedish development cooperation history. The planned expenses were 770 million Swedish kronor; however in the end the bill came up to fourth as much (Stenberg 2012).

2.8.2 The Swedish embassy in Hanoi

In the end of 2010 the Swedish parliament decided to cut down their expenses on embassies around the world and the embassy in Hanoi was one out of five that had to close down. This led to disappointment and surprised voices, especially from the Vietnamese public and officials. The foreign ministry spokesperson said “Vietnam regrets that the Swedish Government decided to close its embassy in Hanoi and in other nations due to budgetary difficulties, Vietnam always attaches importance to its traditional friendship and cooperation with Sweden which have been maintained and developed by generations of leaders and people during past years” (VNA/VOV News 2010). After both internal and external criticism it was settled up that the embassy in Hanoi would remain open.

3. Methodology and material

First of all a description on how the material has been selected and how the research has been conducted, is presented. Further down the different methodologies used in the research are described.

The analyses are based on 31 articles published in various Vietnamese newspapers and magazines from September to December 2011. The articles have been selected and translated into English by the Hanoi-based media company Danson Media on behalf of the Swedish-Vietnamese project. The articles are all on the topic physical activity in the prevention and treatment of non-communicable diseases. Danson Media selected 50 articles in total but after conducting the analysis of the articles I found out that only 31 of the articles have a unique content. Consequently, many of the articles are exactly the same but have been published in different newspapers. It is these 31 unique articles that I have used for the analyses. The reason why one article is published in more than one publication could be explained by how the media landscape in Vietnam looks like. One media owner normally runs more than just one newspaper and one group of newspapers normally includes many specialized parts/magazines. If a journalist in one newspaper writes an article, then that the article will frequently be published in another media because many newspapers, are a part of a bigger group. This is not unique for Vietnam; it is a global trend (Finer 1999).

The 50 articles have been published in 39 different newspapers and magazines, both in print and in online versions. The genre of the newspapers and magazines varies a lot, however I have not taken this into considerations in the analysis of the articles, because it is not relevant for my research questions. Some examples where the articles have been published are: *Health & Life*, *Law & Society*, *Vietnamese Communist party online*, *Labour online*, *Phu Tho Newspaper*, *Saigon businessmen newspaper* and *The Hanoian*. Out of the 31 unique articles, 19 contain a picture so the picture analysis has been based on these 19 articles.

The media company Danson media is based in Hanoi and has carried out many communication campaigns in the last years, especially within the health area, at the request of various organizations both Vietnamese and from abroad. They are also doing Public relations-work in Vietnam for companies and organizations. Danson Media has scanned the newspapers and magazines in Vietnam during this period of time (Sep-Nov 2011), and

selected all articles within the topic of physical activity in the prevention and treatment of diseases. Two employees at Danson Media have translated all the articles from Vietnamese into English (one of the employees has translated more than 90 % of the articles). The media company have been contracted to scan the media by the project (Hanoi Medical University and Karolinska Institutet) as a part of the project's communication plan. Consequently I have not chosen the material for my analysis myself; I have used Danson Media's scanning of articles within the topic physical activity in the prevention and treatment of diseases.

I will also include two press releases, translated into English, in the analysis. Those were sent out by Danson Media to various media in Vietnam last autumn, one in September and one in November. The two press releases contained information on the project and its aim as well as information on physical activity and non-communicable diseases in general. The press releases did not contain any pictures, and Danson Media did not provide any pictures to the journalists. In chapter 5 an analysis of the press releases is presented. The press releases could also be found in appendix 2 and 3.

To be able to answer my research questions I have conducted a qualitative text analysis including a rhetorical analysis of the articles and the pictures in the articles. I have also conducted a quantitative content analysis on the articles focusing on the cited protagonists/organizations and the pictures. An overview of the articles, including the pictures is presented in appendix 1. In the result chapter (5) an example on how I have conducted the different kinds of analysis on the articles including pictures, is presented.

3.1 Rhetorical Analysis

Rhetorical analysis can be defined as “an effort to understand how people within specific social situations attempt to influence others through language” (Selzer 2004 p. 281). Rhetoric is seen as the art of persuasion. Aristotle meant that the speaker (or writer) can use three different strategies to persuade the audience; ethos, pathos and logos. A more detailed explanation on the rhetoric persuasions methods will be explained further in chapter 4.5. In the rhetorical analysis I searched for the main positions of the articles, that the sender wanted the audience to embrace. I have also analyzed the use of the different persuading-methods; ethos, pathos and logos (Renberg 2007).

3.2 Quantitative content analysis

Quantitative content analysis is defined as "a research technique for making replicable and valid inferences from data to their context" by Krippendorf (2004). This means that the findings from a content analysis should be possible to repeat for another person and the analysis should also measure what it claims to measure. A content analysis does not only include textual data. What makes the technique particularly meaningful is the reliance on categorizing the data (Krippendorf 2004). I have, first of all, used this method to see which protagonists and/or organizations are cited in the articles, divided into four categories: Western-references, Vietnamese-references, rest of the world-references and neutral-references. The Western-category does not refer to the West geographically, rather culturally. From a culture perspective the Western world includes all cultures that derives from Western European cultures, therefore is for example Australia included in this category (Thompson & Hickey 2005). The second part is an analysis of the images used in the articles. Three categories were used 1) East Asian vs. "Western"-looking people 2) people doing exercise vs. people at a hospital looking ill or situated in relation to a doctor and finally 3) people doing "Asian" vs. "Western" kind of exercises. Asian exercise is defined as different forms of martial arts such as Tai Chi and Western exercise forms are the rest for example running and work out at the gym.

3.3 Semiotic analysis

Apart from using the pictures in the articles for a quantitative content analysis, I have also conducted a semiotic analysis on the pictures included in the articles. Semiotics could be defined as the study of signs. A sign could anything that could be taken as significant substitute for something else. This something else does not necessarily have to exist or to actually be somewhere at the moment in which a sign stand in for it (Mick 1986).

All signs have two aspects: the signifier and the signified. The signifier is any material thing that signifies something, while the signified is the concept that a signifier refers to. Denotation and connotation refer to the general meaning and the deeper meaning of a sign respectively. Denotation refers to the general and literal meaning of a sign; in this case a sign has a common sense meaning or impression to all users. Connotation refers to the deeper meaning of a sign; found in socio-cultural realm of the sign's interpreters. Different factors can

influence connotative meaning, such as the interpreter's social class, age, gender or cultural background. Another important aspect of connotations is that their meaning is changing in space and time because they are culturally bounded (Gripsrud 2002). The semiotic analysis in this study focuses on the connotation of the pictures, the deeper meaning.

3.4 Limitations of the study

It is important to be aware that the selection of the articles has been made by an external company that has been contracted by the Swedish-Vietnamese project. Their aim could be to portray their Public Relation-work in as good way as possible, which could make the selection of articles doubtful. However, the topic physical activity in the prevention of diseases is not very sensitive, or something that could be portrayed in a negative way, which in all probability leads to a fair selection of articles. This study is based on analyses of articles that have been translated from Vietnamese into English. The translation has furthermore not been conducted by a translator. Both the translation from Vietnamese to English and the lack of a professional translator are limitations to the study.

4. Theoretical framework and previous research

In this chapter the relevant theories and previous research are presented that will be used as tools for the analyses and interpretations of the findings. The first part describes previous research on the distinction between Vietnamese/Asian and Western journalism that will enable me to analyse the research questions. This is followed by the theories of cultural hegemony and post-colonialism, needed to understand and catch the complexity of what is examined. The theoretical framework is also made up by rhetoric and previous research regarding the impact of press releases worldwide.

4.1 Characteristics of Vietnamese and Asian journalism

4.1.1 Vietnamese journalists' style of writing

To be able to answer the research question, concerning whether the examples, sources and style of writing in the articles are taken from a Western or Vietnamese/Asian context, we need to define what characterizes the Vietnamese/Asian style of writing and journalism.

Articles in Vietnamese newspapers are often loaded with backgrounds and statistics in the preamble, which is the complete opposite of the Western 'inverted pyramid' structure. Articles in the public information genre often contain long lists of names or extremely long sentences. Many articles sound like official documents or aid organization reports, for example. Stories in the Vietnamese press also often contain self-contradictory or inconsistent statistics (van Leeuwen 2006). However, Van Leeuwen (2006) claims that the Vietnamese journalists do not seem bothered by this, they are primarily concerned that a particular story is designed with only one reader in mind, namely the Ideology Commission of the Ministry of Information who will read it the next day. The stories in the Vietnamese press are normally written from a local perspective, or at least from the perspective of someone who knows the country and its culture very well. This could include the terminology used such as 'cadres' instead of 'officials', 'the fight' instead of 'a campaign', 'state control' instead of 'supervision', 'being enlightened' instead of 'being converted to the Communist cause', and so on (van Leeuwen 2006).

4.1.2 Differences in style of writing between Vietnamese preventive and curative health information

Another research question is whether or not it is possible to identify the articles as traditional Vietnamese preventive health propaganda. For this we need to understand how the traditional preventive health propaganda has been presented, which already has been mentioned briefly in the background (chapter 2).

When Finer et al (1998 p.141) analysed 67 articles in the magazine Health they found four main arguments present in the articles; the dominant one being "prevention is better than

cure”. The other three arguments were; “traditional and modern medicine should complement each other but the former is preferred”, “natural things are healthy; unnatural things unhealthy” and “humankind's dream of eternal life, youth and beauty is hubris; life and youthfulness can be pro-longed only through a sensible lifestyle”. Finer et al. (1998) identified three distinct discourses in the articles. Those were “popular”, “expert” and “nationalist”. The dominating discourse within the preventive theme was the “popular”. The characteristic for the style in those articles was the “simple, value-laden, and emotional language” (Finer et al 1998 p.5). It also contained metaphors, rhetorical questions, nostalgia and absolutist expressions. Finer et al. (1998) argue that the main object of this style of writing in the preventive theme was to generate a patriotic feeling and to get people interested in disease prevention. The “expert” and “nationalist” discourses were primarily found in the cure theme. In the “expert” discourse many specialized terms was used and had a positive tone towards science, research and technology. The main purpose of this theme was to inform readers about research findings. The “nationalist” consisted to a great extent of success stories from the health care sector.

In Finer’s et al (1998) content analysis of the articles, 31 of them were within the preventive theme and 21 in the curative theme. Within the preventive theme the dominating topic was health education. The articles relied on Chinese medicine as:

“the ability to work hard, rest and adjust to new situations, be positive, not get angry, fearful, sad or anxious, have a sense of responsibility, resist infections, not be overweight, have good eyesight, healthy teeth and gums, and disease is similarly described as primarily due to an imbalance of energy forces in the body, expressed in terms of ying/yang, “hot/”cold”, and elemental forces like air, and fire ” (Finer et al p. 136).

The advice in the health education articles focused on correcting factors that could cause a disease such as tobacco, alcohol and physical inactivity (p.4/136).

4.1.3 Condition for news in Vietnam

Finally, the last research question in the category that aims to examine Western or Vietnamese cultural influences, is how the physical activity-method is presented to the Vietnamese people. To be able to analyse this research question it is helpful to be familiar with how important cultural proximity is in Vietnam.

Galtung and Ruge's (1965) theory regarding news values, what is most likely to become news, is developed within a Western context, which means that the theory reflects the media climate in the West. For example it is importance to attract the audience, otherwise the advertiser will leave. Before Doi Moi when all the media in Vietnam financed by the state, this theory would have been hard to apply. But since the Vietnamese media today are self-financing and need to attract the audience and advertisers the theory can be valid even for a country as Vietnam. This is confirmed by the Masterton's (2005) study on news values among Asian journalists. Six internationally recognized criteria determine how newsworthy information are: consequence, cultural proximity, conflict, human interest, novelty and prominence. These are valid regardless of race, nationality, culture, politics or religion according to Masterton (2005). He rejects the axiom that concepts of news and news values differ from country to country or culture to culture, these six international criteria were the major six in all Asian regions.

Masterton did not include Vietnam in his study, however within his Orient category (China, Hong Kong, Japan and Taiwan) China have a lot of similarities to Vietnam. The point of similarity include state controlled press, unregulated market economy and the strong culturally ties between the countries that emerged more than 1000 years ago. China's journalists ranked the importance as follows, 1) human Interest 2) consequence 3) cultural proximity 4) prominence. Human interest is defined as "means people want to know about other people, even if they are not important people" (Masterton 2005 p.42). In some countries this includes items about animals and children, almost anything which stirs human emotion in any way. Consequence is defined as "a measure of the importance of the information to those who receive it; how does it affect their finances, their way of life, their education, their future; in any way at all?" (Masterton 2005 p.42). Proximity is defined as "a measure of where the information comes from. An item which originates locally is usually of more newsworthiness than one from a distance. People want to know about their own community first. But there are also "historical, social, financial and cultural proximities which have little relationship to geographical distances" (Masterton 2005 p. 47).

4.2 Post-colonialism

When trying to understand why the journalists portray physical activity in prevention of diseases the way they do, a post-colonialism perspective is needed. The former colonial power France have left many traces in the country, one is the Western view on medicine and health.

Post-colonialism designates a set of theoretical approaches that focus on the direct effects and aftermaths of colonization. The term came in use in the context of decolonization during the second half of the 20th century. The base in this theory is that the Western exploitation of other continents has left traces and effects that are very visible even today. A central concept within the theory is the questioning of the traditional worldview and culture in favour of the Western cultural reproduction. One characteristics of post-colonialism is also the emergence of bourgeoisie classes in the colonized countries, modeling themselves after the colonizer, who endeavour to maintain their status quo by getting closer to Western culture (Landström, 2001).

Colonialism is not a phenomenon of the past, but a part of history that still has got a deep impact on the world today, economically and also culturally. On the one hand, the term **post-colonial** may refer to how a country, that is no longer colonized, functions. This may include the way they negotiate their cultural heritage, being understood that long periods of forced dependency have had a great impact on the social and cultural fabric of these societies. It may also apply to the former colonizers in as much that both extended contacts with the alien societies they conquered, and the eventual loss of these profitable possessions, deeply influenced the course of their economic and cultural evolution. On the other hand, **post-colonialism** could refer to the new forms of economic and cultural oppression sometimes called neo-colonialism. This term points out that cooperation, assistance and modernization are in fact new forms of political and cultural domination (Landström, 2001).

4.3 Cultural hegemony

Also the theory about cultural hegemony aims to help us understand why the journalists portray the topic in a certain way. Vietnam is a culturally diverse society, which includes a Western, Chinese-traditional and Vietnamese-traditional view on health.

The theory of hegemony initially referred to the dominance of one state over another (Ashcroft & Griffiths & Tiffin 2007). The term was popularized in the 1930s by the Marxist philosopher Antonio Gramsci who established the cultural hegemony-theory. He investigated why the ruling class in a society was so successful in promoting its interests over the other. The base in the theory is that hegemony is the power of the ruling class to convince the other classes that their interests are the interests of all. Domination is not exerted by force or persuasion, but by more subtle means such as control over the education system and the media. A culturally diverse society, like Vietnam, can be dominated by one social class that manipulates culture, like beliefs, values and perceptions, so that the ruling-class worldview is seen as the societal norm. Gauri Viswanathan gives an example on how the British government took control over the Indian education system in the early 1800. They implemented the education with English literature because they wanted to disseminate the Western values about civilization to the Indians. These values were embedded in the literature and were meant as a way to retain hegemonic control (Ashcroft & Griffiths & Tiffin 2000)

Another example at how hegemonic control is given by van Trigt et al (1994, see Finer 2012). He explains how journalists underestimated to what extent they used the pharmaceutical industry as a source for news related to medicine. Finer (2012 p.113) means that the findings of van Trigt's et al can be understood with the theory that the media are also commercial companies and consequently tend to support the market economy.

4.4 Rhetoric

Ethos can be defined as “establishing the persuader’s good character and hence credibility” (Lanham 1991, p. 166). Ethos also includes the credibility, good character and personal qualities. All these elements can be constructed through writing. One way the sender creates credibility is *how* one writes or acts; how well one succeeds to create a good feeling among the audience. The goal is to connect to the audience and get a sense of belonging to the sender. However, to gain respect from the audience which is the real essence in ethos, can be reached in other ways than the way the sender acts. Previous experience and qualifications are factors that matters even more. In academic contexts, scientific qualifications is what normally persuades the most, while in political contexts ideological qualifications normally

matters the most. When the sender stresses her experience or authority within the field it is an ethos argumentation. The most important is that the arguments persuade the audience, not through true understanding, but through relying on another person's knowledge and judgment. For example, when someone uses the name of a scientist can be seen as an ethos argument, but when trying to show and explain the results with the underlying thoughts that the audience will understand, it is a logos argument (Renberg 2007).

Logos can be defined as the "reasoning or rational argument" (Lanham p. 166). Another definition for logos is the "rational, factual basis that supports the speaker's position" (Turbak, 1998 p. 2). The choices of word, logic choices, and correct sentence structures are all factors one can use to build up a logos argument. Logos also interlinks with ethos like pathos does, because a well-developed and excellent sense of logos can help establish ethos. If the argumentation addresses our common sense and logic reasoning the argumentation is built on logos. The arguments rely on controllable facts, for example scientific findings.

The third main strategy of persuasion is pathos. Pathos can be defined as "putting the audience in the appropriate mood, by playing on its feelings" (Lanham 1991 p. 166). When using pathos in argumentation one is playing on the deep values and feelings within a community or a group of people. Ethos and pathos are interlinked because ethos first secures the sympathy from the audience through the credibility of the speaker/writer. Once the audience feels secure, this security can be used to play upon the emotional appeals, to increase the persuasion. The basic concepts pathos is built upon are happiness, sadness, anger, fear, hope, enviousness and empathy. In political texts or speeches the most common feelings the argumentation is built upon is hope and fear (Renberg 2007).

4.5 The general impact of press releases worldwide

News regarding health related issues often fails to provide the information needed for the public to understand the findings and practice them. One reason for this is that press releases, the most direct, by which sources communicate with the media, often leave out key facts and fail to tell about important limitations regarding the findings. Schwartz et al (2012) have in their study concluded that high quality press releases seem to make the quality of the articles better, whereas low quality press releases might make them worse. Journalists seem to rely extensively on press releases worldwide. An independent news rating website concluded that

up to one third of health related news relied entirely or to a great extent on press releases (Schwitzer 2008). Van Dijk (1988) states that most of the information used for writing articles in newspapers, already comes in discourses, for example as reports, interviews, press releases or press conferences. In his study of international news he found that “large parts of news agency dispatches are copied directly in the news item, with only occasional and slight changes of style” (Van Dijk 1998 p.116). Especially when producing foreign news, this was extra obvious, source texts from agencies were often taken over literally. Van Dijk (1988) gives some examples of why this happens; lack of time, lack of other information and the general credibility of the source.

5. Results and analysis

This chapter is divided into four parts; an analysis of the press releases, the content analyses, the textual analyses and finally an analysis of the pictures. The analyses aim to answer the main research question: How is the topic physical activity in the prevention and treatment of diseases, portrayed in Vietnamese newspapers/magazines?

5.1 Analysis of the press releases

It is important to take the two press releases into consideration when analysing the articles. The first press release was sent out by Danson Media to the media in the end of September 2011. A second press release was distributed in the beginning of November 2011. Schwitzer (2008) claims that journalists worldwide seem to rely heavily on press releases and that up to one third of health related news entirely or largely relied on press releases. Van Dijk concludes that that “large parts of news agency dispatches are copied directly in the news item, with only occasional and slight changes of style” (Van Dijk 1998 p.116). These findings seem to correspond to a certain extent with how the journalists have been writing the articles included in my study.

The two press releases have the same style of writing and they portray the method physical activity in the prevention and treatment of disease in the same way. However, the first release is more extensive in all parts and describes both the project and the method, including NCDs in more detail. The second press release focuses more on the training courses for health care

staff in Hanoi and Pho Thu that took place just after the press release was sent out. The aim of the second press release seemed to be to attract attention to the training course in prescription of physical activity for prevention and treatment of NCDs, while the first wanted to give a more extensive overview of the project and physical activity and NCDs. The second release describes that the training course is a part of the project “Physical activity in NCDs prevention in Vietnam”. In the beginning it also makes clear that it is collaboration between Hanoi medical University and Karolinska Institutet from Sweden, where the Swedes will “share lessons learnt from practical PA prescription in Sweden” (Press release 2 se app. 3). It is also described that the overall objectives are to “introduce the effectiveness of this method to the entire society” (ibid) but in this training the focus is to train the doctors on PA prescription. After the presentation of the project and its objective, an introduction on what physical activity is and what it is good for follows. It is also described how NCDs heavily are increasing and is a burden for middle-and low income countries, like Vietnam. The overall impression of the press release is that it describes what is going on what will happen within the project rather than trying to persuade the reader that physical activity is health-beneficial.

Even though it is not explicitly written the sender seems to see this method as something new to the Vietnamese people, the Swedes are the specialists, the doctors will be trained and it is important to disseminate the knowledge to the public who are not well informed in this topic. The press release did not contain any pictures and the headlines was just simply “Physical activity in non-communicable disease prevention in Vietnam: capacity building & knowledge exchange for practical use in the society and health care system” in the first release and “Training on “prescription of physical activities for prevention and treatment of non-communicable diseases” (see appendix 2 and 3).

5.2 Content analysis

The content analysis below includes the 31 unique articles published in various Vietnamese newspapers during the autumn 2011. In total there are 50 articles, many of them are identical but published in different newspapers. Hence this compilation only includes the unique articles. The most frequent used reference is Vietnam/Vietnamese which can be found 96 times in the 31 articles. All together there are 48 different references found in the 31 unique articles. In table 8 the references are divided into four different categories; Western,

Vietnamese, rest of the world and neutral. The Western-category does not refer to the West geographically, rather culturally. From a cultural approach the Western world is defined as include all cultures that derives from Western European cultures, therefore is for example Australia including in this category (Thompson & Hickey 2005).

Table 1. Types and number (No.) of cultural references in the 31 unique articles

References	No.		
Vietnam/Vietnamese	96	EUPhix (European Union Public Health Information and Knowledge system)	2
Sweden/Swedish	76	World leaders	2
Doctor/doctors	50	Euro	2
Karolinska Institute/Institutet	43	Researchers	2
Hanoi Medical University/HMU	41	Thai Nguyen (province)	2
World Health Organization/WHO	29	Institute of Hygiene and Public Health (Vietnam)	2
the World	24	National Institute of Nutrition (Vietnam)	2
Hanoi (city)	19	Australia	2
Phu Tho (province)	12	Mai-Lis Hellénus, MD, PhD, Professor	2
SIDA	11	Prof. Carl Johan Sundberg	2
Experts	10	Standby Health Department (Vietnam)	2
Vietnam Sport Hospital	6	American physical inactivity	1
Swedish Society of Medicine	6	World Economic Forum	1
General assembly (UN)	5	Harvard University	1
Stockholm	5	Niger	1
Finland	4	Thailand	1
Norway	4	Scientists	1
Ala Alwan, Assistant WHO Managing Director	4	Vietnamese dong	1
Our country	4	American Medicine and Sports University	1
US dollars	3	Swedish National Board of Health and Welfare	1
Professional Associations for Physical Activity	3	Ho Chi Minh City	1
Dr. Jill Taube	3	Dr. Nguyen Thi Hiep	1
Global	3	Prof. Eva Jansson	1
Ministry of Health (Vietnam)	3	Aerobics Institute (America)	1
References-different	48	References – total	526

Table 2. The references divided into four categories: Western, Vietnamese, rest of the world and neutral references

	Western references	Vietnamese references	Rest of the world references	Neutral references
No. of unique references	22	14	8	4
Total No. of respective categories' references	173	192	71	63
	Sweden/Swedish	Vietnam/Vietnamese	World Health Organization/WHO	Doctor/doctors
	Karolinska Institute/Institutet	Hanoi Medical University/HMU	the World	Researchers
	SIDA	Hanoi (city)	World leaders	Experts
	EUPhix (European Union Public Health Information and Knowledge system)	Phu Tho (province)	General assembly (UN)	Scientists
	Euro	Thai Nguyen (province)	Ala Alwan, Assistant WHO Managing Director	
	Australia	Institute of Hygiene and Public Health (Vietnam)	Global	
	Mai-Lis Hellénus, MD, PhD, Professor	National Institute of Nutrition (Vietnam)	Niger	
	Prof. Carl Johan Sundberg	Vietnam Sport Hospital	Thailand	
	Swedish Society of Medicine	Our country		
	Stockholm	Ministry of Health (Vietnam)		
	Finland	Standby Health Department (Vietnam)		
	Norway	Vietnamese dong		
	US dollars	Ho Chi Minh City		

	Professional Associations for Physical Activity	Dr. Nguyen Thi Hiep		
	Dr. Jill Taube			
	American physical inactivity			
	World Economic Forum			
	Harvard University			
	American Medicine and Sports University			
	Swedish National Board of Health and Welfare			
	Prof. Eva Jansson			
	Aerobics Institute (America)			

The first table shows that there are in total 48 different references used in the 31 unique articles. The second table explains that among these 48 references 22 of them are Western references and 14 of them Vietnamese. The Vietnamese ones could though be found in more articles, 192 times compared to 173 times for the Western ones. The sources are either used when the project is described or as an ethos-argument. The most frequently used words as “Swedish, Vietnamese, Karolinska Institutet and Hanoi Medical University” are mentioned when the project is described. The references made to Vietnamese institutions (Institute of Hygiene and Public Health Standby Health Department, Ministry of Health) are only present in two out of the 31 articles. One example on the Western-dominance is what currencies that are mentioned. The Vietnamese currency is only used in one article when describing how much the increase of NCD will cost the country. In the other articles when the topic is brought up, US dollars and Euro is used. The Vietnamese references are only used when the Swedish-Vietnamese project is described and in two other identical articles. Other than that the references are either Western or neutral such as doctors and experts or in some cases represent the rest of the world, such as WHO.

One might argue whether Western references, meant to strengthen the credibility of the article and persuade the Vietnamese reader, really are an effective way of persuasion. One important

goal when using Ethos-argumentation is to get the reader a sense of belonging and trustworthiness. The close relationship and mutual trust between Sweden and Vietnam could be a reason why the Vietnamese are expected to be convinced when Swedish experts state something and when the project is sponsored by SIDA. It is though interesting to think about what consequences it might have on the reader that no official Vietnamese person or institution is cited. This is especially seen in the context of a strong tradition of top-down health education in the country. Van Leeuwen (2006) argues that the stories in the Vietnamese press are normally written from a local perspective, or at least from the perspective of someone who know the country and its culture very well. He gives examples of specific culture-bound words and sources, which is not possible to trace in these articles. It is worth mentioning though that some, but not all, of the sources and citations are taken straight from the press releases.

5.3 Textual analysis

The 31 articles included in this study have all been rhetorically analysed, with the aim of finding the main positions and persuading methods. A textual analysis has also been conducted, focusing on the Western or Vietnamese influences on the articles. Below, one of the translated articles is presented and analysed textually-and rhetorically. This is meant to give the reader a deeper understanding on the topic and how the analysis has been conducted. This article is chosen as an example because it represents the main findings in the textual-and rhetorical analyses of all the articles. The main findings are presented directly after the analysis of the article.

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Physical Activity in Non- Communicable Disease Prevention and Treatment

On September 19&29, representatives coming from over 100 countries participated in a summit conference on non-communicable disease (NCDs) in New York. The conference was organized by World Health Organization (WHO) and focused on discussing methods in NCDs prevention and treatment. Five NCDs showed at the conference including cancer, cardiovascular disease, diabetes, lung- and mental disease.

Dr. Ala Alwan, Research Team Director for five chronic diseases Assistant and WHO Managing Director in the field of NCDs says that every year, all over the world, there are 36 million deaths (63%) due to NCDs (such as cancer, diabetes, heart disease and respiration), in which 9 million deaths below the age of 60.

Scientific researchers show that factors strongly increasing NCDs burden include tobacco and alcohol use, unhealthy foods and physical inactivity. An estimated 50% (i.e. 13.7 million people) of deaths due to NCDs in low- and middle income countries are caused by preventable heart disease, stroke, diabetes, cancer, asthma and osteoporotic fractures due to increased exposure to tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol. Therefore, NCDs can be prevented via strengthening PA.

In Vietnam, the notion is completely new. Therefore, from 2010 October to the end of 2012 December, Hanoi Medical University has cooperated with *Karolinska Institute, Sweden* to deploy the project “Physical activity (PA) in non-communicable disease (NCDs) prevention in Vietnam” to raise awareness and create habit of physical activity in community to prevent and treat NCDs.

The experts of the project “Physical activity (PA) in non-communicable disease (NCDs) prevention in Vietnam” implemented by Hanoi Medical University (HMU), Karolinska Institute (Sweden) and Professional Associations for Physical Activity (Sweden) think that only 10 minutes of exercising per day can reduce the risk of diabetes, cardiovascular disease, mental disease, osteoporosis, stroke, breast cancer, colon.

Besides, PA can also bring out positive effects for special treatment in NCDs. In developed countries, patients with diabetes, obesity, cardiovascular disease, blood pressure can take medicine or implement PA under doctor’s guidance. If they receive physical activity in NCDs prevention and treatment (PAPTD), they do not have to take medicine. Now, PAPTD is widespread used in countries such as Finland, Norway and Sweden with the message “Physical activity is medicine”. In Swedish hospitals and primary health care center, patients get the individualize PA prescription then go the fitness to do their own exercise under the instruction of trained and professional staffs. Patients are instructed the method and intensity for an effective treatment progress.

Analysis

The beginning of the article is loaded up with facts. Both van Leeuwen (2006) and Finer et al (1998) mean that this is typical for Vietnamese journalism. Van Leeuwen (2006) also claims that many Vietnamese articles often contain self-contradictory or inconsistent statistics and the content seems randomly selected. These statements correspond only to a certain extent to this article. One example, that can be confusing for the reader, is found in the third paragraph: “NCDs can be prevented via strengthening PA”. The term PA is not explained here and is because of this probably hard to understand for the reader, but in the next paragraph the reader gets an explanation of what the terms stands for (Physical activity). However, this could be a mistake in the translation.

Another characteristic for Vietnamese journalism is the extensive use of expert-references, titles and long explanations. The second paragraph gives an expressive example: “Dr. Ala Alwan, Research Team Director for five chronic diseases Assistant and WHO Managing Director in the field of NCDs says that every year, all over the world (...). It is also worth mentioning that his name and title is presented before the statement.

All the three rhetorical tools ethos, pathos and logos can be found in this article. It is very clear how the author make use of Sweden and Swedish professionals as a strong ethos-argument when he explains how well physical activity in the prevention and treatment of diseases works in Sweden. The subtext of the article is hence that the Swedes now are coming to Vietnam and will share lessons learned from Sweden. The pathos-argument is visible for example in the third and fifth paragraph through the statements “NCDs can be prevented through strengthening PA” and “only 10 minutes of exercise per day can reduce the risk (...)”. These statements give a sense of hope to the reader and consequently make use of the audience’s emotions.

There is also some logos-argument visible, where the author tries to explain more in detail how it really works, this is most clear in the last paragraph. The logos-argumentation and the use of specialized terms and references to scientific and research is what symbolizes what Finer et al (1998) in their research call the expert-discourse. The main function of Finer’s et al expert-discourse was to inform and entertain about research findings and was mostly present in the articles on the cure-topic. Although this article to a high extent is about prevention, it is not possible to find any similarities to what Finer et al call the popular-discourse, in their study mostly present in the prevention-theme, and characterized by preventive health propaganda. The articles regarding prevention had a very emotional and value-laded language and the main focus was to mobilise the people in the interest of diseases prevention. My analyzed article is consequently more similar to the expert-discourse, most commonly found in the cure-theme.

It is not very easy to figure out what the main thesis or the main theme in this article is. If we only read the beginning of the article one might think that the theme will be NCDs with focus on the UN-meeting held on the topic, even though prevention and treatment is mentioned in the beginning. However, the whole content of the articles places this article both in the

prevention- and treatment category (see p.45). Examples of this, for example, are found in the third paragraph: “therefore, NCDs can be prevented via strengthening PA” (prevention) and in the last paragraph: “besides, PA can also bring out positive effects for special treatment in NCDs” (treatment).

In this article physical activity in the prevention and treatment of diseases is presented as something new to the Vietnamese people. The way it is presented clearly places the Vietnamese people in a learning position. One evident example on this is the third paragraph: “in Vietnam, the notion is completely new”. The article does not bring up any traditional Vietnamese health practices or beliefs, or any typical Vietnamese way of exercise such as Tai Chi. The article does not either address the core elements of Eastern health practices such as harmony or balance within the body.

5.3.1 Preventive health propaganda

It is not possible to trace any ideological based preventive health propaganda in the articles in line with Finer’s et al (1998) findings. The style of writing in the preventive health propaganda-articles in their research was totally different from the articles in this study. Finer et al described the language in the preventive health propaganda-articles as sentimentalizing, value-laden and emotional with the frequent use of rhetorical questions and metaphors. Nostalgia was also common. They concluded that the function of the articles were to reinforce patriotic sentiment among the people and mobilize their interest in preventing of diseases.

The articles included in my research are more similar to Finer’s et al articles on cure considering the style of writing. Finer’s et al articles on cure contained information on new drugs available on the market, but also information about traditional medicine for cure and treatment. In all articles analysed in this research only one quotation is found that in some way could represent preventive health propaganda; “In Vietnam, the number of people with NCDs is increasing rapidly, which leads to the decreasing number of labour resources (...) Therefore everyone should strengthen PA and change lifestyle to protect health” (10). This could be an example of trying to mobilize the people in the direction of preventive health education. The language though is not as emotional and value-laden as in Finer’s et al articles. The use of hope and threat/fear is another differing factor. The pathos-argumentation in these articles includes both hope and threat/fear, but in Finer’s et al articles from late 1990s both in

the preventive and the cure-theme the only pathos-argumentation was hope. Finer et al (1998) claimed that the articles in their study were surprisingly homogenous and could be described as having a “high ideological profile, while keeping the readers happy with hope-inspiring promises of prevention, cure and transformation” (Finer et al 1998 p.142). Finally, the articles about prevention included in my analysis, portrays physical activity in prevention of disease as a change in one’s lifestyle. The prevention-articles in Finer’s et al (1998) study, on the other hand, implied no change, i.e. continuity and maintenance of a positive health status and lifestyle.

5.3.2 Presentation of the physical activity in the treatment and prevention of disease-method

In almost all articles physical activity in the prevention and treatment of diseases is presented as a new method to the Vietnamese people, even though it is not always written literally.

However, the way the method is presented clearly puts the Vietnamese people and doctors in a learning position. Some examples on how the method is presented below:

“PA on prescription in prevention and treatment is an absolutely new concept to the majority of the Vietnamese population, even for the Vietnamese doctors and health care staff” (article no. 23, see appendix 1)

“The method is widespread used in many countries such as Finland, Norway, Switzerland. In Vietnam, the notion is completely new” (12)

“In the world, the definition of prescription of PA is still very new, but it has just deployed in Vietnam” (50)

” to raise awareness and create habit of physical activity in the society to prevent and treat NCD” (15).

In just one of the 31 articles a journalists portrays the method in a different way:

“Most people know that PA (PA, sport) is good for prevention of these diseases. However, PA must be implemented under guidelines. Therefore, the training aims to provide doctors with scientific evidences to show that prescription of PA is a great method to treat NCDs without medicine” (40)

The journalist is hence making clear that most Vietnamese people are aware of the link between physical inactivity and NCDs, however it is not implemented in the health care in Vietnam yet. None of the articles brought up any traditional Vietnamese health practices or beliefs, or any typical Vietnamese way of exercise such as Tai Chi as an example what physical activity could be. None of the articles brought either up the core elements of the

Eastern health practices as harmony and balance within the body and their view of physical activity.

5.3.3 Style of writing

Van Leeuwen (2006) found the Vietnamese way of writing as loading up facts, background info in the beginning, followed by long lists of names and long sentences, as opposite to Western way of writing. The articles included in this research seem to correspond well with those statements. Frequently the journalists present, who says something and what title that person has, before presenting what the person really says. One example of this is: “Mai-Lis Hellénus, MD, PhD, Professor, Karolinska Institute, Lifestyle Unit, Department of Cardiology, Karolinska University Hospital, Stockholm, Sweden says that physical inactivity is one of the most important causes of deaths in the world”. The introduction of the articles also in many cases does not provide an overview of the article; instead they stack up facts about the training course. Both van Leeuwen (2006) and Finer et al (1998) mean that articles often contain self-contradictory or inconsistent statistics, and the content seems to be randomly selected from foreign sources without any specific motive. Also this finding seems to correspond at least to a certain degree with the articles on physical activity and NCDs.

When Finer et al (1998) conducted their research they concluded that what was typical for Vietnam at that time was the pluralistic attitude towards traditional and Western health care traditions, which was also visible in the political field. Van Leeuwen (2006) states that stories in the Vietnamese press normally are written from a local perspective, or at least from the perspective of someone who knows the country and its culture very well. Neither of these conclusions correspond with how the articles I studied present physical activity, since no connections is made to the traditional health practices when it comes to prevention and exercise. The lack of indigenous references and specific Vietnamese ideological-loaded words are also a reason. Masterton’s (2005) findings on the importance of cultural proximity for news in a country like Vietnam are worth mentioning. These because it is arguable to what extent the articles analysed are culturally proximate. However since Vietnam is a diverse society when it comes to health culture it is hard to draw any conclusion whether or not the articles in this study correspond with Masterton’s findings or not.

5.3.4 The main positions of the articles

The overall position present in most of the articles is:” non-communicable diseases (NCDs) are *increasing* in Vietnam and physical activity is *good* because it *prevents* NCDs and can also be used as a method to *treat* these diseases”. The four different positions found in the articles are; physical activity *prevents* NCDs, physical activity can *treat* NCDs, *NCDs* is a major health threat in Vietnam and the rest of the world and finally the Swedish-Vietnamese project will soon arrange a training course in Vietnam for health care staff on the topic physical activity in the prevention and treatment of diseases

However, the dividing line between prevention and treatment in this case is not very easy to draw. It is clear though that in some articles the focus is more on how “physical activity will be used *instead of drugs, for treatment*” while in some others the thesis is that “physical *inactivity* is a major reason for why one gets a non-communicable disease”; hence *prevention* is implied. For example, in one article published in the *Intellectual standards of people (online)* one could read that “this project proposes to apply a therapeutic method without drug (taking exercise) for *treatment* of diseases such as cardiovascular disease, blood pressure, stroke, diabetes and obesity” (article no. 23, see appendix 1). This is a clear example where the focus is on treatment. More examples on the treatment-thesis visible in the articles are:

“once adherence to the structured PA intervention, the PA prescription can help them to stay healthy without using any additional medication” (42)

“PA on prescription is widespread used in Sweden. With the message “Physical activity is medicine”, instead of paying for medicine bills, patients in Swedish hospitals and primary health care centers get the individualize PA prescription then go the fitness to do their own exercise under the instruction of trained and professional staffs” (23)

Below follows some examples on the prevention-position visible in many articles. However, to distinguish prevention and treatment is sometimes hard and it is common that one article has focus on *both* physical activity for prevention *and* treatment of diseases

“American medicine and sport university recommends that all people should do exercise at least twice a week” (12)

“There are many sufficient evidences detected that only 10 minutes of exercising per day can reduce the risk of breast cancer, colon cancer etc.” (14)

“Physical inactivity is one of the most important causes of deaths in the world” (44)

“Doctors recommend that...everybody should also use stairs instead of lifts to ensure health” (37)

“watching TV about 4 hours per day can increase 80 % of deaths due to cardiovascular diseases” (43)

Besides these two dominating positions, prevention and treatment, there are two others. One of them addresses the increase of NCDs all over the world and that is a major health threat. Those articles also present information on the meeting held in the General Assembly of the United Nations on the topic. Some examples are:

“Experts affirm that NCDs are closely related to poverty” (19)

“It was the first time the international community had reached consensus at the General Assembly on the specific plan of action to prevent NCDs” (8)

“WHO affirms that NCDs currently become a heavy burden on all over world, therefore we need a global mechanism to cope with the challenge (9)”

The fourth position is rather to inform the reader about the project and collaboration between Sweden and Vietnam and the upcoming training course for health care staff, than trying to persuade the audience. These articles are a total or almost total copy of either the first or the second press release, most commonly the second one.

5.3.5 How the arguments are presented to the audience

Except the articles that only describe the project and the training courses and nothing more, all the articles have the aim to persuade the reader. Therefore, when looking at the argumentation in the articles, the focus will be on the persuading articles, which make up a majority of the 31 articles. Even though the subject of persuasion (prevention/treatment) in the articles differs a bit, the authors use the same argumentation. Therefore, I will present the arguments together and not make a division between prevention-argumentation and treatment-argumentation.

A common kind of argumentation is to refer to sources of high status, which could be seen as Ethos-argumentation. In most cases the author refers to Western sources or experts when claiming that physical activity is beneficial to health. One of the most frequently used ethos-argument is to tell the audience that this method has been used for many years in Scandinavian countries, especially in Sweden. One example; “specialists from Karolinska Institutet will share lessons learnt from practicing PA on prescription in Sweden” (33) or

“Mai-Lis Hellénus, MD, PhD, Professor, Karolinska Institute, Lifestyle Unit, Department of Cardiology, Karolinska University Hospital, Stockholm, Sweden says that physical inactivity is one of the most important causes of deaths in the world [...] in addition, physical activity is an effective treatment method for non-communicable diseases” (44). Other references are made of, for example WHO, UN’s General Assembly and American Medicine and Sports University. The titles of the cited people are always presented, often with as much detail as possible. Another reference that frequently recurs is that the author tells the reader about the positive impacts of Physical activity in prevention or treatment referring to experts from the project, followed by the fact that the project is sponsored by SIDA, without any further explanations.

There were only two references to Vietnamese sources: “A recent report from Hanoi Medical University shows that now, in Vietnam, over 7 million people are hypertensive patients, 5% of population are diabetic and 2.8% of population suffer from stress” (19), both could be seen as logos-argumentation and:

“at the workshop Strategy for non-communicable diseases prevention organized in Ho Chi Minh City on November the 1st, Doctor Nguyen Thi Hiep, Institute of Hygiene and Public Health says: Every year, all over the country, about 350,000 deaths due to non-communicable diseases (accounting for 70% of the total number of deaths). If we do not soon have effective solutions to intervene, the number of deaths due to non-communicable diseases will increase more strongly in the coming decades” (27).

The first part in this paragraph is Ethos-argumentation and in the last part the author makes use of pathos-argumentation as well. It is also possible to see quite many articles which present the method more in more detail and what physical activity does to the body. Hence it is a logos-argument. One example:

“The exercise program for lumbar part, from 8 to 12 rates per time and once a week, can reduce pain, increasing strength and flexibility of the spine. More simply, only spending from 30 to 40 minutes on walking every day, you can consume about from 100 to 200 kcal” (15)

The third method of persuasion, pathos, is also commonly used in the articles. Often, it is very visible in the headlines of the articles. There is a clear distinction between the use of hope and fear or threat as the way to persuade. Some examples on threat/fear and hope is shown below.

“Physical inactivity-the biggest health threat of today” (50)

“watching TV about 4 hours per day can increase 80 % of deaths due to cardiovascular diseases” (43)

“If we do not soon have effective solutions to intervene, the number of deaths due to non-communicable diseases will increase more in the coming decades” (21).

“NCDs has increased alarmingly [...] all 193 member countries of WHO are in an alarming situation, more seriously, in low-and middle income countries, 90 % of deaths due to NCDs are immature” (26)

One distinction between the articles is consequently how they present physical activity. Either they portray it as something positive, that can help one stay healthy and prevent diseases (hope). The other way is to use fear/threat and describe what will happen if one is physical inactive and what diseases you can get and that it can lead to one’s death. In the texts we see the pathos-argumentation using hope and fear respectively to a greater or lesser extent.

5.4 Picture analysis

In total 21 pictures have been used for content analyses and a semiotic analysis. The article and picture below is the same article that was analysed in chapter 5.2. The aim is here the same; to help the reader better understand what is examined.

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» SỐNG VÀ CƯỜI

Kê đơn hoạt động thể lực

■ THANH HUONG

Ngày 19 và 20/9, đại diện hơn 100 quốc gia đã tham gia hội nghị cấp cao tại New York về các bệnh không lây nhiễm (KLN) dưới sự tổ chức của Liên Hiệp Quốc (LHQ). Nội dung chính tập trung vào kiểm soát và phòng tránh những bệnh KLN. Năm bệnh KLN hàng đầu được các chuyên gia sức khỏe đưa ra bàn thảo tại hội nghị cấp cao của LHQ về y tế lần này là: ung thư, tim mạch, tiểu đường, phổi và tâm thần.

TS. Ala Alwan, Giám đốc Nhóm nghiên cứu về 5 bệnh mãn tính, KLN này cho biết, tỷ lệ tử vong do các bệnh như ung thư, đột quỵ, tim mạch, tiểu đường, và các bệnh về đường hô hấp mãn tính chiếm 63% tổng số ca tử vong trên toàn thế giới, tương đương 36 triệu sinh mạng hàng năm, trong số này có ít nhất 9 triệu người chết trước khi bước vào độ tuổi 60.

Theo các nghiên cứu khoa học, các yếu tố nguy cơ chính gây nên bệnh KLN là các yếu tố liên quan tới lối sống bao gồm: thói quen hút thuốc, uống rượu, dinh dưỡng không hợp lý và ít hoạt động thể lực. Ước tính 50% (tương đương 13,7 triệu người) chết vì bệnh KLN như tim mạch, đột quỵ, hen suyễn, loãng xương, tiểu đường, ung thư tại các nước có thu nhập thấp - trung bình đều do những yếu tố nguy cơ ở trên gây ra. Do đó, các bệnh KLN hoàn toàn có thể phòng ngừa được đặc biệt thông qua việc tăng cường hoạt động thể lực. Theo chuyên gia thuộc dự án “Hoạt động thể lực trong phòng và điều trị các bệnh KLN tại Việt Nam” do Đại học Y Hà Nội phối hợp cùng Viện Đại học Karolinska và Hiệp hội Nghiên cứu hoạt động thể lực trong điều trị (Thuy Điển) thực hiện, việc tập luyện 10 phút/ngày có tác dụng không chỉ phòng được bệnh KLN như tiểu đường, tim mạch, tâm thần, loãng xương, đột quỵ... mà còn giảm nguy cơ ung thư ruột kết, ung thư vú.

Không những thế, hoạt động thể lực còn có tác dụng trong điều trị đặc biệt đối với các bệnh KLN. Tại những quốc gia phát triển, người mắc tiểu đường, béo phì, tim mạch, huyết áp... có thể chọn uống thuốc hoặc hoạt động thể lực theo đúng bài tập, liều lượng do bác sĩ kê đơn để duy trì sức khỏe. Một khi đã được kê đơn hoạt động thể lực, bệnh nhân sẽ không phải sử dụng thêm bất cứ loại thuốc nào. Hiện nay, kê đơn hoạt động thể lực đã được áp dụng rộng rãi tại các nước phát triển như Thụy Điển, Thụy Sĩ, Phần Lan, Na Uy... Với thông điệp “Hoạt động thể lực là thuốc”, tại các bệnh viện và trung tâm chăm sóc sức khỏe cấp cơ sở ở Thụy Điển, bệnh nhân được kê đơn và giới thiệu tới những trung tâm thể thao để tập luyện theo đơn. Bệnh nhân được hướng dẫn về cách thức và cường độ hoạt động thể lực để chữa bệnh hiệu quả. ■



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Analysis

The picture in this article portrays a very fit blonde woman, relaxing after her work-out. Even though her face is not visible we can draw the conclusion that she in all probability has a Western origin. One may ask why they have chosen a picture without a head; probably it is not because they want to hide the person's origin, because in that case they have failed. The type of exercise the woman practices, working out at the gym, is according to my own experiences not very common among Vietnamese women. The last couple of years it has though grown in popularity, but the gyms in Vietnam often have separate areas for men and women. The men's areas provides heavy weights such as those in the picture while the areas for the women areas in most cases only offer machines such as steppers and cross trainers and no weights. The identification with the woman on the picture would therefore be probably hard for most Vietnamese women. First of all because she looks Western, and secondly because the kind of exercise the woman practices. The woman's body position (legs and arms), does not signal femininity, according to Western norms. The picture signals hope, because it portrays a woman who goes to the gym and doing exercise, and because of this she will stay healthy and has a much lower risk of getting NCDs.

5.4.1 Content-and semiotic analysis of the pictures

Below is a compilation of the pictures used in the articles, and what they represent. Table 3 presents how many of the people in the pictures have a Western or East Asian appearance. In two of the pictures there were both Western and East Asian looking people.

Table 3. The pictures divided into four categories: Western looking people, East Asian looking people, mixed and no picture

Western looking	East Asian looking	Mixed	No picture
5	11	2	12

Table 4 presents the pictures of the people who practice "Asian" or "Western" kinds of exercises, combined with if the people have a Western or East Asian appearance. Asian exercise is defined as various forms of martial arts such as Tai Chi and Western exercise forms are the rest for example running and work out at the gym.

Table 4. The pictures divided into form of exercise-categories

Western people- Western exercise	East Asian people- Western exercise	East Asian people-Asian exercise	No exercise	No picture
5	1	6	7	12

There are more East Asian people in the pictures than Western, however five pictures portray Western people doing Western exercise. The connotation, the deeper meaning of the picture, is interesting to study. Connotation refers to the deeper meaning of a sign; found in socio-cultural realm of the sign's interpreters. Gripsrud (2002) claims that a sign might be interpreted differently in different classes and groups in the same society. This probably corresponds well with the situation in Vietnam considering the cultural clashes between Western and Vietnamese and informal and formal culture, and health perceptions, that I have presented in the section on previous research. How people interpret the different pictures, which portrays Western people or East Asian people, depends hence on their attitude towards the West, their belief in traditional health practices, their age and social status. It is worth mentioning that the pictures chosen in the articles to represent the message are the journalists' or the editors' own choices. The press releases did not contain any pictures and the media company Danson Media has not provided the journalists with any pictures.

The table below shows how many of the pictures in the articles that symbolize threat/fear respectively hope. Hope I categorized in pictures where people are exercising and the threat/fear-pictures are people at a hospital looking ill or situated in relation to a doctor. Two of the pictures did not symbolize either threat/fear or hope. They portrayed one of the training sessions with Vietnamese health care staff, included in the Swedish-Vietnamese project.

Table 5. What the pictures in the articles symbolize

Threat/fear	Hope	No pathos	No picture		
6	11	2	12	Total:	31

6. Summary of results and analysis

In this chapter a summary of the results and analysis is presented divided into the main categories of the research questions.

6.1 Western or Vietnamese influences

To sum up, it is clear that the articles contain many Western sources and references. Some of the references are though taken straight from the press releases, but far from all. It is not possible to find any points of similarity to the traditional preventive health propaganda-articles analysed by Finer et al (1998), considering the style, emotional language and way of portraying prevention. However, the style of writing in the articles in this study, for example loading up the beginning with backgrounds and statistics, is in line with the journalistic traditions of today's Vietnam. The way physical activity in the treatment and prevention of diseases-method is presented, can be regarded as something new to both the public and the health care staff in Vietnam. No references are given to traditional Vietnamese health practice. The pictures used in the articles to illustrate the messages are very different from each other. A majority of the pictures portray East Asian people doing a typical indigenous exercise, but a considerable part of the pictures portray Western-looking people doing a Western kind of exercise.

6.2 How the arguments are presented to the audience

The main positions found in the articles are; physical activity *prevents* NCDs, physical activity can *treat* NCDs, *NCDs* is a major health threat in Vietnam and the rest of the world and finally the Swedish-Vietnamese project will soon arrange a training course in Vietnam for health care staff on the topic physical activity in the prevention and treatment of diseases. All three persuasion-methods, ethos, pathos and logos can be found in the articles. The use of pathos in the pictures includes both threat/fear and hope. This is a difference compared to the articles analysed by Finer et al (1998) from the early 1990s. In both the articles on prevention and cure in Finer's et al study the only used pathos-argumentation was hope, and not threat/fear.

7. Discussion

This last chapter aims to discuss the findings in this study, supported by the theoretical framework.

One central aspect to take into consideration, when trying to understand the results is the press releases. It has been established that some of the articles are very similar to the press releases; on the other hand some of the articles do not have any point of similarity to the press release at all. The majority of the articles have though taken some central information from the press releases. It can be concluded that the press releases have influenced the articles to a certain extent, for instance how the articles present the method physical activity in the prevention and treatment of diseases, as something new. However, the choice of pictures and headlines shows that is not only the press releases that have influenced the articles.

The analysis has shown that the Vietnamese newspapers to a large extent portray physical activity in the prevention and treatment of NCDs, as something new to the Vietnamese public and health care staff. Physical activity on prescription is to a certain extent a new concept to the Vietnamese. However, one may think that the method would have been presented differently when taking into consideration the traditional health beliefs that exist in Vietnam and the long history of preventive health education through the media. Physical activity for prevention is not a quick fix pill for every ill and could eventually fit very well into the traditional Vietnamese health culture, but instead it is portrayed as something new from the West.

One theoretical framework that can be used to understand the result is the cultural hegemony theory founded by Gramsci that says that a culturally diverse society can be ruled by one social class. Vietnam is a culturally diverse society considering the cultural clashes between the Western and Vietnamese cultures, but also clashes between the informal and formal Vietnamese culture and health traditions (see chapter 2. background). Cultural hegemonic control is maintained by manipulating the societal culture (beliefs, explanations, perceptions, values). The ruling-class' worldview is imposed as the societal norm, which then is perceived as a universally valid ideology and *status quo* beneficial to all of society, whilst benefiting only the ruling class (Ashcroft & Griffiths & Tiffin 2007).

One example of the reproduction of the dominating class' societal culture can be the control over the media. In Vietnam the worldview imposed on the people would then be the Western view of medicine and health, introduced in the country by the French missionaries. It is further interesting to raise the question; who is in the danger zone for getting NCDs in Vietnam? Most likely these people are those who have acquired wealth and have adopted the Western view of living, and have forgotten the traditional Vietnamese lifestyle. One can speculate if this group of people are part of the ruling class and according to the hegemonic framework reproduce their view on health to the country, which the articles reflect.

After the long period of Chinese rule in Vietnam, the dominating culture in Vietnam became the Chinese culture, which nowadays is seen as the formal Vietnamese culture. The former colonial power France has also left many traces in Vietnam, of which one is the Western view on medicine and health, another example is the Latin alphabet. From a post-colonial perspective, consequently both the Chinese and the French have influenced the ruling class in Vietnam, with their culture and worldview. This is verified by the post-colonial theory that questions the traditional worldview and culture in favour for the Western cultural reproduction.

The answer to why there is not possible to trace any preventive health propaganda in the articles, could be that the media to a great extent got the information from the press releases and not from the government, from the meso-level instead of the macro-level.

It is worth to remember though that the analysed articles are the very first articles published on the topic physical activity in the prevention and treatment of diseases and on the Swedish-Vietnamese collaboration. In other words this is only the starting point. The Vietnamese people and society have always had the tradition of converting ideas and practices coming from outside to their own. It will therefore be interesting to see what will happen in the next couple of years.

7.1 Suggestions on further research

It would be very interesting to conduct interviews with the journalists who have written the articles, and journalists in general to get a deeper understanding on why they portray the topic

the way they do. Another interesting further research topic is to conduct reception studies among the audience. In the prolongation I hope my research will contribute to the fight against NCDs in the world and especially in Vietnam. In that case it is important how the audience perceive what media reports.

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Appendix 1 - A compilation of all the articles and its content

Abbreviations:

Prev = Prevention

T = Treatment

Prog= Program (about the training course and collaboration between KI and HMU)

NCDs= Non-Communicable diseases

Title of article	Publication date	Duplicate?	Main focus	Based on which press release	Picture	Others
1. All countries in the world must focus on Non-communicable disease (NCDs) prevention (1)	2011-09-15	Yes	NCDs	None	None	“Ara Alwan, assistant of WHO managing director says”
2. All countries in the world must focus on Non-communicable disease (NCDs) prevention (2)	2011-09-15	Yes	NCDs	None	None	“Ara Alwan, assistant of WHO managing director says”
3. Non-Communicable Diseases (NCDs) has increased alarmingly	2011-09-15	No	NCDs	None	None	“In low-and middle income countries, 90% of deaths”
4. Non-Communicable Diseases (NCDs) has increased alarmingly (1)	2011-09-16	Yes	NCDs	None	Asian No exercise Fear	“NCDs are the largest reason to mortality in the world”
5. Non-Communicable Diseases (NCDs) has increased alarmingly (2)	2011-09-16	Yes	NCDs	None	Asian No exercise Fear	“NCDs are the largest reason to mortality in the world”
6. The historic commitment on	2011-09-20	Yes	NCDs	None	Western No	“Nearly 80% of deaths happen in

non-communicable disease prevention passed (1)					exercise Fear	low-income countries such as Niger”
7. The world determines to push back Non-Communicable diseases (NCDs) (1)	2011-09-23	Yes	NCDs	None	Western No exercise Fear	“Report from WHO show that low-and middle income countries have to spend 11.4 billion U.S. dollars per year on implementing strategy”
8. The historic commitment on non-communicable disease prevention passed (2)	2011-09-23	Yes	NCDs	None	Western No exercise Fear	“Nearly 80% of deaths happen in low-income countries such as Niger”
9. The world determines to push back Non-Communicable diseases (NCDs) (2)	2011-09-23	Yes	NCDs	None	Western No exercise Fear	“Report from WHO show that low-and middle income countries have to spend 11.4 billion U.S. dollars per year on implementing strategy”
10. The world determines to push back Non-Communicable diseases (NCDs) (3)	2011-09-26	Yes	NCDs	None	Western No exercise Fear	
11. Treatment of chronic disease without drug (1)	2011-09-28	Yes	Prevention+T	First	None	“notion completely new”
12. Treatment of chronic disease without drug (2)	2011-09-28	Yes	Prevention+T	First	None	“notion completely new”
13. Treatment of chronic disease without drug (1)	2011-09-30	Yes	Prevention+T	First	Asian Eastern exercise Hope	“notion completely new”
14. Treatment of chronic	2011-09-30	Yes	T+P	First	Asian Eastern	“notion completely new”

disease without drug (2)					exercise Hope	
15. Treatment of chronic disease without drug (3)	2011-09-30	Yes	Prevention+T	First	Asian Eastern exercise Hope	“notion completely new”
16. Treatment of chronic disease without drug (4)	2011-09-30	Yes	Prevention+T	First	Asian Eastern exercise Hope	“notion completely new”
17. Treatment of chronic disease without drug (5)	2011-09-30	Yes	Prevention+T	First	Asian Eastern exercise Hope	“notion completely new”
18. Treatment of chronic disease without drug (6)	2011-10-03	Yes	Prevention+T	First	Asian Eastern exercise Hope	“notion completely new”
19. Non-Communicable Diseases (NCDs is on red alert (1)	2011-10-03	Yes	NCDs+Prev.	First	Asian Eastern exercise Hope	“PA on prescription is new to the entire population”
20. Non-Communicable Diseases (NCDs is on red alert (2)	2011-10-04	Yes	NCDs+P	First	Asian Eastern exercise Hope	“PA on prescription is new to the entire population”
21. Treatment of chronic diseases without drugs	2011-10-05	No	T+P	First	None	“American sports university recommends”
22. Physical activity in Non-Communicable Disease prevention and treatment	2011-10-11	No	NCDs+Prev+T	First	Western Western exercise Hope	“In developed countries(...) implement PA under doctor’s guidance”
23. Physical activity in Non-Communicable Disease treatment (1)	2011-10-11	Yes	Treatment	None	Swedish interview person and Vietn. Partc in course	Interview with Jill Taube. “absolutely new concept to the Vietnamese people” “How could we learn from Sweden?”

24. Physical activity in Non-Communicable Disease treatment (2)	2011-10-11	Yes	Treatment	None	Swedish interview person and Vietn. Partc. in course	Interview with Jill Taube. “absolutely new concept to the Vietnamese people” “How could we learn from Sweden?”
25. Physical activity in Non-Communicable Disease treatment (3)	2011-10-11	Yes	Treatment	None	Swedish interview person and Vietn. Partc. in course	Interview with Jill Taube. “absolutely new concept to the Vietnamese people” “How could we learn from Sweden?”
26. Physical activity in Non-Communicable Disease treatment (4)	2011-10-11	Yes	Treatment	None	Swedish interview person and Vietn. Partc. in course	Interview with Jill Taube. “absolutely new concept to the Vietnamese people” “How could we learn from Sweden?”
27. The rate of death due to Non-communicable diseases is on red alert	2011-11-02	No	NCDs	None	Asian No exercise Fear	“If we do not have effective solutions”
28. Alarming rate of death from non-communicable diseases	2011-11-02	No	NCDs	None	Asian No exercise Fear	“Institute of public health said:”
29. Training on prescription of physical activity and treatment of non-communicable diseases	2011-11-07	No	Program	Second	Asian Asian exercise Hope	Very similar with press release

30. Training on prescription of physical activity (PA) and treatment of non-communicable diseases (NCDs)	2011-11-07	No	Program	Second	Asian No exercise Hope	Very similar with press release
31. Hanoi Medical University and Karolinska Institutet hold a training on “prescription of physical activity (PA) for prevention and treatment of non-communicable diseases (NCDs)	2011-11-07	No	Program	Second	Western Western exercise Hope	“Especially in Phu Tho province specialists will facilitate”
32. Starting the training “prescription of Physical activity (PAP) in non-communicable diseases (NCDs) prevention and treatment”	2011-11-08	No	Program	Second	None	“funded by SIDA” “specialists from Karolinska Institute share lessons learned”
33. Training on “prescription of physical activity for prevention and treatment of non-communicable diseases”	2011-11-08	No	Program	Second	None	“participants can learn (...) linkage between PA and health”

34. The first training on “prescription of Physical activity for Prevention and treatment of non-communicable diseases” (1)	2011-11-09	Yes	Program	Second	None	Very similar to press release
35. The first training on “prescription of Physical activity for Prevention and treatment of non-communicable diseases” (2)	2011-11-09	Yes	Program	Second	None	Very similar to press release
36. Physical activity is medicine	2011-11-09	No	Prevention	Second	None	
37. Physical inactivity increases the risks of death	2011-11-09	No	Prevention	Second	Asian Asian exercise Hope	“Everybody should also use stairs instead of the lift”
38. The first training on “prescription of Physical activity for Prevention and treatment of non-communicable diseases” (3)	2011-11-10	Yes	Program	Second	None	Very similar to press release
39. Physical activity is medicine	2011-11-10	No	Prevention	Second	Asian Western exercise Hope	“10 min. of exercise per day can reduce the risk of”
40. Physical activity will be used as medicine (1)	2011-11-10	Yes	Treatment	Second	Asian Western exercise Hope	“most people already know that PA is good for prevention of diseases. However PA must be implemented under guidelines”

41. Physical activity will be used as medicine (2)	2011-11-10	Yes	Treatment	Second	Asian Western exercise Hope	“most people already know that PA is good for prevention of diseases. However PA must be implemented under guidelines”
42. Physical activity will be used as medicine	2011-11-10	No	Treatment	Second	None	
42. Prescription of physical activity treatment of non-communicable diseases	2011-11-10	No	Treatment	Second	None	“apart from using medicines”
43. Watching TV about 4 hours per day can increase 80 % of deaths due to cardiovascular diseases	2011-11-10	No	Prevention	Second	None	Interesting title
44. Physical inactivity is one major cause of death	2011-11-13	No	Prevention+T	Second	None	In Vietnam NCDs are increasing rapidly, which leads to decreasing number of labours”
45. Physical inactivity is one cause of early deaths	2011-11-10	No	Prevention+T	Second	None	“decreasing number of labours (...) therefore everyone should strengthen PA and change lifestyle”
46. Prescription of physical activity (PA) for prevention and treatment of non-communicable diseases(NCDs”	2011-11-14	No	Program	Second	Course participants and a specialist from Sweden	Very similar to second press release

47. Prescription of physical activity for prevention and treatment of non-communicable diseases (NCDs) (1)	2011-11-16	Yes	Program	Second	None	“reports from ministry of health shows”
48. Prescription of physical activity for prevention and treatment of non-communicable diseases (NCDs) (2)	2011-11-16	Yes	Program	Second	None	“reports from ministry of health shows”
49. Prescription of physical activity for prevention and treatment of non-communicable diseases (NCDs) (3)	2011-11-16	Yes	Program	Second	None	“reports from ministry of health shows”
50. Prescription of physical activity for prevention and treatment of non-communicable diseases has just introduced in Vietnam	2011-11-18	No	Prevention+T	Second	Asian Asian exercise Hope	“prof. CJ Sundberg, Karolinska Institutet, Sweden recommends”

Total number of articles and total number of unique articles

Total number of articles	50
Unique articles	31

Publication fields of the articles

Publication fields	General	Health	Health & Science	Business
	39	8	1	2

Publication columns of the articles

Publication columns	No
Health	18
News	12
Society	3
Life	3
Science and education	2
International news	2
Health and beauty	1
Health education	1
Cancer prevention	1
Health and life	1
Environmental health	1
Global issues	1
Nutrition and health	1
People health	1
Cultural and travel	1
Movement	1

Newspaper/Magazines where the articles have been published

Publications	No	Publications	No
Bac Kan Police	1	People Knowledge	1
Business and Trade	1	Phu Tho newspaper	1
Capital Security – online	2	Phu Tho – online	1
Da Nang television station	1	Sai Gon Businessmen newspaper	1
Dat Viet newspaper	1	Science and Life newspaper	1
Dien Bien Phu – online	1	The Hanoian	1
Family e-newspaper	2	Tuyen Quang Online	1
Family – website	1	Vietnamese Communist Party e-newspaper	2
Health – website	3	Vietnam Communist Party – online	1
Health & Life	1	Vietnam Environment Administration	1
Health Communications – website	1	Vietnam Express	3
Ho Chi Minh City People’s Security – online	1	Vietnam Medical Information	1
Info.vn	1	Vietnam National Cancer Hospital	1
Intellectual Standards of the People - online	3	Vietnam Newspaper	1
Labour – online	1	Vietnam plus – online	2
Lao Cai Information Portal	1	Vietnamese Communist Party – newspaper	1
Law & Society	2	Vietnamese Government e-newspaper	1
Law & Society – online	1	Worker – online	1
Ninh Binh Health Communications – website	1	Xalo.vn	1
People e-newspaper	1	Total no. of articles	50
		Total no. of publications	39

Appendix 2 – Press release 1

For immediate release: 2011-09-25

PHYSICAL ACTIVITY IN NON-COMMUNICABLE DISEASE PREVENTION IN VIETNAM: CAPACITY BUILDING & KNOWLEDGE EXCHANGE FOR PRACTICAL USE IN THE SOCIETY AND HEALTH CARE SYSTEM

Project at a glance

As a cooperation between Vietnamese and Swedish people and organizations, the project “Physical activity (PA) in non-communicable disease (NCDs) prevention in Vietnam” aims to make existing scientific evidence on PA interventions for NCDs available for practical use in the Vietnamese society and health care system. This is done by capacity-building and knowledge exchange in 1. an education and training program for doctor and health care practitioners and 2. an evaluation process investigating the effects on practitioner learning and usage as well as patient adherence to structured PA interventions. In this cooperation, Karolinska Institutet and Professional Associations for PA (an association within the Sports Medicine section of the Swedish Society of Medicine) are Swedish participants while the main collaborator in Vietnam is Hanoi Medical University.

There have been a number of researches on the positive effects of PA toward NCDs treatment. The reports of WHO indicates that NCDs currently impose a heavy burden on socio-economic development in low and middle income countries where heart disease, diabetes and stroke together are estimated to reduce GDP by 1-5% as people die prematurely. There is evidence that NCDs and their risk factors are also closely related to poverty at the household level. Recent reports show that heart disease and cancer greatly increase the likelihood of falling into poverty in developing country due to catastrophic out of pocket expenses and lost income from ill health.

As a matter of fact, factors strongly increasing NCDs burden include tobacco use, physical inactivity and high consumption of unhealthy foods. Obviously, NCDs are largely preventable. Therefore the project “Physical Activity in non – communicable disease prevention in Vietnam” addresses the rights perspective of all people regardless of socio – economic conditions to approach better health care services. Furthermore, physical activity in

non – communicable disease prevention and treatment also helps individuals, their family and the entire community to combat poverty.

The present SIDA - funded project has been implemented since October 2010 and will continue in the following two years. Up to now, 2 training courses for Vietnamese health care practitioners and government officers have been organized in April and August 2011 in Sweden. The main purpose of the courses is to introduce physical activity in prevention and treatment of disease (PAPTD) as well as the barriers, the lessons learnt and recommendations on how to overcome difficulties, how to implement effectively and how to advocate policy changes on this issue. In November 2011, two courses will be held with for peer doctors and primary health care workers in Hanoi and Phu Tho. Lectures and experience sharings will be delivered by experts from Karolinska Institutet and Hanoi Medical University.

Expected outcomes

- The Swedish book “PA in the prevention and treatment of disease” for professionals will be translated and published in Vietnamese language. In addition, the book for patients will be widely exposed at the same time. The selected chapters for translation will be based on disease burden patterns in Vietnam.
- An information portal updating PA and NCDs progress for Vietnamese. PAPTD is one of the most important component in this website.
- Comprehensive curriculum and training material on PAPTD for health care providers in HMU.
- Training PA on Prescription for peer lecturers in order to expand this program in health care system and entire community.
- Training for primary health care workers and patients in Vietnam.

In addition, the further goal of the project is to pave a foundation for capacity supporting future development of this program in Vietnam; advocate PA on prescription on curriculum at HMU; set up the fitness center for patients to have PA as prescribed under the instructions of professional and trained health care workers.

The project is funded by SIDA (Swedish International Development Cooperation Agency) and implemented by The Swedish Medical University Karolinska Institutet and Hanoi Medical University. Karolinska Institutet is one of the world's leading medical universities. Its mission is to contribute to the improvement of human health through research and education. Karolinska Institutet accounts for over 40 percent of the medical academic research conducted in Sweden, and offers the country's broadest range of education in medicine and health sciences. Since 1901 the Nobel Assembly at Karolinska Institutet selects the Nobel laureates in Physiology or Medicine. For more information visit www.ki.se,

For more details regarding the project, please contact:

Dr Carl Johan/Helena Wallin ...

Dr. Tran Huong ...

For media information, please contact:

Ms. Doan Thanh Huong...

Physical activity improving human life

What's Physical activity?

Physical activity (PA) is defined as any body movement that works your muscles and uses more energy than usual. PA does not only empower health but also prevent diseases. PA is marked as one of the most effective solution benefiting human health. If everyone follows the advice of applying PA in daily life, the health of entire population will be significantly improved and the health care cost will be reduced.

There is sufficient evidence to show strong positive effect of PA for NCDs prevention and treatment, e.g. diabetes, heart disease, colon cancer and stress. Physical inactivity lifestyle creating the serious burden for society is negatively impacting to the economy, increasing the health care services cost and decreasing the productivity. The report from EUPhix indicated

that the physical inactivity cost 150-300 euro for each citizen every year. Health care expenditure for American physical inactivity was estimated 75 billion USD in the year 2000.

Physical Activity is medicine

PA can be prescribed as a method in prevention and treatment of disease. PAP was first applied by Swedish doctors as a central effort in the promotion of PA in the population and each individual level. Under this method, each patient or group of patient deliver the individualized PA on prescription for their treatment period. The obvious interest of PA on prescription is to make the patient feel active and positive during treating process, that urges them taking responsibility for their own health. Recently, PAP has been widespread all over the development countries. In the year 2009, the Swedish doctors and primary health care workers are allowed officially to prescribe PA for their patient in all provinces. PA was also highlighted in preventing and decreasing the symptom of diabetes, obesity, metabolic syndrome, heart disease, osteoporosis and stress. There are many sufficient evidences detected that only 10 minutes of exercising per day can reduce the risk of breast cancer, colon cancer.

In the world where physical inactivity recognized as a key determinant of mental, social and environment health, the prescription of PA has become more important in changing human's lifestyle toward a better positive way. Besides, PA was proved to have the strong positive effects in NCDs treatment. For people with diabetes, obesity, heart disease, hypertension... once adherence to the structured PA intervention, the PA prescription can help them to stay healthy without using any additional medication. PA on prescription is widespread used in Sweden. With the message "Physical activity is medicine", instead of paying for medicine bills, patients in Swedish hospitals and primary health care centers get the individualize PA prescription then go the fitness to do their own exercise under the instruction of trained and professional staffs. Patients are instructed the method and intensity for an effective treatment progress.

With the project "Physical activity in non-communicable disease prevention" adapted for Vietnam, we intent to raise the interest of doctors and health care staff in this method for health enhancing PA. Health care practitioners will be trained and supported to implement

prescribing PA in NCDs prevention and treatment. Benefit from this project does not only keep the community healthy but also efficiently save the health care cost.

NCDs – fact and risk factors

NCDs – the global health issue

The rapid rise of NCDs represents one of the major global health challenges in the 21st century. NCDs such as cardiovascular disease, cancer, diabetes, chronic respiratory disease, mental disorder and osteoporotic fracture are indicated as the largest contribution to mortality in low and middle income countries. Reports from WHO shows that NCDs accounted for 60% (35 million) of total deaths in the world, 79% of worldwide deaths from NCDs occurred in 144 low and middle income countries.

It's projected that from 2006 to 2015, deaths from NCDs will increase by 17% all over the world. The greatest absolute number of deaths is indicated to occur in the Western Pacific and South East Asia regions. NCDs are currently the second leading cause of deaths for women in low – income countries and the leading cause in middle-income countries. In Vietnam the prevalence of NCDs has increased rapidly over recent years. The National NCDs prevention program has been applied since 2002 with activities focused on education and training, behavior change communication and clinical management in communities. Beside the gained results, physical activity is also mentioned as a risk factor of NCDs. However, the PA promotion and PA on prescription in prevention and treatment of NCDs seems to still remain a big gap.

Risk factors of NCDs

Factors strongly increasing NCDs burden include tobacco use, physical inactivity and high consumption of unhealthy foods. In fact, NCDs are largely preventable. An estimated 50% (i.e. 13.7 million people) of deaths due to NCDs in low and middle income countries are caused by preventable heart disease, stroke, diabetes, cancer, asthma and osteoporotic fractures due to increased exposure to tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol. The proportion of hypertension and diabetes in Vietnam in 2008 were 2.7% and 5.7%, respectively. Annually, there are about 75,000 new cases in Vietnam.

Prevalence of osteoporotic among postmenopausal women and men over 50 year of age are 25% and 17% at the hip and nearly 50% and 33% at the lumbar spine, respectively. The proportion of diabetes in girls is 18% and in boys 14%. In 2010, the National survey showed that 23.8% (i.e. 15 million persons) of Vietnamese population use tobacco.

The above stat emphasizes the strong need in prevention and treatment of NCDs. Besides, physical activity in prevention and treatment of these diseases must be enhanced, used and adapted for Vietnam.

Appendix 3 –Press release 2

PRESS RELEASE 2011-11-03

TRAINING ON “PRESCRIPTION OF PHYSICAL ACTIVITIES FOR PREVENTION AND TREATMENT OF NON-COMMUNICABLE DISEASES”

Phu Tho, November 07&08, 2011 at Phu Tho Conference Center, 936 Hung Vuong, Thanh Mieu, Viet Tri.

Ha Noi, November 09-11, 2011 at Building A1, Hanoi Medical University and Vietnam Sport Hospital.

From 07 – 11 November 2011, the first training in Vietnam on “Prescription of physical activities (PA) for prevention and treatment of non-communicable diseases (NCDs)” will be organized in Phu Tho province and Hanoi city by Hanoi Medical University and Karolinska Institutet (Sweden). The facilitators are specialists from Karolinska Institutet and Hanoi (who already participated in 02 training courses on the above content in Sweden). This is one of the activities in the project “Physical activity in non-communicable disease prevention in Vietnam”. The training objective is to provide PA knowledge and train on PA prescriptions for Hanoi doctors, in order to expand this program in Vietnam as well as introduce the effectiveness of this method to the entire community.

The training course will focus on definition of PA, PA prescription and the linkage between PA and health; provide scientific evidences of effectiveness from PA and PA prescriptions in treatment of NCDs; provide PA models, PA prescriptions, practical data on NCDs and death from NCDs in Vietnam and recommendations for Vietnamese elderly and children. Moreover, specialists from Karolinska Institutet will share lessons learnt from practical PA prescriptions in Sweden. Especially, in Phu Tho province, the specialists will facilitate some physical activities to use at home for preventing and decreasing symptoms of some current NCDs such as blood pressure, heart disease, diabetes, obesity and mental disorder.

During training in Hanoi, the specialists will visit Vietnam Sport Hospital and discuss with Hanoi doctors on network development for PA prescription in Vietnam in order to develop

the foundation for PA prescription implementation and expand the program in Vietnam in the future.

WHO reports indicate that NCDs are burdens on socio-economic development in low- and middle income countries. In Vietnam the number of people with NCDs is increasing rapidly, which leads to the decreasing of labour resources and enormous expenditure for individual, family and whole society.

Physical activities are body movements that require one to use more energy than usual to improve one's health and prevent and treat diseases. PA prescription is a treatment method for NCDs without medicine. Each patient will be prescribed a series of individualized PA for an individual or a group. PAP was first applied in Sweden and then used in all provinces in Sweden in 2009.

The project "Physical activity in non-communicable disease prevention" is funded by SIDA and implemented by Hanoi Medical University and Karolinska Institutet (Sweden) and the Sports Medicine section of the Swedish Society of Medicine. It started in December 2010 and lasts for 3 years to provide scientific evidences on effects of PA on NCD prevention and treatment, to train doctors and health care practitioners on application of PAP in Vietnam. Main activities of the project include: development of training program and training for doctors and health care practitioners on PAP; and evaluation of initial results from doctors and health care practitioners training as well as well as patient adherence to structured PA interventions.

Appendix 4 – The SIDA-sponsored collaboration between Karolinska Institutet and Hanoi Medical University

PROJECT DESCRIPTION

Physical activity in non-communicable disease prevention in Vietnam: from evidence base to policy implementation

Sundberg CJ, Physical Activity in non-communicable disease prevention in Vietnam: from evidence base to policy implementation, Partner Driven Cooperation, October 2010

This project aims to *make existing scientific evidence on Physical activity (PA) interventions* for non-communicable diseases *available for practical use* in the Vietnamese society and health care system. This is done by capacity-building and knowledge exchange in 1. an education and training program for health care practitioners and 2. an evaluation process investigating the effects on practitioner learning and usage as well as patient adherence to structured PA interventions.

1. Background and purpose:

1.1. Non-communicable diseases (NCDs)

The rapid rise of NCDs represents one of the major global health challenges in the 21st century. NCDs such as cardiovascular disease, cancer, diabetes, chronic respiratory disease, mental disorder and osteoporotic fracture make up the largest contribution to mortality in low and middle income countries [1, 2]. Reports from WHO indicates that NCDs accounted for 60 % (i.e. 35,0 million) of total deaths in the world in 2004 and 79 % (i.e. 27.5 million) of worldwide deaths from NCDs occurred in 144 low-and middle income countries. It is projected that between 2006 and 2015, deaths from NCDs will increase worldwide by 17 % . The greatest absolute number of deaths is estimated to occur in the Western Pacific and South East Asia regions [3, 4]. These diseases are currently the second leading cause of death for women in low-income countries and the leading cause in middle income countries. At the 61st World Health Assembly in 2009, 193 Ministers of Health endorsed the Action Plan for the Global Strategy for the Prevention and Control of NCDs which illustrates that NCDs have become a public health priority in Global Health [5].

1.2. NCDs and poverty

NCDs impose a heavy burden on socio-economic development in low and middle income countries where heart disease, stroke and diabetes together are estimated to reduce GDP by 1-5 % as people die prematurely. There is evidence that NCDs and their risk factors are also closely related to poverty at the household level [1, 6]. Recent reports show that heart disease and cancer greatly increase the likelihood of falling into poverty in developing countries due to catastrophic out of pocket expenses and lost income from ill health [6]. The present cooperation project addresses the rights perspective of all people regardless of socio-economic conditions and should therefore contribute strongly to the development of a more pluralistic society in which all citizens can be empowered through better health. PA in disease prevention and treatment helps individuals, their family and the entire community to combat poverty.

1.3. Risk factors of NCDs and the role of PA in NCDs prevention

Factors strongly increasing NCDs burden include tobacco use, physical inactivity and high consumption of unhealthy foods. Fortunately, NCDs are largely preventable. An estimated 50 % (i.e. 13.7 million people) of deaths due to NCDs in low and middle income countries are caused by preventable heart disease, stroke, diabetes, cancer, asthma and osteoporotic fractures due to increased exposure to tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol [1-4]. The proportion of hypertension and diabetes in Vietnam in 2008 were 2.7 % and 5.7 %, respectively. Annually, there are about 75000 new cancer cases in Vietnam [8]. Prevalence of osteoporosis among postmenopausal women and men over 50 years of age are 25 % and 17 % at the hip and nearly 50 % and 33 % at the lumbar spine, respectively [9, 10]. The proportion of diabetes in girls is 18 % and in boys 14 %. The National Survey in 2002 showed the rate of male smoking was 56 % [8]. The modifiable causative risk factors of NCDs are presented in Table 1:

Table 1: Modifiable causative risk factors of NCDs

		Modifiable causative risk factors			
		Tobacco use	Unhealthy diets	Physical inactivity	Harmful use of alcohol
Noncommunicable diseases	Heart disease and stroke	✓	✓	✓	✓
	Diabetes	✓	✓	✓	✓
	Cancer	✓	✓	✓	✓
	Chronic lung disease	✓			

(Source: Presentation of Dr. Ala Alwan at the International conference on emerging non-communicable diseases and its impact to developing countries,

There is sufficient evidence from other countries to show strong positive effects of PA for NCDs prevention and treatment [11]. In the National Program, activities performed include mass communication, screening for early detection and clinical management in communities. However, PA seems neglected as presented in most of the NCDs prevention programs. The reasons for this are that it may be perceived as somewhat difficult to assess the degree of PA in healthy people and in patients and that there is a shortage of studies from developing countries. In addition, few medical doctors seem interested or request support. Therefore, experience from other countries and evidence from the literature concerning methods for health enhancing PA must be used and adapted for NCDs prevention in Vietnam.

1.4. NCDs and Prevention and Control of NCDs Program in Vietnam

Similar to other developing countries, Vietnam is faced with a double burden of disease: high levels of communicable disease and a rapid rise of non-communicable diseases [7]. According to the health statistics, the prevalence of NCDs from hospital reports in Vietnam increased while communicable diseases decreased. The NCDs share of disease prevalence and contribution to crude fraction of death causes in hospitals was 42 and 45 % in 1976 and 60 and 60 % in 2007, respectively [8]. In 2002, the Government approved the NCDs control and Prevention Program, divided into Surveillance, Risk Factors, Clinical Management and Health Promotion [11].

Recently, many activities have been performed with some success. In the context of Health Promotion, the main activities are focused on Health Education, Mass Media information on risk factors, including healthy diet and the harmfulness of smoking. There is no official education on PA for prevention or treatment of NCDs and there are very few studies on PA in NCDs prevention in Vietnam. It is worth mentioning that increased PA in connection with daily transportation (walking, cycling) in daily life contributes to reduce carbon dioxide emissions and other waste products and thus the environment as a whole.

2. Relationship to other similar projects/activities

The prevalence and incidence of NCDs in Vietnam has increased rapidly over recent years. There is nearly no information on how PA is associated with treatments of NCDs in Vietnam. Facing this problem, the Ministry of Health collaborated with the Vietnam Heart Institute, the National Endocrinology Hospital, the National Central Psychiatric Hospital and the National Cancer Hospital to design and implement the STEPwise survey to identify risk factors, among

them physical inactivity, for NCDs in 8 provinces in Vietnam in 2008. The data analysis is in progress.

PA on Prescription, based on the 47-chapter book *Physical Activity in the Prevention and Treatment of Disease* (PAPTD) [11], has been used since 2003 in Sweden. The book is written by 95 international experts and is a source of information that summarizes to which extent PA can be used to prevent and treat diseases. It covers the majority of diseases and conditions in which PA has a documented effect and it provides detailed advice on recommended exercises and information on possible contra-indications. All of Sweden's 20 counties have a PA on Prescription (PAP) coordinator and in 2009 over 30000 PAPs were written. In controlled settings, patient compliance is 50-65 %, well comparable to most pharmaceutical treatments. The greatest needs reported by general practice offices are competence support, incentives and follow-up systems.

3. Project Plan

3.1. Activities and expected outputs

A. Review on legal documents and evidence based data on PA in NCDs prevention

(1) A workshop on "Promoting PA for NCDs prevention".

This 2-session workshop, supported by the WHO Office in Vietnam, will be held in Hanoi in December 2010. First, representatives from WHO present the components and strategies for NCDs control and prevention in developing countries. Second, consultants and experts from Australia and Sweden review the evidence base for PA in NCDs prevention and lessons learnt from other countries. Third, a Vietnamese representative presents current studies and activities as well an analysis of possibilities for and obstacles to introducing PA programs in NCDs prevention in Vietnam. The legal documents in Vietnam related to PA for NCDs prevention will be reviewed. After the presentations, a group of osteoporosis patients or elderly will demonstrate physical activities. During the second session, participants are divided into small group for discussions on implementation strategies with a concrete preliminary action plan for promotion of PA in NCDs Prevention in Vietnam as expected outcome.

(2) Study visit to Sweden

A group of key persons from different Institutions, Hospitals and MOH will go to Sweden to visit clinics where PA is prescribed for patients and meet experts in the field. During this study visit, the Vietnamese group will learn about barriers, lessons learnt and how to overcome difficulties, how to implement effectively and how to advocate policy changes on

this issue. Also, seminars on social entrepreneurship will be held to facilitate the formation and management of organizational units that can become “activity partners” in a referral network.

B. Training of several specific groups of health care providers and patients

(3) Translation from English to Vietnamese of selected chapters of the book “PA in the Prevention and Treatment of Disease” (PAPTD) [11].

The selection of chapters to be translated will be based on disease burden patterns in Vietnam. Chapters that likely will be included are: hypertension, stroke, cancer, diabetes type 2, stress, depression, COPD and osteoporosis as well as some of the more general chapters. The translators will be participants from HMU, WHO and related Centres and Institutions in Vietnam. After translation, a group of related Vietnamese experts are invited to edit and adapt with Vietnamese situation.

(4) Develop curriculum and training material

Based on the selected diseases, specific curricula for health care providers and patients will be developed - 6 training curricula for health care providers and 6 for patients.

(5) Organizing training of trainers (TOT courses) in Sweden

Each year, 1 training course for TOT will be held in Sweden. After 2 years, 2 training courses for TOT will be held. The teachers will educate and train other health care providers.

(6) Organizing training courses for patients and health care providers in Vietnam

Each year, 6 + 6 training courses for health care providers and patients will be organized.

C. Mobilize social organizations, stakeholders

(7) Regular meetings

Regular teleconferences (6/year) will review project progress, address difficulties and plan.

(8) Mass media

News about the projects will be broadcast in TV, radio and print media. Leaflets will be distributed.

(9) Campaign

During the 2nd year, a campaign on PA for NCDs will be addressed to the public and policy makers.

D. Evaluation and Disseminate results

(10) Evaluate effectiveness after training for patients and health care providers

(11) An international Conference will be organized in 2012

(12) National Guidelines on PA for NCDs Prevention approved

(13) Policy documents will be developed and approved at the National Level

(14) Results will be published in National and International Journals

3.2. Timetable

	2010	2011				2012			
	Dec	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
(1) Workshop on “Promoting Physical Activities in NCDs prevention”	X								
(2) Study visit to Sweden		X							
(3) Selective translation of PAPT D from English to Vietnamese		X							
(4) Develop curriculum and training material			x						
(5) Training of trainers (TOT courses) in Sweden			x				x		
(6) Training courses for patients and health care providers in Vietnam				x	x	X	x		
(7) Regular meetings	x	X	x	x	x	X	x	x	x
(8) Mass media			x	x		X			
(9) Campaign								x	
(10) Evaluate effectiveness after training for patients and health care providers								x	
(11) International Conference will be organised in 2012							x		
(12) National Guidelines on PA for NCDs Prevention approved							x		
(13) Policy documents developed and approved at the National Level							x	x	x
(14) Results will be published in National and International Journals							x	x	x

4. Cooperation

The project is cooperation between Vietnamese and Swedish people and organizations.

Karolinska Institutet and Professional Associations for PA (an association within the Sports Medicine section of the Swedish Society of Medicine) are the Swedish participants. The main collaborator in Vietnam is Hanoi Medical University. The goal of the project is to implement, scale up and advocate relevant methods on PA in NCDs prevention at the National level, why we collaborate with the Ministry of Health which officially is in charge of management of NCDs at the National level. Another collaborating partner is the WHO Office in Vietnam for technical and resource support.

Karolinska Institutet (KI)

KI is one of the world's leading medical universities. Its mission is to contribute to the improvement of human health through research and education. KI accounts for over 40 % of the medical academic research in Sweden and offers the country's broadest range of education in health. Since 1901 the Nobel Assembly at Karolinska Institutet has selected the Nobel laureates in Physiology or Medicine. KI has collaborated with Hanoi Medical University for over 10 years.

Hanoi Medical University

Hanoi Medical University (HMU) was established in 1902 and it is a leading Medical University in Vietnam. HMU collaborated with KI more than 10 years. Today, there are more than 25 young lecturers from different Departments at HMU graduated PhD at KI.

The Ministry of Health (MOH)

The MOH in Vietnam is the national management office on health issues. The MOH is in-charge of policy development, regulations, strategy on national health issues and treatment guidelines.

WHO Office in Vietnam

The WHO Office in Hanoi supports the MOH in Vietnam on technical expertise, funding for initiation of policy development and implementation activities. WHO also invites consultants to develop integrated intervention models on NCDs prevention, continuously communicates with the Government level on the alarming increase of NCDs and the importance of NCDs prevention. Every year, the WHO Office provides funding to support NCDs activities.

5. Preliminary results

This is a new application why expected results over the 3-year period are presented:

1. Book translated and edited by October 2011,
2. Developed a curriculum and training material,
3. Trained 10 trainers (TOT courses) in Sweden,
4. Run 30 training courses for patients (500) and health care providers (20) in Vietnam,
5. Held 18 regular meetings for main participants,
6. Run a campaign directed to media and decision makers,
7. Have at least 5 major and 15 minor media exposures,
8. Evaluated the effectiveness after training for patients and health care providers,
9. Organised an international Conference (2012),
10. Guidelines on PA on NCDs Prevention approved by government,
11. National policy documents developed and approved and
12. Results published in a National journal in Vietnam and 5 manuscripts submitted/ready to submit to International Scientific Journals.

Furthermore, we expect to have built a foundation for capacities in Vietnam that allows further development of this program, e.g. in the healthcare system, community setting and in the fitness/wellness industry. We will also have advocated for the HMU medical school curriculum to contain PA on Prescription. Finally, the overall intention is to continue the cooperation beyond this project period through continuous advocacy for policy implementation, research collaborations, educational exchanges and production of books - all funded by other mechanisms.

The benefits for the Swedish participants in this project are several:

1. Dissemination of the Swedish experiences of Physical Activity on Prescription
2. Learning from the implementation of Physical Activity on Prescription in the Vietnamese context can be used in Sweden
3. New research collaborations

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7. Ethical certificate

The project is planned to be reviewed by an ethical committee if it receives funds

Appendix 5 – The communication plan for the project (Karolinska Institutet and Hanoi Medical University)

Overall communication plan - Physical activities in the prevention and treatment of disease (PAPTD) project Vietnam

1. Background:

- Project purpose and status
- Vietnam's perception status in physical activities in the prevention and treatment of disease (PAPTD) , public demand: There is little official education and no scientific information to public on PA for prevention or treatment of NCDs and there are very few studies on PA in NCDs prevention in Vietnam (*source: Project description*)
- Absence of policy and regulation facilitating the proper development of PAPTD in Vietnam (PA on prescription has not been allowed in contrast to the situation in Sweden)
- The important role of communication in health, especially towards the behaviour change in accepting and adjusting lifestyle in the community.

2. Objectives:

- **public:** raising awareness, generate interest, create an essential demand for PAPTD
- **Drs:** enhancing knowledge, updating progress, attracting attention to the PA scientific research
- **Policy makers:** raising awareness on status demand and gradually create an acknowledgement that there is a need of law intervention facilitating the proper development of PAPTD in health in Vietnam
- To create a foundation for the future development of PAPTD in Vietnam after the project ends.

3. Target groups of communication:

- policy makers (government agencies involved in health & medicine regulation making)
- Drs and health care personnel
- the media
- People contracted diseases (especially 6 selective diseases)
- General public

4. Communication strategy:

- By identifying the features of target audience segments and applying comprehensive approaches to reach each of them.
- By arranging activities into phases: pre-launching, launching, implementation/adaptation
- By using the books as an important tool making significant part of the communication plan
- By using an interactive portal like a website as another important tool of the plan
- By deploying IEC materials (brochures, flyers, handbooks, posters, DVDs...) as useful visual aids supporting the communication activities
- By utilizing mass media (print, web-based publications and television) for the raising awareness and interest generation objectives:
 - Speciality publications (in Health, Medicine areas) to reach drs, health care personnel and Health policy makers
 - National key publications (Lifestyle, general... areas) to reach diseases contractors and the larger segment of audience - the public
- By developing supporting PR plans covering each of important project activities

5. Action plan:

Phase 1: Taking into account the unpopularity of PA concept in Vietnam, in this phase, we prepare target audience with the basic knowledge of PAPTD including basic concepts, reveal the perfect model that would be widely appreciated by drs and health personnel and general public

Expected activities:

- News, articles on target publications covering the most basic concepts in PAPTD and introduction of the project activities
- Outlines of book promoting plan (including a PR campaign, an activation campaign – kind of advertising but using comprehensive tools for example talkshow series, advert booking and exposure...)
- Outlines of book distribution supporting plan
- Development of leaflets, brochures, posters...
- Outlines of website construction, demonstration and testing

Period: Q2, Q3 of 2011

Phase 2: In this phase, we spread widely to target audience the book and provide in-depth knowledge about PAPTD the official launch the core “product” – the book and introduction of the project and its activities (curriculum development, training courses) to implement the activity outlines planned in phase 1.

Expected activities:

- News, articles on target publications covering project activities (curriculum development, training courses)
- News, articles on target publications supporting the launching of the book (including the TV series introducing the content of the book)
- Official launching of the books. Development of campaign title and key messages for publicity to follow
- Activation activities to promote the launching of the book
- Collecting comments and idea contributions from target audience, potential financial contributors for future production of books and other versions of materials
- Website construction and maintenance
- IEC materials distribution

Period: Q4 of 2011 and Q1 of 2012

Phase 3: We organize other regular and event based communication activities to both media and the public.

Expected activities:

- News, articles on target publications on PAPTD and update information of the project and its research results, the evaluation effectiveness after training for patients and health care providers , the event of International Conference, National Guidelines on PA for NCDs Prevention, policy approval etc..
- Continuation of distribution of IEC materials and website maintenance
- Video clip (if possible) of the training courses or PA interventions to disseminate information and promote the application of PA
- Talk show on TV on the effectiveness, usefulness and result of PAPTD and the project in Vietnam when we have the evaluation of effectiveness in Q3 – 2012

Period: Q2-Q3 of 2012

Phase 4: PR plan and other communication activities towards the policy makers to support the advocacy objective

- News, articles on target publications on PAPTD and focus on advocacy and approval of policy documents at the National Level, research results, adaptation in Vietnam and effectiveness in Vietnam
- Continuance of video clip (if possible) of the training courses or PA interventions to disseminate information and promote the application of PA
- Continuation of distribution of IEC materials and website maintenance

