

## Chapter 12

# FINDINGS AND RECOMMENDATIONS

It is important that a number of preliminary recommendations are provided in this section, to stimulate further discussion and debate and help direct future policy and programming.

More specific recommendations will be presented in the ten SAVY policy briefs to be published in 2005. These policy briefs are based on more detailed analysis and provide in-depth recommendations about ten specific areas: HIV, gender, reproductive health, family and society, drug use and abuse, mental health, accidents/injury and physical harms, education, employment and services for youth.

### 12.1. Priority issues

SAVY results have highlighted a number of issues that need to be prioritised in future program planning and policy development. Key issues are: the provision of jobs for young people; creating more supportive school environments that keep young people there for a longer period of time. Other priority issues include the risks associated with legal drugs (alcohol and tobacco), increasing knowledge and dialogue of young people with their parents about sexuality, reproductive health and HIV/AIDS. Changing attitudes and behaviours about condoms, and reducing risky road traffic behaviours are also a priority, as are reinforcing and maintaining the positive behaviours, attitudes and supportive environments that currently protect most young people.

#### Recommendations:

- Explore further avenues for job creation to increase employment of young people
- Strengthen collaboration between sectors and mass organisations including the Youth Union as a priority to upscale the delivery of programmes that provide accurate knowledge and focus on skill development, addressing

priority issues such as HIV, sexual and reproductive health, legal drug misuse, road traffic accidents...

- Design a national policy on establishing BCC networks and support services including reproductive health counselling and care for youth in the school and the community with the involvement of several sectors.
- Resources be coordinated and provided to ministries and mass organisations to speed up education programmes on reproductive health, safe sex and HIV/AIDS including mandating the inclusion of such programs into the school.
- Review and where necessary amend national policy/ legislation (and enforcement of such) in the area of alcohol and tobacco accessibility to young people

### 12.2. Target Vulnerable Young People

SAVY results suggest that targeted interventions are necessary, and/or desirable to address specific issues and also specific groups of young people.

Vulnerability and risk factors change depending on the issues, for example, pregnancy is a risk for young women but drug use affects far more young men. Clearly 'one size fits all' does not apply in this case. To be relevant to all programmes and approaches, we must acknowledge the heterogenous nature of young people in Viet Nam.

SAVY clearly shows that ethnic minority groups require targeted programmes, resources and interventions as this group is the 'less reached' i.e. they are less able than other youth to access information and services, and in many cases, they are the poorest, the least healthy and the least educated. Separate targeted interventions are also needed for young men and young women as the mortality, morbidity and health risks differ depending on the issue.

#### Recommendations:

- To designate specific resources to upscale programs and interventions targeting HIV/AIDS and reproductive health information and services for young people from ethnic minority groups.

- To design programmed interventions for strengthening knowledge and skills dimensions in the area of sexual and reproductive health education, for young women both in and out of school, including young women prior to marriage.
- To develop specific programs and interventions for young men that target a number of health compromising behaviours that are often linked including: smoking, and alcohol use, risky sexual behaviour and condom use, HIV prevention, violence, and road traffic behaviours.

### 12.3. Strengthen the Legislative and Policy Framework to Promote and Protect Young People

A supportive legal and policy framework is a necessary part of any public health approach. Policies and legislation that aim to protect young people already exists in Viet Nam although policing or adherence to these policies appears inadequate. SAVY data highlights that without support for implementation or stringent enforcement of legislative policies, education and IEC may have limited influence on young people's behaviour change and do not serve to protect young people as intended.

#### Recommendations:

- Key sectors, mass organisations and donor partners support development of new policies and legislation that protect rights of adolescents and young people and facilitate the design and implementation of integrated interventions in various sectors including social protection, education, drug use, family protection, mental health and traffic accidents
- Increased monitoring and enforcement of existing legislation in the areas of traffic accident reduction, alcohol and tobacco misuse, access to condoms and contraception, and child labour.
- Address gender issues, minority young people, unmarried youth, vulnerable groups of young people including: street youth and disabled youth in the design and implementation of adolescent and youth health and development policy and programmes.

- Greater youth participation, in appropriate contexts, in the process of community and government decisions that affect young people's lives.

### 12.4. Improve Surveillance Systems and Planning Processes to Support Adolescents and Youth

SAVY data distinguishes itself as the first national adolescent and youth baseline data. It has highlighted that in order to make significant changes in adolescent and youth health it will require cross-sector cooperation when developing future action plans and strategies.

#### Recommendations:

- The SAVY report should be disseminated to all relevant sectors, NOT only the health sector, so the main findings and how they impact on future programmed development can be considered.
- SAVY data should be used as a significant source of evidence when identifying high, medium or low priority interventions for the Master Plan for Adolescent and Youth Health. SAVY should also support future implementation and the mainstreaming of youth into existing national strategies, notably the: *The Youth Law, National Youth Strategy 2002-2010; Reproductive Health Strategy; National Nutrition Strategy; Tobacco Convention and the Injury Prevention Strategy.*
- A plan for the second and subsequent SAVY should be developed based on a five year timeline. Partners should join efforts to ensure there are sufficient resources to enable SAVY to become a regular and institutionalized surveillance measure. Partners should include the Government of Viet Nam, GSO, Youth Union, WHO, UNICEF.

### 12.5. Develop Supportive Environments

SAVY provides some evidence that risk and protective factors are relevant for youth in Viet Nam. SAVY has highlighted that young people who are

more connected to family and schools fare better than those who are not. Many interventions targeting adolescent health have focused on addressing specific risk factors and health problems rather than promoting the benefits of creating a supportive environment to prevent risk taking and promote positive behaviour. Therefore programmes to build supportive environments for young people (thereby building protective factors) should be seen as legitimate areas of investment for youth.

### Recommendations:

- The framework of risk and protective factors and supportive environments be further disseminated to policy makers and researchers (across sectors) to raise their awareness and familiarity of these approaches.
- Assess school environments for their potential to provide protective environment, and support young people to succeed and stay at school (by providing guidance and counselling when required).
- Build local community programmes that allow young people access to leisure activities and facilities including clubs that encourage a sense of connection with the community. This can help prevent inactivity, stress, risky experimentation and potential mental health problems.
- Invest in interventions that strengthen family as a protective factor to ensure young people feel connected to their parents (significant adults), receive adequate attention and care, are allowed to develop independence and provided opportunities to participate in family life.
- Explore extensions of parenting programmes that build two way dialogue between young people and their families.
- Upscale provision of youth-friendly services including counselling especially for unmarried

young people.

- Strengthen the positive peer support in mitigating risk factors for youth.

### 12.6. IEC and Mass Media

Mass media is the most popular and common medium for young people in Viet Nam to access information about sexuality, HIV and reproductive health as well as many other life issues. While urban young people increasingly have access to sophisticated mass communication tools like the internet even in remote areas the majority of young people can access television. Mass media as a communication tool and channel for social marketing and questioning social norms about condoms, contraception, gender remains largely underexplored and is clearly preferred by young people. Making messages relevant remains a challenge.

### Recommendations:

- The quality and quantity of messages targeting young people should be increased as mass media is clearly an effective tool for getting information to young people. Additional attention to quality and specificity of this information would be beneficial in terms of increasing knowledge as well as awareness.
- Social marketing campaigns targeting youth condom use need to destigmatise condoms within the framework of youth in Viet Nam attempting to create attitudes that condom use is safe, responsible, and offering protection for individuals and their partners.
- IEC programmes should be relevant to different age groups, be gender sensitive, include all geographic areas and not just focus on awareness raising but also attempt to change behaviour.

