



2016 NATIONAL SURVEY

on Sexual and Reproductive Health among
Vietnamese Adolescents and Young Adults
aged 10-24

Hanoi 2017

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ACKNOWLEDGEMENTS

The 2016 National Survey on Sexual and Reproductive Health among Vietnamese Adolescents and Young Adults was jointly conducted by the Institute of Social and Medical Studies and Center for Creative Initiatives in Health and Population in 2016 across eight provinces/cities with 9,768 adolescents and young adults aged 10-24. It is the first-ever national survey on sexual and reproductive health among adolescents and young adults, the findings of which will be used to inform the development and implementation of appropriate sexual and reproductive health policies and programs, contributing to the well-being of the young population in the country.

We would like to thank the research team, particularly Dr. Phuong Pham, Ms. Linh Nguyen, Ms. Trang Nguyen, Dr. Nam Nguyen, Dr. Thu Bui, Dr. Maxine Whittaker and Ms. Bronwyn McBride from the Institute of Social and Medical Studies and Dr. Ha Vu and Dr. Minh Tran from the Center for Creative Initiatives in Health and Population for their efforts in all phases of the study. We would also like to extend our gratitude to Dr. Nguyen Duc Vinh, director, and Dr. Nghiem Xuan Hanh, senior expert, from the Maternal and Child Health Department at the Ministry of Health for their valuable input and support. We acknowledge the technical and management support provided by Dr. Dat Van Duong, Reproductive Health Team Leader, and Ms. Pham Tuyet Hanh, Programme Associate at UNFPA in Viet Nam, to the study. We also thank the adolescents and young adults who participated in this important study.

It is our hope that this report is useful for policymakers, program managers, health professionals, researchers and donors in designing and implementing policies and programs on comprehensive sexuality education and youth-friendly SRH services for adolescents and young adults, toward achieving the ultimate objectives of the International Conference on Population and Development and the Sustainable Development Goals in Viet Nam.

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ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
ASFR	age-specific fertility rate
CCIHP	Center for Creative Initiatives in Health and Population
CHC	commune health center
CI	confidence interval
GBV	gender-based violence
GSO	General Statistics Office of Vietnam
HCMC	Ho Chi Minh City
HIV	human immunodeficiency virus
ISMS	Institute of Social and Medical Studies
LAM	lactational amenorrhea method
OR	odds ratio
PLWH	people living with HIV/AIDS
Ref	reference group
RTI	reproductive tract infection
SAVY	Survey Assessment of Vietnamese Youth
SD	standard deviation
SES	socio-economic status
SMS	short message service
SRH	sexual and reproductive health
STI	sexually transmitted infection
UNFPA	United Nations Population Fund



EXECUTIVE SUMMARY

Introduction

Viet Nam has entered a demographic dividend period¹, characterized by a large proportion of young people [1]. Data from the 2015 Population Change Survey revealed that the number of young people aged 10-24 in Viet Nam was 20.7 million, accounting for 22.68 percent of the total population [2]. However, the lack of quality data on adolescents and young adults has impeded the design and implementation of evidence-based policies and programs on youth development and sexual and reproductive health (SRH) in particular.

A nationally representative study was needed to generate reliable national evidence on SRH knowledge, attitudes and practices among adolescents and youth, as well as associated factors such as demographic, social, cultural and economic characteristics and perceived attitudes and practices of health providers, teachers and parents. The first-ever National Survey on Sexual and Reproductive Health among Vietnamese Adolescents and Young Adults aged 10-24 was designed in response to these important needs. The survey's findings are expected to inform the development and implementation of appropriate SRH policies and programs, ultimately contributing to the well-being of youth in Viet Nam.

Specific survey objectives were to collect information about adolescents and young adults, including: 1) socio-demographic characteristics; 2) knowledge of and attitudes toward sexual health; 3) knowledge of and attitudes towards HIV/AIDS and reproductive tract infections; 4) sexual behavior; 5) pregnancy, abortion and childbearing experience; 6) unmet need for contraception; 7) seeking behaviors, accessibility and utilization of SRH information and services; 8) gender-based violence; and 9) perceived gatekeeper support for SRH information and services.

Methods

The survey was conducted in 2016 across 8 provinces/cities – Hanoi, Hai Phong, Son La, Thanh Hoa, Dong Nai, Tien Giang, Dak Lak and Ho Chi Minh City – including 9,768 adolescents and young adults aged 10-24. A multi-stage sampling method was employed in four stages: 1) selecting provinces, 2) selecting districts, 3) selecting communes/wards in chosen districts, and 4) selecting young people. The survey employed a cross-sectional design using face-to-face interviews based on a structured questionnaire. For sensitive topics, a self-administered questionnaire was also used.

Main findings

Context

Compared to findings from previous studies, adolescents and young adults in Viet Nam today have an improved quality of life. They are now equipped with modern devices that help ease their access to the world of information such as computers (52 percent) and internet connections (49 percent),

¹ Demographic dividend, as defined by the United Nations Population Fund (UNFPA) means, "the economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population (15 to 64) is larger than the non-working-age share of the population (14 and younger, and 65 and older)".

which were very rare only a few years ago (20 percent and 11 percent respectively in 2009). At the same time, the majority are living with their biological parents (76 percent), a beneficial living arrangement for their development and SRH.

Sexual health

The average age of the first wet dream for males was 15 years, while that of the first menstrual period for females was 13.4 years. The findings showed that about 46 percent of never-married respondents (aged 10-24) had ever had a boy/girlfriend and 26 percent currently had a boy/girlfriend. The mean age at first having a boy/girlfriend was 15.9 years and adolescents and young adults had an average of 2.5 boy/girlfriends. More than three-quarters of respondents reported having physical contact with their current boy/girlfriend, such as holding hands, hugging or kissing, and a lower percentage reported engaging in more intimate behaviors, such as touching a partner's vagina/penis (ranging from 11 percent to 28 percent).

According to young adults aged 15-24, premarital sex, especially for females, was not acceptable (71 percent). Premarital sex among girls was unacceptable for 77 percent of adolescents aged 15-18 and 66 percent of young adults aged 19-24, while premarital sex among boys was unacceptable for 74 percent of adolescents aged 15-18 and 59 percent of young adults aged 19-24. However, their views of premarital sex were less conservative when specific situations were provided to justify premarital sex. Young people's attitudes toward cohabitation were still strict, with only 14 percent expressing accepting attitudes. Similarly, 16 percent of respondents had accepting attitudes towards sex outside marriage in specific situations. Childbearing was expected within marriages while only 28 percent accepted extramarital childbearing among women. However, attitudes toward sex with sex workers were not strict; 40-62 percent thought that this behavior could be justified in given situations. Similarly, young people had relaxed views of women staying unmarried.

The mean age at first sex was 18.7 years. Females waited longer to have their first sexual encounter than males: 19.1 years versus 18.4 years. A much higher percentage of adolescents aged 15-18 had had sex before the age of 15 (7.8 percent), compared to only 1.3 percent of young adults aged 19-24 ($p < 0.001$), implying that young people are starting to have sex earlier. More than half of sexually active respondents reported using contraception during their first sexual intercourse. Modern contraceptives were chosen by 44.56 percent of the respondents in the study, most commonly the male condom (30.82 percent). The rate of contraceptive use at first sex decreased when the relationship with a partner grew closer to becoming an intimate relationship or marriage.

About 13 percent of adolescents and young adults reported ever having sexual intercourse. Respondents had had an average of two sexual partners. Of the total sample, 15 percent engaged in premarital sex. Only 4 percent of respondents reported having ever exchanged sex for goods or money, while a similarly small proportion reported having had sex with a sex worker (4.3 percent).

Marriage, pregnancy, abortion and childbearing

Of ever-married respondents, 15 percent of females and 27 percent of males had gotten married when under the legal age; Vietnamese laws stipulate the legal ages of marriage at 18 for women and 20 for men.

Knowledge of pregnancy among adolescents aged 10-14 was not comprehensive; only 17 percent correctly answered questions about the days a woman is most likely to get pregnant. Of females

aged 15-24, about 20 percent had ever been pregnant. The age-specific fertility rate (ASFR) of adolescent females aged 15-19 was 23 births per 1,000 women.

Of all females aged 15-24, 18 per 1,000 had ever had an abortion (accounting for 9.2 percent of females who had ever been pregnant). The abortion rate was significantly higher among young adults aged 19-24, ethnic minorities and ever-married respondents, compared to those aged 15-18, Kinh people and never-married respondents.

Of all females in a union, 17 percent reported having mothered a child. Among females aged 15-19, 4 percent had given birth, and about 2 percent of all females aged 20-24 had given birth before the age of 18.

Contraception

While more than 90 percent of respondents had ever heard about modern contraceptives and 87 percent knew where to get modern methods, only 35 percent had been instructed on how to use modern methods. Ethnic minorities (40.7 percent), migrants (51.6 percent) and ever-married people (72.1 percent) were more likely to have received instructions on using modern contraceptives than Kinh people (34.3 percent), non-migrants (34 percent) and never-married people (31 percent). These rates also increased with age: 12 percent for 10-14 years, 31.6 percent for 15-18 years and 56.9 percent for 19-24 years. There were no differences in the percentages of people receiving modern contraceptive method use instructions between males and females, or between urban and rural residents.

Among those who had ever had sex, 88 percent reported having ever used any contraceptive method and 80 percent had used a modern contraceptive method. The most commonly used method was the male condom (64 percent). Rates of ever-using modern contraceptives were significantly higher among urban residents, older groups and Kinh people than rural residents, younger groups and ethnic minorities. Being married was negatively associated with the use of modern contraceptives.

Current contraceptive users accounted for 60 percent of adolescents and young adults aged 15-24 who reported having sex in the last 12 months, yet the contraceptive discontinuation rate was 40 percent.

Among females aged 15-24, the current contraceptive use rate was 60 percent and that of current modern contraceptive use was 50.5 percent. The average unmet need for modern contraceptives was around 30 percent, reaching as high as 48.4 percent among never-married females aged 15-24.

Of the total sample, 83 percent of respondents had ever heard of the male condom and 63.4 percent knew the purpose of using condoms, but only 26 percent knew how to use condoms correctly. The most frequently identified barrier to purchasing condoms was consumer shyness (76 percent); 18 percent felt a sense of wrongdoing when buying condoms.

HIV and RTIs

Adolescents and young adults aged 10-24 had basic but incomplete knowledge of HIV/AIDS – only 27 percent had comprehensive correct knowledge and were able to answer all questions about HIV/AIDS. Comprehensive correct knowledge of HIV/AIDS was significantly higher among males, older respondents, urban residents, Kinh people and migrants than females, younger respondents, rural residents, ethnic minorities and non-migrants. Specifically, 28.8 percent of males and 30.1 percent

of urban residents had comprehensive correct knowledge of HIV/AIDS, compared to 24.8 percent of females and 24.2 percent of rural residents.

The overall rate of comprehensive correct knowledge of mother-to-child HIV transmission was higher (55 percent). Potentially as a result of the low rates of comprehensive knowledge of HIV/AIDS, the percentage of accepting attitudes towards people living with HIV was low at only 14 percent. Nearly one-third of respondents perceived themselves to be at risk for HIV infections, yet only a quarter knew where to get confidential HIV testing and counseling and just one in ten had actually had an HIV test.

Only 21 percent of all adolescents and young adults aged 10-24 could name a symptom of a reproductive tract infection (RTI) in males; 19 percent in females. About 28 percent of males and 55 percent of females self-reported a symptom of RTI in the last six months. RTI rates were high partly because respondents had little knowledge of the symptoms, making the recognition of symptoms (without professional diagnosis) less accurate. Males, non-contraceptive users and those with multiple sexual partners self-reported an RTI symptom at higher rates than current contraceptive users and those with one sexual partner.

Violence²

About 15.5 percent of adolescents and young adults had high levels of gender equality attitudes³, 83.9 percent had moderate attitudes and less than one percent had low gender equality attitudes. More females (21.6 percent) and Kinh people (16.9 percent) showed high gender equality attitudes than males (9.5 percent) and ethnic minorities (6.4 percent).

Around 60 percent of all school attendants in the sample reported experiencing any form of school violence in the last 12 months. Of the three forms of violence in school, the prevalence of psychological violence was highest (50 percent), followed by physical violence (34 percent) and sexual violence (12 percent). Male students experienced school violence more than female students.

The prevalence of domestic violence was almost equal between males and females, with 9.4 percent of adolescents and young adults reported experiencing domestic violence in the last 12 months. The prevalence of psychological violence was 4.8 percent, physical violence was 4.4 percent and sexual violence was 1.5 percent. Nearly half (42 percent) of adolescents and young adults did nothing when they experienced violence.

SRH information seeking and accessibility

More than 90 percent of adolescents and young adults aged 10-24 reported communicating and accessing information via modern channels, including the internet, TV and mobile SMS. Though most respondents had an internet connection, only one-third used the internet to learn about SRH, choosing rather to use the internet for social network applications and rather learning about SRH via mass media. Mass media was the most frequently mentioned source of SRH information for all

² This report presents estimations of violence against young people in school and family settings in general. Gender-based violence (GBV) is not presented specifically due to the complexity of its concepts and difficulties in clarifying the root of violence that is committed. Further analysis is needed to measure gender-based violence in school and in family settings.

³ The survey employed adapted Gender Equitable Men (GEM) Scale (more details in 3. Nanda, G., *Compendium of Gender Scales*. 2011, FHI 360/C-Change: Washington, DC). This scale was used for both males and females and in a number of countries with adaptation. In Vietnam, this scale was adapted and revised by PyD and CCIHP (2013), and Plan, ICRW and ISMS (2014) in their surveys with students in schools. In this survey, the gender equitable set had a list of twenty statements that supported gender inequality, with which the respondents were asked to show their levels of agreement or disagreement. The response scale included 1-strongly disagree, 2-disagree, 3-agree, and 4-strongly agree. Factor analysis was used to identify items that clustered together. Internal consistency was performed. A total of 19 items were finally included to form an attitudinal scale (Cronbach's Alpha =0.81).

nine SRH-specific investigation topics. For most SRH services (with the exception of contraception), adolescents and young adults seek care at public hospitals first, private hospitals second. The most important factor for youth when choosing a facility for SRH services was proximity to their home/workplace (38 percent), followed by belief in the staff's technical competence (33 percent) and good facilities and equipment (23 percent).

The overall health insurance coverage rate was 78 percent. Health insurance coverage was higher among urban residents (85 percent) than rural residents (72 percent) and higher among Kinh people (79 percent) than ethnic minorities (71 percent). Health insurance coverage declined over time, with the highest rates among adolescents aged 10-14 (90 percent), second highest among adolescents aged 15-18 (78 percent) and lowest among young adults aged 19-24 (65 percent).

Perceived gatekeeper support of SRH

Communication with adults about SRH topics in the last 12 months was limited among adolescents and young adults aged 10-24. Only 13 percent had talked to their teachers and 17 percent had talked to their parents about SRH. Health workers seemed to be the preferred source of information for adolescents and young adults when they wanted to ask sex-related questions; 67 percent of respondents reported seeking out SRH information from health workers. Health workers in public settings and at the central level were especially preferable.

Recommendations

Comprehensive sexuality education (CSE)

CSE contents

- The survey revealed that adolescents and young adults may have heard about a number of a wide range of topics related to SRH, but they lack comprehensive and correct knowledge on specific topics spanning HIV/AIDS, RTIs, contraception, pregnancy and so on. Based on the limited knowledge, attitudes and practices of adolescents and young adults on SRH, sexuality education for in-school and out-of-school students should have a comprehensive and holistic vision of sexuality and sexual behavior that goes beyond a focus on preventing pregnancy and RTIs. CSE should equip young people with accurate information about human sexuality, SRH and human rights, including sexual anatomy and physiology; reproduction, contraception, pregnancy and childbirth; sexually transmitted infections and HIV/AIDS; family life and interpersonal relationships; culture and sexuality; human rights empowerment, non-discrimination, equality and gender roles; sexual behavior and sexual diversity; and sexual abuse, gender-based violence and harmful practices. Going beyond technical information, CSE should give youth an opportunity to explore and nurture positive values and attitudes towards SRH and develop self-esteem and respect for human rights and gender equality. It should empower young people to take control of their own behavior and, in turn, treat others with respect, acceptance and empathy regardless of their gender, ethnicity, race or sexual orientation. CSE should also develop life skills that encourage critical thinking, communication, negotiation, decision-making and assertiveness.
- Global evidence indicates that appropriate integration of gender, gender-based violence (GBV) and power issues into CSE can help improve the efficiency and effectiveness of sexuality education programs in practice. CSE should address both the positive and negative

effects of sexuality-related issues. For example, rather than overemphasizing potential health risks such as HIV, STIs or unwanted pregnancies, it should also directly discuss sexual pleasure and other positive aspects of sexual health that go in line with safe behaviors.

- Given the early exposure of Vietnamese adolescents and young adults to the internet, CSE should begin in school as early as possible so that young people can be equipped with adequate SRH and GBV prevention information as it becomes relevant to their lives. In addition, CSE should consider the specific needs of adolescents and young adults at different ages and from different socio-economic backgrounds.
- Out-of-school adolescents and young adults are a diverse group, requiring CSE to be evidence-based and age-appropriate while taking local features into account, including customs, cultures, ethnicities, religions and other social factors.

CSE communication channels

- Family and school environments are the two most important settings where adolescents and young adults receive information. Unfortunately, teachers and parents are not perceived to be the main sources of SRH information by youth. Together with any potential interventions to improve sexuality education by teachers and parents, peer education through youth-led initiatives on SRH is critical.
- Due to the longstanding influence of the feudal tradition and culture in Viet Nam, changing the attitudes of teachers and parents towards teaching sexuality to adolescents and young people is a lengthy process. Therefore, any interventions that aim to build the capacity and willingness of teachers and parents to communicate with youth about SRH should be long-term programs.
- Given the limitations of parent-child and teacher-student communication channels in delivering SRH information, online and self-learning options where students have opportunities to interact and discuss various aspects of sexuality and GBV with their peers through social networks and integrated extracurricular activities are highly recommended.
- As the internet, TV and mobile SMS are common means of accessing information among adolescents and young adults, these channels should be used more widely to deliver SRH information. The rapid growth of young social network users in the country (especially on networks such as Zalo and Facebook) presents an opportunity to teach CSE, discuss sensitive issues and provide referrals to appropriate service delivery points as needed through these channels.

SRH service provision

- Although access to modern contraceptive services is physically possible, unmet need for modern contraceptives among adolescents and young adults is relatively high. Barriers to acquiring modern contraceptive methods—such as condoms—are no longer rooted in cost, stemming rather from the sense of embarrassment that adolescents and young adults feel purchasing condoms. Therefore, the Ministry of Health should outline a strategy to make retail pharmacies and commune health centers more youth-friendly to attract adolescents and young adults.
- The National Guidelines on the provision of youth-friendly SRH services and information

at primary health care levels should be updated using the findings of this survey to accommodate the various SRH needs and barriers among adolescents and young adults, such as the need for modern contraception, professional counseling related to SRH concerns and SRH examinations and treatment. In addition, the guidelines should give clear instructions on establishing and maintaining more effective links between SRH information delivery points at schools and communities, and local service delivery networks including commune health centers.

- School-based health care providers play a crucial role in providing SRH information and services and referring individuals to higher levels for complicated cases. However, they have yet to be considered key actors in sexuality education programs. To address this, an operational guideline on the roles and functions of school-based health care providers should be jointly developed by the Ministry of Education and Training and the Ministry of Health.
- Given the availability of the internet in most regions of Viet Nam and the ubiquitous use of online social networks among adolescents and young adults, service delivery points should utilize social networks to provide SRH information and counseling services, as well as appointment scheduling options for young clients. Clear guidance from the Ministry of Health would facilitate the effective implementation of this initiative.
- The utilization of SRH services among adolescents and young adults is relatively low compared to their high health insurance coverage rates. To improve the utilization of SRH services, the Ministry of Health should review health insurance benefit packages to ensure key SRH services are covered. In addition, since student health insurance is often purchased directly by schools at the beginning of the academic year, the Ministry of Education and Training should be accountable for providing clear guidance for students and parents on health insurance coverage and benefits to increase service utilization.

SRH interventions for adolescents and young adults

- Currently, key access points for reaching adolescents and young adults - schools and families - are not perceived to be reliable sources of SRH knowledge and information by youth. Multifaceted prevention and intervention programs are needed to improve young people's sexual health-related behaviors, which may involve community-based, school-based and family-based SRH interventions.
- Interventions that improve adolescent and young adult SRH behaviors should enhance links between information provision and counseling, and clinical service delivery. Therefore, multi-sectoral collaboration between the health, education, vocational training, labor, civil society and private sectors is crucial. Inter-ministerial guidelines on sector collaboration and information and service delivery should be developed.
- While SRH interventions improving parent-child and teacher-student communication over the long-term are still beneficial, youth-led initiatives in which adolescents and young adults directly design and implement innovative SRH activities should be encouraged and facilitated, since peers are considered a frequent and trusted contact among young people. Given the large gaps between SRH knowledge and service utilization among adolescents and young adults, interventions should target positive behavior changes and practices

beyond just knowledge and attitudes.

Monitoring adolescent and young adult SRH

- Study findings generated an essential set of SRH indicators that should be used for monitoring and evaluating efforts, conducted by the National Assembly and relevant authorities, to track the accountability and responsibility of the education and health sectors and local authorities on SRH in Viet Nam. Active participation of representatives from various youth groups in these monitoring missions is highly recommended.

Research agenda

- A national study on sexual and reproductive health should be conducted every five years to track the progress of adolescent- and youth-related indicators, the National Strategy on Population and Reproductive Health targets and those from other adolescent health programs.
- This study contains rich national data on various aspects of adolescents and young adult sexual health. The following thematic monographs should be developed using the available database:

A. Knowledge and behavior of SRH among adolescents and young adults: situation and determinants;

B. Knowledge of, attitudes about and experiences with HIV/AIDS and RTIs among adolescents and young adults;

C. Unmet need for contraception, safe motherhood and professionally assisted delivery;

D. SRH-seeking behaviors and access to and utilization of SRH services among adolescents and young adults: situation and determinants;

E. Adolescent and young adult experience with violence and determinants of violence;

F. Perceived gatekeeper attitudes of and support for SRH among adolescents and young adults;

G. Tobacco smoking, alcohol consumption and drug use among adolescents and young adults.

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CHAPTER 1. INTRODUCTION

Viet Nam has entered a demographic dividend [1], registering the largest cohort of young people in the country's history. Data from the 2015 Population Change Survey showed that the number of young people aged 10-24 in Viet Nam was 20.7 million, accounting for 22.68 percent of the nation's total population [2]. In addition to these growing numbers, there have also been rapid changes in sexual norms and behaviors among Vietnamese youth. The Survey Assessment of Vietnamese Youth Round 1 (SAVY1) in 2003 and Round 2 (SAVY2) in 2009, for instance, indicated that the average age at first sex declined from 19.6 years in 2003 to 18.2 years in 2009, evidence that youth were tending to engage in sexual encounters at an earlier age [4].

In Viet Nam, limited information on adolescent and young adult sexual and reproductive health (SRH) has been made available through several surveys including SAVY, the Demographic and Health Survey (DHS), and the Multiple Indicator Cluster Survey (MICS). However, these surveys did not focus on SRH among adolescents and young adults.

Social norms have changed dramatically during Viet Nam's urbanization and modernization over the past two decades. This has led to various changes in people's attitudes and experiences related to sexual health, as echoed in studies all over the world. During these past two decades, substantial resources have been invested by the Government of Viet Nam and its development partners to improve the overall health of the nation's population. However, the sexual and reproductive health needs of young people have been insufficiently addressed. Available information indicates that most Vietnamese young people still lack vital knowledge and life skills to negotiate safe and consensual relationships and to overcome barriers to SRH services [5]. Consequently, young people are at risk of early and unintended pregnancies and sexually transmitted infections, including HIV.

Viet Nam's national reproductive health and family planning policies and programs have been primarily focused on married couples for several decades, with very little attention and resources dedicated to unmarried young people. Current data show that one-third of all Vietnamese young people continue to face barriers to accessing SRH information and services, with unmet need for contraception among young people aged 15-19 years at 35.4 percent, and 20-24 years at 34.6 percent [6]. Though some small-scale studies on adolescent and young people's SRH have been conducted [7], the resulting data are not nationally representative.

The lack of quality data on adolescents and young adults has impeded the design and implementation of evidence-based policies and programs on youth development and sexual and reproductive health (SRH) in particular. To address this policy information gap, a nationally representative study was necessary to generate reliable evidence on SRH knowledge, attitudes and practices among adolescents and young people aged 10-24, as well as associated factors

including demographic, social, cultural and economic factors and perceived attitudes and practices of health providers, teachers and parents. “The National Survey on Sexual and Reproductive Health among Vietnamese Adolescents and Young Adults aged 10-24” is the first survey to provide not only a comprehensive and accurate picture of SRH among adolescents and young people, but also generate evidence for developing and implementing appropriate SRH policies and programs, contributing to the well-being of the young population in Viet Nam.

The survey was sponsored by the UNFPA and jointly conducted by the Institute of Social and Medical Studies (ISMS) and the Center for Creative Initiatives in Health and Population (CCIHP) in 2016, with technical assistance from national and international experts in study design, implementation, data analyses and report writing.

The main objectives of this survey were to examine the knowledge, attitudes and experiences of adolescents and young adults on SRH issues such as sexual intercourse, HIV/AIDS and RTIs, pregnancy, childbearing, unmet need for modern contraception, contraceptive use, utilization of SRH services, perceived gatekeeper support and violence. The survey interviewed 9,768 adolescents and young adults aged 10-24 in eight cities and provinces including Son La, Hanoi, Hai Phong, Thanh Hoa, Dong Nai, Dak Lak, Tien Giang, and Ho Chi Minh City (HCMC) in 2016. The sample is nationally representative, accounting for different groups based on sex, age, place of residence, ethnicity and migration status.

The 2016 National Survey on Sexual and Reproductive Health among Vietnamese Adolescents and Young Adults aged 10-24 report includes 11 chapters: Chapter 1 – Introduction; Chapter 2 – Methods and Limitations; Chapter 3 – Demographic characteristics of respondents; Chapter 4 – Sexual health; Chapter 5 – Marriage, pregnancy, and childbearing; Chapter 6 – Contraception; Chapter 7 – HIV and RTIs; Chapter 8 – Violence; Chapter 9 – Seeking behaviors, accessibility and utilization of SRH information and services; Chapter 10 – Perceived gatekeeper support for SRH; and Chapter 11 – Conclusions and recommendations. This report presents only the main findings of the National Survey on Sexual and Reproductive Health among Vietnamese Adolescents and Young Adults aged 10-24 in 2016. Thematic topics with in-depth analyses will be available in various forthcoming monographs, to be published by the UNFPA in coming years.





CHAPTER 2. METHODS AND LIMITATIONS

2.1. SURVEY DESIGN

The survey employed a cross-sectional design with a multi-stage sampling method. Face-to-face interviews based on a structured questionnaire was the main method of data collection for this survey. A self-administered questionnaire was also used for sensitive topics.

2.2. SAMPLE SIZE AND SAMPLING

A multi-stage sampling method was employed through four stages: 1) selecting provinces, 2) selecting districts, 3) selecting communes/wards in chosen districts and 4) selecting young people (10-24 years).

2.2.1. Selecting provinces

In order to yield a nationally representative sample, two mega cities – Hanoi and HCMC – and six provinces from the six ecological regions of Viet Nam were selected as study sites, including the Red River Delta (region 1), Northern Midlands and Mountains (region 2), North and South Central Coast (region 3), Central Highlands (region 4), Southeast (region 5) and Mekong River Delta (region 6).

Province selection included 3 steps: 1) selecting provinces to create a sampling frame, 2) defining the number of selected province(s) in each region and 3) selecting province(s) from each region.

1) Selecting provinces to create a sampling frame

Apart from the two mega cities, differences in ethnicity and migrant statuses of the population aged 10-24 were taken into account while selecting the other six provinces - one in each of the six regions. Specifically, provinces in regions 1, 3, 5 and 6 were required to have a high proportion of migrant young people (above the average level of the whole region); while provinces in regions 2, 3 and 4 were required to have a high proportion of ethnic minority youth (above the average level of the whole region). As a result, a list of 26 provinces (including Hanoi and HCMC) that met all the above requirements was used to generate a sampling frame.

2) Defining the number of selected province(s) in each region

According to data from the 2014 Intercensal Population and Housing Survey, the total number of people aged 10-24 in these 26 provinces is 12,070,014. Dividing this number by eight (to account for the pre-selected number of provinces)

equals 1,508,752. Therefore, the number of selected provinces in each region is defined as the total population aged 10-24 in each region divided by 1,508,752. The rounded number of provinces per region suggested two provinces in the Red River Delta and Southeast regions and one province in each of the other regions.

Oversampling and under-sampling in each region was considered during the weight calculation stage to ensure the estimations reflected the true distribution in each region.

3) Selecting province(s) for each region

First, provinces in each region were sorted in ascending order by the size of their population aged 10-24, then cumulative populations for each region were calculated. The first selected province was the province with a cumulative population aged 10-24 closest to 1,508,752, and the second selected province was the province with a cumulative population aged 10-24 closest to 2 x 1,508,752 (3,017,504). The process continued until eight provinces were selected: Hai Phong, Hanoi, Son La, Thanh Hoa, Dak Lak, Dong Nai, HCMC and Tien Giang. The share of the population aged 10-24 in these provinces is about 30.3 percent of the total population aged 10-24 in the whole country.

2.2.2. SELECTING DISTRICTS AND COMMUNES

1) Selecting districts

Twenty-four districts were selected within the six provinces and two cities, including 14 rural districts and 10 urban districts/provincial capital cities. The selected districts are representative of the province in terms of rural and urban populations and ethnic minorities.

HCMC and Hanoi

In HCMC and Hanoi, two urban districts were selected from each city, compared with only one urban provincial capital city in each of the other six provinces. This was 1) to reflect the much higher proportion of the urban population in the two mega cities, and 2) to oversample the urban population in the two mega cities in order to produce an adequate sample size of migrant young people.

In HCMC and Hanoi, an additional rural district was selected, making three districts total: two urban and one rural from each city. A systematic random method was used to select districts. The selection process included obtaining complete, separate lists of all urban and rural districts in the given cities from the government, and randomly selecting two districts from the urban list and one from the rural list for each city.⁴

The other six provinces and ethnic minority, non-Kinh inclusion

⁴ Rural and urban areas are defined by GSO: Urban areas include inner-city districts, inner-city wards and towns. All other administrative areas/units belong to rural areas.

Following the same method, the provincial city and two rural districts were selected randomly from each of the other six provinces. In Thanh Hoa, Son La and Dak Lak provinces, one rural district that had at least 50 percent rural communes where the ethnic minority accounted for at least 50 percent of the population was intentionally selected. The other rural district was randomly selected from the list of all rural districts (excluding districts with a high proportion of ethnic minorities, or those where the majority of the district population constitutes ethnic minorities).

2) Selecting communes/wards

In the six selected provinces and two mega cities, two communes per selected rural district (for a total of four) and two wards per selected urban district/capital city were randomly selected. Ultimately, six wards/communes per province were selected.

For cities/provinces with a large proportion of Kinh ethnic majority

In each selected district/capital city with a large proportion of Kinh ethnic majority people, a list of all wards/communes was obtained through support from local authorities, and two communes/wards were randomly selected from each list. This rule was applied to Hanoi, HCMC, Hai Phong, Dong Nai and Tien Giang.

For provinces with a large proportion of non-Kinh

In selected districts with a high proportion of ethnic minorities in Thanh Hoa, Son La and Dak Lak provinces, the list of rural communes included only communes where ethnic minorities accounted for at least 50 percent of the population.

In total, 48 communes/wards were selected, including 20 urban wards and 28 rural communes.

2.2.3. Selecting respondents (aged 10-24)

To ensure that different groups of young people, such as rural and urban residents, Kinh and non-Kinh (ethnic minority) individuals and migrants were represented, 200 young people were selected from each commune/ward, resulting in a sample size of 9,600 participants (200 participants x 48 communes/wards).

3) Selecting respondents in selected rural districts/communes

A full list of the local population aged 10-24 was obtained from the commune/ward's People's Committee. Only youth who had been registered as residents in the commune/ward for 3 months or longer were interviewed.⁵

To produce a sufficient and balanced sample of males and females between the

⁵ Recommended by UNFPA RFP.

age groups 10-14 and 15-24, the samples of males aged 10-14, females aged 10-14, males aged 15-24 and females aged 15-24 were all selected separately.

At the commune level, four separate lists of males aged 10-14, females aged 10-14, males aged 15-24 and females aged 15-24 were developed. From the separate lists, 33 males aged 10-14, 33 females aged 10-14, 67 males aged 15-24 and 67 females aged 15-24 were selected following a systematic random method. A total of 200 young people aged 10-24 were ultimately selected from each included commune/ward.

4) Selecting respondents in selected urban districts/wards

In selected urban wards in Hanoi, Hai Phong, Thanh Hoa, Dong Nai, Tien Giang and HCMC, the sampling of young permanent residents and the sampling of young migrants from other provinces was conducted separately.

For non-migrants

Within each selected ward, four separate lists of males aged 10-14, females aged 10-14, males aged 15-24 and females aged 15-24 were developed. From the separate lists, 27 males aged 10-14, 27 females aged 10-14, 53 males aged 15-24 and 53 females aged 15-24 were selected following a systematic random method. A total of 160 young permanent residents aged 10-24 were selected from each included ward.

For migrants

Within each selected ward, two separate lists of males aged 10-24 and females aged 10-24 were developed.

From the separate lists, 20 males aged 10-24 and 20 females aged 10-24 were selected following a systematic random method. A total of 40 young migrants aged 10-24 were selected from each included commune.

In order to have sufficient sampling power to analyze key variables of the young migrant population, such as pre-marital sex, the sample size was 640 young migrants (with type I error =0.05, type II error =0.1 and design effect =2).

Sampling lists were sent to commune health centers before data collection day. The commune health staff reviewed the list and identified instances requiring replacement. Subject replacement was used when: i) subjects were away from home and would not return during the survey period, ii) subjects had moved to another place before the survey period or iii) there was a mistake in the name and/or address of a subject. The commune health staff then identified suitable replacements with consistent ages.

The theoretical sample size was 9,600 people aged 10-24 in the eight selected cities and provinces. The implementation of the survey in the field resulted in:

Total sample interviewed in urban areas: 4,116

Total sample interviewed in rural areas: 5,652

Total sample interviewed: 9,768 (4,868 boys and 4,900 girls)

2.3. QUESTIONNAIRE

Survey instruments were developed through several steps: reviewing relevant international and national SRH studies among young people⁶, designing a draft questionnaire, pre-testing the questionnaire in the target groups and finalizing the questionnaire.

The questionnaire was designed to cover:

- Socio-demographic characteristics
- Knowledge of and attitudes toward SRH
- Knowledge of and attitudes toward HIV/AIDS and other RTIs
- Sexual behavior
- Pregnancy, abortion and childbearing experience
- Unmet need for contraception and contraceptive use
- Violence
- Seeking behaviors, accessibility and utilization of SRH information and services
- Perceptions of adult attitudes toward and support for their accessibility and utilization of SRH information and services

Sensitive questions (such as those about sexual behaviors, pregnancy and abortion), especially for adolescents were designed in a separate self-administered questionnaire to reduce information bias.

The response rate to the most sensitive question was still high at 98 percent. Specifically, only 2 percent refused to answer the question “Have you ever had sex?” presented in the separate self-administered questionnaire.

Questionnaire pre-test

The questionnaires were pre-tested twice. Survey instruments were first pre-tested among 12 students at the Thuong Cat secondary and high school in Hanoi to identify any problems with the questionnaires, especially any unique to urban residents.

The second pilot survey was implemented in rural areas of Thai Nguyen province by interviewing 27 young people of different ages, students and non-students, males and females and different ethnic groups and marital statuses. Feedback from these pre-tests was used to revise the questionnaires to ensure they covered all necessary topics while remaining understandable and answerable.

6 For a full list of references for the questionnaire, refer to Annex Table K-1

2.4. DATA COLLECTION

2.4.1. Participatory stakeholder consultation process

Young people, the target group of the survey, were engaged throughout all steps of this study. Their input was solicited from all stages of proposal and questionnaire design to questionnaire pretesting and finalizing.

Relevant stakeholders, including government agencies, international and national organizations, survey institutes working in the field of gender and SRH with young people (for example, the Ministry of Health, General Statistics Office of Vietnam, UNFPA, World Health Organization, Institute of Sociology, Ministry of Education and Training, Institute of Social and Development Studies, Light, Plan, Isee, and PyD) were invited to give input on the questionnaire and intended field operations. The survey team also worked closely with local authorities and youth unions to organize data collection and ensure the study sample was nationally representative.

2.4.2. Field data collection process

Given the complexity and sensitivity of the questionnaire, selected participants were invited to the village cultural house for interviews. The cultural house provided a youth-friendly environment and ensured confidentiality, increasing trust with responses. As each interview took about one hour, a limit of six interviews per day per interviewer was set to ensure the quality of the data collected.

2.5. DATA MANAGEMENT

2.5.1. Field survey and quality control

Data collection in the field underwent direct and indirect quality control processes led by the team leader and survey coordinators. With support from the coordinators, team leaders were responsible for the overall quality of the survey. They closely supervised daily data collection, including daily communication with teams, and were reachable during the data collection period to immediately address issues as they arose.

Field data quality control included observation, re-interviewing and questionnaire completeness verification. All completed questionnaires were filed according to commune, and each was thoroughly checked and approved by coordinators.

2.5.2. Data management

Data entry

All questionnaires were verified for completeness before data entry. Answers to open-ended questions were checked for clarity and coded if necessary. Epi-Data software was used for data entry. All completed questionnaires were entered twice (double-entry) to ensure accuracy.

Data in Epi-Data format was then transferred into Stata (version 12). Variables were also checked after being transferred into Stata to ensure the accuracy of the labels.

Data cleaning

Several techniques were employed as part of cleaning collected data. The techniques were used to ensure the logic and consistency of the data while also checking for missing values and any mismatches or errors related to variables.

2.5.3. Data analysis

Stata (version 12) software was used for data analysis. The analysis included:

- o Descriptive analysis to provide data on characteristics of the whole sample and among different groups such as urban residents, rural residents, ethnic minorities and migrant young people.
- o Bivariate analysis with key indicators by gender, age groups⁷, urban/rural residency, ethnicity and migration status. Appropriate statistical tests for bivariate analysis (chi-square test and t-test) were employed.
- o Factor analysis to define scales measuring knowledge, attitudes and norms. Internal consistency for the scales was performed (Cronbach's Alpha).
- o Multivariable analyses to identify associated factors (demographic, socio-economic and cultural) on key SRH indicators as well as identify associated determinants and risk factors on contraceptive use, contraceptive discontinuation and failure indicators while controlling for other nuisance factors.

2.6. ETHICAL ISSUES

All survey processes relating to human subjects were carefully reviewed by

7. The age range of respondents from 10-24 was further broken down into three age groups: 10-14, 15-18 and 19-24. The World Health Organization classifies adolescence from ages 10-19. However, in most countries, 18 is the age of majority. Given that, this survey considers 10-18 as the stage of adolescence. The adolescent stage is further divided into early adolescence 10-14 (the age of growth spurts

8. American Psychological Association, *A Reference for Professionals - Developing Adolescents*. 2002, Washington DC: APA.) and middle adolescence 15-18. *The Theory of Development* by Jeffrey Arnett defines emerging adulthood from the late teens through the twenties, thus the survey uses the term 'young adult' or 'late adolescent' to refer to the age group 19-24.

an Institutional Review Board (No: 07/HĐĐĐ-ISMS, approval date 12/2015) to ensure subjects were protected according to international ethical standards and potential risks for respondents were minimized.

Completed questionnaires were carefully stored and only authorized individuals given access. The identity of all participants in data collection, questionnaires and analysis was kept separately, ensuring their confidentiality. Informed consent was acquired from all respondents who were 18 and over, or their parents or legal guardians for those younger than 18.

The privacy, confidentiality and protection of human subjects were carefully maintained and emphasized during each step of the survey, including interviewer training, data collection, data storage, analysis and report writing.

2.7. LIMITATIONS

Sampling

1) As migrant adolescents and young adults often choose to travel to big cities, a separate sampling plan was designed to include migrant adolescents and young adults in exclusively urban wards from six cities/provinces. The migrant sample is therefore not representative of all migrant adolescents and young adults in all cities/provinces (migrant sample size shown in Table 2-1).

2) As ethnic minority adolescents and young adults were selected mostly from three provinces with high proportions of ethnic minorities, the ethnic minorities sample is not representative of ethnic minorities from all cities/provinces (sample size of ethnic minorities shown in Table 2-2).

To address these sampling challenges, data were weighted to ensure that they reflect the true distribution of the population in each group, especially for migrants and ethnic minorities. The ultimate sample of migrants was over 600 and the number of non-Kinh ethnic minority individuals was around 1,400; enough power for the analysis of these groups.

3) The focus on respondents of very young ages in the sample made it difficult to have a sufficient sample of those who had experience with pregnancy and abortion. The analysis of pregnancy and abortion experience has less power. Though the data on pregnancy and abortion were weighted to better reflect the true distribution, interpretations should be made with caution.

Measurement

1) What constitutes gender-based violence is very complex. In this report, estimations of school violence and domestic violence were analyzed and presented generally. Further analysis is needed to measure gender-based violence in school and family settings, including intimate partner violence.

2) This survey recruited people of younger ages and used different measures for many variables than SAVY1 and SAVY2. Therefore, drawing comparisons with

SAVY1 and SAVY2 and describing trends in the sexual health of young people using these indicators is not recommended.

Data collection

1) In rural areas, only adolescents and young adults who stayed at home or studied at local schools at the time of the survey completed the questionnaire; those who lived away from home (such as university students) were not included.

2) Adolescents and young adults might be reluctant to answer sensitive questions such as those related to sexual behaviors.

To obtain information on sensitive topics from adolescents and young adults, the research team developed a separate self-administered questionnaire for those aged 15-24 covering the most sensitive topics. In addition, privacy and confidentiality were emphasized with respondents during the informed consent process. The use of a separate self-administered questionnaire for sensitive topics was effective, as even the response rate of the most sensitive question about sexual intercourse experience was high (98 percent).

Table 2-1. Migrant sample size in selected urban sites

Province/City	Urban Sites		Sample Size		Total
	Urban District/ Provincial Capital City	Wards	Migrants	Non-Migrants	
HCMC	2	4	168	644	812
Hanoi	2	4	214	645	859
Hai Phong	1	2	80	322	402
Thanh Hoa	1	2	81	345	426
Dong Nai	1	2	52	340	392
Tien Giang	1	2	48	371	419
Dak Lak	1	2	NA	402	402
Son La	1	2	NA	404	404
Total	10	20	643	3,473	4,116

Table 2-2. Ethnic minority sample size in selected rural sites

Province/City	Rural Sites		Sample Size		Total
	District	Communes	Kinh	Non-Kinh	
HCMC	1	2	400	2	402
Hanoi	1	2	404	1	405
Son La	2	4	49	763	812
Hai Phong	2	4	808	4	812
Thanh Hoa	2	4	399	411	810
Dak Lak	2	4	400	410	810
Dong Nai	2	4	712	86	798
Tien Giang	2	4	799	3	802
Total	14	28	3,971	1,680	5,651





CHAPTER 3. RESPONDENT DEMOGRAPHIC CHARACTERISTICS

This chapter reports the demographic and socio-economic characteristics of adolescent and young adult respondents, including their distribution by sex, age, ethnicity, migration status and marital status. The chapter also presents young people's living arrangements and living standards.

3.1. DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS⁸

The final survey sample was 9,768 adolescents and young adults aged 10 to 24. Of the total sample, 50.4 percent were male and 49.6 percent were female. There were three age groups: age 10-14 which accounted for 35 percent of the total sample, 15-18 at 30.2 percent and 19-24 at 34.8 percent (Table 3-1). Unlike SAVY1 and SAVY2, which interviewed youth from 15-25 years of age, this survey recruited adolescents from as early as 10 up to young adults aged 24. The inclusion of the group aged 10-14 was essential, as global trends show earlier onset of puberty among adolescents and any intervention programs targeting the improvement of young people's sexual health should start before their sexual activity begins.

Of the total sample, urban residents constituted 44.2 percent and rural residents 55.8 percent. About 86.1 percent were Kinh and 13.9 percent were ethnic minorities. The majority were non-migrants (95.1 percent). Less than 1 percent of respondents (0.6 percent) had not gone to school or not finished grade one, 14.3 percent had completed some or all primary education, 42.5 percent had completed some or all secondary education, 34.7 percent had completed some or all high school and 7.9 percent had a bachelor's degree or higher (Table 3-1). Since SAVY2 included older respondents, the proportion of respondents who had university undergraduate degrees or higher was 0.6 percentage points higher than that in this survey (8.5 percent versus 7.9 percent). However, the proportion of those who had not gone to school or not completed grade one in this survey was only one-third of that in SAVY2 (0.6 percent versus 1.8 percent), implying a better educational background of adolescents and young adults in 2016 compared to 2009.

About 9 percent of the total sample had ever been married, and the mean age at first marriage among them was 19.8 (SD= \pm 2.3). Almost half the respondents reported having ever worked for pay, at 45.6 percent. Among these, 67.4 percent reported currently working for pay. The mean age that adolescents and young adults started working for pay was 17.3 years old (SD= \pm 5.7) (Table 3-1), very close to the average age of employment initiation reported in SAVY2 at 17.4, and older than that reported in SAVY1 at 16.5. Again, it is important to note that this

8 For other demographic characteristics of respondents, refer to Annex A, Tables A1-A6

survey included a younger age group (10-14), which impacts the mean age of respondents initiating activities and events.

Of the total 9,768 respondents, 0.6 percent were living alone, 8.4 percent were living with only their mother, 2.0 percent were living with only their father, 76.3 percent were living with both parents and 12.7 percent were living with others (spouse's family, their own family, other relatives or non-relatives). Of the 8,569 never-married respondents, 0.7 percent were living alone, 6.4 percent were living with only their mother, 2.1 percent were living with only their father, 80.5 percent were living with both parents and 8.3 percent were living with others (Table 3-1). Living arrangement trends among respondents were similar to those observed in SAVY1 and SAVY2. These trends confirm the important and largely unchanged role of family and parents in young people's lives.

3.2. HOUSEHOLD SOCIO-ECONOMIC STATUS (SES)

Using the following proxies to delineate household living standards, this survey found that 66.7 percent of adolescents and young adults were living in dwellings with roofs made of oil papers or zinc sheets and 18.7 percent had concrete roofs. Most of the sample (87.1 percent) had septic/semi-septic tank toilets. Nearly half (46.7 percent) of the total 9,761 respondents had private tap water as the main source of drinking water. Another 30.3 percent used water pumped from a drilled well for drinking. Up to 98.8 percent of the whole sample had electricity from the national power line for lighting (Annex Table A-5).

Using the possession of durable goods as a determinant, adolescents and young adults have improved access to modern goods when compared to those at their age during SAVY1 (2003) and SAVY2 (2009). For instance, in SAVY1, only 6 percent reported having a computer; car ownership and internet access were not even included in the first survey, given their rarity at that time. In SAVY2, only 20 percent of households owned a computer, 2 percent owned a car and 11 percent had an internet connection. These figures have increased tremendously to 52 percent owning a computer, 6.7 percent owning a car and 48.6 percent having an internet connection in 2016.

To comprehensively assess household living standards, the SES composite index was calculated based on information about the household's ownership of consumer goods (Annex Table A-6), dwelling characteristics, sources of drinking water, toilet facilities and other characteristics related to household socio-economic status. To construct the index, each of these items was assigned a weight (factor score) generated through principal component analysis. The scores were aggregated for each household. Individuals were placed into five different quintiles according to the total household score where they resided. The five quintiles range from 1-poorest to 5-wealthiest.

There were significant differences in the distribution of respondents across SES quintiles. There were higher percentages of urban, Kinh and non-migrant respondents in the wealthiest group than rural, ethnic minority and migrant

people: 37.1 percent of urban residents versus 7.2 percent of rural residents ($p < 0.001$), 23.1 percent of Kinh versus 3.6 percent of non-Kinh ($p < 0.001$) and 20.7 percent of non-migrants versus 14.1 percent of migrants ($p < 0.01$). In addition, the distribution of respondents in the poorest quintiles was skewed towards rural, ethnic minority and migrant respondents (Table 3-2).

Table 3-1. Respondent demographic characteristics

Variables			%/Mean \pm SD
Sex			
Male			50.4
Female			49.6
Age			
10-14			35
15-18			30.2
19-24			34.8
Place of residence			
Urban			44.2
Rural			55.8
Ethnicity			
Kinh			86.1
Ethnic minority			13.9
Highest education level completed			
None (did not go to school/incomplete grade one)			0.6
Some or completed primary			14.3
Some or completed secondary			42.5
Some or completed high school			34.7
College/bachelor degree or higher			7.9
Migration status			
Migrant			4.9
Non-migrant			95.1

Variables			%/Mean ± SD
Employment			
Ever worked for pay			45.6
Mean age of beginning work for pay			17.3±5.7
Currently working for pay (among those who ever worked for pay)			67.4
Mean working hours/week			44.3±17.1
Marital status			
Ever-married			9.3
Never-married			90.7
Mean age at first marriage			19.8±2.3
Living arrangements	Ever-married	Never-married	Total
Living alone	0.02	0.7	0.6
Mother only	8.5	6.4	8.4
Father only	0.9	2.1	2.0
Living with both mother and father	34.9	80.5	76.3
Living with others	55.7	8.3	12.7

Table 3-2. Household socio-economic status

	Sex		Residence		Ethnicity		Migration		Total
	Male	Female	Urban	Rural	Kinh	Non-Kinh	Migrant	Non-Migrant	
	N=4,868	N=4,900	N=4,116	N=5,652	N=7,890	N=1,875	N=643	N=9,124	
									N=9,768

SES composite index

Poorest	13.3	12.9	1.9	21.9	4.8	64.2	7.2	13.4	20.0
Poor	19.9	20.2	10.9	27.4	20.4	18.3	29.1	19.6	20.0
Medium	23.6	20.4	19.4	24.0	24.3	7.8	27.7	21.7	20.0
Wealthy	22.7	26.2	30.7	19.5	27.4	6.1	21.9	24.6	20.1
Wealthiest	20.5	20.3	37.1***	7.2	23.1***	3.6	14.1**	20.7	19.9

** $p<0.01$, *** $p<0.001$



CHAPTER 4. SEXUAL HEALTH

Several findings related to the sexual knowledge, attitudes and experiences of adolescents and young adults aged 10-24 are encompassed in this chapter, such as knowledge of puberty, puberty onset, dating experiences, attitudes towards sex, homosexuality and sexual experiences. These findings reflect adolescent and young adults' knowledge about their developmental processes related to sexual health, as well as their actual behaviors. The findings also illustrate gaps between knowledge and attitudes, and actual adolescent and young adult experiences with sexual health.

4.1. PUBERTY

Puberty marks the beginning of the transition to adolescence. Knowledge of the physiological changes related to this process can help each young person prepare for puberty and respond appropriately to the changes (Dao Xuan Dung, 2010). Expected changes during puberty include, but are not limited to, muscle development, changes in voice, wet dreams, menstruation, increased sexual arousal and other physiological changes.

Knowledge of physical changes in males during puberty

The survey asked both male and female respondents aged 10-24 about their knowledge of physical changes that occur among males during puberty. Two-thirds (64.5 percent) of respondents could name at least one sign of male physical changes during puberty. On average, respondents could list 1.1 (SD=±1.1) signs of male puberty. Females had better knowledge of male puberty changes than males (67.7 percent versus 61.4 percent, $p < 0.001$). Among the three age groups, adolescents aged 10-14 had the lowest knowledge of physical changes during male puberty. There was also significantly better knowledge of male puberty among urban residents, migrants and Kinh than rural residents, non-migrants and ethnic minorities (Table 4-1 and Annex Table B-1).

Knowledge of physical changes in females during puberty

The survey also asked respondents of both sexes about female pubertal changes. Similar to the findings on male puberty, 61.7 percent of respondents could name at least one sign of female physical changes during puberty, and on average, respondents could list 1.1 (SD=±1.1) signs of female puberty. The percentage of females who could list at least one change was double that of males, at 82.0 percent and 41.7 percent respectively ($p < 0.05$). Adolescents aged 10-14 had the lowest response rate for knowing at least one sign of female physical changes during puberty ($p < 0.001$). Furthermore, urban, Kinh and migrant respondents had significantly better knowledge of female puberty than rural, ethnic minority and non-migrant respondents (Table 4-1 and Annex Table B-1).

Knowledge of puberty changes in Viet Nam among both male and female respondents was lower than that among Indonesian young adults. One special report on reproductive health among Indonesian young adults aged 15-24 in 2012 showed that nine out of ten respondents could list one sign of male puberty changes and about 85 percent could list one sign of female puberty changes [9]. The puberty knowledge levels among adolescents and young adults in Viet Nam was in line with the general puberty knowledge of adolescents in the Asia-Pacific region [10].

Onset of puberty

Adolescents and young adults aged 10-24 were asked about the age at which they first menstruated or had a wet dream as a marker of female or male onset of puberty, respectively. Using these as markers of puberty initiation, females tended to have earlier onset of puberty than males. The average age for young females' first menstrual period was 13.4 years (SD= \pm 1.9) and the average age of the first wet dream for males was 15.0 years (SD= \pm 1.7) (Table 4-2). Findings from SAVY1 (2003) indicated that the mean age at first menstruation for females was 14.5 and the mean age at first wet dreams for males was 15.6 years. These figures were 14.2 for females and 15.5 for males in SAVY2 (2009) [11], suggesting a declining trend in the mean age of puberty onset for both males and females over the last 12 years.

The survey identified some statistically significant differences among the mean age of first menstruation or wet dream by place of residence. Specially, the average age of the first menstruation for urban females was 12.9 years (SD= \pm 1.7), while for rural females it was 13.3 years (SD= \pm 1.6) (p <0.05). Similarly, the average age of the first wet dream for urban males was 14.6 years (SD= \pm 1.8), which was significantly earlier than for rural males at 14.9 years (SD= \pm 2.0) (p <0.05, data shown in Table 4-2). Additionally, non-migrant young males tended to have their first wet dream earlier than migrant young males: 14.8 years (SD= \pm 1.9) versus 15.5 years (SD= \pm 2.1) (p <0.001) (Table 4-2).

The multivariate regression model of puberty timing among females and other factors shows that the mean age of puberty among females was 0.59 years earlier for Kinh than non-Kinh (p <0.05). Migrants entered puberty, on average, 0.93 years later than non-migrants (p <0.01). Compared to the poorest group, respondents from moderately wealthy households began puberty an average of 0.36 years earlier (p <0.05) and those from the wealthiest group began 0.93 years earlier (p <0.001) (Table 4-3).

The multivariate regression model of puberty timing among males denotes that the mean age of puberty among males was 0.29 years earlier for urban residents than rural residents (p <0.05). Male migrants entered puberty on average 0.88 years later than non-migrants (p <0.01). Compared to the poorest group, on average, respondents from medium, wealthy and the wealthiest households initiated puberty earlier (Table 4-4).

4.2. DATING EXPERIENCE

Among never-married young people, 45.4 percent reported having ever had a boy/girlfriend⁹, while 26 percent currently had a boyfriend or girlfriend; the mean dating duration with current boy/girlfriends was 16 months (SD=±15.6). The mean age when respondents had their first girlfriend or boyfriend was 15.9 years (SD=±2.6). On average, they had had 2.5 boyfriends or girlfriends in their lifetime (SD=±2.4) (Table 4-5).

There was no significant difference in the percentage of young people who had ever had or currently had a girlfriend/boyfriend by sex. However, males tended to have a girlfriend earlier than females had a boyfriend, at 15.8 years of age versus 16.4 years of age, respectively ($p<0.001$). Young females had a longer dating duration with their current boyfriend than their male counterparts' relationships, at 18.1 months compared to 14.2 months ($p<0.001$) (Table 4-5).

The percentage of respondents who had had a boy/girlfriend was significantly higher among older age groups and migrants than younger age groups and non-migrants. However, migrants began dating later than non-migrant young people, as the average age of having a first boy/girlfriend for migrant youth was 17.3 years, but 16 years for non-migrant youth ($p<0.001$) (Table 4-5).

Sexual behaviors¹⁰ with current boy/girlfriend among never-married respondents

Among never-married respondents who currently had a boyfriend or a girlfriend, 88.4 percent reported having engaged in physical contact, such as holding hands or hugging, and 70.4 percent reported having kissed their current partner. A smaller percentage reported more intimate behaviors, such as having touched their partner's vagina/penis (27.8 percent), having stroked their partner's vagina/penis (23 percent), having had their penis/vagina touched (21.4 percent), having had their penis/vagina touched to achieve climax (20 percent) and having had their penis/vagina touched with their partner's tongue (10.9 percent) (Table 4-6).

Large variations in these behaviors were found by sex, place of residence, age group, ethnicity and migration status. In particular, a greater proportion of males than females had kissed their current partner (74.3 percent versus 65.7 percent respectively, $p<0.05$), touched their partner's vagina/penis (40.1 percent versus 13.3 percent, $p<0.001$), stroked their partner's vagina/penis (34.7 percent versus 9.3 percent, $p<0.001$), had their penis/vagina touched (31.6 percent versus 9.2 percent, $p<0.001$), had their penis/vagina touched to achieve climax (29.3 percent versus 9.9 percent, $p<0.001$), and had their penis/vagina touched with their partner's tongue (15.4 percent versus 5.5 percent, $p<0.001$). This pattern was demonstrated again by place of residence, age group, ethnicity and migration status. Specifically, urban residents, young adults aged 19-24, Kinh and migrant people were more likely to engage in these behaviors than rural, younger, non-Kinh and non-migrant people (Table 4-6).

9 See Annex L for definition of boy/girlfriend

10 See Annex L for definition of sexual behavior

4.3. ATTITUDES TOWARD SEX (AMONG YOUTH AGED 15-24 YEARS OLD)

Questions about knowledge of and attitudes toward sex were only posed to respondents aged 15-24. This section presents adolescent and young adult knowledge and attitudes towards different sexual topics including premarital sex, sex outside of marriage and sex with sex workers.

Premarital sex

Premarital sex is often more acceptable and common in Western countries than in Asian countries [12]. Studies on the trends in attitudes towards and practice of premarital sex in an Asian country like Viet Nam can shed light on shifts in openness related to sexuality and provide evidence of cultural transitions.

The survey asked respondents several questions to assess their acceptance of premarital sex. Findings revealed that most young people are not accepting of premarital sex, especially among females (Table 4-7). However, attitudes towards premarital sex were less conservative when specific situations were presented. In general, male, urban, older, migrant and ever-married young people had more open opinions about premarital sex.

Acceptance of premarital sex

Only 28.8 percent of the total 6,676 respondents aged 15-24 had accepting attitudes about premarital sex among females. There was greater rates of acceptance regarding premarital sex among men (34 percent), indicating that premarital sex is more acceptable for men than women (Table 4-7).

Regarding premarital sex for women, there were differences by sex, place of residence, age group, migration status and marital status. For instance, 33.4 percent of male respondents accepted premarital sex for women, but only 24.3 percent of female respondents accepted it ($p < 0.001$). Urban residents also had more open attitudes towards premarital sex for women than their rural counterparts, at 32.3 percent and 26.2 percent respectively ($p < 0.05$). About a quarter (23.1 percent) of adolescents aged 15-18 had acceptant attitudes towards premarital sex for women, rising to one-third of young adults aged 19-24 (33.8 percent) ($p < 0.001$). Conversely, 36.7 percent of migrants accepted premarital sex for women while only 28.2 percent of non-migrants did ($p < 0.05$). Ever-married young people accepted premarital sex for women more than those who had never been married, at 32.9 percent compared to 28.2 percent ($p < 0.01$) (Table 4-7).

Regarding premarital sex for men, acceptance rates of the statement "boys should not have premarital sex" also differed by sex, place of residence, age group and migration status (Table 4-9). While 40.3 percent of males accepted premarital sex for men, only 27.6 percent of females did ($p < 0.001$). The percentage of urban residents who accepted premarital sex for men was 10 percentage points higher than that of rural young people – 39.6 percent and 29.6 percent, respectively ($p < 0.001$). Young adults aged 19-24 had more open attitudes towards premarital sex for men than adolescents aged 15-18 at 40.6

percent and 26.3 percent, respectively ($p < 0.001$). About 43.8 percent of migrants accepted premarital sex for men, while just 33.2 percent of non-migrants did ($p < 0.05$) (Table 4-7).

The multivariate logistic regression model shows an association between accepting attitudes towards women's premarital sex and sex, age and place of residence while controlling for other factors (Table 4-10). The odds of having an accepting attitude towards women's premarital sex were 1.64 times higher for males than for females ($p < 0.001$). The odds of having an accepting attitude towards women's premarital sex for adolescents aged 15-18 were 42 percent lower than those for young adults aged 19-24 ($p < 0.001$). The odds of having an accepting attitude towards women's premarital sex for urban residents were 1.44 times the odds for rural residents ($p < 0.01$) (Table 4-8).

There was an association between acceptant attitudes towards men's premarital sex and sex, age and place of residence while controlling for other factors shown in the model. Males were 1.82 times more likely to have an accepting attitude towards men's premarital sex than females ($p < 0.001$). The odds of having an accepting attitude towards men's premarital sex were 50 percent lower for adolescents aged 15-18 than those for young adults aged 19-24 ($p < 0.001$). The odds of having an accepting attitude towards men's premarital sex were 1.57 times higher for urban residents than rural residents ($p < 0.001$) (Table 4-9).

Conditional acceptance of premarital sex

The percentage of young people who accepted premarital sex for both men and women increased when specific situations were presented. For example, accepting attitudes towards premarital sex increased to 63.8 percent in a case where "two persons are willing to engage", 61 percent when "two persons are mature and know the consequences", 58.6 percent when "two persons are about to get married", 58.3 percent when "the woman is protected from pregnancy and STIs", and 48.9 percent when "two persons love each other" (Table 4-10). The acceptance rates from these five situations were almost double the figures from SAVY2 and more than double those from SAVY1, suggesting that adolescents and young adults are becoming increasingly acceptant of premarital sex. Similar trends in the conditional acceptance of premarital sex were also observed in Indonesia, though the percentage of respondents who accepted premarital sex in general was substantially lower in Indonesia than in Viet Nam (1.0-3.9 percent among females and 1.7-7.4 percent among males in Indonesia versus 29 percent among females and 34 percent among males in Viet Nam) [9].

There were significant differences by sex, place of residence and age group in all situations provided and differences by ethnicity, migration status and marital status for some situations. Table 4-10 illustrates the details of the significant differences by sex and age group in all situations of premarital sex. In all cases, male respondents accepted premarital sex more than females, and younger respondents (15-18) had less accepting attitudes towards premarital sex than older respondents (19-24) ($p < 0.001$).

Sex and childbearing outside marriage

In traditional Vietnamese society, sex and childbearing were strongly attached to marriage and marriage was an expected occurrence in life [13]. Whether this idea is still dominant among young people in Viet Nam today can elucidate ideological changes in this society and context.

Cohabitation

Around 14 percent of adolescents and young adults aged 15-24 showed open attitudes towards cohabitation. Male respondents and urban residents seemed to have more open views of cohabitation than their female and rural counterparts. Of all males, 17.9 percent accepted living together without a marriage certificate, while only 9.8 percent of females felt the same ($p < 0.001$). Urban youth were also more accepting of cohabitation (17.4 percent) than rural residents (11 percent) ($p < 0.01$) (Table 4-11).

Staying unmarried

About 59 percent of respondents aged 15-24 had accepting attitudes towards women staying unmarried. Among males, 56.8 percent agreed that women could choose to stay unmarried and 61.8 percent of females agreed ($p < 0.01$). Urban residents had more open attitudes than rural residents at 65 percent and 54.9 percent, respectively ($p < 0.05$). Open attitudes towards women staying single were also higher among adolescents aged 15-18 than young adults aged 19-24 (62.6 percent compared to 56.5 percent, respectively) ($p < 0.01$). The percent of Kinh people who accepted women staying single (62.5 percent) was 1.5 times higher than non-Kinh ethnic minorities (41.7 percent) ($p < 0.001$). The proportion of ever-married people who agreed with women staying single was 40.2 percent, revealing a more conservative opinion than never-married people at 62.5 percent ($p < 0.001$) (Table 4-11).

Among males, 58.8 percent of adolescents aged 15-18 accepted a woman's decision to stay single, lowering to 55 percent among young adults aged 19-24 ($p < 0.05$). Among females, 66.5 percent of the younger group accepted females staying single with a substantial drop to 57.9 percent of the older group ($p < 0.001$). Views of the value of marriage to women also differed by sex and marital status. Both ever-married males and females valued marriage for women more than their never-married counterparts; 30.7 percent of ever-married males agreed that a woman could stay single compared to 58.8 percent of never-married males ($p < 0.001$). Similarly, 43.3 percent of ever-married females accepted women's staying single but 67 percent of never-married females did ($p < 0.001$) (Table 4-12).

Sex outside marriage

Overall, extramarital sex was not considered acceptable among the majority of respondents aged 15-24. However, views of sex outside marriage were more relaxed for males than females across all age groups and marital statuses, confirming the traditional gender ideology that favors males.

Young people's attitudes towards extramarital sex were generally conservative. Only 13.9 percent of all respondents aged 15-24 agreed that a husband could have sex with someone other than his wife if his wife was away for a long time. Young people's attitudes towards sex outside marriage were even more conservative for females in the same situation: only 6.6 percent accepted a woman having sex with someone other than her husband if the husband was away for a long time. Views about extramarital sex among men varied significantly by sex, age group and migration status, while views of extramarital sex among women only differed by sex (Table 4-11).

When spouses were separated for long periods of time, 15.9 percent of all males thought that the husband could have sex with someone other than his wife, higher than female respondents (11.8 percent) ($p < 0.001$). Sex outside of marriage for husbands was also more accepted among young adults aged 19-24 than adolescents aged 15-18, at 15.8 percent and 11.6 percent, respectively ($p < 0.001$). Those who had migrated accepted husbands having sex outside of marriage more than those who had not (18.3 percent compared with 13.5 percent) ($p < 0.05$) (Table 4-11). Regarding differences by sex and age, data show that males aged 15-18 had less open attitudes towards extramarital sex than males aged 19-24; 12.3 percent agreed to wives having sex outside of marriage compared to 19.1 percent ($p < 0.001$) (Table 4-11).

Males also had more open views about wives having sex outside of marriage than females - 8.3 percent of males and 5 percent of females accepted the statement "If the wife is away from the husband for a long time, she can have sex with another man" ($p < 0.001$). There were no significant differences by age, place of residence, ethnicity, migration status or marital status (Table 4-11).

Childbearing outside marriage

The survey asked respondents about their opinions of the statement "a woman can have children outside of a marriage". Findings from Table 4-22 show that childbearing outside of marriage was accepted by 28 percent of all 6,681 respondents aged 15-24. Attitudes towards childbearing outside marriage differed by sex, place of residence, ethnicity, migration status and marital status (Table 4-11).

Nearly a quarter (23.9 percent) of males agreed that a woman could have children outside a marriage, rising to 32.2 percent among females ($p < 0.001$). Women having children outside a marriage was more accepted in urban areas than rural areas at 37.9 percent compared to 20.5 percent ($p < 0.001$). The percentage of Kinh people who accepted female childbearing outside marriage was 30.4 percent, double that of non-Kinh people at 15.1 percent ($p < 0.001$). Migrant populations also had more open views about childbearing outside marriage than non-migrants; 42.3 percent and 27 percent, respectively ($p < 0.01$). Ever-married people had more conservative attitudes towards out-of-marriage childbearing than never-married people (18.1 percent compared to 29.7 percent) ($p < 0.001$) (Table 4-11).

Further exploration of childbearing outside marriage shows that female respondents accepted childbearing outside marriage more than males; 15 percent of ever-married males and 24.6 percent of never-married males responded that a woman could have children outside a marriage ($p < 0.05$) compared to 20.5 percent of ever-married females and 35.4 percent of never-married females ($p < 0.001$) (Table 4-12).

Sex with sex workers

Table 4-13 reports the attitudes of respondents aged 15-24 towards commercial sex. Ultimately, 39.2 percent of 6,681 young people thought soliciting commercial sex was wrong, but that some had to due to various circumstances. About 58 percent agreed that judgments surrounding commercial sex were dependent on each person's perception, and 61.5 percent opposed the idea that commercial sex is immoral. The findings showed that commercial sex was perceived to be more justified in specific situations and that adolescents and young adults had relatively open attitudes towards sex with sex workers.

Of the 39.2 percent who believed commercial sex is wrong but some have to due to various circumstances, there were significant differences in responses by sex, place of residence, ethnicity and marital status. Nearly half of males agreed with the statement (49 percent) while only 29.4 percent of females did ($p < 0.001$). The percentage of urban residents who agreed was seven percentage points higher than rural residents, at 43.1 percent and 36.1 percent, respectively ($p < 0.05$). Kinh youth were more open in their views of commercial sex than non-Kinh people (41.6 percent compared to 25.9 percent) ($p < 0.001$). Ever-married people were less like to agree than never-married people, at 32 percent and 40.3 percent, respectively ($p < 0.001$). This trend between ever-married and never-married respondents was also observed within females at 29.1 percent for ever-married and 29.4 percent for never-married people ($p < 0.05$) (Table 4-13).

Among the 58 percent that felt judgments about the acceptability of seeking commercial sex were dependent on each person's perception, responses also differed significantly by sex, place of residence, ethnicity and marital status. A higher percentage of males (63.6 percent) than females (52.4 percent) agreed with the statement ($p < 0.001$), as did of urban residents (63.4 percent) compared to rural residents (53.9 percent) ($p < 0.01$). Again, Kinh populations were more open in their views of commercial sex than non-Kinh populations, at 60.4 percent compared with 45.1 percent ($p < 0.001$). Ever-married people agreed that whether commercial sex was wrong or not depended on each person's perception less than never-married people at 48.2 percent and 59.6 percent respectively ($p < 0.001$) (Table 4-13). Differences between ever-married and never-married respondents was also particularly observed among females with 45.6 percent of ever-married and 54.3 percent of never-married females ($p < 0.01$) agreeing that the assessment of commercial sex depended on each person's own views (Table 4-14).

Differences in perceptions of commercial sex as immoral were observed by sex, place of residence, age group, ethnicity and marital status. Among sexes, 65.3

percent of males and 57.7 percent of females did not view commercial sex as immoral (Table 4-16) ($p < 0.01$). Urban youth generally did not view commercial sex as immoral more than their rural counterparts at 65.1 percent compared to 58.7 percent ($p < 0.05$). About 58.3 percent of adolescents aged 15-18 and 64.2 percent of young adults aged 19-24 disagreed with the view of commercial sex as immoral ($p < 0.001$). Nearly two-thirds of Kinh people (62.9 percent) disagreed, higher than the 53.8 percent among non-Kinh people ($p < 0.001$). Again, ever-married young people had more conservative attitudes towards commercial sex than never-married ones, at 56.6 percent and 62.3 percent respectively ($p < 0.05$) (Table 4-13).

Differences between age groups were also found in males; 37.1 percent of the younger group disagreed with considering commercial sex immoral, compared to 30.3 percent of the older group ($p < 0.01$) (Table 4-14).

4.4. FIRST SEXUAL INTERCOURSE EXPERIENCE (AMONG YOUTH AGED 15-24)

*Age at first sexual intercourse*¹¹

On average, adolescents and young adults aged 15-24 had sexual intercourse for the first time at 18.7 years old ($SD = \pm 2.2$), younger than the age reported in SAVY1 (19.6) and slightly older than that in SAVY2 (18.1) [4].

The age of first sex varied by sex, age group, ethnicity and marital status. The survey revealed that females waited longer to have sex than males, first engaging in sexual intercourse at 19.1 years, versus 18.4 years for males ($p < 0.001$). This pattern was also evident in rural and urban areas, with the mean age of first sex for urban males at 18.6 years compared to 19.5 years for urban females ($p < 0.01$). Rural males also experienced their first sex earlier than their female counterparts, at 18.2 years and 19 years respectively ($p < 0.01$) (Table 4-15).

Non-Kinh young people reported sexual initiation at 18.2 years, nearly one year earlier than Kinh young people at 18.9 years ($p < 0.05$). Ever-married people had their first sexual intercourse earlier than never-married and married young people ($p < 0.05$) (Table 4-15).

Another important finding was that only 2.3 percent of young people had sex before the age of 15. Compared to other developing countries (excluding China), the rate of those who had had sex before 15 in Viet Nam was much lower. A review of household surveys among developing countries reported that 11 percent of females and 6 percent of males had sex before age 15 [14].

In particular, a much higher percentage of adolescents aged 15-18 had sex before the age of 15 (7.8 percent) compared to only 1.3 percent of young adults aged 19-24 ($p < 0.001$). This significant difference implies that young people are trending toward initiating sex earlier. Variations also were found by ethnicity and migration status; more Kinh and non-migrants had engaged in sex before 15

11 See Annex-L for definition of sexual intercourse

years of age than non-Kinh and migrants ($p < 0.05$) (Table 4-15).

Findings from the multivariate regression of age at first sexual intercourse and other factors indicated that the mean age at first sex for males was 1.27 years earlier than for females ($p < 0.001$). On average, the age at first sex increased 0.25 years per one grade increase in education ($p < 0.001$) and increased 0.24 years per one year increase in the age of puberty onset ($p < 0.001$). Kinh people, on average, first engaged in sexual intercourse 0.35 years later than non-Kinh people ($p < 0.05$) (Table 4-16).

Use of contraception at first sexual intercourse

About 54.24 percent of respondents who had had sex reported using some form of contraception during their first intercourse. Among those who had used contraceptives, 44.56 percent used modern contraceptives. The male condom was the most commonly used contraceptive method during first intercourse (30.82 percent), while 7.73 percent used the withdrawal method, 6.77 percent used emergency hormonal contraception and 5.08 percent used daily oral contraceptives. A smaller proportion of respondents used other methods (Table 4-17).

Specifically, 39.24 percent of males and 20.43 percent of females reported using a condom at their first sex ($p < 0.001$). These rates are encouraging; condom use at first sex among Indonesian young people aged 15-24 was only 17 percent for females and 25 percent for males [9].

The percentage of young people who had used contraceptives during their first sexual intercourse varied by sex, place of residence, ethnicity and marital status. About 65 percent of young males and 41 percent of young females reported using contraceptives during their first sex, and the majority used modern contraceptives (55 percent of males and 32 percent of females) ($p < 0.05$). The male condom was still the relatively common used contraceptive method during first sex for both males and females at 39.24 percent and 20.43 percent, respectively ($p < 0.001$) (Table 4-17).

The largest difference was observed between Kinh and non-Kinh people, with a much lower rate of contraceptive use during the first sexual encounter among non-Kinh ethnic minorities (31 percent), doubling for Kinh (61.4 percent) ($p < 0.001$). The male condom, withdrawal method and emergency hormonal contraception were the three main methods used among both Kinh and non-Kinh people. Furthermore, the proportion of never-married young people who reported having used contraceptives during their first sexual intercourse (70.8 percent) was more than double that of their ever-married and currently married counterparts (both at 32.7 percent) ($p < 0.001$) (Table 4-17).

There were also differences in contraceptive use at first sex by type of sexual partners and sex. Among males who had their first sexual intercourse with a sex worker, an encouraging 100 percent of males reported using contraceptives. Additionally, 90.6 percent reported having used contraceptives when their first sexual partner was a stranger, nearly 70 percent used a contraceptive when it

was their girlfriend and more than one-third reported using contraception when it was their spouse. Young females were less likely to have used contraception during their first sexual intercourse if their partner was their spouse (26.1 percent), and were more likely to have used contraceptives with a fiancé or boyfriend: 69 percent and 67.6 percent respectively (Figure 4-1).

Reasons for not using contraceptives during first sex

Those who did not use a contraceptive method during first sex were asked about their reasons for not doing so. Table 4-18 presents findings by sex, place of residence, age group, ethnicity, migration status and marital status. The main reasons identified were that young people did not want to use contraception (39.3 percent) or did not know how to use it (17.6 percent).

4.5. LIFETIME SEXUAL HISTORY

Sexual intercourse

Among never-married respondents aged 10-24, 12.8 percent reported having ever had sexual intercourse (Table 4-19). Although SAVY1 and SAVY2 only included older age respondents (15-25), the rate of never-married respondents who had ever had sex was significantly lower at 6.4 percent in SAVY2 and 4.9 percent in SAVY1 [4].

The rate of sexual intercourse experience among adolescents aged 15-18 was around 7 percent in Viet Nam, much lower than that in the People's Democratic Republic of Lao (Lao PDR), a neighboring country, where 26.8 percent of females and 20.8 percent of males aged 15-19 have ever had sex. For young adults aged 19-24, the rate of respondents who had ever had sex was around 37 percent in Viet Nam, compared with about 70 percent of those aged 20-24 in Lao PDR [15]. In Indonesia, young people aged 15-24 have strict views of premarital sex, resulting in lower rates of never-married people with sexual intercourse experience - 0.9 percent for women and 8.3 percent for men [9].

Male respondents aged 10-24 reported rates of sexual intercourse experience nearly three times higher than female respondents, at 19.2 percent versus 5.5 percent ($p < 0.001$). The trend of higher rates of sexually active males than females was consistent with the pattern reported in SAVY1 and SAVY2, as well as those from other countries [4, 10]. Sexual intercourse experience increased with age; the percentage of respondents who had ever had sex was 0.04 percent among age 10-14, 6.9 percent among age 15-18 and 36.9 percent among age 19-24 ($p < 0.001$). Out of the 3,077 respondents aged 10-14, only three reported being sexually active. Though it is worth noting that they had had sexual intercourse experience at a very young age, given the miniscule number of sexually active people aged 10-14, they have been excluded from analysis in the sexual intercourse experience section (Table 4-19).

In addition, the rate of migrants who had ever had sexual intercourse was more than double that of non-migrants - 28.9 percent versus 11.9 percent ($p < 0.001$).

There were no significant differences in sexual intercourse experience by place of residence or ethnicity (Table 4-19).

The survey also asked about respondents' total number of sexual partners. On average, young people stated that they had ever had around two sexual partners. The mean number of sexual partners varied by sex, place of residence, ethnicity, migration status and marital status, but not by age group. The mean number of sexual partners among males was double that of females (2.5 versus 1.2, respectively) ($p < 0.001$) (Table 4-20).

Premarital sex

The survey identified that 15 percent of the total sample (all ever-married, currently married and never-married) reported having engaged in premarital sex. Premarital sex rates were 9.5 percent in SAVY2 and 7.6 percent in SAVY1 [4], an indication that adolescents and young adults are engaging in premarital sex more commonly than people at their age six and twelve years ago (Table 4-20).

Specifically, 20.5 percent of single males reported having had premarital sex, compared to only 9.3 percent of females ($p < 0.001$). The higher incidence of premarital sex among males than females was also evident in SAVY1 and SAVY2 [4]. There were no significant differences in premarital sex between urban and rural youth, though there were variations between age groups with 36.8 percent of young adults aged 19-24 stating that they had had premarital sex, compared to 7.5 percent of adolescents aged 15-18 ($p < 0.001$) (Table 4-20).

Thorough analysis on the percentage of people engaging in premarital sex by sex, age group and place of residence (Figure 4-2) illustrates that half of single urban males aged 19-24 (54.4 percent) reported having had premarital sex, compared to only 9.3 percent of urban males aged 15-18 ($p < 0.001$). This pattern was also demonstrated among rural males aged 19-24 with 48.8 percent stating that they had had premarital sex, compared to 12.1 percent of rural males aged 15-18 ($p < 0.001$).

Significantly more young adult urban females aged 19-24 had had premarital sex than adolescent urban females aged 15-18 – 24.8 percent versus 3 percent ($p < 0.001$) – and 21.4 percent of young adult rural females aged 19-24 had premarital sex, compared to only 4.6 percent of adolescent rural females aged 15-18 ($p < 0.001$) (Figure 4-2).

Moreover, more currently-married young people reported having engaged in premarital sex (37.2 percent) than never-married young people (12.8 percent) and ever-married young people (1.8 percent) ($p < 0.001$). A greater percentage of non-Kinh young people had experienced premarital sex than their Kinh counterparts – 17.5 percent versus 14.6 percent ($p < 0.05$). The proportion of migrant young people who reported having premarital sex (30.2 percent) was more than double that of non-migrants (14.2 percent) ($p < 0.001$) (Table 4-20).

4.6. PAID SEX (AMONG YOUTH AGED 15-24 YEARS OLD)

Among survey respondents, 4 percent reported having ever exchanged goods or money to buy sex, compared to 3.2 percent in SAVY2 and 5.2 percent in SAVY1 [4, 10]. This proportion differed by sex, age group, ethnicity and marital status. For example, young males were more likely to have ever exchanged goods or money for sex than females (7.3 percent compared to 0.1 percent) ($p < 0.001$). Similarly, a greater percentage of young adults aged 19-24 had ever exchanged goods or money for sex (4.4 percent) than adolescents aged 15-18 (1.8 percent) ($p < 0.05$). More Kinh young people reported having ever exchanged goods or money for sex than non-Kinh respondents at 4.9 percent and 1.3 percent, respectively ($p < 0.01$). Currently married young people had the lowest percentage of those who had ever exchanged goods or money for sex (0.6 percent). Ever-married young people had a higher rate of 3 percent, and never-married youth had the highest rate (6.1 percent) ($p < 0.001$) (Table 4-21).

Very few of the sexually active respondents in the sample reported having had sex with a sex worker (4.3 percent). The percentage of respondents who had engaged in sex with sex workers in SAVY2 was 3.7 percent, and 5.3 percent in SAVY1 [4, 10]. The percentage of young people who had engaged in sex with sex workers varied by sex, place of residence, ethnicity, migration status and marital status (Table 4-21).

Significantly more males engaged in sex with sex workers (7.7 percent) than females (0.1 percent) ($p < 0.001$). A higher rate of urban young people (6.3 percent) reported having had sex with sex workers compared to only 3 percent of rural young people ($p < 0.01$). In addition, Kinh people were more likely to have engaged in sex with a sex worker than non-Kinh: 5 percent versus 1.9 percent, respectively ($p < 0.01$). The proportion of migrants who had had sex with sex workers was double that of non-migrants – 8 percent and 4 percent, respectively ($p < 0.05$). Never-married youth had the highest percentage of those who had reported sex with sex workers (7.1 percent), compared to 3 percent of ever-married young people and 0.7 percent of married people ($p < 0.001$) (Table 4-21).

4.7. HOMOSEXUALITY

Homosexuality has been openly discussed in society in recent years, and given the popularity of modern means of communication, adolescents and young people have been more exposed to information on homosexuality.

Two questions in the survey asked about young people's knowledge of and attitudes toward homosexuality: if they knew what homosexuality was, and if they accepted a friend who was homosexual.

Regarding general knowledge about homosexuality, about half of the 6,681 respondents aged 15-24 were aware of the concept (54.3 percent). This knowledge varied by place of residence, age group, ethnicity and marital status. For example, those in urban areas knew more about homosexuality than rural

residents (65 percent and 45.9 percent, respectively) ($p < 0.001$). There was greater knowledge of homosexuality among young adults aged 19-24 (58.1 percent) than adolescents aged 15-18 (49.9 percent) ($p < 0.001$). The percentage of Kinh people who knew about homosexuality was 58.9 percent, significantly higher than the 28.7 percent found among non-Kinh people. Migrants also had a higher percentage of people who knew about homosexuality than non-migrants at 62.1 percent, compared to 53.7 percent ($p < 0.05$). Never-married people knew about homosexuality at higher rates than ever-married respondents – 56 percent and 43.6 percent, respectively ($p < 0.01$) (Table 4-22).

When asked if they would accept a friend who was homosexual, 54.5 percent replied affirmatively, although this varied by sex, place of residence, ethnicity, migration status and marital status. Females had more open attitudes towards homosexuality at 61.5 percent, compared to males at 47.3 percent ($p < 0.001$). The percentage of acceptant attitudes towards homosexuality in urban areas was 63.2 percent, considerably higher than the 45 percent found in rural areas ($p < 0.001$). Kinh people also had more open attitudes than non-Kinh people (56.7 percent and 30.6 percent, respectively) ($p < 0.001$). A higher percentage of migrants (66.7 percent) accepted a homosexual friend than non-migrants (53.5 percent) ($p < 0.01$). As with knowledge of homosexuality, never-married people (56.1 percent) were more accepting of a homosexual friend than ever-married youth (42.4 percent) ($p < 0.001$) (Table 4-22).

Unlike the findings from this survey, SAVY1 and SAVY2 reported higher rates of respondent knowledge; 59 percent in SAVY1 and 63 in SAVY2 (compared to 54 in this survey). Acceptant attitudes towards homosexuality, in contrast, were much lower in SAVY1 (14 percent among men and 9 percent among women) and in SAVY2 (11 percent among men and 14 percent among women) compared with 47 percent for males and 62 percent for females in this survey [4, 10].

Table 4-1. Knowledge of physical changes during puberty by sex, place of residence, age group, ethnicity and migration status (percent)

	Sex		Residence		Age group			Ethnicity		Migration		Total
	Male	Female	Urban	Rural	10-14	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-migrant	
	N=4,866	N=4,899	N=4,113	N=5,652	N=3,084	N=3,025	N=3,656	N=7,888	N=1,875	N=643	N=9,122	N=9,765

Knowledge of physical changes in males

Can list at least one sign	61.4***	67.7	70.8*	59.5	49.8***	73.6	71.4	68.0***	42.6	77.7**	63.8	64.5
Mean # of signs listed	1.1±1.1	1.2±1.1	1.3±1.1**	1.0±1.1	0.8±0.9***	1.3±1.1	1.3±1.2	1.2±1.1***	0.7±1.1	1.5±1.3***	1.1±1.1	1.1±1.1

Knowledge of physical changes in females

Can list at least one sign	41.7***	82.0	66.5*	57.8	45.0***	69.2	71.9	64.6***	43.5	76.5***	60.9	61.7
Mean # of signs listed	0.7±1.0***	1.6±1.1	1.3±1.1*	1.0±1.1	0.8±0.9***	1.3±1.1	1.4±1.2	1.2±1.1***	0.8±1.2	1.5±1.3***	1.1±1.1***	1.1±1.1

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table 4-2. Timing of puberty by sex, place of residence, ethnicity and migration status (percent)

	Residence		Ethnicity		Migration		Total
	Urban	Rural	Kinh	Non-Kinh	Migrant	Non-migrant	
	N=1,847	N=2,292	N=3,403	N=735	N=335	N=3,804	
Mean age at first menstruation for females	12.9±1.7*	13.3±1.6	13.0±1.6	13.9±1.9	14.0±1.9	13.1±1.6	13.4±1.7
Mean age at first wet dream for males	14.6±1.8*	14.9±2.0	14.8±1.8	14.9±2.8	15.5±2.1***	14.8±1.9	15.0±1.9

Note: * $p < 0.05$; *** $p < 0.001$

Table 4-3. Multivariate regression of the association between the age of puberty among females and demographic characteristics and other factors

N=4,134	Age of puberty among females	
Independent variables	Coef.	95%CI
Ethnicity		
Non-Kinh (ref)	-	
Kinh	-0.59*	-0.95 – (-0.23)
Migrant		
Non-migrant (ref)	-	
Migrant	0.93**	0.55 – 1.30
SES index		
Poorest (ref)	-	
Poor	-0.03	-0.37 – 0.30
Medium	-0.35	-0.73 – 0.03
Wealthy	-0.36*	-1.09 – (-0.13)
Wealthiest	-0.93***	-1.40 – (-0.45)

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Notes: The model controlled for other demographic characteristics, but insignificant results are not shown in the table. Findings of the full model can be provided upon request.

Table 4-4. Multivariate regression of the association between age of puberty among males and demographic characteristics and other factors

N=3,156	Age of puberty among males	
Independent variables	Coef.	95%CI
Place of residence		
Rural (ref)	-	
Urban	-0.29*	-0.52 – (-0.06)
Migrant		
Non-migrant (ref)	-	
Migrant	0.88***	0.66 – 1.10
SES index		
Poorest (ref)	-	
Poor	-0.28	-0.71 – 0.14
Medium	-0.55*	-0.97 – (-0.13)
Wealthy	-0.78**	-1.21 – (-0.33)
Wealthiest	-0.74*	-1.33 – (-0.14)

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Notes: The model controlled for other demographic characteristics, but insignificant results are not shown in the table. Findings of the full model can be provided upon request.

Table 4-5. Dating experience by sex, place of residence, age group, ethnicity, migration status and marital status (percent)

	Sex		Residence		Age group			Ethnicity		Migration		Total
	Male	Female	Urban	Rural	10-14	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	
Of never-married respondents	N=4,549	N=4,019	N=3,864	N=4,704	N=3,082	N=2,935	N=2,551	N=7,195	N=1,371	N=608	N=7,960	N=8,568
Ever had boy/girlfriend	47.1*	43.5	48.2	42.9	13.3***	54.2	78.4	45.8	42.2	74.9***	43.8	45.4
Currently have girl/boyfriend	26.5	25.4	25.9	26.1	8.0***	28.5	47.2	26.0	25.8	45.3***	25.0	26.0
Dating duration with current boy/girlfriend... months	14.2±15.1***	18.1±16.0	16.7±17.0	15.4±14.4	8.4±9.1***	11.8±11.2	20.6±18.1	16.3±15.5	13.9±15.5	18.3±20.1	15.8±15.1	16.0±15.6
Of respondents who had a boy/girlfriend	N=2,170	N=1,664	N=1,856	N=1,978	N=360	N=1,466	N=2,008	N=3,300	N=534	N=466	N=3,368	N=3,834
Age at first boy/girlfriend	15.7±2.7*	16.1±2.6	15.9±2.8	15.8±2.5	11.9±1.6***	15.0±1.6	17.5±2.2	15.9±2.6	16.1±2.8	17.3±2.7***	15.8±2.6	15.9±2.6
Number of boy/girlfriend(s) ever had	2.8±2.8***	2.1±1.8	2.6±2.4	2.4±2.5	2.0±1.6***	2.5±2.6	2.6±2.5	2.5±2.4	2.4±3.0	2.3±2.4	2.5±2.4	2.5±2.4

*p<0.05, **p<0.01, ***p<0.001

Table 4-6. Sexual activities with current boy/girlfriend among never-married people by sex, place of residence, age group, ethnicity and migration status (percent)

	Sex		Residence		Age group			Ethnicity		Migration		Total
	Male	Female	Urban	Rural	10-14	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	
	N=1,241	N=993	N=1,105	N=1,129	N=208	N=785	N=1,241	N=1,880	N=354	N=288	N=1,946	N=2,234
Physical contact: holding hand, hugging, or kissing	89.2	87.5	91.2*	86.1	66.3***	86.0	95.1	89.1*	82.9	94.1***	87.9	88.4
Kissed her/his lips	74.3*	65.7	78.3***	63.6	7.8***	64.8	88.3	71.5*	61.4	95.9***	68.8	70.4
Touched her/his vagina/penis	40.1***	13.3	29.1	26.8	0.2***	15.2	42.7	28.8*	20.2	40.7***	26.6	27.8
Stroked her/his vagina/penis	34.7***	9.3	24.6	21.7	0.2***	10.7	36.7	24.2*	13.5	33.3	22.0	23.0
He/she touched your penis/vagina	31.6***	9.2	23.6	19.4	0.2***	8.7	34.7	22.6**	11.7	30.6	20.4	21.4
He/she touched your penis/vagina to achieve climax	29.3***	9.9	22.2	18.2	0.2***	8.3	32.5	21.2***	10.7	28.3**	19.2	20.0
He/she touched your penis/vagina with his/her tongue	15.4***	5.5	12.7	9.3	0.0***	4.4	17.8	11.7**	4.3	14.2	10.6	10.9

*p<0.05, **p<0.01, ***p<0.001 Notes: Among those who currently had a boy/girlfriend

Table 4-7. Attitudes towards premarital sex by sex, place of residence, age group, ethnicity, migration status and marital status

	Sex		Residence		Age group		Ethnicity		Migration		Marital status		Total
	Male	Female	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=3,315	N=3,364	N=2,896	N=3,783	N=3,023	N=3,656	N=5,388	N=1,289	N=614	N= 6,065	N=1,196	N=5,483	N=6,679
Women should not have premarital sex													
Disagree	33.4***	24.3	32.3*	26.2	23.1***	33.8	28.6	30.4	36.7*	28.2	32.9**	28.2	28.8
Men should not have premarital sex													
Disagree	40.3***	27.6	39.6***	29.6	26.3***	40.6	34.1	33.0	43.8*	33.2	35.0	33.8	34.0
Premarital sex is acceptable in cases where:													
Two persons are willing													
Agree	73.2***	54.5	69.4***	59.5	52.7***	73.5	64.0	63.1	73.6	63.1	67.8	63.2	63.8
Two persons love each other													
Agree	60.9***	36.9	51.5*	47.0	36.1***	60.0	48.4*	52.0	50.4	48.8	59.0***	47.2	48.9
Two persons are about to get married													
Agree	67.8***	49.4	64.7**	53.9	47.3***	68.4	57.8	63.3	72.2**	57.6	68.7***	56.9	58.6
Two persons are mature and know the consequences													
Agree	68.2***	53.9	67.4**	56.1	54.3***	66.8	61.9**	56.3	70.3***	60.3	56.8	61.7	61.0
The woman is protected from pregnancy and STIs													
Agree	66.3***	50.3	63.5***	54.3	51.4***	64.3	58.9	55.1	63.7	57.9	55.9	58.7	58.3

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table 4-8. Multivariate logistic regression of the association between acceptant attitudes towards premarital sex for girls and demographic characteristics and other factors

N=6,659	Acceptant attitudes towards premarital sex for girls (Yes vs. No)	
<i>Independent variables</i>	<i>OR</i>	<i>95%CI</i>
Sex		
Female (ref)	1	
Male	1.64***	1.40-1.41
Age		
Group 19-24 (ref)	1	
Group 15-18	0.58***	0.50-0.68
Place of residence		
Rural (ref)	1	
Urban	1.44**	1.10-1.88

** $p < 0.01$, *** $p < 0.001$

Notes: The model controlled for other demographic characteristics, but insignificant results are not shown in the table. Findings of the full model can be provided upon request.

Table 4-9. Multivariate logistic regression of the association between acceptant attitudes towards premarital sex for boys and demographic characteristics and other factors

N=6,645	Acceptant attitudes towards premarital sex for boys (Yes vs. No)	
<i>Independent variables</i>	<i>OR</i>	<i>95%CI</i>
Sex		
Female (ref)	1	
Male	1.82***	1.56-2.12
Age		
Group 19-24 (ref)	1	
Group 15-18	0.50***	0.42-0.59
Place of residence		
Rural (ref)	1	
Urban	1.57***	1.27-1.95

*** $p < 0.001$

Notes: The model controlled for other demographic characteristics, but insignificant results are not shown in the table. Findings of the full model can be provided upon request.

Table 4-10. Difference in acceptant attitudes towards premarital sex among age groups by sex

	Male			Female			Total		
	15-18	19-24	Total	15-18	19-24	Total	15-18	19-24	Total
	N=1,566	N=1,750	N=3,316	N=1,458	N=1,907	N=3,365	N=3,024	N=3,657	N=6,681
Two persons are willing	62.6***/+++	82.7+++	73.2	42.3***	64.6	54.5	52.7***	73.5	63.8
Two persons love each other	47.2***/+++	73.4+++	60.9	24.6***	47.2	36.9	36.1***	60.0	48.9
Two persons are about to get married	58.2***/+++	76.5+++	67.8	35.9***	60.7	49.4	47.3***	68.4	58.6
Two persons are mature and know the consequences	60.4***/+++	75.1+++	68.2	47.9*	58.8	53.9	54.3***	66.8	61.0
The woman is protected from pregnancy and STIs	59.3***/+++	72.5+++	66.3	43.2***	56.3	50.3	51.4***	64.3	58.3

* $p < 0.05$, *** $p < 0.001$ within male, female group

+++ $p < 0.001$ between male and female within age group 15-18 and 19-24

Note: this question was not asked to those aged 10-14

Table 4-11. Attitudes towards sex outside of marriage by sex, place of residence, age group, ethnicity, marital status and migration status (percent)

	Sex		Residence		Age group		Ethnicity		Migration		Marital status		Total
	M	F	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=3,316	N=3,365	N=2,898	N=3,783	N=3,024	N=3,657	N=5,390	N=1,289	N=614	N=6067	N=1,196	N=5,485	N=6,681
A man and a woman can live together without a marriage certificate													
Agree	17.9***	9.8	17.4**	11.0	13.5	14.1	13.7	14.3	16.3	13.6	14.6	13.7	13.8
A woman can have children outside a marriage													
Agree	23.9***	32.2	37.9***	20.5	26.2	29.7	30.4***	15.1	42.3**	27.0	18.1***	29.7	28.0
A woman can choose to stay unmarried													
Agree	56.8**	61.8	65.0*	54.9	62.6**	56.5	62.5***	41.7	61.7	59.1	40.2***	62.5	59.3
A husband can have sex with another woman if he is away from his wife for a long time													
Agree	15.9***	11.8	14.2	13.6	11.6***	15.8	14.2	12.0	18.3*	13.5	15.0	13.7	13.9
A wife can have sex with another man if she is away from her husband for a long time													
Agree	8.3***	5.0	6.1	7.0	6.9	6.3	6.7	6.0	7.4	6.6	4.9	6.9	6.6

* p<0.05, ** p<0.01, *** p<0.001

Table 4-12. Differences in acceptant attitudes towards sex outside of marriage between males and females by age group and marital status

	Male		Female		Male		Female	
	15-18	19-24	15-18	19-24	Ever-married	Never-married	Ever-married	Never-married
	N=1,566	N=1,750	N=1,458	N=1,907	N=318	N=2,998	N=878	N=2,487
A man and a woman can live together without a marriage certificate	17.4	18.3	9.4	10.1	25.7	17.3	11.0	9.4
A woman can have children outside a marriage	20.6	27.0	32.0	32.3	15.0*	24.6	20.5***	35.4
A woman can choose to stay unmarried	58.8*	55.0	66.5***	57.9	30.7***	58.8	43.3***	67.0
A husband can have sex with another woman if he is away from his wife for long time	12.3***	19.1	10.9	12.6	19.4	15.6	13.6	11.4
A wife can have sex with another man if she is away from her husband for long time	8.3	8.2	5.5	4.5	9.1	8.2	3.6	5.3

* $p < 0.05$, *** $p < 0.001$

Table 4-13. Attitudes towards sex with sex workers by sex, place of residence, age group, ethnicity, migration status and marital status (percent)

	Sex		Residence		Age group		Ethnicity		Migration		Marital status		Total
	Male	Female	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=33,16	N=3,365	N=2,898	N=3,783	N=3,024	N=3,657	N=5,390	N=1,289	N=614	N=6,067	N=1,196	N=5,485	N=6,681
If a sex worker says that she/he uses condoms with other men, there's no need for you to use condoms with her/him													
Disagree	97.8	97.6	98.7*	97.0	97.6	97.9	98.2*	95.4	98.8	97.6	97.6	97.7	97.7
Agree	1.7	1.3	0.7*	2.1	1.7	1.3	1.3	2.4	1.0	1.6	1.5	1.5	1.5
Don't know	0.5	1.0	0.6	0.9	0.7	0.8	0.5	2.2	0.2	0.8	0.9	0.78	0.8
If a sex worker is very healthy and attractive looking, you would be less likely to use condoms with her/him													
Disagree	95.3	96.3	96.8	95.1	95.8	95.9	96.4***	92.9	97.6	95.7	96.8	95.7	95.8
Agree	4.2	2.9	2.8	4.1	3.5	3.6	3.3	4.7	2.3	3.6	2.0	3.8	3.5
Don't know	0.5	0.8	0.4	0.8	0.7	0.5	0.3	2.3	0.1	0.7	1.2	0.5	0.6
Commercial sex is wrong but some have to due to various circumstances													
Disagree	49.6***	70.1	55.7*	63.1	62.2	57.9	57.7***	72.2	62.7	59.7	66.7***	58.8	59.9
Agree	49.0	29.4	43.1	36.1	36.8	41.2	41.6	25.9	36.9	39.3	32.0	40.3	39.2
Don't know	1.4	0.5	1.2	0.8	1.0	0.9	0.8	1.9	0.5	1.0	1.3	0.9	1.0

	Sex		Residence		Age group		Ethnicity		Migration		Marital status		Total
	Male	Female	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=33,16	N=3,365	N=2,898	N=3,783	N=3,024	N=3,657	N=5,390	N=1,289	N=614	N=6,067	N=1,196	N=5,485	N=6,681
Judgment surrounding commercial sex depends on each person's perception													
Disagree	35.8***	46.7	36.0**	45.3	43.0	39.7	39.1***	52.7	41.5	41.2	50.4***	39.7	41.2
Agree	63.6	52.4	63.4	53.9	56.4	59.4	60.4	45.1	57.7	58.0	48.2	59.6	58.0
Don't know	0.6	0.9	0.6	0.9	0.6	0.9	0.5	2.2	0.8	0.8	1.4	0.7	0.8
Commercial sex is immoral													
Disagree	65.3**	57.7	65.1*	58.7	58.3***	64.2	62.9***	53.8	67.3	61.1	56.6*	62.3	61.5
Agree	33.5	41.0	33.3	40.2	40.4	34.5	36.1	43.5	31.7	37.6	42.1	36.4	37.2
Don't know	1.2	1.4	1.6	1.1	1.3	1.3	1.0	2.7	1.0	1.3	1.3	1.3	1.3

* $p<0.05$, ** $p<0.01$, *** $p<0.001$

Table 4-14. Differences in attitudes towards sex with sex workers between males and females by age group and marital status

	Male		Female		Male		Female	
	15-18	19-24	15-18	19-24	Ever-married	Never-married	Ever-married	Never-married
	N=1,566	N=1,750	N=1,458	N=1,907	N=318	N=2,998	N=878	N=2,487

If a sex worker says that she/he uses condoms with other men, there's no need for you to use condoms with her/him

Agree	2.1	1.4	1.3	1.3	2.1	1.7	1.3	1.3
-------	-----	-----	-----	-----	-----	-----	-----	-----

If a sex worker is very healthy and attractive looking, you would be less likely to use condoms with her/him

Agree	4.2	4.2	2.8	3.0	3.3	4.3	1.6	3.2
-------	-----	-----	-----	-----	-----	-----	-----	-----

Commercial sex is wrong but some have to due to various circumstances

Agree	45.1	52.4	28.0	30.5	41.0	49.6	29.1*	29.4
-------	------	------	------	------	------	------	-------	------

Judgment surrounding commercial sex depends on each person's perception

Agree	61.1	65.9	51.4	53.2	56.2	64.2	45.6**	54.3
-------	------	------	------	------	------	------	--------	------

Commercial sex is immoral

Agree	37.1**	30.3	43.9	38.5	37.5	33.2	43.6	40.2
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* $p < 0.05$, ** $p < 0.01$

Table 4-15. Mean age of first sexual intercourse by sex, place of residence, ethnicity, migration status and marital status

	Sex		Residence		Age group		Ethnicity		Migration status		Marital status			
	Male	Female	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Married	Never-married	Total
Mean age at first sexual intercourse	N=1,226 18.4±2.1***	N=1,049 19.1±2.2	N=833 19.0±2.1	N=1,442 18.6±2.3	N=298 NA	N=1,974 NA	N=1,625 18.9±2.1*	N=650 18.2±2.5	N=206 19.1±2.2	N=2,069 18.7±2.2	N=27 17.7±2.0*	N=1,093 19.2±2.4	N=1,155 18.4±2.0	N=2,275 18.7±2.2
In which:														
Urban	18.6±2.0*** 19	19.5±2.1 20	-	-	-	-	-	-	-	-	-	-	-	-
Rural	18.2±2.2** 18	19.0±2.3 19	-	-	-	-	-	-	-	-	-	-	-	-
% first sexual intercourse before 15	2.9	1.5	1.8	2.6	7.8***	1.3	1.7*	4.1	0.3*	2.4	0.0	1.8	2.7	2.3

*p<0.05, **p<0.01, ***p<0.001

Table 4-16. Multivariate regression of the association between age at first sexual encounter and demographic characteristics and other factors

N=2,201	Age at first sex	
Independent variables	Coef.	95%CI
Sex		
Female (ref)	-	
Male	-1.27***	-1.57 – (-0.98)
Education (cont.)	0.25***	0.19-0.30
Ethnicity		
Non-Kinh (ref)	-	
Kinh	0.35*	0.01-0.69
Age at first menstruation/ wet dream (cont.)	0.24***	0.12 – 0.36

* $p < 0.05$, *** $p < 0.001$

Notes: The model controlled for other demographic characteristics, but insignificant results are not shown in the table. Findings of the full model can be provided upon request.

Table 4-17. Contraceptive use during first sexual intercourse by sex, place of residence, age group, ethnicity, migration status and marital status (percent)

	Sex		Residence		Age group		Ethnicity		Migration		Marital status			
	Male	Female	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Currently married	Never-married	Total
Contraceptive use	N=1,282	N=1,068	N=867	N=1,483	N=315	N=2,032	N=1,677	N=673	N=213	N=2,137	N=28	N=1,119	N=1,203	N=2,350
	65.04***	40.99	65.69***	47.39	56.53	53.88	61.37***	31.04	67.15	53.17	36.37***	32.69	71.55	54.24
Types of methods used														
Male condom	39.24***	20.43	38.63	26.14	30.16	30.91	34.97	17.36	38.01	30.23	11.24	17.24	42.02	30.82
Emergency contraceptives	8.49	4.64	8.30	5.85	5.27	6.99	8.28*	1.89	8.64	6.61	9.63***	2.23	10.27	6.77
Daily pills	5.03	5.17	5.35	4.93	6.08	4.93	5.43	3.93	3.77	5.19	5.92	5.08	5.00	5.08
Other modern methods	2.15	1.59	1.52	2.13	3.81	1.60	1.73	2.41	3.47	1.76	0.68	1.99	1.83	1.89
All modern methods	54.90*	31.83	53.80	39.05	45.32*	44.43	50.40	25.60	53.90	43.79	27.47	26.54	59.12	44.56
Withdrawal	8.47	6.87	9.41	6.74	10.45	7.33	9.04	3.49	10.55	7.50	6.08	4.45	10.35	7.73
Other traditional methods	1.39	2.29	2.40	1.41	0.62	1.96	1.85	1.56	2.69	1.71	2.83	1.54	1.93	1.79
Don't know	0.27	0.00	0.09	0.19	0.15	0.15	0.07	0.39	0.00	0.16	0.00	0.16	0.14	0.15

* p<0.05, ** p<0.01, *** p<0.001

Table 4-18. Reasons for not using contraceptives during first sexual intercourse by sex, place of residence, age group, ethnicity, migration status and marital status (15-24)

	Sex		Residence		Age group		Ethnicity		Migration		Marital status			
	Male	Female	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Married	Never-married	Total
	N=419	N=626	N=268	N=777	N=136	N=909	N=618	N=427	N=62	N=983	N=15	N=704	N=326	N=1,045
Did not want to use	39.7	39.1	42.0	38.3	32.5	40.3	37.4	42.8	36.0	39.5	49.3	44.7	28.8	39.3
Did not know how to use	16.3***	18.5	12.0***	19.7	23.8	16.7	17.1	18.5	12.1	17.9	34.5***	17.6***	16.7	17.6
Wanted to have a baby	2.4	20.3	6.4	15.2	4.2	14.0	12.5	13.3	7.2	13.1	1.8	19.8	0.2	12.8
Did not intend to have sex at that time	13.7	10.8	23.3	7.8	9.4	12.4	16.2	4.3	23.8	11.4	1.3	7.2	21.6	12.0
Did not know where to find	11.3	2.7	5.0	6.8	8.4	6.0	5.8	7.3	10.9	6.1	3.4	2.9	12.8	6.3
Felt embarrassed	7.9	2.7	5.1	4.8	10.2	4.1	3.7	6.9	1.5	5.1	9.7	2.2	9.6	4.9
Partner did not want to use	2.8	3.5	2.1	3.6	2.6	3.3	3.4	2.9	2.8	3.2	0.0	3.9	2.0	3.2
Other	5.8	2.5	4.1	3.8	8.8	3.2	3.8	4.0	5.8	3.8	0.0	1.6	8.2	3.8

****p*<0.001

Table 4-19. Sexual experience by sex, place of residence, age group, ethnicity and migration status

Ever had sexual intercourse	N	%
Sex		
Male	4,448	19.2***
Female	3,912	5.5
Place of residence		
Urban	3,792	13.2
Rural	4,568	12.4
Age		
10-14	3,077	0.04***
15-18	2,821	6.9
19-24	2,462	36.9
Ethnicity		
Kinh	7,035	12.6
Non-Kinh	1,323	13.9
Migration status		
Migrant	594	28.9***
Non-migrant	7,766	11.9
Total	8,360	12.8

*** $p < 0.001$

Note: The proportion of respondents having ever had sex from the 10-14 age group was too small, therefore excluded from analysis henceforth.

Table 4-20. Lifetime sexual history by sex, place of residence, age group, ethnicity, migration status and marital status

	Sex		Residence		Age group		Ethnicity		Migration		Marital status			
	Male	Female	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Currently married	Never-married	Total
% engaged in premarital sex	N=4,760 20.5***	N=4,771 9.3	N=4,041 15.3	N=5,490 14.7	N=3,026 7.5***	N=3,657 36.8	N=7,718 14.6*	N=1,811 17.5	N=629 30.2***	N=8,902 14.2	N=28 1.8***	N=1,141 37.2	N=8,362 12.8	N=9,531 15.0
Number of partners ever had	2.5±2.7***	1.2±0.6	2.1±2.7**	1.7±1.7	1.9±2.1	1.9±2.2	2.0±2.1**	1.6±2.3	2.3±2.8*	1.8±2.1	1.4±0.7***	1.3±1.1	2.3±2.5	1.9±2.2

* $p<0.05$, ** $p<0.01$, *** $p<0.001$

Table 4-21. Paid sex behavior by sex, place of residence, age group, ethnicity, migration status and marital status (percent)

	Sex		Residence		Age group		Ethnicity		Migration		Marital status			
	Male	Female	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Married	Never-married	Total
Ever exchanged goods or money for sex	N=1,276 7.3***	N=1,066 0.1	N=865 5.5	N=1,477 3.2	N=315 1.8*	N=2,027 4.4	N=1,674 4.9**	N=668 1.3	N=212 7.0	N=2,130 3.8	N=28 3.0***	N=1,115 0.6	N=1,199 6.7	N=2,342 4.0
Ever had sex with sex workers	7.7***	0.1	6.3**	3.0	2.5	4.5	5.0**	1.9	8.0*	4.0	3.0***	0.7	7.1	4.3

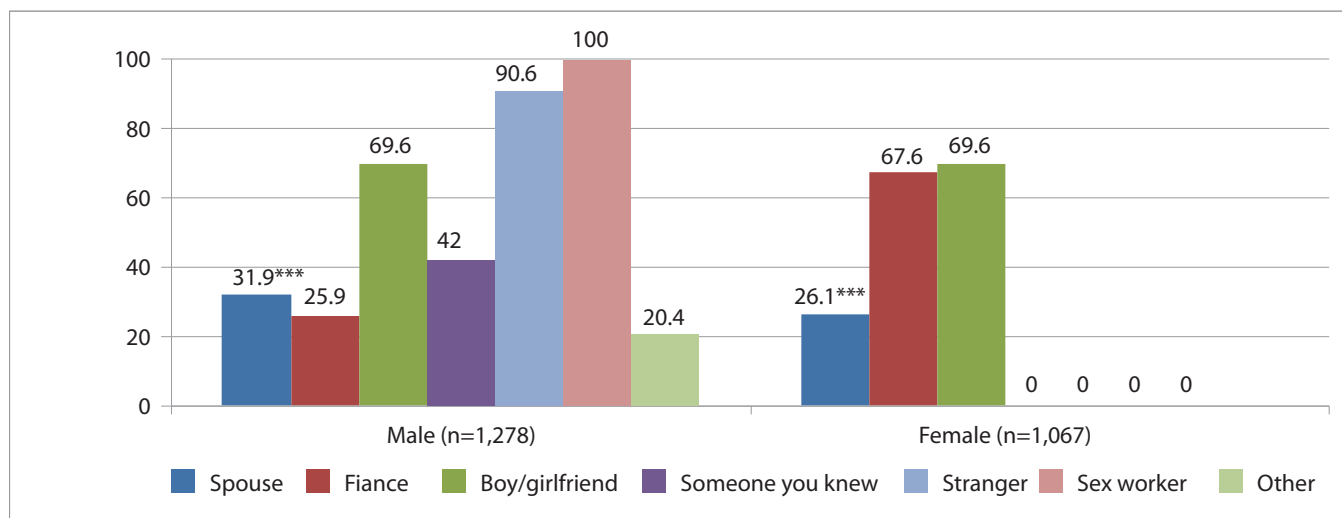
* $p<0.05$, ** $p<0.01$, *** $p<0.001$

Table 4-22. Knowledge of and attitudes towards homosexuality by sex, place of residence, age group, ethnicity, migration status and marital status (percent)

	Sex		Residence		Age group		Ethnicity		Migration		Marital status		
	Male	Female	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	Total
Know about homosexuality	N=3,316 53.6	N=3,365 55.0	N=2,898 65.0***	N=3,783 45.9	N=3,024 49.9***	N=3,657 58.1	N=5,390 58.9***	N=1,289 28.7	N=614 62.1*	N=6,067 53.7	N=1,196 43.6**	N=5,485 56.0	N=6,681 54.3
Acceptant attitude towards homosexuality	47.3***	61.5	63.2***	45.0	53.9	55.0	56.7***	30.6	66.7**	53.5	42.4***	56.1	54.5

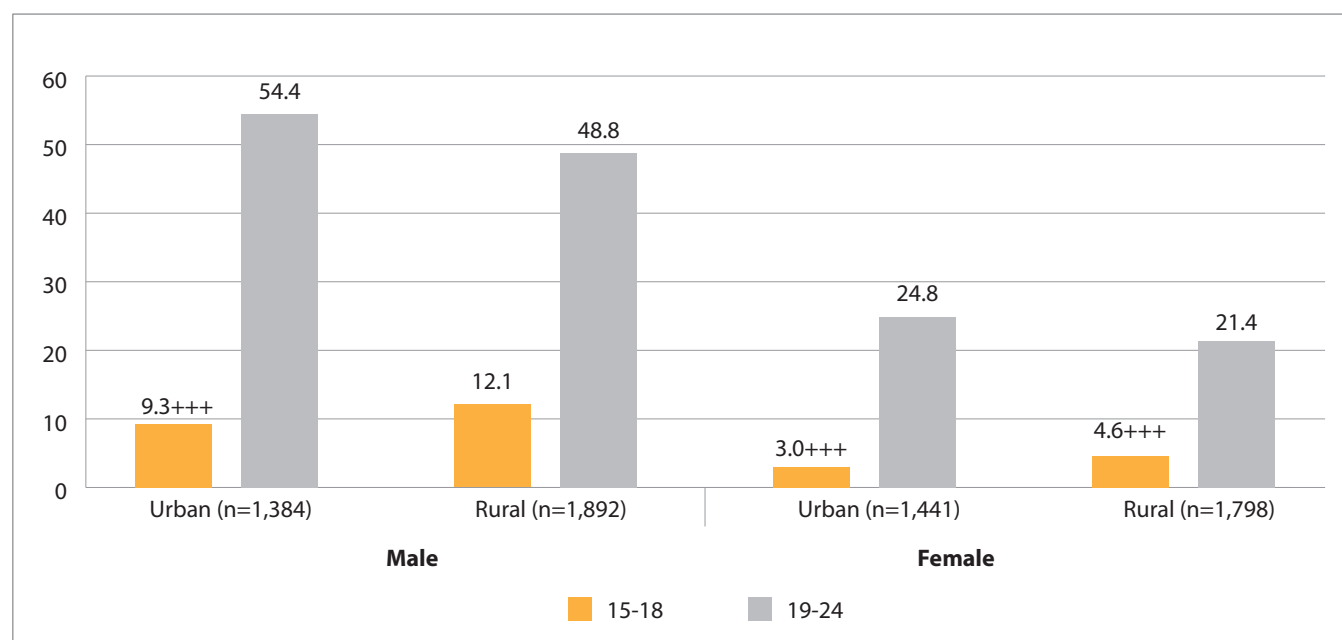
* $p<0.05$, ** $p<0.01$, *** $p<0.001$

Figure 4-1. Contraceptive use during the first sexual intercourse by type of sexual partner and sex of respondents



*** $p < 0.001$

Figure 4-2. Percentage of people who engaged in premarital sex by sex, age group and place of residence



*** $p < 0.001$



CHAPTER 5. MARRIAGE, PREGNANCY AND CHILDBEARING

This chapter presents adolescent and young adult knowledge and attitudes of and experiences with marriage and reproductive health, including marriage, pregnancy, abortion and childbearing. Information on adolescent childbearing trends is also available in this chapter.

5.1. MARRIAGE

Attitudes toward marriage

Among never-married people, the mean intended age for first marriage was 25.4 (SD=±2.9) – 25.5 (SD=±3.2) for males and 25.2 (SD=±2.6) for females ($p < 0.01$). Urban, Kinh, older and migrant respondents expressed desires to get married at later ages than rural, non-Kinh, younger and non-migrant respondents (Annex Table C-1).

In response to the question “who will decide your marriage?” among never-married respondents, 41.4 percent reported they would make the decision themselves, 41.8 percent reported both themselves and their parents and 14.7 percent said only their parents. Male, older and Kinh respondents showed higher levels of autonomy in making marriage decisions than female, younger and non-Kinh respondents (Annex Table C-1).

The survey also asked respondents about the ideal age at first marriage for males and females. According to adolescents and young adults aged 10-24, the mean ideal age at first marriage for females was 22.9 (SD=±2.9) and 25.3 (SD=±3.4) for males. Female, urban, Kinh, migrant and never-married respondents seemed to have higher ideal ages at marriage than male, rural, non-Kinh, non-migrant and ever-married respondents (Annex Table C-2).

Marital status

Of the total sample, 90.3 percent had never been married, 9.1 percent were currently married at the time of the survey, 0.3 percent had not been married but were cohabiting and 0.3 percent were separated, divorced or widowed. Importantly, 3.1 percent had gotten married before they reached age 19. Marriage rates were higher among females, rural residents, young adults aged 19-24 and non-Kinh people (Figure 5-1, Annex Table C-3).

In response to the question “who decided your marriage?” among married respondents, 40.5 percent reported they made the decision themselves, 49.9 percent reported both themselves and their parents and 9 percent said

only their parents. Kinh people showed higher levels of autonomy in making marriage decisions than non-Kinh people (Annex Table C-1).

Age at first marriage

The mean age at first marriage among all ever-married respondents was 19.8 (SD=±2.3). The mean age at first marriage among males was higher than females, at 20.5 (SD=±2.5) versus 19.6 (SD=±2.2) ($p<0.001$). The mean age at first marriage among urban residents was 20.7 (SD=±1.9) compared to 19.5 (SD=±2.4) for rural residents ($p<0.001$). Kinh respondents got married at older ages than non-Kinh people at 20.5 (SD=±1.9) compared to 18.6 (SD=±2.5) ($p<0.001$). Migrant respondents also had a higher mean age at first marriage than non-migrants at 21.4 (SD=±2.2) versus 19.8 (SD=±2.3) ($p<0.001$) (Table 5-1).

Of ever-married respondents of both sexes, 14.7 percent had gotten married before they reached 18. Adolescent marriage rates were significantly higher among non-Kinh people and non-migrants. According to the Marriage and Family Law in Viet Nam, the legal age of marriage for females is 18, and 20 for males. The findings show that 14.7 percent of females and 27.4 percent of males had gotten married at illegal ages (less than 18 and 20 years old, respectively). Rates of marriage at illegal ages among both males and females were higher among non-Kinh and non-migrant respondents (Table 5-1).

5.2. PREGNANCY

Knowledge of pregnancy

Adolescence is a period of major physical, social and emotional change toward the maturation of reproductive functions and behaviors. It is also a period of exploration, elevating the importance of accurate and comprehensive pregnancy knowledge for adolescents and young adults to make sure every pregnancy is wanted and safe, and that unwanted pregnancies are avoided.

To assess pregnancy knowledge, the survey posed three questions to respondents: could a woman get pregnant during her first sexual intercourse, what days a woman is most likely to get pregnant and what should a woman do if she does not want to get pregnant. The first and last question had sufficient response rates - 62.4 percent of respondents answered the first question correctly and 82.1 percent answered the third question correctly. The "what days are a woman most likely to get pregnant" question had the lowest correct response rate (17.4 percent). There were significant differences in pregnancy knowledge by sex, age group, place of residence, ethnicity and migration status (Table 5-2).

Females were generally more aware of what days a woman is most likely to get pregnant than their male counterparts, at 22.1 percent and 12.8 percent, respectively ($p<0.001$). These rates were only 18 percent for women and 7 percent for men in SAVY2 [4, 10]. Pregnancy knowledge appears to have increased slightly over time but was still low. Compared with Indonesia,

Vietnamese adolescents and young adults were less knowledgeable about pregnancy [9].

Knowledge of pregnancy increased with age: only 11.5 percent of adolescents aged 10-14 answered the second question correctly, followed by 15.5 percent of adolescents aged 15-18, and 25 percent of young adults aged 19-24 ($p < 0.001$). The percentages of Kinh, migrant and never-married people who answered the second question about pregnancy correctly were significantly higher than those for non-Kinh, non-migrant and never-married people (Table 5-2).

The correlation between knowledge (of the days a woman is the most likely to get pregnant during her cycle) and age also held true when disaggregated by gender. Among males, 8.9 percent of adolescents aged 10-14 had pregnancy knowledge, while this rate rose to 12.5 percent and 17 percent for ages 15-18 and 19-24, respectively ($p < 0.01$). Among females, the youngest group also had the lowest percentage of correct understanding at 14.1 percent, rising to 18.7 percent for ages 15-18 and 32.7 percent for ages 19-24 ($p < 0.01$) (Table 5-3).

Incidence of pregnancy

The survey asked females of all three age groups (10-14, 15-18 and 19-24) questions about their experience with pregnancy and abortion. Only one respondent among all adolescents aged 10-14 reported having experienced a pregnancy. Thus, the following section only reports pregnancy and abortion experiences among the 3,359 female respondents aged 15-24.

Overall, 19.5 percent of the total 3,359 females aged 15-24 reported having ever been pregnant. There were significant differences in the pregnancy rate by place of residence, age, ethnicity, migration status and marital status (Table 5-4).

A majority 87.9 percent of ever-married women respondents had ever been pregnant, compared to only 0.6 percent of never-married people ($p < 0.001$). Urban females were less likely than rural females to have experienced a pregnancy, at 10.4 percent versus 26.8 percent, respectively ($p < 0.01$). The pregnancy rate among adolescents aged 15-18 was 3.5 percent, much lower than that of young adults aged 19-24 at 32.9 percent ($p < 0.001$). The pregnancy rate among Kinh females was 9.1 percent, tripling to 36.5 percent for non-Kinh females ($p < 0.001$). The pregnancy rate among migrants was only about one-fourth of that of non-migrants, at 5.3 percent compared to 20.7 percent ($p < 0.01$) (Table 5-4).

Of the total 1,455 female adolescents aged 15-18, the pregnancy rate was 3.5 percent. The majority of those who had ever experienced pregnancy had been or were married, at 82.8 percent of ever-married females vs. 0.5 percent of never-married females ($p < 0.001$). Rural female adolescents had a higher rate of pregnancy than their urban counterparts, at 5.5 percent vs. 0.8 percent ($p < 0.001$). Non-Kinh females reported having experienced adolescent pregnancy at a significant higher rate than Kinh females: 17.2 percent vs. 1.5 percent ($p < 0.001$) (Figure 5-2).

5.3. ABORTION

Of the total females aged 15-24, 1.8 percent (or 18 per 1,000 people) had ever had an abortion (or 9.2 percent of females who had ever had been pregnant). The abortion rate was significantly higher among young adults aged 19-24, non-Kinh people and ever-married women compared to adolescents aged 15-18, Kinh people and never-married respondents (Table 5-4). It is important to note the abortion rate reported in this section is a lifetime estimation, not an annual figure.

Among female adolescents aged 15-18, 0.2 percent had ever had an abortion. The abortion rate was higher among non-Kinh adolescents than their Kinh counterparts. Ever-married adolescents also had a higher rate of abortion than never-married adolescents (Figure 5-2).

Of the 69 females who provided information about their last abortion, 26.1 percent reported having their last abortion within the current year, 30.9 percent the previous year and 43 percent two or more years ago. About 38.1 percent sought their abortion in private clinics, 31 percent in public hospitals or health centers, 14.7 percent in private hospitals and 13 percent in commune health centers. More than two-thirds of respondents who had had an abortion received no contraceptives, contraceptive counseling or information from health workers post-abortion. Of the remaining one-third, most received counseling and information on contraception (86.1 percent) and/or contraceptives (66.3 percent) (Annex Table C-4).

5.4. CHILDBEARING

Attitudes towards childbearing

According to all respondents, the average ideal number of sons to have was 1 (SD=±0.4), the ideal number of daughters was also 1 (SD=±0.4), and the ideal number of children one should have was 1.9 (SD=±0.5) (Table 4-8).

The ideal age for females to first become mothers was 25.1 (SD=±3.3) and the ideal age for males to first become fathers was 27.2 (SD=±3.5). Female, urban, Kinh, migrant and never-married respondents were more likely to indicate later ages for entering parenthood. The ideal duration of time between births was 3.1 years (SD=±1.7). In response to the question “who should decide the number of children?”, 64.1 percent of the respondents reported both the husband and wife, 19.1 percent said just the husband and 14.4 percent suggested solely the wife (Annex Table C-2).

Childbearing experience

Questions about childbearing experience were posed to females from all three age groups who were ever-married or never-married but cohabiting at the time of the survey. Only one respondent aged 10-14 reported experience with childbearing, thus, the report hereafter focuses only on the childbearing

experiences of respondents aged 15-24.

Of those aged 15-24 who were ever-married or never-married but cohabiting, 17.4 percent of females had ever mothered a child ($p < 0.001$). An unsurprising 79.1 percent of ever-married females reported having had a live birth, compared to only 0.4 percent of never-married females ($p < 0.001$). Rural, young adults aged 19-24, non-Kinh and non-migrant respondents had significantly and remarkably higher rates of live births than urban, adolescents aged 15-18, Kinh and migrant females (Table 5-5).

The age-specific fertility rate (ASFR) of females aged 20-24 was 120 births per 1,000 women, though it differed significantly between groups. Rural residents aged 20-24 had a higher ASFR than urban residents, at 172 compared to 56 births per 1,000 women ($p < 0.001$). Non-Kinh people (178) and non-migrants (130) aged 20-24 had a higher ASFR than Kinh people (106) and migrants (11) ($p < 0.05$ & $p < 0.001$) (Table 5-6).

Based on this data, the ASFR of adolescent females aged 15-19 was 23 births per 1,000 women. As reported by MICS 2014, the adolescent birth rate in the three years preceding 2014 was 45 births per 1,000 women at the national level. Regionally, this level was above that of Myanmar and Malaysia, but much lower than other Southeast Asian countries [10]. The ASFR of rural women was 35, compared to only 7 births per 1,000 ($p < 0.01$) among urban women. The ASFR of non-Kinh people was also significantly higher than that of Kinh people, at 112 versus 10 births per 1,000 women ($p < 0.05$) (Table 5-6).

Early childbearing

Indicators of early childbearing among females are presented in Table 5-6. Of all females aged 15-19, 4.1 percent had already had a live birth and 0.7 percent were pregnant with their first child, resulting in a combined 4.8 percent who had begun childbearing. Rural residents (5.9 percent) and non-Kinh people (18.9 percent) had higher live birth rates than urban residents (1.7 percent) and Kinh-people (2 percent) ($p < 0.05$ & $p < 0.001$).

Of all females aged 20-24, 1.9 percent had had a live birth before the age of 18 – lower than the average rate in East Asia and Pacific countries (9 percent) and considerably lower than that among global developing countries (19 percent) [16]. Non-Kinh people had significantly higher live birth rates before the age of 18 than Kinh people at 7.9 percent compared to 0.5 percent ($p < 0.001$). The rate of those aged 20-24 who reported having had a live birth before 18 in Viet Nam was lower than many of its neighboring countries, such as Lao PDR (16 percent), Thailand (12 percent), Myanmar (11 percent) and Cambodia (6 percent) [10].

Table 5-3. Correct pregnancy knowledge among age groups by sex

	Male			Female		
	10-14	15-18	19-24	10-14	15-18	19-24
	N=1,550	N=1,568	N=1,750	N=1,535	N=1,458	N=1,907
A woman can get pregnant after her first sexual intercourse	48.9***	63.0	67.7	57.6***	69.1	69.6
Days a woman is more likely to get pregnant	8.9**	12.5	17.0	14.1***	18.7	32.7
If a woman does not want to get pregnant, what should she do	54.1***	88.7	92.8	68.7***	94.1	97.2

Table 5-4. Pregnancy and abortion rates among females by place of residence, age group, ethnicity, migration status and marital status (percent)

	Residence		Age group		Ethnicity		Migration		Marital status		Total
	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=1,481	N=1,878	N=1,455	N=1,904	N=2,710	N=648	N=325	N=3,034	N=877	N=2,482	N=3,359
Ever pregnant	10.4**	26.8	3.5***	32.9	9.1***	36.5	5.3**	20.7	87.9***	0.6	19.5
Ever had an abortion	2.2	1.4	0.2***	3.1	1.6	2.7	0.9	1.8	7.4***	0.2	1.8

p<0.01, *p<0.001

Table 5-5. Childbearing experience among females by place of residence, age group, ethnicity, migration status and marital status

	Place of residence		Age group		Ethnicity		Migration status		Marital status		Total
	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-migrant	Ever-married	Never-married	
	N=1,484	N=1,881	N=1,458	N=1,907	N=2,715	N=649	N=325	N=3,040	N=878	N=2,487	N=3,365
Have had a live birth	9.0***	24.2	2.8***	29.7	12.7***	43.8	3.8***	18.6	79.1***	0.4	17.4

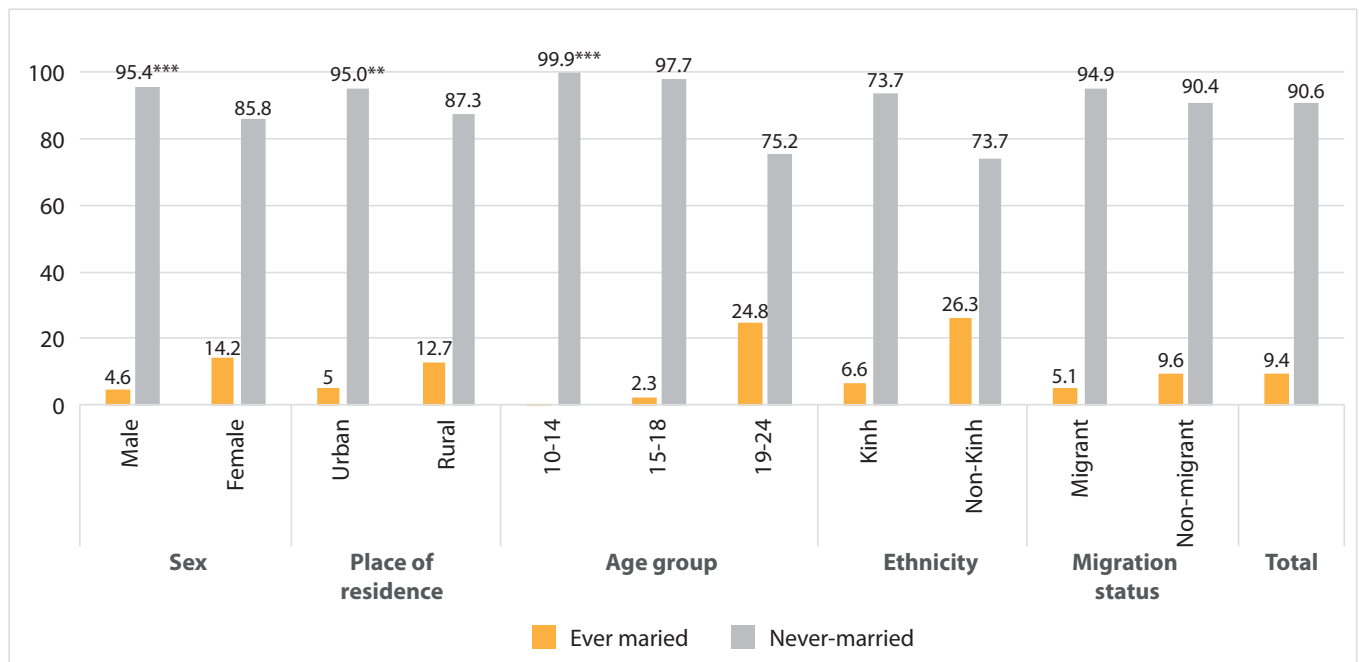
***p<0.001

Table 5-6. Early childbearing among females by place of residence, ethnicity and migration status (percent)

	Place of residence		Ethnicity		Migration status		Total
	Urban	Rural	Kinh	Non-Kinh	Migrant	Non-Migrant	
	N=771	N=1,004	N=1,468	N=306	N=151	N=1,624	N=1,775
Among females age 15-19							
Have had a live birth	1.7*	5.9	2.0***	18.9	0	4.3	4.1
Pregnant with first child	0.1**	1.1	0.4**	2.6	0	0.7	0.7
Have begun childbearing	1.8	7.0	2.4	21.5	0.0	5.0	4.8
ASFR 15-19 (‰)	7**	35	10***	112	0.0	24	23
Among females age 20-24							
% of people aged 20-24 had a live birth before age 18	0.9	2.8	0.5***	7.9	0.3	2.1	1.9
ASFR 20-24 (‰)	56***	172	106*	178	11***	130	120

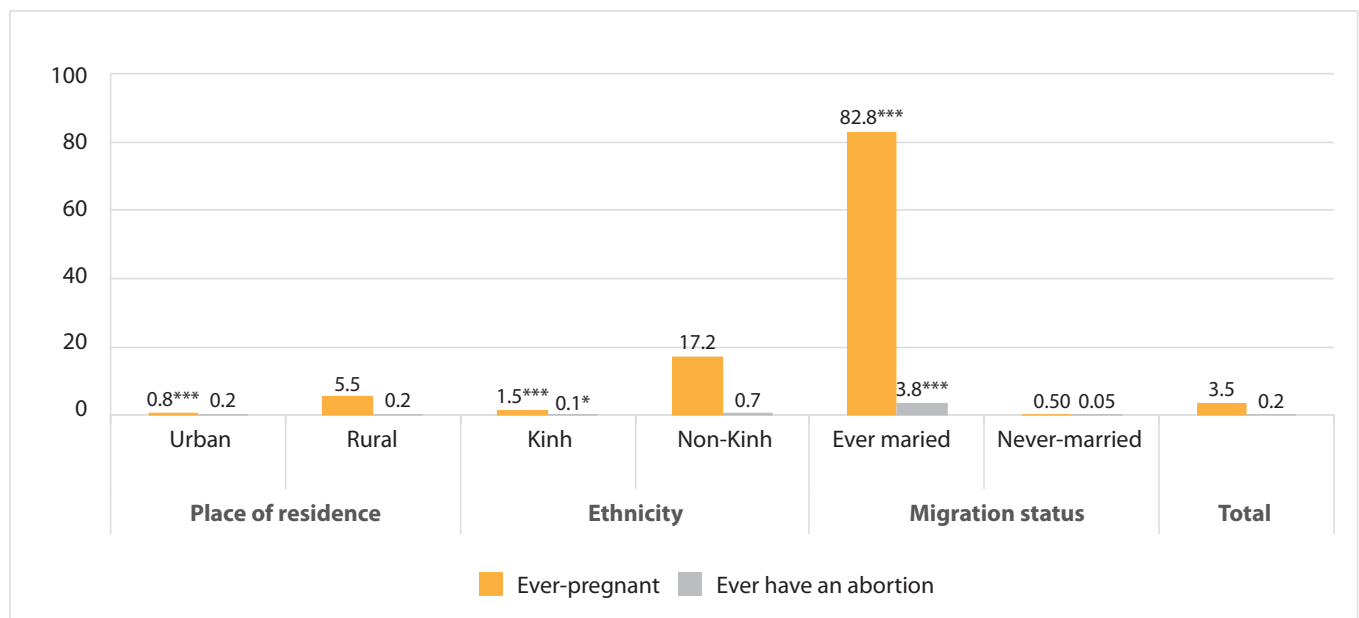
*p<0.05, **p<0.01, ***p<0.001

Figure 5-1. Marital status of respondents by sex, place of residence, age group, ethnicity and migration status (percent)



** $p < 0.01$, *** $p < 0.001$

Figure 5-2. Adolescent pregnancy and abortion rates among females aged 15-18 by place of residence, ethnicity and marital status



* $p < 0.05$, *** $p < 0.001$





CHAPTER 6. CONTRACEPTION

6.1. KNOWLEDGE OF CONTRACEPTION

Comprehensive knowledge of contraception contributes to informed decision-making about sexual activities and pregnancy planning. There are now a wide range of contraceptive options with traditional and modern methods available for both males and females to help prevent pregnancy in Viet Nam. Of the 17 methods surveyed, four were traditional methods, including withdrawal, abstinence, rhythm and the lactational amenorrhea method (LAM). The remaining 13 methods are defined as modern methods.

Instruction on contraceptive use

Respondents were asked if they had ever been instructed on how to use each of the contraceptive methods they had ever heard of. Of the total 6,988 adolescents and young people aged 10-24 who responded to the question on contraceptive guidance, only 39.9 percent reported having been instructed on how to use any contraceptive methods, and 35.1 percent had received instructions on modern methods (Table 6-1 and Annex Table D-1).

There were no significant gaps between males and females or urban and rural residents in the rates of people receiving instruction guidance on modern methods. However, differences in receiving instructions on how to use modern methods were observed across age groups and between Kinh and non-Kinh people, migrants and non-migrants and ever-married and never-married people. Surprisingly, Kinh youth were less likely to be instructed on how to use modern methods than their non-Kinh counterparts at 34.3 percent and 40.7 percent, respectively ($p < 0.05$). Migrants also had better knowledge than non-migrants (51.6 percent compared to 34.2 percent) ($p < 0.001$). The rate of ever-married people who had been instructed on modern contraceptive use was 72.1 percent, more than double the 31 percent found among never-married people ($p < 0.001$) (Table 6-1 and Annex Table D-1).

Data from Annex Table D-1 also revealed that only 26 percent of respondents had received instructions on the most common method young respondents had heard of: the male condom (data not shown).

Sources of modern contraceptives

The survey asked if respondents aged 15-24 knew where to get modern contraceptives as part of understanding young people's access to contraception, which 5,411 adolescents and young adults answered.

A strong 87.2 percent of respondents knew where to get modern methods, though there were significant differences in knowledge about sources of modern methods. Female, urban resident, older, Kinh, migrant and ever-married respondents had better knowledge about sources of modern contraceptive methods than males, rural residents, younger respondents, non-Kinh, non-

migrants and never-married people (Table 6-2).

Males and females from the oldest age group had the highest levels of knowledge about where to seek modern contraceptives. Males aged 19-24 were more likely to know where to get modern contraceptives than those aged 15-18, at 91.5 percent compared to 78.8 percent ($p < 0.001$). Females aged 19-24 were also more likely to know where to get modern contraceptives than those aged 15-18 (92.9 percent and 83.8 percent, respectively) ($p < 0.01$) (Figure 6-1).

Of the total 5,411 young people surveyed, 80.5 percent knew where to get male condoms, the most commonly identified method. Respondent knowledge of sources of male condoms differed by age group and ethnicity. Young adults aged 19-24 had better knowledge of male condom sources than adolescents aged 15-18 at 87.1 percent and 72.4 percent, respectively ($p < 0.001$). Kinh people also knew more about sources of male condoms (82.2 percent) than their non-Kinh counterparts (70.5 percent) ($p < 0.001$) (Table 6-2).

Respondents also had good knowledge about sources of other modern methods, such as daily pills (79.2 percent), emergency hormonal contraception (82.9 percent), female sterilization (76.4 percent) and male sterilization (70.9 percent). Respondents knew an average of 3.9 ($SD = \pm 2.5$) sources of modern contraceptive methods and females, urban residents, older young people, Kinh people, migrants and ever-married people knew significantly more sources of modern contraceptive provision (Table 6-2).

6.2. CONTRACEPTIVE USE

Current use of contraceptive methods

Around 60 percent of respondents aged 15-24 who had sex in the last 12 months reported that they were currently using a method to delay or avoid getting pregnant, of which 48.5 percent were using modern methods. The most commonly used methods were the male condom (29.2 percent), withdrawal method (11.5 percent), daily oral contraceptive/emergency contraceptive pill (15.5 percent) and intrauterine device (IUD) (3.3 percent) (Table 6-3). The rate of current contraceptive use was similar between males and females. There was also no difference in the current modern contraceptive use rate between males and females, though there were variations in the current use of specific contraceptive methods between males and females (Table 6-3).

For example, a higher percentage of males reported that they or their partner were currently using the male condom compared to females (37.3 percent compared to 18.5 percent) ($p < 0.001$), while more females reported that they were currently using the daily pill (17 percent versus 6.2 percent) ($p < 0.001$) and IUD (10.7 percent versus 2.7 percent) ($p < 0.01$) than their male counterparts (Table 6-3).

In particular, ever-married young women were more likely to choose non-permanent methods, such as the daily pill or IUD, to delay childbearing.

Conversely, never-married women more commonly chose the male condom to avoid pregnancy as well as to prevent STIs.

Similar to the findings on ever having used contraception, the male condom was the most commonly used method by males, urban, Kinh, migrant and never-married respondents. This method was used less frequently by females, rural, non-Kinh, non-migrants and married people.

Among females aged 15-24, 59.8 percent were currently using any contraceptives and 46.7 percent were currently using modern contraceptives (Table 6-4). The rate of modern contraceptive use among females in Viet Nam was higher than other countries in the region, with 20 percent of females aged 20-24 using modern contraceptives in Cambodia, only 7 percent among 15-19 year olds and 26 percent among 20-24 year olds in Indonesia, and 19 percent among 15-19 year olds and 26 percent among 20-24 year olds in the Philippines [10].

Also within the group of 15-24 year-old females, the rate of current use of modern contraceptives among young adults aged 19-24 was higher than adolescents aged 15-18 (48.8 percent versus 28.2 percent) ($p < 0.05$). Specifically, the most common methods currently used by females aged 15-24 were the male condom (18.5 percent), daily pill (10.7 percent), withdrawal method (11.2 percent) and IUD (1.9 percent) (Table 6-4).

Reasons for contraceptive discontinuation

The contraceptive discontinuation rate was 40.5 percent among all respondents who reported having ever used contraceptives.

Sexually active young people who were not using a contraceptive method at the time of survey, but had used contraception in the past, were asked their main reason for discontinuing contraceptive use. Among the 772 young people that had discontinued contraception, the most commonly mentioned reason for discontinuing was that they were not having sex (54.7 percent). Other frequently cited reasons were wanting to have a child (11.3 percent) and getting pregnant/method failure (10.4 percent). Around 5 percent of respondents cited having a newborn as a reason for discontinuation (Table 6-5).

Unsurprisingly, young females reported contraception discontinuation due to getting pregnant/method failure more often than young male partners: 18.4 percent compared to 5.3 percent ($p < 0.001$). Similarly, ever-married young people were much more likely to discontinue contraceptive use because of pregnancy/method failure compared to never-married young people: 30.8 percent for ever-married respondents versus 1 percent for never-married respondents ($p < 0.001$).

Reasons for contraceptive non-use

The survey asked respondents who had ever had sexual intercourse but had never used contraception for their main reason for not currently using a contraceptive method. The most commonly reported reason for contraceptive non-use was fertility-related reasons (45.5 percent), such as wanting to have a

baby, followed by method-related reasons (27.4 percent), lack of knowledge or unavailable contraceptives (7.2 percent) and 4.7 percent because of opposition to use (Table 6-6).

Preferred method for future use

Among young people who reported an intention to use contraception at any time in the future, more than half (51.2 percent) stated that they would prefer to use the male condom, followed by the IUD (20.3 percent) and the daily oral contraceptive pill (14.7 percent). Nearly three-quarters of males preferred the male condom (70.2 percent) while the IUD was the most preferred method among females who intended to use contraception in the future (33.8 percent) (Table 6-7).

6.3. UNMET NEED FOR MODERN CONTRACEPTION AMONG FEMALES (AGED 15-24)

Unmet need for modern contraception is defined as the gap between the demand for and actual accessibility of modern family planning methods. In calculating this indicator, women using traditional methods are considered to have an unmet need for modern contraception. The survey findings indicate that the rate of unmet need for modern contraception among women aged 15-24 was 29.6 percent (Figure 6-1). This figure was lower than MICS reports of around 35 percent for females aged 15-24 [6].

Unmet need for modern contraception varied by ethnicity and marital status. A greater percentage of Kinh respondents had unmet need for modern contraception than non-Kinh respondents: 34.3 percent versus 18.5 percent ($p < 0.001$). Compared to 24.3 percent of ever-married females, 48.4 percent of never-married females had unmet need for modern contraception ($p < 0.001$).

Somewhat similar to the findings from the bivariate analysis, the logistic regression model showed that after controlling for the other variables in the model, age group and marital status are significantly associated with unmet need for modern contraception among young females. Specifically, adolescent females aged 15-18 were 2.3 times more likely to have an unmet need for modern contraception than female young adults aged 19-24 ($p < 0.01$). Similarly, ever-married people were 42 percent less likely to have unmet need for modern contraception than never-married females ($p < 0.01$) (Table 6-8).

Table 6-1. Contraceptive instruction by sex, place of residence, age group, ethnicity, migration status and marital status (percent)

	Sex		Residence		Age group			Ethnicity		Migration		Marital status		Total
	Male	Female	Urban	Rural	10-14	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=3,276	N=3,712	N=3,021	N=3,967	N=1,576	N=2,293	N=3,119	N=5,786	N=1,201	N=553	N=6,435	N=1,039	N=5,949	N=6,988
Ever been instructed on how to use any methods	37.3***	42.4	42.4	37.9	13.2***	38.4	62.8	39.3	43.9	59.4***	38.8	77.4***	35.7	39.9
Mean # of methods instructed	2.5±2.0***	3.2±2.8	3.1±2.7*	2.7±2.3	1.7±1.1***	2.3±1.9	3.3±2.8	2.9±2.5*	2.6±2.6	3.0±3.0	2.8±2.4	3.5±2.8***	2.7±2.4	2.9±2.5
% ever been instructed on how to use any modern methods	34.3	35.9	37.0	33.7	12.0***	31.6	56.9	34.3*	40.7	51.6***	34.2	72.1***	31.0	35.1
Mean # of modern methods instructed	2.0±1.5***	2.7±2.3	2.6±2.2*	2.3±1.8	1.5±0.9***	2.1±1.6	2.7±2.2	2.4±1.9	2.3±2.0	2.4±2.4	2.4±1.9	2.8±2.1***	2.3±1.9	2.4±2.0

*p<0.05, *** p<0.001

Table 6-2. Knowledge of modern contraceptive sources by sex, place of residence, age group, ethnicity, migration status and marital status (percent) (aged 15-24)

	Sex		Residence		Age group		Ethnicity		Migration		Marital status		Total
	Male	Female	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=2,566	N=2,845	N=2,431	N=2,980	N=2,292	N=3,119	N=4,477	N=933	N=538	N=4,873	N=1,038	N=4,373	
Know where to get													
Emergency hormonal contraception	78.9**	86.4	83.8	81.9	71.4***	89.5	83.6*	76.1	88.7*	82.3	91.0**	81.3	82.9
Male condom	81.2	79.7	83.9	77.7	72.4***	87.1	82.2***	70.5	87.4*	79.9	86.1**	79.6	80.5
Daily pill (oral contraceptives)	75.9**	82.0	82.0	76.9	69.2***	86.9	80.1**	73.3	87.6*	78.5	88.1**	77.5	79.2
Female sterilization	73.2*	78.6	77.7	75.0	67.0**	80.3	77.3**	69.9	85.4**	75.4	79.1	75.8	76.4
Male sterilization	64.9**	75.9	72.4	69.2	56.2***	78.1	71.7*	64.4	84.3***	69.5	76.1	69.9	70.9
IUD	60.4***	74.4	71.8	65.7	56.9***	75.6	68.3	69.6	82.6**	67.2	80.5***	65.8	68.5
Female condom	68.2	66.6	70.2	64.1	59.6**	72.3	67.2	68.4	69.8	67.1	77.2	66.1	67.3
Injectables	55.8***	71.6	66.6	66.2	55.5***	72.8	66.8	64.3	76.5*	65.8	73.3*	63.7	66.3
Implants	54.1*	66.1	65.7	60.7	46.1***	68.7	64.2	56.9	62.1	63.0	77.6**	59.3	62.9
Patch	50.3***	70.1	64.7	57.8	51.4*	67.9	62.5***	54.5	72.2	60.7	77.7***	58.0	61.4
Spermicidal cream (Foam/Jelly)	49.4	54.3	53.5	49.4	38.9**	58.4	52.1	47.9	62.0*	50.5	63.4	50.0	51.6
Diaphragm	42.4***	56.8	49.7	50.4	42.6***	55.3	50.4	47.4	65.6*	48.8	58.5	48.7	50.0
Vaginal rings	43.0*	54.6	51.0	47.0	27.1***	62.7	49.0	49.7	66.9**	47.8	78.1***	44.6	49.1
Know where to get any modern methods	85.6*	88.8	90.0*	85.0	81.3***	92.2	88.9***	77.8	93.4**	86.7	94.1**	86.0	87.2
Means - modern	3.4±2.2***	4.3±2.6	4.2±2.6**	3.7±2.3	3.1±1.9***	4.5±2.7	4.0±2.4**	3.5±2.8	4.7±2.8***	3.8±2.4	4.6±2.9***	3.8±2.4	3.9±2.5

*p<0.05, **p<0.01, ***p<0.001

Table 6-3. Current contraceptive use by sex, place of residence, age group, ethnicity, migration status and marital status among those who had sex in the last 12 months (percent)

	Sex		Place of residence		Age group		Ethnicity		Migration status		Marital status		Total
	Male	Female	Urban	Rural	Age 15-18	Age 19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=995	N=976	N=709	N=1,262	N=257	N=1,714	N=1,392	N=579	N=174	N=1,797	N=1,079	N=892	N=1,971
Currently use contraceptives													
Any method	59.3	59.8	59	59.8	49.8***	61	60.4	56.8	63.2	59.2	58.1	61	59.5
Not use	40.7	40.2	41	40.2	50.2	39	39.6	43.2	36.8	40.8	41.9	39	40.5
Any modern methods	49.9	46.7	47.7	48.9	37.4	50.2	48.1	50.3	51.0	48.3	47.7	49.5	48.5
Condom (male)	37.3	18.5	34.2	26.1	27.0	29.5	32.4	18.1	40.2	28.2	15.7	39.9	29.2
Emergency contraception	5.2	14.6	5.2	11.8	5.1	9.9	7.5	15.4	5.4	9.6	15.8	4.2	9.3
Daily pill	2.7	10.7	4.1	7.4	1.7	6.8	3.9	14.1	0.6	6.7	13.7	0.3	6.2
IUD	4.4	1.9	3.9	3.0	3.4	3.3	3.9	1.3	4.8	3.2	1.3	5.0	3.3
Injectable/depo-provera	0.1	0.7	0.1	0.5	0.0	0.4	0.1	1.3	0.0	0.4	0.8	0.0	0.4
Condom (female)	0.0	0.4	0.3	0.1	0.0	0.2	0.2	0.0	0.0	0.2	0.4	0.0	0.2
Diaphragm	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Spermicidal cream/Foam/Jelly	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Any traditional methods	9.4	13.1	11.2	10.9	12.4	10.8	12.3	6.5	12.2	10.9	10.4	11.5	11.0
Withdrawal	6.8	11.2	8.5	8.8	11.0	8.3	9.6	5.7	9.1	8.7	8.3	9.0	8.7
Safe days (rhythm)	2.6	1.8	2.7	2.0	1.4	2.4	2.7	0.7	3.1	2.2	2.0	2.5	2.3
Lactational amenorrhea method	0.1	0.0	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.1	0.1	0.1	0.1

Note: ***p<0.001

Table 6-4. Current contraceptive use among sexually active females aged 15-24 by place of residence, age group, ethnicity, migration status and marital status (percent)

	Place of residence		Age group		Ethnicity		Migration status		Marital status		Total
	Urban	Rural	Age 15-18	Age 19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=303	N=673	N=100	N=876	N=637	N=339	N=57	N=919	N=792	N=184	

Currently use contraceptives

Any method	57.8	60.8	44.4*	61.5	59.8	59.8	56.4	60	60.3	57.8	59.8
Not use	42.2	39.2	55.6	38.5	40.2	40.2	43.6	40	39.7	42.2	40.2
Any modern methods	43.4	48.5	28.2	48.8	43.3	54.6	43.7	46.9	49.1	39.6	46.7
Condom (male)	24.8	14.8	9.5	19.5	21.2	12.1	27.9	17.8	13.1	33.4	18.5
Emergency contraception	8.3	18.1	11.1	14.9	11.7	21.1	11.9	14.7	18.7	2.9	14.6
Daily pill	6.8	12.8	3.6	11.5	7.2	18.7	0.7	11.4	14.4	0.1	10.7
Iud	2.6	1.5	3.7	1.7	2.4	0.9	3.2	1.8	1.5	3.2	1.9
Injectable/ depo-provera	0.1	1.0	0.0	0.8	0.2	1.8	0.0	0.7	0.9	0.0	0.7
Condom (female)	0.8	0.2	0.0	0.4	0.5	0.0	0.0	0.4	0.5	0.0	0.4
Diaphragm	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Any traditional methods	14.4	12.3	16.2	12.7	16.5	5.2	12.7	13.1	11.2	18.2	13.1
Withdrawal	12.5	10.4	15.9	10.6	14.1	4.4	12.2	11.1	8.9	17.6	11.2
Safe days (rhythm)	1.9	1.8	0.3	2.0	2.4	0.6	0.5	1.9	2.3	0.6	1.8
Lactational amenorrhea method	0.0	0.1	0.0	0.1	0.0	0.2	0.0	0.1	0.1	0.0	0.0

Note: * $p < 0.05$

Table 6- 5. Reasons for contraceptive discontinuation by sex, place of residence, age group, ethnicity, migration status and marital status (percent)

	Sex		Residence		Age group		Ethnicity		Migration		Marital status		Total
	Male	Female	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=494	N=278	N=363	N=409	N=109	N=663	N=622	N=150	N=82	N=690	N=254	N=518	N=772
Not having sex	71.3	28.4	62.5	48.3	53.3	54.9	57.1	41.0	63.3	53.9	11.8	74.5	54.7
Wanted to have a child	5.7	20.1	11.9	10.8	2.9	12.6	10.8	14.3	12.1	11.2	25.0	5.0	11.3
Got pregnant/ method failure	5.3***	18.4	8.4	12.0	14.1*	9.8	9.5	15.5	5.6	10.8	30.8***	1.0	10.4
Have a newborn	0.8	11.8	1.0	8.4	2.0	5.5	5.0	5.6	0.0	5.5	15.3	0.3	5.1
Did not like the method	5.1	4.4	4.1	5.4	11.1	3.8	4.7	5.5	7.3	4.6	2.1	6.1	4.8
All others	11.8	16.9	12.1	15.1	16.6	13.4	12.9	18.1	11.7	14	15	13.1	13.7

*p<0.05; ***p<0.001

Table 6-6. Reasons for contraceptive non-use by sex, place of residence, age group, ethnicity, migration status and marital status (percent)

	Sex		Residence		Age group		Ethnicity		Migration		Marital status		Total
	Male	Female	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=138	N=188	N=69	N=257	N=84	N=242	N=164	N=162	N=12	N=314	N=225	N=101	N=326
Husband/wife away	0.4**	5.1	0.0	0.6	1.9*	0.0	0.0	1.0	0	0.5	0.7***	0.1	0.5
Single/do not have any partners	0.2	1.4	0	1.1	2.8	0.2	1.1	0.5	0	0.9	0.3	1.9	0.8
Fertility-related reasons	29.5	59.6	36.3	48.2	33	49.3	43.6	48.3	9.6	46.5	57.4	22.9	45.5
Method-related reasons	33.7	21.6	38.2	24.3	16.6	30.5	34.1	18.6	62	26.3	24	33.6	27.4
Lack of knowledge or unavailable	8.7	5.7	3.1	8.3	17.2	4.2	2.9	12.4	2.8	7.2	4.7	11.7	7.2
Opposition to use	6.9	2.7	3	5.2	3.9	5	4.5	5.1	9.5	4.6	4.9	5.2	4.7
Other	16.3	4.4	12.3	9.3	17.0	7.9	10.6	9.3	16.2	9.8	2.4	24.6	10.1

*p<0.05; **p<0.01; ***p<0.001

Table 6-7. Intentions to use contraceptive methods in the future by sex, place of residence, age group, ethnicity, migration status and marital status (percent)

	Sex		Residence		Age group		Ethnicity		Migration		Marital status		
	Male	Female	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	Total
	N=1,241	N=1,069	N=852	N=1,458	N=315	N=1,995	N=1,651	N=659	N=204	N=2,106	N=1,118	N=1,192	N=2,310
Male condom	70.2	28.8	63.6	43.5	54.3	50.7	56.9	31.7	73.3	49.3	24.0	72.5	51.2
IUD	8.8	33.8	13.5	24.6	12.9	21.4	16.1	34.9	6.6	21.5	40.1	4.8	20.3
Daily pill (oral contraceptives)	7.9***	22.7	10.1**	17.6	14.1*	14.8	12.9***	21.1	7.5***	15.3	22.4	8.7	14.7
Withdrawal	4.4	5.0	4.8	4.6	7.3	4.3	5.0	3.5	5.8	4.6	4.0	5.2	4.7
Emergency hormonal contraception	4.1	1.4	2.8	2.9	7.1	2.2	3.6	0.5	2.5	2.9	0.3	4.9	2.9

Note: *p<0.05; **p<0.01; ***p<0.001

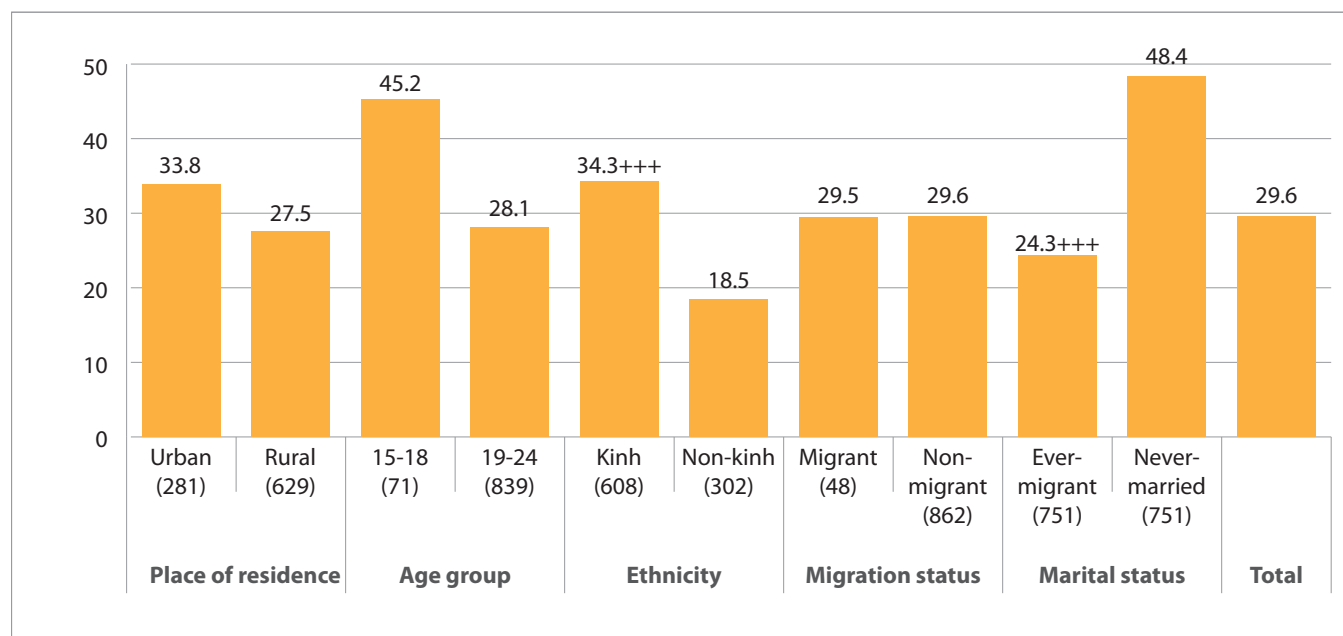
Table 6-8. Multivariate logistic regression of the association between unmet need for modern contraception among females and demographic characteristics and other factors

N=910	Unmet need for modern contraception among females (Yes vs. No)	
Independent variables	OR	95%CI
Age		
Group 19-24 (ref)	1	
Group 15-18	2.3*	1.13-4.47
Marital status		
Never-married (ref)	1	
Ever-married	0.58**	0.32-0.67

** $p < 0.05$, *** $p < 0.01$

Notes: The model controlled for other demographic characteristics, but insignificant results are not shown in the table. Findings of the full model can be provided upon request.

Figure 6-1. Unmet need for modern contraceptives among females (percent)



*** $p < 0.001$



CHAPTER 7. HIV AND REPRODUCTIVE TRACT INFECTION (RTIs)

This chapter presents the findings on the knowledge and attitudes of and self-reported experiences with HIV/AIDS and RTIs among adolescents and young adults aged 10-24. The chapter discusses young people's comprehensive correct knowledge of HIV/AIDS, their perceived risk of the disease, their knowledge of RTIs and their experience with RTIs. Within this survey, respondents were asked about symptoms they recognized on their own, rather than those examined and diagnosed by professional health workers, thus self-reported symptoms are referred to as RTIs (not diagnosed STIs).

7.1. HIV KNOWLEDGE AND ATTITUDES

Comprehensive correct knowledge of HIV/AIDS

A low 26.8 percent of young people in the sample demonstrated comprehensive correct knowledge of HIV generally. Comprehensive correct HIV knowledge varied significantly by sex, place of residence, age, ethnicity and migration status (Figure 7-1).

Males were more likely to have comprehensive correct HIV knowledge than females (28.8 percent versus 24.8 percent) ($p < 0.01$). Similarly, a greater percentage of urban young people had comprehensive correct HIV knowledge than their counterparts who lived in rural areas (30.1 percent versus 24.2 percent, $p < 0.05$). More Kinh and migrant young people had comprehensive correct knowledge than non-Kinh and non-migrant respondents. In particular, young adults aged 19-24 were significantly more likely to have comprehensive knowledge than younger age groups. By contrast, there was no significant difference in comprehensive correct knowledge of HIV/AIDS by marital status.

In examining comprehensive correct knowledge of HIV/AIDS by sex, age group and relationship status (Table 7-1), the data suggest that for both sexes, young adults aged 19-24 were much more likely to have comprehensive correct knowledge of HIV/AIDS than younger respondents. More than 40 percent of male young adults aged 19-24 had comprehensive correct knowledge of HIV/AIDS, compared to 33.3 percent of males aged 15-18 and only 12.8 percent of males aged 10-14 ($p < 0.001$). Similarly, 36.7 percent of females aged 19-24 had comprehensive correct HIV/AIDS knowledge, compared to 22.6 percent and 14.3 percent of females aged 15-18 and 10-14, respectively ($p < 0.001$).

The logistic regression model for comprehensive correct HIV/AIDS knowledge in Annex Table G-1 revealed that males were 1.22 times more likely than females to have comprehensive correct knowledge of HIV/AIDS ($p < 0.001$). Compared to adolescents aged 10-14, adolescents aged 15-18 were 2.65 times and

young adults aged 19-24 were 5.05 times more likely to have comprehensive correct knowledge of HIV/AIDS ($p < 0.001$). Kinh people were 1.78 times more likely to have comprehensive knowledge than non-Kinh people ($p < 0.01$). The likelihood of having comprehensive correct knowledge of HIV/AIDS for ever-married respondents was 34 percent lower than for never-married respondents ($p < 0.001$). The likelihood of having comprehensive correct knowledge of HIV/AIDS also increased with SES quintile. For example, compared to the very poorest respondents, moderately poor respondents were 1.59 times more likely, and the medium, wealthy and wealthiest groups were 2.33 times, 2.53 times and 2.97 times more likely, respectively, to have this knowledge.

SAVY1 and SAVY2 did not examine comprehensive correct knowledge of HIV/AIDS, prohibiting the assessment of trends over time. However, SAVY2 reported that there had been no improvement in the limited knowledge of HIV/AIDS among youth [4, 10]. Thus, over the three surveys, it is reasonable to claim that adolescents and young adults in Viet Nam have low comprehensive correct knowledge of HIV/AIDS, increasing the chances that they are engaging in risky sexual behaviors.

Comprehensive correct knowledge of mother-to-child transmission

More than half (54.9 percent) of young people had comprehensive correct knowledge of mother-to-child transmission. More females and adolescents aged 15-18 and young adults aged 19-24 had comprehensive correct knowledge of mother-to-child transmission than males and adolescents aged 10-14 ($p < 0.001$ and $p < 0.01$). There were no significant differences by place of residence, ethnicity, migration status or marital status on comprehensive correct knowledge of mother-to-child transmission; the proportion of each group was around 50 percent (Figure 7-1).

Stigma towards people living with HIV/AIDS

Stigma towards people living with HIV/AIDS was still common among young people, reflected in their non-acceptant and non-supportive attitudes towards shopkeepers, teachers and family members living with HIV. Only 38 percent of young people said that they were willing to buy food from a shopkeeper with HIV/AIDS. About 60 percent of young people said that a teacher living with HIV should be allowed to continue to teach. Nearly half (49.7 percent) of young people reported that they would keep it secret if their family member had an HIV infection, but 88 percent of young people said that they would be willing to care for a relative with HIV/AIDS at home (Annex Table G-2).

Females, younger adolescents aged 10-14, non-Kinh, non-migrant and rural young people seemed to show more stigma towards people living with HIV than males, youth aged 15-24, Kinh, migrants and urban respondents.

Accepting attitudes towards people living with HIV (PLWH) were defined as follows: when a person does not believe the HIV/AIDS-positive status of a family member should be kept secret, is willing to care for an HIV/AIDS-positive relative in her/his household, believes an HIV/AIDS-positive teacher should be allowed

to continue teaching and would buy fresh vegetables from an HIV/AIDS-positive person. Only 14.2 percent of young people had accepting attitudes towards PLWH.

Adolescents aged 10-14 had less accepting attitudes towards PLWH than older groups aged 15-18 and 19-24. The youngest group, age 10-14, had the lowest percentage of accepting attitudes at 10.4 percent; the older group aged 15-18 had 15.7 percent and the oldest group of ages 19-24 had the highest at 16.5 percent ($p<0.001$). Additionally, significantly more migrant young people had acceptant attitudes towards PLWH at 20.4 percent, compared to 13.9 percent of non-migrants ($p<0.001$) (Annex Table G-2).

The trend in increasingly acceptant attitudes towards PLWH among older age groups was also evident for males only (Table 7-2). Table 7-2 reveals no significant differences by relationship status among males and females separately.

Perception of risk and testing

Young people were asked whether they perceived themselves to be at risk for an HIV infection. Nearly one-third (32.1 percent) did consider themselves to be at risk. Compared to 30.3 percent of females, 34 percent of males perceived themselves to be at risk for an HIV infection ($p<0.05$). Kinh young people had higher rates of self-perceived risk than non-Kinh, at 32.9 percent versus 27.3 percent ($p<0.001$). Similarly, migrant young people had higher awareness of their risk with 38 percent stating that they consider themselves at risk, compared to 31.7 percent of non-migrants ($p<0.05$). In addition, more never-married young people believed that they were at risk of an HIV infection than ever-married young people: 33.1 percent versus 26 percent ($p<0.05$) (Table 7-3).

About one-quarter (24.3 percent) of young people knew where to seek confidential HIV testing and counseling. Young adults aged 19-24 knew about testing more often than adolescents aged 15-18 (28.9 percent compared to 19 percent) ($p<0.001$). Similarly, more Kinh young people knew where to get confidential HIV testing and counseling than non-Kinh respondents at 25.5 percent and 16.9 percent, respectively ($p<0.01$) (Table 7-3).

Males, young adults aged 19-24 and ever-married young people were more likely than females, adolescents aged 15-18 and never-married people to report having undergone an HIV test. While only 9.5 percent of female young people had had an HIV test, 11.3 percent of male young people had been tested ($p<0.05$). Similarly, 16.6 percent of young adults aged 19-24 and 24.5 percent of ever-married people had taken an HIV test compared to 3.3 percent of adolescents aged 15-18 and 8.2 percent of never-married people ($p<0.001$).

Table 7-3 shows that for both sexes, older respondents were much more likely than younger respondents to have had an HIV test. Around 18 percent of males aged 19-24 had undergone an HIV test, compared to 4.3 percent of males aged 15-18 ($p<0.001$). Similarly, 15.7 percent of females aged 19-24 had sought an HIV test, compared to only 2.2 percent of females aged 15-18 ($p<0.001$).

7.2. KNOWLEDGE OF AND EXPERIENCE WITH RTIs

Knowledge of male RTI symptoms

Interviewers asked respondents of both sexes if they knew any symptoms of RTIs in males. Despite important national efforts to strengthen RTI prevention education, recognition of RTI symptoms among young people was still low. Only about 21 percent of young people knew at least one male RTI symptom. The most commonly known symptom was genital redness/inflammation (10 percent), followed by genital ulcers/sores (7.8 percent). Less than 5 percent of young people knew of other male RTI symptoms.

Young adults aged 19-24 had better knowledge of RTI symptoms in males than younger people. Knowledge of male RTI symptoms also differed significantly by place of residence, age group, ethnicity and migration status (Table 7-4).

Compared to rural young people, a greater proportion of urban young people knew of at least one RTI symptom: 25.7 percent versus 16.5 percent ($p < 0.001$). Similarly, young adults aged 19-24 were significantly more likely to be knowledgeable of RTI symptoms than adolescents aged 15-18, at 26.1 percent compared to 14.1 percent ($p < 0.001$). About 22.3 percent of Kinh young people had demonstrated knowledge of RTI symptoms, compared to only 10.6 percent of non-Kinh ($p < 0.001$). Finally, 27.4 percent of migrant young people knew of at least one RTI symptom compared to only 20 percent of their non-migrant counterparts ($p < 0.05$) (Table 7-4).

Knowledge of female RTI symptoms

Knowledge of female RTI symptoms was similar to the reported knowledge of male symptoms – 18.7 percent of young people knew at least one female RTI symptom. Echoing the male data, genital redness/inflammation was the most commonly recognized symptom (8 percent), followed by genital ulcers/sores (7.4 percent). Less than 5 percent of young people knew of other female RTI symptoms.

Female young people had better knowledge of female RTI symptoms than their male counterparts, and the percentage of young people who knew at least one female RTI symptom also differed by place of residence, age group, ethnicity, migration status and marital status (data shown in Table 7-4).

The limited RTI knowledge among adolescents and young adults in Viet Nam was consistent with Indonesia and somewhat worse than other countries in Asia. Vietnamese young people were less knowledgeable than those in Malaysia, India and Pakistan - about 44 percent of adolescents could name at least one RTI symptom in those countries.

Self-reported RTI symptoms in the last six months among male youth

Since respondents had low RTI knowledge and were asked to report any self-identified RTI symptoms without professional examinations or confirmed

diagnoses, RTI symptoms are used in the context related to their RTI experience to more appropriately capture their self-reported symptoms.

The survey asked all respondents who had ever had sex and heard of RTIs about any RTI symptoms they had experienced in the last six months. Among sexually active young males aged 15-24, 28.3 percent self-reported RTI symptoms in the last six months. The most common self-reported symptom was pain during urination (11.2 percent). Other self-reported symptoms included abnormal pain, discharge from the penis and weight loss. About 11 percent of sexually active young men self-reported experiencing unusual penile discharge and/or genital ulcers or sores (Table 7-5).

The proportion of sexually active male adolescents aged 15-18 who self-reported RTI symptoms was significantly higher than that of sexually active young adults aged 19-24: 42 percent versus 26.1 percent ($p<0.01$). In addition, Table 7-5 shows that the percentage of adolescents aged 15-18 who had penile discharge and/or genital ulcers or sores was nearly double that of young adults aged 19-24 at 16.3 percent, compared to 9.2 percent ($p<0.05$).

Similarly, compared to ever-married young people, more never-married sexually active young people reported RTI symptoms in the last 6 months (30.5 percent versus 18.4 percent) ($p<0.01$) (Table 7-5). Males who were never-married but cohabiting had the highest rate of RTI symptoms (50.8 percent), followed by males who had never been married and were not cohabiting (30.2 percent) and those currently married (18.3 percent) ($p<0.01$) (Table 7-6).

Furthermore, male current contraceptive users were significantly less likely to have had RTI symptoms than non-contraceptive users, at 24 percent compared to 34 percent ($p<0.05$). Notably but unsurprisingly, males who had multiple sexual partners experienced RTI symptoms at a significantly higher rate than males who had one sexual partner (32.1 percent versus 25.1 percent) ($p<0.05$) (Table 7-6).

Self-reported RTI symptoms in the last six months among female youth

Sexually active young women self-reported RTI symptoms at a significantly higher rate than sexually active young men. Over half (54.7 percent) of sexually active young women self-reported experiencing at least one RTI symptom in the last six months. The most common self-reported symptom experienced by women was abdominal pain (39.1 percent) followed by foul-smelling discharge (17.3 percent) (Table 7-5).

Greater numbers of non-Kinh young females self-reported RTI symptoms than Kinh females: 70.1 percent compared to 49.5 percent ($p<0.01$). Around 17 percent of young women had experienced unusual vaginal discharge and/or genital ulcers or sores, and rural young women self-reported these symptoms at a higher rate than their urban counterparts (19.1 percent and 13 percent, respectively) ($p<0.05$) (Table 7-5).

Responses to RTI symptoms

Among sexually active young people who self-reported RTI symptoms in the last six months, nearly half did nothing (47.1 percent), around one-third went to a pharmacy for medication, 10.8 percent talked to their parents and only 14.1 percent sought health examinations (Table 7-7).

More young women who self-reported RTI symptoms in the last six months had health examinations than young men at 16 percent and 10.8 percent, respectively ($p < 0.05$). Young women also sought medicine from a pharmacy at higher rates than men (36.3 percent versus 12.3 percent) ($p < 0.001$). Young men who had RTI symptoms were nearly twice as likely to do nothing about their symptoms as women (68.1 percent compared to 35 percent) ($p < 0.001$) (Table 7-7).

Young adults aged 19-24 were more likely to seek health examinations than adolescents aged 15-18 – 20 percent compared to 7.3 percent ($p < 0.001$). They were also more likely to visit a pharmacy and self-treat than younger adolescents: 31.7 percent versus 22.8 percent ($p < 0.01$). In contrast, adolescents aged 15-18 tended to talk to their parents about an RTI symptom more than twice as often (15.6 percent) than older people (6.7 percent) ($p < 0.001$). A higher proportion of adolescents aged 15-18 did nothing about their symptoms than young adults aged 19-24 (52.5 percent versus 42.4 percent) ($p < 0.05$) (Table 7-7).

Consistent with sex and age, patterns also varied by marital status. More ever-married young people got health examinations, visited pharmacies for self-treatment and talked to their partner than never-married people, and the proportion of ever-married young people that did nothing about their symptoms was lower than that of never-married young people. All differences were statistically significant (data shown in Table 7-7).

7.3. CONDOM USE

Correct knowledge of condom use

Having revealed the most commonly recognized method of contraception among young people was the male condom (83 percent), the survey further investigated whether respondents knew the purposes and correct steps of condom use.

Those who could list two purposes of condom use (including contraception and preventing STIs) were considered to be knowledgeable of the correct purposes of condom use, for the purposes of this survey. Of 6,675 respondents, 63.4 percent knew the correct purposes (Figure 7-2). There were significant differences in knowledge of the correct purposes of condoms by place of residence, age group, ethnicity, migration status and marital status.

Urban residents (69.9 percent) were more likely to know the correct purposes of condom use than rural residents (58.3 percent) ($p < 0.01$). By age group, 72.2 percent of young adults aged 19-24 had correct knowledge, compared to 53.2 percent of adolescents aged 15-18 ($p < 0.001$). Kinh young people also had

greater knowledge (66.6 percent) than non-Kinh people (45.9 percent) ($p < 0.001$), and 79.8 percent of migrants and 62.2 percent of non-migrants had correct knowledge ($p < 0.001$). Ever-married people had slightly better knowledge of the correct purposes of condom use than never-married ones, at 64.9 percent and 63.1 percent, respectively ($p < 0.05$) (Figure 7-2).

However, there was still a significant gap between knowing the purposes of condom use and knowing how to use condoms correctly. Knowing the correct steps of condom use was defined as respondents being able to arrange the seven steps of condom use in the appropriate order. Compared to 63.4 percent of respondents who knew the correct purposes, only 25.9 percent knew the correct steps of condom use (Figure 7-2). Rates of correct knowledge of steps varied significantly by sex, age group, ethnicity and marital status.

Males had greater knowledge of correct condom use steps than females, at 27.9 percent compared to 23.8 percent, respectively ($p < 0.001$). Young adults aged 19-24 (29.1 percent) had greater knowledge than adolescents aged 15-18 (22 percent) ($p < 0.001$). The percentage of Kinh people who knew the correct steps was more than double that of non-Kinh people, at 28.2 percent versus 12.5 percent, respectively ($p < 0.001$). There was a small gap in the knowledge of correct steps of condom use between ever-married and never-married people – 21.2 percent and 26.7 percent ($p < 0.01$) – with a surprisingly higher percentage among never-married respondents than ever-married people (Figure 7-2).

Condom sources

To explore knowledge of condom sources in depth, the survey asked respondents about places they could find condoms from a list of nine different locations. The top three most commonly identified places to find condoms were the pharmacy (79.3 percent), street stalls (38.8 percent) and health facilities (35.8 percent) (Table 7-8). There were significant differences by age group and ethnicity for the most commonly identified condom source, the pharmacy.

By age group, 85.3 percent of young adults aged 19-24 named the pharmacy as a source of condoms, compared to 72.1 percent of adolescents aged 15-18 ($p < 0.001$). The pharmacy was also more frequently identified by Kinh young people than their non-Kinh counterparts, at 81 percent and 69.7 percent, respectively ($p < 0.01$) (Table 7-8).

Barriers to purchasing condoms

In addition to knowledge of and attitudes toward condom use, the survey posed four possible barriers to purchasing condoms that adolescents and young people might face. Of the four listed, the most frequently identified obstacles were being shy (76 percent) and fearing being seen or feeling like they are doing something wrong (17.7 percent), while the high costs (2.7 percent) and unavailability (0.9 percent) of condoms were not significant issues (Table 7-9). Compared to data from SAVY2, the rate of respondents who considered being shy to be an obstacle of condom use has increased (76 percent in 2016 versus 51-65 percent in SAVY2). However, there was a tremendous decrease in the rate

of respondents who identified the fear of being seen and the feeling of doing something wrong as an obstacle to condom use (17.7 percent in 2016 compared to 49-68 percent in SAVY2) [4, 10].

Significant differences were observed only by age group and migration status among those who felt shy and embarrassed. Older respondents aged 19-24 felt more shy about buying condoms than younger respondents aged 15-18, at 79 percent and 72.4 percent, respectively ($p < 0.01$). Being shy was also a greater obstacle for migrants (82 percent) than non-migrants (75.5 percent) ($p < 0.05$) (Table 7-9).

There were significant differences by sex, age group and marital status for those who feared being seen or worried they were doing something wrong. For example, females (20.6 percent) identified this fear more than males (14.8 percent) ($p < 0.05$). As expected, the younger group aged 15-18 was more heavily impacted by this fear more than the older group aged 19-24, at 22.2 percent and 13.8 percent, respectively ($p < 0.001$). Similarly, ever-married people were more confident about purchasing condoms (10.6 percent) than never-married people (18.8 percent) ($p < 0.001$) (Table 7-9).

Table 7-1. Comprehensive correct knowledge of HIV/AIDS by sex, age group and relationship status (percent)

	Male	Female
	N=4,625	N=4,658
Age group		
10-14	12.8***	14.3***
15-18	33.3	22.6
19-24	41.4	36.7
Relationship status		
Never-married	28.9	25.0
(Currently) Married	26.1	24.1
Never-married but cohabiting	23.8	10.2
Ever-married	32.0	9.9

*Comprehensive correct knowledge of HIV/AIDS was defined as: having heard of HIV/AIDS; AND identifying that using condoms, limiting sex to a faithful and uninfected partner and sexual abstinence are three ways to prevent HIV/AIDS transmission; AND rejecting two common misconceptions that mosquitoes transmit HIV/AIDS and sharing food with an infected person transmits HIV/AIDS; AND knowing that a healthy-looking person can have HIV/AIDS.

Note: *** $p < 0.001$

Table 7-2. Percentage of young people with acceptant attitudes towards people living with HIV/AIDS among those who had ever heard of HIV/AIDS by sex, age group and relationship status

	Male	Female
	N=4,625	N=4,658
Age group		
10-14	8.0***	12.7
15-18	16.9	14.5
19-24	18.5	14.5
Relationship status		
Never-married	14.6	13.7
(Currently) Married	14.0	15.7
Never-married but cohabiting	7.5	0.0
Ever-married	24.9	5.5

*Acceptant attitudes were defined as: not believing the HIV/AIDS positive status of a family member should be kept secret, AND is willing to care for an HIV/AIDS positive relative in his/her household, AND believing that an HIV/AIDS positive teacher should be allowed to continue teaching AND would buy fresh vegetables from an HIV/AIDS positive person.

Note: *** $p < 0.001$

Table 7-3. Perception of HIV/AIDS risk and test by sex, place of residence, age group, ethnicity, migration status and marital status (percent, ages 15-24)

	Sex		Residence		Age group		Ethnicity		Migration		Marital status		Total
	Male	Female	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=3,256	N=3,254	N=2,882	N=3,628	N=2,946	N=3,564	N=5,354	N=1,154	N=612	N=5,898	N=1,088	N=5,422	
Know where to get confidential HIV testing and counseling													
Yes	25.4	23.2	24.9	23.8	19.0***	28.9	25.5**	16.9	19.8	24.6	23.8	24.4	24.3
No	73.8	75.5	74.3	74.9	79.7	70.2	73.4	82.2	79.8	74.2	75.3	74.5	74.6
Think they are at risk of HIV infection													
Yes	34.0*	30.3	31.0	33.0	30.6	33.5	32.9***	27.3	38.0*	31.7	26.0*	33.1	32.1
No	63.8	66.0	67.1	63.1	65.8	64.1	64.8	65.4	61.8	65.1	70.1	64.1	64.9
Refused to answer	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Don't know	2.2	3.7	1.9	3.9	3.6	2.4	2.3	7.4	0.2	3.2	3.9	2.8	3.0
Ever had an HIV test													
Yes	11.3*	9.5	11.1	9.9	3.3***	16.6	10.9	7.6	11.8	10.3	24.5***	8.2	10.4
No	88.7	90.4	88.9	90.1	96.7	83.4	89.1	92.4	88.2	89.7	75.5	91.8	89.6
Refused to answer	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Timing of last HIV test													
< 1 year ago	49.8	52.2	50.0	51.7	44.4	52.0	51.8	43.2	63.3	49.8	43.0	54.6	50.9
1-2 years ago	24.4	26.9	29.1	22.3	31.7	24.5	24.4	35.9	21.0	25.9	28.1	24.3	25.5
More than 2 years ago	25.7	20.7	20.6	25.9	23.9	23.3	23.7	21.0	15.7	24.1	28.5	21.0	23.4
No response	0.1	0.2	0.3	0.1	0.0	0.2	0.1	0.0	0.0	0.2	0.4	0.1	0.2

Note: *p<0.05; **p<0.01; ***p<0.001

Table 7-4. Proportion of young people who knew male and female RTI symptoms by sex, place of residence, age group, ethnicity, migration status and marital status (percent)

	Sex		Residence		Age group		Ethnicity		Migration		Marital status	
	Male	Female	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married
	N=3,318	N=3,365	N=2,899	N=3,784	N=3,026	N=3,657	N=5,392	N=1,289	N=614	N=6,069	N=1,196	N=5,487
												N=6,683
Males												
Genital redness/inflammation	10.4	9.5	13.2***	7.4	5.2***	14.0	11.1***	3.5	15.0*	9.6	10.7	9.8
Genital ulcers/sores	7.2	8.3	9.8*	6.2	4.5***	10.6	8.8***	2.3	8.7	7.7	6.7	8.0
Foul-smelling discharge	1.5	1.9	2.4*	1.2	0.8*	2.5	1.9*	0.8	2.6	1.6	2.3	1.6
Others	5.5	4.7	6.4	4.1	3.7***	6.3	5.3	4.1	8.9**	4.8	5.8	5.0
% know any symptom	20.4	20.6	25.7***	16.5	14.1***	26.1	22.3***	10.6	27.4*	20.0	21.3	20.4
Females												
Genital redness/inflammation	5.9**	10.0	10.3**	6.2	3.9***	11.5	8.9***	3.0	11.6	7.7	9.6	7.7
Genital ulcers/sores	5.5***	9.4	9.6**	5.7	3.9***	10.5	8.3***	2.8	9.2	7.3	8.1	7.3
Foul-smelling discharge	1.7***	6.4	6.3***	2.4	1.7**	6.1	4.6**	1.4	6.7*	3.9	7.8***	3.5
Others	2.9***	5.3	5.2	3.3	2.7**	5.3	4.4	2.7	8.3**	3.8	6.8*	3.6
% any symptom	12.7***	24.7	24.2***	14.4	11.5***	24.9	20.3***	9.8	25.9*	18.1	23.3*	17.9

Note: *p<0.05; **p<0.01; ***p<0.001

Table 7-5. Proportion of young people who self-reported RTI symptoms in the last six months by sex, place of residence, age group, ethnicity, migration status and marital status (percent)

	Residence		Age group		Ethnicity		Migration		Marital status		Total
	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
Males	N=505	N=656	N=176	N=985	N=917	N=244	N=146	N=1,015	N=249	N=912	N=1,161
Abdominal pain	6.7	8.7	10.7	7.4	7.8	8.0	6.7	8.0	4.3*	8.6	7.9
Penile discharge	9.5	10.7	16.3*	9.2	10.5	8.4	14.4	9.7	5.8	11.1	10.2
Foul-smelling discharge	2.1*	4.2	11.2***	2.0	2.8	6.1	2.4	3.4	4.9	3.0	3.3
Pain during urination	8.7	13.1	21.6*	9.5	10.2	16.6	7.0	11.7	3.5**	12.8	11.2
Genital redness/inflammation	1.9	1.0	2.0	1.3	1.0*	3.0	2.5	1.2	0.8	1.5	1.4
Genital ulcers/sores	0.0	0.8	0.8	0.4	0.1***	2.5	0.0	0.5	0.5	0.4	0.5
Groin swelling	1.5	1.8	1.2	1.8	1.4	3.4	3.9	1.4	3.0	1.4	1.7
Blood in urine	0.1	0.5	0.9	0.2	0.2	0.9	0.0	0.4	0.5	0.3	0.3
Weight loss	5.8	7.5	10.6*	6.1	6.4	8.5	5.9	6.9	4.6	7.2	6.8
Yellow eyes/yellow skin	0.9	3.1	0.8	2.4	2.3	1.0	1.8	2.2	0.7	2.5	2.1
% any symptom	24.7	31.1	42.0**	26.1	27.4	33.4	25.1	28.7	18.4**	30.5	28.3
% had unusual penile discharge and/or genital ulcers or sores	9.5	11.0	16.8*	9.3	10.5	9.4	14.4	9.9	6.0	11.3	10.4
Females	N=313	N=587	N=81	N=819	N=642	N=258	N=60	N=840	N=693	N=207	N=900
Abdominal pain	33.8	42.2	40.9	38.9	35.4***	49.8	29.7	39.7	38.7	40.0	39.1
Green or curd-like vaginal discharge	12.9	16.8	8.7	16.0	15.5	14.9	9.2	15.8	17.0	11.1	15.4
Foul-smelling discharge	12.7	19.9	20.0	17.0	14.9*	24.3	12.1	17.6	18.3	14.6	17.3
Pain during urination	5.7**	10.9	14.9	8.4	6.8***	15.4	10.5	8.9	9.6	7.3	9.0
Genital redness/inflammation	0.5***	6.6	2.8	4.5	2.4**	10.2	2.1	4.5	4.9	2.9	4.4
Genital ulcers/sores	0.1***	2.4	1.8	1.5	0.3***	5.2	0.4	1.6	2.1***	0.1	1.6
Groin swelling	0.5	0.8	0.0	0.8	0.6	0.9	0.0	0.7	0.8	0.5	0.7
Blood in urine	0.3	1.7	2.3	1.0	0.6**	2.7	1.6	1.1	1.5*	0.2	1.2
Weight loss	7.4	10.3	10.3	9.1	8.9	10.1	12.3	9.0	9.7	8.0	9.2
Yellow eyes/yellow skin	1.4	1.7	4.2	1.3	1.9	0.6	1.6	1.6	2.0	0.4	1.6
Difficulties getting pregnant	2.9	2.8	0.7	3.0	3.3	1.4	1.6	2.9	3.6*	0.9	2.8
% any symptom	48.1	58.6	55.2	54.7	49.5**	70.1	43.9	55.5	56.2	50.9	54.7
% had unusual vaginal discharge and/or genital ulcers or sores	13.0*	19.1	10.4	17.4	15.8	19.8	9.6	17.3	19.0	11.2	16.8

Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Table 7-6. Proportion of young people who self-reported an RTI symptoms in the last six months by age group, sex, relationship status, current contraceptive use and number of partners (percent)

	Male (n=2,838)		Female (n=2,906)	
	Any symptom	Penile discharge and/or genital ulcers/sores	Any symptom	Vaginal discharge and/or genital ulcers/sores
Age group				
15-18	42.0**	16.8*	55.2	10.4
19-24	26.1	9.3	54.7	17.4
Relationship status				
Never-married	30.2**	11.4	50.8	11.4
(Currently) Married	18.3	5.9	56.7	19.0
Never-married but cohabiting	50.8	0.0	53.4	5.5
Current contraceptive use				
Yes	24.0*	10.2	53.0	16.0
No	34.0	11.7	58.5	16.7
Number of partners				
1	25.1*	9.2	55.7	16.9
2 or more	32.1	11.9	47.5	15.3

Note: * $p < 0.05$; ** $p < 0.01$

Table 7-7. Responses when experiencing RTI symptoms by sex, place of residence, age group, ethnicity, migration status and marital status (aged 15-24, percent)

	Sex		Residence		Age group		Ethnicity		Migration		Marital status		Total
	Male	Female	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=899	N=1,445	N=941	N=1,403	N=1,075	N=1,269	N=1,897	N=447	N=201	N=2,143	N=476	N=1,868	N=2,344
Sought health examinations	10.8*	16.0	11.7	15.9	7.3***	20.0	12.6***	22.2	11.2	14.3	38.6***	9.4	14.1
Sought medicine from pharmacy	12.3***	36.3	26.1	28.7	22.8**	31.7	26.7	32.3	30.1	27.4	35.0**	26.1	27.5
Talked to sexual partners	1.3	1.2	0.1***	2.1	0.2***	2.2	0.8*	3.5	0.0	1.3	5.1**	0.5	1.2
Talked to parents	5.7***	13.8	11.5	10.3	15.6***	6.7	10.8	11.2	3.0***	11.4	7.2	11.5	10.8
Talked to teachers	0.2	0.1	0.2	0.0	0.3	0.0	0.1	0.0	0.0	0.1	0.0	0.1	0.1
Did nothing	68.1***	35.0	48.1	46.4	52.5*	42.4	47.7	43.9	51.8	46.8	31.6***	50.1	47.1

Note: *p<0.05; **p<0.01; ***p<0.001

Table 7-8. Knowledge of condom sources by sex, place of residence, age group, ethnicity, migration status and marital status (percent)

	Sex		Residence		Age group		Ethnicity		Migration		Marital status		Total
	Male	Female	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=3225	N=3,146	N=2,842	N=3529	N=2,815	N=3,556	N=5,235	N=1,134	N=609	N=5,762	N=1,117	N=5,254	N=6,371
Pharmacy	78.2	80.4	79.8	78.9	72.1***	85.3	81.0**	69.7	85.8	78.8	82.8	78.8	79.3
Street stalls	40.3	37.3	46.2	32.9	37.4	40.0	43.0***	14.1	32.7	39.3	20.9***	41.7	38.8
Health facility	35.1	36.4	31.0	39.6	31.0***	39.8	34.7	42.2	44.6*	35.1	48.0***	33.8	35.8
Health worker/ population collaborator	1.9	2.4	1.9	2.4	1.3**	2.9	1.5***	6.2	2.6	2.1	5.9***	1.6	2.2
Friends	2.6***	0.9	1.9	1.6	1.3*	2.1	1.8	1.4	2.7	1.6	1.1	1.8	1.7
Hotel	4.8**	2.2	4.3	2.9	2.9	4.0	3.7	2.4	3.6	3.5	2.2	3.7	3.5
Market	3.8***	6.6	8.5***	2.5	3.9*	6.2	5.9***	1.1	5.9	5.1	1.3***	5.8	5.2
Peer educators	0.1	0.4	0.3	0.3	0.1*	0.4	0.3**	0.0	0.3	0.3	0.8	0.2	0.3

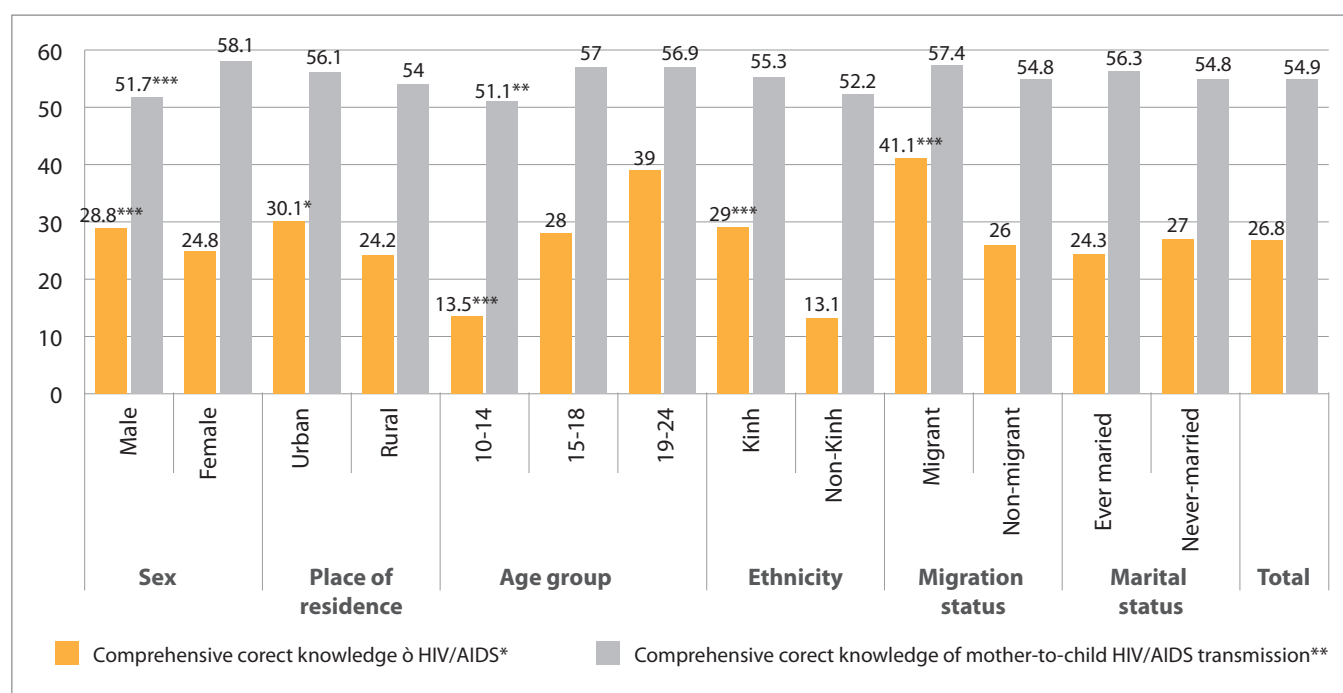
* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table 7-9. Barriers to purchasing condoms by sex, place of residence, age group, ethnicity, migration status and marital status (percent)

	Sex		Residence		Age group		Ethnicity		Migration		Marital status		
	Male	Female	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=3,224	N=3,145	N=2,841	N=3,528	N=2,815	N=3,554	N=5,233	N=1,134	N=609	N=5,760	N=1,117	N=5,252	N=6,369
Shy or embarrassed	75.5	76.6	76.8	75.3	72.4**	79.0	77.0	70.2	82.0*	75.5	72.1	76.6	76.0
Fear of being seen or thought it was wrong	14.8*	20.6	18.2	17.2	22.2***	13.8	18.5*	12.7	18.4	17.6	10.6***	18.8	17.7
Expensive	2.4	3.0	3.0	2.5	2.5	2.9	2.8	2.4	4.0	2.6	4.1	2.5	2.7
Not available	1.0	0.8	1.3	0.6	1.0	0.8	0.9	1.0	2.3*	0.8	0.7	0.9	0.9

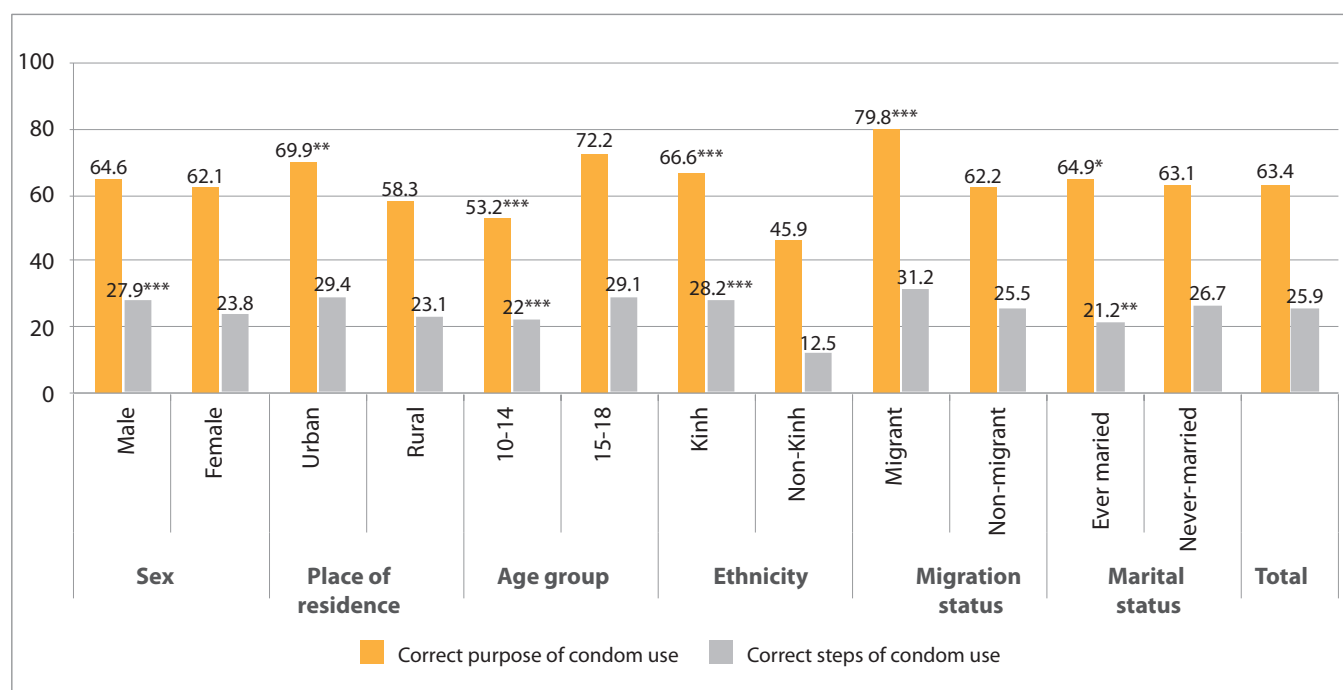
* $p<0.05$, ** $p<0.01$, *** $p<0.001$

Figure 7-1. Comprehensive correct knowledge of HIV/AIDS and mother-to-child transmission



* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Figure 7-2. Correct knowledge of condom use by sex, place of residence, age group, ethnicity, migration status and marital status (percent)



* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$



CHAPTER 8. VIOLENCE

Violence is a serious health concern worldwide, resulting in various physical and mental health problems, especially reproductive health problems like unwanted pregnancies, abortion, sexual abuse, RTIs and HIV infections. Adolescents and young people may experience many forms of violence, including domestic violence, school violence, intimate partner violence, sexual harassment and trafficking.

Gender-based violence is an umbrella term used to capture violence that is directed at an individual based on his or her biological sex, gender identity or perceived adherence to socially defined norms of masculinity and femininity [17]. Girls and women are more affected by gender-based violence, rooted in unequal power relations between men and women and the reinforcement of gender roles [18, 19]; however, men and boys can also be victims of gender-based violence.

Due to the difficulties in identifying whether incidences of violence reported in the survey were gender-based, this chapter addresses violence in general instead of focusing on gender-based violence. It first portrays attitudes towards gender equality among adolescents and young adults aged 10-24, then presents data on school violence and domestic violence against adolescents and young adults.

8.1. ATTITUDES TOWARDS GENDER EQUALITY

The survey listed twenty statements that supported gender inequality, to which the respondents were asked to show their levels of agreement or disagreement (for a full list of scale items with corresponding rates, refer to Annex Table H1). The response scale included 1-strongly disagree, 2-disagree, 3-agree and 4-strongly agree. Factor analysis was used to identify items that clustered together, which was followed by an internal consistency. A total of 19 items were ultimately included to form an attitudinal scale (Cronbach's Alpha =0.81).

Total scores ranged from a low of 19 (equitable attitudes) to a high of 76 (inequitable attitudes). The respondents were then categorized into three groups: 1) those with high gender equality attitudes (scores of 19-37), 2) moderate gender equality attitudes (scores of 38-57) and 3) low gender equality attitudes (scores of 58-76).

Table 8-1 shows the mean gender equitable score of the total sample and between males and females was 43.1 (SD=±5.9) on a scale of 19-76.

The distribution of respondents by gender equitable score shows that 15.5 percent of adolescents and young adults had high gender equality attitudes, though there was a significant difference between males (9.5 percent) and females (21.6 percent) ($p < 0.001$). While 83.9 percent of the total 9,738 respondents had moderate gender equality attitudes, less than one percent of

the respondents had low gender equality attitudes.

More females than males showed high gender equality attitudes in both urban and rural areas, among never-married people, among both Kinh and non-Kinh people and across all three age groups. For example, females in urban areas (29 percent) and rural areas (15.6 percent) had high gender equality attitudes at double the rates of males (12.6 percent and 7 percent, respectively) ($p < 0.001$).

8.2. EXPERIENCE WITH VIOLENCE IN SCHOOL IN THE LAST 12 MONTHS

Two types of violence are presented within the scope of this report: violence in school and violence at home against adolescents and young adults in the last 12 months. Further analysis on gender-based violence will be presented later in a thematic paper.

Both school violence and domestic violence were examined through three forms: physical, sexual and psychological violence. Several statements were listed under each form of violence in the questionnaire to identify any harm respondents might have faced. If respondents reported yes to any statement under a form of violence, they were considered to have experienced that form of violence.

Experience with any form of violence in school in the last 12 months

About 60 percent of all school students in the sample reported experiencing any form of violence in the last 12 months. This prevalence was lower than the 71 percent rate reported by another study on violence against secondary and high school students in Hanoi [20]. Yet, the prevalence of school violence in this survey was much higher than the average rate of violence against children in all settings, including schools, among other low and lower-middle income countries, ranging from 17-35 percent [21].

The prevalence of violence in school did not differ by place of residence, ethnicity or age. As shown in Table 8-2, males were more likely to have experienced some form of school violence than females in the last 12 months, at 64.6 percent versus 54.9 percent ($p < 0.001$). Gender differences in the rate of school violence were also evident among urban and rural residents, Kinh people and all three age groups.

Experience with physical violence in school in the last 12 months

In the last 12 months, 34 percent of students reported having encountered physical violence in school. Males were more likely to be physically victimized in school than females (42.5 percent compared to 25.7 percent, respectively) ($p < 0.001$). These figures were slightly higher than the prevalence of physical child abuse among other lower-middle income countries in the region – 35 percent among males and 17 percent among females [21]. The higher incidence of physical violence in school among males than females was also found across all different groups of place of residence, ethnicity and age (Table 8-2).

There were also significant differences in the prevalence of physical violence in school by age. Adolescents aged 10-14 were most commonly physically victimized in school at 39.3 percent, adolescents aged 15-18 at 31.4 percent and finally young adults aged 19-24 at 20.4 percent ($p < 0.001$) (Table 8-2).

Experience with psychological violence in school in the last 12 months

About a half of all students (50.2 percent) reported encountering psychological violence in school. Males were more likely than females to be the victims of psychological violence, at 52.3 percent versus 48.2 percent ($p < 0.05$). The higher incidence of psychological violence among males was also observed among urban residents, Kinh respondents and age groups 15-18 and 19-24 (Table 8-2).

There was only one significant difference by place of residence in the prevalence of psychological violence in school; urban residents reported having encountered psychological violence less than their rural counterparts (46.8 percent compared to 53.6 percent, respectively) ($p < 0.05$) (Table 8-2).

Experience with sexual violence in school in the last 12 months

In this study, sexual violence was measured as any form of sexual comments; whistling or obscene gestures; messages sent with sexual content; touching, kissing or fondling; asking to touch private parts; spreading sexual rumors; and forced sex (rape). Sexual violence was the least common form of violence, having been experienced by 11.5 percent of students in the last 12 months. Males were more likely to be the victims of sexual violence in school than females, at 14.2 percent versus 8.8 percent ($p < 0.001$). Males were more likely than females to be the victims of school violence among both urban and rural residents, Kinh people and age groups 15-18 and 19-24.

Age was the only significant difference in the prevalence of sexual violence in school in the last 12 months. Sexual violence in school was experienced by 8.6 percent of adolescents aged 10-14, 12.6 percent of adolescents aged 15-18 and 19.4 percent of young adults aged 19-24 ($p < 0.001$) (Table 11-5).

Perpetrators of school violence in the last 12 months

To explore who perpetrated violence in school in the last 12 months, the survey classified perpetrators into two groups: students and teachers/school staff. Findings in Table 8-3 show that violence in school was primarily committed by students (96.7 percent). The rate of teachers or school staff perpetrating violence was substantially lower than that of students (21.2 percent). Males were slightly less frequently the victims of violence in school than females when the perpetrators were students (95.5 percent compared to 98 percent) ($p < 0.01$). In contrast, males were the victims of violence more frequently than females when the perpetrators were teachers or school staff (28 percent compared to 13.5 percent) ($p < 0.001$).

Since the rate of students who perpetrated violence against other students in school was very high (more than 95 percent) and the gap between male and female victims was minor across all groups regardless of place of residence,

ethnicity and age, the following section focuses only on the significant differences in cases where the perpetrators were teachers or school staff.

There was a significant difference by age group among those who were victimized by teachers or school staff. The two younger groups aged 10-18 were victimized more than young adults aged 19-24; the rate of victimization among adolescents aged 10-14 was 22.2 percent, compared to 25.5 percent among adolescents aged 15-18 and 7.7 percent among young adults aged 19-24 ($p < 0.001$) (Table 8-3).

Across place of residence, ethnicity and age, males were the victims of violence committed by teachers or school staff about twice as often as females. For non-Kinh people, males experienced violence by teachers or school staff at four times the rate of females. In both urban (29.9 percent) and rural areas (26.1 percent) males were the victim of violence committed by teachers or school staff twice as often as females (15 percent and 12.2 percent, respectively) ($p < 0.001$). A similar trend was found across age groups. By ethnicity, the percentage of teachers or school staff who perpetrated violence against Kinh males (27.7 percent) was almost double that of Kinh females (14.3 percent) ($p < 0.001$). Non-Kinh males were victimized four times as often as non-Kinh females by teachers or school staff at 30.5 percent and 7.4 percent, respectively ($p < 0.001$) (Table 8-3).

8.3. EXPERIENCE WITH DOMESTIC VIOLENCE IN THE LAST 12 MONTHS

In Viet Nam, domestic violence is defined as purposeful acts by family members that cause or may cause physical, mental or economic injuries to other family members [22]. This section reviews adolescent and young adults' experience with domestic violence in the last 12 months in all three forms.

Experience with any form of domestic violence in the last 12 months

Domestic violence against adolescents and young adults aged 10-24 was reported at a much lower rate than violence in school. Of the total 9,768 respondents, 9.4 percent reported having experienced any form of domestic violence in the last 12 months, and rates were almost equal between males and females (Table 8-4). Psychological violence was the most common occurrence, followed by physical and sexual violence.

There were no significant differences between males and females in experience with domestic violence across place of residence, ethnicity or age - the only significant difference was found between age groups. The likelihood of being victimized within a family decreased with age. Violence of any form was reported by 11.2 percent of adolescents aged 10-14, 8.7 percent of adolescents aged 15-18 and 8.2 percent of young adults aged 19-24 ($p < 0.05$) (Table 8-4).

Experience with physical violence in the last 12 months

The rate of physical violence among all respondents in the last 12 months was 4.4 percent with no gender differences between groups by place of residence or

ethnicity. The likelihood of being physically victimized also decreased with age; the rate of physical violence among adolescents aged 10-14 was 7.2 percent, which dropped to 3.6 percent among adolescents aged 15-18 and to 2.4 percent among young adults aged 19-24 ($p < 0.001$) (Table 8-4).

Experience with psychological violence in the last 12 months

Although psychological violence was the most prevalent form of domestic violence, the prevalence was only 4.8 percent. There were no significant differences in the rate of victimization by place of residence, ethnicity or age group. There were also no significant differences between males and females in experiencing psychological violence in families across all groups, with the exception of adolescents aged 15-18 – females reported having experienced psychological violence in their family more than males at 5.6 percent versus 3.4 percent ($p < 0.05$) (Table 8-4).

Experience with sexual violence in the last 12 months

Of the total 9,768 respondents, only 1.5 percent reported having experienced sexual violence in the family in the last 12 months. There was only one significant difference found by ethnicity; Kinh people (1.6 percent) were more likely to have experienced sexual violence than non-Kinh people (1 percent), though the gap was marginal ($p < 0.05$) (Table 8-4).

Between groups, gender differences in the prevalence of sexual violence were found among rural residents and adolescents aged 15-18. In rural areas, males reported having experienced sexual violence in the family at a higher rate than females: 2.3 percent compared to 0.5 percent, respectively ($p < 0.01$). Among adolescents aged 15-18, males were also more likely to be the victims of sexual violence in the family (2.4 percent) than females (1 percent) ($p < 0.001$) (Table 8-4).

8.4. RESPONSES TO VIOLENCE

Examining adolescent and young adults' responses to violence is a critical component of improving adults' and authorities' understanding of the environments in which young people live. The information can be utilized to promote effective solutions, as well as to provide young people with better skills and means of avoiding and addressing violence.

Table 8-5 illustrates that, in general, the top three reactions that adolescents and young people had to violence were to "do nothing" (42.1 percent), "talk back" (36.6 percent) and "fight back" (14.6 percent). Though talking back is an active way of responding to violence, doing nothing is not considered an adequate solution. Fighting back, in many cases, is a way to protect the victim, but is essentially using violence against violence. Table 8-5 also shows that parents and teachers were not very trusted sources of support to turn to after experiencing violence, according to young respondents.

Kinh people reported talking back when encountering violence at a higher rate

than non-Kinh people (37.5 percent versus 29.9 percent) ($p < 0.05$) while urban residents chose fighting back more than rural residents (16.7 percent versus 12.8 percent) ($p < 0.05$) (Table 8-5).

Across places of residence, ethnicity and age, some responses were more common among males or females. Males were more likely to do nothing or fight back (44.6 percent and 16.8 percent, respectively) than females (39.2 percent and 12.2 percent) ($p < 0.01$ and $p < 0.001$), while females talked back (39.1 percent) more than males (34.5 percent) ($p < 0.01$) (Table 8-4).

Kinh people were less likely to choose to do nothing in response to violence than non-Kinh people, at 41.1 percent versus 49.4 percent, respectively ($p < 0.01$) (Figure 11-5). Younger respondents were also less likely to do nothing than older respondents: 36.8 percent among adolescents aged 10-14, 46.1 percent among adolescents aged 15-18 and 48.7 percent among young adults aged 19-24 ($p < 0.001$) (Table 8-4).

'Keeping silent' was a common response among violence survivors in other studies on violence against women or school violence. A national study on domestic violence against women in Viet Nam in 2010 found that nearly 50 percent of women did not tell anyone when they experienced violence [23]. A study with nearly 2,950 students in Hanoi indicated that about 17 percent of those who experienced any kind of violence in school did nothing, 41 percent tried to stop violence by themselves without seeking support and 75 percent of those who experienced violence on the way to and from school did nothing [20]. Some of the reasons for keeping silent or doing nothing are the perception that violence is normal and not a serious problem (nearly 60 percent reported this mindset in a national study on domestic violence, GSO, 2010) or students' belief that nothing that can be done to support them [20].

Table 8-1. Gender equitable score by place of residence, age group, ethnicity and marital status between males and females (percent)

		High gender equality attitude (with score 19-37)	Moderate gender equality attitude (with score 38-57)	Low gender equality attitude (with score 58-76)
Mean score	Total mean score (N=9,738)			43.1±5.9
	Male (n=4,855)			44.5±5.5***
	Female (n=4,883)			41.6±5.9
Percentage	Male (n=4,855)	9.5***	89.6	0.9
	Female (n=4,883)	21.6	78.0	0.4
	Total (n=9,738)	15.5	83.9	0.6
Residence				
Urban	Male (n=2,021)	12.6***	86.8	0.6
	Female (n=2,080)	29.0	70.9	0.1
	Total (n=4,101)	20.8+++	78.8	0.4
Rural	Male (n=2,834)	7.0***	91.9	1.1
	Female (n=2,803)	15.6	83.7	0.7
	Total (n=5,637)	11.3	87.8	0.9
Ethnicity				
Kinh	Male (n=3,919)	10.2***	89.0	0.8
	Female (n=3,952)	23.7	75.9	0.4
	Total (n=7,871)	16.9+++	82.5	0.6
Non-Kinh	Male (n=935)	5.4	93.2	1.4
	Female (n=930)	7.4	91.7	0.8
	Total (n=1,865)	6.4	92.5	1.1
Age group				
10-14	Male (n=1,541)	7.0***	92.2	0.8
	Female (n=1,534)	17.8	82.1	0.1
	Total (n=3,084)	12.3++	87.3	0.5
15-18	Male (n=1,565)	13.1***	86.1	0.9
	Female (n=1,456)	23.8	75.4	0.8
	Total (n=3,021)	18.3	80.8	0.9
19-24	Male (n=1,749)	8.8***	90.2	0.9
	Female (n=1,904)	23.2	76.4	0.4
	Total (n=3,653)	16.1	83.2	0.7
Marital status				
Ever-married	Male (n=317)	5.4	93.6	1.0
	Female (n=880)	9.2	89.7	1.1
	Total (n=1,987)	8.3+++	90.7	1.0
Never-married	Male (n=4,538)	9.7***	89.5	0.8
	Female (n=4,003)	23.6	76.1	0.3
	Total (n=8,541)	16.2	83.2	0.6

*** $p < 0.001$ of Chi square test of differences between males and females in all groups

++ $p < 0.01$, +++ $p < 0.001$ of Chi square test of differences between urban and rural areas, Kinh and non-Kinh people, among the three age groups and between ever-married and never-married people.

Table 8-2. Experience with violence in school in the last 12 months by place of residence, ethnicity and age group between males and females (percent)

		Physical violence	Psychological violence	Sexual violence	Any form of violence
	Male (n=3,183)	42.5***	52.3*	14.2***	64.6***
	Female (n=3,227)	25.7	48.2	8.8	54.9
	Total (n=6,410)	34.0	50.2	11.5	59.7
Residence					
Urban	Male (n=1,473)	42.5***	50.1*	12.8*	63.5***
	Female (n=1,552)	23.1	43.6	8.7	51.0
	Total (n=3,025)	32.7	46.8+	10.7	57.2
Rural	Male (n=1,710)	42.5***	54.4	15.7***	65.7***
	Female (n=1,675)	28.3	52.8	8.8	58.8
	Total (n=3,385)	35.3	53.6	12.2	62.2
Ethnicity					
Kinh	Male (n=2,690)	42.8***	52.5**	14.3***	64.7***
	Female (n=2,762)	25.2	47.2	8.5	54.0
	Total (n=5,452)	33.8	49.8	11.4	59.2
Non-Kinh	Male (n=493)	40.2**	50.4	13.7	64.2
	Female (n=464)	30.8	58.2	10.9	64.1
	Total (n=957)	35.9	54.1	12.4	64.2
Age group					
10-14	Male (n=1,515)	45.9***	52.1	10.4	64.9**
	Female (n=1,513)	32.5	50.9	6.7	58.2
	Total (n=3,028)	39.3+++	51.5	8.6+++	61.6
15-18	Male (n=1,201)	39.9***	53.3**	16.3**	65.4***
	Female (n=1,171)	23.2	46.5	9.0	52.1
	Total (n=2,372)	31.4	49.8	12.6	58.6
19-24	Male (n=467)	34.9***	50.2*	25.0*	61.9***
	Female (n=543)	8.7	44.2	14.9	51.6
	Total (n=1,010)	20.4	46.9	19.4	56.3

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ of Chi square test of differences between males and females in all groups

+++ $p < 0.001$ of Chi square test of differences between urban and rural areas, Kinh and non-Kinh people and among the three age groups.

Table 8-3. Perpetrators of violence in school in the last 12 months by place of residence, age group and ethnicity between males and females (percent)

	Students (n)	Students	Teachers/school staff
	Male(n=2,204)	95.5**	28.0***
	Female (n=1,934)	98.0	13.5
	Total (n=4,138)	96.7	21.2
Residence			
Urban	Male (n=953)	95.0	29.9***
	Female (n=825)	97.1	15.0
	Total (n=1,788)	96.0	23.2
Rural	Male (n=1,251)	96.0**	26.1***
	Female (n=1,099)	98.7	12.2
	Total (n=2,350)	97.3	19.5
Ethnicity			
Kinh	Male (n=1,844)	95.7**	27.7***
	Female (n=1,614)	97.8	14.3
	Total (n=3,458)	96.7	21.4
Non-Kinh	Male (n=360)	94.3**	30.5***
	Female (n=320)	99.2	7.4
	Total (n=680)	96.6	19.8
Age group			
10-14	Male (n=1,015)	94.9*	28.6***
	Female (n=894)	97.8	14.9
	Total (n=1,909)	96.2	22.2+++
15-18	Male (n=836)	95.1*	33.7***
	Female (n=713)	98.0	15.5
	Total (n=1,549)	96.4	25.5
19-24	Male (n=353)	98.9	10.6*
	Female (n=327)	98.5	4.7
	Total (n=680)	98.7	7.7

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ of Chi square test of differences between males and females in all groups

+++ $p < 0.001$ of Chi square test of differences between urban and rural areas, Kinh and non-Kinh people and among the three age groups.

Table 8-4. Experience with domestic violence in the last 12 months by place of residence, ethnicity and age group between males and females (percent)

		Physical violence	Psychological violence	Sexual violence	Any form of violence
	Male(n=4,868)	4.5	4.8	2.1	9.8
	Female(n=4,900)	4.4	4.8	1.0	9.0
	Total(n=9,768)	4.4	4.8	1.5	9.4
Residence					
Urban	Male (n=2,028)	4.2	4.5	1.7	9.1
	Female (n=2,088)	3.3	4.7	1.6	8.1
	Total (n=4,116)	3.7	4.6	1.7	8.6
Rural	Male (n=2,840)	4.8	5.0	2.3**	10.3
	Female (n=2,812)	5.2	4.8	0.5	9.6
	Total (n=5,652)	5.0	4.9	1.4	10.0
Ethnicity					
Kinh	Male (n=3,929)	4.4	4.9	2.2	9.8
	Female (n=3,962)	4.6	4.9	1.0	9.4
	Total (n=7,891)	4.5	4.9	1.6+	9.6
Non-Kinh	Male (n=938)	4.9	4.4	1.5	9.6
	Female (n=937)	3.0	3.9	0.5	6.5
	Total (n=1,875)	4.0	4.1	1.0	8.1
Age group					
10-14	Male (n=1,550)	7.4	4.7	1.8	11.8
	Female (n=1,535)	7.0	4.6	0.6	10.5
	Total (n=3,085)	7.2+++	4.7	1.2	11.2+
15-18	Male (n=1,568)	3.7	3.4*	2.4***	8.3
	Female (n=1,458)	3.4	5.6*	1.0	9.1
	Total (n=3,026)	3.6	4.5	1.7	8.7
19-24	Male (n=1,750)	2.3	6.1	2.0	9.0
	Female (n=1,907)	2.6	4.3	1.3	7.3
	Total (n=3,657)	2.4	5.2	1.6	8.2

** $p < 0.01$, *** $p < 0.001$ of Chi square test of differences between males and females in all groups

+ $p < 0.05$, +++ $p < 0.001$ of Chi square test of differences between urban and rural areas, Kinh and non-Kinh people and among the three age groups.

Table 8-5. Response to violence in the last 12 months by place of residence, age group and ethnicity between males and females (percent)

		Talked to other friends	Talked to teachers	Talked to parents	Did nothing	Ran away	Talked back	Fought back	Did something else
	Male(n=2,322)	3.1	10.9	5.1	44.6**	3.8	34.5**	16.8***	2.8*
	Female(n=2,065)	4.7	11.2	7.8	39.2	2.0	39.1	12.2	4.7
	Total(n=4,387)	3.8	11.0	6.4	42.1	3.0	36.6	14.6	3.7
Residence									
Urban	Male (n=991)	4.3	12.3	5.4	42.2	2.9	35.4	18.3*	3.3*
	Female (n=886)	5.1	9.4	6.9	38.9	1.2	39.2	14.8	6.4
	Total (n=1,877)	4.6	11.0	6.1	40.7	2.1	37.1	16.7+	4.7++
Rural	Male (n=1,331)	2.0*	9.6	4.8	46.8**	4.6	33.8***	15.3***	2.3
	Female (n=1,179)	4.4*	12.6	8.5	39.4	2.7	39.0	10.1	3.4
	Total (n=2,510)	3.1	11.1	6.6	43.2	3.7	36.3	12.8	2.8
Ethnicity									
Kinh	Male (n=1,943)	2.9*	11.0	4.8	43.4*	3.2	35.6**	18.0***	2.9
	Female (n=1,715)	4.6*	11.1	7.6	38.5	1.9	39.7	12.2	4.6
	Total (n=3,658)	3.7	11.0	6.1	41.1++	2.6+	37.5+	15.3	3.7
Non-Kinh	Male (n=379)	4.2	10.5	7.9	53.9*	8.2	26.2	7.3	1.8*
	Female (n=350)	5.4	11.8	9.3	44.3	2.8	34.1	11.8	5.6
	Total (n=729)	4.7	11.1	8.5	49.4	5.7	29.9	9.4	3.6
Age group									
10-14	Male (n=1,025)	2.6*	19.0	7.6	41.4**	2.6	32.9**	17.3***	1.7*
	Female (n=898)	4.7*	19.4	10.7	31.6	2.1	40.2	13.0	3.8
	Total (n=1,923)	3.6+	19.2+	9.0+++	36.8+++	2.4	36.3	15.3	2.7
15-18	Male (n=863)	4.0	3.9	3.6	47.8	4.0**	37.8	15.5	3.3
	Female (n=744)	5.9	5.2	6.4	44.2	0.8	39.4	13.1	5.3
	Total (n=1,607)	4.9	4.5	4.9	46.1	2.5	38.5	14.4	4.2
19-24	Male (n=434)	2.6	1.6	1.1	47.5	6.9	32.7	17.8***	4.8
	Female (n=423)	2.6	0.6	2.8	50.0	3.8	35.8	8.6	6.1
	Total (n=857)	2.6	1.1	1.9	48.7	5.4	34.2	13.3	5.4

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ of Chi square test of differences between males and females in all groups

+ $p < 0.05$, ++ $p < 0.01$, +++ $p < 0.001$ of Chi square test of differences between urban and rural areas, Kinh and non-Kinh people and among the three age groups.



CHAPTER 9. SEEKING BEHAVIORS, ACCESSIBILITY AND UTILIZATION OF SRH INFORMATION AND SERVICES

Previous sections of this report have discussed adolescent and young adult knowledge and attitudes towards SRH issues. This section will shift to presenting respondent SRH information and services seeking behaviors, access and utilization.

9.1. SRH INFORMATION-SEEKING AND ACCESSIBILITY

This section discusses the experiences of adolescents and young adults aged 10-24 with accessing SRH information, including examining which means and sources of information they have used, with whom they have discussed SRH issues and their feelings on talking about SRH with others.

Information accessibility

Technological advancements have provided adolescents and young adults with an increasing range of tools and avenues to access information. Among the five options listed in the questionnaire, the top three means of accessing information among respondents were the internet (96.7 percent), TV (96.4 percent) and mobile SMS (90.2 percent) (Table 9-1). All three of these means have become typical avenues for information in a swiftly modernizing world. Smaller percentages of respondents chose more traditional avenues like the newspaper (61.7 percent) and radio (48.5 percent). There were no large differences between groups in the means they used to access information, except for the significant difference between age groups in access to mobile SMS, with younger respondents reporting less access.

Younger respondents' limited access to mobile SMS was evident in both male and female respondents. As illustrated in Table 9-2, male adolescents aged 10-14 had the highest percentage of respondents reporting no access to mobile SMS at all (26.7 percent), compared to only 9.4 percent of adolescents aged 15-18 and 5 percent of young adults aged 19-24 ($p < 0.001$). The rate of respondents who reported having access to mobile phones almost every day increased with age, at 28.3 percent of male adolescents aged 10-14, 54 percent of male adolescents aged 15-18 and 65 percent of male young adults aged 19-24 ($p < 0.001$). The same trend of mobile phone use increasing with age was also observed among females.

Findings also suggested that the frequency of internet use increases with age for both males and females. The percentage of male respondents who reported having access to the internet almost every day was 47.9 percent among aged adolescents 10-14, rising to 67 percent among adolescents 15-18 and 79.3 percent among young adults aged 19-24 ($p < 0.001$). Similarly, female respondents aged 10-14 reported using the internet almost every day at 44.5 percent, aged 15-18 at 71.1 percent and

aged 19-24 at 80.3 percent ($p < 0.001$) (Table 9-2).

One noteworthy finding was that although almost all respondents reported having internet access, only about one-third (35.2 percent) used the internet to learn about SRH. Females were more likely than males to learn about SRH via the internet (38.8 percent versus 31.7 percent) ($p < 0.001$). Urban, older, migrant and ever-married respondents were significantly more likely to use the internet to access SRH information than their rural, younger, non-migrant and never-married counterparts (Table 9-1).

Social network use

Adolescents and young adults were familiar with social networks, especially popular networks such as Facebook (87.5 percent), YouTube (76.2 percent), Zalo (52.2 percent) and Zingme (49.6 percent). Less popular networks included Instagram (13 percent), Twitter (4.9 percent) and Viber (12 percent) (See Annex Table I-1 for details).

When asked about the access frequency of their most used platform, very few respondents stated that they used it only occasionally. Around 70 percent used their favorite social network every day: 14.1 percent once a day, 23.3 percent fewer than five times a day and 32.8 percent used that network more than five times a day.

Respondents used mobile phones to access social networks the most (66.7 percent), followed by computers (21.2 percent).

Exposure to SRH information

While adolescents and young adults had frequent access to different means of communication, this survey focused specifically on their exposure to SRH information in the last 12 months. Of the nine topics listed in the survey, respondents reported having seen or heard of love the most in the last 12 months (72.9 percent). HIV/AIDS was the second-most common topic at 59.4 percent, followed by 55.2 percent of respondents having heard of or seen information on marriage; between 40 and 49 percent of respondents had seen information on puberty, pregnancy, GBV and STIs. Sex and sexual orientation were the topics least seen or heard of by respondents at 38.6 percent and 31.5 percent, respectively (Table 9-3).

For seven out of the nine topics, females were more likely than males to have been exposed to relevant information in the last 12 months. Younger adolescents aged 10-14 also had significantly lower levels of exposure to SRH information than older respondents for eight out of the nine topics (Table 9-3).

Main sources of SRH information in the last 12 months

Table 9-4 reports respondents' main sources of information about the nine different SRH topics included in the questionnaire. Out of the eight different sources listed, mass media was the most frequently chosen source of SRH

information. It was also the most important source when respondents sought information about pregnancy and GBV. Other primary sources included teachers, friends and social networks.

There were some differences between age groups and sexes in their main SRH information sources. Among young adults aged 19-24, the main sources of information were mass media, social networks and friends for both sexes. However, among adolescents aged 10-14, the main sources of information on SRH were mass media and teachers for both sexes. Adolescents aged 15-18 were the only group in which differences between sexes were found. Mass media, social networks and friends were the main sources of information more often for males than females, and teachers were only listed as a main source of information by females aged 15-18 (Table 9-4).

9.2. SRH SERVICE ACCESSIBILITY AND UTILIZATION

Building upon the previous section's presentation of respondent SRH information-seeking and accessibility, this section discusses SRH service utilization.

Main sources of SRH services

The survey asked respondents which sources of SRH services they would choose to seek care from. For contraceptives, respondents most identified the pharmacy (43.5 percent), commune health centers (42.5 percent) and public hospitals (40 percent). Of these three sources, the commune health center was more likely to be mentioned by rural residents, non-Kinh and ever-married people, while the public hospital was more likely to be identified by Kinh people. The pharmacy was more likely to be identified as a source of contraceptives by adolescents aged 15-18, young adults aged 19-24 and migrants (Table 9-5).

For other services, the public hospital was the preferred source for most respondents. Specifically, 57.9 percent of respondents said they would choose the public hospital for abortion services, 56.3 percent for antenatal care, 74.3 percent for delivery, 71.5 percent for HIV testing, 70.1 percent for STI treatment, 62.7 percent for gynecological or andrological examinations and 77.6 percent for infertility treatment.

Following public hospitals, private hospitals were the second-most preferred source of SRH services.

Reasons for choosing their most recently visited facility for SRH services

Respondents' reasons for choosing their most recently visited SRH service facility are demonstrated in Table 9-6. Close proximity to the respondent's house, workplace or school was the primary decision factor (37.8 percent). Reputations of technically competent staff was the second most important reason (32.9 percent), followed by good facilities and equipment (22.8 percent).

There were significant differences in the main reason for choosing their latest

health facility between groups. Rural males (65.1 percent) were more than four times as likely as urban males (14.2 percent) to choose a place near their house, workplace or school for their last visit to seek SRH services ($p < 0.001$). Visiting the health facility where respondents had registered their health insurance was more important for urban males than rural males at 25.9 percent versus 0.5 percent ($p < 0.001$). Urban males (44 percent) were more likely than rural males (15.9 percent) to choose a health facility based on the staff's reputed technical competence ($p < 0.05$).

Health insurance coverage

Of the total 9,766 respondents, 77.9 percent reported having health insurance coverage. Health insurance coverage was higher among urban residents (85.3 percent) than rural residents (72.1 percent). Across age groups, health insurance coverage was the highest among adolescents aged 10-14, second-highest among adolescents 15-18 and lowest among young adults aged 19-24 at 90.2 percent, 78.2 percent and 65.4 percent, respectively ($p < 0.001$). Kinh and never-married respondents also had significantly higher rates of health insurance coverage than their non-Kinh and ever-married counterparts (Annex Table I-2).

Among respondents aged 15-24, student health insurance was most common (55.8 percent). Adolescents aged 15-18 had especially high student health insurance coverage (81.6 percent). Significantly more urban residents and never-married people reported having this type of insurance than rural residents and ever-married people. Apart from student health insurance, 17.5 percent of respondents had compulsory public health insurance and 13.7 percent had voluntary public health insurance. Young adults aged 19-24, Kinh and ever-married respondents were significantly more likely to have compulsory public health insurance than adolescents aged 15-18, non-Kinh and never-married people. The trend of higher health insurance rates among young adults aged 19-24 and ever-married people (than adolescents aged 15-18 and never-married respondents) was also observed in voluntary public health insurance (Annex Table I-2).

Table 9-1. Information accessibility by sex, place of residence, age group, ethnicity, migration status and marital status (percent)

	Sex		Residence		Age group			Ethnicity		Migration		Marital status		Total
	Male	Female	Urban	Rural	10-14	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=4,868	N=4,899	N=4,116	N=5,651	N=3,084	N=3,026	N=3,657	N=7,890	N=1,875	N=643	N=9,124	N=1,198	N=8,569	N=9,767

Have access to

Newspaper	58.1***	65.3	64.8	59.2	66.8***	60.2	57.8	63.7***	49.1	55.9	62.0	48.1***	63.1	61.7
Radio	48.8	48.1	39.1***	55.9	44.1**	49.1	52.3	47.5	54.3	40.7*	48.9	49.5	48.4	48.5
TV	96.1	96.7	96.0	96.8	99.1***	97.2	93.0	96.7	94.9	76.9***	97.4	94.3*	96.6	96.4
Mobile SMS	88.6**	91.8	90.8	89.7	79.4***	92.2	94.5	90.8	86.3	95.9***	89.9	86.0*	90.7	90.2
Internet	96.6	96.8	98.1*	95.4	95.1*	97.4	97.5	97.3***	90.3	99.2*	96.6	91.2***	97.1	96.7
SRH via internet	31.7***	38.8	38.7**	31.8	12.2***	35.5	55.6	35.1	35.5	54.6***	34.0	62.7***	33.1	35.2

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table 9-2. Frequency of mobile and internet use by sex and age group (percent)

	Male			Female			Total			Total
	10-14	15-18	19-24	10-14	15-18	19-24	10-14	15-18	19-24	
	N=668	N=1,350	N=1,691	N=730	N=1,258	N=1,825	N=1,398	N=2,608	N=3,516	N=7,522
Mobile use (SMS)										
Not at all	26.7***	9.3	5.0	15.0***	6.1	6.0	20.6***	7.8	5.5	9.8
Less than once a week	14.3	12.2	7.7	15.2	8.2	7.2	14.7	10.2	7.5	10.1
At least once a week	30.7	24.4	22.3	35.8	24.4	21.9	33.4	24.4	22.0	25.5
Almost everyday	28.3	54.1	65.0	34.0	61.3	64.9	31.3	57.6	65.0	54.6
Internet use	N=1,130	N=1,456	N=1,581	N=1,068	N=1,280	N=1,546	N=2,198	N=2,736	N=3,127	N=8,061
Not at all	5.3***	3.1	2.1	4.4***	2.2	3.0	4.9***	2.6	2.5	3.3
Less than once a week	10.7	5.5	4.0	14.6	4.2	4.5	12.6	4.9	4.2	7.1
At least once a week	36.1	24.4	14.6	36.5	22.5	12.2	36.3	23.5	13.5	24.0
Almost everyday	47.9	67.0	79.3	44.5	71.1	80.3	46.2	69.0	79.8	65.5

*** $p < 0.001$

Table 9-3. Have heard about/seen SRH information in the last 12 months by sex, place of residence, age group, ethnicity, migration status and marital status (percent)

	Sex		Residence		Age group			Ethnicity		Migration		Marital status		Total N=9,768
	Male N=4,868	Female N=4,900	Urban N=4,116	Rural N=5,652	10-14 N=3,085	15-18 N=3,026	19-24 N=3,657	Kinh N=7,891	Non-Kinh N=1,875	Migrant N=643	Non-Migrant N=9,125	Ever-married N=1,198	Never-married N=8,570	
Puberty	39.9***	54.9	51.4*	44.1	46.8***	53.5	42.5	48.9***	38.0	47.4	47.3	37.2**	48.4	47.3
Pregnancy	41.0***	56.0	47.4	49.2	37.7***	50.6	57.4	48.2	49.9	52.5	48.2	68.9***	46.3	48.4
Sex	38.6	38.6	42.0*	35.9	17.6***	44.6	54.4	39.3	34.1	55.1***	37.7	49.9*	37.4	38.6
Love	71.1*	74.7	75.9	70.5	57***	84.7	78.5	74.6***	62.2	86.4***	72.2	64.4*	73.7	72.9
Marriage	50.4***	60.0	55.3	55.0	39.0***	61.6	65.8	56.0	49.8	61.9*	54.8	66.5**	54.0	55.2
GBV	46.6**	52.2	53.8**	45.8	37.3***	53.2	58.0	52.0***	32.7	57.1**	48.9	51.8	49.1	49.3
HIV/AIDS	58.3	60.4	60.8	58.2	57.9	61.8	58.7	61.0***	49.4	56.4	59.5	53.0*	60.0	59.4
STI treatment	38.3**	43.7	42.8	39.5	24.3***	46.7	52.8	42.1**	33.8	49.2	40.5	49.6*	40.1	41.0
Homosexuality/Sexual orientation	27.6***	35.6	37.5***	26.8	14.7***	34.9	45.5	33.9***	16.9	46.4**	30.8	33.8	31.3	31.5

* p<0.05, ** p<0.01, *** p<0.001

Table 9-4. Main source of SRH information in the last 12 months by sex and age group

	Male			Female		
	10-14	15-18	19-24	10-14	15-18	19-24
	N=625	N=731	N=693	N=844	N=887	N=2,686
Puberty	50.0-teachers***	42.5-mass media***	59.2-mass media***	44.2-teachers***	41.1-teachers***	60.3-mass media***
Pregnancy	48.1-mass media	49.9-mass media	57.2-mass media	43.3-mass media*	42.1-mass media*	53.2-mass media*
Sex	40.4-mass media	39.1-friends***	45.6-social networks***	38.7-teachers***	37.3-mass media**	46.2-massmedia**
Love	51.4-massmedia	52.0-mass media	54.8-friends***	49.6-mass media	58.6-friends	54.5-friends**
Marriage	50.3-mass media	45.2-mass media	50.5-mass media	46.4-mass media	45.2-mass media	47.2-mass media
GBV	45.0-mass media***	56.5-mass media***	60.7-mass media***	47.6-mass media	50.4-mass media	54.5-mass media
HIV/AIDS	52.5-teachers***	57.9-mass media***	69.4-mass media***	58.9-teachers***	52.6-Teachers***	63.0-mass media***
STIs	59.6-teachers***	44.6-mass media***	58.7-mass media***	57.9-teachers***	49.9-teachers***	54.7-mass media***
Homosexuality/ Sexual orientation	52.1-mass media	47.6-social networks***	66.9-social networks***	47.0-mass media	61.4-social networks*	62.6-social networks*

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table 9-5. Main sources of SRH services by sex, place of residence, age group, ethnicity, migration status and marital status (percent)

	Sex		Place of residence			Age group			Ethnicity		Migration status		Marital status		Total
	Male	Female	Urban	Rural	10-14	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married		
														N=4,866	
Contraceptives															
Private clinic	31.3*	35.6	35.3	31.8	24.6***	39.5	36.9	33.9	30.0	45**	32.9	33.0	33.4	33.4	33.4
Private hospital	32.4	33.5	36.4**	30.2	32.2	34.9	31.9	34.2**	24.9	38.1**	32.7	25.0**	33.8	32.9	32.9
Commune health center	41.9	43.1	31.4***	51.3	34.0***	45.2	48.7	40.1***	57.6	36.3	42.8	58.8***	40.8	42.5	42.5
Public hospital	39.8	40.2	43.1*	37.6	37.6*	40.6	42	41.6***	30.1	46.4***	39.7	38.6	40.2	40.0	40.0
MCHFP center	22***	34.7	30.4	26.6	32.3***	23.3	28.6	30.0***	17.6	23.2*	28.5	27.7	28.3	28.3	28.3
Pharmacy	43.8	43.2	43.0	44.0	27.8***	48.3	55.2	44.6	36.9	60.7***	42.6	43.1	43.6	43.5	43.5
Community health worker	10.5	10.1	7.0***	12.8	8.5*	10.8	11.6	8.9***	18.6	9.4	10.3	15.9***	9.7	10.3	10.3
Abortion															
Private clinic	26.0	23.9	27.4*	23.1	19.0***	28.1	28.3	25.5	21.7	32.9**	24.6	22.5	25.3	25	25
Private hospital	42.9	41.2	43.9	40.5	36.4**	44.5	45.6	43.3**	33.9	51.3**	41.6	36.6*	42.6	42.0	42.0
Commune health center	16.5	14.7	13.0*	17.7	15.8	15.6	15.3	14.1***	24.8	11.6**	15.8	20.9*	15.0	15.6	15.6
Public hospital	53.2***	62.6	57.5	58.1	47.1***	61.0	66.0	59.3**	49.0	65.7**	57.5	60.2	57.6	57.9	57.9
MCHFP center	14.4***	20.6	18.6	16.5	16.1	17.5	18.7	18.4***	11.6	15.3	17.6	14.6	17.7	17.5	17.5
Pharmacy	10.0***	6.2	6.9	9.1	11.2***	8.0	5.0	7.9	9.4	5.6	8.2	4.3***	8.5	8.1	8.1
Community health worker	4.7	4.2	3.7*	5.1	6.4**	3.9	3.1	4.4	4.8	4.1	4.5	2.6	4.7	4.5	4.5
Antenatal care															
Private clinic	24.1	28.8	28.2	25.0	18.8***	28.1	32.6	26.8	23.9	31.5	26.2	31.8*	25.9	26.4	26.4
Private hospital	34.5	32.8	36.8	31.2	25.2***	37.7	38.5	34.9**	25.7	37.3	33.5	28.2*	34.2	33.6	33.6
Commune health center	32.2	32.9	24.6***	38.8	25.7***	33.9	38.3	30.8***	43.5	31.0	32.6	47.2***	31	32.6	32.6
Public hospital	57.2	55.4	60.0*	53.4	41.9***	60.1	67.5	57.8***	47.0	73.1***	55.5	58.8	56.1	56.3	56.3

	Sex		Place of residence		Age group			Ethnicity		Migration status		Marital status		Total
	Male	Female	Urban	Rural	10-14	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=4,866	N=4,899	N=4,114	N=5,651	N=3,083	N=3,026	N=3,656	N=7,888	N=1,875	N=643	N=9,122	N=1,198	N=8,567	N=9,765
MCHFP center	38.0***	44.5	44.6*	38.6	39.0**	44.8	40.4	43.3***	28.9	48.1	40.9	28.1***	42.6	41.3
Pharmacy	7.5	6.4	6.3	7.5	5.9	7.6	7.4	6.9	7.3	5.5	7.0	6.8	6.9	6.9
Community health worker	10.8	9.7	8.2*	11.9	10.8	10.7	9.3	9.8	12.9	10.2	10.3	8.0	10.5	10.3
Delivery														
Private clinic	11.4	11.2	11.8	11.0	10.6**	13.8	9.9	11.6	9.7	7.8	11.5	7.9**	11.7	11.3
Private hospital	33.8	35.5	37.4	32.5	33.2	36.3	34.7	36.3**	24.4	39.1	34.4	23.3**	35.8	34.7
Commune health center	25.7	24.4	18.5***	30.3	21.2***	27.7	26.6	22.6***	40.3	23.7	25.1	34.7***	24.1	25.1
Public hospital	73.4	75.2	77.4	71.9	62.1***	75.7	85.3	76.4***	61.0	86.5***	73.7	78.7	73.8	74.3
MCHFP center	21.8**	24.9	23.8	22.9	23.9***	26.9	19.6	24.4*	16.3	22.5	23.3	14.2***	24.2	23.3
Pharmacy	1.4	1.0	1.2	1.3	0.7*	1.7	1.3	1.2	1.6	1.3	1.2	1.2	1.3	1.2
Community health worker	10.6*	8.6	6.4**	12.1	12.5*	7.8	8.3	8.5***	16.5	6.3	9.8	8.1	9.8	9.6
HIV test														
Private clinic	24.9***	20.7	24.3	21.7	22.5	25.9	20.6	23.2	20.7	27.1	22.6	14.8***	23.7	22.9
Private hospital	36.0*	33.8	36.4	33.8	32.2	39.1	34.0	36.1*	27.5	36.7	34.8	25.9**	35.8	34.9
Commune health center	22.2***	18.7	19.0	21.6	22.3*	21.9	17.3	19.9	23.7	13.5	20.8	18.1	20.7	20.4
Public hospital	69.4***	73.7	71.3	71.7	58.7***	76	80.5	73.4***	60.1	79.6*	71.1	76.3	71.0	71.5
MCHFP center	5.6**	7.6	6.2	6.9	3.9***	6.1	9.7	6.8	5.3	6.8	6.6	9.2	6.3	6.6
Pharmacy	2.1	1.8	1.9	2.0	3.1***	1.6	1.1	1.7*	3.3	1.1	2.0	1.6	2.0	2.0
Community health worker	4.0**	2.8	2.9	3.8	4.2	3.4	2.7	3.3	3.9	1.6	3.5	2.0*	3.5	3.4
STI treatment														
Private clinic	23.6	23.0	25.2	21.8	21.1	24.7	24.3	24.0	19.1	27.9	23.1	18.8**	23.8	23.3
Private hospital	38.0	37.0	42.2**	33.8	32.9*	40.3	39.7	38.8**	29.2	48.9**	36.9	30.4**	38.2	37.5

	Sex		Place of residence		Age group			Ethnicity		Migration status		Marital status		Total
	Male	Female	Urban	Rural	10-14	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=4,866	N=4,899	N=4,114	N=5,651	N=3,083	N=3,026	N=3,656	N=7,888	N=1,875	N=643	N=9,122	N=1,198	N=8,567	N=9,765
Commune health center	17.9**	14.1	12.5***	18.9	15.3	17.5	15.5	14.5***	25.4	9.4*	16.4	20.9*	15.5	16.0
Public hospital	67.6***	72.7	70.9	69.5	53.5***	77.0	80.8	71.5***	61.3	80.1***	69.6	75.7*	69.5	70.1
MCHFP center	7.4**	11.1	9.5	9.0	7.6**	8.4	11.5	9.6	6.8	10.4	9.2	8.8	9.3	9.2
Pharmacy	4.7	3.8	3.5	4.9	5.2	4.0	3.6	3.9**	6.9	4.2	4.3	4.0	4.3	4.3
Community health worker	4.7**	3.4	2.9***	4.9	6.3***	3.5	2.2	3.9	4.7	2.5	4.1	1.4**	4.3	4.0
Gynecological/andrological examination														
Private clinic	0	36.3	38.0	35.0	30.5*	40.2	38.6	37.4	29.5	41.5	36.0	33.6	36.8	36.3
Private hospital	58.1	41.8	45.0	39.3	35.5*	47.2	43.3	43.3*	32.3	47.8	41.5	36.2	42.7	41.8
Commune health center	0	20.8	12.7***	27.1	19.6*	19.2	23.1	18.3***	36.5	11.6*	21.2	32.5***	18.8	20.7
Public hospital	74.8	62.7	63.5	62.1	48.7***	69.3	70.7	64.0*	54.8	77.9***	61.9	64.3	62.5	62.7
MCHFP center	0	20.3	23.6*	17.6	18.6	21.4	20.9	21.6***	11.3	22.9	20.1	14.1*	21.3	20.2
Pharmacy	0	2.7	1.5**	3.6	4.5**	1.8	1.6	2.6	3.1	1.5	2.7	2.0	2.8	2.7
Community health worker	0	4.0	3.0*	4.7	5.3	4.0	2.7	3.6**	6.2	4.0	4.0	2.2**	4.3	4.0
Infertility														
Private clinic	22.2	19.9	24.0*	18.7	0	23.8***	18.6	21.7	17.5	22.1	20.9	14.4***	22.1	21.0
Private hospital	39.9**	34.3	43.5***	32.2	0	40.2**	34.4	38.4*	29.8	40.2	36.9	26.5***	38.9	37.1
Commune health center	10.1	10.2	8.2	11.6	0	11.8*	8.7	9.1**	16.1	5.0***	10.5	11.9	9.8	10.1
Public hospital	77.9	77.2	78.9	76.5	0	73.7***	80.9	79.4***	67.4	84.5***	77.0	73.7	78.2	77.6
MCHFP center	10.2***	18.5	14.1	14.6	0	12.2**	16.2	14.8	11.8	13.7	14.4	12.7	14.7	14.4
Pharmacy	3.5**	1.8	1.4*	3.6	0	2.8	2.5	2.0**	6.1	2.3	2.7	2.3	2.7	2.6
Community health worker	2.0	1.8	1.5	2.2	0	2.7***	1.2	1.7*	2.9	1.6	1.9	0.8*	2.1	1.9

* p<0.05, ** p<0.01, *** p<0.001

Table 9-6. Reasons for choosing their last SRH service provider for males and females by age group and place of residence (ages 15-24 only) (percent)

	Male		Female		Male		Female		Total
	15-18	19-24	15-18	19-24	Urban	Rural	Urban	Rural	
	N=35	N=108	N=98	N=603	N=59	N=84	N=230	N=471	N=844
Near my house/ workplace/school/college	36.8	40.7	33.3	35.8	14.2***	65.1	23.8	41.6	37.8
Staff are technically competent	31.7	29.3	32.0	33.7	44.0*	15.9	42.5***	28.8	32.9
Good facility and equipment	2.5	10.0	26.5	26.0	10.0	5.3	34.1	21.9	22.8
I registered my health insurance there	4.4	17.3	8.1	15.5	25.9***	0.5	14.7	14.3	14.2
Friendly staff	2.3	7.2	8.3	17.4	5.1	6.1	19.1	14.5	14.2
Fast service/short wait time	0.6**	7.6	17.3	13.5	4.2	6.6	16.8	12.6	12.5
Affordable	27.8	19.0	14.2	10.5	16.4	27.3	13.9	9.5	11.7
Others introduced/ referred me	1.2*	8.3	22.8**	7.5	10.9**	1.1	13.5	7.7	9.1
More privacy and confidentiality	42.7*	8.8	15.1	4.8	28.4	10.6	6.7	6.1	8.7
Opening hours	0	3.3	0.4	1.9	4.5	0	2.0	1.5	1.8
I have no other choice	1.9	1.8	1.0	0.6	0.6	3.1	0	1.0	0.9

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$



CHAPTER 10. PERCEIVED GATEKEEPER SUPPORT FOR SRH

This section addresses young people's perceptions of adult support for youth access to and utilization of SRH information and services. Understanding young people's perceptions of adult attitudes and support behaviors is critical, because these perceptions are associated with the likelihood of talking, sharing and seeking support from adults for SRH needs. Young people's perceptions of support from teachers, parents and health workers are examined in this section.

10.1. SRH DISCUSSIONS WITH TEACHERS

Only 13.3 percent of respondents had actually spoken to their teachers about SRH topics in the last 12 months. Males (11.2 percent) and adolescents aged 10-14 (11.5 percent) were less likely to talk to their teachers about SRH topics than females (15.4 percent) and older groups aged 15-18 (15.3 percent) and 19-24 (15.7 percent) ($p < 0.01$, $p < 0.05$), but the gaps were small (Table 10-1).

Among those who reported talking to their teachers about SRH topics in the last 12 months, the survey asked if they had discussed each of 12 different listed topics. Of all the topics, HIV/AIDS was discussed with teachers the most (74 percent). Using drugs, tobacco and alcohol was discussed with teachers by between 56 to 59 percent of respondents. About 58 percent had talked about violence, and nearly 44 percent discussed STIs with their teachers. The remaining topics were discussed with teachers at lower rates; 37.4 percent talked about contraceptive methods and only 10.9 percent about premarital sex (Table 10-1).

Importantly, adolescents aged 10-14 had significantly and considerably lower rates of respondents who had talked to teachers about eight out of the 12 SRH topics compared with the older groups. For four out of 12 topics, females had also talked to their teachers more than males (Table 10-1).

SAVY1 and SAVY2 did not include the same variables measuring adolescent and young adults' discussions with teachers about SRH topics. However, the surveys did include sources of information on contraception. The findings showed that teachers and school were not an important source of information at 19 percent. The 13 percent who talked to their teachers about SRH in this survey was also low, given that schools are the second-most important setting for youth aged 10-24. Teacher-student communication was found to be associated with delayed sexual initiation [24], encouraging enhanced student discussions with teachers, especially about SRH.

10.2. SRH DISCUSSIONS WITH PARENTS

To determine if young people communicate with their parents about SRH (and if so, which topics they discuss), the survey asked whether respondents had talked

to their parents about SRH in the last 12 months and whether they had talked about each of the 12 topics listed. Annex Table J-1 reveals that only 17.4 percent of 9,763 respondents reported talking to their parents about SRH in the last 12 months.

Large differences were observed between sexes and age groups. Males talked to their parents about SRH in the last 12 months at a much lower rate than females: 10.1 percent versus 24.7 percent ($p < 0.001$). The likelihood of talking to parents in the last 12 months about SRH did increase with age: 13 percent of adolescents aged 10-14 had spoken with their parents about SRH, compared to 17.4 percent of adolescents aged 15-18 and 21.6 percent of young adults aged 19-24 ($p < 0.001$) (Figure 10-1).

Of the 12 topics listed, only tobacco/alcohol and violence were discussed by more than half of the respondents with their parents. Some topics were discussed with parents at moderately low rates, such as what is right or wrong in sexual behavior (28.4 percent), what respondents' friends think about sex (23.5 percent) and STIs (25 percent) (Annex Table J-1).

Although respondents discussed SRH with their parents slightly more often than with teachers, the 17 percent rate was discouraging, as the majority of young people were living with their parents. Because a large proportion of young people did not turn to teachers and parents for SRH information, there is a higher likelihood that they may seek SRH information from other, less reliable sources.

10.3. PERCEPTIONS OF HEALTH WORKER SUPPORT

Adolescents and young adults aged 10-24 were also surveyed regarding their perceptions of health worker attitudes of and support for SRH.

Of all age groups, 67 percent of respondents stated they would want to ask health providers if they had sex-related questions. Females and older age groups aged 15-18 and 19-24 were more likely to ask health providers sexual questions than males and younger adolescents aged 10-14. There were significant differences between Kinh and non-Kinh people, migrants and non-migrants, and ever-married and never-married respondents (Annex Table J-2).

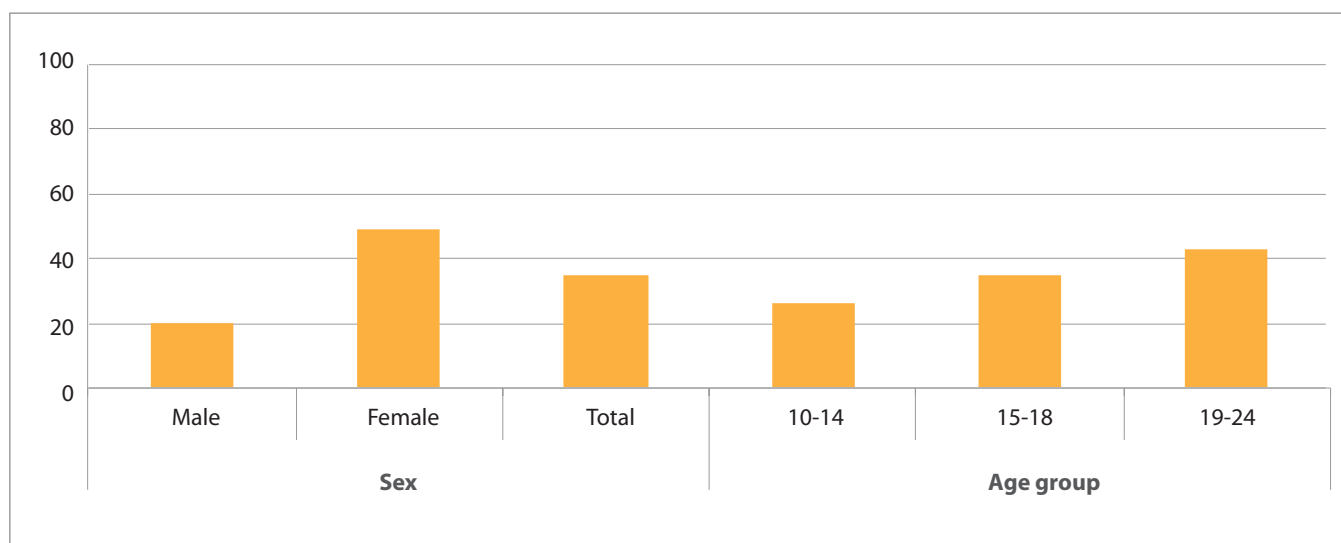
Respondents tended to choose public health providers and those at a central level to answer their sexual questions. Of those who wanted to ask health workers, most respondents indicated they would ask government health workers (71.3 percent). Commune health workers were chosen by 60.5 percent and about 56 percent selected private health workers. Only 31.2 percent and 21.9 percent chose school health workers and village health workers, respectively (Figure 10-2).

Table 10-1. Talking about SRH with teachers in the last 12 months by sex, place of residence, age group, migration status and ethnicity (percent)

	Sex		Residence		Age group			Ethnicity		Migration		Total N=6,268
	Male N=3,083	Female N=3,185	Urban N=2,989	Rural N=3,279	10-14 N=3,016	15-18 N=2,307	19-24 N=945	Kinh N=5,351	Non-Kinh N=916	Migrant N=419	Non-migrant N=5,849	
Talked to teachers about SRH topics	11.2**	15.4	13.7	13.0	11.5*	15.3	15.7	13.6	10.7	14.6	13.3	13.3
Topics discussed (among those who talked to teachers n=822)												
Contraceptive methods	36.6	37.9	40.6	34.1	19.2***	49.9	59.2	36.8	44.0	60.6**	36.2	37.4
What is right or wrong in sexual behavior	29.1	28.6	29.4	28.1	18.4**	37.1	38.0	27.8	40.3	33.3	28.5	28.8
What my parents think about premarital sex	10.1	11.4	13.5	8.2	5.8**	14.6	16.5	11.1	8.1	13.0	10.8	10.9
What my friends think about sex	18.9**	28.2	24.1	24.7	17.9*	27.6	35.2	24.9	18.0	24.5	24.4	24.4
My questions about sex	32.0	37.7	38.9	31.6	23.3**	42.6	52.6	35.0	39.1	48.2	34.7	35.4
Why I should not have sex at my age	25.9**	39.5	34.6	33.2	21.2**	44.8	43.5	32.8	46.9	33.9	33.9	33.9
How my life would change if I became a teenage parent	25.5	34.1	27.0	34.2	21.1***	39.6	35.1	29.6	41.2	19.2	31.1	30.5
HIV/AIDS	71.0	76.1	72.2	75.9	74.7	72.5	75.9	74.3	70.4	75.8	73.9	74.0
Drugs	52.8	63.4	51.4**	67.0	62.5	56.7	54.9	59.1	58.0	36.4**	60.2	59.0
Tobacco/alcohol	53.9	58.6	52.1	61.5	57.8	54.2	59.9	57.2	50.5	45.6	57.3	56.7
Violence	50.0	64.1	53.9	62.9	58.3	59.6	54.9	59.6**	44.2	49.6	58.8	58.3
STIs	41.8	44.9	42.4	44.9	29.6***	52.1	63.4	44.0	39.2	51.6	43.2	43.6

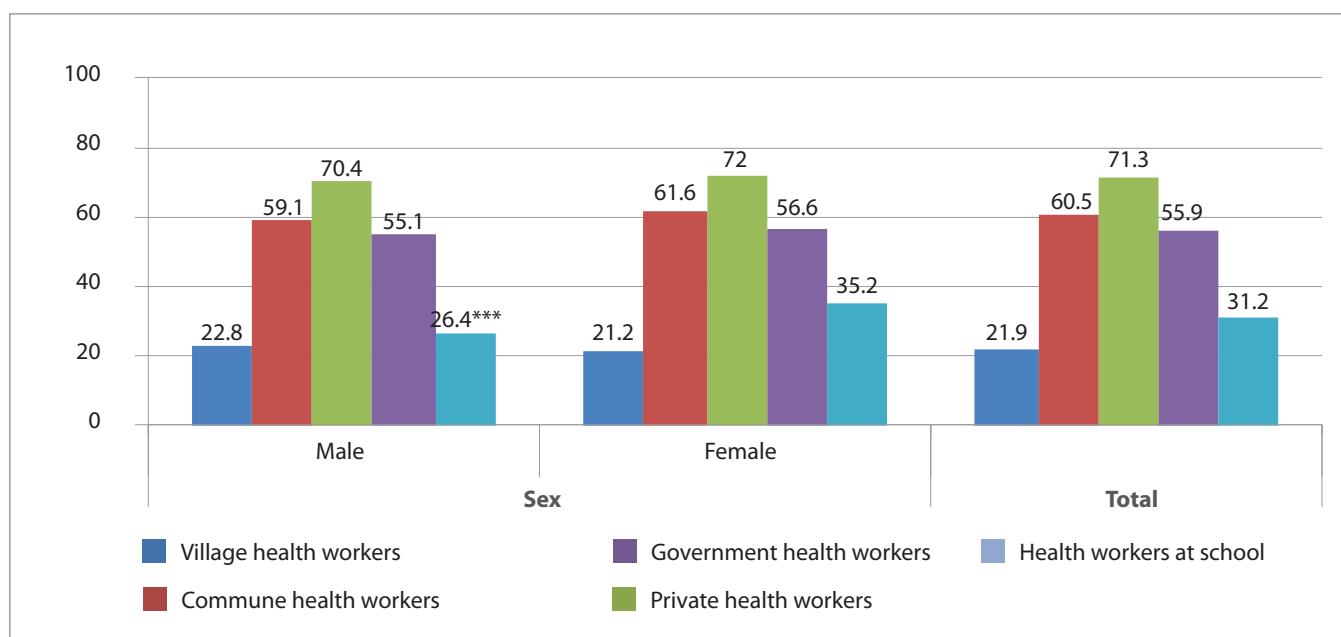
* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Figure 10-1. Talking with parents about SRH in the last 12 months by sex and age group



*** $p < 0.001$

Figure 10-2. Whom to ask SRH questions



*** $p < 0.001$



CHAPTER 11. CONCLUSIONS AND RECOMMENDATIONS

The 2016 National Survey on Sexual and Reproductive Health among Vietnamese Adolescents and Young Adults aged 10-24 presents reliable evidence of young people's knowledge and attitudes of and experience with SRH. This chapter concludes by reiterating the important findings from the survey and proposes recommendations for policies and programs targeting this young adult population.

CONCLUSIONS

SRH information seeking and accessibility

Most adolescents and young adults have various means of accessing information, such as the internet, TV and mobile SMS, thanks to modernization and development. However, only one-in-three respondents used the internet to learn about SRH. Females were more likely than males to learn about SRH via the internet. Urban, older, migrant and ever-married respondents were significantly more likely to use the internet to access SRH information than their rural, younger, non-migrant and never-married counterparts. In addition to using the internet, adolescents and young adults also identified mass media as a main source of SRH information.

Sexual health

Similar to those in other developing countries in the Asia-Pacific region, adolescents and young adults in Viet Nam aged 10-24 had generally limited knowledge of puberty, pregnancy and contraception. Urban residents and Kinh people tended to have better knowledge and healthier sexual behaviors than their rural and non-Kinh counterparts. Migrants, however, reported better knowledge and practices related to sexual health than non-migrants. Females tended to be more knowledgeable than males about various SRH topics, such as puberty and pregnancy.

Under the processes of urbanization and modernization, more adolescents and young adults are engaging in sexual behaviors and initiating sex at earlier ages. About 13 percent have had sexual intercourse with an average of two sexual partners. Premarital sex (15 percent) is more prevalent than in the past. There is also an increasing trend in the percentage of people who exchange goods or money for sex and have sex with sex workers. Given that only half of young people reported contraceptive use during their first sexual intercourse experience, in conjunction with limited SRH knowledge, earlier initiation of sex, having more than one sexual partner and having sex with sex workers (though at low rates), there are risks for adolescent and young people's SRH.

Marriage, pregnancy and childbearing

Early marriage is not rare in Viet Nam; the adolescent marriage rate is 14 percent. According to the Law of Marriage and Family of Viet Nam, the percentage of women who have married at an illegal age (before 18) is about 15 percent, and that of men (before 20) is 27 percent. Early marriage is more common among non-Kinh people (marriage rate at an illegal age among non-Kinh women is 29 percent and 45 percent among non-Kinh men). Adolescent and young adult knowledge of pregnancy is also incomplete; only 17 percent can correctly identify the days a woman is most likely to get pregnant. With limited SRH knowledge, there is a small proportion of females who have experienced unplanned pregnancy, abortion and childbearing at adolescent ages.

Contraception

As opposed to a very high rate of people who have heard about and know where to get modern contraception, only one-in-three young people have been instructed on how to use modern methods. The current contraceptive use rate is not high (60 percent). The current modern contraceptive use rate is lower, at 54 percent. There are no significant differences in the percentage of modern contraceptive users by sex, place of residence, migration status or ethnicity. The only difference is between adolescents aged 15-18 and young adults 19-24, with higher rates of modern contraceptive use among the older age group.

The survey confirmed that condoms are the most common contraceptive method young people know of and choose to use. Though 63 percent knew the correct purposes of condoms, only 26 percent knew the correct steps of condom use. The rate of condom use was around 64 percent. Many young people still feel shy and a proportion have a sense of wrongdoing when buying condoms.

The study shows that average unmet need for modern contraceptives was around 30 percent, reaching 48.4 percent among never-married females aged 15-24.

HIV and RTIs

Similar to other topics, adolescents and young adults aged 10-24 showed very limited comprehensive correct knowledge of HIV/AIDS (27 percent). Comprehensive correct knowledge of HIV/AIDS increases with age. In line with incomplete knowledge of HIV/AIDS, only 14 percent had accepting attitudes towards people living with HIV.

RTI knowledge among adolescents and young adults was also low. Only 21 percent managed to name a male RTI symptom and 19 percent named a female RTI symptom. Consequently, there were high rates of self-reported RTI symptoms – reported by 28 percent of males and 55 percent of females. Limited knowledge of symptoms may also lead to sexual behaviors that increase the likelihood of experiencing RTI symptoms.

Violence

Prevalence of school violence against adolescents and young adults in the last 12 months was high (60 percent). Males were more likely to be victims than females in school, though the prevalence of school violence decreased with age. Domestic violence in the last 12 months was less prevalent, at 9.4 percent. Among the three types of violence, psychological violence was the most common form, physical violence was the second-most common and sexual violence was the least common. Adolescents and young adults mostly chose to do nothing in response to violence, which neither helps stop violence nor does it solve it. The high prevalence of doing nothing among victims also reflects the absence of an effective reporting and support system.

Perceived gatekeeper support for SRH information and services

Neither teachers nor parents were perceived to be a main source of SRH information for adolescents and young adults, as only 13 percent of respondents spoke to teachers and 17 percent to parents about SRH concerns. Health workers were the preferred source among young people to seek answers to sexual health-related questions or concerns (67 percent).

RECOMMENDATIONS

Comprehensive sexuality education (CSE)

CSE contents

- The survey revealed that adolescents and young adults may have heard about a wide range of topics related to sexual and reproductive health, but lacked comprehensive and correct knowledge of each topic - HIV/AIDS, RTIs, contraception, pregnancy and so on. Based on the limited SRH knowledge, attitudes and practices of adolescents and young adults, sexuality education for in- and out-of-school students should have a comprehensive, holistic vision of sexuality and sexual behavior that goes beyond a focus on preventing pregnancy and RTIs. CSE should equip children and young people with accurate information about human sexuality, SRH and human rights, including sexual anatomy and physiology; reproduction, contraception, pregnancy and childbirth; sexually transmitted infections and HIV/AIDS; family life and interpersonal relationships; culture and sexuality; human rights empowerment, non-discrimination, equality and gender roles; sexual behavior and sexual diversity; and sexual abuse, GBV and harmful practices. In addition, it should present an opportunity to explore and nurture positive values and attitudes towards SRH and develop self-esteem and respect for human rights and gender equality. Furthermore, CSE should empower young people to take control of their own behavior and treat others with respect, acceptance and empathy regardless of their gender, ethnicity, race or sexual orientation. CSE should also develop life skills

that encourage critical thinking, communication, negotiation, decision-making and assertiveness.

- Evidence from other countries indicates that the appropriate integration of gender, GBV and power into CSE can improve the efficiency and effectiveness of sexuality education programs in practice. Moreover, CSE should address both positive and negative effects of sexuality-related issues; instead of overstressing potential health risks such as HIV and STIs or unwanted pregnancies, CSE should also address sexual pleasure and other positive aspects of sexual health in line with responsible and safe behaviors.
- Given the increasingly early puberty and internet exposure of Vietnamese adolescents and young adults, CSE should be introduced in school as early as possible, equipping students with adequate SRH and GBV-prevention information. In addition, CSE should consider the specific needs of adolescents and young adults at various ages and those from different socioeconomic groups.
- As out-of-school adolescents and young adults are a diverse group, their CSE should be evidence-based and age appropriate while taking local characteristics into account, including customs, culture, ethnicity, religion and other social factors.

CSE communication channels

- Though family and school environments are two important settings for adolescents and young adults, teachers and parents are not perceived as main sources of SRH information. Therefore, together with any potential interventions to improve sexuality education through teachers and parents, peer education through youth-led initiatives on SRH are also critical.
- Due to the longstanding influence of the feudal tradition and culture in Viet Nam, adjusting belief systems and attitudes of teachers and parents towards teaching sexuality for adolescents and young people is a lengthy process. As such, any interventions building capacity and willingness of teachers and parents to communicate about SRH should be a long-term effort.
- Given the limitations in parent-child and teacher-student communication channels in delivering SRH information, online and self-learning options in which students have opportunities to interact and discuss various aspects of sexuality and GBV with their peers through social networks and integrated extracurricular activities are highly recommended.
- Given the ubiquity of internet, TV, and mobile SMS for accessing information among adolescents and young adults, these channels should be used more widely to deliver SRH information. The rapid growth of young social network users in the country (on networks

such as Zalo and Facebook) also presents an opportunity to use these channels more widely used for teaching CSE, discussing sensitive issues and providing referrals to appropriate service delivery points as needed.

SRH service provision

- Although physical access to modern contraceptive services is available, unmet need for modern contraceptives among adolescents and young adults are relatively high. Barriers to purchasing modern contraceptive methods (such as condoms) are no longer cost-related, but instead surround the embarrassed feeling that adolescents and young adults attach to the behavior of condom purchases. Therefore, the Ministry of Health should have a strategy that facilitates the transformation of retail pharmacies and commune health centers into youth-friendly service delivery points to attract adolescents and young adults.
- The national guidelines on the provision of youth-friendly SRH services and information at the primary health care level should be updated, using the findings of this survey, to accommodate the various needs of adolescents and young adults. This includes the need for modern contraception, the need for professional counseling related to SRH concerns and the need for SRH examinations and treatment. In addition, the guidelines should give clear instructions for more effective linkages between SRH information delivery points at schools and communities, and local service delivery networks including commune health centers.
- School-based health care providers may play a crucial role in providing SRH information and service and referring complicated cases to higher levels. However, they have yet to be considered key actors in sexuality education programs. As such, an operational guideline on the roles and functions of school-based health care providers should be jointly developed by the Ministry of Education and Training and Ministry of Health.
- Given the availability of the internet in most regions of Viet Nam and the high frequency of the use of online social networks among adolescents and young adults, service delivery points should utilize social networks to provide SRH information, counseling services and appointment scheduling options for adolescent and young clients. Clear guidance from the Ministry of Health would facilitate effective implementation of this initiative.
- SRH service utilization among adolescents and young adults is relatively low compared to their high health insurance coverage rates. To improve the utilization of SRH services, the Ministry of Health should review the benefit packages of the various health insurance schemes to ensure key SRH services are covered. In addition, as health insurance for students is directly purchased by schools often at the beginning of the academic year, the Ministry of Education and Training should be responsible for

giving clear guidance to students and parents on the benefit packages covered by school health insurance schemes.

SRH interventions for adolescents and young adults

- Currently, immediate and important settings in which adolescents and young adults are embedded, such as the school and family, are not perceived to be reliable sources of SRH knowledge and information. To improve healthy behaviors related to adolescent and young adult sexual health, implementing multifaceted prevention and intervention programs is critical. These programs may involve community-based, school-based and family-based SRH interventions targeting adolescents and young adults.
- Interventions that improve adolescent and young adult SRH should enhance the linkage between information and counseling provision and clinical service delivery. Therefore, multi-sectoral collaboration between the health, education, vocational training, labor, civil society and private sectors are crucial. Inter-ministerial guidelines on sector collaboration and information and service delivery should be developed.
- While SRH interventions can consider improving parent-child and teacher-student communication over the long term, youth-led initiatives in which adolescents and young adults directly design and implement innovative SRH activities should be encouraged and facilitated, since friends are considered a frequent and trusted contact among young people. Particularly, given the substantial gaps between SRH knowledge and service utilization among adolescents and young adults, interventions should target positive behavior changes and practices beyond just knowledge and attitudes.

Monitoring adolescent and young adult SRH

- Study findings provide an essential set of SRH indicators that should be used for monitoring and evaluation, to be conducted by the National Assembly and relevant authorities, to track the accountability and responsibility of the education and health sectors and local authorities on SRH in the country. Active participation of representatives of various youth groups in these monitoring missions is highly recommended.

Research agenda

- The national study on sexual and reproductive health should be conducted every five years to track the progress of adolescent/youth-related indicators and assess the progress on and targets of the National Strategy on Population and Reproductive Health and other adolescent health programs.
- This study consists of rich national data on various aspects of adolescent and young adult sexual health. It is recommended that the following thematic monographs be developed using the available database:

- A. Knowledge and behavior of SRH of adolescents and young adults: situations and determinants;
- B. Knowledge and attitudes of and experience with HIV/AIDS and RTIs among adolescents and young adults;
- C. Unmet need for contraception, safe motherhood and professionally assisted delivery;
- D. SRH seeking behaviors, and access to and utilization of SRH services among adolescents and young adults: situations and determinants;
- E. Adolescent and young adult experience with violence and determinants of violence;
- F. Perceived gatekeeper attitudes of and support for SRH of adolescent and young adult SRH;
- G. Tobacco smoking, alcohol consumption and drug use among adolescents and young adults.

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ANNEX

A. DEMOGRAPHIC CHARACTERISTICS

Annex Table A-1. Place of residence

	N	%
Place of residence	9,768	100
Urban	4,116	44.2
Rural	5,652	55.8
Province		
Hanoi	1,264	11.2
Hai Phong	1,214	4.7
Son La	1,216	7.9
Thanh Hoa	1,236	4.5
Dak Lak	1,213	16
HCMC	1,214	18.2
Tien Giang	1,221	12.7
Dong Nai	1,190	24.8

Annex Table A-2. Ethnicity and language of respondents (%)

	Kinh	Non-Kinh	Total
	N=7,891	N=1,875	N=9,766
Viet	99.9***	17.8	88.5
Non-Viet	0.1	82.2	11.5
Total	100	100	100

*** $p < 0.001$

Annex Table A 3. Religion of respondents

	N	%
None	7,024	58.6
Buddhism	1,570	19.2
Catholicism	944	19.1
Protestant	157	2.3
Caodai	24	0.2
Hoahao	3	0.1
Muslim	3	0.1
Others	4	0.1

Annex Table A-4. Family size

	Residence		Ethnicity		Migration		Marital status		Total
	Urban	Rural	Kinh	Non-Kinh	Migrant	Non-migrant	Married	Unmarried	
Mean number of people	4.7±1.5*	4.9±1.5	4.7±1.4***	5.4±2.1	4.6±1.5	4.8±1.5	5.3±2.2***	4.8±1.4	4.8±1.5
Min number of people	1	1	1	1	2	1	2	1	1
Max number of people	17	15	17	15	10	17	15	17	17

* $p < 0.05$, *** $p < 0.001$

Annex Table A-5. Housing conditions

	Sex		Residence		Ethnicity		Migration		Total
	Male	Female	Urban	Rural	Kinh	Non-Kinh	Migrant	Non-Migrant	
	N=4,861	N=4,900	N=4,112	N=5,649	N=7,885	N=1,874	N=643	N=9,118	N=9,761
Housing ownership									
My own/ spouse's house	1.7	3.2	1.1	3.5	1.5	8.0	0.1	2.5	2.4
My parents/ parents-in-law's house	84.2	79.9	77.0	86.1	81.9	83.0	9.2	85.8	82.0
Rent	7.0	9.6	11.2	5.9	9	4.1	75.5	4.8	8.3
Hostel/Dormitory	0.4	0.3	0.8	0.0	0.4	0.2	6.8	0.1	0.4
Other	6.7	7***	9.9	4.5	7.2	4.7***	8.4	6.8***	6.9
Main roofing material									
Natural materials: rice straw, bamboo...	0.7	0.6	0.0	1.1	0.3	2.7	0.0	0.7	0.6
Oil paper/zinc sheets	66.9	66.5	59.9	72.1	69.3	50.6	34.6	68.4	66.7
Wood	1.2	1.3	0.2	2.1	0.2	7.7	0.2	1.3	1.3
Fibro cement	4.2	3.5	5.2	4.6	2.4	12.9	7.3	3.7	3.8
Tiles	9.2	8.5	31.8	11.7	7.5	17.1	16.2	8.5	8.8
Concrete	17.9	19.6	0.0	8.3**	20.3	8.9***	41.7	17.5***	18.7
Types of toilet									
No latrine	4.4	4.1	0.6	7.1	1.5	21.4	0.8	4.4	4.2

	Sex		Residence		Ethnicity		Migration		Total
	Male	Female	Urban	Rural	Kinh	Non-Kinh	Migrant	Non-Migrant	
	N=4,861	N=4,900	N=4,112	N=5,649	N=7,885	N=1,874	N=643	N=9,118	N=9,761
Septic/semi-septic tank	86.9	87.2	96.9	79.3	94	44	93.7	86.7	87.1
One pit latrine	6.8	6.4	1.8	10.4	3.4	26.4	3.6	6.8	6.6
Two pit latrine	1.3	0.9	0.6	1.5	0.9	2.5	1.8	1.1	1.1
Other	0.5	1.4***	0.1	1.7***	0.2	5.6***	0.0	1.0	1.0

Main source of drinking water

Private tap water	46.1	47.4	81.0	19.6	51.8	15.1	55.6	46.3	46.7
Public tap water	2.2	3.2	4.5	1.3	2.8	1.8	5.9	2.5	2.7
Water bought from others including bottled water	3.0	2.2	1.3	3.7	2.9	0.8	1.0	2.7	2.6
Pumped water from drilled well	30	30.6	9.6	46.6	31.2	24.4	24.9	30.5	30.3
Well water	9.2	7.6	2.4	13.2	5.9	24.5	6.1	8.6	8.4
Filtered spring water	1.1	1.2	0.1	2	0.2	7.0	0.2	1.2	1.1
Unfiltered spring water	2.8	2.6	0.1	4.7	0.0	19.3	0.6	2.8	2.7
Shallow well water	1.8	1.5	0.2	2.8	1.0	5.5	0.6	1.7	1.6
Rain water	3.5	3.6	0.9	5.7	4	0.8	5.2	3.5	3.6
River, lake, pond water	0.1	0.1	0	0.2	0.1	0.4	0	1.1	1.1
Other	0.2	0.0*	0	0.2***	0.1	0.3***	0	1.1	1.1

Main source of lighting energy

National power line	98.7	98.9	100	97.9	100	91.6	100	98.7	98.8
Small/hydro generator	1.2	1	0	1.9	0	7.6	0	1.1	1.1
Battery	0.1	0.1	0	0.2	0	0.8	0	1.2	0.1
Kerosene lamp	0	0	0	0	0	0	0	0	0
Other	0	0	0	0***	0	0***	0	0	0

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Annex Table A-6. Household socioeconomic status

	Sex		Residence		Ethnicity		Migration		Total
	Male	Female	Urban	Rural	Kinh	Non-Kinh	Migrant	Non-Migrant	
	N= 4,868	N=4,900	N=4,116	N=5,652	N=7,890	N=1,875	N=643	N=9,124	N=9,768

% having each durable good

a. TV	97.0	97	97.7	96.5	98.2	89.6***	85.4	97.6***	97.0
b. Video	76.1	74.2	77.0	73.7	77.9	58.0***	62.7	75.8*	75.2
c. Radio cassette/ stereo player	26.8	24.3*	27.4	24.0	26.8	17.7***	22.3	25.7	25.5
d. Telephone	30.4	27.8*	36.2	23.5***	30.9	18.2**	17.8	29.7*	29.1
e. Cell/mobile phone	98.8	99.0	99.7	98.3***	99.5	95.4***	99.4	98.9	98.9
f. Computer/laptop	51.0	53	69.1	38.5***	57.7	16.3***	60.5	51.5	52.0
g. Refrigerator/ ice cube storage	81.0	81.4	92.7	72.1***	89.4	30.5***	75.2	81.5	81.2
h. Air conditioner	24.1	26	41.3	12.2***	28.4	4.2***	23.4	25.1	25.0
i. Washing machine	58.7	57.2	76.7	43.1***	64.8	15.1***	42.4	58.8**	58
j. Electric fan	86.5	86.7	92.4	82*	92.0	52.7***	81.4	86.9	86.6
k. Bicycle	77.4	77.4	78.4	76.6	80.7	56.7**	70.5	77.8	77.4
l. Motorcycle	97.5	97.4	97.3	97.6	97.7	95.9*	91.3	97.8***	97.5
m. Boat	1	1.1	0.6	1.4	1.1	0.8	2.4	1	1.1
n. Car	7.1	6.4	8.5	5.3**	7.3	3.3*	3.9	6.9**	6.7
o. Internet	48.3	48.9	66.1	34.8***	54.4	12.7***	57.0	48.2	48.6

p<0.05, ***p*<0.01, ****p*<0.001

B. SEXUAL HEALTH

Annex Table B-1. Knowledge of physical changes during puberty by sex, place of residence, age group, ethnicity and migration status (percent)

	Sex		Residence			Age group			Ethnicity		Migration		Total
	Male	Female	Urban	Rural	10-14	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-migrant		
												N=4,866	
Knowledge of physical changes in males													
Develop muscles	17.7	15.9	16.9	16.8	12.4*	20.2	18.4	17.9***	10.4	21.1*	16.6	16.8	
Change in voice	38.8***	54.1	51.0**	42.7	32.4***	52.0	55.6	49.0***	30.0	58.7**	45.7	46.4	
Growth of facial hair, pubic hair, underarm hair, chest, legs and arms	32.7	28.8	37.2**	25.8	22.8***	37.3	33.3	33.2***	16.2	40.2	30.3	30.8	
Increase in sexual arousal	7.6***	4.0	6.6	5.1	1.7***	6.2	9.5	5.8	5.8	12.0***	5.5	5.8	
Wet dreams	9.0	8.2	9.8	7.7	6.7	11.2	8.4	9.3***	4.3	12.3*	8.4	8.6	
Growth of adam's apple	2.0***	3.9	4.0	2.1	1.5**	4.1	3.3	3.2**	1.3	3.4	2.9	2.9	
Hardening of nipples	1.3***	0.3	0.9	0.8	0.2***	0.8	1.5	0.9	0.5	1.6	0.8	0.8	
Other	34.0*	37.2	38.1	33.5	29.9***	43.1	34.7	38.5***	17.3	33.7	35.7	35.6	
Can list at least one sign	61.4***	67.7	70.8*	59.5	49.8***	73.6	71.4	68.0***	42.6	77.7**	63.8	64.5	
Mean # of signs listed	1.1±1.1	1.2±1.1	1.3±1.1**	1.0±1.1	0.8±0.9***	1.3±1.1	1.3±1.2	1.2±1.1***	0.7±1.1	1.5±1.3***	1.1±1.1	1.1±1.1	
Knowledge of physical changes in females													
Growth of pubic and underarm hair	11.8***	22.0	19.4	14.9	12.4*	20.1	18.7	18.1***	9.0	20.9	16.7	16.9	
Growth in breasts	32.6***	57.6	48.3	42.3	27.4***	52.0	56.5	47.5***	29.2	60.2***	44.2	45.0	
Growth in hips	5.5	6.2	7.1**	4.8	2.9**	7.6	7.1	6.2*	3.5	9.8***	5.6	5.8	
Increase in sexual arousal	2.0*	2.7	2.9*	1.9	1.2**	1.9	3.9	2.4	1.7	4.7*	2.2	2.3	
Menstruation	20.2***	69.9	49.9***	40.8	32.0***	49.9	53.3	46.8***	32.7	56.4***	44.2	44.8	
Other	19.6***	33.4	26.9	26.0	23.7***	30.3	25.8	28.7***	12.0	26.2	26.4	26.4	
Can list at least one sign	41.7***	82.0	66.5*	57.8	45.0***	69.2	71.9	64.6***	43.5	76.5***	60.9	61.7	
Mean # of signs listed	0.7±1.0***	1.6±1.1	1.3±1.1*	1.0±1.1	0.8±0.9***	1.3±1.1	1.4±1.2	1.2±1.1***	0.8±1.2	1.5±1.3***	1.1±1.1***	1.1±1.1	

*p<0.05, **p<0.01, ***p<0.001

C. MARRIAGE, PREGNANCY AND CHILDBEARING

Annex Table C-1. Marriage intention and experience by sex, place of residence, age group, ethnicity, migration status and marital status

	Sex		Residence			Age group			Ethnicity		Migration		Total
	Male	Female	Urban	Rural	10-14	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-migrant		
												N=306	

Who decided your marriage (among ever-married)

Self	44.4	39.2	39.6	40.8	0.0	24.3	41.8	46.1**	31.4	40.1	40.5	40.5
Parents without my opinion	7.6	9.4	5.2	10.2	100	16.5	8.2	5.3	15.0	1.9	9.2	9.0
Self and parents	47.7	50.6	54.9	48.2	0.0	57.6	49.3	47.8	53.2	58.0	49.6	49.9
	N=4,356	N=3,812	N=3,683	N=4,485	N=2,828	N=2,855	N=2,485	N=6,886	N=1,281	N=599	N=7,569	N=8,168
Mean intentional age at marriage (among never-married)	25.5±3.2**	25.2±2.6	26.0±2.7***	24.8±3.0	24.8±3.2***	25.2±2.9	26.2±2.3	25.6±2.7***	23.2±3.9	26.2±2.8***	25.3±2.9	25.4±2.9

Who will decide your marriage (among never-married)

Self	45.1***	37.2	43.4	39.7	24.1***	45.0	60.0	43.3**	26.5	58.1	40.5	41.4
Parents without my opinion	15.8	13.5	12.0	17.1	24.3	10.7	6.6	13.8	21.7	3.3	15.4	14.7
Self and parents	37.1	47.1	42.2	41.5	47.9	42.8	32.7	41.1	47.6	37.7	42.0	41.8

** p<0.01, *** p<0.001

Annex Table C-2. Attitudes towards marriage and childbearing by sex, place of residence, age group, ethnicity, migration status and marital status

	Sex		Residence		Age group			Ethnicity		Migration		Marital status		
	Male	Female	Urban	Rural	10-14	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	Total
	N=4,755	N=4,785	N=4,008	N=5,532	N=2,948	N=2,981	N=3,611	N=7,705	N=1,833	N=639	N=8,901	N=1,187	N=8,353	N=9,422
Mean ideal number of sons	1.0±0.3***	0.9±0.4	1.0±0.4	1.0±0.4	1.0±0.4**	1.0±0.3	1.0±0.4	1.0±0.3	1.0±0.5	1.1±0.4*	1.0±0.4	1.0±0.5*	1.0±0.4	1.0±0.4
# of daughters	0.9 ± 0.4***	1.0±0.4	0.9 ± 0.4	1.0 ± 0.4	0.9 ± 0.4***	1.0 ± 0.3	1.0 ± 0.4	1.0 ± 0.4	1.0 ± 0.5	1.0 ± 0.4*	1.0 ± 0.4	1.0 ± 0.5	1.0 ± 0.4	1.0±0.4
# of total children	2.0 ± 0.5 **	1.9 ± 0.5	1.9 ± 0.5	2.0 ± 0.5	1.9 ± 0.6***	1.9 ± 0.5	2.0 ± 0.5	1.9 ± 0.5	2.0 ± 0.8	2.1 ± 0.6*	1.9 ± 0.5	2.0 ± 0.6*	1.9 ± 0.5	1.9 ± 0.5
Mean ideal age at marriage for females	22.4±2.9***	23.4±2.9	23.8±2.6***	22.2±3.0	23.0±3.0	22.9±2.9	22.8±2.8	23.3±2.6***	20.3±3.3	23.8±2.6***	22.8±2.9	21.0±3.2***	23.1±2.8	22.9±2.9
Mean ideal age at marriage for males	24.8±3.3***	25.8±3.5	26.4±3.2***	24.5±3.4	24.9±3.4***	25.3±3.4	25.8±3.3	25.7±3.1***	22.6±4.0	26.7±3.1***	25.2±3.4	23.8±4.0***	25.4±3.3	25.3±3.4
Ideal age at first childbearing for females	24.8±3.5***	25.4±3.2	26.1±3.0***	24.3±3.4	26.4±3.5***	24.9±3.2	24.1±2.9	25.5±3.0***	22.4±4.2	25.2±2.7	25.1±3.3	22.3±3.2***	25.4±3.2	25.1±3.3
Ideal age at first childbearing for males	26.8±3.5***	27.6±3.4	28.3±3.2***	26.3±3.5	27.8±3.7***	27.0±3.5	26.8±3.3	27.6±3.2***	24.4±4.4	27.9±3.0*	27.2±3.5	25.0±3.9***	27.4 ± 3.4	27.2±3.5
Ideal birth spacing	3.0±1.7***	3.2±1.7	3.1±1.6	3.1±1.7	2.9±1.7***	3.1±1.7	3.3±1.6	3.1±1.6	3.3±2.3	3.3±1.7	3.1±1.7	3.8±1.9***	3.0±1.6	3.1±1.7
Who decides the number of children?														
	N=4,857	N=4,887	N=4,102	N=5,642	N=3,077	N=3,020	N=3,647	N=7,869	N=1,873	N=641	N=9,103	N=1,195	N=8,549	N=9,744
Wife	9.9***	18.9	14.8	14.0	17.2***	15.0	10.9	14.6*	13.2	8.2***	14.7	13.5	14.5	14.4
Husband	27.1	10.9	16.7	20.9	18.4	19.1	19.6	18.6	21.9	14.9	19.3	18.3	19.1	19.1
Both	60.4	67.9	66.0	62.6	59.1	64.8	68.5	64.7	60.1	76.0	63.5	66.9	63.8	64.1
Others	0.4	0.4	0.4	0.5	0.8	0.2	0.2	0.4	0.7	0.2	0.4	0.6	0.4	0.4
Don't know	2.2	1.9	2.1	2.1	4.4	0.9	0.8	1.7	4.2	0.7	2.1	0.7	2.2	2.1

*p<0.05, **p<0.01, ***p<0.001

Annex Table C-3. Marital status of respondents

	Sex		Residence		Age group			Ethnicity		Migration		Total
	Male	Female	Urban	Rural	10-14	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-migrant	
	N=4,868	N=4,900	N=4,116	N=5,652	N=3,085	N=3,026	N=3,657	N=7,891	N=1,875	N=643	N=9,125	N=9,768
Never been married	95.1	85.5	94.7	86.9	99.9	97.2	74.7	93.2	72.5	94.3	90.1	90.3
Married	4.5	13.8	4.8	12.5	0.1	2.3	24.1	6.4	25.8	4.9	9.3	9.1
Not married, but cohabiting	0.3	0.3	0.3	0.4	0	0.5	0.5	0.2	1.2	0.6	0.3	0.3
Ever-married	0.1	0.4***	0.2	0.2**	0	0	0.7***	0.2	0.5***	0.2	0.3	0.3

** $p < 0.01$, *** $p < 0.001$

Annex Table C-4. Last abortion by place of residence, age group, ethnicity, migration and marital status (15-24)

	Residence		Age group		Ethnicity		Migration		Marital status		Total
	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=30	N=39	N=4	N=65	N=42	N=27	N=3	N=66	N=60	N=9	N=69

Time of last abortion

Within the current year (<12 months)	31.5	18.0	35.6	25.8	23.8	34.0	0.0	27.4	26.5	22.6	26.1
Previous year (>12 and <24 months)	23.5	42.0	49.5	30.4	30.3	32.8	29.8	31.0	30.3	36.1	30.9
2 or more years ago	45.0	40.0	14.9	43.8	45.9	33.2	70.2	41.6	43.2	41.3	43.0

Where

Private clinic	38.8	37.3	40.5	38.0	40.3***	31.3	70.3	36.9	36.1	59.7	38.1
Private hospital	19.1	9.3	45.1	13.2	16.7	8.3	0.0	15.2	14.3	19.4	14.7
Commune health station	0.0	28.7	0.0	13.6	0.3	52.8	0.0	13.4	13.2	10.2	13.0
Public hospital/ health center (district/provincial/ central)	42.1	17.5	14.4	31.8	38.7	6.9	29.7	31.1	32.9	10.7	31.0
Other	0.0	7.2	0.0	3.4	4.0	0.7	0.0	3.4	3.5	0.0	3.2

Services received post-abortion

None	59.1	89.4	80.7	71.1	59.8	100.0	100.0	69.9	67.8	100.0	72.3
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Of those who did receive information/contraceptives

Counseling and information on contraceptives	80.4	93.5	16.3***	89.5	86.3	84.9	100.0	85.8	85.2	100.0	86.1
Provision of contraceptives	61.9	76.9	16.3*	72.8	58.9	80.4	0.0	66.3	65.7	100.0	66.3

* $p < 0.05$, *** $p < 0.001$

D. CONTRACEPTION

Annex Table D-1. Contraceptive instruction by sex, place of residence, age group, ethnicity, migration status and marital status (percent)

	Sex		Residence		Age group			Ethnicity		Migration		Marital status		Total
	Male	Female	Urban	Rural	10-14	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=3,276	N=3,712	N=3,021	N=3,967	N=1,576	N=2,293	N=3,119	N=5,786	N=1,201	N=553	N=6,435	N=1,039	N=5,949	N=6,988
Ever been instructed how to use?														
a. Daily Pill (oral contraceptives)	13.5***	21.4	18.5	17.2	5.3***	12.4	29.5	16.7**	25.2	23.9*	17.4	49.1***	13.6	17.8
b. IUD	10.2***	18.6	14.3	15.7	6.4***	12.1	19.8	13.7***	24.9	12.5	15.3	40.3***	10.6	15.1
c. Injectables	6.5***	18.2	14.7	13.3	3.6***	8.5	22.5	12.1***	22.8	17.4	13.7	26.0***	10.7	13.9
d. Diaphragm	11.0*	17.2	16.7	12.0	6.2*	15.8	16.6	14.0	17.8	13.6	14.5	18.0	14.0	14.4
e. Male condom	29.4***	22.7	28.3	24.3	6.8***	22.0	41.5	25.7	29.2	36.1**	25.5	44.6***	24.0	26.1
f. Female condom	16.2	18.5	18.5	16.7	6.0***	18.3	22.2	17.3	20.4	16.5	17.7	26.7***	16.7	17.6
g. Implants	14.8**	27.4	27.1	21.3	10.9	23.3	27.3	23.7	24.8	16.7	24.3	32.7	21.2	23.8
h. Spermicidal cream (Foam/Jelly)	15.4	16.2	14.9	16.6	12.7	17.0	16.5	13.9*	27.8	15.0	15.8	17.3	15.6	15.8
i. Emergency hormonal contraceptive	27.5*	33.7	30.7	31.0	8.5***	19.0	42.8	31.0	29.1	33.4	30.6	53.3***	27.1	30.8
j. Withdrawal	35.2	35.2	38.3	32.1	8.6***	25.3	43.1	35.2	35.5	40.3	34.8	56.1***	31.1	35.2
k. Vaginal rings	16.2*	23.0	20.3	19.4	9.3**	16.8	26.1	19.8	20.3	18.6	19.9	34.9***	18.0	19.8
l. Female sterilization	17.9	21.0	21.5	17.4	9.4**	15.9	23.1	19.8	17.4	23.2	19.2	23.0	19.0	19.6
m. Male sterilization	16.2*	24.8	22.1	20.8	12.8	18.1	24.2	21.7	19.9	21.6	21.4	25.7	20.6	21.5
n. Patch	12.9*	20.8	18.3	16.5	5.8*	20.0	23.4	16.3	26.1	21.8	17.2	26.7*	16.1	17.4
o. Traditional medicine	9.1	11.1	10.8	9.6	4.4***	10.1	16.1	9.8	13.8	11.5	10.1	24.7***	9.2	10.2
p. Rhythm/ calendar/ counting days	47.9***	58.0	54.6	54.7	25.3***	52.9	60.0	54.5	56.8	57.3	54.4	69.1***	51.9	54.7

	Sex		Residence		Age group			Ethnicity		Migration		Marital status		Total
	Male	Female	Urban	Rural	10-14	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
q. Lactational amenorrhoea method (LAM)	N=3,276	N=3,712	N=3,021	N=3,967	N=1,576	N=2,293	N=3,119	N=5,786	N=1,201	N=553	N=6,435	N=1,039	N=5,949	N=6,988
r. Other	15.6***	58.2	47.8	44.9	13.7***	23.5	63.9	46.1	47.6	53.7	45.8	66.4***	37.9	46.4
Ever been instructed how to use any methods	9.6	90.4	69.4	30.6	14.6	16.0	69.4	85.4	14.6	100	0	0.0	0	x
Mean # of methods instructed	37.3***	42.4	42.4	37.9	13.2***	38.4	62.8	39.3	43.9	59.4***	38.8	77.4***	35.7	39.9
% ever been instructed how to use any modern methods	2.5±2.0***	3.2±2.8	3.1±2.7*	2.7±2.3	1.7±1.1***	2.3±1.9	3.3±2.8	2.9±2.5*	2.6±2.6	3.0±3.0	2.8±2.4	3.5±2.8***	2.7±2.4	2.9±2.5
Mean # of modern methods instructed	34.3	35.9	37.0	33.7	12.0***	31.6	56.9	34.3*	40.7	51.6***	34.2	72.1***	31.0	35.1
	2.0±1.5***	2.7±2.3	2.6±2.2*	2.3±1.8	1.5±0.9***	2.1±1.6	2.7±2.2	2.4±1.9	2.3±2.0	2.4±2.4	2.4±1.9	2.8±2.1***	2.3±1.9	2.4±2.0

* Note: Modern methods do not include i, j, l or q. *p<0.05, **p<0.01, ***p<0.001

E. SEXUAL BEHAVIOR

Annex Table E-1. Reasons for first sexual experience by sex, place of residence, age group, ethnicity, migration status and marital status (percent)

	Sex		Residence		Age group		Ethnicity		Migration		Marital status			
	Male	Female	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Married	Never-married	Total
To get a boyfriend/girlfriend	N=1,282 4.6***	N=1,068 0.7	N=867 3.2	N=1,483 2.6	N=315 3.6	N=2,032 2.7	N=1,677 2.5	N=673 3.8	N=213 4.6	N=2,137 2.7	N=28 0.3***	N=1,119 1.3	N=1,203 4.1	N=2,350 2.8
Aroused	42.3***	8.0	33.4*	23.0	29.3	26.6	31.4***	12.1	36.5	26.1	7.4***	11.2	39.7	26.9
Curious	52.2***	10.3	38.9	30.1	36.7	32.9	39.1***	14.6	40.3	32.8	32.9***	12.4	49.8	33.4
Needed food/money/ school fees	0.5	0.0	0.0	0.4	0.0	0.3	0.4	0.0	0.0	0.3	0.0	0.0	0.5	0.3
In love	56.7	54.8	62.6**	51.8	60.3	55.3	56.7	52.9	68.6*	54.8	44.9*	51.5	59.5	55.8
Fun/ enjoyment/ pleasure	15.8***	3.3	9.9	10.4	16.9	9.2	12.1***	4.1	7.2	10.4	14.8***	3.8	15.1	10.2
Encouraged by parents	0.6	1.2	0.3	1.2	0.9	0.9	0.9	0.8	0.4	0.9	0.0	1.4	0.5	0.9
Encouraged by friends	3.4***	0.1	1.3	2.2	3.3	1.7	2.2	0.9	1.9	1.9	0.0***	0.2	3.3	1.9
Drugged	3.7**	0.5	1.7	2.6	2.7	2.2	2.5	1.6	1.5	2.3	0.0*	0.5	3.7	2.3
Friends doing it	7.1***	0.4	4.4	4.0	6.2	3.8	4.8*	2.0	3.5	4.2	0.0***	0.7	6.9	4.1
To get married	7.9***	29.7	14.6	19.6	10.2	18.9	15.2*	26.1	11.4	18.3	27.0***	31.7	6.5	17.7
Being persuaded	3.8	5.9	6.7*	3.6	5.2	4.7	5.0	3.9	4.4	4.8	3.4**	2.2	6.8	4.7
Trapped	1.1**	0.1	0.4	0.8	1.0	0.6	0.7	0.4	0.6	0.6	0.0	2	1.0	0.6
Forced	0.7	0.6	0.6	0.7	1.4	0.5	0.7	0.4	1.0	0.6	0.0	0.2	1.0	0.6
Raped	0.1	0.1	0.1	0.03	0.0	0.1	0.1	0.0	0.5**	0.02	0.0	0.0	0.1	0.1
Part of my job (sex worker)	0.1	0.1	0.0	0.1	0.1	0.0	0.0*	0.3	0.0	0.1	0.0	0.1	0.1	0.1
To thank an important person in my life	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.03	0.01
Other	1.8***	16.8	2.5**	12.1	6.3	8.9	6.2	16.3	0.1***	9.2	11.6***	19.2	0.3	8.5

*p<0.05, **p<0.01, ***p<0.001

Annex Table F-1. Childbearing by sex, place of residence, age group, ethnicity, migration status and marital status

	Sex		Place of residence		Age group		Ethnicity		Migration status		Marital status		Total
	Male	Female	Urban	Rural	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
Have had a live birth	N=3,318 5.4***	N=3,365 17.4	N=2,899 5.9***	N=3,784 15.7	N=3,026 1.6***	N=3,657 19.9	N=5,392 8.0***	N=1,289 30.2	N=614 2.8***	N=6,069 12.1	N=1,196 77.7***	N=5,487 0.3	N=6,683 11.4
Mean age at first birth	20.9±2.2**	20.1±2.2	20.7±2.1	20.1±2.2	17.1±1.1***	20.5±2.0	20.9±2.0***	19.4±2.2	21.9±2.3*	20.2±2.2	20.3±2.2*	18.3±2.3	20.2±2.2
Median age at first birth	21	20	21	20	17	21	21	19	22	20	20	18	20
Timing of last birth													
Less than one year	41.0	35.5	34.1	37.4	57.0	35.2	40.2	31.6	33.8***	36.8	36.3	52.5	36.7
Last year	27.5	26.4	30.1	25.7	36.7	26.0	24.6	29.7	1.6	27.1	27.0	12.7	26.7
2 or more years ago	31.5	38.1	35.8	36.9	6.3	38.8	35.2	38.7	64.6	36.1	36.7	34.8	36.6

* p<0.05, ** p<0.01, *** p<0.001

G. HIV AND RTIS

Annex Table G-1. Multivariate logistic regression of the association between comprehensive correct knowledge of HIV/AIDS and demographic characteristics and other factors

N=9,748	Comprehensive correct knowledge of HIV/AIDS (Yes vs. No)	
Independent variables	OR	95%CI
Sex		
Female (ref)	1	
Male	1.22***	1.12-1.33
Age		
Group 10-14 (ref)	1	
Group 15-18	2.65***	1.92-3.65
Group 19-24	5.05***	3.80-6.72
Ethnicity		
Non-Kinh (ref)	1	
Kinh	1.78**	1.21-2.61
Marital status		
Never-married (ref)	1	
Ever-married	0.66**	0.50-0.86
SES index		
Poorest (ref)	1	
Poor	1.59***	1.30-1.95
Medium	2.33***	1.63-3.34
Wealthy	2.53***	1.85-3.45
Wealthiest	2.97***	2.0-4.45

** $p < 0.01$, *** $p < 0.001$

Notes: The model controlled for other demographic characteristics but insignificant results are not shown in the table. Findings of the full model can be provided upon request.

*Comprehensive correct knowledge of HIV/AIDS is defined as having heard of HIV/AIDS; AND identifying that using condoms and limiting sex to a faithful, uninfected partner and sexual abstinence are three ways to prevent HIV/AIDS transmission; AND rejecting two common misconceptions that mosquitoes transmit HIV/AIDS and sharing food with an infected person transmits HIV/AIDS; AND knowing that a healthy-looking person can have HIV/AIDS.

Annex Table G-2. Acceptant attitudes towards people living with HIV/AIDS (percent)

	Sex		Residence		Age group			Ethnicity		Migration		Total
	Male	Female	Urban	Rural	10-14	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-migrant	
	N=4,625	N=4,658	N=4,027	N=5,256	N=2,770	N=2,948	N=3,565	N=7,709	N=1,572	N=639	N=8,644	N=9,283
HIV/AIDS-positive status of a family member should not be kept secret	48.9	50.6	47.2	51.8	55.6**	47.1	46.6	47.9***	63.1	50.4	49.7	49.7
Willing to care for a relative with HIV/AIDS at home	88.2*	87.8	89.2	87.0	84.7*	88.6	90.6	88.7**	82.7	92.5*	87.8	88.0
A teacher with HIV/AIDS should be allowed to keep teaching	57.2	61.9	63.2*	56.6	44.3***	63.8	70.0	61.4***	46.0	77.1***	58.6	59.6
Willing to buy food from a shopkeeper with HIV/AIDS	40.1**	35.9	37.2	38.7	30.7***	43.4	40.3	39.0	31.3	44.8*	37.7	38.0
% Acceptant attitude	14.5	13.9	13.9	14.5	10.4***	15.7	16.5	14.2	14.2	20.4***	13.9	14.2

*Acceptant attitudes are defined as: not believing the HIV/AIDS positive status of a family member should be kept secret, AND is willing to care for an HIV/AIDS positive relative in his/her household, AND believing that an HIV/AIDS positive teacher should be allowed to continue teaching AND would buy fresh vegetables from an HIV/AIDS positive person.

Note: *p<0.05; **p<0.01; ***p<0.001

H. VIOLENCE

Annex Table H-1. Gender inequality attitudes by residence, ethnicity and age group between males and females

Scale item	Urban			Rural			Kinh			Non-Kinh			10-14			15-18			16-24		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
	N=2,028	N=2,088	N=4,116	N=2,840	N=2,811	N=5,651	N=3,929	N=3,962	N=7,891	N=938	N=936	N=1,874	N=1,550	N=1,534	N=3,084	N=1,568	N=1,458	N=3,026	N=1,750	N=1,907	N=3,657
1	53.0***	42.9	48.0	63.7**	56.3	60.0	57.4***	47.5	52.5	68.5	68.5	64.7***	57.3	61.1	61.1	55.1***	44.0	49.7	56.4*	49.0	52.6
2	53.9	53.6	53.7	65.4	62.1	63.8	58.7	56.3	57.5	70.3	71.1	70.7	54.8	55.9	58.0	58.5	57.4	58.0	65.5	62.5	64.0
3	25.3***	19.2	22.3	31.2	27.5	29.4	25.6*	21.3	23.5	46.5	39.6	43.2	24.5	25.8	25.4	29.4***	21.3	25.4	29.3	25.4	27.3
4	5.0*	2.7	3.9	5.4*	3.2	4.3	5.2***	2.2	3.7	5.5	8.3	6.9	4.1	3.5	3.5	4.3*	2.7	3.5	7.2**	3.3	5.2
5	71.9***	53.5	62.8	74.1***	62.3	68.3	73.8***	57.8	65.9	69.3***	62.0	65.8	55.9	60.3	67.3	74.8***	59.5	67.3	80.7***	60.0	70.1
6	44.7**	39.6	42.2	52.3**	44.3	48.3	48.8***	41.3	45.1	49.6	47.9	48.8	47.3*	41.2	44.3	47.5**	41.4	44.5	52.0***	43.9*	47.9
7	23.0***	8.5	15.8	31.9***	16.5	24.3	24.5***	9.5	17.1	48.7***	35.1	42.1	29.1***	14.9	22.2	24.7***	10.1	17.6	29.7***	13.4	21.4
8	83.5**	77.0	80.3	86.9***	80.5	83.7	84.5***	77.6	81.1	90.8	87.8	89.3	81.5*	74.3	78.0	86.6***	79.7	83.2	88.5**	82.8	85.6
9	48.3***	28.6	38.5	64.0***	42.4	53.3	54.9***	32.4	43.7	70.5**	61.0	65.9	38.5	47.6	43.5	55.3***	31.2	43.5	59.6***	38.2	48.7
10	9.0**	5.2	7.1	15.1***	9.4	12.3	11.0***	6.6	8.8	20.7**	13.6	17.3	15.9***	10.1	13.1	11.3***	5.3	8.4	9.7*	7.0	8.3
11	18.2**	10.7	14.5	24.6***	16.1	20.4	20.9***	12.7	16.8	27.1*	20.2	23.8	22.2*	18.1	20.2	22.4***	11.7	17.2	20.9***	11.1	15.9
12	14.9	15.8	15.3	25.8	26.1	26.0	18.4	18.1	18.2	36.5*	43.7	40.0	27.0	28.2	27.6	18.4	17.7	18.1	16.9	18.4	17.6
13	84.8***	75.6	80.2	87.0**	82.9	85.0	85.5***	78.9	82.2	89.1*	84.7	87.0	88.0	83.9	86.0	82.1**	76.1	79.2	87.4***	78.6	82.9
14	49.2**	39.2	44.2	52.8***	44.3	48.6	51.7***	41.6	46.7	48.4	44.5	46.5	48.5**	41.1	44.9	51.6***	41.7	46.8	53.8***	43.2	48.4
15	32.0***	22.8	27.4	37.7***	31.6	34.7	34.3***	26.0	30.2	40.2	38.2	39.2	34.4*	30.0	32.3	36.6**	26.8	31.8	34.7**	26.2	30.4
16	60.3***	69.7	65.0	60.9***	77.3	69.0	60.2***	74.8	67.5	63.2	68.4	65.7	64.5**	75.4	69.8	68.1***	79.2	73.6	49.8***	68.1	59.1
17	5.3*	2.6	4.0	7.2***	3.1	5.2	6.4***	2.5	4.5	6.1	5.2	5.7	6.2**	2.8	4.6	5.4	3.4	4.4	7.4***	2.5	4.9
18	12.5***	4.4	8.5	20.8***	9.0	15.0	15.0***	5.3	10.2	30.3**	17.4	24.0	19.4***	8.1	13.9	15.5***	6.2	11.0	16.3***	6.5	11.3
19	13.5***	5.8	9.7	22.3***	11.8	17.1	16.8***	7.2	12.0	28.4*	21.4	25.0	18.5***	10.2	14.5	17.8***	6.8	12.4	19.0***	10.0	14.4
20	30.7***	21.8	26.3	40.0***	32.6	36.3	33.3***	25.1	29.2	51.3	44.8	48.1	39.7***	29.5	34.7	33.7*	28.2	31.0	33.8***	25.7	29.7

*p<0.05, **p<0.01, ***p<0.001

Notes: % strongly agree and agree

- For women, taking care of the house and children is more important than her career; 2. Girls have gentler characters than boys, so can endure more in life; 3. Woman should tolerate violence to keep family together; 4. There are times when a husband needs to beat his wife; 5. Boys are hot tempered by nature; 6. Men cannot take care of children as well as women can; 7. A wife should always obey her husband; 8. Boys should be tougher than girls; 9. Men have more of a right to make household decisions; 10. If a man gets a woman pregnant, only the mother is responsible for the child; 11. Violence against women is acceptable in some situations; 12. Contraception is the responsibility of women; 13. Men are the pillar of the family; 14. I do not accept a boy who gestures like a girl; 15. I do not accept a girl who has short hair and wears clothes like a boy; 16. Women should not have sex before marriage; 17. There are times when a boy needs to beat/hit his girlfriend; 18. Only men should work outside home; 19. After marriage, girls should not pursue higher education; 20. Men need more care as they work harder than women.

Annex Table H-2. Experiences with violence in school in the last 12 months by place of residence, age group and ethnicity between males and females (percent)

	Urban			Rural			Kinh			Non-Kinh			10-14			15-18			19-24		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
	N=1,473	N=1,552	N=3,025	N=1,710	N=1,675	N=3,385	N=2,690	N=2,762	N=7,5452	N=493	N=464	N=957	N=1,515	N=1,513	N=3,028	N=1,201	N=1,171	N=2,372	N=467	N=543	N=1,010
Physical violence	42.5***	23.1	32.7	42.5***	28.3	35.3	42.8***	25.2	33.8	40.2**	30.8	35.9	45.9***	32.5	39.3	40.0***	23.2	31.4	34.9***	8.7	20.4
1	22.0***	13.4	17.7	21.3*	15.8	18.5	21.8***	14.3	17.9	20.7	18.0	19.5	25.2**	19.9	22.6	16.8**	10.6	13.6	19.8**	6.3	12.2
2	15.0***	4.1	9.5	14.6***	6.0	10.2	15.2***	4.9	9.9	11.5*	6.5	9.2	16.4***	7.5	12.0	13.2***	3.1	8.0	12.4***	1.2	6.1
3	14.9***	6.8	10.8	12.9**	9.7	11.3	14.4***	7.9	11.0	10.2	12.0	11.0	15.1**	10.7	12.9	12.2***	7.3	9.7	13.4***	2.2	7.0
4	0.9	0.3	0.6	1.4	0.3	0.8	1.1*	0.3	0.7	1.6*	0.2	0.9	1.3	0.5	0.9	1.0**	0.0	0.5	0.6	0.1	0.3
5	17.8***	6.0	11.8	17.6***	5.1	11.2	17.6***	5.7	11.5	18.4***	3.7	11.5	18.1***	5.7	12.0	20.8***	7.2	13.8	6.1**	0.9	3.1
6	2.7**	0.7	1.7	0.3	0.5	0.4	1.7**	0.6	1.1	0.03***	1.0	0.5	2.0**	0.5	1.3	0.8	0.9	0.9	1.5	0.4	0.8
Psychological violence	50.1*	43.6	46.8	54.4	52.8	53.6	52.5**	47.2	49.8	50.4	58.2	54.1	52.1	50.9	51.5	53.3**	46.5	49.8	50.2*	44.2	46.9
7	3.4*	2.1	2.7	4.5	2.2	3.3	3.8**	1.8	2.8	5.2	5.7	5.4	3.5	2.7	3.1	4.7**	1.6	3.1	3.7	1.8	2.6
8	27.8*	22.8	25.2	29.6	31.1	30.4	29.3	27.1	28.1	24.0	25.8	24.8	28.7	29.3	29.0	28.4	25.5	26.9	29.5**	22.8	25.8
9	15.1**	11.1	13.0	15.1	14.1	14.6	14.7**	11.8	13.2	18.5	20.0	19.2	15.0	11.8	13.4	15.7	12.6	14.1	13.8	15.3	14.7
10	17.2	19.0	18.1	19.3	16.4	17.8	19.0	17.9	18.4	12.7	15.8	14.1	16.7	14.2	15.4	18.0	21.3	19.7	25.9	21.0	23.1
11	18.2***	8.8	13.4	20.2***	11.8	15.9	18.7***	9.5	14.0	23.3	18.7	21.2	19.6***	12.9	16.3	19.6***	7.9	13.6	16.3**	7.4	11.3
12	10.3	11.1	10.7	13.2	13.6	13.4	11.4	11.8	11.6	14.4	17.6	15.9	10.5	13.2	11.8	13.9	12.1	13.0	10.5	10.1	10.3
13	8.3**	5.4	6.8	9.6	9.2	9.4	8.9	7.1	8.0	9.6	8.7	9.2	10.2	9.6	9.9	8.5	6.4	7.4	4.2*	1.4	2.6
14	5.0	4.0	4.5	8.3*	6.1	7.2	6.6**	4.8	5.6	7.2	7.9	7.5	8.4	6.6	7.5	4.3	3.9	4.1	5.4	2.5	3.8
Sexual violence	12.8*	8.7	10.7	15.7***	8.8	12.2	14.3***	8.5	11.4	13.7	10.9	12.4	10.4	6.7	8.6	16.3**	9.0	12.6	25.0*	14.9	19.4
15	2.4	2.3	2.4	4.2	2.8	3.5	3.5	2.4	2.9	2.1	3.6	2.8	3.3	2.5	2.9	2.7	2.8	2.8	5.2*	2.1	3.4
16	3.2***	1.3	2.2	5.0**	1.3	3.1	4.2***	1.2	2.7	2.6	2.4	2.5	3.5**	0.5	2.0	3.4*	1.1	2.2	8.8*	4.6	6.4
17	2.2	2.8	2.5	2.6*	3.5	3.1	2.4	3.1	2.7	2.4	4.1	3.2	0.9***	2.8	1.9	3.3	3.9	3.6	6.6*	2.5	4.3
18	1.8	1.9	1.9	3.0*	1.9	2.4	2.3	1.9	2.0	3.5	3.2	3.3	1.5	0.3	0.9	2.1	2.6	2.3	7.7	5.8	6.7
19	4.9**	2.1	3.5	6.4***	1.5	3.9	5.7***	1.8	3.7	5.4**	1.7	3.7	5.3***	1.5	3.4	5.6**	2.3	3.9	7.4***	1.7	4.2
20	1.5***	0.1	0.8	1.2	0.4	0.7	1.3**	0.2	0.7	1.9	0.6	1.3	0.5	0.3	0.4	1.5***	0.1	0.8	4.8**	0.1	2.2
21	0.8*	0.2	0.5	1.0	0.4	0.7	0.7	0.3	0.5	2.5**	0.2	1.4	0.5***	0.1	0.3	1.2**	0.3	0.7	1.8	1.3	1.5
22	1.9	1.5	1.7	2.8**	0.7	1.7	2.3	1.1	1.7	2.9*	0.8	1.9	0.9	0.5	0.7	3.1***	1.2	2.1	7.0	2.7	4.6

*p<0.05, **p<0.01, ***p<0.001

Physical violence: 1. I was pushed or shoved or someone pulled my hair; 2. I was hit or kicked, and was bruised or marked by the blow; 3. My property was damaged on purpose; 4. I was threatened with a knife/weapon; 5. I was asked to stand on bench or in a corner or outside class; 6. I was locked in room/toilet

Psychological violence: 7. I was threatened to be physically hurt or harmed verbally by written notes (SMS, letter, email); 8. I was called names I did not like; 9. Someone joked about my appearance, religion or economic status; 10. I was labeled based on my body, characteristics or background; 11. Someone used humiliating and insulting language about me; 12. Other students ignored me when they were with their friends; 13. Other students got their friends to turn against me; 14. I was kept out of my friends' activities

Sexual violence: 15. Other students or teachers made sexual remarks about me when I did not want it; 16. Someone made sexual comments to me; 17. Someone whistled/made obscene gestures; 18. Someone sent me a message with sexual contents; 19. Someone touched my body/genitals or kissed/fondled me without my consent; 20. Someone showed me sexual photos/films or exposed him/herself; 21. Someone asked me to touch their genitals when I did not want to; 22. Someone asked me for intimate acts such as kissing or fondling when I did not want to.

Annex Table H-3. Experiences with domestic violence in the last 12 months by place of residence, age group and ethnicity between males and females (percent)

	Urban			Rural			Kinh			Non-Kinh			10-14			15-18			16-24		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
	N=2,028	N=2,088	N=4,116	N=2,840	N=2,812	N=5,652	N=3,929	N=3,962	N=7,891	N=938	N=937	N=1,875	N=1,550	N=1,555	N=3,085	N=1,568	N=1,458	N=3,026	N=1,750	N=1,907	N=3,657
Physical violence																					
Total	4.2	3.3	3.7	4.8	5.2	5.0	4.5	4.6	4.5	4.9	3.0	4.0	7.4	7.0	7.2	3.7	3.4	3.6	2.3	2.6	2.4
1	0.9	0.9	0.9	1.0	1.3	1.1	0.7	1.1	0.9	2.5	1.3	1.9	1.3	1.3	1.3	1.2	1.6	1.4	0.3	0.7	0.5
2	2.3	2.1	2.2	1.8	2.7	2.2	2.0	2.5	2.3	1.8	1.5	1.7	4.4	4.9	4.6	1.0	1.1	1.1	0.5*	1.0	0.7
3	1.7*	0.9	1.3	2.0	1.5	1.8	1.9*	1.4	1.7	1.5*	0.6	1.0	2.7	1.1	1.9	1.6	1.2	1.4	1.3	1.4	1.4
4	0.1	0.0	0.0	0.3	0.1	0.2	0.2**	0.0	0.1	0.0	0.2	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.5	0.1	0.3
5	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.1	-	-	-
Psychological violence																					
Total	4.5	4.7	4.6	5.0	4.8	4.9	4.9	4.9	4.9	4.4	3.9	4.2	4.8	4.6	4.7	3.4*	5.6	4.5	6.1	4.3	5.2
6	0.2	0.0	0.1	0.3	0.1	0.2	0.3*	0.0	0.2	0.0	0.2	0.1	0.1	0.0	0.1	0.2	0.1	0.2	0.4	0.1	0.3
7	2.4	2.0	2.2	2.7	2.6	2.6	2.6	2.4	2.5	2.3	1.5	1.9	2.5	2.8	2.6	2.0	2.8	2.4	3.1*	1.4	2.3
8	0.9	0.8	0.9	1.1	0.5	0.8	1.0	0.7	0.9	0.8	0.5	0.6	1.1	0.5	0.8	1.0	0.8	0.8	0.9	0.7	0.8
9	1.1*	2.1	1.6	1.2*	1.9	1.6	1.1***	2.1	1.6	1.6	1.5	1.5	1.0	1.0	1.0	1.2***	3.2	2.2	1.3	2.0	1.7
10	0.7	1.1	0.9	1.0	0.5	0.7	0.9	0.7	0.8	0.4	1.0	0.7	0.6	1.0	0.8	0.3	0.2	0.3	1.6	1.0	1.3
11	0.0	0.2	0.1	0.0	0.2	0.1	0.0*	0.2	0.1	0.0	0.2	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.1*	0.5	0.3
Sexual violence																					
Total	1.7	1.6	1.7	2.3**	0.5	1.4	2.2	1.0	1.6	1.5	0.5	1.0	1.8	0.6	1.2	2.4**	1.0	1.7	2.0	1.3	1.6
12	0.1	0.2	0.2	0.6*	0.1	0.3	0.4	0.1	0.3	0.0	0.2	0.1	0.6*	0.1	0.3	0.1	0.0	0.0	0.4	0.3	0.4
13	0.0	0.2	0.1	0.0	0.0	0.0	0.0*	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.1
14	0.2	0.1	0.1	0.1*	0.0	0.1	0.2	0.1	0.1	-	-	-	-	-	-	-	-	-	-	-	-
15	1.4	1.1	1.2	1.6**	0.4	1.0	1.5	0.8	1.2	1.4*	0.4	0.9	0.9	0.5	0.7	2.2**	0.9	1.6	1.5	0.8	1.1

*p<0.05, **p<0.01, ***p<0.001

Physical violence: 1. I was pushed or shoved or someone pulled my hair; 2. I was hit or kicked, and was bruised or marked by the blow; 3. My property was damaged on purpose; 4. I was threatened with a knife/weapon; 5. I was locked in room/toilet

Psychological violence: 6. I was threatened to be physically hurt or harmed verbally by written notes (SMS, letter, email); 7. I was called names I did not like; 8. Someone joked about my appearance, religion or economic status; 9. I was labeled based on my body characteristics or background; 10. Someone used humiliating and insulting language about me; 11. I was kept out of my friends' activities;

Sexual violence: 12. Someone made sexual comments to me; 13. Someone sent me a message with sexual contents; 14. Someone touched my body/genitals or kissed/fondled me without my consent; 15. Someone asked me for intimate acts such as kissing or fondling that I did not want.

Annex Table I-1. Social network application use by sex, place of residence, age group, ethnicity, migration status and marital status (percent)

	Sex		Residence		Age group			Ethnicity		Migration		Marital status		
	Male	Female	Urban	Rural	10-14	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=4,168	N=3,895	N=3,955	N=4,108	N=2,199	N=2,735	N=3,129	N=7,076	N=986	N=633	N=7,430	N=770	N=7,293	
Type of social network														
Don't use any	3.3	3.9	2.8	4.3	8.3***	1.3	1.4	3.2**	8.1	0.2***	3.8	4.8	3.5	3.6
Facebook	87.1	87.8	87.6	87.3	70.1***	95.4	96.1	87.8	84.2	98.3***	86.8	90.3	87.3	87.5
Zalo	48.5***	56.7	53.6	51.5	24.4***	55.3	75.4	52.9	48.7	81.0***	50.8	69.4***	51.2	52.5
Tango	4.0***	7.0	6.1	4.8	2.2***	5.9	8.1	5.7	3.4	6.1	5.4	8.9***	5.2	5.5
Viber	9.5***	14.6	15.6***	8.6	4.1***	11.6	19.6	12.7**	4.6	21.3***	11.5	14.7	11.8	12
Line	5.1**	8.5	8.3**	5.2	3.0***	6.9	9.9	6.9	5.3	18.0***	6.1	6.5	6.7	6.7
YouTube	75.8	76.7	80.4*	72.3	70.9**	78.4	79.1	77.5***	62.9	84.3***	75.8	72.5	76.5	76.2
Zingme	52.4***	46.6	53.6*	45.9	50.3	49.9	48.7	50.8**	37.5	58.1***	49.1	32.3***	50.9	49.6
Twitter	4.7	5.0	5.5	4.3	3.7	4.8	5.9	5.2**	1.3	3.7	4.9	1.4***	5.1	4.9
Instagram	8.2***	18.1	18.5***	7.8	7.8***	18.5	12.6	13.7*	5.6	14.4	12.9	3.8***	13.7	13.0
Pinterest	0.4***	1.3	1.3**	0.4	0.6	1.4	0.6	0.9*	0.2	0.8	0.8	0.2*	0.9	0.8
WhatsApp	1.4	1.6	2.1***	0.9	0.6*	1.7	2.1	1.6	0.7	2.3	1.4	1.0	1.5	1.5
Frequency of main social network use	N=4,015	N=3,734	N=3,869	N=3,880	N=1,982	N=2,690	N=3,077	N=6,830	N=918	N=632	N=7,117	N=731	N=7,018	N=7,749
I closed my account	0.4	0.5	0.4*	0.5	0.8***	0.2	0.4	0.4**	1.0	0.2***	0.5	0.5	0.5	0.5
Rarely	4.0	4.0	3.3	4.6	7.3	3.4	1.7	3.5	8.7	1.0	4.2	4.7	3.9	4.0
Once a month	1.9	1.6	1.6	2.0	3.2	1.0	1.3	1.6	3.6	0	1.9	3.5	1.6	1.8
A few times a month	3.7	4.2	3.2	4.7	7.5	3.4	1.5	3.9	4.9	0.7	4.2	2.8	4.1	4.0
Once a week	5.5	4.2	4.1	5.7	10.0	3.7	1.7	4.8	6.6	0.9	5.1	3.0	5.0	4.9

	Sex		Residence		Age group			Ethnicity		Migration		Marital status		Total
	Male	Female	Urban	Rural	10-14	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
	N=4,168	N=3,895	N=3,955	N=4,108	N=2,199	N=2,735	N=3,129	N=7,076	N=986	N=633	N=7,430	N=770	N=7,293	N=8,063
A few times a week	14.1	15.3	12.7	16.5	23.2	12.1	9.8	14.4	18.0	7.8	15.1	14.0	14.7	14.6
Once a day	14.8	13.5	12.4	15.8	13.1	14.6	14.5	14.0	15.7	9.4	14.4	14.5	14.1	14.1
Less than five times a day	23.1	23.5	24.1	22.5	18.5	26.4	24.5	23.5	20.6	27.8	23.0	23.7	23.3	23.3
More than five times a day	32.5	33.2	38.2	27.7	16.4	35.1	44.6	33.9	20.9	52.2	31.6	32.3	32.8	32.8
Access device	N=4,013	N=3,732	N=3,866	N=3,879	N=1,981	N=2,690	N=3,074	N=6,826	N=918	N=632	N=7,113	N=730	N=7,015	N=7,745
Mobile phone	59.1***	74.5	65.6	67.4	47.2***	71.2	78.7	65.6**	76.6	82.5**	65.6	89.4***	64.9	66.6
Tablet	2.2	3.2	2.9	2.4	4.4	1.7	2.1	2.8	0.9	1.1	2.7	2.0	2.7	2.6
Computer	29.2	12.5	20.2	22	33.8	19.6	11.8	21.5	17.4	7.1	22.0	5.6	22.3	21.1
Laptop	9.1	9.4	10.8	7.9	13.6	7.3	7.4	9.7	5.0	9.3	9.3	2.8	9.7	9.3
Smart TV	0.4	0.4	0.5	0.3	1.0	0.2	0	0.4	0.1	0	0.4	0.2	0.4	0.4

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Annex Table I-2. Health insurance coverage by sex, place of residence, age group, ethnicity, migration status and marital status (percent)

	Sex		Residence		Age group			Ethnicity		Migration		Marital status		Total
	Male	Female	Urban	Rural	10-14	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
Health insurance (HI) coverage	N=4,866	N=4,900	N=4,116	N=,5650	N=3,084	N=3,026	N=3,656	N=7,889	N=1,875	N=643	N=9,123	N=1,198	N=8,568	N=9,766
	76.3*	79.5	85.3***	72.1	90.2***	78.2	65.4	79.1*	70.5	73.2	78.2	57.5***	80.0	77.9
Types	N=2,424	N=2,567	N=2,306	N=2,685	-	N=2,558	N=2,433	N=3,996	N=993	N=448	N=4,543	N=734	N=4,257	N=4,991
HI for the poor	3.5	4.9	1.5***	6.9	-	4.2	4.4	2.4***	15.2	2.1*	4.4	11.6***	3.3	4.3
HI for ethnic minorities /families with great contributions to the country	5.3	4.5	0.6***	8.9	-	3.4**	6.4	0.3***	31.8	1.6*	5.1	18.7***	3.1	4.9
HI for students	55.2	56.3	67.2***	45	-	81.6***	29.0	59.5**	33.6	66.8	54.9	1.8***	62.8	55.8
Compulsory public HI	16.6	18.4	12.4	22.4	-	4.2***	31.3	19.7***	5.0	12.1	17.9	31.5**	15.7	17.5
Voluntary public HI	13.8	13.7	14.2	13.3	-	5.6***	22.2	14.1	11.8	14.9	13.7	30.6***	11.5	13.7
Private HI	5.1	2.7	4.2	3.5	-	1.7***	6.1	4.2	1.8	2.6	3.9	5.4	3.6	3.8

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

J. PERCEIVED GATEKEEPER SUPPORT FOR SRH

Annex Table J-1. Talking about SRH with parents in the last 12 months by sex, place of residence, age group, migration status and ethnicity (percent)

	Sex		Residence		Age group			Ethnicity		Migration		Total
	Male	Female	Urban	Rural	10-14	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-migrant	
	N=4866, 10.1***	N=4,897 24.7	N=4,113 17.5	N=5,650 17.3	N=3,082 13.0***	N=3,024 17.4	N=3,657 21.6	N=7,886 17.3	N=1,875 17.9	N=643 15.6	N=9,120 17.4	
Talked with parents about SRH in the last 12 months												
Topics discussed												
Contraceptive methods	29.8**	44.7	37.1	43.0	24.6***	36.5	52.3	38.1***	53.9	29.4*	40.8	40.3
What is right or wrong in sexual behavior	25.0	29.8	28.0	28.7	18.7**	34.2	30.0	26.9**	37.5	36.1	28.0	28.4
What my parents think about premarital sex	26.6*	33.4	32.6	30.4	18.6***	35.6	36.0	30.7	35.4	41.6	30.9	31.4
What my friends think about sex	19.0	25.4	26.9	20.7	17.0	25.9	25.6	23.5	23.0	24.7	23.4	23.5
My questions about sex	31.4***	44.6	39.0	42.1	34.8	47.8	39.3	41.5	36.1	32.6	41.1	40.7
Why I should not have sex at my age	29.1	37.6	35.1	35.1	28.7***	47.7	30.1	33.8**	43.2	35.0	35.1	35.1
How my life would change if I became a teenage parent	33.4	39.6	39.2	36.5	26.5**	45.8	38.7	36.1*	47.7	38.9	37.7	37.2
HIV/AIDS	53.2**	40.0	47.3	41.1	55.7***	45.5	35.8	43.4	46.9	36.5	44.2	43.9
Drugs	54.7**	40.5	45.3	44.1	52.9**	44.6	39.9	44.9	43.2	32.7**	45.2	44.7
Tobacco/water pipe, alcohol	71.0***	54.9	64.5	55.7	56.2	62.2	59.9	59.1	63.0	63.5	59.5	59.6
Violence	49.3	51.4	50.5	51.0	54.9	51.8	47.6	50.4	53.2	47.6	50.9	50.8
STIs	23.1	25.7	25.4	24.6	16.3***	23.8	30.8	24.1	30.1	30.9	24.7	25.0

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Annex Table J-2. Perceptions of health worker attitudes by sex, place of residence, age group, migration status, marital status and ethnicity (percent)

	Sex		Residence		Age group			Ethnicity		Migration		Marital status		Total
	Male	Female	Urban	Rural	10-14	15-18	19-24	Kinh	Non-Kinh	Migrant	Non-Migrant	Ever-married	Never-married	
Would ask health workers questions about sex	N=4,868 60.9***	N=4,899 73.1	N=4,115 67.1	N=5,652 66.8	N=3,085 50.8***	N=3,026 72.1	N=3,656 78.7	N=7,890 66.1*	N=1,875 72.2	N=642 77.6***	N=9,125 66.4	N=1,198 84.1***	N=8,569 65.2	N=9,767 67.0
To whom														
Village health workers	22.8	21.2	16.9*	25.9	19.3	20.3	25.0	19.0***	38.5	20.1	22.0	33.4***	20.4	21.9
Commune health workers	59.1	61.6	49.7***	69.1	59.6	59.2	62.1	58.2**	73.6	53.6*	60.9	72.5***	58.8	60.5
Government health workers	70.4	72.0	76.7*	67.0	63.1***	72.4	75.8	73.0	61.9	79.6*	70.8	70.0	71.5	71.3
Private health workers	55.1	56.6	60.6*	52.2	40.8***	57.4	64.6	56.4	53.0	72.4***	54.9	62.2**	55.1	55.9
Health workers at school	26.4***	35.2	36.1**	27.3	41.2***	34.8	21.8	32.6**	23.1	29.2	31.3	14.2***	33.4	31.2
Perceptions of health worker responses														
Would provide a helpful answer	81.3**	87.0	86.6***	82.6	78.1**	86.5	86.8	85.4**	78.8	90.2	84.0	86.8	84.1	84.4
Would turn me away without an answer	1.3	0.6	0.2	1.5	2.0	0.4	0.6	0.7	2.2	0.2	1.0	1.2	1.0	0.9
Would scold me	0.2	0.0	0.1	0.1	0.3	0.0	0.1	0.1	0.5	0.0	0.1	0.3	0.1	0.1
Not competent enough to give an answer	1.1	0.9	0.1	1.7	2.7	0.5	0.3	0.8	2.0	0.0	1.1	0.4	1.0	1.0
Response would vary with the type of question	14.6	10.3	11.6	12.8	15.6	11.4	10.8	11.8	14.8	8.3	12.5	11.3	12.4	12.3
Don't know	1.5	1.1	1.4	1.3	1.3	1.2	1.4	1.2	1.7	1.3	1.3	0.8	1.4	1.3

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

K. QUESTIONNAIRE REFERENCES

Annex Table K 1. Questionnaire references

Content	Reference
Demographic characteristics	SAVY2, ISMS-PLAN
Living arrangement	SAVY2, ISMS-PLAN
Education	SAVY1,2
Employment	WHO, SAVY2
Living standards	SAVY2
Puberty	Indonesia
Knowledge of pregnancy and contraception	SAVY2
Marriage and children	SAVY1,2
Attitude towards virginity, premarital sex, and homosexuality	Indonesia, SAVY1,2
Sexual behavior	WHO-WB, Indonesia, SAVY1,2, ISMS-SC-LGBT, Focus on young adults, Thai Nguyen
HIV/AIDS and RTIs	CDC, ISMS-ADB, SAVY2
Condom	ISMS-ADB, SAVY2
Contraception use and unmet need	MICS
Seeking behaviors for SRH, access to and utilization of SRH services	Indonesia, Thai Nguyen, Client satisfaction to FP services' article
Attitudes and support of gatekeepers	Focus on young adults-Module5
Gender-based violence	ISMS-PLAN, CCIHP-PYD, CCIHP-Emory
Contraceptive use at last sex	CDC-RHA
Pregnancy and abortion	SAVY2

Indonesia: Indonesia Young Adult Reproductive Health Survey 2007

SAVY: Survey Assessment of Vietnamese Youth

MICS: Multiple Indicator Cluster Survey

ISMS-Plan: An assessment of the prevalence of School Related Gender-Based Violence in Hanoi

ISMS-SC: Endline Evaluation Study of Street Youth HIV Prevention

Thai Nguyen: Research for improved evidence-based planning: reproductive health care services for women from poor, remote, or minority backgrounds in

Thai Nguyen

CCIHP-PYD: The Love Journey - Partners for Prevention

CCIHP-Emory: Family and community context of intimate partner violence among rural men in My Hao district, Vietnam

ISMS-ADB: Migration-related risks among men and women in the post-construction of the Phnom Penh - Ho Chi Minh city highway

Focus on young adults: Advancing young adult reproductive health: Actions for the next decade

Client satisfaction to FP services' article: Published journal articles on measuring client satisfaction to FP services

CDC-RHA: Centers for Disease Control and Prevention-Reproductive health assessment

WHO-WB: Illustrative questionnaire for interview-surveys with young people by John Cleland

L. DEFINITIONS

Age groups: In this report, “young people” corresponds to those aged 10-24 years. Young people aged 10-24 is further divided into three age groups: early adolescent (10-14 years), middle adolescent (15-18 years) and young adult or late adolescent (19-24 years). The report uses the term “young people” for all respondents from 10-24. The three age groups are named “adolescents aged 10-14”, “adolescents aged 15-18” and “young adults aged 19-24”. The application of these terms follows the definition and classifications of the human development approach.

Sexual intercourse: sexual intercourse is defined as (1) penis in the vagina, (2) penis in the anus or (3) fingering or oral sex between two women. In this survey, sexual intercourse, having sex and sexual encounters are used alternatively with the same meaning.

Sexual behaviors: include holding hands or hugging, kissing current partner, having touched their partner’s vagina/penis, having stroked their partner’s vagina/penis, having had their penis/vagina touched, having had their penis/vagina touched to achieve climax and having had their penis/vagina touched with their partner’s tongue. Sexual activities comprise of various intimate actions except for sexual intercourse.

Boy/girlfriend: In this survey, “girlfriend/boyfriend” is defined as “someone to whom you were sexually or emotionally attracted and whom you ‘dated’”.

Modern and traditional contraceptive methods: In this survey, modern family planning methods included the oral contraception pill, injectables, implants, IUDs, male and female sterilization, diaphragm, emergency hormonal contraception, spermicidal cream, vaginal rings and male and female condoms. LAM was included as a traditional method (because it is rarely used as strict criteria for effective use) as were traditional medicine, withdrawal and rhythm/calendar methods.

Unmet need for modern contraceptives among females: Females are considered to have an unmet need for modern contraceptives if they are: 1) Pregnant women whose pregnancy was unwanted or ill-timed; 2) Postpartum amenorrheic women, not currently using contraception whose pregnancy was unwanted or ill-timed; or 3) Fecund women, not pregnant or amenorrheic and not currently using modern contraception, who do not want more children or want to delay their next pregnancy for 12 or more months. It is important to note that women who are using traditional methods are considered as having an unmet need for modern contraceptives.

Reproductive tract infections (RTIs) include three types of infections: 1) sexually transmitted diseases (STDs), such as chlamydia, gonorrhea, chancroid, and human immunodeficiency virus (HIV); 2) endogenous infections, which are caused by overgrowth of organisms normally present in the genital tract of healthy women, such as bacterial vaginosis or vulvovaginal candidiasis; and 3) iatrogenic infections, which are associated with improperly performed medical

procedures such as unsafe abortion or poor delivery practices (1).

Domestic violence/Family violence: reflects various forms of violence perpetrated by a family member or a group of family members against another family member or another group of family members.

School violence: refers to any form of violence or abuse that is perpetrated in a school setting.

Gender-based violence: gender-based violence (GBV) is defined as any form of violence or abuse that is based on gendered stereotypes or that targets individuals or groups on the basis of their sex. The underlying intent of GBV is to reinforce gender roles and perpetuate gender inequalities. Unequal power relations between adults and children and males and females contribute to gendered violence. Both males and females can be victims as well as perpetrators.

This report focuses on the experiences with violence at school and domestic violence in the family. Both violence in school and domestic violence are examined in three different forms, physical, psychological and sexual violence [20], as defined below:

Physical violence includes slapping, shoving, hair pulling, beating, hitting, kicking or threats made with a knife or weapon.

Psychological violence includes purposely ignoring someone; purposely excluding someone; judging based on looks, religion or economic status; labeling based on body or background; forced punishment such as standing on a bench, corner or outside of the classroom; verbal or written threats; being locked in a room or the toilet; and humiliation through insulting language.

Sexual violence includes sexual comments; whistling and obscene gestures; messages sent with sexual content; touching, kissing, or fondling; asking to touch private parts; spreading sexual rumours; and forced sex (rape).

M. QUESTIONNAIRES

QUESTIONNAIRE 1A

For young people aged 10-14 (Direct interview)

NAME AND CODE OF INTERVIEWER:.....	<input type="text"/>	<input type="text"/>
NAME AND CODE OF SUPERVISOR:.....	<input type="text"/>	<input type="text"/>
Time of interview:		
Start time: __ __ : __ __ End time: __ __ : __ __		
Date of interview (day/month/year): __ / __ / 2015		
NAME AND CODE OF DATA INPUT PERSON 1:		
Date of data entry 1 (day/month/year): __ / __ / 2015		
NAME AND CODE OF DATA INPUT PERSON 2:		
Date of data entry 2 (day/month/year):.....__ / __ / 2015		
Date of data entry checking (day/month/year):.....__ / __ / 2015		

Supervisor

Interviewer

(Signature)

(Signature)

Questionnaire code:

No.	Question	Code	Skip
A-GEOGRAPHIC AREAS			
A1.	Province	Ha Noi 1 Hai Phong 2 Son La 3 Thanh Hoa 4 Dak Lak 5 Ho Chi Minh City 6 Dong Nai 7 Tien Giang 8	
A2.	District (capitalized, with tone) and code <input type="checkbox"/> <input type="checkbox"/>	
A3.	Commune/ward (capitalized, with tone) and code <input type="checkbox"/> <input type="checkbox"/>	
A4.	Interviewee code (from sample list) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B-SOCIO-DEMOGRAPHIC CHARACTERISTICS			
Demographics			
B1	Sex of respondent [Interviewer observe and circle answer]	Male 1 Female 2	
B2	What is your date of birth? [If they do not remember their exact date of birth, ask age in years)	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (years old) <i>If respondent was born before date...month..year 199... or after date...month..year 200..., then finish interviewing</i>	
B3	What is your ethnicity? (Select the code from the showcard of ethnicities) <input type="checkbox"/> <input type="checkbox"/>	
B4	What is the primary language spoken in your home? (Select the code from the Showcard of languages) <input type="checkbox"/> <input type="checkbox"/>	
B5	What is your religion?	None 1 Buddhism 2 Catholicism 3 Protestantism 4 Caodai 5 Hoahao 6 Muslim 7 Other (Specify): 8	
B6a	Were you born here or elsewhere?	Here (investigated commune/ward) 1 Other place 2	
B6	If B6a = 1, select corresponding code in B6 Where were you born?	Urban cities (Hanoi, Ho Chi Minh City, Hai Phong, Danang, Can Tho) 1 Urban areas in other cities 2 Town 3 Rural area 4 Overseas 5 Don't know 9	
B7	Where is your hometown? (where do your parents live?)	Same district of the same province/city (study site) 1 Different district of the same province/city (specify): 2 Other province (specify): 3	

B8	How long have you lived in this place? (If less than 1 year, specify number of month(s). If more than 1 year, specify number of years. Rounded up with decimal fraction $\geq 0,5$, rounded down with <0.5)	Month..... 1 Year..... 2 From when I was born998	998 -> B10
B9	What is the main reason you left your home to live in this province?	To study 1 To earn a living 2 To follow my parents 5 Other (Specify): 6	
Living arrangement			
B10	How many people are there in your family? (Number of people, including those who are living away from home)	<input type="text"/> <input type="text"/>	
B11	With whom do you live? After each selection, the interviewer should ask "Who else" (Multiple choice)	I live alone 0 Mother..... 1 Father 2 Sibling 5 Spouse..... 6 Children 7 Grandmother/father..... 8 Other relatives 9 Others (specify): 96	
B13	What is (was) the highest level of education your mother completed? (Write grade and use educational switch panel)	Grade..... <input type="text"/> <input type="text"/> (Write grade completed) Did not go to school/did not finish grade 1 00 Post-high school but less than bachelor's degree 13 College/bachelor's degree or higher 14 Don't know 98	
B14	What is (was) the highest level of education your father completed? (Write grade and use educational switch panel)	Grade..... <input type="text"/> <input type="text"/> (Write grade completed) Did not go to school/did not finish grade 1 00 Post-high school but less than bachelor's degree 13 College/bachelor's degree or higher 14 Don't know 99	
Education			
B15	Do you know how to read and write?	Know how to read but not write 1 Know how to write but not read 2 Know how to read and write 3 Don't know how to read or write 4	
B16	What is (was) the highest level of education you completed? (Write grade and use educational switch panel)	Grade..... <input type="text"/> <input type="text"/> (Write grade completed) Did not go to school/did not finish grade 1 00 Post-high school but less than bachelor's degree 13 College/bachelor's degree or higher 14 Don't know 99	
Employment			
Now I have some questions about your work.			
B17	Have you ever worked for pay?	Yes 1 No 2	2->B23

B18	How old were you when you started working for pay?	Age in years:..... Don't know 98	
B19	Are you currently working for pay?	Yes..... 1 No..... 2	2->B23
B21	About how many hours a week do you work?	<input type="checkbox"/> <input type="checkbox"/> (Hours)	
Household condition			
B23	Are you living in your own house, your family's house, a rented house or a dormitory?	My house 1 My family's house 2 Rented house/room 3 Dormitory..... 4 Other (Specify):..... 6	
<p>If B23 = 1 or 2, ask about that house If B23 = 4, ask about the parents' house If B23 = 3, there are three options: 1 - If he/she is living with his/her wife/husband (B11 = 6), ask about the rented house, 2 - If he/she is not married, ask about the parents' house; 3 - If he/she is living with their parents at a rented house, ask about the rented house.</p>			
B24	What is the main material of your house's roof?	Leaf let, straw..... 1 Bamboo, rattan, tree trunk..... 2 Oil paper..... 3 Configured zinc sheets 4 Wooden..... 5 Fibro cement..... 6 Tiles..... 7 Concrete..... 8 Other (Specify):..... 96	
B25	What kind of toilet does your family use?	No latrine 1 Septic/semi-septic tank..... 2 One pit latrine..... 3 Two pit latrine (2-compartment latrine) 4 Other (Specify):..... 6	
B26	What is the main source of water that your family uses for drinking?	Private tap water..... 1 Public tap water..... 2 Water bought from others, including bottled water 3 Pumped water from drilled well 4 Well water..... 5 Filtered spring water..... 6 Unfiltered spring water..... 7 Shallow well water..... 8 Rain water 9 River, lake, pond water..... 10 Other (Specify):..... 96	
B27	What source of power (energy) does your family use for lighting ?	National power line..... 1 Small fueled/hydraulic generator 2 Battery 3 Kerosene lamp 4 Other (Specify):..... 6	

B28	Does your family have any of the following things? (Read each response)	Yes	No	Don't know	
a	TV	1	2	9	
b	Video player/CD/DVD Player	1	2	9	
c	Radio cassette/stereo player	1	2	9	
d	Telephone	1	2	9	
e	Cell/mobile phone	1	2	9	
f	Computer, laptop	1	2	9	
g	Refrigerator/ice cube storage	1	2	9	
h	Air conditioners	1	2	9	
i	Washing machine	1	2	9	
j	Electric fan	1	2	9	
k	Bicycle	1	2	9	
l	Motorcycle	1	2	9	
m	Boat	1	2	9	
n	Car	1	2	9	
o	Internet	1	2	9	

C-KNOWLEDGE OF SEXUAL AND REPRODUCTIVE HEALTH			
Now, I would like to ask you about puberty, sexual development, birth control, marriage, premarital sex and same-sex relationships			
No.	Question	Code	Skip
First, I would like to ask about your knowledge of human reproduction			
	When a boy begins to change from childhood to adolescence, also known as puberty, he experiences some physical changes. Can you tell me what they are? After each selection, the interviewer should ask "What else" (Multiple choice)	Develops muscles1 Changes in voice2 Growth of facial hair, pubic hair, underarm hair, chest, legs and arms3 Increase in sexual arousal4 Wet dreams5 Growth of adam's apple6 Hardening of nipples7 Other (Specify):8 Don't know9	
	When a girl begins to change from childhood to adolescence, also known as puberty, she experiences some physical changes. Can you tell me what they are? After each selection, the interviewer should ask "What else" (Multiple choice)	Growth of pubic and underarm hair1 Growth in breasts2 Growth in hips3 Increase in sexual arousal4 Menstruation5 Other (Specify):8 Don't know9	
Next, I would like to ask about your experience during puberty			
	Ask C3-C5 for females. If males, skip to C6 How old were you when you had your first menstruation?	Never00 Age in years : <input type="checkbox"/> <input type="checkbox"/>	

C-KNOWLEDGE OF SEXUAL AND REPRODUCTIVE HEALTH			
Now, I would like to ask you about puberty, sexual development, birth control, marriage, premarital sex and same-sex relationships			
No.	Question	Code	Skip
	Before your first menstruation, who talked to you about menstruation? After each selection, the interviewer should ask "Who else" (Multiple choice)	No one.....0 Friends.....1 Mother.....2 Father.....3 Siblings.....4 Relatives.....5 Teacher.....6 Health service provider.....7 Other (Specify):.....8 Don't remember.....9	
	The first time you menstruated, who did you talk to? After each selection, the interviewer should ask "Who else" (Multiple choice)	No one.....0 Friends.....1 Mother.....2 Father.....3 Siblings.....4 Relatives.....5 Teacher.....6 Health service provider.....7 Other (Specify):.....8 Don't remember.....9	Answer any, skip to C9
	Ask C6-C8 for males: How old were you when you had your first wet dream?	Never.....00 Age in years : <input type="text"/> <input type="text"/>	00->C9
	Before you had a wet dream, who talked to you about wet dreams? After each selection, the interviewer should ask "Who else" (Multiple choice)	No one.....0 Friends.....1 Mother.....2 Father.....3 Siblings.....4 Relatives.....5 Teacher.....6 Health service provider.....7 Other (Specify):.....8 Don't remember.....9	
	The first time you had a wet dream, who did you talk to? After each selection, the interviewer should ask "Who else" (Multiple choice)	No one.....0 Friends.....1 Mother.....2 Father.....3 Siblings.....4 Relatives.....5 Teacher.....6 Health service provider.....7 Other (Specify):.....8 Don't remember.....9	
The following questions are about contraception and birth control			
	Can a girl/women get pregnant the first time she has sex?	Yes.....1 No.....2 Don't know.....9	

C-KNOWLEDGE OF SEXUAL AND REPRODUCTIVE HEALTH

Now, I would like to ask you about puberty, sexual development, birth control, marriage, premarital sex and same-sex relationships

No.	Question	Code	Skip
	When is a woman most likely to get pregnant from sexual intercourse? (Showcard)	Right before her menstrual period.....1 During her period2 Right after her period.....3 In the middle of two periods4 Anytime5 Don't know9	
	According to you, what should a girl/young woman do if she doesn't want to get pregnant? After each selection, the interviewer should ask "What else" (Multiple choice)	Abstain from sex1 Use contraceptives.....2 Other (Specify):.....8 Don't know9	

Knowledge on FP methods: Now I am going to ask you questions about ways to prevent pregnancy. The first set of questions is about your knowledge of family planning methods. These are not questions about your current use of family planning methods. **(Interviewer read each family planning method)**

Method	C1. Have you ever heard of it? DK=don't know	C11. Have you ever been taught or instructed on how it works? DK=don't know
a. Daily pill (oral contraceptives)	Yes.....1 No.....2->B DK.....9->B	Yes.....1 No.....2 DK.....9
b. IUD (loop)	Yes.....1 No.....2->C DK.....9->C	Yes.....1 No.....2 DK.....9
c. Injectables (eg. Depo-provera)	Yes.....1 No.....2->E DK.....9->E	Yes.....1 No.....2 DK.....9
d. Diaphragm	Yes.....1 No.....2->F DK.....9->F	Yes.....1 No.....2 DK.....9
e. Male condoms	Yes.....1 No.....2->F DK.....9->F	Yes.....1 No.....2 DK.....9
f. Female condoms	Yes.....1 No.....2->G DK.....9->G	Yes.....1 No.....2 DK.....9
g. Implants	Yes.....1 No.....2->H DK.....9->H	Yes.....1 No.....2 DK.....9
h. Spermicidal cream (foam/jelly)	Yes.....1 No.....2->I DK.....9->I	Yes.....1 No.....2 DK.....9
i. Traditional medicine	Yes.....1 No.....2->J DK.....9->J	Yes.....1 No.....2 DK.....9

j. Rhythm/calendar/ counting days	Yes1 No2->K DK9->K	Yes1 No2 DK9
j. Rhythm/calendar/ counting days	Yes1 No2->K DK9->K	Yes1 No2 DK9
k. Emergency hormonal contraception	Yes1 No2->L DK9->L	Yes1 No2 DK9
l. Withdrawal	Yes1 No2->M DK9->M	Yes1 No2 DK9
m. Vaginal rings	Yes1 No2->N DK9->N	Yes1 No2 DK9
n. Female sterilization	Yes1 No2->O DK9->O	Yes1 No2 DK9
o. Male sterilization	Yes1 No2->P DK9->P	Yes1 No2 DK9
p. Pad	Yes1 No2->Q DK9->Q	Yes1 No2 DK9
q. Lactational amenorrhoea method (LAM)	Yes1 No2->R DK9->R	Yes1 No2 DK9
r. Other contraceptive (specify): _____	Yes1 No2->C15 DK9->C15	Yes1 No2 DK9

Marriage and children			
C15	What is your current marital status? (Show card)	Never been married1 Married2 Not married, but cohabiting3 Widow/widower4 Divorced5 Separated6	
C16	How old were you when you were first married?	<input type="text"/> <input type="text"/> (years old)	
C17	Who decided who would be your spouse?	Myself1 My parents, without my decision2 Myself and my parents3 Other (Specify): _____6	
C18	How many children do you have? How many boys? How many girls? Or either?	Boys <input type="checkbox"/> Girls <input type="checkbox"/> Either <input type="checkbox"/>	Skip to C19 if he/she does not have children
C18a	How old were you when you had your first child?	<input type="text"/> <input type="text"/> (years old)	

C18b	When did you have your last child?	Month/Year <input type="text"/> / <input type="text"/> Don't remember, didn't answer98	
For unmarried respondents (including co-habiting) Interviewer check: If C15 = 1 or C15=3, ask C19. If not, move to C21.			
C19	At what age would you like to be married?	Age in years: <input type="text"/> <input type="text"/> Never.....00 Don't know.....98	
C20	Who is going to choose the person you will marry?	Myself.....1 My parents, without my input.....2 Myself and my parents.....3 Other (Specify):.....6 Don't know.....9	
For both married and unmarried respondents			
C21	How many of your children would you like to be boys? How many would you like to be girls? How many total if it doesn't matter if it is a boy or girl?	Boys <input type="checkbox"/> Girls <input type="checkbox"/> Either <input type="checkbox"/> Don't know.....98	
C22	In your opinion, what is the best age for a woman to get married?	Age in years: <input type="text"/> <input type="text"/> Don't know.....98	
C23	In your opinion, what is the best age for a man to get married?	Age in years: <input type="text"/> <input type="text"/> Don't know.....98	
C24	In your opinion, what is the best age for a woman to have her first baby?	Age in years: <input type="text"/> <input type="text"/> Don't know.....98	
C25	In your opinion, what is the best age for a man to have his first child?	Age in years: <input type="text"/> <input type="text"/> Don't know.....98	
C26	How long do you think a woman should wait after one birth before she has another child? (If less than 1 year, specify number of month(s). If more than 1 year, specify number of years. Rounded up with decimal fraction ≥ 0,5, rounded down with <0.5)	Number of months.....1 <input type="text"/> <input type="text"/> Number of years.....2 <input type="text"/> <input type="text"/> Don't know.....9	
C27	Who do you think should decide how many children a couple should have?	Wife.....1 Husband.....2 Both.....3 Other (Specify):.....6 Don't know.....9	

D-KNOWLEDGE, OPINIONS AND ATTITUDES ABOUT HIV/AIDS AND STIs					
D1	Have you ever heard of HIV or a disease called AIDS?	Yes.....1 No.....2 Don't know.....9			2->D20 9->D20
D2	How can HIV be transmitted? (Interviewer read choices, one by one)		Yes	No	Don't know
		Unprotected sexual intercourse	1	2	9
		Mother-to-child transmission	1	2	9
		Sharing needles	1	2	9
		Unsafe blood transfusions	1	2	9
D3	Can people protect themselves from HIV by having one uninfected faithful sex partner?	1	2		9

D4	Can people protect themselves from HIV by using a condom correctly every time they have sex?	1	2	9		
D5	Can people protect themselves from HIV by abstaining from sexual intercourse?	1	2	9		
D6	Can a person get HIV from a mosquito bite?	1	2	9		
D7	Can a person get HIV by sharing food with someone who is infected?	1	2	9		
D8	Can a healthy-looking person have HIV?	1	2	9		
D9	Can a pregnant woman infected with HIV give the virus to her unborn child during pregnancy or delivery?	1	2	9		
D10	Can a woman infected with HIV give the virus to her baby during breastfeeding?	1	2	9		
D11	Can a woman living with HIV who is receiving antiretroviral therapy reduce the risk of mother-to-child transmission during breastfeeding?	1	2	9		
D12	If a member of your family was diagnosed with HIV, would you want to try to keep it secret?	1	2	9		
D13	If a family member/relative of yours had AIDS, would you be willing to care for him/her in your own household?	1	2	9		
D14	If a teacher was living with HIV/AIDS, should he/she be allowed to continue teaching?	1	2	9		
D15	Would you buy food from a shopkeeper who was living with HIV/AIDS?	1	2	9		
D20	<p>Apart from HIV/AIDS, there are other diseases that men and women can get from sexual intercourse. Have you heard of any of the following diseases: (Read each option)</p>		Y	N	DK	If response to all is either No or don't know, please skip to F1
		Syphilis	1	2	9	
		Gonorrhea	1	2	9	
		Chlamydia	1	2	9	
		Genital warts	1	2	9	
		Chancroid	1	2	9	
		Granuloma	1	2	9	
		Genital herpes	1	2	9	
		Trichomonas	1	2	9	
		Hepatitis B	1	2	9	
Hepatitis C	1	2	9			
	Other (specify):_____	1	2	9		
D24	<p>What can you do to prevent STIs? After each selection, the interviewer should ask "What else" (Multiple choice)</p>	<p>Use condoms during sexual intercourse..... 1 Have only one sexual partner..... 2 Avoid having sex with strangers..... 3 Avoid having sex..... 4 Avoid buying or selling sex 5 Other (Specify):..... 6 Don't know 9</p>				

E-SEXUAL BEHAVIOR			
Sexual behavior:			
E1	Have you ever had a girl/boyfriend? (girl/boyfriend means someone to whom you were sexually or emotionally attracted and whom you 'dated')	Yes..... 1 No..... 2	2->E4
E2	How old were you when you first had a boy/girlfriend?	Age in years: <input type="text"/> <input type="text"/> Don't know..... 98	
E3	How many girl/boyfriends have you had?	Number of boyfriends:..... 1 <input type="text"/> <input type="text"/> Number of girlfriends:..... 2 <input type="text"/> <input type="text"/> Don't remember/refuse to answer..... 98	
E4	Are you married? (If you already answered this in other parts, please note that we just want to confirm)	Yes..... 1 No..... 2	2->E6
E5	Did you and your spouse have sex before you were married?	Yes..... 1 No..... 2	Skip to E16
E6	Do you currently have a boy/girlfriend?	Yes..... 1 No..... 2	2->E16
E7	How old is your boy/girlfriend?	Age in years: <input type="text"/> <input type="text"/> Don't know..... 98	
E8	How long since you first started 'dating' your current boy/girlfriend? (If less than 1 year, specify number of month(s). If more than 1 year, specify number of years. Rounded up with decimal fraction $\geq 0,5$. rounded down with <0.5)	Months:..... 1 <input type="text"/> <input type="text"/> Years: 2 <input type="text"/> <input type="text"/> Don't know..... 98 (If less than 1 month, write "00" in squares of months)	
E9	Have you and your current boy/girlfriend had any physical contact, such as holding hands, hugging or kissing?	Yes..... 1 No..... 2	2->E16
E10	Have you ever kissed your current boy/girlfriend on the lips?	Yes..... 1 No..... 2	2->E16
E11	Have you ever touched your current boy/girlfriend's vagina/penis with your hand?	Yes..... 1 No..... 2	2->E16
E12	Have you ever stroked your current boy/girlfriend's vagina/penis so that she/he climaxed?	Yes..... 1 No..... 2	2->E16
E13	Has your current boy/girlfriend ever touched your penis/vagina with her/his hand?	Yes..... 1 No..... 2	2->E16
E14	Has your current boy/girlfriend ever stroked your penis/vagina so that you climaxed?	Yes..... 1 No..... 2	2->E16
E15	Has your current boy/girlfriend ever touched your penis/vagina with her/his tongue (oral sex)?	Yes..... 1 No..... 2	2->E16
Sexual behavior			
E19	We want to make certain that we have the correct information. Have you ever had sexual intercourse? (Sexual intercourse means that (1) the penis is in the vagina, or (2) penis is in anus, or (3) finger or oral sex between two women)	Yes..... 1 No..... 2 Refused to answer..... 9	2->G1 9 and females->G1
E20	In your whole life how many people have you had sexual intercourse with?	No. <input type="text"/> <input type="text"/> Don't know/don't remember..... 98 Didn't answer..... 99	99->E20

E21	Among those, how many are:	1) Spouse (If not, fill 00) <input type="checkbox"/> <input type="checkbox"/> 2) Boyfriend/ girlfriend (If not, fill 00) <input type="checkbox"/> <input type="checkbox"/> 3) Sex workers (If not, fill 00) <input type="checkbox"/> <input type="checkbox"/> 4) Other sex partners (If not, fill 00) <input type="checkbox"/> <input type="checkbox"/>	
E22	What is/was their sex?	Male only 1 Female only 2 Both male and female 3	
First sexual intercourse			
Now we have some questions about the first time you had sexual intercourse.			
E23	How old were you the first time you had sexual intercourse?	Age in years: <input type="checkbox"/> <input type="checkbox"/> Don't know 98	
E24	What is your relationship to the person you had sex with the first time?	Spouse 1 Your fiance 2 Boyfriend/girlfriend 3 Someone you knew 4 Teacher or person of authority in your life 5 Relative 6 Stranger 7 Sexworker 8 Other (Specify): _____ 96	
	How old was your partner at that time?	Age in years: <input type="checkbox"/> <input type="checkbox"/> Don't know 98	
E25	How long did you know your partner before having sex? (Single choice) (If more than 1 year, specify number of years. If less than 1 year, specify number of month(s). If less than 1 month, specify number of day(s) Rounded up with decimal fraction ≥ 0.5, rounded down with <0.5)	Did not know him/her 0 [] [] Days 1 [] [] Months 2 [] [] Years 3 Don't know/don't remember 9	
E26	Why did you decide to have sex the first time? (Multiple choice)	To get a boyfriend/girlfriend 1 Aroused 2 Curious 3 Needed food/money/school fees 4 In love 5 Fun/enjoyment/pleasure 6 Encouraged by parent(s) 7 Encouraged by friends 8 Drugged/forced/raped 9 Friends were doing it 10 To get married 11 Persuaded 12 Trapped 13 Forced 14 Sexually assaulted 15 Having sex is part of my job (sex worker) 16 To thank an authority figure 17 Other (Specify): _____ 96 Don't know/don't remember 98	

E27	Did you and/or your partner use any contraceptives during your first sex?	Yes..... 1 No..... 2 Don't know/don't remember..... 9	2->E30 9->E30
E28	What did you or your partner use? (Multiple choice)	Daily pill..... 1 IUD..... 2 Injectable/depo-provera..... 3 Diaphragm..... 4 Condom (male)..... 5 Condom (female)..... 6 Implant..... 7 Spermicidal cream/foam/jelly..... 8 Traditional medicine..... 9 Safe days (rhythm)..... 10 Emergency contraception (morning-after pills)..... 11 Withdrawal..... 12 Vaginal rings..... 13 Lactational amenorrhea method..... 14 Other (Specify):..... 96 Don't know..... 98	

G- ADOLESCENT PREGNANCY AND RATE OF ADOLESCENT ABORTION

AMONG GIRLS (SELF-ADMINISTERED)

In this section, we would like to ask some questions about pregnancy and abortion

No.	Question	Code	Skip
G1	Have you ever been pregnant?	Yes..... 1 No..... 2 Didn't answer..... 98	2->I1 98->I1
G2	If yes, how many times have you been pregnant?	Number: [] [] Don't remember/didn't answer..... 98	
G3	How many unwanted pregnancies have you had?	Number: [] [] Don't remember/didn't answer..... 98	
G4	Have you ever had menstrual regulation or induced abortion? [Abortion is actively using methods to terminate a pregnancy]	Yes..... 1 No..... 2 Don't remember/didn't answer..... 9	2->I1 9->I1
G5	If yes, how many menstrual regulations or induced abortions have you had?	Number:[] [] Don't remember/didn't answer..... 98	

I-SEEKING BEHAVIORS FOR SRH, ACCESS TO AND UTILIZATION OF SRH SERVICES

Seeking and accessing information: Sources of information/channels and topics Puberty/
pregnancy/contraception/STIs-HIV/violence

No	Question	Code				Skip
	(Showcard)	Not at all	Less than once a week	At least once per week	Almost every day	
	How often do you read a newspaper or magazine?	1	2	3	4	
	How often do you listen to the radio?	1	2	3	4	

No	Question	Code				Skip
	How often do you watch television?	1	2	3	4	1->15
	What do you often watch on TV? PROBE: ANYTHING ELSE? (Multiple choice)	Film.....	1			
		Music/game show	2			
		News.....	3			
		Advertisement.....	4			
		Live program	5			
		Others (Specify):	6			
	Do you own a mobile phone	Yes.....	1			2->17
		No.....	2			
	During the last month, how often did you read or write SMS messages? (Use showcard)	Not at all	1			
		Less than once a week	2			
		At least once per week.....	3			
		Almost every day.....	4			
	Have you ever used the internet (from any location with any device: phone, tablet or computer)?	Yes.....	1			2->113
		No.....	2			
	During the last month, how often did you use the internet? (Use showcard)	Not at all	1			
		Less than once a week	2			
		At least once per week.....	3			
		Almost every day.....	4			
	Do you use the internet (e.g. Facebook, YouTube or websites) to access information on SRH?	Yes.....	1			
		No.....	2			
	What social media platforms do you use? (Use showcard) (Multiple choice)	Don't use any	0			
		Facebook	1			
		Zalo.....	2			
		Tango	3			
		Viber	4			
		Line	5			
		YouTube.....	6			
		Zing Me	7			
		Twitter	8			
		Instagram.....	9			
		Pinterest.....	10			
		WhatsApp.....	11			
		Other (specify) ___96				
	How often do you use your main social media account (eg Facebook)? (Use showcard)	I closed my account.....	1			
		Rarely.....	2			
		Once a month	3			
		A few times a month.....	4			
		Once a week.....	5			
		A few times a week.....	6			
		Once a day.....	7			
		Less than five times a day.....	8			
		More than five times a day	9			

No	Question	Code	Skip
	What device do you primarily use to access social media?	Mobile phone.....1 Tablet.....2 Computer.....3 Laptop.....4 Smart TV.....5	

	Have you ever seen or heard about the following topics in the last 12 months? (Reach each statement) If Yes, from what sources?	I13a. YES/ NO		I13b. Sources of information (Multiple choice) Probe: anyone/anything else?								
		YES	NO	Friends	Parents	Relatives	Teachers	Health staff	Mass media	Social media	Website	Others
	If I13a=2, skip to other options											
	Puberty	1	2	1	2	3	4	5	6	7	8	9
	Pregnancy	1	2	1	2	3	4	5	6	7	8	8
	Sex	1	2	1	2	3	4	5	6	7	8	8
	Love	1	2	1	2	3	4	5	6	7	8	8
	Marriage	1	2	1	2	3	4	5	6	7	8	8
	Gender-based Violence	1	2	1	2	3	4	5	6	7	8	8
	HIV/AIDS	1	2	1	2	3	4	5	6	7	8	8
	STIs	1	2	1	2	3	4	5	6	7	8	8

	If there is no one, circle "1" in I14a and skip to I16	I14. With Whom have you ever discussed sex-related matters with? (Read options) If YES, often or occasionally? Probe: anyone else?				I15. How comfortable were you when talking with the following people about sex? (Use showcard)			
		I14a. Have ever discussed with [...]? (Ask in column)		I14b. Level of discussion with [...] Occasionally or often? Ask I14b & I15 in row		Not at all comfortable	Not comfortable	Comfortable	Very comfortable
		Yes	No	Occasionally	Often				
	None	1	2	1	2	1	2	3	4
	Mother	1	2	1	2	1	2	3	4
	Father	1	2	1	2	1	2	3	4
	Siblings	1	2	1	2	1	2	3	4
	Relatives	1	2	1	2	1	2	3	4
	Partner	1	2	1	2	1	2	3	4
	Boyfriend/girlfriend/ lover/ husband/wife	1	2	1	2	1	2	3	4
	Friends	1	2	1	2	1	2	3	4
	Teachers	1	2	1	2	1	2	3	4
	Religious leader	1	2	1	2	1	2	3	4
	Health service providers	1	2	1	2	1	2	3	4
	Others (Specify): _____	1	2	1	2	1	2	3	4

117.	When you have the following SRH-related matters, where would you go for care? (Read choices) (Multiple choice)	Sources of services (Use showcard, multiple choice)								
		Private clinic	Private hospital	Commune health station	Public hospital (district/provincial/central)	MCHFP center	Pharmacy	Community health worker	Other	DK
	1.Contraceptive methods	1	2	3	4	5	6	7	8	9
	2.Abortion	1	2	3	4	5	6	7	8	9
	3.Antenatal care	1	2	3	4	5	6	7	8	9
	4.Delivery	1	2	3	4	5	6	7	8	9
	5.HIV test	1	2	3	4	5	6	7	8	9
	6.STI treatment	1	2	3	4	5	6	7	8	9
	7.Gynecological examination (ask females only)	1	2	3	4	5	6	7	8	9
	8.Infertility	1	2	3	4	5	6	7	8	9
	9.Others (Specify):_ _ _ _	1	2	3	4	5	6	7	8	9

118	Have you been to any health facility for SRH-related matters? If yes, how many times?	<input type="checkbox"/> <input type="checkbox"/> times No.....2	2->125
119	What services did you seek there in the last 12 months? Probe: anything else? (Multiple choice)	Contraceptive methods.....1 Pregnancy care and delivery.....2 Miscarriage/post-abortion care services3 HIV test.....4 STI treatment.....5 Some common health problems.....6 Vaccination.....7 Gynaecological exam.....8 Care for gender-based violence.....9 SRH counseling.....10 Mental and psychosocial support.....11 SRH information12 Other (specify).....96 Don't know/don't remember.....98	
120	During the last 12 months, what type of health facility did you last visit for SRH-related matters? (Single choice) (If you went to more than one health facility at that time, select the first one) (If public or private hospital/clinic is not identifiable, record the name of hospital/clinic into "other")	Private clinic.....1 Private hospital.....2 Commune health station.....3 Public hospital/health center (district/provincial/central)4 Family planning association.....5 Pharmacy.....6 Shop/market.....7 Other (Specify):.....96 Don't know/don't remember.....98	

I21	At that time, what main service were you seeking? (Single choice)	Contraceptive methods.....	1		
		Pregnancy care and delivery.....	2		
		Miscarriage/post-abortion care services.....	3		
		HIV test.....	4		
		STI treatment.....	5		
		Some common health problems.....	6		
		Vaccination.....	7		
		Gynaecological exam.....	8		
		Care for gender-based violence.....	9		
		SRH counseling.....	10		
		Mental and psychosocial support.....	11		
		SRH information.....	12		
		Other (specify).....	96		
Don't know/don't remember.....	98				
I24	During your last visit to a health facility for SRH services, was the service provider: (Multiple choice) (Read all responses)		Yes	No	Don't know
		Knowledgeable and well-qualified	1	2	9
		Friendly and polite	1	2	9
		Interested in you and your problems	1	2	9
		A good communicator	1	2	9
		Respectful	1	2	9
		Concerned about your privacy	1	2	9
		Honest and direct	1	2	9
		A good listener	1	2	9
Able to help you	1	2	9		
I25	Do you currently have health insurance?	Yes.....	1		
		No.....	2		
		Don't know/don't remember.....	9		

L-GENDER-BASED VIOLENCE						
No.	Question	Code				Skip
EQUITABLE GENDER ATTITUDES						
Now, I would like to ask you about equitable gender attitudes. I will read each statement, please tell me if you strongly disagree, disagree, agree or strongly agree with each statement? Interviewer use showcard for the following questions						
	Statements	Strongly disagree	Disagree	Agree	Strongly agree	
L1.	For women, taking care of the house and children is more important than a career.	1	2	3	4	
L2.	Girls have more temperate and forgiving characters than boys, so can endure more in life.	1	2	3	4	
L3.	A woman should tolerate violence in order to keep her family together.	1	2	3	4	
L4.	There are times when a husband needs to beat his wife.	1	2	3	4	
L5.	Boys are hot-tempered by nature.	1	2	3	4	
L6.	Men cannot take care of children as well as women can.	1	2	3	4	
L7.	A wife should always obey her husband.	1	2	3	4	
L8.	Boys should be tougher than girls.	1	2	3	4	
L9.	Men have more of a right to make household decisions.	1	2	3	4	
L10.	If a man gets a woman pregnant, the child is the responsibility of the mother.	1	2	3	4	
L11.	Violence against women is acceptable in some situations.	1	2	3	4	
L12.	Contraception is the woman's responsibility.	1	2	3	4	
L13.	Traditional ideas that men are the pillar of the house are still valid.	1	2	3	4	
L14.	I do not accept a boy who gestures like a girl.	1	2	3	4	
L15.	I do not accept a girl who has short hair and wears clothes like a boy.	1	2	3	4	
L16.	Women should not have sex before marriage.	1	2	3	4	
L17.	There are times when a boy needs to beat/hit his girlfriend.	1	2	3	4	
L18.	Only men should work outside the home.	1	2	3	4	
L19.	Since girls have to get married, they should not receive higher education.	1	2	3	4	
L20.	Men need more care as they work harder than women.	1	2	3	4	

SCHOOL and FAMILY VIOLENCE
L21a. Are you currently attending school?

Yes.....1
No.....2

	"I" here is you, the interviewee, not the interviewer	L21. Ever happened		L22. In the last 12 months		L23. Who perpetuated it in the last 12 months (Multiple choice)		
		Yes (If yes, ask every response)	No	Yes	No	Student	Teacher or school staff	Parents/siblings
	Have you ever suffered from the following incidents at the hands of other students, teachers or school staff in your school? If yes, who perpetuated it?							
	Statement							
	I was pushed or shoved or someone pulled my hair	1	2	1	2	1	2	3
	I was hit or kicked, and was bruised or marked by the blow	1	2	1	2	1	2	3
	My property was damaged on purpose	1	2	1	2	1	2	3
	I was threatened with physical or verbal harm or by written notes (SMS, letter or email)	1	2	1	2	1	2	3
	I was threatened with a knife/weapon	1	2	1	2	1	2	3
	I was called names that I didn't like	1	2	1	2	1	2	3
	(Ask students only) Other students or teachers made sexual remarks about me when I did not want them to	1	2	1	2	1	2	NA
	Someone made comments/jokes about me (because of things like my looks, religion or economic status)	1	2	1	2	1	2	3
	I was labeled based on my body, character or background	1	2	1	2	1	2	3
	Someone used humiliating/insulting language about me	1	2	1	2	1	2	3
	(Ask students only) Other students ignored me when they were with their friends	1	2	1	2	1	NA	NA
	Other students got their friends to turn against me	1	2	1	2	1	NA	NA
	I was deliberately kept out of activities	1	2	1	2	1	2	3
	(Ask students only) I was asked to stand on a bench, in a corner or outside class	1	2	1	2	1	2	NA
	I was locked in a room/toilet	1	2	1	2	1	2	3
	Someone made sexual comments at me	1	2	1	2	1	2	3
	Someone whistled/made obscene gestures	1	2	1	2	1	2	3
	Someone sent a message with sexual contents	1	2	1	2	1	2	3
	Someone touched my body/genitals, or kissed/fondled me without my consent	1	2	1	2	1	2	3
	Someone showed me sexual photos/films or exposed himself/herself to me	1	2	1	2	1	2	3
	Someone asked me to touch their genitals when I did not want to	1	2	1	2	1	2	3
	Someone asked me for intimate acts, such as kissing or fondling, when I did not want to	1	2	1	2	1	2	3

If all responses in L22 = 2 (No), skip to L25 What did you do when you experienced such behaviors during the last 12 months? Probe: anything else? (Multiple choice)	Talked to other friends	1			
	Talked to teachers	2			
	Talked to parents	3			
	Did nothing	4			
	Ran away	5			
	Talked back	6			
	Fought back	7			
	Did something else (Specify):	8			
Have you ever seen or heard your mother being beaten by your father?	Yes	1			
	No	2			
	Don't know	9			
INTIMATE PARTNER VIOLENCE					
L27a. Check C15:					
Married.....2->L27					
Unmarried but living together.....3->L27					
Not both of above9->L27b					
L27b. Check F3b. Do you currently have a a lover/sexual partner?					
Yes1 ->L27					
No2->K0					
If L27=2, skip to another option	L27. Ever happened		L28. During the last 12 months		
	Yes	No	Yes	No	
Has your sexual partner ever done any of the following things? If yes, did it happen during the last 12 months?					
Psychological violence:					
Belittled you or humiliated you in front of others	1	2	1	2	
Insulted you or make you feel bad about yourself	1	2	1	2	
Done things to scare or intimidate you on purpose	1	2	1	2	
Threatened to hurt you or people you care about	1	2	1	2	
Threatened to throw you out or threw you out of the house for any reason	1	2	1	2	
Physical violence:					
Slapped you or threw objects that can injure you	1	2	1	2	
Pushed, shoved or pulled your hair	1	2	1	2	
Hit you with his/her fist or beat you by using objects that can injure you	1	2	1	2	
Kicked you, dragged you or beat you	1	2	1	2	
Choked or burned you in some way	1	2	1	2	
Threatened to use or used weapons (gun, knife, scissors etc...) to harm you	1	2	1	2	
Sexual violence:					
Physically forced you to have sexual intercourse	1	2	1	2	
Had sexual intercourse with you when you did not want to because you were afraid of what he/she might do	1	2	1	2	
Forced you to do something sexual that you found degrading or humiliating	1	2	1	2	

L28	<p>If all responses in L28 = 2 (No) or L27 = 2 (No), skip to K1</p> <p>What did you do when you experienced such behaviors during the last 12 months?</p> <p>Probe: anything else?</p> <p>(Multiple choice)</p>	<p>Talked to family members or close friends about the behaviors of the partner 1</p> <p>Talked to a village leader..... 2</p> <p>Reported the beating to the police..... 3</p> <p>Asked for protection methods from local government 4</p> <p>Sent a request to court for a divorce 5</p> <p>Went to a health facility/provider 6</p> <p>Went to a religious person..... 7</p> <p>Did nothing..... 8</p> <p>Ran away 9</p> <p>Fought back..... 10</p> <p>Talked back to the partner..... 11</p> <p>Did something else (Specify):..... 96</p>	
	<p>If you asked your mother about sex-related questions (e.g., nocturnal emission, menstruation, contraception, masturbation, sexual intercourse), what do you think would be her response?</p> <p>(Use showcard) (Single choice)</p>	<p>Would answer helpfully..... 1</p> <p>Would turn me away without giving an answer 2</p> <p>Would scold me 3</p> <p>Not competent enough to give an answer 4</p> <p>Response would vary with type of question 5</p> <p>Don't know..... 9</p>	
	<p>In the last 12 months, have you talked with your parents about SRH, HIV/AIDS, contraceptive methods, drugs/alcohol, violence ...?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	2->K8

K-PERCEIVED ATTITUDES AND SUPPORT FROM RELEVANT ADULT GROUPS FOR SRH

In this section, I would like to ask you about the attitudes and support from relevant adult groups for your SRH information and services.

No.	Question	Code	Skip
ABOUT TEACHERS: Interviewer check L21a.			
K0. Are you currently going to school? 1.Yes->K1 2.No->K4			
	If you asked your teacher about sex-related questions (e.g., nocturnal emission, menstruation, contraception, masturbation, sexual intercourse), what do you think would be his or her response? (Use showcard, single choice)	Would answer helpfully..... 1 Would turn me away without giving an answer..... 2 Would scold me 3 Not competent enough to give an answer 4 Response would vary with type of question 5 Don't know..... 9	
	In the last 12 months, have you talked with your teachers about SRH, HIV/AIDS, contraceptive methods, drugs/alcohol, violence ...?	Yes..... 1 No..... 2	2->K4
	(Read each topic and fill in the appropriate response code) If interviewee has not talked with their teachers (Code 9), skip to next topic	K2. In the last 12 months, how often did you talk with your teachers about [...]?	K3. How did you feel when you talked with your teachers about [...]?
	Contraceptive methods	1 2 3 4 9	1 2 3 4
	What is right and wrong in sexual behavior	1 2 3 4 9	1 2 3 4
	What my parents think about unmarried youth having sex	1 2 3 4 9	1 2 3 4
	What my friends think about sex	1 2 3 4 9	1 2 3 4
	My questions about sex	1 2 3 4 9	1 2 3 4
	Reasons why I shouldn't have sex at my age	1 2 3 4 9	1 2 3 4
	(Ask only unmarried people) How my life would change if I became a father or a mother while a teenager	1 2 3 4 9	1 2 3 4
	HIV/AIDS	1 2 3 4 9	1 2 3 4
	Drugs	1 2 3 4 9	1 2 3 4
	Tobacco/water pipe, alcohol	1 2 3 4 9	1 2 3 4
	Violence	1 2 3 4 9	1 2 3 4
	Sexually transmitted infections	1 2 3 4 9	1 2 3 4
	Code of K2 (Showcard) Two-three times/month 1 Once a month 2 3-<12 times in the last 12 months..... 3 1-2 times in the last 12 months..... 4 Have not talked about it at all 9	Code of K3 (Showcard) Very bad 1 Not good 2 Good..... 3 Very good..... 4	

ABOUT PARENTS

	If you asked your father about sex-related questions (e.g., nocturnal emission, menstruation, contraception, masturbation, sexual intercourse), what do you think would be his response? (Use showcard) (Single choice)	Would answer helpfully..... 1 Would turn me away without giving an answer 2 Would scold me 3 Not competent enough to give an answer 4 Response would vary with type of question 5 Don't know..... 9	
--	---	--	--

	How does your father OR mother feel about you doing the following? (Ask entire list of possibilities, then ask:)	K10 Father				K8. Mother			
		Approve1				Approve1			
		Disapprove.....2				Disapprove.....2			
		No father in family8				No mother in family8			
		Don't know9				Don't know9			
	a.Premarital sex	1	2	8	9	1	2	8	9
	b.Buying contraceptives	1	2	8	9	1	2	8	9
	c.Living with someone of the opposite sex before marriage	1	2	8	9	1	2	8	9
	d.Watching pornographic films/videos or reading pornographic magazines	1	2	8	9	1	2	8	9

For the next four questions, indicate whether you agree or disagree with the statement and the extent to which you agree or disagree.							
	(Use showcard)	Strongly disagree	Disagree	Agree	Strongly agree		
K10	It is against my parents' (guardians) values for me to have sexual intercourse while I am an unmarried teenager.	1	2	3	4		
K11	I have a lot of respect for my parents' (guardians) ideals and opinions about sex.	1	2	3	4		
K12	My values and beliefs about sex match those of my parents (guardians).	1	2	3	4		
K13	I feel like I can turn to my parents (guardians) with questions about sex.	1	2	3	4		
ABOUT HEALTH PROVIDERS							
K14	If you have sex-related questions (e.g., nocturnal emission, menstruation, contraception, masturbation, sexual intercourse), do you prefer to ask a health provider?	Yes 1				No 2	
K15	Who are the health providers you want to talk with about these issues? [Interviewer read choices] (Multiple choice)	Village health workers 1				Health workers at the commune health center 2	
		Health workers at governmental health facilities 3				Health workers at private health facilities 4	
		Health workers at your school 5				Other health workers (Specify): 6	
F16	If you asked a health provider sex-related questions (e.g., nocturnal emission, menstruation, contraception, masturbation, sexual intercourse), what do you think would be his or her response?	Would answer helpfully 1				Would turn me away without giving an answer 2	
		Would scold me 3				Not competent enough to give an answer 4	
		Response would vary with type of question 5				Don't know 9	
A7	Data collection method	Interview plus self-completed 1				Interview all two parts 2	
		Interview with interpreter 3					

**NATIONAL SURVEY ON SEXUAL AND REPRODUCTIVE HEALTH
AMONG VIETNAMESE YOUNG PEOPLE**

QUESTIONNAIRE 2B

For young people aged 15-24 (Self-administered)

NAME AND CODE OF INTERVIEWER:
NAME AND CODE OF SUPERVISOR:
Time of interview:
Start time: __ __ : __ __ End time: __ __ : __ __
Date of interview (day/month/year): __ __ / __ __ / 2015
NAME AND CODE OF DATA INPUT PERSON 1:
Date of data entry 1 (day/month/year): __ __ / __ __ / 2015
NAME AND CODE OF DATA INPUT PERSON 2:
Date of data entry 2 (day/month/year): __ __ / __ __ / 2015
Date of data entry checking (day/month/year): __ __ / __ __ / 2015

Supervisor

(Signature)

Interviewer

(Signature)

Questionnaire code:

HOW TO FILL IN THE ANSWER:

- Circle the relevant code(s) or write the answer in the requested area: Other (specify)
- Select only 1 answer for each question. For the questions with instruction "You can circle many answers", you can select more than one option.
- Please note the Skip column on the right
- If you select the wrong answer, please cross like this and reselect the right answer.

E-SEXUAL BEHAVIOR			
Sexual behavior:			
E20	Have you ever had a girl/boyfriend? (girl/boyfriend means someone to whom you were sexually or emotionally attracted and whom you 'dated')	Yes..... 1 No..... 2	2->E4
E21	How old were you when you first had a boy/girlfriend?	Age in years: <input type="text"/> <input type="text"/> Don't know 98	
E22	How many girl/boyfriends have you had?	Number of boyfriends: 1 <input type="text"/> <input type="text"/> Number of girlfriends: 2 <input type="text"/> <input type="text"/> Don't remember/refuse to answer 98	
E23	Are you married? (If you already answered this in other parts, please note that we just want to confirm)	Yes..... 1 No..... 2	2->E6
E24	Did you and your spouse have sex before you were married?	Yes..... 1 No..... 2	Skip to E16
E25	Do you currently have a boy/girlfriend?	Yes..... 1 No..... 2	
E26	How old is your boy/girlfriend?	Age in years: <input type="text"/> <input type="text"/> Don't know 98	
E27	How long since you first started 'dating' your current boy/girlfriend? (If less than 1 year, specify number of month(s). If more than 1 year, specify number of years. Rounded up with decimal fraction $\geq 0,5$. rounded down with $<0,5$)	Number of boyfriends: 1 <input type="text"/> <input type="text"/> Number of girlfriends: 2 <input type="text"/> <input type="text"/> Don't remember/refuse to answer 98 (If less than 1 month, write "00" in squares of months)	
E28	Have you and your current boy/girlfriend had any physical contact, such as holding hands, hugging or kissing?	Yes..... 1 No..... 2	2->E16
E29	Have you ever kissed your current boy/girlfriend on the lips?	Yes..... 1 No..... 2	2->E16
E30	Have you ever touched your current boy/girlfriend's vagina/penis with your hand?	Yes..... 1 No..... 2 Yes..... 1 No..... 2	2->E16
E31	Have you ever stroked your current boy/girlfriend's vagina/penis so that she/he climaxed?	Yes..... 1 No..... 2	2->E16
E32	Has your current boy/girlfriend ever touched your penis/vagina with her/his hand?	Yes..... 1 No..... 2	2->E16
E33	Has your current boy/girlfriend ever stroked your genitals?	Yes..... 1 No..... 2	2->E16

E34	Has your current boy/girlfriend ever touched your penis/vagina with her/his tongue (oral sex)?	Yes..... 1 No..... 2	
Sexual behavior			
E35	We want to make certain that we have the correct information. Have you ever had sexual intercourse? (Sexual intercourse means that (1) the penis is in the vagina, or (2) penis is in anus, or (3) finger or oral sex between two women)	Yes..... 1 No..... 2 Refuse to answer..... 9	2 ->G1 9 and females->G1
E36	In your whole life how many people have you had sexual intercourse with?	No. <input type="checkbox"/> <input type="checkbox"/> Don't know/don't remember..... 98 Didn't answer 99	99 ->E20
E37	Among those, how many are:	1) Spouse (If not, fill 00) <input type="checkbox"/> <input type="checkbox"/> 2) Boyfriend/ girlfriend (If not, fill 00) <input type="checkbox"/> <input type="checkbox"/> 3) Sex workers (If not, fill 00) <input type="checkbox"/> <input type="checkbox"/> 4) Other sex partners (If not, fill 00) <input type="checkbox"/> <input type="checkbox"/>	
E38	What are/were their sex?	Male only 1 Female only..... 2 Both male and female 3	
First sexual intercourse			
Now we have some questions about the first time that you had sexual intercourse.			
E20	How old were you the first time you had sexual intercourse?	Age in years: <input type="checkbox"/> <input type="checkbox"/> Don't know 98	
E24	What is your relationship to the person you had sex with the first time?	Spouse..... 1 Your fiancé 2 Boyfriend/girlfriend 3 Someone you knew..... 4 Teacher or person of authority in your life..... 5 Relative..... 6 Stranger..... 7 Sex worker 8 Other (Specify): _____ 96	
E25	How old was your partner at that time?	Age in years: <input type="checkbox"/> <input type="checkbox"/> Don't know 98	
E26	How long did you know your partner before having sex? (Single choice) (If more than 1 year, specify number of years. If less than 1 year, specify number of month(s). If less than 1 month, specify number of day(s)) Rounded up with decimal fraction ≥ 0.5 , rounded down with <0.5	Did not know him/her 0 <input type="checkbox"/> <input type="checkbox"/> Days..... 1 <input type="checkbox"/> <input type="checkbox"/> Months..... 2 <input type="checkbox"/> <input type="checkbox"/> Years..... 3 Don't know/don't remember..... 9	

E25	Why did you decide to have sex the first time? (Multiple choice)	To get a boyfriend/girlfriend 1 Aroused 2 Curious 3 Needed food/money/school fees..... 4 In love 5 Fun/enjoyment/pleasure..... 6 Encouraged by parent(s) 7 Encouraged by friends 8 Drugged/forced/raped 9 Friends were doing it 10 To get married..... 11 Persuaded 12 Trapped..... 13 Forced..... 14 Sexually assaulted 15 Having sex is part of my job (sex worker)..... 16 To thank an authority figure 17 Other (Specify): _____ 96 Don't know/don't remember..... 98	
E26	Where did you have your first sex?	At our own house (for married /cohabitating perons) 1 At your house..... 2 At your partner's house 3 Parents' house 4 At someone else's house 5 Hotel/motel..... 6 Dormitory..... 7 In the park..... 8 Prostitutes' place..... 9 Vehicle 10 Toilet 11 Others (specify):..... 96	
E27	Did you and/or your partner use any contraceptives during your first sex?	Yes..... 1 No..... 2 Don't know/don't remember..... 9	2->E30 9->E30
E28	What did you or your partner use? (Multiple choice)	Daily pill 1 IUD..... 2 Injectable/depo-provera..... 3 Diaphragm..... 4 Condom (male)..... 5 Condom (female)..... 6 Implant..... 7 Spermicidal cream/foam/jelly 8 Traditional medicine..... 9 Safe days (rhythm) 10 Emergency contraception (morning-after pills) 11 Withdrawal 12 Vaginal rings 13 Lactational amenorrhea method 14 Other (Specify): _____ 96 Don't know 98	

E39	Who suggested using a contraceptive?	My partner 1 Myself 2 Joint decision 3	Skip to E31
E30	Why didn't you use any contraceptive for your first sex?	I didn't know how to use them 1 I don't know how to find them 2 I didn't intend to have sex at that time 3 I didn't want to use them 4 My partner didn't want to use them 5 I felt embarrassed 6 Other (Specify): 8	
E31	Has the relationship with the person you had the first sex with ended?	Yes 1 No 2	
E32	Have you ever paid money or exchanged valuable goods to/with anyone to have sex with you?	Yes 1 No 2	
Paying money to have sex			
In this section, we would like to ask some questions about paying money to have sex			
E33	Have you ever had sex with commercial sex workers?	Yes 1 No 2	2->E36
E34	Did you use condoms during your last sex with a commercial sex worker?	Yes 1 No 2	1->E36
E35	Why didn't you use a condom (during the last sex with a sex worker)?	Didn't know where to buy 1 Didn't intend to have sex at that time 2 Didn't want to use condoms 3 Sex worker didn't want to use 4 I was too shy to buy condoms 5	
Sexual behavior in the last 12 months			
E36	Have you had sexual intercourse in the last 12 months? (that would mean since December 1, 2014)	Yes 1 No 2	2->E44
E37	How many people have you had sex with in the past 12 months?	<input type="text"/> <input type="text"/> person(s)	
E38	Among those, how many are:	1) Spouse (If not, fill 00) <input type="text"/> <input type="text"/> 2) Boyfriend/ girlfriend (If not, fill 00) <input type="text"/> <input type="text"/> 3) Sex workers (If not, fill 00) <input type="text"/> <input type="text"/> 4) Other sex partners (If not, fill 00) <input type="text"/> <input type="text"/>	
E39	Have you had sexual intercourse in the last month?	Yes 1 No 2	2->E44
E40	How many times did you have sex in the last month?	<input type="text"/> <input type="text"/> (times)	
E41	How many people have you had sex with in the last month?	<input type="text"/> <input type="text"/> (people)	

		No	E43. Frequency of condom use in the last month					
			Always	Usually	Sometimes	Rarely	Never	
	1)Spouse (If not, fill 00 and don't fill level of frequency)	<input type="checkbox"/> <input type="checkbox"/>	1	2	3	4	5	
	2)Boyfriend/ girlfriend (If not, fill 00 and don't fill level of frequency)	<input type="checkbox"/> <input type="checkbox"/>	1	2	3	4	5	
	3)Sex workers (If not, fill 00 and don't fill level of frequency)	<input type="checkbox"/> <input type="checkbox"/>	1	2	3	4	5	
	4)Other sex partners (If not, fill 00 and don't fill level of frequency)	<input type="checkbox"/> <input type="checkbox"/>	1	2	3	4	5	
The last time having sexual intercourse								
This section is only for those who have ever had sexual intercourse								
E44	When was the last time you had sexual intercourse? (Single choice) (If more than 1 year, specify number of years. If less than 1 year, specify number of month(s). If less than 1 month, specify number of day(s))	<input type="checkbox"/> <input type="checkbox"/> days ago..... 1 <input type="checkbox"/> <input type="checkbox"/> months ago..... 2 <input type="checkbox"/> <input type="checkbox"/> years ago..... 3						
E45	What is/was your relationship to the last person you had sex with?	Spouse 1 Fiancé(e) 2 Boyfriend/girlfriend..... 3 Casual partner 4 Employer 5 Sex worker 6 I was raped..... 7 Other (Specify):..... 8						7->G1
E46	How old is/was that person? (At the time they had sex with you)	Age in years: <input type="checkbox"/> <input type="checkbox"/> Don't know 98						
E47	The last time you had sexual intercourse, did you or your partner use anything to prevent pregnancy?	Yes..... 1 No..... 2						2->E50
E48	What did you or your partner use? (Multiple choice)	Daily pill 1 IUD..... 2 Injectable/depo-provera..... 3 Diaphragm..... 4 Condom (male)..... 5 Condom (female)..... 6 Implant..... 7 Spermicidal cream/foam/jelly 8 Traditional medicine..... 9 Safe days (rhythm)..... 10 Emergency contraception (morning-after pills)11 Withdrawal 12 Vaginal rings 13 Lactational amenorrhea method 14 Other (Specify):..... 96 Don't know 98						

E49	Who suggested using a contraceptive (method)?	My partner 1 Myself 2 Joint decision 3	
E59	Why didn't you use any contraceptive the last time you had sex? (Multiple choice)	Not available..... 1 Did not know where to get it 2 Too expensive, cannot afford..... 3 Partner objected 4 Do not like them..... 5 Did not know how to use 6 Didn't think it was necessary..... 7 Didn't think of it..... 8 Too shy to buy contraceptives..... 9 Other (Specify): 96	Skip to G1 if you are female; skip to M1 if you are male

**G- ADOLESCENT PREGNANCY, RATE OF ADOLESCENT ABORTION
(AMONG GIRLS) (SELF-ADMINISTRATED)**

In this section, we would like to ask questions about pregnancy and abortion

No.	Question	Code	Skip
G6	Have you ever been pregnant?	Yes..... 1 No..... 2 Don't answer 98	2->M1 98->M1
G7	If yes, how many times have you been pregnant?	Number: [] [] Don't remember/prefer not to answer 98	
G8	How many unwanted pregnancies have you had?	Number: [] [] Don't remember/ prefer not to answer..... 98	
G9	Have you ever had menstrual regulation or induced abortion? [Abortion is actively using methods to terminate a pregnancy]	Yes..... 1 No..... 2 Don't remember/ prefer not to answer..... 9	2->G9 9->G9
G10	If yes, how many menstrual regulations or induced abortions have you had?	Number:[] [] Don't remember/ prefer not to answer..... 98	
G11	When was your most recent menstrual regulation or induced abortion? (Please specify the year, eg. 20xx)	In Year: [] [] [] [] Don't remember/ prefer not to answer..... 98	
G12	Where did you have your most recent menstrual regulation or abortion?	Private clinic..... 1 Private hospital..... 2 Commune health station 3 Public hospital/health center (district/provincial/central)..... 4 Other (specify): 8 Don't know/ prefer not to remember..... 9	
G13	At the health facility after a menstrual regulation or abortion, what did you receive from your health providers in terms of counseling/information and provision of contraceptives? (Multiple choice)	None..... 1 Counseling and information on contraceptives..... 2 Provision of contraceptives..... 3 Other (Specify): 8 Don't remember..... 9	
G14	Have you ever had a miscarriage or still birth?	Yes..... 1 No..... 2 Don't remember/prefer not to answer 9	2->M1 9->M1
G15	If yes, how many miscarriages or still births have you had?	Number: [] [] Don't remember/prefer not to answer... 98	

M. SMOKING AND DRUG USE/CIGARETTES

We would like to know some information about your tobacco and drug use

Smoking

M11	Do you currently smoke cigarettes or a waterpipe? If yes, do you smoke or use tobacco products every day, some days or not at all?	Every day..... 1 Some days..... 2 Rarely..... 3 Not at all..... 4 Never..... 5	4->M3 5->M4
M12	On average how many cigarettes do you currently smoke each day on the days that you smoke?	<input type="text"/> <input type="text"/> <input type="text"/> (Cigarettes per day) <input type="text"/> <input type="text"/> <input type="text"/> (Waterpipes per day)	
M13	How old were you when you first smoked?	Years (Specify):..... <input type="text"/> <input type="text"/> Don't know..... 98	

Alcohol use

M14	Have you ever drunk beer or alcohol?	Yes..... 1 No..... 2	2->M7
M15	How old were you when you first drank beer or alcohol?	Years (Specify):..... <input type="text"/> <input type="text"/> Don't know..... 98	
M16	How often have you drunk beer/wine in the last month?	Not at all..... 0 Once a month..... 1 Two-three times/month..... 2 Once a week..... 3 Two-three times/week..... 4 Four-five times/week..... 5 Everyday..... 6	

Drug use

M17	Have you ever tried opium, marijuana, heroin, amphetamines or other similar drugs?	Yes..... 1 No..... 2	2->L30
M18	If yes, how old were you when you first tried the drug?	Years (Specify):..... <input type="text"/> <input type="text"/> Don't know..... 98	
M19	Have you ever injected drugs?	Yes..... 1 No..... 2	2->L30
M20	Have you ever shared/re-used needles with anyone when using drugs?	Yes..... 1 No..... 2	

Forced sex

L33	Have you ever been forced to have sex with anyone?	Yes..... 1 No..... 2	
L34	Did you know that person(s) before?	Yes..... 1 No..... 2	
L35	After being forced to have sex, did you tell anyone about it?	Yes..... 1 No..... 2 No answer..... 9	
A5	How do you self-identify your gender?	Male..... 1 Female..... 2 Transgender..... 3 Intersex..... 4 Unspecified..... 5 Other(Specify):..... 6	
A6	Who are you sexually attracted to?	Male..... 1 Female..... 2 Both male and female..... 3 Unsure/questioning..... 4 Don't know..... 9	

Thank you for your answer!

N. RESEARCH TEAM

Nam Truong Nguyen, MD, DrPH– Principal Investigator

Dr. Nguyen is the Director of the Institute of Social and Medical Studies (ISMS). He has over a decade of experience designing and conducting research in socio-medical sciences. He has served as a Principal or Co- Investigator for over 35 large-scale survey and evaluation studies in Viet Nam. For over a decade, Dr. Nguyen has led survey studies on sexual and reproductive health, including among young people.

Ha Song Vu, MD, PHD (Public health) – Co-Principal Investigator

Dr. Vu is a founder of the Center for Creative Initiatives in Health and Population (CCIHP), where she works as a Senior Researcher and sits on the management board. She has worked on gender equality and improving health in Viet Nam for the past 19 years. She has also been involved in a number of survey and intervention projects with marginalized groups, such as people living with HIV/AIDS, GBV survivors, youth, children with disabilities and their parents.

Minh Hung Tran, MD, MSc – Co-Investigator

Dr. Tran is a medical doctor, researcher, and public health professional with more than 20 years of professional experience in research and M&E for a wide range of public health programs. He has expertise in designing, managing, analyzing and disseminating a wide range of quantitative and qualitative research projects. Dr. Tran is Director of the Consultation of Investment in Health Promotion (CIHP) and Vice-Director of the Center for Creative Initiatives in Health and Population (CCIHP). His publications focus on reproductive health and gender.

Thu Dai Bui, MD, MSc – Survey Coordinator

Dr. Bui is Vice-Director at ISMS, where he is also in charge of the Policy Division. He has in-depth experience in data collection design and implementation based on his background in monitoring and evaluation for development projects, as well as policy survey in population and development, aging and health and aging-related policy advocacy. Dr. Thu was involved in the evaluation of Vietnam's Population Strategy 2001-2010, and contributed to Vietnam's Population and Reproductive Health Strategy 2011-2020.

Linh Thi Nguyen, MPH- Survey Coordinator

Ms. Nguyen is a public health survey professional specializing in study management. She has six years of experience conducting public health surveys in Viet Nam. She has led teams to conduct a wide array of field surveys, including large-scale household surveys, evaluation studies and qualitative studies. In addition to human resource management, her strengths include site monitoring, project management and survey implementation, including the collection, management and analysis of data.

Trang Thi Nguyen, MSC – Data Analyst

Ms. Nguyen has more than five years of experience with survey implementation in various positions, including supervisor, data analyst and in data management. She specializes in data analysis tools in both qualitative and quantitative studies.

Phuong Thi Thu Pham, MSC, PHD - Co-Investigator

Dr. Pham has 15 years of experience in survey methodology and quantitative analyses. Her research includes issues related to health, human development, family studies, gender, labor markets and other development factors. Her international and domestic publications focus on children, gender issues, human development and family studies.



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