

Some Socio-Cultural Barriers to Reproductive Health Care Behaviors Among Ethnic Minority Adolescents in Vietnam

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Abstract

Background: Adolescent reproductive health care is a critical aspect of ensuring the well-being of human resource in the future. However, Vietnamese adolescents are facing of unsafe sex and its associated negative outcomes, including unintended pregnancies, sexually transmitted infections and unsafe abortions.

Objective: This study aimed to determine some socio-cultural barriers hindering reproductive health care behaviors among ethnic minority adolescents in Vietnam.

Methods: This cross-sectional study was carried out on 305 ethnic minority adolescents who are the Tay and Dao aged 15–19. The descriptive and bivariate correlation techniques were used to describe the adolescents' difficulties in accessing reproductive health care information and contraceptive methods. The qualitative data were 22 in-depth interviews and focus group discussions.

Results: The harmful social norms, community stigma and poor communication between parents and children were the major hindrances for adolescents to seeking information from reliable sources and accessing reproductive health care services. The results showed that 96.7% of adolescents wanted to receive information from health care staffs but less than one-fifth had received information in the past 12 months. They also rarely accessed reproductive health care services due to feelings of embarrassment and fears of stigma or gossip.

Conclusions: Some socio-cultural barriers may lead to limitations in reproductive health education for adolescents and their access to health care services. The findings underscore the need to promote open parent–adolescent communication on reproductive health care topics, and to enhance community awareness of the importance of reproductive health care beginning in adolescence.

Keywords: socio-cultural barriers, reproductive health care, ethnic minority, adolescent behaviors, Vietnam

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Introduction

Adolescent reproductive health is crucial because it sets the foundation for overall well-being by promoting healthy development in adolescents' transition into adulthood, empowering young people to make informed decisions about their bodies, preventing negative outcomes like unintended pregnancies, sexually transmitted infections (STIs), and sexual violence. Ensuring effective reproductive health care for adolescents also has long-term societal benefits, such as decreasing child marriage and improving public health.

The population aged 15–19 years old accounts for about 7% of the total population of Vietnam (National Statistics Office, 2024). In February 1990, Vietnam was the first country in Asia and the second country in the world to ratify the United Nations Convention on the Rights of the Child, and since then Vietnam has issued many policies and action programs on adolescent reproductive health care and has achieved many successes in this regard. Adolescent reproductive health has been identified by the Ministry of Health as one of the priority areas in the “National Master Plan on Protection, Care, and Promotion of Adolescent and Youth Health for the Period 2006–2010 and Strategic Orientation to 2020,” the “Vietnam Population and Reproductive Health Strategy for the 2011–2020 period,” and the “National Strategy on Gender Equality for the 2021–2030 period.” Implementation of these national plans and strategies has resulted in substantial progress in improving the reproductive health status of the population over recent decades, for example, Vietnam was one of the only 6 countries in the world that achieved the maternal mortality reduction target of the MDGs in 2015 (UNFPA Vietnam, n.d.). Expanding access to reproductive health rights and services can also reduce the prevalence of early marriage in some ethnic minority regions, particularly in the Northern Midlands and Mountainous areas and decrease adolescent pregnancy, prevent sexually transmitted infections, and enhance overall population quality (General Statistics Office and Committee for Ethnic Minority Affairs, 2020).

However, there is still a practical-knowledge conflict gap in this area in Vietnam. Adolescents' knowledge and skills related to reproductive health care remain limited; reproductive health education has not received adequate attention; and the provision of adolescent-friendly reproductive health information and services has not met their diverse needs. Unsafe sexual practices, unintended pregnancies, unsafe abortions, and the risk of sexually transmitted infections among adolescents have not improved significantly, particularly in rural and remote areas and among ethnic minority adolescents (Bui, 2020; Dao, 2021; Le, 2022; Ministry of Health, 2020; Nguyen et al., United Nations in Viet Nam, 2016). Furthermore, many parents afford to sidestep frank, open discussions about sex and related topics due to barriers from traditional concepts such as the notion that is delicate and sensitive issues, or fear of children practicing too early (Bui, 2020; Le, 2022; Pham, 2007). Therefore, this study aimed to determine some socio-cultural barriers hindering reproductive health care behaviors among ethnic minority adolescents in Vietnam.

Methods

This cross-sectional study was carried out on 305 ethnic minority adolescents who are the Tay and Dao aged 15–19 in a province located in Northern Midland and Mountainous Region of Vietnam. The qualitative data were 22 in-depth interviews and focus group discussions with Tay and Dao ethnic adolescents, parents, teacher, school leader, local health officials, prestigious people, and local government representatives.

The quantitative sample was selected using the probability sampling method. Specifically, the study applied systematic random sampling technique on the total list of Tay and Dao children aged 15–19 living in two mountainous communes in Thai Nguyen province. After having the overall sample list, we performed the k-step to select the sample list and the backup sample list. Finally, we interviewed 305 adolescents.

The quantitative data were collected using the sociodemographic characteristics questionnaire, knowledge, attitude and behaviors of adolescents regarding reproductive health care. The descriptive and bivariate correlation techniques were used to describe the adolescents' difficulties in accessing reproductive health care information and contraceptive methods. The qualitative data was recorded and transcribed into text for analysis.

Results

The harmful social norms and community stigma were the major hindrances for adolescents to seeking information from reliable sources and accessing reproductive health care services. For instance, the qualitative data revealed that adolescents rarely accessed reproductive health care services or seek information from health workers due to feelings of embarrassment and fears of being judged or having rumors spread about them if encountering acquaintances. Besides, quantitative data showed that the vast majority of adolescents wanted to receive information from health care staffs (96.7%) and nearly half said that this was their preferred source, but less than one-fifth had received information in the past 12 months.

We do not want to ask health care staffs or adults here because people often think that we are not yet old enough to know the specifics or details about these matters, and if we are seeking the information about sexual activity, sexually transmitted infections or contraceptive methods, we must have a problem. (FDG, adolescent girls aged 17–18)

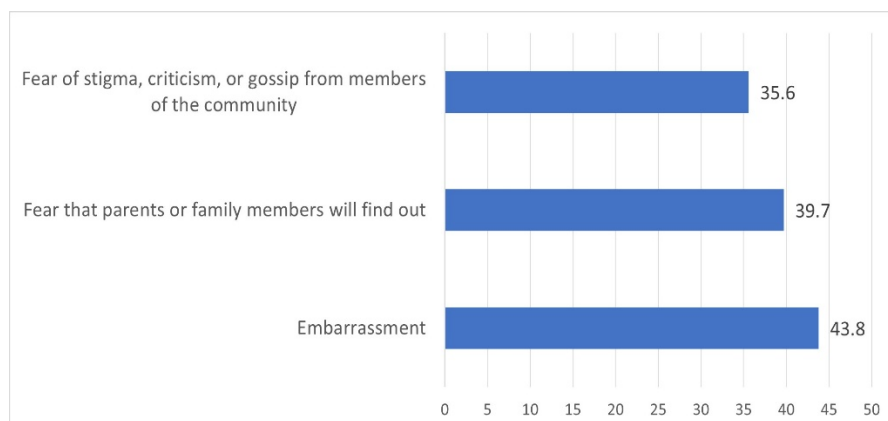
There are no outreach activities or health care programs specifically inviting or targeting adolescents. We cannot meet privately to disseminate information to them because they are shy. We usually integrate information about adolescent reproductive health care when providing general health information to the whole family. (IDI, village health worker)

Adolescents and young people remained hesitant regarding this issue. For example, when encouraged to do premarital counseling or reproductive health check-ups, many claimed that they had no health problems and therefore did not need an examination, or they feared that if they were found to have any illness, especially a hereditary one, no one would be willing to marry them. (IDI, representative of the Provincial Department of Health)

According to our field observations, accessing health care services in the surveyed areas is relatively convenient due to the availability of pharmacies and health facilities. However, when asked whether accessing and using contraceptive methods was easy or not, 25.4% of adolescents reported experiencing difficulties. The primary reasons as illustrated in the figure below include feeling embarrassed (43.8%); fear that parents or family members will find out (39.7%); and fear of stigma, criticism, or gossip from members of the community (35.6%). The level of difficulty was concentrated in the younger age group, teenagers aged 15–17 experienced two times more difficult than those aged 18–19.

Figure 1

Reasons Why Ethnic Minority Adolescents Encountered Difficulties in Accessing and Using Contraception (%)



Source: Survey data from “Reproductive health care for ethnic minority adolescents in Thai Nguyen province” project.

The poor communication in this regard between parents and children was another barrier. Communication between parents and adolescents regarding reproductive health care was analyzed with 256 adolescents currently living with both their mother and father, and the data shows that adolescents communicated with their mothers about reproductive health issues significantly higher than their fathers as stated in the table below. Correlation analyses also indicated a clear pattern of same-gender communication in this regard. Accordingly, boys tended to talk with their fathers and girls preferred to talk to their mothers.

Table 1

The Proportion of Adolescents Who Discussed Reproductive Health With Their Parents (N=253)

Topics	Father	Mother
Female reproductive system (menstrual irregularities, dysmenorrhea, hygiene practices, infections)	5.5	52.6
Male reproductive system (wet dreams, structural abnormalities like phimosis, infections)	11.9	13.4
Pregnancy, prenatal care, and childbirth	8.3	36
Sexually transmitted infections	15.4	39.1
Safe sex	9.9	27.3
Sexual refusal	12.3	25.3
Contraceptive methods	11.9	39.1

Source: Survey data from “Reproductive health care for ethnic minority adolescents in Thai Nguyen province” project.

On the other hand, only 18.5% of adolescents reported that parents were their preferred source of information about reproductive health care. In explaining this, some parents disclosed that they were concerned that discussing reproductive health in detail such as how to use contraception or how to have safe sex would be inappropriate or potentially harmful as imply permission or encouragement for their children to have sex early like an idiom “Vẽ đường cho hươu chạy” [To pave the way for deer run]. Some others felt discomfort because these topics were considered private matters or because they had limited knowledge about modern contraception methods, so they preferred to emphasize the consequences of early sexual activity

(like pregnancy, early marriage) rather than providing comprehensive information that includes contraception options and safe sex for their children.

In short, ethnic minority adolescents still faced significant limitations in accessing reproductive health information from reliable sources and encountered difficulties in utilizing reproductive health care services when needed.

Conclusions

Our findings showed the limitations in open discussions about reproductive health within families, and community prejudices against exploring certain aspects of reproductive health such as sexuality or contraceptive methods during adolescence. This may limit adolescents' access to reproductive health education and reproductive health care services.

These findings highlight the importance of fostering parent–adolescent communication and enhancing community awareness of the need for reproductive health care beginning in adolescence. In addition, suggesting that local health care providers can play an important role to bridge parent-child communication gap by providing accurate, non-judgmental information to both parents and adolescents.

Author's Note

This paper is an outcome of the 2025–2026 Ministry-level research project: “Reproductive health care for ethnic minority adolescents in Thai Nguyen province” that Institute of Human, Family and Gender Studies is the implementing agency.

Declaration of Generative AI and AI-Assisted Technologies in the Writing Process

The author declares that ChatGPT was used in proofreading and refining the language used in the manuscript. The usage was limited to correcting grammatical and spelling errors and rephrasing statements for accuracy and clarity. The author further declares that, apart from ChatGPT, no other AI or AI-assisted technologies have been used to generate content in writing the manuscript. The ideas, design, procedures, findings, analyses, and discussion are originally written and derived from careful and systematic conduct of the research.

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