

FACT SHEET

Young People and Health



- There are many challenges to the health status of adolescents and youth in Viet Nam: HIV and AIDS, non-communicable diseases (chronic health conditions, injuries and mental health issues), substance abuse, and lack of access to quality health services (particularly reproductive health care).¹ **Ensuring equity and efficiency of health care** for young people is also a significant challenge.
- Marital and fertility trends are in the process of changing from 'early' to 'late', a fact that will have considerable impact on the country's future population and family structure.²
- Data reveals the existence of **gender and geographical disparities for marital and fertility indicators**. For example, women tend to marry earlier than men and the trend of marrying later is slower for youth in remote and rural areas.³

Physical health:

- The most common ongoing/**chronic health problems** among young people are cardio-vascular diseases (21.8%), digestive diseases (20.4%), goiter (12.7%), asthma (3.4%), vision problems (3.3%), tuberculosis (2.4%), other respiratory diseases (0.7%) and other (9.9%).⁴
- A relatively high proportion of young people have **goiter because of iodine deficiency**. The proportion is higher among young women (15.5%) than young men (10%). The rate of young people with goiter has tended to increase in recent years.
- In the Survey Assessment on Vietnamese Youth round 2 (SAVY II), 50.7% of respondents revealed that they usually seek help for health problems from private clinics, 44.4% buy medicine for self-treatment, 32.7% go for treatment to district health centers/hospitals, 28.4% to traditional healers and 23.2% to provincial/central hospitals.

Reproductive health and sexual health

- SAVYII data indicates that **sexual activity is rare** among young people aged 14-17, but that **age at first sex** among young people **has decreased** from 19.6 years in 2004 to 18.1 years in 2009.⁵
- 17 per cent of youth surveyed in SAVY II are currently married. Nearly 10 per cent of married youth aged 15-24 report that they had premarital sex.⁶
- According to household survey data, the average age of first marriage increased between 1999 and 2006 – from 25.3 to 26.6 years for men and from 22.7 to 23.2 years for women. The incidence of **early**

¹ *An Analysis of the Situation of Children in Viet Nam*, UNICEF, 2010.

² *Young people in Viet Nam – A Profile of Selected Indicators from the 2009 Population and Housing Census* (UNFPA draft paper)

³ Ibid.

⁴ Second Survey Assessment on Vietnamese Youth (SAVY II).

⁵ Ibid.

⁶ Ibid

marriage⁷ has decreased from 2.2 to 1.6 per cent among men and from 9 to 6.1 per cent among women.⁸

- Only 2.2 per cent of males aged 15-19 nationwide were 'ever married', while for females in the same age group the percentage is much higher, at 8.5 per cent⁹.
- On average, rural women and men marry at an age two years younger than their urban counterparts¹⁰.
- Over one third (37 per cent) of the young people who participated in the SAVY II survey believed that **premarital sex** is acceptable when both partners consent, when the partners are about to get married, or if they are able to prevent pregnancy.¹¹
- The national family planning programme in Viet Nam provides **contraception and reproductive health information** to different population groups, particularly married couples. These services are also offered to adolescents and youth, but access has been limited and data is scarce.¹²
- The **abortion** rate in Viet Nam is high, although figures vary. A literature review indicated that abortion rates among married women seemed to have stabilized, but that more abortions were occurring among young unmarried women and adolescents. The abortion rate among adolescent is 2.2% of all abortion cases in 2010.¹³ The study revealed various reasons for abortion, including incorrect use of contraceptives,¹⁴ limited access to reproductive health services and lack of life skills (e.g. power to negotiate condom use). Reliable data is limited, possibly owing to the stigma associated with abortion.¹⁵
- SAVY II data indicates that youth have relatively good awareness of reproductive health topics, especially family planning **contraceptive practices**, although the accuracy of understanding is not as high as expected. Awareness of puberty among girls aged 14-17 is higher than among older females, indicating improved knowledge and greater openness about these issues. According to SAVY II, knowledge about **condoms** among youth is quite high, with 94 per cent of surveyed girls and 95 per cent of surveyed young men recognising that condoms could prevent pregnancies, HIV and STIs.
- About a third of young people in Viet Nam have **difficult access to reproductive health care and counseling services**.¹⁶
- Data from SAVYII indicates that the percentage of male young people who have had **sex with sex workers** is very low, at only 3.7 per cent.

Addictive substance use and risky behaviours

- Already there are signs of **increasing risk-taking behaviour** among young people in Viet Nam as demonstrated by rising rates of **substance abuse**.¹⁷

⁷ Marriage of children and adolescents below the age of 18

⁸ *The 2007 Population Change and Family Planning Survey: Major Findings*, GSO, 2008.

⁹ *Young people in Viet Nam – A Profile of Selected Indicators from the 2009 Population and Housing Census*, (UNFPA draft paper)

¹⁰ Ibid.

¹¹ Ibid.

¹² *An Analysis of the Situation of Children in Viet Nam*, UNICEF, 2010.

¹³ *Reproductive Health Report*, MoH, 2010.

¹⁴ *Research on reproductive health in Viet Nam: a review for the period 2000 – 2005*, UNFPA, 2007.

¹⁵ SAVY II, 2009.

¹⁶ Ibid.

- Over 60 per cent of male and 22 per cent of female youth aged 14-25 reporthaving ever consumed **beer or alcohol**.¹⁸
- Another significant concern is **smoking**, which has become an important health issue in Viet Nam.¹⁹ On average, most smokers begin at 17 years of age. Most girls do not smokebecause it is considered inappropriate within Vietnamese society. Forty-seven per cent of adolescents aged 15 and over smoke, while less than two per cent of females do.²⁰
- MOLISA estimates that in 2009 there were about150,000 people nationwide using **drugs** (83% of which injected drugs). Half of the people surveyed who inject drugs started using drugs in their adolescence. And risky injecting drug use is the leading mode of HIV infection in Viet Nam.²¹

Injury

- The **majority of injuries** among youth happen on **roads/streets** (73 per cent).²²
- About one fourth of youth sometimes drive a motorcycle when not wearing a helmet. Most of these are young males, especially in the age group 14-17.²³

Mental Health

- There are growing concerns about **mental health problems among children and young people**, such as anorexia nervosa, school aversion, games addiction, depression, and suicide. According to the Centre for Child Psychology and Psychiatry, mental disorders affect about 20 per cent of Vietnamese children. One of the challenges facing the health sector is lack of sufficient physicians in Viet Nam trained to diagnose and treat these conditions.²⁴
- In the SAVY II survey, 27.6 per cent of youth said they sometimes feel so sad or helpless that they stop doing usual activities, and 21.3 per cent reported that they sometimes feel hopeless about their future. Only 4.1 per cent had ever thought of suicide.²⁵
- Young women and urban youth report higher rates of **sadness and depression** than young men and rural youth. Among young women, 77.9per cent report having experienced sadness. The rate for young men is 68.4per cent. A surprising finding is that 5.9% of young women have ever thought of suicide, which is more than twice the figure for men. This very high rate of suicidal thoughts among young women needs attention.²⁶
- The **learning environment** has great influence on the rate of young people reporting feeling sad. According to SAVY II, the incidence of sadness among youth who reported that teachers treat students

¹⁷ SAVY II, 2009; MOLISA, 2010.

¹⁸ SAVY II,2009.

¹⁹ *United Nations Common Country Assessment for Viet Nam*, UN in Viet Nam, 2004.

²⁰ *Viet Nam Household Living Standards Survey*, VHLSS,2006.

²¹ *Report on the situation of children in special circumstances from MOLISA to Culture and Education Committee for Children and Young People*, MOLISA, 2008.

²² Ibid.

²³ Ibid.

²⁴ *Viet Nam Health Report*, MOH, 2006.

²⁵ SAVY II.

²⁶ Ibid.

unequally is 30.9 per cent. Among youth who felt that their **study workload** is too heavy, 23 per cent reported higher levels of sadness—double that of those who do not think their workload was too heavy (12.5%).

- According to SAVY II, a quarter of the young people who said they had ever thought of **suicide** reported having attempted it—including a third within the past 12 months. While still small, the numbers of young people who report suicide attempts has doubled since 2004.²⁷

Recommendations

- To remedy **gender and geographical disparities for marital status and fertility**, policies and programmes affecting young people, such as adolescent reproductive health, education and training should be developed with sensitivity to geographic differences, particularly those regions and provinces that lag behind the rest of the country²⁸.
- There is a need for **greater coordination** between sectors and ministries on cross-cutting issues for young people such as injury or HIV and AIDS.
- Resources are needed to increase the **number and capacity of local health staff** (especially in remote areas) for adolescent reproductive health.
- Adolescent reproductive health care should be fully recognised or implemented, and steps taken so that **sexual and reproductive health education in school** is no longer a sensitive issue.
- Provision of reproductive health services needs to be more **youth-friendly**,²⁹ especially for HIV and sexually transmitted infections (STIs). This is particularly true for marginalized and most-at-risk youth. For example, although the 2001-2010 Viet Nam Population Strategy targets adolescents and youths in principle, it focuses primarily on married couples.
- **Population and family planning communication** needs to be further strengthened to better serve the need for information and knowledge related to pregnancy, family planning, reproductive health, and prevention of HIV and AIDS.
- **Youth-focused communication channels**, messages for improving knowledge and behavior change should be developed, while making sure these messages reach the most vulnerable and marginalized youth who tend to be more at risk.
- A **good school environment** where there is equal treatment of all students, encouragement and support from teachers, and an appropriate syllabus will help young people to reduce negative psychology in their life.³⁰

²⁷ SAVY II.

²⁸ Source: *Young people in Viet Nam – A Profile of Selected Indicators from the 2009 Population and Housing Census* (UNFPA paper in draft)

²⁹ SAVY II.

³⁰ Ibid