

**PARENTS' PERCEPTION OF THEIR TEENAGE CHILDREN'S
KNOWLEDGE OF SEXUALITY IN HO CHI MINH CITY,
VIETNAM**

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OF THE REQUIREMENTS FOR THE DEGREE OF
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PARENTS' PERCEPTION OF THEIR TEENAGE CHILDREN'S KNOWLEDGE OF SEXUALITY IN HO CHI MINH CITY, VIETNAM

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ABSTRACT

Vietnam is a country in transition and is undergoing rapid social and economic development that has a population of teenagers aged 10-19 years which makes up 18.7% of the total population in 2009. Currently, teenagers under 18 years lack sufficient knowledge regarding sexual and reproductive health. However, they are engaged more in term of sexual expression and practices. The family is considered the primary sources of sex orientated information, however, parents often feel embarrassed or uncomfortable when talking about sexual conduct, and school based sex education programs are not comprehensive and effective. These study objectives are: 1) to examine parental perceptions of their teenagers' knowledge regarding sexuality; 2) to explore individual parents' discourses of teenagers' sexuality; and 3) to identify the factors which may influence parental perceptions of their teenagers' knowledge about sexuality in Ho Chi Minh City, Vietnam.

This research is a qualitative research study, and it was conducted in Ho Chi Minh City, the biggest city in Vietnam, over a period of six months. In-depth data was obtained through focus group discussions, in-depth interviews, and field notes writing. The sample consisted of one Community Advisory Board (CAB) with 9 participants including parents, teenagers 15-17 years old, and high school teacher; four focus group discussions including professional and non-professional with 24 fathers and mothers; and twelve in-depth interviews with 12 parents. Data analysis, the content and discourse analysis were conducted, and Foucauldian concepts of discourse and sexual analysis were used.

Findings indicated that 1) parents perceived that their teenagers had insufficient knowledge about sexuality because they view their teenagers as not participating as sexual beings (Foucault, 1978) while maintaining their innocent, so they police and control their teenagers regarding age appropriate messages, issues and information from peers, educators, and especially the Internet; 2) the discourses related to the sources of sexuality information for teenagers are the mass media, the Internet, schools, religious scriptures, and health services, while the parents' discourses are found in that parents only see sexuality as sexual intercourse for adult not for teenagers, and the issues relating to sexuality will destroy their teenagers' future; 3) there are the differences between parents' gender and class influence regarding parents' perception about their teenagers' sexuality.

KEY WORDS: TEENAGERS/ SEXUALITY/ SEXUALITY EDUCATION/ URBAN/ DISCOURSE/ PARENTAL PERCEPTIONS

106 pages

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LIST OF ABBREVIATIONS

ASEAN	Association of Southeast Asian Nations
CAB	Community Advisory Board
CSE	Comprehensive sexuality education
FGD	Focus group discussion
GSO	General Statistics Office
IDI	In-depth interview
IPPF	International Planned Parenthood Federation
MOET	Ministry of Education and Training
SAVY	Survey and Assessment of Vietnamese Youth
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization

CHAPTER I

INTRODUCTION

1.1 Justification and rationale of the study

1.1.1 Why study teenagers' sexuality

Teenager is one of the important components of society with a huge proportion of world's population. WHO's statistics showed that one in every five people in the world is teenagers and 85% of them are from developing countries. In this population, unsafe sex and lack of contraception are two of five main risk factors for Disability-adjusted life years lost (DALYs) (WHO, 2009b, 2012). Especially, nearly two thirds of premature deaths and one third of total disease burden in adults are caused by the behaving characters in teenage. (WHO, 2009a).

Vietnam is a developing country with young people represented 30% of the population which was almost 86 millions (WHO, 2009a). According to the Survey Assessment of Vietnamese Youth Round 2, 2009, 79% couples have unsafe first intercourse before marriage and 71% couples did not use condom at the first intercourse. This study also showed that 44% of those aged 14–25 with 58% of males and 30% of females had modern attitude about premarital sex compared with 36% in Survey Assessment of Vietnamese Youth Round 1, 2002 (WHO, 2009c).

According to the report in 1999, Vietnam was one of the top three countries of highest abortion rates in the world and it is 83 abortions in every 1000 persons (The Alan Guttmacher Institute, 1999). In 2009, Vietnam had been reported as one of the high abortion rate in the world and the highest one in Asian countries (The Alan Guttmacher Institute, 2009; Vietnam General Office for Population Family Planning, 2011). In addition, national report showed that abortion rate among teenagers is increasing with 20% accounted total abortion cases. Furthermore, this rate makes the country to stand as the country of the highest abortion rate in Southeast Asian countries. Otherwise, national data showed that abortions among teenagers in

Ho Chi Minh City was highest and is still increasing and it was around 3,000 cases in the report of the year 2009 (Dao Xuan Dung, 2011). At this point, the intervention programs for preventing unwanted pregnancies among teenagers should be paid attention (Vietnam General Office for Population Family Planning, 2011).

In fact, unintended pregnancies and abortions have increased but the sexuality knowledge of teenagers is still low and condom use or other contraceptives are not common among teenagers. According to Kaljee, although young people were aware of condom use and condoms could prevent pregnancy and risk of contracting HIV, they were both reluctant to prepare for having sex and had limited social access to information and to condoms (Kaljee et al., 2007). Besides that, the statistics of WHO in Vietnam showed that the 40% of new HIV infections were among young people in 2009 (WHO, 2009a). Therefore, sexual and reproductive health problems are typical, popular and dangerous current health problems for teenagers in Vietnam

1.1.2 Why study parents' perception on their teenagers' sexuality in Vietnam

In the past, the parents tried to prevent and forbid their teenagers for looking for or accessing sexual information with a close control. However, the teenagers tried to get sexual information from the peers or forbidden documents (Khuat, 1998). At present, teenager are in need to be aware and to access sexuality information because of increasing urbanization, information and technology especially in accessing sexuality information (UNICEF, 2011; United Nations, 2003). Therefore, the necessity of providing information on sex and reproductive health is clear (Khuat, 1998) and the rights of accessing information are very important to teenagers (UNFPA, 1994; UNICEF, 2011).

In the International Technical Guidance on Sexuality Education of UNESCO, comprehensive must be a part of the formal school curriculum, delivery by well-trained and supported teachers and the family is the primary sources for teenagers to access the comprehensive sexuality education (Klein et al., 2005). Moreover, sex education provides opportunities to explore one's own value and attitude to build decision-making, communication, risk reduction skills about many aspects of sexuality in shaping cultural value, accurate information and effective sexuality education is a

vital part of HIV intervention (UNESCO, 2009). However, the traditional Vietnamese culture, current policies and curricula based school program with ineffective teachers and content trainings strongly try to promote abstinence until marriage, creating an environment that stigmatize adolescents with sexual intercourse and that is a barrier for teenagers to access the sexual and reproductive health information. Furthermore, parents are also reluctant to discuss sexual issues with their teenage children for fear and embarrassment, that, in turn, increase risk of experimentation for teenagers in the Vietnam context of rapid social changes and transition (Kaljee et al., 2007).

The sexual and reproductive health (SRH) problems on adolescents are the consequences of lack of knowledge about sexual and reproductive health especially at family level. Some studies in Vietnam showed that the age at first sexual intercourse is falling and there is the increasing rate of HIV/AIDs, sexual transmitted infections (STIs), teenage pregnancy and abortion rate among teenagers (Khuat, 1998; Vietnam General Office for Population Family Planning, 2011; WHO, 2009c). Lack of knowledge about sexuality is one of causes for SRH problems among teenagers. Sex education intervention is the most important for solving SRH problem in Vietnam and parents or family is the primary source for providing the knowledge on sexuality (Kaljee et al., 2011; Kaljee et al., 2012; Khuat, 1998; Rice, 2000).

Parents' perception on their teenager's knowledge of sexuality is one of the barriers for accessing the information of children. In Vietnam, parent-child communication about relationships, sexuality, and associated health risks is often avoided or limited. The parents always tell simply their children who are teenagers and unmarried young adult not to have sex. Vietnamese parents often feel embarrassed talking about sensitive issues, and also hold to traditional beliefs that information about sexuality, pregnancy, and contraception is not appropriate for teenagers and unmarried young adults (Kaljee et al., 2011; Kaljee et al., 2007; Kaljee et al., 2012; Khuat, 1998). The research showed that the mean score for parental "RH knowledge" was 24.74 (SD, 3.84; range, 15–34). Lower parental reproductive health knowledge was positively associated with lower levels of education ($p=0.014$). Data indicate a linear model in which knowledge is related to "comfort" ($p=0.048$), and "comfort" to frequency of "talk" ($p<0.0001$) (Kaljee et al., 2011).

In order to deal with that problem, a comprehensive sexuality education is useful and necessary solution. This method is mentioned and emphasized in almost conferences about teenage health nowadays. Although, the Ministry of Health in Vietnam has promulgated the guidelines about reproductive health services and the adolescents is one of the central objectives of governmental document since 2009, sexuality education programs are not efficient as the given target and objectives. This document mentioned the challenges of this program in reality includes the traditional attitudes of parents, teachers and communities (Vietnam Ministry of Health, 2009).

Otherwise, researchers indicated that the communication between parents and teenagers about sex is not customary and uncomfortable issue although they have some worries and anxieties about their teenager's health. Instead of talking with teenagers about sexuality, the parents believe that their teenagers can get all information from school (Mall, 2011). In Vietnam, such one of the teaching program as sexuality education is added mostly by biology teachers at secondary and upper-secondary schools as teaching life skills for students. However, they are uncomfortable, shy and reluctant so the quality of sexual and reproductive health education may be not good for students. The needs in accessing sexual information by teenagers are more increasing in accordance with the development of society and modernization but the teachers' attitude on gender education is still negative and the program has not changed for being suitable with society (Hoang, 2009).

This study is an in-depth view to understand parent's perception on their teenager's knowledge about sexuality and reproductive health in central Ho Chi Minh City, Vietnam. Throughout interviewing the parents of teenagers who are 15-17 years old and studying in one high school concerning with parents' perception on their teenager's sexuality knowledge of aim to promote teenage health and to find out the factors which influence on accessing information of teenagers from parents' perspective will be gained.

1.2 Research implications

Sexuality is a sensitive topic for parents in communicating with their teenagers. Mostly, ignorance and shyness of parents create more gap in conversation

between them and their teenagers. Therefore, this program will play an important role to reduce gaps between parents and teenagers for understanding teenagers' need and contribute to decline barriers for teenagers in accessing sexual information. Moreover, this can be an effective intervention program development for teenagers by participating with teenagers in the research study. This program would help policy makers for innovation and implementation of various intervention programs within cultural and structural contexts of Vietnam.

As a result, it can generally bring benefit to parents for opening positive perceptions on teenager's sexuality education and it also contributes to decline the abortion rate of teenager because of lack of sexual and reproductive health knowledge and information. Furthermore, it can increase rate of condom use in sexual intercourse for preventing HIV/AIDS for teenagers throughout improving primary resources at family level.

1.3 Research questions

- 1) What are the dominant discourses and individual parents' discourses on teenagers' sexuality in Ho Chi Minh City?
- 2) What are the parents' perceptions including appropriate age, sources of information, persons who should give information and methods of teaching pedagogy for teenagers about sexuality in Ho Chi Minh City?
- 3) What are the factors of parental perceptions on their teenager's knowledge about sexuality in Ho Chi Minh City?

1.4 Objectives

- 1) To explore dominant discourses, individual parents' discourses on teenagers' sexuality in Ho Chi Minh City
- 2) To examine parental perceptions on their teenagers' knowledge about sexuality in Ho Chi Minh City
- 3) To identify factors that may influence parental perceptions on their teenager's knowledge about sexuality in Ho Chi Minh City

CHAPTER II

LITERATURE AND THEORETICAL REVIEW

2.1 Review of related literature

To attempt to answer the research question, the theoretical concepts related to teenagers, sexuality, sexual health, reproductive health and education, sexual and reproductive rights, and Foucault's concepts of sexuality will be presented.

2.1.1 Definitions of “teenager”

World Health Organization (WHO) defines that a teenager is in the age between 10 and 19 years. Teenagers make up 20 percent of the population in the world. In developing countries, the percentage of teenagers may be higher than teenagers' population in the developed country. Teenage is a crucial part of every person's life cycle, marking the transition into adulthood. It is often a difficult period as young people search for their identity and social roles. Moreover, assuming that teenagers do not have their own role because they are often not allowed to make major decisions by themselves; they are forced to join the labour force, be conscripted into the military or other armed groups, and made to assume many adult responsibilities (Hardon et al., 2001).

According to Dehne and Riedner, the definition of teenager is dynamic and varies from country to country. Besides that, the definition of teenagers depends on the time of circumcision in other countries (Dehne & Riedner, 2001). In *A Glossary of Terms in Gender and Sexuality*, it stated that a teenager is psychosocial and physical development period between puberty and early adulthood. Agree with this definition that the period of teenager is an important stage in human development because this is the time when a person refines his or her gender role, self-concept, and relationship with persons of the same and other sex (Blair, 2007: 44).

Moreover, the report of UNICEF indicated that the adolescence or teenager is the age of opportunity. It is necessary to concentrate and improve teenage

rights for access to have equality in education, health care, protection and participation for the teenagers under 18 years old especially in developing countries. The report also showed that many adolescents around the world are engaging in sexual relations. Survey indicated that about 11 per cent of females and 6 per cent of males aged 15–19 in developing countries claimed to have had sex before the age of 15 (UNICEF, 2011). In another research, the author pointed that teenager is a gateway to adult health outcomes (Raphael, 2013) and it is a foundation for future (Sawyer et al., 2012). In fact, by recognizing the importance of the rights, crucial roles of sexual and reproductive health improvement of teenager, the studies in Vietnam indicated that it is necessary to explore researches among teenagers and participation of family and schools in the programs for the improvement of teenage health (Kaljee et al., 2012; Mensch, Clark, & Dang, 2003; WHO, 2009).

However, the definitions of teenager are still not unified in Vietnam. In the national law documents, Vietnamese government promulgates that the teenager is in the age under 18 years old. Viet Nam Law on the Protection, Care and Education of Children defines a child as “a Vietnamese citizens aged under 16 years”. Under Viet Nam’s Labour Code, adolescent workers are people under 18 years old. (Viet Nam Ministry of Labour Invalids and Social Affairs, 2014). In the guidelines of ministry of health about reproductive health for teenagers, the teenager is a person who is at the age 10-19 years old (Vietnam Ministry of Health, 2009). Therefore, this study focus on the teenagers aged 15-17 years old which is supposed is that has high risks of sexual and reproductive health problems.

2.1.2 Sexual health and reproductive health

The ICPD Program of Action included sexual health as a part of reproductive health. Reproductive health was defined as: “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable

methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.” (UNFPA, 1994: 45).

Reproductive health is seen increasingly in terms of sexual health. The term “sexual health” refers to a satisfying sex life, free of violence, fear and unnecessary pain, and including mutually caring sexual relations. This term was defined at the Cairo conference as the enhancement of life and personal relations and not just counseling and care related to reproduction and sexually transmitted disease (WHO, 2006: 1).

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled (WHO, 2006: 5).

Sexual and reproductive health issues which are paying attention for teenagers and young people around the world, especially it is considered as national and international concerns and strategies to deal sexual and reproductive health and related HIV/AIDS problems in developing countries. In Vietnam, the government pays attention to provide sexual and reproductive health programs for teenagers aged 10-19 via school system and health service system (Vietnam Ministry of Health, 2009). However, the programs have not been efficient and have not met the needs of teenagers with the evidence of high rate of unsafe sex, sexual transmitted infections, HIV/AIDS, abortion among teenagers and low rate of contraceptive use (WHO, 2009).

2.1.3 Sexuality and reproductive health education

Sexuality Education is defined as an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, nonjudgmental information. Sexuality education provides opportunities to

explore one's own values and attitudes and to build decision-making, communication and risk reduction skills about many aspects of sexuality (UNESCO, 2009: 2).

Due to Global commitments on the sexual and reproductive health agenda at Cairo in 1994, Vietnam agreed to participate in the program of action for the development of reproductive health and health education for teenagers. In 2009, the guidelines of the Ministry of Health about reproductive health care and services were promulgated. This document mentioned about the contents on the sexuality and reproductive health services for all ages. Especially, the contents of sexual and reproductive health education were addressed with specific knowledge for directions (Vietnam Ministry of Health, 2009). However, the contents of sexuality and reproductive health education are not unified between schools which have applied this program for teaching life skills for students. In addition, the role of parents was emphasized and encouraged in the guidelines of Ministry of Health about reproductive health care but the specific programs or interventions based on parents' perspective have not mentioned yet. Otherwise, some programs focused on parents intervention with successful results in improving the knowledge of parents and positive impacts for changing risks of teenager's behavior (Kaljee et al., 2012) but it is still limited in application.

2.1.4 Sexuality

According to WHO report, sexual health was defined as a part of reproductive health in the Program of Action of the International Conference on Population and Development (ICPD) in 1994. Statements about sexual health were drawn from a WHO Technical Report of 1975, which included the concept of sexual health as something "enriching and that enhance personality, communication and love". It went further by stating that "fundamental to this concept are the right to sexual information and the right to pleasure" (WHO, 2006: 1-4).

Following the definitions of WHO, sex refers to the biological characteristics that define humans as female or male. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females. In general use in many languages, the term sex is often used to mean "sexual activity", but for technical

purposes in the context of sexuality and sexual health discussions, the above definition is preferred. Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality includes all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors (WHO, 2006: 5).

Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to the highest attainable standard of sexual health, including access to sexual and reproductive health care services; seek, receive and impart information related to sexuality; sexuality education; respect for bodily integrity; choose their partner; decide to be sexually active or not; consensual sexual relations; consensual marriage; decide whether or not, and when, to have children; and pursue a satisfying, safe and pleasurable sexual life (WHO, 2006: 5).

According to the conceptual framework of Cottingham and Myntti which focused on gender analysis, it examines about power relationship between men and women, the social roles, identities, social system incorporates inequalities of power between men and women, the essential role of reproductive health in controlling the population growth, and the reproductive health needs of women & men and respecting their rights in reproduction (Cottingham & Myntti, 2002).

The definition of sexuality by Dixon Mueller (Dixon-Mueller, 1993) is that sexuality is a comprehensive concept that encompasses physical capacity for sexually arousal and pleasure (libido) as well as personalized and shared social meanings attached to both sexual behavior and the formation of sexual and gender identities. As a biological concept transposed by culture, sexuality become a social product. Sexuality is controlled and mediated by society and cultural context in which cultural meanings are given. Sexuality encompasses personal and social meanings as

well as sexual behavior and biology. It includes social roles, personality, gender and sexual identity, sexual behavior, relationships, thoughts and feelings.

Agree with Dixon Mueller, the research in Vietnam showed that “sexuality in Vietnam has been long deemed as being negatively linked to egoism and even immorality, due to both cultural and political constraints”. In addition, one of the previous researches also indicated that the evidence of relatively liberal attitudes toward sexuality in Vietnam is as the result of cultural contacts and exchanges with neighboring countries (Dang & Le, 2004). Therefore, sexuality topics and researches on sexuality and reproductive health are still sensitive to talk about. The studies showed that changes in concept and attitude towards sexuality and the diminishing control parents exert over their children are also factors that may increase the possibility of young people’s earlier engagement in sexual activity (Khuat, 1998). Although the evidences of the positive influences from parents and family on knowledge and attitude of teenagers are clear, the communication between parents and teenagers about sexuality education is limited.

2.1.5 Sexual and reproductive rights

IPPF pointed out the charter on Sexual and Reproductive Rights (IPPF, 2003: 31-54). The main points of the charter are below:

1. The right to life
2. The right to liberty and security of the person
3. The right to equality, and to be free from all forms of discrimination
4. The right to privacy
5. The right to freedom of thought
6. The right to information and education
7. The right to choose whether or not to marry and to found and plan a family
8. The right to decide whether or when to have children
9. The right to health care and health protection
10. The right to benefits or scientific progress

11. The right to freedom of assembly and political participation

12. The right to be free from torture and ill treatment

Following these rights on sexual and reproductive, the rights are crucial, freedom and necessary for all people to access. Therefore the teenagers also have the rights to get sexual and reproductive information. This issues were emphasized in the report of UNICEF 2011 and other programs for promoting adolescent health (UNICEF, 2011; Zhang & Locke, 2002).

Moreover, reproductive rights were defined as embracing “certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. This includes the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living, and future children and their responsibilities towards the community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government- and community- supported policies and programmes in the area of reproductive health, including family planning. As part of their commitment, full attention should be given to the promotion of mutually respectable and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality. Reproductive health eludes many of the world’s people because of such factors as: inadequate level of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and services; the prevalence of high-risk sexual behaviour; discriminatory social practices; negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives. Adolescents are particularly vulnerable because of their lack of information and access to relevant services in most countries. Older women and men have distinct reproductive and sexual health issues which are often inadequately addressed”. Since

human reproduction generally requires sexual activity, sexual rights are closely linked to reproductive rights (WHO, 2006).

According to the report of UNICEF, the sexual and reproductive health rights of teenagers are necessary to be realized and addressed in developing countries where the sexual health and related HIV/AIDS risks have been increasing in adolescence (UNICEF, 2011). The research in Vietnam indicated that the needs of teenagers for access to sexual and reproductive health information are increasing (Mensch et al., 2003). From the reality, the national policies play crucial roles in the improving the sexual and reproductive health rights for teenagers in Vietnam. In addition, in the report of adolescents' world health also shows that the teenagers need to be involved in decision and actions (WHO, 2014). However, in Vietnam, there are still limitations for teenagers to have their own rights to access to sexual and reproductive health information, the programs for improving sexual and reproductive health of teenagers and related sensitive the researches.

2.2 Foucault's notion of discourse, the game of truth, sexual discourse, sexual subjects, power-knowledge, the rules of sex, sex and ethics

2.2.1 Discourse and the game of truth

Discourse is a type of language associated with an institution, and includes the ideas and statements which express an institution's values. In Foucault's writing, discourse is used to describe individual acts of language, or language in action – the ideas and statements that allow us to make sense of and see things (Danaher, Schirato, & Webb, 2000: x) . For Foucault, “while we are not just programmed or driven by instinct; our thoughts and actions are influenced, regulated and to some extent controlled by these different discourses. Discourse construct ways of people's thinking, feeling, being and acting (how we become who we are) and define what can be said and done within any discursive field. Some discourses are more powerful because of their affiliation with an institution. Foucault pointed out that our thoughts

and actions are influenced, regulated and controlled by different discourses. His perspective is that people's subjectivity is constructed from within the flow of discourse as well (Danaher, Schirato, & Webb, 2000: 31-35). From different discourses create different truth. Foucault uses the term "game of truth" to emphasize public institutions authority on their activities by claiming speaking the truth, these truth claims are dependent on institutional and discursive practices. Foucault defines a game of truth as a set of procedures that leads to a certain result, which on the basis of its principles and rules of procedures. Games of truth are important to help produce our subjectivity, discursively, and experiences which are in both public and private institutions except the rules. He also gave the example of the game of truth or the difference of truth in different institutions. He pointed out that family is different from those in public institution. They involve issues of each partner's affection for and faithfulness towards others, the duty to bring up children in particular way, and responsibility towards extended family members. They determine or influence how people see themselves and behave. Therefore, the truth is different from different institutions and the truth can be changed in the ways how the parents think, act and make a decision on their ideas and the truth can be different between parents and their teenagers depend on the situation, institutions, period of time and the environments they live' (Danaher et al., 2000: 40-41). This concept also indicated that the parents have more power than their teenagers and they use their own truth for forcing their teenagers because they think that their truth is always right. But, the truth comes from children is not the same from parents especially in Vietnam the parents always think that teenagers and young people should be asexual and sex is sinful and forbidden for teenagers and young people (Hoang, 2009; Khuat, 1998).

2.2.2 Sexual discourse

Foucault pointed out the differences between sex and sexuality concept. "Sex is a physical act that is also a family matter; rather it is tied up with meanings and power, a form of knowledge. Sexuality is an individual matter – involving personal desires, fantasies, pleasures and also a matter of discourse and governing mentality that is norms and standards are established and policed. Both are real – sex in its effects on physical body, sexuality in its effects on the social body. Both are cultural –

sex because the ways in which we perform sexually are established by dominant discourse and sexuality, because it is constructed in particular social and historical contexts. Sex and sexuality together comprise a set of practices, behaviours, rules and knowledge by which we produced ourselves as knowing – ethical, social and judicial – subjects. Foucault impressed two important relations (to the self and to others) by charting social and governmental discourses on sexuality - a set of truths, understanding, and practices – change across cultures and different rules (Danaher et al., 2000: 135-136).

2.2.3 Power and knowledge

“Power is not a thing that is held and used by individuals or groups. Power produces resistance to itself, it produces what we are, and what we do; and it can produce how we see ourselves and the world”. ‘Power-knowledge is something that makes us its subjects, because we make sense of ourselves by referring back to various bodies of knowledge. In Foucault’s work, power is intimately linked to knowledge. As Foucault sees it, knowledge and knowing cannot be separated from power. Power and knowing are parallel concepts. For him, power is everywhere and it comes from everywhere’ (Danaher et al., 2000: xiv)

In Vietnam, there are different kinds of power which depends on where it comes from. In family, power comes from parents and parents are the most powerful influence on knowledge and practices of their children. In schools, teachers play an important role; their power influence on decision making of teenage students. Therefore, power can be different from other sources where it comes from and when it appears (Khuat, 1998). However, teenagers do not have any opportunities and rights to be involved in decision making and participation. Mostly, parents and teachers make decisions for teenagers to participate with their belief that they are always right.

2.2.4 Discourse and institution

Foucault’s work on discourse has implications for understanding the operations of institutions. He defined that an institution as a relatively enduring and stable set of relationships between different people, and between people and objects. The field of education is made up of a variety of institutions such as schools,

universities, kindergartens, and bureaucracies. These institutions invariably have a physical presence - for example, a classroom – but importantly, they should also be understood as being constituted by relationships between principals and teachers, teachers and students, parents and school boards, and so on. Institutions can be found across various fields into which society is divided: educational, legal, penal, business, governmental, family, sporting, recreational, religious, and cultural. These institutions have been characterized as belonging to either the private sphere such as family and personal concerns or public sphere such as work, economics, government, education, and so forth. The public sphere is considered generally more institutionalized and regulated than private. Moreover, the differences between public and private institutions are tied up with the notions of truth and truth effects. Public institutions draw their authority from their capacity to speak the truth in some situation. Legal institutions deliver the truth in their deliberations on criminal cases; scientific institutions pronounce the truth about breakthroughs in knowledge, government institutions are supposed to make judgments about the true and best way to administer the truth. Besides that, the private institutions like families also speak the truth. It means that the private institutions like families are affected by public institutions and the difference between the truth of the private and the public institutions is that the public truths have far wider effects across the society. Of course, the public institutions regularly fail in their role as guardians of the truth (Danaher et al., 2000: 36-37).

To examine the influences of social context for parents' perception on their teenager's knowledge of sexuality in this study, this study will apply a part of Myntti and Cottingham's framework. This framework showed four levels of social institutions which allow researcher to explore discourses about sexuality which come from social institutions and can influence on parents' perceptions on sexuality's discourses. The institution in this framework includes;

Intimate and family relationships

The family is considered as the first level of social world surrounding an individual and it has an influence on information or education about sexuality and reproductive health of teenagers. The teenagers receive their first education about identity, self-worth and relationship from parents and other close relatives at home,

then they grow into social networks and sexual relations. Family relationships can provide good and bad model, information, concepts or discourses for children. Family as a primary social institution was the target of social control like individuals. Family policies, government action and administrative measures impose guidelines and they are supposed to be followed. Especially, parents have strong impacts on the first period in providing sexual and reproductive health information for their children and the studies in Vietnam showed that there is a significance in reducing sexual risks of children with good parent-child communication (Kaljee et al., 2011; Kaljee et al., 2007; Kaljee et al., 2012).

Schools, religious institutions, and the media

A wide range of messages that shape both behavior and opportunities with consequences for reproductive health are transmitted through community-level institution. The meaning and value given to some of the outcomes such as sexual health, sexual dysfunction, satisfaction, distress, motherhood and fatherhood are always influenced by dominant cultural norms and dominant gender discourse. In Vietnamese family, fathers always are more powerful than mothers and they play as the most important role in making family decision and daughters are taught not to have sex before marriage with strict warning. In addition, religious institution plays a crucial role in life. Most of Vietnamese people are Buddhist and affected by Confucian model strongly and deeply from the past so the children are taught that sexuality is sinful and forbidden. Therefore, it was difficult for children; especially daughters, to access sexual and reproductive health information in the past. However, nowadays, with development of society and strong influence of mass media, the teenagers can access more information about sex and sexuality than previous generations. Women participants believe that it is not necessarily that today's youngsters are more curious or intentionally seek information, but they know about it because this information is popularized in mass media nowadays (Khuat, 1998; Mensch et al., 2003). Vietnam is one of Asia countries which is affected and influenced greatly by traditional Confucian culture (Gao et al., 2012; Lou et al., 2012; Zabin et al., 2012). A comparative study done in three cities of three countries including Hanoi, Vietnam, Shanghai, China and Taipei indicated that the media is the one of the factors which has great influence on sexual behaviors of adolescents. Besides these contextual factors, family, peer,

school, and media, accessing to and using of mass media and the messages they presented were influential factors on sex-related knowledge, attitudes, and behaviors of unmarried Asian adolescents and young adults (Lou et al., 2012). Furthermore, other research was conducted in these countries showed that exposure to family concepts, self-cultivation values, gender role concepts, and sexual values were the main measures of traditional Confucian cultural influence. The findings suggested that different aspects of Confucian values eroding unevenly in different Asian cities may have distinct association with adolescent or young adults' sexual behaviors (Gao et al., 2012).

Health services

Following to social changes, the rates of abortion and unwanted pregnancy is increasing in Vietnam especially among teenagers. Although reproductive health care services has been developed more, and more easily to access than before, the number of HIV/AIDS cases is increasing clearly. The considerable impact of HIV/AIDS, and public health discourses on sexuality communications need to take account from the public health approach due to the high HIV infection rate among teenagers in Vietnam. In this situation, parents use their own discourses with scare tactics and frightening pictures of HIV/AIDS patients to communicate or teach their children for avoiding sexuality and activities related to HIV/AIDS (Khuat, 1998; WHO, 2009).

State institutions responsible for legislation and policies

The central focus of Foucauldian thought identifies the ways in which the state and other agencies are supported by expert knowledge systems about parenthood such as science, medicine and public health, and the social sciences. This has become in order to measure, monitor and regulate physical and mental characteristics in an attempt to manage and govern populations. Discourse of parents and child relationship locates parents in positions of power with responsibility for their children from birth to the late of teenage years. Parents are the subject that plays a role as a primary social institution (Danaher et al., 2000). In Vietnam, the government promulgated a law that parents have to take care and do their responsibility on their children until 18 years old. In school, children/teenagers are taught as asexual children and inhibited from pre-marital sex with lessons in the class from the books especially romantic love

stories in literature subject with idealization, pure and transparent without sexuality or sexual relationships. In the past, the policy try to prevent to talk about this sensitive issue and it can hardly be accessed the information about sexuality; books and newspapers available at that time only talked about romantic, platonic love without mentioning sex or sexuality. Nowadays, with social changes, the topic of sexuality is open to discuss and the information is easy to access. There are also some programs which educate about sexuality and reproductive health both in school and mass media. However, sex is still a reluctant subject of conversation due to influence from the past and old discourses from the truth of families and social institutions (Gallo & Nguyen, 2007; Kaljee et al., 2012; Khuat, 1998; Mensch et al., 2003).

2.2.5 The rule of sex

Foucault points out that “there are two kinds of rules: acceptable sexual practices and other sexual practices which were forbidden, denied or hidden. Foucault gives the examples of children’s sexuality to show how discourses change”. Victorian discourse pointed out that “children had no sex, which was why they were forbidden to talk about it, why one closed one’s eyes and stopped one’s ears whenever they came to show evidence to the contrary”(Foucault, 1978). The Victorian attitude that children do not have sexuality still exists (Danaher et al., 2000: 143).

Following this concept, the rule of sex in Vietnam is that sexuality is forbidden, denied, hidden and immoral for both teenagers and unmarried young people. Agree with points of Foucault concept, the children and teenagers are asexual beings in Vietnam context (Khuat, 1998). In the past, the family and society controlled having sex of teenagers by supervising closely and forbidding access to sexual information for children, teenagers and unmarried young people. At present, the social and cultural changes with rapid socioeconomic changing, the access to sexual information is easier however it is still difficult for parents and teachers to talk about this issue for teenagers. The rule of sex is going for transition from taboos to acceptable practices.

2.2.6 Sex and ethics

In Foucault's definition, "morality refers to sets of rules and prohibitions while the ethics refers to the values these rules ascribe to different behaviors and to how people behave in relation to these rules". "Ethical systems are determined by their social contexts by the sorts of knowledge that are valid in a particular context, by relations of power". Agree with the point of Foucault that "the issue of children's sexuality is a useful way of exploring ethics" (Danaher et al., 2000: 146). However, in developing countries the ethic issue is not reasonably concerned. Talking about sexuality is immoral within the traditional culture of Vietnamese context. For morality, sexuality is taboo especially for children. Most of researches in Vietnam do not have much focusing on children or teenagers under 18 years old because of its ethical issues. The parents and teachers at schools have responsibility to keep, remain and transfer tradition and morality for teenagers. Morality comes from not only family context but also comes from the rules and prohibitions of the community and society. At family context, parents are the most powerful and rule to control and make sure that their kids have been following the moral standards which derive from the society. At society level, standards come from laws and regulations of government, following that, the schools are considered as much as power to control and lead the children with the right ways.

2.3 Related literature

The report of UNICEF "The State of the World's Children 2011: Adolescence - An age of opportunity" showed that there are important to realize and impress the rights of adolescents for accessing information on sexuality and reproductive health especially in developing countries (UNICEF, 2011). Another study also indicated that it's a challenge to contextualize sexual and reproductive rights in the Vietnam situation with the needs of adolescents including both their needs for sex education, information and knowledge as well as for sexual and reproductive health (Zhang & Locke, 2002). In particularly, parents have the opportunity and ability to influence their teenager's sexual behaviour decisions (Aspy et al., 2007).

Moreover, there is also a longitudinal analysis in US indicated that parental influences on young people's sexual behaviour (Wight, Williamson, & Henderson, 2006).

The studies in Vietnam showed that parents try to prevent their children from sexuality issue; by not talking about this issue in the family (Khuat, 1998). In families, parents tended to have dodgy but prohibitive attitudes when their children asked about sexuality related issues. While young people had needs to understand about sexuality, however, information channels of schools and families have not created friendly opportunities for them to learn. They showed their preference for other informal information sources such as internet or peer sharing (WHO, 2009). Other studies indicated that parents are reluctant and embarrassed to discuss sexual health issues with both sons and daughters and often believe that topics regarding sexuality, pregnancy, and contraception are inappropriate for adolescents and young unmarried adult children (Kaljee et al., 2012). There is a need for more data to assess the effect of these communication patterns on teenagers' engagement in sexual behaviors and for development of family-centered interventions to increase parental knowledge and skills for positive communication (Kaljee et al., 2011). Therefore, it is necessary to improve the parents' perception on communication with their children on sexuality and reproductive health for preventing sexual behavior risks.

Recently, the national conferences related to sexuality and teenager topic revealed that sexuality education in Vietnam has not been talked in a straight forward manner or not used the concept of 'sexuality education'. Talking about sexuality has often been labeled under related issues such as biology, population, family planning, reproductive health or HIV prevention. Teaching methods were so traditional with imposing messages, which made young people feel embarrassed and did not want to have further discussions with trainers. In families, parents tended to have prohibitive attitudes when their children asked about sexuality related issues. Young people had needs to understand about sexuality and information channels of schools and families still could not have created as friendly atmosphere for them to learn. There is also a study found out that teenagers' preference on using other informal informative sources such as internet or peer sharing (Khuat, 1998; Vietnamnet, 2014; WHO, 2009).

In addition, there is a different perception on the sexual and reproductive health interventions. A study in Vietnam showed that parent intervention were significant increase in parents' knowledge, improved communication, increase reports of talking to a child about sexual health, increase levels of comfort in talking, and increases in self-efficacy for condom use after intervention. This study also showed that the intervention was slightly more effective for mothers than fathers and the children were more comfortable to communicate with their mothers about the sexual and reproductive health issues (Kaljee et al., 2012). The role of parent in sexual and reproductive communication and education is important. However, parents remain underutilized resources in low- and middle-income countries especially in Vietnam and the parents' education can positively impact their teenager's health as well as their own sexual health (Kaljee et al., 2011).

Another study in the United States on parent-teen sexual communications indicated that parent beliefs about condom and oral contraceptive efficacy, safety and usability has a direct relation to parent-teen sexual communication. Parent beliefs and communication levels varied across a number of demographic groups. Educating parent groups may result in more frequent and accurate sexual communications with their teenage children. This study highlighted a mismatch between parents' expressed opinions and preferences, and actual sexuality education content as currently taught in the majority of public schools. In light of broad parental support for education that emphasized multiple strategies for prevention of pregnancy and sexually transmitted infections (including abstinence), parents should be encouraged to express their opinions on sexuality education to teachers, administrators, and school boards in regard with the importance of including a variety of topics and beginning instruction during middle school years or earlier (Swain, Ackerman, & Ackerman, 2006).

In generally, talking about sexuality between parents and adolescent is always difficult, uncomfortable and rare, not only in Vietnam, but also in Asian countries, particularly in developing countries, but it can also be seen in developed countries. For instance, in Thailand, talking about sexuality between parents and teenagers in rural areas rarely occurs in daily life or day to day conversation. The parents have their own concepts and they make gender and sexual discourses on their children especially that the truth and normality for teenager's sexuality as asexual

beings. The findings also showed that there was a limitation parent's perception about sexuality and their conversation with their children about it. The limitation of parent's perception creates barriers around this topic, including the remaining of old concepts that sex is shameful and dirty topic which lead the parents not to talk about sex. Moreover, the gender discourse influenced on the parent's perception that the fathers play role of a leader in the family and the female teenager were concerned by the discourse by society and parents about their body, being a good girl and values of virginity (Daengchon, 2009). In South Africa, the parent-adolescent is considered a protective factor in improving sexual and reproductive health knowledge of adolescents (Coetzee et al., 2014). The study showed the evidence that risky sexual behaviours can be reduced through effective parent-adolescent communication. This study used the Parent Adolescent Communication Scale to determine parent-adolescent communication by ethnicity and identify predictors of high parent-adolescent communication amongst South African adolescents post-apartheid. The HIV prevention programmes for South African adolescents also encourage that information and skills regarding effective parent-adolescent communication should be included. In addition, other studies in other countries proved that the Parent-child communication interventions that include parents of black/African-American and Hispanic/Latino teenager disproportionately affected by HIV and STIs can effectively reduce sex-related behavioral and sexual-related cognitive risks for teenager. These interventions may help improve sexual health outcomes for young people and reduce HIV/STI-related health inequities (Sutton, Lasswell, Lanier, & Miller, 2014). Other reviews of evaluation for parent-child intervention indicated that the parental interventions has effectively impacts on their children for reducing and preventing adolescents' sexual behavior risks and promoting the sexual health of teenagers (Aspy et al., 2007; Borawski, Ievers-Landis, Lovegreen, & Trapl, 2003; Guilamo-Ramos et al., 2011; Huebner & Howell, 2003; Kaljee et al., 2012; Klein et al., 2005; Ladapo et al., 2013; Schouten, van den Putte, Pasmans, & Meeuwesen, 2007; Wang et al., 2013; Wight & Fullerton, 2013). Besides, the adolescents and young people also recognize the importance of their parents' roles for providing sexual information and sharing sex education's knowledge (Borawski et al., 2003; Hutchinson, Jemmott Iii, Sweet

Jemmott, Braverman, & Fong, 2003; Kraft, Kulkarni, Hsia, Jamieson, & Warner, 2012; Rosenthal & Shirley Feldman, 1999; Somers & Paulson, 2000).

2.4 Explanation of conceptual framework

This study, the researcher based on the reproductive health concepts and mapping of Myntti and Cottingham (Cottingham & Myntti, 2002; WHO, 2010) as a framework to uncover the gender and sexual discourses that are dominant and alternatives from social institution related to teenager sexual and reproductive health problems. These include social discourse, religious discourse, public health discourse and state discourse which locate and construct sets of knowledge about gender and sexuality and the sexual meaning of parent's perspective in the location covered by this study. These factors will be barriers for parents' perception of teenager's knowledge of sexuality. Furthermore, the knowledge of students may be limited by dominant discourse from social institution. The concepts of Myntii and Cottingham based on reproductive health concepts (ICPD) gender equality, equity, empowerment and autonomy of women, improvement of their political, social, economic and health status includes positive dimension of health and sexuality and integrated reproductive health service. This one is considered as social level which affect to individual level directly or indirectly by

At individual level, the framework bases on the concepts of Foucault discourses. The discourses on gender and sexuality construct the ways the parents think, feel, be and act. These may affect on the knowledge and limitation they will teach for their children. A discourse is a power constructed ways of thinking, feeling, being and acting within various discursive positions (Danaher et al., 2000). From this, it creates barriers in communication between parents and their teenager. Therefore, it will also affect on the perception of parents on their teenager's knowledge of sexuality.

In this level, demographic factors includes the class of parents or parents' level of education, parents' occupation, gender of parents, the age, number and gender of their teenager also affect to the individual parents' discourse on their teenager's sexuality. The differences of parents' class and gender are the most important factors

influence on parents' perception of their teenager's sexuality (Daengchon, 2009; Rosenthal & Shirley Feldman, 1999; Schouten et al., 2007; Wang et al., 2013).

2.5 Conceptual framework

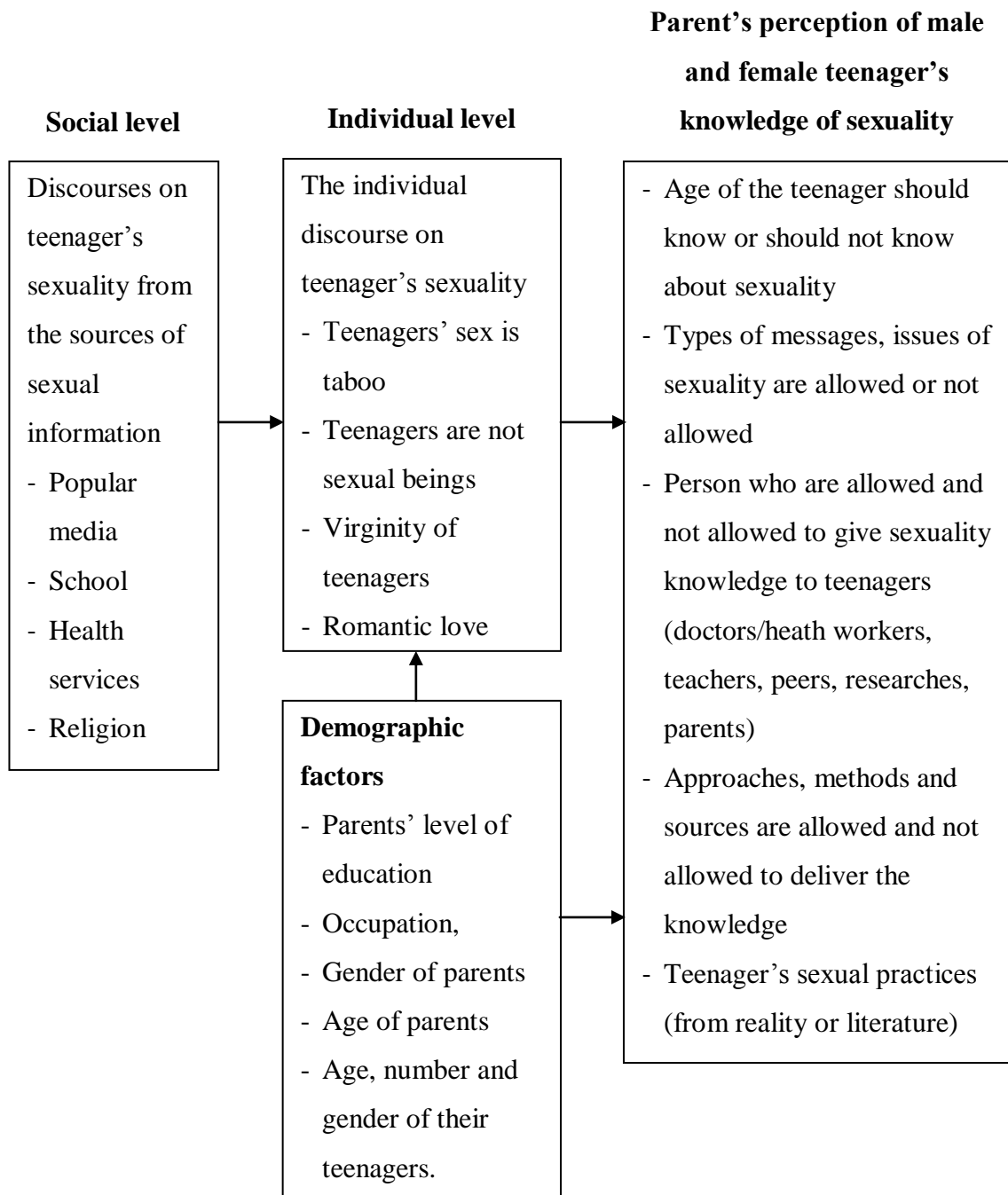


Figure 2.1: Conceptual framework

2.6 Definitions

Parents: the parents who have children with being high school students age 15-17 live in Ho Chi Minh City at least a year and they need to be younger than 50 years old.

Gender: Gender is used to describe the differences between men's and women's roles and responsibilities. It's a socially constructed, it can be changed over time and have wide variations within cultures. It is determined by biological characteristics with behaviors and expectations of masculinity and femininity. It's also used as a socioeconomic and political variable to analyze people's roles, responsibilities, constraints, and opportunities (Blair, 2007: 7)

Sexuality: "is a central aspect of being human that continues throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, and religious and spiritual factors" (Blair, 2007: 37).

Discourse: a type of language associated with an institution includes the ideas and statements which express an institution's values. In Foucault's writings, it is used to describe individual acts of language, or 'language in action'—the ideas and statements that allow us to make sense of and 'see' things (Danaher et al., 2000: x).

Dominant culture: refers to the cultural beliefs, values, and practices that are assumed to be the most and influential within a society (Blair, 2007: 74)

Perception: "The set of psychological processes by which people recognize, organize, synthesize, and give meaning to the sensations received from environmental stimuli perceptual constancy". (Glossary - School of Psychology).

Knowledge: for Foucault, "knowledge is made up of perspectives, ideas, narratives, commentaries, rules, categories, laws, terms, explanations and definitions produced and valorized by disciplines, fields and institutions through the application of scientific principles. Different and new knowledge emerges from the struggle between the different areas within a culture" (Danaher et al., 2000: xiii).

CHAPTER III

RESEARCH METHODOLOGY

3.1 Research design

The study aimed to explore the meaning of sexuality from the parents' perspective and the parental perception on their teenagers' sexuality education. Qualitative research was conducted to explore sensitive topic and discourse on sexuality from parents' perspective. Without qualitative research, the ideas or thoughts from inner view will not be explored from participants on sexuality topic (Daly, 2007). Therefore, this study was carried out with qualitative approach. Purposive and snowball sampling were used for getting participants for focus group discussion and in-depth interview. The participants were asked for accepting to join the study first because it is not easy to get participation of parents for focus group discussion to talk about sexuality deeply in direct way (Wiederman, 2001). This study uses Foucault's theoretical concepts of discourse, power and knowledge; sexual discourse; and sexual subjects to explore the parental perspective on teenagers' sexuality and factors which affected on parents' perception on sexuality and sexuality education at family level and educational institutes. Foucault's theoretical concepts were used as a theoretical lens during the process of study to explore the meaning of sexuality and to analyze the data.

It was a community based study which carried out various methods of qualitative study designs. It included Community Advisory Board (CAB), focus group discussions (FGDs), in-depth interviews (IDIs) and field notes writing. These different methods will help the researcher to explore the meaning of sexuality from parental perspective deeply. Moreover, ideas, thoughts, worries and perceptions on their teenager's sexuality and factors from social contexts which influenced on teenagers' sexuality and their own perspective on sexuality were explored comfortably.

3.2 Entering into the research field and site selection

Fieldwork was done in central Ho Chi Minh City, Southern of Vietnam. Ho Chi Minh City is the biggest city in Vietnam. Ho Chi Minh City has a rapid rate of development of economic and society. The research was conducted in Ho Chi Minh City as a research site because this city is a biggest commercial centre, considered as an open city with developing of economic speedily and the openness of people and society here particularly in central districts. In central Ho Chi Minh City, the parents were expected that their perception on sexuality's knowledge of their teenager will be the most open in their mind compared to other districts and provinces in Vietnam. Therefore, the parents shared their own opinions about sensitive topic openly, deeply and comfortably. The researcher tried to explore the meanings on sexuality from parents' perspective widely and find out barriers for accessing sexual and reproductive health information of adolescents from parents' perspective for the study.

Moreover, as the researcher lived, studied and worked at Ho Chi Minh City, the researcher can understand the situation of Ho Chi Minh City more easily than other cities or provinces. The researcher worked in the university in central city so that it was convenient and easy for researcher to build the trust between researcher and informants.



Figure 3.1 Map of Vietnam, Ho Chi Minh



Figure 3.2 Map of central districts in Ho Chi Minh

The researcher came back to Ho Chi Minh for data collection at the first day of July, 2014. A feeling of happiness when she came back her country and met family members at the airport made her get ready to start her fieldwork. Coming back to the crowded city; strong sunshine and noises of motorcycles on the road, being busy of people in the city looked busy all of time on the road with traffic jam and the weather of sunny was going to the end with burning sunshine and the rainy weather would be started soon from the time the researcher came back. Although the research has residence in Ho Chi Minh City but her house lives is in the countryside of Ho Chi Minh City called Cu Chi district which was 50 km far from the central city. Motorbike is a popular, common and convenient mean of transportation in Ho Chi Minh City and the researcher used to be familiar to it before coming to Thailand for studying her Master degree. But in this time, she totally got fear of driving motorbike everyday

from her home to the city after not using motorbike for a long time during her study made her fear to drive motorbike every day from her house to the city during data collection period. She changed to use public transport – buses for going to the city for data collection in the central districts of Ho Chi Minh City. However, riding a bus, which is the way most of young people did not like to use it, took a lot of time for the researcher. The researcher had to take 3 buses from her house to her university located in district 1 – central city where she worked and conducted CAB and FGDs. The buses passed over almost districts from Cu Chi district to district 1. It took near three hours for going to the city and two hours for going back from the city to her home. Totally, the researcher spent at least five hours on buses everyday for going to and back. However, at least she had chance to meet her family every day and get supports from them after going back from the field work which also stressed her out with confusion of participants although she had to spend much time on buses and she had to go out early at 5:00 AM and arrived at home around 9:00 or 10:00 PM. The researcher was so exhausted at the first month of coming back from Thailand and starting her field works with all of tough activities. However, she tried to accept all these tough situations and continued moving up with the process of data collection.

As the original schedule, the researcher went to high schools in district 1 and district 3 which are located in central city after having contacts with parents and after inviting them whose teenagers are high school students from grade 10 to grade 12. However, other colleagues who used to work with high schools said that schools were not easy to contact to parents and inviting them. Thus, the researcher could not contact with high schools within district 1 and district 3 because of summer holiday. She changed strategy not to contact high schools; she contacted high school teachers with her friend's help. Via high school teachers' network, the researcher expanded another districts within urban area for getting enough number of participants for FGDs. Finally, there were a number of participants who came from different districts in urban area of Ho Chi Minh City and their teenagers were studying at high school in central city such as district 1, district 3, district 5, Binh Thanh district, Phu Nhuan district, Tan Binh district and Tan Phu district.

3.3 Participants selection criteria and recruitment process

The participants were selected purposively by using the snowball selection method. The target populations were the parents aged younger than 60 years old who had at least one teenager studying in high schools within urban area of Ho Chi Minh City to be easy communicate with researcher and other participants in the FGDs.

The study was a process of recruitment during the period of data collection. The participants will be recruited throughout introduction and invitation from other participants in CAB, FGD and channel of colleges and parents net-working which consisted kindest helpers for researchers during data collection in the field work.

3.3.1 Recruitment process

The first week of July when the researcher arrived to Ho Chi Minh City, she started contact with her friends and colleagues who could support her in contacting participants for the research study. The researcher designed to set up the day to go to high schools which are located in central city such as district 1 and district 3. Unfortunately, it was still summer holiday, so most of schools were closed. If she kept this way to get participants she had to wait until the school opened in second week of September. Moreover, the process of schools would be approval for a long time. Thus, the researcher had to change to another approach via high school teachers who had contacts with parents to make a teacher network as supporters. With the help of colleagues and friends, researcher could contact to parents and made appointments with the teachers of six high schools in district 1, district 3, district 5, and Binh Thanh districts. The researcher had a meeting with them to share all of the information of the research including purposes, objectives, inform the time schedule for FGDs and benefits for the participants and supporters. The researcher had kept contact with them for a month but it did not work well. They told that it was really difficult to invite parents to come to the FGDs because of being sensitive and dirty topic. Some cases, the teachers were worried that parents might misunderstand if they invited them participate in the FGDs of sexuality research. Most of them felt shy and did not dare to ask parents to come to FGDs. The researcher totally got disappointment about that. For the study's purpose, she hoped that she conducted the useful research for

improving youth sexual health in the future but the way others thought about what she did like garbage. That made her unhappy and sometimes she had feelings of giving up. However, the purposes and objectives were very clear and definitely rights for what she was doing. She continued to go to the field to find out the right way for recruiting participants. She came and talked to her colleagues about her difficulties to find out the participants for research, they introduced the researcher someone who had sons and daughters studying in the high schools around the university. But that school located in Binh Thanh district, not in district 1 and 3, but Binh Thanh district was so close to the university and was also one of central districts in Ho Chi Minh City. The researcher got some advices to change a little bit of criteria for getting participants because it was so difficult to find out the participants who accepted to participate in the research. Therefore, the criteria were changed including spreading the location of high schools which teenagers were studying to other districts within urban area of Ho Chi Minh City. However, the districts were still considered as central districts in Ho Chi Minh City. Furthermore, the age of participants was broader but assured that the participants felt comfortable to share the information with each other and between participants with researcher. From that key informant, the researcher found out some other parents with the help of one of the professional mothers in the university. Finally, the researcher found out that snowball method is useful and effective for her data collection to get participants.

After getting enough participants for Community Advisory Board (CAB), the researcher organized the first CAB in the second week of August, which included 9 members to represent such as 5 parents (either mother or father) who have at least one teenager, 3 students aged 17-19 years old who were living with parents and 1 teacher who was a guardian for students under 18 years old. CAB was a protocol to give a guideline for this study to conduct the research and find out the suitable participants for research. Following up the CAB, a week later the first FGD was conducted and followed by IDIs.

IDIs were easier than FGD to recruit because the researcher come to participants and talk to them one-to-one interaction, they did not need to come to the university and discussed with other participants who they did not know. Furthermore,

it is also easier to arrange the appointment with only one person of IDIs than making appointment with six persons of FGD.

Moreover, the group of high educated parents is more difficult to invite for FGD than the group of low educated participants; especially professional fathers, because most of them were so busy with their own works and business. Most of the participants who came from high education group were successful people, they were very busy, they had to work so hard and the time was most important for them to relax at the weekend so that they did not care about this research as they thought that it wasted their time. Another reason, they had high position in the society so they thought that their wives should take care of children instead of them and they focused on working. Someone told the researcher that “Are you crazy? Do you think you are boss? You think who you are? You should think carefully what you are doing. You should change your crazy topic... I have no time for silly things like that...” when the researcher invited them to participate in FGD. With this group, there was no way to deal with recruitment process, the researcher asked for the CAB, the teachers who were close to her, and who had high position also to help her to be able to invite some other professional fathers. At that time, snowball method was totally helpful. Following this stage, recruitment was going well with the some changes in selection criteria.

3.3.2 Participant selection criteria

The inclusion for recruitment of participants for FGDs and IDIs following the criteria below:

- 1) The parents/guardians (either mother or father) of the teenager age 15-17 years old who were living with son/daughter and live in urban Ho Chi Minh city with their son/daughter for at least a year
- 2) The parents had at least one teenager who was studying in high schools in central districts of Ho Chi Minh City was invited in this study.
- 3) The parents was chosen by gender and level of education (professional who has at least a bachelor degree and non-professional who do not have bachelor degree) because some researches show that the gender and level of education of parents may influence on their perception about the knowledge for their teenagers.

4) The parents under 60 years old were chosen to be assured the communication between parents and between parents and researcher comfortably.

The participants who are not able to verbally communicate in Vietnamese would be excluded.

3.4 Research methods

To answer the research questions, the multiple methods of qualitative data collection were used. It included community advisory board (CAB), focus group discussions (FGDs) and In-depth interviews (IDIs). Total 31 participants were involved in this study. They were 2 CABs which was conducted before first FGD to guide the research study, and another one will be conducted after thesis defense to inform research findings into community; 4 FGDs and 12 IDIs.

3.4.1 Community Advisory Board (CAB)

To guide the study, a 9-member community advisory board (CAB) was conducted including five parents (3 fathers and 2 mothers) who have teenagers aged 15-17 years, three teenagers aged 15-18 years who were still studying in high schools and a teacher who took teenagers to the CAB. In our CAB, non-professional and professional parents were invited to give comments on the interview guidelines and guide researcher to change ways to conduct FGDs and IDIs and CAB is really useful for inexperience of the researcher to understand the reality of parents' view on this sensitive issue in Vietnam context because of her young age. CAB is considered as a pilot study for this research study. The purpose of the CAB was conducted to receive feedbacks from the parents and teenagers including comments, responses, advices and recommendations regarding the study design, interview guidelines, participant recruitment and informed-consent for sensitive topics in the community. CAB is a study protocol for research study and CAB is considered as a pilot focus group discussion which helps researcher to be more confident and get experiences for real focus group discussions after that.

The CAB was conducted at the meeting room of faculty of Social Work, University of Social Sciences and Humanities, National University, Ho Chi Minh City for making trust from participants and assuring that the place was safe and confidential

for participants to discuss. It was conducted in the first week of August and took around 3 hours for meeting from 2:00 PM to 5:00 PM. The first, the researcher planned to conduct the CAB within 1 hour and a half but in the end, it took approximately 3 hours. As a sensitive issue, the participants felt uncomfortable to talk about that even though the participants were expected to give useful comments, raise questions within the purposes and objectives of study. Although, the participants already knew about the topic and ready to be asked sensitive questions in the CAB and FGDs, they seemed that they did not want to answer those sensitive questions and they responded that the questions were so stupid and inappropriate for them to answer. Therefore, the participants were not helpful to get good comments for the guidelines because they did not want to talk about sexual topics deeply and when they saw the questions that related to sexuality, they tried to give feedbacks by questionnaires instead of answers or solutions for researchers. Some of participants, especially educated fathers, had arguments when the researcher asked them about “what are the meanings of sexuality”, they tried to response in negative ways to force researcher who should not ask parents about that. Maybe, the reason was that the age of researcher was too young and parents had their own assumption that the researcher should not ask them silly questions like that. The research took an hour to explain the purposes and objectives of study in detail more than 3 times for understanding and empathizing from parents.

Moreover, the researcher had to deal with the problem that the students in the CAB did not dare to say anything in the presence of their parents and another parents. The parents gave an idea that the researcher should separate between parents and students to have good ideas from both of parental view and teenage view. The purpose of including parents and teenagers at the same CAB was that the parents could listen to the needs, ideas and thoughts of teenagers and also the teenagers and parents could have a conversation to understand each other's. However, it was not happened because of fear from teenagers and shyness from parents with sexuality's topics. Finally, the parents and teenagers were separated and then they could talk freely and comfortably so that researcher got useful responses from the parental view and teenage view honestly. Meanwhile, the CAB helped the researcher to be able to predict the possible responses of participants with sensitive questions and situations and repeated

in the real FGDs. After meeting with the CAB, a revised guideline with acceptable contents from parental perspective was conducted throughout focus group discussions and in-depth interviews easily. Besides that, the findings of teenagers' knowledge and needs on sexuality and sexuality education were explored. This was a gateway for researcher to discuss with parents in FGDs and open the door for parents to understand their teenagers' needs deeply and positively.

At the end of CAB, each participant was received 200,000 VND (~US \$10) for transportation and participating in the research study. Participants helped researcher to support others participants in FGDs for talking comfortably and they were participants who understood deeply about the research's purposes and objectives. They helped researcher found out the other participants for FGDs and made trust building between other participants and researcher. In sum, the CAB was totally useful and helpful resource of key informants for conducting FGDs and IDIs. Whenever researcher had problem with inviting participants, they found out and introduced peer parents for researcher to assure the quality of the research study.

3.4.2 Focus Group Discussions (FGDs)

Four FGDs were separately conducted in different time and started from the second week of August to the last week of September. All of FGDs were conducted on the weekend that was suggested to be convenient for participants to come and participate in FGDs. FGDs also conducted at the meeting room of faculty of Social Work, University of Social Sciences and Humanities, National University, Ho Chi Minh City for making trust from participants and assuring that the place was safe and confidential for participants to discuss. Tea-break, water and fruits were prepared carefully for all of FGDs meeting. Average each FGD took 2 hour and a half for discussing and the participant received 200,000 VND (~US \$10) per person for incentives. At the beginning of discussion, the parents felt shy to talk to each others about sexuality and related topics. But after warming up by questions which related to their daughters/sons, the parents shared and talked about their teenagers freely forgetting their fear and embarrassment as at the beginning of FGD. After making the trust with participants, they discussed and shared many ideas; such as mentioning about their difficulties when they communicated their teenagers at home. They had

their own anxieties about their kids, FGD made them understand and learn more about meaning of sexuality education from peers. When they talked and displayed worries about their kids, others helped them by giving solutions by their experiences throughout real stories they had ever had. They talked freely until the researcher had to stop because of limitation of time but they really wanted to talk more. Therefore, FGDs was a useful method to get interesting findings and make discussion openly and freely. All of FGDs were recorded and photos were also taken during the FGDs with the participants' permission. Furthermore, the researcher had her best friend and younger sister who were trained to help her in the FGDs. Her friend wrote down all of process, conversation between researcher and participants and all of the information were made notes for avoiding losing information and for making sure the observation during the FGDs. Her sister helped her to take pictures, prepared tea-break, delivery information sheets, and give money to participants for incentives.

However, it was a process of getting enough number of participants for FGDs from the recruitment to the end of FGD. When the researcher came and invited participants for FGDs, almost them thought that they were not suitable for being a participant in this research study, they claimed that they had no ideas to discuss and especially they had no time for silly things such as talking about sexuality and discussing with other parents about that. Some of participants looked at researcher like a crazy girl in front of them when the researcher came to them and invited them for participating in the research. They refused to participate, although the researcher tried to convince and explain the meaningful of research study for them. The researcher tried to contact them not only once, more than twice and sometime she went to them and requested until the participant accepted to participate in her research. Every day, she came to the city to meet someone who was potential participant in her research with selected criteria. She spent 3 hours on bus from her house to the city because of traffic jam and 2 hours for going back home every day and she was exhausted at that time because of refusing from participants. Otherwise, whenever she got acceptance of participating in the research from parents, she was so happy and she had contacted to remind and keep in touch with them regularly until FGD was conducted. Sometimes, the participants accepted to participate in the FGD for sure but at the end, they cancelled to participate in the FGD at the last minutes because of being busy with

personal reasons or family's reason. The researcher asked some help from other parents who were key informants from the CAB and who were teachers in the CAB. FGDs would not be successful without help of key informants from the CAB. Almost fathers and mothers were recruited and invited from the helps of the members of CAB, and also suggested for assure guardian for participants because of sensitive topic and young age of researcher which make parents feel shy to come and share at the FGD.

There were a total of 4 FGDs including 1 female non-professional group of parents, 1 male non-professional group of parents, 1 male professional group of parents and 1 female professional group of parents. Each FGD consisted 6 participants who were the same gender and level of education. The parents were separated by gender and level of education because these factors are particularly important in society especially in Vietnam context and also some researches show that the gender and level of education of parents may influence on their perception about the knowledge for their teenagers (Guadamuz, Goldsamt, & Boonmongkon, 2014; Kaljee et al., 2011). The parents, who were chosen, were under 60 years old in order to get freely communication and discussion between participants and researcher. Totally, there were 4 groups including parents of teenagers who were studying in high school in central districts of Ho Chi Minh City following below:

- Female participants having at least bachelor (BA) degree and having son/daughter aged 15-17 years who were studying in high schools in central districts of HCMC
- Male participants having at least BA degree and having son/daughter aged 15-17 years who were studying in high schools in central districts of HCMC
- Female participants having low education (under BA) and having son/daughter aged 15-17 years who were studying in high schools in central districts of HCMC
- Male participants having low education (under BA) and having son/daughter aged 15-17 years who were studying in high schools in central districts of HCMC

For the last FGD with professional fathers which was supposed the most difficult one to be conducted from the recruitment to the meeting. Dealing with the challenges and difficulties, the researcher asked her advisors for advices and

fortunately, her advisor came to her FGD for observation and was ready to help her whenever she had problem. Finally, the process of FGD was going well.

3.4.3 In-depth interview (IDIs)

There were 4 IDIs which based on responses from individual FGD participants. Some participants were invited to IDIs, who had interesting stories and ideas in the FGD and made sure that they wanted to share more deeply in IDIs. IDIs were used to explore in more depth issues that were brought up in the FGDs that might be more sensitive issue which require more time to be discussed and one-on-one interactions. Moreover, parents' information was useful for the research findings, and some parents who refused to participate in FGD also accepted to do IDI so that researcher would contact them and turn back to invite them for IDIs.

For IDI, the researcher came to participants' houses to interview them with their permission and also the researcher would like to come to anywhere participant felt comfortable to talk and easy for them for transportation and flexible time. IDIs were based on participants' choices for being more comfortable, safe and convenient place for participant. As a result of building trust, most of female participants preferred to have IDI at their houses, and on the other hand, male participants preferred to have IDI at coffee shop or work place's canteen. Some of participants preferred to have IDI at work place such as their own office, and one of them preferred to have IDI at the park which she did her own business. The memory of researcher was that it suddenly rained when she was interviewing one of participants at the park near her business place. Maybe because of the warmth of researcher and being honest to share and listen to participants, the researcher made them trust and also they had good feelings with the researcher. Therefore, they talked freely and shared the truth with the researcher in detail and deeply. The participants chose their own place to be interviewed and it was a one-to-one interaction so that they may be more comfortable and feel safe than coming to the FGD to share with others who they did not know before.

Most of female participants preferred to have IDI at their home in the absence of their kids, mean that the researcher came to their house at the time which was set up by participants. The research was took place when their kids went to school

or went somewhere and had not gone back home yet. They told the researcher that they could feel shy and could not talk freely when their kids came back. Therefore, a place without strangers and teenagers, the participants would be felt more safe and confidential to talk to the researcher about sensitive topics especially sexuality.

As same as CAB and FGDs, each participant who participated in the IDI was received 200,000 VND (~US \$10) for incentives including the money for coffee shop or gifts (e.g. fruits) for visiting participants' house. Moreover, the parents had a benefit to share about their own difficulties in communicating with their kids and also parents could get some advices from the researcher as a reproductive health educator.

3.4.4 Field notes writing

Field notes were written at the time of interviewing; all are noted down what the researcher heard and saw during process of collecting data. The researcher took notes everything at the end of each day after meeting and talking to participants or contacting someone and somewhere for finding and inviting parents of high schools students for participating in this research. Besides, belong to recording during focus group discussions and in-depth interviews, the researcher also wrote down important information which was observed during the focus group discussions and in-depth interviews. The researcher used local language instead of English for field notes writing in order to avoid losing information. Every night, after coming back from the city, the researcher took notes what had happened in the field and she also wrote down the feelings, emotion, and difficulties during the process of data collection. The researcher tried so hard every day to overcome difficulties from the field, listed key informants who was suggested to help researcher to find out the participants. By writing down all of situations the researcher had to face in the field made her calm down. That was a good way to find out the solutions and ask for supports from other resources to deal with the problems which happened in the fields.

3.5 Research instruments

The tools are used in this study are:

- Focus group discussion guidelines

- In-depth interview guidelines
- Documentary reviews guidelines
- Digital recorder
- Field notes
- Camera
- Notes taker

In addition, the researcher was also performed as a research instrument to moderate the FGDs and IDIs. Moreover she was the main guiding instrument involved during the process of study to reach the research objectives and answer the research questions.

The guidelines for FGDs and IDIs were developed based on the conceptual framework and validated by advisors. Then, it was translated into Vietnamese and asked for comments to fix within Vietnamese context from the CAB. The guidelines were modified accordingly based on the understanding and were flexible based on the situations or circumstances throughout the practices.

The digital recorder/ Voice recorder was used throughout the process of FGDs and IDIs with the participants' permission. It recorded all of information which might be missed from note taking during discussion and interview.

The field notes was counter checked and completed field note was expanded and then concluded at the end of every FGDs, IDIs and observations from the fields by combining the information from the both note taking, voice recording and diary writing.

The camera was used to take photos during the FGDs with the participants' permission. It was also used to take relevant pictures throughout the observations in the field works.

The note takers were the researcher's friend and younger sister, who were trained to take notes during the process of CAB and FGDs. It will help researcher to be easier to analyze the transcripts with notes. They also helped researcher prepare the instruments and tea-break for CAB and FGDs. During the FGDs, the note taker was a necessary instrument for the success of the CAB and FGDs.

3.6 Study period

The study was conducted from July 2014 to May 2015. Period for data collection was at the beginning of July to November 2014 and final analyzing and report writing was from December 2014 to April 2015.

May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Apr	May
Study preparation		Data collection and Analysis				Report writing			Thesis defense			
Proposal defense and submission IRB			CAB									CAB

3.7 Data processing and analysis

Data analysis in qualitative research was an ongoing process starting once the field work starts and continues until it ends. The data are from various sources; observation, field notes, notes of group discussion, in-depth interviews, key-informant interviews, and transcriptions of tape recorded interviews. First of all, the data from field notes included CABs, focus group discussion, in-depth interview or informal interviews were expanded in an ethnographic diary everyday and concluded at the end of each day. Data from voice recorders was transcribed as soon as possible after recording from FGDs and IDIs day by day or within 1 week. These data were checked, compared regularly with guidelines of interviews and objectives of this study from time to time, day by day and the researcher will make plan for getting incomplete data and prepare for further data collection. The data was collected group by group of FGDs and case by case for IDIs until finishing process or getting full of information which was enough to answer the research question and expand the purpose of study. Then, the data was stored and managed with arrangement carefully in the computer. Especially, the researcher made sure that the data was coded by the pseudonym names before analysis. Secondly, the data was analyzed. The researcher worked with her major advisor to draw out the whole picture of her findings by making themes and

sub-themes. The outline of thesis with clear themes was explored, and the researcher had a right way to analyze her thesis. Following up the process, field notes writing and transcriptions were analyzed directly by the original language or local dialect for preventing bias and loss of information from translating to English. The researcher reread, did demos, code, made themes and took notes for data by making a master sheet in Microsoft Word Office and put all of data following the guidelines. The data was analyzed by focusing on not only the meaning of data, objectives of study, but also the situation, feelings and emotions at the time of interviewing and how they expressed their opinions. Besides data from field notes, collecting data from secondary data was also important; discourse analysis was used to explore various discourses on sexuality and reproductive health. The local language, phrase and meanings used in community, health services and mass media relating to sexuality and reproductive health topic was analyzed to explore and conclude meanings and views on sexuality and reproductive health in Vietnam context. Third, the data was combined and compared in cross comparison analysis between different sources. The conceptual framework was used to collate and look at the main issue in combination. And then the findings were conducted. Finally, some of data was concluded by main meanings and translated to English with their originally local dialectical quotation beside. The discussion and limitation followed up the data collection in research writing.

3.8 Validity of the data

3.8.1. Data and methodological triangulation

The triangulation of data was applied by using more than one method for collecting data including observation, field notes, diaries, focus group discussions, in-depth interviews and secondary data to improve validity of data. All of data were collected from parents who have at least one high school's student with being. Moreover, the data was also collected from group of discussion of different parents with the various characteristics of the gender, level of education, occupation and so on. The data will be analyzed and coded by matrix of Master sheet in Microsoft Word (Hardon et al., 2001).

3.8.2. Trust building

As the research consists of sensitive issues such as sexuality and reproductive health problems, building trust between researcher and research participants is a great importance to make sure the quality of data in the research. According to the explanations of the researcher about the purposes of academic research, experiences of the researcher as a public health worker and medical students for 4 years and practicing at the community, the researcher will be able to build trust and acceptance among us. In addition, the researcher contacted, met and talked to participants for introducing and inviting them to research before conducting FGD. In addition, to be a colleague in the university where the researcher worked, the researcher could build trust easily with the participants who were working in the university. To be a lecturer at university, the researcher was easier to build trust with parents whether they are not professional and professional. Every day, the researcher came to them, talked to them about her research and difficulties for inviting parents to participate in this research so that the parents also talked to them about their difficulties for taking care of their children at home, at school and sometimes she hung out with them. And also her colleagues often shared stories of their teenagers which might help researcher understand when she had FGDs or IDIs with other parents. For parents who were sellers, firstly the researcher made trust by buying some food from them, introduced herself and her job at university and after several times, she made sure that she can talk freely with participants then she invited them for FGDs and IDIs. Moreover, the researcher tried to make sure of confidentiality and benefits to them for participating in this study. The researcher also listened carefully to them what they wanted to share and recorded all of information with their permission in order to get full information that the study required. With a respectful attitude of learning and an inquiring mind, the researcher absolutely believes that the participants shared their true feelings, private opinions, experiences, thoughts and expectations. By this way, the researcher totally built the good communication and trust from participants.

3.8.3. Reflexivity

According to author J. Daly, a simple definition of reflexivity is “the ways in which a researcher critically monitors and understands the roles of the self in the

research endeavor” (Daly, 2007). Therefore, the researcher was aware of knowledge, experience, education, belief, perceptions, opinions and status as well in order to be reflexive. The self might not be excluded from the research process and that it shaped the study and the way the researcher made sense of the data and interpret them. As a result of understanding of both sides from the self of researcher and from participants, the researcher was able to find and made unbiased interpretation. By the way, the researcher tried to separate her feelings and parents’ views to see insider and outsider which belong to parents’ responses.

3.8.4. Inter-subjectivity

To understand and to be aware of the subjectivities and informant subjectivities was important and necessary. Inter-subjectivity is also required for the researcher to think about informants’ situation and place the self in their situation to understand and interpret their inner thoughts. However, the researcher needed to listen and tried to avoid negative feelings or disagree when they were sharing and discussing. Besides that, the researcher controlled the subjectivity to understand and gave them freedom and convenience when the participants explored their subjectivity. If the researcher showed the subjectivity or some bad feelings when they were talking, they would not talk deeply and not to cooperate to share their subjectivity anymore. Understanding about participants with their perspective in accordance their context was prioritized. This might not be an easy task to do but the researcher will try to accept their behaviors, ideas, concepts and make an effort to understand them. By putting the self of the researcher in their situation, the researcher might avoid an adjustment of subjectivity of researcher to find out the subjectivity of participants. Every information and experience shared by informants with the researcher was really important and valuable. The most important part was that the researcher had to reveal the relevant explanations in its context. As a result, inter-subjectivity would sharpen the knowledge of the researcher and would energize the informants to tell whatever they wanted to tell comfortably.

3.9 Ethical Consideration

Ethical practices were important in social sciences research. The researcher took the online Institutional Review Board (Kirby, Laris, & Rolleri) exam and the result was submitted to the IRB of Mahidol University for conducting the research before going to the field. This research was conducted after getting the approval from the IRB, Mahidol University. Moreover, the issue of ethic in this research was also discussed in the CAB about additional protections of research for them to assure for participating in the FGDs and IDIs of this research study such as what time, and when and where to conduct the FGDs, IDIs and how they feel about our interview guidelines for FGDs and IDIs to assure that they will be comfortable and safe to be in the research regarding to ethical consideration of the research. Furthermore, the issue of ethic also mentioned for allowing their teenagers to be in the research study in the future.

3.9.1. Privacy

Focus group discussions were conducted in the meeting room of the office of faculty of Social Work, University of Social Sciences and Humanities, National University, Ho Chi Minh City and the in-depth interview was conducted at participants' houses or coffee shop and work place canteen. The places were chosen carefully to ensure that the participants were comfortable, speak openly and discuss or share their private opinions deeply and safely.

3.9.2. Confidentiality

This study focused on understanding the perception of the parents on the knowledge of sexuality of their teenagers. First of all, the focus groups and in-depth interview were located in a place which assured privacy and not to have any harmful factors for participants. Second, these parents were told that they will be in a focus group discussion with other parents of adolescent children from different schools and districts in Ho Chi Minh City. The identification of research participants were kept under guarantee of safety. The parents' real names was replaced or coded in accordance with their agreement during the FGDs, IDIs and data analyzing. All the documents and data relating to the study such as field notes, recorded data, photos,

transcribed data and notebooks were kept securely and must be not to use by anyone except the researcher. Then, all of data was deleted after finishing data analysis and report writing for ensuring confidentiality.

3.9.3. Informed consent

The research participants included fathers and mothers of teenagers and the parents was informed that the focus group discussion was an important and major part of a study on parents' perception on the knowledge of sexuality which had great influence on accessing the information of sexuality and sexual reproductive health of their teenager. Before the FGDs, the parents were given the MU-IRB consent form which followed the consent form of Mahidol University and the parents were requested to sign their name in a written consent form for confirming agreement for the study. In principle, the researcher explained the purposes and objectives of the study, and the participants were handed out a short demographics survey to fill before discussion. After that, the researcher handed out the brief outline of the interview and made sure that the parents understood the questions clearly, and the researcher also answered any questions of parents if they were not clear or got confusion about the questions for discussion. The researcher also informed that the parents could stop interview at anytime or they could refuse to answer any questions they did not want to reply. Then, the researcher asked for permission to use voice recorder but it was not a must in interview. If the participants wanted to take time to consider or discuss with someone to decide whether or not to participate in the study, it was allowed. For FGDs, the same level of education and gender of parents was grouped together. And IDIs depended on the discussion of the FGDs, some parents were asked to participate in IDIs in order to explore more in depth of their assumptions, perceptions, knowledge and practices with regards to explore more detailed information for improving the interventions of accessing sexuality and sexual reproductive health information or parental consent for their teenagers in the programs related to sexuality and reproductive health researches.

3.9.4. Benefit and Reciprocity

The reason why the study was conducted was to be able to understand the real thoughts, feelings and perception of parents on their teenager's knowledge of sexuality. This study aimed to get information from parents who came from different places, different position and level of education in the society particularly in an urban city – Ho Chi Minh City. This was a chance for parents to share inner feelings, thoughts and opinions together and listen to each other in an empathetic way and find out the new ways of communicating, teaching or protecting risks for their teenager on sexuality topic. In addition, the researcher also helped them as much as possible by sharing knowledge, how to communicate with their teenagers openly or giving advices for preventing sexual and reproductive health problems in teenager. Sharing between parents helped parents open their knowledge and awareness on sexuality topic for their teenager and it increased more receptivity and sympathy for accessing sexual and reproductive health information of their teenager. Furthermore, it was certain that the study was expected to get benefits and interventions for responding and developing teenager's needs for accessing sexual information and raising the importance and the concern of their rights on sexual and reproductive health. Therefore, the parents' perception of the sexuality topic for their teenager's need to be explored and fixed the gaps between parents' perception and teenager's needs to access sexual and reproductive health information.

Furthermore, CAB at the end of the study after thesis will disseminate findings to all of participants, discuss recommendations and ask about the best way for researcher to disseminate the findings to the community effectively. By this way, the parents who participated in this research will receive benefits to contribute recommendations, to build programs and solutions to promote their teenagers' health in particularly and teenagers over the country in generally in the future.

CHAPTER IV

RESEARCH FINDINGS

4.1 General contexts of Ho Chi Minh City, Vietnam

Ho Chi Minh City is a cosmopolitan city-representing globalization and the glamour of modern city life. Ho Chi Minh City is well-known center with rapid commercial and economic development of the country. According to historical records, Ho Chi Minh City is about three hundred years old. Although things changed and developed, Ho Chi Minh City has always been the largest commercial and economic center not only in the South Vietnam but also in the whole country. It attracts people and encourages Western foreigners to come, live and work here. In this regard, Ho Chi Minh City has various cultures and ethnic groups, and people who live in Ho Chi Minh also have more open views than other provinces especially teenagers. All of the rapid changes with the development of technologies, mass media and complex of multi culture which has been presented in Ho Chi Minh influence on teenagers strongly.

Ho Chi Minh City is a product of globalization processes. A primate city accounting for almost 10% of the country's population and over 19% of national GDP, it is evolving as an essential economic, cultural, and social center of Vietnam.

4.1.1 Social contexts

Social indicators are mixed in Vietnam which becomes the 13th largest country in the world measured by population. According to the 2011 update to the 2009 Census, Vietnam' population was 90.5 million with the high scores of expectancy at birth (72 years) and literacy rate (94%) compared to other developing countries.

According to Vietnam General Statistics Office, the population of Ho Chi Minh City was 7,396,500 in 2010. The actual population of the city is probably significantly higher than officially reported so the real population of the city estimated

over 9 million persons. Ho Chi Minh City becomes the biggest city measured by population with rapid social changes and center of economic and commercial development in Vietnam. In addition, Ho Chi Minh City has been the largest destination for domestic migration and the major destination for migrants from other cities and provinces within national and international region because of the variety of job opportunities which are not only for educated people but also for low-educated people. Therefore, this city is well-known of its being crowded, a never sleep city and it becomes a famous place for travel and discovery.

However, the city also has their own complication and has been existing social evils like thieves, drug addictions among young people, cheaters, and transmitted diseases. Therefore, apart from enjoying the modern life in Ho Chi Minh City, people here are also living with anxieties and worry much more than in rural areas because of rapid transitions of society and development of socio-economic. To be safety, urban people try to protect themselves and their families; especially parents who are always worried for their kids with rapid change of society and challenges of living in the urban. As its various characteristics, this city attracts young people enjoy and discover and sometimes they were influenced or seduced by social evils in the society.



Figure 4.1 Ben Thanh night market and influences of Western styles on teenagers

4.1.2 Cultural contexts

Vietnam belongs to Southeast Asia, but its cultural history is quite different from other countries in the region. Vietnamese culture was affected by Chinese cultural traditions because of being dominated from China for over 1000 years ago. Besides that, Vietnamese culture was also mixed and influenced by Western cultures throughout the war of aggression of Western Empires. Moreover, throughout renovation of economic, starting of “*doi moi*” period in Vietnam in 1986, Vietnamese culture was shaped by the influence of Western culture through its contact with France, the United States, Russia, and other European countries. However, there is much change in socio-economic development, older people like parents’ awareness has not changed as quick as social changes so the sensitive topics like sexuality are still taboos in the cultural and traditional Vietnam context (Khuat, 1998).

At the family level, marriage has a vital role in Vietnamese culture and tradition. In the past, most marriages were arranged by parents and children might only sometimes be consulted. Now, this has changed in modern culture that single girls and boys can meet each other before the wedding and arrange marriage by themselves without parental permission which is not as important as in the past. As the influence of ancient culture, parents always think that their children has to be followed their permission before doing anything. In the past, Vietnamese families were patriarchy that the man always took the lead. Divorce was legal but not common in Vietnamese society that a wife was expected to live in an unhappy marriage and sacrifice her life for her children rather than divorce. Parental leadership in the family was considered as a rule and strict so the children must obey their parents without conditions. And it was not an abuse although the children were punished by physical punishment if they were not obeyed their parents. Unmarried boys and girls were not free to date when and with whom they please. They were always observed by parents, neighbors and relatives and it was easy to get stigmatization from the communities if they had relationship with their boy/girl friend. If their parents knew that girls had sex with boyfriends they would not allow their daughters come back home and their parents would be ashamed about that among their neighbors and relatives. And a consequence, those girls would suicide because of rumors by everyone. Nowadays, the Vietnamese culture is shifting and changing to the modern culture that the wife’s role

in the family is changing. The women have become more independent, they can work outside the family and have more equal to their husbands and even though their husbands take the lead in the family. Children also have become more independent and allowed to speak out their own ideas in the family. Parents start to listen to their children and talk to them when they make a mistake, rather than physically punishing them. The relationship between unmarried girls and boys is more open, and healthy interaction needs to be encouraged. However, the parents are still rule with their children to keep tradition and keep their kids in safety from social evils.

(<http://www.health.state.mn.us/divs/idepc/refugee/globalbbviet.pdf>)

The schools play an important role for teenagers who are still spend most of their time at school and it is considered as the second house of teenagers nowadays because time at schools is much more than time at home. The parents believe that their teenager will be controlled and observed strictly by the teachers at schools. The schools are also a place of culture and tradition. Although the society has changed but the perception and concepts of teachers have still limited to open their perception to be suitable with socio-economic changes.



Figure 4.2 High schools' students with the traditional customs "*ao dai*"

4.1.3 Economic contexts

Since 1986, Vietnam has begun *doi moi* (“renovation”) and transforming to the period of economic market-oriented. Also, the Socialist Republic of Vietnam has been going through economic and social transformation. Vietnam has joined into an export-oriented economy of the World Trade Organization in 2007, and pushed GDP grow up. According to the World Bank classification, Gross National Income per capita in Vietnam was \$2,910 in 2010, Vietnam has become a country in the group of lower middle income economies. In 2013, GDP growth was 5.4% and is projected to increase in 2014. Vietnam is assessed as a developing country with high potential capacity (<http://www.worldbank.org/en/country/vietnam/overview>).

Ho Chi Minh City with high economic growth, contributed 20.2 per cent to the gross national product, 26.1 per cent to the value of total industrial output, and 44 per cent of all investment in the country. The city is also a shopping and entertainment center and modern city with the growth of all aspects. In addition, the family life has been positively changed particularly in this city. This leads to become the most developed city with highest rate of economy and technology development. In which, teenagers are considered components that are influenced by the achievements of technology and mass media in the contexts of economic growth.



Figure 4.3 Mobile phone/Smartphone use among teenagers

4.1.4 Political contexts

Vietnam has experienced profound changes as result of the introduction of the “doi moi” policy in 1986. The Communist Party of Vietnam exists only one party system to control economic and profound policies for all of aspects over the country. According to national policies, government sexual/reproductive policies pre- and post-“doi moi”, HIV/AIDS and family planning were paid attention throughout media channel but within dominant contents, the effectiveness were limited and not enough deep as well as beginning purposes. In addition, government has international supports for develop programs and promoting policies throughout NGOs. However, national government cannot afford to control and take advantages for promoting and developing from the NGOs supports. Instead of corporation, existing of corruption from the government perspectives creates ineffective programs and losing of changes for corporation and funds from other NGOs for project of developments. Besides that, the dominance of government ideology leads unsuccessful programs especially sexual and reproductive health programs which mainly focused on teenagers because of stigmatization of teenage sexuality through traditional and cultural views (Khuat, 1998). For law of marriage, the age for marriage is 18 years old for girls and 20 years old for boys. Having sex with a teenage girl under 18 years old is illegal that the boy can be a prisoner at least 10 years based on the situation and the level of victim’s injuries of physical and psychology. However, the law is not effective if the victim or her families does not public their damage because of avoiding social stigmatization.

4.1.5 Characteristics of central districts of Ho Chi Minh City

Saigon, District 1, is a centre of luxurious apartment, restaurants, hotels and entertainment services including busy shopping streets and overcrowded motorbikes and cars. Every day, the researcher had been here for working and data collection so she spent most of the time to taste almost the life of this luxurious district. Most of schools in this district are specialized and gifted high schools which are considered standard high schools for the whole city. Following district 1 is districts 3, 4, 5 which are the former China-Town, district 6, 10 and 11 with affordable housing and infrastructure and big markets which located at district 5 and 6 for attracting business owners of retail and wholesale trades from other provinces in South Vietnam.

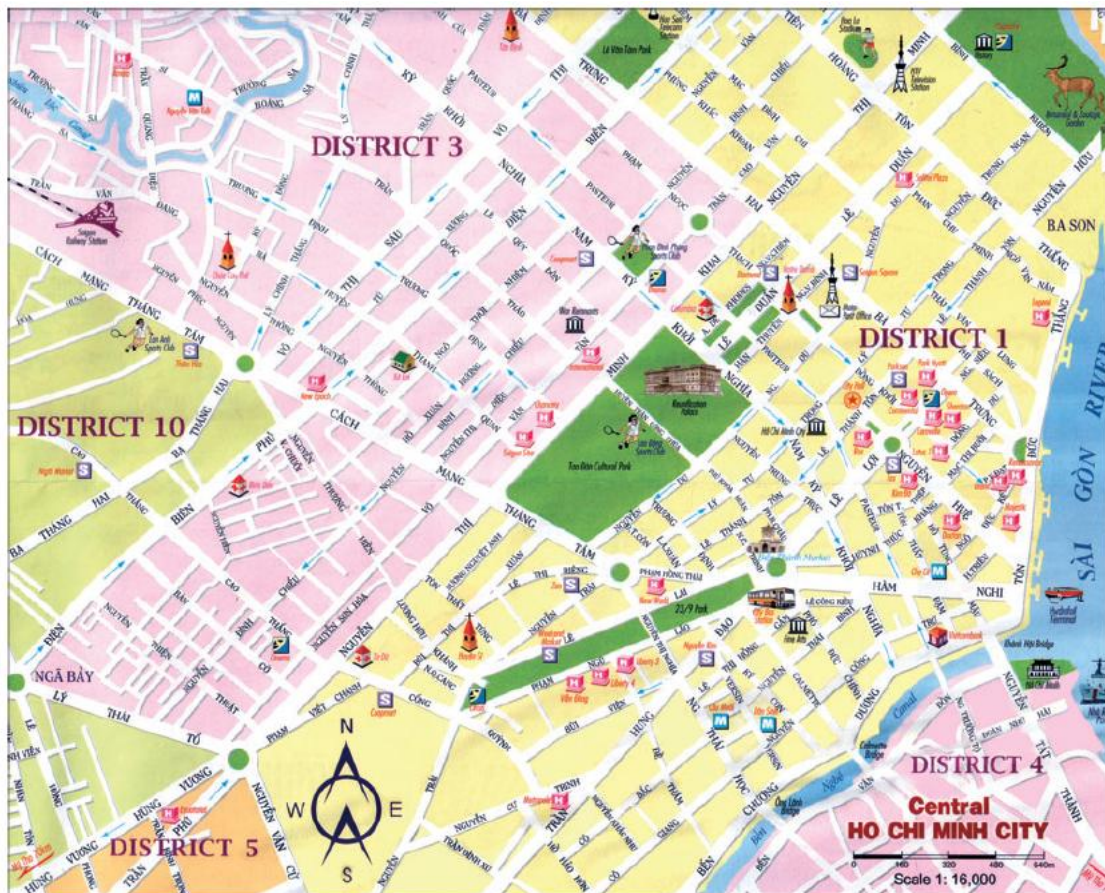


Figure 4.4 Map of districts 1, 2, 3, 4, 5, and 10 in Ho Chi Minh City

District 2 and 12 (several kilometers north-east and north from Saigon respectively) and the adjacent Binh Thanh, Tan Binh and Tan Phu districts are the areas of new residential development, with beautiful apartment high-rises and industrial parks which millions of migrants. Another rich district which gathers billionaires with beautiful parks and high quality apartment is districts 7. Though models and posters advertising new blocks of buildings dominate public parks and squares, an average working family cannot afford an apartment in one of these luxurious residential complexes. Thus, there are also low-quality apartments with narrow room for laborers who are affordable to rent or buy to live in the small room.

Most of parents who are non-professional and participate in this research lived in the slum with the small house and in inconvenient conditions like in the picture. Because of coming to their house for conducting in-depth interview, the researcher understands their living condition. Moreover, this is a chance for her to

know the urban life and challenges for parents to feed and guide their teenagers in the poor conditions although they live in the urban area with high cost of expenses.



Figure 4.5 Living space of low-income households in urban Ho Chi Minh City

4.2 Demographics of study participants

Table 4.1 Demographic characteristics of parents

	N (31)
Age Mean = 47.39	
Gender	
Male	13
Female	18
Location	
District. 5	1
District. 10	1
District. 11	1
Tan Phu district	1
District. 4	2
Tan Binh district	2

Table 4.1 Demographic characteristics of parents (cont.)

District. 1	3
Binh Tan district	3
Phu Nhuan district	5
Binh Thanh district	12
Employment	
Civil servant	1
Head officer	1
Engineer	1
Martial art trainer	1
Business staff	1
Tour guide	1
Maid	1
Janitor	1
Factory worker	1
Repairman	1
Accountant/secretary	2
Doctor	2
Hairdresser	2
Sales	2
Motorbike driver	2
Bussiness owner	2
Teacher/lecturer	4
Housewife	5
Highest education	
Primary	1
Secondary	4
High school	9
Vocational	2
Bachelor's degree or higher	15

Table 4.1 Demographic characteristics of parents (cont.)

Experience as research participant	
Yes	4
No	27
Demographics of their teenagers	
Location of School	
District. 5	1
Tan Phu district	1
Phu Nhuan district	2
District. 3	5
Tan Binh district	5
Binh Thanh district	7
District. 1	10
Type of School	
Private School	1
Public School	29
Continuing education	1
Grade of their teenagers	
10 th	11
11 th	4
12 th	16

The table presents the demographic characteristics of research participants. There are 31 parents including 13 fathers and 18 mothers who participated in this research. Mean age of parents was 47.39 years. This age is comfortable and easy for researcher to communicate with parents. However, the gender difference between researcher and fathers make some difficulties for researcher to communicate and interview sometimes. Parents come from various districts of Ho Chi Minh City, all of them are living in the urban city and their teenagers were studying in the public high schools which located in central city. Twelve participants of them lived in Binh Thanh district which is close to district 1 and the university where the researcher conducted

focus group discussions, 5 parents came from Phu Nhuan districts, 3 parents lived in Binh Tan district, 3 parents who lived in district 1, 2 parents lived in Tan Binh district, 2 parents lived in district 4 and others came from Tan Phu district, district 11, district 10 and district 5. Most of the parents are employed including 5 housewives, 4 lecturers/teachers who work at university and high schools, 2 business owners, 2 motorbike drivers, 2 sales, 2 hairdresser, 2 doctors, 2 accountant/secretaries, 1 repairman, 1 factory worker, 1 janitor, 1 maid, 1 tour guide, 1 business staff, 1 martial art trainer, 1 engineer, 1 head officer and 1 civil servant. For highest education, there are 15 parents who have bachelor degree and higher, 2 parents who finished vocational school, 9 parents who finished high school, 4 parents who just finished secondary and 1 parent had attended only primary school. There are only 4 parents who had experienced in participating in research study and most of them did not have experiences to be participants in research studies.

For their teenagers' characteristics, most of parents – 10 parents have teenagers who study in district 1, 7 in Binh Thanh district, 5 in Tan Binh district, 5 in district 3, 2 in Phu Nhuan district, 1 in Tan Phu district and 1 in district 5. Most of their teenagers studied in public schools and only one of them have teenager studied at private school. There are 16 parents who have teenagers were grade 12, 11 parents who have teenagers were grade 10 and others who have teenagers were grade 11.

Besides that, there are 3 students were invited to participate in the CAB and give comments on the interview guidelines. Two of them came with their teacher and one came with her mother for getting parental permission and assuring that they were safe in that place. The students came from different grades (10, 11, 12), different public high schools in urban Ho Chi Minh City and they have not ever participated in the research study.

4.3 Dominant discourses on teenager's sexuality

The dominant discourses come from the sources of sexuality information for teenagers. These sources consist mass media and Internet, school, religion and health services.

4.3.1 Mass media and Internet

As the information technology is advanced nowadays, teenagers have much more influenced from the information technology (IT) and they can access almost everything which made them interested through Media and Internet. Having access to internet means having access to everything they want. People said the internet culture is spreading throughout the world and it means that not only from a place but also from many resources teenagers can access information about sexuality.

Most of the ideas from parents indicated that Internet as a major source of getting information for teenagers nowadays. Parents are always worried about that it was difficult for them to control their teenagers because of the complex form of information in the Internet. Influencing Western culture, most of movies and live shows had hot scenes and sexy appearance of singers, actresses and actors which attract attention from teenagers. Furthermore, most of the games online have sexually attractive animation which were suggested that it will make teenagers prefer playing game than studying.

In addition, the developments of technology, mobile network and information, teenagers have more opportunities to access the information. Otherwise, parents have worries and anxieties for not able to control their teenagers from accessing information from the Internet or social networks.

4.3.2 School

As important role, schools were expected to provide information as much as possible for teenagers. The parents totally believe the information which comes from schools. However, the schools also have their own dominance on sexuality of teenagers which were forbidden from teachers' view and social view. Throughout lessons and advices, teachers gave teenagers opportunities to be curious about information without explanation clearly and specifically.

In Vietnam context, the parents and schools have strong power to control the information to provide for teenagers. Otherwise, mostly the schools and families are still reluctant to talk about sexuality issues. The programs just come from objectives which the schools must to do but in fact, it is not qualitative and not effective. Some professional parents recognized the limitation of the information

which was provided from the school and teachers and they hope that schools have programs which are really useful for their kids to access at school.

Schools in Vietnam context were considered as second home of teenagers. Within schools, love and sexuality were limited. Kissing, hugging or actions which show love between teenage boys and girls will be prohibited. Each school would have their own solutions for prohibition and regulations which control and police their students seriously. Some schools have cameras to observe their students and that made parents feel safe and reliable when their teenagers were at school. A professional mother in the FGD said: *“Võ Trường Toàn – my daughter school which has cameras to observe students so that students really afraid to do bad things in the schools like kissing and love”*

The teachers at schools were as strict as parents at home. Most of parents believe the teachers will observe and follow their teenagers closely. Moreover, the teachers shared that sexual characteristics in the Literature but which is limited at pure love at high school level and it will be explored and analyzed deeply at the university level. However, teenagers are so curious nowadays; sometimes they asked teachers questions about the sexual characteristics in the Literature that would make teachers confused and difficult to deal with those kinds of questions. A high-school teacher shared that:

“At the high-school level, we cannot analyze sexual characteristics for students to study deeply, although the students are so curious, we read more books and then try to challenges us by sensitive questions that make us confused thus without experiences, young teacher cannot deal with that”

4.3.3 Religion

Through the religion, the only information about sexuality is as an ungrateful or disgusting thing. Religion taught young teenager that having sex without marriage is a sin and virginity is the most precious thing that they have to keep safe until they are married.

Buddhist is the major population in Vietnam, parents' perceptions were influenced by Buddhism the most. As Buddhism's lecture, sexuality is sinful without

marriage. Sexuality of teenagers was not mentioned as a sensitive topic at the temples, and or sacred places.

Parents said that their teenagers cannot access sexual information at church or at temples when their kids under 18 years old. At church they will be only taught about marriage before wedding ceremony and contraceptives are prohibited for Catholic religion. The only one method is used for spouse to prevent pregnancy by counting menstrual cycle. At temples, they were taught about family love, filial respect and duties.

4.3.4 Health services

According to parents' view, local health services do not provide necessary information for sexual and reproductive health. They have not known specific programs which were focused on developing sexual health of teenagers. Their teenagers almost received most of the information from schools or internet instead of waiting information from the health services. However, health services are only useful when something happened with their teenagers like unwanted pregnancy or abortion.

According to the target of ministry of health, local health services will provide services for teenagers. However, the reality is different from the target. Therefore, teenagers have not had enough appropriate services for preventing unwanted pregnancies and programs for improving sexual and reproductive health. However, there are some programs which focus on teenagers' sexual and reproductive health which parents do not know and think that health services have not provided any programs for teenagers.

4.4 Individual parents discourses of teenagers' sexuality

Beside of giving the meaning of sexuality, the parents also have their own discourses about teenagers' sexuality. Most of discourses are quite negative about teenagers' sexuality. These discourses come from the parental view only and the parents do not care about their teenagers' needs.

4.4.1 Teenagers are not sexual beings, teenagers as innocent and virgin

In the perception of parents, their teenagers are so pure, innocent and not interested in sexuality information. The ways parents talked about their teenagers are so proud of without talking about sexuality. The best way for teenagers is focusing on studying only and it is a way for parents to evaluate whether their teenagers are gentle or bad. Parents feel safe and peaceful when they know that their teenagers do not have girlfriends or boyfriends.

“My son prefers playing game only, he does not like to watch romantic movies or going out with girls. He does not have a girlfriend. He looks like a kid. He does not know everything about that [sexuality]...”

Non-professional mother FGD

From the parents' perception, the responsibility of the teenagers is studying only. Another non-professional mother added: *“The children need to study hard and go to school for responsibility of kids”*

Most of parents do not accept having sex at the teenage age. From parental view, sexuality is immoral and not good at all. Having sex will destroy teenagers' studying and their future. It will lead unexpected burdens in the life of teenagers. The non-professional fathers in the FGD stated,

“It is definitely say no with sexuality in teenagers”

Some parents accept having sex for adult within marriage. Most of them have open perception to accept having sex at the age of their kids who finish high school and enter university. Mother in the non-professional group pointed that *“I will let him do whatever he wants with the condition that he graduate from high school and passed the national examination to enter University”*

As cultural factor, the parents reminded that their parents did not talk to them any information about sexuality so that they could not understand anything when they got marriage. Nowadays with developing of society, they know that they should give more information to their kids for protecting themselves from social evils. However, because of the influencing of Vietnamese culture which was maintaining from amny years ago that sexuality is one of taboos, they should keep tradition to say taboos of Vietnamese culture for their kids to understand and keep on. The professional father in FGD said:

“My parents did not mention us anything about sexuality, forbid girls make friend with boys.... Girl plays with boy, the breast will be bigger and as big as coconut....mom in the past did not allow their daughter wear T-shirt for going out...”

Another reason makes parents keep the strong point that teenagers are not sexual beings is that they are worried about their sons to have sex with the teenage girls who are under 18 years old will be in the prison. That comes from governmental law. The non-professional mother FGD told us that *“there is a case, who was a son of my friend, he [17 years old] had to be a prison within 10 years because of having sex with teenage girl under 18 years old [13 years old]...”*. This reason also makes professional mother worried about their sons. A professional mother said *“I do not forbid my son to have girlfriend within pure love, if they have sex, something happened my son could be in the prison. I am so worried about that.”*

For parental perspective, the important responsibility of teenagers is that they should focus on studying, not sex or do something that related to sexuality. If teenagers have sex, they cannot study anymore—sex destroy the future, careers. Mothers in the FGD said:

“True love means that you should know how to keep purity for each other, you and your girlfriend should help each other to study hard, graduate from high school, pass national exam for application to university....if you do wrong thing [having sex], you will ruin your future and your friend’s future.”

Throughout the FGDs, the definition of *“hu hong”* was pointed out many times—spoilt is a term which used to show bad teenagers who usually have sexual beings, sexuality and they prefer to taking care of their appearances, showing their bodies and displaying. This term is used quite seriously to talk about girls than boys. A non-professional father pointed:

“Mostly, the girls who prefer to show their body, dye her hair, fit-pants are not good at studying, they just good at playing outside with boys..... That’s kind of girl called “hu hong”....This words are quite serious to talk about teenage girl...”

Beside that the meaning of “*hu hong*” which is used to show naughty boys who are strong, muscular, smoking, playing sports, prefer playing than studying. The father said “*For boys, it is acceptable that he prefers to play game than study. It is normal for boy to say “hu hong” which means naughty, manly and strong...*”. Another mother added more in the FGD that “*Teenage boys who are too weak we will be blamed that he is gay... teenage boy should be strong so that he will not be attacked from others especially gay men...*”

At this point, it has a serious meaning to describe about the naughty sexy girls who are prefer displaying sexy bodies, easy to go out with boys, and bad at studying. This shows that the discrimination and dominance of the meanings on the sexuality and the discourses on gender by words to talk about immoral sexuality and the difference between the gender of teenagers which society are looking at and giving comments about it.

4.4.2 Romantic love as feelings, not as sexual acts

As the parental view, at the teenagers love should be romantic and pure. The parents always talk to their teenagers to avoid love at the age of teenagers. Discourses about love are generally bad for teenagers’ love from parental view. However, they recognized that they should not forbid their teenagers to love someone because the feelings cannot be prohibited by anyone. Anyhow, parents try to make their criteria which based on cultural and social standards which they think that it is good for teenagers to have a best future.

Teenagers should have pure love which has no sexual intercourse. Love of teenagers as love of teenage students should be kept in white. Pure love helps teenagers have motivation to study hard for having a good result and encourage each other to study hard and pass the national examination to enter University. According to parents, love at the age of teenage school students is very nice and pure. They gave some examples for their teenagers to follow; the teenage boy and girl love each other, encourage each other and they study together in the University until they graduate from the university, have a good job and then they get marriage. Therefore, pure love always has a good future, happy family and happy family within marriage.

As parents' model, teenagers should follow to have a *white* relationship with their boy friend/girl friend and to do their duties with parents. *White* relationship or pure relationship means that relationship between teenage girls and boys should not have kisses, hug and also touches, teenage love is a kind of friendship with special feelings to encourage and help each others to improve studying without sexual desires and sexual intercourse by controlling themselves for keeping in white and focusing on studying only. A non-professional mother said that: "I told my daughter to keep her relationship in *white* because of stable and pure love". Another mother added: "I always tell my son that if he loves his girlfriend, he should have his own duty to keep the relationship in white, and keep virginity for his girlfriend. You two need to encourage each other to study hard and have a better life than your parents..."

4.4.3 (Sex)uality is sexual intercourse

Most of parents do not see the comprehensive sexuality education as meaningful; they just think of (sex)uality as sexual intercourse. They confirmed that in Vietnam context, when you said the word "*tin h duc*" – sexuality, commonly people will think about sexual intercourse first. That definition of sexuality does not only come from low-educated parents but also it comes from the high-educated parents' even mother who is a doctor, and sexual intercourse is seem as appropriate only after marriage. Sexuality is normal for adults who got marriage and it is necessary in the life of spouses.

"Sexuality is sexual intercourse in Vietnam context"

Mother-doctor professional FGD

"For adults who got marriage like us, it must have sexuality in marriage's life. Without sexuality, marriage will be broken"

Father non-professional FGD 1

"Sexuality is normal for spouses like working, people need to have... life needs to have sexuality"

Father non-professional FGD 2

"...sexuality is for survival of species..., it is a life's need and yin-yang harmony"

Mother non-professional FGD 1

“Sexuality is a human’s instinct. It comes from human needs and lead to sexual intercourse because of expression of feelings and action”

Mother non-professional FGD 2

Sexuality or having sex should not happen among teenagers because they are still in the schools and still studying, if they have sex, their future will be destroyed. However, the parents think that they should talk to their kids more about that because they think that it is impotant. But, in the reality they feel uncomfortable to talk about that with their kids and the problem is that their kids do not ask them for sexuality topics so they have not talked to them about that. They just say something in general, they think that their teenagers have learned from schools already about it and also they want the school teach it for their kids.

“Sexuality is normal for us, but not for my kids who are not adults,... if I talk about that to my kids too much means that I draw a way for deer [innocent animal] to run [the way to approach sex easily]”

Father non-professional FGD 1

The parents have assumption that talking to their teenagers about sexuality is important but it can not be talked without asking or questions from their teenagers. The teenagers should be active to get information. This assumption based on shyness and ignorance of parents’ view. Sometimes it will lead to bad consequences and the parents have never thought about that.

“I think i should teach my kids about it but my kids have not ever asked me, so I have not talked to them yet”

Father non-professional FGD 2

Another reason which parents do not want to talk to their teenagers about sexuality because they only see the negative meanings of teenagers’ sexuality which can influence on their teenagers’ future.

“Sexuality in teenagers has many bad consequences.... It is not good for my son’s future... I told my son that “now you are still sitting on the chair of school, you should not do it, you should keep far away from it [sexuality]”

Father non-professional FGD 3

4.4.4 Sexuality education for teenagers is the school's role, and mother's role

Most of parents think that it is quite difficult to talk about sexuality with their kids and the kids should be taught at schools. At the family level, sex education is the mother role.

“Nowadays, in the schools, they have already taught them. The school should teach our kids about that [sexuality]”

Father non-professional FGD 4

Because of misunderstanding of meaning of sex education, some of parents thought that sexuality education is not suitable for teenagers; only parents who have family should access it.

“Sexuality education for parents not for teenagers”

Mother non-professional FGD

There is a difference between father and mother for talking to their teenagers about sexuality. Most of ideas indicated that moms are easy to talk to teenagers in the family especially moms are close to daughters and dads are close to sons. In sum, mom is the most important for talking to teenagers about sexuality and sensitive topics.

“Mom is close and major in talking to kids than dad”

Father non-professional FGD 1

“For me, I think mom is very helpful for kids but my wife and me divorced so I try to get information to talk to my daughter but she did not ask me....”

Father non-professional FGD 2

Moreover, according to parents, talking about sexuality is influenced by gender, it is easier to talk to peers or same gender about this issue so that father prefer to talk to son and mothers prefer to talk to daughter.

“Same gender is easy to talk together, sons talk to dads, daughter whispers with moms, that's come since time immemorial”

Father professional FGD

“The fathers are rare; they are always hesitating, reluctant and shy to talk about this subject [sexuality] for teenagers... mostly mothers are closer to kids than fathers”

Mother non-professional FGD

4.4.5 Early sexual debut destroys the future of teenagers

Sexuality of teenagers too early will bring more difficulties for teenagers. Moreover, early sexual intercourse will stop studying, destroying teenagers' life and happiness and they do not have enough afford to take care of their baby especially it very commonly happen to teenage girls.

Father non-professional FGD 1: "...early sexuality without preparation will bring much difficulties for teenagers in the future such as stopping studying forever, not to be a good person, unhappiness in her life and continuing happens with her son/daughter...."

Father non-professional FGD 2: "teenagers with early sexual intercourse will not be successful, might be a burden, a tragedy for society, especially teenage mom do not have enough afford totake care of baby...."

Father non-professional FGD 3: "...and without the help from family members, relatives and having an abandonment from the society...."

However, some of parents mentioned about taking care of sons because of being seduced or sexual harassmentfrom gay men.

"Gay men is very dangerous for male teenagers nowadays"

Father non-professional FGD1

"A male teenager is easier to have sexual abuse and sexual harrassment. Man love man, have sex and then kill their partner because of being jealous in love...."

Father non-professional FGD 2

Almost parents think that teenagers have accessed enough information by themselves via internet, book, news, and especially they believe information from school. And also, they think that it is quite difficult to talk to their teenagers about sexuality, that information should come from schools, should be a major subject in the school and it should be provided from the experts about sexuality and reproductive health. Anyhow, they try to give advices for their kids with the examples which they took from movies about unsafe pregnancy or examples for bad girls in the reality who have not finished the school because of having pregnancy or who are prefer going out than studying. For girl, they talk about virginity, hygiene, pure love and do not be a

bad girl with pregnancy. For boys, they talk about focusing on studying than playing game, don't make friends with bad boys and don't be seduced by bad girls or gay men.

“They accessed information by themselves via movies and Internet,... sometime I have to give him samples in the reality that the girl gets pregnant after having sex then he has to face to bad consequences...”

Father non-professional FGD 1

“The topic I have taught my daughter is that keeping virginity is the first, hygiene is second, preventing a pregnant is third and be far away from bad friends who have bad/complex family circumstances....”

Father non-professional FGD 2

Talking and teaching about sexuality with teenagers is important but the most importance maybe awareness of teenagers which should be taught by special programs. The parents hope that their teenagers should be taught to have positive awareness about themselves by the organizations because school based curricula has not provided effectively.

“Anyhow the awareness of teenagers is also important. I hope that there should have organizations or programs to educate them for decreasing abortion...”

Father non-professional FGD 4

4.5 Parental perceptions on their teenagers' knowledge about sexuality: police and control

The high-education parents have positive perceptions that they should let their kids to access information naturally with their needs. However, they thought that they have right and responsibility to decide for their teenagers who will go in right way or wrong way. Also, the schools have an important role to educate for teenagers as same as parents. However, parents always thought that they should control and police their teenagers as much as they can for responsibility and protect their teenagers avoid from social evils especially sexual intercourse or sexual practices. Difference of level of education level and gender difference between parents have different kind of policing and controlling teenagers and it based on the age of teenagers so the parents try to control the age for access sexual information of their teenagers, control the type

of messages, issues of sexual information, control peers who their teenagers should make friends or who they did not allow their teenagers to be friends, they also control who should teach sexuality for their teenagers like teachers and professionals. Particularly, parents want to control and police methods of delivery and sources of sexual information which are Internet and media.

4.5.1 Age for access sexual information

Most of ideas identify that sex education should be started providing at the middle schools (Eisenberg, Bernat, Bearinger, & Resnick, 2008) but deeply information should be provided in the high schools, or start from the grade 9 of secondary schools. It depends on the development of adolescent psychology and gender. For the non-professional mother and father thought that teenagers should learn about sexual information as late as well. They did not recognize that the need of access comes from their teenagers. The non-professional father pointed out that:

“It is ok if he is an adult, finish grade 12 and over 18 years old is acceptable to access sexual information...”

Otherwise, professional mothers and fathers have more acceptable for early access sexuality information than non-professional group. However, the acceptance always goes along with studying hard and based on school's program. Some of professional fathers informed that his son already learnt about sex education in the primary school but he was sure that his son did not understand anything. The another reason for parents to accept the age for accessing sex education for teenagers is governmental program and laws which were promulgated from the government.

4.5.2 Types of messages, issues of sexual information

The high-education parents thought that learning about sexuality at school is very basic and not enough information and their teenagers do not understand about that deeply, they just react by learning by heart for getting high score in biology subject. A professional father said:

“Maybe my son was taught sex education when he was grade 5. He read and learnt by heart about Ovule, egg ovum, sperm....he knew everything but I thought that he just learnt by heart and did not understand about the meanings of that”

The parents felt safe when their teenagers did not understand about the sexuality deeply because the parents think that if the teenagers do not understand about that, teenagers will not practice it so that teenagers are always like kids in the eyes of parents.

Almost parents accept and believe in sexual issues which come from the schools and educators which were invited by schools.

4.5.3 Peers, teachers and professional

“...when my son was grade 8, his peers gave him a VCD of sex movies and then he watched it, ... someday, his teacher knew about it and he scared that his teacher would talk to me about it, he wrote a letter/ testament “If my father knows, my father will kill me, I will die...”. He got nervousness until I realized that, I told him that he should not do it, he should throw that VCD, when he got an adult he can watch it... I think that I should tell him, we should talk to our kids all for avoiding bad consequences without our directions or advices”

Father non-professional FGD

That's a story of a real lesson about the fear of teenagers from parents' controlling and policing. Parents have many ways to control and police their teenagers and they think that it is good for their teenagers. They try to police as much as they can until their teenagers get adults. Observing, controlling and policing were during the time of teenager's age from the place the teenagers sleep to the place teenagers go. The assumption is that the teenagers will not be bad if parents pay attention and policing as much as they can. Parents also got fear from the reality and the rapid development of mass media which will influence on their teenagers and the parents afraid that they will not control and drive the teenagers into the way they want them to follow.

By controlling going out, joining the parties which is considered that teenagers have more opportunities to be free and do something wrong. The professional mother said: *“I will not allow my son to join the birthday party at his friend' house, I try to make him forget that event by requesting him for doing something on that day.”*

In another FGD, parents shows their worries and anxieties for being out of control when their teenagers requested for being free to go to school or go to their friends' house. A professional father said *“When my daughter was grade 10th, she said that she would like to go to school by herself with bicycle, I was so worry and then I had to follow her from behind for hiding me until she went to her class....”*

There were many ways to apply the parents' control and police, this study found out some of examples for that from the reality of parents' practice of controlling and policing their teenagers. However, the parents recognized that educators are so important to provide these kinds of sensitive topics in general and sexuality in particularly. The educators are not biology teacher or others teachers who do not have professional knowledge about sexuality and reproductive health. The experts are expected to provide useful and enough information for teenagers.

4.5.4 Methods of delivery and sources of sexual information (Internet and media)

Most of parents informed that Internet is in use most. There is a lot of information in the internet which may be useful and harmful. However, parents do not have enough knowledge to access the information like teenagers. And also, the parents worried that they cannot control their teenagers when they access information via internet because, sometimes, the teenagers hide parents the place they use Internet and the information they accessed.

Most of parents think that policing and controlling is the best way to take care of their teenagers who are still studying at schools. However, there are different ways of policing and controlling for their kids between non-professional parents and professional parents. Moreover, the parents police and control their kids by forbidding using mobile phone till late and telling their teenagers that they should not make friends with bad friends who prefer going out than studying, who are lazy and who relate to drug's addiction.

High-educated mothers and fathers block website, and check information on Facebook, Gmail and Smartphone with knowing the passwords or set up the time for accessing internet. Checking personal activities and personal stuff of teenagers make parents feel convinced and make sure that their teenagers do not do anything

wrong. A professional father shared: *When she went to school, I opened computer and saw history to know which websites and what information she accessed...*

Mother in professional FGD introduced: *"I hired IT to block black website for preventing my son and daughter not to access it..."*

Another mother added: *"He was so naive, I opened his account facebook and checked his email but he did not know and then I asked him about his girlfriend..."*

Low-education mother and father place the computer in the room for easily observing when their daughter/son use internet, lock the door of the room which have computer inside for forbidding her son play game. The non-professional mother said: *"I locked the door of computer room but he tried to open it and play game"*

In another case, mother gave different ways that *".... TV and computer which I placed in living room, if he wants to watch, he has to come to the living room so that I can supervise or observe him... for Internet, I allow him to access 1-2 hour/week with my observation..."*

And father has another way, he said: *"... My children have to add friend me on facebook, if they do not add me on facebook, I will cut the internet. At that time, my son did not accept me on facebook and then I told him I will cut the internet so that he has to accept me on facebook... Thus, I can follow his activities on facebook..."*

In conclusion, the parents confirmed the important role of schools and families for controlling and policing teenagers. Parents think that the school should give the knowledge and the family (parents at home) just takes care of teenagers by controlling. It seems that the parents feel that there is a "right" and "wrong" way to teach about sex. They, therefore, control this information as much as they can, with the belief that schools will provide for their kids the "right" information about sexuality and of course "right" seems to imply sex for reproduction only (morality) and the "wrong" implied pleasure and the "bad" activities—perhaps not part of being a "good" Vietnamese citizen with the remaking of the "new" citizen during transitional times.

4.6 Factors that influence parental perceptions on their teenagers' knowledge about sexuality

4.6.1 Gender

Mothers and fathers try to control and police all of activities which make sure that their teenagers are alright with many aspects. Mothers often take care of their teenagers' studying, necessities and are close to teenagers than fathers. Mothers always play an important role for mental life of teenagers and fathers are bread-winner and play a powerful person in the family. Mostly, fathers will deal the problem which mother cannot deal with teenagers' problems. Mother and fathers will discuss and have another way to control their teenagers to assure that their teenagers are not out of control. In the FGD, mother shared:

"I stay at home and take care of her studying, the time, the place or something like that...If she hides something, I may chide her. But in fact, I don't know how she uses the internet, I just sometimes forbid her from playing some kinds of game, but I can't know other things. But her father is the one checks her phone, internet. Sometimes he doesn't have to go to work, and our kids aren't at home, he checks their notes,..."

Controlling boys versus controlling girls

Parents have another way to control their kids although they are girls or boys. Most of ideas indicated that girls should be controlled and policed than boys because girls have to suffer more bad consequences such as having an unwanted pregnancy, to be looking down from the society and having a bad future. For boys, the parents worried that they will relate or be seduced to participate in social evils such as drug's addiction, violence or a crime because of having sex with teenage girl who is under 18 years. Besides that, some of parents worried about their son, they do not want their sons to be a victim of other girls and also be gay and gay men will seduce or attack him. Non-professional mother in FGD said:

"One day I saw he carried a girl on his bicycle and I tried to follow him behind but they did not do any bad things, they just went together for charity and come to another friend. I felt released and I have ever told him that "you should not go with any girl alone...if someone saw you go with girl; they will say that you are not a good

guy because a girl is so young and her parents will think that you are interested in playing than studying.”

Another mother added: *“My baby is a son so he prefers pleasure and playing so much, I have to observe him closely day by day. I try to follow and observe him until the day I can’t”*

Some of parents create the group for their teenagers to study at home and they invite teachers to come and teach at their home for extra classes to ensure that their teenagers study hard with friends the parents can control. Throughout this group parents can easily exploit their information at school. Mother said:

“Every time I read his messages on his cell phone, I also asked his friends about it to know what happened to him...”

“I organized a group of class at home, I hire someone to teach him and his classmates group which I call his friends and ask them to study with him, I also pay for this extra class. Then, I have a chance to talk to his friends, I cannot talk to him but I can talk to his friends who know about him clearly in the class, what he acted in the classroom.”

Gender differences in sexual discourse

Parents have another way to control their kids although they are girls or boys. Most of ideas indicated that girls should be controlled and policed than boys because girls have to suffer more bad consequences such as having an unwanted pregnancy, to be looking down from the society and having a bad future. For boys, the parents are worried about that they will relate or be seduced to participate in social evils such as drug’s addiction, violence or a crime because of having sex with teenage girl who is under 18 years. Besides that, some of parents are worried about their son may be a victim of other girls and also be gay and gay men will seduce or attack him.

“One day I saw he carried a girl on his bicycle and I tried to follow him behind but they did not do any bad things, they just went together for charity and come to another friend. I felt released and I have ever told him that “you should not go with any girl alone...if someone saw you go with girl; they will say that you are not a good guy because a girl is so young and her parents will think that you are interested in playing than studying.”

“My baby is a son so he prefers pleasure and playing so much, I have to observe him closely day by day. I try to follow and observe him until the day I can’t”

Mother non-professional FGD 2

“Every time I read his messages on his cell phone, I also asked his friends about it to know what happened to him...”

“I organized a group of class at home, I hire someone to teach him and his classmates group which I call his friends and ask them to study with him, I also pay for this extra class. Then, I have a chance to talk to his friends, I cannot talk to him but I can talk to his friends who know about him clearly in the class, what he acted in the classroom.”

Mother non-professional FGD 3

4.6.2 Class

There is no difference between parents’ education levels, but the difference of the way of controlling by class. Professional parents approach technology and mass media much more than non-professional parents so that they are easier to follow and control information and activities which their teenagers can access. In addition, professional parents have more opportunities to understand and accept changes of socio-economic and mostly their economic conditions of family are better than non-professional parents. Therefore, teenagers who come from professional family have more chances to access information and guidelines from parents’ knowledge than non-professional parents.

“I lock the door of a computer room to forbidding my son playing games too much”

Non-profession mother

“I let my kids approach technological sciences including using internet, but I pay money for IT to block black websites [websites have sexy movies] to prevent them access”

Professional mother

“I place the computer and television in the common room to observe my sons easily whenever they watch movies or use internet so that they will not dare to do wrong things or watch sex movies”

Non-professional father

“Whenever my daughter had gone to school, I opened the computer to check history of application or websites which my daughter accessed”

Professional father

Level of education and occupation

The table shows that most of parents had bachelor’s degree and higher education. There is only 16.1% parents had not finished high school. Therefore, the difference of level of education between participants was acceptable and the parents were categorized into 4 groups for being comfortable to discuss in the FGDs. Most of them, who are professional, have open perceptions about teenagers’ sexuality education than non-professional parents. Open perceptions mean that the professional parents are more acceptable and more understanding of sexuality education than non-professional parents.

The highest rate of parents’ occupation is housewife with 16.1%, and others are laborers. The work-place of parents is also a factor which influences on parents’ perceptions. Most of parents have awareness of the importance of providing sexuality knowledge for teenagers. Anyhow, the reluctance and fear are still remaining that makes parents difficult to talk to their teenagers about sexuality which was understood as very sensitive topic.

4.6.3 Characteristics of their teenage children

The assumption is that the families which have more than one teenager, the parents will be less control and police than the family which has only child in the family. The parents who have 2 children felt less worries and anxieties than the parents who have only child. They indicated that their children will observe and take care of each other and younger sisters/brother will listen to their older sister/brothers and also brothers/sisters are easy to talk to each others about stories which they cannot share with their parents. A father shared that:

“My son [8 years] always talked to his sister [15 years] everything about his friends and teachers at school. Sometimes, they did not share sensitive stories at school with us [parents] but they share each other. I think that it is better for the family which has more than one child”

Parents will have fewer worries about their teenagers' love, study and others when their teenagers are adult who over 18 years old are. The parents have their own assumption that the kids will have much awareness when they become an adult so that they can think carefully, make right decisions by themselves and have responsibility with their decisions.

Almost parents will control and observe teenage female than teenage male because they think that female teenagers always have to suffer and have more bad consequences than male teenagers. However, new conception indicates that it should pay more attention for male teenagers nowadays because of complicated society and risks from gay men.

The school space itself is also considered as important as home because most of daily time teenagers stay at home. The parents think about the best schools which are famous and believable for teenagers to study. Grade of teenagers is much more important for parents to accept the information which should be provided for teenagers to access.

CHAPTER V

SUMMARY, DISCUSSION AND RECOMMENDATIONS

5.1 Summary of findings

This qualitative study used Foucault's theoretical concepts of discourse, power and knowledge; rule of sex; sex and ethics; discourse and institution; and sexual discourse to explore dominant discourses, individual parents' discourses on teenagers' sexuality, to examine parental perceptions on their teenagers' knowledge about sexuality and to identify factors that may influence parental perceptions on their teenager's knowledge about sexuality in Ho Chi Minh City, Vietnam.

The study was conducted in Ho Chi Minh City as research site, the biggest city of Vietnam, for six months. In-depth data was obtained by focus group discussions, in-depth interviews, and field notes writing. One Community Advisory Board (CAB) with 9 participants including parents, teenagers 15-17 years old and high school teacher; four focus group discussions including professional and non-professional with 24 fathers and mothers; and twelve in-depth interviews with 12 parents. For data analysis, the content and discourse analysis were conducted, and Foucauldian concepts of discourse and sexual analysis were used.

The most prominent findings of this exploratory study were the perceptions of the parents that parents rarely talk and do not like to talk about sex, even with the researcher. The dominant discourses come from the sources of sexuality information for teenagers. These sources include mass media and Internet, school, religion and health services. Parents' discourses are that teenagers are not sexual beings, teenagers as innocent and virgin; romantic love as feelings, not sexual acts; sex(uality) is sexual intercourse; sexuality education for teenagers is the schools' role and mother's role; early sexual debut destroys the future of teenagers. Our findings suggest that Vietnamese parents have negative perceptions on the meanings of sexuality and teenagers' sexuality that parents only see the meaning of sexual intercourse, sexuality is taboos and teenagers are not sexual beings. The parents feel

embarrassment to talk about sexuality with their teenagers and avoid talking about that deeply although they realized that their teenagers should be provided enough information about sexual and reproductive health topics for preventing bad consequences of lacking of knowledge.

The high-educated parents have positive perceptions that they should let their kids to access information naturally with their needs. However, they thought that they have right and responsibility to decide for their teenagers who will go in right way or wrong way. And also, the schools stand an important role to educate for teenagers as same as parents. However, parents always thought that they should control and police their teenagers as much as they can for responsibility and protect their teenagers avoid from social evils especially sexual intercourse or sexual practices. Different level of education and the gender role of the parents have diverse policing and controlling over the teenagers in which the parents' controlling based on the age of teenagers. Therefore, the parents try to control the age for access sexual information of their teenagers, control the type of messages, issues of sexual information, control peers who their teenagers should make friends or who they did not allow their teenagers to be friends, they also control who should teach sexuality for their teenagers like teachers and professionals. Particularly, parents want to control and police methods of delivery and sources of sexual information which are Internet and media. To protect their teenagers from social evils like sexual intercourse, the parents always control and police sexuality information of their children in different ways, including limiting information on the Internet, limiting time for using internet and TV, controlling physical spaces at home and controlling who can become friends of their teenage children.

There is no difference between the level of education but there is difference of the way of controlling by parents' class and gender. Talking to teenagers about sensitive matters is mother role at family level. Moreover, we also found that the difference of the way of controlling and policing between teenage boys and teenage girls; for boys, forbidding watching sex movies, avoiding from drugs, violence, sex abuse (senior peer, gay men), not encouraging making friends with naughty boys and bad at study, and for girls, not to go out too late, be careful with adult men, should not show up body (dye hair, wear fit clothes).

In sum, the urban Vietnamese parents try to police and control their teenagers closely but there are different ways to control and police teenagers between non-professional parents and professional parents. The parents have negative perceptions and discourses on sexuality that sexuality means sexual intercourse only, teenagers are not sexual beings and sexuality education may lead to sexual practice and sexual experiences for teenagers.

5.2 Discussion

The rapid changes of socio-economic contexts in the biggest city which the research study conducted have some influences on the perception of parents and the teenagers are the one which have been affected from the rapid changes of contexts especially the way they access information and the sources of information which were impressed from the parental view while discussing about their teenagers' sexuality. According to Foucault, the knowledge and the truth is different between the institutions which is defined "as a relatively enduring and stable set of relationships between different people, and between people and objects" including public institutions and private institutions (Danaher et al., 2000: 36). Following that concept, in Vietnam context, the schools and family always keep an important role to control and police teenagers who are defined as kids without knowledge of sexuality practice. However, with rapid of technology information especially Internet, parents confirmed their responsibility to keep their teenager away from the bad consequences of the Internet by the strictly various ways they think that it should to have.

The most prominent findings of this qualitative study were that parents rarely talk about sex and they also do not like to talk about sex on the research of this study. During the data collection the researcher recognized that parents felt uncomfortable and did not want to come to focus group discussions to talk about sexuality topic even though it relates to their kids. This study is similar to previous study in Vietnam (Kaljee et al., 2011). According to the research in Hanoi and Nha Trang of Kaljee et al 2011, 2012, the authors indicated that parents were reluctant to talk about sexual topics with their teenagers because of getting fear and stigmatization on sexuality which were considered sinful and taboo in the society. However, because

of conducting the data in urban area, the parents have more negative perceptions on their teenagers' sexuality that information relates to sexuality, condom or contraception were not appropriate to talk to their daughters/sons while in central Ho Chi Minh City, parents have awareness that their teenagers should be provided sexuality information for preventing bad consequences. Moreover, Kaljee did not focus on parents' perspectives deeply so the meaning of sexuality was not mentioned detail like our research, he found out that lower parental reproductive health knowledge was positively associated with lower levels of education ($p=0,014$), my study beyond what Kaljee has summarized about lower knowledge of parents and my study found out that the differences of perceptions between non-professional parents and professional parents to understand and explore new findings that parents control and police their teenagers by their own experiences and based on level of education. However, this study also found that parents' perceptions have not changed as quick as changing of socio-economic from the past although the society changed rapidly and the awareness of teenagers has been modern with socio-economic development, which is similar to the study which conducted by Khuat (1998) around 10 years ago. Parents always think that they should teach their teenagers to keep tradition that teenagers should not be sexual beings. By the ignorance of seeing needs and desires on sexuality, parents wonder that their teenagers are innocent and must obey them. In Foucault's definition, "morality refers to sets of rules and prohibitions while the ethics refers to the values these rules ascribe to different behaviors and to how people behave in relation to these rules". "Ethical systems are determined by their social contexts by the sorts of knowledge that are valid in a particular context, by relations of power". Agree with the point of Foucault that "the issue of children's sexuality is a useful way of exploring ethics" (Danaher et al., 2000). Thus, talking about sexuality is immoral within the traditional culture of Vietnamese context. Public institution such as schools and private institution such as families try to keep morality and hold the ethics to control teenagers follow ethical standards of society and set up ethics at family level which is based on cultural and traditional context of Vietnam.

Our findings suggest that Vietnamese parents have negative perceptions on sexuality of teenagers; parents only see the meaning of sexual intercourse whenever researcher talked about sexuality, although parents realized the importance of sexual

and reproductive health topics for their teenagers. Sexuality has been considered as a sensitive and taboo issues not only from parents' view but also it has been still remaining in Vietnamese society in generally (Hoang, 2009). Moreover, from parents' belief another discourse on sexuality that talking about sexuality will lead their teenager to sexual experimental and practice (Trinh, Steckler, Ngo, & Ratliff, 2009). Therefore, parents ignore their teenagers' needs and rights to be sexual beings (Kaljee et al., 2012). However, this study showed a finding from the CAB that students told that they wanted to access sexuality information as soon as possible. In sum, teenagers are indeed sexual beings; they have their own needs on sexuality education. According to IPPF, the teenagers have their own needs and rights to access comprehensive sexuality education not only at teenagers, but also at elementary school age (IPPF, 2010). However, in Vietnam contexts, the teenagers have their own needs to access sexuality information but they do not have rights to do it. One non-professional father said that rights have to base on culture and in Vietnam contexts; they need to have parental permission before doing whatever. And also, parents always think that they have right to control and they have power to force their teenagers do what they want them to do. However, power does not come from parents only, power is everywhere and it comes from everywhere. Parents produce every life sexual discourse on behalf of being representative of family authority which considered private institution and is different from the public institutions such as school on the notions of truth and truth effects. Public institutions draw their authority from their capacity to speak the truth about some situation, legal institutions deliver the truth in their deliberations on criminal cases; scientific institutions pronounce the truth about breakthroughs in knowledge, government institutions are supposed to make judgments about the true and best way to administer the truth and private institutions like families also speak the truth which is affected by public institutions (Danaher, Schirato, & Webb, 2000). Parents think that their teenagers are always obeyed and follow their standards and the truth at the family level. Finally, the teenagers always keep silent with their parents when they have problems like unwanted pregnancy and then, abortion is a solution for them to hide their parents about what they did wrongly according to their parents' perspective to be a good son/daughter in their parents' eyes.

Moreover, during this research, post-modern human rights based approach was used to understand the needs of teenagers that everyone has their own rights to access sexual and reproductive rights without conditions and limitation of age. In this research, parents try to force their teenagers follow their standards within cultural and social context but they do not know that their teenagers have their own rights to do what they want to do, to access what they think it is necessary for them. That problem comes from parents' view and the consequence is that their teenagers have hid them to access sexual information and have bad consequences without right and appropriate guidance because of ignorance from parents' view. However, in some cases parents are right to control their teenagers to be safe from the dangers of society but almost cases parents only see their rights to hide information and make a best decision for teenagers to be good students in studying without life skills. To recognize and protect their teenagers, parents need to be changed in the way they did and understand the changes of social context regarding to global trends.

As parents' negative assumptions about sexuality of teenagers, sexuality is taboo in the Vietnam context and parent's perspective. In the past, sexuality information is forbidden by government, schools and family context (Khuat, 1998). The stigma on teenager's sexuality occurs not only in Vietnam context but also in Asia countries especially in Southeast Asia. In addition, there is always a gap between parents and children in relationship and conversation about perspectives and perceptions especially sensitive topics like sexuality or sexual and reproductive health (Kaljee et al., 2012; Nguyen, 2011; Ogle, Glasier, & Riley, 2008). Therefore, parents in this study pointed out that they need to control and police their teenagers as close as they can, policing and controlling is a best way for parents to take their responsibility with their teenagers. They control and police sexuality information of their children in different ways, including limiting information on the Internet, limiting time for using internet and TV, controlling physical spaces at home and controlling who can become friends of their teenage children.

However, we also found that the difference of the way of control and police between teenage boys and teenage girls because of the difference of discourses on gender; for boys, forbidding watching sex movies, avoiding from drugs, violence, sex abuse (senior peer, gay men), not encouraging making friends with naughty boys

and bad at study and for girls, not to go out too late, be careful with adult men, should not show up body (dye hair, wear fit clothes). But both of ways to control and police female teenagers and male teenagers is from the only one purpose that parents do not want their teenagers as sexual beings and they want their teenagers follow their “truth” and subjectivity which means that sexuality is sinful and taboos which they should avoid. However, parents cannot understand their teenagers’ sexual subjectivity and they want their teenagers pretend that their teenagers are good children although in reality, teenagers always negotiate and follow only a part of what parents said (Daengchon, 2009). Moreover, parents think that the school should give the knowledge and the family (parents at home) just takes care of teenagers by controlling seems that the parents feel that there is a “right” and “wrong” way to teach about sex. They, therefore, control this information as much as they can, with the belief that the schools will provide for their kids the “right” information about sex and of course “right” seems to imply sex for reproduction only (morality) and the “wrong” implied pleasure and the “bad” activities—perhaps not part of being a “good” Vietnamese citizen, the remaking of the “new” citizen during transitional times. Indeed, the teenagers said that the parents should be active to talk to them about sexuality but the parents think that in traditionally, it is difficult and rare to talk about that issue and the parents are always shy and embarrass to talk about sexuality. However, from the observation during the FGDs, most of young parents who are under 40 years old have more acceptable for accessing sexuality information of their teenagers than old parents who were more traditional. Young parents are easy to accept social changes and technology development than old parents. According to the findings, the kids should give the questions first and then they will answer, that is a kind of fear from parents to talk to their kids about sex and sexual matters. They believe in schools but the schools are also traditional institutions which have limited providing sexual knowledge within culture and tradition. One high school teacher said that she and other teachers should not analyze about sexual characteristic of the poem/literature in high school level because of allowing the limitation of schools based program. And also one doctor mother said that when she was invited to teach about sex education at schools, the principal told her that she should not teach about sexuality too much for students, just say in general and she had only 30 minutes to talk to all of students in the whole

schools at the same time and same place. As Foucault said, power control knowledge and information and it always happened in the family and educational institution but the researcher feel that, in Vietnam context, it is more than that. If we put Foucault's knowledge and power into the Vietnamese urban contexts, there is also this rapid transitional economy, which tends to value hard-working laborers who will contribute to the household economy. Moreover, education is valued and so is a prosperous career trajectory. And so if this is the case, sex for pleasure or unplanned pregnancy, which may result from sex for pleasure, could destroy this notion of a hard-working new Vietnamese citizen that is to improve modern household economies. Foucault pointed out that there are two kinds of rules of sex those are acceptable sexual practices and other sexual practices which were forbidden, denied or hidden and in Vietnam context is that sexual practices are acceptable for general people except teenagers. It is similar to Victorian discourse that "children had no sex, which was why they were forbidden to talk about it, why one closed ones' eyes and stopped one's ear whenever they came to show evidence to the contrary" (Foucault, 1978).

Strengths and limitations

The first strengths of this study is the CAB to guide this study, this point makes sense for improving the guidelines for research study to conduct FGDs and IDIs and helped the researcher have ideas to fix it out for being suitable in the Vietnam context. The second strength is the multiple participants who come from different places which are central districts in Ho Chi Minh City that is more reliable than data from single participants who come from an only one district (Kaljee et al., 2011; Kaljee et al., 2007; Kaljee et al., 2012). The third strength is separation of parents' level of education and gender to have comfortable discussions. The appropriate number of participant in each focus group, 6 persons, could provide rich information with confirmation comfortably with separating the level of education, which was suggested to be a barrier for parents to talk freely, into two levels including non-professional parents and professional parents. Moreover, to avoid uncomfortable discussion because of gender difference, participants were separate between mothers and fathers. Totally, there were four groups for parents being free to talk. The last strength is that the research conducted in central city which parents were suggested to open for discussing and sharing information about sensitive topics like sexuality.

However, this study also has limitations that the small sample size in the big city like Ho Chi Minh may affect the generalization of the findings. Therefore, it needs to have bigger sample size for further research study in the future. In addition, this research conducted to have perceptions from the parents only, not from the teenagers so that there a need to have another study to understand teenagers' perceptions and needs. Moreover, because of the sensitive topic, most of parents refused participating in the focus group discussions at the beginning so it took time to find participants, then explain in detail, and invite participants for this research study. Sometimes, participants accepted to participate in the research already but at the last minute they cancelled participating in the focus group discussion because of being busy or personal reasons. Therefore, it might influence on the schedule and process of the research study and the researcher had to prepare any bad situations to deal with and always be flexible with diverse situations in the reality of data collection process. Furthermore, the research site was conducted in Ho Chi Minh City only in Southern Vietnam so the contexts may be different in other places in Vietnam. However, Ho Chi Minh city is the cosmopolitan largest city in Vietnam thus these findings can be helpful for program and policy development. In sum, this was a descriptive study, providing background for a larger research, which is expected to provide representative data with a larger number of respondents and variety of research sites and samples.

5.3 Recommendations

Comprehensive sexuality education (CSE) in schools for students, teachers and parents

According to the findings, comprehensive sexuality education should be provided to promote sexual and reproductive health for young people at schools from the kindergarten to upper-secondary and comprehensive sexuality education should be a major subject in the curriculum. In addition, schools and educational institutions are the places of teenagers to spend most of time and teachers are key partners in the successfully comprehensive sexuality education (UN; UNESCO, 2009). Some studies

proved for the effectiveness of comprehensive sexuality education at school for increasing knowledge, awareness of teenagers and decreasing sexual and reproductive risks for teenagers (Chi, Yu, & Winter, 2012; Eisenberg, Bernat, Bearinger, & Resnick, 2008; Mueller, Gavin, & Kulkarni, 2008; Saito, 1998; Shrestha et al., 2013). The parents in this study realized the importance of educating about sexuality and reproductive health for their teenagers and they also stressed on the role of school and necessity to have programs at schools with experts about sexual and reproductive health to talk to their teenagers comprehensively (Daengchon, 2009). In this study, we suggest that parents should be a key and center to conduct an effective comprehensive sexuality program to promote youth sexual health education.

In addition, at family level, parents play a primary role in shaping key aspects of their children's sexual identity, and sexual and social relationships. And also sexuality education recognized that parents and the family as a sources of information, support and care for effective program. Therefore, the tools for parents and families to access for educating their teenagers was stressed and become a vital approach in the International Technical Guidance on Sexuality Education (UNESCO, 2009). The parents pointed out that they need to be known how to talk and how to communicate with their teenagers about sexuality and how to teach their teenagers about sexual and reproductive health at home.

A dedicated space for CSE in schools for students, teachers and parents

An efficiently comprehensive sexuality education program needs to have a dedicated space which is considered an important element of contribution for successful program. According to the findings in this study, some professional parents do not agree the ways which the schools provide the sexuality information for their teenagers; 30 minutes to provide all of knowledge for all of students in the whole schools at the same place is not an effective way. The parents hope that their teenagers can access information as much as they can at schools and the space is necessary following the program and contents. Some parents have ideas that the schools should have a counseling room for teenagers who have psychological problems about studying, love, family or unwanted pregnancy or emergency cases which teenagers cannot share with their parents, they can come and have advices from professional

experts about that kinds of problems of teenage age. This room can be used to teach CSE for parents and teenagers and train for teaching.

A reliable campaign to provide correct information about sexuality via internet

Based on worries and anxieties of parents throughout focus group discussions and in-depth interviews when they talk about Internet with complicated information and out of control for accessing of their teenagers, researcher found out that the necessity of a reliable campaign to provide correct information about sexuality via Internet which is the most important and popular sources of information for teenagers. In addition, with development of information technology and mobile network, there is a need to have a campaign not only for teenagers to access but also for parents to access and get right and corrected information. Moreover, this recommendation is also based on the need of teenagers, in the community advisory board committee which conducted before FGD for this study, teenagers said that they would like to know websites which they can get exact information about sexual and reproductive health particularly contraceptives. Thus, a reliable campaign is useful and expected intervention for promoting teenage health based on needs from the reality.

Community – based sexuality education program for parents

To develop sexuality education for parents, a community-based sexuality education program should be conducted for parents and community to understand the importance and knowledge of sexuality education for promoting teenagers' health. In Vietnam context, most of parents come from the low-middle class so they do not have much time for their teenagers especially sexuality education which program is not considered important program for them to pay attention because of misunderstanding the meaning of sex education from the parental view. Therefore, a community-based sexuality education program for parents with lower class should be conducted at factories, health services, work places, and NGOs for providing knowledge and emphasizing teenagers' rights to access sexuality education and sexual and reproductive health rights. Besides that, this program also will be successful with combination and advocating from government - Ministry of education and training (MOET) and international NGOs to provide strong and reliable program for parents in the community.

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APPENDICES

APPENDIX A

GUIDELINES FOR FOCUS GROUP DISCUSSIONS

Preparation

1. Contact the high schools in the central area of Ho Chi Minh City including district 1 and district 3.
2. Select the participants by contacting high schools
3. Set the places, time and tools for discussion
4. Contact participants for asking them for informed consent orally
5. Organize the focus group discussions with the permission for voice recording, taking photos during discussions.

A. Background information of the parents and their children

1. Age
2. Gender
3. Name of district: (just only district)
4. Occupation
5. The number of people in household
6. The number of children
7. The gender and age of each children

B. Guideline for parents

1. Dominant discourses

- 1.1 What messages about teenager's sexuality do popular media (movies, songs, and soap opera) portray?
- 1.2 What messages about teenager's sexuality do schools, health services/IEC and religion portray?
- 1.3 Tell me about sexuality's knowledge which your parents talked to you when you was a teenager?
- 1.4 How do you think that nowadays in Vietnam, teenagers have sex before marriage?

2. Individual discourses

- 2.1 When I say “sexuality” topic, how and what do you think about “sexuality” concept and please tell me about meanings of the word “sexuality”?
- 2.2 How will you explain sexuality of teenagers (girl and boy)? How should boy/ girl behave sexually?
- 2.3 What does boy/ girl should do and should not do in term of their sexual practices and gaining sexual knowledge?
- 2.4 How is a value/belief on sexuality topic from your generation and your sons/daughters’ generation? Tell me about the differences of value and belief on sexuality topic between parents and teenagers?
- 2.5 Tell me about communication with your teenager about sexuality topic?
- 2.6 What topics on sexuality are difficult to talk? Which topics you do not allow to talk to your teenage children?
- 2.7 Tell me about the sources of sexuality information you learned?
- 2.8 Tell me about what kinds of person you want your teenager become?
- 2.9 What do you think about teenager concept?
- 2.10 How you do think when your teenager does anything without your permission especially in accessing information about sexuality? Tell me about your feelings and why you allow or don’t allow them to do?

3. Parents’ perception

- 3.1 How do you think about the age of the teenager should know or should not know about sexuality? How differences between the age of sons and daughters for accessing sexuality information?

- 3.2 What types of messages, issues of sexuality are allowed or not allowed your son/daughter to access?
- 3.3 Tell me the person who are allowed and not allowed to give sexuality knowledge to teenagers (doctors/health workers, teachers, peers, researchers, parents)?
- 3.4 What are the approaches, methods and sources allowed and not allowed to deliver the knowledge of sexuality?
- 3.5 How do you think about teenagers' sexual practices?
- 3.6 Who should talk about sexuality topic or teach your teenage children in your family? Who do take an important role in communicating about sexuality with children in the family/at home? How? Why?
- 3.7 How do think about the person your teenagers want/prefer to talk with and why they think like that? Why?
- 3.8 How do you think about the idea that the fathers are easy to talk to sons and the mothers are easy to talk to daughters about sexuality at home? Why?
- 3.9 Tell me about sexuality topic that you ever talk to your teenage children? How to talk to them? How about your feelings? How did their teenagers response?
- 3.10 Tell me about the conditions for you to accept to talk about sexuality with your children?

APPENDIX B

GUIDELINE FOR IN-DEPTH INTERVIEWS

- The guideline for in-depth interview will base on the focus group discussion.
- The questions will be the same as focus group discussion but it will be expected that participants will talk more deeply and detailed.

APPENDIX C

GUIDELINE FOR DOCUMENTARY REVIEWS

- Document reviews collect materials from religious text, schools, Ministry of Health, Ministry of Education and contents, pictures, posters from movies, songs, and soap opera.
- The messages in these materials which the researcher will collect and look for include teenage sexuality and their sexual practices.

BIOGRAPHY

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