

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

Burns L^{1,3}, Pitt H¹, Mai D T T², Pham M D^{3,4}, Azzopardi P^{3,5,6}, Thomas S¹.
Health Promotion International, 2025, **40**
daaf079 <https://doi.org/10.1093/heapro/daaf079>



Background

Vietnam (pop. 100m) is a culturally conservative country, undergoing rapid socio-economic change.

There are persisting sexual and reproductive health (SRH) inequities for adolescent girls from ethnic minority populations.

Reliable SRH information is an important determinant for equitable SRH outcomes.

Social norms inhibit access to reliable SRH information.

How ethnic minority adolescent girls access reliable SRH information is not well understood.

The evidence base on adolescent SRH is limited for ethnic minority groups, including the Tay communities



Research questions

What SRH information is of most importance to Tay adolescent girls and their female carers?

How socially acceptable is it to discuss issues related to SRH with others in this Tay community?

What influences where Tay adolescent girls and their female carers seek information about SRH?

Methods

Big 'Q' experiential and interpretative approach, using social norms theory

Thach An District, Cao Bang Province, Northern Vietnam

Tay adolescent girls ($n=20$), and their female carers ($n=20$).

40 separate, qualitative face-to-face interpreter-assisted interviews over two weeks.

Reflexive Thematic Analysis.



Results

I know that my friend is pregnant, for example, and is gossiped about by one person or another, and I am afraid that it will happen to me.

Dyad 1, Adolescent Girl, Age 17.

- Most important topics were pre-marital sex, unwanted pregnancy and the economic and reputational repercussions.
- 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.

Results

My mum didn't say anything to me, so I didn't say anything to my daughter.

Dyad 16, Female Carer, Age 42.

- Limited interpersonal communication between women regarding SRH is the norm, with perceptions that SRH information is sensitive and private.
- Intergenerational norm sharing occurs between female carers and adolescent girls inhibiting what SRH information and experience is shared.

Results

I read information on the internet to know that I had to use protection.

Dyad 2, Girl, Age 18.

- Acceptability of available SRH information sources is contested.
- Female carers perceived that school and 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.

Conclusions

As normative behaviors change, views are diverging about the SRH information needs of ethnic minority adolescent girls

Widespread and increasing reliance on online SRH sources – low health & digital literacy

New health inequities emerging for adolescent girls

Recommendations

Better collaboration between state and non-state actors

to adapt SRH education in high school to target pregnancy prevention

to support linkages between teachers and health workers to improve delivery of SRH information

to increase community-based health promotion to improve SRH literacy

to expand existing online safety programs to address digital literacy

Acknowledge the amazing women from Thach An District, who gave their time and shared their experiences for this study.

This work was supported by an Australian Government Research Training Program Scholarship.

