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RESEARCH REPORT

PERSPECTIVE, THE DETERMINANTS AND THE NEEDS FOR ACCESS TO AND UTILIZATION OF SEXUAL HEALTH SERVICES AMONG YOUNG KEY POPULATIONS IN VIETNAM

Hanoi, November 2020

CONTENTS

ACKNOWLEDGEMENTS	4
ABBREVIATIONS	5
TERMINOLOGIES	6
SUMMARY AND DISCUSSION	7
RECOMMENDATIONS	8
INTRODUCTION	11
1. DEMOGRAPHIC CHARACTERISTICS	17
2. PERSPECTIVE ON SEXUAL HEALTH	18
2.1. Sexual experiences	18
2.2. Awareness of sexual health	20
2.2.1. <i>General awareness of sexual health</i>	20
2.2.2. <i>Health issues in the context of sex</i>	23
2.3. How to take care of one's sexual health	26
2.3.1. <i>How to take care of one's physical health</i>	26
2.3.2. <i>Periodic visits</i>	27
2.3.3. <i>Safe sex behaviors</i>	28
2.3.4. <i>Choosing partners</i>	30
2.3.5. <i>Psychological preparation</i>	31
2.3.6. <i>The meaning of sexual health</i>	32
3. EXPERIENCE IN ACCESS TO SEXUAL HEALTH INFORMATION & RELATED SERVICES	33
3.1. Experience in accessing sexual health information and related services	33
3.1.1. <i>Channels and types of information sources</i>	33
3.1.2. <i>Quality/ reliability of information</i>	38
3.1.3. <i>Impacts of information sources on sexual health</i>	40
3.2. Experience in accessing sexual health services	41
3.2.1. <i>Experience HIV and STI related services</i>	41
3.2.2. <i>Health Insurance Policy</i>	44
3.2.3. <i>Specialized services for transgender people</i>	46
3.2.4. <i>Harm reduction services</i>	48
3.3. Barriers to access and use sexual health services	49
3.3.1. <i>Expenses</i>	49
3.3.2. <i>Lack of sexual health knowledge</i>	50
3.3.3. <i>Difficulties in accessing information about services</i>	51
3.3.4. <i>Self-stigma when access and using sexual health services</i>	51

3.3.5.	<i>Stigma and discrimination in healthcare facilities</i>	52
3.4.	Motivators to access and use sexual health services	53
3.4.1.	<i>Knowledge about sexual health and related service information</i>	53
3.4.2.	<i>Subsidized services</i>	54
3.4.3.	<i>Healthcare providers' friendliness</i>	55
3.4.4.	<i>Desires to maintain personal health and family happiness</i>	56
3.4.5.	<i>Availability and accessibility of services</i>	58
3.4.6.	<i>Other motivators</i>	58
4.	NEEDS OF ACCESSING SEXUAL HEALTH INFORMATION AND RELATED SERVICES	59
4.1.	Needs of accessing sexual health information	60
4.1.1.	<i>Information channels</i>	61
4.1.1.1.	<i>Offline channels</i>	61
4.1.1.2.	<i>Online channels</i>	62
4.1.2.	<i>Methods of conveying information</i>	63
4.1.3.	<i>Information contents and visualization</i>	64
4.2.	Needs of sexual health services	64
4.2.1.	<i>Types of sexual health services</i>	66
4.2.2.	<i>Professional quality of healthcare providers</i>	69
4.2.3.	<i>Friendly services</i>	69
4.2.4.	<i>Reasonable costs</i>	70
4.2.5.	<i>Medical procedures</i>	71
4.2.6.	<i>Confidentiality</i>	72
4.2.7.	<i>Healthcare infrastructure</i>	73
REFERENCES		74

ACKNOWLEDGEMENTS

The report: *“Perspective, the determinants and the needs for access to and utilization of sexual health services among young key populations in Vietnam”* is the result of the project “Young, Wild...and Free” that developed by Lighthouse Social Enterprise in partnership with MPact – Global Action for Men’s Health and Rights and Mainline Foundation to consider the perspective, the determinants and the needs of access and utilization to the sexual health services among young key populations in Vietnam.

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The study was received the support from Mrs. Tran Thanh Hong Lan, Southern Institute of Social Sciences (SISS) and Mr. Nguyen Anh Ngoc, Independent Researcher in reviewing and editing this report.

We would like to thank Aidsfonds, MPact – Global Action for Men’s Health and Rights and Mainline Foundation for the financial and technical support to this study. Especially, thanks are due to Mr. Nick Veldwijk, Mainline Foundation and Mr. Omar Banos, MPact - Global Action for Gay Men's Health and Rights for the valuable inputs to this study.

We also thank all the following organizations and individuals who provided great support to connect and recruit the participants:

1. Mrs. Nguyen Thi Thuy, Head of Vietnam Network of Sex workers (VNSW)
2. Mrs. Pham Thi Minh, Head of Vietnam Network of People who use drugs (VNPUD)
3. Ms. Nguyen Ngoc Ha, Transgender Activist, Ruby organization.

Finally, we thank all the participants whose sincere sharing give valued information.

ABBREVIATIONS

AHF	AIDS Healthcare Foundation
AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral medicine
HIV	Human immunodeficiency virus
FGD	Focus group discussion
IDI	In-depth interview
KPs	Key populations
LGBT+	Lesbian, gay, bisexual, transgender and others
MSM	Men who have sex with men
PEP	Post-exposure prophylaxis
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PWID	People who inject drugs
PLWH	People who live with HIV
PrEP	Pre-exposure prophylaxis
SOGIESC	Sexual orientation, gender identity, gender expression and Sex Characteristics
STI(s)	Sexually transmitted infections
(M/F) PUD	People who use drugs (Male/ Female)
SW (M/F)	Sex workers (Male/Female)
TG (M/W)	Transgender people (Men/Women)
UNAIDS	The Joint United Nations Program on HIV and AIDS
WHO	World Health Organization
VAAC	Viet Nam Administration for HIV/AIDS
YKPs	Young key populations

TERMINOLOGIES

Young key population: refers to young people aged 16 to 24 years who are members of key populations, including young gay men and other men who have sex with men, young transgender people, young people who use drugs and young people who sell sex (UNAIDS, 2015; Nibogora & Shemiah, 2018).

Drugs: Term “drugs” is used in interviews with participants to talk about Amphetamine-type-stimulants (ATS). ATS are a group of synthetic psychostimulants whereas Crystal meth – also called Ice or meth - is the most potent form of ATS. Crystal methamphetamine use is rising in Asia, as well as in Vietnam. Crystal meth is consumed in a range of high-risk populations, especially the key populations, such as People Who Use Drugs (PWUD), and Female & Male Sex workers, Men who have Sex with Men (MSM) and young key population. Meth is used to prolong sexual duration and enhance sexual performance and experience (Bracchi et al., 2015; Giorgetti et al., 2017)

Harm reduction: refers to policies, programs and practices that aim to minimize negative health, social and legal impacts associated with drug use, drug policies and drug laws. Harm reduction services encompass a range of health and social services and practices that apply to illicit and licit drugs. These include, but are not limited to needle and syringe programs, safe smoking kits, drug checking, overdose prevention and reversal, psychosocial support, and the provision of information on safer drug use (Harm Reduction International).

Self-stigmatization: refers to thoughts formed inside people’s mind that make them self-isolated and separated due to the norms that they have violated or their disabilities (Goffman, 1963).

Stigma: refers to the process to diminish an individual or group’s value in the presence of others. Stigma is a form of “prejudice, disrespect, discredit, and discrimination” towards a person and his/ her other social relationships (UNAIDS, 2011).

Discrimination: refers to behaviors that are motivated by stigmatizing attitudes and expressed through unfair treatment of stigmatized individuals. Discrimination is defined as stigma via behaviors (Institute of Psychological Studies and Support to Drug Users).

Sexual health: refers to a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. In this study, sexual health services include (but unlimited) HIV/AIDS, STIs, harm reduction, hormone treatment for transgender people.

SUMMARY AND DISCUSSION

Sexual health services for the YKPs are key programs that contribute to reducing the increased risks of STI and HIV infection, including not only HIV/ STIs services, but also harm reduction, mental health and specialized services for each population. It is essential to understand the characteristics of the YKPs in order to promote their access to sexual health services.

The study, with the sample of 65 people who self-identified as YKP, investigated their views on sexual health and the factors influencing their access to and use of sexual health services. The average age of the participants is 20.5 years old. The age at which they initiated sexual experiences varies widely. Most participants had their first sexual intercourse between the ages of 18 and 20, with the earliest at 14 years old.

Perspectives on sexual health

Most of the participants had open-minded attitudes towards sex and considered such as a basic physiological need. However, most of the participants did not use condoms during their first-time sexual intercourse because of shyness, limited information and lack of experiences. They had basic understanding of safe sex and the related risks they could face, but “sexual health” was relatively unfamiliar to them. The findings from the study show that most participants had a background in sexual health care. However, they were unconfident with their knowledge because they often acquired information passively and rarely assessed such information with critical thinking.

The participants had specific concerns about taking care of their health, ranging from physical care through exercise and nutrition to choosing ways to protect their health during sex (e.g., condoms, lubricants, PrEP, PEP). However, SWs did not have many options to actively choose their sexual behaviors because of their financial strains and potential risks of physical and sexual violence by their clients.

The determinants for access to and utilizing sexual health services

The results show that the participants still faced specific barriers in accessing and using sexual health services, including financial difficulties, lack of knowledge about sexuality and sexual health, stigma and discrimination in healthcare facilities, and self-stigma. Thereby, positive changes to these factors also became determinants that motivated participants to access and use sexual services more efficiently. They proposed four key determinants: (1) to educate the YKPs on sexual health and promote the tradition of YKP-friendly sexual health care facilities, (2) to provide free or subsidized services to the economically disadvantaged people, (3) to ensure privacy and confidentiality of the clients who have sexual health visits, and (4) to foster support from family, friends, and relatives.

The needs of access to information about sexual health and related services

The participants had the need to obtain sexual health information (e.g., safe sex, HIV, STIs, harm reduction, and other specialized health care services). They expected all informants to thoroughly understand the YKPs' needs and characteristics, thereby building relevant content and creative forms. The participants also prioritized programs that combined both

offline and online communications to give people greater access while also being relevant to a wide range of audiences. Besides, the participants expressed the need to meet experts or people with knowledge of sexual health. They regarded such professionals as reliable sources of information with which they could consult more frequently.

Interestingly, YKPs in the study shared that they could not distinguish between “public” or “private” facilities when evaluating a healthcare facility. Instead, they evaluated such providers by the quality of the services via a variety of measures including the qualifications, YKP-related attitudes of healthcare providers, the confidentiality of the clients' information, availability and accessibility of services, and infrastructure. In particular, friendliness and confidentiality were most concerned.

The gaps about sexual health services

The study also recognizes many service gaps evident in participants' experiences, including mental health services and specialized services for transgender people.

The participants reported needs for mental health care services, when pinpointing their experiences with psychological struggles associated with their sex lives. For instance, the anxiety and stress that many YKPs experienced when they encountered a sexually-transmitted illness (e.g., HIV, other STIs). However, in Hanoi, mental health counseling services have not ensured availability and accessibility to the YKPs.

For transgender health services, several specialist health services for transgender people were available in Hanoi. However, these facilities were not yet supported by the complete and transparent legal framework to provide a community service, which made most participants cautious of specialized services for the transgender people in Vietnam as a whole. Instead, participants preferred seeking similar services overseas (mostly in Thailand) that leaders in the transgender community had deemed reliable.

RECOMMENDATIONS

Promote online and offline communications about sexual health and related services: To provide YKPs with comprehensive access to sexual health-related information and services, governments and other stakeholders should further promote initiatives led by YKP communities and high-risk groups of sexual health problems (especially HIV and STIs). These initiatives should be designed by YKPs or with their participation to ensure practical implications that match the YKPs' needs and characteristics (including the needs and characteristics of each small group, including MSM, TG, PUD, and SW).

Undertake sensitization activities on sexuality and gender: Currently, the Vietnamese cultural context still considers sexuality a sensitive topic. The study found that teachers were trusted sources of information of YKPs and accessed through related subjects, such as biology or sex education programs. However, some teachers lacked comfort and skills in discussing sexuality-related concerns with their students. To tackle the situation, people who conduct development projects need to design or promote systematic training programs for teachers on sex education, sexual safety, SOGIESC, and related issues. As a result, they

could increase YKPs' comprehensive knowledge about sexual health while these individuals are still in school.

Build a friendly sexual healthcare system: Medical staff and associated administrative staff's attitudes towards and treatments of YKPs (especially towards sexual and gender minorities using drugs) are of great concern, which, as a result, should be an essential criterion for evaluating healthcare facilities' accessibility and quality. Therefore, a crucial suggestion is to promote healthcare providers' greater knowledge of YKPs' issues and friendliness. Accordingly, this recommendation helps improve healthcare professionals' interactions and communications with YKPs. The assessment of healthcare providers' friendliness in sexual health facilities should be routinely implemented to enhance the quality of sexual health care services for the YKPs.

Ensure the privacy and confidentiality in providing sexual health services.

- *Medical procedure:* In-house medical protocols should uphold strict management of clients' health information with an emphasis on confidentiality.
- *Healthcare infrastructure:* When designing various medical space, it is essential to prioritize clients' privacy, which will allow more open and effective communications with healthcare providers. Thereby, physicians can provide a better quality of care because of the association between effective physician-client communication and apt diagnoses and treatments.

Meet the need for psychological support among the YKPs: The need for access to psychological services has become essential for the YKPs. While HIV and STI related services are available in the community, mental health care services are limited due to a small number of psychologists who have sufficient knowledge about YKPs and existing stigma and discrimination that YKPs face. Therefore, we need to bolster mental health care providers' competency in serving YKPs in order to accommodate these individuals' demands.

Improve the provision of specialized services for the transgender people: The legal environment in Vietnam still reinforces certain barriers that prevent transgender folks to access relevant services. To improve their access to sexual health services and help better control the HIV and STI epidemic among transgender groups, health organizations need to collaborate with many stakeholders and governmental agencies to accelerate the advocacy for the inclusion of trans rights. Consequentially, transgender people's access to comprehensive services will increase.

Harm reduction communication and intervention: Current harm reduction services available to the community exist through the public healthcare system and community organizations. However, in the study, most participants had not accessed any information outreach of such harm reduction programs, which reinforces the urgency of expanded and more accessible communication for harm reduction services in the future.

Advocate the policy related to health insurance for sexual health services: The health insurance policies for sexual health services in Vietnam are cumbersome and do not cover many services. Therefore, the YKPs were still indifferent to health insurance benefits; they

were not willing to pay out-of-pocket for services with better quality yet greater costs. The current situation raises the need for collaboration between government, sponsors, and stakeholders to promote communications about the importance of health insurance. The listed parties should promote support services through health insurance among the YKPs - those who have no formal income or unstable income. In addition, parties need to expand training programs on health insurance-related issues for healthcare providers to develop and implement convenient insurance payment methods.

INTRODUCTION

Background

The health of young people is an important factor of future population's health all around the world, but YKPs have faced increasing sexual health issues in recent years. Notably, YKPs are highly vulnerable to HIV and STIs. Compared to the general population, KPs' risk of acquiring HIV was 12 – 22 times higher, and over a third of new HIV infections continue to occur among the 10-24-year age group (UNAIDS, 2019a; 2019b). Regarding STIs, according to WHO (2018), about one-fourth of countries (N=53) reported syphilis prevalence among at least one key population (MSM, FSW). YKPs engage in more unprotected sex and drug use, compared to older members of KPs and youth among the general population (Delany-moretlwe et al., 2015).

To date, literature suggests that Vietnamese YKPs are at greater odds of contracting HIV and STIs. The number of HIV-positive people has been increasing and it was estimated that there were 230,000 people who lived with HIV; many of whom were MSM, SW and PWID (UNAIDS, 2018b). In particular, new infections were more prevalent among YKPs since the majority (39.4%) of new HIV infections concentrated mainly at the age of 16-29 (VAAC, 2019).

Many researchers raised concerns over rising STIs infections among several small groups of YKPs, namely MSW (Colby et al., 2016; Goldsamt et al., 2018), PWID (Go et al., 2006), FSW (Thuong et al., 2005). Sexually transmitted infection (STI) rates are similarly high among YKPs. According to Goldsamt et al. (2018), 312 out of 995 young male SW studied in Hanoi and Ho Chi Minh City tested positive for at least one STI, namely syphilis (16.7%), gonorrhea (10.5%), and Chlamydia (11.5%).

Sexual health services play an integral role in reducing HIV and STIs infections, as well as other health issues among YKPs. However, the number of KPs having access to sexual health services continues to be exceptionally low. Only one-third of MSM, PWID, FSW tested annually for HIV (VAAC, 2016). Antiretroviral therapy (ART) varied between different YKP groups, with 23%, 53.4%, and 21.3% of MSM, PWID, and FSW receiving ART treatment, respectively (UNAIDS, 2019b). Notably, the percentage of young MSM (<25) receiving ART in the past 12 months was much lower than the older MSM group, respectively 20.5% and 25.8% (HSS+, 2018).

It is also suggested that violence support services and psychological and harm reduction interventions should also be integrated in existing HIV/STIs services to foster the effectiveness of sexual health services among YKPs (Brinkley-Rubinstein et al., 2018; Parsons et al., 2017; WHO, 2016). Over the past years, the Vietnamese government has conducted research and applied harm reduction measures in drug prevention with financial and technical support from international organizations, outstandingly including condom and lubricant delivery, new syringes and needles to prevent HIV/AIDS transmission. These harm reduction activities are often integrated with Methadone Maintenance Treatment (MMT), to treat and reduce harm using Opiate. Besides, there are also psychological counseling services for people who use drugs. These harm reduction services are often offered in

community organizations, public outpatient clinics located in districts, and specialized health facilities. However, in general, mental health services are lacking in Vietnam, with only one mental health practitioner per 100,000 people (Murphy et al., 2015). YKPs also encounter many barriers to accessing sexual health services. Several barriers have also been mentioned in previous studies in accessing HIV services, outstandingly, stigma and discrimination (MOH, 2014; Do, Nguyen, Vu & Nguyen, 2018) and lack of knowledge. In particular, only 26.8% of YKPs were comprehensively aware of HIV (UNAIDS et al., 2019) and 46.21% of young people correctly identified ways to engage in safe sex intercourse (UNAIDS, 2018a).

Among young people who use drugs, harm reduction services have become a major support to reduce risk behaviors and the potential impacts of drug use, for example, safe injecting and/or non-injecting drug use packs, school-based prevention, and skill-training interventions, risk-reduction counselling, treatment of substance abuse, screening for HIV and STIs, other health services and rehabilitation services as needed (Hugo et al., 2018; Jiloha, 2017; WHO, 2015).

Much research implied that differentiated service approaches could increase the number of key populations who know their HIV and STI status and receive effective and sustained prevention and treatment for HIV (Goldsamt et al., 2018; Macdonald et al., 2017). Do, Nguyen, Vu & Nguyen (2018) indicated a range of barriers to access to specialized services for transgender people in Vietnam, including stigma and discrimination in healthcare facilities, difficulties about health insurance, insensitivity and lack of understanding towards transgender health of healthcare providers. The biggest difficulty for transgender people is access to hormone services.

To conclude, understanding the barriers to access to information and services, and service needs are essential to improve the sexual health of YKPs, although there is no evidence in Vietnam that specifically focuses on the barriers and enabling factors to access HIV and sexual health services for YKPs.

Therefore, Lighthouse Social Enterprise suggested implementing the study titled *“Perspective, the determinants and the needs for access to and utilization of sexual health services among young key populations in Vietnam.”*

The Objectives

Objectives

- To provide demographic and behavioral characteristics of YKPs
- To understand YKPs’ perspectives on sexual health and related services
- To qualitatively identify the needs and determinants of access to and utilization of sexual health services of YKPs
- To produce recommendations of potential interventions that positively enhance the sexual health of YKPs

Study Design and Participants

Youth-led participatory research was applied to better understand the perspectives and needs among Vietnamese young key population members and the barriers and opportunities in scaling youth-focused interventions. This research used qualitative methods with the participation of YKPs in the early stages, from writing research protocols, building questionnaires to research implementation planning.

Before starting the assessment, the research team joined a learning trajectory – organized by Bridge the Gap (BtG). The objective of the learning trajectory is to prepare the research team in Vietnam to execute the youth-led assessment in an optimal way. The trajectory consists of an integrated learning program (e-learning modules and face to face meetings) and the development and implementation of the assessment. The goals of the program were to increase the participant's research skills, develop a research protocol, and apply ethics in doing youth-led research. Furthermore, during the assessment, youth coordinators were involved during data collection, data analysis, and writing report.

Qualitative data were collected through In-depth Interviews (IDI) and Focus Group Discussions (FGD) conducted by three young researchers trained and coordinated by the research coordinators. The study was also supported by two researchers and two independent consultants, with extensive experience designing and implementing qualitative research in Vietnamese YKPs. They participated in the following stages: instrument adjustment; review of coded data; data analysis (using Nvivo software). The study used a purposive sampling method through recommendations from YKPs' representatives in Hanoi, Vietnam. Purposive sampling is widely used in qualitative studies to recruit information-rich cases that meet the study's criteria in a resource-limited context (Macnee & McCabe, 2008; Patton, 2014). In Vietnam, it is difficult to reach YKPs because many barriers related to structural stigma and social discriminations. Therefore, leaders or influencers of each YKP were people who were most accessible and suitable for study participation.

The sample size of the study is 65 participants. The criteria for recruiting participants included *Vietnamese citizens, currently living in Hanoi, ages of 16-24-year-old, self-identifying as a member of one (or more) of the YKP groups (MSM, TG, SW, PUD), voluntarily consent to participate in the study.*

	YKP groups	The number of IDI / FGD	The number of participants IDI/FGD	Total of participants
IDI	MSM	10	10	10
	TG	10	10	10
	PUD	10	10	10
	SW	10	10	10
FGD	MSM	1	7	7

	TG	1	7	7
	PUD	1	6	6
	SW	1	5	5

Methodology

IDI and FGD were implemented based on the below core domains. Depending on the flow of the interviews, the research team adjusted the qualitative questionnaires accordingly.

- Demographics and behavioral characteristics: Participants were asked to introduce themselves (e.g., preferred name, age, current living arrangements, etc) to build relationships and create a comfortable, friendly atmosphere before starting the interview or discussion.
- Perspectives on sexual health and sexual health services: We obtained information on participants’ knowledge, attitudes and opinions in regards to sexual health and how such factors influenced YKPs’ experiences with existing related services. Information related to their sources of information on sexual health and related services and their evaluations of such were also collected.
- Determinants of access to and utilization of sexual health services: We asked the participants about key factors that impacted their access to sexual health services. If the participants had ever had experiences with to access and/ or utilize sexual health services, they were asked about their varying experiences (negative and positive) to allow our inquiries into factors that may have facilitated or hindered access to and utilization of such services.
- Needs for sexual health services: Participants will be asked about their demands for information and services related to sexual health.

Ethical considerations

Before conducting IDI/ FGD, the interviews/ moderators introduced the study's information, including research purposes, confidentiality, and the participants' benefits. Accordingly, participation in the study is entirely voluntary and anonymous. The participants can ask any questions during the research process. When participating in the study, they can change their decision and withdraw from the study at any time without adverse effects. The participants may decline to respond to any topics they are uncomfortable with at any time.

All IDI/ FGD were recorded after we confirmed the participant's written consent. All these recordings were taped off for data analysis, and their identified information was removed. Throughout the data collection process, the research team went through all the collected data to adjust the qualitative questionnaire accordingly.

All participant's personal and identifiable information is kept confidential and encrypted in all IDI/FGD. They signed the “consent form” before the IDI/ FGD were processed to confirm their participation.

All possible measures to ensure safety, inclusion, confidentiality, and comfort of participants were undertaken throughout the study. Participants were interviewed in a private, secure and quiet room which made them feel comfortable during the whole session. Identifiable information (such as jobs, identities, etc.) will remain anonymous and confidential in the data collection, analysis, and reporting of the study results.

The recorded data were kept confidential by lock and passwords under the management of the research team. Only the researchers collecting or analyzing the data are allowed to access this data source.

Risks associated with participating in the study are related to potential breach of confidentiality and possible psychological discomfort.

The principal risk related to breach of confidentiality is the unwanted disclosure of a participant's gender identity including possible psychological, social, and legal consequences. Rigorous steps are taken to protect the confidentiality of the data and the participants. No personal identifiers are used. Therefore, there would be no possible link between participants and the data, and any dissemination of findings resulting from the study. In focus group discussions, all the participants are informed and required to sign consent forms to keep others' information confidential.

Other risks are related to psychological discomfort and have to do with responding to questions about sensitive topics in the process asking the questions related to their experiences in access to and use of sexual health services including HIV/AIDS, STIs and harm reduction, which may trigger memories that are uncomfortable for participants. They are informed of the nature of the study, the kind of data we are collecting and the content of the interview and focus group discussion. Since sharing such information may be uncomfortable, participants have the right to stop at any time and refuse to answer questions that they are uncomfortable with. Besides, referrals for appropriate clinical, legal and mental health services would be provided with the support of our community partners, to any participants who contact the research team directly.

In particular, those aged 16-17 years at which most adolescents have not fully developed the neurophysiological system. They are less capable of understanding the risks of sexual intercourse and sexual health-related problems; some adolescents have never experienced sexual behavior before, so asking questions about sexuality can make them curious about sex and try it at an earlier age. Therefore, within the range of the study, it is limited to consider participants' perceptions about sexual health and their experiences in accessing sexual health care services, if any. Meanwhile, the research design is a community based participatory study, which means we recruit participants through community-based organizations. Participants are reminded about their right to decide whether to agree or refuse to join in the research or to answer any questions. Also, we ensure the interviewers/moderators adequately training about sexual health and skills to interview adolescents. Participants are also referred to online and offline sources to reach accurate information on sexual health.

Before conducting the research, the research team completed the procedure to get approval from the Ethics Council issued by the Ethical Council of the Institute for Social Development Studies (ISDS).

RESULTS

The participants self-identified as one of four YKP groups, namely MSM, TG, SW, PUD. 40 in-depth interviews were conducted with 10 MSM, 10 TG (5 TGM and 5 TGW), 10 SW (7 FSW and 3 MSW), and 10 PUD (4 FPUD and 6 MPUD). There were 7 MSM, 7 TG, 5 FSW and 6 MPUD who participated in four focus group discussions. In total, the study sample was 65 people from YKPs, including 17 MSM, 17 TG, 15 SW, and 16 PUD.

In the next section, we present results on (1) Demographic characteristics, (2) Perspectives on sexual health, (3) Experiences with access to sexual health information & related services, and (4) Needs of accessing sexual health information and related services

1. DEMOGRAPHIC CHARACTERISTICS

The participants were young people and their age range was between 16 and 24 years old. And the 18-22 age group was the most common. 20.47 years old was the average age of the participants. The average age per key population was 21.1 years old (MSM), 20.52 years old (TG), 20.18 years old (PUD) and 20 years old (SW) respectively.

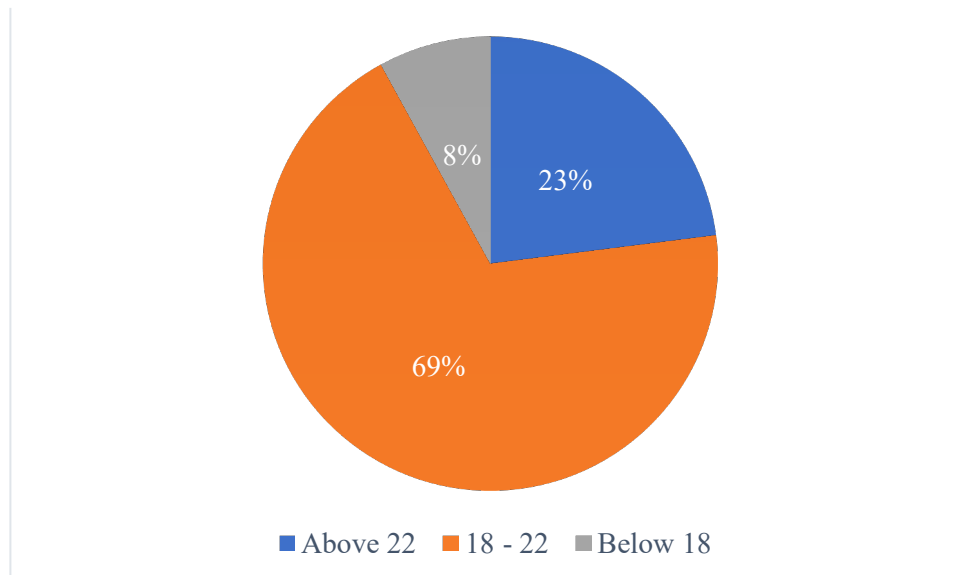


Figure 1. Sample distribution by age (%)

Findings suggest that some participants (about 30%) were born and raised in other provinces, and then moved to Hanoi to work or continued to study after finishing high school. Although the study did not collect this information for all participants, most of them were young and lived separately from their families. Some others rented lodging and lived with their partners or friends.

The study participants' residences were also scattered in many different areas throughout Hanoi.

In MSM and PUD groups, many participants attended university. Others entered the job market after graduation and applied their trained knowledge and skills in their job. Also,

some participants worked as collaborators in social enterprises or community organizations where they found the meaning of supporting the community.

For sex workers, most of them worked at entertainment facilities, such as karaoke, spa, or massage venues in which selling sex was the primary job of FSW. Their age of job entry was relatively early, and some people-initiated sex work at the age of 16.

2. PERSPECTIVES ON SEXUAL HEALTH

2.1. Sexual experiences

First-time sex

Most of the participants had experienced sexual intercourse. Only one young woman who used drugs (16 years old) had not had any sexual intercourse but had other sexual experiences in her sex life. The age at which the participants started having sexual intercourse varied widely, but most of them started at the age of 18-20-year-old, and 14 years old was the earliest age to have sex.

“The first-time I had sex with my ex-lover was the 8th grade, which was the first time I knew about that. I felt nothing but pain, my first time was also the first time of my partner.” (SW(F)_03_21y)

It was clear that participants took the age of the first-time sex into much consideration. Most of them knew little to nothing about sex and its implications.

“At that time [the first-time sex], I did not prepare anything because I was still a bit bewildered, because I knew nothing. At that time, I was very gentle, much gentler than now.” (MPUD_09_21y)

Specifically, most of the participants did not use condoms during their first sexual intercourse experience because of shyness, limited information and lack of experiences.

“The first time was like practicing, because I had watched movies a bit before and learned from them. I do not know, kind of shy, not using a condom or anything else.” (FPUD_04_16y)

“The first time, it is true that almost nothing happened. Gradually, I would have more experience with various types of tricks during sex. Because I did not use condom once because it was the first time that I had prepared nothing. The first time I was scared the most, I did not think I would be like that. The first time I couldn't imagine I would do it, but gradually I got used to and it became my job naturally.” (SW(F)_05_21y)

In fact, many people had negative experiences, such as genital pain, physical discomfort, or negative psychological effects due to their lack of preparation or unexpected situations.

“Terrible. At that time, I felt so terrible pain because I am in the countryside. It hurt, so scared, the kind of pain...At that time I was young, I thought I would absolutely never have [sex] anymore ... At that time, I did not know how gel was and how to use condom.” (MPUD_10_19y)

“The first time I found it very uncomfortable, it was really uncomfortable, it was painful, painful phenomenon ... It was not determined that the day will [have sex], so I had not prepared anything for “love”. The first time I found it very uncomfortable, it also affected, I found at first, I knew that I just experienced it, it also affected my psychology quite a lot, the kind of panic that I do so, because of the first time. I had a lot of thoughts in mind.” (MSM_05_22y)

Some participants were afraid of having sex and extended much delay until their next sexual intercourse. *“It was like a girl lost her virginity, like that, at the first time I had to stop having sex, because it hurt a little ... such out-of-flow relationship [anal sex] is painful and easy to bleed.” (MPUD_09_21y)*

For sex workers, some participants had had their first sexual encounter when they had started selling sex to their clients. The negative experiences they had were more likely to come from their lack of experience and reliance on their clients for guidance.

“We had [difficulties getting into the job], for example, the first time when a client told me to have sex, but I was afraid that I did not agree. Then, he told my ower and my ower reminded that this job was to pamper the clients. From that, I started to have sex.” (SW(F)_02_20y)

On the contrary, A third of the participants who were MSM prepared to have sex for the first time. Because of preparation, they claimed to have been ready for sex.

“I was very excited because it was the first time. I have prepared everything. As I said, I also learned a lot for a long time. So, I was completely mentally prepared for everything.” (MSM_09_18y)

Many participants shared that curiosity had been the main reason for their first sexual encounter.

“That time was the type of meeting my boyfriend who I knew online, that's all. I also volunteered, because I loved. Because I was also curious about same-sex intercourse.” (MSM_FGD_04_18y)

“The first time, I remember I was very curious... I first met a guy near my house, he had a video for me to watch. He was a year older than you. At the beginning of 10th grade, he showed me a video of men and men, so I knew. Gradually, I also wanted to try.” (MPUD_09_21y)

Despite having an early sexual experience, most participants did not take the initiative to learn about sex from official sources, but rather they accessed related information through movies, videos, social networking, and other media channels. Regarding their experience, each individual had different first-time sexual experiences, but most of them experienced physical discomforts, such as burning pain or fatigue. In addition, to some, it was an exciting and unprecedented feeling, but others found that it was a feeling of terror, anxiety, and fear. In particular, the feeling of pain or fear after a participant's first-time sex typically came from their lack of knowledge and psychological preparation.

Perception of sex

The study results indicate that the YKPs' attitudes towards sex were relatively open-minded. They viewed sex as a basic physiological need, and sexual behaviors should be not a factor in judging a person's dignity or worth. Maslow's Needs Scale (1970) referred to sex as a basic physiological need, which means that it needs to be met and adjusted to match each individual (Bui et al., 2010). This view was prevalent among many participants.

“Lifestyle (in love) is much more valuable than sex or not, because it is so easy for me to sex. It makes me realize that sex does not decide a person’s value. Sex is just a daily activity. People who have sex a lot are like eating a lot, that's just that...”
(MSM_01_23y)

Additionally, according to participants, sex had emotional meanings: *“...Sex is a bond for two people. It is like a catalyst. It holds the two together. Moreover, if in another aspect of needs, it helps me relieve my physiological need”*. (MSM_02_20y)

Another meaning of sex is economic value. For some participants, sex should be in tandem with monetary reception.

“If we give money to sex, we can do more. It also gives me relationships. I learn many new things. That means they are all exchanged by sex ... They like having sex with me then they give me money, then they give me the relationship from them. I learned from them thinking. I think that's what I learn from those relationships.”
(MSM_06_20y)

Other participants claimed that having sex was a stress-relief outlet.

“Having sex on a regular basis like this also stabilizes my hormones. In general, it made me feel very relieved, otherwise they would put some kind of pressure on me. My personality is a lot of thinking, there are many things to carry, a lot of pressure so I cannot relieve it with other things, now I can relieve it by just fighting.”
(MPUD_07_20y)

The participants' perspectives on sex were generally diverse. More importantly, the diversity in perceptions of sex perhaps connects with YKPs' awareness of sexual health.

2.2. Awareness of sexual health

2.2.1. General awareness of sexual health

According to our findings, YKPs had various ways to acquire sexual health knowledge. However, obtaining comprehensive knowledge about sexual health was not universal among all participants. It varied by many different factors, such as YKPs' self-motivation in seeking information or the availability and reliability of the information.

Hearing about sexual health

When asked to share their knowledge about sexual health, a small number of the participants reported that they had never heard of the term “sexual health.” *“I have heard from transgender sisters but I do not understand what sexual health is.”* (TGW_06_20y)

Or they had just heard about it and still wondered what it meant when compared to reproductive health. *“Sexual health, I don't know how it differs from sexual reproductive health. When I was still a student, my teachers often mentioned reproductive health and gender. For sexual health, I have learned from the time I was treated.”* (MSM_09_18y)

Others had never heard of sexual health before. *“I have never heard of it. I think it's kind of having too much sex and it's also tiring, it affects my health, I think.”* (SW (F) _07_18y)

Many participants responded that they had heard through different communication channels such as schools, books, newspapers, healthcare providers, or the Internet.

“I have heard about it, I have also gone to see a doctor several times, she [doctor] also advised me to have a sexual health check.” (SW (F) _02_20y)

“In the past, I got a good student of biology at the city level, I had to learn a few things. I read biological documents in which it was. Then I read more, I remembered. I read books and on the internet. Books are advanced biology books, so they got some parts, but basic books are not there.” (MSM_01_23y)

In general, mentioning sexual health, the participants often talked a lot about protecting themselves from STIs and preventing unintended pregnancy.

“I do not have sex-related diseases. I do not have physiological diseases. I think two of them, sexual and physiological diseases, social diseases.” (MSM_01_23y)

“Taking care of women all, kinds of sexual health. It is recommended to avoid pregnancy or avoid syphilis.” (SW (F) _02_20y)

“Sexual health is kind of care for oneself and partners. We should be the kind of protection for both of us when we have sex. The first is to avoid the risks of disease, the second is to avoid pregnancy. But, at our age, if we were pregnant now, we would not know how to solve it. Our economic condition is not enough. The partner is just a passer-by but not my husband, so I was quite confused about it [pregnancy].” (SW (F) _FGD_04_20y)

Perspectives on safe sex

In our study, the phrase “Safe” was often mentioned when talking about sexual health. The most common understanding was that safe sex meant keeping oneself and the partner safe and healthy during sex, specifically from HIV and other STIs, by using condoms or PrEP. Also, they shared that maintaining good sexual health could entail moderate sex.

“When mentioned about sexual health, I think about safe sex, the risk of unsafe during sex, or sexual violence.... If it is safe sex, both people do not have the risk of getting infected or using barrier methods, I think they could be condom, PrEP.” (MSM_07_21y)

“Sexual health is that I have safe sex. It is the first. The second is that I feel most comfortable.” (SW (F) _03_21y)

Some participants had reasonably clear and coherent views on protection measures and the use of different preventive measures relevant to each type of health risks.

“Actually, I think I am using both methods [PrEP and condom] at the same time. Because PrEP only prevents HIV, but it does not protect me from other STIs such as gonorrhoea, genital warts, and syphilis. It is just a special prevention method for HIV. The remaining diseases, if we are subjective that we have already had PrEP and we have unsafe sex, we still suffer from social diseases as usual. That is undeniable. So, we still have to use condoms to prevent. So, we have to use both methods contemporarily. It is the safest and most suitable.” (MSM_10_23y)

Expression of good sexual health

When asked how well sexual health had been expressed, the participants discussed many different factors, typically observable through outward manifestations in terms of the body, appearance, daily activities, or sex life. However, most of them agreed that physical manifestations could only be partially represent. Yet, to identify a person with comprehensive sexual health, a more detailed investigation was needed, for example, testing to assess their health status.

In terms of appearance, a person with sexual well-being was that his/ her body was not too thin, sick, or had no symptoms in the genitals.

“The first is an external examination, check to see if the penis has abrasions, pus, or water, and if there are any nodules in the mouth or anus. For TOP people, look at the body, see if there are no pimples or ringworm or anything else. Take a quick look to see, in case there is no test kit.” (MSM_FGD_07_24y)

“In my opinion, we should also recognize a part of one's appearance and body. If people are in good health, it will manifest partly outwardly. For example, people with poor health will also manifest outwardly. It can be a physical examination, for example, recognize, when people see a person who looks good, and everything feels good, people will feel more sympathetic than those whose limbs are stunted. With such people, people take more precautions and choose people in good health. It is a general assessment, but a detailed assessment must be explored.” (MPUD_FGD_01_20y)

Some participants also expressed that good sexual health was assessed through their daily life activities, such as drug use or living routines. They thought that these factors would directly affect a person's physiology or sex life.

“People with good sexual health do not use tobacco, drugs, do not use alcohol, in general. Those are other stimulants affecting their sexual physiology. Smoking a lot leading to undersexed status, drinking a lot has the same result, playing candy [using drugs] is just an aphrodisiac.” (FPUD_01_19y)

For sex life, some reported that good sexual health was expressed through the frequency of having sex, sex behaviors in an encounter.

“In my opinion, a person with good sexual health, kind of she/he is health and then has regular sex.” (TGW_05_18y), or “I think much energy [when having sex] is good sexual.” (SW(F)_07_18y)

“Sexual health is that having safe sex, and secondly, I feel the most comfortable. Because we are healthy, we have sex without being negative effects. It means we do not have sex-related diseases. I think that all creates good sexual health.” (SW(F)_03_21y)

Sexual health was a relatively unfamiliar phrase to some of the participants. Some had only ever heard of sexual health or self-generalized “sexual health” subjectively based on personal knowledge or experience—Most of those also identified that they were still vague with this phrase. In terms of a good sexual health person's manifestations, many of them still relied on these external factors to consider whether a person had good sexual health or not, even applied this way to choose a partner. Very few participants considered all aspects of sexual health simultaneously, including external and internal manifestations, risk behaviors, or mental health and social health, to evaluate a person's sexual health. The participants' general understanding showed that they had accessed the knowledge and perspectives on sexual health actively. Also, they reached many different channels to be able to absorb much essential information for sex life. There were also some participants having experience without prior preparation or sex-related information. Good sexual health manifestations were also mentioned quite specifically and prominently—especially many young people in MSM and TG groups.

2.2.2. Health issues related to sexual activities

HIV & STIs

When asked about popular STIs, some participants reported they had failed to obtain clear information or just heard about them but lack of knowledge.

“I have heard about HIV and Hepatitis. I just heard about them. I just heard from the adults but I do not learn about it. For hepatitis, I do not understand clearly because I do not learn what such those diseases are.” (FPUD_04_16y)

Also, there were participants who had very good knowledge about both HIV and STI, which expressed through sharing specific barrier methods to prevent infection, the treatment capacity of each STI. They obtained the information in the communication sessions of community organizations.

“They will encourage that when having sex with partners, we should use condoms and lubricants to ensure the health of myself and the partners from sexually transmitted diseases such as HIV, gonorrhea, syphilis, HPV, and some kind of fungal diseases, including infections. Gonorrhea can be cured soon, but syphilis and HPV, it was a virus, it will stick deeply in the blood, even when I have injected antibiotics to inhibit it, it is still in my body. So, it still runs the risk of infection when you have sex. Then it is obvious that you should use condoms when having sex. That's just to prevent it, it still carries the risk of infection. As for HIV, at the current communication sessions I used to participate in, there are currently inhibitory drugs,

I can still give birth without infection but it is still alive in my body. That is not as dangerous as it used to be now.” (MSM_04_23y)

Some participants frankly admitted about the dangers of STIs if the youth were subjective and overlooked. However, there were partial perceptions about the consequences and effects of STIs. This lack of informed understanding could lead to behaviors that are detrimental to their sexual health.

“I see that HIV can be treated so we can live with it. As for sexually transmitted diseases, I find it awful. I see that there are dangerous diseases such as gonorrhea, and others like HPV make them significant blemish. We can treat promptly, but not like the others. But gonorrhea or syphilis are a bit dangerous, and the level of danger is probably a short period of time.” (MSM_06_20y)

The participants had an essential awareness of the consequences of risk behavior, in particular, HIV and STIs. Even so, a few of those still did not fully understand the dangers of an STI. They also showed some self-awareness and responsibility to maintain physical health, which had great significance in life and affected their mental health care.

Mental health

In the study, some participants began to care more about their mental health actively, often because they had suffered from some negative experience themselves and realized the need to take care of their mental health more.

“Last year I went through a period of severe depression. So, I realize that physical health is important but I need both [physical and mental health] to be healthy. So, if my physical health is okay but my mental health is not good, I will pull both down. So now, not only taking care of myself in terms of my physical health, but I also have to take care of my mind.” (TGM_01_18y)

For many participants, mental health was closely linked to their sexual health. Concerning disadvantageous effects, they emphasized that HIV/ STI infection would significantly affect each individual's psychological status. The participants even shared that there were cases in the community that intentionally transmitted HIV, STIs to others due to their boredom and despair.

“About these diseases [HIV/ STIs], the psychology of many of you will also go down a lot. When knowing they have STIs, many people think it will be the end of their life. There are stories kind of being bored, hateful, all day long, they infect [HIV/STIs] others. I think it is a harm.” (MSM_02_20y)

Some participants in the SW group also shared that they had to work late at night with high frequency and the use of some supportive drugs (e.g., anti-drowsiness, aphrodisiacs ...) too much led to prolonged stress and fatigue.

“We did this job, we left at 8 pm last night, we went overnight. So many times, going like that is also quite tired, taking anti-drowsiness medicine is not to be sleepy. If I take too much medicine like that, I will be stressed, stress affecting your mind,

sometimes tiring, too stressed, not wanting to go, going through the night like that is very tiring, until morning I can't sleep after a while.” (SW(F)_FGD_04_20y)

On the positive side, sex was also considered one way to help the participants relieve stress in life, balance their emotions, and improve their mental life when sex met the expectations and needs of the participants.

“I think it [having sex] helps to reduce this stress, mental pressure, and improve physical health. Because as I find out, people say that if there is safe sex, women can lose weight.” (SW(F)_01_19y)

“At present, I have sex to reduce stress. When I was stuck when I found it, it also helped me reduce stress in my body. Or when I need ideas, I see a person who makes me comfortable. One-night love.” (MSM_06_20y)

Using drugs

Many participants shared that they were using drugs (including those not identified as PUD), which had significant effects on their sexual behavior, their choice of sex safety, and their health. In this study, we also considered drug use as one of the aspects about sexual health.

They used certain drugs (methamphetamine, ecstasy, ketamine) in sexual intercourse to have a new experience and feel more excited. Ice or Methamphetamine was the most common.

“I often use [drugs] when having sex. For a short time, I will use the popper. For a long time, I will use candy [ketamine].” (MSM_08_18y)

“Using drugs like I won't feel tired anymore, I will sublimate, because, at that time, I am no longer me, like when my mind is out of control, I lose my mind. After that, generally, at that time it seemed like doing anything would be more robust.” (SW(F)_06_20y)

FSW saw engaging sex as a job. They often had to use aphrodisiac or drugs to have sex continuously for an extended period or meet the clients' needs to have better income. They shared that they were not always interested in sexual activity, but still had to have sex with the clients according to the employer's assignments. Hence, they sought sex enhancement drugs.

“I feel that just drinking 1 pill [aphrodisiac], or mixing it with water, after 1 or 2 hours, it will work, feeling the body heat up and be more pleasant than normal level.” (SW(F)_FGD_04_20y)

“Sometimes too many people. A woman with many men, we cannot feel emotions with all people, so we are forced to depend on drugs. We also thought about the side effects. When overusing, I immediately lose the feeling, myself. So, sometimes I was also sacrificed for my work.” (SW(F)_FGD_01_20y)

However, some of them also share that drug abuse also has detrimental effects on their health, namely being weaker and even dying because of overdose. *“It is the same type of addiction, being too dependent on drugs and it also makes my health be weaker too many times, and there is a very early risk of death.”* (SW(F)_04_18y)

One participant shared his personal experience that initial drug use would take significant benefits to improve sexual ability or increasing pleasure, prolonging sex. Nevertheless, gradually, he became dependent, which compromised his reproductive health

“I use Ice, which makes the desired intensity increase very high. It increases a lot. So, there are people who use that problem to improve their reproductive health. There are people, no one is perfect. There are people born with erectile dysfunction; they will take advantage of it and enhance the problem for the partners. When I went to the reproductive health check, my health examination results were only 75%, as I told you. It [using Ice] also affected more or less.” (MPUD_08_24y)

Some of the psychological effects such as memory impairment or distraction were also shared by some participants who had experiences with drugs.

“I feel that if I use nicotine or tobacco, I don't feel any effect, but when I use it, I feel like ... it's high, can't learn, kind of distracted.” (FPUD_03_16y)

Factors related to health status in the relationship with sexual activity directly affected the health of YKPs, notably, unsafe sexual behaviors. In general, the participants had a basic understanding of sexual safety, but they were inadequately aware of the risk behaviors, consequences of sexual diseases, and drug use in the context of sex. The participants also mentioned mental health effects, but their attention was still limited. Psychological preparation or specific insights to maintain a well-balanced state were also a result of understanding and practicing sexual safety.

2.3. How to take care of one's sexual health

2.3.1. How to take care of one's physical health

Self-care often starts with paying attention to your physical health through diet. Also, exercise, personal hygiene, and a healthy living regime are always encouraged for comprehensive health.

Many participants paid attention to their health with a healthy diet, such as nutrient supplements, fat restriction, and fast food. Besides, they also exercised to keep their fitness and build a personal schedule for a healthy sleep.

“I limit eating greasy foods. I am also limited because I find my health status is in a state of slightly overweight. I also cut down on junk food, ate carbs, eat more vegetables, go to exercise regularly, go to the gym, and sleep on time. The most important thing is sleeping on time and enough.” (MSM_09_18y)

“At home, she receives very good health care as well as diet and sleep. In general, everything, from psychological comfort, then I am not under pressure about it. Maybe it is because I eat properly, get a healthy care regime, so my resistance is also good.” (TGW_FGD_02_22y)

Although SWs were well aware of the disadvantages of their time and working conditions, the study's data show that they had also never had a clear strategy for better physical health care.

“It's like they're told to sleep the day and work at night. We do that to affect beauty. Because it doesn't work according to the usual mechanism. After that, using too much alcohol, stimulants affect very much, especially women, having a lot of influence, both internal and external. Eating erratically, sometimes in a hurry. As we go to work, it is challenging to cook every meal, cook properly to eat, so we eat out. Using too many drugs also affects.” (SW(F)_FGD_01_20y)

It could be seen that each young key group participating in the study had concerns about health with diet and medical examination, which depended on the needs and characteristics of each group. Besides, the participants' attention and understanding were quite adequate about taking care of their own physical health. Only SW often went to work at night, so the attention to health care and diet had been overdue.

2.3.2. Periodic visits

Although periodic health check-ups in healthcare facilities or specialist clinics were ideal for the youth, very few participants got sexual and reproductive health examinations periodically. FSW tended to have regular check-ups compared to other subjects. Some people shared because their employers had taken them to the doctor, and the others were aware of the risks when doing sex work. Hence, they actively sought examinations to monitor their well-being.

“I also have to go to the doctor once a month, private clinics. They [the employers] also allowed me to go to the doctor to ensure safety. However, I still had to go to the doctor individually. If there were some uncommon things I went to see, they would also announce for the employers. When I go to a private doctor, I know how my illness or medicine is.” (SW(F)_05_21y)

Others viewed those physical observations could not provide enough information to fully and accurately assess a person's sexual health status. Then, they appreciated examining to determine their sexual health.

“There is no way to know, perhaps we always have to be careful for ourselves, for prevention, periodic health check-ups.” (SW(F)_FGD_03_20y)

Although assessing the importance of periodic health check-ups, especially sexual health, most participants were subjective. They thought that it was unnecessary for themselves because they did not see unusual symptoms to visit regularly. This was also easily explained because most participants understood that sexual health was related to disease manifestations or abnormalities in the genitals.

2.3.3. Safe sex behaviors

Most participants had applied at least one sexual safety measure. They also appreciated the role of safe sex practices in their sex life.

“Safe sex is a thing that helps my relationship with my spouse when I get married. I believe that love cannot exist without sex, so I think safe sexual health will help me. If I do it, it is so great for my health. It helps my menstrual cycle, helps me relieve

stress in my life, and helps my relationship with my spouse improve. Diversity of color, don't get bored, don't get tired.” (SW(F)_01_19y)

Using condom

The participants mentioned many different measures to ensure safety and protect themselves from the risks of HIV/ STIs infection. The most frequently repeated method is to use condoms; one hundred percent of them know and have ever practiced it.

“Like me, I use a condom so that we protect each other, protect myself, and avoid HIV infection.” (MSM_10_23y)

“That means when we have a relationship, we should use safety measures, I think generally. The safest way is to use a condom. I just heard about PrEP. PrEP is for HIV prevention, which is for HIV prevention only, for others, for other diseases.” (MPUD_09_21y)

However, condoms were not always used or used but infrequently for various reasons. For the biological males, they mentioned a lot the feeling of “not real” when using a condom or not to control their behaviors due to using drugs.

“It is not as great as [when not using a condom], it is burning, it feels not as smooth and real as the first time [not using a condom]. It's a bit rough, generally not as comfortable as the first time, but I think it will be safer” (MSM_08_18y)

For the biological females, notably, for FSW, because they relied on their partner, it was more challenging to control or actively use a condom. SWs who were in the early period of the job often have to adhere to their clients' needs due to lack of experience. Those who were more familiar with the work were equipped with many necessary skills to protect themselves, such as skillfully persuading clients or wearing condoms to customers by their mouths.

“Actually, while working as sex workers, most of us will take the initiative [use condom because most of clients do not.” (SW(F)_01_19y)

“Everyone does not want to use condoms, so we have to be skillful and choose all kinds of ways that they do not know. Also, I cannot use my hands too much. Instead, I have to apply mouth-shape so that they cannot feel it.” (SW(F)_05_21y)

Using PrEP

A previous study on the perceptive and access to PrEP among SWs in the southern provinces of Vietnam revealed that their information on PrEP was often inadequate and inaccurate (Tran Thanh Hong Lan et al., 2016). It could be explained that at the pilot stage of PrEP provision, projects often focus on reaching only MSM and TG groups but ignoring other high-risk groups such as SW. As a result, interviewees often have confusion about the side effects that PrEP might bring to users. The results obtained through IDI and FGD also supported the findings, with no response to PrEP and PEP from SW.

Through the media and the introduction of PrEP and PEP in many provinces nationwide, young people in the MSM group (including MSW) have more opportunities to access PrEP in recent years.

“I decided to take PrEP because since I went to work, I also meet a friend with the type of sex work like that. At first, he also drank [PrEP], I also asked, I am curious to call the Medical University, Hanh Phuc clinic. I went there to register for medicine.” (SW(M)_09_20y)

“I use it, I use it for my own safety. I still use it every day, I still participate in PrEP projects. Because for me, I have not been infected, not sure tomorrow I will not. So, prevention is better than cure. For me, it is a simple thing to best protect my health. So, I always think that I will try to use what is good for me.” (MSM_10_23y)

For SW, their most significant concern is the interaction between the transgender hormone and PrEP. Some people believe that taking PrEP will negatively affect the body when it interacts with hormones. This is also one of the barriers that make the transgender people afraid to choose PrEP as a first priority measure to protect their health.

“I am a hormone user, most likely here, the longest here. With hormones, PrEP. When taking PrEP in, my hormone levels also decreased, my health weakened, they both fought each other. But because to protect yourself and really want to be a girl, I still want to use both of them. One is to protect the health, use PrEP, 2 is to use hormones, you still have to use both. The biggest concern is for transgender people to eat and have healthy activities, to protect themselves. Because our hormones are very weak, right? But if I use PrEP, our body becomes more vulnerable. Our hormones are significantly reduced, so we have to take care of ourselves and have sex regularly. I think we have to have regular sex.” (TGW_FGD_04_23y) Although the above concerns are not based on an adequate scientific basis, the psychology of fear and preference for hormones are still what some people supported. It creates public opinion in the TG community and also limits access to PrEP significantly.

Keeping the genital system clean

Along with the use of barrier methods when having sex, taking care of the body through personal hygiene is one of the ways that the participants apply to ensure safer sex.

“After I am exposed to a sexual problem, I also know what to do to prevent it from being damaged, that is to make it healthy. I also have to take care and then wash things; everything could also affect.” (MSM_10_23y)

“Firstly, to have good health, our have to use condoms and then clean our genitals, then if we have oral sex, we have to rinse your mouth, brush your teeth. Be safe. Generally, the first one must be safe. But after the partner is [pregnant]. If I had sex, I would know. Because of one's genitals, there is something unusual that I will know immediately.” (SW(F)_03_21y)

The YKPs applied the measures to have safe sex in various situations flexibly or mix them. In this study, condoms, PrEP, or maintaining hygiene were all mentioned by all groups. Using a condom is the most common and easy method. Meanwhile, PrEP was still limited in accessing and using, mostly for the SWs.

2.3.4. Choosing partners

The participants choose their partners according to many different criteria, some of whom choose by observing their appearance, age, or judging by their own criteria.

“I will usually choose people from 25 to 30 years old when people are thoughtful, through a time when they no longer play wildly, they have to know to take care of themselves. The second factor is that I have to choose people in Hanoi to be able [to have sex]. Third, I choose the right people for me, and those people do not have a history of promiscuous sex.” (MSM_08_18y)

This view is not supported by some medical recommendations because only test results can accurately assess a person's sexual health.

Some other participants shared that along with the appearance assessment, it was also necessary to test their partners' health status. Then, they can decide whether to have sex with their partners or not. This perception partly reflects the views of those who have received media knowledge about sexual health.

“No matter who someone has fun has the desire, I just play if first, they look okay and then have a negative test result will you play. If not, I wouldn't have sex, now I have an occupational disease. Whether you have the test results, ON PrEP, or go to donate blood. ON PrEP, they can lie or drink infrequently. I cannot believe it, now I'm careful first.” (MSM_FGD_07_24y)

Some others report that it takes a lot of time to get to know each other, as well as consider the partner's background and family to decide whether to have sex or not.

“It [the partner's health status] is difficult, so I don't know. But in my opinion, I need to know what kind of he is, how his family is, and how he is, then I have sex.” (MPUD_FGD_05_19y)

“The first, if I know [a person], I must know him well. Maybe I have known for a long time, or I talk a lot, or I understand that he is a good person first, a decent person. As for his health, it will have a health permit, test everything.” (MSM_01_23y)

Considering to choose a partner was also an essential step before having sex for many participants. However, only a small number of participants know about their partner's health status. Meanwhile, many people often recognized their sexual partners through appearance, courtship, or intimacy. They lacked the habit of taking barrier methods, discussing safety with their partners, or regularly visiting. As for FSWs, the choice of sex partners was not mentioned. This is explained because they have fewer opportunities to choose their clients.

2.3.5. Psychological preparation

Psychological preparation is appreciated in sex practices because the psychological factor is significant for their comfort and availability. The frank dialogue in the relationship is also an essential step for them to trust each other and feel secure about their partner. However, very few participants took this preparatory step. One participant specifically shares how to talk to their partner about their sexual topics.

“Like my partner and me, we also test together, tell each other how we had sex or what experience we had. My partner and I agree that we should tell each other, even if we go out or have a third person. We understand each other, the schedule, each other's history for testing and treatment. I try to be safe; I want nothing to happen.” (MSM_FGD_02_22y)

When sexual intercourse occurred in the context of a lack of knowledge and skills, unintended pregnancy is also unavoidable for heterosexual couples. Therefore, the psychological factor in responding to this important matter became necessary.

“I'm well prepared, I don't want to feel stalled like I don't know what to do. So before doing anything, I have prepared very well, step by step, to the point where I do not have to think about what I will do next.” (MPUD_07_20y)

Because of the importance and psychological influences of unwanted pregnancy, some young people were anxious and prepare in advance.

“I mentally prepare. Because at the first time, everyone was like that, I did not know what to do, the way I did not know what to do for myself, I just thought about what the guest wanted, let the guest do it. Typically, now...I can take control of what my feelings are enough for me. I get embarrassed and start sex work, then I speak well with my clients. If you meet an easygoing person, it is okay, but you will be cursed if you encounter a difficult person.” (SW(F)_05_21y)

However, not all participants had enough knowledge and ability to access sexual health information to fully equip themselves to enter sex life.

“Actually, mentally, if we like, we just come in, we prepare nothing in advance. That is to get excited, then have sex, not always fixed at all.” (TGM_03_20y)

The participants shared the diverse and comprehensive sexual health care experiences, from activities to support and take care of physical health, attention to exercise and diet, reasonable activities, psychotherapy and stress relief, and self-comforting. Besides, the use of sexual safety measures is also mentioned, most commonly using condoms, followed by PrEP and PEP. According to each individual's standards, choosing a partner was also mentioned quite a lot, emphasizing safety and trust. Thus, in many different ways, the participants also give themselves strategies to ensure their safety in sex life and have healthy sexual health.

2.3.6. The meaning of sexual health

Some participants may overlook the importance of sexual health and sex safety practices, but it also plays a considerable role in their well-being. The participants also made very positive thoughts; notably, sex was natural and made their life happier.

“For me, sex is a spiritual food, I am hungry without eating and I'm very ... However, when I have sex, I also need to protect my health, and I need to love myself.” (TGW_FGD_04_23y)

“Personally, I find my sexual health directly related to me. Health is what's best for me. About sex, it is the harmony between two people or more, myself. Sexual health is something we are very concerned about. When starting to work, beginning to expose to many environments, it is necessary to have a healthy body. Everything is the same, but sex problems bring heavy stress in the head. Sexual health is the issue that I care very much about how to make the safest, how to make the cleanest, to keep the cleanest. Always be safe for me.” (SW(F)_FGD_01_20y)

It was observed that there is a difference between young key groups about the levels of interest in aspects of sexual health. For example, TG is more interested in hormones, while MSM is more concerned with HIV.

“I have also learned about these things. Because I focus on my learning, I take care of myself after the hormone injection, like, during that time, I also have MSM, we will learn to focus on HIV AIDS.” (TGM_02_23y)

Part 2 about the participant's views and perceptions of sexual health, recorded many positive opinions. Many participants have a wealth of knowledge about sexuality and had exciting experiences, and sometimes each individual's style. Their perspectives are also quite open and modern about sex, reflected in their perceptions and ways of caring for their sexual health. In the context of the relationship between sexual behavior and general health, there are close links between the study's young people's physical, mental, and sexual behavior. Therefore, to have good sexual health, it is essential to combine self-protecting in sex life and improving physical and mental health.

The results also show that the level of knowledge about sexual health care in each different group of the YKPs is not equal. It is observed that the MSM group and a part of the TG group, and the MSW group have quite sufficient knowledge and information about safe sex. Meanwhile, those of the FSW and PUD group are still limited.

Sharing their own experiences with sexual health once again makes the participants reflect on their sexual health care. Personal experiences with access to sexual health information and related services to achieve the healthiest desire for sexual health are described in the next section.

3. EXPERIENCE WITH ACCESS TO SEXUAL HEALTH INFORMATION & RELATED SERVICES

3.1. Experience with accessing sexual health information and related services

3.1.1. Channels and types of information sources

Internet communication - public media

Social media has been an essential working tool, entertainment application, and information source for Vietnamese. Every day, an average adult (over 16 years old) spends about 2-12 hours on social media, and Facebook is currently the most popular social network, followed by Zalo, Youtube, Instagram, and Twitter (Vinaresearch, 2018). Besides, in the report of Healthy Markets (2018), the “Tôi hẹn” app was successfully booked by 479 people for HIV testing and counseling services, of which up to 12.5% of participants diagnosed positive for HIV. The project results showed that the online tool’s efficiency was highly appreciated because the HIV-positive percentage was twice as high as the figure for the clients who signed up directly.

In this study, the participants used the Internet and online social networks as a popular tool to find out information about sexual health information and related services. The most common sexual health information that is of public interest includes information on reproductive health, STIs, drugs, specialized services for transgender people, and HIV-related services. This information consists of national and international sources.

“In general, I search, I know it is dangerous, so I search to see what it [substance] is like... about its harm, then I open the website, but not go into depth. I just google, not as intensive as a research institute or something like that. ” (MPUD_08_24y)

“Usually, I will search through Facebook if there is no information in Vietnam, I will search through Google. My English skill is not good, but I usually search for information and translate it into English. If the information is not available, for example, there is not too much information about transgender people, I would translate from Vietnamese into English. I translated my question into English and I searched Google so I could get the information, then I translated back into Vietnamese.” (TGW_09_18y)

Community organizations working on sexual health have used social networks (including dating apps) and public media to engage the community in sexual health-related events, especially young MSM and TG.

“Usually, in the application, there are outreach workers like yours or other organizations as they also use that app to convey messages like on Zalo, Facebook.” (MSM_04_23y)

“Firstly, before coming, I will find [the information on healthcare facilities] through the mass media, and secondly through the people who have participated. Of course, when I am introduced to healthcare facilities, I would know what the participant was like to find out. After that, if I feel it's suitable, then I'll come. Of course, it cannot be 100%, but it'll be like that if it's over 50% to let us determine whether we should or shouldn't go there.” (MSM_10_23y)

Community media and social media play an essential role in mobilizing, communicating, and providing information to the community. In this study, participants are pretty fond of social media and can access informal or formal sexual health information. Apart from their active role in providing fast and diversified information, community media and social media expose communities to risks when accessing information, including one-way information and incorrect information sources.

Social networks and peer education

Over the years, community health services, especially outreach programs, have used key populations' social networks as effective ways to access and provide services. In this study, the importance of social networks (friends, groups) is affirmed by the YKPs. It is an information channel that they feel comfortable to access and share knowledge. Many participants also affirm the importance and emphasize their trust in these channels.

“In this community, having sex without a condom is quite a common thing, so I think if everyone has awareness, the disease is no longer as dangerous as before.... I know a guy at the club that I don't remember whether in Cua Nam or not, he also said it's really dangerous to have sex without condom.” (MSM_04_23y)

“...regarding injection, I have to contact transgender people in Southern Vietnam who are sold [hormones] a lot in Thailand, and they have imported and sold them to me... two of them are specialize in doing things like lightening dark nipples into pink and with the genitals down there.” (TGW_10_24y)

The participants shared that they had received regular updates from people working in the public health field, specifically those in the KPs. Thereby, it seemed to be the participants' belief in their community network.

“We sometimes go to the pharmacy. After being introduced [to the medicines] by sisters [other sex workers], we order it online, and then they bring it right away... Before that, we want those to work for ourselves, so we find information first and 'surf' Facebook. If sisters introduce, we will read introductions of those, what types of medicines we should use, and what types to avoid harming ourselves. We also asked sisters to buy it for us, or if we ordered it directly, we might be lucky to order the right medicine.” (SW (F)_FGD_01_20y)

“We have our own private group to exchange information on where to buy or from which pharmacy... I am fortunate to be helped by the sisters. At times, the sisters would tell us where to buy and order medicine for us. They tell us everything that I don't have to find out at all. I'm very lucky.” (SW_FGD_03_20y)

For many participants, the information from social networks created positive changes in their sexual health care, as well as preparing their knowledge to have better health.

“In the past, I was open about sex. I didn't use condoms. But after I joined the Medical University club, I was able to interact, share, and listen to the advisers. From then till now, I am always in a state of fully equipped safety... Usually, I go to

many internships or community sessions to propagate about health and HIV, syphilis, etc. so I know quite a lot.” (TGW_FGD_01_20y)

The participants highly appreciate peer education via community events, discussions, and workshops, outstandingly those programs hosted by prestigious community organizations. Besides receiving sexual health-related information and knowledge, the young key populations are provided with health commodities and services.

“I go to the [community outreach] office to get things like that [condom]... like a way to prevent pregnancy. Besides, at the [community outreach] office, I learned about HIV, hepatitis C, hepatitis B, and many things.” (MPUD_02_20y)

“... an event that I had participated in, because of that event, people joined in to communicate with each other. And they had free HIV and syphilis tests, so I went there. And everyone could interact and play many games. PrEP and precautions were being promoted at the end of the event.” (MPUD_09_21y)

Besides, community events are also an opportunity for the participants to exchange and connect with other community members on social life issues, which helps them feel more confident to talk and learn about all aspects of sex. It is also one of the factors that attract the YKPs to participate in these communication activities.

“I really didn't have time to find out [SH information] at first, but with this kind of organization so that I have friends. Actually, the first purpose I went there was because my friends came to join us for fun, had a drink, and talked together, and then after joining more [events like that], I gained more knowledge and understanding [about SH].” (TGW_04_23y)

The topics in the activities are quite diverse and suitable for each specific target group.

“This group is very crowded. It is organized at a home which has WIFI and computers. They will repeat what we do not know yet. If many people do not know, the teacher and instructor will take the initiative to have a private session to teach how to use a condom, how to clean the genitals, and how to have sex. Generally, they will talk about it all... with different topics each day. Like, at the end of the class, she will write down ten topics, and in the next session, we will learn the topic that most people choose. Well, I remember that the class has boys who love boys and homosexual sex. Having sex while using drugs, society's vices, and any issues related to what we want to find out, she will answer all of that.” (SW(F)_07_18y)

Healthcare system - healthcare providers

Some participants were aware of the reliability of information resources on social media and the internet. They sift the information and consider it as a reference source. Occasionally, the information makes them bewildered and confused because there are too many sources with different contents. Therefore, the most accurate information sources are doctors and healthcare providers.

“I got [information] through the HIV Prevention Center of Thanh Hoa province, workshops, or training sessions on safe sexual health in Hanoi CDC.” (MSM_07_21y)

“That is pharmacists, for example, who sell drugs at pharmacies. Sometimes when I don't know something that I am curious about, I need to confess, I always go to that pharmacy. I confide in the people at that pharmacy to ask for their advice.” (FPUD_01_19y)

The consultation from healthcare providers combined with medical tests always gives the participants a sense of trust and security rather than rampant information from social media and the internet.

“After I joined the Medical University club, I interacted, shared, and listened to the advisers. From then till now, I am always in a state of fully equipped safety.” (TGW_FGD_02_22y)

“The advice of doctors is quite diverse, which makes me approachable and avoids risks. And every time I visit the doctors, they analyze clearly about each method, its advantages and disadvantages. They advise me a lot, and help me know what is good for me and what is not in order to avoid the risk of affecting my pregnancy later.” (SW(F)_01_19y)

The participants shared that the healthcare providers' experience and expertise were reasons they felt confident to access sexual health services.

“I appreciate their knowledge, which means I trust their knowledge... If we want to be sure, we should find people who have a lot of sexual understanding and knowledge, then we should ask the doctor for sure.” (FPUD_01_19y)

“He [the doctor] is in Viet Duc [hospital]. I swear he is excellent, that kind of sublime. So, he got a master's degree and then he's going to get a doctorate. Whatever is on the body, he can fix it. And he knows everything. He said to me: ‘Oh, I did this. Come here, I'll check it for you. Because I've done some surgeries for some people’.” (TGW_10_24y)

The results indicate social media and the internet are effective communication channels in Industry 4.0. Facing the risks of inconsistent and inaccurate information from social media and the internet, some participants also seek information provided by healthcare facilities and service providers.

Other communication channels (home, school, etc.)

Apart from the above information channels, the young key populations have access to information about sexual health through subjects, including biology and sex education programs in high schools.

“At school, I am quite good at Biology, so I know what my teacher taught... And my school holds Sex Education Program twice a year.... I learned about how to prevent pregnancy, the disadvantage of girls with its health effects.” (FPUD_03_16y)

“Every year my middle and high schools hold gender activities for students. Before I started working, I did research first, maybe through books.” (SW (F) _FGD_05_20y)

However, some people argued that we should not depend too much on the knowledge from schools because it is still limited due to its sensitivity in the context of Vietnamese society. Even talking about sex is “taboo” in daily conversation, and adolescents who talk or discuss sex could be considered to be impolite or uncultured. The teacher was one of the most trusted and accessible sources of information through biology lessons or sex education programs. However, some teachers are insensitive enough to share real sexual health-related problems with their students. Instead, they just teach about body parts and physical development.

“Teachers evaluate quite harshly about having sex before age 18. If they have an understanding about students, they can hide [the sex] and just talk with the parents, but if the teachers don't, they can report to the school and students can be expelled” (FPUD_03_16y)

“Actually, they did teach [sex education] in the 8th grade, but Vietnamese still consider sexual problems quite sensitive for young people. Hence, their teaching is only at a low level. Still, they do not teach thoroughly for students.” (MSM_02_20y)

Families' openness, especially parents, has added confidence to the YKPs in reaching, discussing, and further understanding sexual health-related issues, which are considered "taboo" and sensitive.

“Usually, the most common disease is HIV, followed by syphilis, gonorrhea, and genital warts. I often hear my parents talk the most about these diseases, but I do not know much about it. Because these are the four diseases with the most apparent manifestations, and those are the most common diseases today.” (MSM_09_18y)

From the participants' experiences, they all say that the parents play an essential role in providing knowledge about sexual health. They not only share their knowledge about HIV/STIs but also guide safety measures for their children, such as reminding of using condoms or other protective measures if they have sex, warning the potential risks with unsafe sex.

“Mom tells me to take safety measures as she keeps reminding me all the time. She is not afraid if I have a child. She is only afraid of me getting sick with these diseases like gonorrhea, syphilis, etc. Mom tells me so much that I'm cautious in taking it.” (MPUD_07_20y)

“There was a time when my mom knew that I liked to hang around, then she gave me what I needed most; for example, she said, ‘if you had sex with others, you had to put on a condom, and if they cum inside, you have to buy birth control pills, use an intrauterine device or use preventive measures.’” (SW (F) _03_21y)

Others access information by directly collaborating with HIV health service delivery programs, which helps them both obtain more knowledge and directly do the jobs they find appropriate and enjoy.

“When I started working for this organization, I’ve approached, researched, and read books to access more information sources, and I can interact with the experts as well.” (SW (F) _01_19y)

3.1.2. Quality/ reliability of information

As mentioned above, the assessment of the quality and reliability of information is considered in accessing different information channels. The participants' perspective on information access is quite different. They generally appreciate the variety of information on the Internet, but do not appreciate its reliability.

“In general, on the internet, there are many widespread results. Sometimes, I feel confused, and I do not know which is right, which is accurate, and which is real. For example, if I search for the information, my mind is more confused when I read the results. Is it really dangerous or not? On the Internet, it is a little different from me. I choose the correct things for myself and I cut down the incorrect one, which is actually ok.” (SW (M) _10_24y)

The information is quite discrete and the participants must actively search. The information from different sources is inconsistent, lack of connection, and unverified.

“I think it’s not very complete because every information on the internet is directed to a certain group. For example, you can find information about transgender, sex workers, MSM easily because there is a lot of information. In some cases, they do not know how to understand the information. That information is just for reference; if they know the source, they can learn more.” (MSM_07_21y)

“I think until now it [information on drugs] is not enough on the internet because the drug information on the internet is very general.” (TGM_01_18y)

Information on the Internet is also assessed as not fully provided, and sometimes using a lot of technical terms in the medical field, leading to confusion for readers.

“I also do research [on sexual health information], but I don't understand as there are technical terms. Or when the hospital instructs me to go there, I do not understand as well... I read it on the web, but I don't really understand.” (MSM_06_20y)

Some participants report that the information they received is different from their experience, which makes them lose faith in the online information, especially sexual health related services for transgender people or drug use.

“Usually, the members of the group will share real or fake medicines. They will say how to distinguish real and fake medicines based on it. Actually, at that time, the information was like going to buy chicken. There are real and fake medicines anyway, so I just risk it, because there is no source of information that is accurate.” (TGM_02_23y)

“It only contributes [my knowledge] a small part because, in fact, the information is far different from what I have experienced, for example, using male enhancement pills. On the Internet, advertisements say that it can last 4-5 hours. But after using

it, I felt tired. It is Thai medicine, and in the advertisement, it says that sex frequency can be up to 6 hours.” (MSM_08_18y)

The participants also express dissatisfaction with negative or overrated information about an issue for economic purposes, which affects the community's general psychology and reduce the quality of sex.

“I see they are all junk information, and it's often overrated. After that, I know Google is always running ads, and they just need to pay to put their posts on top. Sometimes, the information from hospitals or health centers is often exaggerated to scare people to see a doctor. I think so.” (MSM_06_20y)

“Like the last time I got [the disease], I went on the websites. There were so many health facilities telling me to come. They also advertised their hospitals. But when I came, the cost was very high and it wasted pretty much time. It was not close as well, so there are times when I'm on the internet that I can't believe it all.” (SW (F)_FGD_04_20y)

Occasionally, the participants do not know how to trust a single source of information, instead, they compare different information sources, such as the internet, group communication activities, and healthcare providers. From there, participants began to form information-selective thinking for themselves.

“Kind of us, information in the offline events is about 90% - 95%, and online is about 85% - 90%. Sometimes there is false information on the internet, so I'm afraid that many facilities will not understand us, and then they post miscellaneous information. That information on the internet must be authentic to believe.” (TGW_08_19y)

“I have to select information. In each channel, I see it has the index, and there are things they write in %, which is also wrong. Or when they are on Facebook, some of them spoke differently [from mainstream information].” (MSM_FGD_07_24y)
Information accessible from healthcare providers is always considered official and reliable sources.

“When I go see the doctors and meet face to face with the experts, it is a source of information that I can consider official because they are more well educated. When I read books or go online [to find the information], sometimes the information is not official, so the verification is not high. When I meet experts, I have to ask them for the information that I found on the Internet.” (SW (F)_01_19y)

Alternatively, some participants shared that they can only verify sexual health information and related services through their real experience, namely HIV/ STIs infection, to understand sexual health information clearly.

“To gain my trust, I need to come there and use the services. If I find it on the internet, I will not understand anything, but I have to experience it.” (TGM_05_18y)

“The problem is that we have to be directly affected [by STIs] or we have to go directly [to the healthcare service], because no one believes through other people's

sharing. Like our parents, they only tell us that [STIs] are dangerous, but they can't explain how dangerous it is.” (MPUD_FGD_06_22y)

Most of the participants have been looking for sexual health information from the internet and consider it a broad knowledge base that can answer any questions about sexual health. Some participants know the various ways to select sexual health information, some others are still confused about which source of information to trust. Programs and projects organized by the community organizations are also interested and highly appreciated because the participants have absolute trust in community activists and experts joining in. Meanwhile, in these programs, they can also ask and receive feedback for their questions, and understand more deeply about the knowledge they have learned on the websites. The information from healthcare providers is still considered the most reliable source of information. However, accessing this information is still limited because they only have the opportunity to access when they suffer from health problems or go to the hospital.

3.1.3. Impacts of information sources on sexual health

In general, the sources of sexual health-related information that the participants accessed have had significant impacts on themselves. Information from different sources helps the community have a multi-dimensional and referential view, thereby promoting the community to choose more reliable information sources. However, too many sources of information and lack of verification make the participants more confused and worried.

“When I receive that information, for example, if I care about its results, it would make me more frightened, and lack self-confidence. If I'm fine, I would feel scared too, because maybe I will suffer from another disease, which terrifies me.” (SW (M)_10_24y)

One of the sources of information that positively impacts and is easily accessible by the participants is from community organizations.

“That information generally impacts me because there are so many things I need to know as they talk about how to use a condom and contraception. When I listen to it, I know more about other contraception methods, so for example, if I want to have sex but don't want to get pregnant, I could use a condom. I also heard about condoms so that when I need them, I can use them.” (FPUD_01_19y)

Directly working in community organizations or participating in communication events held in the community gives the YKPs the opportunity to quickly and officially access and exchange information. As a result, they could accumulate more accurate and adequate knowledge about sexual health to maintain their own health and live more confidently with their sexuality and sex lives.

“When I attended those events, I learned that PrEP is only for HIV prevention... They told me to use a condom all the time, so I always reminded myself to use a condom to ensure my health for both the partner and me.” (TGW_06_20y)

“It [Information] is quite complete. I find it updates me the most complete information. They give me what I need to find. Because when I got there, they

provided me information about what I am looking for. They gave me all the information I needed and they suggested things that I didn't know more... I did not need to research too much online because they gave me a lot of information and I just need to refine which one is suitable for me.” (MSM_10_23y)

3.2. Experience in accessing sexual health services

According to the Vietnam Administration for HIV/AIDS Control - Ministry of Health (2019), Vietnam has approximately 10 000 new HIV infections each year. This infection rate focuses on three key groups, including MSM, SW and PUD. In particular, the rate of HIV transmission among MSM has quadrupled compared to previous years. Currently, Vietnam is estimated to have about 200,000 MSM which have many potential risks to make the HIV epidemic complicated in the coming time (Dang Luan, 2019). However, the number of patients with health insurance being managed in outpatient clinics of VAAC accounts for a low rate, about 15% of all people living with HIV in Vietnam (VAAC, 2015). Since the health insurance program was officially introduced in ARV treatment in early 2019, the percentage of the YPs with health insurance has increased significantly from 30% to 90% (VAAC, 2020).

3.2.1. Experience HIV and STI related services

In this study, most of the YKPs experienced directly accessing and using sexual health services at healthcare facilities in Hanoi. Among the participants in IDI and FGD, 40% of the participants had experiences with joint testing, including HIV/STIs (only one testing or periodic testing). Furthermore, nine people have used PrEP service, and only one has engaged in ARV treatment.

According to the participants, they buy HIV prevention and treatment drugs for sale on the market (via social media, forums) instead of formal healthcare facilities.

“Well, I searched where to buy ARV in Hanoi, then it linked to a specific forum I don't really remember. There was a person who commented on a phone number linking to this center. I contacted him, and then he gave me the address.” (MSM_01_23y)

“Through Facebook and social media, I see them selling [PrEP] and I feel it is suitable for me. Before that, I actually thought about it. If having condomless sex increases the chance of infection and other diseases, I have thought about that problem and when I find condoms for the community, it will sell out a bunch of condoms.” (TGM_02_23y)

Among few people who have experienced HIV and STI services, they are all satisfied with the quality of healthcare services provided, including the friendly attitude, dedicated and enthusiastic counseling of the healthcare providers. Those facilities are led by the community or belong to a network of friendly services assisted technically by sponsors or private healthcare facilities.

“[The first time going to the doctor] I felt quite self-pity because it was quite depressing as I went alone. But when I got there, the doctor comforted, encouraged,

and guided me to the treatment, which made me feel better and less lonely... I think it has good quality and friendly doctors. The doctor still contacts me when I leave. Sometimes he asks about my health. To me, he is very dedicated.” (MSM_09_18y)

“They [doctors] understand me, and they know what I have or they understand my feelings. When I got there, they sympathized and shared with me, but not expressed an unpleasant attitude when I got the disease.” (MPUD_FGD_01_20y)

Also, the participants are pleased with the knowledge and expertise of the healthcare providers as they have both expertise and understanding of the KPs.

“I could feel the doctors' empathy. They aim for a very goodwill perspective. They are very enthusiastic about giving me advice. Besides, they help me understand all the difficulties, and analyze for me if I don't use a condom, then what will happen after that...” (SW (F) _01_19y)

“For me, the first time I came [to a health facility provided by the community], the first thing I felt was that they cared about my health. They took excellent care of my health as they asked for information as well as my health status. Doctors were also enthusiastic because I didn't have any aversion, or discomfort, or anything. They always gave their best support. It is the reason why I always believe in facilities provided by our community, not because of LGBT+ people. Still, because I understand that they mostly take care of the LGBT+ community, they will do their best to take care of our health and life. So, the first time I went to that facility, I thought this was a facility I would often visit when I needed it.” (MSM_10_23y)

However, some participants experienced the service with unprofessional healthcare providers who exposed a lack of friendliness in counseling and service delivery.

“He provided unprofessional service. He even looks unprofessional. He looked like he was negligent in the workplace. The room has precisely one floor, and while we were talking, he was chewing gum like we've known for each other for so long. He talked very naturally without being polite and responsible at all. I don't think he is professional, so the quality is pretty ordinary.” (MPUD_02_20y)

“I think there is a need to improve the equipment and testers. I think they should wear medical gloves... because at that time, I got a blood test [from a medical staff tested] with bare hands, so I think it will be better to improve those.” (MSM_05_22y)

More specifically, some participants report that they were dissatisfied with the consulting skills to provide information about the medical process of the healthcare providers as well as the lack of human resources of many healthcare facilities.

“Their communication method is ineffective and not very accurate. It is said to support testing for HIV, syphilis, genital warts, but they did not specify that it was only working in the office like theirs, it's just a quick test. They didn't say other services that require free hospital access, and they didn't mention that I have to go to the hospital first. That's why I can't believe it, I can't schedule a day to do it.”

(MSM_06_20y)

“If they have more staff, it will definitely be more effective. When we went to the facility, it was very crowded, but there were just a few consultants. The staff only gave brief advice but not detailed information. If they provided more details, then I would feel more secure. I just want them to have more staff in the future, and then advise more about diseases so that people can better understand.” (SW (M)_10_24y)

Quick procedure is also a plus for service users in private facilities and community organizations. In particular, the working time is extremely flexible and suitable for the YKPs because they have many difficulties to plan their working time and are concerned about stigmatization when accessing sexual health services.

“The process is fast and simple. You don’t need to wait too long [for testing], just go there and you can get it done right away. It’s very flexible to come to register and be examined immediately or schedule a doctor’s appointment. I don’t have much time, and I don’t have much fixed time, so whenever I have free time, I go there by myself, get the number and use the service directly. The waiting time is fast too, so it is very convenient. That facility is open 24 hours, so it is very convenient for people who do not have much time like me. They also work on weekends, so basically we could be examined at any time, like 24/7 service.” (TGW_06_20y)

Due to the duration of the study in Hanoi, there were not many private healthcare facilities involved in providing sexual health services, especially ARV services, so the participants often seek public facilities. However, these facilities are assessed as not flexible in terms of visiting hours.

“When I tested at the Medical University and tested at home because I have a friend who is working at the Medical University... After that, he transferred me to the Linh Dam clinic for a confirmatory test and treatment there... When going to that facility, I will have to skip school because they are only open in the morning from 8 AM to 11:30 AM or 12 PM. And if I arrive late, then I have to come back the next morning. So, every time I go to get medicine, I have to skip school.” (MSM_09_18y)

To date, healthcare facilities covered by the national HIV program provide free or subsidized HIV testing and treatment services to the YKPs. Such programs are highly prioritized and selected.

“Back then, I had unsafe sex, and I found this service, and it was free. So why not try it? So, I decided to give it a try. Because it was both free and beneficial for myself, and I wanted to know my situation. So, I decided to get tested.” (MSM_05_22y)

Some participants mention ARV service of the private facilities in Hanoi. In particular, a participant is also willing to pay the cost when he finds its price reasonable compared to others with the same service.

“I saw the price of ARV is 1 million VND. I think it is quite ok [in that health facility] because it's much more expensive in other facilities. Their clinic has a better price. The price [of ARV] is ok, and for other services, I don't know.” (MSM_01_23y)

Besides, in terms of service quality, the community-provided services are considered to be more attentive and friendly compared to others. It could be said that public facilities have not brought many satisfying experiences for the participants. The often overload of patients in public health facilities makes it impossible for medical staff to allocate reasonable time to counsel and talk to their patients, which causes many participants to judge that they lack sophistication, thoughtfulness and enthusiasm in the process of providing services.

“They are probably busy because the doctor often yells at me. Because I'm shy, so when he told me to take off my shirt, I didn't do so, and then he yelled at me. After that, he gave me gentle advice... There were probably a lot of patients, so the doctor was under pressure.” (SW (F) _06_20y)

“There were many patients, so their service was not good... The doctor was more irritable and was not enthusiastically advised.” (MSM_08_18y)

The participants share their discomfort when doctors have an opposite-sex gender compared to them, especially the female when having genital exams:

“I felt quite embarrassed because when I went to the gynecological examination, the staff was not a girl but a man, which was very embarrassing. It was very awkward, and it seemed like he could guess about my job.” (SW (F) _01_19y)

In the context that Vietnam is stepping up operational strategies to achieve the UN's 90-90-90 target on HIV/AIDS prevention by 2030, the limited access to HIV and STI services by the YKPs in Hanoi partly shows ineffectiveness in communication and community education at high risk of the importance of HIV/STI testing in particular, and accessing to comprehensive HIV services in general (VAAC, 2016). The findings of the study are one of the scientific bases for making appropriate recommendations to improve sexual health services in Vietnam in the next time.

The research of the Hanoi Medical University reported that, if there was no preventive intervention, out of 100 MSM who had not been infected with HIV, seven people would become infected with HIV after a year (Minh Nhat, 2019). Therefore, in parallel with expanding access, testing, and ARV treatment, Vietnam needs to promote communication and educational programs for key populations through PrEP programs for populations at high risk of HIV infection such as men who have sex with men and transgender women.

3.2.2. Health Insurance Policy

Community-based organizations serve as effective communication channels in consulting to use sexual health services of the KPs through health insurance. However, some participants shared that they were not covered by health insurance when using these services.

“Actually, I used to use health insurance in the past, but until now, I rarely use health insurance. Because it is quite time consuming for me, I need it fast and effectively. I'll use health insurance when it's the big one [service], but I won't use the small

ones. It is really time-consuming and complicated procedure, while I need it quickly.” (MSM_10_23y)

“There are some cases where I still have to pay the cost, but cannot use health insurance. Sometimes when I go to the doctor, they say that it does not apply to health insurance, which takes millions to examine.” (SW (F) _FGD_04_20y)

Thereby, some participants accepted to use paid services to save time or go to private facilities or community clinics to get better services.

“I think it [health insurance] is unnecessary anymore, because it takes time. Normally, when I go to the doctor, my owner [of sex workers] pay money for me. If the expense is small, I can afford it. I actually like private examinations, so I don't use health insurance.” (SW (F) _05_21y)

“[Annual] limit of health insurance is minimal, and we have to examine outside for the diseases they do not support. We will examine once or twice a year, so it creates thinking that we just need to pay for the examination because the service is better. It's fast, and their attitude is different.” (SW (F) _FGD_01_20y)

“[Sex workers] like us, we don't have insurance. Every time I go to a doctor, I have to pay 3-5 million VND. I don't buy [health insurance], and if I buy it, I don't know where to buy.” (SW (F) _01_19y)

Besides, some participants from the beginning were relatively unconcerned about health insurance and information related to health insurance. They used to buy from family members or school, but they had never paid attention to use it. One person shared that he had never heard of health insurance. The cost of maintaining health insurance is also a concern of some participants, therefore, they never buy health insurance.

“I bought it [health insurance] but I haven't used it yet because I thought it was a waste of money so I stopped buying it. One day, when I came home, my grandfather bought me insurance which cost 700.000 VND. I just threw it away as I've never gone to the hospital, so I haven't had a chance to use it. Well, actually I bought health insurance at the beginning of every year, but I have never used it... I never got sick so I just threw it away.” (FPUD_06_20y)

“I've never bought it... I don't know [about health insurance]. I have not learned about it yet.” (SW (F) _07_18y)

“I have bought it for many years, but I have never used it. I don't get sick, so I don't understand what I need to get health insurance. It costs a lot of money, while I don't use it.” (SW (F) _FGD_05_20y)

However, several others also have positive experiences and appreciate the health insurance's role in their health care. When used at the right place, at the right time, health insurance has alleviated the community's financial burdens in accessing and using sexual health services.

“We are used and should use health insurance...As far as I know, if there is no insurance, a bottle of medicine will fall into the range of 300-500 thousand VND. If it costs like that, a student could not be treated. And if there is no insurance to pay

for viral load, it'll fall to over a million VND. At first, I was quite worried, but the last time I took medicine, the doctor said it only took me 200.000 VND if I had insurance. I felt relieved.” (MSM_09_18y)

“Health insurance will reduce the cost of testing in the papers for me to enroll in. The first time when I went to register under a program, it cost quite a lot of money as there is no insurance.” (SW (M) _09_20y)

According to the Ministry of Health of Vietnam (2018), only a very small group (about 3%) do not want to use health insurance cards or do not have identified documents. However, Circulars 27/2018/TT-BYT has been resolved by supporting the issuance of health insurance cards having photos. Thus, the problem for health insurance cardholders is no longer difficult. According to the Ministry of Health, the barrier lies in whether people with health insurance cards use it or not because of fear of cumbersome administrative procedures or discrimination from health workers (Thien Lam, 2019). Then, there needs to be a close coordination mechanism between the government, donors, and stakeholders to implement communication and education activities for the community to be able to access and make the most of the benefits of health insurance. Especially, it is important to develop the most convenient insurance payment mechanism for the community.

3.2.3. Specialized services for transgender people

Among the needs for sexual health services, the need to access and use specialized services for the transgender people (including transgender men and transgender women) is most interested in the study. In Vietnam, because government policies related to providing specialized services for the transgender people have not been finalized, most participants choose to access and use services through their friends and social networks.

The most common service is hormone therapy. 14 out of 17 of transgender people participating in the study have ever used hormones (oral or injectable), and the others are planning to use them soon. However, the current source of hormones in Vietnam is entirely floating, popularly sold on social networks, which causes them to worry about whether the hormone is safe to take.

“On Facebook, it's not accurate at all; for example, you know, the injection of hormones is a very unhealthy one, but a lot of people use it to trade low-quality drugs.” (TGM_07_20y)

“I care about most of the hormonal issues because the current hormone source is still floating as no one has yet confirmed that hormone is safe for us. I only know how to inject it. People also say that injections or not, but injecting hormones definitely have risks and dangers in health or body.” (TGW_FGD_04_23y)

Most of the participants share that they were told that the hormone was imported from Thailand. Some people trust their friends or their siblings who have had successful transgender surgery in Thailand, and they buy hormones from them.

“About using hormones, I ordered through my friends from Thailand. She brought them back from Thailand... Most of transgender women take portable hormones from

Thailand to Vietnam. There are two forms of hormones which are oral or injectable.” (TGW_05_18y)

“I took the hormones from my friends. They also took us to have sex reassignment surgery. Two trans women only took hormones over there... As they are quite successful, they have their channels. So, whenever they go along with someone and post it on their channels about their transgender journey, we trust them very much.” (TGW_08_19y)

The transgender people face many health risks, even life-threatening when they inject hormones without any related skills. Some have good social networks, actively seeking support from qualified health workers to inject hormones. However, they shared their concerns with many other transgender people when they had heard many heartbreaking stories of injecting hormones themselves at home in Vietnam.

“There is no clinic in Hanoi to give hormone injections to them because it’s an illegal service. So, if there’s something wrong, we would blame them, so they often sell medicines, but they don’t want to inject hormones. Health providers do not dare to give injections in the medical rooms because hormone injection is dangerous. Someone died in shock. Someone injected it with too much hormone. So now there are only a few injection sites.” (TGW_10_24y)

“Since I injected, it has one side effect that is a bit tired in my hand; sometimes, I have numbness in my hands. I found out that I have an increase in red blood cells... Well, sometimes I get hot inside, and it will itch like an ant sting... Since I’ve injected the hormone, the acne appears more, and there’s a lot on my back.” (TGM_07_20y)
In Vietnam, there is no complete legal document system related to the provision of specialized services for transgender people, so the majority of participants have a cautious attitude towards domestic services.

“I don't really believe in the quality of health care facilities in Vietnam... Because there are no facilities to guarantee us. I feel that they don't provide high-quality services and don't have famous names. We don't have any law in Vietnam about health services for transgender people. So, I don't dare use it.” (TGW_06_20y)

For complex surgical interventions involving a part of the body, participants were often more cautious about choosing the facility, mostly choosing to go abroad with genital surgery.

“I've had breast surgery, I've already had my uterus and ovaries removed, and I'm using hormones. I have one more surgery, which is genital surgery... I removed the uterus and ovaries about three years ago in Thailand... I had only had my breasts done last year, and I have had hormone injections for two and a half years.” (TGM_02_23y)

However, because of their desire to live with their true gender identity, many transgender people ignored the risks of the quality of health services, health, and life. Specifically, transgender people suffer from the side effects about their physical health.

“People also say that injections or not, but injecting hormones definitely have risks and dangers in health or body. However, with our journey, no matter what, we have decided to inject hormones to live true to ourselves and have surgery... Almost everyone injecting hormones drop in blood pressure. And breathless as T. Ph said. Even now, I still find it hard to breathe when I speak. It is very hard” (TGW_FGD_04_23y)

“First of all, my face surgery uses many methods to make my face more feminine. But the first surgery was damaged, both costly and damaged. After that, I had a lot of surgery; I injected silicon and didn't know it was silicon. One injection, two injections did not increase; for the 3rd time, it started complications, which means my chest was red and purple, and then it was hard as a stone.” (TGW_09_18y)

Some people are willing to pay for good quality services to satisfy their transgender dream.

“In my opinion, the cost depends on each person because it will have expensive and cheap medicine. If what we want is safer, then we use the more expensive medicine. If we use the cheaper medicine, it will be harmful as there are more side effects. There are many medicines... I prioritize quality, and with good health, I can do anything, but if my health is not good, I cannot do anything. ” (TGW_08_19y)

In Vietnam, the transgender community has a great demand for specialized services for transgender people. However, Vietnam's legal environment has not yet been completed to enable the community to access and use those services in the country. Many people are still concerned with existing services, often using it based on their experiences from their social networks or looking for convenient services abroad. In that context, the organizations operating in the health field need to collaborate with the stakeholders (community organizations, internal organizations, and government partners) to accelerate the process of advocating and approving the Transgender Law, creating a legal corridor for the community to access comprehensive services.

3.2.4. Harm reduction services

In this study, due to sampling, the people who have used drugs may include participants from other key groups. During the interview and group discussion, some participants identified themselves as both PUD and MSM, SW or TG. However, just two of those have ever sought and used harm reduction services at the facilities. According to their sharing, regardless of harm reduction following the therapy, they have been taken care about nutrition, knowledge, practice of relaxation activities, sports to improve their health.

“So, they have instructions to use drugs like before using and while using. Before using drugs, we should drink a lot of water and don't eat and drink much, but we should eat and drink something easy to swallow, for example, eating porridge. So we should eat properly and don't skip meals, then while we are using it, it will be less tiring... Before that, I did not drink water and sleep continuously, and after I ran out of stimulants, I got tired with pain all over the body. But after I know that, I feel more reasonable.” (MPUD_FGD_01_20y)

“At first, I didn't think I would quit out here. After I had a lover, she used to work there [detoxification center], and she was studying Education Management. It seemed like I started over, then she directed me, so I found it very suitable, just step by step. It suits me, so it's like a driving force.” (MPUD_08_24y)

For the other participants, the “optimal” harm reduction approach is often self-correcting to reduce dependence on drugs, mainly meth, and marijuana. Understanding the psychology of dependence and addiction caused by drugs, the study participants’ most common method is to distract the feeling of addiction through sports activities, group activities, music, or sex.

“I think sport is the most important thing as it helps me have a stable spirit and have good orientations. The orientation is perfect like it forced me to choose and think when I want to reuse. It means that now using again means going to die, and it draws the direction for me and makes a better me. Identifying thoughts for drug addicts is excellent, accompanied by sports practice and companions.” (MPUD_08_24y)

“At first when I quit marijuana, it would make me really struggling. Just after a while I got used to it, it stabilized again. Although it is necessary for myself, it is not that necessary. If I realize it myself, it will naturally decrease my desires. There are times I really crave it. So, I don't know what to do, so the way to suppress myself is to put that enthusiasm into something else. So that time I put my enthusiasm into the thing I learned to rap, so I turned all of my energy to that one.” (MPUD_07_20y)

Harm reduction for people who use drugs requires a complete treatment program or regimen with stakeholders' participation because only distraction or addiction withdrawal is not enough. Then the ability to reuse is very high. However, most of the participants did not have access to the harm reduction program’s information available in the community. It can be considered an element that needs to be improved in implementing public health programs, including sexual health in the young key populations in the coming time.

3.3. Barriers to access and use sexual health services

3.3.1. Expense

In Vietnam, a part of sexual health services is funded by projects through international funding sources such as the Global Fund, PEPFAR, AHF, etc. These services include but are not limited to HIV testing, antiretroviral therapy, several STI tests and other clinical testing associated with PrEP registration. Some other types of sexual health services, such as STI treatment, or specialized transgender health services, are not supported by the government or projects. Instead, the participants used services in private health facilities, or some state specialist hospitals.

Due to the characteristics of the YKPs in the study, almost all of them are of school age, so there is no formal income, which leads to a limitation in the ability to pay for paid sexual health services. Compared to public health facilities, private facilities are often assessed as having higher costs, sometimes beyond their ability to pay.

“Many of them are too hard to afford because they cost up to 800,000 VND... Then if it does 4 or 5 tests, it can go up to 2 million, then I can't afford it.” (MSM_08_18y)

“Actually, for students, it is not very reasonable. Because it's only for people having jobs.” (MSM_10_23y)

Some of the participants engaged in sex work and earned a relative income of their own. However, their income was often unstable, as well as they were not supported by health insurance, so it was difficult to pay medical fees at private health facilities.

“For example, for people who work like us, we do not have insurance, if we pay the cost of one visit like that, like every time I go for a checkup, it costs me 3-5 million.” (SW (F) _01_19y)

“The first thing that I read online is a free consultation, free examination. Then when I went to the clinic, it took me a million and a half. I'm so scared... On the website, it says that the examination and consultation are free, and they don't upload the diagnostic test costs, but the price is too high... I just got back from the examination, and I didn't have money to spend.” (SW (M) _08_22y)

“There was a time when I had a vaginal yeast infection. At that time, I was afraid I had genital warts. I went to the web, and the hospital was quite big, so when I got there, they also guessed that I was like that, so I was so afraid. I asked about the cost, but it was quite expensive. It was like it went up to a few million VND.” (SW (F) _FGD_03_20y)

3.3.2. Lack of sexual health knowledge

The community's limited awareness of sexuality was often caused by objective (unknown) and subjective (uninterested) factors. One of the main reasons is that they have many other priorities in their life.

“It could simply be that we are of school age so we have a lot of work. We aren't too concerned with it [sexual health information and services], so we don't know much about them. We don't know much of this because we think it's simple as having sex, just like that.” (MSM_02_20y)

In addition, lack of knowledge about sexual health is from the attitudes of some participants, who still think that sexual health is a sensitive or taboo issue. This concept could be formed from the surrounding educational environment, including the family, the school and the social environment.

“If my parents told me that this disease is very disgusting, so I should stay away. Then the older I am, the more I avoid it. Since childhood, parents had to show me that at a young age it was easier, so as I was scared, the more I got older, the more I avoided... Honestly, adults avoid talking about it as well.” (MPUD_FGD_06_22y)

“In Vietnam, I see they are timid to mention this to their children... One more thing is those old-fashioned grandparents. People have an old-fashioned mindset like their grandparents and do not open about this issue.” (TGM_01_18y)

3.3.3. Difficulties in accessing information about services

As analyzed in the above section on access and use of sexual health services, the community is sometimes confused about which trustworthy information sources are due to access to many different sources of information about available services in the community, especially information from the internet.

“Access to information is more difficult because they do not want to access official information sources, which is through doctors. Still, they keep on learning on the Internet, sometimes with information on the Internet has not been verified.” (SW (F) _01_19y)

“Now, young people have little access to health as they have many places to go. When I got here, I only visited [to the healthcare centre just once. I do not know anywhere else. I have heard that there are a few consultation places, but I do not know where there are. I hope that there will be more sexual health consulting centres to reach out to people in the urban areas in general and those in rural areas in particular because they lack knowledge about this issue.” (SW (M) _10_24y)

Some participants do not have information and experience using services at health facilities, especially in specialized clinics and hospitals. Lack of information about reputable and community-friendly medical facilities is a problem the participants faced. Some people shared that they had needed to use sexual services but did not know the address to visit.

“I don’t know where to go when I want to see a doctor. I don’t know what I should do when I get to the hospital and what to prepare first. Because up until now, all others are supporting and helping me, but with this thing, I have no one to help me. I am independent in many things, but I don’t know what to do when going to the hospital without support. I don’t know what to bring with me or what to prepare.

And how to go to the doctor or whether there is any specialist at the hospital. I have no knowledge of those.” (MSM_06_20y)

“But I don't know where to visit [hospital]... I am afraid that one day I will get sick without knowing it. The longer I wait, the more I get.” (SW (F) _FGD_05_20y)

“In the past, I only knew the first method which was taking medicine [PrEP], but I did not know what the drug addresses were, what kind of approach was safe and my mentality was stable.” (SW (M) _10_24y)

3.3.4. Self-stigma when access and using sexual health services

In the study, the young key populations with self-stigmatizing attitudes often had a sense of fear, guilt and negative feelings before and during sexual service use.

“When I entered the infectious diseases department, I was so shy. And there were many people out there. I think it would be better to have a separate waiting area and a private room.” (MSM_08_18y)

“I have an inferiority complex because of people in the community and same-sex relationships. When I go to the doctor, I'm not comfortable. I have an inferiority complex because I am part of the LGBT [community].” (MSM_FGD_02_22y)

“[When I went to the clinic] They took off my pants and said, ‘Oh this guy looks like a guy but actually a girl’. I think that there will be a lot of people who feel like me so that is a limited part of when I go to the hospital.” (TGM_03_20y)

Self-stigma made many people be afraid to visit, delay, interrupt or refuse using services. They see negatively about their job or drug use, so they are even more afraid of being known and judged.

“I was scared, so I didn't go to the doctor. Like, I work in this job, so I don't want either. I'm afraid I'll meet acquaintances. If they ask where I am going, then I tell them I go to the gynecological examination, they may think bad things about me. I think it is more advantageous for me if I quit the job, but there is no other way. If I don't do this job anymore, I will be confident in going to the doctor, so I just think so.” (SW (F) _02_20)

“They [Medical staff] also asked me about substance use. But I said I didn't... Because I'm afraid that if I said yes, they'd interview me and I'd be exposed by using drugs, so I didn't share anything at all.” (MPUD_10_19y)

3.3.5. Stigma and discrimination in healthcare facilities

Most experiences of stigma and discrimination in health care facilities involve healthcare providers, including doctors and administrative employees. Each small key group participating in the study had at least one person who had ever experienced stigma in a health facility. They also described this in many different forms from eye contact, attitude to the conversation skills.

“I can clearly feel that the doctors at the public institute discriminate against me, of course, they don't say anything, but eye contact says it all” (TGW_06_20y)

The most common stigmatized behaviors encountered by young key populations including gossiping, commenting on sexual orientation, gender identity (towards LGBT+ participants), occupation (especially for sex workers), or even commenting on the client's general medical condition.

“They said in the way of a half-truth, half-jokingly. They said that ‘are you working a side job?’ I smiled and said what if it's true, but what if it's not right. The doctor said it was an elegant pleasure for our men.” (SW (F) _01_19y)

“The doctor told me that other people came to check for genital warts and other infectious diseases as well... An older person sitting next to me jokingly told the doctor about reminding his son, which mean not to let him be a gay... Doctors even said things like screaming in my face ‘You say it out loud. I can't hear anything’.” (MSM_FGD_02_22y)

From such behaviors, the healthcare providers show the lack of friendliness and respect, which make the participants feel uncomfortable and dissatisfied.

“Actually, when going to the hospitals, we often see that doctors often comment on us, so we are very upset, especially doctors who are very old... If we get tested for syphilis, they will comment for sure that ‘you must have done this’... It gives us unpleasant feelings.” (MPUD_FGD_06_22y)

“‘Oh, you’re a girl? You look so pretty. You look prettier than the boys. That means they will ask the questions ‘Are you transgendered?’. And those things are naturally noticed by outsiders, and they talk too much that others pay attention to me, so I’m not too fond of that thing. And naturally, everyone looks at me like I’m a strange creature.” (TGM_03_20y)

Besides, some participants shared that stigma and discrimination still exist in healthcare facilities their friends experienced.

“I have done sex reassignment surgery quite early. Since 2015, my hair was already long. I wear make-up, but my documents are still male, right? Like an ID card, my name is still a male name. The doctor asked me a lot of questions, and they didn't even want to see me... So, what I mean is that many medical facilities lack professionalism and they even insult us. They do not welcome transgender people and do not respect customers.” (TGW_FGD_04_23y)

Stigma and discrimination in sexual health facilities, is being identified as one of the largest barriers to the YKPs, make them afraid of going to the facilities to use preventive services, testing for HIV, STIs and other sexual health services in Vietnam.

3.4. Motivators to access and use sexual health services

3.4.1. Knowledge about sexual health and related service information

Obtaining sexual health knowledge and related service information is an essential factor in motivating participants to access SRH services. The correct understanding and awareness of the role of health check-ups is the first prompt that encourages you to seek sexual health services.

“For me, I always equip myself with knowledge before I do anything. Before having sex, my partner and I learn and talk to each other about it. We are very comfortable with each other... We go to the hospital and do everything together. I think it's a good thing as we want to ensure our health. We see doctors, and we need advises. Whether we suffer from diseases or not, we have the awareness to go there and get treatment.” (MSM_10_23y)

When understanding that getting a checkup is essential for them and the problems they may be having is when they have a correct awareness of their risks.

“As I do this job, I always have a sense of maintaining my sexual health, so I contact the doctor. In my free time, I am always visiting the doctor and making appointments in advance. I want to keep myself healthy, so I just go to the doctor. There's nothing to be afraid of. They did not ask me about my job. Because people often are susceptible to this disease, not just my job.” (SW (F)_FGD_03_20y)

The widespread media make the participants access sexual health services easier. Nowadays, websites or mass media often mention the importance of accessing sexual health services. Through various information channels such as online or offline communications, television, newspapers publish much information about health care facilities as well.

“I see many people posting a lot of information. They [Outreach workers] said it’s good for me to get tested. So, I came because I saw many people use it, but I didn’t use it. I think that a community organization has a lot of good responses, so I tried it out.”

(MPUD_10_19y)

“When I go on the streets, I see the billboards. A gynecological examination is often posted on the signboard, but my friends introduce it to me as well. When my friends go to the doctor, they also recommend that clinic for me.” (SW (F) _07_18y)

The participants indicated that it is necessary to find information proactively, to have the background knowledge and be diligent in reading articles or listening to health-related information from many sources, to ways to prevent them, how to take care if getting sick, or precisely where to get treatment, etc. Furthermore, if it is understood correctly, that would make them more interested in sexual health care.

3.4.2. Subsidized services

The price of medical examination and treatment is one of the barriers, which makes it difficult for participants to access the services, so receiving subsidized services becomes a factor motivating them to use sexual health service. They were willing to go to a health facility for sexual testing and examination through several programs and projects that support costs, and sometimes they even did not have to pay any additional expenses.

“Because at that time, they organized various types of events for the community. They introduced free testing, so I attended to interact with everyone. Then I got tested as well.” (MPUD_09_21y)

“I see that only projects bring benefits for the community, while private clinics or hospitals do not. I will not lose any cost depending on the project, and even when I go, I will be consulted more carefully about health issues because they have more time with me. In hospitals and private clinics, people only get treatment from doctors.” (MPUD_FGD_01_20y)

Some people were willing to arrange the time and decide to use the service more quickly because they received valuable value from subsidized services and they felt grateful for the support from the subsidized programs and projects.

“Back then, I had unsafe sex, and I found this service, and it was free. So why not try it? So, I decided to give it a try. Because it was both free and beneficial for myself, and I wanted to know my situation. So, I decided to get tested.” (MSM_05_22y)

“They told me to go to that program because it’s free and comfortable as well. Then we agreed to go there. There were times when I was busy; it was challenging to go. When I could not join the program, it would cost a lot of money [if I go to the clinic].”

When the program reorganizes, I will try to participate, even if I am really busy. Because they have already tried to support me like that, I should join, and it's good for my health too.” (SW (F) _FGD_04_22y)

“Firstly, I don't lose any money. And secondly, we also get medicine support and they even support our travel expenses.” (SW (F) _FGD_04_20y)

Besides, small gifts like condoms, lubricants also have an impact on their perception, habit creation and behavior change. They also show the care as well as the financial support for you to enjoy a safe and healthy sex life. The participants also suggest inviting the celebrities in the programs.

“They supported for the first-time testing, and it will cost next time. We can choose gifts by ourselves, like condoms, gel, helmets or something else. People who take blood can get snacks such as bread or milk because many of them are afraid of fainting after taking blood.” (MSM_FGD_07_24y)

“[It would be great if we could] receive gifts when participating in events, or if famous people are attending. Then there will be free testing.” (MPUD_09_21y)

3.4.3. The healthcare providers' friendliness

Some participants considered the healthcare providers' attitudes as the determinant to choose to choose a service or not because it is easy to feel them from the first connection. An attitude of respect, openness and enthusiasm will make the clients appreciate and have a good sense of the medical facility.

“In my opinion, the attitude of the doctors is a prerequisite for using the service. If their attitude is not good, it will never keep the client. And for me, I will never come back to that facility again. It is the most important factor for sure.” (TGW_06_20y)

“If they are conscientious, there is no reason to refuse them. When I join that project, they take care of my health and they are enthusiastic, so why don't I participate. I remember a long time ago when I participated in a project, I came for testing. I saw that they care for people like me and they also belong to my community, so of course, I felt more comfortable. I was able to share my story, so I used their services.” (MSM_10_23y)

The dedication meets the clients' expectations, and it becomes a plus point for their choices about sexual health services. Moreover, the community clinics are paying great attention to this factor to be able to meet the expectations of the youth. It has received much positive feedbacks.

“Nowadays, I see the majority of sexual health services for the community help us understand these diseases. Until now, when I have taken care of the community's health, I often do not go to the hospital. I will go directly to the offices of the community. Because, firstly, they understand me better and have more things for me to share. And there will be more things that they can help me with my sex life.” (MSM_10_23y)

In addition, community members are the ones who directly provide counseling, testing and treatment for the KPs which make community clinics easy to access and better support them. Because staff and collaborators in the community clinics are members of the YKPs, they will be more convenient to access, communicate and understand the clients' psychology.

“My friend works over there [community organization], so I sent a message to him and told him that I had sex. Then he sent me a bottle [PEP] and I transferred money because I was too lazy to go there. It was very far to go from Cau Giay to Cua Nam. I asked him to ship it to me, so he did that.” (MSM_04_23y)

“Firstly, I get sympathy, and I am respected [by the healthcare provider]. And I received more enthusiastic support from them. They care about my health because we are in the same community. They are just providing for our community, but not for the whole society. Then, of course, they will focus on ourselves. Whatever is related to us, they will learn all. And they will come up with solutions to solve them. Like they are worried about their community to protect their community best. Then I think that’s what I’ve always believed.” (MSM_10_23y)

3.4.4. Desires to maintain personal health and family happiness

In order to maintain their personal health, participants indicate that they have to raise their awareness of protecting their health because it is their survival and no other way. Therefore, they actively sought services to take care of their sexual health.

“Personal health is the most important factor. I urge me to do everything to get back to normal.” (MSM_09_18y)

“Prevention is better than treatment, but now it's not possible to find out the disease as I don't know when. There are people who always feel that they have good health and don't go to the doctor. And when they visit doctors, they'll be diagnosed with many diseases.” (MPUD_08_24y)

“To me, what is important is my health. Whatever is good for my health, I will put it on the top... From the beginning, I’ve thought that I have to protect my own health, so I have particular views on sex that I'm not going to have sex indiscriminately... I always have safety measures for my body.” (MSM_10_23y)

For the transgender people, they were very aware of the consequences of hormones or physical interventions from their friends’ experiences. Therefore, they were more aware of health care too.

“It is said that transgender people will reduce their lifespan, so I feel like I should pay more attention to myself. To be honest, it feels like I'm afraid of death.” (TGM_02_23y)

However, not everyone was in the position of prevention rather than treatment as some participants still ignored their sexual health. They only went to doctors when they find themselves having strange symptoms.

“Actually, at first, I thought it was normal when there were some symptoms, but I was scared, and then the sisters in my room told me to have a checkup. Because it could affect cancer and many things else, so I went to the doctor.” (SW (F)_05_21y)

The sense of being responsible for themselves and their personal health made young people change their lifestyles safer and more positive. It is a great opportunity to spread messages about their health care, from which to understand their health status to adjust their life.

“Back then, I thought it was a personal experience, so I just enjoyed experiencing it. But since I went to see a doctor, I want to protect myself more. There is no purpose in leading me there, only with my worry, which is the most basic one that leads me to the service. When I search for it, I could know many things, and I find out the habits to protect myself. I want to live a long life. I want to experience more things. I have to be healthy to be able to do those things.” (MSM_06_20y)

“I will know where my health status is, so I know what I can balance, what I should do or should not do to minimize the harm to my health. I must have specific knowledge and must have a general examination. To know if I have an infectious disease or not, maintaining routine testing is a must.” (MSM_08_18y)

Keeping a good life for family and society is showing their sense of responsibility as maintain their health would affect their family life and the future. It allowed young key populations to reach out to medical facilities or sexual health support services.

“My parents are getting old and sick, and there are only my oldest brother and me taking care of the family. My sick parents have retired, so they only stay at home but can't go anywhere. That's why I need to protect myself first, as long as I don't suffer from those diseases, and my health is good, I could take care of my family. Because if I have health, I could make money to take care of my family.” (MSM_04_23y)

“For the future, it will be harsh if my wife and children are infected.” (MPUD_02_20y)

“I feel I'm not safe because of having unsafe sex. I can join as many people participate, so it will make it safer. I can let my friends know, so all my friends are safe too.” (MSM_03_23y)

3.4.5. Availability and accessibility of services

The availability and accessibility of services are demonstrated by several criteria such as convenient location, available information, services that meet their needs and quick process, which are the advantages to engage the participants into sexual health services. Accessing services become more convenient because of the participants' acquaintances or friends in the community who have received support from many communities' healthcare programs.

“Last time, there was a clinic near my house. I know a person working there. The clinic was not big, but they were very comfortable and gave me health information. And if I need to know anything, I'll come there, so they will provide information and confidentiality to help me. And if I have friends in the community, I can recommend

them to go there because it will be better for them. I think I am satisfied with that clinic up until now.” (MSM_04_23y)

“That place belongs to my acquaintances. Not everyone knows this place because it’s in a quiet area. Generally, I’ll go to a calm place.” (SW (F) _05_21y)

The quick process is well recognized through the innovative element of testing techniques and equipment, which help the participants save their time to go to the healthcare facilities or their waiting time to take medical checks, especially self-testing for HIV.

“I went home and did a self-test. I didn't do it in the old days, but now I have a self test.” (MPUD_02_20y)

“If they are too far away from the health facilities, they can use home testing service. Or if we could ship the fast test kit, they could do it themselves.” (MSM_FGD_24y)

The information about some facilities’ location is clearly and advertised explicitly to the clients. Besides, the facilities near their home are preferred. These reasons make it easier and more convenient for the participants to seek sexual health services.

“If it is closer to my place, I can easily go there, that's all. Going to the hospital is quite far, so I decide to go anywhere near my house.” (MSM_05_22y)

“I will recommend to them about health facilities or CBOs because they are affiliated with each other. I could ask for the address first, then I'll introduce the one closest to them. They could go to my house or I could go to theirs, if they want. I can support them if I have free time, as long as it is convenient for both of us.” (MSM_FGD_07_24y)

3.4.6. Other motivators

Confidentiality is mentioned as a factor to improve the trustworthiness and security when using sexual health services. Some facilities implement it well to build trust among the clients.

“For confidentiality, I like this very much because my personal information is not being revealed, so I feel rest assured because of it. I also check online to see if there are any bad images about their information or services.” (TGW_06_20y)

“That private clinic usually keeps all information about my disease. I think it is absolutely confidential so they [colleagues] trust them. For example, if I have HIV or something else, they say that it is not exposed.” (SW (F) _FGD_01_20y)

The support and empathy from their family, relatives, or friends become a great motivation for the participants to access sexual health services. Some participants shared that their parents had taken them to go to doctors since their puberty, which contributed to their habits of taking care of their sexual health. Others felt more comfortable and less apprehensive when going to the facilities with their friends.

“When I was a teenager, my mother said that I should see a doctor, even if I am not having sex. But regarding girls’ issues, I should go to see if there is any effect on my health. It’s not just about having sex, but there are many other problems besides sex.”

So, I often go to regular checkups to see if there is any problem. I've been going to see a doctor since middle school. Since I got a disease, I've been going to hospital regularly to see if it was okay, see if there was any disease, but I didn't have it, so I feel rest assured.” (SW (F) _07_18y)

“My friends asked me to go for a test together. Many of my friends went with me, so I was not shy, so at first, I just thought to give it a try. I just think so. But when we came over there, they consulted about things enthusiastically, so I was comfortable to test.” (SW (M) _10_24y)

4. NEEDS OF ACCESSING SEXUAL HEALTH INFORMATION AND RELATED SERVICES

4.1. Needs of accessing sexual health information

Based on practical experiences, sexual awareness, and exposure to the media, the participants also needed to access information through various sources, including health care workers, professionals, members of family, friends, relatives, and other community members. In particular, a reliable source of information is still the first factor that they prioritize.

“Organizations that specialize in helping vulnerable people should organize gatherings and exchange training sessions. We can invite doctors who are specialists in reproductive health and sexual health to approach YKPs.” (SW(F)_01_19y)

However, unconfirmed information spreading on social networks also made the source of information unreliable among YKPs and those who wanted to find out information in general.

“I think there should be a channel called a specialized channel on sexual health for LGBT+. Still, through groups like Zalo, Facebook, and group associations, some people believe, some people do not. We can publicize our own information, which organization we belong to, with official details. Oftentimes, the partners are very afraid of organizations with unofficial sources. After testing, they will reveal the patient's information, which makes them feel confused.” (MSM_04_23y)

Suppose we want to have reliable sources of information to reach the YKPs. In that case, the channels and methods of conveying information are also significant factors for accessing and receiving such information.

4.1.1. Information channels

4.1.1.1. Offline channels

Many participants appropriated offline communication activities because of their practicality, which was a valuable opportunity for community members to meet and cooperate. They also propose creative and varied forms of different sizes, such as large events, group activities, clubs, or individual meetings/ counseling. In particular, the mixture of entertainment and communication activities to improve knowledge was still prioritized.

“Face to face is still more sincere, for people to express themselves, to tell their stories.” (FPUD_03_16y)

Community events

Offline community activities through large-scale events were preferred by young people because of the vivid visualization. Here, they could interact directly, with a cheerful atmosphere, sound effects, and images that made the participants even more excited.

“I think I can offline organize activities directly. Everyone likes to participate in those types of things. I personally want to join on a large scale, without losing money ... Those are the services and benefits that I join in. That means when we come to this activity, we can receive this and that one.” (MSM_02_20y)

“Bringing everyone together or organizing social gatherings. Something that everyone can communicate with each other. Organizing social networking sessions and offline sessions that many people are still doing. Naming the event, you can get a name that attracts more viewers.” (TGM_02_23y)

When asked why they like to participate in such events, the participants also shared that they could talk and interact with many people in their community. Also, they received useful information without spending too much fee, even receiving support from the organizers.

“The first reason is to communicate more with people. The second is that no one has to experience the same feeling I had.” (MSM_09_18y)

“Support can be supporting information for them about transportation, or cash for travel expenses or assisting them with the information they want to know. They want to know something, such as where or whom they could contact when they have a problem.” (SW(F)_01_19y)

Dialogue and workshop

Small and medium events organized in dialogues, talk shows, and workshops were also among the other forms that the participants mentioned. These forms are quite familiar and are interesting among YKPs.

“I think we should organize more workshops and seminars to help them access more information.” (TGW_06_20y)

“Maybe like me, I participated in talks, coffee or something like that. Organize meetings, talk to integrate into it. Integrating into it, they will give tests, advice, through which the participants will find me here for entertainment but also to learn. We will directly support them. It would be very suitable.” (MSM_10_23y)

Personal meetings

At the narrowest scale, the personal meeting form also needs to be promoted. Although many of the participants enjoyed numerous gatherings, they also expected to have private meetings with doctors or experts to share and talk about their problems.

“I think 1-1 will be more. I might be shy to tell the friends in the community. I think it was through face-to-face. It could be talking with a doctor, talking between a doctor and everyone.” (SW(F)_01_19y)

“I prefer to talk 1-1 because I will be able to talk more. We could mention what we want, we want, and know what I do not understand about health. That is what they know, they need, they will tell us all. Then, we will notify the clinics again about how the patients are and their needs, then I will learn more about what problem.”
(MSM_04_23y)

The participants also made arguments to see the need to integrate or combine different forms. They believed that integrated activities would bring better interaction and suit the interests of more people.

“Usually, the media events I participate in also integrate with games. I think that it is not very convincing. I think there should be sessions like me and my sisters talking. It may take a bit of time, but it will be easier for us to convey information to the people we need to contact such a talk.” (MSM_04_23y)

Communication sessions to disseminate knowledge could be applied to YKPs in combination with different forms suited for each different group.

“Those who have access to media and social networks will be open-minded and better than those who have not had access to them. For those who have not yet been approached, we should organize projects, school clubs, events to communicate with them, extracurricular activities.” (MSM_03_23y)

Another form that the participants mentioned were contests to create excitement and compete to learn.

“In my opinion, I am skilled in communication in meetings, I should promote more competitions to find out about that issue. For example, in contests, people can quickly learn directly. The audiences will also hear about prep or arv, for instance. Naturally, they will hear a lot, they will access more information.” (TGW_04_23y)

Regarding how communication can be made closer to the YKPs, the participants also proposed specific approaches to each small target group. Besides, it is also possible to divide the participants by different age groups and occupations. Small group communication activities also made the participants feel more confident and comfortable expressing themselves when they were with people who shared similar characteristics. More specifically, for the YKPs that could be students, access to models in schools is also a form that participants thought would attract more audiences (including students who did not belong to the YKPs).

“We can open a club or project in school. I am talking about calling for investment campaigns from non-governmental organizations, should organize a project or club in the school to communicate for all students in the school.” (MSM_03_23y)

Another communication method that participants began to appreciate when the COVID-19 pandemic occurred was the mass communication from the local authorities and the government through all channels, disseminated everywhere.

“The authorities, if they really care about it, like the last anti-epidemic, the state is hugely interested in it, so the people are also aware of it. It is very effective to make

use of message boards or public places to stick information papers on them or run electronic boards. It caught passers-by, and they immediately remembered it.”
(MPUD_05_22y)

4.1.1.2. Online channels

Unlike direct communication, online communication has the advantage of being able to reach a larger number of audiences. Media products such as videos, articles, statuses, and messages are also easily shared on social media channels much more quickly and economically than flyers or posters - applicable only at some specific areas and locations.

“I think now through social networking sites like Facebook, Instagram...high popularity, many people know them, I think it will be the most suitable.”
(TGW_04_23y)

Social media and dating apps

Social networks play a huge role in transmitting information to users. Some platforms such as Facebook, Zalo, Youtube, Instagram, and Viber are emerging as indispensable tools in young people's lives. On these social networking platforms, community pages and groups were increasingly popular, especially closed groups for the YKPs to share. Therefore, many organizations have applied social networking as a communication channel and exploited their strengths. The YKPs in the study also had concrete reviews and suggestions for the use of these platforms.

“I think there is probably one way that they sponsor a sexual health program of the LGBT+ community. Then they will ask for the LGBT+ community PR... then they will survey like me, listen, write. After organizing a contest, we will compete. When they need it, we will go to Facebook for PR about how we are sponsored, and who sponsored. Then, people will know more, generally just spread, spread, spread.”
(TGW_10_24y)

The participants also shared more dating apps (Blued, Jack'D, Grindr) that many members of YKPs participated in. They are also beneficial channels to communicate and counsel about health and support testing.

“Blued, Grindr, Tinder does not, Tinder does not, only Blued, Grindr, and Zalo, which will have LGBT+ groups in Hanoi, for example. They pass their ears, do not show their faces, and put information, but put a banner related to that kind of community. Then they will pass on information, for example, today, there are free test sessions for LGBT+ friends or an interview and approach. Those who have a need can participate, so we will usually access such sources.”
(MSM_04_YKP_23y)

Website and forum

In this study, except for social networks, blogs or fan pages for community groups were still mentioned as important information channels.

“Because on the Internet they share, they experience a lot and share with me, then I can go up there to find out. And even on some pages on the Internet, they guide how

to use drugs safely, which is very good. For example, using cannabis, we should prepare when using cannabis. If we use it for the first time, how should we mentally prepare.? Using candy, using mushrooms, we should be vegetarian two days in advance. Preparing a pen and paper when we use drugs, we can write it down.” (TGM_01_18y)

However, getting information from many different forums or groups could sometimes confuse readers. Therefore, the participants also expected to have sites specializing in sexual health to update information.

“Now building websites that provide highly accurate, trustworthy health information is also what I am looking for.” (TGW_06_20y)

Among the participants, a FSW reported that she mainly used her cell phone, but she rarely needed to use it to look up or find information about sexual health.

“Probably only on the phone. Usually, my sisters think they have already known, so they do not care anymore. They will take the time to take care of them or go to sleep, regardless of things like this.” (SW(F)_05_21y)

Based on the sites and forms of online communication, there are several suggestions for online seminars.

“Can do online seminars or game shows to share knowledge via the Internet. I think it will be quite effective.” (TGW_06_20y)

Especially in the context of the Covid-19 epidemic, the implementation of online activities becomes more prioritized to ensure the participants' safety.

4.1.2. Method of conveying information

The media products mentioned by the participants were quite diverse. The short video was highly appreciated for its attractiveness and time saving.

“Content should be put through videos, which is more receptive. About 5 minutes. It forms a movie to appeal to more viewers. At the beginning of the film, it will be harmful, and the end will be results and advice for everyone.” (FPUD_03_16y)

Some participants also mentioned traditional media products such as flyers, panels, and posters. However, they prefer such products to be fixed on public transport, because this is a vehicle that is quite popular among young people in big cities. The effectiveness of these methods was recorded through the participants' experiences.

“I was waiting for the bus; I unknowingly saw that they had posted a long post about HIV on the side of the road and its organization's big name. I searched online, found out about it. It doesn't need too much. It just created a maxim, then got the big name there, and I searched it. It was unnecessary to recite there was this service or that service. Or something else, still the service on the bus.” (MSM_06_20y)

The use of effects or styles in the media methods is significant, which should match the youth's tastes, like new and unique. The participants believed that information with pleasure and friendliness would be more welcome from the YKPs.

“It is humorous. It is fun. Everyone will follow, care a lot.” (MPUD_05_22y)

Television programs were also encouraged to be more prevalent to communicate widely to the YKPs. Some game shows contained LGBT+ related content that has emerged in recent years. However, they tended to be entertaining rather than providing in-depth knowledge about the key community or sexual health for young people in general. Reportages or documentary films have appeared on mainstream channels but are very sparse, following each campaign, activity occasions, or unusual event themes. Therefore, the participants proposed to see or find trustworthy mainstream information channels.

“I think the [LGBT+] community will be like. They want to have as many playgrounds for the community as possible, broadcasting, media. Or you notice, “Who is single Vietnam,” “Come out,” are programs that... only there are those programs, guys flock to participate a lot. I think they also really hope that they experience it. About the statistics, a lot of people belong to the community.” (TGM_03_20y)

“Communication has raised its level of value, for example, but only talking about communicating something, about sexual health care, you have to raise them. That is to put a media campaign, the communication will open a campaign instead of the small ones, it will put a campaign in a period of time, during that time I just hit on that campaign.” (TGM_02_23y)

Thus, the participants gave some practical suggestions about how sexual health-related communication forms and channels express their own need to access information. Each information channel has different advantages, and combining forms in the same series of communication activities is essential to maximize the YKP's dissemination and reception capacity. Specifically, offline activities should also be widely communicated on social networks and combined with other accompanying media products so that those who cannot directly participate are still accessible.

“If information is shared as a community activity, I think it will attract more people and get more people involved. Its activities are a little more exciting, so of course, people will participate, and the spread speed will be faster, more popular with everyone. A fan page should probably have a sexy image or something like...attractive, I will see, like they invite famous people to attend and talk. I think everyone will be more excited.” (MPUD_09_21y)

4.1.3. Information contents and visualization

The participants said that the communicators needed to know what content YKPs wanted to learn and most necessary for the communication activities to be effective. Conveying information must contain rich and exciting content with a brief and easy form for young people to enjoy. Also, they shared the particular questions that sexual health communicators should consider when doing any communication activities.

“To support a person in our community, we should divide by each age, which is more practical. For young people, how they can stop young people from skipping posts or ignoring supporters. That's the question. It will need to be put in those people's

shoes. I'm looking for people who are before [HIV], not people who did. But what I see is that we are only looking for those who did and the fact that we have never thought about approaching people who have not been.” (MSM_06_20y)

In the context that HIV and STI prevention communication has been paid attention, communication activities with adolescents should be implemented, which helps them access information before sexual health risks can be happening. The school environment's communication models were also attentive to ensure coverage and feasibility to reach many adolescents and help them understand their own health and prepare for safe sex in the future. Besides, the communication should also pay attention to parents' YKPs who play an important role in sex education for adolescents.

“The problem of safe sex, his parents are like that, so they have understanding, but for other families, "I do not let you watch adult movies," "I forbid you like this." How can they forbid their children while they are at a developing age? Right, their physiology is developing, how to forbid them from curiosity. So, parents also need to have. I think not only educating students but also preparing their parents for knowledge that would be better.” (MPUD_08_24y)

Some participants mention that the title of the article must be understandable and stimulate curiosity. For the forms of shared stories, they should be natural and genuine stemming from their experience.

“For example, the children actively accessing a specific web are also due to the person who creates the web. The article for them to capture and how the title is like, well, how to design it to catch the eye. The first thing it has to be eye-catching; it meets the eye is that. The title is like to exploit their curiosity to see.”

The participants also make comments on the communication campaign, the communication messages must both convey the content to be shared and attract the community.

“Integrating that campaign into the last part or the middle part [of the program] for example, it depends. That is other message that when I want to appeal to the community, I have to see that message attracting the community. They have to care about us, then we can convey what we want.” (TGM_02_23y)

The participants suggest providing visual images of health status if a person have unsafe sex, such as symptoms and appearances of STIs. It can make the YKPs scared to think about protecting themselves from them.

“Just actually play the image on the projector. Diseases, the signs like what will show such symptoms...Just look scared, so they remember.” (FPUD_06_20y).

The sexual health of transgender groups is still considered in their own aspects because they have different needs for body care during interventions. Therefore, they need to receive separate sources of information to ensure health safety, such as hormones, oral drugs to gradually improve the transgender process, the surgery/ modification of some parts on the body. The activities of providing information through social games are expected.

“In my opinion, there should be content about hormones, breast surgery, genital surgery ... for them to participate in games such as word matching, interesting game shows so that they can directly join into those programs. By participating in such games, people will learn a lot about sexual health. I think creating a comfortable atmosphere among everyone, the conveyed knowledge will be received a lot easier.” (TGW_06_20y)

Depending on the knowledge needed, the communicator should pay attention to providing comprehensive information to the YKPs so that both genders have knowledge about each other's sexual health. This makes it easier for them to share with each other about sexual related issues and to better support each other about sexual health care in daily life.

I think men and women should also learn ... get to know each other, have a better understanding of sexuality, that is, not only women understand, men only learn about men, that is to understand each other, to avoid causing misunderstandings. Suppose they are in a relationship. I realized that some males do not know much about the period, which means what happens to them? Or the girls do not know what the male needs for this, how is this. It is not only educating them together but also educating them about the sexual health of both sexes.” (TGM_01_18y)

Having complete and accurate information is crucial for increasing active access to sexual health care and achieving the expectations of the YKPs. The results show that their need to access information is pretty high, with the diversity of information channels, methods of transmission, the information's forms and content. Through concrete expectations about the information that is official, diverse, suitable to their needs and readily receptive, the participants showed a clear interest in information access. In the next section, we will present participants' expectations in accessing sexual health services.

4.2. Needs of sexual health services

4.2.1. Types of sexual health services

The study gather expectations from the YKPs about what types of sexual health services were expected, including HIV and STI counselling and testing, HIV prevention (PrEP, PEP), gynecological and andrology services, specialized services for transgender people.

HIV & STI services

HIV and STI counselling, testing and treatment services are quite popular. In particular, HIV and STI counselling and testing services have been extended in community clinics. Accompanied by testing services, participants are looking forward to receiving enthusiastic advice from medical staff about protective methods to avoid diseases.

“I think most people will have a blood test to see if they have HIV or not. The second one is examining the genitals for signs of the disease or not. Because I think it is kind of the most central.” (SW(F)_03_21y)

“We want to take care of our own health or STIs, we are most concerned about...and kind of our work, we want to know about relationship-related diseases, you want

more details. And precautions and treat it like, the symptoms when I know how many diseases I have.” (SW(F)_FGD_04_20y)

As the participants share, nowadays, types of testing which are diverse have also begun to meet the YKP's needs, such as combo testing. HIV Oraquick testing is now highly appreciated because of its convenience and avoiding the fear of being revealed information when going to the medical facilities.

Like now there is a test for three diseases or something, including syphilis, HIV and something I can't remember. But only test a time to get three disease status. I find it very convenient, like having to go to the test one by one, this disease will give results, but now one turn, it will be easier.” (MSM_04_23y)

The participants also expect that after HIV/ STI counselling and testing, they could be treated at the same facility if they were positive instead of wasting time for a referral or having to go to another facility for treatment.

“In fact, in general, I know more specifically about all the problems, the second one is that this place cures my illnesses, and doesn't move me to any others. Because I see now that most of the small facilities, the small medical centers still treat such diseases, except for laser burning, which is more complicated, so referral.” (MPUD_FGD_06_22y)

Regarding HIV prevention services, using PrEP, PEP is not too difficult for the participants thanks to a network of community clinics that are allowed to issue PrEP, PEP, which covers relatively widespread in the city. Besides, communication programs are being promoted, making access to information and services about PrEP and PEP more convenient.

“PEP and PrEP should be disseminated to everyone. Many people are economical to use and should have travel assistance costs for everyone.” (MSM_FGD_08_18y)

Having a full range of necessary testing and treatment facilities in clinics is one of the considered factors to build a convenient sexual health care system for the YKPs. Because many facilities have not yet met the medical examination needs, it is difficult to consider and choose the facility. Also, adding general health care services in sexual health care facilities is an increasing demand in the YKPs.

Basic gynecological and andrology services are also recommended if they have an infection to be treated promptly or go to doctors when needed.

“I think going to the gynecological examination, because, to see if there is an infectious disease or not. And the diseases inside are related to the genitals, my own illness. If it does, it should be examined to treat, so we do not infect others. In general, I feel that I will be different when having sex.” (SW(F)_07_18y)

Specialized services for transgender people

Apart from general sexual health services, the transgender group expresses a need to receive more specialized care/ support because their physiological characteristics differ from other groups, including providing hormone, assessments, and surgery to modify/change certain parts of the body. In particular, using hormones is the greatest need. Mostly, self-injecting

hormones at home can face many risks, so support from medical staff is extremely necessary for them.

“I need them to accept caring me after the surgery; the other is to injecting hormone for transgender people, including us who have not had hormone or body intervention, we still need.” (TGW_FGD_04_23y)

Stemming from the current reality, the participants expect to have licensed service facilities to have the opportunity for gender reassignment surgery in Vietnam to save money, to get post-operative care, and be recognized by law about identity papers. they also mention the psychological assessment before the surgery to avoid those young people who have not identified the right gender but want to have surgery or have not been willing to cope with difficulties and risks the surgeries can have.

“The problem that people forget, psychological validation, right. Many people have to go to Thailand to verify psychology. Like I just said that many transgender people claim to be female with long hair and have hormone injections, but after injecting hormone in, they can't stand it. They will once again determine whether they want to be transgender or not. A lot of people wish to transgender but do not know where to start; they will find clinics to ask "I want to transgender, and I don't know how to", the doctor can tell. I think it is okay. Besides, I don't need anything else.” (TGW_FGD_04_23y)

Mental health services

Mental health care and psychological support are just as critical as other health care services. In particular, in the context of unpopular psychological services in Vietnam, the participants put a lot of faith in doctors with psychological expertise in existing medical facilities. At a higher level of expectation, some participants want professional psychotherapy/psychological counselling services for the youth.

“What I want to have is about psychology, which means there will be general medical departments and psychology departments. Then in this psychology department, there will be a team of psychological counselling called counselling therapy. Suppose the patient has problems with, called in a relationship, or they have questions with self-acceptance or difficulties in understanding themselves. Even in Vietnam, as I see, there should be psychological support for people who are sexually abused. Suppose it will have counselling support for one month, three months, or even more six months, with young people. (TGM_01_18y)

Directly linked to other health problems, timely psychological counselling is essential if patients discover their disease or their health deterioration. They could quickly fall into a state of anxiety, fear, even hopelessness. The therapeutic steps and professional support would help the patient find a balanced status to accept the present reality and organize life more productively.

4.2.2. Professional quality of healthcare providers

The public or private health care is no longer concerned by many participants; instead, the quality of service is a priority factor. First, healthcare providers must be trained and qualified for the health issues they work. They also need to have an understanding of the YKPs to provide the best health care for the clients, for example, about substance use, homosexual sex.

“I don't know why, but I still believe the test results at the public hospitals more. It is less confusing. I only choose private ones when I know doctors well. That is doing procedures in the hospital. Its human resources are guaranteed because they specialize in anesthesia things that make it safer. Testing will ensure more accurate, mechanical items. The expertise of public and private doctors is not too many differences.” (MPUD_FGD_02_22y)

For transgender people, when having to interventions on their body, they also look for experienced doctors to minimize the risks.

“The doctor has the expertise, and there must be successful operations to look at, I know right, see. You have facial surgery, you feel beautiful, you will tell me where the surgery is. A hospital has nothing, how can we be sure it is beautiful or not, right?” (TGW_FGD_04_23y)

Pharmacies are also a popular site that many participants look to for advice and purchase of drugs when facing health problems due to its convenience and popularity. From personal experience, they expect that employees at pharmacies also need to be equipped with the skills and knowledge to be able to answer questions if they need.

“Sometimes I don't know something, I'm curious about something, I need to confess, I always run out there, or go to that pharmacy, I confide with employees at that pharmacy, people know, people advise me, for example. I appreciate their knowledge, that is, I believe in their ability. If we want to be sure, then we should find people with high knowledge and knowledge of sex, so asking the doctor is more convinced.” (FPUD_01_19y)

4.2.3. Friendly services

The attitude of the medical staff is the leading factor determining the friendliness of the service. Therefore, it is necessary to have assessments and ratings of medical facilities assessed by the community, as a reference for the society and especially the LGBT+ community in the process of finding suitable healthcare facilities.

“There should be a list of friendly clinics and medical facilities for the LGBT+ community. The list should be not only for Hanoi and also other provinces. When making a list, everyone knows where appropriate, including state healthcare facilities, so that the LGBT+ people can use health insurance to visit; best will suit those who are difficult in the economy.” (TGW_06_20y)

Many studies in Vietnam have mentioned the attitude of healthcare providers towards the KPs, especially the LGBT+ community in service use, in which stigma and discriminatory

behavior still exists (Isee, 2011). The participants in this study also expect that no stigma and discrimination are in healthcare facilities so that they could be comfortable as themselves and receive enthusiastic support from the providers.

“Actually, healthcare facilities that cater to transgender people simply need them to respect transgender people who come to visit. Because MSM who come to visit, their eyes look better, transgender people are still male, they have long hair, makeup. Therefore, a healthcare facility has to look more comfortable, not discriminate will make people feel more comfortable and okay.” (TGW_04_23y)

Healthcare providers are those who directly work with clients, their respectful attitude and skillfulness made it easier to get their sympathy. Thus, they will readily share and even continue to recommend the facilities to their friends and relatives.

“I have to delete the psychological barrier; the psychological barrier will be a barrier when this person comes in to go to the doctor ... Do not give them a feeling of self-esteem and have to trust them.” (MPUD_08_24y).

“The friendlier, the better. Just friendliness is a good mark, the friendlier the patient will feel more comfortable. And they feel more comfortable, they will refer to friends, relatives or people in need to go to the clinic for examination.” (MSM_04_23y)

To have a team of friendly doctors and staff, the participants also suggest that the managers should organize training courses for the healthcare providers and the YKPs should also proactively provide feedback through the institution's feedback mechanisms to provide the quality of services.

“Suppose there is, to improve medical doctors, people from all levels have to train to change the attitudes of employees, it is a more macro-level. When I go to the hospital, I must also have a sense that the feedback, feedback, feedback about those things can be changed by the doctor. If we still hesitate to go to the comment box, we just judge carelessly. Normally, no one will understand. Normally, each person had to equip themselves.” (MPUD_FGD_02_24y)

4.2.4. Reasonable costs

Cost is also one of the significant factors in determining whether or not to use the service, especially for the young people whose income is unstable or still are students. They often consider prioritizing other living expenses rather than caring for their sexual health. Although it is difficult to give an affordable cost, all participants, in general, are usually only able to pay around VND 500,000, up to a maximum of one million VND.

“It depends on the average income, depending on the income of each person. And I think that 18-22 students, for example, the wage per month of the students working part-time is about 3 million. Unless there is a disease that requires treatment, which will not be mentioned, but for those who voluntarily go for psychological counselling, go to do these tests, the price people agree to spend will be about 10%, roughly 300-500 thousand. It depends on their income.” (MSM_01_23y)

“From 500 to 1 million, I see okay for health, that is I say all people in general.”
(MPUD_08_24y)

However, the participants also wanted to have access to sexual health services that had support programs for free services or subsidized policies.

“I think it should be free, if I can call on NGOs to join, they invest in us, then it is very useful for the poor students or students who do not have money to participate in these services. Those who work have money, I do not say. Free is good, but having a fee, so losing a little, 500 000 – 1 000 000 is max.” (MSM_02_20y)

“The prices are also not completely free, maybe 50 to 75% off.” (MPUD_02_20y)

Some participants also expected to have appropriate support for different groups, such as students, low-income people, people under the age of 18 (high-risk group if having sex early). The 18-year-old participants did not care much about the costs of services, because most of those were financially dependent on their parents.

Support for those under the age of 18, that is, people who have had sex happening very early. That is giving people under 18 a low cost or support two of three value. People make low income, so their fee they pay will be a little lower. It is a personal promotion. Or sometimes, there will be free programs, free tests for sex workers like me, because there are so many dangers.” (SW(F)_06_20y)

In addition to reasonable costs, the participants also suggested that the healthcare facilities have clear and public cost regulations for their clients. This allowed the client to prepare their cost and not worry about whether they are enough money to pay for their medical visits.

“Sometimes the instruction and the quotation, the doctor must always quote on how much the minor surgery is or how much the medicine is. When going to the doctor, they will ask more about the payment, maybe not [able to pay], for example, it is very comfortable, nothing to mind. If we do not have, we say that we have not and come back later. Because doctors advise me more.” (MPUD_FGD_02_24y)

4.2.5. Medical procedures

Participants prioritized a simple and time-free medical procedure.

“Should be fast and straightforward with good support for clients. The more cumbersome and confusing the process, the more afraid I will go to the next follow-up visit. So, I just hope the simple procedure is okay because I'm busy too.”
(TGW_06_20y)

They also proposed applying modern technologies for medical procedures, such as online registration, notification of examination schedules. To shorten the waiting time, healthcare facilities could consider returning results via text message systems, email.

“The parts about the procedure should also clarify to them [YKPs] that this procedure is required, what processes need more things, how long it takes to register, where to register, and test like how things are. I see that during this time, when everyone is free, if there is a time at night, if there are offices late at night, they

may be out there. Because all they are working people, they are usually free at night, but sometimes they are far away. There should be staffs on duty in the morning, at noon, at night, there are more people, they will come to see more easily.” (MPUD_10_19y)

4.2.6. Confidentiality

Confidentiality is a crucial criterion highly valued by the clients, especially in sensitive health care services that need privacy like sexual health services. Sexually transmitted diseases are also one of the things that make patients afraid to go for treatment. Some people who had sexual problems and decided to go to a healthcare facility were afraid of revealing their personal information. During the examination, the participants were also concerned that disclosing information such as gender identity, sexual orientation, or sexual behavior could lead to stigma and discrimination, disrespect from the healthcare providers.

...I also wish that confidentiality will be guaranteed on paper instead of saying it, just pledging that I will keep it confidential. Of course, sex-related diseases are sensitive. I think the first is the patient's confidentiality, keeping the information confidential.” (MSM_02_20y)

Some claimed that confidentiality is their first factor in choosing a reliable healthcare facility.

The disclosure of information could significantly affect the YKPs' lives, especially their work.

“The first factor is safety and confidentiality.” (TGW_FGD_04_23y)

“Many of you are also afraid of low confidentiality because the state still manages. Because this is the state facility. This makes their work also affected later by the problem being treated there. They will send it to the locality. You are very worried about this issue.” (MPUD_10_19y)

In the case of HIV infection, they expected to be kept confidential about their health status. Besides, the participants agreed that the YKPs must consciously participate in treatment to not infect others.

“My health status if I have HIV, I hope it will be kept confidential, but provided that I have to attend treatment and participate precisely as in the instructions. But it has a clause that binds both. If I get without treatment, I infect others, I will be able to stand before the law or something. Both must always be attached. Depending on each person, some people do not want others to know, so they must keep everything confidential, including their presentation.” (MSM_06_20y)

The participants wanted the doctors or the medical staff to have a signed confidentiality agreement with specific terms and regulations. This would a great way to build trust in the YKPs visiting healthcare facilities.

“There are clear terms, there are provisions in the contract or sign. Usually, people write that if the information is disclosed, what to pay, what to do, what to compensate. Its trust is always on both sides. It will carry a price. When I have your

privacy like that, what should you do for me? I think it should be beneficial to both sides.” (MSM_06_20y)

The participants who were in the LGBT+ community give more priority to healthcare facilities just for their own community. Some prioritized home visits or finding someone in the community who truly believed in to be tested for HIV.

“Often preferably at your home. Going to medical facilities has more people, so I am more afraid to disclose information. Many of people want not to disclose their information.” (MSM_FGD_24y)

“I think not for people outside of LGBT because they may be curious, able to know my information, maybe spread out. Those who do the examination are more confident in our community. I think there is also a bond that when I look at it, I will be kept confidential.” (MSM_05_22y)

For the examination to be confidential and private, it is necessary to properly design the facility and examination area. The rooms must be separated and carry out personal counseling and testing. Besides, the waiting area should have a certain distance from the counseling area or the examination area.

“The first important thing is to keep it private; it must be private because these are sensitive matters. It should be the most personal and comfortable to be able to communicate and work with. Because some people will be shy Like me, I know I'm sick, I'm coming, now I'm like this, doctor, "my baby" is, like this, like this, this kind of story but many people are afraid, as fear of judgment.” (MPUD_07_20y)

4.2.7. Healthcare infrastructure

Facility assessment also becomes an essential step in choosing a sexual health facility for medical examination and treatment. Participants also made comparisons between different types of facilities through personal experiences.

“Of course, the public institute is a state institute, it will certainly have better machinery, better maintenance, less error. In private clinics, they can take them somewhere but they do not test, the result is 1,2 days later, but in public clinics they can pay in the same day.” (MPUD_FGD_02_22y)

When going to a healthcare facility, the outside image is the first thing the clients see. The participants also shared that they did not expect a facility to be too spacious and large because that would come with a high cost. However, facilities should not be too awful and lack of sanitation around the landscape. Internally, they need to be divided, easy to find, and space is large enough for clients to wait and do the examination in a safe and private space. Also, the equipment of the clinic should be clean, and use new ones for disposable devices.

“I think we should divide into small testing areas, like that we also meet others, but the level is lower. And counseling for one person and limiting the meeting people in the community will be less shy. The facility has many areas, so the time is evening. And there should be 10 counselors, so it will be for 10 clients separately and should not let everyone massively at the same time. Tests must be scheduled in advance.”

(MPUD_FGD_06_22y)

“The doctor is the person who uses the equipment and tools. When the doctor uses them, the patient usually pays attention. For example, if a doctor's tray feels unclean, he might not want to go to that place. In general, it must be clean, not very modern, and normal, but it must be clean and safe.” (SW(F)_03_21y)

Section 4 addresses the YKP's needs in accessing information about sexual health and related services. Combining online and offline channels is appropriated to maximize the power of communication. The advantage of the YKPs is that they access and use technology very well, which makes them on internet platforms highly expected.

To overcome barriers and create more efforts to access and use sexual health services, the participants reported a series of recommendations to improve the forms and quality of services, particularly healthcare providers' attitudes, fees, variety of services, medical facilities, and equipment. Most notably, the participants expect psychological support accompanying other health care services are present in health facilities, the need for psychological assessment before implementing the intervention is mentioned by many transgender people. The confidential information is also emphasized, showing their voice of personal rights and privacy when using health care services.

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