

PART I

Introduction and Methodology

Chapter 1

SAVY Overview

This Report of the first Survey Assessment of Vietnamese Youth (SAVY) represents a landmark in the progress of adolescent and youth development in Viet Nam. The findings from SAVY, the first nationally representative survey of young people aged 14-25 years, are intended to better inform future initiatives to promote the healthy development of youth across the country. This includes policy and programs not only in the adolescent and youth health area, but also in defining the role of family and community, education, employment, and culture and information.

According to SAVY, the majority of Vietnamese young people are hardworking, strongly connected to their families, optimistic about the future and generally satisfied with their employment situation. In the main, young people enjoy the schooling experience and feel well treated by teachers. Few of them are engaged in behaviors that are culturally or socially unacceptable. The majority do not support premarital sex, instead choosing commitment, love and marriage before sexual relationships. There are however clear gender differences, with more males involved in risk behaviors, notably smoking, drinking, unsafe sex, motorbike racing and violence. A small but important group of young people face other risks, such as early school drop-out because of economic inequalities and the emerging pressures of development.

SAVY highlights the crucial role of the family in developing young people's characters, providing opportunities for economic support, a harmonious environment, an openness to discuss issues of puberty, relationships and HIV, and positive role modeling by parents. All these factors contribute to greater resilience and resistance to risk behaviors by young people.

The report's recommendations include strategies to build more supportive environments for young people, and for reinforcing existing positive social and health behaviors. It documents the resilient spirit of, and the high levels of optimism about the future by, young Vietnamese. It also highlights the need for targeted interventions to tackle specific health issues and social disparities for young people at risk.

SAVY has been a collaborative effort involving the cooperation of many agencies, and a remarkable degree of cooperation from thousands of young people throughout the country. The SAVY results reported here should be seen as a beginning rather than an end. It is the start of an ongoing process of monitoring social and economic conditions among youth that is currently being improved.

1.1. General Introduction to Viet Nam

Viet Nam covers an area of 331,000 km², three quarters of which is made up of mountainous and hilly regions. The Red River delta in the North and the Mekong delta in the South are the two largest low flat deltas upon which 40% of the Vietnamese population lives.

There are more than 54 ethnic groups of which the Kinh is the majority (86%), followed by four other groups that have populations of more than one million: Tay, Thai, Muong, Kh'mer (National Census 1999). Vietnamese is the official language. With a population of 80.6 million, Viet Nam is the world's 14th most densely populated country. More than 75% of the population lives in rural areas and are engaged in agricultural work. Population growth in the years 1989-1999 was 1.64%.

The development of Viet Nam has been strongly influenced by Confucianism and Taoism. The main religions¹ are Buddhism (7.1 million followers), Catholicism (5.1 million followers), Hoa Hao (1.2 million followers), Cao Dai (0.9 million), and Protestantism (0.4 million).

Viet Nam has seen dramatic social and economic change as a result of "*ñoi mòi*" policy introduced in 1986. Average annual growth rate was between 7-7.2% during 2002-2003. GDP has doubled between 1990 and 1999² and is over US\$ 400 presently. Although substantial progress has been achieved, Viet Nam is still a poor country, with 28.8% of households categorized as living in poverty in 2002. To address this issue, the Viet Nam Development Strategy aims to develop the country economically but still maintain social equality. Poverty reduction is one of the government's priorities. In 1993 there were 58% households categorized as living in poverty and this declined to 37.4% in 1998 and 28.8% in 2002. Viet Nam's Human Development Index is 0.688 which is as high as that of many other well-off countries. The adult literacy rate in 2002 was 94.3%,³ and life expectancy in 2003 was 68.8 years.

Infrastructure investment and development nationwide is costly, and has been hampered by



unfavorable geographical characteristics. One outcome of this is social and economic inequality, especially between the Kinh population and ethnic minority groups. The Vietnamese government is clearly aware of this situation, and has undertaken a series of prioritized programs for the development of remote and mountainous areas.

Integration and an open policy have brought undoubted social and economic achievements. However it has also created some negative changes in the way people live, and increased social problems, notably substance abuse, sex work, HIV/AIDS, family breakdown and increased individualism in a competitive market.

1.2. Youth

Youth development is a compelling concern, both locally in Viet Nam and in countries around the world. In Viet Nam specifically, young people between the ages of 14 and 25 are currently the largest demographic segment (24.5% of the total population as shown in 1999 Census). As young Vietnamese have tremendous potential to promote the country's advancement and success, understanding the issues that are central to young people's development is of critical importance.

Although there are some universal attributes of adolescence as a developmental stage, many aspects of adolescence and youth are culturally specific. In Viet Nam, adolescence is a relatively new phenomenon: as age is generally associated with wisdom, power, and authority, young people are often viewed as needing direction and regulation from adults to monitor their behaviors.

However, the definition of adolescence and youth in Viet Nam is evolving. Young people are beginning to assert their identities and legitimize the concept of adolescence in Viet Nam, fueled by the dramatic social and economic changes occurring with "*ñoi mòi*" and the globalization that has ensued. Adolescence and youth as a social and developmental phenomenon shifts in concert with the changes of the economic climate: young people become immersed in a culture of increased tourism, mobility, and improved living standards, where education becomes increasingly valuable and employment becomes more scarce. All of these dynamics shape

the climate in which young people develop.

1.3. Survey Assessment of Vietnamese Youth

SAVY not only highlights the youth agenda, but also creates a body of knowledge about Vietnamese youth. Specifically, it aims to:

- provide information that can best inform future initiatives to promote the healthy development of youth across the country;
- inform policy and program development in the Adolescent and Youth Health area in the immediate future; and
- provide baseline data about Vietnamese youth to identify trends and patterns in the coming years.

SAVY is a collaborative effort between many agencies and young people. It is the result of extensive investment and partnership building between the Vietnamese Government through the Ministry of Health (MoH), the General Statistics Office (GSO), and United Nations agencies, notably the World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF). Several other organizations, from a variety of sectors, also contributed to the endeavor, notably the Ministry of Education and Training (MoET), the Central Youth Union (YU) and the Viet Nam Women's Union (VWU). In order to ensure that the survey was methodologically sound, the East-West Center (Honolulu, Hawaii) provided intensive technical assistance. Although information about Vietnamese youth was available prior to this survey, it was not comprehensive enough to support the design of well-informed programs, and many interventions and services for youth therefore remain largely inadequate and inequitably distributed.

Resolution No4 by the Central Party Executive Committee, Session VII emphasises "The work with youth is highly important to the country, a decisive factor to the success of our revolution". In the *Viet Nam Youth Development Strategy 2010*⁴, the Government identified employment and prevention of HIV/AIDS and substance use, as the key issues faced by young people in Viet Nam. Although data from SAVY indicate that young people agree about



the importance of these issues, they suggest that youth are concerned about other issues as well. SAVY provides nationally representative baseline data from which we can draw insight into young people's schooling, working lives, awareness and knowledge of HIV/AIDS, drug use exposure, experiences of health, injury and violence, access to mass media, relationships with friends and family, and their attitudes, perceptions and aspirations for the future.

1.4. Defining Adolescents and Youth

According to WHO, 'adolescence' has been defined as the period from age 10-19, 'youth' refers to those aged 15-24, and the term 'young people' is often used to refer to the combination of the two groups (ages 10-24)⁵. SAVY, however, surveyed those between the ages of 14-25, for several reasons. Firstly, this age range was deemed to be an accurate representation of a typical young person in Viet Nam today. More importantly, this was deemed the most appropriate age range to allow consistent administration of the survey. As the survey was administered in the absence of parents, young people over 14 were considered old enough to deal with some of the sensitive content explored in the survey without having their parents present. In this SAVY report, the term 'young people' refers to the age group 14-25 years.

Although it would still be valuable to explore the views and experiences of young adolescents between the ages of 10-13, SAVY results indicate that the defined age range was the most

appropriate in exploring adolescence in Viet Nam. For example, according to SAVY the average age of menarche (or first menstrual period) is 14.4 for Vietnamese girls. Comparatively, girls in the United States of America (USA) begin menstruating at an average age of 12.5 years⁶. Similarly, youth in Viet Nam tend to report delays in social and emotional development, as compared with youth in Western countries. While 33% of young urban men in Viet Nam between the ages of 22 -25 report being sexually active, the proportion exceeds 90% of young men aged 20-24 in Great Britain⁷.

As a result of the broad age range in the study cohort, the SAVY findings are often discussed in the context of three sub-groups delineated by age (14-17, 18-21, and 22-25). This enabled clear comparisons of age-specific social and biological changes across sub-groups. For example, though most young people go through puberty during the 14-17 year period, the average age for a first sexual encounter, of those who had experienced sexual relationships, is closer to 20 years of age. Marriage was reported more frequently in those between 22 and 25 years of age. Had the survey not included this upper range of respondents, it is unlikely that SAVY would have provided much information about the marriage habits of young Viet Namese.

1.5. A Risk and Protective Factors Framework

Adolescence is often characterized as the search to answer one key question: “Who am I?”⁸ In their struggle to define their identities and their journey through these transition years, adolescents strive to develop and solidify a system of values, become more independent, and cope with many physical, emotional, and social changes.⁹ This is also a time when young people experiment with riskier behaviors, and although most young people emerge from the transition unscathed, some can engage in health-compromising activities. Many worldwide programs that strive to prevent high risk or dangerous youth behaviors utilize the risk and resilience model, which focuses on reducing factors known to increase the potential for problem behaviors (‘risk factors’), while emphasizing those factors known to promote resilience, or young people’s capacity to cope in difficult times (‘protective factors’)¹⁰.

Considering young people within the context of their own family dynamics is a useful lens through which to consider the values of the risk and protective framework. SAVY establishes that most young people, even those in difficult situations, appear to remain connected to family, are prepared to work hard for their families, respect their families, and look forward to having a family of their own. These are all significant protective factors that can strengthen young people’s self-esteem and boost resilience. At the same time, there are adolescents who are not connected to their families, and this can pose potential problems in terms of the status of their physical and mental health.

This report strives to ground SAVY findings in the risk and resilience model. SAVY indicates that youth in Viet Nam face many challenges, notably traffic accidents, tobacco and alcohol use, unprotected sexual activity, interpersonal violence, and mental health issues. Additionally, the findings from SAVY identify that there are a number of protective influences that mitigate the risks faced by young people in Viet Nam, such as having a strong support network in friends, family and community. In applying this framework to program and policy development, attention should be focused on prevention strategies which minimize known risk factors and which encourage the development of those factors known to be protective.

At the same time, it is important to realize that there are specific populations of young people that are particularly vulnerable, including those living in poverty, the never-schooled and school drop outs, those from ethnic minority backgrounds, and, in some cases, those in remote areas of the country. Additional research on vulnerable youth populations identifies street children, victims of abuse, young sex workers, and young people with addictions as particularly high risk, although SAVY did not specifically seek out these sub-populations when it was administered.

1.6. Snapshot of Priority Issues

SAVY data highlight a number of areas where effective intervention could reinforce positive and protective factors, and improve the lives of young

people:

- **Promote the positive behaviors of youth:** The generally positive findings from SAVY require due acknowledgment, and necessitate the development of strategies to maintain and further promote safe, sensible and positive behaviors and attitudes. Focusing on the reinforcement of young women's smoke-free lifestyles; encouraging monogamy and fidelity in marriage; further building opportunities for strong family connection; and providing opportunities for young people to be listened to and have a say, are all tools that can be used in any positive behavior strategies. Traditionally these approaches have not been politically attractive, but given the apparent strength of protective factors (education, family and friendships) in the Vietnamese community, the development of positive behavior strategies emerges as a priority issue for the future.
- **Poverty and employment:** Focusing on opportunities for work and enterprise for young men and women, within local areas, can decrease the number of families living in poverty, and may reduce the need for migration and its associated risks for young men and their family. With a growing population of young people and estimates that 1.4 million new jobs are required each year to keep pace with the population's employment needs, unemployment and underemployment are priority concerns for young people.
- **Ethnic minority youth:** SAVY indicates that ethnic minority young people are at a considerable disadvantage in indicators ranging from education and vocational training to the ability to access information about reproductive health and HIV/AIDS.
- **HIV/AIDS:** 50% of new HIV infections occur in young people, and 40% of people living with HIV/AIDS (PLWH) are between the ages of 15 and 24¹¹. In Viet Nam, 62% of infections are in the 20-29 age group. SAVY shows that young people hold a broad range of opinions on topics related to the spread of HIV/AIDS, including views on premarital sex, condom use and appropriate treatment of

PLWH. It is important to recognize that, although cultural taboos often limit discussions about these sensitive issues, young people must have the opportunity to explore their options in a safe arena so that they can make responsible choices in the future. Focusing HIV efforts on the most vulnerable young people, such as intravenous drug users (IDUs) and young sex workers, is the most effective way to halt the spread of the disease¹².

- **Gender:** A young person's gender appears to either increase or moderate risk for different issues. For example, young women tend to communicate more openly with their families, and they use substances far less than their male counterparts. Therefore attempts to intervene in young men's smoking, using programs that are peer based for example, may save many lives in the future. At the same time, however, girls are less positive than boys about their futures and themselves. Promoting gender equality in schools can provide inroads for young women to access financial opportunities and gain equitable employment. Increasing girls' access to education and services through Life Skills Education and Youth Friendly Health Services will help increase their reproductive health knowledge, which can have positive effects on a young woman's decision-making in regard to family planning and on maternal mortality.

1.7. SAVY Report Format

This report is the first in a series to publish the SAVY results. The descriptive data are provided in Part II of the report, focusing on a wide range of issues concerning adolescents and youth. Each section is presented with data delineated by age, gender, and ethnicity, and, where relevant, marital status (never married and ever having been married). This is followed by discussion and a limited analysis. Where no notable difference exists between groups, this has not been stated explicitly. Where relevant, reference to lack of gender or age difference may be made.

Disaggregation of the category 'ethnic minorities' includes all ethnic minority groups reported by

respondents and accounts for 15% of the total sample. While such a category may conceal inter-ethnic differences, further disaggregating was not practical as this would have resulted in insufficient numbers for analysis.

Linkages between issues are identified where possible. A later and much briefer section explores those factors associated with increasing involvement with health compromising behaviors and those factors that are associated with lower involvement. It is important to note that while the report provides some analysis of the results, there may be other valid explanations for these results. The information presented is certainly subject to further debate and additional scrutiny.

Subsequent to this report, there will be ten policy briefs on topics related to youth development (HIV/AIDS, reproductive health, gender, employment, family life and culture, education, substance use, injuries and violence, services, and wellbeing and mental health). These briefs will further explore the implications of the data and provide more intensive policy and statistical analysis. Together, these publications will enable well-informed policy and program development for the present time. In addition, the data will provide a baseline for Viet Nam to identify trends and patterns in the coming years, informing and strengthening policies and programs in the distant future.

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12. Ibid.

