

Title:

How Tay adolescent girls and their female carers navigate social norms and sexual and reproductive health information in Vietnam.

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Background:

Sexual and reproductive health (SRH) information is essential for equitable SRH outcomes, yet social norms may restrict access for adolescent girls. Knowledge of how adolescent girls acquire SRH information in Northern Vietnam remains limited. This region is socially conservative, undergoing rapid socio-economic change with ongoing SRH inequities for adolescent girls.

Methods:

Conducted in Cao Bang Province, Northern Vietnam, Tay adolescent girls (16-18 years) n=20, and their female carers n=20 participated in data collection over two-weeks. Separate, qualitative face-to-face interpreter-assisted interviews were conducted. Data was analyzed using Reflexive Thematic Analysis.

Results:

Limited interpersonal communication between women regarding SRH is the norm, with perceptions that SRH information is sensitive and private. Intergenerational norms persist between female carers and adolescent girls inhibiting how SRH information and experience is shared.

SRH topics of most importance to participants were pre-marital sex, unwanted pregnancy and the economic and reputational repercussions. These issues dominated SRH education and information adolescent girls received. Adolescent girls want reliable SRH information as pre-marital sex becomes more common. Female carers want adolescent girls to know how to protect themselves and their families.

Acceptability of available SRH information sources is contested. Female carers perceived that school, community based and online SRH information are sufficient. Adolescent girls considered school and community-based information insufficient,

preferring online information, therefore receiving conflicting messages across a range of sources.

Conclusion:

Diverging views about the SRH needs of adolescent girls reflect shifting social norms with necessary SRH support limited. Widespread reliance on online SRH sources coupled with poor digital literacy is introducing new health inequities for this group. Collaboration between state and non-state actors could: target SRH education in high school on pregnancy prevention and support delivery between teachers and health workers; utilise community health promotion for culturally sensitive SRH literacy, and expand existing online safety programs to address digital literacy.

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None.

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