USING A SOCIAL MARKETING APPROACH TO INFLUENCE SEXUAL BEHAVIOURS OF VIETNAMESE ADOLESCENTS

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A thesis submitted in Partial Fulfilment of the requirements of the University of the West of England, Bristol for the degree of Doctor of Philosophy.

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October 2021

ABSTRACT

My motivation to conduct this research began with an article entitled 'The cemetery of 50,000 dead infants' which related how buried baby corpses are collected from the roadside, clinics, or public trash bins. One of the reasons for this problem is that the percentage of 15–19-year-olds not using contraception is notably high – at 50.4% (GSO, 2013). According to official statistics, 20% of girls aged 10–19 become accidentally pregnant (GSO, 2015). However, the actual situation is considerably worse. According to the Vietnam General Statistic Office, 70% of the country's "secret abortions" are carried out on teenagers aged 13–19. This thesis therefore supports attempts to encourage Vietnamese adolescents to perform safe sex and delay sexual debut by identifying the root causes of the problem and applying a social marketing approach to develop communication messages, techniques, and campaign ideas that will change/influence adolescents' sexual behaviours.

Chapter 3 presents a review of literature in the context of Vietnam and utilises the Social Ecological Model by Bronfenbrenner (1979) to identify the possible social and cultural norms that might shape early and unprotected sexual behaviours among Vietnamese adolescents.

Study 1 then identifies these unique social and cultural factors using thematic analysis. The relationships between themes are then discussed drawing on Brennan *et al*. (2016) to build an Ecological model of Vietnamese adolescents' sexual behaviour, the implications of which are addressed in Study 2, which focuses on development concept testing. In Study 1, data from semi-structured in-depth interviews with 42 Vietnamese adolescents were collected and analysed. This was followed by a qualitative content analysis of over 10,000 comments on 6 YouTube clips relating to the sexual health of adolescents in Vietnam. The findings suggest that early sex and unsafe sex behaviours among Vietnamese adolescents are attributable to the following themes: Theme 1 - Cultural secrecy in sexual communication; Theme 2 - Women's powerlessness in sexual decision-making; and Theme 3 - The power of peers in normalising and disseminating sexual health ignorance and practices.

Study 2 then develops social marketing communication messages and techniques based on the implications of Study 1, in combination with the COM-SM framework (Tapp and Spotswood, 2013) and persuasion techniques (Simons *et al.,* 2001). In this study, 15 messages and techniques are proposed that can be used to persuade adolescents to perform desired sexual behaviours. The author then conducted 9 out of 10 mini focus group interviews via a Facebook group chat to test the concepts/proposals by asking adolescents for their views and recommendations. The findings were then used to help revise the proposed messages and contents. Together with recommendations on how to deliver these via social media, the thesis provides suggestions to develop several ideas for social marketing campaigns following the 8 Social Marketing Benchmark criteria (NSMC, 2010) to promote safe sex and delay sexual debut. Five campaigns are generated that can form the basis of an ultimate social marketing intervention targeting different audiences. These are as follows: Campaign 1 - "The right time with the right person and a healthy romantic relationship"; Campaign 2 - "How COOL are you?"; Campaign 3 - "Talk, safe, and pleasure!"; Campaign 4 - "The UGLY TRUTH about the Internet, contraception and sexual health practices"; and Campaign 5 - "Pregnant girls, we are here for you!".

The theoretical contributions are: first, to propose an Ecological behavioural model; second, utilising the model in combination with social marketing framework to influence the sexual behaviour of Vietnamese adolescents regarding the social and cultural norms; and third, it contributes to knowledge of how to apply social media and online peers in social marketing intervention positively. The methodological contribution made by this research is that it is the first in the Vietnamese context to combine a thematic analysis of semi-structured in-depth interviews with an online qualitative content analysis that can be applied to cross-cultural studies. The findings from Study 2 offer practical contributions to the field that can be used by social marketers, public health specialists, sexual educators, and policymakers.

ACKNOWLEDGEMENT

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LIST OF ABBREVIATIONS

SAVY I, II – Survey Assessment of Vietnamese Youth I in 2003 and II in 2009	
GSO – General Statistic Office Vietnam	WTO – World Trade Organisation
WHO – World Health Organisation	UNDP – UN Development Programme
VNNIC – Vietnam Internet Network Information Centre	UN – United Nations
NICE – National Institute for Health & Care Excellence UK	FP – Family Planning Vietnam
CSE – Comprehensive Sexual Education	4Ps – Product/Price/Place/Promotion
UNFPA – United Nations Population Fund	NHS – National Health Service UK

UNESCO – United Nations Educational, Scientific and Cultural Organisation	
NSMC – National Social Marketing Centre UK	SEM – Social Ecological Model
COM-B – Capability Opportunity Motivation - Behaviour	COM-SM – COM Social Marketing
eWOM – Electronic Word-of-mouth	SNS – Social Network Site
UNICEF – United Nations Children's Fund	SMS – Short Message Service

WORKS DURING MY PhD

Conference: Nghiem H.A., Tapp A., Meyrick J., and White J., "Using social marketing approach to improve sexual health behaviour of Vietnamese adolescents", Accepted for Proceedings of European Social Marketing Conference, Thelesinski, April 2022.

Journal article 1 (Planned): Nghiem H.A., Tapp A., Meyrick J., and White J., "15 proposed communication messages and 5 social marketing campaign ideas to promote safe sex and delay sexual debut among Vietnamese adolescents".

Journal article 2 (Planned): Nghiem H.A., Meyrick J., White J., and Tapp A., "The thematic analysis of unique social and cultural norms forming early sexual debut and unprotected sexual behaviours – The Ecological model of Vietnamese adolescents' sexual behaviour".

Journal article 3 (Planned): Nghiem H.A., White J., Meyrick J., and Tapp A., "Applying Social Ecological Model – the completed picture of Vietnamese adolescents' sexual social and cultural norms".

Paper Presentation, "Social marketing and Social media for Vietnamese adolescents' sexual health behaviour," UWE Faculty of Business and Law Doctoral Research Symposium, UK, June 2017, and June 2019 - ***The Best Oral Presentation.***

Winner and People Choice Award of Three Minute Thesis Competition at the University of the West of England - UWE representative in the UK semi-finalist, March 2017.

Poster Presentation, "Social marketing applying social media to improve sexual health behaviours of Vietnamese adolescents", Southwest Doctoral Symposium at University of Exeter, UK, November 2016.

CHAPTER 1 - BACKGROUND TO THE STUDY AND INTRODUCTION TO THE THESIS

1.1. Introduction

I wish to introduce the thesis by telling the following two stories.

The first story is set in Vinh, Nghe An, a city in the central part of Vietnam. A young man searches every day for a foetus amidst corpses. He is motivated by the day he first saw a baby corpse in a trash bin a few years previously and could not stop thinking about it. Now, he and other friends act as volunteers who collect foetuses from multiple corpses everywhere in the city to give them a proper burial ceremony. On average, they collect approximately 20 baby bodies each day. The 'peak' times are one or two months after special occasions such as Valentine Day, Women Day, or Christmas and New Year's Eve; they can collect up to 60 to 70 baby corpses every day, an average of 200 per week. The places where they find abandoned dead infants are typically trash bins on the roadside or outside private clinics. Although some of the baby corpses are no more than a little foetus, many have fully developed organs.

The second story is an article named 'The cemetery of 50,000 dead infants', which was published in 2012. A new article about this cemetery, released in October 2017, states that it is now the place where 100,000 dead infants are buried (Anon., 2017). Over the course of 5 years, the number of abandoned foetuses has now doubled. This cemetery is in Soc Son, the outskirt district, only 20 kilometres from the centre of Hanoi – the capital of Vietnam. Like the first story, ten years ago the people of Soc Son witnessed hundreds of baby corpses being left on roadsides, outside hospitals, or in public trash bins. Since then, they have collected dead infants every day. People in Soc Son purchase essential commodities for the cemetery such as coffins, white clothes, incense, flowers, and cement to bury dead babies. At first, the cemetery was a small piece of land, and now they need to extend it as ever more baby corpses are being found. Although a few have names on their

gravestones, most are anonymous as no one knows where they come from or who their parents are. Many tombs are used to inter approximately 100 dead babies to save space as they are too small. There are numerous cemeteries like this across the 63 towns and cities of Vietnam.

These stories provide evidence for unreported abortion cases in Vietnam, many of which involve adolescents. This indicates the severe prevalence of underage sexual intercourse as well as unsafe sex behaviour among Vietnamese teenagers. This therefore motivated me to conduct this research in order to understand these issues and find appropriate and effective solutions.

The structure of this chapter is as follows: Section 1.2 presents an overview of the problems and identifies gaps in the research. Based on these gaps, Section 1.3 formulates the study objectives and research questions. Section 1.4 outlines the theoretical frameworks employed in this thesis. Section 1.5 then explains the structure of the entire thesis and introduces Chapter 2.

1.2. Overview of the problems and research gaps

1.2.1. Early and unprotected sexual behaviours among Vietnamese adolescents

This section presents the untold story and supporting statistics regarding the levels of early sex and unprotected sexual behaviour that result in teenage pregnancies in Vietnam.

Adolescent sexual health problems in Vietnam are more prevalent than the official statistical numbers suggest, and current interventions do not appear to be successful. According to SAVY II conducted in 2009, 79% of teenagers have unprotected first premarital sex and 71% do not use condoms at first intercourse. Vietnam is in the top five countries with the highest abortion rate in the world and claims the first in South East Asia (Anon., 2014). In which, 20% of 300,000 abortion cases annually are from 15-19 years old, abortion rate amongst Vietnamese adolescent is 46 cases per 1000 birth (UNFPA, 2015). The percentage of 15–19-year-olds not using contraception is significantly high – at 50.4% (GSO,

2013). Based on official statistics, 20% of girls aged 10–19 become pregnant accidentally (GSO, 2015). However, this is only the official data, the actual situation is considerably worse. According to the Vietnam General Statistic Office, 70% of the country's "secret abortions" are carried out on teenagers aged 13–19 (GSO, 2015). Therefore, unplanned teen pregnancy is a serious sexual health problem in Vietnam.

Personal communications with health professionals reveal some of the circumstances under which women obtain abortions (Nghiem, 2016). If they are married, they can legally have an abortion if the foetus is 12 weeks old or younger. If the foetus is over 12 weeks, or if they already have two children, they need to acquire a doctor's decision concerning the health of the mother. This is applied in public hospitals; private clinics can still undertake the procedure without complying with the Vietnamese abortion law. For unmarried young women, the law states that doctors can carry out the abortion procedure without needing a specific reason to do so (Nghiem, 2016). Thus, married women typically choose public hospitals when they need an abortion while young unmarried women choose private ones. Public fees are cheaper, but the hospitals are usually very crowded and young people fear being seen by others (SAVY II, 2010). Furthermore, they can now choose to have a medical abortion which is the cheapest option and can be carried out at home. Some private clinics sell medical abortions without checking the age of the foetus.

This table sums up the abortion rules and some interpretations. Sources of those information are: (Hoan Cau Clinic, 2021), (Vietnam Law Consulting Service, 2018), (Nam Viet Clinic, 2018)

Abortion rules	Interpretation of the rules
Over 22 weeks foetus: abortion is illegal in most cases, exceptions include:	Abortion rules must be applied in public hospitals. Private clinics can still undertake the procedures

- Pregnant mothers have life threatening diseases such as cardiac problems or nephropathy. (*) - The child in the womb has been diagnosed as anomaly or extrauterine foetus. (**)	without complying with the abortion rules.
Some grey areas where there are no specific rules and guidance for foetus are over 22 weeks old and from 12 weeks to 21 weeks. The guidance details that it is possible for the clinics to perform abortion if: - The pregnancy was the result of rape. - The mothers are underage (under 18 years old) or unmarried. - And the conditions in (*) and (**).	In most cases of underage pregnancy, abortion will be performed with or without parental consents. This links to the ethical issues discussed in Section 6.6.
Under 12 weeks foetus: abortion is legal and can be processed on-demand from the mothers and family, except gender selection abortion. People/clinics will be issued pecuniary penalty in the following cases: - 3 to 5 mil VND (Equal to £100-£150) for gender selection abortion in circumstances not listed in (*) and (**).	This rule mainly forbids the clinics to perform gender selection abortion. However, they still find a way to evade the abortion rules, such as implying the gender of the foetus, and the parents will decide to do abortion with an excuse of financial issues to raise the child.

- 5 to 7 mil VND for enticing or implicating other people to undergo gender selection abortion. - 7 to 10 mil VND for violence or posting physical and mental threats to other people to have gender selection abortion. - 10 to 12 mil VND for using violence to force gender selection abortion. - 12 to 15 mil VND for providing and giving instructions to others to use medicines or methods for abortion with the knowledge that these people would follow these methods for gender selection abortion. - 15 to 20 mil VND for people/clinics performing gender selection abortion.	

The crucial question that arises is: what are the reasons for such prevalence? The next section presents an overview of possible reasons for early and unsafe sex among adolescents.

1.2.2. Possible reasons for the prevalence

Current data from the WHO (2020) and UN (2015) on the possible reasons for pregnancy among adolescents confirm a number of the factors identified in the review by Marston and King (2006). For instance, teenage pregnancies are the result of a lack of autonomy in contraception use which means that first sexual intercourse is typically

coerced (WHO, 2020), and gender issues play an important role (UN, 2015). Because the data in Vietnam are insufficient and existing research is limited, the literature highlights the need to understand the socio-cultural context in Vietnam. Therefore, in Chapter 3, the Social Ecological Model (SEM) is employed to map out all possible social and cultural factors contributing to early and unprotected sexual behaviours among Vietnamese adolescents.

In the next section, the author examines what has been done in terms of Vietnamese government programmes and academic research to solve these issues.

1.2.3. Vietnamese government activities and academic research to tackle the issues.

1.2.3.1. Government policies and programmes

Acknowledging adolescents' reproductive health issues, the Vietnamese government's policies and programmes appear to focus on solving the problems but there are concerns regarding their inconsistency and ineffectiveness. The Vietnamese government claims to prioritise reproductive health for the youth, as indicated in Vietnam's National Strategy on Reproductive Health Care for the period 2010–2020. This is a policy targeted at improving sexual health and reducing child and maternal mortality (FP 2020, 2017). Despite the government's claim to give priority to adolescent sexual and reproductive health, yearly Health Statistics data are unable to provide up-to-date information on the sexual and reproductive health of Vietnamese adolescents as well as the education and counselling services available for teens (Klingberg-Allvin *et al.*, 2010).

There is a conflict between national strategy and the distribution of resources to youth programmes targeting sexual health as well as a lack of understanding of adolescent pregnancy and abortion along with early motherhood (UNFPA, 2015). Despite the five-year National Master Plan on Protection, Care, and Promotion of Adolescent and Youth Health 2006 -2010 has developed by the Ministry of Health, the budget for activities relating to adolescent sexual and reproductive health remains to be limited (UN, 2011). The recently implemented population and reproductive health programmes mainly focus on young people who are married (UNFPA, 2015).

To support the above policies, the Vietnamese government has tried to conduct a number of programmes, but these do not appear to have been effective. Details on the government's policies and programmes are discussed further in Chapter 3, section 3.2.1. However, it is sufficient at this stage to conclude that existing regulations/laws and educational approaches are not effective in tackling the sexual health behaviour of Vietnamese adolescents. This points to the need for a new approach such as social marketing. The limitations of educational approaches as well as laws/regulations and the potential offered by social marketing are discussed in Chapter 4.

1.2.3.2. Research in the Vietnamese context

Research in Vietnam on sexual health for teenagers has to date been extremely limited. The only paper that adopts a social marketing approach employed the 4Ps to focus on the retail of condoms (Nguyen *et al.*, 2014). There are also several papers that focus on sex education (Pham *et al.*, 2012), peer education (Ngo *et al.*, 2013), parent-child communication on sexual health (Ha and Fisher, 2011; Doskoch, 2011), and the influence of the Internet on sexuality (covering broader themes than contraception and abortion) (Ngo, Ross and Ratliff, 2008). Other scholars have aimed to understand the individual psychological factors that are important in shaping the sexual health of adolescents, such as perceptions and attitudes towards premarital sex, but make no attempts to change these (Nguyen and Bengtson, 2012; Do and Fu, 2010; Nguyen, Shiu and Farber, 2016).

Several recent studies have attempted to understand the changing attitudes of adolescents towards premarital sex and how these are influenced by peers, but these have continued to rely on the results of two National Surveys on Vietnamese adolescents' reproductive health in 2005 and 2010 (SAVY I and II, 2005; 2010).

Although the above studies are useful in understanding the factors that influence adolescents' sexual behaviours, they are not sufficient to change them. Furthermore, most Vietnamese research continues to make use of two National Surveys conducted more than

10 years ago. These are the gaps in the Vietnamese research context. Thus, the next section examines the broader context of global academic research to identify what can be learnt.

1.2.4. Global academic research on sexual behaviours of adolescents

1.2.4.1. The need for a new approach to deal with adolescents' sexual behaviours.

The three common approaches adopted to tackle sexual behaviours are education, law/policies, and health promotion. However, none appear to be especially successful in changing adolescents' behaviours. The ineffectiveness of education and health promotion programmes in Vietnam, and the limitations of law and policies targeting young people's reproductive health, are discussed further in Chapter 3. In short, education can demonstrate and create awareness about the existing benefits but cannot provide them, even though the long-term behaviour could be achieved through knowledge (Rothschild, 1999). Education is also similar to what Wiener and Doescher (1991) describe as a behavioural result, in which, a solution that requires people to make voluntary sacrifices. By contrast, the law involves the use of force to shape behaviour in a nonvoluntary way or threaten people with a penalty for non-compliance or inappropriate behaviours (Rothschild, 1999). Rosenthal (2007) questions whether abortion should be legal or banned and suggests that unsafe abortions often happen in countries where abortion is banned. Therefore, given the situation in Vietnam, making abortion illegal might not be the best option. In Vietnam, even though the law states that an adult who has sexual intercourse with a child aged from 13 to under 16 should be sentenced to between one and five years of imprisonment (Vietnam Law Library, 2016), the actual sexual behaviours of Vietnamese teens under the age of 16 remain significantly high. In contrast to education and law, marketers attempt to change behaviour by creating substitute selections in the target population's environment that initiate a voluntary self-interested exchange (Rothschild, 1999). This suggests that social marketing might be a promising approach for shaping the sexual behaviour of Vietnamese teens when they are not motivated to act and resist

performing those healthy sexual behaviours which are protected and lawful (over 16 years old).

However, it is important to stress that each of the three approaches could incorporate and provide useful tactics. Authors in social marketing suggest that to develop more effective interventions, these tactics should be integrated to tackle the specific behaviours (Smith, 2009). The social marketing approach, details of the lessons learned, and how to integrate education, law/regulation, and social marketing are discussed in Chapter 4. This explains what distinguishes the concept of social marketing and its inherent advantages, provides evidence for the effectiveness of social marketing interventions, and explains how a social marketing approach can be employed to tackle the issues in Vietnam.

1.2.4.2. Limitations of global academic research on reasons for the problems

Before any intervention can be implemented using either of the available approaches (education, law, health promotion, or social marketing), it is necessary to understand the reasons why adolescents engage in early and unprotected sexual behaviours. Various studies exploring possible social and cultural reasons are discussed throughout Chapter 2 in relation to the SEM. However, they are largely discrete studies, and most do not apply any theoretical framework. Furthermore, the findings of studies in other countries that have applied theoretical frameworks might not be applicable to the context of Vietnam. Therefore, Chapter 2 discusses relevant theories and existing research on social and cultural influences by global academics in order to identify the lessons learned that are useful for the thesis.

1.2.5. Understanding adolescents and Vietnamese adolescents

This section will explore adolescents' characteristics in general and Vietnamese adolescents in particular to illustrate the importance of focusing on social and cultural aspects rather than individual factors, the necessity for a social marketing approach, and the potentiality of social media.

1.2.5.1. Adolescents' characteristics and defining their sexual health and well-being.

Adolescence is a unique and formative stage of human development that can differ enormously based on culture and several other factors. However, across all settings and contexts, adolescents share the key developmental transition from childhood to adulthood, including sexual development, new and complex emotions and feelings, and evolving relationships with peers and families (UNESCO, 2014). Having positive sexual health is one of the most important aspects of adolescent well-being and involves not having early or unwanted pregnancies or unsafe abortion as a result of engaging in safe and mutually consenting sexual experiences (WHO, 2015).

1.2.5.2. Approaching Vietnamese adolescents and using social media

This thesis proposes that Vietnamese adolescents' sexual behaviour is influenced by social and cultural factors more than their individual psychology. However, their beliefs and values are important as they are under the strong influence of cultural values, which are discussed in Chapter 2. One of the essential foundations for this proposition is the collectivist characteristics of Vietnamese culture. A variety of existing studies classify Vietnamese culture as one based on collectivism where people are concerned about the benefits of the group and the whole rather than individual benefits (Phiney and Ong, 2002; Nguyen, Terlouw and Pilot, 2005; Hofstede, 2016). However, individual psychology dominates research on sexual behaviour. Although a few social and cultural models have been developed in the existing literature, such as social norm theory (Berkowitz, 2010) and cultural norm theory (Cialdini *et al.*, 1993), I believe that Vietnamese culture is distinctive and that models being developed in Western literature cannot apply and explain the sexual health situation in Vietnam. Secondly, Vietnamese culture is rooted in Confucianism which values the role of men more than women. Therefore, gender role issues also affect adolescents' sexual behaviour. However, with modernisation and westernisation taking

place after the Doi Moi period[1], Vietnamese teens are facing a conflict between Confucianism and Western lifestyles that is complex and critical. It is therefore necessary to devise new models of social and cultural norms to fully understand the reasons for unsafe sex and early sexual debut among Vietnamese teenagers, which are revealed in Chapter 3, and a detailed model of Vietnamese adolescents' sexual behaviour that depicts the interrelationship among the norms, which is derived from a discussion of the findings of Study 1 in Chapter 7.

In marketing in general as well as in social marketing campaigns, messages can be delivered through different personal and non-personal communication channels, such as print media, broadcasts, and display, electronic and social media. Amongst these, social media and the Internet have now become the most effective methods for both corporate and social marketers. At present, Cugelman *et al*. (2011) have presented several factors that push health social marketing campaigns online. First, the Internet offers health supporters a convenient channel through which to increase the attain of substantial-scale campaigns (Cugelman *et al.*, 2011). The Internet is now a main source of information for health information (Fox S online health search, 2006). Second, interactivity presents various benefits and may provide online communication more successful than traditional approaches (Neuhauser and Kreps, 2003; Fogg, 2002; Webb *et al.*, 2010). Third, meta-analyses have shown that online campaigns can match up and sometimes outshine traditional ones (Wantland *et al.*, 2004; Portnoy *et al.*, 2008; Webb *et al.*, 2010). Fourth, in the revolution of online health resolutions, there is the strong cost-effectiveness for both preventative medication and online campaigns (NSMC, 2011). Numerous governments are now realising that it is more cost-effective to market healthy behaviours than to pay to treat the consequences of unhealthy ones (Cugelman *et al.*, 2011). Therefore, social media and the Internet are useful and beneficial to social marketing campaigns.

Data show that Vietnamese adolescents are the most active groups on social media and use a smartphone to access the Internet at least twice as often as other age groups.

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[1] Reform Period in Vietnam in 1986

Social media has also had an impact on many different aspects of youth culture (Boyd, 2014; Bragg and Buckingham, 2013). As Boyd (2014) discusses, teens influence each other strongly on social media. Furthermore, in any marketing campaign and now in social marketing, social media is an important communication tool (Berthon *et al.*, 2012; Scott, 2015). However, most of the research on social media and its role focuses on commercial marketing; there is little evidence for the use of social media in social marketing campaigns. Furthermore, because research on social media is new, most studies provide techniques rather than a comprehensive theoretical contribution. I therefore believe that social media can add value to a social marketing campaign based on proposed behavioural models to influence Vietnamese teenager's sexual behaviour. Chapter 5 addresses social media roles and research with respect to the communication aspect of social marketing campaigns that target adolescents' sexual behaviours.

In conclusion, this section has explained that the focus of this thesis is to understand how social and cultural factors shape early and unprotected sexual behaviours of Vietnamese adolescents. It suggests applying a social marketing approach and utilising social media to influence adolescents. Therefore, the next section presents the research gaps, research objectives and questions, and methods of analysis in relevant chapters and in Study 1 and Study 2.

1.3. Research gaps, research questions and objectives, and methods of analysis in relevant chapters and in Study 1 and Study 2

Research gaps	Research questions/objectives	Study/Chapter	Methods of Analysis
Current approaches such as education, health promotion, and law/policy are ineffective while social marketing shows promise in changing/influencing the sexual behaviours of adolescents. However, there is a lack of social marketing interventions targeting adolescents, and a lack of research exploring social and cultural influences, especially in Vietnam.	*The central aim* is to make workable recommendations for delaying sexual debut and promoting safe sex among Vietnamese adolescents to reduce unwanted teenage pregnancy through a social marketing approach and the utilisation of social media.	Chapters 1-9	Extensive literature review to identify the gaps in research and illuminate the promise of a social marketing and social media approach. Conducting two studies to fill the identified gaps and proposing social marketing communication messages, techniques, and contents. Also, suggesting social marketing intervention ideas to target different groups.
Gap 1: Lack of comprehensive studies exploring all possible	**RQ1.1-** What is the big picture that captures all	Chapter 3	Literature review using the Social Ecological Model as a theoretical

social and cultural factors that might shape the early and unprotected sexual behaviours of Vietnamese adolescents.	possible social and cultural factors that might influence the sexual behaviours of Vietnamese adolescents?		framework
Gap 2: Lack of understanding of the social and cultural factors contributing to the early and unprotected sexual behaviours of Vietnamese adolescents.	**RQ1.2** - What are the particular and important social and cultural norms?	Study 1 Findings and discussion	Thematic analysis of semi-structured in-depth interviews and qualitative content analysis of comments on YouTube clips.
Gap 3: Lack of understanding of the inter-relationship among social and cultural factors to develop a model of influences on the sexual behaviours of Vietnamese adolescents.	**RQ1.3** - What is the interrelationship between the unique norms? **RQ1:** What is an effective model of Vietnamese adolescents' sexual behaviours?	Study 1 Discussion	Applying the Ecological model of behaviour developed by Brennan *et al.* (2016) and presenting the interrelationship between layers.
Gap 4: Lack of social marketing intervention research in	**RQ2** - How can a social marketing approach be	Study 2 Findings and Discussion	Based on Study 1 and Study 2 findings, the COM-SM (Tapp and Spotswood,

general and in Vietnam specifically with regard to changing the sexual behaviours of adolescents.	applied to promote safe sex and delay sexual debut? **RQ2.4** - What possible social marketing campaign ideas can be developed to promote safe sex and delay sexual debut?		2013) and Social Marketing benchmark criteria are applied to develop ideas for social marketing interventions.
Gap 5: Lack of research on the persuasion techniques that can be employed in social marketing communication and social media to influence adolescents' sexual behaviours	**RQ2.1** - What messages will persuade adolescents to change their sexual behaviours? **RQ2.2** - What techniques and contents will persuade adolescents to change their sexual behaviours? **RQ2.3** - How can the messages and contents be delivered via social media?	Study 2 Findings, discussion and implications, and the Ecological Model of sexual behaviours from Study 1. Also based on the conclusion from Chapter 5 and the COM-SM model.	Based on Study 1 findings and theories of communication and persuasion techniques, messages, contents, and techniques are developed and proposed. Qualitative concept testing using mini focus group interviews.

Table 1.1 – Research gaps, research questions and methods of analysis

The central aim is to make workable recommendations for delaying sexual debut and promoting safe sex among Vietnamese adolescents to reduce unwanted teenage pregnancy through the use of a social marketing approach and utilisation of social media.

Objective 1: Understand all possible and particular important social and cultural reasons that shape early and unprotected sexual behaviours and develop an Ecological Model of Vietnamese adolescents' sexual behaviour.

Objective 2: Based on the findings from Objective 1, develop social marketing communication campaign ideas that utilise social media to promote safe sex and delay sexual debut.

Research Question 1 (RQ1):

> ***What is an effective model of Vietnamese adolescents' sexual behaviour?***

RQ1.1- What is the big picture that captures all possible factors that might influence the sexual behaviours of Vietnamese adolescents?

RQ1.2 - What are the particular and important social and cultural norms that shape early and unprotected sexual behaviours?

RQ1.3 - What are the interrelationships between the norms that form the basis of an Ecological Model of Vietnamese adolescents' sexual behaviours?

Research Question 2 (RQ2)

How can social marketing communication be applied to promote safe sex and delay sexual debut?

RQ2.1 - What messages can be developed to persuade adolescents to change their sexual behaviours?

RQ2.2 - What techniques and contents can be applied to persuade adolescents to change their sexual behaviours?

RQ2.3 - How can the messages and contents be delivered via social media?

RQ2.4 - What possible social marketing communication campaign ideas can help promote safe sex and delay sexual debut?

The focus of this study is on heterogeneous adolescents aged 12–19 in Vietnam; although some participants are older than 19, they share what happened in their adolescent years. This life-grid method is discussed and explained in Chapter 6 - Methodology.

1.4. Theoretical frameworks

The SEM (Bronfenbrenner, 1979) is first used to answer RQ1.1 by extracting from the literature all possible factors shaping the early and unprotected sexual behaviours of Vietnamese adolescents. I then place all possible sexual social and cultural norms within the four layers of SEM.

The Social Ecological interrelationship model developed by Brendan *et al.* (2016) is then used to guide the findings from Study 1 to answer RQ1.2 and RQ1.3. The aim is to build a new model explaining how to influence and change Vietnamese adolescents' sexual behaviours in order to answer RQ1.

In Chapter 2, along with the built-up Social Ecological model, social influence and social norms theories are applied to discuss the findings from Study 1. Individual psychological components, including values, beliefs, and attitudes, are also discussed as they are formed by the social and cultural context and this is one of the layers in the SEM.

The COM-B developed by Mitchie *et al.* (2011) is then applied to identify the determinants of behaviours: Capability, Opportunity and Motivation, based on the findings and discussion of Study 1. This application of COM-B utilises the implications from Study 1 to develop the communication messages and contents to answer RQ2.1 and 2.2.

The findings from Study 2, lessons learnt in Chapter 5, and the COM-SM developed by Tapp and Spotswood (2013) are then used to answer RQ2.3.

Social Marketing Benchmark criteria (NSMC, 2010) and the COM-SM model are utilised in combination with the implications of Study 1 to develop social marketing

intervention ideas to answer RQ2.4. Addressing RQ2.1, 2.2, 2.3, and 2.4 helps to answer RQ2.

A final discussion of the findings is presented in Chapter 9 - section 9.2.

1.5. Chapter conclusion

This chapter presented the background to the study and identified current problems, formulated the aims and research questions, and specified the theoretical framework. The research process is depicted in Figure 1.1.

Chapter 2 presents the theoretical framework comprising relevant social and cultural theories that might be helpful in explaining and discussing the findings. Chapter 3 expands the understanding of Vietnam's political and cultural context by applying SEM to map out the big picture regarding all possible social and cultural norms that shape the early and unprotected sexual behaviours of Vietnamese adolescents. Chapter 4 focuses on Social Marketing and how to apply this approach to tackle the issues. Chapter 5 discusses Social Media and how to use this as a social marketing communication tool to promote healthy sexual behaviours among adolescents.

Chapter 6 presents the methodology, which includes a discussion of the philosophy underpinning the research position and gives an account of how the data were collected, processed, and analysed in the two studies. Chapter 7 presents the findings and a discussion of Study 1 - Thematic analysis of semi-structured interviews and a qualitative online content analysis of comments on YouTube clips by Vietnamese adolescents. Chapter 8 discusses the findings of Study 2 which comprises mini focus group interviews conducted to propose messages, techniques, and contents delivered via social media along with social marketing intervention ideas that might help to promote safe sex and delay sexual debut. Chapter 9 comprises a final discussion of the two studies and identifies their contributions to knowledge, the limitations of the research, and makes recommendations for future research.

Figure 1.1- Thesis structure

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│                           CHAPTER 1                              │
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│                     BACKGROUND TO THE STUDY                      │
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│                           CHAPTER 2                              │
├─────────────────────────────────────────────────────────────────┤
│                   SOCIAL AND CULTURAL THEORIES                   │
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│                           CHAPTER 3                              │
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│ VIETNAMESE CONTEXT - THE COMPLETED SOCIAL ECOLOGICAL MODEL OF    │
│              ADOLESCENTS' SEXUAL BEHAVIOURS                      │
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│      SOCIAL MEDIA AS A SOCIAL MARKETING COMMUNICATION TOOL       │
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│                 FINAL DISCUSSION AND CONCLUSION                  │
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To start, Chapter 2 will discuss relevant social and cultural theories which can be used as the theoretical framework to explain the findings from the two Studies and the foundation to build the new framework applicable to Vietnamese adolescents' sexual behaviours.

CHAPTER 2 – SOCIAL ECOLOGICAL MODEL AS A BIG PICTURE FRAMEWORK AND SOCIAL PSYCHOLOGICAL THEORY

2.1. Chapter introduction

Scholars have begun to challenge the limitations of an individual focus on downstream social marketing to change behaviours (Collins *et al.*, 2010; Spotswood and Tapp, 2013). Andrew (2006) suggests that to achieve social change, strategies should involve representatives from both upstream and downstream approaches, which are the individual and the surrounding environmental factors. Therefore, this thesis does not focus on individual theories such as the Theory of Planned Behaviour and Theory of Reasoned Action, but on social and cultural theories such as the SEM, social and cultural influences, and norms.

The purpose of this chapter is to present the theoretical framework used to discuss the findings from Study 1 and answer Research Question 1. Even though the aim is to influence and change adolescents' behaviours, I argue that Vietnamese adolescents are more impacted by social and cultural factors, therefore social and cultural change is the focal point of this thesis. However, changing these factors is not easy and must be achieved in the long-term. Thus, relevant theories such as the SEM, social influence theory, and social norm theory could be helpful. The concepts of values, beliefs, and attitudes are also discussed because, despite being situated at an individual level, values and beliefs are the product of experiences and the cultural and environmental circumstances we have faced. They are therefore closely related to social and cultural norms and can help to elucidate the norms shaping adolescents' unhealthy sexual behaviours.

What I have advocated in this chapter is long-term social and cultural change. However, it is still possible to achieve a short-term impact using social marketing approach, certain persuasion techniques, and other communication and social media theories. These are discussed in Chapter 4 and Chapter 5 as the basis of messages and techniques employed in Study 2 to answer Research Question 2.

The structure of this chapter is as follows: in section 2.2, the SEM is discussed, including its role in understanding the social and cultural factors surrounding individual behaviour, the layers of SEM, SEM research related to sexual behaviour and in the context of Vietnam, its application in this thesis, and the use of the SEM layers' relationship model developed by Brennan *et al.* (2016) to build a model of Vietnamese adolescents' sexual behaviour. Section 2.3 focuses on the need for social influence and social norm theory, identifies the relevant concepts in social influence theory, reviews social influence research in general and in Vietnam, and describes the application of social influence theory in this thesis. Section 2.4 discusses the values, beliefs, and attitudes relevant to sexual behaviours of Vietnamese adolescents and their possible relationships. Section 2.5 concludes to introduce Chapter 3 by explaining how SEM can be employed to map out, in different layers, all possible social and cultural factors that might shape early and unprotected sexual behaviours among Vietnamese adolescents.

2.2. Social Ecological Model - SEM

2.2.1. The role of SEM in understanding social and cultural factors shaping sexual behaviour and their absence in research.

The SEM (Bronfenbrenner, 1979) has been applied to numerous areas, such as developing political and economic policies, and public health promotion. UNICEF (2015) asserted that it is the most effective approach to public health prevention and control. In terms of public health, scholars have argued that education and communication interventions have failed to address the gap between different social environmental factors (Ram, 2006; Zimmerman and Bell, 2006) while in social marketing, practitioners and scholars seem to ignore the effects of social ecological factors in achieving health behaviour change (Wymer, 2011). In addition, there is an unclear and difficult inter-relationship among these factors (Noar and Zimmerman, 2005), thus there are increasing calls for research to focus on social and contextual influences on health behaviours (Marmot *et al.*, 2008; Koh *et al.*, 2010).

With respect to sexual health issues, the SEM can provide a full picture of all factors that might have an impact on adolescents' behaviour. Although there has not been any research in Vietnam applying SEM as a framework to understand the sexual behaviour of Vietnamese adolescents, it is necessary to do so before identifying the unique social and cultural norms explored through empirical research in Study 1 using thematic analysis.

To address the social change, Brennan *et al.* (2016) applied SEM based on a relational logic that emphasises the strategy of intangible social offerings, interactions, and processes of value creation within a social marketing system to help overcome barriers and find solutions to social problems by facilitating the collaboration and interaction of all parties involved. Their paper built up the model based on a case study of alcohol consumption. This thesis uses the findings from Study 1 and applies Brennan *et al.* (2016) to discuss the relationship among emerging themes regarding the sexual behaviours of adolescents and build a new Ecological model in a Vietnamese context. This process is discussed in section 2.2.5.

2.2.2. The layers of the SEM

The SEM places an individual at the centre where they are surrounded by four layers (Bronfenbrenner, 1979). The closest layer is the micro layer which comprises family, friends, other peers, and colleagues. The second layer is the system of micro factors, the meso layer including micro elements such as the school, workplace, clubs, and neighbourhood. The third layer comprises wider environmental forces such as unemployment rates, the media, and local government policies. The final layer is the culture, lifestyle, and belief system; this links to the characteristics of a country where an individual resides. Micro factors can directly influence a person because of their proximity. However, the macro level is the cause of multiple problems that might be hard to change. In Chapter 3, I discuss the social cultural and political context of Vietnam to provide an understanding of all possible causes that shape the early and unprotected sexual behaviours of Vietnamese teenagers.

Macrosystem
Attitudes and ideologies of the culture

Exosystem

Neighbours

Social
services

Mesosystem

Microsystem

Family

School

Individual
(sex, age,
health, etc)

Church

Peers

Mass
media

Health
services

Industry

Local politics
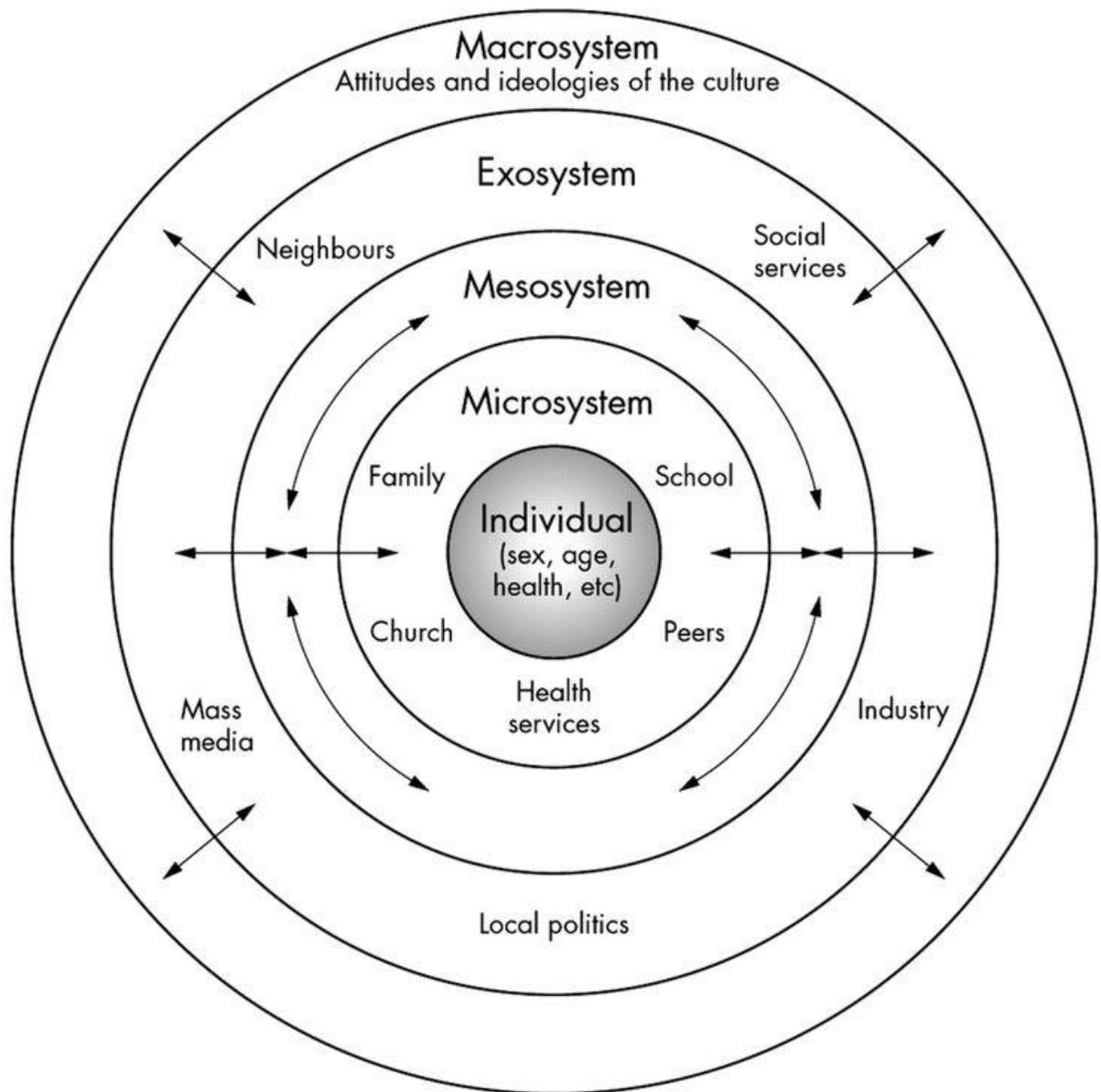
Figure 2.1- The layers of the Social Ecological Model (Source: Bronfenbrenner, 1979)

2.2.3. Research using the SEM to address adolescents' sexual health.

2.2.3.1. Contemporary research on the SEM and its limitations

A systematic review of ecological factors impacting adolescent sexual health in the US concluded that 82% of the studies focused on the individual level (Salazar *et al.*, 2010). This pattern is similar to that dominant in psychological research and social marketing where researchers are more concerned with the effects of individual desires on human

behaviours. This review thus suggests that future research needs to apply the SEM to consider contextual factors such as other social and cultural environments.

The SEM has been applied to a wide range of social issues; for example, the WHO proposes a model of social ecology as a guideline for violence prevention while UNICEF utilises this model for social and behaviour changes. There are, however, several criticisms of this model. For instance, because it is comprehensive and encompasses a variety of factors, it is difficult to evaluate all components empirically. Consequently, it is difficult to explain the multiple factors that influence an individual and the meaning of each element (Sallis *et al.*, 2008). Regarding a child (or an adolescent), there are several characteristics of a child that have been ignored in this model (Tudge *et al.*, 2009). First, it is not possible to recognise how children form complex identities by crossing boundaries. Second, the way children construct the idea of family is more complicated than traditional theories suggest. Third, unlike adults, children's systems are not always linear. Finally, it fails to recognise that children and adolescents can shape their own culture. An additional drawback of this model is that it unable to observe small variables that can change the instant interplay between social life variables and the systems. Moreover, it overlooks feelings and complexity while their abilities are dismissed. The missing understanding of their abilities can be revealed through the model of Ability-Opportunity-Motivation of Rothchild (1999) or Capability-Opportunity-Motivation of Mitchie *et al.* (2011) to understand how to influence young people sexual behaviours. The COM-B model is discussed in Chapter 4 to link with social marketing interventions.

Therefore, even though the SEM is comprehensive and helps to provide the background to all factors surrounding an adolescent, it is necessary to consider other social psychological theories to illuminate the interplay of critical factors influencing adolescent sexual behaviours. Furthermore, the primary research in Study 1 explores the main factors shaping adolescents' sexual behaviours and discusses the relationships between social and cultural norms. The research presented in the next section applies the SEM to explain the sexual health behaviours of adolescents; these are then related to sexual health in a global context to identify potential gaps in the literature. Because the focus is on social and

cultural factors, research relating to broader layers rather than individuals is reviewed. In section 2.2.3.2, I discuss SEM research relating to sexual health globally, while section 2.2.3.3 focuses specifically on Vietnam.

2.2.3.2. SEM research relating to sexual health.

The use of SEM to explore multiple layers can be found in different fields (but not health), such as the ecological review of sexual assault (Campbell *et al.,* 2009; Moylan and Javorka, 2018), a social-ecological framework used in the trial of activity for adolescent girls (Cala and Soriano, 2014), and applying SEM in understanding sexual subjectivity and contraception use and access of young women in Northwest Territories, Canada (Lys *et al*., 2019). Brennan *et al.* (2016) discuss the relationship between ecological factors in alcohol consumption behaviour. Relevant research applying the SEM to sexual health, especially for adolescents, focuses on the micro and meso layers, as discussed briefly in the following section.

Micro layer - Research discussing peer factors implicated in adolescents' sexual behaviour.
The answer to the question of why teenagers do not use protection and end up becoming pregnant, despite their wishes, is difficult to obtain. However, by considering every element surrounding an individual, it is possible to identify some specific reasons. Chassin *et al.* (2004) explored the link between adolescent antisocial behaviour and peer pressure which means teens with a lack of resources are more likely to get pregnant. The scope of this thesis is to consider the resources that heterosexual and suburban teens might require if they are to have an opportunity to go to school. Furthermore, DiClemente *et al.*'s (2007) review of preventive sexual risk interventions for adolescents suggests that peer norms are usually supportive and help to reduce sexual risk behaviour.

Micro layer - Research discussing family factors implicated in adolescents' sexual behaviour.

Research on sexual behaviour and its relationship to depression and other social ecological factors reveals that non-depressed teens who have a close relationship with their father are more likely to delay sexual intercourse (Rink *et al.*, 2007). While girls more connected to peers and schools have a sense of belonging, safety, and support, they are less likely to have sex and thus sex among teens is delayed (Rink *et al.*, 2007). However, this does not offer an explanation as to whether they engage in safe sex. The case of depressed teens is different. If they have a close relationship with their mother, they are less liable to have sex while the closeness of depressed teens to peers and schools means they may be more likely to have sex. This study provides several valuable insights into how micro factors can influence the sexual behaviour of a teenager. However, it only focuses on 15- to 19-year-old teens and therefore may not be applicable to younger age groups. Furthermore, other unidentified factors may lead to the same result; it may not just be family and peers (Rink *et al.*, 2007)

Micro and meso level research

The predictors of repeat pregnancy among adolescents are mostly at the micro and meso level and include their partners, parents and family, peers, and school (Raneri and Weinman, 2007). Adolescents with a pattern of repeat pregnancy are those with older partners, who have a poor relationship with the mother and an unsupportive family, and whose mother did not finish high school or was a young parent herself. The same pattern occurs in teens whose best friends are pregnant and those with few educational aspirations (Raneri and Weinman, 2007). The other notable issue regarding the non-use of contraception is that this occurs among teens who no longer have a relationship with their father and/or have abusive partners. Raneri and Weinman (2007) also suggest that introducing adolescents to early use of contraceptives and long-acting methods will help to avoid repeat pregnancy. However, this study has some limitations as it used secondary and old self-report data and focused only on mothers engaged in drug use. The results may therefore not represent other cases of repeat pregnancy.

A study exploring how micro and social factors can contribute to HIV prevention (Latkin and Knowlton, 2005) explained the causes of sexual health problems using the SEM to focus on social and environmental influences. Social influences include personal network and system characteristics. Adolescents are also influenced by their sexual partners. Thus, their decision to use contraception depends much on how their sexual partners think about it. Teen girls with older partners tend not to use contraception if their partner is against this. However, there is no research investigating whether female partners have any influence on a teen boy's decision to use contraception. Nevertheless, the results suggest that partners could be the actors in the micro/meso layers that have the most influence on adolescents. Environmental factors include the setting and the physical attributes of such a setting. I therefore investigate the environmental factors and physical attributions of settings in Chapter 3 with respect to the Vietnamese context.

In conclusion, global research using the SEM to explore the sexual behaviour of adolescents is limited, especially for the macro layer, regardless of the call for more research on social and cultural factors. The next section presents SEM research in Vietnam.

2.2.3.2. SEM research in Vietnam context

Although research in Vietnam applying the SEM is limited, there have been some national-level interventions, although these apply the SEM, layer by layer, to different issues rather than sexual health behaviours per se. Those interventions were founded on the work of Brennan *et al.* (2014) and are summarised as follows:
- Social and cultural level (Macro layer): UNICEF and Vietnamese Government ethnic minority support via school scheme and immunisation (Nettleton, 2006; Thanh Nga and Thanh Huong, 2013); Wider public policy protecting rights to breastfeed (UNICEF, 2012)
- Community-level (Meso layer): Global Helmet Vaccine and Asia Injury Prevention Foundation (Asia Injury Prevention Foundation, 2013a)
- Local (Micro and Exo): Handwashing in the Mekong with locals through education and infrastructure building (Australian Government, 2009; Parker, 2013)

- Individual: Green ribbon campaign raising awareness of anti-littering and the LIN Center for Community Development (Ruy Bang Xanh, 2013)

There is no direct research available on Vietnamese adolescents' sexual behaviours using the SEM. However, there is comprehensive research on social-cultural influences on the sexual and reproductive health of Vietnamese internal women immigrants (UNFPA, 2011). Such findings might be applicable to the target group of this thesis. The findings indicated that the following social and cultural factors influence female migrants in Vietnam.

- Gender-related problems such as patrilineal and patrilocal family systems; a strong matriarchal heritage; domestic violence; and the oppressive values of Confucianism in Vietnamese society.

- Cultural ideals, norms and tradition such as perceptions of femininity, taboo sex, the importance of female virginity, the fear of losing "face", and a belief in fate and karma.

- Impacts of the transformation process: social transition due to Doi Moi renovation policies, and the socio-cultural transition from rural to urban environments.

- The positive and negative impact of social networks on risk behaviours

- Geographical and social or cultural segregation

- Sex education in school: current programmes fail to equip students with the knowledge and skills necessary to engage in safe sexual behaviour and acquire other coping skills.

Because these social ecological factors only apply to immigrant women, the impact on male and both genders have been omitted and is addressed in Chapter 3. While learning from this research, I conducted my own literature search on Vietnam and used the SEM as the structure to describe all social and cultural factors that might shape the early and unprotected sexual behaviour of Vietnamese adolescents.

2.2.4. Application of the SEM in this thesis

Studies in Vietnam explain the reasons for early sex and unprotected sex among adolescents, but these are all discrete and no model was applied to observe the structure and contents (Nguyen, Siu and Faber, 2016; Do and Fu, 2010; Ngo *et al.*, 2012). Therefore, a SEM with different layers is used to map out all factors from the Vietnamese literature that might influence the sexual behaviour of adolescents. This answers Research Question 1.1.

The logic of the relationship between actors in the SEM postulated by Brennan *et al.* (2016) can help to explain the relationship among the thematic findings from study 1 in order to answer Research Question 1.3. At the same time, these findings can be used to build a model of SEM interrelationships within the context of Vietnamese adolescents' sexual behaviours. The framework and relationships described, along with other communication theories and persuasion techniques, therefore provide a basis upon which to propose the contents of the messages developed in Study 2 to change adolescents' behaviours to those of delaying sexual debut and protected sex.

2.2.5. Using SEM system logic and actors' relationships to build an Ecological model of Vietnamese adolescents' sexual behaviour - the approach of Brennan *et al.* (2016)

This part summarises the findings of Brennan *et al.* (2016) as the basis for discussions in Study 1 on building a conceptual framework of SEM interrelationships within the context of Vietnamese adolescents' sexual behaviour.

Brennan *et al.* (2016) provided the framework for the evolution in social marketing thinking that states there is a need to move beyond individual behaviour and habits. This aligns with several other social marketers who criticise the narrow individual focus of studies and support a 'wider and deeper' approach (Andreasen, 2006; Collins *et al.*, 2010; Spotswood and Tapp, 2013; Wymer, 2011; 2015). They discuss the numerous impacts of customer myopia which, firstly, is too focused on consumers while ignoring other stakeholders (Smith *et al.*, 2010), and, secondly, narrows the approach to social marketing programmes and research, which should consider both individuals and the environments

(Wymer, 2011). Therefore, to address the societal context, multiple stakeholders must be considered (Smith *et al.*, 2010, Domegan *et al.*, 2014).

To create a behavioural ecological model, it is necessary to understand the system logic that focuses on the interrelationships between all factors, such that nothing operates in the system without affecting everything else (Brennan *et al.*, 2016). Their view of the ecological system differs from Wymer (2011, 2015) and Domegan *et al.* (2014) in that they suggest the system should thoroughly embed multiple root causes and the intended and unintended consequences that exist in every intervention and action of the system. They built the behavioural ecosystem in Figure 2.2 based on a case study of alcohol consumption. In the discussion part of Chapter 7, I apply the findings from Study 1 to discuss the relationship between the themes and build a similar Ecological Model for Vietnamese adolescents' sexual behaviour.

Figure 2: A Behavioural Ecological Model for alcohol consumption

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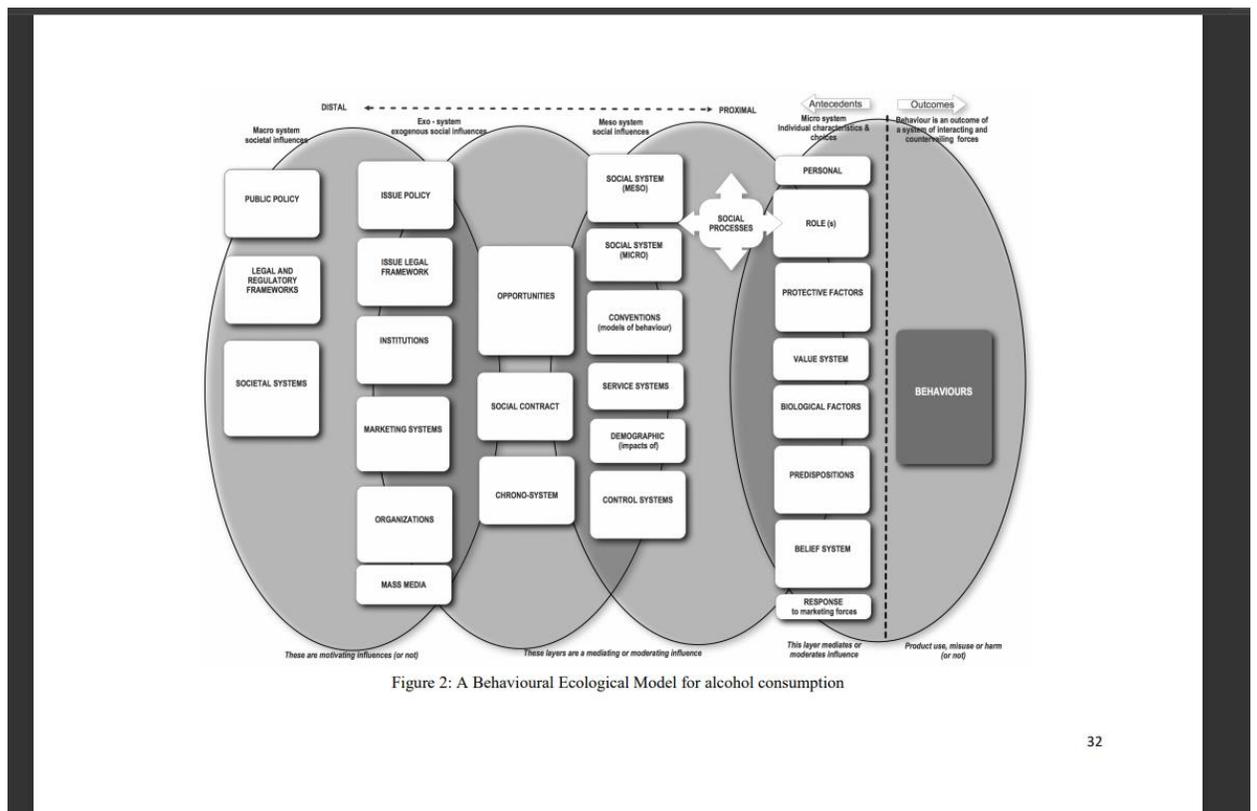
Figure 2.2 – A Behavioural Ecological Model for alcohol consumption (Source: Brennan et al., 2016)

Brennan *et al*. (2016) identified three implications from conceptual framework papers. First, the need to provide the 'breadth and depth' required to guide the focal social marketing system that helps to differentiate the layers. Second, to achieve effective social change, they needed to propose a meso-marketing approach that includes two or more layers in the social system. Third, multiple marketing tactics have been applied to initiate and sustain collaborative actions among actors.

2.2.6. Macro social marketing and system social marketing in relation to SEM
2.2.6.1. 'Wicked problems' and how to deal with them

Wicked problems as defined by Kennedy (2016, p.354) are 'multifaceted and highly complex societal problems', 'they are perpetuated by institutionalised behavioural norms which reflect society's value and belief systems'. Kennedy, Kemper and Parsons (2017) add further that there is no straight forward and easy understanding of the cause and solution for wicked problems because of their complexity, uncertainty and perhaps different interpretations which can lead to many ethical issues (Szablewska and Kubacki, 2017). Sexual behaviours among teenagers can be considered a wicked problem because it is formed by the society's value and belief system which will be discussed in Section 2.3 and Section 2.4 in relation to the concept of social norms, attitudes, value and belief toward premarital sex and school-age pregnancy.

There are two main ways to deal with wicked problems: (1) to blame the individual and attempt to influence their behaviours (Truong, Saunders and Dong, 2018), and (2) to look at the surrounding environment to achieve the broader, societal level of change. The latter is given more attention from both social psychological and social marketing research moving from singular level behaviour change towards a more holistic, multilevel change approach to deal with wicked problems (Flaherty *et al.,* 2020). This second approach fits best with the direction of this thesis by looking at the broader social and cultural factors rather than just the individual psychology.

The next section presents the current approaches which involve multilevel change frameworks to deal with wicked problems.

2.2.6.2. System-based approaches in social marketing

As explained by Flaherty *et al.* (2020, p. 147), 'systems social marketing and macro-social marketing are the two concepts used interchangeably to describe the system-based approaches in social marketing'. Some authors have used those names to refer to 'community-based prevention marketing (CBPM)', 'community-based social marketing (CBSM), community-led assets-based social marketing', adapted behavioural ecological model (BEM) (Brenan *et al.*, 2016) or systems social marketing (Domegan *et al.*, 2016) and macro-social marketing (Kennedy, 2016). The adapted behavioural ecological model (Brennan *et al.,* 2016) has been applied in this thesis as discussed in section 2.2.5. This section, therefore, discusses other relevant approaches which are the systems social marketing approach (Domegan *et al.*, 2016; Duffy *et al.*, 2016) and macro-social marketing (Domegan, 2008; Kennedy and Parsons, 2012; Kennedy, 2016; Kenney, Kemper and Parsons, 2017) in relation to SEM/BEM which is applied in this thesis to provide implications and limitations for further research.

Systems social marketing

The broader approach in dealing with wicked problems is systems social marketing which is defined by Flaherty *et al.* (2020, p.160) as 'an approach, which integrates social marketing, MAS theory, and generic systems methodologies to seek system-wide changes through addressing the evolutionary dynamics of all elements of a social marketing system'. Flaherty *et al.* (2020) defined social marketing system with five attributes: (1) a proposed and continuing system-wide intervention is specifically designed and embedded in the social matrix, (2) its core purpose is to create constant value for system members via direct and indirect exchanges voluntarily and the development of behaviours, beliefs, choices and social practices, (3) its participants tend to have opposing values, needs and want who mutually participate in co-creation/demolition of value, (4) it is recognisable that the system has causal dynamics of social mechanisms which intertwined stakeholders and other structural essentials, and this causal dynamics is vital to the design of a complicated multilevel intervention, (5) beneficiaries of value co-generated in respond to some problems are the target networks, social marketers and society. Systems social marketing is

more than macro-social marketing and belongs to constructivism which guides the research philosophy in social marketing (Flaherty *et al.*, 2020). Systems social marketing is not a single theory (Truong *et al.*, 2018) but more like an orientation or beliefs of how researchers view the world (Meadows, 2008).

Dealing with wicked problem from a systematic perspective of Duffy *et al.* (2016) suggest that complex social issues create the 'ineffective, inefficient, unequitable or unfair social marketing systems because they comprise networks of performers and entities that mirror commonly held beliefs or norms. 'A wicked problem is likely to be dynamic, resilient against intervention, influenced by the associated strategic action field, driven by social mechanisms and will have consequences singularly or simultaneously at the micro, meso or macro level of the system' (Duffy *et al.*, 2016, p.332). Systems social marketing recognises the multiple levels of and posits how to act for intervention, such multiple levels (micro, meso and macro) interventions assist the societal and system-wide change (Truong *et al.*, 2018) which are similar to the social ecological model (SEM) applied in this thesis.

However, Truong *et al.* (2018) pointed out several limitations of systems social marketing in their critical appraisal review, i.e., the complexity of the systems context, the lack of stakeholder voice and participants, the limitation in the application and reporting theories and models of change, the limited evidence of long-term intervention outcomes and the undesired impact of systems social marketing. Some of which are also presented in the SEM limitations in Section 2.2.3.1 and are essential considerations in applying this approach. The next section discusses another 'big picture' framework which is macro-social marketing and upstream social marketing and available relevant research in Vietnam for this framework.

Macro-social marketing and upstream social marketing and programs in Vietnam

First, we scrutinise the concepts of social marketing and macro social marketing basing on the definition of Andreasen (1994) to judge social marketing program to (1) apply commercial marketing techniques, (2) influence behaviour, (3) for the society benefits while macro social marketing by Domegan (2008, p. 136) is defined as using social marketing at societal level by 'those who control the social context influencing'. Therefore,

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the connection between the two concepts is that macro social marketing is government led to seek macro social change, and systematically diminish the effectiveness of traditional marketing avenues for the relevant offending products (for example tobacco, alcohol) leading to undesired behaviour (Kennedy and Parsons, 2012). Based on this definition, to deal with wicked problems such as cigarettes or alcohol consumption or litter behaviours, governments will have legal requirements/regulation of restriction on advertising and selling cigarettes and alcohol while regulating the behaviours by sorting the types of litters or imposing pecuniary punishments for such behaviours. However, with sexual behaviours, especially among teenagers, there are not any offending products which government could regulate. The only one competing and problematic behaviour that government can control is abortion. However as discussed in section 4.3, in the countries where abortion is banned, there are four times as many cases of unsafe abortion (underground abortion) and three times the rate of maternal mortality (UNFPA, 2015). Furthermore, Kennedy (2016) has warned that macro level change can have the unintended ripple and side effects. Taking example of the campaign from two young men on Facebook promoting forced abortion law in Vietnam (BBC Vietnam, 2018), this raises a lot of ethical issues that young pregnant girls have been going through, e.g., a lot of social and cultural judgement, while there are not many support services for them to raise the child alone at a young age. This therefore implies that macro-social marketing actioned by law could be helpful but need to warry being part of social engineering (Kennedy and Parsons, 2014).

Second, the relevant concept with macro-social marketing is upstream social marketing. Upstream social marketing may target individuals but only those at the organisation, industry, or government level such as policy makers. Therefore, upstream social marketing might be used to influence upstream actors' political judgments (Kennedy, Kemper and Parsons, 2017). Some activities of upstream social marketing to create behaviour change are 'voting behaviour, activity in policy debates and cabinet and committee meetings, judgments, corporate policies, adjudications and application of legal principles and precedents' (Gordon, 2013, p. 1530). However, most of the campaigns are describing and analysing upstream social marketing to discuss the causes of behaviours

while paying less attention to its operationalisation (Kennedy, Kemper and Parsons (2017). Therefore, they provide guidance for upstream social marketers on who to target, how to communicate with upstream actors, and how to to communicate with them in the most useful and timing ways for maximised effectiveness (Kennedy, Kemper and Parsons, 2017). Upstream social marketing based on this guideline mostly likely means communicating with upstream actors (policy makers such as politicians and governments) but the guidelines does not show how this can be transferred to other lower levels in the social marketing system to create social changes.

Third, Truong (2017) has reviewed the government-led macro-social marketing campaigns in Vietnam and concluded the outcomes, challenges and implications. His searching strategy identifies 4 government-led macro social marketing interventions that meet the 3 criteria of the societal change level objectives and outcome measures, and asserts the body leading the programs must be the Vietnamese government. The 4 programs are targeting smoking, promoting helmet use, preventing drunk drivers, and nutrition. He concluded that the changing policy in macro-social marketing can be an important aspect of social marketing programs, but it may not be enough to achieve social change level which requires considering the wider social and cultural environment. His conclusion is in parallel with the focus of this thesis and supports the applied SEM model.

Therefore, the Social Ecological Model applied in this thesis fits with the systems social marketing which includes the multilevel layers to deal with sexual behaviours. SEM also provides the micro, meso and macro layers to discuss the surrounding factors of individuals as in the system-led settings. In the macro layer, SEM includes relevant macro factors such as law/policies and cultural and social norms. However, SEM seems to lack the attention to the broader stakeholders such as policy makers/governments as discussed in the macro-social marketing and upstream social marketing. The missing factor as well as the lack of system characteristics in SEM will be discussed further in the next sections.

2.2.7. Societal structures and system characteristics and SEM multi-level multi-actor perspectives

As discussed in the previous section, social marketing research in a system-setting is required to achieve social change. Duffy (2016) identifies the four dimensions of marketing system which are interconnected: (1) 'multi-level activity' with a central system and its context with up and down and contiguous systems, their activities and consequences for the central system, (2) 'self-organisation' exchange network in a systemic setting (neighbour or immediate environment), usually considered important social mechanism, (3) dynamism: the influence of feedback in between layers, time lags and consequences, (4) the essential people of a marketing system: who willingly seek to exchange economic and social value and make irrational/rational decisions (Duffy, 2016). This view of the system characteristics is supported by Fehrer *et al.* (2018) and Carvalho and Mazzon (2019) who emphasise that the change focus is shared among stakeholders and requires the collaboration, co-ordination and interrelation instead of isolation and independent entities among citizens, consumers and communities. By comparing this societal structures and system characteristics, the difficulties to observe the system dynamics and the interaction and coordination among different layers in the SEM can be identified. The findings from Study 1 could potentially provide such discussion and lessons in the use of the model can be added in the contribution and limitation.

Another important consideration in behaviour change is to give voice to all stakeholders and participants, which is deemed as one of the limitations of systems social marketing research (Truong *et al.*, 2018). Domegan (2020) has identified a diversity of stakeholders who could be involved in the social marketing system. This identification is for the environmental programs. Similar stakeholders can be found for sexual behaviour change intervention, such as the governance, the body who regulates media, community organisations, NGOs, social enterprises, commercial activities and reproductive health advocacy. Our SEM model in chapter 3 focuses more on the mid-stream actors such as schools and local community while leaving out some macro stakeholders such as community organisations, NGOs, social enterprises, and commercial activities. This, therefore, will be acknowledged in the limitations.

2.3. Social influence and social norm theory

2.3.1. The need to draw on social influence and social norms theory to understand Vietnamese adolescents' sexual behaviours.

The social psychology and social marketing literature primarily focus on individual psychology; few studies have explored the influence of social and cultural factors on the sexual health behaviours of teenagers. Hofstede (2016) categorises different countries based on four primary cultural dimensions: individualism/collectivism, power distance, uncertainty avoidance, and masculinity/femininity. He defines a collectivist culture as one in which everyone in the community works together and thinks about the benefits for the whole rather than individuals. Therefore, Vietnam is considered a relatively collectivist culture as they strongly value the family and community and appreciate groups rather than themselves as individuals (Hofstede, 2016). Furthermore, according to Kluckhohn and Strodtbeck's theory of human nature, in social relationships the Vietnamese are extremely group oriented (Gudykunst *et al.*, 1996). They place a distinct emphasis on the role and responsibility of the group rather than their own desires (Gudykunst *et al.*, 1996).

Therefore, in addition to using the SEM to capture the big picture, social influence theory should be considered when analysing what factors might shape Vietnamese sexual behaviour. The next section explains the relevant concepts enshrined in social influence theory, reviews existing social influence research relating to sexual health and in Vietnam and explains how these concepts are utilised in this thesis.

2.3.2. Relevant concepts and theories relating to social influence.

Social influence

According to Berkman (2000), *social influence* can be understood as the effect others have on individual and group attitudes and behaviour. Social influence can take

multiple forms such as conformity, peer pressure, socialisation, compliance, and obedience. In this section, I explain these concepts in detail and applies them thoroughly to discuss the findings from Study 1.

Franzoi (2003) identifies three main types of social influence: *compliance, conformity, and obedience*. Compliance is when an individual changes their behaviour in response to an explicit or implicit request from another person; for example, a boyfriend could explicitly and implicitly ask their girlfriend not to use a condom. Compliance is frequently discussed as an active form of social influence in that it is usually intentionally initiated by a person (Fabrigar and Norris, 2012). Thus, it is considered an external form of social influence, and overt behaviour is the focus of compliance. Although compliance might occasionally occur as an outcome of changes in people's inner beliefs and feelings, such internal changes are not the prime goal of compliance, nor are they necessarily required for the request to be successful (Fabrigar and Norris, 2012). By contrast, conformity refers to when an individual regulates his/her behaviours, attitudes, feelings, and beliefs to match a group norm (Cialdini, 2001). Thus, conformity is usually considered a passive form of influence in that group members do not actively try to shape what others do (Cialdini, 2001). Young people directly observe the sexual behaviours of their peers and adjust their actions and opinions consequently. Conformity focuses on either the external or internal nature of an individual (Cialdini, 2001). Unlike compliance and conformity, a direct command from an authority person results in obedience (Franzoi, 2003). This is considered an active form of influence and is usually external as it initiates changes in overt behaviour because of the command. Obedience does not often result in internal change. These three concepts help in discussing and explaining the reasons for early and unprotected sexual behaviour. First, with the influence of peers in the microlayer of SEM, conformity seems to be an important concept to investigate. Second, compliance and obedience could be the reasons for the behaviours of women immigrants in Vietnam (UNFPA, 2011). Finally, because the purpose of social marketing is to change people's behaviour voluntarily, the concept of conformity could help in developing techniques for communicating messages.

Social influence processes

Before considering conformity and social norms in more detail, it is necessary to review the conceptualisation of social influence in order to understand this concept fully. Simons-Morton and Farhat (2010) developed a social influence model of sexual health behaviours for adolescents. Their model described peer influences on smoking, which I then adapted to a Vietnam context with relevant group memberships for sexual behaviour, as illustrated in Figure 2.3.

Figure 2.3 - Social influence model of sexual health behaviour (Adapted from Simons-Morton and Farhat, 2010)

Social influence and peers influence
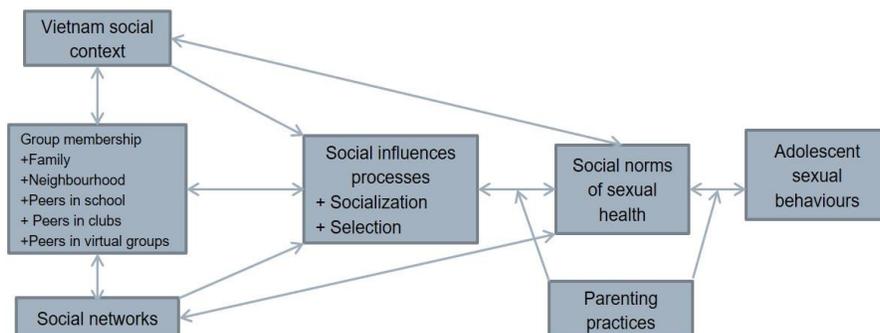
Social influence model of sexual health behaviour (Adapted from Simons-Morton and Farhat, 2012)

This conceptualisation suggests that social influences on adolescent sexual behaviour are exercised through social context, social networks, and group membership based primarily on social norms. This conceptualisation was useful in developing the initial codes for analysing the data collected from Study 1. Therefore, the next section explains in detail the social influence processes of conformity and how these links with social norms.

Conformity and social norms

According to Cialdini (2001), *conformity* refers to how an individual matches his/her attitudes, beliefs, and behaviours with the group. Therefore, this concept is strongly related to the theory of *social pressure and peer pressure* whereby an individual behaves according to the pressure from those surrounding them. Conformity often links with adolescent and youth cultures. Peer pressure among young people can be both negative and positive: it can help to spread risky behaviours. However, if teenagers are surrounded by friends who engage in healthy behaviours, the influence will be a positive one. Conformity thus affects the formation and maintenance of social norms.

Social norms are arrangements of acceptable beliefs, attitudes, and behaviours (Axelrod and Hamilton, 1981; Kameda *et al.*, 2005). As part of the slow pattern of human development, the microsystem, including the family, school, and community, socialises individuals according to the prevailing social norms (Simons-Morton and Farhat, 2010). Social context, group membership, and social networks are all influenced by and influence social norms (Simons-Morton and Farhat, 2010). As illustrated in Figure 2.3 regarding social influence processes, socialisation and selection facilitate the mutual relationships between social sexual norms and social structures as the Vietnamese context, group memberships and social connection. In essence, socialisation describes the tendency for individuals' norms and behaviours to be influenced by the norms and behaviours of his/her group and then conform to these (Simons-Morton and Farhat, 2010). Selection, however, refers to the tendency of individuals to seek-out peers with similar standards and behaviours (Simons-Morton, 2007).

Peer socialisation is the outcome of current social relationships based on the construction of social norms (Simons-Morton and Farhat, 2010). Through socialisation, the group might offer an acceptance of an adolescent based on mutual traits (Simons-Morton and Farhat, 2010). To be accepted, the teen adopts the attitudes and behaviours of the group (Evans *et al.*, 2006). Peer socialisation can be explicit, as in peer pressure, or perceived, where the adolescent accepts or changes their attitudes and behaviour based on

perceived group norms that may or may not be real (Simons-Morton and Farhat, 2010). Researchers often refer to peer socialisation as peer pressure, a term that suggests adolescents directly influence their friends to imitate to their behaviour (Simons-Morton and Farhat, 2010) and researchers have argued that peer pressure could be the prime driver of sexual risk behaviour (Cherie and Berhane, 2012). The question for this thesis is how to use peer influence and peer pressure to positively impact adolescents' sexual behaviour. This was determined as a result of Study 1.

Unlike socialisation, where the person adheres to group standards, selection happens when a member pursues or associates with another member or group with common attitudes, behaviours, or other characteristics (Simons-Morton and Farhat, 2010). De-selection is part of the selection process and can happen when some members of a peer group begin engaging in sexual intercourse, a point at which other members of the peer group may drop out (Simons-Morton and Farhat, 2010). They can choose to conform to the new group norm (socialisation) and face a dissonance between their standards and those of the group (Andrews *et al.*, 2002), or risk group condemnation.

The concepts of peer socialisation and de-selection along with conformity, compliance, and obedience identified in this section are helpful in discussing the findings from Study 1. Understanding social norms helped me to identify possible social cultural sexual norms, as discussed in Chapter 3. The next section reviews research on social influence and social norms in general and the Vietnamese context in particular.

2.3.3. Research on social influence and social norms

2.3.3.1. Social influence research relating to sexual health.

There are several basic concepts relating to the influence of social norms on human behaviour. Descriptive norms are the norms people think others adhere to, while injunctive norms are idealised standards of behaviour (Berkowitz, 2010; Baumgartner *et al.*, 2011). For example, teenagers think most of their friends have had sexual intercourse before the age of 16; this is the descriptive norm. The injunctive norm in Vietnam is that teens wait

until they are at least 18 years old or even until they are married before having sexual intercourse (SAVY II, 2010). Typically, descriptive norms are a stronger motivator of behaviour than injunctive norms. Another concept is that of misperception, which refers to when teens misperceive the actual behaviours of their friends (Berkowitz, 2010). This leads to pluralistic ignorance whereby an individual does not believe in a norm but thinks all other people believe it therefore he/she accepts that norm. For example, a teen might believe that unsafe sex is wrong but thinks that no one uses a condom, therefore he/she will not perform safe sex. Another concept is the salient norm, which means a norm is very noticeable and significant (Berkowitz, 2010).

In a study by Latkin and Knowlton (2006), the researchers identified norms and their relationship to behavioural motivation. They argue that this is consistent with social ecological norms because norms are the rules and procedures that facilitate adaptation to the social environment. Even though norms might be difficult to change, we can change or modify new norms, but they need to be consistent with the salient norms. Norms can help to explain how new behaviours become socially accepted and are given meaning.

Herbert (2015) presents the relationship between social norms, contraception, and family planning. He identifies the key aspects of social norms in dealing with contraception and family planning as decision making, early marriage, childbirth, child spacing and family size, and contraception uptake methods. Regarding decision making, there exists the norm that the male usually plays the dominant role in choosing the contraception methods. There is also the fear of side effects and misinformation or the notion that contraception is a woman's job. These ideas are similar to the situation in Vietnam regarding the perception of contraception methods, which was identified in Chapter 1. Early marriage usually leads to low use of contraception (Herbert, 2015). This also links to the level of freedom a woman has from barriers to family planning. I discuss the relevance of this to conception and abortion norms in Vietnam later in the thesis. Regarding contraception uptake methods, there are norms that exist around not using modern contraception. There are also negative

stereotypes, stigma, misconceptions, and fears that can intervene when an adolescent is forming their identity (Herbert, 2015).

Some social norm studies have investigated misperceptions and suggest interventions correct these and reduce the level of sexual risk behaviours. However, it is important to note that correcting a misperception does not result in the actual behaviour. Misperception only has a small influence on risky behaviours. Three studies by Lewis *et al.* (2007), Scholly *et al.* (2005), and Lynch *et al.* (2004) focused on how misperceptions about their peer's behaviour results in sexual risk behaviours. All emphasised the need to correct the misperceptions. All three target groups comprised college students in the US. The methodology employed was to compare the actual behaviour of students' friends with how students perceived such behaviour. They identified a misperception and presumed that this can result in sexual risk behaviour. Scholly *et al.* (2005) even conducted a misperception correction campaign in 4 colleges which they observed over a 9-month period; however, there was no change in belief or practice. Similarly, Martens *et al.* (2006) compared actual behaviour and perceived norms among more than 800 students and came to the same conclusion but with significant differences across three areas: alcohol consumption, drug use, and sexual behaviour. They identified a positive relationship between perceptions and risky behaviour but admitted that the small sample size made it difficult to generalise the result.

Several other social norm studies have explored the relationship between peer norms and various sexual risk behaviours. For example, Prinstein *et al.* (2003) investigated the perceptions of best friend's sexual behaviour and peer reported popularity as an influence on teen engagement in oral sex. Albarracin *et al.* (2004) explored two different social power groups and their normative support for condom use. Finally, Stephanie *et al.* (2014) explained how peer networks and individual perceived norms opposing teen pregnancy predict sexual intercourse and contraception. They found that norms surrounding teen pregnancy have a negative relationship with sexual intercourse and a

positive relationship with contraception use for girls; however, the patterns for teen boys were more complicated and harder to predict.

Therefore, the influence of social norms on human behaviour can be summed up as follows. First, people believe they can gain from compliance and fear social sanctions, therefore they comply with social norms (Jiang and Marcus, 2014). Second, sometimes people's behaviour might be contradicted by their own beliefs and self-interest because they think others expect them to behave in a certain way (Jiang and Marcus, 2014). Third, pluralistic ignorance can underpin norms. Fourth, a strong influence on human behaviour is reference groups. Finally, norms are invisible, fulfil a range of purposes, and do not exist in a vacuum (Jiang and Marcus, 2014). Social norm theory has been utilised successfully in reducing alcohol consumption and substance abuse among young people (Berkowitz and Perkins, 2002). Although studies on social norms and the sexual health of teenagers is limited, the research reviewed in this section has identified social norms and their relationship to the sexual risk behaviour of adolescents. However, the studies were conducted mainly in the US and it might not be appropriate to apply them to Vietnam. It is therefore necessary to identify which social and cultural norms are considered prominent in the context of Vietnamese sexual health, as presented in Chapter 3.

2.3.3.1. Social influence research in Vietnam

There is no direct research on social influences relating to changing the sexual health behaviours of Vietnamese adolescents, such as promoting safe sex and delaying sexual debut. However, social influence and social and sexual norms have been discussed in relation to understanding the meaning of marriage (Vu, 2018), women's agency in sexual violence (Pells, Wilson and Nguyen, 2015; Penz and Kirchler, 2012; Bussarawan *et al.,* 2009) and peer influence (Vu *et al.*, 2012; Go *et al.*, 2013; Ngo *et al.*, 2013; Des Jarlais, 2016). These studies are helpful in illuminating how the sexual behaviours of Vietnamese adolescents might be influenced.

For instance, Vu (2018) conducted in-depth interviews with 60 young Vietnamese people to understand their meaning of marriage. One of her findings was that marriage is

the result of the social norms and cultural influence of Confucian ethics in Vietnamese society. She suggested that even though some argue that traditional norms of marriage have been lost, social values substantially shape marriage perceptions among young people.

Several studies on social norms regarding gender and women's agency focus on partner violence. The main finding is that social norms relating to women's role in preserving harmony could constrain them from seeking help when facing violence (Pells, Wilson and Nguyen, 2015; Penz and Kirchler, 2012)

A number of studies exploring peer influence suggest this might have a positive impact on sexual issues among Vietnamese people, but this relates to improving the quality of life of HIV patients (Vu *et al.*, 2012), drug users (Des Jarlais, 2016; Go *et al.*, 2013), and peer-based education for young people (Ngo *et al.*, 2013). Less attention has been paid to investigating the influence of peer norms on the sexual behaviours of Vietnamese adolescents.

2.3.4. Application of social influence and social norm theory in this thesis

While SEM captures the big picture of how social and cultural factors interplay to shape the sexual health behaviours of adolescents, the theories of social influence and social norms, especially peer norms and peer influence, are helpful in explaining specific behaviours and suggest how to positively influence those behaviours. Therefore, after drawing on the SEM for Vietnamese adolescents in Chapter 3, possible sexual social and cultural norms were developed and utilised to construct initial codes to analyse the findings of Study 1. Theories of social influence and social norms are also used to discuss the findings of study 1 and the proposed communication messages in Study 2.

2.4. Values, beliefs, attitudes, and sexual behaviours

2.4.1. The need to discuss values, attitudes, and beliefs.

The concept of social norms developed by Axelrod and Hamilton (1981) and Kameda *et al*. (2005, p. 47) holds that they are 'unwritten rules about how to behave' and 'the arrangement of acceptable beliefs, attitudes, and behaviours'. This thesis strove to identify the social and cultural norms shaping early and unprotected sex (Research question 1); therefore, it was important to understand the beliefs and attitudes of adolescents towards relevant aspects of sexual health such as premarital sex, teenage pregnancy, using contraception, and abortion. Furthermore, Rokeach (1973, p. 95) explained that: "A value is an enduring belief that a specific mode of conduct or end-state of existence is personally or socially preferable to an opposite or converse mode of conduct or end-state of existence." Reich and Adcock (1976) suggested that if we replace the phrase 'mode of conduct' with the words 'honest' or 'kind', and 'end-state of existence' with the concept 'security' or 'salvation' - the definition of value proposed by Rokeach (1973) becomes reasonably clear. In explicit terms, if you believe that honesty is more important than self-control or salvation is more important than pleasure, then to you personally honesty and salvation will have more value. In Rokeach's definition, beliefs seem to form values while values seem to form attitudes; for example, if you value honesty, you are likely to have a negative attitude toward people who tells lies (Reich and Adcock, 1976). However, there is a difference between the two concepts: attitudes are concerned with specific objects and persons while values are not (Katz and Stotland, 1959).

In relation to sexual behaviour, if you believe studying and the future are more important than love and romantic relationships, then the former have more value. Consequently, you might have negative attitudes towards people who engage in a romantic relationship and are of school age, sexual practices, or teenage pregnancy because such behaviour might be a constraint on achieving your future career through studying. A contrasting example is that if you value love/relationships and marriage, you may therefore have no negative attitude towards early sexual practice and teenage pregnancy.

The next section will explain in a simple fashion the meaning of the three concepts and possible relationships among them. Clearly understanding these concepts helps to identify adolescents' beliefs, attitudes, and values in their talk when analysing how they form social and cultural norms.

2.4.2. The concepts of beliefs, values, and attitudes

Beliefs: Assumptions we hold to be true. Beliefs are contextual, arise from learned experiences, and result from the cultural and environmental situations we have faced.

Values: Something held to deserve importance, worth, or the usefulness of something. Principles or standard of behaviour based on one's judgement of what is important in life.

Attitudes: A learned tendency to evaluate things in a certain way. According to Kelman (1958), there are three processes of attitude changes which are compliance, identification, and internationalisation as below:

Compliance - Normative conformity: The individual accepts an influence to receive rewards or avoid punishment from a social group. They may not believe in the contents of the norm but accept it because they want to obtain approval from the social group.

Identification – The individual accepts influence to maintain or satisfy a person or a group. They want the outcome of behaviours, but their contents are irrelevant. They adopt the desire-induced-behaviour because it is associated with a desired relationship.

Internalisation - Informative conformity- The individual accepts influence because it is congruent with their value system. They think the induced behaviour can be the solution to their problem or fit with their needs.

The three processes of attitude change are similar to compliance, obedience, and conformity, the three different forms of social norms theory discussed in the previous section.

Research in Vietnam relating to the sexual behaviours of adolescents primarily focuses on attitudes toward contraception and premarital sex, as discussed in section 4.5.3. However, there are no studies mentioning values or beliefs. Therefore, to better understand

adolescents, it is important to explore the beliefs, attitudes and certain values associated with sexual behaviours.

2.4.3. Application of beliefs, values and attitudes in this thesis

Values, attitudes, and belief concepts were therefore used as the lens through which to identify the unique social and cultural norms shaping early and unprotected sexual behaviours in Study 1. I asked Vietnamese adolescents about their values, attitudes, and beliefs in order to understand what the norms might be. I did not try to develop the relationship between values, attitudes, and beliefs because the focus was not on individual aspects. The four aspects explored in relation to sexual health were premarital sex, using contraception, teenage pregnancy, and abortion.

2.5. Chapter conclusion

This chapter presented the theoretical framework used to guide design, analysis and interpret the study. The framework of the SEM was used to map out all social and cultural factors that might influence Vietnamese adolescents' early and unsafe sexual behaviours. The ecological system logic of actors' interrelationships developed by Brennan *et al.* (2016) was used to build an ecological model of Vietnamese adolescents' sexual behaviour. The discussion of other system-based approaches, societal structures and system characteristics to present the missing factors in SEM to be acknowledged in the limitation. Social influence theory, social and cultural norms, and concepts of values, beliefs and attitudes were presented and will be employed to discuss and explain the findings. There are other theories useful in this thesis, but because these relate to the social marketing approach, they are discussed in Chapter 4.

The next chapter applies the SEM to the context of Vietnam to place all political, social and cultural factors surrounding Vietnamese adolescents' sexual behaviours within the four layers of this framework.

CHAPTER 3 - VIETNAMESE POLITICAL, SOCIAL AND CULTURAL CONTEXT - THE COMPLETED SOCIAL ECOLOGICAL MODEL OF ADOLESCENTS' SEXUAL BEHAVIOURS

Research Question 1 (RQ1):

What is an appropriate model of Vietnamese adolescents' sexual behaviour?

RQ1.1- What is the big picture that captures all possible factors that might influence the sexual behaviours of Vietnamese adolescents?

Before Research Question 1 can be addressed, it is important to capture the big picture encompassing all possible social and cultural factors that might result in early and unprotected sexual behaviours of Vietnamese adolescents. This chapter uses the SEM as the framework for capturing these factors. Using literature on political, social, and cultural aspects of Vietnam, the four layers of macrosystem, exosystem, meso and microsystem are mapped out with relevant factors that might shape the early and unprotected sexual behaviours of Vietnamese adolescents. This therefore answers RQ1.1.

Furthermore, using the concept of social and cultural norms defined in Chapter 2, I list the possible social and cultural sexual norms among Vietnamese adolescents. These norms were used to develop the initial codes for analysing the data collected from Study 1.

The structure of this chapter follows the 4 layers of the SEM:

3.1. Macrosystem - The past and present cultural-historical and social background of Vietnam; - 3.2. Exosystem - The Vietnamese political context, social services, and the media; 3.3. Mesosystem - The educational and family environment; 3.4. Microsystem - Vietnamese adolescents' peers and family members.

Section 3.5 presents the SEM of Vietnamese adolescents' sexual behaviour and this provides a complete picture. Section 3.6 identifies the possible sexual social and cultural norms and Section 3.7 concludes the chapter.

3.1. Macrosystem – The past and present cultural-historical and social background of Vietnam

Vietnam is a Southeast Asian non-religious country with a young population that is substantially influenced by Chinese culture. Located in the Indochina Peninsula in Southeast Asia, Vietnam shares similar characteristics with neighbouring countries as China and Thailand. China has an immense influence due to a thousand years of invasion and a Confucian ideology, which this thesis describes in more detail in the next section.

In Jan 2021, the estimated population of Vietnam was approximately 97.75 million people, the 15th highest in the world (UN, 2021). At birth, the male/female sex ratio is 1.122, which might have an impact on the future population as there will be an estimated surplus of 5 million males in 20 years. Young people aged 15–24 constitute 30% of the population while teenagers constitute 19% of the total population (aged 10–19). Consequently, the younger population comprise the main labour force of the country.

85.7% of the population is Vietnamese/Kinh ethnic and 80% are non-religious. Thus, it is likely that that sexual health behaviour of young Vietnamese is not influenced by religion.

This section explores Vietnam's historical and cultural background and the social and cultural shift after the Doi Moi period.

3.1.1. The historical-cultural background

Confucian ideology and gender roles

After four thousand years struggling with foreign invasion, especially from China, Vietnam is under the influence of Confucian ideology. More than simply a political ideology, Confucian is a moral discipline that shapes the daily behaviours of all Vietnamese. The core of Confucianism is the superiority of man to which women are subordinate (Khuat, Duong,

and Nguyen, 2009). This raises a concern about the traditional gender roles that might shape the sexual behaviours of Vietnamese.

Additionally, Confucian ideology shapes traditional family values in Vietnam. Similar to the Chinese culture, its collectivist and communal nature means that family benefits are often deemed more important than personal concerns, and one's responsibility is service to the family lineage (Nguyen and Williams, 1989). Indeed, the Vietnamese family has been depicted as a 'super organic unit existing across generations; past and future,' which encapsulates how the behaviour of one individual reflects on the entire family (Nguyen, 1985). Vietnamese families value virginity while unmarried pregnancy brings shame to the family (Khuat, Duong, and Nguyen, 2009). This therefore leads to high levels of 'shame' and stigma being placed on sexual behaviours.

One of the primary reasons for the lack of contraception and condom use found in research conducted globally is women's lack of power to negotiate safer sex (WHO, 2005, 2006; Wellings *et al.*, 2006; Klingberg-Allvin, 2007; Francisco *et al.*, 2007). This may be the result of a variety of systemic causes that are embedded in gender relations, including social norms, roles, and standards (Bui *et al.*, 2010). In Vietnam, there is a male-controlled culture that is both 'patrilineal' and 'patrilocal' (Bryant, 2002; Gupta *et al.*, 2002). The social obligation that women should obey their husbands diminishes their leverage when bargaining with their husbands in family-related decisions (Bui *et al.*, 2010). Therefore, unmarried young females are hindered by social expectations when talking about contraceptive or condom use with their partners (Bui *et al.*, 2010). One explanation for this is that if a girl demonstrates abilities or experience relevant to contraceptive use, her partner could doubt her virginity and disregard her (Khuat, 2003).

Cultural characteristics relating to non-verbal communication.

Cultural openness about sexual health underpins the use of contraception but this is not evident in Vietnam. Researchers have found that a culture of silence can render sex education meaningless (Castro-Vazquez, 2007) as the more people talk about sex the more

likely they are to use contraception (Schuster, 2006; Akers *et al.*, 2010; and Patrikar *et al.*, 2014). However, in Vietnam women are under the influence of the third virtue which is that they should keep they voice silent in the family. Moreover, like other collectivist countries, Vietnamese culture prefers non-verbal communication through symbols, and body language usually substitutes for words (Hofstede, 2016). Thus, women do not talk verbally about sex with their partners, which consequently means many first sexual intercourse experiences are unplanned. This lack of openness about sex can result in low contraceptive use. In a study exploring the reasons why unmarried youths seek an abortion, Gammeltoft (2002) found that because of social and moral condemnation, girls try to explain that their premarital sex was unplanned and uncontrollable. Confucian ideology brings children close to their family, but they tend not to reveal their difficulties to their parents. Only 41% agree and 29% partly agree when asked whether they talk about their problems with parents (GSO, 2010). Girls tend to share with parents more than boys, but there is little discussion about sex. Non-contraceptive use among Vietnamese teens is 50.4% (GSO, 2015), less than in some African countries but higher than average in Asia. Therefore, it is necessary to address cultural openness with the aim of increasing the level of contraception use among Vietnamese adolescents.

Nguyen (2012) suggests the teenage years of those born from 1996 onwards (until this thesis started in 2015) are characterised by romantic sentiments, puberty, and the search for identity. This distinct conceptualisation of Vietnamese adolescents shapes the thoughts, attitudes, and behaviours of each separate cohort, especially regarding their sexuality (Nguyen, 2015). They are no longer living in war, but their parents and grandparents might still preserve the Confucian ideology. They are also the groups most influenced by Western lifestyles, which is discussed further in the following section.

3.1.2. Social and cultural shifts after the Doi Moi period

The significant change in all aspects of the Vietnamese economy, social, culture, and politics came in 1986 when the Vietnamese government initiated the reform period (Doi Moi). Furthermore, the modernisation that has taken place since Vietnam joined the WTO

in 2007 means Western culture is having increasingly substantial effects on young Vietnamese generations.

Before the Doi Moi period

The French began to introduce the Western lifestyle to Vietnam by appraising the freedom-associated values of individual and sexual equality (Nguyen, Shiu, and Farber, 2016). Adolescents and young people started to resist traditional family values and no longer accepted an arranged marriage; girls no longer needed to follow strict social mores that require obedience to the father and husband (Nguyen, Shiu, and Farber, 2016).

Until 1954, there were different trends in the North and the South of Vietnam due to the division of the country (Nguyen, Shiu, and Farber, 2016). The South embraced sexual freedom and western lifestyles, while in the North, social and cultural mores were defined by the principles of the Communist Party of Vietnam. On the one hand, the government officially recognised gender equality in the working environment which meant women were given more opportunities to work in sectors previously dominated by men (Nguyen, Shiu, and Farber, 2016). On the other hand, the Vietnamese government introduced a strict standard regarding the adoption of western practices which meant traditional values remained in place in a large number of Vietnamese families (Nguyen, Shiu, and Farber, 2016).

After the Doi Moi period

Doi Moi exerted an impact on family values. The values of Vietnamese culture remain rooted in Confucianism; thus, the family is considered the most critical factor in Vietnamese people's lives, including young people. Based on such values, a partner for marriage needs to be approved by parents and young people move to live with husband's family after getting married (Nguyen, 2012). Although, as in Western culture, some couples live independently as a nuclear family (Nguyen, 2012), this is still not popular in Vietnam.

Parents continue to exert a substantial influence on their children. However, their powers are not as strong as they were in the past due to Western influences and Doi Moi reform; young people now have more opportunities for education and work (Do, 2017). Thus, they expand their social network which brings them into contact with other people and weakens their parents' influence. This implies that other people now have more influence on young people, and with teenagers, their peers in school might be the most important influences (Do, 2017). Regarding love and relationship, there are new norms among young people: they are free to make friends, to date, to be in love, and become sexually active with limited influence from their parents (Do, 2017).

More than a decade ago, premarital sex was deemed a taboo issue, one of the social evils like drug use, prostitution, and HIV/STIs (Mensch, Clark and Anh, 2003). The interconnection between moral codes and female sexuality in Vietnam means that sexuality has been considered to some extent hazardous and sinful force that needs to be regulated (Rydstrom, 2006). Sexual desires tend to be related to the formally introduced 'social evils' which, because their definition is rather imprecise, covers various and subjective kinds of practices (Rydstrom, 2006). As a category, 'social evils' are widely related with the forms of sexual practices denounced as being 'dirty' (e.g., premarital, and extramarital sex, pornography, and prostitution) which, in turn, are associated with assumptions that those people could carry HIV and AIDS (Marr, 1997; Soucy, 2000; McNally, 2003, Hammett *et al.*, 2008). Although it remains unacceptable to much of the older generation in Vietnam (Gibbs *et al.*, 2014), young people are less likely to express disapproval of premarital sex (SAVY II, 2010).

The significant advantage conferred by Doi Moi is economic growth. However, this leads to the effects of urbanisation, modernisation, and westernisation, resulting in both social -economic development and a cultural shift. Sexual risk behaviour among teens, including unsafe sex leading to pregnancy and abortion, might be the outcome of this. One crucial aspect of urbanisation is the movement of citizens from rural to urban areas to search for jobs and better education (IOM, 2010). Among those migrants, young people are

the most vulnerable. With the effect of Doi Moi, urban youngsters stay longer in school and therefore appear to delay marriage and childbearing. Although they are more mindful of sexual risk, they consider premarital sex to be normal (Do and Fu, 2008). Modernisation brings Vietnam closer to the world. In 2007, Vietnam officially joined the WTO (World Bank, 2014); this has brought many positive changes to the Vietnam economy such as economic growth and the opportunity to benefit from technological advances in developed countries. These are changing the context of the whole country, especially youth culture. The digital context is discussed in section 3.2.2.

3.2. Exosystem - The Vietnamese political context, social services, and the media

3.2.1. The political background to Vietnam and its prioritised policies and programmes towards the sexual reproductive health of adolescents

In general, the Vietnamese government claims to commit to education and health outcomes. However, CIEM (2015) argue that they continue to prioritise economic growth. This is evident in the Social Economic Development Strategy and Plan (UNDP, 2014) and the actual budget spend which is 24.7% for generating economic growth compared to just 2.8% for health and education (UN, 2014).

Furthermore, concerns have been raised about the quality of social service delivery and insufficient regulation of both public and private services (UNDP, 2014). I discuss later how this affects the availability of abortion services and the distribution of self-medical abortion.

The Vietnamese government claims to prioritise reproductive health for youth. This is indicated in Vietnam's National Strategy on Reproductive Health Care for the period 2010–2020, which is a policy targeted at enhancing sexual health and reducing child and maternal mortality (FP 2020, 2017). Maintaining the tendency in decreasing fertility while guaranteeing the rights of women and couples to have children and select quality birth control methods and lessen risky abortions are the aim of the strategy (FP 2020, 2017). The

strategy also aims to improve health care of women, mothers and adolescents via sexual education and consultant in school and other settings (FP 2020, 2017). The purpose of sexual education programs is to increase awareness of protected sex, knowledge of HIV/AIDS and STIs in the whole population (FP 2020, 2017).

However, the actual implementation of those projects can be called into question. There is a conflict between national strategy and the distribution of resources to youth programmes focusing on sexual health, and a lack of in-depth understanding of adolescent pregnancy and abortion, and of early motherhood (UNFPA, 2015). The recently implemented population and reproductive health programmes primarily focus on married young people (UNFPA, 2015). Although the Ministry of Health Vietnam has developed a five-year National Master Plan for the Protection, Care, and Promotion of Adolescent and Youth Health 2006 -2010, the budget for adolescent sexual and reproductive health-related activities remains limited (UN, 2011).

Furthermore, children's entitlement to free health services has been criticised as not all children have access to this. Even if they do have access, public hospitals are usually too crowded with poor infrastructure and a lack of skilled staff, especially at community levels. When local hospitals cannot deal with serious diseases, most hazard patients are sent to a small number of centre hospitals in Hanoi and Ho Chi Minh City. However, there are only 34 centre hospitals in Vietnam, most of which are organised on the basis of specialisation such as The Centre Hospital of Cancel, The Centre Hospital of Eyes, The Centre Hospital of Children, and The Centre Hospital of Maternal. There are even fewer centre hospitals of General Practice that deal with all diseases. Therefore, the burden on those hospitals is even greater due to the infrastructure and staff workload. There are barriers to communicating with health officers while doctors cannot advise pregnant patients because of their excessive workload (White and Oosterhoff, 2013). The UN (2011) state that if services are available, they are often ineffective and treat young clients in an unfriendly way with prejudicial attitudes. Additionally, the limited capacity of health professionals means they are not able to provide proper reproductive health care (Hoang

and Duong, 2018). According to UNFPA (2015), the unmet demand for contraception methods in adolescents aged 15–19 is substantially higher than among 20–24 and 25–44-year-olds at 30.5%, 19%, and 7.3%, respectively.

3.2.2 Media and social media context

The digital context in Vietnam attests to the significant impact of the Internet on Vietnamese adolescents. With the adoption of new technological developments, the Internet has grown rapidly in the country (Hootsuite, 2020, 2021). 95% of adolescents and young adults are the Internet users (Figure 3.1). Consequently, adolescents have access to a wide range of information to satisfy their sexual curiosity (VNNIC, 2013). Furthermore, they are also exposed to absorb sexual risk behaviours from other parts of the world to form new sexual norms regardless of their traditional cultural values.
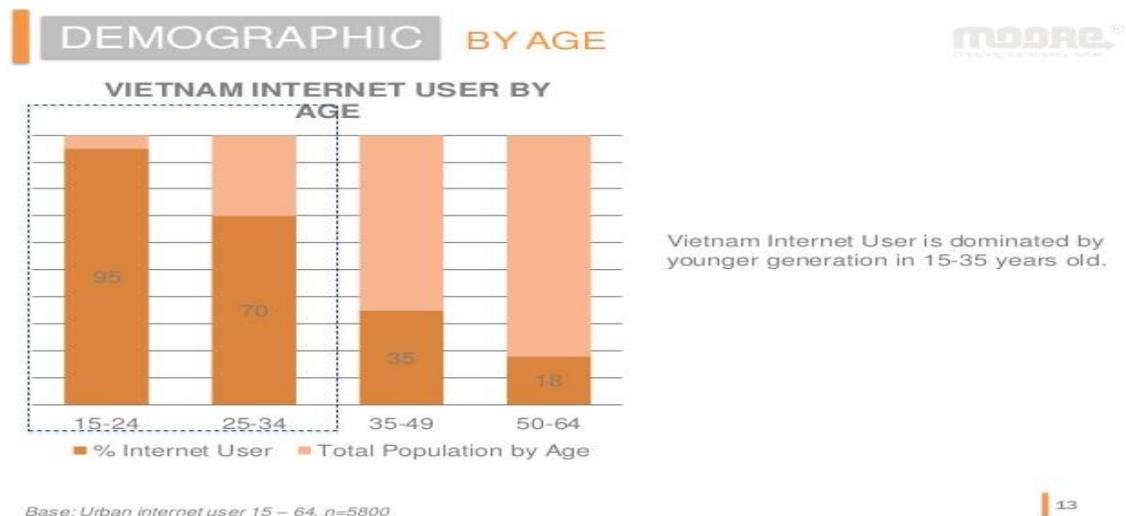
Figure 3.1 - Vietnam Internet Users by age 2015

Similar to modernisation, Westernisation results in the creation of new norms underpinning Vietnamese adolescents' sexual behaviour. Western sexual norms are imported through Western movies, music, news, and social media, (Nguyen, Shiu, and Farber, 2016). It is normal to have sex when school-age; some Western movies even convey the view that it is strange not to have sex at school age. Vietnamese young people are

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extremely conscious of the communist and Confucian ideological indoctrination of their parents and grandparents (Nguyen, Shiu, and Farber, 2016). They know that their families strongly oppose pre-marital sex and believe that this practice is corrupt and has ruined their future. Consequently, urban youths have quickly absorbed Western sexual norms while also receiving informal sex education (Nguyen, Shiu, and Farber, 2016). They thus do not discuss sex with their families or other relatives as it is still considered taboo in Vietnam. It seems like young people are therefore living a double life.

Moreover, an alarming concern about media messages promoting medical abortions at home needs to be investigated. These are coming with the tagline 'No pain, no gain – Medical abortion – cheap, safe and quick!' (Nghiem, 2016). Such taglines can be found on the website of any gynaecology clinic. Surfing through several forums, young people can be readily seen sharing their experiences of using medical abortion, the morning after pills at home, and advising others to do the same.

In Vietnam, trained doctors in community hospitals can legally prescribe surgical abortion for pregnancies up to nine weeks (Ganatra *et al.*, 2004) while private clinics with appropriate training may deliver a medical abortion of pregnancies up to six weeks. However, the poor-quality service in public hospitals means that women usually seek reproductive health services in private clinics (Ha *et al*., 2002). Another reason could be the social and cultural shame discussed in section 3.1.1, as a result of which a large number of women seek medical abortions. For instance, the Marie Stopes International Vietnam, a non-profit organisation, provided medical abortions for around 88,500 clients in 2011 (Fry *et al.,* 2012). However, there is no centralised system to monitor and regulate the private sector, alongside a lack of existing procedures and support for women who carry out medical abortions at home (Park *et al.*, 2013).

3.3. Mesosystem - Education and family environment

3.3.1. Sex education in Vietnam - the non-effective system

The Ministry of Education and Training runs the system of public and private education in which there are five levels: preschool (kindergarten), primary school, secondary school, upper secondary school, and higher education (including undergraduate and college, and postgraduate).

The International Technical Guidance on Sexuality Education recommended that Comprehensive Sexual Education (CSE) should be part of the formal school national curriculum, delivered by well-qualified teachers, and must recognise that parents are the principal source of information (UNESCO, 2009). However, CSE programmes do not currently exist in Vietnam (Do et al., 2017). Although the Ministry of Health in Vietnam has circulated instructions on reproductive health services in which focuses on adolescents, the sexuality education programmes being implemented are not compatible with the guidelines (Do et al., 2017). According to SAVY II (2010), the traditional attitudes of parents, teachers, and community members who believe young people should only learn sexual health as it pertains to biology and reproduction, are the main challenges faced by these programmes (Do et al., 2017). Moreover, biology teachers at middle schools are uncomfortable and reluctant to discuss sexual desires and practices (Do et al., 2017). These, therefore, make sexual education less successful in Vietnam.

As a consequence, there is ignorance of sexual health knowledge and a stigma surrounding contraception use. A report by United Nation Population Fund-Vietnam revealed that 20% of Vietnamese students are engaging in sexual activities. Nonetheless, less than 0.5% know how to avoid pregnancy (UNFPA, 2015). A recent study from the United Nations reports that a large number of young people believe they cannot get pregnant the first time they have sex or have infrequent sexual relations, contraception is for married couples not for single people, and unmarried young people are not at risk of HIV/STIs (UN, 2015). National studies conducted by the Vietnamese government every five

years on adolescent sexual health demonstrate that knowledge about contraception methods – especially condom use amongst teenagers – is increasing but the number of misperceptions is raising concern (SAVY I and II, 2005; 2010). For example, several adolescents report that condoms might decrease sexual desire; a person who carries a condom may have an improper relationship; and condoms are only for prostitutes and unfaithful people (SAVY II, 2010). The need to investigate these misperceived norms further is addressed in Study 1 along with whether social marketing can counteract these norms.

3.4. Microsystem - Vietnamese adolescent peers and family members

3.4.1. Peers

The time adolescents spend with peers is more compared with children and exhibit an increased sensitivity to peer approval and/or rejection (Sebastian *et al.*, 2010). However, increasing peer salience may also bring a progressively complicated interpretation of others' feelings, beliefs, and intentions (Blakemore, 2008). Thus, it could form the propensity for adolescents' attitudes and behaviour to become more comparable to that of their friends over time (Brechwald and Prinstein, 2011).

There are promising outcomes from several interventions that utilise a peer-led approach to sexual behaviour (Kim and Free, 2008). In social marketing, the role of peers such as friends has been reported to influence young people's behaviour. Maxwell (2002) suggests that peers protect adolescents from performing risky behaviours while Beal *et al.* (2001) conclude friends are better predictors of risky behaviour than parents. However, the peer-based education programs have been used mostly to prevent HIV and other STIs amongst certain target groups, including youths (Hadded *et al.*, 2014). There is little evidence of research utilising peers to reduce unwanted pregnancy, especially in Vietnam (see section 2.3.3.1). The other research are mainly negative impacts on other aspects such as alcohol use (Jordan, Graham and Vinh, 2013), Shisha smoking (Tran *et al.*, 2019), bullying and mental health (Nguyen *et al.*, 2017). Therefore, the role of peers in adolescents' lives and how to utilise peers' influence sexual behaviour positively were explored in Study 1.

Although the majority of interventions focus on peers in school, it is important to understand that Vietnamese teens are also surrounded by peers in local activities, curriculum activities, and, more recently, virtual groups. From the pilot study, it transpired that Vietnamese teens listen to and share their private information with friends in schools more than any other people.

3.4.2. Family members

In Vietnam, parents often avoid the communication with children communication about relationships, sexuality, and associated health risks or sometimes, they simply telling their adolescents and young adult children that they should not have sex (Kaljee *et al.*, 2011). Feel uncomfortable talking about these sexual subjects are common among Vietnamese parents, in addition to their beliefs of any sexual related information such as pregnancy and contraception is not for unmarried young people to know (Kaljee *et al.* 2011). Moreover, academic ambitions may dominate the need for youths to obtain reproductive knowledge, as parents perceive that young adults should not and will not be engaged in relationships until they have completed their undergraduate degree (Kaljee *et al.*, 2008, Kaljee *et al.* 2011, Trinh *et al.*, 2009).

However, it is important to note that some close relatives such as cousins can be considered peers and family members who have an influence on Vietnamese adolescents' sexual behaviours. Results from the pilot study revealed that some teens prefer to share their love relationships with their cousins rather than family members such as parents and siblings.

3.5. The completed Social Ecological Model of Vietnamese adolescent sexual health

The following is the completed Social Ecological Model that can be applied to the early and unsafe sex behaviours of Vietnamese adolescents.
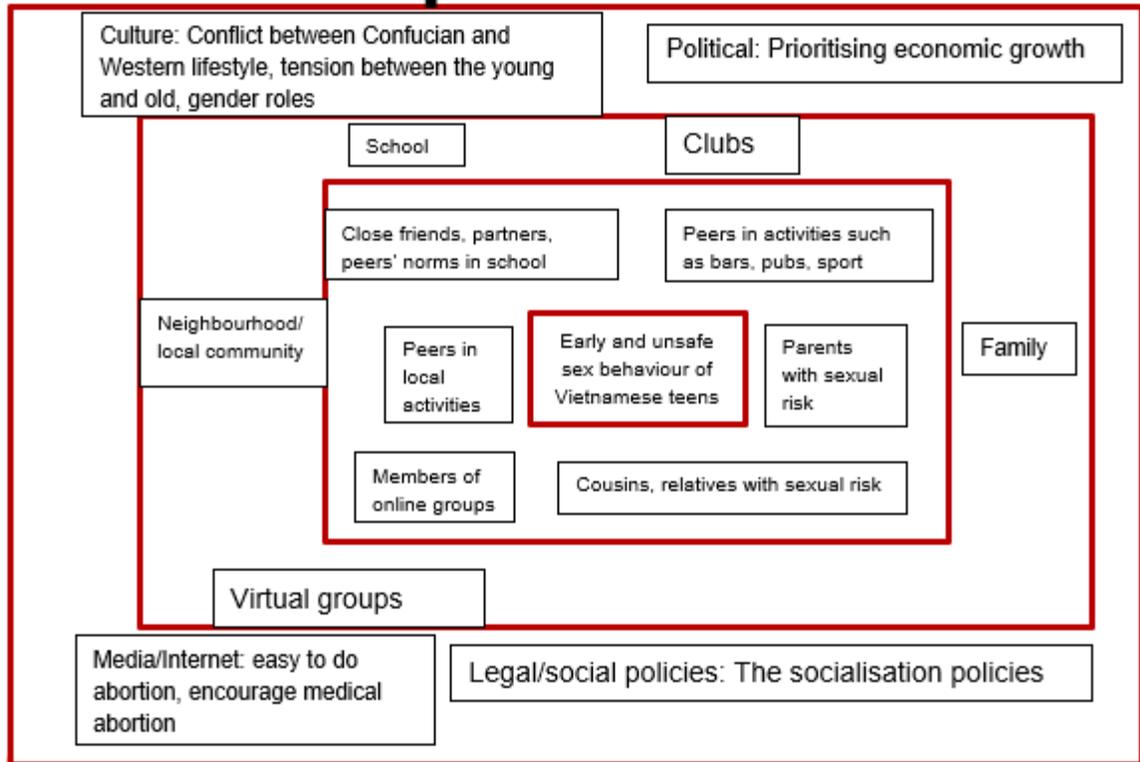
Figure 3.2 - The Completed Social Ecological Model of Vietnamese adolescents' sexual behaviours (Source: the author)

3.6. Social and cultural norms relating to sexual health.

Below are possible social norms regarding sexual health in Vietnam. Study 1 used these norms to develop the initial codes and then added the norms found when analysing the data to suggest a unique set of social and cultural norms in Vietnam that answers Research Question 1.2.

(1) The male's role is to make the decisions regarding contraception methods

(2) Norms of side effects when using contraception such as a condom or monthly pills

(3) A woman's job is to protect themselves from pregnancy and childbearing

(4) It is normal to have premarital sex, but adolescents only share this with close friends who are open-minded or have experienced this

(5) There is a conflict between traditional values from older generation and young people' perception of premarital sex. Therefore, adolescents hide the fact that they are engaging in sexual intercourse from everyone which means hiding their pregnancy and deciding to abandon the infant or carrying out an underground abortion.

(6) It was found that the media/the Internet may emphasise the ease of having an abortion, even a medical abortion, at home. Many young people do not seek medical and professional health services; they decide to deal with their pregnancy by themselves.

3.7. Chapter conclusion

In conclusion, Vietnamese adolescents are surrounded by complex broader environmental factors such as the conflict between Confucianism and western lifestyles, the tension between the young and old generation, and gender roles. In addition, social service policies that prioritise economic growth rather than human development might make current interventions to promote safe sex less successful. Furthermore, media, especially social media, seem to promote informal abortion methods that create sexual health problems which are even more complex and cannot be captured by the official data. The closest factors to teenagers are their peers and families; this encompasses not only peers in school and parents and siblings but also a variety of peers in local and curriculum activities and virtual communities as well as relatives such as close cousins.

The chapter also identifies several possible sexual social and cultural norms existing in Vietnam among adolescents. However, the particular and important norms that might lead to early and unprotected sex are unknown due to a lack of relevant research. Therefore, these possible norms were used as the initial codes for developing the thematic analysis in Study 1. Furthermore, the interplay among the 4 systems in the SEM developed in this chapter also remains unknown, especially the correlation between each layer and their roles. Therefore, in combination with the findings from Study 1 and the system logic

model of Brennan *et al.* (2016), I discuss how to develop the interrelationship social-ecological model in Chapter 7, subsequently using this model to provide suggestions for message proposals in Study 2 (Chapter 8). The next chapter discusses the social marketing approach that shaped the direction of this thesis and the discussion of Study 2 findings.

CHAPTER 4 - SOCIAL MARKETING APPROACH

4.1. Chapter introduction

The purpose of this chapter is to provide a clear understanding of social marketing and how it is applied in this thesis to contribute to existing knowledge. The concept of social marketing has been misunderstood by practitioners and even academic authors. Therefore, section 4.2 discusses the definition of social marketing and positions it alongside similar approaches tackling social issues such as sexual behaviours. Section 4.3 presents the advantages of social marketing to emphasise how this approach is the best suited for the chosen topic and target groups such as Vietnamese adolescents. In this section, I also introduce the COM-B model (Mitchie *et al.*, 2011) as the important starting point for any social marketing intervention to understand behaviour. Section 4.4 discusses the Social Marketing Benchmark criteria (NSMC, 2010) to explain what should be considered a completed social marketing approach, in which the focus is on determining the framework of the social marketing method mix beyond communication and its role in the campaign. Section 4.5 provides evidence for the effectiveness of social marketing and identifies gaps in research in Vietnam as well as on the sexual behaviours of adolescents. Section 4.6 reviews literature on relevant theories in communication and explains how persuasion techniques were employed to develop the social marketing communication campaign ideas in Study 2. Section 4.7 discusses the role of branding in public health intervention. Finally, Section 4.8 makes concluding remarks and introduces Chapter 5 – social media.

4.2. Social Marketing concept

4.2.1. Definition of Social Marketing

Before making any decision as to whether an approach is appropriate for the topic, it is necessary to define what is meant by social marketing. The social marketing concept is reviewed in chronological order to demonstrate how social marketers perceive this phenomenon and whether there are any areas of debate.

Social marketing was first introduced and defined by Kotler and Zaltman (1971, p. 3) as "…the design, implementation and control of programs calculated to influence the acceptability of social ideas and involving consideration of product planning, pricing, communication, distribution and marketing research". As such, they define social marketing as similar to a commercial marketing process for social ideas. Later, in 1985, Manoff simply considered it an "adaptation of marketing to public health". However, it is widely known that social marketing can apply to areas other than public health such as protecting the environment by filtering rubbish, reducing water usage, and sexual health behaviour.

Authors often have their own definition of social marketing and engage in debates over which definition is correct. However, there is a call for social marketers to avoid the trap of attempting to produce an exact definition of social marketing (Spotswood *et al*., 2012). It is better to choose a definition that fits with the topic. Therefore, the social marketing concept developed by Andreasen (1995, p. 7) seems to be appropriate: "The application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary behaviour of target audiences in order to improve their personal welfare and that of their society".

Since Andreasen (1995) provides a more comprehensive definition of social marketing, many later authors state it similarly, such as:

-       Kotler, Roberto and Lee (2002, p.5) "Social marketing is the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon a behaviour for the benefit of individuals, groups, or society as a whole".

-       French and Blair-Stevens (2007, p. 6) "the systematic application of marketing, alongside other concepts and techniques, to achieve specific behavioural goals, for a social good".

- Dann (2010, p. 3) "The adaptation and adoption of commercial marketing activities institutions and processes as a means to induce behavioural change in a targeted audience on the temporary or permanent basis to achieve a social change".

- Weinreich (2011, p. 4) "Social Marketing is the use of marketing principles and techniques to promote the adoption of behaviours that improve the health or well-being of the target audience or society as a whole".

In relation to this thesis, I have pointed out that the main aim is to apply a social marketing approach to influence Vietnamese adolescents to voluntarily engage in safe sex and delay sexual debut. Furthermore, because there are two subgroups of adolescents that need to be investigated, it is necessary to contrast two different types of behaviours: behaviour change and behaviour influence. Behaviour change is generally viewed as a subsection of the larger concept—behavioural influence (Andreasen, 1995). Changing behaviours is not always the aim of social marketers: for example, preventive campaigns targeting to younger teens have never smoke is not stopping smoking (changing) (Andreasen, 2006). This campaign's goal is similar to the maintenance stage in the transtheoretical approach (Prochaska, 2008), which seeks to encourage maintaining behaviour – which is not smoking. To be influenced involves a change in someone's psychological disposition towards a behaviour. If you influence me then I have changed my beliefs, values, or attitudes. If you change my behaviour, then that is one step beyond influencing me. Furthermore, using nudge, you might change my behaviour by avoiding any influences altogether. Therefore, to change or influence Vietnamese adolescents' behaviour might include changing the social norms associated with safe sex and early sexual acts. For this thesis, I identified two target groups with different aims: (1) younger teens aged 12–16: prevent them from early sexual debut; (2) senior teens aged 16–18: encourage them to use contraception. Therefore, the thesis aims to influence the behaviour of young teens and change the behaviour of senior teens. These are similar to the concept of preventive change (Andreasen, 2006) and the maintenance stage in the transtheoretical approach (Prochaska, 2008) which suggests maintaining a non-sexual

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behaviour until young adolescents reach the age of 16. Thus, it is necessary to have interventions targeting different groups. The findings of Study 1 help in understanding the characteristics of each group prior to proposing which intervention could work for them.

4.2.2. Distinguishing and positioning the concept of social marketing

To understand what exactly a social marketing campaign is, I distinguish social marketing from other concepts. There are several misunderstanding or confusing concepts in circulation such as social advertising and social media marketing. Furthermore, it is useful to identify the similarity and difference between social marketing and commercial marketing because, as Andreasen (1995) and other authors explained in section 4.2.1, social marketing applies techniques that have been developed for many years from commercial marketing. Furthermore, there are currently several popular approaches dealing with sexual health issues namely sex education, sexual health promotion, and using public policies/laws, although in Vietnam they do not seem to have been successful. The final part of this section therefore positions sex education, health promotion, and public policies/laws and explain why social marketing is appropriate for this topic.

First, social marketing is not social advertising. Indeed, when Laura McDermott and her team conducted a review of social marketing, they had to make a concerted attempt to examine programmes that applied the social marketing concept and move beyond labels to ignore those that were simply called social marketing (McDermott *et al.*, 2005). Social marketing may or may not use communication depending on the issues being discussed and the interests of the persons they are attempting to influence (Hastings and Domegan, 2014). Advertising is simply a component of marketing communication (Hastings and Domegan, 2014). Therefore, social advertising is simply the use of advertising to inform the public about a social issue or it could influence their behaviour while generally lacking insight into the consumer.

Second, social marketing is typically confused with social media marketing, even by professional marketers. Google the term 'social marketing' and the results come up with an

alternative word for marketing that uses social media such as Facebook, YouTube, and Twitter. Along with other communication channels, social marketing makes use of social media, but Hastings and Domegan (2014) suggest that they are much more than just advertising on the Internet. Therefore, to prevent the two concepts from becoming confused, this thesis offers a separate Chapter 4 – to explain the Social Marketing approach and Chapter 5 – to explain social media as a social marketing communication tool.

Third, social marketing is based on several commercial marketing processes and concepts, namely Customer Orientation, Exchange Theory, Competition, Segmentation, 4Ps, Customer Relationships, and Service Orientation (Nancy and Kotler, 2015). The different responsibility of social marketing is to increase individual and social well-being, in this thesis the sexual health well-being of Vietnamese adolescents, while the main priority of commercial marketing is to enhance the company's wealth. From Andreasen's definition (1995), social marketing is the adaptation of commercial marketing; however, it should be acknowledged that not all characteristics of commercial marketing apply to social behaviour changes and behaviour influences. This idea is discussed in more detail in section 4.4.3 when social marketing mixes are presented as an important component of a social marketing campaign. The applied social marketing mixes utilised in this thesis retains the foundation of traditional commercial marketing mixes while addressing subtle aspects applicable to social issues such as sexual behaviours.

Fourth, several popular approaches have inevitably been employed to deal with sexual health for over a decade, including sexual education, health promotion, and public policies/laws. According to the author's findings in relation to the 1st aim, those unique reasons shaping the sexual health behaviours of Vietnamese adolescents primarily relate to social and cultural norms. Although sex education, health promotion, and public policies can tackle these issues, this seems quite improbable for several reasons, each of which are discussed below.

Sexual education

Sex education has been employed for decades to educate young people about sex and is the most common method in Vietnam. It encompasses "the provision of information about bodily development, sex, sexuality, and relationships, along with skills-building to help young people communicate about and make informed decisions regarding sex and their sexual health" (FoSE, 2018). Sex education should include information about puberty and reproduction, abstinence, contraception and condoms, relationships, sexual violence prevention, body image, gender identity, and sexual orientation (Advocates for Youth, 2018). Evidence of what works best to prevent unplanned pregnancy and STDs should be the bases for informing sexual education; however, respecting young people's right to complete and honest information is also provided (Advocates for Youth, 2018). This should therefore more focus on providing knowledge for young people regarding sexual health. It strives change sexual behaviour when young people are prone to act. However, adolescents are in fact a rebellious age group who oppose the rules and expectations laid down by adults (Moffitt, 1993; Shedler and Block, 1990, Moffitt *et al.*, 2001). They will not want to be told to do something; therefore, it might be difficult to educate them about sex. More generally, education to provide information is unlikely to change short term behaviours for a wide variety of reasons that are common to many behaviours. Behaviour change requires much more than just knowledge – this is not to say that education/knowledge is not extremely important, but it is usually not enough.

Sexual health promotion

Another important concept to understand is sexual health promotion and how it is relevant to sex education and social marketing. According to CATIE (2018), sexual health promotion entails the delivery of strategies to stimulate sexual health which consist of complex interventions relating to empowerment, skills to negotiate safe sex, self-esteem, and providing sexual health knowledge.

Based on this definition, it therefore involves communicating with the community and individual about social problems – similar to communication in social marketing interventions. Furthermore, it involves providing adolescents with social skills and sexual

health knowledge which is similar to sexual education. Even though communication – the crux of health promotion and the important component of social marketing mixes – is not enough to change sexual health behaviour without any insight into what factors shape those behaviours (Hastings and Domegan, 2013). Another function of health promotion is to provide a supportive environment and settings that could helpfully be incorporated with social marketing. In section 4.3, the role of social marketing is discussed to illustrate how the approach can be appropriate for the current topic.

Regulation and law

Another important concept that needs to be considered is regulation/law as it is an important influence on behaviour and can be incorporated into a social marketing campaign. Regulations attempt to influence behaviours for the benefit of society, but their impacts focus more on increasing the cost of the harmful behaviour rather than enhancing the benefits of the desired behaviour (Lee and Kotler, 2015). It is important to note that with adolescent sexual behaviour, regulation alone might not be effective. For example, in Vietnam, it is illegal to have sex with children under the age of 16 (Vietnam Children Law, 2016) yet many adolescents under 16-years-old have sex and choose to have an underground abortion. This issue might need to be investigated further to determine whether it is a problem beyond the law. Nevertheless, regulations offer a benefit for the desired behaviour more suitable for the work of social marketing. However, social marketing can be incorporated into social policy and programme design to have a noteworthy impact on social ideas (French and Gordon, 2015).

Social marketing thus offers a promising approach to changing the social and cultural norms of sexual health in Vietnam. However, with all the misunderstandings as well as the dominance of current sex education and health promotion methods, social marketing is underutilised. Moreover, many people misreading of social marketing underpinning values and evidence bases which can change sexual behaviours, while others believe social marketing replicates and is a part of health promotion, bringing nothing new to their discipline (French *et al.*, 2010). Therefore, social marketing needs to be understood

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clearly to ascertain how it can influence young people's sexual health behaviour. A large number of people, even professionals, confuse social marketing with social advertising and social media marketing. We can apply commercial marketing to build a social marketing campaign, but it must be adapted to different topics and target groups. Social marketing is not part of health promotion and has its own advantages compared with sexual education and public policies/law when dealing with the social and cultural norms shaping Vietnamese teenagers' sexual health behaviour. Therefore, it is necessary to identify the roles social marketing can play, how to understand sexual behaviours (section 4.3), how to properly apply a social marketing approach using Benchmark Criteria (section 4.4) and identify what has already been done regarding sexual health as the evidence base (section 4.5).

4.3. The role of Social Marketing and introducing COM-B in Vietnamese adolescents' sexual behaviour.

Andreasen (2006) questions whether, if we are dealing with **s**ocial change, it is possible to just use education and law. In short, why do we need social marketing? Rothschild (1999) advises that different types of intervention depend on the target audiences' motivation, opportunity, and ability to act rather than whether an individual is likely to be prone, resistant, or unable to behave. If they are prone to act, education can often be the best course (Rothschild, 1999). If they do not want to act, the law may be the best tool. However, if anti-social behaviour is involved, it might not be appropriate to use laws unless society deems it necessary. The third case is ideal for social marketers when they want to influence the voluntary behaviour of a target audience that is open to change but is reluctant to act, does not see opportunities, or lacks important abilities (Rothschild, 1999). Andreasen (2006) argues that the third case is most likely. In the case of sexual health in Vietnam, adolescents do not seem to be motivated to behave, as suggested by the data provided by SAVY II (2010). There are some misperceptions that constraints adolescents not using a condom as well as other contraception methods. While holding numerous misperceptions about sexual health, abortion is the final choice of pregnant

young girls. This behaviour cannot be fixed by laws restricting or criminalising abortion, as suggested from the report by UNFPA (2015), in countries where abortion is restricted, there are four times as many cases of unsafe abortion (underground abortion) and three times the rate of maternal mortality. Andreasen (2002) thus proposes that social marketing, education, and the law are not mutually exclusive; there are several ways they can coordinate with each other. This thesis therefore learns from sex education and why laws do not work in Vietnam to propose a social marketing campaign concept that implies and suggests ways for social marketers, sexual educators, health promoters, and policymakers to deal with the sexual health issues of Vietnamese adolescents.

Extending the work of Rothchild, Mitchie *et al.* (2011) developed the COM-B model as the basis for a general classification of behavioural change based on Capability, Opportunity, and Motivation. They suggest that the COM-B model is appropriate as a starting point for any social marketing intervention to identify the determinants of sexual behaviours. Indeed, COM-B has been widely employed by social marketers and public health promoters to address aspects such as tobacco support and control (Public Health England, 2018), smoke-free interventions (NHS, 2019) and support pregnancy and infant feeding in low-income-countries (Grant *et al.*, 2019). The COM-B model is also suggested by NICE to be one of the most effective models used to understand behaviour. Therefore, COM-B is utilised in this thesis in conjunction with the findings from Study 1 to identify what adolescents lack in terms of Capability, Opportunity, and Motivation in order to develop proper messages and persuasion techniques. Based on those situations and in combination with the COM-SM developed by Tapp and Spotwood (2013), these are presented in section 4.4.3 to develop social marketing intervention ideas.

Even though COM-B has been used widely in health research in Western context, this framework has limited application in Asia countries, and none has been found in Vietnam. Suntornsut *et al.* (2016) has used the behaviour change wheel to identify the barriers and make recommended interventions to prevent melioidosis in Thailand, while Gould *et al.* (2017) utilise COM-B for the health providers smoking cessation care for

indigenous pregnant women in Australia. Recently, researchers used this model to develop school-based intervention to encourage physical activities among children in China (Wang *et al*., 2021), Unicomb *et al.* (2021) identify audiences and target behaviours to motivate antibiotic stewardship in Bangladesh, and Tada *et al.* (2021) uncover the unmet demands among psoriasis patients in some Asia-Pacific countries such as Australia, Japan, South Korea and Taiwan. However, these studies all apply COM-B simply to identify the motivation, capability and opportunity of target audiences without incorporating with social marketing activities to consider a completed social marketing intervention. That is why the adapted COM-SM in section 4.4.3.2 has been used to compensate for this shortcoming. Therefore, it is concluded that COM-B has not been used in Asian context for the completed social marketing intervention and this has never been applied in Vietnam context.

Having identified the important role of social marketing and the need to have a framework guiding the social marketing approach, it is necessary to discuss the Social Marketing Benchmark Criteria.

4.4. Social Marketing Benchmark criteria

4.4.1. The important role of social marketing benchmark criteria

Having identified several areas of confusion around social marketing in section 4.2, we need a framework to support a better understanding of social marketing concepts and promote a consistent approach to reviewing, evaluating, and assisting in the delivery of social marketing interventions. Most of the systematic review papers in section 4.5 of this chapter have employed Social Marketing Benchmark criteria to develop interventions applying a social marketing approach (Gordon *et al.*, 2006; French *et al.*, 2010; Wakhisi, 2013; Kogesten *et al.*, 2014; Truong, 2014; Truong and Dang, 2016; Firestone *et al.*, 2017; Akbar, French and Lawson, 2020).

French and Gordon (2015, p. 45) suggest that strategic social marketing can help address some of the social marketing criticisms and there is a need to move towards strategic social marketing which they define as: ' The systemic, critical and reflexive application of social marketing principles to enhance social policy selection, objective setting, planning and operation delivery'.

Therefore, a social marketing strategy that combines elements of marketing into a cohesive whole might provide the best solution. Social marketers, both academics and practitioners, have developed an extensive benchmark criterion to differentiate the social marketing approach from other behavioural change methods (French and Russell-Bennett, 2015). Carins and Rundle-Thiele (2014) suggest that by embracing the Andreasen's (2002) all six benchmark criteria, can possibly enhance behaviour change outcomes. The six criteria are behaviour change, consumer research, segmentation and targeting, use of the marketing mix, exchange, and competition. The UK's National Social Marketing Centre (NSMC, 2010) later developed these into the following 8 benchmark criteria to distinguish and guide social marketing interventions.

1. Sets behavioural goals

2. User-consumer research and pre-testing

3. Make judicious use of theory

4. Is insight-driven

5. Applies principles of segmentation and targeting

6. Makes use of the marketing mix beyond communication

7. Create attractive motivational exchanges with the target group

8. Addresses the competition for the desired behaviour

In the next section, I explain how this thesis meets the 8 benchmark criteria and how these were applied to develop a social marketing intervention targeting each group in Study 2.

4.4.2. Application of social marketing benchmark criteria in this thesis

This table briefly explains the application of Social Marketing Benchmark criteria (NSMC, 2010) in this thesis. Chapter 8 then applies these benchmark criteria to suggest several social marketing intervention ideas and an ultimate social marketing intervention to promote safe sex and delay sexual debut among Vietnamese adolescents.

1. Set behavioural goals.	Changing to safe sex Influencing early sex
2. User-consumer research and pre-testing	Understanding Vietnamese adolescents (consumers) by the research carried out in Study 1 Pre-testing concept ideas in Study 2
3. Make judicious use of theory.	Social Ecological Model in Study 1 Social and cultural norm theory, Social influence theory to discuss Study 1 findings. Ecological system logic model of Brennan *et al.* (2016) Persuasion techniques, communication theories to suggest proposals and discuss Study 2 findings
4. Is insight driven.	Insight from Study 1 drives the implications for Study 2 concept development
5. Applies principles of segmentation and targeting.	Based on Study 1 findings, describing each target segment characteristics with multiple segment bases and develop different messages, techniques, and campaign ideas for all target segments.
6. Makes use of the marketing mix beyond communication.	Section 4.5.3
7. Create attractive motivational exchanges with the target group.	Findings from Study 1 will confirm the motivation of target groups and offer the exchange accordingly
8. Addresses the competition for the desired behaviour.	Findings from Study 1 will confirm the competition for the desired behaviours, usually with sexual behaviours are the undesired or competed behaviours.

Table 4.1 - Applying Social Marketing Benchmark criteria for a social marketing intervention targeting Vietnamese adolescents' sexual behaviours.

4.4.3. Social marketing mixes

Criteria 6 in the social marketing benchmark suggests that intervention should make use of the social marketing mix beyond communication. Therefore, this section discusses

the evolution of traditional marketing mix into current alternative social marketing mix frameworks. I make an argument to select the appropriate social marketing mix framework that best suits this topic.

4.4.3.1. Traditional 4Ps and the early days of social marketing mixes

The traditional 4Ps of Kottler has dominated marketing since 1960 (McCarthy, 1960). Since then, 4Ps have been the subject of some criticism, and their value even for commercial marketing has been debated (Gronroos, 1994; Peattie and Peattie, 2003). In the early days of social marketing, the 4Ps were used to demonstrate the transferability of existing marketing tools to new challenges (Kotler and Zaltman, 1971; Rothschild, 1999). However, there were concerns about the way the language of the 4Ps was used in socially sensitive contexts, and about how accurately those Ps reflect the realities of social marketing (Eagle *et al.*, 2012). In the context of social marketing, there is a potential trap in simply labelling social science concepts with marketing labels such as the 4Ps (Leather and Hasting, 1987). They also ask whether the 4Ps add anything unique to what health promoters have already considered or whether alternatives are required.

A few authors have suggested applying alternatives to the traditional 4Ps in social marketing intervention. For instance, Bruner (1989) suggests that to be genuinely useful, each P needs to be extended with Product- concept mix, Price- cost mix, Place- channel mix, Promotion- communication mix. Robins (1991) argues that the 4Ps marketing mix focus too much internally and should be replaced by four Cs: customers, competitors, capabilities, and company. Similarly, Lauteborn (1990) argues that the 4Ps are too product-oriented and need to place the customer at the heart of the mix, focusing on customer needs, convenience, customer's cost, and communication. English (2000) argues that the 4Ps are not effective in health services marketing and should be replaced by four Rs: relevance, response, relationships, and results. However, all the above alternatives simply change the name of the 4Ps without addressing the implications and guidance on how to influence behaviours.

Gordon (2012) suggests that 4Ps might fit in the early implementation of social marketing for the field of sexual health in developing countries. At that early day, the classic example is to distribute of condoms as this is easy to understand and apply but it is unclear how it fits with other social and cultural norms that are not as tangible. Agreeing with Gordon, Tapp and Spotswood (2013) explain that the 4Ps struggle to deal with the range of interventions and subtle social issues. Therefore, there should be a tool/framework for intangible aspects in social marketing substituting the 4Ps which can offer guidance in the design of social marketing interventions.

However, most commentators agree that at the heart of social marketing remains the focus on citizen and exchange to create value (French, 2011). Exchange theory is important in marketing (Bagozzi, 1975) as it suggests that the fundamental purpose of marketing is to exchange things of value, tangible and intangible, direct, and indirect, between at least two parties. The powerful exchange proposition can be achieved but the key factor is the process of ensuring the target audience values what is offered (French, 2011). According to Vargo and Lusch (2004), the values can offer both tangible and intangible benefits, with increasing the field of intangible benefits and resources. In addition, the co-creation of value and building relationship could bring the powerful motivation for behaviour change (Vargo and Lusch, 2004). In section 4.4.3.2, a possible new tool for social marketing mixes is presented that addresses the exchange in value by focusing on the intangible aspects of social behaviours and utilising the 'nudge technique' and other support services. Emerging from the behavioural economics, the concept of "nudging" signifies a form of exchange that involves modest cognitive engagement, meaning that nudging is passive and could deliver a positive or if there is negative consequence, it would be small if not responded to (Thaler and Sunstein, 2008). Therefore, exchange and nudge techniques are an important requirement and tool that any social marketing mix framework should address.

4.4.3.2. The new social marketing mixes – the chosen framework

To address the deficiencies of 4Ps and retain the core benefits of the traditional marketing mix framework in social marketing applications, Tapp and Spotswood (2013) utilised the alternative 4Ps developed by Pettie and Pettie (2003) in conjunction with the COM-B model (Mitchie *et al.*, 2011) to explain the behavioural issues. They then developed a framework to provide guidance for social marketing mixes beyond communication by linking COM-B to their social marketing activities. Rothchild (1999) set sharp boundaries between marketing, education, and law. However, social marketing can utilise and develop COM-B to understand behaviour to incorporate with education and law. Social marketing authors argue that marketing and education can work together to create capabilities (Donovan, 2011) and opportunities in a complex environment (Tapp and Spotswood, 2013).

Tapp and Spotswood's (2013) framework is appropriate for this topic in several ways. First, it is the only framework that retains the central benefits of the traditional 4Ps while addressing the subtle aspects of social issues by connecting the 4Ps with the COM-B (Mitchie *et al.*, 2011). Second, as discussed in section 4.3, the COM-B is useful in understanding behaviour and therefore helps to identify several benchmark criteria which are behaviour goals (Benchmark 1), insight and customer segmentation (Benchmarks 4 and 5), giving the customers' motivation to help with providing suitable exchange offers (Benchmark 7), and potentially identifying the competition to desired behaviour (Benchmark 8). COM-SM is the framework that connects COM-B with other social marketing activities. Third, the social marketing activities in Tapp and Spotswood's work (2013) include reward and exchange as central aspects most social marketers agree on and thus addresses Benchmark 7. Fourth, their work has utilised the advantages of corporation education, health promotion, and regulation/law with social marketing. Finally, it seems to be the only framework that practically guides which social marketing activities should be used in each COM-B situation beyond communication.

Table 4.2 illustrates the connection amongst the 4Ps, the alternatives suggested by Peattie and Peattie (2003), and the COM-B (Mitchie *et al.,* 2011).

4Ps	The alternative 4Ps of Peattie and Peattie (2003)	COM-Be model of Mitchie *et al.* (2011)
Product	Propositions/benefits for the society and benefits for an individual could be the gain people get from doing something	Motive/motivation: the need and want to carry out more than the competing behaviours They could involve the emotion, fear and desires or power and autonomy. Detailed understanding of the many possible motives is the key to change behaviours.
Price	Costs- effort needed to enact the behaviour change	Capability: lack of physical and psychological skills such as education and other social and cultural capitals.
Place	Accessibility	Opportunity: the physical (individual in term of time and location) and social environment (social and cultural cues) that enables the behaviour.
Promotion	Social communication	Promotion, communication techniques, health education

Table 4.2 – 4Ps vs Alternative 4Ps (Peattie and Peattie, 2003) vs COM-SM (Mitchie et al., 2011) (Source: Summarised based on Tapp and Spotswood, 2013)

Tapp and Spotswood (2013) thus proposed a new social marketing mix framework that connects COM-B with relevant clusters of social marketing activities; they named it COM-SM to replace and enhance the 4Ps. Their social marketing clusters are promotion/education, nudge techniques, rewards and exchange, service and support, and relationship and community.

The following table summarises their suggestions for applying each social marketing cluster to the relevant COM situation. The bigger the cluster, the more complicated the activities required to change/influence the behaviour. This table (Table 4.3) completes the third column from the findings and discussion of Study 1 (see Table 7.4).

Social marketing activity clusters -SM	COM-Be situation	Matching with Study 1 findings
Promotion/Education	Have C and O, promote that motivation	
Nudge techniques	Have C, but need to nudge into the new behaviour by tweaking the O/M equation	
Rewards and exchanges	lack of M, more substantive motivational triggers- require conscious reflection	
Service and support	maybe motivated to change but Lack of C or O or both	
Relationship and community	Lack of O, or all deficits across the whole COM	

Table 4.3 – The COM-SM (Tapp and Spotswood, 2013)

For all situations that lack C/O/M (both or all), there will be communication messages to address that issue and promote the relevant desired behaviour. Thus, when discussing Study 1 findings, I address the lack of each or all C/O/M and utilise the insights and understanding of each target audience from Study 1 to develop the messages. However, more complicated situations require much more than just communication messages. Therefore, the other SM clusters by Tapp and Spotswood (2013) can be utilised to provide more practical guidance in the design of interventions. Combined with Study 1 findings, this COM-SM, and theories and persuasion techniques relating to communication, I developed the concept testing for Study 2 which involved communication messages, contents, and techniques of delivery. The COM-SM model also helped to develop campaign

ideas that address the more substantive problematic behaviours and target specific audiences with relevant support services and activities.

Therefore, in the discussion of the Study 1 findings, I identify the COM-B situation to present the implications for Study 2.

Understanding social marketing and its role in dealing with this topic, and with the 8 benchmark criteria in place to guide the social marketing approach, it is necessary to review the effectiveness of this approach in dealing with adolescents' sexual health behaviour to identify the lessons learnt from social marketing research.

4.5. Evidence for the effectiveness of a Social Marketing approach to sexual behaviours and adolescents and identification of gaps in research

In terms of the impact of social marketing on public health, Bach and Alnajar (2016) suggest that social marketing can be effectively applied to different situations and target audiences across several aspects of public health, both in developing as well as developed nations. In addition, a recent systematic review by Firestone *et al.* (2017) confirms the effectiveness of social marketing in global health. Across the different areas of health, 81 studies show some changes in behavioural factors, 97 studies resulted in behaviour change, and 42 studies achieves health outcomes. This illustrates the effectiveness of a social marketing approach in changing health behaviours.

However, there are gaps in research on the effectiveness of social marketing campaigns targeting adolescents' sexual behaviours both in a global context and in Vietnam. Such gaps are discussed in this section and suggestions made as to how they can be filled.

First, 4.5.1 reviews the social marketing approach to public health in general and sexual health interventions in particular. Second, section 4.5.2 discusses the specific global interventions relating to sexual health for adolescents while section 4.5.3 discusses research in Vietnam to identify what works and what does not work in applying this approach. The critical lessons learnt are then discussed in section 4.5.4.

4.5.1. Social marketing and sexual health

There is a gap in general social marketing research with respect to changing sexual behaviours; nevertheless, they offer a somewhat useful recommendation regarding the application of a social marketing approach to sexual health behaviours. Therefore, this section discusses the overall lessons learnt in a global context when applying a social marketing approach to public health in general and sexual health in particular.

A chapter in French *et al.*'s (2010) book on social marketing and public health provides evidence for the effectiveness of social marketing and examines the challenges it faces, focusing on four areas: nutrition, substance misuse, physical activity, and the workplace. They suggest that to be evidence-based, no two social marketing programmes should be the same. Social marketing often requires a multifaceted and multicomponent approach which brings the strength of flexibility but also a challenge in terms of effectiveness as measures employed in education and psychology might not be appropriate for social marketing (French *et al.*, 2010). Furthermore, it is extremely difficult to control the context in which an intervention takes place; social marketing is not always predictable (French *et al.*, 2010). This needed to be considered when developing the social marketing campaign ideas in the Study 2 discussion of this thesis.

Similar to the work of French *et al.* (2010), Gordon *et al.* (2006) review the effectiveness of social marketing interventions in relation to four aspects of alcohol, tobacco, illicit drugs, and physical activity. The authors identify the limitations of several evidence review papers, including a lack of systematic methods, problematic search criteria, failure to define social marketing interventions, mislabelling them, and not including the phrase 'social marketing' even though they apply social marketing principles. Their conclusion is supported by the recent work of Firestone *et al.* (2017) who argue that it is challenging to identify the exact social marketing intervention and there are risks of mislabelling social marketing as health promotion or social behaviour change communication. Furthermore, they concluded that there was a lack of theory in both the

design and evaluation of social marketing interventions. Even though none of the systematic review studies cited (Gordon *et al.*, 2006; French *et al.*, 2010 and Firestone *et al.*, 2017) include sexual health interventions, their work offers the significant conclusion that there should be an appropriate theoretical framework to help develop a social marketing campaign concept. Such a framework is the SEM employed in Study 1 and the social marketing benchmark criteria (Andreasen, 2002) and social marketing mix model known as COM-SM (Tapp and Spotswood, 2013), which is presented in section 4.4 of this chapter to support the development and discussion of the Study 2 findings.

There is a strong evidence base suggesting that health programmes work best with the recognition and integration of group cultural values and norms (van der Veen *et al.*, 2011; Roberts *et al.*, 2005; Kocken, van Dorst and Schaalma, 2006). This reinforces the focus of this thesis on social and cultural norms in Study 1.

Recent work by Akbar, French and Lawson (2020) reviewed sexual health studies that have applied a social marketing approach and offered several useful conclusions. By adopting Social Marketing Benchmark criteria (Andreasen, 2002), they found the evidence for full use of multiple elements of the criteria, such as behaviour goals, consumer research, and segmentation (Akbar, French and Lawson, 2020). However, there are limitations in applying marketing mix and exchange, and no evidence for the use of competition. Furthermore, most of the interventions are implemented on a short-term basis, thus there is inconsistency and diversity in outcomes (Akbar, French and Lawson, 2020). There is also no evidence of an association between a single element of benchmark criteria and the success of the intervention studied (Akbar, French and Lawson, 2020), this therefore suggests gaps in applying a social marketing approach for sexual health interventions, which are the need to make full use of social marketing benchmark criteria and the application of a new social marketing informed methodology to successfully design sexual health social marketing campaigns.

In conclusion, the challenges and limitations of the social marketing approach can be summarised as follows:

- Social marketing interventions require multiple approaches to provide the flexibility needed to influence behaviour, but this will pose a challenge when it comes to measuring effectiveness (French *et al.*, 2010)

- It is difficult to control the context, thus social marketing interventions are usually unpredictable (French *et al.*, 2010)

- Numerous programmes have failed to define or have mislabelled the social marketing approach (Gordon *et al.*, 2006; French *et al.*, 2010; Truong, 2014 and Firestone *et al.*, 2017).

- There is a lack of theory in many of the interventions applied and several researchers have called for a more theoretically based social marketing programme (French *et al.*, 2010; Kogesten *et al.*, 2014; Firestone *et al.*, 2017). However, Truong (2014) raises concerns about whether theories need to make social marketing interventions effective.

- Social marketing requires long-term implementation to observe the full effects on behaviour change (Cheesebrough, Ingham and Massey, 1999; Card, 1999; Robin *et al.,* 2004).

- It is challenging to find and learn from the failure of social marketing interventions as most of the published papers only report successful interventions (Hasting *et al.*, 2002, Rothman *et al.*, 2006)

The above conclusions are for social marketing research in general and sexual health in particular. The next section moves on to discuss research targeting adolescents' sexual behaviours.

4.5.2. Social marketing and adolescents' sexual behaviour

This section presents a review of the findings from social marketing interventions dealing with the sexual behaviours of adolescents to suggest what could work and identify what did not. The first part discusses the results of Wakhisi (2015) which focuses mainly on interventions before 2005. The second part is based on the work of Truong and Dang

(2016) who review research evidence for relevant social marketing interventions from 2000-2015, the effectiveness of which are summarised in Table 4.4.

First, a PhD thesis by Wakhisi (2015) reviewed social marketing interventions that align with Andreasen's 6 benchmark criteria and target the sexual health of teenagers in developed countries. The theoretical base model employed is usually one based in individual psychology such as the Health Belief Model or social-cognition theory, while the theoretical base of other studies is unclear. This research focuses on studies relating to this topic, but only for the period before 2000. For example, DiCenso (2002) provides a systematic review of random control trials for interventions to reduce unintended pregnancies among adolescents, while a report by Cheesbrough *et al.* (2002) conducted by the Health Development Agent for NHS UK reviews international evidence on preventing and reducing teenage conceptions in four countries: The US, Canada, Australia and New Zealand. Card (1999) asks whether any teen pregnancy prevention works. These studies suggest that social marketing interventions that combine school-based, community, media, and other forms of health support exert a greater effect on adolescents' sexual behaviour and lead to a decrease in unintended pregnancies (Cheesebrough, Ingham and Massey, 1999; Card, 1999; DiCenso *et al.*, 2002). The review studies also advise that well-designed interventions cannot work over periods shorter than two years (Cheesebrough, Ingham and Massey, 1999; Card, 1999; Robin *et al.,* 2004). One important result of Wakhisi's study is the minimal effect on male sexual behaviour compared with female participants. This raises the concern as to whether current social marketing campaigns effectively target male audiences because they appear to be mainly for females (Trivedi *et al.,* 2009). Furthermore, all the papers reviewed by Wakhisi agree that the most effective interventions for teenagers are to provide some form of incentives to encourage them to perform safe sex (Cheesebrough, Ingham and Massey, 1999; Card, 1999; Robin *et al.,* 2004; Wakhisi, 2015).

Second, Truong and Dang (2016) identified 166 self-labelled social marketing health interventions. I then read the titles and identified 18 social marketing interventions relating to sexual behaviour. Of these, 9 interventions promoted HIV and STD testing and

prevention in general and were not specific to adolescents. These were: HIV. Live with It. Get Tested! (Futterman *et al.*, 2001), MACS4-city campaign (Silvestre *et al.*, 2006), Think Again (Lombardo and Leger, 2007), STDs/HIV Project (Nguyen, Khuu and Chan, 2007), You Don't Know Me (Olshefsky *et al.*, 2007), Check-It-Out (Guy *et al.*, 2009), Stop the Sores (Plant *et al.*, 2010), Take Charged. Take The Test (Davis *et al.*, 2011), and Get Yourself Tested (Friedman *et al.*, 2014). Three campaigns promoted condom usage among adolescents: Sacramento Campaign (Kennedy *et al.*, 2000), JeitO (Agha and Meekers, 2001)), and Seweto Adolescent Reproductive Health Program (Meekers, 2000); however, I could only find the abstracts, not the full papers. Therefore, these 12 interventions are excluded from the review table, although Truong's (2014) overall conclusions are presented. Table 4.4 thus presents the findings from 6 programmes attempting to influence the sexual behaviour of adolescents that identify their behaviour goals, target audiences, theory applied, social marketing mixes applied, and their results. Based on Table 4.4, I suggest which lessons learnt could work and what did not work to improve the development of the intervention in this thesis.

Based on 18 interventions and Table 4.4, the following conclusions can be drawn regarding their main focus and gaps in research:
- Most interventions focused on HIV/STD reduction for general audiences by promoting testing, which is not the focus of this thesis.
- Those interventions targeting adolescents mainly promoted condom use. There is evidence for effective condom social marketing campaigns in developing countries on condom usage (Sweat *et al.*, 2012). This suggests there should be a campaign promoting condom use in this thesis, but this would require an understanding of Vietnamese adolescents' beliefs, attitudes, and motivation toward condom use, which can only be achieved through Study 1. Nevertheless, it illustrates the lack of social marketing interventions influencing other aspects of adolescents' sexual behaviour, not just condom use.
- The reviewed interventions primarily use promotion/communication messages and mass media. There is no utilisation of new media or social media. This could be

because most studies were conducted before 2012 when social media were used less extensively. Current interventions could have utilised social media successfully, but they have not yet been evaluated or published their results.

- Some interventions attempt to encourage open communication about sex between children and parents, but they are targeting parents. There are gaps when it comes to influencing communication among other parties such as their peers and partners. Also, interventions should target adolescents because they may be the ones who are secretive.

- The interventions reviewed paid less attention to male adolescents.

Table 4.4 – Review existing social marketing interventions targeting adolescents' sexual behaviours (Source: the author)

Campaign / Brand	Authors	Behaviour goal	Target audience	Theory applied	Social marketing mix/Activities	Results
Horizon Jeunes	Van and Meekers (2000)	Awareness of sexual risk, knowledge and discussion of sexuality and contraception	Adolescents and young adult in Cameroon		Peer education, youth clubs, mass media promotion and behaviour change communication	Female youth increase using a condom but not so much with young men
100 % Jeune	Meekers, Agha and Klein (2005)	Use of condom	15-24 in Cameroon		Intensive youth-oriented mass media and interpersonal communications, widespread distribution of subsidised condoms	After 18 months: change in perceived condom attributes and access, self-efficacy and perceived social support. Increase the percentage of youth who used condom more effective amongst males than females.

						After 36 months: increase condom use for both genders, levels of use are higher with the casual partners than regular ones. No effect on levels of sexual activity or number of sexual partners.
	Plautz and Meekers (2007)					
POWER (Prevention Options for Women Equals Rights)	Bull *et al.* (2003)	Awareness and attitudes toward and use of female and male condom	15-25 women in US	Attitudes and beliefs	4Ps but more focus on promotion with messages and communication channels such as printed ads, posters, take-away informations, coupon redeem weekly basis and move to the new venues after 6 months	Null effect
	Bull *et al.* (2008)					

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Touch	Agha and Meekers (2010)	Awareness of Touch Ad and changing beliefs about condom use	15-49, middle or upper-middle class married couples in Urban Pakistan	Beliefs	4Ps but mostly on advertising for Touch - luxury condom brand in private television and radio station, sport channels and sport events	Changing beliefs and increase condom use but only last for a few months after the campaign launched. Implication to have a prolonged level of mass-media advertising through the year for behaviour change
Real Life. Real Talk®	Brookes *et al.* (2010)	Open, honest and balanced communication about sex	Parents caregivers, children and the general public in the US		Community organising, collaboration, education, community events and promotion in an intervention focus on the whole marketing mix. Through building local grassroots partnerships and providing a host of	Parents attended the events would recommend to a friend. Surveys show result of modest program awareness and promising trends.

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					coordinated local educational events, repeating offerings of Sex Ed for Parents, Real Life. Real Talk	
Parents Speak Up	Davis *et al.* (2010)	Parent-child communication to delay sex		Social cognitive theory	Promotion including paid and unpaid television, radio, printed and outdoor ads and a website (4parents.gov) and associated parent and teen guides	Increase beliefs and intentions to communicate
	Evans *et al.* (2011)	Influence parental cognitions and behaviour		Message strategies, marketing strategies, message features such as voice, stylistic features	Focus on message content and ad reactions/receptivity	Increase norms, self-efficacy, short and long-term expectations about parent-child sexual communications

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Based on the discussion in sections 4.5.1 and 4.5.2 and the information in Table 4.4, the following conclusions can be drawn regarding what works and what should be done to develop effective social marketing intervention:

- Social marketing intervention works best with the recognition and integration of group cultural values and norms (van der Veen *et al.*, 2011; Roberts *et al.*, 2005; Kocken, van Dorst and Schaalma, 2006). Therefore, as well as addressing awareness, beliefs, and attitudes as the evidence in Table 4.5 suggests, interventions should consider wider social and cultural factors.
- Full use should be made of Andreasen's (2002) Benchmark criteria in developing social marketing interventions for sexual health behaviour (Akbar, French and Lawson, 2020).
- Communication messages are needed but they cannot work alone. There is evidence of programmes that work more effectively, and which engage more with the community, are school-based, and collaborate with education, addressing all the social marketing mixes and other forms of support (Cheesebrough, Ingham and Massey, 1999; Card, 1999; DiCenso *et al.*, 2002; Brookes *et al.*, 2010)
- Research should investigate the potential use of upstream social marketing, such as the media, stakeholders, and policymakers (Hastings *et al.*, 2000; Gordon, 2011, Brennan *et al.*, 2016)
- It is costly to use mass media as constant sustainable activities are required to have a long-term effect on behaviour change (Bulls *et al.*, 2003; Agha and Meekers, 2011) while the potential use of social media as suggested by Thornly and Mash (2010) is a method that appeals to a young audience. Furthermore, a scoping review by Bailey *et al.* (2015) suggests that young people find online sexual health to be engaging and there is evidence of effective interventions conducted through the Internet. The potential and essential role of social media is discussed further in Chapter 5.
- All the reviewed interventions that proved to be successful have their brand name attached to them. A discussion of branding in public health social marketing intervention is presented in section 4.7.

- Even though Lindenberger (2011) suggest that incentive-based interventions are often ineffective for family planning with married couples, dealing with adolescents is entirely different as they prefer incentives to encourage them to perform safe sex (Cheesebrough, Ingham and Massey, 1999; Card, 1999; Robin *et al.,* 2004; Wakhisi, 2012).

4.5.3. Research in Vietnam on applied social marketing.

Even though research in Vietnam on sexual health for teenagers is limited, it provides some critical perspectives for the thesis. Moreover, it is recognised that the role of this thesis is to fill these gaps in research.

Watanabe *et al.* (2014) conducted a cross-sectional survey of 1672 eleventh grade pupils (16-17 years old) from three public high schools in Hanoi and found that a sense of community belonging was associated with a negative attitude towards premarital sex. Another study by Do and Fu (2010) based on the National Survey SAVY I analysed young people's attitudes toward premarital sex. The results indicated that young people's attitudes are conservative, but men tend to be more permissive than women (Do and Fu, 2010). Among the group with higher levels of acceptance there were more men with sexual practice than women (Do and Fu, 2010). While unmarried people are more open about sex than married people, openness among younger age group happens only among those married (Do and Fu, 2010). Therefore, the authors suggest that traditional values and a growing permissive attitude towards premarital sex co-exist alongside each other (Do and Fu, 2010). This conclusion needs to be compared with the findings from Study 1.

Regarding the knowledge, attitudes, and beliefs of Vietnamese students regarding STIs, Gothlin and Sjoqvist (2011) conducted a descriptive and comparative cross-sectional quantitative study of 210 students aged 15–24 at a vocational school in Ho Chi Minh city. Their results suggested that along with a low level of knowledge, in which they mostly know about HIV and no other types of STIs, there are numerous misconceptions in their attitudes and beliefs as they attribute STIs to the bad hygiene of women/men, state that people should avoid others who are

carrying STIs and believe that emergency contraception pills can prevent STIs. There were no major differences in this respect between genders (Gothlin and Sjoqvist; 2011).

Nguyen and Bengston (2012) conducted a project to investigate perceptions of puberty and reproductive health among twenty-four 12-13 years old students in two secondary schools in Hanoi. They utilised an open interview guide and qualitative content analysis to address how young adolescents understand concepts of puberty, sexual intercourse, friendship, and love. They concluded that teens have an immature understanding of puberty and sexual health and girls obtain more knowledge than boys from movies, books, and experienced friends. In addition, teachers, parents, and media are important sources of reproductive health information while their experienced and close friends shape their knowledge.

Two studies by Pham *et al.* (2012) and Ngo *et al.* (2013) suggest that sexual education works best when incorporated with peer education. Furthermore, the roles of parents in communicating with their children are important for sexual health topics, but in Vietnam, parent-child communication seems to be difficult as young people are not open with their parents, especially for sensitive topics such as sexual health and relationships (Ha and Fisher, 2011; Dockoch *et al.*, 2011).

Pham *et al.* (2012) appraised three sexual health programmes for teenagers in Hanoi and Khanh Hoa: Vietnamese Focus On Kids (VFOK), the gender-based Exploring the World of Adolescents (EWA), and EWA plus education for parents and health provider (EWA+). They found that theory-based community programmes contribute to a sustainable transformation in Vietnamese adolescents' knowledge and attitudes toward sexual risk. However, they also admit that due to the small sample they could not analyse the relationship between sexual behaviours and condom usage among teenagers.

A study by Nguyen, Brennan, and Parker (2014) was the only one to self-label as a social marketing approach and explored condom retailing using the 4Ps approach. Their research

highlights the intriguing dynamics of condom retailing in Vietnam. First, the accessibility and availability of condoms are challenging (Nguyen, Brennan, and Parker, 2014). Second, condoms are not easy to purchase in a retail environment where retailers are reluctant to change because they consider their role is to protect customers from embarrassment, therefore access is limited (Nguyen, Brennan, and Parker, 2014). While sex is a sensitive and taboo topic in Vietnam, the limited access to condom merchandising creates a concern for both upstream and downstream social marketing that needs to be addressed in order to tackle this issue (Nguyen, Brennan, and Parker, 2014).

Even though social media are becoming an increasingly strong influence on Vietnamese adolescent, studies investigating the role of social media in teenagers' sexual behaviour are surprisingly difficult to find. Only one study by Ngo, Ross, and Ratliff (2008) explored the impact of the Internet on Vietnamese adolescents' sexual activities, but the sample comprised young people from Hanoi only. They investigated how these teenagers used the Internet to search for sexual health information and how they applied their knowledge to daily activities with respect to four main themes: beauty, intimacy skills, love relationships, and sex before marriage. This thesis therefore strives to elucidate the importance of understanding the desires and motivation of Vietnamese youth. No research to date has discussed using social media as part of a social marketing campaign to change Vietnamese teenagers' sexual health behaviour.

In conclusion, this section highlighted the gap in Vietnamese research on the sexual behaviour of adolescents. Nevertheless, a selection of results is useful for this thesis and are reaffirmed, explained, and expanded upon by discussing the Study 1 findings. The following are the key points to note from research reviewed in the context of Vietnam.
- Most studies reviewed in this section focus on understanding Vietnamese adolescents' knowledge, attitudes, and beliefs regarding reproductive health, puberty, and sexually transmitted diseases (Do and Fu, 2010; Wanatabe *et al.*, 2014; Gothlin and Sjoqvist, 2011; Nguyen and Bengston, 2012). There have been no interventions to change or influence behaviour. However, some of their results are useful for discussing the findings from Study 1,

such as the conclusions about teen boys and girls and their permissive attitudes toward premarital sex and readiness to obtain sexual health information (Do and Fu, 2010, Wanatabe *et al.*, 2014).

- Only the paper by Pham *et al.* (2012) reviewed 3 campaigns in Vietnam relating to the sexual health of adolescents, which aimed to provide sexual health knowledge and change attitudes toward condom use. This is similar to the discussion in Chapter 3 of Vietnamese government campaigns mostly employed an educational approach. Pham *et al.* (2012) admit that they could not evaluate the change in behaviour of condom usage due to the small number of adolescents who participated in the programmes. Additionally, the social marketing paper of Nguyen, Brennan and Parker (2016) discussed the distribution of condoms in Vietnam targeting retailers. This therefore suggests there should be an intervention targeting Vietnamese adolescents that aims to understand their attitudes, beliefs, and values, and potentially (and creatively) promote condom use.

- Research in Vietnam recognises the roles of parent-child communication about sex (Tran and Fisher, 2011; Dockoch *et al.*, 2011) and peers in sexual education (Pham *et al.*, 2012; Ngo *et al.*, 2013). However, to date there has been no effective social marketing intervention to utilise peers and address the barriers in parent-child communication.

- The role of social media is investigated in detail in Chapter 5.

The next section discusses the communication component of social marketing mixes that has been used for several of the social marketing interventions reviewed. This suggests the theories and techniques that were employed in designing the messages and contents for the social marketing intervention developed in this thesis.

4.6. The communication component (promotion) in social marketing mixes

4.6.1. Social marketing communication/Promotion

Peattie and Peattie (2003) who offer the closest gap between the traditional marketing mix 4Ps with social marketing mix, suggest that the fourth P – Promotion is the strongest resemblance. The promotion strategy and commercial marketing principles in communication

are highly comparable and transferable to social issues (Peattie and Peattie, 2003). This explains why most of the current social marketing interventions focus on communication, as reviewed in section 4.5.

Social marketing promotion is defined as an 'Integrated Social Marketing Communication' (ISMC) (Grier and Bryant, 2005; Maibach, 2002) which is designed to optimise the quality of social ideas offered to the target market (Alden, Basil and Deshpande, 2012). As Rothschild (1999) advises, the orientation of promotion is to enhance motivation, opportunity, and ability. Therefore, social marketing communication is important in enabling the intervention to influence the capability, opportunity, and motivation from COM-B (Mitchie *et al.*, 2013), which were identified from the Study 1 findings.

It is important to note that ISMC is about more than just communication and education because the use of messages alone to support an information campaign, as is the case in education, is not enough and has limited effects on behaviour change (Alden, Basil and Deshpande, 2012). However, marketing communication messages that work with education to offer persuasive information at the population level, not just individuals, can change the culture (EDMC framework). Such persuasion techniques are presented in section 4.6.2. In addition, I apply the COM-SM from Tapp and Spotswood (2013) to develop the social marketing mix beyond communication as well as the Social Marketing benchmark criteria to generate campaign ideas in section 8.6. In so doing, the full effect of behaviour change can be achieved.

Furthermore, there is a call for messages targeting other social actors, not just individual adolescents (Andreasen, 2006, Hasting *et al.*, 2004). This requires an understanding of important stakeholders relevant to the sexual health behaviour of Vietnamese adolescents from the Study 1 findings. This has been illustrated by adopting the system view in the ecological model developed by Brennan *et al.* (2016) in section 2.2.5.

Another important point is that technology has altered the media scene for social marketing while research on the effectiveness of new media is lacking (Alden, Basil and Deshpande, 2012). Therefore, I investigate social media in Chapter 5 to suggest how this can be applied to this topic.

In the following sections, I discuss the communication process and how each factor in the process can be affected by relevant theories in section 4.6.2. Section 4.6.3 presents the persuasion techniques that can be utilised in communication messages.

4.6.2. The communication process and relevant theories
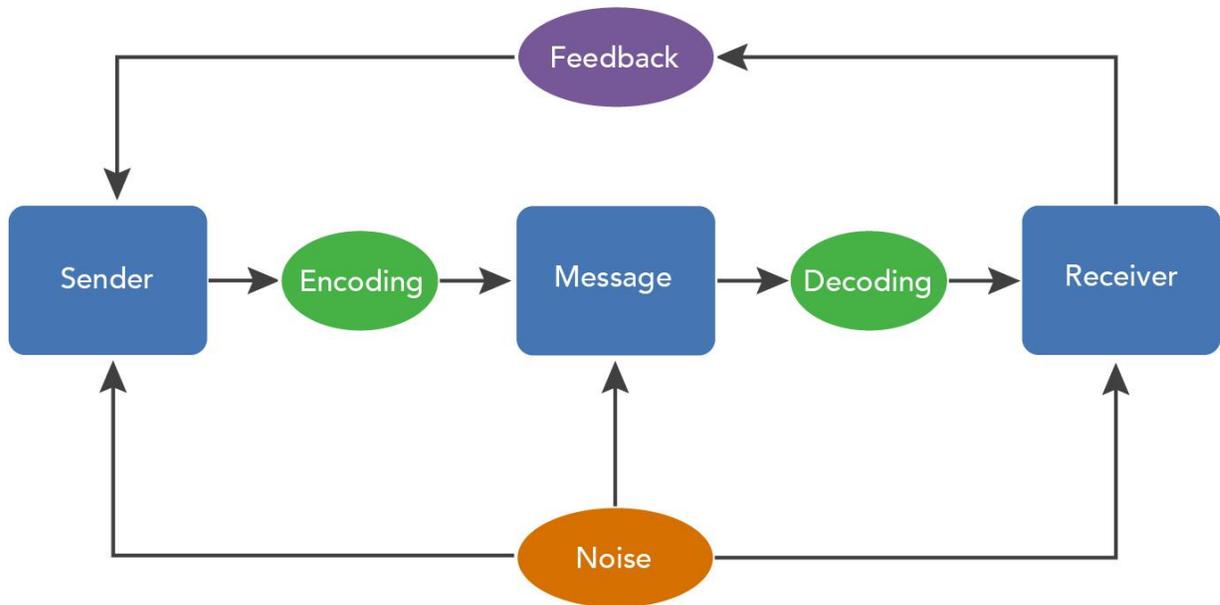
Figure 4.1 - The communication process (Source: Shannon, 1948)

The communication process developed by Claude Shannon in 1948 continues to be applicable. It is the foundation process that needs to be introduced at the beginning of the communication section in many marketing textbooks. The basic components of the process are sender, receiver, the message being sent via encoding and received via decoding, and the context in which the communication takes place (Shannon, 1948). There is feedback between sender and receiver to maintain the smooth flow of the process and there are noises that interfere with the process (Shannon, 1948). Therefore, central to the communication process is the message while the ability to communicate effectively depends heavily on how the message is presented. Regarding the messages, several techniques are deemed effective. For instance, a two-sided presentation of the message is more persuasive than giving one side only (Hovelan, Lumsdaine and Sheffield, 1949) and confident language has more influence on attitude change (Maslow,

Yoselson and London, 1971). Another technique that has been used widely in marketing is the fear appeal. When applied to social issues, fear can create arousal and persuasive. However, Hastings *et al.* (2004) criticise the use of fear campaigns as unethical, especially for sensitive topics such as the sexual behaviour of vulnerable teenagers. However, other authors argue that the low strength of an appeal to fears cannot be considered unethical. While fear, social norms and efficacy are important tools, it is useful to note how different they are from the most used content tools in commercial marketing – including stories, music, celebrities, humour, and sex (Gulas and Weinberger, 2006; Koudelova and Whitelock, 2001). Social marketing communication programmes have not tried to 'push the envelope' and affect behaviour to the degree that commercial marketing has (Reichert *et al.*, 2001). For example, the avoidance of sex appeals for topics such as condoms is unfortunate, given there is evidence to show that sex appeals may be more effective (Reichert, 2012). Furthermore, Janis and Feshbach (1953) suggest that a moderate and mild fear appeal has much greater emphasis. Williams (2012) reviewed 50 years of research on fear appeal theory which endorses the use of low strength fear appeal in message design. However, the effectiveness of fear appeal depends on the demographic factors of the target audience and culturally sensitive concerns (Williams, 2012). Therefore, to use low strength fear appeal, it is necessary to understand the motivation and capability of Vietnamese adolescents in detail. Such knowledge can be explored following Study 1.

The most important aspect of communication messages is to persuade the receiver. Therefore, the next section discusses the persuasion techniques developed by Simons (2001) that guide the message techniques in Study 2.

4.6.3. Persuasion techniques

According to Simons *et al.* (2001), persuasion can be defined as human communication with the purpose of influencing the autonomous judgment and actions of other people. Persuasion is neither coercion nor inducement. With respect to human behaviour, there are two types of behaviour: voluntary and non-voluntary. The underlying concept of social marketing is to use marketing techniques to promote voluntary behaviour to achieve social wellbeing (Andreasen, 2003) while coercion and inducement are forms of non-voluntary behaviour. For

example, you cannot force a teenager to use a condom otherwise they will be punished. You also cannot tell them not to have sex then give them some incentives. Coercion and inducement might be effective, but this is likely to be on just one occasion and is not sustainable (Simons *et al.,* 2001). This is similar to the nudge techniques discussed in section 4.5.3. However, Simons (2001) provides more comprehensive persuasion techniques that can be applied in communication messages. In this section, I discuss the relevant techniques that were of use in designing messages for Study 2. These include framing and reframing in section 4.6.2.1 and coactive persuasion in 4.6.2.2.

4.6.2.1. Framing and reframing

Simons *et al.* (2001) explains that a frame has meaning itself as a metaphor while framing in persuasion can be understood as several possible ways of seeing something. Reframing is therefore another way to see things differently by changing its meaning. In addition, Entman (1993, p. 52) defines framing as follows:

> "To frame is to select some aspects of a perceived reality and make them more salient in a communicative text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation for the item described".

Entman (1993) also suggests that frames reside in four aspects of the communication process: the sender, the message, the receiver, and the culture – the context. Therefore, as culture is an important factor in this thesis, cultural framing and reframing is applied as a persuasion technique in the message design. This is only made possible by understanding Vietnamese adolescents' cultural norms which were derived from the findings of Study 1.

Research has successfully employed framing techniques in political campaigns (Simons *et al.*, 2011; Druckman, 2011), vaccination use (Penta and Baban, 2018; Vorpahl and Tang, 2018), and healthy eating (Thomas *et al.,* 2017, Pope *et al.,* 2018) but there has been limited research on sexual health, especially that of adolescents. However, some have been effective in promoting

condom usage (Garcia-Retamelo and Cokely, 2011, 2015, Hancock, 2014). Therefore, a cultural reframing message can be successfully employed in Study 2 as a means of communication to influence the sexual behaviour of Vietnamese adolescents.

4.6.2.2. Coactive persuasion

Simons *et al.* (2001) derives his discussion of coactive persuasion from the works of Cooper (1932), Burke (1950, 1969b) and from social-psychological theory and research (Allen and Preiss, 1998; Shavitt and Brock, 1994). This concept is an umbrella term to describe the methods persuaders employ to move towards persuadees psychologically so that they will accept the proposed messages to act (Simons *et al.*, 2001).

Coactive persuasion is more on receiver orientation rather than source orientation approach (Simons *et al.*, 2001). Simons *et al.* (2001) suggests that a receiver-oriented approach differs in several ways. First, it should learn from the receiver about their needs, wants, values, and so on. This can be achieved through the findings of Study 1. Second, coactive persuasion should promote a solution based on the receiver's capacity and their readiness to be persuaded. This can be achieved by understanding their capability and motivation which are also identified in the Study 1 findings, as discussed in sections 4.3 and 4.5.3.

Techniques that could be useful in coactive persuasion are combining similarity and credibility, appearing reasonable, and providing psychological income, the latter two of which are the 'classical' theories of persuasion (Petty and Cacioppo, 1981, 1996). Guidelines in these techniques that are useful for persuaders are as follows:
- Matching the persuaders' proposals with congruent beliefs and values of the target audience, challenging undesired values (Simons *et al.*, 2001). As identified in section 2.4, Study 1 explored beliefs and attitudes towards four aspects: premarital sex, teenage pregnancy, contraception, and abortion, and discovered what they value. Therefore, the findings from Study 1 align the messages and content in Study 2 with Vietnamese adolescents' beliefs and values.

- Convincing the persuadees that your proposals have the support of people they most admire (Simons *et al.*, 2001).
- Simplifying the message for those would find it difficult to understand and anticipating more educated and intelligent audiences (Simons *et al.*, 2001). Furthermore, encouraging involvement in the issues and providing strong arguments for people with opinions will matter in the long term (Simons *et al.*, 2001). This is because people have no capability or motivation to engage in central processing to find the cognitive short-hands needed to make a short-term influence. Such capability and motivation can be explored using the COM-B model (Mitchie *et al.,* 2011).
- Encouraging the advocators to act on your behalf while encouraging persuadees to role-play the desired behaviour (Simons *et al.*, 2001).

4.7. Branding in social marketing for public health

According to Evans and Hastings (2009), health behaviours are different from commercial behaviours and other social behaviours as they are complex and more difficult to change and maintain. Moreover, public health budgets are usually limited in comparison to those of big private firms; this makes the development of improved branding strategies a critical goal for public health to prevent and control morbidity and mortality (Evans and Hastings, 2009). Unprotected sexual intercourse and abortion are complex and interrelated behaviours that are difficult to change through simple communication of health risks and benefits. The social context of these undesired sexual behaviours among Vietnamese adolescents, and the relationship between behaviour and desired goods was therefore investigated through empirical research in Study 1 to promote safe sex and delay sexual debut.

In the social marketing definition of Andreasen's (1995), changing voluntary behaviour to improve the welfare of target audiences' and society is the foundation of social marketing. In this case, the target audiences are adolescents who might not have the ability and motivation to change, thus the symbolic appeal of public health branding is extremely beneficial in reaching

them (Hastings, 2007). 'Branding healthy lifestyles' is a term used in public health branding which is similar to commercial branding in terms of the set of associations that link an individual and health behaviour or a set of behaviours that symbolise lifestyles, but different in that it does not result in a direct monetary purchase (Evans and Hastings, 2008, p. 2). This thesis employs the definition from a commercial branding strategy, which includes understanding brand message but also considers the differences in social marketing branding, especially for sexual health. For example, Harvey (1998) suggests that social marketers differentiate their offers from the government family planning programme by utilising branding for segmentation and building image. In addition, Basu and Wang (2009) disclosed the health brand message to help the intervention stand out in a crowded environment and provide an alternative way to engage the target audience. Therefore, the intervention idea in Study 2 should have the brand name/brand messages associated with it. This was already supported by evidence for existing sexual health social marketing interventions worldwide in section 4.5.2.

4.8. Chapter conclusion

This chapter explained and distinguished the concept of social marketing and recommended cooperation with education, health promotion, and law/policies. It also introduced the Social Marketing Benchmark criteria to guide the application of a social marketing approach. The introduction of the appropriate social marketing mix framework of COM-SM (Tapp and Spotswood, 2013) was helpful in identifying the situation of Vietnamese adolescents in the Study 1 findings. Furthermore, persuasion techniques and theories influencing communication messages were subsequently employed to develop proposed messages for Study 2. Finally, this chapter presented the differences in the use and role of social media in social marketing communication. The next chapter discusses this concept to clarify the utilisation of social media in this thesis.

CHAPTER 5 - SOCIAL MEDIA AS A COMMUNICATION TOOL IN THE SOCIAL MARKETING CAMPAIGN

5.1. Chapter introduction

As discussed in Chapter 4, social media are a part of the communication employed for a social marketing campaign that has been used widely in commercial marketing. An investigation into Vietnamese adolescents' culture in Chapter 3 – section 3.2.2, indicates that social media plays an important role in their life and could be a strong factor influencing their sexual behaviours. Thus, this chapter analyses social media and identifies what can be learnt from social media research. Section 5.2 begins to classify social media to identify which types are suitable for young people in Vietnam. In section 5.3, I develop an understanding of the specific characteristics that can influence teenagers. In section 5.4, it is important to investigate whether current social media interventions are effective, especially for youth and sexual health research. In section 5.5, I examine and explain how social media can be used as a communication tool in a social marketing campaign to promote safe sex and delay sexual debut among Vietnamese adolescents. The lessons learnt are discussed and applied to this thesis in section 5.6.

5.2. Social media classification

This section first defines Web 2.0 – the framework where most social media platforms take place. Second, it describes social network sites and explains the differences between social media platform and social network sites. Third, the five types of social media platforms are presented. Finally, the platforms most popular among Vietnamese adolescents are identified.

First, a Web 2.0 is the framework that most of current social media platforms are based on (Gruzd, Staves and Wilk, 2012). This framework allows collaboration, shared contents, and multidirectional interaction between users (Kamel and Wheeler, 2007; Kaplan and Haenlein, 2010). There are three services that SNS provide users which are: (1) in their bounded system, constructing a public or semi-public profile, (2) having a list of other users who share a mutual

connection, and (3) view and navigate their network list and those built by others within the same social networks (Boyd and Elision, 2007).

Second, the phrase "social networking sites" is often used substituted with social media (Paquette, 2013). However, the difference of social media is that they allow participants to unify by generating and inviting friends and colleagues to retrieve the personal information profiles (Kaplan and Haenlein; 2010). Thus, social media refer to the ecology environment in which social interacting takes place and might have changed how young people collect information, decide on purchase behaviour (Paquette, 2013), and perhaps adopt or reject healthy behaviours. However, to meet the requirements as a social network website, some basic features are containing user profiles, content, and a method that permits the connection and users' activities such as posting comments on other people's pages and joining virtual groups based on mutual interests (Boyd and Ellison, 2007; Steinfield *et al*., 2008).

Third, social networking, microblogging, blogging, photo sharing, and video sharing are the five basic social media platforms that match young people preference the most (Cetin, 2013). In the first type, social networking allows users to communicate casually with others, find acquaintance, and share mutual interests by utilising websites and applications. Social network platforms such as Facebook, Google+, allow users to directly connect through groups, networks, and locations. The second type is microblogging where users can post very short entries or updates on a social networking site. Functions of microblogging include subscribing to other users' content, sending direct messages, and replying publicly. Twitter and Tumblr are two examples of microblogging where users can also create and disseminate hashtags and share content. The third type is blogging used to record opinions, stories, articles, and link to other websites via a personal website (e.g., WordPress, Blogger). Fourth, photo sharing allows a user to publish digital photos, enabling them to share these with others, either publicly or privately (e.g., Instagram, Flickr, Snapchat, and Pinterest). Finally, video sharing allows users to publish digital videos and share them with others, either publicly or privately. It also allows users to embed

media in a blog or Facebook post, or link media to a Twitter post (e.g., YouTube, Vimeo, and Periscope).

Among the various types mentioned above, social media platforms such as Facebook, YouTube and Twitter are popular to deliver sexual health promotion interventions (Gold *et al.*, 2011). In Vietnam, blogging and microblogging are less popular among adolescents while photo-sharing is limited in terms of discussion and interaction. Nonetheless, other platforms such as social networking and video sharing are useful for sexual health information. Social media seems to be the best means with which to persuade Vietnamese teenagers as more than a third of Vietnamese Internet users (38.6%) are adolescents and young people aged 15–24; 95% of individuals within this age group have used the Internet at least once (Cimigo, 2020). Mobile phone Internet access is mainly popular with younger age groups; for instance, adolescents aged 16–19 spends 5 hours per day on the Internet, the most amongst all age groups (Cimigo, 2020). Therefore, it is possible to utilise social networks and video sharing platforms in sexual health interventions to influence Vietnamese young people. Whether this is appropriate is investigated further in Study 1 and Study 2.

5.3. Social media characteristics

Social media has been shown to be successful in delivering sexual health interventions to young people because of the following characteristics. First, it is the most effective channel through which to reach out to young people on sexual health issues (Shanker *et al.*, 2011; Guse *et al.*, 2012). Second, social network platforms create the potentiality of multi-level sexual interventions (Condran *et al.*, 2017; Hogben *et al.*, 2015). Third, it provides a more confidential environment for sexual health consultation (Ventola, 2014; Condran *et al.*, 2017). However, it is an under-researched topic for social issues, especially sexual health interventions for young people, as most of the research on social media lies in the field of commercial marketing.

Shanker *et al.* (2011, p. 30) explain the characteristics of new media as follows: "Technology-related developments such as the rise of powerful search engines, advanced mobile devices and interfaces, peer-to-peer communication vehicles, and online social networks have extended marketers' ability to reach shoppers through new touch points". This characteristic explains why social media and technology are perhaps the best tools to employ to tackle young people's sexual health because we know that peers influence adolescents more strongly over the Internet. Furthermore, social media could be a useful tool for attaining diverse, hard-to-access populations (Guse *et al.*, 2012) such as teenagers with sexual risk. This was demonstrated by the personal experiences of the author. When the first face-to-face pilot study was conducted in Vietnam, I found that teenagers did not want to share much detail during the interview but, later, when I decided to recruit and interview them through the Internet, more detailed information was obtained.

Second, social networking sites (SNS) such as Facebook are a subsection of social media and they have the unique properties such as permitting the visualisation and exploration of personal contacts, social networks, and personal profiles symbolising a personage's preferences and personality (Byron *et al.*, 2013; Ellison and Boyd, 2013). These make social media possibly helpful means for conducting multi-level sexual health programme (Condran *et al.*, 2017; Hogben *et al.*, 2015).

Third, most social media platforms can also integrate direct messaging abilities to allow more private personal discussions (Condran *et al.*, 2017). Therefore, other stakeholders can connect with individuals via social media for educational purposes (Ventola, 2014).

However, there are some limitations in research on social media as follows:
- Although researchers have well-investigated social media, there is still not clear about the benefits marketers gain from this marketing tactic since it has only been researched experimentally and theoretically (Paquette, 2013).

- There are little known about the role of social media in consumers' lives while it is simply used as another communication medium (Kent, 2015).

This limitation has been discussed in the application of social media for commercial marketing, but it also applies to social marketing where it is not quite clear how social media can benefit social marketers in affecting target groups such as adolescents, especially as part of as long-term process.

Furthermore, this limitation also applies to sexual health research, a recent systematic review the use of social media focuses on smoking, nutrition, and physical activity (Johns *et al.,* 2017). As discussed in chapter 3, there might be a variety of social factors contributed to sexual health behaviours (WHO, 2010), the most potential interventions should target at multiple social-ecological levels and engage all public health partnerships and community (Golden and Earp, 2012; Hogben *et al*., 2015). Through the review of Condran *et al.* (2017), there is evidence of social media supporting interventions which corporate all elements, but it is not clear about the focus of those intervention utilising social media whether on the intrapersonal level or other broader social changes. Given constant calls for multiple levels intervention for health behaviour change (Golden and Earp, 2012; Kaufman *et al*., 2014), it is essential to explore at multi-social-ecological levels of how to use social media to promote sexual health behaviours (Condran *et al*., 2017). Therefore, the next section reviews evidence generated by social media research relevant to this topic.

5.4. Social media research relevant to this topic

Section 5.4.1 discusses research investigating the role of social media in youth culture, while section 5.4.2 assesses the effectiveness with which social media has been applied to sexual health.

5.4.1. The youth and social media

The Internet and social media are an important aspect of youth culture. The tasks of identity creation, social collaboration, and the development of autonomy are important which

adolescents use the Internet to accomplish (Mensch, 2012, Alvermann *et al.,* 2012). However, even though the benefits of using social media are significant, it has some negative impacts on adolescents (Cookingham and Ryan, 2015). This section considers these two aspects of social media within youth culture.

Benefits of using social media for interventions targeting youth.

Summarising the role of the Internet and social media, Mensch (2012) suggests that adolescents achieve these developmental tasks using social media, meanwhile, it influences youth culture in different dimensions compared with the previous generation. There is a shift in how the youth associating with social media (Mensch, 2012), such as learning how to cooperate through interactions with peers, take different perspectives, and fulfil growing needs for intimacy (Kenneth *et al.*, 2007). Therefore, through social media, peers have more influence on adolescents' sexual behaviours, especially online peers (Mensch, 2012).

Negative impacts of social media on adolescents

Through some social media platforms such as Facebook, Twitter, LinkedIn, YouTube, WhatsApp, Instagram, Tumblr, Pinterest, WeChat, Google and now Tiktok, young internet users can create their own web pages where they can communicate and interact with friends, and exchange content created by themselves and/or information from many sources (Matthee, 2011; Statista, 2015). SNS and SMS allow self-expression, intimacy, and provide safe environment for privacy for adolescents (Livingstone, 2008; Moreno, 2011). That feel likes benefits for adolescents since they can set their preferences to convey messages about their social identity in a similar way as face-to-face interactions, but because social media allows it to present on a global scale while are not always monitored by adults (Moreno, 2012).

Indeed, social media is a promising channel in which health information, health promotion and messages for disease prevention can be delivered (Stockwell *et al.*, 2012; Wong *et al.*, 2014, Guilamo-Ramos *et al*., 2015). However, other scholars advise that the negative health consequences social media lies in a possible false belief privacy which causes more provoking

behaviour and encouraging discussions around drinking, sex, violence, suiciding thought, and bullying, all of those with less parental monitoring (Borzekowski, 2005; Houlihan and Houlihan, 2014; Haddad *et al*., 2014).

Given the characteristics of adolescent year which they value the social relationships but lack of the inability to fully control impulsive behaviours (Strauch, 2007), concerns may be raised about the role social media play in adolescents' lives. To maintain social connections, adolescents use mobile phones and the Internet to interact with both acquainted and unacquainted peers (Lenhart, 2012). Since those platforms are free of location and time bounded and are comparatively easy to use, it could be easily becoming a new way to develop their identity, self-expression, intimate relationships, and social well-being (Moreno, 2011; Houlihan and Houlihan, 2014, Best *et al.,* 2014).

In conclusion, interacting with social media can be considered another life for adolescents outside of the real world. Through social media, they form their identity, interact with other online friends, and have some control over their lives (Mensh, 2021). Furthermore, social media allows young people to actively engage and create their own preferred contents (Livingstone, 2008; Moreno, 2011; Matthee, 2011; Statista, 2015). Consequently, it plays a greater role in their friendship and love relationships than real-life actors such as school, family, and community. On such platforms, their peers (both in the online and real-world) have much more influence on their sexual behaviours, with online peers seeming to have the greatest impact. Although social media can have both a negative and positive influence on teens' behaviour, it is possible to utilise the positive side of social media to persuade young people to perform safe sex and delay sexual debut. Therefore, the next section investigates how researchers use social media to develop interventions that tackle adolescents' sexual health problems and whether we can learn from these.

5.4.2. Social media and sexual health research

In general, the evidence for effectiveness indicates that the Internet and social media can provide the efficiency and positive interactive elements required for young people in relation to sexual health (Gold *et al.*, 2011; Guse *et al.*, 2012; McLellan and Dale, 2013, Fisser, 2013, Gabarron and Wynn, 2016). However, most studies only evaluate the outcome of mediating factors such as beliefs and attitudes and do not address and measure actual behaviour change (Roberto *et al.*, 2007**;** Gold *et al.*, 2011). Many findings suggest that sexual health interventions for adolescent through new media and the Internet are more effective when considering wider social and cultural factors and this should be the future direction for research (Roberto *et al.*, 2007; Gold *et al.*, 2011; McLellan and Dale, 2013).

The following articles describe sexual health interventions that apply social media and exhibit a degree effectiveness. They are from a scoping review about the use of social media for multiple-layer sexual health programme (Condran *et al.*, 2017). I have read those articles and concluded their gaps and recommendations as follows.

First, a large number of campaigns employ an educational approach and focus on policy levels (Calmette, 2014; Hildebrand *et al.*, 2013; van Zyl *et al.*, 2014) while social marketing approaches utilising social media are lacking.

Second, numerous successful campaigns have been conducted to change social and cultural norms (Adam *et al.*, 2011; Purdy, 2011; Feki *et al.*, 2014; Hildebrand *et al.*, 2013; Perlman *et al.*, 2013; Avery *et al.*, 2014; Green *et al.*, 2014; Kahema *et al.*, 2014; Rivas *et al.*, 2014; Undie *et al.*, 2014, Hunter *et al.*, 2014) but these focus on HIV/AIDS prevention and usually target different age groups such as young adults. Nevertheless, they demonstrate that social media enables interventions to connect to hard-to-reach groups without them needing to worry about social and cultural stigma. They could therefore influence social norms on a large-scale basis regardless of geographic barriers. This includes young teens with an embarrassing sexual experience backstory they cannot share with anyone via a social media platform. Therefore, social media can address the need for a safe, welcoming, and more supportive environment for young people.

Furthermore, as one of the characteristics of social media described in section 5.3, some campaigns demonstrate that the successful use of social media allows collaboration among

multiple stakeholders (Adam *et al.*, 2011; Purdy, 2011; Hildebrand *et al.*, 2013; Perlman *et al.*, 2013; Feki *et al.*, 2014) while engaging individuals in the process of creating messages and other activities that are meaningful to them (Adam *et al.*, 2011; Purdy, 2011 and Hildebrand *et al.*, 2013). This cannot be achieved using traditional and mass media such as television broadcasts, radio, or printed materials that usually only allow one-way communication.

Last, some campaigns were successful in using social media utilise multiple platforms such as Facebook pages, YouTube channels, and their website (Purdy, 2011, Feki *et al.*, 2014, Amon *et al.*, 2014).

To complete the discussion on the benefits of social media to this thesis, the next section considers evidence for the application of social media to influence adolescent audiences in commercial marketing.

5.4.3. Social media for a youth audience in a commercial marketing communication campaign

Section 5.4.2 demonstrated how social media have been employed in sexual health interventions; however, there has been limited research on the use of social media in a sexual behaviour social marketing campaign, this will be discussed in section 5.4.4. This section thus describes how social media can be employed as a communication tool in popular commercial marketing campaigns for young consumers. I then incorporate the conclusions from both sections to suggest some solutions for developing the communication part of a social marketing intervention to promote safe sex and delay sexual debut among Vietnamese adolescents.

As stated in section 5.4.1, the benefits of social media to youth culture are crucial; however, there are also negative aspects that could constrain the efforts of a social marketing approach to change behaviour. Research on the effectiveness of social media in this section suggests adolescents are more resistant to traditional communication methods such as mass media and printed materials, whereas social media has a strong impact on a youth audience, which serves the requirement of the economic market regarding cost-effectiveness (Lazarevic, 2012; Jaffit, 2015**;** Pombo, 2015). This cost-effectiveness is important for social marketing intervention as a limited budget is the issue that most concerns social marketers (Hasting *et al.*, 2008). Peters *et al.* (2013) suggest that there should be a more holistic approach to successfully

appraise numerous social media components and make informed marketing communication decisions. Moreover, to engage young audiences into interacting and disseminating information to their peers, the content should be both up-to-date and entertaining (Peters *et al.*, 2013). This significant feature can be deemed as the future of marketing communications utilising social media, that is known for word-of-mouth (WOM) (Yaakop *et al.*, 2013). The research presented in the following section illustrates how to use WOM via social media to target a young audience.

One of the functions of social media is to facilitate online marketing communication. It could be understood in a simple form is online advertising but as defined above, Web 2.0 is more than that because it allows users-generated content as a result of WOM can be shared on the platforms (Meyerson, 2010, Alvermann *et al.,* 2012). Therefore, online marketing communication now transforms from its simplest form which was hyperlinked graphical images displayed on a website, to including video, audio, and numerous innovative technologies (Thomas, 2011; Stokes, 2013).

Some current international studies investigate the attitudes toward marketing communication via social media (Gensler *et al.*, 2013; Kumar *et al.*, 2013; Malthouse *et al.*, 2013; Tham *et al.*, 2013; Labrecque, 2014; Lukka and James, 2014; Liu *et al.*, 2015). However, these studies mostly recruited young adults as, with few considering adolescents as their research participants. In which, the study of Kumar *et al.'s* (2013) discloses when consumers spread the marketing content which could wield a major impact on their social networks, in this case, online WOM campaign could substantively increase cognitive and behavioural responses to brands. On the other hand, Tham *et al.* (2013) revealed that compared with traditional WOM, the one distributed via social media was not as credible, but the unfavourable WOM can be addressed using social media marketing communications.

Bridges *et al.* (2009) implied that the positive impact of marketing communication on young audiences' purchase decision increase depending on the length of time they were displayed. Therefore, in order to develop favourable attitude response, the brands should encourage them staying online longer via apps, games, quiz and other interactive activities.

Adeola, Hinson and Evans (2019) identified a series of available strategies firms can employ to harness the power of social media to stimulate their marketing efforts. These strategies are: (1) to plan social media marketing campaigns extensively before launching, (2) to create sufficiently memorable messages to trigger the consumer's emotions, in order to further stimulate eWOM, (3) to leverage emotive associates, provide exclusivity, connect the power of stories, solicit feedback, and increase their social media presence, (4) social media and the rest of the marketing communications mix must be complemented and consistent with each other (Adela, Hinson and Evans, 2019). Therefore, when applying social media, creating, and adopting effective strategies to generate eWOM and make the messages go viral must be emphasised (Adeola, Hinson and Evans, 2019) and it could be the future of marketing communication (Appel *et al.*, 2020)

The role of social media usage as a way of co-creating solutions in a social marketing campaign is illustrated in the work of Thackery *et al.* (2012). However, as a method of persuasion via peer pressure, its ability to change any particular social and cultural norms has not yet been demonstrated as current social marketing programmes are primarily conducted through mass media. Nonetheless, given the benefits of the Internet and social media to teenagers as well as how Vietnamese adolescents engage with this form of communication, a promising opportunity opens up to utilise social media in promoting safe sex behaviour and delay sexual debut.

5.4.4. Social media used in social marketing and sexual health social marketing campaign
Limitation of social media used in the social marketing campaign

Despite the recognition of social media roles for youth culture and for the health campaigns, and the cost-effectiveness for social marketing campaign as discussed in the previous sections of this chapter, the use of new media in social marketing remains limited in several aspects. First, many authors suggest that there seems to be a lack of understanding in the use of social media among social marketers (Neiger *et al.*, 2012, 2013; Dooley *et al.*, 2014; Overbey *et al.*, 2017). Second, social marketers also struggle to identify how to leverage social media to foster engagement with their target audiences (Neiger *et al.*, 2012). Third, most of social

marketing campaigns utilising social media are not theory-driven or evidence-based (Ledford, 2012). Fourth, the majority of social marketing campaigns applying social media to create engagement are in the US and very few are used in sexual health interventions (Shawky *et al.*, 2018). Among those in sexual health research, social marketing campaigns mainly promote HIV testing, preconception health knowledge or LGBT awareness for different age groups and not for teenagers (Purnomo *et al.*, 2018). This limitation is similar to the gap in social marketing research presented in chapter 4 and the discussion in section 5.4.2. on social media and sexual health research. Lastly, all campaigns for sexual health issues in Asian countries and the majority of the interventions worldwide that utilised social media mostly focus on the promotion/message's aspects and for different target audiences, not specifically for adolescents (Taggart *et al.*, 2015). Those used social media in Asian countries are not effective and do not regularly update information on their pages, e.g., Facebook, to maintain engagement with the target audiences (Khawaji, Ali and Khan, 2017).

Surprisingly, in Vietnam- the country with the highest Internet growth rate in the Asian region, especially among young people, investigative research on social media in Vietnam is limited and hard to identify whether they are social marketing campaigns or just sexual health promotion. Some studies only questioned how young people or risky groups (men have sex with men MSM, male sex workers, industrial workers) used social media to search for sexual health information and find partners (Nguyen *et al.*, 2018; Krishnan *et al.*, 2018; Nguyen *et al.*, 2021). Other studies utilise social media to increase uptake of and access to HIV testing (Tran *et al.*, 2018) and a mobile health apps (Trang *et al.*, 2020) among men have sex with men, or combining education and entertainment in breaking silence about sexual violence against Vietnamese women (Pham, 2015).

The next section presents the effectiveness of social media in social marketing intervention beyond communication worldwide to provide lessons learned and implications for this thesis.

The effectiveness of social media used in the social marketing and in sexual health social marketing interventions.

Even though there are limitations in using social media and digital technologies in social marketing research, Domegan (2020) suggests that the tools could be used for many aspects of social marketing beyond communications and promotion. This section discusses the use of social media in social marketing including segmentation and targeting, marketing mix 4Ps and multilevel system changing.

First, Lefebvre's research in 2009 already discusses how to integrate cell phone and mobile technologies into public health social marketing. His research showed, up to that time, how public health promoters had applied marketing in segmenting the cell phone market into 3 broad segments (the cellular generation, transitions and adult adopters). Some recent works in social marketing also apply digital technologies into segmentation and targeting to increase engagement of Latino immigrant youth in health promotion (Andrade *et al*., 2018) and HIV screening test (Shah *et al*., 2020), or to enhance parents' participation in web-based application in children's health improvement (Ullmann *et al*., 2018). In addition, Jeff Jordan and his team in Rescue Agency utilised social media to segment the target audiences to identify the best pathway to change their behaviours (Rescue, 2021). Some of their publications have studied how to influence young people health behaviours using peer crowds targeting (Jordan *et al*., 2018; Wagner *et al*., 2018; Moran *et al.*, 2016). This thesis would also attempt to use social media for segmentation, targeting and positioning in social marketing campaign.

Second, social media/digital technologies have been used widely for marketing mix 4Ps. For products and services, Hurling *et al.* (2007) use website to support monitoring behaviours, social support networks and feedback. While some recent authors have discussed the development of behaviour changes apps to promote active travel to campus (Bopp *et al*., 2018), drinking behaviours (Rundle-Thiele *et al*., 2015), socially responsible behaviours among low-income households (Yam *et al*., 2017) and internet-based testing services for sexual transmitted and blood-borne infections (Gilbert *et al*., 2019). For Price, Levine *et al.* (2008) have utilised text messages to provide sexual health information to overcome psychological and social barriers. For Place, Ramey (2007) uses GPS to place shift task in consulting HIV services and Boland (2006) utilises SMS and mobile technologies in monitoring conditions and follow-up actions. For

Promotion, mobile technologies have been the most commonly used to include personalised communication with target audiences, provide information on demand and user generated content (Buxbaum, 2008; Lefebvre, 2007). More recent papers have utilised digital technologies for delivery purposes such as communication intervention to promote preteen taking HPV vaccination (Cates *et al*., 2018) and diabetes prevention (Rogers *et al*., 2017). Furthermore, the systematic review between 2005 and 2017 by Shawky *et al*. (2018) found 29 social marketing interventions which utilised social media to create engagement. It is, therefore, implied that this thesis will utilise social media in social marketing campaign to combine the marketing mix, the segmentation and targeting purposes as shown in the finding of Study 2 where all of the proposed campaigns satisfy the Social Marketing Benchmark criteria (NSMC, 2010) as discussed in Chapter 4 – Section 4.4. Social Marketing Benchmark criteria.

Third, Domegan (2020) suggests that the social media/digital technologies can facilitate and pave the way for multilevel system changes, providing interaction and collaboration among multi-stakeholders. Therefore, social media/digital technologies could potentially be applied in social marketing to 'drive the macro-meso-micro-micro-meso-macro social mechanisms in social systems' (Domegan, 2020).

In conclusion, social media applied in social marketing intervention could be for all aspects of marketing beyond communication/messages.

5.5. Chapter conclusion on the use of social media literature in this thesis

The classification and characteristics of social media in the literature, as well as its role in youth culture, were employed to discuss the findings from Study 1 and guide how to use it positively. Other gaps identified in social media research also reinforce the need for this thesis to focus on social and cultural aspects as well as multiple layers of social-ecological factors surrounding young people.

Based on the conclusions from section 5.4.1, 5.4.2 and 5.4.3, I suggest the following lessons need to be learnt to successfully embed social media in a social marketing communication campaign. First, it is better to corporate multiple elements of social media, particularly mobile device access to sexual health information and solutions. Second, Internet users now prefer WOM when choosing products, especially young people. Thus, social media techniques in social marketing should utilise this tactic to spread their message to adolescents' peers/friends' networks. WOM does not mean they need to tell somebody about your campaign. As discussed above when analysing the interviews with Vietnamese teens, sometimes you simply need to encourage them to like a particular video or post to be noticed by their peers/friends. Third, it should encourage teenagers to engage with the campaign for longer by utilising different methods such as interacting with YouTube clips, Facebook pages, and mobile apps, not just in the form of discussing, sharing, liking, and tagging but also through fun games and competitions with a consistent message sent through those different platforms. Fourthly, it needs to understand how online peers influence young people on virtual platforms to utilise their roles in social marketing intervention. Lastly, social media can be applied for all aspects of the social marketing interventions beyond communication/messages.

CHAPTER 6 – RESEARCH PHILOSOPHY AND METHODOLOGY

This chapter presents the philosophy and methodology used in this thesis to suggest how social marketing approach can be utilised to improve the sexual behaviours of Vietnamese adolescents. Section 6.1 on research philosophy reviews and evaluates the epistemological and methodological assumptions in social psychology and social marketing to justify the adoption of social constructivism and interpretivism approach. Section 6.2 describes the overall qualitative research applied in this thesis. Section 6.3 explains the analysis process of Study 1 – the in-depth interview and YouTube clips' comments. Section 6.4 covers the procedure of Study 2 – Concept testing using focus group interviews. Section 6.5 discusses the assurance of qualitative research quality and section 6.6 presents the ethical considerations.

6.1. Research philosophy

6.1.1. Epistemological and methodological assumptions in social psychology and social marketing

6.1.1.1. Fundamental concepts in research philosophy

Before going into debating the philosophy in social psychology and social marketing research, it is necessary to understand the role of social science research and the relevant concepts such as research paradigms, ontology, epistemology and methodology. Gorton (2016) suggests that social science philosophy has two aims: (1) to pursue to create a coherent reconstruction of social science, and (2) to critique to enrich researchers' capacity to comprehend the social world or improve the understanding of it.

Kuhn (1996) mentions the term research paradigm as multiple meanings which can be confused with other concepts such as theoretical perspective, ontological and epistemological standpoints. Burrel and Morgan (1979) develop the four research paradigms model, but Guba (1985) suggests that two contrasting paradigms which are positivism and interpretivism seem to be enough to explain the social world philosophy. Researchers have been debating these two paradigms including their nature of reality; the relationship between the researcher and what is being researched; the context; the values and the employed methods (Silverman, 2010; Bryman, 2010; Lincoln and Guba 1985). In general, the significant difference between positivism and

interpretivism is that the former prefers the quantitative approach with building a causal relationship and numeric data while the latter favours the qualitative approach which aims to investigate the deep meaning and insight of consumers (Lincoln and Guba 1985).

In philosophy point of view, the empiricism is generally a theory of knowledge centring the role of experience which based on perceptual observation by the senses (Psillos and Curd, 2010). Those forms consider all knowledge as experiential, while some other disciplines such as arithmetic and logic are exemptions (Baird and Walter, 2008). In the view of empiricists, the fundamental idea is that something considers real as we can sense it. In contrast with the empiricism, rationalism is the standpoint advocates reasons are the primary source of knowledge and justification (Bourke, 1962). Bourke (1962) formally defines rationalism as a theory that the determinacy of the truth is not sensory but rational and deductive.

However, an epistemology recently added to the philosophy of social science, constructivism (also known as constructionism) (Crotty, 1998), could be more appropriate in the view of many social psychologists and social marketers. Constructivism is a position in philosophy which emphasises that all knowledge is an assembling of human-made constructions (Castelló and Botella, 2006), "not the neutral discovery of an objective truth" (Jonassen, 1991, p. 115). The pragmatic and relativistic nature of constructivism makes it the alternative for the classical rationalism and empiricism (Weber, 2010). Constructivism remains in contrast against positivism and scientism in that constructivist scientific knowledge is not discovered through strict methods of science but constructed by scientists (Weber, 2010). In the view of constructivist, there is no strict valid methodology, but other methodologies may be more appropriate for social science (Crotty, 1998).

6.1.1.2. The two contrasting research paradigms in social psychology

Traditionally, social psychology is a discipline that connected the gap between psychology and sociology (Moscovici and Markova, 2006). The history of social psychology and social marketing research observes the two opposite research paradigms – positivism and interpretivism. These two paradigms lead to two contradictory intents; one prefers quantitative approach while the other appraises the role of qualitative methodology. Furthermore, as a

generalisation, American authors traditionally emphasise more on the individual, whereas Europeans have favoured the persuasion at group level (Moscovici and Markova, 2006).

As explained above, the distinction between constructivism and social constructivism results in two different prominences in social psychology, one focuses on individual and the other highlight social and cultural influences on human behaviour. The individual focus of social psychology can be explained with the assumption of an integrated model of prediction behaviour. This model suggests that behaviour is primarily determined by intention, while the intention is regulated by three social-cognitive factors which are attitudes, norm pressure and self – efficacy (Fishbein and Yzer, 2003). The indirect aspects for those three factors are behavioural beliefs and outcome evaluation, normative belief, and motivation to comply and efficacy belief (Fishbein and Yzer, 2003). Whereas other factors such as demographic, culture, personality and social groups are considered the background variables which might not have a direct impact on behaviour (Fishbein and Yzer, 2003). This dominant model in Figure 6.1 ignores the role of group and broader environment factors which might have direct influences on consumer behaviour.

An Integrative Model of Behavior Prediction

Fishbein,M. & Yzer, MC. (2003). Using theory to design effective health behavior interventions. *Communication Theory*;13:164-183.
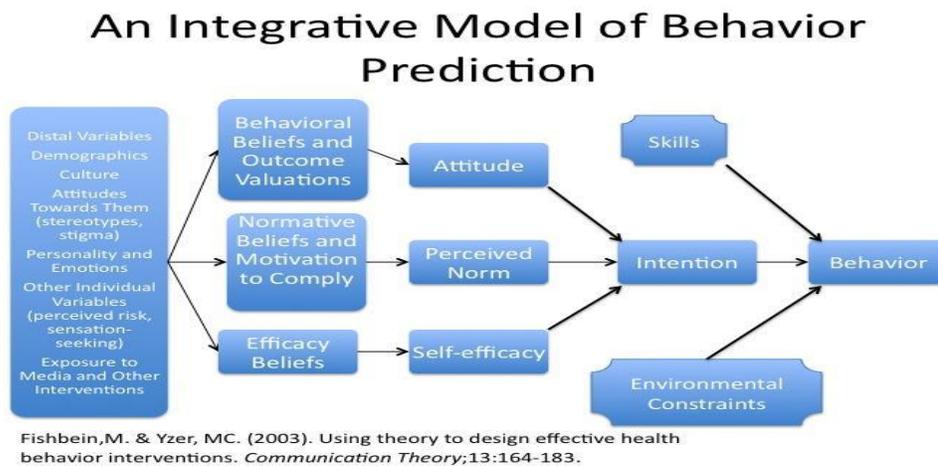
Figure 6.1 - An Integrative Model of Behaviour Prediction (Source: Fishbein and Yzer, 2003)

The contrasting view from many European social psychologists appraises the importance of the group and cultural influences (Moscovici and Markova, 2006). Social influence is a supreme term given to label how people are affected by others. This concept is considered a crucial value

in social psychology (Cialdini, 2000) but it seems to overlap with the study of perceptual factors, such as attitudes and persuasion, as suggested in the integrated model of behaviour prediction from Fishbein and Yzer (2003). The three main levels of social influence including conformity, compliance, and obedience (Franzoi, 2003). The other important study in social influence might be close to research about group dynamics – the strongest influence in a social group (Forsyth, 2006). Further to the research in a group level, many authors give more attention to community and cultural level effects on health behaviour (Sallis, Owen and Fisher; 2008).

In conclusion, social psychologists continue debating whether positivism with quantitative approach or constructivism with individual or social and cultural focus should be the highlight. However, the quantitative methodology and individual focus still dominate social psychology, the more recent social psychologists support the importance of the qualitative approach and the social and cultural influence on research in human behaviour.

6.1.1.3. Social marketing as multiple disciplines

Social marketing research usually concerns the discovery of social and behaviour change and opportunity formation; as a result, social marketers are often limited to borrowing the methodology from other disciplines (Brennan *et al.*, 2015). Fry (2007) states that social marketing research is the transferred methodology developed in other fields while some authors argue that it is the transfer of knowledge with concepts and theories in psychology, anthropology, and sociology (Hastings and Domegan, 2014). Therefore, it is expected that there is disagreement on the exact definition on social marketing (Andreasen, 1994). Conversely, this could result in the propagation of methodologies that might not be confirmed or revalidated for the new target groups, circumstances, and contexts (Brennan *et al.*, 2015). Consequently, the generalisation of research outcomes might or might not be accurate (Brennan *et al.*, 2015).

Social marketing research, thus, follows the discussion in both social psychology and consumer culture theory about the two contrasting research paradigms – positivism and interpretivism under the ontology of realism and idealism. Those debates could be summarised as whether social marketing research should apply the qualitative or quantitative approach.

Social marketers should focus on individual or on social and cultural factors and as such consumer cultural theory or just interpretivism can be enough in social marketing.

Pechman (2015) suggests that the roles of social marketing researchers are to create original and noteworthy theoretical contributions, to discover new themes or presenting how an existing theory can apply to a new topic. The increasing challenges are to make what is considered a novel theoretical contribution in the field; however, widening the applicability of certain research outcomes can enrich the substantive contribution (Pechman, 2015). This underlines whether the quantitative or qualitative approach can bring the novel contribution for social marketing.

It is by no doubt that quantitative approach under positivism paradigm has been followed by many social marketing researchers in sexual health behaviour as they considered randomised controlled trials (RCT) as the appropriate methodology for any health behavioural program. Especially with promoting condom use, approximately a hundred studies utilised RCT to measure and appraise the effectiveness of promoting sexual behaviour programs (Free *et al.*, 2011). However, RCT has been critiqued as the majority of them could show little difference and if the outcomes identified differences, they were with the control group (Axford in Pawson, 2013). Furthermore, they claim that there are differences among RCTs, many of them are not well designed, well implemented or well reported, or all three (Axford in Pawson, 2013). In addition, "randomistas" tends to assume that everything can be securely controlled and unidentified factor can be detached but the social world is a complex system while RCT's results are insignificant. Social marketers thus should not rely only on RCT because it cannot reflect the social complexity (Pawson, 2013). The quest for methodological research addressing the use of qualitative approaches along with randomised controlled trials is an ongoing debate (Murphy *et al.*, 1998; Gibson *et al.*, 2004; Wainberg *et al.*, 2007).

In contrast to the rigidity of quantitative approach, qualitative research has the capability to produce "rich data" hidden in intangible issues that provide a context for health behaviour such as consumers' beliefs, feelings, opinions, purposes, obstacles, influences, culture, and social

norms (Aaker, 2011). Even though the dominant studies in social marketing still apply quantitative approach, the more sophisticated arithmetical methodologies have further embraced the importance of qualitative methodologies (Penchman, 2015).

The 40 years history of social marketing observes the development of a variety of frameworks that outline the range of activities established to the social marketing concept, not one of those frameworks has been empirically validated (Longfield *et al.*, 2016). Researchers still argue about its definition and many of the programs claim the name to be, but they are not fully considered a social marketing intervention (Andreasen, 2011). However, most of the social marketing programs to some extents possess the aspects requiring a qualitative approach that fits with interpretivism. One of the key actions in social marketing is market segmentation which strategically supports social marketers to define target groups and consequently to allocate resources to the most important target (Elliot *et al.,* 2014). According to Rundle-Thiele (2015), to obtain the purpose of segmentation, the social marketing intervention needs to be tailored to the needs and wants of each segment. Such tasks can only be achieved through qualitative exploratory research under interpretivism paradigm while numerical methodology is unable to identify customer insights. Successful segmentation and targeting tasks are challenging but they are important for all other later aspects of a social marketing program such as product branding, communication, and customer relationship (Kotlers, 1980; Lefebvre and Flora, 1988). Chapman and Commbes (2003) suggest that audience segmentation require both quantitative and qualitative data, but surveys are not always an option. In such cases when the target population is not large enough for quantitative research and data are unavailable or stigmatised or when the social and cultural environments prevent the logistics of numerical data collection (Longfield *et al.*, 2016). In the field of sexual health behaviour, especially in an oriental country like Vietnam, those barriers in social and cultural context seem to be apparent.

6.1.1.5. Individual or social and cultural focus in sexual health social marketing

Similar to the debates in social psychology, in the health behaviour social marketing, different health behaviour change models have a tendency to focus either an individual, a group or social environmental processes. Social marketing has been dominated by individual

psychology theory and the most well-developed models are about an individual (Eagle *et al.*, 2012). More researchers recognise social and cultural norms which, in the contexts of peer groups, family or broader as a community, influence strongly on social identity and lead to sexual behaviours (Rogers 1983, Campbell and Cornish 2003, French and Gordon, 2015). However, there is still less attention given to the role of social levels in behaviour changes in comparison to that of individual desire. The key reason is that it is difficult to achieve sustained and consistent sexual behaviour change (Evans and Lambert, 2008). Furthermore, the analysis of social changes solely basing on the assumption of the external environment is inadequate in theory and insufficient in practice and how consumers response to the skills forming behaviours needed to study in the environment is quite difficult to comprehend (Long and Long, 1992). Moreover, in social marketing, most of the theories were developed in a Western environment, particularly in the US (Eagle *et al.*, 2013); hence, they reflect the cultures of these Western countries that might not be appropriate for Asian countries. Therefore, social marketing researchers suggest the need to pay more attention to other non-rational decision factors and the combination of external social influences such as economic pressures and social norms and culture in shaping safer sex and behavioural change (French and Gordon, 2015).

6.1.2. Justify the author's own research philosophical statement.

This paper adopts idealism ontology, the epistemology of social constructivism, methodology and research paradigm is interpretivism. A qualitative thematic analysis methodology is utilised to identify the themes amongst qualitative data of in-depth interview and content of discussion from teenagers on online platforms.

I follow idealism which asserts that reality is principally intellectually constructed. As Macionis (2012) suggests that idealists are skeptical about the probability of mind-independent existences. Idealism emphasises the role of human mind and ideas in shaping the social world (Robinson, 2015). Idealist, therefore, rejects realism which fails to recognise the importance of the mind (Macionis, 2012). Crotty (1998) argues that constructionism epistemology links with idealism ontology which considers knowledge as a process in which human makes sense of the physical world and other people.

6.1.2.1. Social constructivism

Even though Bryant and Charmaz (2007) state that constructivism and social constructivism are often used interchangeably, Young and Colin (2004) confer that those two concepts are different. While constructivism proposes that individual spiritually construct the social world through perceptual processes, social constructionist has a social and cultural focus, not individual (Young and Colin, 2004). In other words, social constructivism maintains the ideas of how human interacts with others to form the world (McKinley, 2015).

As discussed above, the social or individual focus is the main debate in social psychology and social marketing, it is believed that sexual health behaviour of Vietnamese adolescent is influenced more by social and cultural factors than the individual desire. According to Hofstede's cultural dimensions, different countries are categorised using four main culture dimensions – individualism/collectivism, power distance, uncertainty avoidance and masculinity/femininity (Hofstede, 2016). In collectivist culture, everyone in the community works together and thinks for the benefits of a whole rather than for individuals. Therefore, Vietnam is considered a fairly collectivist culture as Vietnamese people strongly value the family and community and value the groups above him/herself as an individual (Hofstede, 2016). Furthermore, according to Kluckhohn and Strodtbeck's human nature, in the social relationship, the Vietnamese are extremely group oriented (Gudykunst, 1997). They place distinct prominence on their role and responsibility of the group over their desires (Gudykunst, 1997). Therefore, social and cultural theories should be taken into account when building a model of behaviour change for Vietnamese teenager's sexual health problems.

Consequentially, the author chooses to follow the social constructivism position that fits perfectly with idealism ontology. The chosen paradigm is interpretivism under the social constructivism epistemology.

6.1.2.1. Interpretivism and qualitative approach

While positivists follow inflexible structural frameworks, interpretivists choose to provide flexible research arrangements (Carson *et al*., 2001). Those structures help to capture human interactions' meanings (Black, 2006) and the reality can be perceived and made sense (Carson *et*

al., 2001). The author, thus, believes that it is impossible to apply strict structural methods to approach and understand Vietnamese teenagers, especially relating to the sensitive issue like sexual health, as their behaviours can be easily affected by unknown reasons.

In relation to identifying the best way to utilise the qualitative approach, Pratt (2009, p. 856) asserts that "Qualitative research is great for "how" questions – rather than "how many"; for understanding the world from the perspective of those studied (i.e. informants); and for examining and articulating process". If we focus on the epistemological assumptions of the interpretivist, it is recognised that it central of the accretion of knowledge and how to gain knowledge; theory inductiveness, not just a simple interpretation (Guba and Lincoln, 1985).

The factors that influence teen sexual behaviours are human-constructed and the individual and group influences can affect the successful implementation of social marketing campaign utilising social media to change the behaviour of target adolescent. The adolescent sexual behaviours are affected by the group influence also depends on the cultural context. Such studies are scarcely investigated in Vietnam context, especially for adolescents.

6.2. Overall qualitative research methodology

6.2.1. Research methodologies follow the research philosophy.

Adopting an embryonic qualitative design enables the flexibility of the structural framework (Brannen, 2005) and it is supported by Denzin and Lincoln (2011, p.2): "The multiple methodologies of qualitative research may be viewed as a bricolage and the researcher a bricoleur - the bricoleur produces a bricolage - a pieced together close knit set of practices that provide solutions to a problem in a concrete situation." In addition, utilising multiple methods or 'triangulation' can improve the research credibility because more evidence is generated in additional manners (Searle, 1999). The triangulation definition by Cohen *et al.* (2017, p.254) is an "attempt to map out, or explain more fully, the richness and complexity of human behaviour by studying it from more than one standpoint". There are four kinds of triangulations which are data, investigator, theory and methodological (Denzin and Lincoln, 2011). In this thesis, the data and methodological triangulation will be applied. It can also be suggested that this thesis utilises

the theory triangulation because, in the literature section, several theories were reviewed and adopted to build the theoretical framework of Vietnamese adolescent behaviour change.

As suggested in the beginning, despite any methodology adopted, it should be internally rational and constant with its paradigm (Guba and Lincoln, 1994). Hence, the researcher as an interpretivist will adopt the qualitative approach. The decision regarding the detail of the methods will also depend on the group of teenagers, the culture, and context of Vietnam, but the flexible research design follows the ethical approval in the UK and online community. The main analysis method is thematic analysis which is used in both settings, the text transcript of the interview and the qualitative online content analysis – online ethnography. The second method is qualitative concept testing with data from the focus group interviews that suggest social marketing communication message, content, and technique proposals. All methods adopt the common worldview which is generally originated in the interpretive/constructive paradigm and they share the same views such as the centrality of human experience and the linkage with context of the event (Holloway and Todres, 2003).

The following section will explain the methods in analysing data collected in this research: thematic analysis, online ethnography, and concept testing.

6.2.1.1. Thematic analysis

While chapter 3 provides the full picture of all possible social ecological factors that might determine the early and unprotected sexual behaviours, the particular and important social and cultural sexual norms remain unclear. Therefore, Research Question 1.2 can be revealed by thematic analysis from Study 1.

RQ 1.2: What are the particular and important social and cultural norms that shape early and unprotected sexual behaviours?

As Ryan and Bernard (2000) situate thematic coding as a procedure executed in a main critical traditional method such as grounded theory, and not an approach. However, Braun and Clarke (2006) argue that researchers should consider thematic analysis as a method. They also suggest that thematic analysis be the basis method for such diverse, complex and nuanced

approach as the qualitative research (Holloway and Todres, 2003). Therefore, thematic analysis is considered the interior skill which can be utilised across many other qualitative forms (Holloway and Todres, 2003; Braun and Clarke, 2006).

Thematic analysis supports the characteristics of qualitative approach as with its freedom in a theoretical framework. It is a flexible and useful tool that prospectively offers affluent, detailed, and multifarious traits of the data (Braun and Clarke, 2006). Furthermore, Burr (1995) suggests that in the view of a constructionist, rather than the individual perception, people produce meaning and knowledge socially. Therefore, the thematic analysis will be adopted in this interpretivist framework to seek the theories associated with this social and cultural context of Vietnamese adolescents.

The researcher will follow six phases of thematic analysis developed by Braun and Clarke (2006). They are (1) Familiarising with the data, (2) Generating preliminary codes, (3) Searching for themes, (4) Reviewing themes, (5) Defining and naming themes, and (6) Producing the report. This 6-phase thematic analysis will be applied to two sets of data: 1. Online content analysis of YouTube clips' comments of Vietnamese teenagers discussing sexual health topics, and 2. Transcripts from individual interviews with Vietnamese teenagers.

The qualitative online content analysis will be explained further as a separate method of collecting data – online ethnography while retaining the same methodology of thematic analysis.

6.2.1.2. Online ethnography (Netnography)

The term 'ethnography' is described in a liberal manner as "it involves the ethnographer participating, overtly or covertly, in people's daily lives for an extended period of time, watching what happens, listening to what is said, asking questions – in fact, collecting whatever data are available to throw light on the issues that are the focus of the research" (Hammersley and Atkinson, 2003, p.1). In a simpler word, ethnography is a writing description of a culture taken from the fieldwork findings (Atkinson, 2001). The researcher decides to employ online ethnography rather than direct observation for the distinctiveness of this setting. As discussed in Chapter 5, the role of social media on youth culture and in Vietnam context is prominent; therefore, applying online ethnography is necessary. 'These social groups have a real existence

for their participants, and thus, have consequential effects on many aspects of behaviour' which is called "netnography" (Kozinets 1998, p.366). The online community provides both opportunities and challenges to compare with face-to-face society. Many online communities comprise the large numbers of members and are considered by the members as an important part of their daily experiences; they even feel strongly about the online community as the real world (Kotzinets, 2010). However, the challenges are the massive amount of data and the ability to approach the members as well as the binary concerns of ethical clearance (Kotzinets, 2010)

The types of ethnographic research basing on the level of involvements include (1) 'covert full membership' with concealed researchers' identity; (2) 'overt full membership' with revealed researchers' identity; (3) 'participating observer'; (4) 'partially participating observer'; (5) 'minimally participating observer', and (6) 'non-participating observer with interaction' (Bryman, 2016; p.43). For netnography, the classifications are slightly different and will be discussed in section 6.2.2.2.

6.2.1.3. Concept testing

Even though this thesis does not adopt the mix-method approach attempting to test a hypothesis, a concept testing of ideas taken from the exploratory research is carried out in the form of focus group interviews in Study 2. This methodology's purpose is to answer the following research question:

Research Question 2 (RQ2)

How can social marketing communication be applied to promote safe sex and delay sexual debut?

RQ2.1 - What messages can be developed to persuade adolescents to change their sexual behaviours?

RQ2.2 - What techniques and contents can be applied to persuade adolescents to change their sexual behaviours?

RQ2.3 - How can the messages and contents be delivered via social media?

RQ2.4 - What possible social marketing communication campaign ideas can help promote safe sex and delay sexual debut?

Concept testing is widely used in qualitative marketing research to investigate how consumers evaluate the new product idea before it is produced and commercially distributed (Moore, 1982). Concept testing is "a variety of marketing research-based approaches employed to assess the marketability of a product or service idea prior to its actual development" (Page and Rosenbaum, 1992, p. 269). In this thesis, instead of physical products, the concepts being tested are the ideas of social marketing communication messages, contents and techniques employed within a social marketing communication campaign that can influence behaviours of Vietnamese adolescents related to sexual health.

Brown *et al.* (2008) suggest that four stages of concept testing could be set out. They are concept development, partially completed materials, alternative materials, and final materials. Study 2 covered the first three stages. The concept development explains how the author develops the 15 message proposals basing on findings and discussion of Study 1 in which a draft of messages, techniques and contents were prepared to pre-test their effectiveness by asking different age groups of Vietnamese adolescents for their opinions and recommendations (Brown *et al.*, 2008; see Section 8.2.2 and Table 8.2 in Appendix A5). The findings and discussion from Study 2 provide the partially completed materials and alternative materials with substituted messages if needed.

The focus group interview is considered the most frequently employed method in new product development (Mahajan and Wind, 1992). For this study, the proposed messages and contents using persuasion techniques could be considered "new products", thus, the focus group interview was used to solicit adolescents' opinions for proposed social marketing communication ideas (Weinreich, 2011). Detail of the focus group interview will be described further in Study 2.

6.2.1.4. The research process – connection of the two Studies
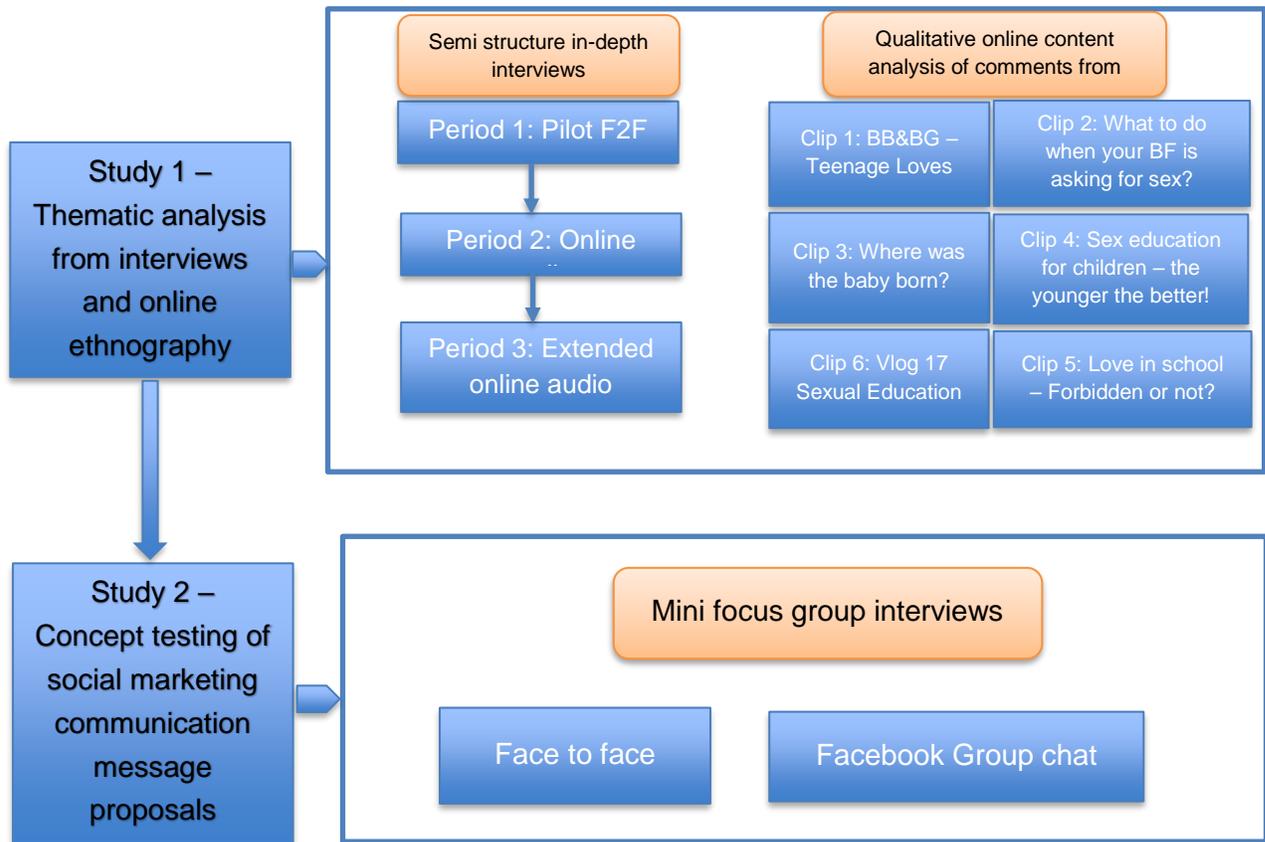
Figure 6.2 - The thesis research process – connection of the two Studies

6.2.2. Methods employed, data collection techniques.

6.2.2.1. Semi-structured in-depth interview

The interpretivist should focus on 'conversations with purpose', a term first introduced by Webb and Webb in 1932 (Webb and Webb, 1975); therefore, interviews should be carried out in qualitative research. The benefits of interviews are summarised in the work of Silverman (2001) as the flexibility of probing and prompting for more and in-depth information. Silverman also suggests that semi-structured interview without the pre-planned questions as a quantitative survey allows the good interpretive validity and less unrelated data as the information participants sharing coming from their own words and bounded within their context. Therefore,

interviews provide a high response rate and are valuable for exploration and confirmation (Silverman, 2001).

The researcher has collected ideas from different authors who suggest the reasons for using the interview. Table 6.1 summarises certain authors' views explaining why a researcher should adopt a semi-structured in-depth interview.

Author	Reason for using semi-structured interview	Relevant to this thesis
Easterby-Smith *et al.* (2008)	There is an unclear order logic of the situation. There is the confidentiality or commercial sensitivity of subject matters. There is a reluctance in telling the truth of an interviewee in a one-to-one conversation. If the aim is to understand the participants' working world so that the researcher might influence it	This is the sensitive topic of sexual health and even though I have guideline interview for teenagers, the order logic of situation considers not clear. As mention above, teenagers may not want to tell the truth even with the one-to-one situation so that researcher must combine different data sets (individual, group and online) as well as using projective techniques. The world of participants here is surrounded by their peer not only physical in school but also in the virtual world.
Moisander and Valtonen (2006)	If the researcher is interested in achieving the cultural knowledge as from a cultural perspective, the interview is a performance in which the researcher and participants share cultural talk and therefore perform cultural meanings	The researcher will not focus on individual psychology, I want to look at broader concepts as such describe their culture, it is the subculture of adolescents' world rather than Vietnamese culture as the whole

Table 6.1 - Reasons for using semi-structured in-depth interview and its appropriateness for the proposed topic.

However, the semi-structured in-depth interview is usually criticised by the quantitative researchers to be too person-dependent, biased, time-consuming, and sometimes unreliable because of leading questions (Bryman, 2016). The researcher acknowledges the criticism and reflects it in Section 6.5 to enhance the trustworthiness and authenticity of this thesis.

The three types of online data in existing social network sites are 'archival data', 'elicited data' and 'fieldnote data' (Kotzinets, 2010, p.98). In the definition of Wolcott (1992) they are called watching, asking, and examining and in Miles and Huberman (1994) as documents, interviews, and observation. In detail, for 'archival data', a researcher watches the existing documents in the online community without involving in creating or composing; for 'elicited data', a researcher creates the data through personal communication and interaction with community members, and for 'fieldnote data', a researcher writes the data based on own observation and interaction as a member (Kotzinets, 2010, p.98). In this thesis, the data in YouTube clips' comment section was captured using NVivo - Ncapture. A sample of comment section in a YouTube clip is shown in Appendix B8. Furthermore, as an adult, my signing as a teenager to post comments and interact with members is not ethical and might influence the other members. Therefore, this research collects and analyses the *archival data* with *non-participant observation*. Those data are suitable for qualitative content analysis in qualitative research (Schwandt, 1996). Detail of how to gain accessibility, collect and analyse data from the online community, obtaining consents are discussed in Table 6.2. This thesis will follow these five steps to conduct online ethnography.

Table 6.2 – Steps in a Netnography Research Project (Adapted from Kotzinets, 2010, p.61)

Step 1: Research question Social sites or topics to investigate	YouTube clips are selected because Vietnamese adolescents are actively engaging in some sexual health clips' comment section
Step 2: Community identification and selection	Details of selected clips will be discussed in 6.3.2
Step 3: Community participant observation (engagement, immersion) and Data Collection (Ensure Ethical Procedures)	The researcher will follow the ethical guidelines to research social media: Since all clips are public, therefore it is not necessary to gain permission from YouTube. Comments are used to analysis will be translated into English and members' identity will remain anonymous
Step 4: Data analysis and Iterative interpretation of Findings	Using Ncapture in NVivo and code in relevant node along with data from the in-depth interview. Using thematic analysis to provide an interpretation of findings.
Step 5: Write, present and report research findings and/or Theoretical and/or Policy implications	In chapter 8

6.2.3.3. Focus group.

A focus group involves gathering a number of people (around 2-10 people) who frequently share familiar experiences or characteristics and asking them about their opinion, thoughts and perceptions of a particular theme or certain issues linked with the proposed topic (Merton *et al*., 1956). They are interviewed and guided by a researcher who is called a moderator or facilitator (Bryman, 2016). The vital purpose of interviewing people in the group is to perceive the topic from the participants' perspective (Daymon and Holloway, 2011). Focus group with the synergistic characteristics frequently produces data that are hardly generated in an individual interview and observation; as a result, it presents prevailing knowledge and insightful information about participants' views (Denzin and Lincoln, 2011).

Key features of the focus group are taken from the work of Daymon and Holloway (2011) and how it would be appropriately applied for this thesis.

Features of focus group	Application of focus group in this thesis
- Evidence can be produced from many voices on the same topic. It encourages opinions in other respondents within the group. - Interactive and dynamic - Participants' views are socially constructed, which may change their attitudes and challenge their thoughts. - Focus group can be considered an encouraging forum for articulating concealed views and a supportive place for greater depth discussion. - Other participants can remind individuals of things they may have forgotten. - Participants can better oral express and have time to develop their thoughts and opinions while other speaks. - A large amount of data can be collected quickly. - Often used in conjunction with other methods – triangulation	- By snowballing sample, the researcher can reach participants' close friends to join the focus group to bring the other voices. Within the group of their close friends, they may share more than in an individual interview. And it can change their attitudes and challenge their thoughts. - With the close friend arrangement, the supportive forum will be created, and it will eliminate any weird moment as well as encourage greater in-depth discussion, their friends can remind them of something they might forget. - Some of them might or might not be in the individual interview so it is clearly that I can collect more thoughts from other group participants the used combination with the individual in-depth interview, online ethnography, and thematic analysis.

Table 6.3 – Features of focus group (Adapted from Daymon and Holloway, 2011)

However, there are also limitations of focus groups, such as the limited control of proceedings, the difficulty in analysing the data and organising the groups, the time it takes and the tendency of two or more people speaking at the same time (Bryman, 2016). In addition, some disadvantages of conducting focus group, as summarised in the work of Hollander (2004, p.608), include 'problematic silence' and 'problematic speech'. 'Problematic silence' happens when interviewees do not share with the group their related thoughts or experiences. In contrast, 'problematic speech' happens when participants propose views or information which are not their real beliefs (Hollander, 2004, p.608). Hollander also suggests how to conduct focus

group which is applied for this thesis and reflected in Table 6.3. Furthermore, the advantages of using online group chat presented in Section 6.4.3 can somehow eliminate those 'problematic silence' and 'problematic speech'.

6.2.3. Sampling decision

Denzin and Lincoln (2011) describe sampling decisions as collecting, analysing, and accessing the data. Bryman (2016) emphasises that the probability and random techniques are mostly applicable for quantitative research, while in qualitative research, purposive sampling is more appropriate as it is related to the purposeful judgement of the researcher, in line with the nature of the qualitative approach.

Several dimensions can be used to assert the sampling decision and the essential dimensions are setting, time and people (Hammersley and Atkinson, 2007). Hence, the sample selection is described in two settings: face-to-face and online for both individual in-depth interviews and focus groups. Details of sampling size and description are presented in Study 1-Section 6.3 and Study 2 – Section 6.4.

6.3. Study 1 – Thematic analysis for semi-structured in-depth interviews and qualitative content analysis of YouTube clips' comment sections

6.3.1. Semi-structured in-depth interviews

This section describes the demographic details of 42 participants in Study 1, the implementation of the three periods of semi-structured in-depth interviews including the pilot face-to-face, the online audio interviews and the extended online audio interviews. It also presents detailed reasons for selection of each age group and the need for three stages of the interviews.
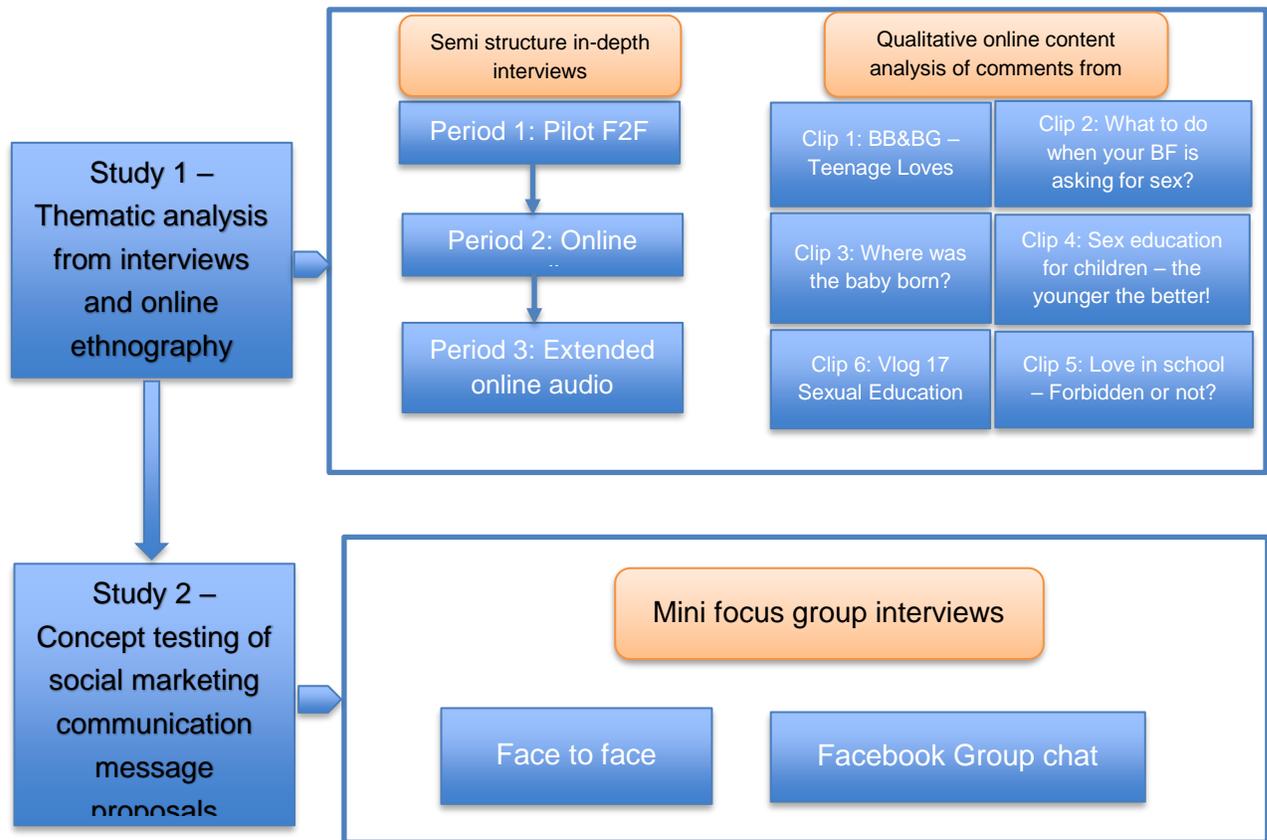
Figure 6.2 - The thesis research process – connection of the two Studies

6.3.1.1. Participant description

42 adolescents were interviewed. This table presents their demographic characteristics.

Total: 42	Male	Female	Sex	No sex	Total
12-16 years old	6	11	0	17	17
Over 16-years-old	9	16	9	16	25
Total	15	27	9	33	42

Table 6.4 - Study 1 - Semi-structured in-depth interview participant general description

There were 27 female participants and 15 male participants, a ratio of almost 2:1 in favour of females, 25 participants in the senior age group (over 16-year-old adolescents) compared to 17 participants in the younger age group. Sexually active respondents were all in

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the senior age group. Some participants had become pregnant when they were teenagers and volunteered for the research to share their past experiences. At the time of participating, they were married and working. It is possible that had they been teenagers, they would not have shared their stories. This may explain why fewer younger people agreed to participate in this study. It is also one of the reasons in choosing this young adult groups to ask about their adolescents' life which they would not have wanted to share at a younger age. In the interviews, the author designed the questions that referred to the third person as it was believed that respondents would feel more comfortable talking about other people's stories than their own. It appears, however, that at recruiting for the research, the sensitive nature of this topic already created barriers preventing adolescents who are sexually active or having pregnant experiences from taking part.

Senior teenagers were classified as those aged over 16 years old and junior teenagers as those aged from 12 to 16 years. The author based this division on the Vietnam education system where pupils from 12 to 16 years old are in secondary school (year 6 to year 9) while those over 16 years old are in high school (Year 10 to Year 12). As described in chapter 2, the education system in Vietnam comprises three stages; however, this thesis focuses on secondary and high school pupils. Moreover, the cut-off point for school in Vietnam is 31st December. Therefore, at the age of 16, many pupils have just finished secondary school and are starting year 10. Although they are high school students, their psychological characteristics might still be similar to those of the junior adolescent group.

Table 6.5 – Study 1 Semi-structured in-depth interview participant detail description

Participant's code	Gender	Age	Stage of interview	BF/GF	First Sex	Abortion	Baby	Changing from against to approve	Reasons for changing
B0117No	M	17	2	No				yes	Peers
B0216No	M	16	2	Yes				yes	Peers
B0316No	M	16	2	Yes				no	N/A
B0418Yes18	M	18	2	Yes	18			yes	Peers
B0516No	M	16	2	No				no	N/A

B0616No	M	16	2	Yes				yes	Peers
B0717No	M	17	2	Yes				yes	Peers
B0818No	M	18	2	No				no	N/A
B0920Yes17	M	20	3	Yes	17		Yes	yes	Peers
B1017No	M	17	3	Yes				yes	Peers
B1118No	M	18	3	No				yes	Peers
B1218No	M	18	3	No				yes	Peers
Bp0113No	M	13	1	No				no	N/A
Bp0114No	M	14	1	No				no	N/A
Bp0117No	M	17	1	Yes				yes	Peers
G0115No	F	15	2	Yes				yes	Peers
G0218No	F	18	2	Yes				yes	Peers
G0318No	F	18	2	No/Like				yes	Peers
G0417No	F	17	2	No				yes	Peers
G0516No	F	16	2	No				no	N/A
G0617No	F	17	2	No				yes	Peers
G0716No	F	16	2	No				yes	peers
G0816No	F	16	2	Yes				no	N/A
G0917No	F	17	2	No				yes	Peers
G1016No	F	16	2	Yes				yes	Peers
G1116No	F	16	2	Yes				no	N/A
G1217No	F	17	2	Yes				yes	Peers
G1314No	F	14	2	No				no	N/A
G1417No	F	17	2	Yes				yes	Peers
G1516No	F	16	2	Yes				no	N/A
G1617No	F	17	2	No				no	N/A
G1716No	F	16	3	Yes				yes	Peers
G1820Yes17	F	20	3	Yes	17		Yes	yes	Boyfriend
G1921Yes17	F	21	3	Yes	17	Yes		yes	Boyfriend
G2021Yes18	F	21	3	Yes	18		yes	yes	Boyfriend
G2121Yes18	F	21	3	Yes	18		yes	yes	Boyfriend
G2220Yes15	F	20	3	Yes	15		yes	yes	Boyfriend
G2320Yes18	F	20	3	Yes	18		yes	yes	Boyfriend
Gp0112No	F	12	1	No				yes	Peers
Gp0113No	F	13	1	No				yes	Peers
Gp0118No	F	18	1	Yes				yes	Peers

Gp0218Yes18	F	18	1	Yes	18			yes	Peers and boyfriend

Description of participants' code:
*   *B0117No – Boy 01, 17 years old, no sexual experience.*
*   *B0418Yes18 – Boy 04, 18 years old, first sex when 18 years old.*
*   *Bp0113No – Boy 01 pilot, 13 years old, no sexual experience.*
*   *G0115No – Girl 01, 15 years old, no sexual experience.*
*   *G2220Yes15- Girl 22, 20 years old, first sex when 15 years old.*
*   *Gp0218Yes18 – Girl 02 pilot, 18 years old, first sex when 18 years old.*

6.3.1.2. Three periods of in-depth interviews

The process of collecting interviews with teenagers comprised 3 different periods to ensure diversity of respondents.

(S1P1) Study 1 - Period 1: Face to face pilot in-depth semi-structured interviews (December 2016 and January 2017)

(S1P2) Study 1 - Period 2: Online audio in-depth semi-structured interviews (August to September 2017)

(S1P3) Study 1 - Period 3: Extended online audio in-depth semi-structured interviews (March to May 2018)

The interview guides for 3 periods are shown in Appendix A2, A3, A4.

The following table presents the demographic figures for each period.

	S1P1 Pilot F2F	**S1P2 Online**	**S1P3 Extended Online**
Total	7	24	11
Male	3	7	5
Sex experience	1 (Female)	1 (Male)	7 (6 Females)

Table 6.6 – Study 1 Participant description for 3 periods of interview

The following section will explain the process of recruiting participants for each period in Study 1, the benefits and limitation of those different approaches.

6.3.1.2.1. Study 1 - Period 1 - Face to face pilot interview

The author conducted a pilot face to face interviews with 7 participants. During this period, the author recognised the difficulty in recruiting and interviewing teenagers face to face about sexual health. They were reluctant to register an interest because the issues were sensitive. They did not seem to want other people to know they were involved in this type of research. The disadvantages became even more apparent during the interview as they did not share enough information. Many answers were short, simply 'yes' or 'no' or 'I don't know'. Consequently, most transcripts offered limited information, which can be seen in the NVivo coding where few nodes belong to these 7 cases. Only one female respondent, who had sex when she was 17 years old, provided long answers and enough information. The fact that this participant knew the author in person and trusted that what she said would be confidential made her feel comfortable in sharing her experiences and thoughts.

Readers might feel the questionnaire long and some questions repetitive. The purpose was to try to elicit as many responses as possible from shy and worried teenage participants. However, even with that technique, not enough usable answers were obtained from participants via face-to-face interviews. Therefore, the author revised the questions and considered using other, possibly better methods to interview adolescents.

6.3.1.2.2. Study 1 - Period 2 - Online audio interview

After the pilot study, some participants shared that they did not discuss private information in the schoolyard or even when chatting on social media, especially regarding love, relationships, and sexual behaviours. The reason was to avoid other people hearing and to not leave a trail someone else might read on social media. They then explained how they communicated with each other on sexual topics by calling each other through the Internet via such channels as Facebook Messenger, Viber, WhatsApp or Zalo[2]. Therefore, it seemed that recruiting participants and conducting the interviews using the same method might be more appropriate given the biopsychological characteristics of Vietnamese adolescents. The process of

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[2] A Vietnamese social network platform similar to Facebook

recruiting participants and announcement message posted on the Internet is presented in Figure 6.3.
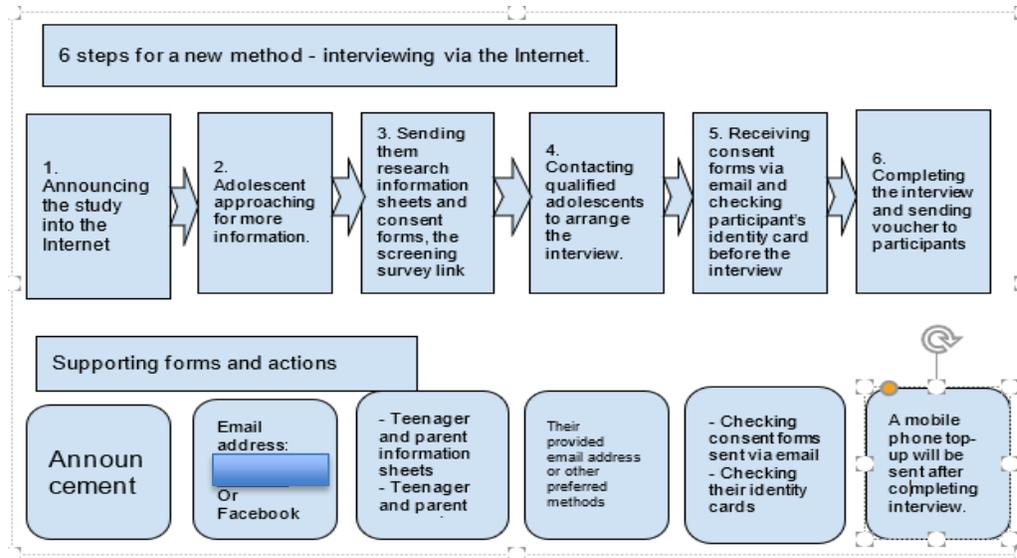
Figure 6.3 – The recruitment process of Study 1 Period 2 Online Audio Interview

Announcement - Recruitment message posting to the Internet (translated)
I am a lecturer at Hanoi University, second-year PhD student at the University of the West of England – UK, under the sponsorship of Ministry of Education and Training Vietnam. My PhD thesis aim is to understand the importance that young people place on their romantic relationships and sex education. We are particularly interested in understanding how the Internet can help young people in getting sex education. My target group is teenager from 12 to 18 years old, grade 6 to 12. You will receive a 200,000VND mobile phone top-up voucher if you are qualified for the study and once you complete 30-45 minutes interview over the Internet (Skype/Facebook) with me at the quiet location of your choice. All information from your interview will be kept confidential and remained anonymous in any academic analysis. If you are interested in my study, please contact me via this email _____ *or Facebook: Nghiem Huyen Anh* _____, *I will provide more detail of my research and explain the process to participate.*

This method of collecting data offered several advantages for both participants and the author. First, the participants did not need to worry about being known that they participated in the research as registration was via a private message with the author. Second, they were able to invite their friends to join the research. The author found that recruitment was quicker during this period than for the face-to-face interviews. Third, during the interviews, the information provided was richer and more detailed than that obtained in the previous study. Indeed, respondents acknowledged the flexibility and convenience of the online audio interview.

> *"I feel talking without seeing your face is easier to confide, just like talking to strangers on the Internet, don't know why but everything just comes out of my mouth." (G0218No)*

The author feels that some respondents made a mistake by sharing more than what they intended to. This was evident when, during the interview, one respondent suddenly stopped and said:

> *"Oh shit, I should not talk about it...whatever, no one knows who I am talking about anyway." (G0417No)*

This illustrates that the atmosphere of the online audio interview played an important role in eliciting honest and rich answers.

However, an issue emerged after period 2 of study 1 was that the participants were not representative of a diverse teenage population. It was clear from two periods that there were a much smaller number of male participants (10) than females (21). Furthermore, only one male and one female had had sexual experience during their teenage years. Thus, although qualitative samples do not need to be representative, the author wished to obtain more diverse views from male participants and the sexual or pregnancy experiences of female respondents. Because adolescents were reluctant to talk about their sexual experiences, the author decided to recruit participants who were a little older to speak about their past experiences. Therefore, period 3 of study 1 was conducted to achieve that purpose.

Accessing and recruiting adolescents through personal social media networks and snowballing did not yield a large enough number of respondents. It was therefore necessary to approach special groups where adolescents were more likely to be sexually experienced. After a few unsuccessful attempts to recruit participants in the Single Young Parents Pages and Failure Love Experience Groups, the author posted a recruitment message on the public page of Looking for Jobs in Industrial Sector. The page has more than 279,000 members (at the time of recruitment) who are mainly young people just completed high school education, do not get into University, and are looking for jobs. From this page, 11 young people registered, 7 of whom had sexual experiences in their teenage years, and some had had experiences of pregnancy or abortion. The respondents were mostly in the early 20s, so they felt more comfortable talking about their experiences. Because their stories were only backdated by about 2-3 years, the author believed that the information provided was sufficiently up to date and useful for this thesis. Life grid method is usually used in health research to recall memory for sensitive topics which sometimes require life course data even after a number of decades (Berney and Blane, 2003). This thesis uses short-term life-grid method to interview young adults to just pass the teenage of few years can bring out the more accuracy and non-bias data for this sensitive topic. In addition, because the previous 2 periods had obtained sufficient information from females and non-sexually experienced respondents, the author revised the questionnaire to focus on males and participants with experiences of sex, pregnancy, and/or abortion (Appendix A4).

* Possibility of social classes determinant of target audiences

Research in Vietnam on social stratification and class is starting since 1992 with social stratification research being dominated by the dichotomy of rich/poor or the state/non-state options while neglecting the research on social class (Chu, 2016). The identification of rich/poor groups serves the purpose of addressing income inequality and alleviation of poverty and is based mainly on income data (Do, 2001). This identification helps to address the educational inequality (Behrman and Knowles, 1999). However, there are several limitations in studying social stratification from this dichotomy. First, the income data in Vietnam are under-reported, especially among rural Vietnamese population (Bui, 2001) whose earnings mainly come from self-

employment or mostly un-skilled and seasonal work. Second, many people may receive from multiple and varying monthly income sources which are off the book (Nguyen, 2006), e.g., state persons are unlikely to disclose their informal income sources (Gainsborough, Dang and Chan, 2012). The other dichotomy of social stratification is based on state/non-state workers who works in public/private sectors (Chu, 2016). Some national survey data 15-20 years of age suggest that parents in public sectors might have more privilege for their children's education but not for occupations (Chu, 2016). However, none of these conclusions about social stratifications in Vietnam have been empirically validated with up-to-date research. Along with neglect in research on social class, it is difficult to obtain the social class determinant of target audiences for this research. This will be acknowledged in the limitations and suggestions for further studies on how to include social class in the study of sexual health in Vietnam and possibility in similar cultures/countries.

6.3.2. Qualitative content analysis of YouTube clips comment session

The second set of data to be used for thematic analysis in Study 1 is from the qualitative content analysis of YouTube clips' comment section. This part explains the criteria in selecting video clips from YouTube platform, their contents and their uses in coding the relevant themes of Study 1.

According to Cimigo (2020), the top five social media sites among Vietnamese teenagers include:

(1) Facebook – Social network site (SNS),
(2) YouTube – video sharing site,
(3) Google plus- Google SNS,
(4) Zingme – SNS, news, music for youth Vietnam - https://www.facebook.com/zing.vn/?fref=ts
(5) Kenh 14 – News for teen Vietnam - https://www.facebook.com/K14vn/?fref=ts

From the findings of the pilot interviews with Vietnamese teenagers, it is unlikely that they will share their sexual experiences over Facebook accounts as these may directly be linked with their actual identities. Furthermore, there are not many Facebook pages relating to sexual health information and if there were, they seemed to be too boring to attract and engage young people in sexual health conversations. The author cannot find such Facebook pages. The two popular websites for Vietnamese teens which are Zingme and Kenh 14 (Channel 14) focus more on music and entertainment news, adolescents seem to engage quite actively over the website discussion under each article. There is a section on sexual health information, but young people do not seem to be as interested as compared to entertainment news, thus, no significant discussion was visible. However, some interview participants referred to some YouTube clips that they found interesting about sexual health. The author searched for those clips and observed a significantly large number of viewers and discussion. Interestingly, even though the interviewees stated that they did not talk about sex over their Facebook pages, they tend to click like and tag their friends when watching those YouTube clips or even share them on their Facebook walls. Sometimes, teens watch video clips that their friends liked or because they were tagged in and this watching activity is automatically shared on the newsfeed. It is useful to know because we do not need to encourage them to comment but click like or share and that was enough to make some influences on their social network friends.

Therefore, this thesis will select YouTube as a social network platform to conduct online content analysis. Young people's discussion and comments from six clips have been chosen for analysis. The clips selected for this study focus on sexuality and sexual education and have high levels of interaction as reflected in the number of views and comments they have received. The clips are sourced from the YouTube channels of famous Vietnamese vloggers and psychiatrists whose content focuses on sexual health issues of Vietnamese adolescents.

The key reason for focusing on YouTube clips is their popularity with young people, who share them on other social media sites such as Facebook or through private messages. During several pilot interview participants independently introduced Clips 2 and 5 into the conversation. Further clips were selected through YouTube's suggestion algorithm and by applying selection

criteria around the number of views and comments to ensure the selection of only popular and impactful clips. One of the criteria in choosing the clips for analysis is the comments which help to tailor the proposals in study 2 on the messages, content and techniques (RQ2) which are attractive to teenagers but also help answer research question 1 (RQ1).

There are some benefits in choosing online discussion to analyse data. In online discussions, adolescents feel more comfortable in sharing their true feelings as they can hide their actual identity. This contrasts with direct interviews where participants are reluctant to answer and may provide untrue responses. The following section introduces the content of the clips chosen for online content analysis along with a discussion on how the comments are suitable for answering RQ1. These videos were accessed in 2016. (The links for 6 clips are on Appendix C1)

Clip 1: BB&BG - Teenager loves

BB&BG Entertainment is a YouTube channel on which a group of young Vietnamese people share video clips about the lives of teenagers in Vietnam in light-hearted/humorous ways, with actors and actresses usually receiving compliments from viewers as handsome, hot boys and hot girls. The channel has 1.7 million subscribers, as many as Jvevermind – the most famous Vblogger in Vietnam whose clip is also used in this study (Clip 6). Clip 1 has attracted a particularly large number of viewers with more than 16 million views and over 6 thousand comments.

The code generated from Clip 1 and used for analysis are *beliefs and attitudes toward premarital sex* and *a lack of communication between adolescents and grownups*.

Clip 2 - What to do when your boyfriend is asking for sex? (Escaping skill)

This clip was made by Nguyen Hoang Khac Hieu - a psychology lecturer at Ho Chi Minh Pedagogy University. His YouTube channel has 113 thousand subscribers. His clips mainly focus on how to help young people deal with problems and offer life skills advice on sex and romantic relationships, emotional control, and study skills. He has been a guest speaker on sex education

at many schools in Ho Chi Minh City. During the interview with teenagers, the researcher found that some schools offer only one sex education session for the 3 or 4 academic years, and this was likely delivered by Nguyen Hoang Khac Hieu. He usually cooperates with BB&BG Entertainment (introduced in Clip 1) and uses their acting skills to perform the entertaining part of the clips while Nguyen Hoang Khac Hieu delivers an educational message. Clip 2 has attracted two million views and 930 comments.

There are codes found in many sections of Clip 2 including *beliefs*, *values*, and *attitudes*, *female and male roles in sexual decision making* (theme 3), *partner communication about sex*, *family communication about sex*, and *sexual health ignorance and practices*.

Clip 3 - Where did the baby come out?

This is a cartoon illustration showing how a baby is born that helps parents to teach their kids about sex. This clip has 1.5 million views and 419 comments.

Clip 4 - Sex education for children - the younger the better! But do you know what to teach for each age?

This is a standard clip presenting words and pictures in the form of a PowerPoint presentation. This clip has 93 thousand views and 113 comments. Like clip 1, clips 3 and 4 have codes of *beliefs and attitudes toward premarital sex* and *a lack of open communication between adolescents and grownups*.

Clip 5 - Loves in school - Forbidden or not (How to behave in love relationship skills)

This is another clip of Nguyen Hoang Khac Hieu and BB&BG Entertainment which attracted 1.09 million views and 1036 comments. Clip 5 has codes in the same sections as clip 2, as well as several codes on peers' influence on beliefs, values and attitude.

Clip 6 - Vlog 17 Sexual Education

This video clip is from a famous Vlogger Jvevermind whose YouTube channel attracted 1.748 million subscribers at the time of the author's access. He is the first YouTuber in Vietnam who received an award from YouTube. He started his YouTube channel in 2011 at 18 years old and his clips have attracted viewers who are mainly young people and teenagers in Vietnam. In this Vlog 17, he is playing three roles - a mother, a father and a teen in a sex education conversation. This clip was posted in 2011 and still receiving comments with 1.5 million views and 1579 comments. Clip 6 has similar codes to those in clips 1, 3, and 4, and codes on *how they communicate about sex with real-life peers*.

In general, the content analysis supports the in-depth interview by providing an overall understanding of the social and cultural norms that shape sexual health behaviours among Vietnamese teenagers and help answer Research question 1. It thus serves as the triangulation of research methods.

6.3.3. Applying thematic analysis

The author applied the 6 steps of thematic analysis set out by Braun and Clarke (2005) as follows.

Step 1: This involved familiarisation with the data by reading the transcripts carefully to consider how the answers in the interviews can answer the research questions. In the YouTube comment sections, it was necessary to understand the content of the clips, the level of fame of the presenters and actors/actresses, and to read through the comments to identify the issues they were discussing and whether they were relevant to the research questions.

Study 1 findings help answer RQ1.2 - *What are the particular and important social and cultural norms that shape early and unprotected sexual behaviour?*

The discussion of themes relationship using Brenan *et al.* (2016) will answer RQ1.3 - *What are the interrelationships between the unique norms that form the basis of an Ecological Model of Vietnamese adolescents' sexual behaviours?*

As the result, we have the answer for Research Question 1 – ***What is an effective model of Vietnamese adolescents' sexual behaviour?***

Step 2: Generating preliminary codes.

The process of generating preliminary codes was as follows:

Step 2.1 Answering research question 1: As a conclusion from Chapter 3 in section 3.6, based on pilot face to face interviews; and by skimming through comments from the YouTube clips, the author listed some possible social and cultural norms determining early and unprotected sex among Vietnamese adolescents.

(1) The male's role is to make the decisions regarding contraception methods

(2) There are side effects when using contraception, such as a condom or monthly pills

(3) A woman's job is to protect themselves from pregnancy and childbearing

(4) It is normal to have premarital sex, but adolescents only share this with close friends who are open-minded or have experienced this

(5) There is a conflict between traditional values from older generation and young people' perception of premarital sex. Therefore, adolescents hide their engaging in sexual intercourse from everyone, which means hiding their pregnancy and their decision to abandon the infant or carry out an underground abortion.

(6) The media/the Internet may emphasise the ease of having an abortion, even a medical abortion, at home. Many young people do not seek medical and professional health services; they decide to deal with their pregnancy by themselves.

These possible norms were used as preliminary codes in NVivo. New norms identified from the data were added to the code list.

Step 2.2 Coding relating to beliefs, values and attitudes.

The author developed codes based on the literature regarding beliefs, values, and attitudes. Beliefs and attitudes were elicited in relation to 4 main issues in sexual behaviours: premarital sex, contraception use, school-age pregnancy, and abortion. Although participants

were not specifically asked about their values, these were mentioned during the interview when talking about their beliefs and attitudes. These beliefs, values, and attitudes, therefore, correspond with the possible behaviours/norms identified in chapter 3 – section 3.6, in relation to sexual health issues such as early and unprotected sex, the decision maker on sexual behaviours in a relationship, the existence of sex talks and sharing, and women's act and behaviours at the onset of and during pregnancy.

<u>Step 2.3 – Coding relating to social influence and peers' influence.</u>
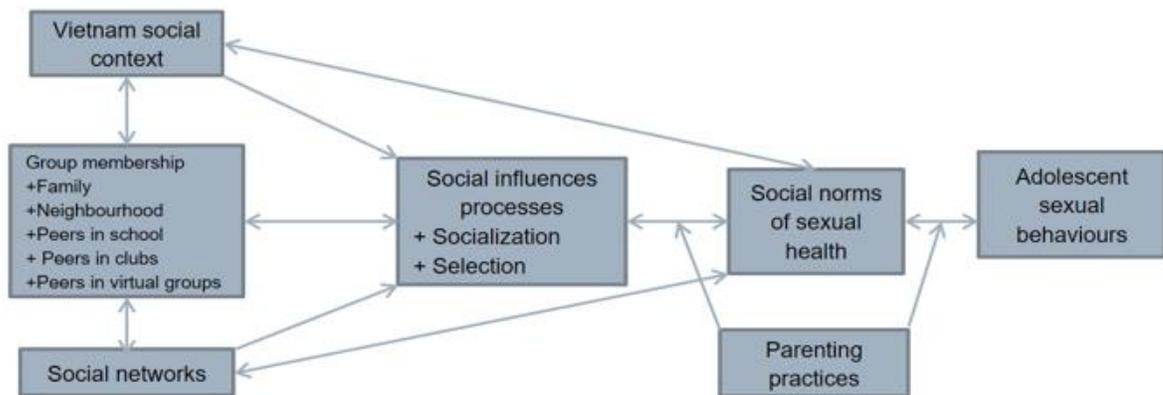
Figure 2.3 - Social influence model of sexual health behaviour (Adapted from Simons-Morton and Farhat, 2010)

Based on the social influence model (Simons-Morton and Farhat, 2010), the author created codes for peers, parents, and other social networks to identify other factors associated with beliefs, values, and attitudes, and how these may influence adolescents' sexual behaviour.

For instance, because peer influence is known to play an important role in the sexual health behaviour of adolescents, codes were created on the influencing role of each actor in sexual behaviours and how. The 'how' question was based on the theory of social norms which explains conformity (three levels: compliance, identification, and internalisation) and obedience. This will be explained in detail in the discussion.

Step 3: Searching for themes:

The following table presents the themes and subthemes generated through the coding process. To prepare for the next step, the author also identified issues needed considering before revising the themes and subthemes.

Table 6.7 – The full preliminary themes and subthemes for Study 1 (Appendix B4)

Step 4: Reviewing themes

Having considered these issues as mentioned in the Appendix B4, the author then reviewed the names of each theme and subtheme. She also reviewed the order in which they were presented to reflect their relative importance and the relationships between them.

The themes and subthemes have been reviewed several times using comments from supervision team. As Braun and Clarke (2013) stated, they are *candidate themes* and the supervision team did not think those themes could work twice, it has been shown in Appendix B4 and B5 with two versions of preliminary themes and subthemes. The reasons for revising these themes are reflected in Research journal in Appendix B3.

Step 5: Defining and naming themes.

The revised themes completed after analysis and three rounds of revision are presented in Table 6.8. They fit best with the interview content and YouTube's comments and serve to answer Research Question 1.2 - *What are the particular and important social and cultural norms that shape early and unprotected sexual behaviour?*

The coding lists for Study 1 in NVivo can be found in Appendix B1.

7.2.1. Theme 1 - Secrecy/Cultural openness in sexual communication	7.2.1.1. Subtheme 1.1 – Shame association with premarital sex and teenage pregnancy	7.2.1.1.1. "Premarital sex is taboo issue." - The response of parents to sexual health enquiries – Association with shame - Misleading information provided by parents in response to children's enquiries about sex - Beliefs about parents' and teachers' potential attitudes regarding a romantic relationship - 'Premarital sex is taboo'- The prevention of communication between partners. - Girls' fear and shame regarding premarital sex - Peers' attitudes towards teenage pregnancy 7.2.1.1.2. Cultural beliefs towards teenage pregnancy - Close friends sharing with each other about sex but not about pregnancy. - Peers' attitudes against teenage pregnancy
	7.2.1.2. Subtheme 1.2 – The value of study and future careers expected from society, as vested in the view of parents.	7.2.1.2.1. The value of study and future careers expected from parents and romantic relationships can be obstacles to achieve that future. 7.2.1.2.2. Friends' contrasting value of study and future careers.
	7.2.1.3 – Evidence that open communication can delay sexual initiation and promote safe sex.	7.2.1.3.1. Evidence that some parents' attitudes create openness. 7.2.1.3.2. Evidence of partners' open communication followed by agreement on delaying sex. 7.2.1.3.3. Open communication with close friends

7.2.2. Theme 2 - Women's powerlessness in sexual decision making	7.2.2.1 - Society's view of men's dominant roles	7.2.2.1.1. Social stereotypes of men as 'Sở Khanh' 7.2.2.1.2. Men abandon pregnant girls
	7.2.2.2 - Women as powerlessness	7.2.2.2.1. Easy acceptance sexual request from boys without proper understanding of consent 7.2.2.2.2. Reliance on men regarding contraception use 7.2.2.2.3. Reliance on men regarding the handling of pregnancy
	7.2.2.3 - The male voice in sexual decision-making	
7.2.3. Theme 3 - Power of peers in normalising and disseminating sexual health ignorance and practices	7.2.3.1 - Shifting adolescents' viewpoint of premarital sex	Shifting 'sex should only be in marriage' beliefs to 'normal' in their mind because many peers having sex. Shifting 'sex should only be in marriage' beliefs to 'normal' because many peers openly talk about sex jokingly in conversation.
	7.2.3.2 - Online peers spreading the sexual health ignorance and practices	7.2.3.2.1. Online peers as a strong impact community on every aspect of youth culture 7.2.3.2.2. Online peers spreading 'bad ideology' and 'arouse people' - Social media and online communities allow adolescents to behave in an instinctive way by responding to other online members' concerns about contraception and dealing with pregnancy. - Online peers spreading stories of proudly pregnant teenage mothers; problematic behaviours such as keeping secret about pregnancy and abandoning the child.

Table 6.8 – The revising themes and subthemes for Study 1

Step 6: Producing the report – Chapter 7.

6.4. Study 2 – The concept testing of social marketing communication message proposals via focus group interviews

6.4.1. The recruitment and interview process

6.4.1.1. Participant selection

We identify two different target groups – adolescents in school-age from 12-18 years old. The younger group is secondary school pupils aged 12-16, the senior teens are high school pupils aged 16/17-18. The age of 16 seems to overlap as they might be in either secondary or high school pupils because, in Vietnam, children were born in the same year are considered of the same age and go to school at the same time. Those born after September are not yet 16 years old when they enter 10th grade in high school. Therefore, it is possible to consider senior teens with different characteristics from 17-18 years old because it is believed that late-16-year-old-high school students still possess young teens' traits regarding sexual behaviours.

Even though we aim to delay sexual debut for under 16 years old and promote safe sex for over 16 years old, the social norms influence both groups in similar ways. However, the breakdown of social norms into 15 hypotheses is tailored to the audience according to their specific roles and demographic/social and cultural profile. In addition to adolescents, parents and schools, teens' peers are also the target audience of the program regarding their influences in changing sexual social and cultural norms.

6.4.1.2. Process of interviews

Focus group interviews with Vietnamese adolescents.

Step 1: The invitation letters were sent to all the participants in the previous in-depth interview study, asking them to introduce their friends who might be interested in this focus group study in the form of Facebook group chat. When their friends confirmed to

join the study and sent in the consent form, they created the Facebook group chat that included all participants.

Step 2: During the focus group study on Facebook chat, the author sent each question in the form of flashcards (as can be seen in Appendix A6) and waited for their response. After everyone responses, the author then moved to the next question. Depending on how the members reacted and answered the questions, certain questions would be used. The list of questions used in this study is in Appendix A5 – Focus group interview guide)

Step 3: After the last questions, the author asked them to rank the flashcards following the importance/ the attractiveness they think about them.

With *Individual interviews with parents, teachers and health professionals,* only general questions or questions specific for them are asked.

6.4.2. Participant description

There are 9 online focus groups, only 1 face to face interview with adolescents. The aim is to achieve at least 2 groups representing each age and gender. However, similar to the difficulty facing in study 1, only one younger boy group and one mixed-gender junior group could be recruited. This table below show the profiles of adolescent participants in the focus group interviews of Study 2 and grown-up individual face to face interviews with 3 parents, 1 health professional (also a female parent) and 1 teacher.

Participant/group type	Gender	Age	Participants' code
0118 mixed	Mixed (M) 2 girls (G) 1 boy (B)	16-18 -Senior (S)	MS1G01 MS1G02 MS1B03
0218 girls	Girls(G) 3 girls	Senior	GS2G01 GS2G02 GS2G03

0318 Girls	G	Senior	GS3G01 GS3G02 GS3G03
0416 Girls	G	12-16 - Junior (J)	GJ4G01 GJ4G02 GJ4G03
0518 mixed	M 1 Boy 2 Girls	Senior	MS05B01 MS05G02 MS05G03
0616 Boys (F2F)	Boys (B)	Junior	BJ06B01 BJ06B02
0718 Boys	B	Senior	BS07B01 BS07B02 BS07B03
0818 Boys	B	Senior	BS08B01 BS08B02
0916 Mixed	M	Junior	MJ09B01 MJ09G02 MJ09G03
1016 Girls	G	Junior	GJ10G01 GJ10G02 GJ10G03
Parents (P)	Female (F) Male (M) Female (F)	2 girls (GG) 1boy 1girl (BG) 2 boys (BB)	PF01GG PM02BG PF03BB
Teacher (T)	Female (F)		TF01
Health Professional (HF)	Also PF01GG		HF01

Table 6.9 – Study 2: Focus group Interview participant description

6.4.3. Online focus group interview via Facebook group chat

There are some advantages of using online focus group interview:

- It is easier to approach and recruit people through the Internet because they feel more comfortable to participate in this type of research study. If we are recruited in the school, they might worry that other people are aware of their participation.

- The face-to-face focus group interview makes the environment less comfortable for adolescents to share their true feelings and opinions in contrast with the Internet interview.

- It can feel like during the face-to-face interview, participants might not think of anything else to share but with the Internet, they have as much time as they want to type their responses. They also can add more opinions later, the visible message in the chat room can remind them of the questions and what came to their mind after the interview

- It saves time for transcribing since their answers are all there in this group chat.

- It is easier to send posters and clips to ask for their opinions.

- There is a little interruption by group members compared to face-to-face interviews.

Sample of a focus group interview is shown in Appendix B7.

6.4.4. Analysing concept testing data

In the focus group interview guide (Table 8.2- Appendix A5), questions were focused on the message proposals and techniques to be used to deliver each message. In some proposals, respondents were asked to clarify some terms and concepts to get better ideas of how to frame them for the contexts of communicating with young people. In the end, participants can provide recommendations and suggestions to improve the messages' meaning and appropriate techniques.

Data were coded in NVivo for each proposal with recommendations (Appendix B2). Therefore, the data analysis in Chapter 8 follows these three headings for each message. Along with the message itself, adolescents' opinions about the contents and techniques were also consulted.

6.5. Assurance the quality of the qualitative research

6.5.1. The criteria to assess the quality of the qualitative research

Silverman (2010) emphasises the traditional criteria of reliability and validity to affirm the quality of research. However, those criterions are mostly utilised in the quantitative approach (Bryman, 2016).

Lincoln and Guba (1985) suggest the alternative and preferable criteria of authenticity and trustworthiness in exhibiting and evaluating the quality of qualitative research. The authenticity which includes fairness and other four criteria of authenticity has not yet raised argument and eminent as trustworthiness (Morse *et al.*, 2002). Authenticity has certain points resembling action research (Bryman, 2016). The work of Bryman (2016) in Table 6.10 is adapted to explain the utilisation of five components of authenticity, i.e., fairness, ontological authenticity, educative authenticity, catalytic authenticity and tactical authenticity. Even though this thesis does not adopt action research, its purpose is to alter Vietnamese teenagers' behaviour towards sexual health, which, to a certain extent, is related to authenticity.

Table 6.10 – Authenticity of the qualitative research (Adapted from Bryman, 2016)

Authenticity criterion	How might it be understood?	How does the researcher address it in the thesis?
Fairness	Whether the research signifies fairly the dissimilar standpoints amongst members of the social situation	Interviewees can have feedback, focus group setting for 2 age bands: 12-16 years old (junior teens) and 16-18 years old (senior teens), male and female and mixed gender groups to represent the different viewpoint of each age group and gender.
Ontological authenticity	Whether the research helps participants obtain a better understanding of other participants' social setting	Discussion in focus group setting might help participants understanding another social setting.
Educative authenticity	Whether the research help participants to appreciate the various perspectives respondents have of their social setting	Triangulation and ready for adjusting research design follow the ethical committee comments as well as permission consent from both physical and online setting, consent taken from both parent/guardian and participant age from 12-15, while participant only if they are over 16
Catalytic Authenticity	Whether the research encourages respondents to change their perspectives	Focus group might encourage the change of perspective because after reading other participant's answer, they would remember something they might not mention, something differently as they feel more confident with their close friends and in the online setting easier to disclose. While with the individual interview via online audio, they also have chance to change their answer.
Tactical authenticity	Whether the research led to respondents changing different actions	The purpose of this thesis is to change behaviour then it is suggested that after the research result released, respondents should take different action, but it is not an immediate change as an action research; it is for long-term influence.

The exemplary of trustworthiness was introduced by Guba and Lincoln (1985, 1994). They oppose to the view of utter truths about the social world. They argue that the reliability and validity of qualitative research seem to be inapplicable. Therefore, they propose the alternative criteria for qualitative approach equivalent to quantitative research. Those criteria are creditability; transferability; dependability and conformability, which is equivalent to internal validity; external validity; reliability and objectivity respectively (Guba and Lincoln, 1994; Bryman, 2016). These criteria are explained in Table 6.11 along with explanations on how this research ensures the trustworthiness.

Table 6.11- Trustworthiness of the qualitative research (Adapted from Bryman, 2016)

Trustworthiness	How might it be understood?	How does the researcher address it in the thesis?
Credibility (Internal validity)	Demonstrate that the research was implemented in a way to guarantee that the subject was precisely identified and depicted	Using respondent validation and triangulation as follows: Give interviewee, focus group attendances opportunity to review their transcripts and result in analysis. With the focus group composition of separating gender and if mixed are all close friends who they introduce to join the groups, participants will not hesitate to tell the truth feeling. Projective techniques will be used to discover the hidden feelings (*)
Transferability (External Validity)	Results of analysis can be applied to other contexts	Semi-structured interviewees and focus group participants (may or may not in the individual interview), as well as members of teenagers' sites, were considered wider population's sample. In selected online communities, members are not only teenagers. Furthermore, this research provides a thick description of Vietnamese adolescents' culture to provide possible transferability of results.
Dependability (Reliability)	All the records need to be kept at all phases and required peers review as auditors or an 'audit trail'	Supervision team as auditors, sexual health practitioners also may verify the finding with comments. Supervision team consists of a social marketing professor as the main supervisor and a health psychologist with experiences doing research with children towards sexual health as the second and third supervisors.
Confirmability (Objectivity)	Ensuring that the researcher can demonstrate having acted in good faith, and not overtly permit individual values or theoretical affection to influence the conduct of the research	The researcher keeps an open mind throughout the research. Furthermore, the supervision team with their expertise will ensure that. Concept testing with groups of Vietnamese teenagers after the analysis process might ensure the confirmability. This action is similar to the hypothesis testing in the quantitative approach.

Another evidence to ensure the quality of the qualitative research is to provide the audit trail documents, as presented in Appendix B3 – The research journal. As Meyrick (2006) advised that a good qualitative research give sufficient detail of the process of collecting data

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and the reasons for changes in techniques and focus. The research journal which can provide the detail of the journey from data to conclusion is important in assessing the quality of a qualitative study (Meyrick, 2006).

(*) Projective techniques

According to Branthwaite (2002), projective techniques are based on a belief/an assumption that a person will display his/her unsealed (possibly socially insupportable) insights, feelings, and desires onto nonaligned or blurred images. Social scientists have been using projective techniques widely in qualitative research to uncover hidden feelings (Bryman, 2016). Branthwaite (2002) describes five common types of projective techniques, i.e., associative techniques (a collection of stimuli in which an individual is asked to respond with the immediate thought), completion techniques (completing a sentence or a drawing), constructive techniques (telling a story or draw a picture), ordering techniques (ranking collections of pictures or sentences), expressive techniques (responding to a given situation by self-expression such as role-play or drama). In this thesis, the constructive techniques were used in Study 1 in which participants were asked to tell a story they know regarding sexual behaviour issues such as premarital sex and teenage pregnancy. In Study 2, they were asked to rank the importance of each proposed messages.

6.5.2. The translation issues, how to overcome to improve the research quality.

- When translating transcript from Vietnamese to English, some words do not have matching meaning with English words (e.g., consent), as explained in page 200 in the discussion chapter. The researcher needed to explain it in detail and put it in the context where the meaning of the words is presented correctly.

- Participants sometimes use teen codes in the interviews. Therefore, if it is ambiguous, the researcher double-checked the meaning with the participants. For comments in the YouTube clips, since the users are usually anonymous, the

research asked other teenage relatives to explain the meanings to ensure the correct understanding.

- Teenagers are sometimes not good in structuring their answer; thus, their answers are not easily understood. Again, confirmation of what they meant was requested during the interviews or questions for clarification was sent via Facebook messenger if issues arise when transcribing and analysing the data.

6.6. Ethical consideration

Considering the high risks potentially related to the dealing with vulnerable subjects such as adolescents' age from 12-18 years old and the sensitive topic of sexual health in social media, the ethical concern had been raised at the thesis proposal stage in 2015.

Research with children in Vietnam may pose some ethical issues, especially with children 12 to 16 years old. If in the UK and US, there are specific guidance in conducting research with children. The Age of Consent Law in Vietnam, however, is not explicit. Furthermore, there is no definition of consent while the age of consent for access to reproductive health service has been determined but is not consistent across the sources (SRHR Africa Trust, 2018). In practice, consent letter from young people or parents/guardian does not carry much importance. Specifically in this study, some parents simply ignored the Research Information sheet, did not read the consent letter but simply forbid their children from taking part. Therefore, the researcher needs to recruit younger participants through personal network, which explains the small number of participants in this age range (from 12 to 16 years old) for both studies. This has been acknowledged in the limitations. The implication of this issue is that children's right to have access to the service and research that can benefit them is being ignored by parents in Vietnam. Furthermore, it is difficult for foreign researchers to implement project on sexual health (most likely due to the culture and not the rules) (Graham *et al*., 2012), but local people could help in facilitating and conducting research because they understand the norms and can take advantage of the lack of guidance and rules in Vietnam.

The researcher strictly followed the guidance of UWE Ethical Committee to submit the ethical application forms. Two ethical approvals have been granted: one for the pilot study including face to face interview, online content analysis YouTube clips' comment sections and focus group interviews with minor conditions; and second for the extended interview over the Internet without any condition. Appendix A1 and A2 are the two ethical application forms with detailed ethical issues being addressed and the approval letters from UWE Ethical Committee. The research information sheets and consent forms for the two studies are attached in Appendix A7 and A8.

6.7. Chapter conclusion

This chapter explains the rationale choices for the position of the researcher as an interpretivist who adopts qualitative methodology in two Studies: Study 1 – Thematic analysis of social and cultural norms forming early and unprotected sexual behaviours, as presented in Chapter 7; and Study 2 – Social marketing communication message proposals and focus group concept testing, as presented in Chapter 8. The chapter explains the overall qualitative research in two Studies and details the research process in each study and the methods employed to collect and analyse data. Therefore, the next two chapters are to present findings and discussion for Study 1 and Study 2.

CHAPTER 7 – FINDINGS AND DISCUSSION FROM STUDY 1- THEMATIC ANALYSIS OF THE SOCIAL AND CULTURAL NORMS THAT SHAPE EARLY AND UNPROTECTED SEX

7.1. Chapter introduction

As explained in Chapter 6 about the thematic analysis in Study 1, this chapter analyses data collected from 42 in-depth semi-structured interviews with Vietnamese adolescents, one interview with a health professional, and the comment sections in six YouTube clips relating to sexual education/behaviours.

First, the author will present the findings from Study 1 in section 7.2. Second, discussion of findings from Study 1 will be examined in section 7.3 to connect with literature set up from previous chapters 1-5 to answer Research Question 1.2 and 1.3, subsequently answering Research Question 1. The last section 7.4 is chapter conclusion to introduce Study 2.

RQ1.2 - What are the particular and important social and cultural norms that shape early and unprotected sexual behaviours?

RQ1.3 - What are the interrelationships between the unique norms that form the basis of an Ecological Model of Vietnamese adolescents' sexual behaviours?

Research Question 1 - ***What is an effective model of Vietnamese adolescents' sexual behaviour?***

The three themes that emerge from data analysis are:

- ·   Theme 1 – The secrecy/cultural openness in sexual communication.
- ·   Theme 2 – Women's powerlessness in sexual decision; and
- ·   Theme 3 – Power of peers in normalising and disseminating sexual health ignorance and practices.

The following table presents the revised themes that fit best with the interview content and YouTube's comments.

7.2.1. Theme 1 - Secrecy/Cultural openness in sexual communication	7.2.1.1. Subtheme 1.1 – Shame association with premarital sex and teenage pregnancy	7.2.1.1.1. "Premarital sex is taboo issue." - The response of parents to sexual health enquiries – Association with shame - Misleading information provided by parents in response to children's enquiries about sex - Beliefs about parents' and teachers' potential attitudes regarding a romantic relationship - 'Premarital sex is taboo'- The prevention of communication between partners. - Girls' fear and shame regarding premarital sex - Peers' attitudes towards teenage pregnancy 7.2.1.1.2. Cultural beliefs towards teenage pregnancy - Close friends sharing with each other about sex but not about pregnancy.

		- Peers' attitudes against teenage pregnancy
	7.2.1.2. Subtheme 1.2 – The value of study and future careers expected from society, as vested in the view of parents.	7.2.1.2.1. The value of study and future careers expected from parents and romantic relationships can be obstacles to achieve that future. 7.2.1.2.2. Friends' contrasting value of study and future careers.
	7.2.1.3 – Evidence that open communication can delay sexual initiation and promote safe sex.	7.2.1.3.1. Evidence that some parents' attitudes create openness. 7.2.1.3.2. Evidence of partners' open communication followed by agreement on delaying sex. 7.2.1.3.3. Open communication with close friends
7.2.2. Theme 2 - Women's powerlessness in sexual decision making	7.2.2.1 - Society's view of men's dominant roles	7.2.2.1.1. Social stereotypes of men as 'Sở Khanh' 7.2.2.1.2. Men abandon pregnant girls
	7.2.2.2 - Women as powerlessness	7.2.2.2.1. Easy acceptance sexual request from boys without proper understanding of consent 7.2.2.2.2. Reliance on men regarding contraception use 7.2.2.2.3. Reliance on men regarding the handling of pregnancy

	7.2.2.3 - The male voice in sexual decision-making	
7.2.3. Theme 3 - Power of peers in normalising and disseminating sexual health ignorance and practices	7.2.3.1 - Shifting adolescents' viewpoint of premarital sex	Shifting 'sex should only be in marriage' beliefs to 'normal' in their mind because many peers having sex. Shifting 'sex should only be in marriage' beliefs to 'normal' because many peers openly talk about sex jokingly in conversation.
	7.2.3.2 - Online peers spreading the sexual health ignorance and practices	7.2.3.2.1. Online peers as a strong impact community on every aspect of youth culture 7.2.3.2.2. Online peers spreading 'bad ideology' and 'arouse people' - Social media and online communities allow adolescents to behave in an instinctive way by responding to other online members' concerns about contraception and dealing with pregnancy. - Online peers spreading stories of proudly pregnant teenage mothers; problematic behaviours such as keeping secret about pregnancy and abandoning the child.

Table 6.8 – The revising themes and subthemes for Study 1

7.2. Findings

Three main themes emerged from the data analysis: Theme 1 - Secrecy/Cultural openness in sexual communication; Theme 2 – Women's powerlessness in sexual decision making; and Theme 3 – Power of peers in normalising and disseminating sexual health ignorance and practices. The three themes are social and cultural norms that form early along with unprotected sex among Vietnamese adolescents.

This part will set out to provide evidence in the form of quotations across three themes.

7.2.1. Theme 1 - Cultural openness/secrecy in sexual communication

An overarching theme which explains the occurrence of problematic sexual behaviours is because adolescents do not talk openly about sex before having sexual intercourse. First, the main reason for sexual communication secrecy among Vietnamese adolescents with other people, including their parents, partners, and friends, is the shameful feeling associated with premarital sex and pregnancy at school-age, as defined by cultural beliefs. The second reason is the value of study and future careers expected from society, mostly from parents, which constrains open communication with grownups about romantic relationships, and limits the discussion of premarital sex and pregnancy with friends. Finally, there is some evidence that open communication could potentially result in delaying sexual initiation and aid the promotion of safe sex. However, it is noted that the most likely evidence is that it is secrecy that can lead to more problematic issues, which will be covered briefly in themes 2 and 3 and in the discussion of the relationship between the three themes.
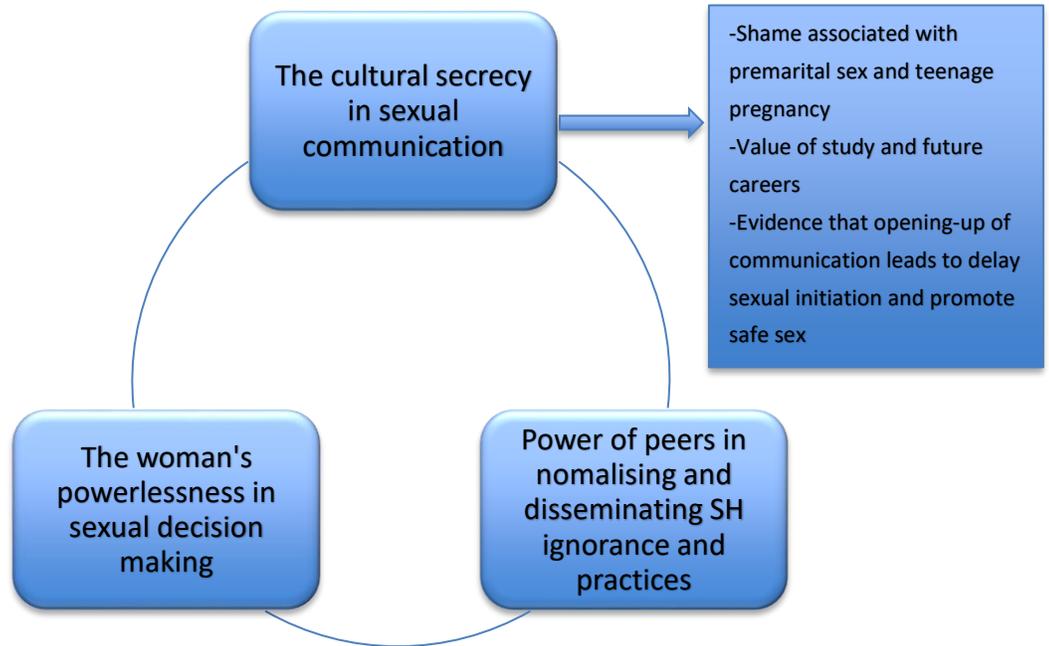
Figure 7.1 - Model of the particular and important social and cultural norms forming the early and unprotected sexual behaviours of Vietnamese adolescents – Theme 1 – Cultural secrecy in sexual communication.

7.2.1.1. Shame associated with premarital sex and teenage pregnancy.

7.2.1.1.1. "Premarital sex is taboo".

The response of parents to sexual health enquiries – Association with shame

Parents avoid talking to children about sex, as demonstrated in in Extracts 002 and 003 regarding children's queries about the subject. It is even more problematic when children have enquiries, as they will be accused of being 'corruptible' and that they should 'feel ashamed'. Such attitudes from parents make young people consider sex to be something shameful and that they should not ask about it. This is where secrets begin. The root cause of this is the cultural definition that 'premarital sex is taboo', so people should not talk about it. This notion that sex is shameful from grownups, especially from parents, embeds in teenagers' mind that they should avoid all possible way of talking about it. This contrasts with the curiosity traits of adolescents, which makes secrecy even more complicated.

Extract 001 *"No one in my family talks to me about that 18+ stuff." (Clip 4 User?)[3]*

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[3] Clip 4 – Sex education for children - the younger the better! But do you know what to teach for each age?

> Extract 002 *"I need to admit this one is absolutely correct! In Vietnam, there are odd behaviours from parents, for example in the clip: the kid asks parents about sex, parents are hesitating to answer and when the kid is looking for sexual information, they will blame the kids are corruptible :(. I wish the grown up can understand us."* (Clip 6 User?)[4]
>
> Extract 003 *"To be honest, when I just open my mouth to ask about this, my parents shut me up and continue this refrain 'a girl like you does not feel ashamed of yourself at all to ask about that?' or 'you are just a kid to ask about this'."* (Clip 6)

In her interview, G0917No also shared a similar view to the comments in Clips 4 and 6 above. She showed concern about her parents' scolding and that the parents could not understand', which prevented her from making reproductive health enquiries. Those in Clip 6 in Extracts 005 and 006 made fun of the situations with their parents, when they would hit and 'slap' them if they ever talked about sex, but this is in fact the case in many families in Vietnam.

> Extract 004 *"I worry that my parents will scold me, and I think that parents could not understand, they just use the eyes as the parents, not standing in the position as a friend to talk to us."* (G0917No)
>
> Extract 005 *"This is good, understand our teen mind but if talking this to my mama oh well...prepare for a slap in my face (smile icon)"* (Clip 6 UserF)
>
> Extract 006 *"You can try to ask your mom and will be slapped until your mouth broken"* (Clip 6)

Misleading information provided by parents in response to children's enquiries about sex

On one hand, the shameful association discussed prevents parents and adolescents from talking openly because parents will shut the children up or 'slap' them. On the other hand, it leads to some odd responses from parents when their children make sexual health enquiries. Instead of providing educational guidance, they answer by giving misleading information when children ask where babies come from; for example, using terms such as 'a boy kisses a girl', 'a clay doll', 'born from an armpit' or 'picked me from the tree'. Adolescents now have the chance to obtain information from many sources, but these types of answer provide nothing, instead simply encouraging them to keep more secrets from grownups because they see that their parents are not willing to talk about the issue.

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[4] Clip 6 - Vlog 17 Sexual Education from a famous Vlogger Jvevermind

All of the following quotes are from Clip 6, which presents a humorous scenario about an adolescent asking their parents about sex.

> Extract 007 *"Well, the old people also didn't have enough education. They can't teach the teenagers. I remember when I had a close friend confided his parents told him that he was born from bamboo root and if a boy kisses a girl, she will be pregnant. . . After listening to that, I laughed out of abdominal pain "*
> Extract 008 *"My father said: He made a clay doll and gave it to my mother to turn into a baby, then fed it to become me "*
> Extract 009 *"Parents often give their children odd thoughts when asked about this issue. Sometimes I think about my parents' answers, I can't help but laugh so hard."*
> Extract 010 *"9x must have been born from an armpit in the past;)) familiar responses from parents ;))"*
> Extract 011 *"My mom said she picked me from the tree =))"*

Beliefs about parents' and teachers' potential attitudes regarding a romantic relationship

Similar to parents, teachers' attitudes also create a lack of openness among teenagers. This might come from just a 'look', but the students sense that the teacher does not approve of the relationship. Clip 5[5] again does not mention anything about sex because it is just about a school-age romantic relationship, but adolescents experience a 'criminal' look, as if they are 'prisoners' held by the teacher, just because they are in a relationship. (Clip 5 UserF) (Appendix B8).

In the other case, the teacher of a user in Clip 3[6] is 'shy' about giving sexual health information, so the students do not have a chance to receive comprehensive sexual knowledge. This shows that cultural secrecy happens not just among young people, but also amongst grownups.

> Extract 012 *"In other countries, they educate about sex very seriously. It is not like my Biology teacher in Year 8, she was shy when teaching about it. With inadequate information like that, we - students are just more curious." (Clip 3 User?[7])*

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[5] Clip 5 - Loves in school - Forbidden or not (How to behave in love relationship skills)
[6] Clip 3 - Where did the baby come out?
[7] This is a cartoon illustration showing how a baby is born, which helps parents to teach their children about sex.

'Premarital sex is taboo'- The prevention of communication between partners.

If the shame associated with sex constrains teenagers from having open communication with grownups, a similar situation would also occur between partners in a romantic relationship. These two extracts below partly explain the reason for secrecy between partners in general. According to G2220Yes15, premarital sex is a sensitive issue in Vietnam; the term '18+' is used to refer to it, which means it is not something for school-age students.

> <u>Extract 013</u> *"Well, talk to each other..nearly never, just talk about love relationship, not something deeply about 18+ issue. Because, well, at that age, one reason is because of me, I am shy of it, I didn't know much about it - that 18 plus issue, but my boyfriend I had the first sexual intimacy since grade 10th is now my husband. Since that first time, I only have sex with him, no other people." (G2220Yes15)*

Because of secrecy, G22 engaged in sexual intercourse at the very early age of 15, but she was not sure whether she wanted to do it. Talking about her background, G2220Yes15 said she had sex at the early age of 15 with only one man, now her husband, because they had a baby when she was 18 years old. They did not use contraception at the time. The question here is if they had been able to have open communication at the beginning, if there could have been the potential to delay the sexual initiation, so protecting themselves better. As well as being 'shy', the girl admits she 'did not know much about it'. This demonstrates that secrecy in sexual communication might also prevent the learning about reproductive health to prepare for such a situation; consequently, teenagers could end up in having spontaneous sex, as in the case of G22. The issue is confirmed by the boy B0516No in Extract 094, who explains that the reason for secrecy is the 'taboo issue' in Vietnam.

> <u>Extract 014</u> *"Well we...rarely and nearly never talk about it, because it is less mentioned in Vietnam, it is a very taboo issue!" (B0516No)*

Girls' fear and shame regarding premarital sex

Many cases in this study in which there was secrecy between partners resulted in early and unprotected sex. The root cause of the problem remains the shame associated

with premarital sex, which causes teenage girls to feel fear and shame. Three cases involved girls (G2121Yes18, G1921Yes17 and G2220Yes15) who had sex when they were teenagers and had babies at the age of 18 years old. The reason they did not talk about the situation is that they were 'scared', and 'afraid of even touching'. Such fearful feelings about sex prevented them from even thinking about it, thus avoiding discussion about sex with their boyfriends before engaging in sexual intercourse.

> Extract 015 *"I did not talk about sex with my previous boyfriend; I was scared, just mentioned that I did not like...Even with my next boyfriend who now is my husband, we did not discuss anything before the first sexual intercourse because he knew about protection, so we did not talk anything at all."* (G2121Yes18)

Even when the boys were open about the subject, the girls' frightened attitudes made it difficult for them to communicate. This occurred in the case of G1921Yes17, whose behaviour was in contrast with that of her boyfriend, who was willing to communicate openly about sex.

> Extract 016 *" I didn't want to talk about it with my boyfriend...kind of afraid to be touched when he mentioned about sex, I tended to avoid talking about it...Oh yes, he openly mentioned it when texting..mentioned...sex or something like that, but I am afraid I told him to stop talking."* (G1921Yes17)

There is a difference between boys and girls with regard to talking openly, with the fear mostly experienced by the girls. The question therefore arises as to what makes the girls frightened. If it is simply because of the cultural beliefs which associate sex with something terrible, then why do the boys seem to be more open? Some girls refer to the fact that they 'did not talk because he knew about protection' (Extract 015). This could be the potential reason why in most cases boys seem to be more mature in Vietnam. Therefore, the difference might be the result of another overarching theme - women's powerlessness, with girls relying completely on their boyfriends to make decisions. This concern will be discussed further when making the connection between theme 1 and theme 2.

Worrying about partners' judgmental views

On one hand, adolescents do not talk openly with grownups because they believe society considers sex to be shameful. On the other hand, this secrecy between partners is different and more complicated than simply the shameful association. Both boys and girls worry about their partner's judgemental view if the other party initiates talk about sex. For girls, they believe that if they initiate a discussion about sex, it would be associated with sexual experience. Since premarital sex is considered to be taboo issue, a girl's virginity is important. Therefore, the girl will not want her partner to think that she has already lost her virginity if she knows a lot about sex. This view is demonstrated in Extract 017 of G2121Yes18.

Extract 017 *"Talking about sex means you had experience before, it is not good. I do not want him to think I am that kind of girl." (G2121Yes18)*

In the case of boys, they might worry that their girlfriends are strongly resistant to sexual requests when they initiate discussion about sex. Therefore, they might try to see how their girlfriends react without risking mentioning sex. This could occur because many adolescents have strongly negative attitudes towards premarital sex and might decide to break up if their partners request it. This is shown in the interviews with both a boy and girl in the following extracts.

Extract 018 *"I will break up immediately, asking for sex is not good, not thinking for girlfriend." (Bp0114No)*
Extract 019 *"Once they asked for sex ... it's like ... too young to do that, I think unless they were joking, I would break up.". (G1016No)*

The one who is asking for sex is considered 'not good', 'not a very nice' person. This is closely related to the belief that sex should not happen outside marriage related to the traditional Vietnamese view.

Extract 020 *"Well ... I think she should have left her boyfriend because if her boyfriend asks for sex at this age, it means that he does not have enough perceptions and also. ... not very nice people" (G1314No)*

7.2.1.1.2. Cultural beliefs towards teenage pregnancy

Close friends sharing with each other about sex but not about pregnancy.

If adolescents keep their romantic relationships secret from grownup such as parents and teachers and do not want to talk with their partners about it, they are nevertheless willing to confide with their close friends about sexual relationships. G02's close friend did not keep secrets from her and did tell her part of the story about her sexual experience with her boyfriend, and even shared knowledge about how they did not use any protection, so then needed to use emergency pills. However, she kept secret the part about getting pregnant and having a medical abortion. This case might imply that G02's friend felt ashamed of getting pregnant, a feeling which might come from how society thinks about pregnant girls. This secret created a problem later when the girl did not seek advice from reliable sources. If she had confided in her friend, she might have made a different and better decision.

> Extract 021 *"My friend, called A, she knew something about that stuff. (…) That time, she did count the date but may make a mistake or something so that she was...pregnant, I did not know that. (…) However, later when she broke up with her boyfriend, she was sad about that. She was pregnant but her relationship did not go well. (…). She needed to think about the future, so she decided to take medical abortion at home. **Only that when she told me.**" (G0218No)*

Similarly, some share with friends who are open minded about the subject, while others share with cousins who are considered close peers.

What we can see here is that while adolescents keep secrets with grownups and are scared to talk to partners, they do confide in their close peers. However, they do not always share everything about their sex life, especially when they feel their friends might have a negative reaction to this or that they will face the risk of judgmental views. The later section will explain how some teenagers might react in order to illustrate what sexually active/pregnant girls worry about.

Peers' attitudes towards teenage pregnancy

Friends who do not approve, show strong negative attitudes toward pregnancy by using words such as 'shocked'; 'OMG, crazy'. What we can see here is the reason why some adolescents cannot share everything with close friends because they are worried their friends might not approve of it.

Extract 022 *"First of all, I will be shocked, and I will say to her OMG Are You crazy. Because it is really terrible, what if she is pregnant, still in grade 12, the whole future ahead. But I think it is not going to happen because she does not have enough courage to do that (smile)." (G0417No)*

Regarding pregnant girls, their risk of discrimination from friends is even higher because society has strong negative opinions toward pregnancy at school age. Most consider girls who become pregnant to be 'stupid', 'dumb' and 'filthy'. They talk about it as if it were their own view, but it is actually what they believe other people surrounding the pregnant girl will think; these other people are referred to with phrases such as 'everyone will have different eyes', 'male friends talk behind her back', 'everyone will discriminate her', 'people will ...decry her'. Pregnant girls will therefore predict behaviour such as 'making joke, laughing and cursing her as stupid' so that they will try to hide the pregnancy even from close friends.

Extract 023 *"Well I think...think about her...it is filthy." (B0920Yes17)*
Extract 024 *"To me...I think she is dumb, so dumb. To let that happen and pregnancy affects a lot to study and her life, everyone will have different eyes at her. My friends my male friends just talk behind her back, something like making a joke, laughing and cursing her as she was so stupid." (B1218No)*
Extract 025 *"I just told her: you can do whatever you want, but you should think for yourself, if I tell you to think for your parents, it is a kind of nonsense, you should see it for yourself if you have pregnant and he does not marry you then you will be humiliated, that is." (G0218No)*
Extract 026 *"To me...first she continued to go to school...and everyone will discriminate her, talking behind her back...then she was scared...she worried it might ruin her parents' reputation...I think anyhow, she is the one who suffers." (G0318No)*

In Extract 028, Gp03 does not even want to have any connection with a pregnant girl, which show how the attitudes and expected behaviour from peers can lead to secrecy amongst adolescents about their sex life.

Extract 027 *"I don't like that, really don't like that stuff. She is too young for: first, she does not have enough financial capacity to take care of the small family, second, about the mental issue, living in this society, too young pregnant girls will be discerned, and people will say some words...well how to say that...not easy to hear, something like decrying her, something like that." (G0716No)*
Extract 028 *"I think she cannot be happy, and everyone surrounds her will judge her badly, and I do not want to befriend with a person like her. A pregnant girl like her*

will be criticised and everyone will have slight eyes on her, I do not want to have any connection with that person." (Gp0312No)

If other normal friends might display harsh behaviours and attitudes toward some pregnant girls who they do not know that closely, as in the above examples analysed, close friends might make more gentle comments on the matter. G02 in Extract 025 shared her experience when talking to her friends about protecting herself when having sex with her boyfriend. She did not make a harsh comment, but still mentioned that pregnant girls would 'be humiliated' if their boyfriend did not marry them when they became pregnant. The issue here is that in Vietnamese culture the accepted practice is that a couple with a baby should be married; there seem to be no other options, such as single mothers with support given by social services or society. This may be the problem for pregnant girls and why they do not want to share their experience of pregnancy, even though they might confide other aspects of their sex life with close friends.

7.2.1.2. The value of study and future careers expected from society, as vested in the view of parents.

7.2.1.2.1. The value of study and future careers expected from parents and romantic relationships can be obstacles to achieve that future.

Teenagers predict the behaviour of parents in sharing situations concerning romantic relationships; for example, that parents will refer to the importance of studying at this young age and that it is not the time for a relationship. It is evident that parents might associate romantic relationships directly with premarital sex, so they would rather prohibit them at the beginning than allow sex to happen. However, such prohibition makes B0616No assume ('I guess') that his parents' reaction will be 'judgmental', therefore preventing him from opening up. G0115No in Extract 029 has a similar opinion to B0616No when explaining her secrecy with her parents, as she presumes that they would consider that a romantic relationship would prevention her achieving high marks at school.

> Extract 029 *"Oh, I don't want to share with my family because...they going to think this relationship might not going to work, so I want to publish it only when I am more grown up. Secondly, I understand my family's characteristics, so I think they are not easy to accept that I am in*

*school and have a boyfriend; they going to think my study result will
decline." (G0115No)*

In other situations, some parents display more aggressive behaviour, such as saying
something is 'forbidden', not just prediction. It appears that the parents told B0418Yes18
directly not to have a relationship while at school (Extract 030). The greater the level of
prohibition enforced by parents, the greater the curiosity amongst teenagers, which could
lead to reliance on unreliable sources of information elsewhere. Openness is only achieved
in this case when the story is revealed, and B04 has no choice but to tell their parents.
When told, the parents become more relaxed, meaning that B04 presumed in the first
place of parents' behaviour. Parents' behaviours towards sex/relationships must be
something to create that presumption while it could be better to encourage sharing ideas
about sex.

> Extract 030 *"My parents always have forbidden me to have a love
> relationship in high school to focus on studying. And you know for us, the
> more being forbidden the more we are curious, the more wanting to
> explore and experience it. So that because of forbidden how can we share
> it easily. Usually, I only share about that relationship when they find out.
> Sharing to them so they understand about our relationship to set their
> mind at rest." (B0418Yes18)*

The parents of G1116No in Extract 031 are similar to those of B04, in the sense of their
aggressive behaviour ('strict'), and the way she explains how they use the language such as
'always', 'cannot', 'really really not good' that how she believes her parents' think. Romance
relationships are associated with loss of mental health and distracting young people's mind
from studying - relationships (just the start of sex) are nothing good. G11 even thinks her
parents will 'kill' her and that other people will feel 'disgusted'. What is surprising here is
that she means just relationships, but it seems as if she were talking about premarital sex.
Therefore, what she believes regarding romantic relationships associated with sexual
behaviour could be the belief of the whole society.

> Extract 031 *"Because my parents are very strict and they always want me
> to focus on studying hard, cannot get close and feeling for anyone. I*

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always need to focus on study, cannot be indulge in play. This behaviour is really not good...we are too young, it will affect our health, our mind that we cannot focus on study. And if my parents know, it is really really not good, my parents going to kill me. My friends and other people if they know that, they are kind of...disgusted and despite me." (G1116No)

The common issue in these three extracts is that adolescents seem to presume that parents' and grownups' attitudes and behaviours toward romantic relationships indicate that premarital sex could prevent study success. It has the foundation for them to think that way since in the previous part of theme 1, we analysed how adolescents shared their experience of trying to ask their parents and teachers about sex. A comment from UserF in clip 1[8] sums up what most of the grownups think about romantic relationships at school age.

Extract 032 *"Pupils are better not falling in love; love is just the cause for ignorance. Nothing in their mind other than love, exam marks are low as 3 or 4[9]. How can they get into the university?" (Clip 1 UserF)*

Therefore, it is evident that Vietnamese society places much weight on the value of studying and future careers, and that romantic relationships associated with the taboo issue of premarital sex could be potential obstacles to adolescents' successful studies and future. Since adolescents understand their parents' view about romantic relationship, they will keep their romantic relationships secret in order to avoid conflict and any negative impacts on the parent-child relationship.

7.2.1.2.2. Friends' contrasting value of study and future careers.

Since parents consider that the most important tasks for their adolescent children are studying and focusing on the future, this perspective might also be shared by many adolescents and their peers. Teenagers acknowledge from their friends' attitudes that they would not want to share information about their sexual life with those who might be

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[8] Clip 1 - BB&BG Entertainment is a YouTube channel where a group of young Vietnamese people make clips about the lives of teenagers in Vietnam. This clip is about a teenage love relationship in the context of high school.
[9] Highest mark is 10.

against this, in order to avoid damage to friendships and face judgemental views. Taking G1314No in Extract 033 as an example, she compares her view and educated level about the importance of studying with other adolescents who might engage in early sexual intercourse or get pregnant. She describes such behaviour as one in which they 'do what they want to do' as a selfish act without proper thought about the future. In light of such contrasting value beliefs from many adolescents' friends, they will choose to keep things secret and not communicate openly about sex with such friends.

> Extract 033 *"For me, the reason is because of...the influence of...the environment where they were raised and how their parents educate them...their perception does not treasure the study like us, such as we need to consider the importance of studying, what we gonna do in the future. They just do what they wanna do."* (G1314No)

7.2.1.3. Evidence that open communication can delay sexual initiation and promote safe sex.

7.2.1.3.1. Evidence that some parents' attitudes create openness.

There is evidence that parents who are comfortable with this topic will encourage sharing about it. However, it is unclear whether talking to parents can delay sexual initiation and promote safe sex. Nevertheless, G07 mother's view here is still related to the value of study as long as the romantic relationship does not become an obstacle to it, although this might have been what her mother told G07 to make her feel at ease and start talking about sexual relationships (Extract 035).

> Extract 034 *"Wow, funny like stomach burst!!! Hahaha .... Fortunately, my family is very comfortable about this subject !!!!: D (Clip 6[10] User F)*
> Extract 035 *"Yes, my mother, my mother is very understanding. That is, when I discuss about love, my mother is willing to listen, not like some mothers who forbid the kids from having love and teenage relationship. And my mother said that if teenage love can help each other to be able to improve learning, then my mother absolutely does not prevent."* (G0716No)

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[10] Clip 6 - Vlog 17 Sexual Education from a famous Vlogger Jvevermind, who has a YouTube channel with 1.748 million subscribers. In this Vlog 17, he plays three roles - a mother, a father and a teen having a sex education conversation.

7.2.1.3.2. Evidence of partners' open communication followed by agreement on delaying sex.

There is evidence of partners talking to each other so that they can agree on delaying sex; perhaps when they reach the age of agreeing to sexual intercourse they will be concerned about protection. Even though B03 did not freely discuss the sexual issue with his girlfriend, he implies they understood each other's intention to not have sex at such a young age.

> Extract 036 *"I and my girlfriend sometimes discuss sex because we read some articles on the Internet, just talk a little about it but we did not have any intention at all. We did not talk in detail about it but we understand each other that we should not do it at this age." (B0316No)*

7.2.1.3.3. Open communication with close friends

Open communication with close friends could result in the opposite situation, in which friends who are open-minded and already engaged in early sex might encourage 'just do it' behaviour. However, talking to friends who would suggest using contraception in most cases. Therefore, it would be better to encourage adolescents to be open with many close people around them.

7.2.2. Theme 2 - Women's powerlessness in sexual decision making.

An overarching theme explains the low power of women in sexual decision-making, with men deciding on early sex and the lack of use of proper contraception methods. This theme has three subthemes, which stand in the position of outsiders/society in general and the male voice to observe their roles and the viewpoint of women to consider how powerless they are. The first sub-theme is that of society's stereotype that all men are *Sở Khanh*[11] and that it is the men who take advantage of young girls to have sex. This is supported by the second subtheme, which relates to women's powerlessness, seen from the voice of women who easily accept sexual requests from their partners without proper understanding consent and rely on men's decisions about contraception use and how to handle pregnancy. The idea of consent is illustrated further in subtheme 3 regarding the

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[11] A pervert male character in a famous Vietnamese Alexandrine tale – 'Kieu, The Tale of a Beautiful and Talented Girl.'

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male voice in sexual decision-making, when some men claim that it is the girls who demand sex. This might be an excuse from men, but also indicates the potential lack of comprehension of the concept of consent from both parties which may lead to this problem.
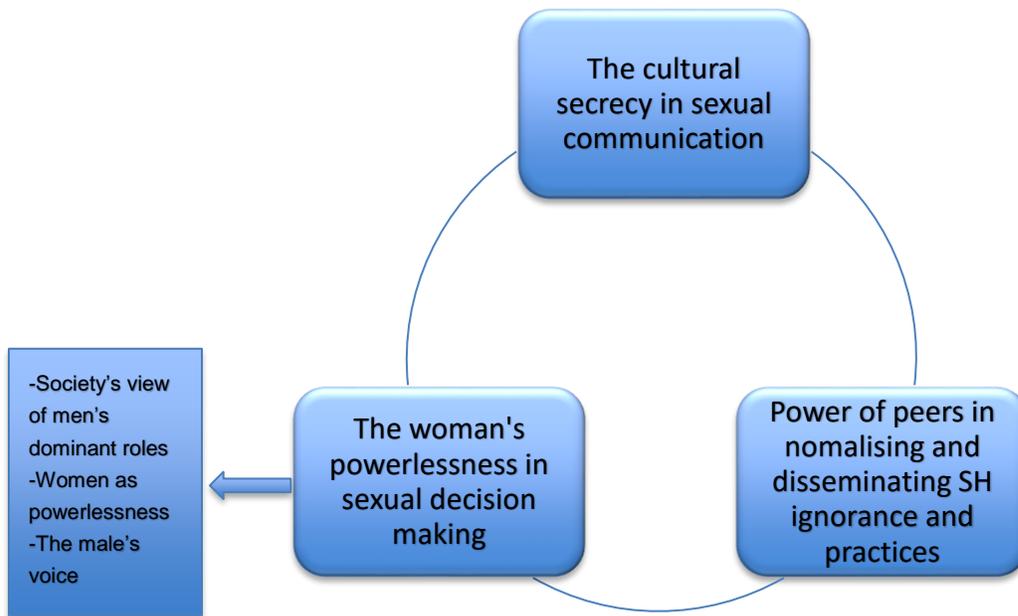
Figure 7.2 - Model of the particular and important social and cultural norms forming early and unprotected sexual behaviours of Vietnamese adolescents – Theme 2: Women's powerlessness in sexual decision making.

7.2.2.1. Society's view of men's dominant roles

7.2.2.1.1. Social stereotypes of men as 'Sở Khanh'

Extract 037 illustrates the social stereotype of all men as 'lewd', with many of them *Sở Khanh*. Sở Khanh is a perverted male character in a famous Vietnamese Alexandrine tale. In the tale, he takes advantage of the main female character, Thuy Kieu, by tricking her into having sex out of love and then selling her to a brothel. In Vietnamese culture, every man who has sex with girls and abandons them will be compared with or considered as *Sở Khanh*.

Extract 037 *"Actually, this clip is fun to watch, but not practical at all. 10 boys are 10 lewd, only the dumb one is not. If the girls meet Sở Khanh, then she is done"* (Clip 2 UserM)

This stereotype is illustrated in detail in extract 038, in which G10 cannot understand how the girl (14-15-years old) could have sex with that 'rascal' boy. She defines what is a 'good/ok' girl by mentioning their 'mark[12]' or 'attitude', and what is ' not good' boyfriend material, described in terms of 'rascals', 'mean' and 'went out with many girls'. For her, there are no matching characteristics between the partner in this relationship. From her point of view, the 'bad' boyfriend seems to 'take advantage' of the girl. She explains this further in the next example of the only grade 7 (12-year-old girl), who at that age is too young, too 'naïve, just a 'child' and could be easily seduced' by a more senior boyfriend. Furthermore, her senior boyfriend is likely to make the decisions. The implication here is that it would be better in a romantic relationship if adolescents consider evaluating whether it is the right person, and they are at the right age to have sex.

Extract 038 *"I think...it is really stupid. She is one year older than me, she is in year 12 now. At that time, she was in year 9, she was having sex with a boy in my school, she should choose the right person. He was really rascals, he was mean, not serious in studying, always keep the school and went out with many girls. Even if she wants to have sex, she should choose THE RIGHT PERSON. She was not that bad, her mark was ok, her attitude was ok then why she was in the relationship with that boy and had sex with him, I think it is really not sensible. I also know another girl who was in year 7, in the relationship with a 20-ish boy, I think he took advantage of her. Well, year 7 girl is really naive, not actually naive but she was still a child, easy to be seduced."* (G1016No)

B01 describes a girl he knows who was pregnant in year 9 and suggests this was the result of seduction by the male.

Extract 039 *"I think they did not know about contraception or she was taken advantages by him."* (B0117No)

The above stories about girls who become pregnant indicates that when men control the sexual relationship and girls have no or minimal power, early and unprotected sex can happen.

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[12] Achievement in study

The male often uses 'love' as a reason to seduce the girls or scares them by threatening to break up if they do not agree. This is illustrated in Extracts 040 and 041.

> Extract 040 *"I think because her parents did not care much, she was spoiled for quite a long time ago. So when her boyfriend seduced, she was so naive to agree to do that. She also believed he was the one but then it was the end of their relationship."* (G0417No)
> Extract 041 *"I think one reason is that her boyfriend seduced her with some words such as if we don't do this then we don't love each other, we should break up. The girl, therefore, scared so that she accepted doing that. Or he would say it is going to be ok, he will make sure everything will be fine but who can guarantee that."* (G0917No)

We can see that the boys described in this section undoubtedly control the sexual relationship. However, this could be because they misunderstand girls' consent due to a lack of communication. This will be discussed further in the later section on the male voice and the relationship between themes 1 and 2.

7.2.2.1.2. Men abandon pregnant girls.

Other than the examples of boys taking advantage of girls to trick them into having sex, men are also perceived as having abandoned the girls when they were pregnant as they did not 'accept the baby'. G04 said that she knew not one but many cases like that: 'Yeah I know a lot'. These situations took place because the boys were not a 'good person', as defined in the previous examples of G11. It might also be because they lured the girls into having early sex without any protection.

> Extract 042 *"Yeah I know a lot. There are many cases I know the guys did not accept the babies, the girls still gave birth, quit school. Well could not go to school anymore, right?"* (G0417No)

In this section, there is evidence of boys having power in the relationship. However, what is not known is whether it is always the truth; the voice of the male in this situation will be analysed in subtheme section 7.2.2.3. The following subtheme will provide an outsider's observation through interviews with the girls to ascertain how powerless they are, and whether as it is the same as if of the society's view.

The way males exploit the credulity of females by linking love and relationships to sex leads to females becoming reliant on men's decisions. This is the case with contraception use as well as with the handling of pregnancy. An example of this is presented in Extract 043 by G18:

> Extract 043 *"When we were in high school, my boyfriend was the one who decided sex and contraception." (G1820Yes17)*

7.2.2.2.1. Easy acceptance sexual request from boys without proper understanding of consent

G1820Yes17 regrets having early sex because she loved her boyfriend and would have done anything for him. It seems like she just followed a sexual request from boyfriend without consent/readiness to do so when she was 17 years old. This case illustrates that the male had the power; the girls did not say anything about not being ready.

> Extract 044 *"If I had a second chance, I would be more careful. At that time, I loved him so much, would do anything for him but now I know it is very hard to have a baby early." (G1820Yes17)*

The extracts from G19 and G21 confirm how males used certain words to persuade the girls. This might illustrate that the values of love and marriage are strong in Vietnamese culture and can be the reason for the boys to take advantage of this as girls treasure the notions, which makes them powerless. This is further exemplified in extracts 045 and 046, in which both girls believed they would end up in marriage at a very young age.

> Extract 045 *"At first, I thought...as I told you...for sure we were going to get together (marriage) so I gave my virginity to him. But after that, he left me to be with another woman, then I knew what I thought was wrong." (G1921yes17)*
> Extract 046 *"No, at that time our thought is that...he told me he was not young anymore and I nearly finished grade 12 then I can work or continue studying something, so we decided to get married...so we did not use protection on purpose...yeah, I did not use contraception, my thought was really tender." (G2121Yes18)*

In Extract 046, G21's boyfriend did not trick the girl in the same way as G19's ex-boyfriend

(Extract 045) did because he meant what he said, and they are still husband and wife. However, it is undeniable that he played a dominant role in making sexual decisions because G21 admitted she was very 'tender' at that time.

Men also use the values of love and relationships to persuade females; Extract 047 shows the particular words and techniques G21's boyfriend used. G21 said the phrase *bắt làm quen* was used, meaning 'force to get used to'/'force to practice sex' but she did not take it seriously. It seems like she willingly submitted to her boyfriend, which for her was usual practice with partners. It is suggested that in the relationship neither party understood the concept of consent in being able to make their own decisions. The dominant role of males, and females' reliance on them, makes the powerlessness of women more complicated and sexual practices more troublesome.

> Extract 047 *"I was also kind of afraid at the time, even when I first had sex with my husband, I felt so awkward but later it was getting better. For me, until I fell in love with my husband, he talked to me such as every couple who are in love, they do this do that. And he also guided me to force* me to get used to with that (laugh), later I feel normal. (G2121Yes18)*

One of the reasons for girls' powerlessness could be because they treasure the notion of marriage and believe that their partner will be their future husband; therefore, they engage in early sex without entirely proper consent.

7.2.2.2.2. Reliance on men regarding contraception use

As discussed above, girls have no power or voice in agreeing or not agreeing to sexual intercourse, and this section shows that they do not even have power in using contraception. Referring to the stories of G21 and G23, they were both having sex with their boyfriends in their adolescent years and because they did not use contraception, they had babies at the age of 18. G21 did not use a condom because her boyfriend (now her husband) did not like the feeling of using one, but she talked about the pleasure (Extract 050). Similar to G21, G23 became pregnant because her boyfriend did not like using a condom. G23's life was also threatened because of pregnancy, but they kept using the

coitus interruptus technique and calendar rhythm as protection methods, all because her husband did not like using a condom (Extracts 048 and 049).

> Extract 048 *"No no, it was unplanned. Yeah, just an accident. I think I missed calculation. I should know when the date of fertility is and when is period. But that day, may be too excited then overboard, did not think about it. Usually if we are not sure, he will take out. It was really unplanned. But we did not want to do abortion, we kept it and plan to get married, but then I miscarriage. We did not use a condom because he did not like it."* (G2320Yes18)
>
> Extract 049 *"Since we did it, we used a condom. However, the feeling was unendurable, uncomfortable compared with when we had sex without condom, he did not like it (...) I had continuous stillbirth miscarriage, it was very hard to have my daughter. Then when she was about 9 months old, I had pregnant and stillbirth miscarriage again. I can tell you how hard to have my daughter, I had problems of losing glomerular so I would face metrorrhagia when having vaginal birth so that I couldn't have vaginal birth, the doctor said my situation was really bad, the amniotic fluid also lost 40%, it was very emergency situation. I would face the same problem every time I try to have a baby. So, when we have sex, if my husband could not control, he did the coitus interruptus. If for example today is my fertilised day then how to do the interruptus, because it is very easy for me to get pregnant but difficult to deliver the baby, so If my husband thinks about my life then he will stop, he is not going to continue"* (G2320Yes18)
>
> Extract 050 *"My husband said using condom makes the feeling not real"* (G2121Yes18)

G02 shares the story of her close friend who initially used contraception but later did not because she wanted to achieve better intimacy with her partner. G02 also comments on the fact her friend did this out of love for her boyfriend. It is possible that G02's friend did not make a decision about unprotected sex, but that her boyfriend did, and this became part of her inner belief system.

> Extract 051 *"My close friend she told me when they were having sex first, they did use protection. Later when they felt attached, then they did not use anything. They said it can help them experience the actual feeling, more intimate, like giving everything to each other, it is like their mental support. I think my friend did it because she loved him. Other use sex to forget about other pressure like a family issue, learning and other things, they just use sex to forget about that."* (G0218No)

These stories show how the man has dominant power in deciding contraception methods and it is down to the girls to protect themselves from pregnancy.

7.2.2.2.3. Reliance on men regarding the handling of pregnancy

Men also have more power in deciding what to do when girls become pregnant. In the case of G18 (Extract 052) and G21 (Extract 053), they both married the men they had their babies with. When they found out they were pregnant, the girls both implied that they were not ready and wanted to have an abortion, but the decision was down to the men to keep the babies and to get married.

> Extract 052 *"When my boyfriend and I knew it, I did not know at that time, I was like, half happy and half worried. We talked to each other; we did not know what to do now. I said maybe give up ... but my boyfriend insists on keeping it."* *(G1820Yes17)*
> Extract 053 *"I tried the pregnancy test, and it was positive... I did not know what he was thinking but I could not think of anything (laughs). He also told me that sooner or later we going to get married, I said it was too soon, we should get rid of it, but he did not agree. (G2121Yes18)*

In the case of G19 in Extract 054, her boyfriend decided to perform a medical abortion; she did not know what it was but drank it and followed her boyfriend's instructions without any concern. She later faced infertility because of this. Her ignorance about sex and her powerlessness in sexual decision-making, including not agreeing on coitus, led her to rely on her boyfriend to handle her pregnancy.

> Extract 054 *"That time I didn't think much, I didn't think any. I just knew that I was pregnant and told my boyfriend. Then he bought some medicine for me to take. I did not know what kind of medicine was (smile). He told me to just take it no need to worry. Then I took it. After that...the foetus went out...I just followed his instructions. Well, that time, I felt scared, so what he told me...it felt easy, so I followed."* *(G1921Yes17)*

These examples show the powerlessness of women in sexual decision-making; for example, not using proper contraception methods because their boyfriends did not like them. Consequently, they became pregnant, and the men decided whether to keep or abort the

baby. Later, when deciding to go ahead with an abortion, the men also had the power in choosing the method, without proper consent from the girls.

7.2.2.3. The male voice in sexual decision-making

This subtheme analysis suggests that some men blame girls who make sexual requests. However, this might also indicate the men presume sexual consent from girls. The comments analysed in this section come from Clip 2[13]. The content of the clip instructs girls on how to find an excuse for refusing sexual requests from boys. The clip shows how society presumes that boys are always the ones who request sex first. However, there are some comments from boys stating that some girls ask/demand sex more than boys.

> Extract 055 *"I had a girlfriend before. Every time we went out, she wanted to go to the hotel for a good rest. And you know each time, we did that (sex). Sometimes I do not want to, but I'm just afraid of emotion rift so I must pamper her. Is it always the guy who demands? I think that most girls are more demanding than boys. But it is just she was still shy; she didn't want to show it just yet."*
> Extract 056 *"I think girls are just as sophisticated and demanding as the boys. Mr Hieu, can you please make a vlog to help boys? :)"*
> Extract 057 *"Mr. Hieu, may I ask: If the girls proactively seduce the boys, then how to avoid imprisonment?"*

This could be the case, but it might refer to situations when men use it as an excuse to have sex with girls. Alternatively, it could be that the boys presume that their girlfriends will make sexual requests without clear consent from both parties. This issue might link to the first theme regarding the fear between partners of talking about sex because if they did this beforehand, they would know whether there is actual consent from the other or just an assumption. This therefore emphasises the need to explain the concept of consent to Vietnamese adolescent boys and girls so that they will comprehend it properly.

The only data in this section come from the males' voices. On one hand, it is possible that there are actual situations of boys having power, but they did not want to talk about this.

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[13] Clip 2 - What to do when your boyfriend is asking for sex? (Escaping skill)

On the other hand, it could be a potential limitation of the thesis, which will be acknowledged in section 9.4.

7.2.3. Theme 3 - Power of peers in normalising and disseminating sexual health ignorance and practices.

This theme explains the power peers can have in changing Vietnamese adolescents from being against having premarital sex to accepting it and spreading sexual health ignorance and practices. The first subtheme is the power of peers in changing adolescents' viewpoint of premarital sex, while the second focuses on how online peers disseminate the ignorance and problematic practices. In the first subtheme, peers (people of their own age that adolescents know personally) who have had sex and general peers (people their age who adolescents might not know personally) open up about sex; both have a strong influence on changing adolescents' attitude toward premarital sex from being against it to accepting it as normal. As for attitude changing, it is possible that young people will engage in early and perhaps unprotected sex. The second subtheme examines social media and the internet, considered a virtual life; social media users are online peers, and what they say is their peers' voice. In addition, it focuses on the features of the internet as a safer environment for teens to talk about their secrets, so they trust it to confide many things. Online peers help to spread the use of unreliable contraception methods and medical abortion, which many young people believe in. Furthermore, online communities disseminate stories of problematic teenage pregnancies, which might make the unordinary become the norm.
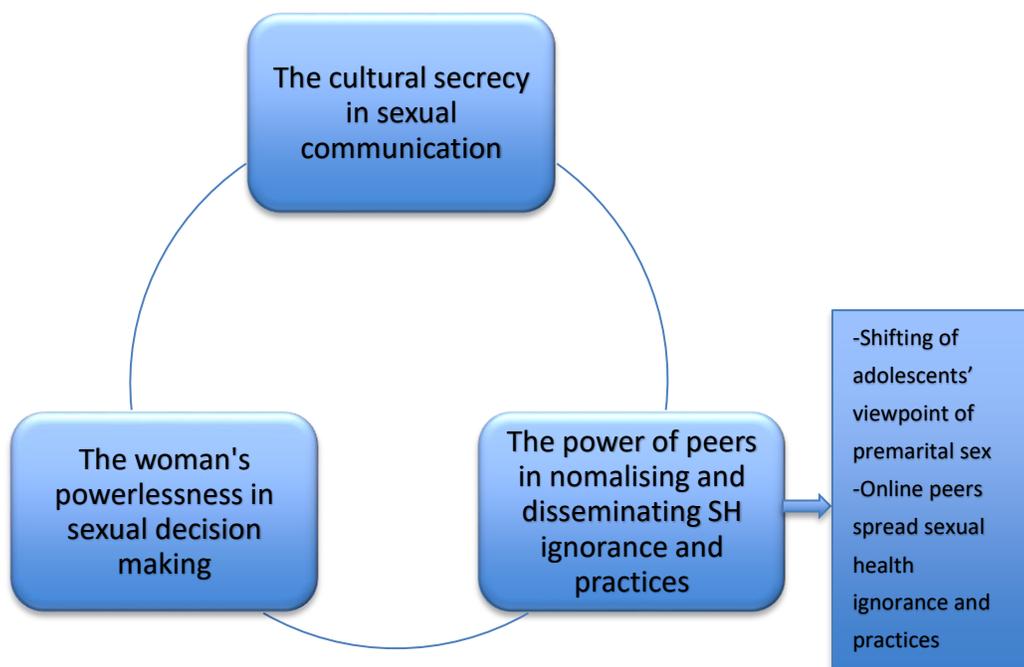
Figure 7.3 - Model of the particular and important social and cultural norms forming the early and unprotected sexual behaviours of Vietnamese adolescents – Theme 3: The power of peers in normalising and disseminating sexual health ignorance and practices.

7.2.3.1. Shifting adolescents' viewpoint of premarital sex

Shifting 'sex should only be in marriage' beliefs to 'normal' in their mind because many peers having sex.

Before they consider premarital sex is something only stick to marriage, it means sex should happen in marriage, therefore premarital sex should not happen. But later, adolescents accept and consider it normal because of their friends' views. The friends that influence such changing attitudes can be their close friends who have already had sexual experiences, or simply other people they know. In extract 058, even though G21 is afraid of sex, many of her friends feel it to be normal and the reason for their friends' view is because they already have sex; after hearing many of her friends saying it was normal, she accepted it. This example shows how peers can change the attitudes of adolescents effortlessly.

Extract 058 *"Other people...like my friends, they feel it normal, but I was still afraid (smile). My close friends who already had sex with their boyfriends, confide in me that they think it normal..., later I feel normal."* (G2121Yes18)

Extract 059 *"She considers it normal because her characteristics is more sharp-tongued than me. She had a boyfriend before me, so she considered sex normal. She told me "I think it is very normal, why do you make such a big deal about it?"* (G2121Yes18)

B06 in Extract 060 mentions the maturity age is in grade 10 (15-16-years old); when they move to the new environment (from the secondary school to high school) is when they change their attitude. The 'new environment' is one in which many friends have already had sex, as in the case of G21, or it might just be because they are 'at certain age'. Before, he also thought that sex was linked with marriage, but later he accepted it in a love relationship.

Extract 060 *"My thought about sex is changing. Starting in grade 10 when I am in a new environment, my thought is changing quite a lot. Well, before...when I was thinking about sex..uhm...only when we get married. But now, I think that when we are in love or a certain age...or a relationship."* (B0616No)

Different to G21 and B06, G18 and G04 were strongly resistant to premarital sex in the past. For G18 in extract 061, sex was something important, and because of cultural beliefs, adolescents avoided thinking about it. The stories associated with premarital sex always end up with pregnancy, therefore they need to get married. This is illustrated in her answer because we were asking about sex, but she links it directly with young marriage and how it can lead to 'a miserable life'. But even with that view, she was persuaded by peers that it was normal.

Extract 061 *"Before I thought sex is a very big thing, I was scared when thinking about sex. I think sex only when we are getting married. Later I saw so many cases, it is kind of normal, but I still think it is early and we will have a miserable life because of young marriage."* (G1820Yes17)

G02 and G04 (Extract 063) also did not accept sex and considered it to be something important. G02 even refused to accept two people kissing each other. However, other people they knew were having sex, so they began to place less weight on such beliefs. For instance, G02 states explicitly that 'I do not completely accept that' in Extract 062. This

phrase shows that, even though she accepts sex, it has not become part of her inner belief system. This again shows how powerful peer behaviour can have an impact on normalising premarital sex amongst very resistant young people.

> Extract 062" *When I was in secondary school, I think sex is too early and when I know my friends doing it, I felt shocked, I did not think they did it that early. When I was in high school, I think we should not do that but because I am in an environment where many people are doing that, so I feel normal. In secondary school, I think it is too big, I simply think it only happens when we get married. And now I see so many of them are doing it then I feel it more normal, but I do not completely accept that. "(G0218No)*
> Extract 063 *"For me, at first, I was very shocked, after that I know many people doing that then I feel normal from time to time. Yeah, at first, I felt shocked only with kissing, but now many of my friends are doing this then it is normal. Still, a bit early, isn't it? But it is normal, surround me, in my class, so many people have girlfriends/boyfriends doing it, accept me (smile)." (G0417No)*
> Extract 064 *"Yeah for me it is about the external influence, for example, now people are quite open-minded about it, it is not really important, so yeah it is the influence from the outside." (G2220Yes15)*

On the other hand, G22 in Extract 064 was easily influenced by her peers and changed her view, as she was quite 'open-minded' about it.

Shifting 'sex should only be in marriage' beliefs to 'normal' because many peers openly talk about sex jokingly in conversation.

Many adolescents consider sex as 'normal' because peers openly talk about it without the need to keep it secret and make jokes about it. For them, making other people feel at ease about talking about sex is like the society and their peers do not consider it is as something 'taboo' or 'sensitive' anymore. However, considering sex as 'normal' might just happen inside their head, whereas if they behaved accordingly, they would not approve of it unless it was with someone, they knew shared the same belief system.

> Extract 065 *"Well it is normal because...people...before were so secretive about it, now it is quite popular, they talk loudly in the street about it like it does not matter at all." (B1118No)*
> Extract 066 *"When I was studying in school, it was not comfortable to talk about it but later I feel normal, and everyone was making jokes about it." (B0920Yes17)*
> Extract 067 *"With me, when I was young during my puberty time, I feared sex, it was so sensitive thing. I thought it was too disgusting and I did not want to believe*

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people are actually doing it. Later, I feel normal, sex is just the demand. I also heard the other friends making a joke about sex and other very young girls … maybe just in 3rd or 4th grade talking about sex loudly in the schoolyard when I picked up my little sister (she was in 4th grade). I think secondary school girls, they know about sex for 2-3 years already, so they are very open-minded about sex. So that I accepted sex, I didn't feel scared anymore because it is too normal now." (Gp0218Yes18)

Other peers in these cases are just like the general public, with a voice that can influence the changing of adolescents' minds about accepting premarital sex as normal. In these two situations, the fact of peers having had sex, and general peers opening up about sex, both have a strong influence on changing adolescents' attitude toward premarital sex, from being against it to accepting it as 'normal'. As for attitude changing, it is possible that they will engage in early sex and perhaps unprotected sex. In the following subtheme, we will analyse how peers, especially online peers, promote early and unprotected sex. What needs to be understood is the power peers have on adolescents and how this can be utilised to promote safe sex and delay the first sexual experience.

7.2.3.2. Online peers' spread of sexual health ignorance and practices.

7.2.3.2.1. Online peers as a strong influential community on every aspect of youth culture

Even though G21 in extract 068 mentions 'social media', what this might refer to is online peers who have a very strong impact on the life of other adolescents, which could be even stronger than their 'real-life friends'. The following extract shows adolescents' fear about talking to real-life friends, but that they can talk about anything with strangers on the internet. For them, with online strangers they do not need to worry about situations that real-life friends can create. These could be the judgmental views of friends, while online strangers would not know who they are. Social media plays an important part in teenagers' lives and can be considered to be another life that they have, which is not only for entertainment, but also everyday life activities such as 'sleep, eat or anything'.

> Extract 068 *"The social media has so much impact, sleep eat or anything all in the social media, they don't even need to confide with the real friends. Sometimes, it is afraid to talk to friends but in the Internet, with all strangers they can talk about anything, pull out their intestines and livers to talk. Yeah, sharing with friends is limited but obviously not to worry to talk to strangers." (G2121Yes18)*

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However, B06, B08 and G04 emphasise the alarming nature of social media, in that it mostly spreads negative aspects of life that adolescents will easily follow (Extract 069, 070 and 071). They believe that social media mostly have a negative influence on adolescents' lives. The concern here is how online peers spread 'bad ideology' and 'arouse' people to display aggressive/negative behaviours.

> Extract 069 *"Well because...nowadays in the social media, people are copying each other with bad ideology, and it is widespread." (B0616No)*
> Extract 070 *"In general, social media has a positive influence but there is still a negative side. In social media, we discuss, talk and exchange friendship relation. The negative side is a waste of time and... people are easily aroused/agitated." (B0818No)*

Almost everyone can recognise the influence of social media/online peers on their lives and acknowledge the fact that on balance the internet impacts negatively on them, but they continue to spend more time on it. For example, in Extract 071, G04 knows what is 'good' and what is 'bad' but admits that the mind of adolescents like her wants to hear about 'gossiping' stories on the internet more than other credible news. In her view, she explains that adolescents are curious, that she and her friends know what is 'bad' and discuss it, but still cannot stop 'gossiping' about it. The mind of adolescents is tempted by 'hot' news; they follow the crowd and do not need to take the precaution of thinking beforehand, so they just share the news. Social media features allow such behaviour because adolescents can hide their identity. The more they share, the more news that will reach other internet users.

> Extract 071 *"For me now social media does not have a positive influence because I saw many unusual more negative things in there. For example, something good such as (…) not many people share it but if there is a rape case then so many shares. (…). Good things- no sharing, bad things- share a lot. I am not sure but maybe those stories are hot and young people psychology like us want to listen and gossiping, curious to know about that stuffs, want to see how it goes so sharing them. No one is good enough to wake up other people. Yeah, we did discuss with each other. That bad stuff we already knew they were not good then commenting such as terrible disgusting or something. (…) Well, other people on the Internet, they did not advise or anything, they just imitate each other to play around on the Internet, parents can advise, friends no, never." (G0417No)*

In conclusion, social media and the internet are considered a virtual life; social media users are one's online peers, and what they are saying is their peers' voice. The features of the

internet represent a safer environment for teens (safer here meaning not leaking information to their real-life acquaintances), so they trust it when talking about many things. The following section shows the strength of the impact online peers have on sexual health behaviours.

7.2.3.2.2. Online peers spreading 'bad ideology' and 'arouse people'.

Social media and online communities allow adolescents to behave in an instinctive way by responding to other online members' concerns about contraception and dealing with pregnancy.

The stories below show how adolescents believe their online peers and follow what they are told. The friends in Clip 2[14] UserF in extract 072 believe their online peers' opinions on the use of continuous emergency pills without research into their side effects.

> Extract 072 *"Many of my friends went to get emergency pills by themselves. They thought it has no side effect because other people on the Internet were saying so.. so keep using it. Later, they went to the doctor to know that infertility because of it. Hm, both angry and sympathy for them." (Clip 2 UserF)*

The following stories concern three girls who chose medical abortion at home just because they heard that other young people on the internet had done so and told them it was safe to do this. In Extract 073, G02's friend did not talk with her when she was pregnant but followed other people's advice on the internet to use medical self-abortion without even asking for any other opinions.

> Extract 073 *"My friend, called A, she knew something about that stuff. For girls like us, we know about the calendar rhythms then based on that to calculate the date. That time, she did count the date but may make a mistake or something so that she was...pregnant (…). She needed to think about the future, so she decided to take medical abortion at home. She told me she heard on the Internet, many people did the same and nothing wrong happened, so she just followed." (G0218No)*

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[14] Clip 2 - What to do when your boyfriend is asking for sex? (Escaping skill)

In extract 074, G19 restates the 'psychological feeling of fear' common among teenagers, which makes them ask for advice from the internet even though they do not know whether or not it is safe. This is similar to the story of G20 in extract 075 about many of her friends taking advice from online strangers. This brings together the two contrasting traits of the online community; one which considers it a safer environment which teens can confide in, but the other which might place teens at risk of their health because of the use of medical abortion.

> Extract 074 *"On the Internet, young people most likely go to Facebook. In the social network, people post about abortion counselling. For those with psychological feeling of fear at that time, for sure we would go to that place even though we did not know whether it is safe or not. But I know for sure young people will go there and decide to do abortion."* (G1921Yes17)
>
> Extract 075 *"I know my friend feared abortion, so they chose medical abortion at home. They received counselling from somewhere maybe in the Internet saying that medical abortion is safer so they took it then the foetus would go out of their body."* (G2021Yes18)

It can be seen that the problem lies with the internet; young users just say what they want to say without precaution because they do not need to worry about exposing their identity or have responsibility for any trouble they might cause. Other people use it because they are scared to talk with their real-life acquaintances (as discussed in theme 1- cultural openness). Therefore, social media and online peers indirectly promote problematic sexual health practice such as medical abortion. However, it is noted that online peers' influence is similar to that of real-life peers, who also have a strong influence on adolescents' behaviour. Therefore, it is important to establish how to utilise this influence on Vietnamese adolescents positively, which will be explored in the discussion section.

Online peers spreading stories of proudly pregnant teenage mothers; problematic behaviours such as keeping secret about pregnancy and abandoning the child.

Some cases described in this section about pregnant young girls who have proudly posted their stories on Facebook have attracted much attention from internet users, who have read and shared the posts with other people.

Extract 076 *"Oh pregnancy...quite manyyyy (emphasised, lengthen the words and smile). Several people. When I was in secondary school, I was in year 6th and she was year 7th (13 or 14 years old), she eloped with her boyfriend, a week later her parents found her and brought home. She was already pregnant (smile)...And when I was in high school, I saw many people shared a post from a girl who had an 18-month-old baby...it was very disturbing. I mean she was proud about that (smile and shook her head) ...Another case is my mother's friend's daughter told me. It was her cousin in the village, she did not want to go to school, she hated the school so that she deliberately gets pregnant so that she can stay at home. She was just 11 years old; she was very excited to do the procedure to quit school. Another girl I know I think she was having a baby when she was in year 11th. Having a baby at this young age, it is not good at all."* (G1016No)

This is similar to the story of a girl who became a mother at the age of 17 when she was still at school. According to B08 and B12 in Extracts 077 and 078, the story attracted the attention of many users on Facebook, who commented on it and then shared it with others.

Extract 077 *"Well yeah, I watched on Facebook, they shared it on Facebook. I read in a post on Facebook...it was quite a long time ago I don't remember where I read it. People commented a lot, so many sharing too. Their opinions were diverse, some saying it is wrong, other saying it is right, some people make teases. I did not comment or share, I just read but other people share quite a lot."* (B0818No)

Extract 078 *"Yeah, talking about sharing I saw so many people share. They just share that post so many of their friends can read it, no private information."* (B1218No)

G04 explains in Extract 079 that girls purposely publish their stories to attract followers, but in social media it is impossible to know for sure whether or not they are true stories. It is possible that some people fabricate the information to allure young people. This may serve their own purposes, but may inadvertently make the sexual health beliefs, attitudes, and behaviours of adolescents more troublesome.

Extract 079 *"I know some girls have pregnant and post their stories on Facebook. Something like now she is pregnant, but the father does not take responsibility. Such thing how come she bragged about it on Facebook. Many people commented mental support her to deliver the baby, others saying that she was foolish, something like that. Well every time there is a story about the father did not accept a baby like that, they become famous on Facebook. Everybody knows she/they have more followers. Yeah so many cases like that, have pregnant then post that story on Facebook. So chaos, so many like and share and comment, in my Vinh city and many other places."* (G0417No)

It has been shown in this study how social media might influence young people by spreading examples of negative behaviour for them to follow. This therefore illustrates how social media can normalise problematic sexual behaviour among adolescents. This can then become the norm, promoting early and unprotected sex. On the other hand, it is also evidence of the power of social media and online peers in promoting the desired behaviour if utilised effectively.

7.3. Discussion of findings from Study 1

Findings from Study 1 suggest three themes pertaining to the social and cultural norms that shape Vietnamese adolescents' early and unprotected sexual behaviour, these themes are: The cultural secrecy about sexual communication, the women's powerlessness in sexual decision making and the powers of peers in normalising and disseminating sexual ignorance and practices.

First, this section will discuss each theme of how they could relate to the existing literature and whether they contribute to knowledge by answering the following research question 1.2.

RQ1.2 - What are the particular and important social and cultural norms that shape early and unprotected sexual behaviours of Vietnamese adolescents?

Second, in each theme discussion, we then provide the implications to develop the social marketing communication messages and contents could be used in Study 2. The message proposals used in Study 2 are also developed based on the communication theories, persuasion techniques and social marketing framework set up in section 4.6 which the author will present at the beginning of Chapter 8, section 8.1. However, to make it easier for the reader, each relevant proposal will be placed under the implications. In each situation, the author also identifies the deficiency in any aspect of the COM (Capability-Opportunity-Motivation) model from Mitchie *et al.* (2011) to fill in the Table 4.3 in section 4.4.3 to be able to apply COM-SM of Tapp and Spotwood (2013). The COM deficiency will also be summarised in Table 8.1 – Column 4.

Last, at the end of each theme discussion (section 7.3.1-Figure 7.4a, 7.3.2 – Figure 7.4b and 7.3.3 – Figure 7.4c) and discussion of theme interrelationship in section 7.3.4 (Figure 7.4d) using the model of Brennan *et al.* (2016) will answer Research question 1.3 and help to build up the model of Vietnamese adolescents' sexual behaviour (Figure 7.4) addressing Research Question 1.

RQ1.3 - What might be the interrelationship of the unique norms to form the Behavioural Ecological Model of Vietnamese adolescents' sexual behaviour?

7.3.1. Discussion of theme 1 and implications for Study 2

The overall finding in this theme is that shame is the root cause of secrecy which defines by the belief 'premarital sex is taboo'. It is supported by the cultural background reviewed in Chapter 3 – section 3.1.1 and 3.1.2 with Confucianism place a high value on virginity (Khuat, Duong and Nguyen, 2009). Even after Doi Moi period (from 1986), literature in Vietnam still pointed out how society considered premarital sex is one of the social evils like drug use, prostitution and HIV (Mensch, Clark and Anh, 2003; Marr, 1997; McNally, 2003). Shame association with sex still appears among the whole society which constrains open communication about sex between parents and adolescents, teachers and pupils, partners in a romantic relationship. Even with close peers who supposed to be the groups where adolescents can share everything but there are still some secrets they are hiding from their best friends. These will be discussed in more detail in the following parts, but the implication is that any intervention should address shame which should not be associated with sex (P1)[15]. This situation illustrates Vietnamese adolescents lack of the motivation to open communication because of their fear and shame, while they do not know how to talk and there is no opportunity from the social and culture allows them to open sharing about sex (COM).

Shame prevents parent-child communication because parents associate romantic relationship directly with premarital sex. It is shown in the National Survey 2009 with a low

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[15]P1 - IT (SEX) is not shameful!

percentage of adolescent talking with their parents about their issues (GSO, 2010). It could lead to the behaviour of parents where adolescents do not expect. Finding from this theme suggests that the reason adolescents might be reluctant to talk to their parents is because of their fear of their parents' behaviour. It could be teens' presumption of their parents' behaviour because there is evidence where parents are quite open about sex. In this case, they lack both capability and motivation (CM), therefore, it is better to let adolescents know how society understand what they fear when talking about their problem with their parents (P14)[16]. Another reason for some parents who prevent/prohibit their children romantic relationship is how society in Vietnam places a high value on studying, career and future while romantic relationship links with premarital sex and potentiality of teenage pregnancy could be the constraint. It is echoed to the research of Kaljee *et al.* (2011) which suggest that Vietnamese believe it is only through studying and completing tertiary education that a good life can be guaranteed in the future. It is supported by the concept of belief and value we have discussed in 2.4.1 where Vietnamese adolescents believe what the society (from their parents) considers more important, they then, therefore, are growing up value studying and career future. The implication is there should be a message targeting to parents which are instead of forbidding romantic relationship, the open sharing about sex should be encouraged P3[17]. In the context of delivering the message P2[18], we can tap on the idea of value which recommends how a romantic relationship could be together with the achievement of the good progress in studying. In P2 and P3, we are creating the opportunity and motivation for adolescents to act (OM).

The shame association does not only create a lack of openness between parents and adolescents but also between teachers and pupils in schools, even with teachers who are delivering sexual education sessions. Even though there are evidence of positive impacts and effectiveness of Comprehensive Sexual Education (CSE) in preventing sexual risks and promoting healthy sexual practices (Saito, 1998; Shrestha *et al.*, 2013; Eisenberg

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[16] P14 - Pregnant teens need your help not being scolded!
[17] P3 - Parents should encourage sharing about IT not forbidding their children to have a relationship!
[18] P2 - IT is alright to be at the right time with the right person!

et al., 2008; Chi *et al.*, 2012 and Mueller *et al.*, 2008), it is simply not enough to change sexual behaviour of Vietnamese adolescents. Literature in section 3.3.1 illustrated the current non-effective sexual education system in Vietnam which pointed out the reason for it coming from the traditional attitudes of parents and teachers who are uncomfortable and reluctant to have the conversation relating to sex with the kids (Do *et al.*, 2017). The finding from this theme echoed with that but it would explain the reason for shame associated with sex among teachers. If this norm cannot be changed then it would be difficult to achieve the outcome of CSE. Therefore, the message suggestion in P1[19] should also target parents and teachers to change the norm of shaming sex. In this case, the main reason is parents and teachers and might be the education system do not provide the opportunity for open discussion about sex among Vietnamese adolescent (O).

Partners in a romantic relationship do not open with each other because of shame feeling toward sex as the root cause. Several consequences of shaming sex preventing partners' communication could be taken from this sub-theme. First, the finding suggests that they did not talk about whether they are ready for sex or not and therefore end up engaging in the early sex without protection. The reason for hesitant communication between partners may be a misunderstanding of the other party's beliefs and values by assuming they think the same. This can be explained by the dimension of Vietnamese culture that focuses on indirect/non-verbal communication based on rapport and respect and relies heavily on body language (Hoffsted, 2019). People show agreement by saying 'Yes' even if the person does not agree with what is being said. Thus, a girl might say 'yes', but this only means she is listening; it does not mean that she will do what she is asked or agree to do so. This could therefore link with the consent concept that we will discuss in more detail in Theme 2. Second, the shaming association also prevents them from acquiring reproductive health information to prepare for their first sexual experience. This echoed with literature in section 3.1.1 which illustrated without openness in sexual communication, sexual education is meaningless (Castro-Vazquez, 2007) and the more

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[19] P1 – 'IT is not shameful!'

people talk about sex the more likely to use protection (Akers, 2010; Schuster, 2006 and Patrikar, 2014). The implication for these two findings is that open communication between partners should be encouraged (P4)[20]. Third, it might explain why girls tend to be less open about it than boys because they are worried about the partner's judgmental views when discussing sex. It is supported by the study of Khuat (2003) which suggested if the girls show any knowledge or experience in relation to sexual protection methods, this may cause the boyfriends to question the girls' virginity and result in contempt from their boyfriends. Another point should be noted from the interview that some girls show their strong attitudes against requesting for sex from boyfriend, thus, boyfriends might also fear of girlfriend rejection sexual request as the result of breaking up. Both partners, thus, are subjected to the worry of judgmental view constrain sexual communication openness. As discussed in the early part of chapter 3, Vietnamese religious situation is 80% non-religion, however, Buddhism practices are still popular among society. In Buddhism culture, the centre harmony should be maintained to avoid conflict while talking about sex between partners could be potential damage to the romantic relationship. Therefore, it could explain why both partners avoid talking about sex with each other before engaging in sexual intercourse. Lastly, shaming sex along with the belief that sex cannot happen outside marriage could also be another reason. Research of Vu (2018) supported this reason as it illustrated that the social values shape substantially the young Vietnamese people's marriage perception. Therefore, to be able to encourage openness between partners, there should be a message combine with P1[21] to address the situation when premarital sex is acceptable not just only in marriage belief. The message of 'when' is 'Sex is alright' in P2[22] will be found out in theme 2. This demonstrates Vietnamese adolescents might not know in which situation sex is acceptable (capability - C) and they fear to talk to partners could damage the relationship (motivation – M).

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[20] P4 - Sharing about IT between partners is a basis for a healthy relationship!
[21] P1 - IT is not shameful!
[22] P2 - IT is alright to be at the right time with the right people!

Vietnamese adolescents seem to share with closed peers about their sexual life but keep secret when they were having pregnant. The openness with close friends about sexual practice could show the peer roles in influencing teen behaviour which we will discuss further in theme 3. One finding from this theme is that there is no evidence of open sharing with other acquainting peers such as in local activities-neighbourhoods or in other curriculum activities which we identified in Chapter 3, section 3.4.1. However, some respondents consider their cousins who are of similar ages as close friends. This finding could be helpful to add to the SEM model of chapter 3 and draw out the idea of who might be close friends in the content of persuasion message (P5[23]) to Vietnamese adolescents. On the other hand, Vietnamese adolescents seem to hide even with close friends when they had pregnant. This is explained by the cultural belief against pregnancy rooted by shaming premarital sex. It is echoed with Khuat *et al.* (2009) when discussing Vietnamese consider unmarried pregnancy brings shame to the family. Even though their close friends might be open-mind about premarital sex but many of them were upbringing by such belief to form the negative attitudes toward outside marriage pregnant, therefore, pregnant girls would not want to face the judgemental view from their close friends. The cultural norm in Vietnam is to engage in indirect communication politely as speech is believed to reflect a person's virtue (Cultural Atlas, 2019). Additionally, they value the concept of the face which refers to 'a person's reputation, influence, dignity and honour' (Evason, 2016). Losing face occurs if behaviour is considered socially improper; therefore, people act consciously in Vietnam to protect their self-worth and shape peer perceptions (Evason, 2016). This norm could result in a series of issues which we will identify in theme 3 discussion and themes' relationship. The implication for this subtheme is there should be a message to address adolescents' fear and encourage sharing with close friends (P5). Similar to grown-ups and partners, adolescents fear of their friends' judgmental view so that they do not have the motivation to share everything (M). Furthermore, their friends and society in general do not offer the opportunity for them to confine (O).

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[23] P5 - Sharing about IT with close peers does not result in any judgement from them!

In conclusion, there is the potentiality of opening to parents/teachers, partners and close peers to delay sexual debut and promote the use of protection. However, opening sexual communication could lead to two opposite impacts but the implication is how to utilise peers' power to positively changing Vietnamese adolescents' sexual behaviours which will be discussed in theme 3. Open communication between adolescents and parents/teachers can only be achieved if grown-ups (and society) change their view about premarital sex, therefore, a message targets to them is necessary. Open talking with partners also needs to combine with other messages addressing all issues in a romantic relationship to be deemed effective.

The cultural secrecy is the social norm in the macro layer while parents/teachers, partners and peers are the actors in meso/micro system of Social Ecological Model. Those actors are interacting through Social Contract to influence and be influenced by the social norm – Cultural secrecy in sexual communication. In which, real-life peers seem to have a stronger influence than other actors such as parents, teachers and partners in opening up about sex. The Social contract system as defined by Lunnay *et al.* (2011) are the societal norms and values and social integration. This relationship will be presented in Figure 7.4a. The blank boxes in the model will be completed in the next sections' discussion to provide the full model in Figure 7.4.

Figure 7.4a - Theme 1 - Cultural secrecy in sexual communication and other actors in the Ecological model

Macro system   Exo system   Meso system   Micro system   Individual

Societal norms

Cultural secrecy in sexual communication

Social contract

Parents

Teachers

Real-life close peers

Partners

Behaviours

Early sex

Unprotected

Pregnancy

Abortion, Medical abortion

Desired behaviours
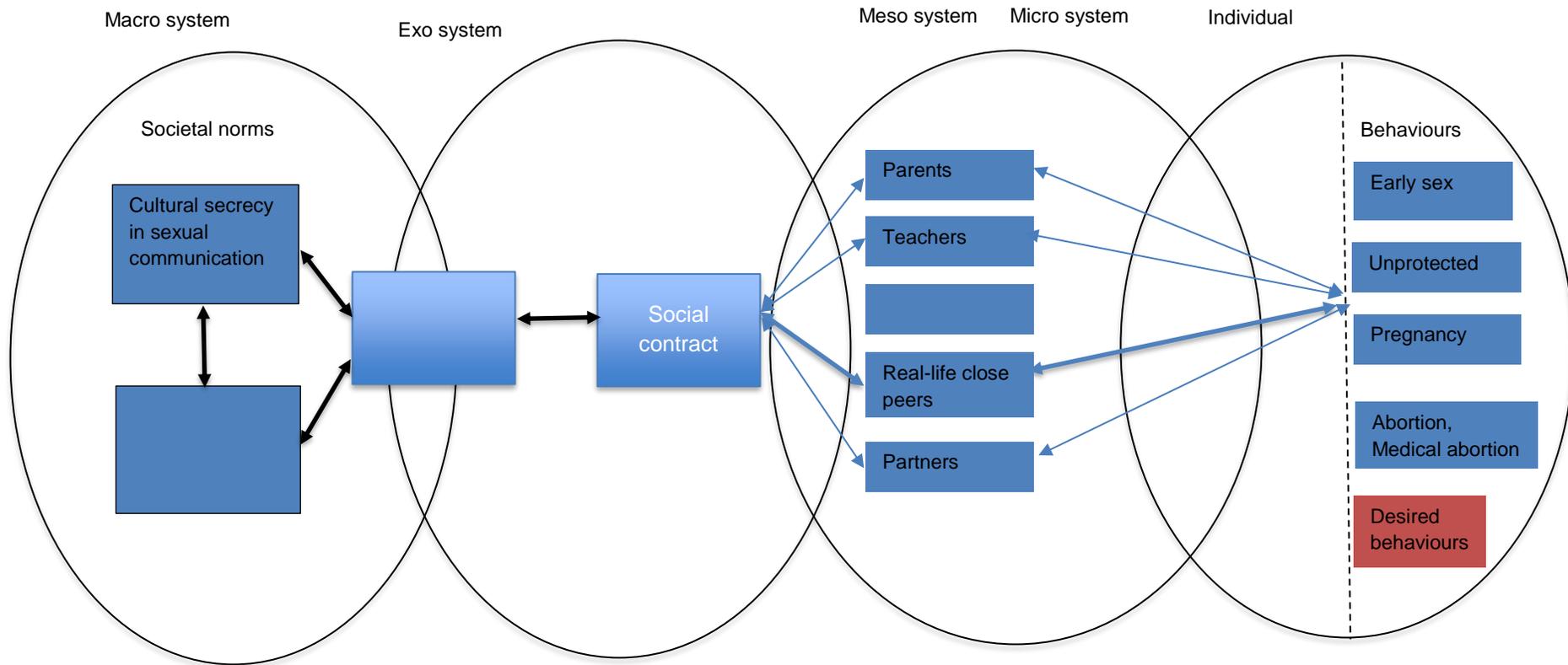
The significant finding in this theme is that men have a dominant role in sexual decision making, while women remain powerless. It is illustrated both from society view and from women's voice. Men did not share about that in their own stories but acknowledge it through the view as outsiders. This finding is supported in the historical background section 3.1.1 of chapter 3 with Bui *et al.* (2010) who explained that power in gender roles might be the result of structural factors rooted in gender relations, including societal expectations, responsibilities, and norms for men and women. Furthermore, there is a male-controlled culture in Vietnam, depicted in both 'patrilineality' and 'patrilocality' (Bryant, 2002; Gupta *et al.*, 2002). In addition, the research in Vietnam investigating social-cultural influences on sexual health issues of internal female immigrants also confirms the strong matriarchal heritage (UNFPA, 2011). Those cultural beliefs of gender roles rooted in Confucianism define behaviours of Vietnamese men and women which are difficult to alter, however, the following discussion and implications might suggest some first steps to touch onto this issue.

To address equality in the sexual decision, literature from western research and current interventions always point to the 'women empowerment' and how women should raise the voice about the sexual relationship. However, the author argues that it is not always working if it does not change the other side's view (not women but men) about equality in sexual decision making. Furthermore, there are criticisms of women empowerment such as Weidenstedt (2016) suggests that repeatedly promote the empowerment can have paradoxical effects. Johnson (2011) also argues that empowerment is opposed to powerlessness but efforts of empowerment lead to an empowered indignation and resentment rather than empowerment. This, therefore, points to the need to address equality and message focusing on boys rather than girls (P8[24] and

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[24] P8 - Boys are not the only one making decision in sexual relationship!

P9[25]). This conclusion would fill in the gap in research about social marketing interventions in section 4.5.2 which are lack of intervention targeting to male adolescents. There is a lack of motivation because young girls do not want to decide because of their emotion and society does not give them a chance (MO).

One finding in this theme is how Vietnamese adolescents provide the idea of a proper partner (boyfriend) when describing a relationship where boys took advantages of girls. There are two key points of this finding which are what might be a 'good partner' and how age difference representing the culture of respect in Vietnam could be the reason for women's powerlessness. The first aspect to define a proper partner is age appropriateness when if girls under 18 years old and too senior boyfriend relationship is not acceptable. It is supported with Vietnamese social relationship affecting by age differences. It is shown in the language and norm suggest that younger people should respect for the older one (Vietnamese-culture.com, 2020). In Vietnam, the romantic relationship among teenagers mainly older boyfriends with younger girls. With the respect culture, it could explain why men have more power in a relationship. The second aspect is how it can suggest the idea of 'the right person' which defined by 'good characteristics' to complete P2[26]. However, it is noted that in Study 1, 'good characteristics' have not been drawn out yet, such characteristics could be investigated in Study 2.

The most important finding in this theme is the lack of understanding consent concept from both boys and girls could be the potential main reason for women powerlessness. There is no literature in Vietnam context explore consent concept. Even the law in Vietnam is inconsistent about the age of consent. Furthermore, the word 'consent' is difficult to translate in Vietnamese with one simple word which is easy to be understood by adolescents. From English – Vietnamese dictionary, consent has five meanings, the author tried to put those five meanings back in Vietnamese-English dictionary, none of them came up with 'consent'. Those translations are: 1 – 'Dong y' means 'agree', 2 - 'Ung thuan' means

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[25] P9 - Equality in sexual health decision is important!
[26] P2 - IT is alright to be at the right time with the right person!

'agree', 3 – 'Bang long' means 'satisfied, agree', 4 – 'Thoa thuan' means 'agree, come to terms', 5 – 'Tan thanh' means 'agree, approve'. While if it is understood correctly, consent should mean 'Dong thuan' - 'both parties agree on doing something with each other'. However, 'Dong thuan' is a Han – Vietnamese word which may be only understood by mature Vietnamese while adolescents might not comprehend it. ('Dong' means 'both', 'thuan' means 'agree'). In the meaning of consent in English should be 'give permission for someone to do something' equals to 'cho phep', this Vietnamese word is usually used relating constructing license or informal meaning. Therefore, there should be a message or a clip explaining the consent concept (which is translated into Vietnamese could be 'Dong thuan cho phep' for adolescents in the context of a sexual relationship (P7)[27]. The main issue here is the lack of capability to understand the consent concept (C) when education can step into to provide the exact meaning of this concept for adolescents, but it could utilise the techniques that are attractive to the target audience. In Study 2, we will test those techniques by showing a sample clip of Consent UK to ask for adolescents' opinion.

Another finding is the reason for the less use of contraception, especially condom is men do not like it. As the result, there is a high level of abortion and medical abortion because they did not use proper contraception methods in the first place. In the two National Survey I (2005) and II (2010), Vietnamese adolescents were giving out their reasons are 'worrying being seen by others' or thought 'condom is only for prostitutes' (Ministry of Health Vietnam, 2005 and 2010). However, it is not the case at the moment, because in Vietnam condom is widely distributed and promoted in public health promotion campaigns, in addition, adolescents can purchase it easily via eCommerce. Men power in deciding not using condom also resulted in women rely mainly on calendar rhythm, coitus interruptus and urgent pills as the contraception methods. This finding, thus, implicates that social marketing intervention should promote condom usage differently with the current public health promotion intervention (P12)[28] and addressing the misperception

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[27] P7 - Do you understand consent? Are you sure your partner consents you to do IT?
[28] P12 - How COOL you are?

about other contraception methods (P11)[29]. Young boys, thus, do not have the motivation (M) to use contraception while society gives no opportunity (O) for young girls to freely use reliable contraception methods such as a condom.

The last finding in theme 2 is similar to contraception, because of powerlessness, women rely on men to decide on how to handle the pregnancy and they usually chose medical abortion. One of the reasons is how media in Vietnam promotes this method with no regulation detail about using it which has been pointed out in chapter 3 section 3.2.2. The other reasons would need to be discussed in relation to theme 1 and 3 in the next section but it suggests that there should be a message addressing issues of medical abortion (P15)[30]. In this situation, adolescent girls seem to have the motivation to use medical abortion is easier than other issues dealing with pregnancy and accepting men decision seems to be the easier option for them (M). Furthermore, they lack the motivation to share about their pregnancy, that would require to have the message to motivate them to talk about it in P13[31]. While adolescent girls do not have the opportunity such as the support service or the social and cultural environment to deal with pregnancy in a different way (O).

In this theme, women's powerlessness is another social norm in the macro system while the partner is an actor in meso/micro system. The result of women's powerlessness is the problematic behaviour of individual such as early and unprotected sex lead to pregnancy and abortion. This will be illustrated in Figure 7.4b.

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[29] P11 - The ugly truth about contraception methods!
[30] P15 - Medical abortion cannot be applied the same for everyone!
[31] P13 – The early you share about pregnancy with family and friends, the better solution for you and the baby!

Figure 7.4b – Theme 2 – Women's powerlessness in sexual decision making in the Ecological model.

Macro system

Exo system

Meso system   Micro system

Individual

Societal norms

Media/

Social contract

Women's powerlessness in sexual decision making

Partners

Behaviours

Early sex

Unprotected sex

Pregnancy

Abortion, Medical abortion

Desired behaviours
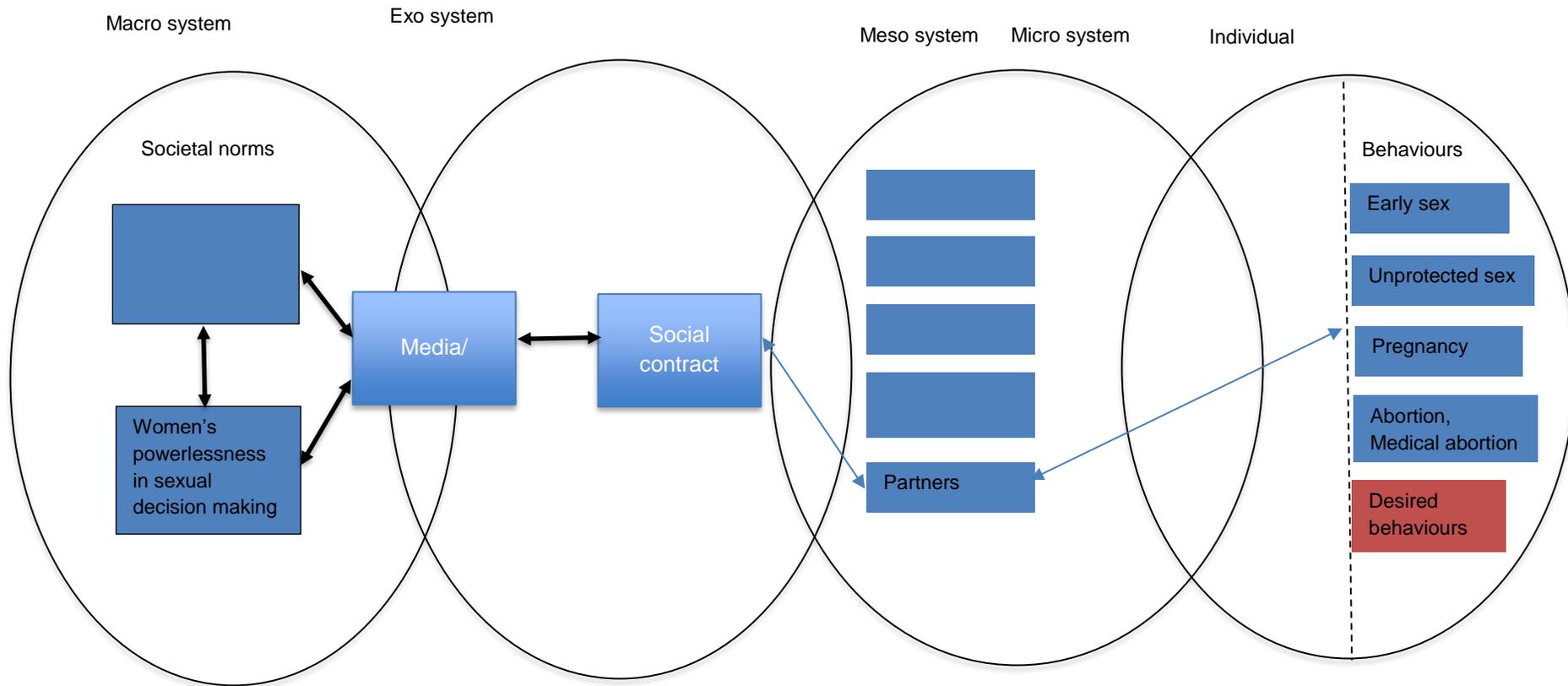
7.3.3. Discussion of theme 3 and implications for Study 2

The main findings of this theme are peers, especially online peers and social media, have a strong impact on Vietnamese adolescents' sexual beliefs and attitudes, but they are mainly negative. We will discuss theories and literature from chapter 2,3,4,5 and suggest how to utilise the power of peers positively.

Peers shifting beliefs from against to accepting premarital sex.

Peers have strong influences, both from close peers and even general peers, especially in shifting from against to accepting premarital sex. On one hand, it is argued that it could be because they are reaching the mature age as they transition to adulthood as we discussed in section 1.2.5 to understand adolescents' characteristics (UNESCO, 2014). It seems to be appropriated since in the study, most participants who change their attitudes toward premarital sex when they are starting high school (year 10).

On the other hand, it is illustrated peers did change adolescents' beliefs because many respondents explain the reason because of their friends (see Table 6.5). It is supported by the theory of conformity for some teens who regulates their attitudes toward premarital sex to match with their peer norm (Cialdini, 2001). Simons-Morton and Farhat (2010) explain through the socialisation the individuals are influenced by the group's norms, in this case, the groups could be close peers. Close peers influence, in this case, might also create compliance because it is shown in the interview as the initiation of normalising premarital sex from close peers. It matches the description of compliance by Fabrigar and Norris (2015). It can be explained why Vietnamese adolescents follow with compliance because they are afraid of social sanctions from their close friends (Jiang and Marcus, 2014). In addition, they might worry about the de-selection consequence when their attitudes and beliefs do not match with the group that is when peer pressure happens (Simons-Morton and Farhat, 2010). Compliance can be considered as the normative conformity while if later, when the individual beliefs about accepting premarital sex

become their own values system, then it could be the internalisation. Because at this stage, adolescents might find accepting premarital sex could overcome their fear, guilt and shame association with it. It means adolescents' peers could be the solution to address the lack of motivation to act. This finding demonstrates that it is better to use adolescents' peers in the story/context of delivering any message in Study 2. However, to be able to use peers influence positively, it is necessary to address all of their misperception or false beliefs in P6[32], P8[33], P10[34], P11[35] and P15[36]. P8 and P11 have been addressed in section 7.2.2 based on the findings of theme 2 – Women's powerlessness in sexual decision making.

While close peers could change adolescents' beliefs to become their internationalisation system, general peers who they do not know also have impacted on them. Many stories mentioned in the findings are negative sides of peer influences, the reason could be there are not enough literature utilise peers in sexual health intervention in Vietnam while evidence shows the positive impacts of social influences on other aspects such as improving the quality life of HIV patients (Vu *et al.*, 2012), drug users (Des Jarlais, 2016; Go *et al.*, 2013) and peer-based education for young people (Ngo *et al.*, 2013). It, therefore, suggests that if peers can change the cultural norm which sex is marriage, then it could potentially change the shameful association with sex in P1[37] along with other norms which we will discuss in the relationship among three themes in section 7.3.

Powers of online peers in disseminating sexual health ignorance and practices.

Online peers even have more power for Vietnamese adolescents. Vietnamese adolescents seem to live in a double life with the online community have more impacts about sharing, talking, and taking advice. They might not talk with real-life peers but confine to online strangers. To explain this impact, we use the literature discussed in section 5.3 with social media characteristics. Mensch (2012) suggests they form their

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[32] P6 – Peers, especially peers on the Internet are not the doctor!
[33] P8 – Boys are not the only ones making decision in sexual relationship!
[34] P10 – Internet is powerful and helpful but not always reliable regarding sexual health information!
[35] P11 – The truth about contraception methods!
[36] P15 – Medical abortion cannot be applied for everyone!
[37] P1 – IT is not shameful!

identity, have all social interaction and develop their autonomy through social media. It shows the important role of online peers to adolescents' behaviours. However, similar to real-life peers, at the moment, we can see mainly the negative influence of the online community to Vietnamese adolescents. It is already acknowledged in the literature about how social media creates the false beliefs of privacy leading to more provocative behaviours and discussion (Borzekowski, 2005; Houlihan and Houlihan, 2014). This theme adds in with more problematic false beliefs such as more online peers using that contraception method or medical abortion then it should be alright, many people posted and shared that information then it must be true. One reason is because of the characteristics of the Internet and social media allows user-created contents without much of regulated control (Moreno, 2012). The more they engage the more it can reach to the wider teenage groups. The second reason that adolescents prefer social media as it allows self-expression, intimacy and a safer environment for them (Livingstone, 2008; Moreno, 2011) without the adults' control (Moreno, 2012). Therefore, there are two sides of social media and the Internet we could analyse: (1) social media allows any message and intervention could widespread reach among teen but (2) it should be addressed the negative sides of social media and provide cues for adolescents to recognise the 'reliable'/'unreliable' advice and information (P10)[38]. In this situation, young people do not have the capability (C) to distinguish reliable/unreliable information while they are motivated (M) to rely on social media community so that it could be a bit more complicated to change. The complication results from the vicious circle of the problems which will be discussed in section 7.3.3 to suggest which actions need to execute to be able to solve the issue.

The evidence in theme 3 is how social media and online peers promoting unreliable contraception methods and medical abortion. It is supported with the finding from SEM model in chapter 3 when media in Vietnam seems to promote it through the private clinics' websites. With the help of online adolescent peers, it is spreading further. Now, many

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[38] P10 - Internet is powerful and helpful but not always reliable regarding sexual health information!

adolescents use self-medical abortion without any consulting from proper health professionals. While the evidence in the literature shows the promising channel to deliver sexual health intervention in western countries (Stockwell *et al.*, 2012; Wong *et al.*, 2014), in the context of Vietnam, there should be the intervention/messages to reduce the contraception ignorance and abortion, especially combating the false beliefs of teens, ask them to think about the negative side of online community (P6)[39]. Similar to P10[40], this is also the outcome of the motivation (M) to ignore the negative side of the online community even though it is possible that they know about it. Again, it would require addressing other issues before solving this issue.

Another important finding from this theme is we can see the trail of the issues. Early and unprotected sexual behaviours result in teenage pregnancy where they have babies and deciding to do abortion. Those stories have been shared proudly in the social media platform and reposted by other adolescents without checking the reliability, therefore, the unordinary now become the norms. To be able to solve that issue: (1) is to address all issues starting with shame and (2) solve the end problem that dealing with pregnant teens. (1) will be discussed the next sections with the relationship between themes and their interrelationship, (2) there should be the message addressing pregnant teens' concern (P13)[41] and (P14)[42].

In conclusion, it is noted that online peers might have the strongest influence through the social contract to impact and be impacted by the two social norms identified in theme 1 and 2. Furthermore, in this section, we could also see how social media play a role in adolescents' life, this, therefore, would suggest that the Media in a macro layer should be Social media to replace the Mass media as the model of Brennan *et al.* (2016). This is illustrated in Figure 7.4c.

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[39] P6 - Peers, especially peers on the Internet are not the doctor!
[40] P10 - Internet is powerful and helpful but not always reliable regarding sexual health information!
[41] P13 - The early you are sharing about pregnancy with family and friends, the better solution for you and the baby!
[42] P14 - Pregnant teens need your help not being scolded!

Figure 7.4c – Theme 3 – Powers of peers as a social norm in Ecological model

Macro system

Exo system

Meso system   Micro system

Individual

Societal norms

Media/ social media

Social contract

Online peers

Real-life close peers

Behaviours

Early sex

Unprotected sex

Pregnancy

Abortion, Medical abortion

Desired behaviours
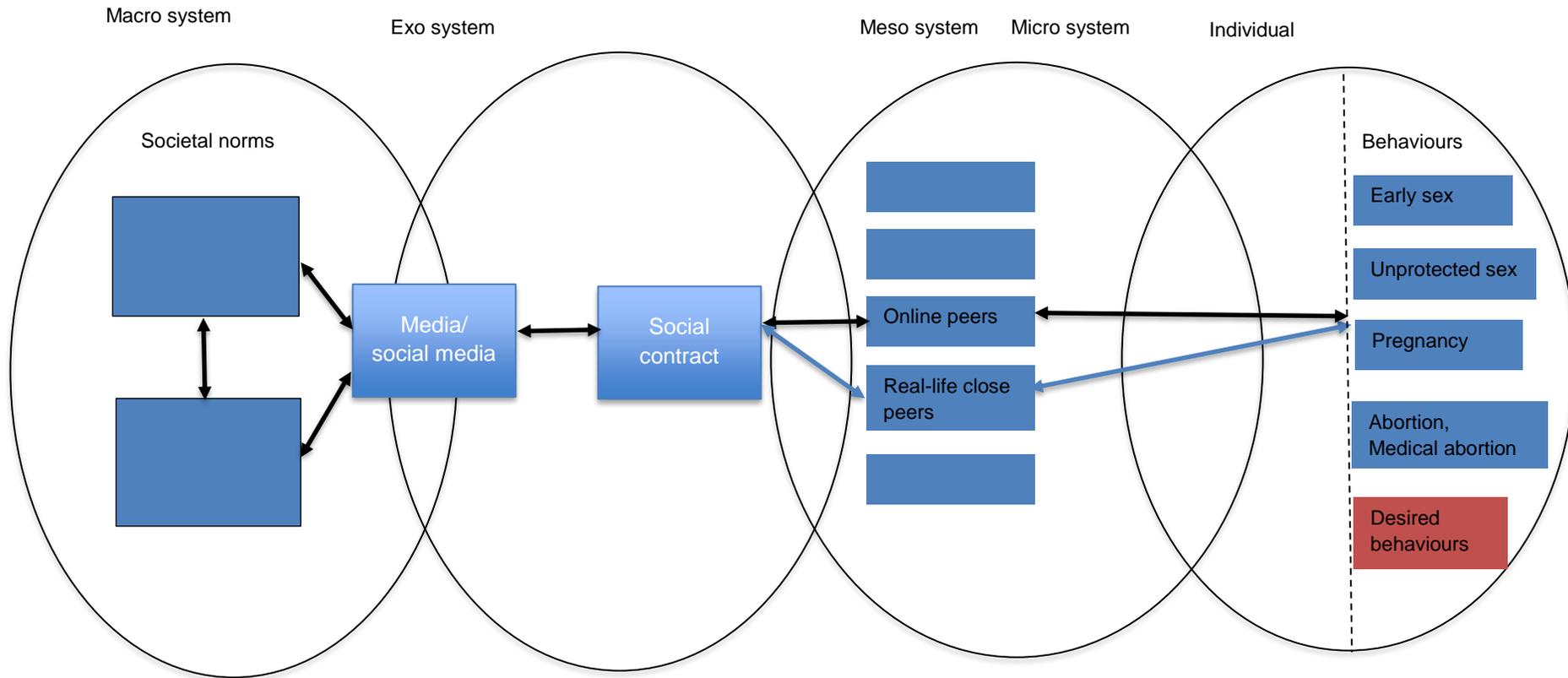
7.3.4. Discussion of themes' relationships and implications for Study 2

One of the thesis objectives is to find out the reason for the adolescents' sexual health problem identified from the Introduction of chapter 1. The discussion of 3 themes in previous sections could be able to answer parts of this prevalence, however, we need the discussion of themes' relationship to answer in more detail.

The author reminds the audiences of the prevailing story told in the introduction to this thesis of the 100,000 foetuses and baby corpse cemetery in Hanoi, Vietnam. This is the result of all the complicated social and cultural sexual norms identified in this study. They include adolescents' value and believe about premarital sex, contraception, and pregnancy; how they keep communication secret; who takes control in sexual decision making; and the high level of ignorance and problematic practices have been promoted by their peers. It is important not to add to that 100,000 baby corpses. To achieve this, it is vital to know why there are so many foetus and baby corpses everywhere. One source is from the abortions carried out by young people, as shown by the comments of a clip 2 user in Extract 080.

> Extract 080 *"The problem is that none of the young people have pure love relationship. The hospitals are overloaded with pregnant schoolgirls who do abortion. They are no longer naive; they publicly show the relationship and sneaky did that (sex). At my old school, no one feels shocked about pregnant student anymore. (Clip 2 User?)*

However, if they have abortions in hospital, the foetus and baby corpses cannot be found in the street or bin. As explained in the interview with a health professional in Extract 081, the hospitals need to follow regulations when handling medical waste. -

> Extract 081 *"The foetus will be treated as medical waste at the hospitals, if the foetus has become a baby shape, it needs to be taken to the morgue. All the foetus and baby corpse in the trash bin cannot be from the hospitals. Hospitals do not allow to do that. They must be from some private clinics or home birth." (Health professional, Female)*

Therefore, private clinics are the places where foetuses are being abandoned. Furthermore, the following story from many official newspapers shows how young people can secretly deliver and abandon a child without caring about its life.

> Extract 082 *"A young girl gave birth secretly in her apartment's toilet and throw the baby out of the window from the 31st floor building. Her cousin and new boyfriend were in the apartment but did not know, only when people found the baby body's stuck at the window and reported to the police. The cousin and new boyfriend didn't even know the girl was pregnant."* (Summary of the news)

It is obvious that the young girl hid her pregnancy from everyone. This ignorance results from numerous complicated factors, many of which we may not know about. Potentially, it is women's powerlessness and secrecy that causes such behaviour. We can imagine other cases where young girls have successfully given birth in secret and abandoned the babies whereupon their corpses have been collected and taken to the cemetery. Such stories have been again shared widespread on the Internet to young people, the unordinary might become a norm.

To be able to explain further the sexual health prevalence of Vietnamese adolescent, we would need to discuss the relationships of three themes have been identified in Study 1's findings. We have applied the Ecological behavioural model from Brennan *et al.* (2016) which discussed in 2.2.5 to build the model of Vietnamese sexual behaviour. Discussion of findings from Study 1 presented in Figure 7.4a, 7.4b and 7.4c help us to locate theme 1 – Cultural secrecy in sexual communication and Theme 2 – Women's powerless in sexual decision making are the two social norms belong to the Macrosystem, while theme 3 – Power of peers is also the social norm, but its components might be complicated and spread through the other layers such as peers (real-life and online) are actors in micro/meso system. Belonging to the meso/micro social system, they have the proximal impact on adolescents. Social media belong to Exo system which facilitates theme 1 and 2 through Social Contract to Mesosystem social influence actors (beside peers, parents, teachers and partners). Media/Social media is also the platform to transfer undesired/desired behaviour through those actors in the vice versa process. We will discuss

in detail those relationships and suggest the possible strength levels of influence from different actors in the next section to complete Figure 7.4.

7.5.4.1. Secrecy leading to women powerless and lack of understanding consent concept.

The shameful association with pre-marital sex creates secrecy and make women more powerless. Shame is also formed because most adolescents believed that pregnancy would harm the girls and is unacceptable because of society's prejudice. Holding such beliefs, they do not dare to talk about sex with partners or other people as they worry, they will be judged as promiscuous. Similarly, men will be judged as womanisers. Those behaviours can lead to the secrecy identified in theme 1 and the following consequence of the powerlessness of women identified in theme 2. This would suggest the interplay of the two social norms in the macro system. The two norms while belong to the outer layers of the system, they have the greatest influence with Media/Social Media in the Exo system because of their most proximal to each other (Brennan *et al.*, 2016). Furthermore, as described by Hovell *et al.* (2002), the two norms influence all other components of the Ecological system through bi-directional impact. This will be illustrated in Figure 7.4d.

Figure 7.4d – Theme 1 and 2 interrelationships in Ecological model

Macro system   Exo system   Meso system   Micro system   Individual

Societal norms

Cultural secrecy in sexual communication

Women's powerlessness in sexual decision making

Media/ Social media

Social contract

Behaviours

Early sex

Unprotected sex

Pregnancy

Abortion, Medical abortion

Desired behaviours

223
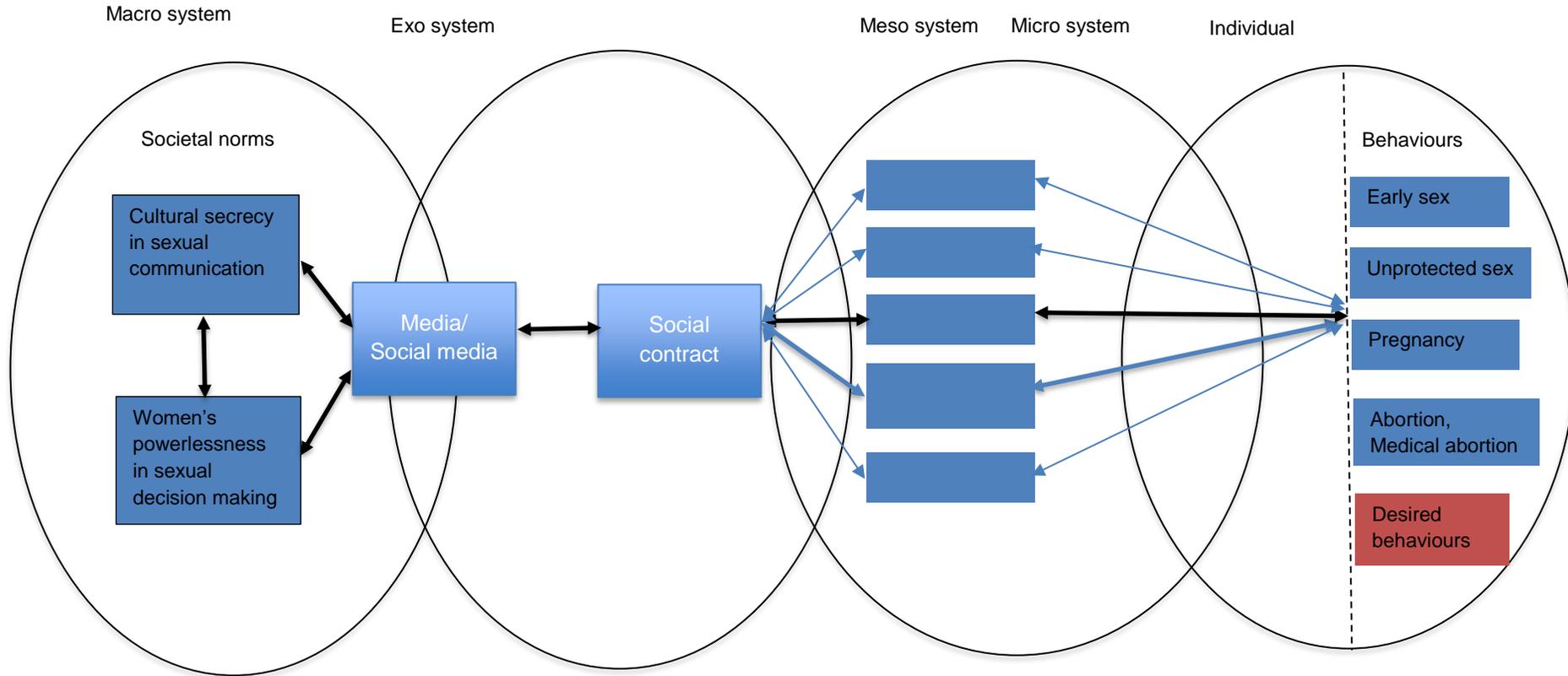
A further influence of secrecy is to result in the lack of understanding consent concept in romantic partners' relationship. This illustration is given in the following extract by B04 when talking about his first sexual intercourse with his girlfriend. They did not talk about it before it happened; he believes they both agreed to do it. It might implicate that the girl did not say verbally to sexual request from the boy.

> Extract 083 *"We did not talk about sex before the first time of sexual intercourse. It is just the feeling; something should happen then it will happen...I think she was not forced to do that because I did not see any resistance from her." (B0418Yes18)*

Those lack of understanding consent from both parties might make the unbalance of power in a romantic relationship stronger while the women have less power. Given the relationship of theme 1 to theme 2 because of shame, teaching consent concept can only be effective if shame should be addressed. While this belongs to partners' issue which results in all 4 sexual behaviours in the Behaviour oval, message about Consent should come along with other relevant messages targeting to partners in a relationship (Campaign 1 – 'A right partner at the right time and a healthy romantic relationship!')

7.5.4.2. Secrecy and women powerless as the cause of online peers influence more strongly.

The findings show that a lack of mental readiness and an openness to learning about sex are the reasons for becoming pregnant. Having got pregnant, they might then use unreliable sources to solve their problems. This is the inevitable consequence of secrecy in real-life networks. Adolescents are scared to talk to parents then they would want to get information from the other sources such as the Internet.

> Extract 084 *"Yeah in Vietnam, parents always avoid talking about that and children inquiry by themselves then be contacted by some miscellaneous stuff." (Clip 6 User?)*

Vietnamese adolescents might believe and follow the online peers because it is anonymous no one knows who they are so that they will not feel ashamed. One evidence is when analysing 6 clips, there are over 10,000 comments but when interviewing with adolescents, no one admits that they commented on any online clips. Along with lack of open communication to partners and other real-life friends, the girls have no power in deciding

contraception methods which lead to pregnancy, as the result, girls rely more on the online community to handle pregnancy. The two social norms (cultural secrecy and women's powerless) in the macrosystem via media, especially social media make online peers have the strongest influence on sexual behaviours of Vietnamese adolescents. This possible strength level will be illustrated in Figure 7.4.

7.5.4.3. The early and unprotected sexual behaviours and the vicious circle of three themes' relationships

Shame association with premarital sex, the value of study career future and cultural beliefs against teenage pregnancy could lead to the lack of sexual communication to grown-ups, real-life peers, and partners. These also lead to women powerless in a romantic sexual relationship. That secrecy and women powerless along with adolescents' ignorance about sexual health knowledge can result in early and unprotected sex. The early and unprotected sexual behaviours on many occasions lead to teenage pregnancy which brings back to the secrecy and women as powerlessness, in addition, boyfriends with pregnant girlfriends or pregnant girls are influenced more strongly by online peers.

The peers shifting adolescents' attitudes from against to accepting premarital sex could encourage early sex while the online peers might promote the unordinary such as keeping the pregnancy proudly or abandoning the child or medical abortion via social media. These illustrate the power of peers is another social norm along with theme 1 and theme 2. Those social norms are less tangible but no less powerful than law toward human behaviours (Brennan *et al.*, 2016; Porrovechio, 2015), in this case, are the desire/undesired sexual behaviours of the right end oval. These complete Figure 7.4 which illustrates the online peers could bring back the sexual behaviour through social media to become the social norm. Those behaviours if utilising online peers and social media effectively could be the desired behaviours such as delaying sexual debut, using protection, and sharing and seeking help if pregnant.

Figure 7.4 – An Ecological Model of Vietnamese adolescents' sexual behaviour

Figure 7.4 – An Ecological model of Vietnamese adolescent sexual behaviour

Macro system   Exo system   Meso system   Micro system   Individual

Societal norms

Cultural secrecy in sexual communication

Women's powerlessness in sexual decision making.

Media/ Social media

Social contract

Parents

Teachers

Online peers

Real-life close peers

Partners

Behaviours

Early sex

Unprotected sex

Pregnancy

Abortion, Medical abortion

Desired behaviours
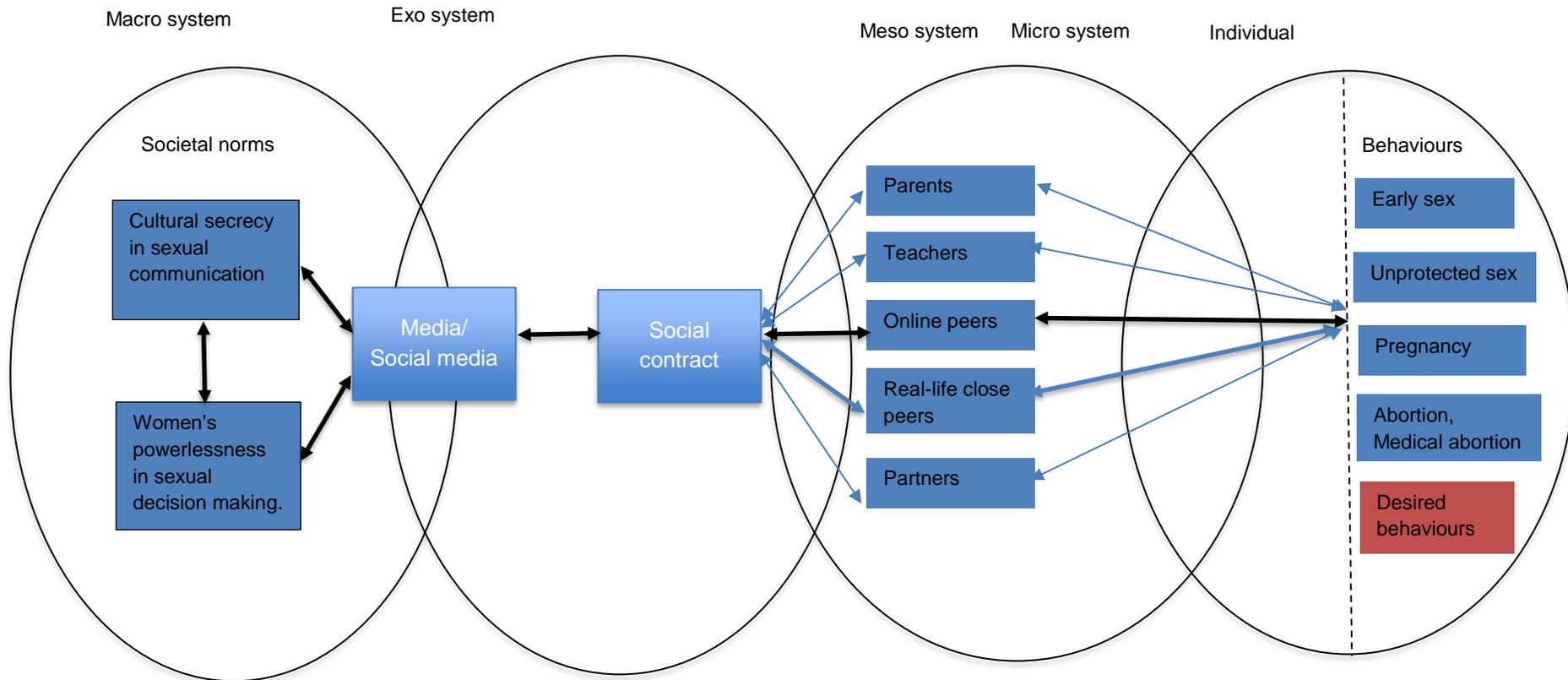
Possible strength level:
High:
Medium:
Adequate

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In conclusion, the problematic issues form in a vicious circle of secrecy, women powerless and strong peers' influences, all these starts with the shameful association with premarital sex (P1, P2). Therefore, to be able to delay early sex and promote protected sex, it is necessary to influence the three social and cultural norms identified in this study which encourage open communication about sex and pregnancy (P3, P4, P5, P13), balance the power in a romantic sexual relationship (P8, P9) and understand how peers influence young people and address what might be the problems in those impacts (P6, P7, P10, P11, P14, P15) and promote the condom use differently compared with current health promotion interventions (P12). None of these situations that communication messages are enough, that is why we require other persuasion techniques from section 4.6.2 and the COM-SM model from section 4.4.3 to develop the contents and techniques of delivering those messages.

In Study 2, the author will use the implications from study 1 in combination with social marketing mix framework of Tapp and Spotswood (2013) to develop the proposal messages with content and techniques could be used. As discussed in section 4.4.3, we completed Table 4.3 with Table 7.4 below to match the COM-B situation with Study 1 findings. Refer to the chapter conclusion section for Table 7.4 with detail 15 proposed messages and relevant implication from Study 1 findings.

Social marketing activity clusters -SM	COM-B situation	Matching with Study 1 findings
Promotion/Education	Have C and O, promote that motivation	In all cases, they seem to lack at least two COM-Be situations
Nudge techniques	Have C, but need to nudge into the new behaviour by tweaking the O/M equation	P1, P3, P8, P9, P12
Rewards and exchanges	lack of M, more substantive motivational triggers- require conscious reflection	P1, P2, P3, P4, P5, P8, P9, P10, P11, P12, P13, P14, P15
Service and support	maybe motivated to change but Lack of C or O or both	P1-P15
Relationship and community	Lack of O, or all deficits across the whole COM	P1, P3, P9, P12, P13, P15

Table 7.4 – Completing Table 4.3 by matching COM-B with Study 1 findings

In Study 2, each proposal message will be explained in detail the lack of COM-B situation and address how to influence them.

7.4. Chapter conclusion

To sum up, this chapter has presented the findings from Study 1 as Figure 7.5 - A vicious circle of 3 social norms forming early and unprotected sexual behaviour.
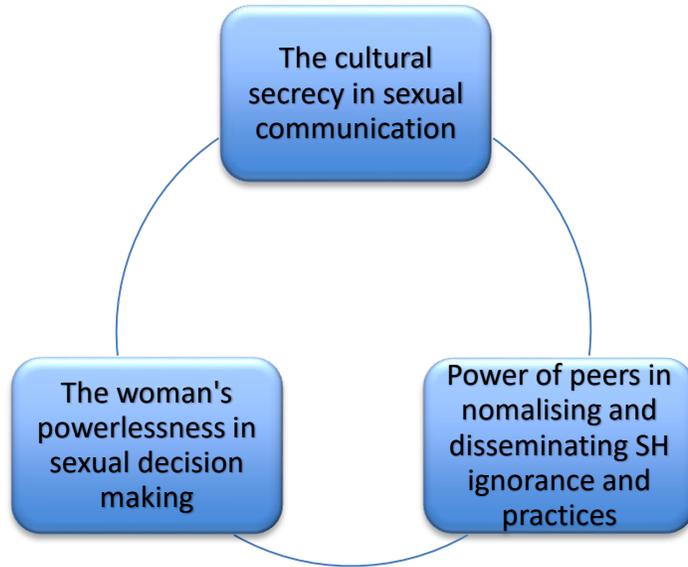
Figure 7.5 – The model of particular and important social and cultural norms forming early and unprotected sexual behaviours of Vietnamese adolescents.

While providing the closer look to see the interplay relationship of actors in the Ecological model of Vietnamese adolescents' sexual behaviours in Figure 7.4

Below are the brief implications from Study 1 to be used in Study 2, each implication will be matched with the relevant message used in concept testing in Study 2.

Table 7.5 – Implications from Study 1 findings for message proposals in Study 2

Implications from Study 1	Proposed messages in Study 2
Addressing *shame* not associated with Sex	P1 – IT is not shameful!
Providing the situation when sex is not shameful	P2 – IT is alright to be at the right time with the right person!
Message for parents to encourage sharing not forbidding and let adolescents know that	P3 – Parent should encourage sharing about IT not forbidding your child to have a relationship!
Encourage open talking between partners	P4 – Sharing about IT between partners is the basis for a healthy relationship!
Addressing the fear of adolescents when sharing with their peers about sex or pregnancy	P5 – Sharing about IT with close friends does not result in any judgment from them!
Addressing issues of trusting online peers	P6 – Peers, especially peers on the Internet are not the doctor!
Teaching adolescents correctly understand the CONSENT concept	P7 – Do you understand CONSENT? Are you sure your partner CONSENT you to do IT?
Message addressing equality for boys	P8 – Boys are not the one who make the decision!
Message addressing equality for both genders	P9 – Equality in sexual decision is important!
Addressing issues of Internet	P10 – The Internet is powerful and helpful but not always reliable!
Addressing misperception of contraception	P11 – The TRUTH about contraception methods!
Promoting condom use differently	P12 – How COOL are you?
Motivating pregnant adolescent to share	P13 – The early you share about your pregnancy the better for you and the baby!
Addressing pregnant teens' fear	P14 - Pregnant teens need your help not being scolded!
Addressing issues of medical abortion	P15 – Medical abortion cannot be applied for everyone!

CHAPTER 8 - STUDY 2 - SOCIAL MARKETING COMMUNICATION PROPOSALS AND FOCUS GROUP CONCEPT TESTING

8.1. Chapter introduction

In Chapter 6, the concept testing process with focus group interviews was introduced to ascertain whether the social communication messages and techniques were appropriate and effective. Consequently, this chapter sets out the social marketing intervention ideas, focusing on the communication components to tackle the issues and answer Research Question 2. The question includes the four sub-questions below.

Research Question 2 (RQ2)

How can social marketing communication be applied to promote safe sex and delay sexual debut?

RQ2.1 - What messages can be developed to persuade adolescents to change their sexual behaviours?

RQ2.2 - What techniques and contents can be applied to persuade adolescents to change their sexual behaviours?

RQ2.3 - How can the messages and contents be delivered via social media?

RQ2.4 - What possible social marketing communication campaign ideas can help promote safe sex and delay sexual debut?

RQ2.1 will be addressed using implications from the Study 1 findings to suggest possible communication messages.

RQ2.2: The theories and persuasion techniques discussed in Chapter 4, together with the relevant COM-SM clusters to identify the content and techniques, should be used in each proposed message.

RQ2.3: Based on Chapter 5 concerning social media and certain findings from Studies 1 and 2, how to deliver messages and content via social media will be considered.

RQ2.4: Findings from Study 2, and the application of social marketing benchmark criteria and COM-SM will be used to propose relevant social marketing intervention ideas, with each campaign targeting each audience group, and an ultimate social marketing intervention that combines the campaigns into a whole.

This chapter first explains its purpose in section 8.1. In section 8.2, target audiences and proposals for communication messages will be developed for use in the concept testing. In section 8.3, the findings and discussions from the focus group interviews with adolescents and individuals, and in-depth discussion with parents, a teacher, and a health professional are presented for 15 proposals. From the discussion, new proposals and techniques will be presented in section 8.4. Section 8.5 addresses how to deliver messages and content via social media. In section 8.6, potential social marketing campaign ideas that combine a few or all the proposals to serve certain target audiences and for different behaviour goals set out at the beginning and found in Study 1 are proposed.

8.2. Target audiences and assumptions for social marketing intervention

8.2.1. Target audiences

As identified in section 6.4.2, the main target audiences are two groups of adolescents: the over 16s and those between 12 and 16 years old. Even though we aim to delay the first sexual experiences of the under 16s and to promote safe sex for the over 16s, social norms influence them both in a similar way. However, the social norms are broken down into 15 hypotheses, in which the target audience will be more specific. In addition to adolescents, parents, schoolteachers, teens' peers, and partners are also the target audience of the program regarding the changing of sexual social and cultural norms, because as discussed with regard to the behavioural model in Figure 7.4, they are actors in the meso/micro social systems who have a strong impact on adolescents' sexual behaviour.

8.2.2. Developing assumptions for social marketing messages, contents, and techniques for testing in Study 2

8.2.2.1. Social marketing mix framework and the 15 proposals

In this section, the guideline depicted in the 15 implications from Study 1 (Table 7.5) is followed to suggest possible assumptions about social marketing communication objectives (column 2) which can be solved through message strategy and persuasion techniques (see section 4.6.3) for different target audiences (column 3). These implications serve as the hypothesis/objective statements for Study 2; the concept testing will be presented in Column 1 of Table 8.1.

Using COM-B (Mitchie *et al.*, 2011), column 4 of Table 8.1 identifies the deficiencies of Capability-Opportunity -Motivation situations which were discussed in Study 1 in section 7.3 and allocates them to relevant COM-SM clusters from Tapp and Spotswood (2013) in column 5. The last column includes the relevant persuasion techniques (discussed in sections 4.6.2 and 4.6.3) and the Ecological model of Vietnamese adolescents' sexual behaviour developed in chapter 7 – Figure 7.4, which are built on to develop the proposals. The theories and techniques will also be used to discuss the findings from Study 2. Following the implications from Study 1, the first proposal is placed at the beginning, with the other proposals placed randomly. This was the same procedure when conducting the focus group interviews, in which from proposal 2 onwards, for each group the number and order of proposals were different. The reasons for this were that the author did not want to show the participants the connection between some of the proposals, which might have influenced their opinions about them. Consequently, they were able to provide honest opinions when ranking the importance of each proposal compared to others at the end of the focus group interview.

Objectives/Implications from Study 1	Hypothesis/Proposed message	Target audiences	The deficiency of COM-B	COM-SM Clusters	Persuasion techniques and model 7.4
Addressing *shame* not associated with Sex	P1 - "Sex is not shameful." Refer sex as IT: "IT is not shameful"	Adolescents Parents School teachers Partners in relationship	M: shame and fear of other people would judge them if talking about sex O: lack of social and cultural environment where no one talks about sex	All clusters	Cultural framing sex Actors' relationship in model Figure 7.4 The context for advocators and role-play for desired behaviour
Providing the situation when sex is not shameful to delay sex	P2 - "IT is alright to be at the right time with the right person."	Young teens	M: Fear that sex is not acceptable C: do not know when it is alright, who should be the person to do it with	Rewards and exchange Service and support	Cultural framing delaying sex Context matching with beliefs and values
Message for parents to encourage sharing not forbidding and let adolescents know that	P3 - "Parents should encourage sharing about IT not forbidding their children to have a relationship."	Parents Teens who cannot talk with parents	M: Fear of parents' behaviours if asking and talking about sex O: lack of social environment where they can talk to their parents about sex	Rewards and exchange Service and support Relationship and community	Context matching with beliefs and values
Encourage open talking between partners	P4 - "Sharing between partners is a basis for a healthy relationship."	Adolescent in relationship	M: fear of judgment from partners, fear of the risk of breaking up C: do not know how to talk and share with partners about sex	Rewards and exchange Service and support	Context matching with beliefs and values

Addressing the fear of adolescents when sharing with their peers about sex or pregnancy	P5 - "Sharing about IT with close-peers does not result in any judgement from them."	Adolescents who are sexually active or might have pregnant	M: Fear of judgement and decry eyes from friends C: other peers who want to help but do not understand their friends' fear	Rewards and exchange Service and support	Context matching with beliefs and values Similarity using their peers and credibility using psychiatrists' talk
Addressing issues of trusting online peers	P6 - "Peers, especially peers on the Internet are not the doctor."	Adolescents who are sexually active or might have pregnant	C: Do not know whether advice from the Internet is correct. Do not know about the medical issues or side effects of medical abortion or other contraception such as urgent pills.	Promotion/ Education	Two-side message techniques
Teaching adolescents correctly understand. the CONSENT concept	P7 - "Do you understand consent? Are you sure your partner consent you to do IT?"	Teen boys Teen girls	C: Do not understand the consent concept from both male and female in a relationship	Promotion/ Education	The cultural metaphor with 'consent concept' and the sexual context
Message addressing equality for boys	P8 - "Boys are not the only one make decisions in sexual relationships."	Teen girls	M: For the boy – their own sexual desire is more than using protection, the use of medical abortion is easier than dealing with the baby. For a girl – replying on boys is easier than they need to make a decision. O: social and cultural norms create an environment where men have more roles, and	Rewards and exchange Service and support Relationship and community	Framing equality
Message addressing equality for both genders	P9 - "Equality in sexual health decisions is important."	Teen boys Teen girls			

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			more powers and girls should listen to them.		
Addressing issues of Internet	P10 - "The Internet is powerful and helpful but not always reliable regarding sexual health information."	Adolescents Online active adolescents	C: lack of understanding the negative sides of the Internet M: Some of them might understand the negative side but the desire to choosing a safer environment to keep secret for them, quicker and easier than talking to real-life people. Therefore, they choose to believe in it.	Promotion/ Education Rewards and exchange Service and support	Two-side messages about the Internet Provide credibility to support. Low fear appeal for the negative side of the Internet
Addressing misperception of contraception	P11 - "The truth about contraception methods."	Adolescents	C: Lack of understanding the use of contraception methods M: Girls have the desire of using unreliable contraception methods	Rewards and exchange Service and support	Two-side messages about the contraception Provide credibility to support. Low fear appeal for the negative side of some contraception methods
Promoting condom use differently	P12 - "How COOL are you?"	Adolescents, mostly targeting to boys	M: From boys – the desire of no use condom more than using it	Nudge techniques into using a condom	Cultural framing condom usage Context of condom usage matching with beliefs and values
Motivating pregnant adolescent to share	P13 - "The early you are sharing about pregnancy with family and friends, the better solution	Sexually active girls	M: Fear to share about pregnancy to be judged by other people and society, fear of how parents would react and scold	All clusters	Provide similarity as people like them and credibility such as health professionals or psychiatrist

	for you and the baby."		C: do not know is there any support to pregnant young people O: No social and cultural environment to share and ask advice about pregnancy		
Addressing pregnant teens' fear	P14 - "Pregnant teens need your help not being scolded."	Parents School teachers Teens who are sexually active or might have pregnant (boys have a pregnant girlfriend)	M: From parents, they fear of your children's pregnancy. And in P13 is the fear of pregnant adolescents. C: Parents do not know how to talk O: No social and cultural environment where parents can have less shame if their children have pregnant	All clusters	Low fear appeal for the situation when pregnant girls hiding it Credibility and similarity with story-telling with real cases
Addressing issues of medical abortion	P15 - "Medical abortion cannot be applied the same for everyone."	Sexually active adolescents	M: Desire to use medical abortion is more than dealing with pregnancy C: do not know the issues of applying medical abortion O: lack of social and cultural environment to promote other methods	All clusters	Low fear appeal for self-medical abortion Provide credibility with doctors Similarity with story-telling from real-life peers

Table 8.1 – The 15 social marketing message proposals for Study 2 Concept testing

8.3. Findings and discussion from study 2 - Concept testing

As can be seen from the interview guides (Table 8.2), the interviewees were asked about the statements themselves and techniques which could be used to promote each of these. In some proposals, the respondents were asked to clarify certain terms and concepts to have better ideas on how to frame them in the context of delivering messages to persuade young people. Eventually, the participants were able to provide recommendations and suggestions to improve the meaning of the messages and the appropriate techniques. The findings below are presented in the order number of the proposals. For each proposal, what the participants liked (were for) and disliked (were against) about them will be listed, together with what they suggested for more appropriate messages and techniques. P represents proposal, of which there are 15.

It is noted that since 9 out of the 10 groups were in the form of online group chats, their answers are straightforward because they thought carefully before typing their responses to the questions being asked. Therefore, it is not necessary to interpret the meanings. The only face-to-face focus group was with two junior schoolboys, which proved difficult and very little information was obtained from the process. For these reasons, the presentation in this finding of Study 2 is different from that of Study 1, their opinions (against, for and suggestions) are summarised, rather than showing quotations from the interviews. In the first proposal, P1, some quotes from the participants will still be provided to show readers the straightforward responses (See Appendix B7 for more detail). From proposal 2 onwards, the opinions will be presented in the author's own words. However, specific words or phrases that they used to describe their perception of a concept or a person, or their message suggestions, will be given in brackets with the relevant participant codes. Discussion of relevant theories and possible connections and combinations with other proposals will be also presented to suggest the potential social marketing campaign ideas.

8.3.1. P1 - "IT is not shameful!"

Objectives	Hypothesis/Message	Questions	Participants asked
Addressing *shame* not associated with Sex	"Sex is not shameful!" Refer sex as IT: "IT is not shameful!"	What do you think about how I change the word SEX to IT? What do you think about this statement? What do you think if the person talking supports this statement are teenagers like you? Parents? Teachers? Health professionals?	All teen groups and grownups participants

Table 8.2 - P1 "IT is not shameful!" - Participants and questions asked

This proposal was presented to all the participants, including parents, a teacher, and a health professional, because it targeted all the audiences, as indicated in Table 8.1. With the adolescents, as it was the foundation message for the whole concept, it needed to be asked at the beginning. Other proposals might be presented in a different order.

8.3.1.1. Opinions for and against P1

In general, most interviewees had no objection to rejecting this proposal, believing that the need to address sex was not something people should be ashamed of. They also appraised the way various people, including adolescents, parents, teachers, and health professionals, gave speeches to support the statement, because it showed that the whole of society accepted this view. Therefore, the interviewees suggested that many young people who approved of sex internally would not feel alone. They valued the word 'IT' because it could have a lessening effect and avoid the use of a sensitive taboo word such as 'sex' and make everyone feel more comfortable talking about it. In addition, almost everyone knows what 'IT' means.

The 'for' opinions from the adolescents can be presented in the following quotations.

> Extract 085: *"The proposal lessens the seriousness and evade the word sex. It creates a comfortable/light feeling when mentioning about sex. Everyone supports that*

statement; therefore, it can help to improve the perception of sex, make it easier and more professional for sexual education." (MS1B03)

Extract 086: *"If all other people support then it means something changing in the ideology. It can help to break the barriers to share/talk about sex, people do not reluctant to talk, more comfortable to absorb information. We are not alone then good." (MS1G01)*

Parents also supported the statement because according to them sex is a basic human instinct. They then suggested that it is better to teach young people rather than let them follow a more dangerous path.

Extract 087: *"Sex is an instinct, an important part of the life, we 'don't show the way for deer' they will run anyway, so better guide them beforehand."* (PF03BB)

What we have here with the benefit of this statement closely linked with other statements relating to the word 'comfortable' participants commenting on. If we do not make adolescents 'comfortable' about 'IT', it is very difficult to achieve any desired behaviour. This reinforces the starting point of the statement as the first implication listed in Chapter 7. Later, in the discussion of the following proposals, it will be illustrated how P1[43] needed to be stated before any others.

Only one girl had the steady perception that sex was shameful (GS2G01); two other girls in that group laughed at her, calling her conservative, but she glued to her opinion.

Extract 088: *"In the current society, it is not too much strange for young people to have sex, but I feel ashamed if it happens before marriage. About the part when everyone is talking support the statement, it is not special to me because of I standstill for my viewpoint. A girl needs to learn how to protect herself 100%."* (GS02G03)
'(laughing icon) wow I cannot believe you are such a conservative people.', (GS02G01)
'Yeah, I am like that. I preserve my view.' (GS02G03)

Regarding the techniques planned for use in this message, GS02G02 shows her concern about whether there is any possibility that parents will talk about supporting statements. This concern links to adolescents' experience with their parents and teachers about

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[43] P1 - IT is not shameful!

romantic relationships discussed in Study 1 – Theme 1; therefore, it reinforces the necessity to influence the view of all the parties surrounding adolescents.

Some other participants emphasised the importance of clarity and the context of the message. They were also concerned about the target audiences, an issue which will be discussed in the following section regarding suggestions for better delivery of P1.

8.3.1.2. Suggestions for messages and techniques

Most agreed that changing the word 'SEX' to 'IT' was a good idea. However, a few adolescents and parents were concerned about the clarity of the message, the context in which the message could be applied, and who the audiences for P1 were.

Clarity of the message

MS1G02 wondered why it was necessary to feel ashamed when mentioning sex, because only illegal, immoral, or non-consent sexual behaviour should be aspects to be ashamed of. Therefore, PM02BG supported the use of 'SEX' instead of 'IT', believing that trying to avoid using the word by changing to 'IT' was not a good idea. Teacher TF01 did not say whether changing the word to IT was necessary but was concerned whether younger pupils would understand what was meant by it.

Even though MS1G01 was concerned about the context, she explained it was more to do with who are the target audiences of this statement were, because she thought that with 'modern, civilised and high-educated people' it would be better to use the word 'SEX', while with 'faint-hearted and bashful people', 'IT' was the better word. This was supported by the advice from Fields and Robbins (2008) that we should simplify the message for those adolescents who had difficulty understanding the use of 'IT'.

What the participants were concerned about regarding the clarity of the message for different target audiences was reasonable. However, it is a single message used for all

target audiences, so it is best to keep it that way using the word 'IT', because in the end the main target audience would be self-consciously minded adolescents. Furthermore, in the following context discussion, any lack of clarity of the message will be resolved.

The context of the message

Health professional HF01 gives a very interesting example from her experience, of how she thinks the context of the message contributes to the attitudes and change in behaviour of the audience. In one of her organisation's workshops, there was an activity regarding what parents thought about premarital sex amongst their children. When asked 'Are you ok with premarital sex among young people?', all of them stayed in the 'Yes' line. When the speaker asked, 'How about if your daughter told you that she was going to have premarital sex?', some of them moved to the 'No' line. The next question was 'What would you think if your 16-year-old daughter told you she was going to stay out overnight because it was her boyfriend's birthday?', and only one parent stayed in the 'Yes' line. And when she asked, 'What would you think if you saw your son's girlfriend in his bedroom in the early morning after his birthday party last night?', a parent started wondering 'it depends on whether last night they slept together or were just talking.' Another parent said, 'It means they had sex.' Then the parents with sons expressed opinions such as 'if so I would tell my son just have a relationship with her but not to marry such a girl.'

HF01's story demonstrates that the message alone cannot change people's attitudes and behaviours, and even if people say they support something, it does not mean it is part of their inner belief system and that they would behave accordingly. She also explained that many parents in the workshops were health professionals who understand the issues and had open minds, but when it came closer to their situation, they might have thought differently. This often happens in many programs in Vietnam which do not provide enough information about the context, making the messages unsuccessful.

Therefore, to enable the message to be clearly understood by the target audience, it is necessary to provide a context which matches their beliefs and values (Simons *et al.*, 2001). This context is situations in which sex can be considered as not being shameful. According to Simons *et al.* (2001), appearing reasonable and providing psychological income can help to tap into audience emotions and provide situations in which they can easily accept the intended persuasion messages. Simons' guidelines for this technique are appropriate for the different target audiences of P1.

Techniques to deliver the message.

Regarding the method of delivering the message, HF01 was concerned that the message was supported by advocates, but that the people who are against it should also be considered. If we use advocates to talk about the message, the message is not strong enough. Even with parents and teachers who are supporters when they face opponents they might be scared. Therefore, the solution is to prepare them for this possibility, providing them with supporting arguments to defend their views to opponents if necessary. Regarding the technique of appearing reasonable, Simons *et al.* (2001) suggests that in face of those with opposing opinions, it is better to encourage role-playing of desired behaviour. This means showing them what can be achieved if we reduce the level of 'shame' associated with sex, and what might happen if adolescents feel ashamed. Situations of negative behaviours can be provided in the discussion of the other proposals later, such as if the high level of shame associated with premarital sex remains among adolescents and leads to secrecy, pregnancy and abortion may occur. Therefore, this technique provides more involvement and strong arguments for parents, schoolteachers, and professionals whose opinions will matter in the long run.

If P1 is targeted at all participants, the following proposal is for adolescents, especially younger groups who might not be engaging in sexual intercourse yet.

8.3.2. P2 - "IT is alright to be at the right time with the right person."

Objectives	Hypothesis/Message	Questions	Participants asked
Providing the situation when sex is not shameful to sexual debut of young teen	P2 - "IT is alright to be at the right time with the right person."	Who do you think could be the right person you will be doing IT with? When do you think it will be the right time to do IT? If a person shares his/her own positive experience about the right person and time to do IT, who do you think could	Adolescents, especially the younger one

Table 8.2 – P2 – "IT is alright to be at the right time with the right person" – Participants and questions asked.

8.3.2.1. Opinions for and against P2

The author did not ask specifically what the respondents thought about P2, but later some ideas arose.

Those who agreed with the statement provided ideas about who could be considered as 'the right person' and when 'the right time' was. 'The right person' should be a 'healthy husband' (GS02G03, GS02G01, GJ04G02, BS07B03, GJ10G01) and 'respectful, civilised, well-behaved, worthy persons' (GS02G02), or a person who is 'responsible and knowledgeable' (GJ04G01, GS02G03). It can be seen that the way they describe the right partners is similar to the way in which they associate marriage with sex in Study 1; that is, a husband to form a family.

'The right time' is when you meet the right person and think about a 'future together' (GJ04G02), as described above, and when there is 'love and pleasure' (MS01B03), 'love, happiness, safety, trust and passion' (MS01G02, GS02G02), and 'two-way willingness' (GJ04G03). These findings related to the definition of the right time suggest similar ideas to the value of love and relationships among teenagers who approve of premarital sex.

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Therefore, when providing the context of the 'right time' and 'right partner', it is necessary to tap into what adolescents' value, as in the guidelines of Simons *et al.* (2001). The idea of 'two-way willingness' could be potentially linked to the 'consent concept', while the 'right partners' are those who understand and appreciate the actual verbal agreement to engage in sexual intercourse.

Some participants did not agree with the statement because they thought that we cannot define a standard person or time. After all, each person has their own reason for having sex with a person and when they do this. It could be that the person adolescents want to have 'IT' with and the time for this we relate to their desire for pleasure (MS1G02). Furthermore, it is relatively difficult to define who is the right one and when is the right time. It may be appropriate for one person, but not for others (BS07B01, MJ09G03, GJ10G01). People who are against premarital sex, such as MS1G02, BS07B01, MJ09G03 and GJ10G01, appear to disagree with this statement. Therefore, it may be also possible to show them the negative result if we face too much disagreement on premarital sex among young people, similar to what could be done with people who might not be supportive of P1[44]. In addition, it could also be connected to P4[45]; however, there is the need to emphasise that the purpose of P2[46] is not to encourage adolescent to have sex, but more to let young people consider carefully before engaging in sexual intercourse.

8.3.2.2. Suggestions for messages and techniques

The participants did not suggest changing or improving the meaning of the message but did provide some ideas about the techniques that other people use to support the statement. For example, they could be 'anyone age 18 real person, 'non-judgmental people', 'real people real experience', or could be 'the mum' and can use KOLs (Key Opinion Leaders).

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[44] P1 - 'IT is not shameful!'
[45] P4 - 'Sharing about IT between partners is a basis for a healthy relationship'.
[46] P2 - "IT is alright to be at the right time with the right person."

8.3.3. P3 - "Parents should encourage sharing about IT not forbidding your child to have a relationship."

Objectives	Hypothesis/Message	Questions	Participants asked
Message for parents to encourage sharing not forbidding and let adolescents know that	"Parents should encourage sharing about IT not forbidding their children to have a relationship."	What do you think about this statement? What method would you think is attractive to parents?	Ask parents but also aims to adolescents to let them know that society supports them by instructing their parents' behaviours to adolescent children

Table 8.2- P3 - "Parents should encourage sharing about IT not forbidding their children to have a relationship." – Participants and questions asked

8.3.3.1. Opinions for and against P3

PF03BB agreed that parents cannot forbid children to have a romantic relationship because this would be against their instincts. He also emphasised the need for parents to have the responsibility to educate adolescents about safe sex. PM02BG supported the statement about talking openly with adolescents.

However, there was a concern from parents about how they could act. According to PF01GG, she thought the message was acceptable, but that it was not enough for parents to act on. She suggested that nowadays many parents know that is the right way to do, and that they know the principle. Parents all want their kids to share thoughts with them, but they do not know how to achieve this. This message is not useful because it is similar to what they want, but it does not touch on what they need (HF01, PF01GG).

The author agrees that the message alone is not enough, and it should provide more ideas for parents to instruct children how to behave. However, the main purpose is more likely to show adolescents that it is what they want, that this is what the parents should behave with the kids. Therefore, if the campaign is aimed at parents, it should include detailed

instructions for parents, as commented by the participants. However, the campaign in fact targets adolescents, so it might not be necessary to include too much detailed instruction for parents, rather than providing the context of what might happen if they forbid their children to have a relationship. Ultimately, if adolescents know their parents will not be against their romantic relationship, openness can be achieved.

8.3.3.2. Suggestions for messages and techniques
Suggestions for messages

The parent participants suggested that the message needs to be more specific, closer to parents, then they will act without telling them what to do. The purpose is to build trust between parents and children. They proposed some other ways to reach the target audiences better, such as:

'Parents need to be ready when your kids ask about IT.' For example, when children ask parents about loving relationships and having babies.

'Parents are always there for the kids.'

Suggestions for techniques

The techniques used to promote this message are not important for grownups because they will consider whether they see themselves in the story, so it is more concerned with the content. For grownups, it is not about entertainment; what they need is information and skills. PF01GG also commented that the method of delivering the message was different for parents and children. With children, there are so many forms of entertainment that they are looking for, so therefore if the content is not good but is attractive, then they will like it eventually. The comment from PF01GG is similar to the Elaboration Likelihood Model, in which on the central route, persuasion can be the result from a person's careful and thoughtful reflection of the true values of the evidence given by an advocacy (Petty and Cacioppo, 1984). There is the central route which requires a high level of message elaboration, in which the receiver generated a large extent of perception about the arguments. The attitude changes in this case will be fairly enduring, resistant, and predictive of behaviour (Petty and Cacioppo, 1986). In contrast, on the

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peripheral route, persuasion results when a person based simply on the virtues of the advocacy or associated with positive or negative cues in the stimulus. These cues will include elements such as the message source's the credibility or attractiveness, or its production quality (Millers, 2005), as in the persuasion techniques detailed in Table 8.1.

Other parents suggested how mothers and fathers could promote open communication with their children. PM02BG thought that the father could try to talk to his daughter, even though the mother might understand more about girls. PM03BG suggested that both parents needed to talk to the children, because the son might listen to his mother more, but the father knows more about boys than the mother.

8.3.4. P4 - "Sharing about IT between partners is a basis for a healthy relationship."

Objectives	Hypothesis/Message	Questions	Participants asked
Encouraging sharing about sex between partners	P4 - "Sharing between partners is a basis for a healthy relationship."	What do you think about this statement? What do you think if a celebrity sharing his/her own relevant experience to support this statement? How about if that person is a teenager like you? Can you think of another way has the same meaning with this statement?	Adolescent couples in romantic relationships

Table 8.2 - P4 - "Sharing about IT between partners is a basis for a healthy relationship." – Participants and questions asked

8.3.4.1. Opinion for and against P4

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For those who supported this statement, they explained the important role of openness in partners' sexual communication, because it helps to achieve better understanding and respect for each other. It is also good for young people with no experience of sex (GJ04G02). One respondent even suggested that sharing is a must in a long-term relationship when partners feel comfortable to confide in each other (GJ04G01).

However, some other participants argued that sexual communication was not a basis for a healthy relationship because some people do not feel comfortable talking or sharing. Young people who still hold traditional views do not want to mention sex; because they believe a healthy relationship does not need to involve sex, if couples love each other this is enough (MS01G01). Healthy relationships are formed by many factors; sharing and talking about IT is only easy when couples are ready. In line with the statement, it appears that we are mandating that every relationship must involve sex, which is not true. (MS01G01)

There might be a misunderstanding about the word 'basis' and the term 'sharing about sex'. The author does not mean that couples need to have sex and that without sex there is no relationship. This therefore suggests that the message needs to be in a suitable context to make it clearer for adolescents. In this case, it would be better if we can make a connection with P2[47], because as discussed in P2, adolescents associated the right partners with respect and willingness, which can only be achieved when couples talk to each other and understand what the other's values and beliefs are. Furthermore, a link can also be made with P7[48] because comprehending consent and openness are the foundation to forming a healthy relationship.

8.3.4.2. Suggestions for messages and techniques
Suggestions for messages
'Sharing about IT between partners is an advantage for forming a relationship' (MS01G01)

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[47] P2 - "IT is alright to be at the right time with the right person".
[48] P7 - "Do you understand CONSENT? Are you sure your partner consents you to do IT?"

'Sharing about IT between couples should be in a healthy relationship. But a healthy relationship does not need IT'

'There is a need for sharing about IT when both are ready' (MS01B03)

Suggestion for techniques

The participants suggested that KOLs could support this statement but there was a need to control the language used. Other participants thought that it did not really matter whether using normal people, any teenager or KOLs as the effect was still the same.

8.3.5. P5 - "Sharing about IT with close friends does not result in any judgment from them."

Objectives	Hypothesis/Message	Questions	Participants asked
Addressing the fear of adolescents when sharing with their peers about sex or pregnancy	P5 - "Sharing about IT with close-peers does not result in any judgement from them."	What do you think about this statement? According to you, who might be appropriate to say this statement (talking support this statement? Normal teenagers? Celebrity (Who can be?)	Adolescents

Table 8.2 - P5 - "Sharing about IT with close-peers does not result in any judgement from them." – Participants and questions asked

8.3.5.1. Opinions for and against P5

Most participants were concerned about the clarity of the message about the level of sharing, whether it was about sexual health knowledge or about the experiences of sex shared with friends. Sharing depends on the story: if it is worth sharing or not, and if when you share it, it can help other people with IT. They also clarified the situations when sharing with close friends was necessary. The first situation is when the friends are understanding, so sharing and talking to them is a good choice, but the question, they concern is what if they do not open mind about sex. The second situation is when adolescents feel that

friends are close enough and that they trust them completely, and the next case is when both adolescents and their friends feel comfortable talking to each other about it (GS02, MJ09B01-G02-G03, BS07, GJ10).

The concern about the clarity of P5 is the same as in other proposals where the context has not been provided. Furthermore, it returns to the question of whether they feel comfortable sharing thoughts about their sex life and whether they worry about the contrasting value from close friends. Therefore, it is suggested that a campaign that successfully conveys the norm mentioned in P1 would help promote P5 about openness with friends. In other words, P5 alone cannot be successful if P1[49] has not been initially addressed.

8.3.5.2. Suggestions for messages and techniques
Suggestions for the message
The suggestion for the message were helpful changing some wordings of the proposal and could be used as storytelling lines in the content.

"You friends might look for help through sharing about sex" or "Through sharing about sex is you can help your friends".

"We are grown up already, friends are the one who we can easily talk to."

"Confident in sharing about IT, no worry friends judgments." (GS02G01)

"Destroy the barriers and confident in sharing with friends, no one will judge you because of IT." (GS02G03)

Suggestions for techniques
Relevant to the concerns in the previous section, the participants suggested that it was better to provide special cases/situations of when to share, and when not to share with friends. Furthermore, interventions could involve psychiatrists talking about the benefits of sharing about sex with friends. This is supported by the social impact theory, which

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[49] P1 - 'IT is not shameful!'

identifies the impacts of social variables which are the strength, immediacy, and the number of sources (Hogg and Tindale, 2008). There is a consistency among the variables based on individual to individual, and the strength might be associated with source credibility and attractiveness or proximity with physical contact (Hogg and Tindale, 2008). In this case, credibility can be achieved with psychiatrist talking.

8.3.6. P6 - "Peers, especially peers on the Internet are not the doctor."

Objectives	Hypothesis/Message	Questions	Participants asked
Addressing issues of trusting online peers	P6 - "Peers, especially peers on the Internet are not the doctor."	What do you think about this statement? What do you think if a teenager sharing about his/her own negative experience because he/she was listening to advice from online strangers?	Adolescents

Table 8.2 - P6 - "Peers, especially peers on the Internet are not the doctor." – Participants and questions asked

8.3.6.1. Opinions for and against P6

Most of the participants agreed that virtual life is not real, so it is difficult to understand virtual peers completely and to assess whether what their advice is right or wrong. They also agreed that real-life or online peers are not doctors. Furthermore, they admitted that on the internet, people are easily agitated, especially about negative issues, which wastes time. Hence, we should not follow advice on the internet (GS02, GJ04, BS07).

However, some respondents argued that some people on the internet are knowledgeable enough to advise us, so if adolescents trust that person, are willing to share and it their peers are trustworthy, then it is possible to listen to them.

Adolescents' vulnerability is stronger on the internet; therefore, to better promote this message, it is necessary to link it with P10[50] so that adolescents think about what sources are reliable and in which they can place their trust.

8.3.6.2. Suggestions for messages and techniques

Suggestions for messages

"Do you really trust peers on the Internet? Are they worthy for you to share? Why don't you talk to your real acquaintances?"

Suggestions for techniques

The participants suggested that the intervention should provide both negative and positive experiences regarding trusting online peers to be shared as examples. Therefore, P6[51] is very relevant to P10 and P15[52] when online peers promote problematic sexual behaviours by spreading them virally or when pregnant adolescents follow virtual peers' advice.

Another argument is that if in P5 we are trying to encourage openness with close peers, P6, in contrast, would want to make young people think more about the consequence of listening to peers' advice, especially in the case of virtual friends. Some people would argue whether P5 and P6 contradict each other, because we are saying 'please talk to your friends', while later we suggest 'please do not believe your friends'. However, in fact it is not about that; what we want is for them to be open about their problems with those who they feel the most comfortable with, namely their close friends, then remind them to think before taking action when considering any advice from peers, especially from online peers.

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[50] P10 - "The Internet is powerful and helpful but not always reliable."
[51] P6 - "Peers, especially peers on the Internet are not the doctor."
[52] P15 - "Medical abortion cannot be applied for everyone."

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8.3.7. P7 - "Do you understand CONSENT? Are you sure your partner consents you to do IT?"

Objectives	Hypothesis/Message	Questions	Participants asked
Teaching the consent concept differently for boys and girls because teen boys are struggling to understand girls' consent in a sexual decision. Vietnamese teens in general and girls have no idea about consent.	P7 - "Do you understand CONSENT? Are you sure your partner consents you to do IT?"	What do you think the meaning of consent in sex? This clip is in the UK, explain the consent concept for children using the cultural image of British is drinking tea. What do you think about this clip? If we make a similar clip to explain consent for Vietnamese young people, which symbolism can replace drinking tea to fit with Vietnamese (teen) culture?	Adolescents but also ask parents, teacher: When do you think we should teach the kids about consent? How do you teach them about consent? What do you think about this clip in the UK teaching consent concept? Can you suggest any cultural symbolism for Vietnamese adolescents?

Table 8.2 - P7 - "Do you understand CONSENT? Are you sure your partner consents you to do IT?" – Participants and questions asked

8.3.7.1. Opinions for and against P7

The messages were presented to elicit opinions from adolescents as well as parents and a teacher. Since the concept of consent is rarely mentioned in Vietnamese culture, the author asked adolescent respondents to define it according to their understanding; their answers follow. First, consent is when both parties have the desire and are ready for sex, and both agree on this verbally. The readiness for sex means that both parties can face any consequences of their actions (MS01, GS02, GS03, GJ04, BJ06).
Furthermore, adolescents' consent to sex when they feel safe, trustful and conscious and are not influenced by any external forces. Moreover, the participants also give the reason that someone can feel lust anytime of the day, any day of the week, but that it is impossible to expect other people to be the same.

Clip on the teaching of the concept of consent using the example of drinking tea in the UK-Appendix C2

Most of the participants, including the adolescents, parents, and a teacher, praised the consent clip for the following reasons. First, regarding the techniques, they thought they were simple and easy to understand and appropriate for young people with innocent and pure minds. Second, the tea symbolism for consent to sex is a healthy and positive method, because it prepares young people for the many circumstances in which requests for sex can take place. Therefore, there is also the need to understand partners' feelings about such situations to behave properly regarding sexual request. Finally, they understood from the clip not only what it is meant by consent, but also what is not consent; for example, consent cannot be forced, and if it is given by your partner who is not well enough is not consent.

None of the participants did not like the messages or techniques in the example consent video from the UK, although some felt it was a little too long and too quick for young people. When asked about how and when the idea of consent should be introduced to

young people, the parents suggested that it needed to be included in sexual education, or parents should be instructed on how to talk to children about the concept. Similar clips to the tea consent one would be very helpful because they would be easy to understand. The appropriate time to teach about consent is when children know about sexual health at school. The teacher also thought that consent should be incorporated with sexual education at school, probably at the beginning of secondary school (year 6) and after children have learnt basic information about sexual health.

The author asked the respondents about consent before showing the clip and surprisingly many understood the concept in similar ways to how the clip explains them. However, what they comprehended was quite discreet, they are not in a whole to give the full meaning for the consent concept. For example, one participant thought consent was a verbal agreement, but she did not mention whether the one giving consent needed to be conscious. In addition, some of their defining ideas associated with 'the right person' in P2[53], such 'safe, trust' and 'ability to face any consequences were associated'. Therefore, there may be potential to link P2 with P7. Moreover, the idea of both agreeing verbally suggests there should be an open sexual communication in order to express the full meaning of consent. Hence, P7 connects to P4[54].

When the participants explained their understanding of consent as shown in the clip, that it cannot be forced and be 'without any external force', this shows the connection between P7[55] and P8[56] and P9[57], in which we are trying to create equality in sexual decision making. As discussed in Chapter 7, women's powerlessness in sexual decision-making results from cultural gender roles in which men are dominant, but it is also a potential outcome of misunderstanding or even the lack of the concept of consent in Vietnamese culture.

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[53] P2 – "IT is alright to be at the right time with the right person!"
[54] P4 – "Sharing about IT between partners is the basis for a healthy romantic relationship!"
[55] P7 - "Do you understand CONSENT? Are you sure your partner consents you to do IT?"
[56] P8 – "Boys are not the only one to make decision".
[57] P9 – "Equality in sexual decision is important!"

Therefore, in order to achieve the aims of P8 and P9, it is necessary to first achieve those of P7.

8.3.7.2. Suggestions for messages and techniques

Techniques

- In Vietnam, there are different cultural cuisines in the north, south and central regions, so it is difficult to choose one similar to drinking tea. Therefore, images of eating candy, drinking milk or just drinking tea, as in the clip, could be used.
- Drinking iced tea is quite popular among young people.
- Similar to the YouTube channel of Hana Giang Anh: humorous contents with viral effect or create role play situation in the clips.

Therefore, in this statement, it might be possible to provide understanding of the concept of consent by using a technique similar to consent clip in the UK but using the image of 'drinking ice lemon tea, eating some snacks and gossiping with each other'. In this case, we are using cultural metaphor (Simons *et al.*, 2001).

8.3.8. P8 -" Boys are not the only ones to make the decision."

Objectives	Hypothesis/Message	Questions	Participants asked
Message addressing equality for boys. Correcting false beliefs: Teen girls believe the boy should make the decision in a sexual relationship	P8 - "Boys are not the only ones to make decisions in sexual relationship."	What do you think about this statement? Do you think of the other way to say it with the same meaning?	Boys and girls

Table 8.2 - P8 - "Boys are not the only ones to make decisions in sexual relationship." – Participants and questions asked

8.3.8.1. Opinions for and against P8

P8[58] and P9[59] were discussed in three focus groups only. Amongst the answers, the girls seemed to agree that they should have equal rights in making sexual decisions. In contrast, the boys were offended by the statement. They explained that they knew in the principle the meaning of P8, but that it presumed that boys forced the girls to do anything. They claimed that society was now always about feminism and girls' power, and that sometimes boys felt as if they were being bullied because they were boys. Therefore, the meaning indicated by P8 might not be easily accepted by the boys.

8.3.8.2. Suggestions for messages and techniques

Participants suggested a new message similar to P9; that is, 'There should be equal in a sexual relationship.' or something more gently remind the boys about the equality such as 'Boys should not be the only ones who make decisions in sexual relationships.' Techniques they recommended included giving examples of daily activities when both parties can make decisions using similar techniques as in the consent clip.

8.3.9. P9 - "Equality in the sexual decisions is important."

Objectives	Hypothesis/Message	Questions	Participants asked
Message addressing equality for boys. Correcting false beliefs: Teen girls believe the boy should make the decision in a sexual relationship	P8 – "Boys are not the only one make decision in sexual relationship"	What do you think about this statement? Do you think of the other way to say it with the same meaning?	Boys and girls
(9) Support objective 8	P9 – "Equality in sexual health decision is important."	What do you think about this statement? Who could be appropriate to talk about this statement? Do you think of the other way to say it with the same meaning?	

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[58] P8 - "Boys are not the only one make decisions in sexual relationship."
[59] P9 – "Equality in sexual health decision is important."

Table 8.2 – P8 and P9 "Equality in sexual health decision is important." – Participants and questions asked

8.3.9.1. Opinions for and against P9

If in P8[60] the boys complained, in P9 both boys and girls agreed and admitted that there were differences in the characteristics of boys and girls because of Vietnamese culture, but that both should have equal rights regarding sexual decision-making. They emphasised that in a Vietnamese romantic relationship, females should be lenient and gentle, and male should be masculine, but in a healthy relationship each partner should listen to and respect each other's decisions. Therefore, each party can make decisions themselves.

There were no views against the statement, but it would be beneficial to make it clearer in terms of examples or cases to illustrate what is meant by equality.

8.3.9.2. Suggestions for messages and techniques

"In a relationship, each partner can make his/her own decision."

"Sentiment is from upbringing, respect and decision agree by both parties."

"Sentiment needs to come from both sides, reciprocity brings equal satisfaction/contentment."

"When favours are exchanged, both sides are happy."

They suggested techniques similar to P8.

Therefore, with the purpose of P8 and P9 to promote equality in sexual decision-making, in combination with all the proposals for couples in romantic relationships, they can achieve their aim in combination with P2[61], P4[62], and P7[63].

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[60] P8 - "Boys are not the only one make decisions in sexual relationship."
[61] P2 - "IT is alright to be at the right time with the right person."
[62] P4 - "Sharing between partners is a basis for a healthy relationship."
[63] P7 - "Do you understand consent? Are you sure your partner consent you to do IT?"

8.3.10. P10 - "The Internet is powerful and helpful but not always reliable."

Objectives	Hypothesis/Message	Questions	Participants asked
Addressing issues of Internet Educating two sides of the Internet regarding sexual health information	P10 – "Internet is powerful and helpful but not always reliable regarding sexual health information!"	What do you think is reliable information? What do you think about a humorous clip talking about the pros and cons of the Internet? In what way that clip can be interesting to you (Who talk/play in the clip? The sketching method like clip UK Consent or people role play?)	Adolescents and health professional

Table 8.2 - P10 – "The Internet is powerful and helpful but not always reliable regarding sexual health information!" – Participants and questions asked

8.3.10.1. Opinions for and against P10

Most agreed with this message and explained what is meant by reliable information as follows. It is information that can be verified directly or indirectly to confirm its correctness, for example, regarding contraception. Furthermore, it needs to be based on a solid foundation; for instance, being verified by a variety of sources such as internet links, schools, magazines, television or the Ministry of Education and Training.

What the participants did not agree on was the extent of the positive and negative sides of the internet, leaning more towards the negative. Moreover, they argued that positive influences could only be enjoyed by highly educated people, while young people were more prone to absorbing negative ones.

8.3.10.2. Suggestions for messages and techniques

They agreed with the message and made suggestions mostly regarding the techniques for promoting the message, including the content and method of delivery. In this respect, content depends on the age of the audience; for example, younger adolescents could be attracted to the consent clip, or cartoons could be used to create a more comfortable feeling. The content should be not too educational; it needs to be humorous and subtle in indicating the educational purpose. The method of delivery could be accompanied by short slogans underneath. Some suggested using stories of real people, while others proposed that no one in particular should be specified in order to be more imaginative and cause less irritation. Finally, they suggested that reliable and trustworthy information needed to be accompanied by reliable services; therefore, it should refer adolescents to forums or services. The message should also be combined with posters and linked to school activities or reliable organisations.

What the participants suggested is similar to the case study of the website of the health professional organisation at tuvanbantre.org.vn This website provides sexual health information and a consultation section for adolescents. It was very successful in the past; in 2003 it attracted millions of readers per month and there were 15 full-time consultants to respond to the enquiries from adolescents. Now, only one part-time consultant remains because adolescents have so many other sources of sexual health information. Furthermore, she explained that the lack of funding and resources that make it impossible to keep the website attractive to adolescents. Therefore, it is suggested that there is a need to cooperate with partnerships to offer services and reliable sources in which adolescents can trust regarding sexual health knowledge and campaign promotion. This fits with the COM-SM clusters (Tapp and Spotswood, 2013) suggest that to offer them reward and exchange for the competing behaviour of this proposal that is believing in the unconfirmed information.

8.3.11. P11 - "The TRUTH about contraception methods."

Objectives	Hypothesis/Message	Questions	Participants asked
Addressing misperception of contraception	P11 - "The truth about contraception methods."	What do you think about a humorous clip talking about the pros and cons of the contraception methods? In what way that clip can be interesting to you (Who talk/play in the clip? The sketching method like clip UK Consent or people role play?)	Adolescents

Table 8.2 - P11 - "The truth about contraception methods." – Participants and questions asked

8.3.11.1. Opinions for and against P11
8.3.11.2. Suggestions for messages and techniques

Since the author did not ask about the message, the participants mostly commented on the techniques; for example, suggesting the use of humorous techniques, as in the consent clip. Furthermore, similar to P10[64], they said it would be better if the clip could be viral through the YouTube channel or Facebook page. The clip could use famous YouTubers talking about the content with regards to specific situations or cases. However, other respondents suggested that it would be better to use people with credible characteristics such as doctors or psychiatrists. They emphasised that using such people to talk would create more credibility for the information provided, but that it must be combined with humorous parts when famous KOLs do role play, similar to clip 2 with Mr Nguyen Hoang Khac Hieu and

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[64] P10 – "Internet is powerful and helpful but not always reliable regarding sexual health information!"

BB&BG Entertainment. This would therefore serve both purposes, of being reliable and attractive to young people.

Participants' recommendations for P11[65] were similar to the promotion of P10 regarding the two sides of the internet. Therefore, it might be possible to combine P10 and P11 to show the negative side of the internet, which forms what is called the 'misperception' about contraception methods in P11. In addition, examples to illustrate P6 – for instance "Peers, especially peers on the Internet are not the doctor" could be used for P10 and P11 since online peers sometimes show the negative side of the internet and the cause for 'misperception' in contraception. Later, it could also be linked with P15 - "Medical abortion cannot be applied the same for everyone"- because the problem addressed in P15 can be resolved if we address P6, P10 and P11. Along with using two-sided message techniques, it might be possible to use a low level of fear techniques to show the negative side of the internet which form the 'misperception' about contraception.

8.3.12. P12 - "How COOL are you?"

Objectives	Hypothesis/Message	Questions	Participants asked
Promoting condom use differently	P12 – "How COOL you are?"	Who do you think can be considered a COOL person? What do you think about connecting COOL concept with using condoms? These posters are about promoting condom usage among American young people. What do you think about them? This clip is promoting condom use among Thai teenagers. What do you think about the clip? What do you think could be appropriate to promote condom use in Vietnam?	Adolescents. Also ask health professional: What do you think about COOL concept in connection with condom use? Based on your experiences, can you suggest another way to promote condom usage?

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[65] P11 - "The truth about contraception methods."

8.3.12.1. Opinions for and against P12

In P12, the author asked a health professional about the message with a COOL concept and what she suggested for better ideas, while the adolescent participants were also asked for their opinions regarding some example posters and a video clip from other campaigns promoting condom usage. Furthermore, participants who did not like the COOL concept could suggest alternative techniques.

Opinions regarding the message

In this part, participants' definition of COOL people, and their opinions relating to the message, are presented. First, they suggested that COOL people are confident, act based on their own beliefs, and are not influenced by other people. Second, they show their positive uniqueness in order to stand out from the community crowd. Third, COOL is not just about people's appearance, but also their inner beauty, which everyone is in favour of, and trust and respect them because they are confident, mature, moral, and display civilised behaviour. What they defined as a "COOL person" is similar to the characteristics of the 'right partner' in P2[66], which therefore indicates that it might be appropriate to use 'COOL' to represent safe sex and that COOL people can be trusted.

As for the opinions regarding the appropriateness of the Cool concept, the participants thought that the terms cool and condom were relevant because, as described above, COOL people are confident and mature, so that they prepare everything to protect themselves and their partners by using a condom. Furthermore, COOL is a concept that is very popular in teen language, so it is reasonable to use it in this context. The notion of COOL associated with condoms is appropriate, because using condoms show a high responsibility for yourself, other people, family, and society. The COOL concept can improve the image of young people and create motivation for them to act.

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[66] P2 - "IT is alright to be at the right time with the right person."

Opinions regarding the example posters promoting condom use from other campaigns.
Their opinions about five posters: 'Chicago wears condoms' (Picture 8.1), 'Stay safe when you go downtown' (Picture 8.2), 'It doesn't take balls to wear a condom' (Picture 8.3), 'Safe never goes out of style.' (Picture 8.4) – Also shown in Appendix C3.

They praised the way the posters used wording and colourful images to attract young people. The five posters are also creative, humorous, and meaningful. For example, Picture 8.1 uses a crowd effect to show adolescents that the whole city prefers condoms, while Picture 8.3 supports girls' power in sexual decision-making and encourages them to be proactive in protecting themselves. Pictures 8.4 presents the concept as trendy, practical and close to young people; we all know young people love fashion.

Therefore, for application to this thesis, social marketers could place the messages into simple posters with symbolic images presenting their meaning. Furthermore, it can also represent the ideas of a 'COOL person' if a condom is used in the posters.

Picture 8.1

Picture 8.2

Cả Chicago dùng Condoms

Picture 8.3

Ko cần phải có Chjm để dùng condom

Picture 8.4

An toàn ko bao giờ lỗi mốt

An toàn ko bao giờ lỗi mốt

Opinions regarding the campaign in Thailand 'Stick to condom'.

Clip 'Stick to condom' (Appendix C2)

The clip has a good start, with prevailing figures about teenage pregnancy to create psychological curiosity. It uses a childlike question to shape young people's knowledge about sex; later, the use of condom cover for the ice cream stick is creative, explorative, and representative of the small things in teenage life which break the barriers when talking about sex. Furthermore, some respondents thought this image was adventurous and very

effective in attracting attention to the consequences of unprotected sex. Therefore, it is trenchant, effective, and appropriate for the conservative Vietnamese culture, being able to attract the attention and retention of adolescents.

The techniques used in 'Stick to condom' can be considered as fear appeal in marketing. This has been criticised for its unethical issues (Hasting *et al.*, 2004); however, the strength of the fear in this campaign was low, with the pregnant image on the ice cream stick showing no scary figures. Therefore, according to Irving and Feschbach (1954), low fear strength is the most persuasive. The fear appeal in this clip might not be appropriate for the concept of Cool associated with condom usage, but it can be applied in P3[67], P6[68], P10[69] and P15[70].

This section, therefore, suggests a different way to encourage condom use that matches adolescents' value system and frames the idea of the COOL person who is using one (Simons *et al.*, 2001).

8.3.12.2. Suggestions for messages and techniques

'Love and pleasure without fear'.

The adolescent participants mostly made recommendations for techniques, such as focusing on condom product features, using celebrities to talk about condom usage, and creating some situational clips to show the importance of using a condom. They also suggested using graffiti pictures and providing gift boxes with the slogan. Furthermore, the promotion of condom use must be a long-term programme; therefore, it needs to be combined with sex education in school related to how to use a condom; programmes on VTV at an appropriate time for young people; and extracurricular activities involving condoms as gifts outside cinemas, supermarkets and coffee shops where adolescents

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[67] P3 - "Parents should encourage sharing about IT not forbidding their children to have a relationship."
[68] P6 - "Peers, especially peers on the Internet are not the doctor."
[69] P10 - "The Internet is powerful and helpful but not always reliable regarding sexual health information."
[70] P15 - "Medical abortion cannot be applied the same for everyone."

usually hang around. It could also involve mini-games and talk shows relating to the concept.

8.3.13. P13 - "The earlier you share about your pregnancy the better solution for you and the baby."

Objectives	Hypothesis/Message	Questions	Participants asked
Motivating pregnant adolescent to share. Encouraging adolescents sharing about the pregnancy earlier to parents, friends, or schoolteachers	P13 - "The earlier you are sharing about pregnancy with family and friends, the better solution for you and the baby."	What do you think about this statement? If you are in the same situation when you or your GF has pregnant when hearing this statement what makes you think? Can you think of another way has the same meaning with this statement? What kind of services/activities to encourage you talk more about pregnancy and general sexual health information?	Sexually active adolescents

Table 8.2 - P13 - "The earlier you are sharing about pregnancy with family and friends, the better solution for you and the baby." – Participants and questions asked

8.3.13.1. Opinions for and against P13

Participants agreed with the statement because teenagers are at a young age to become pregnant, and this could potentially lead to negative behaviours. Therefore, the statement is a positive message to encourage pregnant girls to share thoughts and worries and ask for advice from friends and family. However, they emphasised that the decision of openly talking still belonged to the pregnant girls. The message is simply the motivation and aims to show the girls that they need to act not for themselves, but for their babies.

The participants did not disagree with the statement but explained the need to provide for pregnant girls who to talk to about their pregnancy as issues cannot be shared with everyone. They suggested that talking to family was the priority and that it did not matter whether the family accepted the pregnancy or not. The next people they could confide in could be their friends. The purpose of sharing is to calm their mind before making their own decisions.

8.3.13.2. Suggestions for messages and techniques

"You should not do it alone when carrying a human life".
This message needs to be associated with the place for adolescents to go to talk about their problems, which must maintain confidentiality, inspire trust in the adolescents, and be able to understand their mental mind. This therefore links with the support services and community, as advised in the COM-SM clusters of Tapp and Spotswood (2013). We will explain an application of this guideline in section 8.5.

"Calm your mind and stay clear-headed for a human life''.
She suggested a reliable programme with health professionals or devoted psychiatrists, who also need to maintain confidentiality. The clip content should be logical and civilised, with short interviews with real people of different ages but with their faces hidden. After that short interview, there should include the part where psychiatrists talk to the interviewees so that they feel more comfortable.

"Confide in before it is too late!"
The message should be associated with programs such as "Knowing Yourself", "Preparation to step up in life" and "Teenage Confiding", in the form of talk or reality shows.

"If it is not the right time to talk then when is?"
There should be a psychological consultation section in teenage magazines related to the message.

"If you think about your and the baby's future, it is necessary to talk about it with family and friends as soon as possible."

8.3.14. P14 - "Pregnant teens need your help not being scolded."

Objectives	Hypothesis/Message	Questions	Participants asked
Addressing pregnant teens' fear Advising parents and schoolteachers to be more sympathy for pregnant teenagers	P14 – "Pregnant teens need your help not being scolded!"	What do you think about this statement? What would you think if your daughter is pregnant? How about when your son's GF has pregnant? What do you think the other way to talk about it with the same meaning?	Ask parents, a health professional, and a teacher.

Table 8.2 - P14 – "Pregnant teens need your help not being scolded!" – Participants and questions asked

8.3.14.2. Opinions for and against P14

This message is important and necessary because the parents' fear cannot protect their children. It is vital to let the parents know the essential role of understanding and communicating with pregnant girls. However, the second part about 'being scolded' is not necessary because each parent has different ways to act in such a situation. It gives the impression of criticising them, so it is more difficult for the parents to accept the message. We need to understand them and talk to them. "You know a pregnant woman needs a lot of help - a teen needs even more". It is necessary to trigger their sympathy, and trigger what they remember when they were pregnant.

The author agrees with the health professional's comment on the second part of P14, that 'not being scolded' is unnecessary, and her suggestion will be followed in the next part.

8.3.14.2. Suggestions for messages and techniques

"You worry about losing face or losing your child".

It is better to promote a positive message and create a context that is relevant to the teenage girls rather than criticise them.

" *Think about what you felt when you were pregnant with your children. Pregnant teenagers need help even more."*

To achieve the purpose of those two messages, parents need to first educate themselves about sex and improve their listening skills when their children talk so that they can remain calm in face of any shocking news from their children. Parents need to think about and prepare for all situations, so they will know how to act when such events happen.

8.3.15. P15 - "Medical abortion cannot be applied to everyone."

Objectives	Hypothesis/Message	Questions	Participants asked
Addressing issues of medical abortion	P15 – "Medical abortion cannot be applied the same to everyone!"	What do you think about this statement? If there is a clip sharing about a real story of the negative experience of using medical abortion, who do you think could be appropriate to talk about it? What do you think about the clip? Is there another method to deliver that message/statement?	Sexually active adolescents

Table 8.2 - P15 – "Medical abortion cannot be applied the same to everyone!" – Participants and questions asked

8.3.15.1. Opinions for and against P15

The participants praised the need for this message, as we cannot know about all the consequences of using medical abortion. Therefore, they suggested including the part about contraception because some girls only research it when they are pregnant. Others heard about medical abortion before but did not know about it in detail, so after becoming pregnant they used it as a lifesaver as it is more convenient and cheaper for them compared with abortion at the clinic or raising the baby, especially there are some teenagers give advice on the internet about their experience of using medical abortion.

8.3.15.3. Suggestions for messages and techniques

"The ugly truth about medical abortion that no one told you."

With this message, it is possible to use fear appeal to show the side effects of self-administered medical abortion. As discussed in P12[71] about the fear appeal of the 'Stick to condom' clip, it is possible to use the technique for this message with a low strength of fear to show the consequences of such abortion. Furthermore, since the message is about medical facts, it should provide credibility and similarity of the information source. P15 can therefore be grouped with P6, P10 and P11, since those proposals are advised to use similar techniques and as their aims to correct some false beliefs and misperceptions.

8.4. New proposals for communication messages, content, and techniques

This part will summarise the findings and discussion from 8.3 to provide new proposals/messages, together with suggestions for content and techniques that can be used to promote the messages and answer RQ2.1 and RQ2.2.

Table 8.3 summarises the conclusions from the findings of Study 2, including new messages, suggestions for content, and techniques that could be used to deliver the messages. The connections between the messages are also mentioned, as the foundation for the campaign ideas generated in 8.5.2.

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[71] P12 - "How COOL are you?"

Objectives	Hypothesis/ Proposals	New proposal/new message	Suggestion for content and techniques
Addressing *shame* not associated with Sex	P1 - "Sex is not shameful." Refer sex as IT: "IT is not shameful"	No change: "IT is not shameful!"	- Provide the context closely related to each group's characteristics, situations where sex can be considered as not shameful - Provide for advocates the supportive points to defend the views to the one who is against this statement (Simons *et al.*, 2001). Using role-playing of desired behaviour: what can be achieved if we reduce the level of shame associated with sex and what might happen if adolescents feel ashamed. Those negative situations can be also used for other later proposals such as P3, P6, P10, P13 - Storytelling techniques to share the experience of normal adolescents, parents, teachers and health professionals
Providing the situation when sex is not shameful	P2 - IT is alright to be at the right time with the right person	No change: "IT is alright to be at the right time with the right person!"	- Provide the ideas of who is 'the right person' characteristics. Can use their suggestions to define the traits 'respectful, civilised, well-behaved, worthy person, responsible and knowledgeable' - Provide the context of 'the right time' which are: 'future together', 'love, happiness, trust and passion', 'two ways willingness'. Focus on the age 16+ in all messages as the right time at least - These ideas can associate with P4 and P7 – Consent
Message for parents to encourage sharing not forbidding and let	P3 - Parents should encourage sharing about IT not forbidding their children to have a relationship	Remain the same if targeting adolescents. If targeting parents, can change to: "Parents need to be ready when your kids ask about IT."	- Parents prefer good content but not too long clip - Can create the story of Dad talking about it to daughter or both parents talk to the kids about sex. - And if it links to P1 then we do not need to mention the part 'forbid romantic relationship'. The context provided in P1 can be used here for the content

adolescents know that		"Parents always be there for the kids."	
Encourage open talking between partners	P4 - Sharing between partners is a basis for a healthy relationship	'Sharing about IT between partners is an advantage for forming a healthy relationship' 'Sharing about IT between couples should be in a healthy relationship. But a healthy relationship does not need IT'	- Define 'a healthy relationship': using a content suggestion from P2 with the image of 'right partner' and 'right time' - Also can link with P7 - Consent concept - Provide examples of the benefit of sharing between partners - Can use normal teenagers or KOLs as the spoke person
Addressing the fear of adolescents when sharing with their peers about sex or pregnancy	P5 - Sharing about IT with close-peers does not result in any judgement from them	"Your friends might look for help through sharing about sex" "Through sharing about sex is YOU can help your friends"	- Provide the context when they can share with their friends - Psychiatrist talking about the benefits of sharing about sex with friends supported by social impact theory of Hogg and Tindale (2008)
Addressing issues of trusting online peers	P6 - Peers, especially peers on the Internet are not the doctor	"Do you really trust peers on the Internet? Are they worthy for you to share? Why don't you talk to your real acquaintance?"	- Provide both negative and positive experience regarding trusting online peers. Using contrast persuasion techniques of Cialdini (1993) - It can link examples with P10 and P15 - Emphasis the need to talk to real-life peers but always think carefully before taking action from peers' advice - Also link with P13 to encourage pregnant girls (or boys with pregnant girlfriends) should talk about their problems to real-life acquaintance earlier
Teaching adolescents	P7 - Do you understand consent? Are you sure	No change: "Do you understand consent? Are you	- Provide the understanding Consent concept by using a technique similar to CONSENT UK clip but using the image of 'drinking ice lemon tea' because it is the trend

correctly understand the CONSENT concept	your partner consents you to do IT?	sure your partner consents you to do IT?"	of Vietnamese adolescents which they usually go the street food court drinking ice lemon tea, eating some snacks and gossiping with each other. Using cultural metaphor (Simons *et al.*, 2001) - Connect with P2 regarding the image of 'the right person' and 'the right time' to mention about consent in sex. - Connect with P4 to encourage talking about sex between partners can help comprehend the Consent concept - Connect to P8 and P9 to show the equality in sexual decision making when both parties agree on engaging in sexual activities
Message addressing equality for boys	P8 - Boys are not the only one make decision in sexual relationship	Combine into one proposal as P9 - " Equality in sexual health decision is important" Other suggestion for the message: - "In a relationship, each partner can make his/her own decision." satisfaction/contentment." - "When favours are exchanged, both sides are happy."	- Provide examples to illustrate what it means by equality. It can be done by linking to ideas of P2, P4 and P7 to make a healthy romantic relationship.
Message addressing equality for both genders	P9 - Equality in sexual health decision is important		
Addressing issues of Internet	P10 - Internet is powerful and helpful but not always reliable regarding sexual health information	No change P10 - "Internet is powerful and helpful but not always reliable regarding sexual health information"	- Explain what it means by 'reliable information': verified directly or indirectly to confirm the correctness, by a variety of sources such as the internet links, from schools, from magazines, television or from the Ministry of Education and Training

			- Content can be similar to the Consent clip, should be not too educational, should be humorous and subtle indicating the educational purpose - Using short slogan underneath the content, should not specify real people to be more imaginative and less irritative - Provide reliable service link with the information such as refer to the forums or services, can combine with posters and link to school activities or reliable organisations
Addressing misperception of contraception	P11 - The truth about contraception methods	P11 - "The ugly truth about contraception methods." "The misunderstanding/misperception about contraception methods."	- Similar to P10, it would be better if there is a clip viral spread through YouTube channel or Facebook page, can use famous Youtubers talking about the content to specify the situations or cases of misperception. - Another suggestion is to use some credible people such as doctors or psychiatrist and combine with humorous parts which famous KOLs do role play similar to clip 2 of Mr Nguyen Hoang Khac Hieu and BB&BG Entertainment - Combine with P10 to show the negative side of the Internet which form 'misperception' about contraception methods. Using a low level of fear appeal (Williams, 2012) - Examples of cases for P6 can be used in P10 and P11 since online peers sometimes are the negative side of the Internet and the cause for 'misperception' - Link with P15 because the problem addressed in P15 can be resolved if we address P6, P10 and P11 - Possible link with P12 to suggest condom use is the best methods

Promoting condom use differently	P12 - How COOL you are?	No change P12 - "How COOL you are?" but clearly define the COOL concept in the content May use "Love and pleasure without fear."	- Define COOL concept or describe what person can be considered a COOL person, using the similar traits that described ' the right partner' in P2 - Link using a condom is COOL because the person is 'confident, mature to prepare everything to protect themselves and partners' - Apply techniques from 5 example posters to place the messages into simple posters with symbolic images present the meaning of the message draw the ideas of 'COOl person'. - Can also base on the ideas of a cool partner' care about partners' pleasure without worrying about the pregnancy - The campaign of promoting condom needs to be long-term so it is necessary to combine with sexual education in school, programs in VTV, extracurricular activities involve condom as gifts, mini-games and talk show relating the concept. - Can link with P11 which emphasis on the disadvantages of all other contraception methods which only condom usage can fulfil such as the highest percentage of avoiding pregnancy and no side effect
Motivating pregnant adolescent to share	P13 - The early you are sharing about pregnancy with family and friends, the better solution for you and the baby	Can be replaced with: "Confide in before it is too late!" "If it is not the right time to talk then when?" And come along with more message:	- Create the clip interview with real people at different ages, hiding their faces. They talk about their pregnant experience with health professionals or devoted psychiatrists. - Provide them with services, forums, or people who they can come for help. Emphasis on the maintain the confidentiality of the place - Provide with the form of talk show or reality show

		"You should not do it alone when carrying a human life".	with the name such as "Knowing Yourself", "Preparation to Step up in life", "Teenage Confiding"
Addressing pregnant teens' fear	P14- Pregnant teens need your help not being scolded	Can be replaced with: "You worry to lose face or lose your child". " Think about what you felt when you were pregnant with your children. The pregnant teenager needs help even more."	- Provide the examples/situations for parents to improve listening skills toward their children's talk, providing them to remain calm to all shocking news - P13 and P14 can combine with situations provided in P1, P3, P5 and P13 to target at pregnant girls
Addressing issues of medical abortion	P15 - Medical abortion cannot be applied the same for everyone	Can be replaced with: "The ugly truth about medical abortion that no one told you."	- Can use fear appeal to show about the side effect of self-medical abortion similar to the techniques used in clip "Stick to condom" with the low strength of fear to show the consequences of self-medical abortion. (Williams, 2012)- Since the message is about the medical fact so it should provide credibility and similarity by using the quick talk from doctors. - Can combine with P6 and P10 regarding the examples trusting online peers and negative side of the Internet lead to the problem of using medical abortion without consulting from the doctors (Jones *et al.*, 2003).

Table 8.3 – Summary of Study 2 findings on social marketing communication messages, content, and techniques

Table 8.3 shows the objectives, messages, target audience, appropriate content and persuasion techniques for each proposal. It is a summary of the Study 2 findings and discussion of the answers to Research Questions 2.1 and 2.2:

RQ2.1: What are the messages to persuade adolescents?

RQ2.2: What are the technique and content suggestions to persuade adolescents?

Section 8.5 will describe how to use social media to deliver these communication messages, as well as other suggestions for utilising the platform.

8.5. Media platform description and utilisation of social media

Research question *RQ2.3: How can messages and content be delivered via social media?*

To address RQ2.3, we used the conclusion to Chapter 5, the findings from Study 2 and the suggestions from the model developed in Figure 7.4, as explained below.

First, the model in Figure 7.4 demonstrates that social media are in an exosystem which facilitates societal norms, while online peers have the strongest influence bi-directionally on the desired behaviour to and from the social norms. Therefore, social media should be the main platform in the intervention to deliver messages and campaign ideas. As discussed in sections 8.3.7 and 8.3.12, we used the sample clips of the UK consent concept and the 'Stick to condom' campaign in Thailand, together with posters of the promotion of condom use to elicit adolescents' opinions. They all confirmed their preference for similar types of videos and posters. Therefore, all the messages and content presented in Table 8.3 of regarding the 15 proposals could be potentially depicted in video format and as posters. The videos and posters relevant to each message or campaign could be then posted on the selected social media platforms.

Second, the conclusion to Chapter 5 suggests that interventions should use a combination of the YouTube channel, Facebook pages and the campaign's own website as social media platforms. This is also confirmed by research in Vietnam which illustrates that

YouTube and Facebook are the main platforms on which Vietnamese adolescents actively engage (Cimago, 2020).

Third, the COM-SM from Tapp and Spotswood (2013) applied to the Study 1 findings in Table 8.3 suggests that in many proposals/situations, service and support, relationship and the community should be involved. Social marketing activities related to the mix could be achieved through social media platforms such as service apps and support forums on the intervention's website or Facebook page to build online relationships and a community.

Finally, another conclusion from Chapter 5 discusses the way social media influence young audience through word-of-mouth. Therefore, the service apps, support forum and community, which can attract adolescents, could potentially use word-of-mouth to promote the intervention or to spread the messages and engage the range of adolescent participants.

In conclusion, all the proposed messages and social marketing interventions could use social media as their platform and utilise the online community to promote the desired behaviour. The specific desired behaviours related to Vietnamese adolescents' sexual health will be addressed in the following section dealing with social marketing intervention ideas.

8.6. Campaign ideas generated from the findings of Study 2.

In this section, the campaign ideas will be developed, which combine several correlated proposals to achieve specific behavioural goals in influencing certain norms identified from Study 1 in order to answer Research Question 2.4.

RQ2.4: What are the possible social marketing campaign ideas to promote safe sex and delay the first sexual experience?

For each campaign, I will first present the logic of the idea generation. Second, the table of the social marketing benchmark criteria will be described to address how the campaign satisfies a suitable social marketing approach. Finally, I will present details of the communication campaign ideas which address the creative brief questions, specifically

insight into the target audiences, what we want them to feel/ do, and what we want to say (These tables will be placed in the Appendix D).

Five campaign ideas are generated in this section. Each has a message which could be considered as a brand name, as in the branding for public health discussed in section 4.7. Basu and Wang (2009) propose health brand messages to help the intervention stand out from the crowded environment and to provide an alternative way to engage the target audience.

Campaign 1 - "A right partner at the right time and a healthy romantic relationship."

Campaign 2 - "How COOL are you?".

Campaign 3 - "Talk, safe and pleasure".

Campaign 4 - "The UGLY TRUTH about the Internet, contraception and medical abortion."

Campaign 5 - "Pregnant girls, we are here for you!".

8.6.1. Campaign 1 - "A right partner at the right time and a healthy romantic relationship."

One of the central aims of this thesis is to delay young people's first sexual experiences. The Ecological model of Vietnamese adolescents' sexual behaviours in Figure 7.4 suggests that the desired behaviour, that is delaying sex, could be achieved if we address the two social norms leading to early sex, namely cultural secrecy starting with shame, and women's powerlessness, in which partners play the role of actors in the microsystem. Therefore, we should address shame in P1 first, followed by the message to explain in what circumstances sex is acceptable in P2. This is supported in the concept testing study, as almost all the participants ranked P1 as the most important message. The norm of cultural secrecy relating to partners in relationships refers to another message, that of P4, which encourages partners' open communication about sex. Other issues discussed in theme 2 include women's powerlessness and that the lack of understanding of the concept of consent makes the power of sexual decision-making between partners unbalanced. Therefore, this campaign should involve P7, P8 and P9.

1.Set behavioural goals. The main goal is to delay sexual debut until they are 18 by following detailed behavioural goals of the 6 messages.	P1 - "IT is not shameful". P2 - "IT is alright to be at the right time with the right person!" P4 - 'Sharing about IT between partners is an advantage for forming a healthy relationship'. P7 - "Do you understand CONSENT? Are you sure your partner CONSENT you to do IT?" P8 – "Boys should not be the only one to make a decision!" P9 - "Equality in sexual health decision is important"
2. User-consumer research and pre-testing	Study 1 and Study 2 as consumer research and pre-testing
3. Make judicious use of theory.	The Ecological Model of Sexual behaviour COM-B (Mitchie *et al.*, 2011)
4. Is insight driven	Study 1 discussion of findings
5. Applies principles of segmentation and targeting	Target audience detail in Table 8.5
6. Makes use of the marketing mix beyond communication	COM-SM in Table 8.1
7. Create attractive motivational exchanges with the target group	In the contents of messages, we have provided the exchange benefits for the desired behaviour in Table 8.3
8. Addresses the competition for the desired behaviour.	Addressing the competition for the desired behaviours which are their fear of judgemental view from society and partners in P1, P2 and P4. Addressing the competition for desired behaviour of boys is that their sexual desire is more than using protection, the use of medical abortion is easier than dealing with the baby while for girls, relying on boys is easier than they need to make a decision, in P8 and P9.

Table 8.4 – Campaign 1 - "A right partner at the right time and a healthy romantic relationship!" – Social Marketing Benchmark Criteria

Table 8.5 – Creative brief detail for Campaign 1 - "A right partner at the right time and a healthy romantic relationship!" - Messages and contents – Appendix D1

8.6.2. Campaign 2 – "How COOL are you?"

Another aim of the thesis is to promote safe sex, specifically the use of contraception methods, of which condoms are the most popular and effective. The evidence from research in social marketing reviewed in section 4.5.2 shows the effectiveness of promoting condom usage intervention. However, in Vietnam this intervention approach is less effective, thus requiring recommendations to promote condom use in a more attractive way to Vietnamese youth. Therefore, this campaign uses the message designed to focus on promoting condom usage with P12. P12 is also ranked second in importance and attractiveness by many respondents.

1.Set behavioural goals. Using condom	P12 - "How COOL are you?"
2. User-consumer research and pre-testing	Study 1 and Study 2 as consumer research and pre-testing
3. Make judicious use of theory.	The Ecological Model of Sexual behaviour COM-B (Mitchie *et al.*, 2011)
4. Is insight driven	Study 1 discussion of findings
5. Applies principles of segmentation and targeting	Target audience detail in Table 8.7
6. Makes use of the marketing mix beyond communication	COM-SM in Table 8.1
7. Create attractive motivational exchanges with the target group	In the contents of messages, we have provided the exchange benefits for the desired behaviour in Table 8.3
8. Addresses the competition for the desired behaviour	Addressing the competing behaviour is the desire of no use condom more than using it from boys

Table 8.6 - Campaign 2 – "How COOL are you?" – Social marketing Benchmark Criteria

Table 8.7 – Creative brief detail for Campaign 2 – "How COOL are you?" – Message and contents - Appendix D2

8.6.3. Campaign 3 – "The UGLY TRUTH about the Internet, contraception and sexual health practices!"

The Ecological model of Vietnamese adolescents' sexual behaviours in Figure 7.4 suggests many undesired behaviours, including the use of unreliable contraception methods such as calendar rhythms, coitus interruptus or morning after pills and abortion/medical abortion, which have been promoted by online peers through social media and become the norm in which many adolescents believe. Therefore, to be able to promote condom use in campaign 2 and to utilise social media and online peers' influence positively, we should address all the negative issues of social media and misperceptions about other contraception methods.

1.Set behavioural goals. Addressing all negative issues of social media Addressing the misperception about contraception and medical abortion	P10 - "Internet is powerful and helpful but not always reliable regarding sexual health information." P6 – "Do you really trust peers on the Internet? Are they worthy for you to share? Why don't you talk to your real acquaintance?" P11 - "The UGLY TRUTH about contraception methods." P15 - "The UGLY TRUTH about medical abortion that no one told you."
2. User-consumer research and pre-testing	Study 1 and Study 2 as consumer research and pre-testing
3. Make judicious use of theory.	The Ecological Model of Sexual behaviour COM-B (Mitchie *et al.*, 2011)
4. Is insight driven	Study 1 discussion of findings
5. Applies principles of segmentation and targeting	Target audience detail in Table 8.9
6. Makes use of the marketing mix beyond communication	COM-SM in Table 8.1
7. Create attractive motivational exchanges with the target group	In the contents of messages, we have provided the exchange benefits for the desired behaviour in Table 8.3
8. Addresses the competition for the desired behaviour.	More desire to choosing a safer environment to keep secret for adolescents who understand the negative side of the Internet. This motivation for competing behaviour is because believing in online peers is quicker and easier than talking to real-life behaviour, in P10 and P6. The desire of using medical abortion is more than another way to deal with pregnancy and because of the fear sharing about it with other people, in P15.

Table 8.8 - Campaign 3 – "The UGLY TRUTH about the Internet, contraception and sexual health practices!" – Social Marketing Benchmark Criteria

Table 8.9 – Creative brief for Campaign 3 – "The UGLY TRUTH about the Internet, contraception and sexual health practices!"- Messages and content – Appendix D3

8.6.4. Campaign 4 – "Talk, Safe and Pleasure!"

The campaign aims to promote open communication about sex between partners, children, grownups and among adolescents' real-life peers. Theme 1, the cultural secrecy in sexual communication, starts with the shame associated with sex, which constrains communication. Therefore, in this campaign, we should start by addressing shame, followed by relevant messages to all the actors involved in the sexual communication, as presented in Figure 7.4, namely society (in P1), parents (in P3), partners (in P4) and adolescents' peers (in P5).

1.Set behavioural goals. Open communication about sex	P1 - "IT is not shameful". P3 - Parents should encourage sharing about IT not forbidding their children to have a relationship." P4 - 'Sharing about IT between partners is an advantage for forming a healthy relationship'. P5 - Sharing about IT with close-peers does not result in any judgement from them/ "Confident in sharing about IT, no worry friends judgments."
2. User-consumer research and pre-testing	Study 1 and Study 2 as consumer research and pre-testing
3. Make judicious use of theory.	The Ecological Model of Sexual behaviour COM-B (Mitchie *et al.*, 2011)
4. Is insight driven	Study 1 discussion of findings
5. Applies principles of segmentation and targeting	Target audience detail in Table 8.11
6. Makes use of the marketing mix beyond communication	COM-SM in Table 8.1
7. Create attractive motivational exchanges with the target group	In the contents of messages, we have provided the exchange benefits for the desired behaviour in Table 8.3
8. Addresses the competition for the desired behaviour.	Their fear of society in P1 Fear of parents' behaviours if asking and talking about sex in P3. Fear of judgement from partners, fear of the risk of breaking up in P4. Fear of judgement and decry eyes from friends in P5

Table 8.10 - Campaign 4 – "Talk, Safe and Pleasure!" – Social Marketing Benchmark Criteria

Table 8.11 – Creative brief of Campaign 4 - "Talk, Safe and Pleasure!" – Messages and content- Appendix D4

8.6.5. Campaign 5 - "We are here for you, pregnant girls!"

Even though this campaign targets pregnant girls (or boyfriends with pregnant girlfriends) and their parents, it also promotes safe sex. One reason is that it can help to avoid repeated self-administered medical abortion or abandoning the child. If adolescents are secret about pregnancy in the first place and rely on online peers for problematic contraception and pregnancy handling practice, then the situation cannot be resolved. Another reason to develop this campaign is based on Figure 7.4. We have discussed how the undesired behaviour and stories of pregnant girls, and how they handle pregnancy, could be shared via social media and become the norms for adolescents; therefore, if our intervention could address the issues of pregnant girls, it would avoid the spreading of such stories and problematic advice from online peers. Two messages are targeted at pregnant girls P13 and P14.

1.Set behavioural goals. Encourage pregnant girls to open talking and seek help earlier	P13 - "If it is not the right time to talk then when?" P14- "You worry to lose face or lose your child"
2. User-consumer research and pre-testing	Study 1 and Study 2 as consumer research and pre-testing
3. Make judicious use of theory.	The Ecological Model of Sexual behaviour COM-B (Mitchie *et al.*, 2011)
4. Is insight driven	Study 1 discussion of findings
5. Applies principles of segmentation and targeting	Target audience detail in Table 8.13
6. Makes use of the marketing mix beyond communication	COM-SM in Table 8.1
7. Create attractive motivational exchanges with the target group	In the contents of messages, we have provided the exchange benefits for the desired behaviour in Table 8.3
8. Addresses the competition for the desired behaviour	Fear to share about pregnancy to be judged by other people and society, fear of how parents would react and scold, in P13. From parents, they fear of their children's pregnancy and adolescents know that.

Table 8.12 - Campaign 5 - "We are here for you, pregnant girls!" – Social Marketing Benchmark criteria

Table 8.13 – Creative brief for Campaign 5 - "We are here for you, pregnant girls!" - Messages and content – Appendix D5

CHAPTER 9 – FINAL DISCUSSION AND CONCLUSION

9.1. Chapter introduction

In an attempt to influence the sexual behaviours of Vietnamese adolescents to perform safe sex and delay sexual debut and reduce the level of teenage pregnancy and abortion, this thesis has answered the two research questions and filled in the gaps identified throughout the 5 literature chapters.

The structure of this chapter as follows: Section 9.2 presents a final discussion connecting the findings among Chapter 3, Study 1 and Study 2 to answer the research questions. In section 9.3, the theoretical, methodological, and practical contributions to knowledge are presented. Section 9.4 considers the limitations of the project and makes recommendations for further research.

9.2. Final discussion connecting Chapter 3, Study 1, and Study 2 to answer the research questions.

9.2.1. Research Question 1 - What is an appropriate model of Vietnamese adolescents' sexual behaviour?

RQ1.1- What is the big picture that captures all possible factors that might influence the sexual behaviours of Vietnamese adolescents?

Chapter 3 has answered RQ1.1 by identifying all social and cultural sexual factors that could lead to early and unprotected sexual behaviours of Vietnamese adolescents. The SEM was employed to structure the literature in the context of Vietnam. From the completed SEM, it is possible to identify potential social and cultural sexual norms in the Vietnamese context to set the foundation and develop initial codes to analyse the Study 1 data.
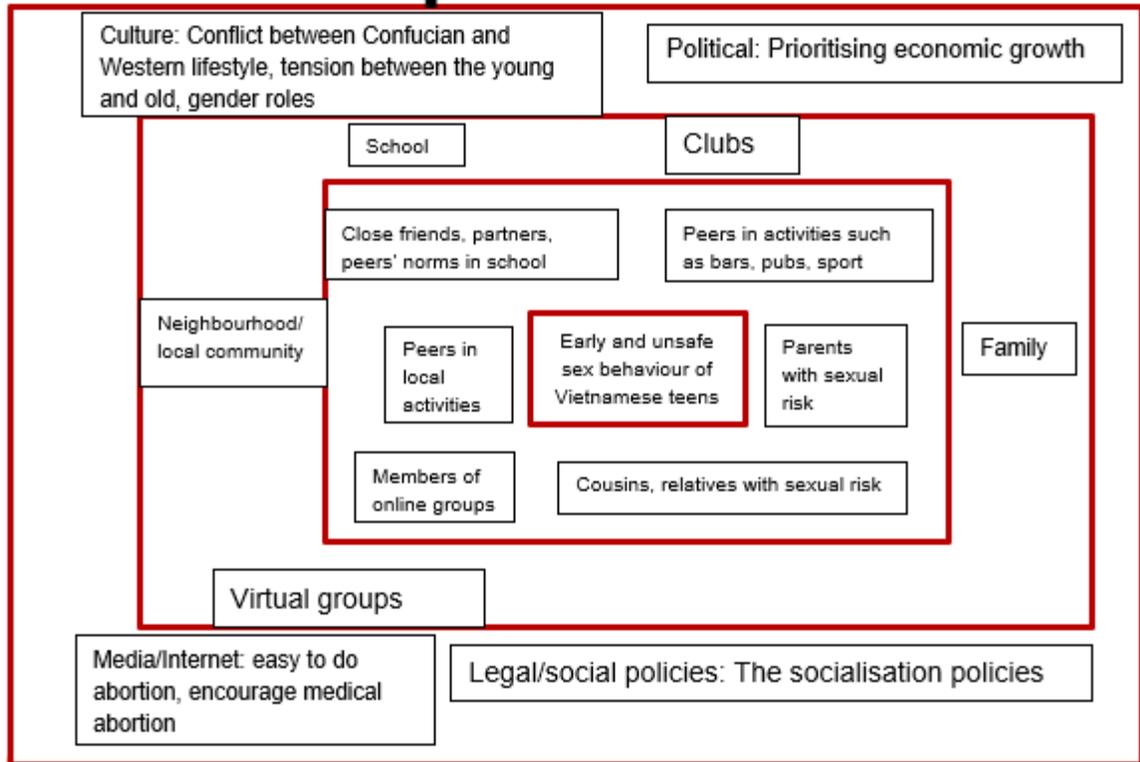
Figure 3.2 - The Social Ecological Model of early and unprotected sexual behaviours of Vietnamese adolescents

The possible social and cultural sexual norms of Vietnamese adolescents

(1) The male's role is to make the decisions regarding contraception methods

(2) Norms of side effects when using contraception such as a condom or monthly pills

(3) A woman's job is to protect themselves from pregnancy and childbearing

(4) It is normal to have premarital sex, but adolescents only share this with close friends who are open-minded or have experienced this

(5) There is a conflict between traditional values from older generation and young people' perception of premarital sex. Therefore, adolescents hide the fact that they are engaging in sexual intercourse from everyone which means hiding their

pregnancy and deciding to abandon the infant or carrying out an underground abortion.

(6) It was found that the media/the Internet may emphasise the ease of having an abortion, even a medical abortion, at home. Many young people do not seek medical and professional health services; they decide to deal with their pregnancy by themselves.

RQ1.2 - What are the particular and important social and cultural norms forming early and unprotected sexual behaviour?

The findings of Study 1 highlight three themes that represent the social and cultural norms shaping early sexual debut and unprotected sex among Vietnamese adolescents to answer RQ 1.2. These are three particular and important norms that help provide an insightful understanding of Vietnamese adolescents. The implications of these norms are presented in section 9.2.2.

All three form a vicious circle and their subthemes are presented in Figure 7.5.
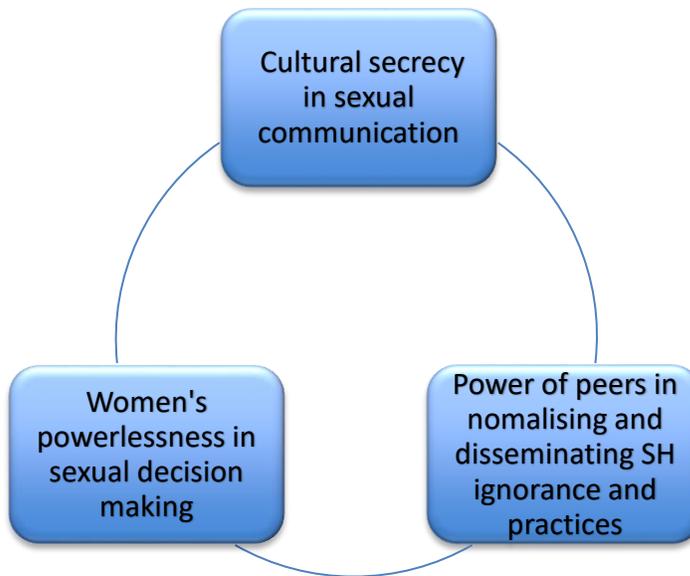
Figure 7.5 – Three particular and important social and cultural norms shaping early and unprotected sexual behaviour of Vietnamese adolescents.

RQ1.3 – How do the norms interrelate to form the Ecological Model of Vietnamese adolescents' sexual behaviour?

Based on the discussion of findings from Study 1 and Brennan *et al.*'s (2016) paper, I developed the layers and the interplay between the actors within the Ecological model applied to Vietnamese adolescents' sexual behaviour in Figure 7.4.

To answer Research Question 1, there is the vicious circle of three social and cultural norms in Figure 7.5. Scrutinising this more closely, the ecological model of Vietnamese adolescents' sexual behaviour in Figure 7.4 suggests a system in which actors in the meso/micro-social system influence and are influenced by desired and undesired behaviours through the Social Contract and via Social Media in the Exosystem to the social norms of theme 1 and theme 2 in the Macrosystem. These actors are parents, teachers, partners, and peers, in which online peers have the strongest level of impact, followed by real-life peers. Theme 3 – Power of peers is also a social norm, but its components spread across the Ecological system in macro (the social norm), Exo (social media), and meso/micro (real-life and online peers) layers and individual behaviours (both desired and undesired). Those undesired behaviours have been set out at the beginning of the research as early and unprotected sex. Other undesired behaviours are withholding pregnancy and abortion (including medical abortion). The desired behaviours were derived from the implications of Study 1 to suggest social marketing interventions in Study 2. Those desired behaviours are delaying sex, using contraception correctly, using a condom, open communication about sex, and seeking help when pregnant.

Figure 7.4 – An Ecological model of Vietnamese adolescents' sexual behaviour
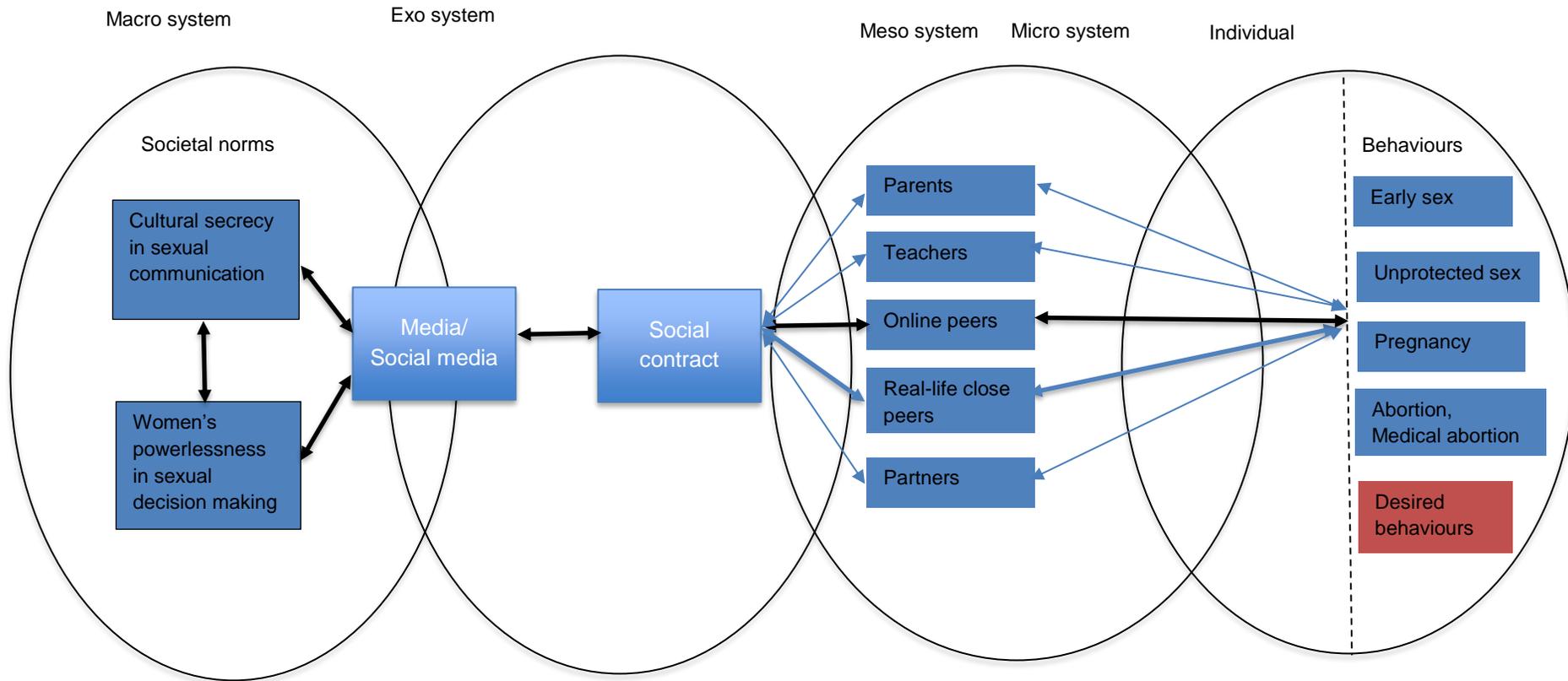
9.2.2. Implications from Study 1 for Study 2 and for other further research projects in Vietnam context

To propose suitable messages and interventions in Study 2, the COM-B model of Mitchie *et al.* (2011) is employed to understand adolescents' behaviours. Therefore, the findings of Study 1 also indicate a lack of capability, opportunity, and motivation in each implication. These implications were employed in this thesis to develop the subset of messages and social marketing intervention ideas from the method utilised in Study 2. They can also be applied separately for future research or projects that might utilise them differently.

- The sexual health problems all start with a feeling of shame associated with sex not only among adolescents but also other actors in the system such as parents, teachers, and adolescents' partners. There should be a message addressing the fact that shame should not be associated with sex. Adolescents exhibit a lack of motivation (M) because they feel shame and fear other people would judge them if talking or engaging in sexual behaviour. There is also a lack of opportunity (O) in the social and cultural environment where not everyone openly shares about sex or accepts premarital sex.

- It should provide a context/situation where sex is not shameful. Adolescent's fear of premarital sex is not acceptable (M) and they do not know when and who might be the person they should engage in the sexual relationship with.

- There should be a message for parents to encourage sharing about sex rather than forbidding it. The message also targets adolescents because they need to know their parents want to have open communication and that society understands their fear of parents' behaviour when asking or talking about sex (M). There is no social environment where they can talk to their parents about sex (O). Neither parents nor adolescents know how to talk openly with each other (C).

- Open discussion about sex should be encouraged between partners. Adolescents fear judgment from partners, and also fear the risk of damaging the relationship (M). They do not know how to talk and share with partners about sex.

- There should be a message addressing the fear of adolescents when sharing with their peers about sex and pregnancy. Adolescents' fear judgment from their friends (M), while other peers want to help but do not know of their friends' fear (C).

- It should address the issue of trusting online peers and issues of information on the Internet. Adolescents do not know whether the advice from the Internet is correct, and do not know about the medical issues or side effects of medical abortion and other forms of contraception such as the morning after pill (C). In term of the issues surrounding the Internet, some adolescents might understand the negative side but the desire to choose a safer environment to keep them secret is quicker and easier than talking to people in real life. Therefore, they choose to believe in online peers and the Internet. In this case, the motivation for undesired/ competing behaviour is stronger (M for competing behaviour).

- It should teach adolescents at a young age about the consent of concept in a sexual context as there is a lack of understanding of consent in Vietnam (C).

- There should be messages addressing equality for boys and both genders. For boys, their sexual desires are more important than using protection and the use of medical abortion is easier than dealing with the baby (M). For girls, relying on boys is easier than the need to make decisions. For both genders, the motivation for competing behaviours is stronger than desired behaviours (M for competing behaviours). Furthermore, the social and cultural norms create an environment where men have more roles and more powers, and girls should listen to them (O for competing behaviour).

- It should address the misperceptions of contraception methods. Adolescents lack an understanding of the use of contraception (C) while girls have the motivation to use unreliable contraception (M of competing behaviour).

- It should promote condom use differently in Vietnam. For boys, there is more desire to not use a condom (M of competing behaviour).

- It should motivate pregnant adolescents to share earlier. Pregnant girls fear sharing about their pregnancy as they may be judged by other people and society; they fear how their parents will react and behave (M). There is no social and cultural environment in which to share and ask advice about pregnancy (O). They do not know whether there is any support to pregnant young people (C).

- It should address pregnant adolescents' fears, and parents themselves fear their children's pregnancy (M). There is no social and cultural environment in which parents and adolescents can feel less shame if their daughter becomes pregnant (O).

- There should be a message addressing issues relating to medical abortion. Pregnant adolescent girls and boyfriends are more inclined to use medical abortions than deal with pregnancy (M for competing behaviour). They do not know the issues that relate to having a medical abortion (C). There is no social and cultural environment in which to promote other contraception methods (O).

In conclusion, these implications can be considered the practical contribution in section 9.3.3.

9.2.3. Research Question 2 - How can social marketing communication be applied to promote safe sex and delay sexual debut?

RQ2.1 - What messages can persuade adolescents to change their sexual behaviours?

The findings of Study 1 help to identify the implications for Study 2. In each theme and subtheme, it can be demonstrated that one or two or all deficiency of COM-B situations (Capability – Opportunity – Motivation) are existing which suggests that more than just communication messages or education are required to change or influence those behaviours.

A communication message is needed for each situation; therefore 15 communication messages were developed to answer Research Question 2.1.

RQ2.2 - What techniques and contents can persuade adolescents to change their sexual behaviours?

As identified previously, communication messages alone are not enough; persuasion techniques and contents should also be utilised. Based on the implications from the Study 1 findings, and communication theories and persuasion techniques in Chapter 4, I developed suggestions for the contents and techniques used in the development of concepts for Study 2. I also drew on the COM-SM clusters of Tapp and Spotswood (2013) to suggest relevant social marketing activities. The 15 proposals are presented in Table 8.1, section 8.2.2.

These concepts, including messages, contents and persuasion techniques, were tested in the mini focus group interview in Study 2 by asking adolescents for their opinions (against/for and recommendations). The results of Study 2 are discussed to form new proposals and answer RQ 1.1 and 1.2 in Table 8.3, section 8.4.

RQ2.3 - How can the messages and contents be delivered via social media?

Using the conclusion from Chapter 5, findings from Study 2, and the COM-SM model (Tapp and Spotswood, 2013), I propose using social media to deliver the messages and contents in section 8.5, which answers Research Question 2.3.

RQ2.4 - What possible social marketing campaign ideas can be employed to promote safe sex and delay sexual debut?

Using Social Marketing Benchmark criteria, the interplay between the unique norms, and COM-SM presented in the Ecological model of Vietnamese adolescents' sexual behaviour in Figure 7.4, I then developed the campaign ideas. I present how each campaign should satisfy the benchmark criteria in section 8.6 to answer Research Question 2.4.

Subsequently, Research Question 2 can be answered using Figure 9.1 which connects the Study 1 findings with Study 2 and the 5 social marketing intervention ideas generated.

Campaign 4 – TALK, SAFE and PLEASURE!

P1 – "IT is not shameful!"
P3 – "Parents should encourage sharing about IT not forbidding their children to have a relationship"
P4 - 'Sharing about IT between partners is an advantage for forming a healthy relationship'
P5 - Sharing about IT with close-peers does not result in any judgement from them/

THEME 1
Cultural
Secrecy in sexual communication

Proposals for Study 2

P13 - "If it is not the right time to talk then when?"
P14- "You worry to lose face or lose your child"

Campaign 5 – We are here for you, pregnant girls!

Study 1 – the unique social and cultural norms

THEME 2
Women's powerlessness in sexual decision making

THEME 3
Power of Peers in normalising and disseminating sexual health ignorance and practices

Proposals for Study 2

P6 - "Do you really trust peers on the Internet? Are they worthy for you to share? Why don't you talk to your real acquaintance?"
P10 - "Internet is powerful and helpful but not always reliable regarding sexual health information"
P11 - "The UGLY TRUTH about contraception methods."
P15 - "The UGLY TRUTH about medical abortion that no one told you."

Proposals for Study 2

P2 - "IT is alright to be at the right time with the right person!"
P7 - "Do you understand CONSENT? Are you sure your partner CONSENT you to do IT?"
P8 – "Boys are not the only one making decision!"
P9 - "Equality in sexual health decision is important"
P12 – "How COOL are you?"

Campaign 1 - "A right partner at the right time and a healthy romantic relationship!"

Campaign 2 - How COOL are you?

Campaign 3 - The UGLY TRUTH about the Internet, contraception and sexual health practices!

Figure 9.1 – Overall contributions of the thesis

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9.3. Contribution to knowledge

9.3.1. Theoretical contributions

Contribution to broader context literature

Research in Individualism culture/Western countries usually focuses on individual psychology which blames the young people for their behaviours while not paying sufficient attention to social and cultural understandings and influences. This is particularly true in the US. In European countries, there are more calls for social and cultural impact research but none of the models have been built that reflect the social and cultural norm interrelationship. Even in the SEM and the Behaviour Ecological model, Brennan *et al.* (2016) identify the possible actors in Macro, Exo, Micro and Meso layers but show no clear relationship between layers and how the micro actors play the roles. This thesis is the initial to build an Ecological model of adolescents' sexual behaviour, focus on social and cultural norms and presents the interplays among them. This model applies the discussion in Brennan et al.'s (2016) paper on alcohol consumption but does so in a different context. Furthermore, this thesis adds into the model the possible strength with which actors in meso/micro layers influence and are influenced by sexual behaviour. This has been discussed in Section 7.3.4 where the social and cultural norms influence all other components of the ecological system through bi-directional impact. In which, online peers through social media could bring back the sexual behaviour to become the social norm.

In the SEM model, numerous scholars view the media/mass media as an important societal system that facilitates the social and cultural norms in the exo-system. However, this study suggests that social media are equal to and have an even stronger impact on youth culture than mass media in the Ecological model. Because the model may pose the strongest level of influence on actors in meso/micro systems, it is suggested that online peers have the strongest influence. Therefore, this thesis contributes to demonstrating how to use peer influence, especially online peers, positively.

The traditional SEM identifies the micro actors as mainly peers, schoolteachers and family members. This thesis adds in more micro actors, such as partners and different

types of peers, who have the strong impacts on individuals, especially in the sexual behaviour contexts. The roles of peers are not the same for real-life non-acquainting peers, real-life acquainting peers, real-life closed peers and online peers.

The thesis findings can redraw the SEM model to apply for youth culture in the context of sexual behaviour. The new SEM could place virtual life at the centre of SEM real life's meso-micro-exo-macro where young people's sexual norms may initiate in virtual life before being impacted by the real-life actors.

Contribution to social marketing research

Research on both commercial and social marketing focuses on change at the individual layer, while this thesis, with model Figure 7.4, utilises all layers of the ecological system with macro-exo-meso-micro.

This is the first intervention to apply the COM-SM (Tapp and Spotswood, 2013) and provide a completed social marketing mix beyond communication to satisfy criteria 6 of the benchmark criteria. The COM-SM application and the intervention ideas in this thesis has covered all marketing aspects beyond communication including targeting segmentation and positioning (STP), competitors, 4Ps and could potentially fulfil the system change perspective which has been discussed in section 2.2.6 and 2.2.7. Several contributions to social marketing literature can be made. First, for STP, the identification of Capability, Opportunity and Motivation in Column 4 of Table 8.1 provides an insight to target audience's segmentations. Such detail characteristics have been described in the Creative brief for each segment in Appendix D. The message for each proposal could also provide the positioning, which is in line with Basu and Wang's (2009) suggestion that health brand messages make the intervention stand out in the crowd of target audiences' mind. Furthermore, the competitors of desired behaviours are undesired behaviours, and their motivations may help in positioning task. Second, for the traditional marketing mix 4Ps, Tapp and Spotswood (2013) in their COM-SM paper has closed the gap between commercial marketing mix with social marketing by discussing the connection between COM-B (Mitchie et al., 2011) and alternative 4Ps from Peattie and Peattie (2003). This, therefore, illustrates that all 4Ps have been addressed through COM-SM. For Product, the detailed understanding of target audiences' fear and motives in performing desired and undesired behaviours can justify the benefits of the proposed social message ideas. For

Price, our interventions provide the assurance for target audiences' psychological cost, and education is used to fulfil their lacking capabilities. For Place, the proposed interventions provide many social environments (social and cultural cues) where target audiences (adolescents/young adolescents/pregnant adolescents) can gain the understanding and sympathy from the whole society to enable the desired behaviours. Moreover, in section 8.5 with the description of media platform and utilisation of social media, the thesis also gives advice on how and which channels to deliver the proposed messages effectively to the target audiences. Lastly, even though the role of certain actors, such as the government or other organisation, is not discussed, as specified in section 2.2.7, the COM-SM with the proposed messages and interventions in this thesis could potentially achieve systems change approach to include multi-level multi-actors. For example, the last two clusters of social marketing activities in COM-SM (Tapp and Spotswood, 2013), i.e., service and support, relationship and community, require the relevant macro actors to provide such services and collaborate with each other in a system dynamic setting to achieve social change. Those macro actors in the context of sexual health could be the Ministry of Health, the Ministry of Education and Training, NGOs and reproductive health advocacy organisations.

These are the first comprehensive social marketing campaign ideas to target different audience groups and promote several aspects, not simply condom use, as evidenced in the social marketing approach and discussed in Chapter 4. Studies in Western countries always points to the 'women empowerment' for sexual equality; however, this thesis argues that it is not always working in Asian context. Therefore, the campaign also proposes new intervention ideas such as targeting male adolescents in sexual behaviour change research.

Discussion in chapter 5 – social media as a social marketing communication tool and section 5.4.4. Social media and social marketing in sexual health suggest that social media have been used in social marketing interventions but contribute discretely for each aspect of marketing. However, this thesis is the first to apply social media in social marketing interventions which could potentially contribute to many aspects of marketing, such as in positioning our health brand messages, in providing services and consulting (Product/Services), in suggesting platforms to deliver the messages, and in connecting all actors in the social marketing system to achieve social changes. In addition, this is the first

study to use social media and online peers in a positive way for adolescent sexual health research, details of which are provided in Section 9.3.3 – the practical contribution.

Contribution to research in Vietnam

Although some of the findings regarding factors that shape Vietnamese adolescents' sexual behaviours have been mentioned in previous research, this study is the first to apply the SEM to capture the full picture and depict all possible social and cultural sexual norms leading to early and unprotected sex among Vietnamese adolescents.

COM-B model has been utilised in limited number in some Asian countries, as discussed in section 4.3, without incorporating with social marketing interventions. This thesis is the first in Vietnam to apply the COM-B model of Mitchie *et al.* (2011) to provide an understanding of adolescents' capability, opportunity, and motivation to perform desired sexual behaviours. Therefore, it also is the first social marketing campaign which applies COM-SM (Tapp and Spotswood, 2013).

Social marketing research in Vietnam is limited with some government-led campaigns using macro-social marketing (Truong *et al.*, 2018) or some national level campaigns utilising single ecological layer (Brennan *et al.*, 2014). This is the first research study in Vietnam to fully apply a social marketing approach to influence adolescents' sexual behaviours using Social Benchmark criteria and a theoretical framework in the process of developing the intervention.

Research in Vietnam toward sexual health mainly applies educational approach or health promotion toward condom use while lacking social marketing approaches in addressing this issue. This thesis is the first in Vietnam to produce actual messages and contents applying persuasion techniques and combining these with education to create meaningful messages that could have a strong impact on Vietnam youth sexual behaviours.

Social media research in Vietnam is limited to identifying how the young use this platform for and has not explored how social media can be used for campaigns in changing/influencing their problematic behaviour. Therefore, this is the first study in Vietnam to apply social media in a social marketing intervention.

9.3.2. Methodological contributions

Several studies on the sexual behaviours of Vietnamese adolescents have identified their attitudes towards premarital sex through the use of a quantitative survey (Wanatabe *et al.*, 2014; Do and Fu, 2010; Gothlin and Sjoqvist, 2011; Pham *et al.*, 2012). Only one study was identified that utilised an open interview and qualitative content analysis to address how young adolescents understand the concepts of puberty, sexual intercourse, friendship, and love (Nguyen and Bengston, 2012). This study, however, is the first in a Vietnamese context to apply thematic analysis using a combination of semi-structured in-depth interviews and online qualitative content analysis.

Furthermore, the in-depth interviews constituted a combination of both face-to-face and online audio interviews across 3 periods of study. This served the purpose of recruiting diverse participants for this sensitive topic, something face-to-face interviews alone could not achieve.

Moreover, given the strength of online peers and social media among Vietnamese adolescents, online content analysis was appropriate to use for this sensitive topic. Other research involving Vietnamese adolescents could apply the same method to elicit and understand their opinions.

9.3.3. Practical and policy implications and contributions

9.3.3.1. For social marketers

The findings regarding the social and cultural sexual norms/themes identified in this study may facilitate the development of substantial propositions and techniques for social marketing interventions that can delay sexual debut and promote safe sex. They can do so by drawing on the 15 implications established in section 9.2.2. Based on these implications, social marketers can build a comprehensive social marketing campaign to effectively address and attempt to change or influence all the desired sexual behaviours in several ways.

Each message can stand alone as an intervention, although it is better to incorporate some of them together because of their relationships. If applied as a stand-alone intervention, the thesis has provided details on the techniques and contents for each message in Table 8.3 as well as the creative briefs for related target audiences in the Appendix D.

Depending on the budget, social marketers can decide to carry out a single campaign or combine several messages and launch a few campaigns simultaneously. This thesis has suggested 5 interventions with details of the brand name and relevant messages for each. If social marketers want to implement a stand-alone intervention, the implications in section 9.2.2 can be used for each separate campaign.

The thesis also advises how to consider which message/stand-alone intervention should be implemented first. It is advisable that the P1 – 'IT is not shameful!' should form the starting point of any campaign.

The social media platform used could be the same for all campaigns, but different apps, forum and support services will need to be utilised for each target group.

Several contents, persuasion techniques, and ideal concepts in Table 8.3 can be implemented across messages and different interventions.

9.3.3.2. For sexual health educators/promoters

The findings suggest that health educators should teach and have materials explaining the concept of consent to a younger age group. This should start from year 6 (12 years old) alongside the main sexual education curriculum.

There should be materials and methods that teach students contraception and medical abortion in a way that differs from the current sexual education programme.

Health professionals should promote condom usage differently to attract young people; for instance, campaign 2 suggestion from Study 2 is to use the idea of a COOL person.

9.3.3.3. For policymakers

Policymakers may reflect on the regulations governing access to medical abortion, especially as they apply to young people.

9.4. Limitations and recommendations for future research

The findings of the thesis have identified the three particular and important social and cultural norms that could result in early and unprotected sexual behaviour but was unable to test the relationships between the three themes. Therefore, future research

could carry out a quantitative study to test those relationships as well as the interrelationships among the different components of all themes.

Future research could also test the correlation between each theme and the outcome in terms of early sex and unprotected sexual behaviours. Furthermore, the detailed relationships and the strength of actors in Figure 7.4 could be tested in control communities.

The discussion of systems social marketing and macro social marketing as well as system characteristics has shown that our Social Ecological model has left out some macro actors such as policy makers, health professionals in the Ministry of Health Vietnam, educators in the Ministry of Education and Training, NGOs and sexual health advocators in Vietnam. Therefore, further research should include those actors to complete the macro and upstream social marketing approach.

Furthermore, in our developed social ecological model, the interaction among social norms and micro actors (parents, teachers, partners and peers) has been presented but there is not discussion on macro actors' interplay to create social change and the role and functions of societal structure and system dynamics in Vietnam. Thus, further research which include macro actors in the interview can present this discussion.

The role of social media discussed in section 5.4.4 has shown its potentiality to create social changes in system setting. However, this research has not been able to test that theory. Future research could attempt to discuss or test how social media can bring out social changes in the system dynamic.

The results of Study 2 are limited to suggesting social marketing intervention ideas; further research could therefore carry out action research based on one or several proposals and campaigns and develop a measure to determine the success of each campaign and test the effectiveness of different persuasion techniques.

There are several limitations that need to be addressed regarding the methods employed in the two studies and the participants recruited. First, in the online content analysis in Study 1, the relevant answers for RQ1 were usually short and did not directly answer the questions asked, in contrast to the interview. A further limitation with using YouTube comments is that it is difficult to identify the age and gender of those commenting. Based on the names, the author can guess their gender, thus comments

were identified as follows: Clip Number UserM/F/? Additionally, those making sometimes used informal language and in-group slang, which sometimes made it difficult to interpret the comments. They also made use of swear words to express their feelings. In addition, unlike in face-to-face interviews, the analysis of online content does not allow a dialogue where meaning can be clarified. These factors may introduce inaccuracies into the interpretation of the data. Second, in the online focus group interview, only a small number of participants took part (mini focus group comprising only 3 participants) due to time-constraints. Therefore, future projects can be expanded to recruit more participants for focus group interviews, especially younger adolescents (12 to 16 years old). Another limitation of using an online focus group interview is that members are influenced by each other. For instance, if a member gives a long answer to a question, the other members also give lengthy answers. Surprisingly, however, they did not copy each other's ideas as their own answers were quite diverse. Furthermore, when asked to rank the order of importance of the questions, almost all gave different answers. Third, the male voice in this thesis was limited as there were far fewer male participants than females in all age groups and they did not share that much, especially regarding their power in relationships. Future research could try to recruit more male participants and design questions that could elicit more responses from a male point of view.

9.5. Conclusion

This thesis addresses the central aim is to make workable recommendations for delaying sexual debut and promoting safe sex among Vietnamese adolescents to reduce unwanted teenage pregnancy through a social marketing approach and the utilisation of social media. There are two qualitative studies conducted to achieve the aim. The theoretical contributions are: first, to propose an Ecological behavioural model; second, utilising the model in combination with social marketing framework to influence the sexual behaviour of Vietnamese adolescents regarding the social and cultural norms; and third, it contributes to knowledge of how to apply social media and online peers in social marketing intervention positively. The methodological contribution made by this research is that it is the first in the Vietnamese context to combine a thematic analysis of semi-structured in-depth interviews with an online qualitative content analysis that can be applied to cross-cultural studies. The findings from Study 2 offer various practical

contributions to the field with 5 social marketing campaign ideas and 15 message and persuasion technique proposals.

LIST OF APPENDIXES

APPENDIX A

A1 – Ethical forms – Keep separated with the thesis as containing personal information.

A2 - Pilot face-to-face and Online audio individual interview guide

Interview guide
(For interviewing adolescent)
Welcome (5 minutes)
Thank you for agreeing to take part in the interview and coming today.
Your opinions and experiences are very important to my study and I genuinely appreciate your time today. This interview will be last about 30-45 minutes.
Before we start, I would like to review a few ground rules for today discussion:

1. Honest opinions: this is very important for my study, there is no right or wrong answer. I want to know your honest opinions, feelings, and experiences.

2. Questions: If you do not understand any of my questions, feel free to ask me for clarifying.

3. Information revealed: Please do not tell me names of any of your friends. Use other words or letters to replace their name, or you just need to state He/She.

4. Emergency needs: If you feel unwell, please inform me. If you need to go to the restroom during the discussion, please feel free to ask me.

5. Is there anything you do not understand in the information sheet and consent form? Can I have your and your parent's consent form? Do you have any question before we start the interview today?

Question	Additional – prompt questions	Note
1.Tell me about yourself	Your family Your school Your friends	
2. Tell me more about your friends.	● How well do you get along in school with friends? ● Do you have any close friends?	

	- What are you usually talking with each other? - Other than that, what are you usually doing with each other? **Other than friends in school, do you have friends in any other sources such as clubs, neighbour community, online?** **Do you discuss with each other about sex or Girlfriends/boyfriend? Do you discuss with anyone? (parents, siblings, cousins)? Why and why not?** **What do you think that your friends/parents/siblings/cousins/other people (teachers or society) think about you having GF/BF/Sex in school age?**	Peer norms, beliefs.
3. Do you have girlfriend/boyfriend? 4.No- Does any of your friend have girlfriend/boyfriend?	- Yes – What are you two usually doing with each other? **What do your friends/best friend think about him/her? How about your parents/siblings/cousins think?** - Yes – What are they usually doing with each other? **What do you think of their behaviours? If you are them, do you do the same or different compare with them? Can you explain why you say that?**	Values, attitudes
For those who have sexual experience: **Thinking about the time before you had 1ˢᵗ sexual intercourse: What did you think about sex compare to what you are thinking now?**	**Why there has been the change? Why not change?** **If you had a second chance, should you have done differently? Why/why not?**	Norms, values and beliefs over time

For those who are in a relationship: **In your relationship, who do you think have more power over each other?**	● **How does your BF/GF treat you? What do you think about this?** ● **Do you think the power in your relationship affect your thought about sex/ sexual intercourses? Why/why not?** ● **What about in previous relationships?**	Social exchange and sexual exchange.
Do you know any of your friends have sexual intercourse? (Do not tell me their name, just use he/she instead.	● Yes- Do you know many of your classmates have sexual intercourse? ● Yes – Why do you think they are doing this at this age? What do you think about it? **Can you explain why you said that? Do you think other people (their other friends/parents/teachers) have a similar or different opinion with you?**	If all the answer is NO and participant feels reluctant to answer the question use projective techniques: Tell a story Beliefs, values
Do you know anyone have pregnancy during in school? (Do not tell me her name, just use She)	● Yes – What did she do in that situation? (Having a baby and continue studying, have a baby and quit studying, abortion?) ● Why did she do that? What do you think about it? **What do you think she should do? Why do you think that?** ● What do you think her family/friends/society think about it? **What do you think your parents want you to do in this situation? Why is that?** ● **What do you think why she and her boyfriend did not use contraception to prevent pregnancy?** ● What do you think of using contraception when performing sexual intercourse? Which	If all the answer is NO and participant feels reluctant to answer the question use projective techniques: Tell a story Beliefs, value, attitudes

	contraception methods is the better? ● What do you think why they have sex at this age? ● What do you think she/he should do to refuse partner asking for sex? ● **Do you know any abortion method? What do you think of those methods? Which methods you will choose if you are in this situation? Why/why not?**	
If the girl was pregnant or did abortion during their school age (Or the boy with his girl friend was in this situation)	● What did you think when you knew you were pregnant? ● What did you do? Why did you do that? Did you think of other options at that time? Why didn't you choose those other options? ● What did you think other people (friends/family/teachers/society) think about it? ● What did other people do or advise you when they know you are pregnant? ● Could you have done it differently if you have a second chance?	Beliefs, values and attitudes over time
Do you have sex education class in your school?	● Yes- what do you think of this class? ● What do you learn from it? ● Do you think what can you apply from it? ● What other sources of sexual health information you have? (about safe sex, disease…) ● What sources you think is the most effective? Why can you say that?	
Have you heard any program to promote safe sex and say no to sex under 16?	● Yes- what are they? (Can you tell me detail what do you remember from those programs?)	

	● What do you think about those programs? ● Do you and your friends discuss with each other about those programs or any other programs related to sexual health? What are you discussing about?	
Have you ever discuss about sexual health in the Internet with your online friends/memberships?	● Yes- which website (forum, social network site) is where you discuss about sexual health? ● What do/did you discuss about? Tell me some examples of your discussion and what others member usually response to these? ● No- Why didn't you do that? If it is anonymous (no one knows your identity), do you join the discussion?	
Do you think social media can change the way you think about having sex?	● Yes- How can you say that? How it can change? ● How about whether it can change the way you or other young people think about having unsafe sex behaviour? ● In discussion forum in the Internet, is there any one advice you to perform safe sex/do not have sex? ● How did they advise you? Do you think those advices are effective and why/why not? ● What might be helpful to change your/other young people thinking about having sex/safe sex? ● What attracted you the most regarding sexual health information over the Internet/social media? ● What types of social media you think is the most effective way to attract you regarding sexual health information?	techniques, methods in social media to influence sexual behaviours, changing their attitudes, beliefs and values.

	● Can you describe a clip/website/piece of works relating to sexual health information you find them powerful enough to change your/other young people thought about sex?	

A4 - Extended online audio interview guide

Topic 1 - General question

Main questions	Prompts
1. Tell me about yourself and your family. 2. Who do you usually share your personal life with? 3. What do you usually share with them? why?	Your friends from where? (from schools, work, family members, neighbour, online friends?)

Topic 2 - Sex and contraception methods' values, attitudes, beliefs and norms

Respondent type 1: No sex, has not had BF/GF

Main question	Prompts
1. What do you think about sex? 2. Do you know any of your friends has sex during school age? What do you think about it? 3. Do you know any of your friends have pregnant/baby during school age? What do you think about it? How about other people/your friends' opinion about it? 4. What do you think about the contraception methods? Which one do you think better method? Why?	What do you think about sex before, later and now? Is there any change about your thought? Why? If no then use projective technique by telling them about a story of young girl in school age has sex and has pregnant/baby and ask them what do you think about it?

Respondent type 2: No sex, has BF/GF now or before

Main question	Prompts
1. Can you tell me about your relationship? 2. Do you discuss with your BF/GF about sex? Why or why not? What is your discussing about sex? 3. Do you discuss with each other about contraception methods? What do you discuss or why not discussing? 4. What do you think about the contraception methods? Which one do you think better method? Why? 5. In your relationship, who do you think gonna make the decision in using a particular contraception method? Why?	If their answers are not quite clear about their opinions about sex, contraception methods, then ask whether any of their friends have sex and what do you think about it? Have your friends discussed with you about contraception methods, whether they use any methods in their relationship? And what do you think who have the decision role in their relationship?

Respondent type 3a: had sex during school age.

Main question	Prompts
1. Talking about the first time you had sex, what did you think about sex before that? What other people/your friends think about sex before that? 2. What do you think after that and why there was a change? 3. Did you discuss with your partner about sex and contraception methods before that? What did you discuss or why not discussing? 4. What do you think who has make the decision about sex and contraception methods in your relationship? Why? 5. Can you tell me whether there is any different in previous or after relationship? 6. Do you discuss with your friends or anyone about your relationship? what do you think about it or why not discussing?	Can ask them about their thought when they were in secondary school, before they had sex and after that? If they do not discuss with anyone, ask them what you think your

	friends/other people think about it.

Common question for respondent type 1,2,3a about abortion method:
Qs: What do you think about someone had pregnant during school age? What do you think about abortion methods? Which method do you choose if you are in their position? Why?

Respondent type 3b: had sex and pregnant during school age

Similar questions as 3a and additional question about their pregnancy and abortion methods

Main questions	Prompts
1. What did you think when you find out you/your girlfriend pregnant? 2. What did other people think about that? What did they tell you to do? 3. What did you do? Why? 4. Did you know about the abortion methods at that time? What did you think about it? 5. Did you do differently if you had a second chance? Why or why not?	Your friends/ family/others thought?

Topic 3 - Sex information

Main questions	Prompts
1. Which sources do you have information about sex/reproductive health/contraception methods? 2. What do you think which source is the most effective? Why? 3. Can you describe any sex education session you had in school? What did you/your friends think about it? What did you and your friends discuss about it? How do you think those sessions should be conducted? 4. Have you heard about any campaign to promote safe sex or say no to sex if you are under 16 years old? What do you think about	Sources can be from schools, friends, television, magazines or the Internet or other types of social media platforms? Do you remember anything from those sessions/ the program?

Main questions	Prompts
it? What do other people think about this program? 5. Have you discussed in the Internet about sex? What do you discuss or why not discussing? What about other people in the Internet? What do you think about their discussion?	*(Since I will conduct the focus group to test my ideas about a program so I do not show them any posters/clips for their feedback just yet)*

Topic 4 - Social media and sex

Main questions	Prompts
1. How do you think social media can influence on your/your friends' decision/behaviour in any aspect of your daily life? Why can you say that? 2. How do you think the influence of social media on your/your friends' thought and behaviour about sex? Why do you think that? 3. What might be helpful to change your/other young people thinking about having sex/safe sex? 4. What attracted you the most regarding sexual health information over the Internet/social media? 5. What types of social media you think is the most effective way to attract you regarding sexual health information? 6. Can you describe a clip/website/piece of works relating to sexual health information you find them powerful enough to change your/other young people thought about sex?	Can you give me an example of a situation when you/your friends change behaviour because of social media? If they cannot provide answer for question number 3,4,5 then ask: can you give an example about the content and form of sexual health information/program over the social media that you find the most attractive? *(answering for this question also will be revealed when conducting focus group to do concept testing in later study, here just try to gather their general opinions)*

A5 - Focus group interview guide – Full version of Table 8.2 for 15 proposals

Table 8.2 Completed – 15 proposals – Participants and questions asked.

Objectives	Hypothesis/Message	Questions	Participants asked
(1) Changing belief of adolescents and society	"Sex is not shameful." Refer sex as IT: "IT is not shameful"	What do you think about how I change the word SEX to IT? What do you think about this statement? What do you think if the person talking supports this statement are teenagers like you? Parents? Teachers? Health professionals?	All teen groups and grownups participants
(2) Delaying sexual debut of young teen	IT is alright to be at the right time with the right person	Who do you think could be the right person you will be doing IT with? When do you think it will be the right time to do IT? If a person shares his/her own positive experience about the right person and time to do IT, who do you think could be that person to	This statement is for children under 16 years old, what do you think about it? If you have to talk to your kids about this, how do you talk to them? To

		talk about this story?	daughter, son, is there any difference? Why is there difference or indifference ?
(3) Changing parents' behaviour towards their adolescent children sexual health	Parents should encourage sharing about IT not forbidding their children to have a relationship	What do you think about this statement? What method would you think is attractive to parents?	For parents
(4) Encouraging sharing about sex between partners	Sharing between partners is a basis for a healthy relationship	What do you think about this statement? What do you think if a celebrity sharing his/her own relevant experience to support this statement? How about if that person is a teenager like you? Can you think of another way has the same meaning with this statement?	
(5) Encouraging sharing about sex with close friends	Sharing about IT with close peers does not result in any judgement from them	What do you think about this statement? According to you, who might be appropriate to say this statement (talking support this statement? Normal	

		teenagers? Celebrity (Who can be?)	
(6) Reducing the contracepting ignorance and abortion, especially medical abortion by combating false beliefs of teens	Peers, especially peers on the Internet are not the doctor	What do you think about this statement? What do you think if a teenager shares his/her own negative experience because he/she was listening to advice from online strangers?	
(7) Teaching the consent concept differently for boys and girls because teen boys are struggling to understand girls' consent in a sexual decision. Vietnamese teens in general and girls have no idea about consent.	Do you understand consent? Are you sure your partner consent you to do IT?	What do you think the meaning of consent in sex? This clip is in the UK, explaining the concept for children using the cultural image of British to drink tea. What do you think about this clip? If we make a similar clip to explain concepts for Vietnamese young people, which symbolism can replace drinking tea to fit with Vietnamese (teen) culture?	Ask parents teacher: When do you think we should teach the kids about consent? How do you teach them about consent? What do you think about this clip in the UK teaching consent concept? Can you suggest any cultural symbolism for Vietnamese adolescents?
(8) Correcting false beliefs: Teen girls believe the	Boys are not the only one make decision in sexual relationship	What do you think about this statement?	

boy should make the decision in a sexual relationship		Do you think of the other way to say it with the same meaning?	
(9) Support objective 8	Equality in sexual health decision is important	What do you think about this statement? Who could be appropriate to talk about this statement? Do you think of the other way to say it with the same meaning?	
(10) Educating two sides of the Internet regarding sexual health information	Internet is powerful and helpful but not always reliable regarding sexual health information	What do you think is reliable information? What do you think about a humorous clip talking about the pros and cons of the Internet? In what way that clip can be interesting to you (Who talk/play in the clip? The sketching method like clip UK Consent or people role play?)	Adolescents and a health professional
(11) Correcting misperceptions about contraception methods	The truth about contraception methods	What do you think about a humorous clip talking about the pros and cons of the contraception methods? In what way that clip can be interesting to you (Who talk/play in the clip? The sketching method like clip UK Consent or people role play?)	

(12) Promoting the use of condom as the main contraception way	(12) How COOL you are?	Who do you think can be considered a COOL person? What do you think about connecting the COOL concept with using condoms? These posters are about promoting condom usage among American young people. What do you think about them? This clip is promoting condom use among Thai teenagers. What do you think about the clip? What do you think could be appropriate to promote condom use in Vietnam?	Ask health professional: What do you think about the COOL concept in connection with condom use? Based on your experiences, can you suggest another way to promote condom usage?
(13) Encouraging adolescents sharing about pregnancy earlier to parents, friends or school teachers	(13) The early you are sharing about pregnancy with family and friends, the better solution for you and the baby	What do you think about this statement? If you are in the same situation when you or your GF has pregnant, when hearing this statement what makes you think? Can you think of another way has the same meaning with this statement? What kind of services/activities to encourage you talk more about pregnancy and general sexual health information?	

(14) Advising parents and schoolteachers to be more sympathy for pregnant teenagers	(14) Pregnant teens need your help not being scolded	What do you think about this statement? What would you think if your daughter is pregnant? How about when your son's GF is pregnant? What do you think the other way to talk about it with the same meaning?	Ask parents, a health professional and a teacher.
(15) Similar to (10) correcting the misperception about medical abortion and the cons of this method	Medical abortion cannot be applied the same for everyone.	What do you think about this statement? If there is a clip sharing about a real story of negative experience of using medical abortion, who do you think could be appropriate to talk about it? What do you think about the clip? Is there another method to deliver that message/statement?	

A6 - Focus group question flashcards in Vietnamese

Chuyện ấy không có gì đáng xấu hổ!

1. Em nghĩ gì về việc thay từ "sex-QHTD" thành "Chuyện ấy"?

2. Em nghĩ gì về câu tuyên truyền trên?

3. Em nghĩ gì nếu thấy các bạn giống như em, cha mẹ, giáo viên và chuyên gia sức khoẻ chia sẻ quan điểm đồng tình với câu tuyên truyền trên?

1

Chia sẻ tâm sự về chuyện ấy giữa các cặp đôi là điều kiện cơ bản cho 1 mối quan hệ lành mạnh!

1. Em nghĩ gì về câu này?

2. Em nghĩ gì nếu em thấy một người nổi tiếng nói về kinh nghiệm họ đã trải qua liên quan và ủng hộ câu trên?

3. Em nghĩ gì nếu người nói là 1 bạn teen bình thường như em?

4. Có cách nói nào khác hay hơn mà vẫn giữ nguyên nghĩa của câu trên ko?

2

Chia sẻ về chuyện ấy cho bạn bè không có nghĩa là bạn sẽ đánh giá mình.

1. Em nghĩ gì về câu này?

2. Theo em ai sẽ là người thích hợp để nói câu này? Teen bình thường? Người nổi tiếng (ví dụ có thể là ai)?

3

Bạn bè, đặc biệt là bạn trên mạng ko phải là Bác sĩ!

1. Em nghĩ gì về câu này?

2. Em nghĩ gì khi 1 bạn teen như em chia sẻ câu chuyện xảy ra với bạn ý chỉ vì bạn ý nghe lời khuyên của người lạ trên MXH?

4

325

Chuyện ấy là bình thường nếu nó với đúng người và đúng thời điểm!

1. Theo em ai có thể coi là đúng người để mình làm chuyện ấy?

2. Theo em khi nào được coi là đúng thời điểm để làm chuyện ấy?

3. Nếu 1 người chia sẻ trải nghiệm tốt đẹp của họ khi họ đợi đến đúng thời điểm với đúng người để làm chuyện ấy, ai sẽ là người em cảm thấy phù hợp để nói về nó?

5

Bạn có thực sự hiểu thế nào là xác nhận đồng ý? Bạn có chắc bạn trai/bạn gái xác nhận đồng ý làm chuyện ấy?

1. Em hiểu thế nào là xác nhận đồng ý trong QHTD?

2. Đây là 1 clip dạy cho trẻ ở Anh hiểu thế nào là xác nhận đồng ý trong QHTD. Họ dùng hình ảnh pha trà uống trà – là 1 nét văn hoá đặc trưng của người Anh khi họ sáng – trưa – chiều tối đều uống trà, trong bất kì dịp gì tiệc tùng gì cũng đều phải có trà. Trà của họ bao gồm: trà túi lọc, nước sôi, sữa tươi và đường. Em xem clip xong nhận xét giúp chị em thấy thế nào với clip này?

3. Theo em nếu làm 1 clip với cách thức tương tự để dạy các bạn trẻ VN về Xác nhận đồng ý trong QHTD, thì thay thế hình ảnh uống trà bằng cái gì?

6

Con trai không phải là người duy nhất ra quyết định trong mối quan hệ tình cảm!

1. Em nghĩ gì về câu trên?

2. Có cách nào cùng nghĩa mà nói khác đi ko?

7

Bình đẳng trong việc đưa ra quyết định về sức khoẻ giới tính là điều rất quan trọng!

1. Em nghĩ gì về câu trên?

2. Ai là người phù hợp để nói câu này)?

3. Có cách nào nói khác đi mà cùng nghĩa ko?

8

Mạng Internet có sức ảnh hưởng lớn và có ích nhưng ko phải lúc nào cũng đáng tin cậy liên quan đến thông tin giới tính!

1. Thế nào Là thông tin đáng tin cậy?

2. Em nghĩ gì nếu có 1 clip dưới dạng vui vẻ nói về mặt tốt mặt xấu của mạng xã hội về GDGT?

3. Clip đó dưới dạng như thế nào thì hấp dẫn: người kể chuyện (có thể là ai - nổi tiếng hay ko?), hoạt hoạ như clip Trà Anh?, hay người đóng vai các tình huống?

9

Sự thật về các biện pháp tránh thai!

1. Em nghĩ gì nếu có 1 clip dưới dạng vui vẻ nói về các lầm tưởng về biện pháp tránh thai?

2. Clip đó dưới dạng như thế nào thì hấp dẫn: người kể chuyện (có thể là ai - nổi tiếng hay ko?), hoạt hoạ như clip Trà Anh?, hay người đóng vai các tình huống?

10

Bạn có bao nhiêu phần Cool - Ngầu?

1. Theo em thế nào là 1 người cool ngầu?

2. Em nghĩ gì về gắn hình tượng cool ngầu với việc sử dụng bao cao su?

3. Đây là 2 hình ảnh về chiến dịch nâng cao việc sử dụng bcs cho giới trẻ ở Mỹ. Em nghĩ gì về nó?

4. Đây là 1 clip về tuyên truyền sử dụng bcs ở Thái Lan. Em nghĩ gì về clip này?

5. Theo em cách thức nào phù hợpj với tuyên truyền sử dụng bcs cho giới trẻ Việt Nam.

11

Bạn chia sẻ càng sớm về việc mang bầu với gia đình và bạn bè, giải pháp tốt hơn cho bạn và em bé!

1. Em nghĩ gì về câu này?

2. Nếu em ở trong hoàn cảnh này em hoặc bạn gái em mang bầu, câu này khiến em nghĩ gì?

3. Có cách nói nào khác cùng ý nghĩa với câu trên ko?

4. Có nhưng cách thức nào 1 chương trình có thể giúp em chia sẻ tâm sự nhiều hơn về vấn đề mang bầu nói riêng và Giới tính nói chung?

12

Tránh thai bằng thuốc không thể áp dụng giống nhau cho tất cả mọi người!

1. Em nhận xét gì về câu này?

2. Nếu có 1 clip chia sẻ câu chuyện có thật về những trải nghiệm ko tốt về việc áp dụng tránh thai bằng thuốc, theo em ai là người phù hợp để nói về clip đó?

3. Em nghĩ gì về clip đó?

4. Có cách thức nào tốt hơn không để nói về câu trên?

13

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A7 - Individual interview information sheets and consent forms

Research Information Sheet (For Teenager)

My name is … I am a Ph.D student, studying the second year at the University of the West of England – United Kingdom. I am a researcher who is sponsored 100% by Ministry of Education and Training Vietnam to study in the UK and complete this research for the benefits of Vietnamese teenagers. I have obtained the approval letter from the school head teacher to conduct this study in the school with agreed pupils.

You are invited to participate in an academic study. Before you make a decision whether or not to take part in, I would like to explain the purpose of this study and your right and benefits. Please take your time to read carefully the following information.

1. **The purpose of this research:**

   This study is trying to understand what is important to young people about their relationship and sex education, we are particilarly interested in understand if the internet can help young people get sex education.

2. **Why are you selected to take part in this research?** We want to interview teenagers (secondary and high school pupils) in Vietnam about sexual health. If you are under 16, we have asked your parent permission and we have also asked permission from your school. There is no right or wrong answer as well as no difficult question; any answer about your experience, your understanding and feeling toward the issue will be valuable for my research.

3. **Do I have to take part?** The answer is NO; it is your own decision. I will describe the study and you can refuse without giving a reason. Even if you agree to join the study, you can withdraw from it anytime without any reason. You (and your parents) have 7 days to decide whether or not to take part in the study.

4. **What happens if you decide to take part in the study?**

   If you are interested in the study, please contact me through email…or mobile phone, you can also contact your teacher Ms… I will meet you in person after the

sexual education class or after the official study time with permission from your school and teachers to interview you at the school. You need to bring your parent's consent form with their signature before the interview starts. The individual interview will last for 30-45 minute and can last longer maximum 60 minutes if you want to share more. The interview will be private and tape recorded but this will not be shared and you will be given a code so your information completely confidential and anonymous. School staff is nearby but not in the room. There is no right or wrong answer as well as no difficult question; any answer about your experience, your understanding and feeling toward the issue will be valuable for my research.

5. **Will your part in the study be kept confidential?**

Any information about you will be kept confidential. That means I will not share with anyone the information that you talk during the interview. However, there are some certain information I must inform the authorized government officer, if I believe you are in danger of harm for example abused or suicide. Please be aware of this information. My supervisors will review my analysis but only after I change your identity. You will remain anonymous in any situation.

6. **Will you be paid for taking part?**

There is not direct benefit to you beyond compensated for your time with a supermarket voucher worth 50,000 VND (2 pounds, 4 hours basic labor wage in Vietnam). Furthermore, the contribution in the Study Encouragement Fund will be donated to your school as compensation for their time.

7. **What will happen to the results of the research study?**

The analysis result of the interview will be used in my doctorate thesis. I hope my thesis will be a guide for the authorized Vietnamese government. My thesis will be published in English in the University of West Of England Library. I will also translate my thesis into Vietnamese and publish at National Vietnamese Library for public readers in Vietnam.

8. **What if there is a problem or you wish to make a complaint?**

If you have any question about my research, you can contact me directly: Ms A. If you want to make a complaint, you can contact your head teacher.

9. **Who has reviewed the study?**

The Ethical Committee belong to the University of The West of England - UK has already reviewed this study proposal to guarantee the safety of participants and researcher, as well as all information will be published follow strictly the code of conduct and the law of the UK and Vietnam. This study is authorised by Ministry of Education and Training Vietnam and is supported in the paper form from Ministry of Health Vietnam. This study also received the official support letter from your school head teacher.

10. What happens next?

If you agree to take part in this research, please inform me and your head teacher, I will contact you back to arrange the interview in your school place with you and your parent's consent agreement.

Thank you for your time reading this information. You can keep this form as well as one copy of consent form if you agree to participate in my study, another copy will be kept in the locked cabinet of my accessibility only.

<div align="center">Pupil Consent Form</div>

Full name:

DOB:

Head teacher:

Date:

☐I agree to take part in the research investigating the role of social media on teenagers' behaviour toward sexual health.

☐I have read and understood the study information sheet and been given the opportunity to ask questions before agreeing.

☐I can stop taking part any time during the interview without any reason.

☐I agree that information I share in the interview to be used in academic purpose with hiding my identity.

☐I agree to record to tape the interview

☐I agree to take part in the study:

Signed:

Date:

Investigator:

Research Information Sheet (Parents)

My name is … I am a Ph.D student, studying the second year at the University of the West of England – United Kingdom. I am a researcher who is sponsored 100% by Ministry of Education and Training Vietnam to study in the UK and complete this research for the benefits of Vietnamese teenagers. I have obtained the approval letter from the school head teacher to conduct this study in the school with agreed pupils.

Your child is invited to participate in an academic study. Before you make a decision whether or not to agree your child to take part in, I would like to explain the purpose of this study and your child's right and benefits. Please take your time to read carefully the following information.

1. **The purpose of this research:**

   This study is trying to understand what is important to young people about their relationship and sex education, we are particilarly interested in understand if the internet can help young people get sex education.

2. **Why is your child selected to take part in this research?** We want to interview teenagers (secondary and high school pupils) in Vietnam about sexual health. Because your child is under 16, we have to ask for your permission. We have asked permission from the school. Once I have your permission, I will ask your child whether he/she would want to take part in my study. There is no right or wrong answer as well as no difficult question; any answer about your child experience, your child understanding and feeling toward the issue will be valuable for my research.

3. **Does your child have to take part?** The answer is NO; it is your own and your child decision. I will describe the study, you and your child can refuse without giving a reason. Even if you and your child agree to join the study, your child can withdraw from it anytime without any reason. You have 7 days to decide whether or not to let your child take part in the study.

4. **What happens if you decide let your child to take part in the study?**

If you agree to let your child take part in this study, the head teacher and me will announce the study recruitment information in class to look for volunteer. If your child is interested in the study, I will contact your child to arrange the interview time and date and inform you their interest. In the day of interview, I will meet your child in person after the sexual education class or after the official study time. The time of the interview will be informed to you by the school head teacher by text message. The individual interview will last for 30-45 minute and can last longer maximum 60 minutes if they want to share more. The interview will be private and tape recorded but this will not be shared and your child will be given a code so your information completely confidential and anonymous. School staff nearby but not in the room. There is no right or wrong answer as well as no difficult question; any answer about your child experience, your child understanding and feeling toward the issue will be valuable for my research.

5. **Will your child part in the study be kept confidential?**

Any information about your child will be kept confidential. That means I will not share with anyone the information that your child talks during the interview. However, there are some certain information I must inform authorized people, in this case I will inform the school head teacher, if I believe your child are in danger of harm such as abused or suicide. Please be aware of this information. My supervisors will review my analysis but only after I change your child identity. Your child will remain anonymous in any situation.

6. **Will your child be paid for taking part?**

There is not direct benefit to your child beyond compensated for your child time with a supermarket voucher worth 50,000 VND (2 pounds, 4 hours basic labor wage in Vietnam). Furthermore, the contribution in the Study Encouragement Fund will be donated to your child school as compensation for their time.

7. **What will happen to the results of the research study?**

The analysis result of the interview will be used in my doctorate thesis. I hope my thesis will be a guide for the authorized Vietnamese government. My thesis will be published in English in the University of West Of England Library. I will also translate my thesis into Vietnamese and publish at National Vietnamese Library for public readers in Vietnam.

8. **What if there is a problem or you wish to make a complaint?**

   If you have any question about my research, you can contact me directly: Ms A. If you want to make a complaint, you can contact the school head teacher.

9. **Who has reviewed the study?**

   The Ethical Committee belong to the University of The West of England - UK has already reviewed this study proposal to guarantee the safety of participants and researcher, as well as all information will be published follow strictly the code of conduct and the law of the UK and Vietnam. This study is authorised by Ministry of Education and Training Vietnam and is supported in the paper form from Ministry of Health Vietnam. This study also received the official support letter from your child school head teacher.

10. **What happens next?**

    If you do not want your child to take part in the study, please email the school head teacher or me to state that, I will not approach your child asking for their volunteer. My email address is: …

    After 7 days of sending this information sheet, if there is no refusal notice from you, we will ask for pupils in your child's school to volunteer. If you child is interested this study and contact me or the head teacher, the school will send a text message to you to inform that. I will ask him/her to bring your consent form before he/she can take part in my study.

Thank you for your time reading this information. You can keep this form as well as one copy of consent form if you agree to let your child to participate in my study, another copy will be kept in the locked cabinet of my accessibility only.

Parental consent form

Topic: Doctorate thesis to explore the roles of social media to Vietnamese teenagers' behaviour toward sexual health

Dear Parent,

As part of my doctorate thesis, I am going to hold the discussions with teenagers from 12-18 years old to understand their experiences with social media toward sexual health topic. Would you agree to allow your child to take part please? Please read the research information sheet and contact me...if you have any question. If you are happy for your child to take part and your child is interested in my study and want to take part, please complete the form below and ask your child bring this form to the school on the day of the interview.

Please initial each box

1. ☐I confirm that I have read and understand the information sheet for the above study

2. ☐I understand that my child's participation is voluntary and that he/she is free to withdraw at any time

3. ☐I agree that information my child shares in the interview be used in academic purpose with hiding his/her identity. The academic purpose can be the PhD thesis, the journal article and relevant presentation in academic seminars and lectures.

4. ☐I agree for researcher to reuse the collected information in the future academic projects as long as the anonymous of my child will be guaranteed.

5. ☐I agree to my child taking part in the above study

Researcher signature: Parent signature:

Date: Date:

A8 - Focus group interview information sheet and consent form

My name is … I am a Ph.D student, studying the forth year at the University of the West of England – United Kingdom. I am a researcher who is sponsored 100% by Ministry of Education and Training Vietnam to study in the UK and complete this research for the benefits of Vietnamese teenagers. I have developed the message ideas and would want to ask for your opinions.

You are invited to participate in an academic study in the form of Facebook group chat with 2 or 3 of your close friends. Before you make a decision whether or not to agree to take part in, I would like to explain the purpose of this study and yours right and benefits. Please take your time to read carefully the following information. If your friends want to participate in the study, please forward this information sheet to them.

11. **The purpose of this research:**

    This study is trying to understand what is important to young people about their relationship and sex education, we are particilarly interested in understand if the internet can help young people get sex education. This is the second study which few message proposals have been developed and would want to ask your opinions about it.

11. **Why are you selected to take part in this research?** We want to ask opinions from teenagers (secondary and high school pupils) in Vietnam about my proposals. If you are under 16, please forward this information sheet to your parents.

12. **Do I have to take part?** The answer is NO; it is your own decision. I will describe the study and you can refuse without giving a reason. Even if you agree to join the study, you can withdraw from it anytime without any reason. You (and your parents) have 7 days to decide whether or not to take part in the study.

13. **What happens if you decide to take part in the study?**

    If you and your friends are interested in the study, please create a Facebook group chat adding your friends and me. You need to send your parent's consent form

with their signature before the interview starts if you are under 16 years old. In the Facebook group chat, I will send the questions in the form of flashcard, you and your friends can type your answer whenever you have the answer. There is no right or wrong answer as well as no difficult question; any answer about your opinions, your understanding and feeling toward the proposed messages will be valuable for my research.

14. **Will your part in the study be kept confidential?**

Any information about you will be kept confidential. That means I will not share with anyone the information that you share during the focus group. However, there are some certain information I must inform the authorized government officer, if I believe you are in danger of harm for example abused or suicide. Please be aware of this information. My supervisors will review my analysis but only after I change your identity. You will remain anonymous in any situation.

15. **Will you be paid for taking part?**

There is not direct benefit to you beyond compensated for your time with a mobile top-up voucher worth 100,000 VND (3 pounds, 5 hours basic labor wage in Vietnam).

16. **What will happen to the results of the research study?**

The analysis result of the interview will be used in my doctorate thesis. I hope my thesis will be a guide for any intervention targeting to teenagers' sexual health in Vietnam. My thesis will be published in English in the University of West Of England Library. I will also translate my thesis into Vietnamese and publish at National Vietnamese Library for public readers in Vietnam.

17. **What if there is a problem or you wish to make a complaint?**

If you have any question about my research, you can contact me directly: Ms A.

18. **Who has reviewed the study?**

The Ethical Committee belong to the University of The West of England - UK has already reviewed this study proposal to guarantee the safety of participants and researcher, as well as all information will be published follow strictly the code of conduct and the law of the UK and Vietnam. This study is authorised by Ministry of Education and Training Vietnam and is supported in the paper form from Ministry of Health Vietnam.

19. What happens next?

If you and your friends are interested in the study, please create a Facebook group chat adding your friends and me. You need to send your parent's consent form with their signature before the interview starts if you are under 16 years old. Thank you for your time reading this information. You can keep this form as well as one copy of consent form if you agree to participate in my study.

Pupil Consent Form

Full name:

DOB:

Date:

☐I agree to take part in the research investigating the role of social media on teenagers' behaviour toward sexual health.

☐I have read and understood the study information sheet and been given the opportunity to ask questions before agreeing.

☐I can stop taking part any time during the focus group interview without any reason.

☐I agree that information I share in the interview to be used in academic purpose with hiding my identity.

☐I agree to take part in the study:

Signed:

Date:

Investigator:

APPENDIX B

B1 - Screenshot of Study 1 coding lists in NVivo

Beliefs values attitude and behaviours	45	572	28/01/2019 13:41	HA	28/09/2019 21:08	HA
AT Attitudes	6	28	28/01/2019 13:41	HA	28/09/2019 21:08	HA
Be Behaviour	8	35	28/01/2019 14:09	HA	28/09/2019 21:08	HA
BL Beliefs	45	330	28/01/2019 13:41	HA	28/09/2019 21:08	HA
PaPln Parenting Influence	17	42	28/01/2019 14:23	HA	28/09/2019 21:08	HA
PaPln-advise shouldnt	8	9	12/02/2019 22:29	HA	22/02/2019 12:22	HA
PaPln-Dont care	6	7	12/02/2019 22:27	HA	24/02/2019 10:20	HA
PaPln-not symphathy	4	5	12/02/2019 22:29	HA	22/02/2019 12:06	HA
PaPln-Probidden	3	4	12/02/2019 22:28	HA	24/02/2019 10:47	HA
PeNP Peers norms pressure	24	58	28/01/2019 14:26	HA	28/09/2019 21:08	HA
Bad influence from peers	10	12	28/01/2019 14:26	HA	24/02/2019 15:50	HA
Boys training for each other abt sex	1	1	28/01/2019 14:26	HA	28/01/2019 14:25	HA
Closed friends' opinion about teen partner	1	1	28/01/2019 14:26	HA	28/01/2019 14:25	HA
Influence the thought about sex but not sure about behaviou	3	3	28/01/2019 14:26	HA	28/01/2019 16:13	HA
Many peers have sex	4	5	31/01/2019 14:58	HA	12/02/2019 13:26	HA
Not serious and making joke about sex	6	7	28/01/2019 14:26	HA	12/02/2019 11:43	HA
Peers from clubs or projects	1	5	28/01/2019 14:26	HA	28/01/2019 14:25	HA
peers in the Internet	2	3	24/02/2019 10:32	HA	24/02/2019 10:49	HA
Sharing about sex	10	15	28/01/2019 14:26	HA	22/02/2019 11:39	HA
talk open about sex	2	3	28/01/2019 14:26	HA	12/02/2019 13:26	HA
try to understand partner	1	1	28/01/2019 14:26	HA	28/01/2019 14:25	HA
SoNet Social network	19	27	28/01/2019 15:55	HA	24/02/2019 10:47	HA
VL Values	22	52	28/01/2019 13:41	HA	28/09/2019 21:08	HA
Social norms and unique reasons forming SH problems	46	354	13/08/2018 11:21	HA	28/09/2019 21:08	HA
Arousal affect	1	1	14/08/2018 14:30	HA	14/08/2018 14:30	HA
Lack of love from family	1	1	14/08/2018 14:28	HA	14/08/2018 14:28	HA
SCN gender role	16	56	13/08/2018 11:22	HA	28/09/2019 21:08	HA
SCN-ignorance and practise	29	55	13/08/2018 11:31	HA	28/09/2019 21:08	HA
SCN-Openness	42	140	13/08/2018 11:21	HA	28/09/2019 21:08	HA
SCN-PeerS	31	72	13/08/2018 11:36	HA	28/09/2019 21:08	HA
SCN-SeN	0	0	28/01/2019 13:34	HA	28/01/2019 13:34	HA
SCN-SeT	3	3	28/01/2019 13:34	HA	31/01/2019 14:08	HA

B2 - Screenshot of Study 2 coding lists in NVivo

Name	Files	References	Created On	Created By	Modified On	Modified By
Important order of proposals	8	20	10/09/2019 09:55	HA	11/09/2019 11:3	HA
P1 IT is not shameful	10	48	10/09/2019 03:20	HA	11/09/2019 11:3	HA
against	6	15	10/09/2019 03:46	HA	09/10/2019 17:3	HA
Age appropriate not shameful	2	2	10/10/2019 13:30	HA	10/10/2019 13:3	HA
Different context	2	2	10/10/2019 13:29	HA	10/10/2019 13:3	HA
Different objects	1	1	10/10/2019 13:27	HA	10/10/2019 13:2	HA
Need to be straigh fwd SEX	2	2	10/10/2019 13:31	HA	10/10/2019 13:3	HA
Still ashame	1	1	10/10/2019 13:27	HA	10/10/2019 13:2	HA
For	8	19	10/09/2019 03:45	HA	09/10/2019 19:2	HA
new suggest	5	14	10/09/2019 03:46	HA	09/10/2019 19:2	HA
P10 Internet is powerful and helpful but not always reliable	8	30	10/09/2019 03:33	HA	11/09/2019 11:3	HA
P11 The truth about contraception methods	6	16	10/09/2019 03:34	HA	11/09/2019 11:3	HA
P12 How COOL you are	7	22	10/09/2019 03:34	HA	10/09/2019 12:0	HA
P13 The early you share about your pregnancy the better	7	17	10/09/2019 03:36	HA	11/09/2019 11:3	HA
P14 Pregnant teens need not your help not being scolded	3	6	10/09/2019 03:36	HA	11/09/2019 11:3	HA
P15 Medical abortion can not applied for everyone	3	7	10/09/2019 03:37	HA	11/09/2019 11:3	HA
P2 IT is alright to be at the right time with the right person	7	19	10/09/2019 03:22	HA	11/09/2019 11:3	HA
P3 Parents should encourage sharing abt it not forbidding	3	9	10/09/2019 03:23	HA	09/10/2019 19:2	HA
P4 Sharing between partners is a basis for a healthy relationship	4	14	10/09/2019 03:23	HA	11/09/2019 11:3	HA
against	2	4	10/09/2019 03:52	HA	10/09/2019 13:3	HA
for	4	6	10/09/2019 03:52	HA	11/09/2019 16:5	HA
new suggest	2	4	10/09/2019 03:53	HA	10/09/2019 13:3	HA
advantage for forming a relationship	1	1	10/10/2019 18:33	HA	10/10/2019 18:3	HA
Just a need for sharing but no need for sex	2	2	10/10/2019 17:29	HA	10/10/2019 19:0	HA
KOLs ok but control language	1	1	10/10/2019 18:28	HA	10/10/2019 18:2	HA
need for sharing need for sex when both ready	1	1	10/10/2019 18:27	HA	10/10/2019 18:2	HA
Normal people any teen KOLs the same	1	1	10/10/2019 17:30	HA	10/10/2019 17:3	HA
P5 Sharing about it to closed friends does not result in any judm	6	14	10/09/2019 03:25	HA	11/09/2019 11:3	HA
P6 Peers, especially peers in the Internet are not the doctor	3	7	10/09/2019 03:25	HA	11/09/2019 11:3	HA
P7 Do you understand consent Are you sure your partner consen	6	26	10/09/2019 03:26	HA	11/09/2019 11:3	HA

B3 - Screenshot of the research journal as the audit trail documents.

B4 - First Preliminary themes and subthemes for Study 1 – including a proposed model of sexual behaviour.

The normalisation process of sexual beliefs and attitudes
- From disapproval to acceptance of premarital sex and pregnancy through peers' influence - Values of study, future, self-limitation of sex forming the disapproval. Value of love, relationship and family forming the acceptance Value changing is also through peers' influence - Value of study and future expected from parents creates sexual communication secrecy among family members. Contrasting values of friends limit peers' communication about sex. Changing values from prioritising study and future to love relationship makes women less control and power over sexual agency. - Disapproval and value of study and future somewhat create sexual health ignorance - Acceptance and value of love relationship create more women powerless in sexual decision - Peers influence sexual communication, women powerless and sexual health ignorance Conclusion: Because of the normalisation of sexual beliefs and attitudes, Vietnamese adolescents engage in sexual relationship but keep secret about it. Young women in the relationship, therefore, hold less power over partners in sexual decision. The secrecy and women sexual powerlessness make reproductive health ignorance more stigmatised.

Social and cultural norms				
Themes	**Sub-themes**	**Description**	**Sub ideas**	**Influencing factors**
Sex communication secrecy	Family communication secrecy	Love, relationship and sex are rarely shared among family members. The secrecy happens the most between teens and parents. Siblings only share a part of the story. Some share	Secrecy to parents	Values of study and future expected from parents
			Siblings communication unopenness	Remaining secret from parents

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		with cousins because they consider them as close friends. The value of study and future is expected from parents constrains communication about love relationship and create secrecy about sex.	Cousins sharing	Considering them as peers/closed friends
	Partner communication hesitation	Couples do not discuss about sex before the 1st sexual intercourse because of the hesitation and the girls' scare of partners' judgemental view. Disapproval belief and attitude of premarital sex led to denial and fearful thinking about sex.	Denial and fearfull sex beliefs and attitudes	Disapproval of premarital sex
			Scare of partners' judgmental view	Women powerless, beliefs abt sex and pregnacy
	Friends/peers communication openness limitation	Sharing about love relationship only happens between close friends but it has limitation. Close friends need to be open minded about sex but even that, they share when it already happened. Fun and joke about sex among friends prevent serious and honest communication.	Limited sharing with friends/close friends	Sex and pregnancy beliefs attitudes, closed friends' contrasting values, peers influence
			Post-event sharing	
			Peers' nonseriousness about sex	
	Openness to online peers	Opposite to keeping secret with family and friends, adolescents open their minds about sex to strangers in the Internet. They also take advices seriously or copy problematic sexual behaviours from online peers.	Sharing to online peers	Secrecy with family and friends
			Taking advice from online peers	Ignorance about contraception and abortion, online peers influence
Women powerless in sexual decision	Male dominant role	Other teens often consider male should have control in a relationship. Male in a relationship believe they are equal in sexual	External view from other teens	Beliefs and attitudes toward premarital sex and pregnancy, peers influence

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		decision making because they do not recognise or deny the power they have over the girls, and misinterpret sexual consent from girls.	Internal perception of male adolescents	Sex communication unopenness, peers influence
	Women powerless	Because of the partner communication unopenness , there is a problem in sexual consent while most of the cases female seem to not actually consent to have sex. Contraception decision also depends mainly on male. Then when having pregnant, male decides the methods of abortion. In some cases, because the boy refuses taking responsibility, girl needs to deal with pregnancy by herself.	Sexual consent/agency	Communication secrecy, values of love and relationship
			Contraception decision	Secrecy and ignorance, value of love relationship and family
			Abortion decision	
Sexual health ignorance	Stigma surround contraception methods	Instead of using proper contraception method such as condom, monthly pills, teens rely on calendar rhythms and coitus corrupts. Post-coitus methods such as urgent pills have been misused constantly.	Contraception ignorance	Beliefs attitudes toward premarital sex and pregnancy
			Condom usage stigma	Online peers influence
			Relying on unreliable methods	Woman powerless and secrecy, peers influence
			Relying post-coitus contraception	Woman powerless and secrecy, peers influence
	Abortion ignorance	Male and female teens rely on medical abortion at home as they get advices from online peers. The constant abortions happen with teen girls who boyfriends do not want to use condom. Many young people have pregnant but hide it from everyone and deliver secretly and abandon the child	Medical abortion ignorance	Women powerless, openness to online peers
			Constant abortion	Women powerless and secrecy
			Withholding and keeping pregnancy	Women powerless, secrecy, beliefs about sex and pregnancy
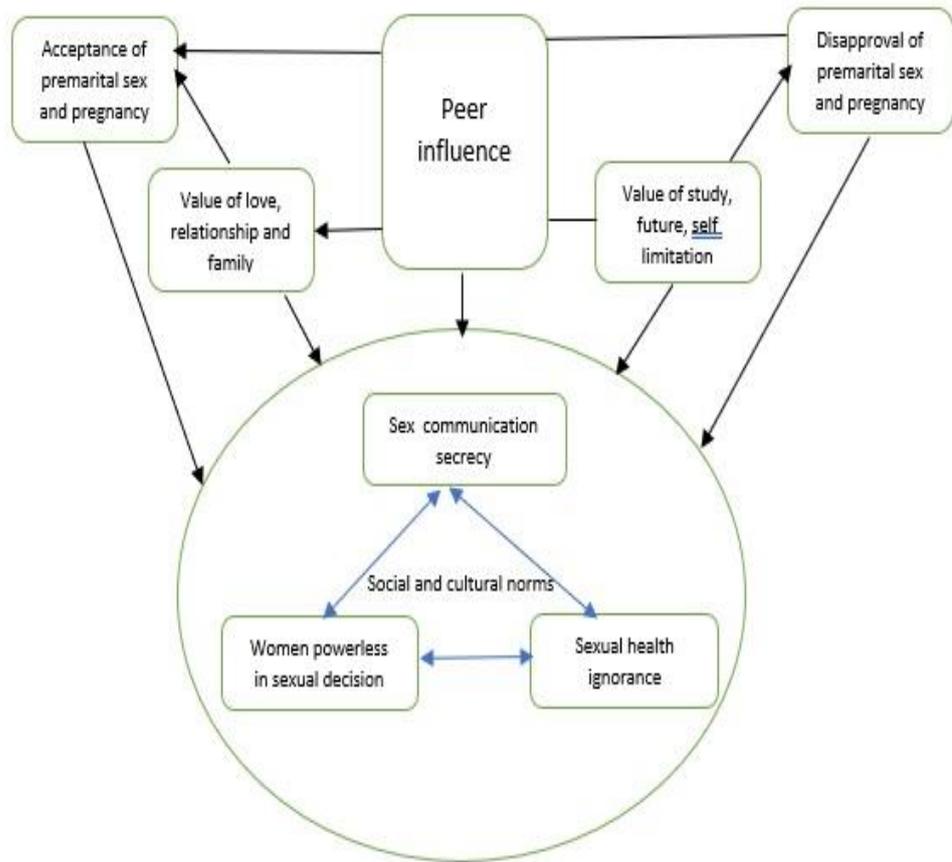
B5 - Revised preliminary themes and subthemes for Study 1

Themes	Subthemes	Issues consideration to revise themes and subthemes
1. Gender role in sex decision	Male role Women role Special sub-theme from men's view: Underage women demand	Women do not have much role in sex decision Comments about women underage demand for sex all coming from men
2. Openness in sexual communication	Open to grown-up Open to real-life peers/friends Open to partners Open virtual stranger peers	The secrecy and limited sharing from teenagers to grown-up, partners and real-life peers lead to the openness to online strangers
3. Ignorance about contraception and problematic practices	Contraception stigma (general contraception, unreliable methods, post-coitus) Problematic practices	The stigma surround contraception methods happen before and after they engage in sexual behaviours. It represents their ignorance about contraception. The ignorance results in many problematic practices mostly how they handle the unplanned pregnancy.

4. Beliefs, values and attitudes about premarital sex, contraception, pregnancy and abortion	Premarital sex is taboo, not acceptable Premarital sex is acceptable. Many changes beliefs and attitudes over time because of peer influence	Their beliefs and values influence their attitudes. The main attitudes we are asking are toward premarital sex which also impacts on how they think about contraception, pregnancy and abortion. However, it is noted that many of them change from disapproval to acceptance of sex over time when they are a bit older. This alternate process happens because of peer influence. Therefore, this process can be a big norm influence the other norms while peer influence is the main reason for forming this theme.
5. Peers influences	Change and influence beliefs, values and attitudes	Knowing that peer influence is the centre factor to alternate beliefs, values and attitudes, we should identify who are the peers and how they influence teenagers. Peers could influence all norms.

B6 - Sample of a full interview transcript in English in Study 1

Thank you for agreeing to take part in the interview and coming today.

Your opinions and experiences are very important to my study and I genuinely appreciate your time today. This interview will be last about 30-45 minutes.

Before we start, I would like to review a few ground rules for today discussion:

1. Honest opinions: this is very important for my study, there is no right or wrong answer. I want to know your honest opinions, feelings, and experiences.

2. Questions: If you do not understand any of my questions, feel free to ask me for clarifying.

3. Information revealed: Please do not tell me names of any of your friends. Use other words or letters to replace their name, or you just need to state He/She.

4. Emergency needs: If you feel unwell, please inform me. If you need to go to the restroom during the discussion, please feel free to ask me.

5. 5. Is there anything you do not understand in the information sheet and consent form? No

6. Do you have any question before we start the interview today? No

Interviewer: Tell me about yourself. Your family? Your school?

B1218No:

I am starting first year at Technology and Telecommunication Academy. It is summer holiday I have not started the university yet. I am living in rent accommodation with my cousin – same age.

Interviewer: So you are going to study and living in rent accommodation then can you tell me more about your friends? From which sources since high school or new friends? Are you closed?

B1218No:

Yes, I have a close friend since high school, now he is not in the same school with me, but we are still contacting through the Internet, playing game…I also have some friends I know in university, but those friends are not really that close…

Interviewer: Yes, you can continue your answer.

B1218No:

I made friends with some people through the Internet, in some games, quite close with each other.

Interviewer: With some friends you are considering closed like that, what are you usually talking with each other?

B1218No: I…talked about something like when I was a kid, something like that, but something sensitive I did not talk to anyone.

Interviewer: Sensitive things here does it mean love relationship?

B1218No: Yes, it is.

Interviewer: Oh ok, so did you tell anyone at all?

B1218No: No

Interviewer: Do you have siblings?

B1218No: Yes, I have an older sister was born in 94, she has a baby girl about 1 year old.

Interviewer: Do you talk to your sister about anything?

B1218No: With my sister, I usually share about my studying, something like if I have faced some obstacles in studying or in my life, something I felt not going well then, I would share with her.

Interviewer: So you know my topic is about reproductive health and how to change sexual behaviour of young people, can you tell me since you were in school, secondary and high school, what do you think about sex?

B1218No: Oh sex, that thing…since…I started to be curious since I was puberty and…but…can you repeat?

Interviewer: Like when you were in secondary school, what did you think about sex and later what do you think?

B1218No: (pause in 6s) Well with boys like us, we feel normal about it, we searched information about it..but I was not that curious only when I was puberty then I was more curious, I found some information about it, with something like really interested in it..

Interviewer: For you as boy, what do you think about sex in school age?

B1218No: Is it about sexual intercourse between boy and girl?

Interviewer: Yes, it is, in school age. What do you think?

B1218No: Well, that is of course is not good but…something like if I desire it then sometime, we cannot control ourselves.

Interviewer: How about your male friends? Did they have the same thought with you when you have discussed with each other about it?

B1218No:

Well for us…talking about sex well how to say it…? We do not really consider it important…if we can have a chance to do it, we will do it, we do not need to worry like girls, worry about the reproductive health something like that.

Interviewer: Do you know any friend who had sex in school?

B1218No: What do you mean?

Interviewer: Like do you know any people who were still studying in school but did have sexual intercourse?

B1218No: Yes I know because in the same rent accommodation with me, there was a friend has a girlfriend and they did have sex.

Interviewer: What do you think about that?

B1218No: I think it is too early, there are…risks because the girl was still studying in school, what if she was pregnant then it will be very difficult.

Interviewer: Uhm, any more thought?

B1218No: But I also think it is quite normal if, such as they determined that they can not be pregnant then it could be normal.

Interviewer: Do you know anyone during studying in school has pregnant or baby?

B1218No: Yes I know some, when in 9^(th) grade and 12^(th) grade, and when in 11^(th) grade, there were quite many like that.

Interviewer: Do you mean same person or different people?

B1218No: Oh there were different people, I know that she had to quit school to get married in 9^(th) grade.

Interviewer: Got married in 9^(th) grade?

B1218No: Yes

Interviewer: How about the ones were in 11^(th) and 12^(th) grade? What did they do?

B1218No:

I think they all got married, not abortion. I know a girl in 11^(th) grade, she was 8^(th) month pregnant, she drank something to premature birth and gave up the baby for adoption.

Interviewer: So what do you and your friends think about pregnancy in school age like that?

B1218No: *To me…I think she is dumb, so dumb. To let that happen and pregnancy affects a lot to study and her life, everyone will have different eyes at her. (Extract 024)*

Interviewer: How about your friends, do they have the same opinion?

B1218No: *My friends my male friends just talk behind her back, something like making a joke, laughing and cursing her as she was so stupid. (Extract 024)*

Interviewer: In that case, do you know the boyfriend?

B1218No: No I do not know him.

Interviewer: What if you closed to him, how should you talk to him?

B1218No: I think I would advise him to take responsibility because it is his false, get married if necessary, even if they were still in school studying…if boy, even after married can still go to school as normal…girl…well somewhat difficult.

Interviewer: Do you know anything about contraception? What do you think about them?

B1218No: Contraception methods I know are using condom and date calculation for girl or…coitus interruptus something like that, I only know those three.

Interviewer: Which do you think is the best method?

B1218No: I think using condom is the best.

Interviewer: Do you know about abortion?

B1218No: This thing I..know to get abortion in the hospital, but I do not know for how many weeks we can not do abortion, I know medical abortion, for example yeah some medicines can get the fetus out but only when it is small, few weeks.

Interviewer: About the sexual health information, which sources you get that information? For example, in school, from peers or news or internet?

B1218No: That information I usually get it through online news, in school very little..sometimes…well nearly no yeah, through news and magazine or friends but not through school.

Interviewer: Nearly no? During your school year, was there any event or session the school conducted?

B1218No: If I remember correctly, maybe when I was in high school there was one.

Interviewer: High school, secondary school, was there any?

B1218No: Well even if there was, my friends did not discuss that open about sex, no not really.

Interviewer: So you said you get sexual health information through the Internet news and magazine, have you ever joined any discussion or left any comment under any news/post there?

B1218No: No, no because if there is a discussion on Facebook for example, we would not do that because we are worry other friends saw it, so no no discussion.

Interviewer: So you just read it?

B1218No: Yes.

Interviewer: Did you see other people discuss on there?

B1218No: Nearly no, very few people discussing there.

Interviewer: How about sharing? Is there any post your friends feel interesting then share in their wall or share to anyone?

B1218No: *Yeah, talking about sharing I saw so many people share. They just share that post so many of their friends can read it, no private information. (Extract 078)*

Interviewer: I want to ask about the impact of social media to your decision and behaviour?

B1218No: Well I think social media is sometimes determine our decision, we spend many times there, but sometimes it has the negative side such as…something violence there.

Interviewer: Can you give me an example when social media can change your behaviour about something?

B1218No: Social media sometimes they share…my friend share…something not good and more people know about it…well I do not know how to say it.

Interviewer: So for example before you search information in social media you thought you would decide this but after surfing through the internet you change your behaviour. Is there any situation like that?

B1218No: For me I usually change my mind compared with before…my parents told me not to get involve in relationship and have sex too early but my friend on social media are quite open about it, they are open then I would change my mind and I could change my behaviour if necessary.

Interviewer: Oh yeah so what do you think about your friends, do you think they also under the influence of social media on their behaviour?

B1218No: I think it is for sure because everyone is using social media so it will have an impact on behaviour, yeah it would influence ourselves and our behaviours.

Interviewer: So when you are surfing through the Internet and you said your friends shared some posts they feel interesting, about those information about sexual health, what do you think the contents or how it could be interesting to you?

B1218No: Sexual health information I think it is…closed, make us curious…well they include the side effect but guide us how to protect ourselves. Yeah, the interesting part is to make us curious while the other ones do not make us curious then it is boring.

Interviewer: What do you mean by making you curious?

B1218No: For example, I want to know about the reproductive organs and the girls' menstruation…and how to avoid pregnancy…by calculating the date something like that will make me curious, I think so.

Interviewer: Oh ok so it is about the content. How about the way they deliver it for example including picture, sound or clip, what do you think in what way it could be attractive?

B1218No: Picture similar to how they use picture and images to illustrate in the book I think it is quite attractive.

Interviewer: Have you ever watched any clip your friends shared you feel interesting about sexual health information? Do you think delivering in a clip is effective?

B1218No: Yes, I watch some clips like that I feel they are effective…so it was about abortion and girls will feel a bit scare and it could lessen some negative behaviour.

Interviewer: Oh ok. I think I do not have any more question? Do you have any question for me?

B1218No: No I do not have any question.

B7 – Extracts of focus group interview transcripts in English in Study 2

Extract 085: "The proposal lessens the seriousness and evade the word sex. It creates a comfortable/light feeling when mentioning about sex. Everyone supports that statement; therefore, it can help to improve the perception of sex, make it easier and more professional for sexual education." (MS1B03)

Extract 086: "If all other people support then it means something changing in the ideology. It can help to break the barriers to share/talk about sex, people do not reluctant to talk, more comfortable to absorb information. We are not alone then good." (MS1G01)

"As long as they know the meaning of IT then it is good. IT - a hint create curiosity" (GS03G01)

"I am happy to hear other people supporting that because it means I am not a lonely horse...something like that. You know that in demand pyramid[72], level 3 is belongings, we are in the community with the same viewpoint, young people will feel release. Older people share the same view, it is even better because the generation gap is being filled, it is the good news showing the society is more modern and civilised. Yeah, we cannot solve the problem if we do not face that directly bravely, do we?" (GS02G02)

Extract 087: "Sex is an instinct, an important part of the life, we 'don't show the way for deer' they will run anyway, so better guide them beforehand." (PF03BB)

Extract 088: "In the current society, it is not too much strange for young people to have sex, but I feel ashamed if it happens before marriage. About the part when everyone is talking support the statement, it is not special to me because of I standstill for my viewpoint. A girl needs to learn how to protect herself 100%." (GS02G03)
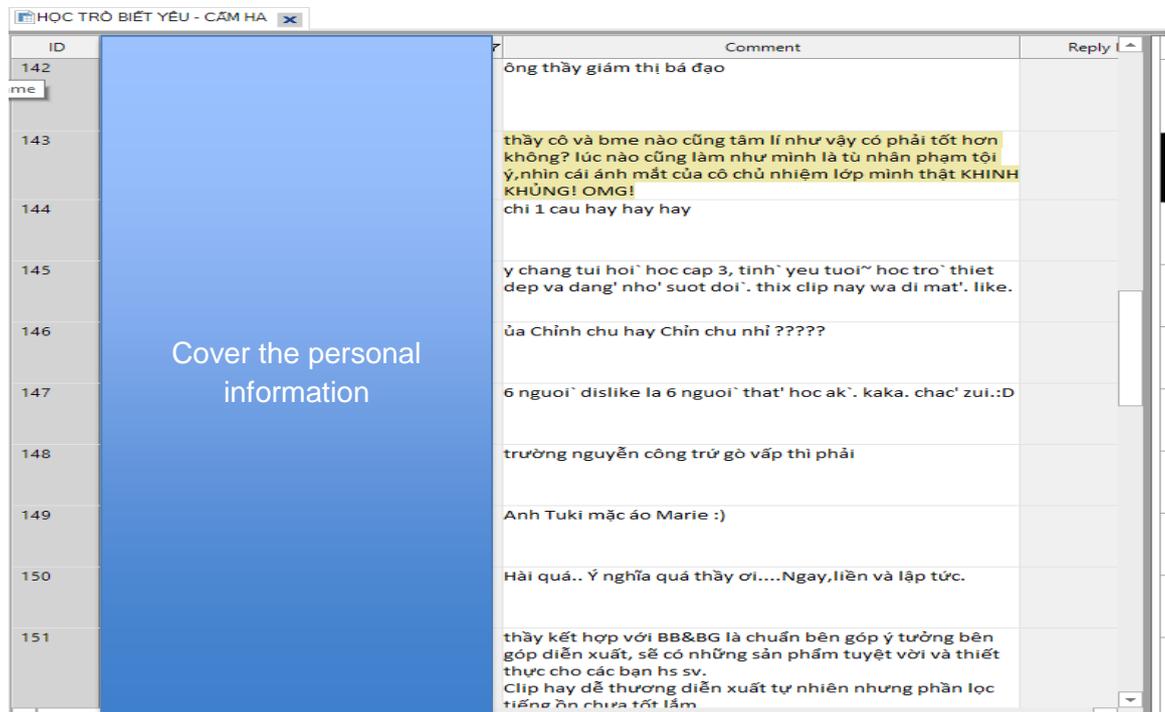
'(laughing icon) wow I cannot believe you are such a conservative people.', (GS02G01)

'Yeah, I am like that. I preserve my view.' (GS02G03)

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[72] She means Maslow's hierarchy of needs.

B8 - Sample of a list of comments in one YouTube clip – Clip 5

ID	Comment ID	Commenter Username	Comment
142		Username (Male)	The male invigilator is super cool
143		Username (Female)	**I wish teachers and parents could be sympathy like that, but they always consider us like a criminal prisoner, that look from my head teacher is TERRIBLE! OMG!**
144		Username (Male)	Just one word Great Great Great
145		Username (Female)	exactly the same when I was in high school, school age love is very beautiful and remember for life. Like this clip very much. Like
146		Username (Female/Male)	Proper' or 'propor'?
147		Username (Female)	6 people who disliked this clip maybe uneducated. Kaka, very funny :D
148		Username (Female)	Is this Nguyen Cong Tru high school in Go Vap district
149		Username (Male)	Mr Tuki is wearing Marie's uniform :)
150		Username (Male/Female)	So funny…very meaningful teacher…immediately, right away and straight away.
151		Username (Male)	Teacher, you have coordinated with BB&BG is absolutely perfect, one is contributing the idea, the other are playing as actors and actresses, it is the masterpiece and very useful for young people. The clip is great, natural acting but the noise filter is not really good.

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APPENDIX C

C1 – Link to YouTube videos used in the online content analysis in Study 1

Clip 1: BB&BG - Teenager loves (This clip might have been removed by YouTube from BB&BG channel, but I had saved all comments in NVivo if the examiners would want to see. The provided link is for BB&BG channel)

https://www.youtube.com/channel/UCASFPrjAPvzvpGrS-tsF5Fw

Clip 2 - What to do when your boyfriend is asking for sex? (Escaping skill)

https://www.youtube.com/watch?v=0w3iKYzrBrY&t=28s

Clip 3 - Where did the baby come out?

https://www.youtube.com/watch?v=63uH2CIT8vo

Clip 4 - Sex education for children - the younger the better! But do you know what to teach for each age?

https://www.youtube.com/watch?v=vHLSXFtGsoY&t=60s

Clip 5 - Loves in school - Forbidden or not (How to behave in love relationship skills)

https://www.youtube.com/watch?v=VBLzAZ-rA4g&t=180s

Clip 6 - Vlog 17 Sexual Education (This Youtuber and the clip might have been reset the comments and subscribers by YouTube, but I had saved all comments in NVivo if the examiners would want to see)

https://www.youtube.com/watch?v=0Us2xbDnzeU

C2 – Link to videos used to ask in Study 2 – Concept testing

'Stick to condom' – Thailand.

https://www.youtube.com/watch?v=KsqVEhbwRGQ&feature=youtu.be&fbclid=IwAR0nX

6qyin9s0av7wb-J0NfApBKfbL5rE-bZ5kIzmX1JhYOv-V76TdVyOOo

'Consent – It is simple as TEA!' – UK

https://www.youtube.com/watch?v=u7Nii5w2FaI

Safe Never Goes Out Of Style

An toàn ko bao giờ lỗi mốt

Safe Never Goes Out Of Style

An toàn ko bao giờ lỗi mốt

STAY SAFE WHEN YOU GO DOWN TOWN.

Giữ mình an toàn khi xuống phố!

CHICAGO WEARS CONDOMS.

Cả Chicago dùng Condoms

chicagowearscondoms.com

Ko cần phải có Chjm để dùng condom

Chiến dịch của TP Chicago sử dụng BCS

Appendix D

D1 - Table 8.5 – Creative brief detail for Campaign 1 - "A right partner at the right time and a healthy romantic relationship!" - Messages and contents

Target audiences/ Insight about them	What do we want them to feel/to do	What do we want to say
- Adolescents: feeling scared toward sex, might accept premarital sex inside their mind but do not act out because worrying about other people judgmental views. Feeling ashamed when having pregnant during school ages -Parents: want their children to share and talk to them about sex but do not know how to response to sexual health questions. Preserve the society beliefs toward young premarital sex and pregnancy therefore behave accordingly which prevent children to open up communication. - School teachers: similar to parents, still preserve the social beliefs about sex, therefore, do not feel comfortable to teach sexual education	- Don't be afraid of sex - Don't associate sex with something terrible. It is the human instinct and the basic lowest level of needs, just like eat and sleep. It is unacceptable if you are under 16, not willing to do between two parties and not good if there is unprotected sex. - If you think in your head that sex is not shameful just act out, do not hold that because many people in the society feel the same - Parents and teachers: don't presume that any romantic relationship associates with early sex and unprotected sex. Negative attitude result in prohibiting adolescents' relationship is the cause of all problems	There is no benefit of shaming sex. Link to P2 - Sex is alright when teenagers are both over 16-year-old and CONSENT to do from both parties. P1

and act out as prohibit pupils in relationship - Health professionals: even health professionals who work closely relating to adolescents' sexual health do not have an open mind about sex. Also, worry about the other people and society's judgmental view if they are the parents of adolescents face those situations		
- Lack of preparation for sexual health knowledge because many of them did not think they will engage in sexual intercourse soon - Because of that, they will not talk to partners about sex, therefore, would end up in spontaneous sex without protection - The lack of comprehending consent concept is worse among younger age groups when they end up having sex without the proper consent from both parties - Some of them might not know the legal age of sexual intercourse is 16 years old	- If you know that society is not shaming sex then it would be alright when we have the right time: it is when you are both 16-year-old, in love and two-way willingness. - Think about the person, consider it 'right one': Do you trust him/her? Is she/he worthy? Did you two talk about sex openly to each other? (link to P4) Are you sure that you understand consent so that you know when he/she consent you to do it? (link to P7) - Think about your right in that relationship. Do you have equality in any decision of the relationship? (Link to P9)	Sex is alright when you are both over 16 years old and CONSENT to do from both parties. # P2

Similar to in P2 and also the lack of sharing is because of worrying partners' judgmental view would lead to sabotage the relationship. Mentioning about sex would mean you have experienced before; they don't want their partner think of them that way. **P4**	-If you know that other people, society are not shaming sex, your partner is the same, she/he will not judge you by mentioning sex - Talk about it does not mean you are playboy or playgirl; it is just showing that you are 'the right partner' as defined in P2 -Talk about it with a partner so that you understand each other, you know each other better and you know when both are ready, no force no misunderstanding - you will know when 'it is the right time' as defined in P2	Girls: Do not be scared to talk to your boyfriend about sex, he wants to talk too Boys: You are respected by your girlfriend when you openly talk about sex with her because you want to understand her thought. She wants the same thing; it is just sometimes she is shy. Talking about sex never easy for everyone but only through communication, your relationship will be stronger and mutual benefits not just for you two but for the society.
- Because of issues identified in P1, P2, P4, adolescents when engaging in the sexual relationship did not understand exactly what it means by CONSENT - Both teen boys and girls do not know for sure the other partner CONSENT to do it. They do not even think that it is their right to have the CONSENT. With the fact that the CONSENT concept does not truly exist in Vietnamese culture	- CONSENT as simple like inviting someone to have a cup of ice lemon tea and gossiping 'trà chanh chém gió' shoot the breeze over a glass of lime tea - Understand CONSENT correctly and know when exactly your partner CONSENT to do it. - Also, if you do not CONSENT it, say it out loud	- CONSENT is important, is everything in sexual decision making - CONSENT can be only comprehended when there is an open discussion between partners - Without CONSENT, there are potential risks as the results, it can make you face legal troubles

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- The lack of consent more happens to the girls due to the less power in sexual decision making mentioned in P8 and P9	P7	
- Both girls and boys agree on the importance of equality in sexual decision making but they do not recognize when one has more power over the other or scared to say anything - If they do not shame SEX, comprehend the CONSENT concept, and open about their sex life then it would be eventually balancing their powers in sexual decision making.	- You know that sex is not shameful, you have open up with your partners and you understand each other view, you know what it means by CONSENT then you now know that both parties have an equal right in sexual decision making - If you think that you have less power, say it out loud, say it to your partner because if they are the right person, they will respect you. If they do not respect that and you feel less power, talk to someone	- Make the decision together in a sexual relationship - You should always have your voice in that decision. If you feel that you do not have your voice, that is not right. - If you feel that he/she has way more power than you, it is possible that they are NOT 'the right person'. P8 - P9

D2 - Table 8.7 – Creative brief detail for Campaign 2 – "How COOL are you?" – Message and contents

Target audiences/ Insight about them	What do we want them to feel/to do	What do we want to say

| Adolescent girls want to be respected by her boyfriend but also would like to satisfy what the boy wants.

Adolescent boys usually do not want to use condoms because of pleasure feelings but because of ignorance, they might think other methods can be effective protection just as condoms. Ignorance happens the same as the girls.

Because of secrecy, women powerlessness or maybe because of lack of consent, they did not discuss to agree on the use of condom before engaging in sexual intercourse even though some boys want to discuss it but did not have the chance because the lack of open up from the girls | -Use a condom when having sex
- Always have a condom with you regardless of your gender, you do not know for sure when you need it, so just prepare.

P12 | - When you know sex is not shameful when you do it with the right partner and the right time then why not use a condom as the contraception use because not only it is the most advantageous methods, but it is also defined you as a COOL person
_ A COOL person who is respected by your partners and society because you protect yourself and others. You do not need to worry about any issue and can enjoy the pleasure feeling with your partner |

D3 - Table 8.9 – Creative brief for Campaign 3 – "The UGLY TRUTH about the Internet, contraception and sexual health practices!"- Messages and contents

Target audiences/ Insight about them	What do we want them to feel/to do	What do we want to say
Adolescents are scared and keep secret with grownups and real-life friends, did not discuss with partners about sex, therefore they rely on online community to confide about their sex life and looking for advice in there.	- Think carefully before believing in the online peers
- Link with P10 regarding information on the Internet when it is reliable - you need to evaluate it by check back with other sources such as whether it	-Research about the information online users' advice, make sure it has no side effect from the reliable variety of sources
- Seek advice from doctors/specialists first, if you worry about revealing your identity then

Online communities are safer for them because they can hide their identity and no worry of other people's judgment or withdrawal from society. When hearing many people on the Internet experience the same and using such contraception or medical abortion safely, they just believe it and follow. They consider online users voice is their peers who they can trust	is mentioned in your school website, your biological textbook, from medical site, or from doctors/psychiatrist instruction - Why didn't you share with real acquaintances?	there are many online consulting services you can refer to. P10
Because of issues identified in P1, adolescents rely too much on the Internet, also because of the Internet function, they consider it is another life. They understand there is a lot of negative and unreliable aspect of the Internet, but they might not know how to assess it	you need to evaluate its reliability by check back with other sources such as whether it is mentioned in your school website, your biological textbook, from the medical side, or doctors/psychiatrist instruction. These are some examples of situations when the Internet is not always reliable	We want to provide you with information to check the reliability of Internet information. We want you to think carefully when deciding to believe and act base on Internet information. P6
Adolescents hold some ignorance about contraception methods which results from the shameful feeling toward sex preventing them to think and learn about it. Further with secrecy and women powerlessness, the misperception toward contraception methods is worse regarding the misuse of emergency pills and the neglect of condom, the reliance on unreliable methods such as calendar rhythm and coitus-interruptus	- Understand the disadvantage and advantage of each contraception methods and use them, accordingly, do not overuse some methods. - Think about the most reliable methods to protect you and your partner	We want to provide you details about each contraception methods and suggest which one is the best to use. P11

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Pregnant girls or boys with pregnant girlfriend might consider medical abortion as an option because it is easy to buy and do it at home, avoid the risk of social pressure and maintain confidentiality. They easily believe other people's advice on the experience of using these methods. It is also because many private clinics advertise it publicly. It is also the because of policies control management from government for such method. They don't know the side effect and consequence of this method	- Do not use medical abortion by yourself at home - Consulted with doctors before you decide to do it. - Talk to grownups before deciding to do it - Talk to us, we have specialists can give you advice on that matter	- Medical abortion has side effect and no one is the same in term of using it - Medical abortion needs perform carefully with doctor advice - Medical abortion is not the only option you can have # P15

D4 - Table 8.11 – Creative brief of Campaign 4 - "Talk, Safe and Pleasure!" – Messages and contents

Target audiences/ Insight about them	What do we want them to feel/to do	What do we want to say
Parents want their children to talk to them, but they do not know how to encourage that. Social pressure makes them want their children to focus on study and career, consequently forbidding or preventing romantic relationship during school age	- Parents: you know that romantic relationship is not an indication of sex and it is an avoidable stage of young people like - you were going through that already. Just make ease then your kids will talk about it to you. Also, be prepared to answer their concerns.	Parents: do not prohibit teenage relationship, talk to them about sex openly then they will talk to you, asking for your advice. Only from that, you have an opportunity to tell them when sex is alright. Adolescents: if your parents have not talked about sex with you, ask them. The more you

because social beliefs of its association to premarital sex and teenage pregnancy. Adolescents do not want to talk to parents because they always guess of how they will behave and never approve teenage love relationship and if has premarital sex	- Adolescents: Your parents never mean to aggressively prohibit you have a romantic relationship. They are just worried and do not know how to behave. The society is in favour of you that parents should not do that. It is a mutual benefit to talk to parents.	ask and share, the more understanding can have between parents and the kids. P3
Similar to in P2 and also the lack of sharing is because of worrying partners' judgmental view would lead to sabotage the relationship Mentioning about sex would mean you have experienced before; they don't want their partner think of them that way. P4	-If you know that other people, society are not shaming sex, your partner is the same, she/he will not judge you by mentioning sex - Talk about it does not mean you are playboy or playgirl; it is just showing that you are 'the right partner' as defined in P2 -Talk about it with a partner so that you understand each other, you know each other better and you know when both are ready, no force no misunderstanding - you will know when 'it is the right time' as defined in P2	Girls: Do not be scared to talk to your boyfriend about sex, he wants to talk too Boys: You are respected by your girlfriend when you openly talk about sex with her because you want to understand her thought. She wants the same thing; it is just sometimes she is shy. Talking about sex never easy for everyone but only through communication, your relationship will be stronger and mutual benefits not just for you two but for the society.

-Adolescents worry their friends might have the contrasting value which is against premarital sex and pregnancy. They do not know for sure how their friends would react. It could be the potential risk of withdrawal from friends or judgmental view from others	- Sex is not shameful as in P1 defined so do not judge your friends if they have premarital sex - Let's hear your friends talk because it might be possible that you can help them - Think that if you are in the situation of teenage pregnancy, you are vulnerable and puzzled. Trust your friends because after all, they are the one who we can easily talk to	- Talk to the closest friends when you have a concern about a sexual relationship - Talk to your friends when you have a problem such as pregnancy. Do not keep it by yourself! **P5**

D5 - Table 8.13 – Creative brief for Campaign 5 - "We are here for you, pregnant girls!" - Messages and contents

Target audiences/ Insight about them	What do we want them to feel/to do	What do we want to say
The shame associated with pregnancy during school age is even worse than premarital sex. If P1-P11 can be addressed then it can make pregnant girls feel a bit more at ease to share early but if not, it is possible to focus on their feeling and emotion toward the baby as human life. They want to talk but there is not any service that can remain confidentiality as well as their trust that is why	- Talk to anyone you trust about the pregnancy as soon as possible - Talk to us, all you need to do is confide about it, do not deal with it by yourself.	- We gave you some examples of consequence following keeping secret about pregnancy and made a decision using unreliable information, so please talk to your real acquaintance who cares about you - We have service specialists that can give you advice and offer confidentiality

they rely too much on the online community as mentioned in P6 and P10	# P13	about your identity. It is just like the online community when you feel safe, but we are more expert on that matter.
Similar to P13, it is better to target the feeling and emotion of grownups (parents and schoolteachers) to sympathy for pregnant girls and knowing that they need help. # P14	- Be sympathetic for pregnant girls and make them feel trusting you to confide when it happens. - Prepare to help them to find the solution - To adolescents: the society stands by you, the grownups want to help you. Give them a chance to help you by sharing it as soon as you find out.	- Parents: do not let your pregnant child be alone in it, you know you want to help them so prepare for any situation that can happen to your child so that you can advise them wisely - Adolescents: everyone wants to help you

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