Sexually Transmitted Infections, Sexuality and Gender Relations Among Vietnamese Young Adults in Ho Chi Minh City, Vietnam: A Qualitative Study

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Research

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Abstract

Background: Sexually transmitted infections (STIs) are a growing problem worldwide, and premarital sex increases, particularly in low-income countries. The aim was to describe perceptions of STIs, sexuality and gender relations among Vietnamese young adults in Ho Chi Minh City.

Methods: A descriptive study using qualitative methods was conducted, and the “Health belief model” was used as framework. Fifty-one young adults, female and male, participated in seven focus group discussions. Data obtained were subjected to qualitative content analysis.

Results: The young adults described varied perceptions of STIs and sexuality. Some of them, particularly females, had misunderstandings about possible causes of STIs. Both genders mentioned that they had received information about STIs from different sources such as the Internet, magazines and healthcare professionals at schools, but they still lacked knowledge about transmission and prevention. Imbalance in gender relations was shown in discussions of premarital sex and use of condoms. The young adults indicated that men and women should share the responsibility to prevent STIs, and they should get more sexual and reproductive health education by healthcare professionals at different educational levels.

Conclusion: The study highlights that Vietnamese young adults still have lack of knowledge and misconceptions about STIs, particularly females. Therefore, reproductive health education programs should be developed to equip young adults of both genders with adequate knowledge, promote safer-sex negotiations and practices, and make culturally appropriate gender equality accessible to young adults.

Plain English Summary

Sexually transmitted infections (STIs) among adolescents and young adults are public health problems all over the world. Premarital sex and high-risk sexual behaviors among teenagers and young adults increase the possibility of negative consequences, e.g., HIV/AIDS or other STIs and unplanned pregnancy. Through numerous social and economic changes, the sexual life patterns of Vietnamese people are changing. In order to facilitate a sustainable sexual life, focus is needed on empowering knowledge about STIs and contraception. The “Health belief model” (HBM), a cognitive model that examines individual perceptions as motivators of health-related behaviors, was used as framework. A descriptive qualitative study using a semi-structured interview guide was conducted. Fifty-one third-year students (20 men and 31 women) from vocational schools participated voluntarily in seven focus group discussions. The data obtained were subjected to qualitative content analysis. The finding showed that young adults still lacked knowledge about transmission and prevention. Some men had experience of premarital and unsafe sex, while some women indicated the need of gender equality in health education. Shared responsibility to prevent STIs and need of sexual and reproductive health education were also indicated. This study highlights that reproductive health education programs, accessible for young adults, should be developed to equip young adults of both genders with adequate knowledge and promote culturally appropriate and gender-equal safer-sex negotiations and practices.

Introduction

Sexually transmitted infections (STIs) among adolescents and young adults are public health problems all over the world. The problems are particularly pronounced in low-income countries because of their high prevalence and their contribution to morbidity and mortality [1]. More than one million STIs are acquired every day worldwide [2], and they affect the health and lives of women, men and babies [1]. Sexual habits, such as use of unprotected vaginal, anal and oral sex, increase the risks for STIs. Complicating factors, such as migration, stigma, socio-cultural practices, human behavioral changes and prostitution, affect people with STIs [3].

Urbanization, economic growth and social transitions in Vietnam have resulted in labor migration. This makes young men and women live away from their home communities and gives them opportunities to socialize without supervision of their families [4, 5]. In urban areas, young adults are exposed to mass media and Western culture when it comes to, e.g., fashion, fondling in parks, pornography and prostitution [6, 7]. Therefore, they are little concerned by traditional expectations and views of gender roles and sexual behaviors [8, 9]. Premarital sex and high-risk sexual behaviors among teenagers and young adults increase the risk of negative consequences such as HIV/AIDS, other STIs and unplanned pregnancy [10]. Vietnamese men often have their first sex experience with sex workers, and women find it difficult to negotiate protected sex with their boyfriends and husbands as they are raised to be submissive [11]. A survey of the general population showed that only 2.6% of the women had experienced premarital sex, while the rate among men was 17% [12]. Through a large number of social and economic changes, the sexual life patterns of Vietnamese people are changing. In order to facilitate a sustainable sexual life, focus is needed on empowering knowledge about STIs and contraception.

Previous studies in Vietnam [13–15] showed that knowledge of STIs, HIV and contraception is still limited among young people. Misconceptions regarding STIs and delays in seeking care for STIs still remain [16, 17]. Little knowledge of STIs has been connected with unsafe sex practices and HIV [16]. Inadequate knowledge of STIs and contraceptives among young people has been attributed to lack of sex education programs [15, 18]. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled [19]. The “Health belief model” (HBM) is a cognitive model for understanding health risk behavior in diverse groups [20]. The HBM was used as a framework to study perceptions of STIs related to sexual behavior among Vietnamese young adults, both male and female. This model views individual perceptions as motivators of health-related behaviors. These perceptions include perceived susceptibility, defined as the individual’s perceived vulnerability or personal risk to the health threat, and perceived severity, defined as the perceived implications of health threat. The individuals have to weigh the perceived benefits, which include the believed effectiveness of prevention of illness, against the perceived barriers, which include the perceived negative consequences of taking the prescribed health actions [20]. Understanding perceptions of STIs and sexuality of Vietnamese young men and women could provide an important basis for the development of interventions aimed at promoting protective risk practices, avoiding their complications, and promoting early healthcare-seeking

behavior. Therefore, the aim of this study was to describe perceptions of STIs and sexuality among Vietnamese young male and female adults in Ho Chi Minh City (HCMC), Vietnam.

Methods

A descriptive study using qualitative method was carried out. Focus group discussions (FGDs) provided in-depth understanding of perceptions of STIs and sexual practices [21]. Data were collected at two vocational schools in HCMC where the students were young adults, male and female, studying different vocational areas such as electronics, mechanics, computer science, hairdressing, makeup and design.

Participants

A purposive sample of 51 third-year students from the vocational schools participated voluntarily. The selection criteria were as follows: The participants should (1) be of age 17–24 years and (2) have given informed consent. Twenty male students participated in three FGDs (7 in FGD1, 8 in FGD2 and 5 in FGD3) and 31 females participated in four FGDs (7 in FGD3 and 8 in each of FGD4, FGD5 and FGD6). Their ages ranged from 17 to 24 years and their mean age was 19.53 (SD 2.25) years. The large group of participants without religion (41%) was followed by Buddhists (37%) and Catholics (19%). Seventy-three percent of the students lived with their parents, 13% lived with friends, 12% lived with relatives, and 4% lived alone. The average length of living in HCMC was 11 years. Of the participants 65% were single, 22% had a girlfriend and 13% had a boyfriend.

Data collection methods

A semi-structured interview guide for FGDs was developed in order to collect in-depth information. The interview guide comprised demographic background and seven open-ended questions concerning perceptions of STIs and sexuality. It was based on results of an unpublished study and HBM [20]. The questions were: (1) What do you know about sexually transmitted infections (STIs)? Please describe. (2) Where do you get information about STIs? (3) How can people get STIs? (4) Who belongs to a high-risk group for STIs? (5) What should you or young adults do to prevent STIs? Please describe and give examples. (6) What do you think about sexual practice of young adults? (7) Do you have something to share? One FGD (not included in the analysis) was conducted as a pilot interview to test the usability of the interview guide. The results showed that the interview guide was adequate and no question needed adjustment.

Procedure

After having been informed, the directors of the two vocational schools gave their permission to conduct the study. All students were informed orally and in writing about the study and their rights in the classrooms. Two midwifery lecturers from the university helped to conduct the FGDs. Those who agreed to participate gave their informed written consent. The FGDs, in Vietnamese, were carried out in a room at each school. Each FGD, lasting 90–120 minutes, was tape-recorded until no new information emerged

and then transcribed verbatim. The transcriptions were translated from Vietnamese to English, and the translations were checked by a language expert.

Ethical considerations

The study was approved by an Ethics Committee of the University (ID: 15/04/2012-HD/NCKH) and by the Directors of the two vocational schools. All participants had been fully informed about the purpose of the study and assured anonymity and confidentiality. They were also informed that they could drop out at any time. For the participants under 18 years, also a parent or guardian gave informed written consent. The ethical requirements of the Declaration of Helsinki-Ethical Principles for Medical Research Involving Human Subjects were fulfilled.

Data analysis

The data from the translated interviews were subjected to qualitative content analysis involving subjective interpretation of the content of the textual data through a systematic classification process [22, 23]. First, the transcripts were read several times and related to the aim of the study until they were fully understood. The analysis process began by highlighting sentences of importance and dividing them into meaning units. The meaning units were condensed and labelled with short codes, which were compared to identify similarities and differences. Then, categories were developed based on the codes that included the manifest content. Finally, emerging categories were tested and revised through analyses of the interviews. The outcomes were discussed and modified to ensure reliability. Peer checking, validation of emerging codes and categories, and debriefing were used to enhance credibility. This was done with help from two colleagues, both of them experts in the research method and the topic. Disagreements were discussed until consensus was reached.

Results

]Six categories of STIs, sexuality and gender relations emerged from the FGDs: Having information but lack of knowledge, different sources of information about STIs, premarital sexuality and imbalance in gender relations, unsafe sex and contracceptive practices, sharing responsibility to prevent STIs, and need of sexual and reproductive health education.

Having information but lack of knowledge

All participants in the FGDs, male and female, described that although they had heard about STIs, they did not have knowledge about STIs, in particular HIV/AIDS, and their transmission. They expressed that STIs are diseases that persons can get from unsafe sex. Some female participants had misunderstandings about STIs, e.g. that they would originate from mosquitos or that HIV/AIDS can not be transmitted from mother to child. In spite of having heard about STIs, some male participants did not make use of condom.

“I have heard about STIs and their causes, especially HIV/AIDS…But I think that I don’t know how people can get the disease and how to prevent it. I think STIs can be transmitted sexually but I am not sure about mother to child ...” (Female, FGD2)

“The health care staff came to our school and told us about STIs and their prevention but it was very short time. I do not understand and know so much about these diseases…” (Male, FGD1)

Different sources of information about STIs

All participants had received information from healthcare professionals visiting high schools. They had informed about health related to gender including anatomy, physiology and sexuality but not focusing on STIs. The participants had recieved information about STIs from other sources such as the Internet, friends, magazines, TV, radio and posters. A few female participants described that they had received unclear information from their parents. Male participants mentioned STIs such as HIV/AIDS, syphilis, gonorhea, chlamydia and genital herpes, while female participants mentioned HIV/AIDS, vaginal yeast infections (Candidiasis) and chlamydia.

“I got information from the Internet, friends, magazines, and TV. Teachers at the school and doctors who came to the school gave information and health education. My mother did not tell me…but we can chat with persons on the Internet…” (Female, FGD1)

“I and my friends got information about STIs, particularly from the Internet. We could find any information we wanted, for example by using google and typing ‘gonorrhea’ or ‘HIV/AIDS’.... We also talked together if we had a problem.” (Male, FGD3)

Premarital sexuality and imbalance in gender relations

Most participants, male and female, described that Vietnamese young adults try to import Western/European life styles, e.g. by engaging in sexuality and having sex early. Some male participants mentioned that they live together and have sexual relationship with their girlfriends, while some female participants told that sex is for both heterosexual and homosexual persons. Additionally, some male participants mentioned that their friends were curious and used the Internet to watch pornographic films. Then they tried to act like the superstars.

“I think young people have high confidence. Western culture has come to Vietnam so they try to do as in the West. They have sex earlier and … sex is … also for homosexual people. It is important to think about consequences of unsafe sex.” (Female, FGD3)

“My girlfriend and I talked about sexuality. We have been together one year so we trust each other and have agreed when we have had sex...” (Male, FGD2)

There were imbalances in gender relations when comparing discussion of premarital sexuality and condom use between men and women in the FGDs. The male FGD participants indicated that men are inherently sexual and therefore premarital sex for them was socially acceptable. The female FGD

participants said that, in accord with Vietnamese traditional culture, women should have a passive attitude to sexual matters. They said also that a woman should not have premarital sex to maintain the respect of their future husband and husband's family. However, some female FGD participants argued that woman could have sex with her boyfriend when they love together.

"Now Vietnamese young people want to live together before marriage. My friend has sexual relationship with her boyfriend. Young men go to prostitutes … and they don't think about consequences of having unsafe sex…" (Female, FGD4)

"My friends who had had sex with prostitutes told me that they had already had sex … and suggested me to follow them." (Male, FGD1)

Unsafe sex and contraceptive practices

A few male participants did not use condom when they had sexual intercourse. The reasons were that they wanted to prove that they did not have any STIs, and they did not want to be asked by the shop sellers if they were old enough to use condom. The male participants' friends suggested them that they could have sex with prostitutes. Some female participants described that young people need sex and therefore they wanted to try having sexual relationship. A few of them said that they had boyfriends. Additionally, the participants described that young adults commonly use traditional contraceptive methods when having sexual intercourse. Some of the men and women in the FGDs mentioned that they did not use any contraceptive methods when they had sex unexpectedly. However, some men mentioned that they used condoms or withdrawal when they had sex. They did not like to use condoms because they thought condoms reduced their sensation during sexual intercourse.

"My girlfriend and I were together during the weekend. We could not control our emotion so we had sex and did not use any contraceptives…" (Male, FGD2)

"I asked my boyfriend to use condoms but he did not accept and used withdrawal. He did not like using them. I had to follow him." (Female, FGD3)

Sharing responsibility to prevent STIs

STIs can affect the style and quality of life in the family and in the community. Some participants mentioned that young adults are a high-risk group for getting STIs and that these can be prevented. All participants mentioned that men and women should have responsibility together about prevention of STIs. They indicated that they should protect themselves from STIs, e.g. by having sexual relationship with one partner only. They had to protect themselves and avoid transmitting diseases to their partners or others. Some female participants expressed that men and women make love together and therefore they have responsibility to protect themselves and their partners. Also some male participants mentioned that when two persons have sex both of them have responsibility to protect themselves.

"A person who has sex with another person can bring STIs to his/her partner… When having sex there are two persons and not only one…It doesn't work if one person wants to protect but the other doesn't want …

We have to share responsibility for safe sex." (Female, FGD4)

"HIV/AIDS is a problem because it always ends up with dying if we get it. I think we should take responsibility to have safe sex when we have sexual intercourse with our girlfriends …" (Male, FGD2)

Need of sexual and reproductive health education

Knowledge about sexuality and reproductive health is an important issue for young adults. All participants indicated that on different educational levels (secondary school, high school, and university) they wanted to get more information and knowledge about STIs related to, e.g., their causes and prevention. They told that in high school they had only had a health education program about gender including anatomy and physiology. Both male and female participants expressed that it is important to have health education programs, which concern gender, sexuality, reproductive health including STIs, safe sex, and contraception for young adults. The participants mentioned that reproductive health education programs for students, involving reproductive health campaigns and group discussions with healthcare professionals or counselors can make young adults feel comfortable with asking questions. A few female participants mentioned that gender equality should be included in reproductive health education programs.

"Commonly in Vietnam, people do not want to discuss or talk about this (sexuality or STIs) at home because of Vietnamese cultural traditions. We should have healthcare providers come to our school and talk about diseases and prevention to students, a little bit at secondary school, more and more at high school … also at university." (Female, FGD3)

"I don't know about symptoms of STIs. If I have got a kind of STI, I would be ashamed to go to the clinic. I think we should get knowledge about STIs and their transmission at schools, college and university so that young adults can protect themselves when having sexual intercourse … and they can receive correct information concerning sexuality and safe sex." (Male, FGD2)

Discussion

The findings from the qualitative data of this study are discussed below in relation to the HBM [20].

Perceived susceptibility and severity

To prevent STIs among young adults it is important to understand their perceptions of their personal susceptibility to these infections and the severity of these infections. The findings showed that the participating young adults lacked knowledge about STIs, particularly HIV/AIDS, and their transmission. A few of them did not correctly make use of prevention. This kind of behavior is supported by previous studies [13–16]. Low levels of knowledge of STIs have been shown to be connected with unsafe sex practices [12, 24], and such levels have been found among Vietnamese women of reproductive age [16]. Male young adults tended to have more liberal attitudes toward high-risk sex behavior than female young adults, and they reported more premarital sex, casual sex relationships, and multiple sex partners [25].

STIs among young people, particularly women, is a major health concern because this group of people has very limited knowledge of these infections [13]. This highlights that Vietnamese young adults need sex education programs even though they have been exposed to health education in the high schools of Vietnam.

Some participants, particularly female, had misunderstood possible causes of STIs. The existence of misconceptions about STIs is in accord with some studies [15, 16]. The findings of this study showed that the participants underestimated their shown susceptibility to STIs because of insufficient knowledge and misconceptions. According to the HBM, the participants need to increase their understanding and knowledge of personal risks. Increased perception of susceptibility and severity results in improved prevention or treatment. Therefore, STI-prevention programs for young adults should emphasize the health-related consequences of STIs and make them understand the implications for their well-being of having STIs. When young adults understand how STIs can affect their lives, they may be more likely to consider them in sexually intimate situations.

The participants were influenced by the Western life style. They had watched pornographic films and had had sex early, also with visiting sex workers. Premarital sex is increasingly viewed as normative among adolescents and young adults in urban areas of Vietnam [26, 27], and young adults have more open attitudes to premarital sexual relations than they had previously [9, 10]. Vietnamese young men in urban areas reinforce masculinist ideologies by watching heterosexual pornography in groups with male friends or visiting female sex workers [28]. Some male participants lived together with their girlfriends and had sexual relationship with their girlfriends without using condom. They wanted to prove that they did not have any STI. Also, some female participants described that young people are curious about sex which is a need for them. Li et al. [29] found that a regular partner in true love does not need to use condom. It seems that the participants did not realize the severity of STIs. Therefore, sex education and STI prevention programs should be developed to equip young adults with adequate knowledge and promote safer-sex negotiation and practices. Such programs should start with attitudes toward sex.

A few female participants described that they had received unclear information from their parents. The structure and value system of families influence every aspect of traditional Vietnamese culture and society [30], and young women in particular are considered to be guardians of traditional moral values [18, 31]. Therefore parents may feel embarrassed to talk about sex and they may believe that doing this would lead to undesirable sex experiments. Sex education in Vietnam should be improved by promoting sexual dialogue between parents and young adults [26]. Also, reproductive health education programs should be culturally appropriate and accessible for young adults.

Perceived benefits

The participants had received information about STIs from different sources such as magazines, the Internet, TV, radio, posters and healthcare personal. Watanabe et al. [32] showed that most of the participants received this knowledge through TV, magazines and the Internet. In addition, Ngo et al. [33] found that among young people the Internet was considered a medium for expressing sexual identities

and desires. In accord with HBM, perceived benefits may have played an important role for the adoption of prevention and care seeking or treatment among the participants. Sexual and reproductive health services should be given facilities to make healthcare accessible for young adults [34].

Cue to actions

HBM [20] suggests that behavior is influenced by cue to action for STI prevention and safe sex behavior. Some participants described that young adults are a high risk group for getting STIs. They wanted to get more information and knowledge about STIs, and their causes and prevention, at different educational levels. They mentioned health education programs concerning gender, sexuality, reproductive health, STIs and safe sex, and also reproductive health campaigns and group discussions with healthcare professionals and counselors for young adults. A study in Vietnam showed that the needs of modern contraception by unmarried young people were not met which represents a major gap in access to sexual and reproductive health services [35]. In accord with HBM, the participants believed that changes of knowledge, attitude and behavior are useful (perceived benefit) and made them able to protect themselves.

The participating young adults expressed that men and women should be responsible together for prevention of STIs. Adherence to traditional gender roles and norms was associated with female students' reduced self-efficacy to communicate safe-sex matters such as requesting use of condom and refusing unwanted sex [36]. Women's lack of power to negotiate safer sex has been found to be a risk factor [37]. Additionally, a challenge that became apparent in this study is that some female participants wished to include gender equality in health education programs. Previous research in Vietnam [14, 38–40] has suggested that gender inequality, cultural norms and societal double standards heavily constrain young women's capacity to negotiate safer sex and to control their own sexual activity. This makes them vulnerable to sexual health risks. Young unmarried educated women in contemporary Vietnam resist the power of discourses on femininity and sexuality in order to gain control of their sexual relations and promote their sexual rights [41]. It is important to include gender equality in reproductive health intervention programs for young male and female adults that address gender relations and power, promotion of safe-sex negotiation, STI prevention, and access to sexual and reproductive health services.

Strength and limitation

A strength of this study was the use of qualitative method to describe perceptions of STIs and sexuality among Vietnamese young adults, male and female. Trustworthiness of the findings has been obtained by using FGDs for data collection, and qualitative content analysis for data analysis. In addition, the interview guide was tested before use. The findings were discussed by the researcher and persons having experience of the research methodology and of midwifery in Vietnam and in Sweden. Limitations were the study design (descriptive study), the participants (purposive sampling), and the setting of the study (two vocational high schools in HCMC). However, the aim of the study was reached and the findings give a baseline for developing an intervention program aimed at promoting safe sex and prevention of STIs among young adults in a future study.

Conclusion

The Vietnamese young adults, male and female, described varied perceptions of STIs and sexuality. They described getting STIs by sexual intercourse, and they expressed that young adults are a high-risk group and that STIs can be prevented. Some participants, particularly female, had misunderstood possible causes of STIs. Both the male and the female young adults had received information about STIs from different sources, e.g. the Internet, magazines, and healthcare professionals at schools. However, they still lacked knowledge about transmission and prevention. Some young male adults had experience of premarital and unsafe sex. Gender equality in health education was mentioned by some young female adults. Sharing responsibility to prevent STIs and need of sexual and reproductive health education were also indicated. Therefore, reproductive health education programs should be developed to equip young adults of both genders with adequate knowledge and to promote safer-sex negotiations and practices. These programs should be culturally appropriate, gender-equal and accessible for young adults.

Declarations

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Availability of data and materials

Not applicable due to the type of this study.

Ethics approval

The Ethics Committee of the University of Medicine and Pharmacy in Ho Chi Minh City approved the study (ID: 15/04/2012-HD/NCKH).

Consent for publication

The young adults who agreed to participate gave their informed written consent. For those under 18 years, also a parent or guardian gave informed written consent.

Disclosure statement

There is no potential conflict of interest.

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