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Sexual and Reproductive Health Challenges Facing Minority Ethnic Girls in Vietnam: A Photovoice Study

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Abstract

This paper describes a study that examined the challenges faced by Vietnamese ethnic minority girls regarding their sexual and reproductive health. The study employed photovoice, a research method which treats photographs and the accompanying stories provided by participants as qualitative data. Twenty-six (26) minority ethnic girls took photographs of aspects of their lives as a way of documenting the challenges, difficulties and barriers that they faced in looking after their sexual and reproductive health. Findings indicated limited access to sexual health knowledge, the exclusion of young people from mainly adult-focused sexual and reproductive health services in minority ethnic communities and the prevalence of cultural beliefs and practices that negatively affected young people's sexual and reproductive health. The intersection of ethnicity, age and gender place Vietnamese ethnic minority girls at risk as everyday practices informed by culture and tradition curtail their access to the limited sexual and reproductive health information and services available in their communities. Understanding these challenges is needed in developing appropriate policies, programmes and services aimed at enhancing the sexual and reproductive health of this segment of the population.

Keywords: Vietnam; minority ethnic; photovoice; participatory action research; sexual and reproductive health; youth

Introduction

This study explores the challenges faced by Vietnamese minority ethnic girls with regard to sexual and reproductive health. Vietnam is an ethnically diverse country, with 54 ethnic groups (Imai, Gaiha, and Kang 2011; Dang 2012). Of the country's total population of 86 million, the Kinh account for the largest proportion (85.73%) constituting the ethnic majority (Rheinländer et al. 2010; UNFPA 2012). The other 53 ethnic groups who are regarded as minorities make up the remaining 14% of the total population (Dang 2012; UNFPA 2011). The largest groups are the Tay (1.89% of Vietnam's population), Thai (1.81%), Muong (1.48%), Khmer (1.47%), Hmong (1.24%), Nung (1.13%), Hoa (0.96%), Dao (0.87%) and Gia Rai (0.48%) (Dang 2012; UNFPA 2011). In terms of geographic distribution, the Kinh people tend live in populous areas near deltas and coastal areas while most minority groups tend to live in remote and mountainous areas, especially in the Northern Uplands and Central Highlands (Baulch et al. 2007; Imai, Gaiha, and Kang 2011; Van de Walle and Gunewardena 2001). Residing in remote areas, minorities are generally poorer compared with the Kinh majority and have very limited access to basic infrastructure, healthcare services and education opportunities (Imai, Gaiha, and Kang 2011; UNFPA 2012).

Scholars are paying increasing attention to the lack of access to health services, particularly for sexual and reproductive health in Vietnamese minority ethnic communities (Goland, Hoa, and Målqvist 2012; Målqvist et al. 2013; Nguyen 2004; UNFPA 2011). Some have pointed to disparities in access and outcomes between minorities and the larger population (see, for example, [Goland, Hoa and Målqvist 2012; Målqvist et al. 2013]). However, studies have tended to focus on married adults and tend to exclude young, unmarried persons. There is a dearth of literature and knowledge on the sexual and reproductive health of Vietnamese ethnic minority youth.

The limited literature available indicate that a notable proportion of Vietnamese minority ethnic youth have inadequate knowledge of sexual and reproductive health (Vietnam Ministry of Health et al. 2010) and poor access to sexual and reproductive health services (Dao 2010). They are disadvantaged with respect to their Kinh majority counterparts. For example, compared with their Kinh majority peers, minority youth have been found to be less knowledgeable about family planning and have poorer access to appropriate sexual and reproductive health services (Dao 2010; Vietnam Ministry of Health et al. 2010). In the most recent national survey of Vietnamese youth, 20% of Kinh participants reported having no access to counselling services for reproductive health compared to 38% of their minority ethnic peers (Dao 2010). The difference was less pronounced for access to sexual and reproductive health services in general, with 34% of Kinh participants reporting difficulty in access compared to 39% of minority ethnic participants (Dao 2010). Minority ethnic youth and their Kinh majority peers thus appeared to face common challenges in terms of access to sexual and reproductive health services, abeit to a slightly varying degree. Such challenges included limited access to modern contraception, prejudice against young, unmarried persons in the provision of services, and inadequate understanding of contraception and sexually transmitted diseases (Dao 2010; Hoang, Nguyen, and Duong 2018; Vietnam Ministry of Home Affairs and UNFPA 2015). Existing studies, including those cited above, have tended to broadly encompass 'Vietnamese youth', leaving any differences between ethnic minority and Kinh majority youth largely unexamined. The findings of studies

conducted in Vietnam, are, on the whole, similar to what has been reported elsewhere in the literature signalling issues such as judgemental attitudes toward unmarried young people, the lack of youth-friendly sexual health services, and the lack of sexuality education (Tylee et al. 2007; Morris and Rushwan 2015; Tamang et al. 2017; Bearinger et al. 2007).

This paper presents key findings from a photovoice research project aimed at contributing to knowledge of the sexual and reproductive health challenges facing Vietnamese minority ethnic girls. It does so by exploring their lived experiences through their own lenses and narratives. More specifically, the study aimed to address the question: what are the sexual and reproductive health challenges facing young minority ethnic girls living in the Northern Uplands of Vietnam?

Methodology

This study of the lived experience of young Vietnamese ethnic minorities employed photovoice as a data collection method. The use of photovoice in the study represents a significant departure from its original application. Photovoice was developed by Wang and her colleagues in the mid-1990s (Wang and Burris 1997; Wang et al. 1998; Wang 1999) as a participatory action research method. Wang and Burris (1997, 369), defined photovoice as 'a method by which people identify, represent, and enhance their community through a specific photographic technique'. By providing participants with cameras to document what is happening in their communities, photovoice is said to enable people to voice their interests and concerns, share their personal experiences and reflect on community issues (Desyllas 2014; Wang 2006). The underlying premise of photovoice is that images can convey information more effectively than words alone and that no one understands community issues better than those who experience them (Wang et al. 2004; Wang 1999; Berbés-Blázquez 2012; Mamary, Mccright, and Roe 2007). Photovoice aims to engage participants as co-researchers and co-creators of knowledge about their communities (Duffy 2011; Berbés-Blázquez 2012; Hergenrather et al. 2009; Wang 2006). Research findings thus reflect an insiders' perspective and give voice to those who are affected by the issues being studied (Duffy 2011; Hergenrather et al. 2009; Berbés-Blázquez 2012; Mamary, Mccright, and Roe 2007; Findholt, Michael, and Davis 2011).

It has been pointed out, however, that participatory action research as widely practised and theorised is riddled with philosophical, epistemological and methodological issues (Healy 2001; Frideres 1992; Kapoor 2002; Lake and Wendland 2018). There is no space here to systematically outline the extensive critiques of the method and so discussion will be confined to a core issue relevant to this study: namely, the importance of a theoretical perspective. Healy (2001) has argued how proponents of participatory action research routinely understate the power of the researcher amidst what can be patronising claims of valuing local knowledge, equality in status of all participants and the researcher serving as a mere facilitator. While participatory action research is often touted as an instrument for critical practice and knowledge building, its core premise leaves very little room for engagement with critical theory as a theoretical perspective. Indeed, it might represent an inherent contradiction for researchers supposedly acting as facilitators to speak of employing a theoretical perspective when undertaking research. Researchers cannot adopt a theoretical

perspective in analysing research findings while, as Mathrani (1993, 351) portrayed their role in participatory action research, 'working under the guidance of the people'. The current study espouses a critical theoretical perspective. In contrast with the researcher-as-servant narrative embodied in Mathrani's depiction of participatory action research, a critical theoretical perspective acknowledges rather than hides the authorial presence of researchers and embraces the use of theory as a way of managing ideological and theoretical bias in the research process (Kincheloe and McLaren 2011; Thompson 2017).

Such a perspective is particularly relevant to this study. As to how the authors are positioned in relation to the topic, the first author is a Kinh social work academic currently pursuing a doctorate at the University of South Australia and the second author is a social work academic and researcher in the same university. As such, the researchers stand outside the lived experiences of the study's participants. On the one hand, this can be seen as problematic given how the first author, for example, might view the participants' experiences from a Kinh majority vantage point and how both authors might fail to achieve a desirable level of grasp of the participants' experiences. On the other hand, it could also be argued that the position of the authors offers a helpful degree of impartiality towards a subject matter that touches strongly on identity and culture.

Photovoice is used here to examine the challenges faced by Vietnamese minority ethnic girls in the care of their sexual and reproductive health. In a sense, the examination of the young people's experiences was used as a lens through which insights can be gained about grassroots realities in the provision of sexual and reproductive health information and services to this population. The study taps into the everyday personal experiences of Vietnamese ethnic minority to gain an understanding of the community-level dynamics surrounding the subject of interest. The personal experiences of individual participants are not the end point of study – the research object, as it were – is as much an entry point to examining the broader social arrangements and relations that inform those experiences. It was hoped that this critical investigation would surface community-level issues affecting the sexual and reproductive health of Vietnamese minority ethnic youth that might otherwise remain hidden.

Recruitment and participants

The participants were young unmarried minority ethnic girls from the Northern Uplands of Vietnam. They were recruited from participants of an advocacy project aimed at improving sexual and reproductive health awareness. While cognisant of the potential challenges facing Vietnamese boys, the researchers chose to focus on ethnic girls for the sake of manageability, especially given the potentially sensitive and personal nature of the subject matter.

Thirty-five (35) potential participants were invited to attend an initial meeting where they were briefed on the photovoice project. The participants were told about the scope of the project which included attending training courses and fieldtrips to collect data/photographs and stories over a period of five months. Twenty-six (26) girls eventually agreed to participate in the study. The participants were given key information regarding the study before written consent was sought. Participants were

also informed that they could withdraw from the project at any time without any consequences.

Girls came from twenty-six different villages belonging to nine ethnicities and eleven areas in the Northern Uplands of Vietnam. Participants from Tay (26.9%), Thai (23.0%), Hmong (15.3%), and Nung (11.5%) accounted for the majority of participants which is in line with their proportion of the population in Vietnam (Dang 2012; UNFPA 2011). The rest came from Muong (7.6%), San Chi (3.8%), Bo Y (3.8%) and Giay (3.8%) communities. The mean participant age was 20.4 years, with ages ranging from 19 to 22 years old. All participants were unmarried at the time this research was conducted.

Data collection

Participants were invited to attend two sessions. In the first session, they were provided with basic information on sexual and reproductive health. This session was meant to improve participants' understanding of sexual and reproductive health in general and did not delve into challenges and issues. In the second session, participants were provided with knowledge and skills on photovoice and photo-taking techniques. During training in preparation for data collection, they were also briefed on key ethical issues associated with the method including the use of cameras such as participants' personal safety, the photos' ownership, and the need to obtain consent in cases involving human subjects where individuals are identifiable (Novak 2010; Wang and Redwood-Jones 2001).

Participants were then allocated digital cameras and notebooks before they went back to their communities. Each participant was given two weeks to collect the data. This study was conducted from October to December 2016. The overall question 'what sexual and reproductive health challenges do you face within your community?' was introduced to inform the data collection. No further specific questions nor direction in terms of the particular subject matter to be photographed were given to ensure that the girls had full freedom to decide stories they wanted to convey. Given the sensitive nature of the topic, the participants were asked to write down the significance of the photographs they took instead of talking about this in a group discussion to avoid any discomfort and potential breach of confidentiality that may arise in a group setting. This enabled the researchers to capture the participants thoughts as they occurred as opposed to a possibly different or embellished interpretation in conversations at a later date. All participants were higher education students and were thus reasonably expected to have no difficulty in writing down their thoughts.

Data analysis

All photographs and written accounts were treated as qualitative data and analysed using Braun and Clarke's (2006) thematic analysis technique. Initial codes were generated utilising an inductive approach (Braun and Clarke 2012). Inductive coding allowed the researchers to explore patterns and themes from the dataset. The data were independently coded and analysed for potential themes by two researchers. After the initial analysis had been completed, the two researchers met to compare, collate and discuss the themes they found.

Ethical approval for this study was provided by Faculty of Social Work, Trade Union University, Hanoi, Vietnam. Identifying information related to participants, including age, were omitted in the writing of this paper to protect their privacy.

Results

Three key themes emerged from the analysis of data provided by the 26 participants: (1) limited access to sexual and reproductive health information; (2) lack of friendly sexual and reproductive health services; and (3) the influence of cultural practices and traditions.

Limited access to sexual and reproductive health information

Girls in this study had limited access to sexual and reproductive health information, resulting in inadequate sexual and reproductive health knowledge. A Nung girl referred to her photograph of a stream near her house (Figure 1) to illustrate her understanding of how pregnancy happens.

[Insert Figure 1 about here]

> My friends and I used to play at this stream. We were very comfortable with each other, both boys and girls bathing together. When I was in grade 10, … my sister told me that if girls bathed with the boys, their worms would be emitted into the water and enter the girls' bellies, making them pregnant. … Since then, I have not dared to go to this stream for fear of having babies.

By being socialised to such beliefs, the ethnic minority girls in this study were denied important knowledge about contraception. A Nung participant recounted:

> When I was a kid, I didn't know where my father took these objects [condoms] from or what they should be used for. I just saw him hang a string of them on the wall ... one year later, those things were still hung on the wall without being touched by anyone… Out of curiosity, we children took them down and used them as a toy. We put a lot of water in, … then we blew them to make balloons… It was not until I went to university that I realised what they were. For many children in my village, these things are still just balloons to play with.

In the same vein, another Tay participant shared how, in high school, she and her friends used to play with condoms by blowing air inside them to make the balloons and hanging them on their bicycles' handlebars as decoration. Understood in the context of the discussion of customs and traditions below, these accounts suggest a remarkable level of innocence and lack of understanding of the significance of condoms by minority ethnic girls.

Participants attributed this lack of understanding of sexual and reproductive health to their limited access to sexual and reproductive health information. A number of factors contribute to this. First, sex was considered a taboo subject. Adult people,

especially parents, avoided conversations about sex with their children and forbade them from discussing the topic. A Tay participant described her experience initiating an innocent conversation with her mother occasioned by an encounter with a strange item:

> My mum brought lots of these things [condoms] home after she participated in training on reproductive health held by the village's medical staff. One time, out of curiosity, I asked her 'What is this, mum?'. She frowned, responding 'These belong to adults. Children should not ask'. Since then, I didn't dare to ask her about that again.

Lack of sexuality education led to a poor understanding of sexual and reproductive health. Some participants indicated that there was barely any sexual and reproductive health training or sexuality education at their schools. No one ever taught them what condoms were and how to use them, or how to take care of their genitalia. There was also no accessible place they could visit to learn about sexual and reproductive health.

One Muong participant referred to the photo of her high-school library and explained that: 'My high school had a library, but it seemed to be closed all the time, hence learning about reproductive health was difficult. I am not even sure whether that library has relevant books'. Another participant took a photograph of the loudspeaker at her village's culture house (Figure 2) to highlight the lack of access to sexual and reproductive health information in her community. Loudspeakers are a common fixture in Vietnamese communities. They serve as one of the main means of disseminating information about local meetings, community updates, and matters relating to health, sanitation and other community issues. The participant referred to her photograph and shared that:

[Insert Figure 2 about here]

> There is a loudspeaker in front of my village culture house to announce news and information. I barely heard the loudspeaker 'talk' about topics as condoms, pregnancy or delivery. It mainly broadcasts propaganda on environmental protection and family culture.

Another participant pointed to their poor and isolated living conditions, as well as the lack of basic infrastructure to the limited access to sexual and reproductive health information. A Hmong girl explained the significance of her photograph of the oil lamp in her house by indicating that:

> … when the night falls, everything is covered in darkness and the only light inside each house is the oil lamps. There is no electricity, television, Internet nor computer. There is nothing to keep us updated with the outside world. I cannot imagine how we can know about sexual and reproductive health in these living conditions.

While not all ethnic minority communities are similarly located, this account illustrates conditions that can result in disparities in the distribution of resources and

services between the Kinh majority and the country's ethnic minorities. Previous research reported that Vietnamese young people generally obtain sexual and reproductive health information via mass media such as television, radio, and the internet more than any other sources such as via family, friends, teachers or health professionals (Vietnam Ministry of Health et al. 2010). However, the experiences of some participants suggest that girls in remote ethnic communities may face difficulties in accessing sexual and reproductive health information via sources more widely accessible to Kinh majority youth.

Lack of youth-friendly sexual and reproductive health services

Another challenge faced by girls was the lack of youth-friendly sexual and reproductive health services. Of the limited range of available sexual and reproductive health services in ethnic minority communities, the majority were adult-focused and effectively excluded young people. A Tay participant referred to her photograph of contraceptive pills and explained that: 'The medical centre often distributes birth control pills... But these pills are only distributed to married women. Single women or unmarried ones cannot have them'.

She also photographed the medical centre in her community and stated: 'It is quite spacious and clean but also very quiet. I have never seen this centre delivering any sexual and reproductive programs for the youth in my community'. Whatever sexual and reproductive health services were available in ethnic minority communities seemed to be intended only for married people, to the exclusion of unmarried ones. Ethnic minority girls were thus systematically excluded from accessing such services.

The lack of youth-friendly sexual and reproductive health services was also evident in the account of a Thai participant. She took a photo of the family planning room in her community (Figure 3) and described the barrier faced by young people in this way:

[Insert Figure 3 about here]

> This small room is located at the very end of the hall of a five-room clinic. People often come here to get the intrauterine devices inserted to help them prevent pregnancy. Most of the women who go to this room are already married. Young and unmarried women don't dare go to this room because we are afraid to be the subject of gossip if someone sees us coming in.

This participant's observations raise several concerns. The facility labelled as a 'family planning room' was always crowded with adults which discouraged young people from entering. There was also no separate space for young people to access if they wanted to obtain sexual and reproductive health information and services. There are thus privacy and confidentiality concerns. Minority ethnic minority girls may thus be prevented from accessing local sexual and reproductive health services for fear of being judged or ostracised.

The location of facilities was a factor in discouraging the youth from accessing the services. A participant from the Thai ethnic group photographed a cabinet in her

village (Figure 4) containing free condoms and explained why she never took anything from it:

[Insert Figure 4 about here]

> In my community, the physician working at the village medical centre is the only person who runs a convenience store. I went there to buy some household items and saw a box placed in front of his store. The physician told me that the commune provided this box containing free needles and condoms to the villagers, but no one has picked up anything from the box since it was installed. For myself, I would feel too embarrassed to pick out stuff from the box because this box is placed right in front of his house where many people walk by every day.

A Tay participant explained that: 'Not everyone has the courage to buy condoms, pregnancy tests and birth control pills in a pharmacy because my village is so small that words spread so fast if you buy these things'. In addition, some healthcare workers did not show sensitivity, respect and a friendly attitude when providing sexual and reproductive health services to ethnic minority girls. Referring to a photo of her friend, a Tay participant shared her friend's experience in trying to access such services:

> She had genital itching and went to the local medical centre for a check. The health worker asked her: 'How come such a young girl like you has to check this?'. She was then told by villagers that unmarried girls were not supposed to check their sexual organs. If this news was spread, a girl may not be able to get married because everyone thinks that gynaecological infection only happens after having sex.

This account illustrates the prejudicial attitudes held by some healthcare providers and community members around young people's engagement with sexual and reproductive health services. If they are able to move past the prying attention of adult community members, ethnic Vietnamese youth also had to contend with prejudicial attitudes of some healthcare workers. The attitudes of healthcare workers play a crucial role in the delivery of sexual and reproductive health services. The display of negative attitudes and insensitivity on the part of workers can easily discourage the girls from accessing services (Pathfinder 2003; Brittain et al. 2015).

Customs and traditions surrounding sexual and reproductive health

Another theme that emerged was the significance of various customs and traditions surrounding sexual and reproductive health in ethnic minority communities which may negatively affect and challenge young people's sexual and reproductive health. Participants described a number of cultural practices and traditions related to sex, marriage, contraception and abortion.

One participant from the Thai ethnic group referred to her photograph of her cousin (Figure 5) who was pregnant at that time in describing a practice in her community. Thai people have the tradition of Tẳng cẩu - the hair bun ceremony. On the

wedding day, the family of the groom would bring silver bracelets, necklaces, and hairpins to the family of the bride to carry out the hair bun ceremony and then takes the bride home. Married women must tie their hair in a high bun to distinguish themselves from unmarried ones. The girl in the photo was pregnant but had not had a wedding and such a hair bun ceremony. She did not dare to go out of her house for fear of being denigrated by other villagers. In this way, cultural practices become instrumental in the discriminatory treatment of young single mothers.

[Insert Figure 5 about here]

For many minority ethnic communities, having sex and getting pregnant before marriage is seen as sinful and this belief was reflected through cultural practices and traditions. Referring to her photographs of bridal costumes (Figure 6), one Giay participant shared that:

[Insert Figure 6 about here]

> These are the costumes for Giay brides. They both are wedding costumes. But to differentiate those who got pregnant before the wedding and those who did not, people use that handmade fabric bag. On the wedding day, if one has been pregnant, she must wear that bag to carry the baby with her into her husband's house. Every guest at the wedding would be very curious whether the bride has the bag on her or not. Without the bag, one wins affection and respect... With the bag, one is disdained.

Girls who became pregnant before marriage were treated differently not only in Thai and Giay ethic communities. A Tay participant took a photograph of a pregnant bride's house in her village and said:

> Tay people have a tradition in which a bride who gets pregnant before her wedding must stay separately in a small house before moving into her husband's main house. Although she joins the family in daily activities, she is not allowed to sleep in the main house because such act is objectionable to their ancestors and would bring bad luck to her husband's family. It is only after she gives birth can she kneel at the altar and officially move into the main house.

Customs and traditions in minority ethnic communities thus promote prejudicial treatment of those who engaged in sexual intercourse before marriage. Brides are expected to be virgins. Premarital sex is associated with bad luck and shame and this message was communicated in no uncertain terms albeit via seemingly innocuous cultural symbols and practices.

A tradition with direct implications to the sexual and reproductive health of Vietnamese ethnic youth was consanguineous marriage. A Nung participant shared her personal experience dealing with consanguineous marriage:

> When I was 16 years old and in grade 10, my parents forced me to marry my cousin who is one of my aunt's sons. I did not think properly at that time, so I agreed to my parents' wish. After the traditional engagement, I stayed at my parents' home and continued schooling. When I was in grade 12, I found out about cousin marriage and its consequences on children, so I wanted to cancel the wedding, but my parents refused.

Consanguineous marriage was commonly practised in a number of minority ethnic communities. This tradition constrained the ability of young ethnic Vietnamese to gain full control over their sexual and reproductive health starting with the fact that they are not able to freely choose their own partners to the point where they may face risks associated with inbreeding.

Participants identified the tradition of using medicinal herbs as contraception or abortion remedies among both adults and young people in their communities. A participant from Thai ethnic community referred to her photograph of contraceptive herbs (Figure 7), explaining:

[Insert Figure 7 about here]

> My aunt sells medicinal herbs for gynaecological diseases... She showed me these leaves and roots which are used as birth control tea. Married women who don't want to get pregnant often buy these herbs and drink them as tea. Unmarried women who are too embarrassed to buy birth control pills or go to the medical centre also buy these plants...

Medicinal herbs were used not only for preventing the pregnancy but also for inducing abortion. A Hmong participant shared that:

> Some plants are often used by my local villagers to induce abortion. They take the roots of these plants and bundle them into a bamboo cylinder, add some water then boil everything. Within one day after drinking the boiled liquid, the foetus will be pushed out. However, because they know these plants can be dangerous for those with poor physique, they just grow the plants for themselves and never give them to someone else for use.

'People feel embarrassed to go to the medical centre, while they can grow these plants in their gardens and don't need to worry that other people know', another participant stated. In the face of cultural taboos and judgmental attitudes around sex outside of marriage, herbal medicines become the most viable option even though they are accompanied by unexamined health risks simply because they are much easier to access and do not require the presence of healthcare professionals or pharmacists.

Discussion

The challenges faced by Vietnamese minority ethnic girls regarding their sexual and reproductive health reflect ideological and philosophical influences embedded in everyday life. Findings from this study indicate that ethnic minority girls had limited

access to sexual and reproductive health service and information. An immediate response would be to attribute this to the marginalised position of minority ethnic communities in Vietnamese society. First, it can be argued that the physical and political isolation of ethnic communities poses a challenge in the provision of sexual and reproductive health services and information. Similar assumptions can be made about the disadvantaged position of ethnic communities with respect to the allocation of resources, including the provision of sexual and reproductive health. However, the findings indicate that a notable amount of information and resources do reach these communities. And yet young ethnic minority girls still faced obstacles in accessing these. Access to the limited range of sexual and reproductive health information and services available in Vietnamese minority ethnic communities was moderated by parents, community members and even health workers operating on cultural norms and mores around sex and marriage. Thus, minority ethnic girls are systematically denied access to youth-friendly sexual and reproductive health services. The limited amount of sexual and reproductive health services available in minority ethnic communities was mainly adult-focused and designed to meet the needs of married people, to the exclusion of young, unmarried ones. The absence of a separate space for young people to access such services meant that they had to share facilities and services with adult members at the risk of sacrificing their privacy. It was bad enough that the minority ethnic girls had to worry about being recognised and possibly judged by community members for accessing services supposedly meant for married adults, but they also had to contend with the lack of sensitivity and prejudicial attitudes of some healthcare workers. All these factors work to discourage young people from accessing such services. They are similar to what Hoang, Nguyen, and Duong (2018) reported in a recent study involving mainly Kinh majority youth participants living in Ho Chi Minh city. It should be noted that this study included both Kinh majority and a few ethnic minority participants (Hoang, Nguyen, and Duong 2018).

While findings in this study largely mirror what is already known in the literature in other contexts, this study is instructive to the extent that it addresses a gap in the literature on Vietnamese minority ethnic communities. The limited literature suggests that Vietnamese minority ethnic youth have less access to sexual and reproductive health services compared to their Kinh majority counterparts. The findings in this study illustrate some of the obstacles faced by Vietnamese minority ethnic girls in accessing such services.

A key contribution of this study is in the socio-historical particularities reflected in various customs and traditions in Vietnamese ethnic communities surrounding marriage, sex, pregnancy, contraception and abortion that affect young girl's sexual and reproductive health. In some ethnic minority communities, premarital sex was seen as sinful. It was within customs and traditions such as these that minority ethnic girls were socialised about sex and marriage. Young people had limited control over important decisions relating to marriage and sexual/reproductive health as illustrated in the practice of consanguineous marriages. Limited access to mainstream reproductive health care was compounded by cultural biases. Given the biases and prejudices around sex and marriage and the cultural significance of these in transactions relating sexual and reproductive health information and services, the push towards the use of traditional medicine may be stronger for single Vietnamese minority ethnic girls than older, married women. The use of traditional medicine for sexual and reproductive

health purposes, of course, comes with unknown risks that women themselves recognise. Thus, in a very real sense, the customs and traditions in Vietnamese ethnic communities place the health of Vietnamese minority ethnic girls at risk.

Findings from this study are consistent with previous research pointing to the lack of knowledge about sexual and reproductive health and the lack of access to relevant information as well as services among Vietnamese ethnic minority and Vietnamese ethnic minority girls, specifically. Structural inequality layered across minority ethnic communities and the ethnic majority population remains a concern. Beyond that, however, the findings provide us with a nuanced understanding of the complex cultural dynamics within Vietnamese ethnic communities that contribute to such lack of knowledge and access. Findings pointed to systemic issues within the minority ethnic communities in the way customs, traditions and mores mediate the provision of sexual and reproductive health information and services. Access to sexual and reproductive health information and services is thus filtered by ethnicity, age and gender. The intersections of ethnicity, age and gender produce disparities in outcomes that place Vietnamese ethnic minority girls at a disadvantage. This represents a challenge for policy and practice. Along with the need to provide resources for sexual and reproductive health information and services in Vietnamese minority ethnic communities comes the need to break through cultural barriers that systematically produce disparities in access by Vietnamese minority ethnic girls.

Strengths and limitations

This study is one of the first to explore sexual and reproductive health challenges facing ethnic minority young girls in Vietnam. Where most previous studies have subsumed both Vietnamese majority and minority ethnic youth under the term 'Vietnamese youth', this study focused on the challenges facing ethnic minority girls.

The use of photovoice enabled the gathering of photographic and textual data reflecting what could be regarded as a unique insider's view into what otherwise might have remained inaccessible. The method as applied in this study had a couple of limitations that must be acknowledged, however. First, the heavy reliance on participants in the data gathering process meant that the study was only able to generate data that the participants themselves found of significance. This potentially excluded a broad range of information that direct observation by researchers or in-depth interviews might otherwise have uncovered. Another limitation was the lack of feedback from the participants on the findings outlined in this paper. This resulted in a mainly outsider's understanding of what is occurring within the ethnic communities. This was, unfortunately, necessitated to some extent by the sensitive nature of the subject matter. This limitation should be taken into consideration in the future projects involving photovoice as a method.

Finally, this exploratory study used a small and adventititous sample which significantly limit its generalisability. The barriers and difficulties identified in this study cannot be generalised to all Vietnamese ethnic communities. The sample was mainly composed of Thai, Tay, Hmong and Nung girls, which also should be taken into account when appreciating the findings.

Conclusion

This study explored the challenges faced by minority ethnic girls in Vietnam in the maintenance of their sexual and reproductive health. Apart from the lack of availability of needed information and services, the study found that customs and traditions around marriage and sex hindered access to information and services and thus posed a challenge to the sexual and reproductive health. Understanding these challenges and barriers is essential in developing and delivering future interventions and programmes aimed at enhancing the sexual and reproductive health of this segment of the population.

References

Baulch, Bob, Truong Thi Kim Chuyen, Dominique Haughton, and Jonathan Haughton. 2007. "Ethnic Minority Development in Vietnam." *The Journal of Development Studies* 43 (7): 1151-1176. doi: 10.1080/02673030701526278.

Bearinger, Linda H., Renee E. Sieving, Jane Ferguson, and Vinit Sharma. 2007. "Global Perspectives on the Sexual and Reproductive Health of Adolescents: Patterns, Prevention, and Potential." *The Lancet* 369 (9568): 1220-1231.

Berbés-Blázquez, Marta. 2012. "A Participatory Assessment of Ecosystem Services and Human Wellbeing in Rural Costa Rica Using Photo-Voice." *Environmental Management* 49 (4): 862-875.

Braun, Virginia, and Victoria Clarke. 2006. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3 (2): 77-101.

Braun, Virginia, and Victoria Clarke. 2012. "Thematic Analysis." In *Handbook of Research Methods in Psychology*, edited by H. Cooper, 57-71. Washington, DC: American Psychological Association.

Brittain, Anna W., Jessica R. Williams, Lauren B. Zapata, Karen Pazol, Lisa M. Romero, and Tasmeen S. Weik. 2015. "Youth-Friendly Family Planning Services for Young People: A Systematic Review." *American Journal of Preventive Medicine* 49 (2): S73-S84.

Dang, Hai-Anh. 2012. "Vietnam: A Widening Poverty Gap for Ethnic Minorities." In *Indigenous Peoples, Poverty and Development*, edited by Gillette Hall and Harry Patrinos, 304-343. New York: Cambridge University Press.

Dao, Xuan Dung. 2010. *Dậy Thì - Sức Khỏe Sinh Sản - Sức Khỏe Tình Dục Của Thanh Thiếu Niên Việt Nam [Puberty - Sexual and Reproductive Health of Vietnamese Adolescents]*. Hanoi: General Statistic Office.

Desyllas, Moshoula Capous. 2014. "Using Photovoice with Sex Workers: The Power of Art, Agency and Resistance." *Qualitative Social Work* 13 (4): 477-501.

Duffy, Lynne. 2011. "“Step-by-Step We are Stronger”: Women's Empowerment through Photovoice." *Journal of Community Health Nursing* 28 (2): 105-116.

Findholt, Nancy E., Yvonne L Michael, and Melinda M. Davis. 2011. "Photovoice Engages Rural Youth in Childhood Obesity Prevention." *Public Health Nursing* 28 (2): 186-192.

Frideres, James S. 1992. "Participatory Research: An Illusionary Perspective." In *A World of Communities: Participatory Research Perspectives*, edited by James S Frideres, 1-13. North York, ONT: Captus University Publications.

Goland, Emilia, Dinh Thi Phuong Hoa, and Mats Målqvist. 2012. "Inequity in Maternal Health Care Utilization in Vietnam." *International Journal for Equity in Health* 11 (1): 24.

Healy, Karen. 2001. "Participatory Action Research and Social Work: A Critical Appraisal." *International Social Work* 44 (1): 93-105.

Hergenrather, Kenneth C., Scott D. Rhodes, Chris A. Cowan, Gerta Bardhoshi, and Sara Pula. 2009. "Photovoice as Community-Based Participatory Research: A Qualitative Review." *American Journal of Health Behavior* 33 (6): 686-698.

Hoang, Anh, Chinh Quoc Nguyen, and Cong Dinh Duong. 2018. "Youth Experiences in Accessing Sexual Healthcare Services in Vietnam." *Culture, Health & Sexuality* 20 (5): 545-559. doi: 10.1080/13691058.2017.1360945.

Imai, Katsushi S., Raghav Gaiha, and Woojin Kang. 2011. "Poverty, Inequality and Ethnic Minorities in Vietnam." *International Review of Applied Economics* 25 (3): 249-282. doi: 10.1080/02692171.2010.483471.

Kapoor, Ilan. 2002. "The Devil's in the Theory: A Critical Assessment of Robert Chambers' Work on Participatory Development." *Third World Quarterly* 23 (1): 101-117.

Kincheloe, Joe L, and Peter McLaren. 2011. "Rethinking Critical Theory and Qualitative Research." In *Key Works in Critical Pedagogy*, edited by K. Hayes, S. R. Steinberg and K. Tobin, 285-326. Rotterdam: SensePublishers.

Lake, Danielle, and Joel Wendland. 2018. "Practical, Epistemological, and Ethical Challenges of Participatory Action Research: A Cross-Disciplinary Review of the Literature." *Journal of Higher Education Outreach and Engagement* 22 (3): 11-42.

Målqvist, Mats, Dinh Thi Phuong Hoa, Nguyen Thanh Liem, Anna Thorson, and Sarah Thomsen. 2013. "Ethnic Minority Health in Vietnam: A Review Exposing Horizontal Inequity." *Global Health Action* 6 (1): 19803. doi: 10.3402/gha.v6i0.19803.

Mamary, Edward, Jacqueline Mccright, and Kevin Roe. 2007. "Our Lives: An Examination of Sexual Health Issues Using Photovoice by Non-Gay Identified African American Men Who Have Sex with Men." *Culture, Health & Sexuality* 9 (4): 359-370.

Mathrani, Vinalini. 1993. "Participatory Research: A Potential for In-Depth Understanding." *Indian Journal of Social Work* 54 (3): 345–353.

Morris, Jessica L., and Hamid Rushwan. 2015. "Adolescent Sexual and Reproductive Health: The Global Challenges." *International Journal of Gynecology & Obstetrics* 131 (S1): S40-S42.

Nguyen, Hue-The. 2004. *Tri Thức Của Đồng Bào Chăm về Chăm Sóc Sức Khỏe, Sức Khỏe Sinh Sản và Kế Hoạch Hóa Gia Đình tại Ninh Thuận và An Giang [Knowledge on Sexual and Reproductive Health of Cham Ethnic Minority in Ninh Thuan and An Giang]*. Hanoi: Research Center for Population and Development.

Novak, David R. 2010. "Democratizing Qualitative Research: Photovoice and the Study of Human Communication." *Communication Methods and Measures* 4 (4): 291-310.

Pathfinder. 2003. *Youth-Friendly Sexual and Reproductive Health Services: An Assessment of Facilities*. Watertown: Pathfinder International.

Rheinländer, Thilde, Helle Samuelsen, Anders Dalsgaard, and Flemming Konradsen. 2010. "Hygiene and Sanitation among Ethnic Minorities in Northern Vietnam: Does Government Promotion Match Community Priorities?" *Social Science & Medicine* 71 (5): 994-1001.

Tamang, Laxmi, Camille Raynes-Greenow, Kevin McGeechan, and Kirsten I Black. 2017. "Knowledge, Experience, and Utilisation of Sexual and Reproductive Health Services amongst Nepalese Youth Living in the Kathmandu Valley." *Sexual & Reproductive Healthcare* 11: 25-30. doi: 10.1016/j.srhc.2016.09.002.

Thompson, Michael J. 2017. "Introduction: What is Critical Theory?" In *The Palgrave Handbook of Critical Theory*, edited by Michael J Thompson, 1-14. New York: Palgrave.

Tylee, Andre, Dagmar M. Haller, Tanya Graham, Rachel Churchill, and Lena A. Sanci. 2007. "Youth-Friendly Primary-Care Services: How Are We Doing and What More Needs to Be Done?" *The Lancet* 369 (9572): 1565-1573.

UNFPA. 2011. *Ethnic Groups in Vietnam: An Analysis of Key Indicators from the 2009 Vietnam Population and Housing Census*. Hanoi: The United Nations Population Fund.

UNFPA. 2012. *Ethnic Groups in Vietnam: Evidence from The 2009 Census*. Hanoi: United Nations Population Fund.

Van de Walle, Dominique, and Dileni Gunewardena. 2001. "Sources of Ethnic Inequality in Viet Nam." *Journal of Development Economics* 65 (1): 177-207.

Vietnam Ministry of Health, General Statistics Office of Vietnam, WHO, and UNICEF. 2010. *Survey Assessment of Vietnameseyouth Round 2 (SAVY2)*. Hanoi: United Nations Children's Fund.

Vietnam Ministry of Home Affairs, and UNFPA. 2015. *Báo Cáo Quốc Gia Về Thanh Niên Việt Nam [National Report on Vietnamese Youth]*. Hanoi: Ministry of Home Affairs.

Wang, Caroline. 1999. "Photovoice: A Participatory Action Research Strategy Applied to Women's Health." *Journal of Women's Health* 8 (2): 185-192.

Wang, Caroline, and Mary Ann Burris. 1997. "Photovoice: Concept, Methodology, and Use for Participatory Needs Assessment." *Health Education & Behavior* 24 (3): 369-387.

Wang, Caroline C. 2006. "Youth Participation in Photovoice as A Strategy for Community Change." *Journal of Community Practice* 14 (1-2): 147-161.

Wang, Caroline, Susan Morrel-Samuels, Peter M Hutchison, Lee Bell, and Robert M Pestronk. 2004. "Flint Photovoice: Community Building Among Youths, Adults, and Policymakers." *American Journal of Public Health* 94 (6): 911-913.

Wang, Caroline, and Yanique A Redwood-Jones. 2001. "Photovoice Ethics: Perspectives from Flint Photovoice." *Health Education & Behavior* 28 (5): 560-572.

Wang, Caroline, Wu Kun Yi, Zhan Wen Tao, and Kathryn Carovano. 1998. "Photovoice as A Participatory Health Promotion Strategy." *Health Promotion International* 13 (1): 75-86.

List of figure captions

Figure	Caption
Figure 1	The stream.
Figure 2	Loudspeaker at the culture house.
Figure 3	Family planning room.
Figure 4	The free condom cabinet
Figure 5	The hair bun ceremony.
Figure 6	Giay bridal costume.
Figure 7	Contraceptive herbal tea

Figure 1. The stream.

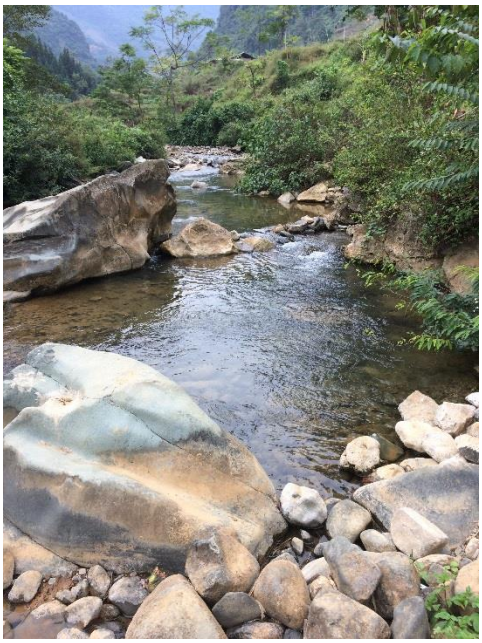


Figure 2. Loudspeaker at the culture house.



Figure 3. Family planning room.



Figure 4. The free condom cabinet



Figure 5. The hair bun ceremony.



Figure 6. Giay bridal costume.



Figure 7. Contraceptive herbal tea

