

ADVOCACY BRIEF

ADOLESCENT BIRTH RATE IN VIET NAM



PURPOSE

The purpose of this advocacy brief is to raise public awareness and the political commitment of stakeholders to reduce adolescent birth rate in Viet Nam, contributing to Government efforts towards enhancing universal access to sexual reproductive health (SRH) and, to accelerate progress towards achieving the targets of ICPD and the Millennium Development Goals with an emphasis on MDG5b.

INTRODUCTION

Adolescent birth rate in Viet Nam

The adolescent birth rate, a Millennium Development Goal (MDG) indicator for target 5b, measures *the annual number of births to women 15-19 years of age per 1,000 women in the same age group*. This is also referred to as the age-specific fertility rate for women aged 15-19.

In 2011, the overall adolescent birth rate in Viet Nam was 46/1000. This rate was found higher among groups with lower levels of education, poorer living standard quintiles, and ethnic minority backgrounds, located in the Northern midland and mountainous regions, and the rural areas. [1]

The adolescent birth rate in Viet Nam is also higher than many other countries in Asia,



KEY MESSAGES:

- In 2011, the adolescent birth rate in Viet Nam was 46 per 1000. This rate is higher than many countries in Asia, and actions are needed to address the issue.
- Adolescents and young people require access to comprehensive Sexual Reproductive Health (SRH) education, especially ethnic minority groups, people living in rural areas and those with lower education levels.
- Initiatives for developing and implementing youth-friendly service models must be encouraged. Access for adolescents and young people to youth-friendly SRH services, particularly counselling services, must be assured.
- Sexual and reproductive rights including advocacy of gender equality and access to education and SRH services must be promoted. Young people require encouragement to participate in policy dialogue and design, and in monitoring of SRH programs.
- Data and evidence collection must be strengthened, to support the development of adolescent and youth policies and programs, particularly in the field of SRH communication, counselling and youth-friendly service models.

including Myanmar (rate is 17.4), Malaysia (12) and Singapore (5.2) [2].

ISSUES

1. Adverse effects of adolescent births

Adolescent births are associated with relatively higher risk of pre-term delivery, low birth weight, stillbirth and neonatal mortality

[3]. Children born to adolescent mothers are more likely to die than those born to women in their twenties [4]. Women who marry before the age of 18 are likely to have more children. The risk of maternal death is twice as high among adolescents aged 15 to 19, and four times as high among girls under the age of 15, compared with those giving birth over the age of 20. [3, 4, 5] Teenage mothers have nearly three times higher risk of developing anaemia [6].

Early marriage puts pressure on girls to give birth and take care of their children and families, before they are sufficiently mature. This limits their capacity to make life choices and decisions. [5]

2. Factors that contribute to the high adolescent birth rate in Viet Nam

Early marriages and pre-marital sex

According to the *Viet Nam Population and Housing Census 2009*, about 2% of males aged 15-19, and 8.5% of females aged 15-19 are or have been married. The proportion of early marriages is higher in the Northern midlands, mountainous provinces, rural areas, and among the ethnic minorities. The rate in rural areas was found 2.5 times higher than in urban areas. In Lai Chau, a mountainous area, about one-third of women marry between the ages 15-19,



and 21% of women between the ages 15-17 have been married. [7] Estimates also suggest that 7.5% of women aged 15-19 have begun childbearing [1].

The *Survey on Assessment of Vietnamese Youth (SAVY II) in 2009* shows that 17% of young people were already married. Approximately 44% of young people

aged 14-25 condoned premarital sex, proportionally higher among men than women. Estimates suggest that adolescent abortion accounts for 20% of the total abortion rate in Viet Nam [8].



Availability of SRH counselling and services for adolescents and youth

SRH services for adolescents, including counselling, are not widely available. The unmet need for contraception is highest amongst the age group 15-19, and especially high (50.4%) amongst single, sexually active women. One-third of interviewed youth in the SAVY II reported that it was not easy to access SRH services, especially in rural and ethnic minority areas. [5]

Only 88% of pregnant women under the age of 20 received at least one antenatal check-up, compared with more than 94% among older age groups. Adolescents also received less support from a skilled attendant during birth delivery than the older age groups (86% compared with 93%). [1] Where services are available, they are often reported as ineffective and/or unfriendly towards young clients, further compromised by prejudicial attitudes and limited capacity of health providers to provide appropriate SRH care [9].

The Ministry of Health has piloted a number of intervention models on SRH for adolescents and young people both in and out of school settings; these models have produced positive results. However, these models have not been widely replicated because adolescent SRH is not considered a high priority, as reflected in the significantly limited allocation of national

resources to adolescent programmes at the local level [11].

Data on adolescent SRH for policy dialogue, development, and monitoring

There continues to be a lack of in-depth understanding and official statistical data on adolescent pregnancy and abortion, and on early childbearing. Most of the research on sexuality, abortion, pregnancy and STIs (including HIV/AIDS) among unmarried adolescents and youth relates either to small-scale or hospital-based studies [12]. The annual Health Statistics do not contain data on health facilities that provide SRH information, education and counselling for adolescents, nor data to record levels of RH awareness and knowledge among young people [12].



Gaps in current policies and programs on SRH

Although the Ministry of Health has developed a 5-year National Master Plan on Protection, Care, and Promotion of Adolescent and Youth Health 2006-2010, the budget for adolescent sexual and reproductive health-related activities continues to be limited. The population and reproductive health programs implemented more widely during recent years, mainly focused on married couples.

CALL FOR ACTION

In order to address the issue of adolescent birth rate in Viet Nam, the Ministry of Health coordinate with line ministries such as the Ministry of Education and Training, Ministry of Labour, Invalids and Social Affairs, Ministry of Home Affairs to:



1. Strengthen evidence based information on adolescents and youth

- Continue to conduct SAVY every 5 years, to update the information on adolescent and youth health.
- Conduct a maternal death audit among adolescents and youth to generate reliable data for developing policies and designing appropriate SRH interventions for different youth groups.
- Evaluate the intervention models on SRH for adolescents and youth to determine best practices and most effective models for nation-wide dissemination and replication by local resources. Adapt these models to meet variation in socio-cultural needs.

2. Ensure access for adolescents and youth to comprehensive SRH education

- Mainstream the ASRH education curriculum and the school-based extra-curricular programs into official school learning programs.
- Strengthen the effectiveness of media programs on ASRH using interactive and personal communication approaches, to raise public awareness on the negative consequences of adolescent pregnancy for individuals, family and the society, and to better respond to adolescent and youth needs.
- Promote information on reproductive rights to reduce negative bias towards young, unmarried pregnant women.

3. Ensure access for adolescents and youth to quality youth-friendly SRH services

- Develop and implement intervention

policies and provide guidance to encourage active participation of individuals, the private sector, and non-governmental organizations, in facilitating good quality, affordable and accessible SRH for adolescents and youth.

- Develop a national ASRH policy to better address the overall needs of adolescents.
- Ensure availability and access to youth-friendly SRH and counselling services at commune health centres and other health facilities for both unmarried and married young people. This should include access to contraceptives through a convenient range of sources.
- Establish budget lines for adolescents and youth in financial plans, at both national and local levels, to ensure availability of contraceptives at either free or subsidized cost.

4. Promote sexual and reproductive rights and young people's participation

- Strengthen multi-sector coordination between the health and other sectors, to ensure mainstreaming of gender issues in SRH programs for young people.
- Promote sexual and reproductive rights for young people through intensive advocacy and communication campaigns at both national and local levels.
- Involve young people in policy dialogue to create an enabling environment for youth participation in the design, delivery and monitoring of SRH programs targeted at their own age group.

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