

## ORIGINAL PAPER

doi: 10.5455/medarh.2024.78.139-145

MED ARCH. 2024; 78(2): 139-145

RECEIVED: FEB 16, 2024

ACCEPTED: MAR 15, 2024

# Knowledge, Attitudes and Practices on Reproductive Health Among Abortion Adolescents in Vietnam

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## ABSTRACT

**Background:** Adolescent pregnancy is a global issue. The majority of these adolescents experience unintended pregnancy ending in abortion. Knowledge gaps and misconceptions about reproductive health are the main reasons for unintended pregnancy among adolescents. **Objective:** This study aims to identify knowledge, attitudes, practices, and related factors of reproductive health among adolescent post-abortion or those seeking abortion at Hanoi Obstetrics and Gynecology Hospital (HOGH), a tertiary hospital in Vietnam. **Methods:** Ours was a descriptive cross-sectional study of 103 adolescents who sought induced abortions between January 1, 2022 and June 30, 2023. Participants were interviewed directly via questionnaires to collect information. **Results:** The mean age of participants was 16.3 years. 64.1% of the population did not have general knowledge regarding reproductive health, 42.7% of subjects displayed incorrect attitudes regarding reproductive health. As a result, lack of knowledge and incorrect attitudes led to unsafe sex. The percentage of adolescents practicing unsafe sex is incredibly high (90.3%) thus causing unintended pregnancies. Education levels and family economic status were the main factors linked to knowledge, attitudes, and practices (KAP) regarding reproductive health. **Conclusion:** Most adolescents seeking abortion had poor KAP regarding reproductive health. Their KAP of reproductive health were linked to levels of education and family economic status. The findings emphasize the need to provide reproductive health care information and services for adolescents, and the need for appropriate attention from both family and society to the target group. We believe this will result in the improvement of their health and the avoidance of unfortunate consequences.

**Keywords:** Adolescent, Knowledge, Attitude, Practice, Reproductive health.

## 1. BACKGROUND

Adolescent pregnancy is a global issue. An estimated number of pregnancies each year is about 21 million among girls aged 15-19 and about 2 million among girls aged less than 15 years old (1). The percentage of preeclampsia, preterm premature rupture of the membrane (PPROM), increased incidence of pregnancy-induced hypertension, anemia, sexually transmitted diseases, operative vaginal deliveries (forceps/vacuum), postpartum depression, and maternal deaths among adolescent mother are significantly higher than adults. In addition, the depression among these girls is more severe due to guilt, financial constraints, inability to continue education, and disgrace from society (2).

There are multiple contributing factors to the high number of adolescent pregnancy worldwide. In many societies, young girls experience pressure to marry and give birth early, or they choose to get pregnant due to limited employment prospects as a result of inadequate education. However, the majority of adolescent pregnancies are unintended. A comprehensive model from 1990–2019 developed by Jonathan Bearak et al. found that there was a decrease in global unintended pregnancies since the early 1990s, but the proportion of unintended pregnancies ending in abortion has increased (3). Approximately 3.9 million of the estimated 5.6 million adolescent aged 15-19 obtaining abortion each year are unsafe. This results in an increase in maternal mortality, morbidity and lasting health problems (1).

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Legal abortion was introduced in Vietnam in 1945 and became widespread in the 1980s. To date, Vietnam remains one of the countries with the highest abortion rate in the world, about 15.4% (per 1000 women 15-44 years old) in 2013 (4). Unintended pregnancy occurred in over 10% of unmarried girls aged 15-24 who were sexually active (4), and the proportion of abortion among these girls accounted for more than 20% of all abortion cases (5).

The prominent issues leading to unintended pregnancy among adolescents are knowledge gaps and misconceptions about how and where to obtain and use contraception. Moreover, adolescent girls may not have the autonomy to use contraception correctly and consistently because of their partner's impact (6). Understanding the knowledge, attitudes, and practices of adolescents on reproductive health is necessary to help them form correct thoughts, lifestyles, and perspectives.

## 2. OBJECTIVE

Therefore, we conduct this study to identify knowledge, attitudes, practices (KAP) and factors related to reproductive health among adolescents obtaining abortion at Hanoi Obstetrics and Gynecology Hospital (HOGH), Vietnam.

## 3. MATERIAL AND METHODS

### Study design

This is a descriptive cross-sectional study conducted from January 2022 to June 2023 at Hanoi Obstetrics and Gynecology Hospital, Vietnam.

### Study population

We studied all adolescents, under 19 years old, who came for induced abortion at the Department of Family Planning, Hanoi Obstetrics and Gynecology Hospital. Adolescents with any mental, neurological, cognitive disorders, or those who had not received the consent of parents or guardians to participate were excluded from the study.

### Study size

We used a convenience sampling for this study and enrolled 103 participants within 18 months.

### Sampling technique

We performed direct interviews using questionnaires to collect the subject's information (Appendix 1). The survey toolkit was adapted from the core questionnaire developed by the World Health Organization, which has been referenced in accordance with the "National Guidelines for Health Care Services Revised to Be Appropriate for local practices". The questionnaire consists of 45 questions divided into four parts: part 1: social and demographic variables; part 2: knowledge about reproductive health such as signs of puberty, signs of pregnancy, STIs and contraceptive methods; part 3: attitudes about reproductive health; and part 4: sexual practices and experience.

### Measurement

Questions related to knowledge of abortion comprised 16 items. The questions were designed as multiple choice. In each question, we weighted a score of each

choice as 0, 0.5, 1, or 1.5 points, depending on the severity, prevalence, and impact of the problem. Assessment for each question was good knowledge (subject's score > 75% total score of question) and inadequate knowledge (subject's score ≤ 75% total score of question). The maximum total score in the knowledge section was 46 points. Assessment for general knowledge of respondents was high when the research subject achieved over 75% of the total knowledge points, medium (>50% and ≤75%), and low (≤50%).

There were eight questions about reproductive health attitudes which were scored on a scale of 0 to 2 points corresponding to the following levels: disagree, no opinion, and agree. Assessment for each question was correct for 'agree' answers and was incorrect for 'disagree' or 'no opinion' answers. The maximum score for the attitude section was 16 points. Assessment of general attitudes on reproductive health was correct when the study subject achieved more than 75% of the total attitude score and was incorrect at less than 75%.

The subject of practices concerning reproductive health were measured by seven questions. Each answer was measured as already/never, frequently/semi-frequently/never. Similar to knowledge questions, we weighted a score of each answer as 0, 0.5, 1, or 2 points, depending on the severity and impact of the issue. The maximum score for the attitude section was 7 points. The general practices on reproductive health were categorized as correct when the subject achieved more than 75% of the total practice score and incorrect at less than 75%.

Regarding evaluation concerning the relationship between personal and family factors and the KAP on reproductive health of adolescents with abortion, the subjects were categorized as qualified or unqualified. Qualified was defined as medium or good knowledge, correct attitudes, and correct practices.

### Data analysis

Information on the questionnaire was entered, processed, and analyzed using Stata 14.0 software, which aids in calculating experimental parameters: mean and standard deviation. Quantitative and qualitative variables are presented as frequency/percentage. The Chi-square test ( $\chi^2$ ) (corrected Fisher's exact test when appropriate), was used to compare two proportions. The tests and comparisons have statistical significance when  $p \leq 0.05$ .

### Ethical consideration

All minors who participated in the study were consulted and voluntarily participated in the study with the consent of their parents or guardians. We offered assurance of absolute confidentiality of research subjects' private life after information collection. This study was approved by the Ethics Committee of Hanoi Obstetrics and Gynecology Hospital. (HĐĐĐ/PSHN-1721)

## 4. RESULTS

The study enrolled 103 respondents who participated between January 2022 and June 2023. It was estimated that the percentage of adolescents in the total number of

Variables	Frequency (n=103)	Percentage (%)
<b>Personal factors</b>		
Age		
10 - 13	2	1.9
14 - 16	52	50.5
17 - 18	49	47.6
Education level		
Secondary school attendee	36	34.9
High school attendee	55	53.4
High school graduate	12	11.7
Address		
Urban	45	43.7
Rural	58	56.3
Living environment		
With parent(s)	75	72.8
Independent	28	27.2
<b>Family factors</b>		
Parental marital status		
Married	77	74.8
Separated/ Divorced/ Deceased	26	25.2
Family economy		
Poor	20	19.4
Medium	65	63.1
Wealthy	18	17.5

**Table 1. Sociodemographic characteristics of adolescents with induced abortion and their families**

women who sought induced abortion in the department during study period accounted for about 1.3%. The mean age of participants was 16.3 years. Approximately 90% of the study participants had not yet graduated from high school. About one-fourth lived independently and had parents who lived separately. The family’s economic status of the majority of adolescents was poor or medium (Table 1).

After calculating the scores of 16 questions in the reproductive health knowledge section, the scale was divided into 3 levels: high, medium and low. Out of 103 participants, approximately two-thirds (64.1%) of adolescents were evaluated as having low knowledge. Only three adolescents were rated as high knowledge (accounting for 2.9%), and the rest were rated as medium knowledge (33.0%). No teenager could name at least five of six issues concerning reproductive health. Regarding "contraceptive methods", only 3.9% of respondents answered at least 5/6 methods. Approximately 31.1% of the subjects correctly answered in terms of the 4/5 transmission routes of HIV/AIDS, however, only 15.5% had adequate knowledge concerning prevention of this disease (Table 2).

Concerning reproductive health attitudes, the majority of the subjects said that they should be taught about contraception, and that “Sex education for adolescents in school is necessary”. One-third of adolescents agreed with the idea that “Abortion is condemnable and unacceptable” (accounting for 34%). In general, the percentage of subjects with correct attitudes regarding reproductive health was still low at 57.3%. (Table 3).

Variables	Frequency (n=103)	Percentage (%)
<b>General knowledge</b>		
Low	66	64.1
Medium	34	33.0
High	3	2.9
<b>Reproductive health content</b>		
Good	0	0
Bad	103	100
<b>Signs of puberty</b>		
Good	13	12.6
Bad	90	87.4
<b>Dangers of abortion</b>		
Good	5	4.9
Bad	98	95.1
<b>Methods of contraception</b>		
Good	4	3.9
Bad	99	96.1
<b>Symptoms of Sexually transmitted infections</b>		
Good	18	17.5
Bad	85	82.5
<b>Prevention of Sexually transmitted infections</b>		
Good	24	23.3
Bad	79	76.7
<b>HIV/AIDS transmission routes</b>		
Good	32	31.1
Bad	71	68.9
<b>HIV/AIDS prevention</b>		
Good	16	15.5
Bad	87	84.5

**Table 2. Knowledge regarding reproductive issues among adolescents with induced abortion (n=103)**

Variables	Frequency (n=103)	Percentage (%)
<b>General attitude</b>		
Correct	59	57.3
Incorrect	44	42.3
<b>Need to be provided with knowledge about contraception</b>		
Correct	73	70.9
Incorrect	30	29.1
<b>Sex education for adolescents in schools is necessary</b>		
Correct	67	65.0
Incorrect	36	35.0
<b>Abortion is condemnable, unacceptable</b>		
Correct	35	34.0
Incorrect	68	66.0

**Table 3. Attitudes regarding reproductive among adolescent with induced abortion (n=103)**

In term of practices regarding reproductive health, up to 57.3% of the respondents had never talked to their parents about reproductive health topics such as sex, reproduction, and sexuality. In addition, half of the subjects in the study had never used any contraception during sex (48.6%). Only six subjects (5.8%) answered that they regularly access information on reproductive health from their relatives, friends, or the Internet. Despite knowl-

Variables	Frequency (n=103)	Percentage (%)
<i>General practice</i>		
Correct	10	9.7
Incorrect	93	90.3
Confiding with parents about reproductive health topics		
Already	44	42.7
Never	59	57.3
Access to reproductive health information		
Frequently	6	5.8
Semi-frequently	58	56.3
Never	39	37.9
Frequency of using birth control		
Frequently	13	12.6
Semi-frequently	40	38.8
Never	50	48.6
Agreed to have unprotected sex or an unsafe abortion when partner asked		
Yes	52	50.5
No	51	49.5

**Table 4. Practices regarding reproductive issues among adolescents with induced abortion**

Variables	n	Knowledge		Attitudes		Practices	
		Qualified	OR	Qualified	OR	Qualified	OR
<i>Age groups</i>							
10 - 13	2	1 (50)	1	0 (0)	1	0 (0)	1
14 - 16	52	14 (27)	0.4 (0-6.6)	34 (65)	-	5 (10)	-
17 - 19	49	22 (45)	0.8 (0-14.2)	25 (51)	-	5 (10)	-
<i>Education level</i>							
Secondary school attendee	36	8 (22)	1	21 (58)	1	1 (2.8)	1
High school attendee	55	22 (40)	2.3 (0.9-6.2)	29 (53)	0.8 (0.3-1.9)	5 (9.1)	3.5 (0.4-32.2)
High school graduate	12	7 (58)	4.9 (1.1-21.9)	9 (75)	2.1 (0.5-9.6)	4 (33.3)	17.5 (1.3-236)
<i>Parental marital status</i>							
Married	77	26 (34)	1	48 (62)	1	9 (12)	1
Separated/ Divorced/ Deceased	26	11 (42)	1.4 (0.6-3.6)	11 (42)	0.4 (0.2-1.1)	1 (4)	0.3 (0-2.6)
<i>Family economy</i>							
Poor	20	2 (10)	1	48 (62)	1	0 (0)	1
Medium	65	27 (42)	6.4 (1.3-32.2)	11 (42)	1.8 (0.7-5.1)	8 (12)	-
High	18	8 (44)	7.2 (1.1-48.4)	48 (62)	1.9 (0.5-7.3)	2 (11)	-

Values were given as no.(%), OR(95%CI)

**Table 5. Related-factors regarding KAP of general reproductive health**

edge concerning unfortunate consequences of abortion, half of the respondents still agreed to unprotected sex and/or have an unsafe abortion when their partners asked. In general, the percentage of those interviewed with correct practice on reproductive health was incredibly low (9.7%) (Table 4).

In this study, we investigated the correlation between KAP and age, education level, parental marital status, and family economy of the adolescents. The study subjects who had graduated from high school were 4.9 times more likely to gain knowledge about reproductive health than ones who had not yet attended high school (OR=4.9, 95% CI: 1.1-21.9). Those in medium- and high-income families were 6.4 and 7.2 times more likely to have adequate knowledge than those from low-income families (OR=6.4, 95% CI: 1.3-32.2; OR=7.2, 95% CI: 1.1-48.4). The respondents who had graduated from high school were 17.5 times more likely to exercise correct reproductive health practices than those who had not yet attended high school (OR=17.5, 95% CI: 1.3-236). There was no statistically significant relationship between attitudes and some factors in the study.

### 5. DISCUSSION

Between January 2022 and June 2023, 103 adolescents who came seeking abortions at HOGH participated the study and accounted for about 1.3% of the number of abortions in the same period. In 2014, Ngo T.D et al. conducted a cross-sectional study among 62 public health

facilities in Vietnam and found that 6.2% women who underwent abortion were younger than 20 years old (5). It is worrisome that this number is only "the tip of the iceberg", because in fact, many pregnant teenagers seek out poor healthcare facilities where unsafe abortions are performed. To date, there are no particular statistics regarding unsafe abortion in Vietnam, but according to

Sedgh G et al., in 2003, the global rate of unsafe abortion was 48%, and more than 97% of all unsafe abortions were in developing countries (7).

The mean age of the respondents in this study was 16.3 years and the majority was in the 14-16-year-old group. Rejuvenating the age of abortion raises alarms because the younger the girl when the procedure is performed, the higher the risk of complications and harmful impacts on reproductive health in the future (8). Up to a quarter of interviewees had parents who were divorced/separated or one or both were deceased (25.2%). One-fifth of the subjects rated their family economy as poor (19.4%). Parents play an important role in the development of children. In some studies half of the teens said that their parents influenced their decisions regarding sex, and when making important decisions they relied on their parents more than anyone else. Adolescents are a vulnerable group and are more susceptible to resonance when living in broken families and do not develop adequately (9). This factor is also noted in the development of projects to help these adolescents.

In general, most adolescents who had an abortion in this study did not have adequate knowledge regarding reproductive health topics, with only 2.91% of the subjects having a high level of knowledge. Knowledge of subjects concerning reproduction in this study was significantly lower than in other studies because we focused on the pregnant adolescents who sought induced abortion as compared with general adolescents in those studies (10, 11). As a result, a lack of knowledge about reproductive health was associated with many problems including unintended pregnancy and abortion. "Contraceptives" and "Sexually transmitted diseases" were two issues that only 3.88% of the respondents answered correctly. These are also the issues mentioned by studies as a "gap" in current reproductive health communication and education (12, 13). It is a fact that information on reproductive health topics such as sex, sexuality, and pregnancy is only a formality when disseminated to students, both from the family and in school (14). While many students do not know of any official source for guidance, many parents and teachers deliberately ignore the issue or, worse, ban it, claiming that if widespread it is tantamount "to teaching the dog to bark".

Contrary to the content of knowledge, attitudes of adolescents regarding reproductive health in this study were quite sufficient. More than half of the subjects, or 57.28%, had the right attitudes concerning reproductive health. As victims of lack of knowledge concerning reproductive health with consequences of unintended pregnancy leading to abortion, the adolescents in this study understood the need for reproductive health education in school and in the family. In addition, one-third (34%) of adolescents agreed with the idea that "abortion is condemnable and unacceptable". Abortion not only has a harmful impact on a woman's physical health, but also leaves the psychophysical sequelae which are especially serious as the adolescent is more vulnerable than the adult (15).

Although adolescents are deficient in the particular knowledge of sources of reproductive health care, they rarely seek help because of the stigma, lack of resources, and provider bias. This study also shows that the percentage of students with good knowledge of reproductive health practices was incredibly low, only 9.71%. This result is significantly lower than some studies that also assess knowledge, attitudes, and practices regarding adolescents and young adults. In fact, this result is completely predictable and explainable because the subjects in this study are adolescent girls who had suffered one of the main consequences of unsafe sex, i.e., unintended pregnancy. In addition, half of the respondents still agreed to have an unsafe abortion when their partners asked despite the knowledge concerning the negative impacts of abortion. Society often only blames teenage girls when they are pregnant. However, the reality is that pregnancy is often an accident and happens under circumstances beyond their control. In addition, due to economic and cultural barriers such as lack of economic independence and teenage pregnancy as a taboo, adolescents often choose risky reproductive services that can negatively affect their health such as abortion in unlicensed facilities (16). Moreover, according to the current trend of society, early pregnancy is considered to limit opportunities for advancement in study and work, so abortion is the choice of their own or of their family.

Regarding contributory factors to adolescent pregnancy, Omar K. et al. have shown that low education levels and low socioeconomic status are significantly associated with unintended pregnancy among adolescents (17). Adolescent's knowledge improves with education (18). In this study, the subjects who had graduated from high school had 4.9 times more correct concerning knowledge and 17.5 times more correct concerning practice than those who had not yet attended high school. It is common that students with high levels of education will be more aware of reproductive problems, as well as actively seek information related to this topic. In addition, we also found that the group of subjects with medium and wealthy families had knowledge higher than the group with poor economic conditions. Obviously, poor economic status makes it difficult for them to receive proper attention from their families and society, not to mention that these subjects may soon have to stop studying and earn money to support themselves. In addition, when economic conditions do not allow, the subject will not actively seek reproductive health care information and services, which increases the possibility of unwanted consequences. This is also a question for stakeholders to have supportive policies for these vulnerable people.

#### Limitations of the study

Nevertheless, the study still has certain limitations. First, this is a cross-sectional study, not a longitudinal study, and there was no control group, so it is not possible to draw a causal conclusion from the relationships between study factors. Second, the study was conducted in Hanoi Obstetrics and Gynecology Hospital, while the

majority of adolescents chooses private clinics instead of hospital to seek unsafe abortions.

## 6. CONCLUSION

This study revealed that approximately two-third of the respondents had low knowledge and about half of the subjects had negative attitudes regarding reproductive health. As a result, the percentage of subjects with correct reproductive health practices in the study was low, under 10%. The knowledge-related factors found in this study were education and family economy. Similarly, contributory factors to reproductive health behaviors were education. Therefore, it is necessary to integrate the communication sessions regarding reproductive health for adolescents at school from the last years of primary school and the first year of junior high school. Additionally, programs aiming to raise the role of the family concerning youth reproductive health should be provided for their parents.

- **Author's Contribution:** All authors contributed in all study stages starting from conceptualizing the idea, the research design, analyzing and interpreting data for the article. All authors have responsibility for the entire substance of the article and agree when this manuscript is submitted.
- **Conflicts of interest:** There are no conflicts of interest.
- **Financial support and sponsorship:** None.

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# Knowledge, Attitudes and Practices on Reproductive Health Among Abortion Adolescents in Vietnam

## APPENDIX 1: QUESTIONNAIRE AND MEASUREMENT Knowledge, attitudes and practices on reproductive health among abortion adolescents in Vietnam A. GENERAL INFORMATION AND FAMILY

Code	Questions	Answers	Notes
C1	Current education level?	Illiterate	
		Capable of rudimentary reading/ writing	
		Primary school	
		Middle school	
C2	Who are you living with?	With family	
		Independently	
C3	Age of first menstration (grade if not remember correctly)	...years old/ ... grade	
C4	Father's education level	Illiterate	
		Capable of rudimentary reading/ writing	
		Primary school	
		Middle school	
C5	Mother's education level	High school	
		College/university	
C6	Parental marital status?	Married	
		Divorced	
		Separated	
		One deceased	
C7	In your opinion, what is your family's economical background?	Both deceased	
		Other (specify) ...	
		Poor	
		Medium	
		Rich	

## PART 2: KNOWLEDGE REGARDING REPRODUCTIVE HEALTH

Code	Questions	Answers	Scores
C8	List out reproductive health content that you know. (Multiple choice question)	Family planning/contraceptive methods	0.5
		Safe motherhood	0.5
		Prevention of sexually transmitted diseases, HIV	0.5
		Reduce abortion and safe abortion	0.5
		Propaganda on reproductive health including adolescent reproductive health education	0.5
		Infertility treatment	0.5
		No idea	0
		Girl has period (vaginal bleeding)	1
		Breasts grow	0.5
		Pubic and armpit hair growth	0.5
C9	In your opinion, what are the signs that a girl is going through puberty? (Multiple choice question)	Growth in height and weight	0.5
		Have acne	0.5
		No idea	0
		Yes	1
C10	Do you think a girl can get pregnant the first time she has sex?	No	0
		No idea	0
		Yes	1
C11	Do you think a girlfriend who has sex before her first period can get pregnant?	No	0
		No idea	0
		Yes	1

C12	According to you, when not using contraception, how many times should you have sex to get pregnant?	Only once	1
		2-4 times	0
		More than 4 times	0
		Don't know	0
C13	Do you know when the most fertile time in your menstrual cycle is?	While menstruating	0
		7 days before period	0
		7 days after menstruating	0
		7 days between periods	1
C14	List out the signs that make you think you are pregnant? (Multiple choice question)	Any day of the month	0
		No idea	0
		Loss of period	1
		Fatigue, loss of appetite	0.5
C15	What are the dangers of abortion?	Nausea, vomiting	0.5
		Sore breasts	0.5
		The belly is getting bigger	0.5
		Don't know	0
C16	In your opinion, where is the safest place to have an abortion?	Bleeding	1
		Genital tract infections	1
		Infertility	1
		Causing physical pain, mental trauma	1
C17	List out what birth control methods are used to prevent pregnancy (multiple choice questions).	Death	1
		Inconspicuous place	0
		Specialized medical facilities	1.5
		Private clinic	0
C18	Do you know any places that may offer contraception (multiple choice question)?	Folk healer, cut wife	0
		Buy medicine yourself or get medicinal plants to drink	0
		Don't know	0
		Condoms	0.5
C19	List out sexually transmitted diseases you know (multiple choice question).	Contraceptive rubber ring	0.5
		Birth control pills	0.5
		Subcutaneous implants	0.5
		Calculate the menstrual cycle	0.5
C20	What symptoms do you think are signs of sexually transmitted diseases? (Multiple choice question)	Extravaginal ejaculation	0.5
		Don't know	0
		Medical facilities	0.5
		Pharmacy	0.5
C21	In your opinion, how can sexually transmitted diseases be prevented? (Multiple choice question)	Ward medical station	0.5
		Population officer	0.5
		Don't know	0
		HIV/AIDS	1
C22	Please list the transmission routes of HIV/AIDS that you know? (Multiple choice question)	Yeast infection	0.5
		Syphilis	0.5
		Hepatitis B	0.5
		Illegal	0.5
C23	In your opinion, are there ways to prevent HIV/AIDS infection (multiple choice question)	Genital warts	0.5
		Chlamydia	0.5
		Don't know	0
		Penile/ vaginal purulent discharge with pus	1
C24	Do you agree that: "watching movies, books with pornographic content is not suitable for teenagers, has negative effects?"	Pain when urinating	1
		Itching. Vaginal discharge, abnormal color, unpleasant smell	1
		Genital sores	1
		Don't know	0
C25	Do you agree that sex education, reproductive health, sex education for adolescents in schools is necessary?	Don't have sex with multiple partners	1
		Use condoms when having sex	1
		Monogamy	1
		Do not have sex with prostitutes	1
C26	Do you agree that sex education, reproductive health, sex education for adolescents in schools is necessary?	Don't know	0

## PART 3: ATTITUDES ABOUT REPRODUCTIVE HEALTH

Code	Questions	Agree (2 points)	No opinion (1 point)	Disagree (0 point)
C24	Do you agree that: "watching movies, books with pornographic content is not suitable for teenagers, has negative effects?"			
C25	Do you agree to love each other, both must remain abstinent, not having sex until the day of marriage?			
C26	Would you agree not to have premarital sex if both partners consent?			
C27	Would you agree not to have premarital sex if both people love each other and are going to get married?			
C28	Would you agree not to have sex before marriage if both partners know how to prevent pregnancy?			
C29	Do you agree teenagers need to be informed about contraception?			
C30	Do you agree abortion is condemnable, unacceptable?			
C31	Do you agree that sex education, reproductive health, sex education for adolescents in schools is necessary?			

## PART 4: REPRODUCTIVE HEALTH PRACTICES

Code	Questions	Answers	Score
C32	When you menstruate, do you share it with your loved ones?	Yes	1
		No	0
C33	Have you ever talked to your parents about reproductive health, sex, and sexuality?	Yes	1
		No	0
C34	How often do you have access to reproductive health information?	Frequently	1
		Semi-frequently	0.5
		Never	0
C35	Have you ever had sex with someone of the same sex?	Yes	0
		Never	2
C36	Do you use birth control during sex?	Frequently	1
		Semi-frequently	0.5
		Never	0
C37	If you already knew that having an abortion and having unprotected sex has a lot of bad health consequences, would you have an abortion and have unprotected sex if your partner wanted to?	Yes	1
		No	0