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Markets and agriculture linkages
for cities in Asia



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Working Paper



Perception of food-related risks by consumers in Hanoi, Vietnam

A CIRAD/IOS Survey 2002

Muriel Figuié, CIRAD, 2004

FOREWORD

Food consumption in Vietnam has evolved considerably in recent years, following the adoption of policies of economic and political openness in 1986 (known as *Doi Moi*). These changes are expressed in the overall growth in the value of individual food consumption, especially in urban areas (Figuié and Bricas, 2002). After a long period (until 1986) where purchasing was governed by ration tickets in state shops, the present period is characterised by relative abundance, a larger diversity of supply and a larger number of market transactions.

More recently, we have witnessed increasing concern from some of the public institutions with regard to food quality. Reliable data on food poisoning victims are not available (officially around 65 deaths each year), but the analysis of food quality on Hanoi markets (Quang, 1999) and cases of food poisoning reported by the local press are indicative of the problem. There are numerous public information campaigns in the press, on television, radio, loudspeakers or posters in streets. Some high-quality food channels have emerged, such as “safe vegetables” (with controlled use of agrochemicals, the quality of irrigation water, etc.) thanks to an initiative from the People’s Committee of Hanoi.

In 2002, in order to better understand the point of view of urban consumers on this issue, the **CIRAD** (Centre de coopération internationale en recherches agronomiques pour le développement, France) and the **IOS** (Institute of Sociology of the Vietnamese Academy of Social Sciences, VASS, ex-CNSSH) conducted a survey on consumer perception of food health risks.

The questionnaire was applied to 200 households of Hanoi centre: this sample is enough to be representative of Hanoi centre (according to the Vietnamese General Statistical Office) but is too limited to allow us to make any comparison inside the sample, for example between class of income, age, or sex. After this first round of survey, one month later, the opportunity was given to us to apply this questionnaire in a peri-urban area of Hanoi, the village of Mông Phu) where members of our team were conducting a research.

Even though the size sample of this second sample is limited (40 households which represents however 10% of the households of the village), we decided to include it in this analysis, with all due precautions. In particular we only present one sole result for the two sub-samples when differences appear not to be significant between the two sub-samples (Hanoi centre and Hanoi peri-urban area, test de Chi²).

Taking into consideration all these limits, we may consider this survey as a first and original contribution of social scientists to food consumption and food safety in Vietnam.

This survey was conducted as a part of the activities of Malica. **Malica** (Markets and agriculture linkages for cities of Asia) is a consortium of research institutes (CIRAD, IOS, Vietnam Agriculture Research Institute, Vietnam Research Institute on Fruits and

Vegetables) devoted to training and research activities in the area of food consumption, marketing and policy design and focusing on two main research questions: (i) how to match supply and demand for quality in the food chains; (ii) how to regulate the food flows originating from peri-urban areas, rural areas and abroad (imports) relative to their respective comparative advantages, paying special attention to fresh products (vegetables, meat).

We are grateful to Tran Thi Tham of Malica, Vu Pham Nguyen Thanh, Dang Thi Việt Phuong, Nguyễn Khanh Ly and Tran Quy Long, of the Institute of Sociology, (IOS-VASS) for their involvement in data collection.

MURIEL FIGUIÉ, CIRAD

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MAIN FINDINGS

1. **Food/health:** respondents establish a strong link between food and health. To be in good health, food is a major concern.
2. **Good diet:** like in the Chinese food culture, “equilibrium” is the essential characteristic of a good diet. It not only means equilibrium in the use of diversified foodstuffs but also equilibrium in the quantity consumed: having a good diet means eating neither too little nor too much.
3. **Good meal:** a good meal is partly similar to a good diet: the pleasure of eating is linked to the diversity of the foodstuffs available and this diversity is also a condition for a balanced diet. However, a good meal is also synonymous with abundance, which might be in conflict with the necessity to eat reasonably.
4. **Self-assessment** of diet and meal:
 - the quality of meals is said to have improved during the last ten years: goods are more abundant, more varied and consumers can choose their foodstuffs.
 - most of the respondents feel that they do not eat too much or too little of anything. Milk and fruits are sometimes mentioned as products that would be eaten more if prices were lower.
5. **Quality of foodstuffs:** although respondents believe that the quality of their meals has improved, they also feel that the quality of the products has fallen, so that these products represent an important risk to health today.
6. **Kind of food-related risks:** Respondents are quite aware of food-related risks:
 - they particularly point to food poisoning from chemical residues, but very few mention the microbiological quality of food. Vegetables (and particularly water spinach and cabbage) are considered as dangerous foodstuffs because of pesticide residues, followed by meat (and particularly pork) because of “stimulants” residues (growth activator).
 - nutritional risks are also largely pointed out, such as being overweight, cardiovascular disease, or other diseases of excess, linked to an excessive consumption of meat, fat and sugar. Glutamate is also cited as causing cancer.
7. **Avoiding risks.** Respondents nevertheless do not fear food-related risks when they eat at home. They nearly all claim to employ practices to avoid sanitary risks and to trust in these practices to avoid food poisoning when they eat at home.
8. **Responsibility:** better food risk management is seen to be the responsibility of everyone, including housekeepers and producers.
9. **Trust:** although respondents claim to trust supermarkets, the veterinary seal and well-known brands when purchasing food, in practice they mainly rely on their usual street or market retailer.
10. **Victims** of food-related diseases are said to be ignorant people, who follow no rules, and may be poor (in the case food poisoning) or rich (in the case of obesity).

THE SURVEY

The survey has been conducted from July to September 2002, in two places:

- Hanoi, capital of Vietnam in the Red River Delta, with 1.5 millions inhabitants in its urban part;
- and Mông Phu, village of the commune of Duong Lam (Ha Tay province), with 1525 inhabitants, located 45 km west from Hanoi, and then considered to be at the limit of the peri-urban area of Hanoi. This village has been chosen because of previous works of the VASS in this area (Nguyen Tung, 1999).

1. THE SAMPLE

The sampling method used was as follows:

Hanoi centre: two hundred families were selected in Hanoi City. Sampling was carried out using a two-stage cluster sampling procedure.

Thus, three districts with diversified situations were chosen:

1. Hai Ba Trung: this district includes civil servants and more affluent families near the centre of the city, as well as poor migrant households in the south.
2. Hoan Kiem: mainly considered to be a traditional district, largely inhabited by shop owners (in two quarters of the thirty-six streets). Many employees stay here only during the day. Well-off families also live here, as well as poorer families in those areas of the district which are liable to flooding.
3. Cau Giay: this new district is populated by officials (soldiers and their families live in the Nghia Do quarter) and students (Nghì Tam quarter). Numerous well-off families have left the city centre to settle in recently-built houses in this district (in Dich Vong in particular).

In each district, sub-district units (quarter and groups) then households were selected randomly. Within each district, the number of households selected was proportional to the number of inhabitants of the district, in relation to the total population of Hanoi city. 8 to 12 households were selected randomly from each group, 1 to 3 groups from each quarter.

Table 1. Sample in Hanoi Centre

	Total population *	Percentage of population	Number of households selected	Number of groups selected	Number of quarters selected
Hai Ba Trung	358,800	24.6	106	10	5
Hoan Kiem	172,100	11.8	37	4	2
Cau Giay	246,600	16.9	57	6	3
Hanoi citadel	1,460,400	100	200	18	9

* (Hanoi statistical year book, 2000)

Mông Phu: 40 households were selected randomly (from a total of 358 households in the village).

2. THE QUESTIONNAIRE

This survey (see the questions in appendix 1) was developed on the basis of previous surveys conducted in France concerning food and risks (DGAL/CIDIL/OCH survey, Poulain 2002; Credoc survey, Centre de recherches pour l'étude et l'observation des conditions de vie, 1998; survey of the IPSN - Institut de sûreté et de sécurité nucléaire-mentioned in Peretti-Wattel, 2000).

The present survey mainly deals with the following items:

- socio-economic characteristics of interviewees
- perceived links between food and health
- evolution of quality of food and meals and food safety
- nature and characteristics of food-related risks
- evaluation of personal diet
- reported practices to avoid risks
- prospective test: profile of the victims of food-related diseases

Data have been captured in an Access database.

THE RESULTS

1. SOCIO ECONOMIC CHARACTERISTICS OF RESPONDENTS

The people interviewed are mainly female, responsible for purchasing food and preparing meals at home. On average, the families consist of 4 to 5 people and have an average monthly income of close to 445,000 Vietnamese dong (VND) per person, (less than 30 dollars) in Hanoi and 220,000 VND per person in Mông Phu (less than 14 dollars). These figures are probably under-estimated: from GSO (2004), the average income of the Hanoi population was 600,000 VND/capita/month (40 dollars) in 2002.

In Mông Phu, the heads of the households in the survey main working in agriculture (in 60% of the households) or other manual activities; in the centre of Hanoi, the activities are much more diversified.

The level of education of the two sub-samples is quiet similar.

Food consumption is quite different in the two sub-samples. The sample in Mông Phu has a less diversified diet than that of the respondents in Hanoi centre, as shown by the lower consumption of some "indicator" products such as meat, fruits, dairy products and canned drinks. From this point of view, their diet can be qualified as more rural (Le Danh Tuyen and al, 2004).

Table 2. "During the last month, did you or your family consume the following products? (240 respondents)

Average for the sample	Frequency: days/month		Quantity: kg/household/month		Value of consumption: VND/household/month	
	Hanoi	Mông Phu	Hanoi	Mông Phu	Hanoi	Mông Phu
Rice	30	30	6.6	11.3	28,000	33,600
Meat	19	17	2,0	1.5	45,000	23,300
Dairy products:	16	7			21,000	3,400
Fruits:	27	17	6,1	2.2	38,000	7,300
Canned drinks	7	1			13,100	400

2. IMPORTANCE OF FOOD TO BE IN GOOD HEALTH

Nevertheless, the respondents establish a strong link between food and health. Considering practices to stay in good health, the first spontaneous answer, quoted by nearly 90% of all respondents is "paying attention to food", followed by "doing sport for urban respondents (42%) and "balance rest and activities" for peri-urban respondents

(45%). These differences might be linked to the fact that peri-urban people are much more involved in manual activities than urban inhabitants.

Figure 1. "What do you do to stay in good health?" (spontaneous answer, many answers were possible)

urban: n=200; peri-urban: n=40; aggregated answers

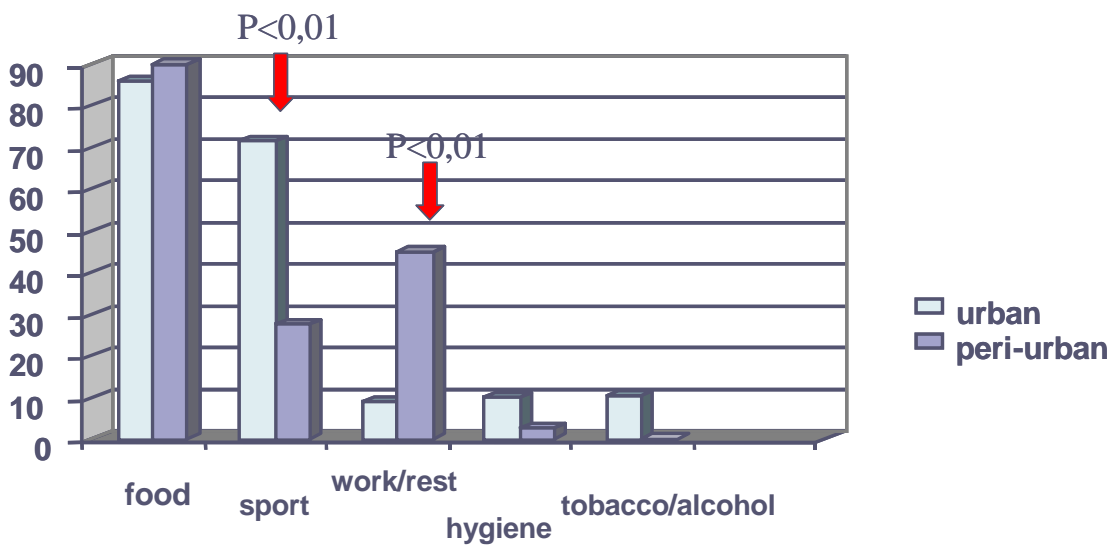
food: "pay attention to what we eat"

sport: "do sport"

work/rest: "balance rest and work"

hygiene: "pay attention to hygiene"

tobacco and alcohol: "avoid tobacco and alcohol"



3. CHANGES IN THE QUALITY OF MEALS AND THE QUALITY OF FOODSTUFFS

Most consumers feel that the quality of meals has improved (nearly 94 % of the interviewees). This perceived improvement in the quality of meals is the result of product abundance and greater diversity. We must also recall the fact that, until 1986, ration tickets were in use.

However, they do not have the same opinion about the quality of the products currently available on the markets (around 60% believe that quality has decreased).

Table 3. “What do you think about the change over the last ten years in (1) the quality of your meal (2) the quality of marketed foodstuffs in general?” (n=240)

	Quality of the foodstuffs	Quality of the meal
has improved	32.5%	93.8%
has not changed	5.8%	4.6%
has decreased	59.6%	1.3%
no opinion, no answer	2.1%	0.4%
Total	100.0%	100.0%

This is true to such an extent that, in the minds of 65% of consumers, food products today represent a health risk.

Table 4. “In your opinion, do foodstuffs in general present a health risk today?” (n=240)

	% of the answers
not at all	1.7%
not really	34.6%
rather dangerous	57.1%
very dangerous	2.9%
no opinion, no answer	3.8%
Total	100.0%

4. FEATURES OF FOOD SAFETY RISKS

By asking the following questions, we try to analyse if food risks have some of the characteristics that Slovic (1987) mentioned to make one risk more or less acceptable and "anxiogenous" for laymen, such as:

1. new or unfamiliar
2. individual feels he/she is not able to control the activity linked to this risk
3. fatal incidence
4. unknown to science
5. link to modernization.

In this way, we note that food risks are perceived as being linked to the modernisation of agriculture and are thus estimated to be greater nowadays than before. They are also seen to have important consequences on health. These factors mean that they have become a cause for concern. On the other hand, they are considered to be well-known to science and to be controllable by the consumers.

We can conclude from this question that customers feel that food risks exist, but that these risks do not cause much anxiety because scientists and consumers are supposed to have some control on it.

Table 5. Characteristics of food-related risks. (240 respondents)

	% of respondents
They have always existed	5.8
They have always existed, but they are greater now than before	69.2
They are new	22.1
They are smaller now than before	0
Do not know, no answer	2.9
Total	100
They are related to the modernization of agriculture	86.7
They are not related to the modernization of agriculture	13.3
Total	100
Consumer can protect himself/herself completely	3.3
Consumer can protect himself/herself relatively well	47.1
Consumer can only protect himself/herself to a certain extent	43.8
Consumer has no way of protecting himself/herself	2.5
Do not know, no answer	3.3
Total	100
They can have significant consequences on health	11.7
They do not have significant consequences on health	88.3
Total	100
The consequences for health are well-known	30.8
The consequences for health are not well-known	69.2
Total	100

5. PROBLEMS LINKED TO A BAD DIET

Consumers know that food-related risks exist, but what are these risks in their opinion? Problems quoted as being “consequences of not paying attention to what one eats” are mainly digestive in nature (diarrhoea). The following answers are all related to nutritional problems. We also note that illnesses which can be named as "illnesses of excess" (or Nutrition Related Non Communicable Diseases NR-NCD in the vocabulary of WHO experts) such as being overweight, diabetes, cholesterol and cardiovascular diseases are widely mentioned, especially in urban Hanoi.

Table 6. What kind of problem can one meet if one does not pay attention to what one eats? (spontaneous answers)

spontaneous answers (many answers were possible)	% of interviewees mentioning this problem
digestive problems	51.3%
weakening/malnutrition	43.3%
overweight/obesity	41.7%
cardiovascular*	(u:23%; pu: 7.5%) 20.4%
cholesterol	18.3%
cancer	17.5%
blood pressure	15.8%
diabetes*	(u:16 % ; pu: 0 %) 13.3%

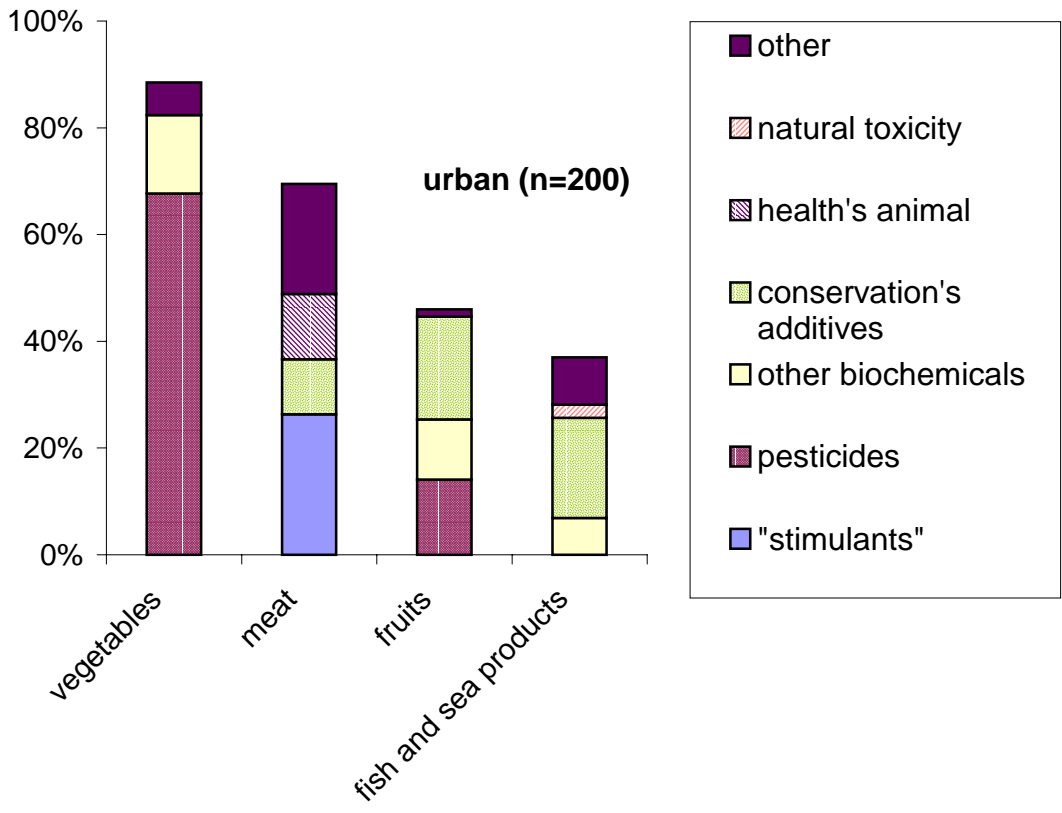
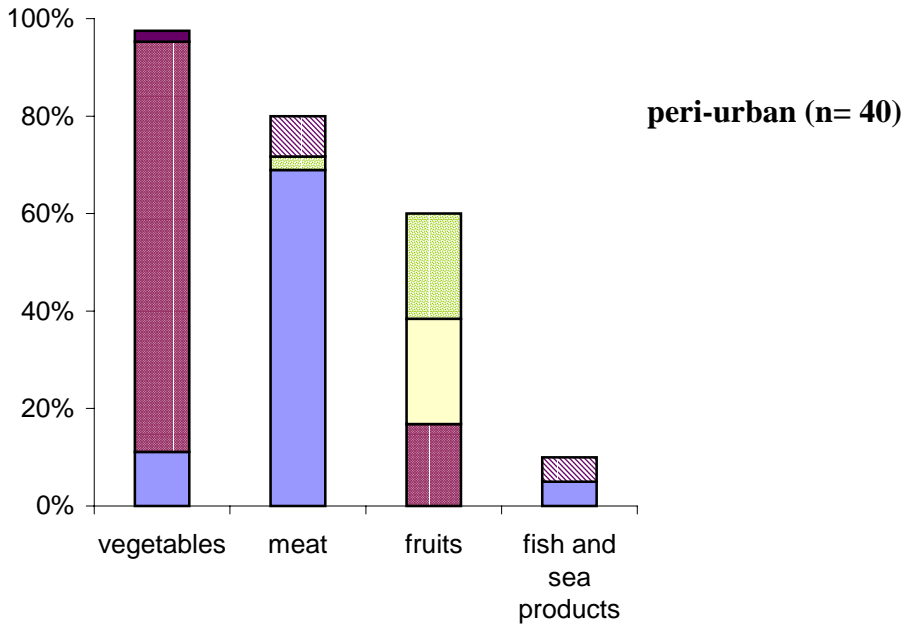
* Significantly more reported by urban people (u) than by peri-urban (pu) inhabitants
 urban: n=200; peri-urban: n=40

6. DANGEROUS FOODSTUFFS

In answering the question “Mention three foodstuffs which are, in your opinion, the most dangerous to consumers’ health”, consumers topped the list with “vegetables”, followed by meat, fruits and then fish. And the dangers they quote only refer to food-borne diseases (rather than nutritional diseases).

In the case of vegetables, it is the likely presence of pesticide residues which is called into question. With fruits, there is the added problem of the use of preservative products in which the fruits are supposed to be soaked after harvesting (a practice in the respondents’ minds essentially associated with fruits imported from China). As for meat, the criticisms are more varied, but mainly concern the use of “stimulants” (a relatively vague term in the dialogue of the consumers but which would seem to correspond to the growth activators used in animal food). With regard to fish and other seafood (prawns, crabs, etc.), it is the use of preservative products (urea, formalin, borax, etc.) which is criticised.

Figure 2. "In your opinion, which are the three foodstuffs which present the greater danger to consumer health nowadays? Why?"



7. Dangerous vegetables and meat

In mentioning vegetables as a dangerous foodstuff, interviewees were mainly referring mainly to water spinach (*Ipomea aquatica*), then to rau cai (“Rau cai” represents a rather vast family of vegetables, belonging to the genus *Brassica Raphanis* and *Nasturtium*). Further down the list are the yard-long bean (*Vigna sesquipedalis*) and cucumber (*Cucumis sativum*).

With regard to meat, pork and chicken headed the list.

We should note that the respondents quoted the vegetables and animal which are consumed the most in Hanoi (Mai Thi Phuong Anh and al, 2003): rau cai and water spinach for vegetables, pork then chicken for meat.

Table 7. Dangerous vegetables and meat (240 respondents, many answers were possible)

Vegetables	% of answers related to vegetables
water spinach	34.3%
"rau cai"	37.4%
bean, yard-long bean	8.5%
cucumber	6.3%
other	13.5%
Total	100.0%

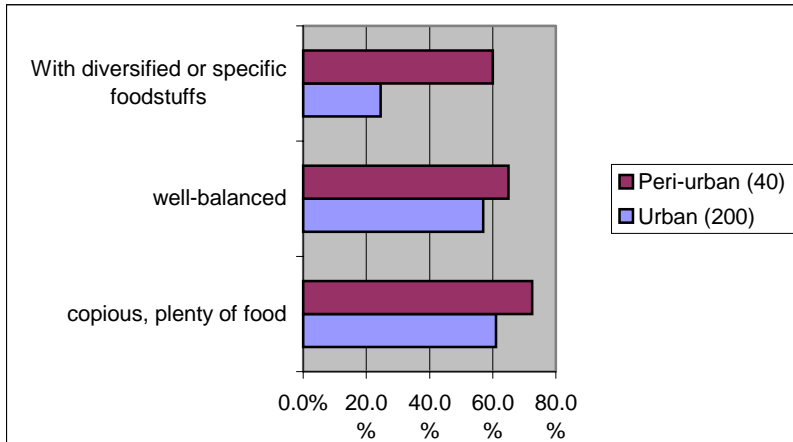
Meat	% of answers related to meat
pork	56.1%
chicken	22.7%
beef	5.6%
cooked meat	10.6%
other	5.1%
Total	100.0%

8. GOOD MEAL, GOOD DIET

When asking interviewees about a good meal and a good diet, urban and peri-urban respondents favoured the same first three spontaneous answers, although in the second case (good diet) not in the same order.

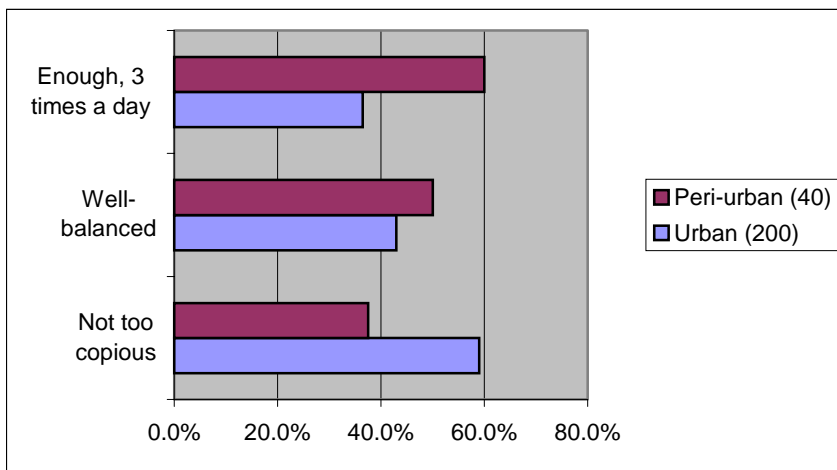
A good meal is a meal with a diversity of foodstuffs (meat, fruits, vegetables and fish), well balanced and in sufficient quantity.

Figure 3. “In your opinion what is a good meal?” (spontaneous answer, many answers were possible) (aggregated answers)



A good diet is considered to be a balanced diet. It also relies on the availability of food (enough food) and, at the same time, on moderation (not too much food), especially in the case of urban respondents.

Figure 4. “In your opinion what is a good diet?” (spontaneous answers, many answers were possible) (aggregated answers)

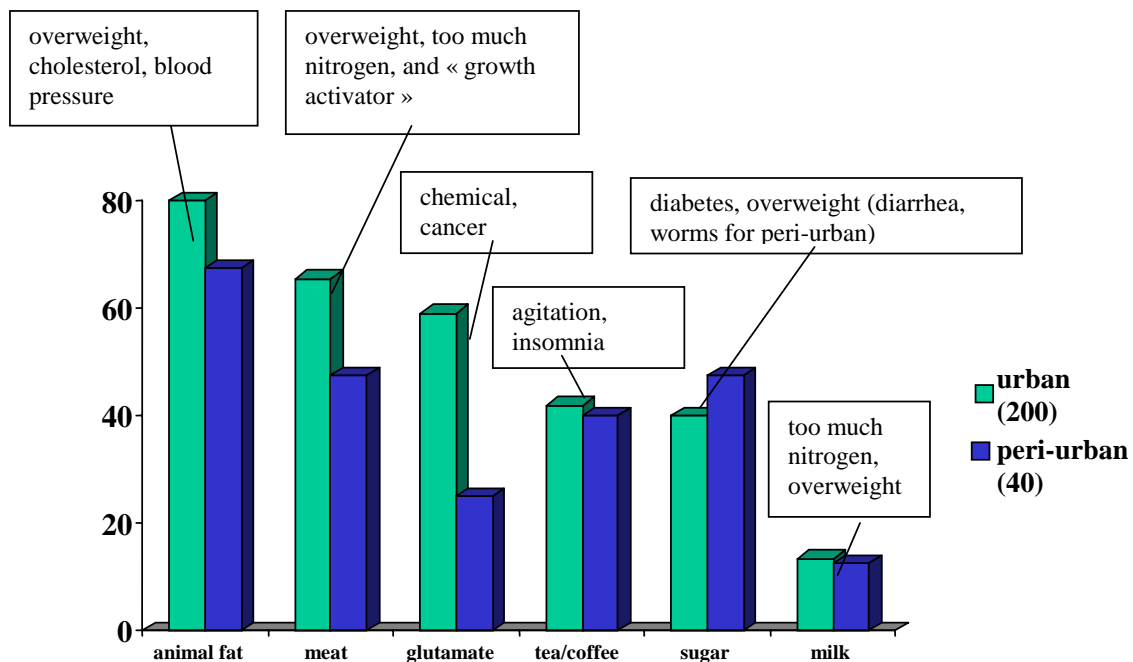


9. THE DIETETIC VIEW OF FOODSTUFFS

When we asked: “To be in good health, the consumption of which foodstuff should be limited? Why?”, interviewees quoted nutritional diseases

This question allows us to see which foodstuffs have a negative dietetic image. This is the case of meat and animal fat (judged to be responsible for problems of overweight, cholesterol, blood pressure) and glutamate (especially in the case of urban respondents) which is criticized for being "chemical" and so responsible for cancer. Tea and coffee (insomnia, agitation), sugar (diabetes, overweight, but also more surprisingly diarrhoea and worms according to some peri-urban respondents), and milk are also cited. In the case of milk, some respondents' comments would seem to show that in the reference to milk, it is once again sugar which is at the heart of the matter: milk is often consumed as canned, flavoured and rather sweet milk.

Figure 5. "To be in good health, consumption of which foodstuff should be limited? Why?" (240 respondents, many answers were possible)



10. CONSUMERS' PERCEPTIONS OF THEIR OWN DIET

The following questions are intended to show how the respondents view themselves in relation to the norms or the good practices they have previously mentioned.

Considering their own diet, respondents have a positive assessment, describing their own diet in the same terms as the main characteristics of a good diet.

It is nevertheless interesting to note the importance of hygiene in a good diet ("safe clean"), especially for peri-urban respondents, and the distinction these same interviewees make between daily diet and a holiday diet (special feast, during the weekend when the children are at home, etc.).

Table 8. “What kind of cooking do you do?” (spontaneous answer, many answers were possible)

urban: n=200; peri-urban: n=40

	% of urban respondents	% of peri-urban respondents
Simple	62%	87.5%
Well-balanced	60.5%	60.5%
Safe, clean	44.5 %	77.5%
Diversified	22.5%	30%
Every day/for feasts	0%	22.5%

11. FOODSTUFFS: TOO MUCH/ TOO LITTLE

To the question “Do you think that there are some foodstuffs of which you or your family consume too much or too little?”, most respondents answered that they do not eat too much or too little of anything. Few urban interviewees think that they consume too much meat (10 respondents in 200) or glutamate (7). More feel that they do not consume enough milk (16) or fish (11). Peri-urban respondents seemed less satisfied with their diet: they are proportionally more numerous to quote meat (4 in 40 respondents), fruits and especially milk (10 respondents in 40). This insufficiency is attributed primarily to economic reasons.

Table 9. “Do you think that there are some foodstuffs of which you or your family eat too much or too little?” (choose in a list)

	urban (200)	peri-urban (40)
<ul style="list-style-type: none"> • Too much of nothing • Product in excess 	84.5% meat, glutamate	92.5% -
<ul style="list-style-type: none"> • Too little of nothing • Insufficient product • Reason for insufficiency 	82.0% milk, aquatic product price	85.0% milk, meat, fruits price
<ul style="list-style-type: none"> • Too much and too little of nothing 	71.5%	65.0%

12. THE SPECIAL DIET

Having a special diet is quite common in urban areas. In our urban sample, in one household in two there is someone who has a special diet (7% of the people living in the households of the survey), but in only one household in 6 in Mông Phu (3% of the people living in the households of the survey).

This diet mainly consists of a restricted consumption of meat or sugar, to limit problems such as blood pressure, cholesterol, overweight, and diabetes: diseases of excess appear to be a major concern.

Table 10. “Is there any person in your home with a special diet? Who, why and what kind of diet?”

Foodstuffs consumption of which is avoided or limited	% of the diets in which the product is involved*	Main reasons
Animal fat	55 %	Blood pressure, cholesterol, overweight (liver, cough, etc.)
Sugar, molasses	30%	Diabetes, overweight, (cholesterol)
Fish, shrimp	23%	Digestive problems
Meat	18 %	Blood pressure, (cholesterol)
Eggs	17 %	Blood pressure, cholesterol

*diet in urban area

13. RISKS AND PLACES OF EATING

In spite of the dangers associated with the main foodstuffs, respondents are not concerned, when they eat at home. Most of them think that the meals they prepare themselves present little or no danger.

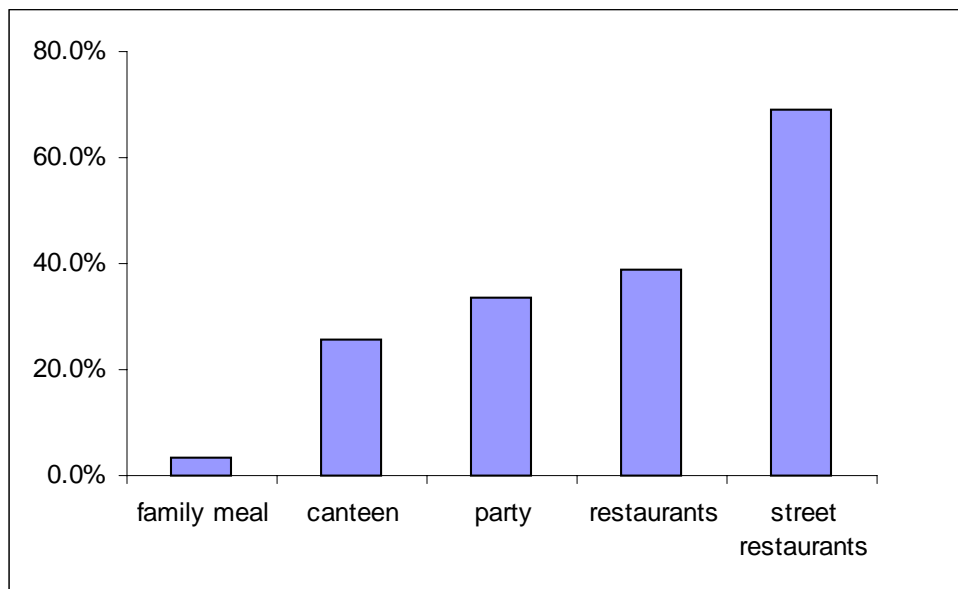
Table 11. “Do you think that there is any danger of people falling ill eating what you prepare at home?”

Answers	% of respondents (240)
No opinion, no answer	2
Not dangerous at all	57
Not really dangerous	30.5
Quite dangerous	10.5
Very dangerous	0
Total	100

The home is considered a safe place. The most dangerous places are indeed street restaurants.

Figure 6. “Do you think that there is any danger of falling victim to food-borne diseases after eating...” (answers: not dangerous at all/not very dangerous/quite dangerous/very dangerous)

% answers “quite dangerous” and “very dangerous” (240 respondents)



It is interesting to compare these data with the ones provided by the Vietnamese Ministry of Health: 60% of food-borne outbreaks occurred following family meals, 6% in canteens, 22% at parties, 10% in street restaurants and 3% in school canteens.

14. PRACTICES TO AVOID RISKS

To justify this absence of risk related to domestic meals, respondents evoke their *know-how*. This knowledge deals with their way of choosing foods and preparing them. The freshness of products is by far the first guarantee of safety. This supposes a daily trip to the market, early in the morning if possible to have the largest choice. Buying from the usual retailer is next in importance (answers related to “clean food purchase” need to be specified). The second stage in ensuring food quality and hygiene is the method of preparation. This presupposes ways of making foodstuffs safe to eat by: soaking, washing, peeling vegetables, washing and prolonged cooking of meat.

Figure 7. “How do you choose the foodstuffs you cook to avoid falling ill?”
(spontaneous answer, many answers were possible)

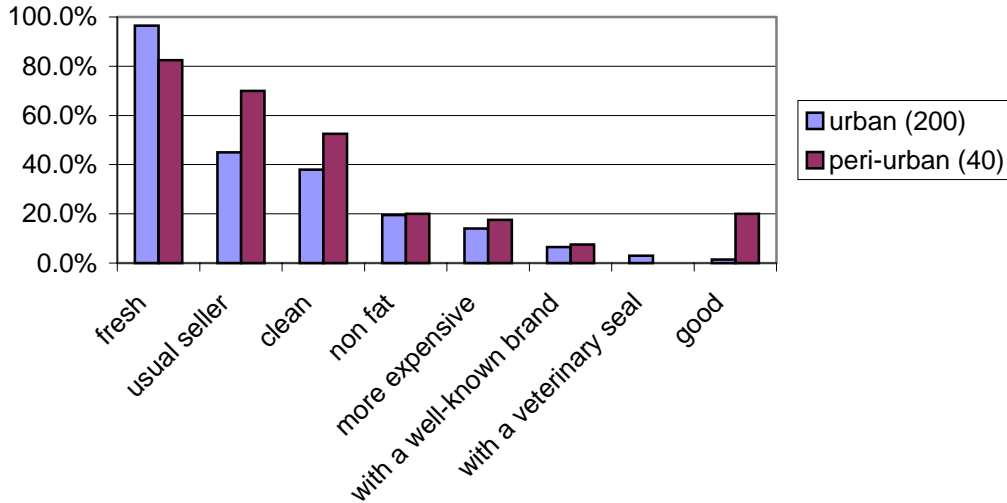
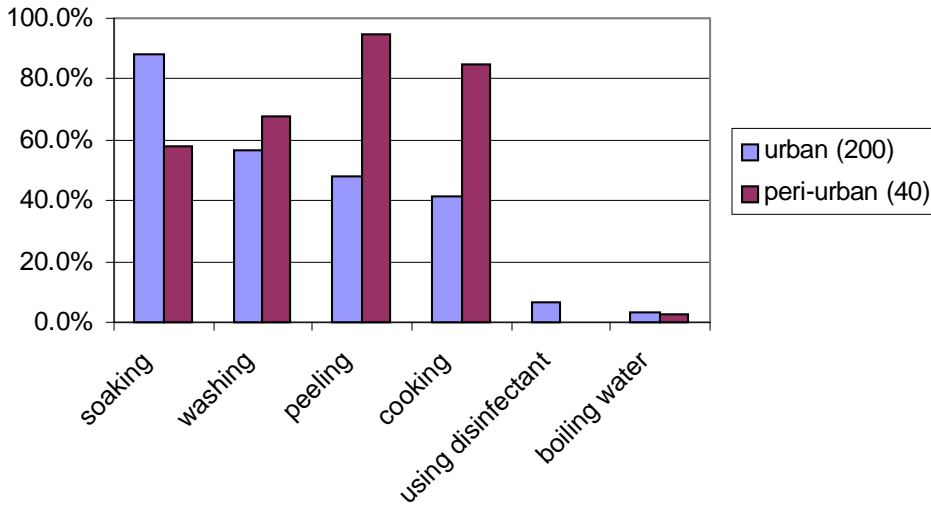


Figure 8. “How do you prepare the foodstuffs you cook to avoid falling ill?”
(spontaneous answer, many answers were possible)

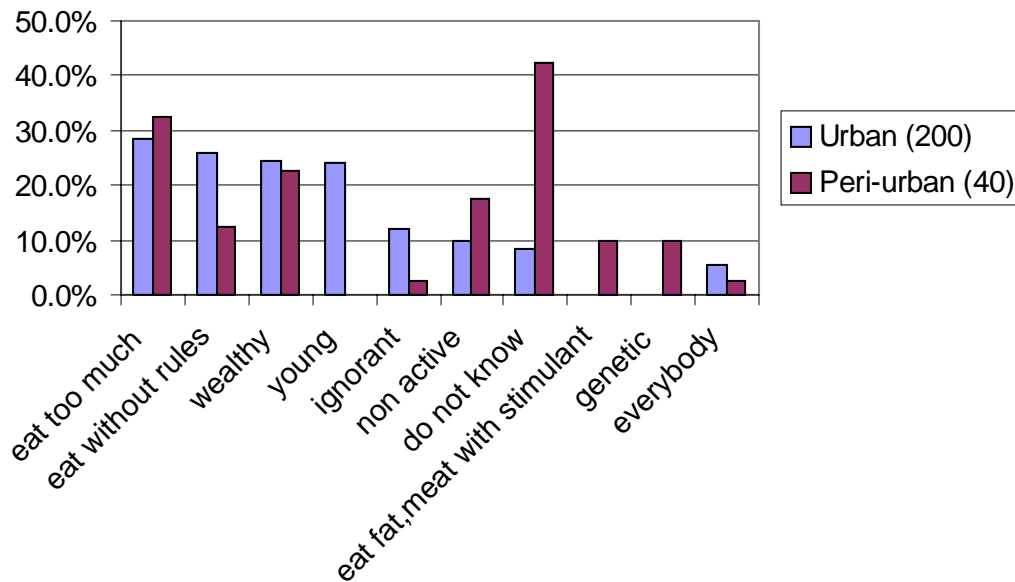


15. THE VICTIMS OF OBESITY

As surveyed people seem to trust their own practices to avoid outbreaks of disease transmitted by food and seem to be very careful as to what they eat, we try to discover, by prospective questions, who in their point of view are the victims of food-related risks.

Most peri-urban interviewees could not answer the question concerning the victims of obesity. Urban people believe that they are wealthy people who are responsible for their problem by eating too much, with little knowledge and who do not respect any food hygiene rules. Young obese or fat children are also seen as victims of their parents who do not feed them properly.

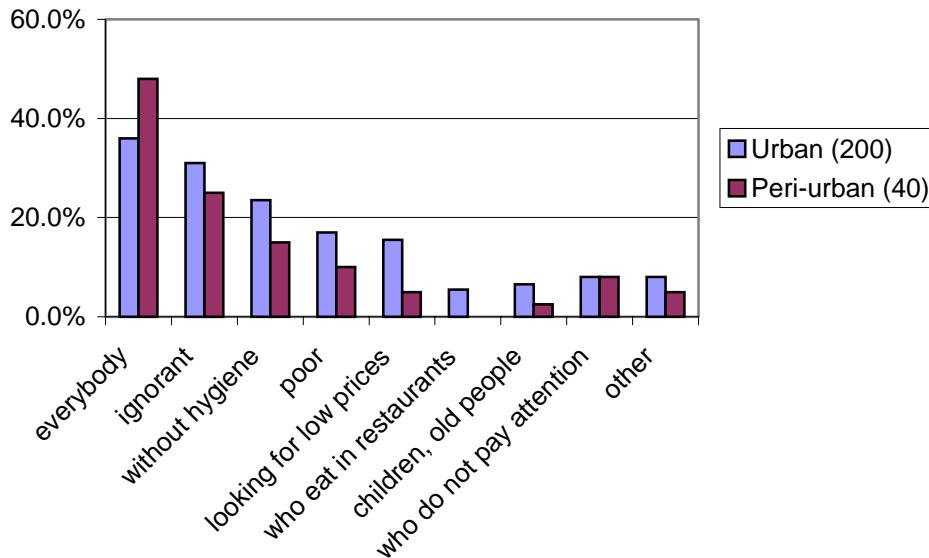
Figure 9. "In your opinion, who are the main victims of obesity?" (spontaneous answer, many answers were possible)



16. THE VICTIMS OF FOOD-BORNE DISEASES

With regard to food poisoning, the respondents think that anybody can be a victim (some add: "if people don't pay attention"). Therefore, if anybody is a potential victim, it is clearly know-how that permits people to feel protected. "Ignorant people" is the second most cited answer. Following this are people who do not pay attention to food hygiene, poor people or those looking for low prices. In fact, in the interviewees' comments, all these characteristics seem to be connected in painting a portrait of the victim: their hygiene practices are inadequate either due to ignorance or lack of means.

Figure 10. “In your opinion who are the main victims of food-borne disease?” (spontaneous answer, many answers were possible)



17. PEOPLE BUYING SAFE VEGETABLES

When asked; “In you opinion, who are the main buyers of *safe* vegetables?” interviewees evoked the obstacles to buying these vegetables (*safe* vegetables are vegetables resulting from integrated pest management and sold with the label “rau sach” or “rau an toan”). The first obstacle is financial: *safe* vegetable consumers are affluent, often perceived to be civil servants. There is also a practical obstacle: it is necessary to live close to, or have sufficient time to travel to, a supermarket, which is the main sales outlet for safe vegetables.

Table 12. “In your opinion, who buys safe vegetables?” (spontaneous answer, many answers were possible)

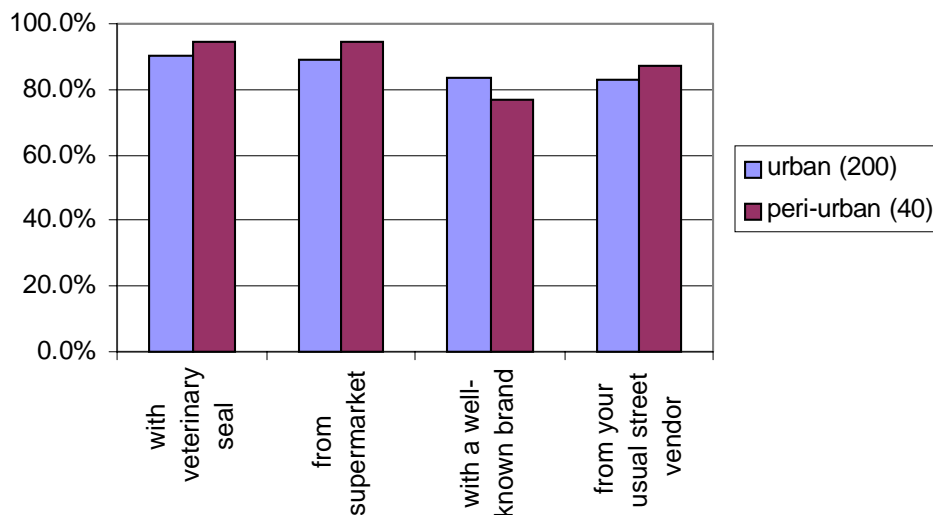
% of surveyed people mentioning this answer	urban (200)	peri-urban (40)
wealthy people	53.0	42.5
worried people	25.5	17.5
people who live near supermarket	14.0	0.0
educated people	13.0	22.5
do not know	5.5	22.5
people who have been victims of food-borne disease	5.0	2.5
civil servants	4.5	2.5
people who have time	1.5	0.0
everyone can	3.5	0.0
other answer	3.0	10.0

18. RELIABILITY OF QUALITY SIGNS

The purchasing location is a way of guaranteeing product quality. People seem to trust the quality of food from supermarkets or with a veterinary seal “because, it has a guarantee from the State” (a lot of supermarkets are State-owned enterprises). However, they also comment: “but I do not go into supermarkets” (in fact, supermarkets are not an important retailing point for fresh products in terms of quantity, they market only 2% of fresh vegetables, Tan Loc 2002); or “but I have never seen a veterinary seal” (The Ministry of Agriculture and Rural Development reports that only 25 % of the meat sold daily on Hanoi markets has received a quality stamp from veterinary officers (Quang, 1999). Concerning well-known brands, it is not the brand itself that people do not trust, rather they are afraid of buying counterfeits. These comments explain why consumers hardly mentioned these points in their “anti-risk” purchasing practices. Consumers generally rely on their usual retailers. The interviewees point out that they have known their retailers for a long time and that they have never had any problems. The trust associated with purchases from their usual street retail market seems in fact to be limited only “because *these sellers* do not produce themselves what they sell”.

Figure 11. “Do you think that there is any danger of falling ill eating the food bought...” (answers: not dangerous at all/not very dangerous/quite dangerous/very dangerous/do not know)

% of answer “not dangerous at all” and “not very dangerous”



19. RESPONSIBILITIES FOR FOOD SAFETY

The following questions are aimed at assessing the point of view of the respondents concerning the responsibility for food safety problems.

Vietnamese regulations are not seen as the major cause for these problems (it scored the lowest % of “insufficient”). We also note that respondents who might feel close to housekeepers and peri-urban respondents who might feel close to producers as well are not more indulgent with their own category.

Table 13. “For consumer health, how do you judge...” (answers: insufficient/sufficient/do not know)

% of investigated who estimate insufficient	urban (n=200)	peri-urban (n=40)
Vietnamese regulation	52.0	65.0
controls at the place of production	80.0	97.5
controls at the point of sale	86.5	100.0
controls on imported goods	80.0	92.5
education of producers	67.5	92.5
education of sellers	80.5	97.5
education of housekeepers	75.5	95.0

CONCLUSIONS

The customer feels that paying attention to food is a key factor in remaining healthy. This does not necessarily mean that food risk is a major risk in the risk portfolio of consumers. This might simply mean that people feel that they can exercise a certain control over food risk, which is not necessarily the case for other risks.

LAYMEN AND EXPERTS

Consumers are well informed about the sanitary and nutritional risks. Their comments echo the numerous information campaigns issued by various institutes, as shown by their answers: “they say that...”, “I heard on the television that...”. The risks perceived by the consumers do not differ greatly from those identified by the experts. There are, however, some differences between the layman’s discourse on risk and that of the experts (see in particular the messages issued by the National Institute of Nutrition and broadcast over street loudspeakers, Ministry of Health, 2001):

Food poisoning: chimiophobia

Laymen focus on food poisoning and show some kind of “chimiophobia”: pesticide residues, growth activators and post-harvest preservation chemicals are all feared. This mistrust is not unfounded: the use of pesticides increased 75% between 1991 and 1997 in Vietnam (Trung 1999). Both the nature of products (products sometimes prohibited) and the quantities used are implicated. Therefore, from the consumers’ point of view, the food risk would above all appear to be technological, to quote Giddens (1991), rather than natural.

Very little is said about the bacteriological quality of the product. We know (Quang 1999) that this contamination is considerable in the products sold on the markets (*E. coli*, salmonella, etc.) and that microbiological agents are responsible for at least 30% of the outbreaks (WHO, 2002).

Particularity of the layman’s perception

With regard to fish and other aquatic products (shrimps, crabs, etc), the perception of respondents is different to that of the experts. The communication leaflets insist on the natural toxicity of fish (the tetrodon is said to be the first cause of death by food poisoning. In 2002, it killed 27 people), while laymen focus on the use of preservatives such as urea, formalin, borax, etc.

Another particularity of the layman’s perception is the fear of growth stimulator residues in meat. No information campaign deals with this issue. We shall also underline the fact that in the opinion of some respondents, there is a direct relationship between obesity and the consumption of meat containing growth activator residue.

NUTRITIONAL ISSUE: MALNUTRITION AND OVERWEIGHT

We also need to underline the importance of responses related to “excess diseases” in comparison with those related to malnutrition. Overweight and other “excess diseases” are given particular importance in nutritional communication and the government is particularly keen to confront this problem now: it is still a limited problem in Vietnam but could increase rapidly as it has in China or other countries in “nutritional transition”. For the moment, however, being overweight and obesity affects 7.6% of the urban population (people over 20 years old), whereas chronic energy deficiency affects 18% of this same category (NIN, 2002).

It should also be underlined that 150 respondents (from 240) think that meat consumption should be limited, while 40 of them consume less than one kilo of meat per month (individual consumption). With regard to obesity, pretending to be exposed to being overweight and to obesity may be a way to increase one's standing. It is a way for the respondents to transform a low consumption of meat (which could be viewed as privation for economic reasons), into the deliberate choice of an educated consumer.

MANAGING RISKS: A RESPONSIBLE CONSUMER

In spite of the dangers associated with food products, respondents are not particularly concerned: most of them think that the meals they prepare themselves present little or no danger. The confidence of consumers in the quality of domestically prepared meals is linked to practices of purchasing and preparing food, which are supposed to help avoid risk. This confidence is probably exaggerated: according to data from the Vietnam Food Administration (Vietnam Food Administration, 2002), nearly 60% of food poisoning is caused by domestic meals. To resolve this obvious contradiction between the perceived gravity and frequency of food-related risks and the fear they demonstrate, consumers designate the victims: those who do not know, those who are poor, categories to which none of interviewees' pretend to belong. Additionally, although consumers seem to trust their usual retailers for quality purchases, it would seem that they are expecting more and better guarantees.

Many answers show that, from the point of view of the respondent, managing the quality of the product is also the responsibility of the consumers: they identify many practices to avoid risk and think that housekeepers are insufficiently educated. The fact that they do not speak much about microbiological quality of food does not necessarily mean that they under-estimate this problem concerning the food they buy. It might, however, mean that they claim to control it (which is different for the problem of agrochemical residues, a problem that consumers highlight because they have less control over it). This would suggest a need for further studies to distinguish more clearly the perceived quality of the food that people buy and the perceived quality of the food that people eat.

Although in France and other western countries consumers appear to be the weak link in the chain of food safety (Martin, 2003), we can formulate the hypothesis from this survey that Vietnamese consumers, despite their many weaknesses, might in the present context be the strong link in this chain. To check this hypothesis, the initial step should be to

assess the efficiency of consumers' practices. Quality analyses of food on the consumers' plates should be undertaken, in addition to those conducted to date at the points of sale. Then, if these practices prove to be inefficient, communication regarding the practices themselves would be necessary rather than communication on the quality of the products sold.

CONSUMERS' FEARS AND MARKET RESPONSE

Markets respond, in part, to consumers' fears. Safe and organic vegetables are available on Hanoi markets, but consumers do not trust this quality sign (Figuié, 2004). In the case of pork, no seller is in the position to give any guarantees concerning the use of growth activator.

In the case of Vietnam, the expansion of food supply channels in towns has increased the distance between producers and consumers. Trust relations between individuals are limited to a small universe: the street market, the household. Public institutions responsible for connecting the urban consumers with more distant actors, such as the producers, are not sufficiently active. In developing their daily purchasing practices, consumers trust close relationships with their usual retailers (figure 7). This can be described as a kind of "domestic convention", based on the on-going nature of their relationship (Boltanski and Thevenot, 1987, Sylvander, 1995). Yet we also see that consumers are asking for moral guarantees, linked with the State, which we could refer to as a "civic convention", which relies on collective principles structuring the relationship between economics actors. The consumers' trust relies on these two points as illustrated by the remark of one interviewee: "I trust the quality of vegetables that I buy because my retailer is a member of the Party".

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**APPENDIX 1. QUESTIONNAIRE CIRAD/IOS ALIMENTATION-SANTE HANOI,
(VIENAMIEN/FRANÇAIS)**

(la liste des réponses pré-codées a été établie sur la base d'un test approfondi du questionnaire).

1. Tên người được điều tra :

2. Tên quán :

3. Tên phường :

4. Tên tổ :

5. Ngày điều tra :

6. Giờ bắt đầu :

7. Giờ kết thúc

8. Tên cán bộ điều tra :

Số điều tra

9. Nói chung, (ông) bà có đánh giá rằng mỗi hoạt động sau đây là nguy hiểm không ? (cho xem bảng)

En général, estimez-vous dangereuse chacune des activités suivantes ? (présenter les réponses)

		Pas du tout	Plutôt pas	Plutôt dangereux	Tout à fait dangereux	Ne sait pas
		Không một chút nào	Hầu như không	Khá nguy hiểm	Rất nguy hiểm	Không biết
Conduire un véhicule	Lái xe					
Se promener seul(e) la nuit dans un quartier de banlieue	Đi một mình vào ban đêm trong một phường ở ngoại ô thành phố					
Subir une transfusion sanguine	Phải truyền máu					
Fumer un paquet de cigarettes par jour	Hút một bao thuốc lá mỗi ngày					
Ne pas faire surveiller son alimentation	Không kiểm soát chế độ dinh dưỡng của mình					
Circuler sans masque sur le visage	Đi xe (máy) không đeo khẩu trang					
Vivre dans une zone inondable	Sống tại một khu dân cư bị ngập lụt					
Vivre près d'une usine	Sống gần một nhà máy					

Chú ý (remarque) :

10. Theo đánh giá của (ông) bà, những yếu tố sau có là mối nguy hiểm đối với ÔNG BÀ và NGƯỜI THÂN của (ông) bà không ? (cho xem bảng)

Estimez-vous que pour vous et vos proches les éléments suivants représentent un danger ? (présenter le tableau)

		Pas du tout	Plutôt pas	Plutôt dangereux	Tout à fait dangereux	Ne sait pas
		Không một chút nào	Gần như không có	Khá nguy hiểm	Rất nguy hiểm	Không biết
Accidents de la route	Tai nạn giao thông					
Inondations, typhons,...	Ngập, lụt, bão					
Nouvelles techniques de productions en agriculture et agro – alimentaires(pesticides, conservateurs, colorants, hormones de croissance)	Kỹ thuật mới trong sản xuất nông nghiệp và nông nghiệp thực phẩm (thuốc trừ sâu, bảo quản, phẩm màu, hoóc môn tăng trọng)					
Alcoolisme	Nghiện rượu					
Tabagisme	Nhiễm độc thuốc lá					
Pollution de l'environnement	Ô nhiễm môi trường					
Drogue	Nghiện hút					
Sida	Bệnh AIDS					
Manque d'hygiène	Thiếu vệ sinh					
Epidémie	Dịch bệnh					
Famine	Đói					

Chú ý (Remarques) :

11. Nói chung, cần phải làm gì để có sức khỏe tốt ? (trả lời ngay)
Que faut-il faire pour être en bonne santé ? (réponses spontanées)

Sport	Chơi thể thao	
Bonne alimentation	Ăn uống tốt	
Ne pas fumer, ne pas boire	Không hút thuốc, không uống rượu	
Autres (préciser)	Khác (nãi rả)	

Chú ý (Remarques) :

12. Còn riêng đối với (ông) bà, (ông) bà làm gì để có sức khỏe tốt ? (trả lời ngay)
Et VOUS, que faites-vous pour rester en bonne santé ? (réponses spontanées)

Je fais du sport	Tôi chơi thể thao	
Je surveille mon alimentation	Tôi kiểm soát chế độ ăn uống của mình	
Je ne fume pas, je ne bois pas	Tôi không hút thuốc, tôi không uống rượu	
Autres (préciser)	Khác (nói rõ)	

Chú ý (Remarques):

13. Một bữa ăn tốt đối với (ông) bà là gì ? (Trả lời ngay)
Qu'est-ce qu'est pour vous un bon repas ? (réponses spontanées)

- | | |
|--|--|
| <input type="checkbox"/> Khối lượng đủ | <input type="checkbox"/> Tiệc |
| <input type="checkbox"/> Cân đối | <input type="checkbox"/> Bữa ăn truyền thống |
| <input type="checkbox"/> Thực phẩm của bữa ăn có chất lượng cao | |
| <input type="checkbox"/> Bữa ăn phù hợp với lứa tuổi người tiêu dùng | |
| <input type="checkbox"/> Một bữa ăn với các sản phẩm đa dạng, mới | |
| <input type="checkbox"/> Khác (nói rõ): | |

Chú ý (Remarques) :

- | | |
|---|--|
| <input type="checkbox"/> Un repas copieux (Quantité suffisante) | <input type="checkbox"/> Un repas de fête |
| <input type="checkbox"/> Un repas équilibré | <input type="checkbox"/> Un repas traditionnel |
| <input type="checkbox"/> Un repas fait avec des produits de qualité | |
| <input type="checkbox"/> Un repas adapté à l'âge de celui qui le consomme | |
| <input type="checkbox"/> un repas avec des aliments variés, nouveaux | |
| <input type="checkbox"/> autres (préciser): | |

16. Theo (ông) bà, những thực phẩm nào hoặc những sản phẩm thực phẩm nào cần hạn chế tiêu dùng để có sức khỏe tốt (chọn trong danh sách sau)

		A limiter Phải hạn chế
Riz	Gạo (các loại)	
Autres céréales	Ngũ cốc khác	
Manioc	Sắn	
Patate douce, pomme de terre	Khoai lang, khoai tây	
Viande	Thịt	
Poisson, crevettes	Cá, tôm	
Œufs	Trứng	
Huile végétale	Dầu thực vật	
Lard, graisse	Mỡ động vật	
Sel	Muối	
Sucre, mélasse	Đường, mật	
Monosodium glutamate	Mì chính	
Arachide, sesame	Đậu, vừng	
Légumes	Rau	
Fruits	Quả	
Gâteaux, bonbons	Bánh, kẹo	
Lait, produits laitiers	Sữa, các sản phẩm sữa	
Thé, café	Chè, cà phê	
Autres (préciser)	Khác (nói rõ)	

17. Tại sao (Pourquoi)?

18. Kiểu ăn uống ở nhà (ông) bà như thế nào ? (trả lời ngay)

Quel genre de cuisine, mange-t-on chez vous ? (réponses spontanées)

- Sạch Cân đối Đơn giản Theo vùng
 Nhanh Tự nhiên Truyền thống Đa dạng
 Khác (nói rõ):
 Saine Équilibrée Simple Régionale
 Rapide Naturelle Traditionnelle Variée
 Autres. Précisez :

19. Theo ông (bà), gia đình ông (bà) có ăn quá nhiều các thực phẩm sau không ? (chỉ ra trong danh sách)

Estimez que chez vous, on mange trop de l'un de ses produits ? (montrer la liste)

		Trop de Quá nhiều
Riz	Gạo (các loại)	
Autres céréales	Ngũ cốc khác	
Manioc	Sắn	
Patate douce, pomme de terre	Khoai lang, khoai tây	
Viande	Thịt	
Poisson, crevettes	Cá, tôm	
Œufs	Trứng	
Huile végétale	Dầu thực vật	
Lard, graisse	Mỡ động vật	
Sel	Muối	
Sucre, mélasse	Đường, mật	
Monosodium glutamate	Mì chính	
Arachide, sesame	Đậu, vừng	
Légumes	Rau	
Fruits	Quả	
Gâteaux, bonbons	Bánh, kẹo	
Lait, produits laitiers	Sữa, các sản phẩm sữa	
Thé, café	Chè, cà phê	
Boissons sucrées	Nước uống có đường khác	
Alcool	Rượu	
Autres (préciser)	Khác (nói rõ)	

20. Tại sao (Pourquoi) ?

21. Theo ông (bà), gia đình ông (bà) có ăn không đủ các thực phẩm sau không ? (chỉ ra trong danh sách)

Estimez-vous que chez vous, on ne mange pas assez d'un de ses produits ? (montrer la liste)

		insuffisant
		Không đủ
Riz	Gạo (các loại)	
Autres céréales	Ngũ cốc khác	
Manioc	Sắn	
Patate douce, pomme de terre	Khoai lang, khoai tây	
Viande	Thịt	
Poisson crevettes	Cá, tôm	
Œufs	Trứng	
Huile végétale	Dầu thực vật	
Lard, graisse	Mỡ động vật	
Sel	Muối	
Sucre, mélasse	Đường, mật	
Monosodium glutamate	Mì chính	
Arachide, sesame	Đậu, vừng	
Légumes	Rau	
Fruits	Quả	
Gâteaux, bonbons	Bánh, kẹo	
Lait, produits laitiers	Sữa, các sản phẩm sữa	
Thé, café	Chè, cà phê	
Boissons sucrées	Nước uống có đường khác	
Alcool	Rượu	
Autres (préciser)	Khác (nói rõ)	

22. Tại sao ?

23. Trong gia đình (ông) bà có ai ăn kiêng không ?

Certaines personnes suivent-elles des régimes dans votre famille (foyer)?

Personnes (enfants, vieux, femmes enceintes, malades –de quoi ?)	Raisons	Type de régime (sans sel, sans gras, sans sucre,...)
Người ăn kiêng (Trẻ em, người già, phụ nữ có thai, người ốm, ăn kiêng cái gì ?)	Lý do ăn kiêng	Thức ăn phải kiêng (muối, mỡ, đường..)

24. (Ông) bà chọn mua thực phẩm như thế nào để tránh bị ốm ? (trả lời ngay)

Comment choisissez-vous les produits alimentaires que vous achetez pour éviter d’être malade ? (réponses spontanées)

- Tươi Sạch Không mỡ Đắt hơn
 Một nhãn mác quen Mua của một người bán hàng hoặc của một cửa hàng quen
 Từ mộ lò mổ “nổi tiếng” Sản phẩm có dấu thú y
 Khác (nói rõ)
 frais propre non gras plus cher
 d’une marque connue d’une vendeuse, d’un magasin connu
 provenant d’un abattoir « réputé » avec un tampon vétérinaire
 autres (préciser)

25. (Ông) bà chuẩn bị thức ăn như thế nào (kết hợp các loại thức ăn,□) để tránh bị ốm ? (trả lời ngay)

Comment les préparez (les accommodez-vous, les associez vous,...) pour éviter d’être malade?

- Ngâm Dùng 1 loại nước rửa thức ăn Gọt vỏ
 Trần thịt qua nước sôi Nấu kỹ Thêm ớt
 Khác (nói rõ) :
 trempage utilisation d’un produit désinfectant épluchage
 ébouillantage de la viande cuisson longue ajout de piment
 Autres (préciser)

26. Ông (bà) có nghĩ rằng từ 10 năm nay, chất lượng thực phẩm bán ra

Pensez-vous que depuis dix ans, la qualité en général des produits alimentaires commercialisés

S'est améliorée	A baissé	est restée la même	Ne sait pas
Được cải thiện	Giảm	Vẫn như vậy	Không biết

Chú ý (Remarques) :

**27. Ông (bà) có nghĩ rằng từ 10 năm nay, chất lượng bữa ăn của ông bà
Pensez-vous que depuis dix ans, la qualité de vos repas**

S'est améliorée	A baissé	est restée la même	Ne sait pas
Được cải thiện	Giảm	Vẫn như vậy	Không biết

Chú ý (Remarques) :

**28. Theo ý kiến ông (bà), nói chung các sản phẩm ngày nay có nguy hiểm đối với sức khỏe
không? (rủi ro đối với xã hội)**

**A votre avis, de façon générale, les produits alimentaires présentent-ils aujourd'hui des
dangers pour la santé ? (en général, risque pour la société)**

Tout à fait risque	Oui, très risqué	Non, peu risqué	Non, n'est pas du tout risqué	Ne sait pas
Có, rủi ro rất lớn	Có, rủi ro lớn	Không, rủi ro tương đối ít	Không, không rủi ro một chút nào	Không biết

Chú ý (Remarques):

**29. Theo ông (bà), ngày nay những loại thực phẩm nào có nhiều rủi ro nhất cho sức khỏe
người tiêu dùng? Kể tên 3 loại**

**Citez les trois types d'aliments qui selon vous présentent aujourd'hui le plus de dangers
pour la santé des consommateurs?**

- -----
- -----
- -----

30. Tại sao (pourquoi)?

31. Với những thức ăn mà (ông) bà đã chuẩn bị, ông bà có nghĩ rằng các thành viên trong gia đình gặp nguy hiểm đối với sức khỏe không ?

Estimez-vous que les gens qui mangent chez vous, ce que vous avez préparé, courent des dangers pour leur santé ?

Pas du tout	Plutôt pas	Plutôt dangereux	Tout à fait dangereux	Ne sait pas
Không một chút nào	Hầu như không	Tương đối nguy hiểm	Rất nguy hiểm	Không biết

32. Tại sao (Pourquoi)?

33. (Ông) bà có nghĩ rằng có nguy cơ bị ngộ độc nếu ăn ở những nơi sau không ?

Pensez-vous qu'il existe un danger d'intoxication suite à un repas pris dans les situations suivantes

		Pas du tout	Plutôt pas	Plutôt dangereux	Tout à fait dangereux	Ne sait pas
		Không một chút nào	Hầu như không	Khá nguy hiểm	Rất nguy hiểm	Không biết
En famille	Tại nhà					
Cantine d'entreprise, cantine scolaire	Tại nhà ăn của cơ quan hay trường học					
Soirées, invitations	Ăn tiệc, được mời					
Restaurants de luxe	Nhà hàng					
Restaurants populaires	Quán ăn bình dân					
Pho	Phở					
Bun cha	Bún chả					

Chú ý (Remarques) :

34. (Ông) bà có nghĩ rằng có nguy cơ bị ốm khi ăn thực phẩm mua tại những nơi sau không?

Pensez-vous qu'il existe un danger de tomber malade suite à la consommation d'aliments achetés :

		Pas du tout	Plutôt pas	Plutôt dangereux	Tout à fait dangereux	Ne sait pas
		Không một chút nào	Hầu như không	Khá nguy hiểm	Rất nguy hiểm	Không biết
Dans un supermarché	Tại siêu thị					
A une vendeuse connue	Của một người bán hàng quen biết					
Avec un cachet vétérinaire	Thực phẩm mua có dấu thú y					
D'une marque connue	Một nhãn mác quen					

Tại sao (pourquoi)?

35. Nguy cơ bị ốm do ăn uống, (ông) bà có nghĩ rằng ?

Concernant les dangers de tomber malades en consommant des aliments, pensez-vous que ?

- Vẫn tồn tại từ trước
- Đó là nguy cơ mới nảy sinh
- Vẫn có từ trước nhưng bây giờ nhiều nguy cơ hơn trước kia
- Ils ont toujours existé
- ils sont récents
- ils ont toujours existé mais ils sont plus important aujourd'hui qu'avant
- Người tiêu dùng hoàn toàn có thể tự vệ được khỏi các nguy cơ
- Người tiêu dùng có thể tự vệ được một cách tương đối
- Người tiêu dùng chỉ tự vệ được một phần
- Người tiêu dùng không có một phương tiện tự vệ nào
- Le consommateur peut s'en protéger complètement
- le consommateur peut relativement bien s'en protéger
- le consommateur ne peut s'en protéger que partiellement
- le consommateur n'a aucun moyen de s'en protéger
- Những rủi ro này có liên quan đến việc hiện đại hoá trong nông nghiệp không ?
- Có Không
- Ils sont liés à la modernisation de l'agriculture
- oui non
- Những rủi ro đó không có hậu quả gì trầm trọng tới sức khoẻ
- Những rủi ro đó có thể có hậu quả trầm trọng tới sức khoẻ
- Ils n'ont pas de conséquences graves sur la santé
- Ils peuvent avoir des conséquences graves sur la santé

- Không biết rõ hậu quả tới sức khoẻ
- Biết rõ hậu quả tới sức khoẻ
- On ne connaît pas bien les conséquences sur la santé
- On connaît bien les conséquences sur la santé

**36. Đối với sức khoẻ người tiêu dùng hiện nay, (ông) bà đánh giá
Pour la santé des consommateurs, estimez-vous aujourd'hui**

		Suffisant	insuffisant	Ne sais pas
		Đủ	Không đủ	Không biết
La réglementation vietnamienne en matière d'alimentation	Quy định của Việt Nam về thực phẩm			
Les contrôles effectués sur les lieux de fabrication	Kiểm tra tại nơi sản xuất			
Les contrôles effectués sur les lieux de vente	Kiểm tra tại nơi bán			
Les contrôles effectués sur les produits importés	Kiểm tra các sản phẩm nhập khẩu			
L'éducation des producteurs	Trình độ văn hoá của người sản xuất			
L'éducation des vendeurs	Trình độ học vấn của người bán hàng			
L'éducation des ménagères	Trình độ học vấn của người nội trợ			

Chú ý (Remarques) :

**37. Theo (ông) bà, ai là những nạn nhân chính của vấn đề ngộ độc thực phẩm (trả lời ngay)
Selon vous, qui sont les principales victimes des intoxications alimentaires ? (réponses spontanées)**

Personnes ignorantes	Người không biết	
Personnes sans hygiène	Người không vệ sinh	
Personnes pauvres	Người nghèo	
Enfants, vieux	Trẻ em, người già	
Autre	Khác	
Tout le monde est touché	Tất cả mọi người đều có thể là nạn nhân	
Ne sait pas	Không biết	

Chú ý (Remarques) :

**38. Theo (ông) bà, ai là những nạn nhân chính của vấn đề béo phì ? (Trả lời ngay)
Selon vous, qui sont les principales victimes d'obésité ? (réponses spontanées)**

Personnes ignorantes	Người không biết	
Personnes aisées	Người khá giả	
Enfants, vieux	Trẻ em, người già	
Tout le monde est touché	Tất cả mọi người đều có thể	

	là nạn nhân	
Autre (préciser)	Khác	
Ne sait pas	Không biết	

Chú ý (Remarques):

39. Theo (ông) bà, khách hàng chính của rau sạch là ai ? (trả lời ngay)

Selon vous qui sont les principaux clients des légumes propres ? (réponses spontanées)

Personnes aisées	Người khá giả	
Personnes inquiètes	Người hay lo lắng	
Personnes qui ont des enfants	Người có con	
Personnes qui ont déjà été malades	Người đã từng bị ốm	
Autres	Khác	
Ne sait pas	Không biết	

Chú ý (Remarques):

THÔNG TIN CÁ NHÂN (IDENTIFICATION)

40. Giới tính (sexe) Nữ Nam

41. Tuổi (âge) 18 / 24 25 / 34 35 / 44 45 / 54
 55 / 65 trên 65 tuổi

42. Tình trạng gia đình (Situation familiale)

Độc thân Đã lập gia đình Goá bụa Đã ly hôn
 Célibataire Marié Veuf Séparé

43. Tổng số thành viên trong gia đình

44. Số trẻ em (dưới 14 tuổi)

45. Số người nhiều tuổi (trên 65 tuổi)

43. Nombre total de personnes au foyer

44. Nombre d'enfants (moins de 14 ans)

45. Nombre de personnes âgées (plus de 65)

46. Trình độ học vấn của người được điều tra

Niveau d'études de l'enquêté (liste simplifiée de l'office général des statistiques)

Jamais scolarisé,	Chưa bao giờ đi học	
Moins que Cap 1	Chưa tốt nghiệp cấp 1	
Cap 1	Cấp 1	
Cap 2	Cấp 2	
Cap 3	Cấp 3	
Technical worker,	Công nhân kỹ thuật sơ cấp	
Professional secondary,	Trung cấp chuyên nghiệp	
First 2 years certificate at the university	Đại học Đại cương	
University, college.	Đại học, Cao đẳng	
Masters	Thạc sỹ	
PhD and doctor diploma,	Tiến sỹ, phó tiến sỹ	

47. Hoạt động nghề nghiệp của chủ hộ gia đình

Activité professionnelle du chef de famille? (liste simplifiée de l'office général des statistiques)

Cadres fonctionnaires	Lãnh đạo thuộc các lĩnh vực các ngành các cấp	
Ingénieur – chercheur S et T	Chuyên môn về khoa học kỹ thuật	
Profession médicale	Chuyên môn về y tế	
Enseignants	Chuyên môn về giáo dục	
Autres spécialités	Các chuyên môn khác	
Personnels de service, gardien, vendeur	Dịch vụ cá nhân, bảo vệ, bán hàng	
Agriculteur, exploitant forestier, pêcheur	Nông, lâm và ngư nghiệp	

Artisans	Thợ thủ công, gia công	
Ouvriers spécialisés (OS)	Thợ lắp ráp, vận hành máy móc và thiết bị	
Travailleur non qualifié	Nghề đơn giản	
Autres	Các nghề khác	

48. Tổng thu nhập của gia đình (có thể trả lời hoặc không)

Niveau de revenu total de la famille ? (option)

49. Tháng trước, (ông) bà và gia đình (ông) bà có tiêu dùng một trong những thực phẩm sau không ? (cho xem bảng)

Au cours du mois dernier, votre famille a-t-elle consommé au domicile, les aliments suivants ?

		<i>Nbr de jours dans le mois</i>	<i>quantités/mois/foyer</i>	<i>dépenses/mois/foyer</i>
		<i>Số ngày tiêu thụ / tháng</i>	<i>Khối lượng tiêu thụ / gia đình / tháng</i>	<i>Giá trị tiêu thụ trong tháng / gia đình</i>
Riz	Gạo			
Manioc	Sắn			
Viande	Thịt			
lait, produits laitiers :	Sữa, các sản phẩm sữa			
fruits :	Hoa quả			
Boissons en bouteille ou cannette	Đồ uống bằng chai hoặc hộp giấy			

(nếu không có số lượng, lấy thông tin về tần xuất, tiêu dùng)

50. (Ông) bà có nấu ăn không ? (cho xem bảng)

Vous arrive-t-il de faire la cuisine ? (montrer les réponses)

Jamais	Không bao giờ	
De temps en temps pour les repas quotidiens	Thỉnh thoảng cho các bữa ăn thường ngày	
De temps en temps pour les repas festifs	Thỉnh thoảng cho các dịp lễ, tết	
Très souvent	Rất thường xuyên	

51. (Ông) bà có bao giờ đi chợ không ? (cho xem bảng)

Vous arrive-t-il de faire les courses ? (montrer la liste)

Jamais	Không bao giờ	
De temps en temps	Thỉnh thoảng	
Très souvent	Thường xuyên	