

## Chapter 4

## Friendships, Dating, Sexuality and Reproductive Health

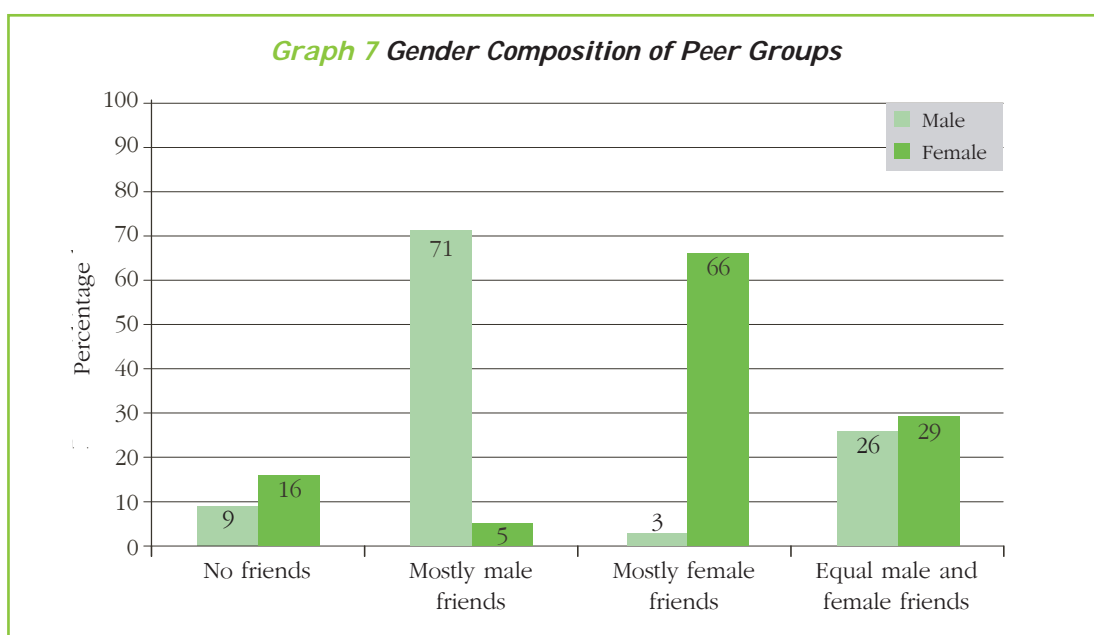
This rather extensive chapter deals with a number of topics relating to relationships, reproductive health, and sexuality. It considers young people's awareness and knowledge about reproductive health, family planning and pregnancy as well their attitudes and behaviours to issues of pre marital sex, contraception, sex work, and homosexuality. This chapter also reports on young women's experiences of pregnancy including use of prenatal services and finally presents data on abortion.

### 4.1. Friendship and Peer Groups

Young people were asked about whether they have a group of friends with whom they often keep company, and the gender composition of their friendship groups. The majority of the respondents (88%) report that they do have a group of friends with whom they often meet. 12% of the respondents reported not having a group of friends. Within that figure there is a rather marked gender difference, with 9% of males and 16% of females

reporting that they have no group of friends. While living in isolation may account for some of this percentage for women, cultural expectations about women staying home, caring for their family and working hard mean that they have limited time for socializing and maintaining friendships. Among those who have friends, 75% report that they have a mixed peer group, made up of both males and females. There is almost no gender difference in this regard (76% for males and 74% for females). However, peer groups of boys tend to consist of mostly boys, and peer groups of girls tend to consist mostly of girls. About a quarter of boys 26% and 29% of girls have groups of friends consisting of about equal numbers of boys and girls. Around 5% of girls in the sample report that most of their friends are boys, while only 2-3% of boys report that most of their friends are girls (see Graph 7).

In many countries, the majority of young people have peers of the same sex, but this pattern appears even stronger in Viet Nam, especially for the older age groups of 18-25 years. Research with parents in Hanoi suggests that some parents prefer same sex peer groups, and discourage mixed peer groups in an effort to avoid the attraction between young people of the opposite sex that often occurs during puberty<sup>1</sup>. Such parental attitudes and perceptions may create barriers to open communication between young men and women.



## 4.2. Puberty

A central developmental hallmark of adolescence is the onset of puberty, a time when the body physically develops and matures. With these physical changes often come many emotional and psychosocial changes, which can pose challenges for young people and parents alike. A significant milestone for young women is commonly seen as menarche, or getting their first period, and for young men the first nocturnal emission, or wet dream. Young people were asked about the age at which they first had a period or wet dream.

As shown in SAVY the average age of the first period for young women was 14.5 years, and the average age for young men's wet dreams was 15.6 years. Women tend to have an earlier onset of puberty than men. For example, while only 3.3% of young men had experienced a wet dream by age 13, 17.3% of young women at that age had experienced their first period. By age 15, 79% of young women had experienced menarche, and 50% of young men had experienced a wet dream.

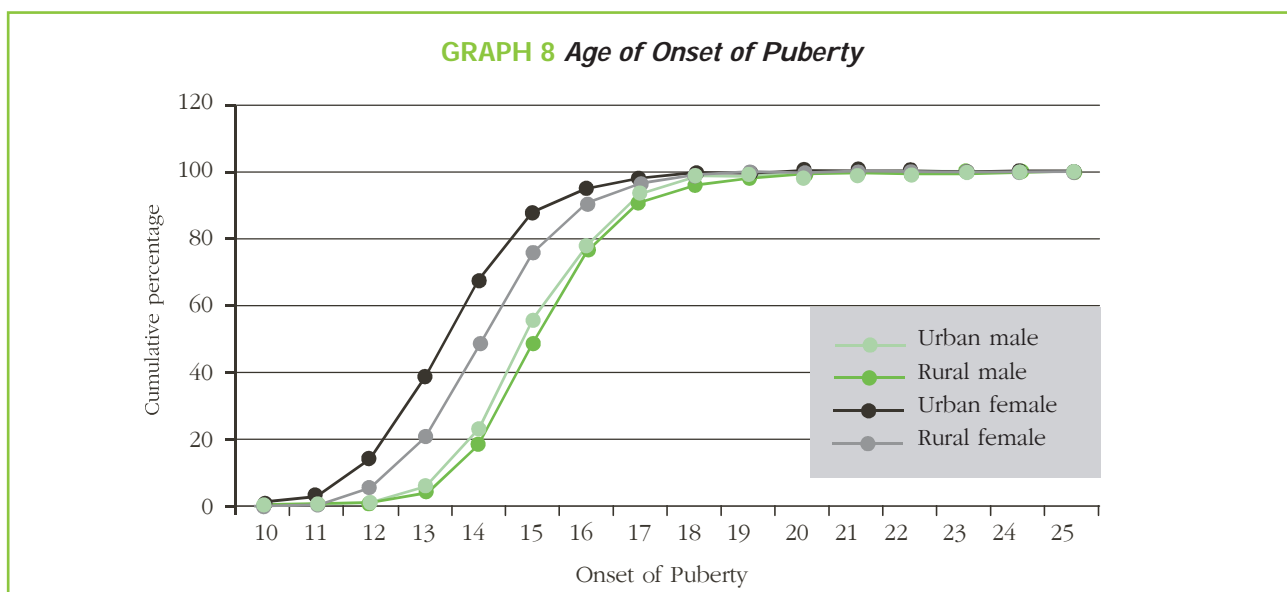
There is little difference between urban and rural men in terms of the onset of puberty. The average age of the first wet dream for urban men is 15.4 years; for rural men it is 15.7 years. However, there is a marked difference between urban and rural women in the timing of the first period. For urban women, the average age of menarche is 14 years. This is significantly earlier than for the rural young

women at 14.6 (see Graph 8). The onset of puberty is related to nutrition status among other factors.

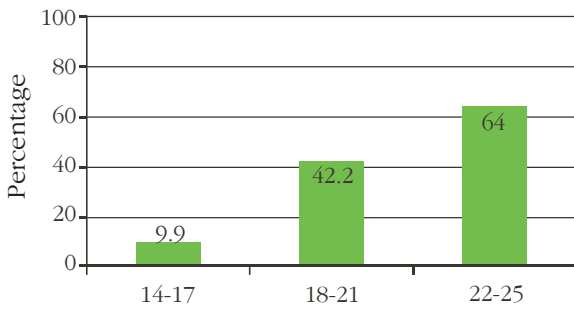
The observable differences between urban and rural women, and the lack of difference between urban and rural men, suggest that women in rural areas are possibly in a disadvantageous position in terms of nutrition, independent of the effects of sex differentials. This result is somewhat different from the findings of the recent National Health Survey 2002 in which there is no record of females being in a disadvantageous position in terms of nutritional status<sup>2</sup>. A similar finding is observed for the timing of puberty for ethnic minority and Kinh men and women, with almost no difference between ethnic and Kinh men and considerable differences between ethnic and Kinh women. On average, ethnic women experienced their first period at age 14.9, while Kinh women experienced it at age 14.4.

Although the vast majority of young people are not sexually active at the onset of puberty, the psychosocial effects of these physical changes can be a real challenge, and being un-prepared and ill-informed about such changes may result in these normal and common adolescents' experiences being more traumatic than necessary. In some cultures, such milestones are celebrated as important transitions and joyful events in a young person's life.

The above analysis highlights the need for the provision of information for boys and girls in the early teenage years about changes during puberty



**GRAPH 9 Percentage of Boyfriend/Girlfriend Relationships**



and to prepare them well for these imminent experiences. Information about puberty and related changes can be introduced early in junior high school and at an appropriately young age by parents at home.

### 4.3. Boyfriends and Girlfriends

Young people were also asked a series of questions about their attitudes, perceptions and behaviors relating to having a boyfriend or girlfriend: dating, kissing and sexual relationships. The first question in this series that was posed to young single people

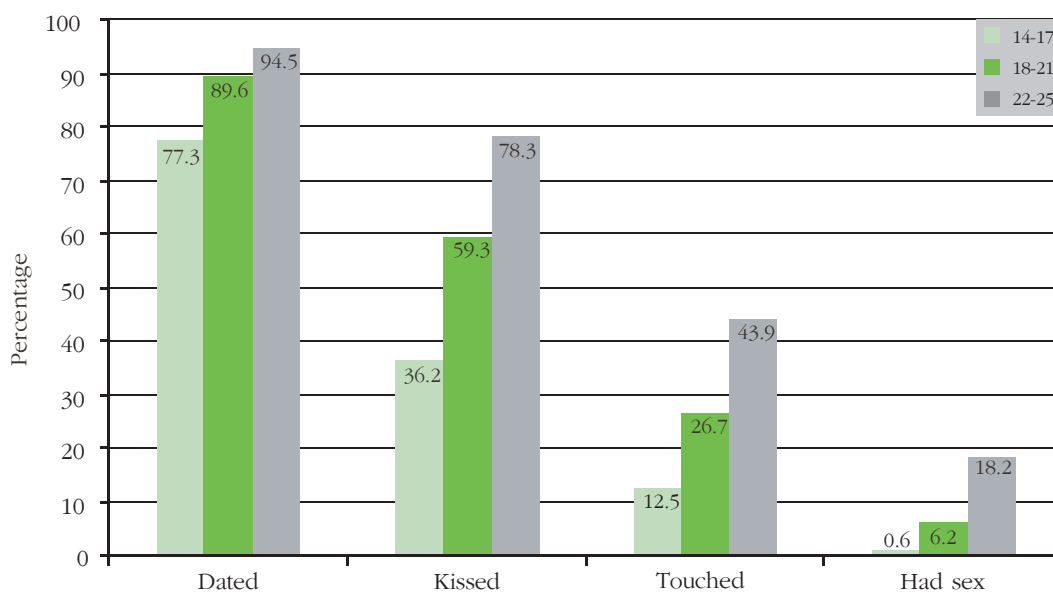
was: ‘Have you ever had a boyfriend or girlfriend?’

Of the total sample of unmarried respondents, 28% reported having had a boy friend or girlfriend. As illustrated in Graph 9, a small percentage (9.9%) of 14-17 year-olds reported that they had previously had a boyfriend or girlfriend. There was a substantial increase in the 18-21 age group (42.2%) and the 22-25 age group (64%). Having a boyfriend or girlfriend was more likely in urban areas (36.8%) compared to rural areas (25%). Interestingly, about 35% of those in the 22-25 age group reported never having had a boyfriend or girlfriend.

Within boyfriend and girlfriend relationships, certain types of behavior appear to increase with age, in both the percentage of those who engage in that behavior and in the degree of intimacy. Graph 10 shows the prevalence of a range of behaviors in the three different age categories.

The majority of those who reported having had a boyfriend or girlfriend also reported that they had dated, with figures increasing according to the three age groups: 77.3%, 90% and 94.5%. Of those who had dated, kissing was the least likely to take place in younger groups (36.2%), again increasing with age to 59.3% in the 18-21 age group and 78.1% in the 22-25 age group. A smaller percentage reported

**GRAPH 10 Dating and Relationship Experiences by Age Group**



more intimate behavior, such as touching private parts (12.5% of the 14-17 group, increasing to 26.7% and 43.9% of the older groups).

## 4.4. Sexual Relationships

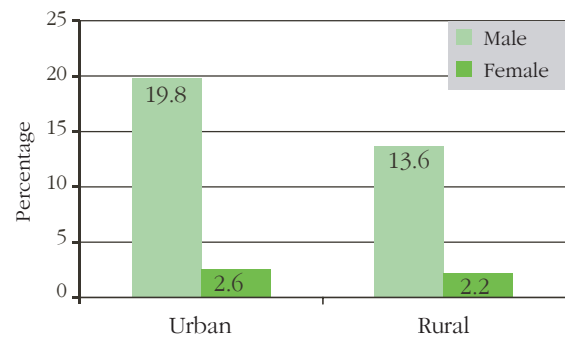
### 4.4.1. Single Young People and Sexual Relationships

Sexual activity is rare among young people aged 14-17. Out of the 3,213 respondents of this group, only eight (seven boys and one girl) in urban areas and 12 (nine boys and three girls) in rural areas said they were sexually active. These figures may be under-reported due to the sensitivity of the question. Nevertheless, the rarity of sexual events among people of this age group is perhaps the reality. These people are very young (one person was aged 14, one was aged 15, 8 were aged 16, and 10 were aged 17). Despite the small number of sexually active people in this age group, it is worth knowing that they had their first sexual encounters when they were very young. One boy had sex when he was only 14 years old, six had sex when they were 15, seven had sex when they were 16, and five had sex when they were 17. Although it is rare, the existence of sexual encounters in people in this age group suggests that parents and schools should pay particular attention to the sexual education of people in this age group to assist them in skills to avoid risky behaviors.

Since the number of sexually active people in the age group 14-17 is so small, in the subsequent analysis they are excluded. Nevertheless, one should keep in mind that much of what is discussed below may very well also be applied to this youngest age group.

81.1% of males and 62.8% of females in the 18-25 year age group reported themselves to be single. Among people aged 18-25 who responded to the question "Have you ever had sex with anybody?" 9.6% answered in the affirmative. The proportion of those who had ever had sex is higher for boys than for girls, and higher in urban than in rural areas (see Graph 11). Previous research comparing other Asian<sup>3</sup> (and some Western<sup>4</sup>) countries suggests low rates of sexual experimentation and activity in this adolescent group, particularly among girls.

**GRAPH 11** *Proportion of People Aged 18-25 Who Have Ever Had Sex*

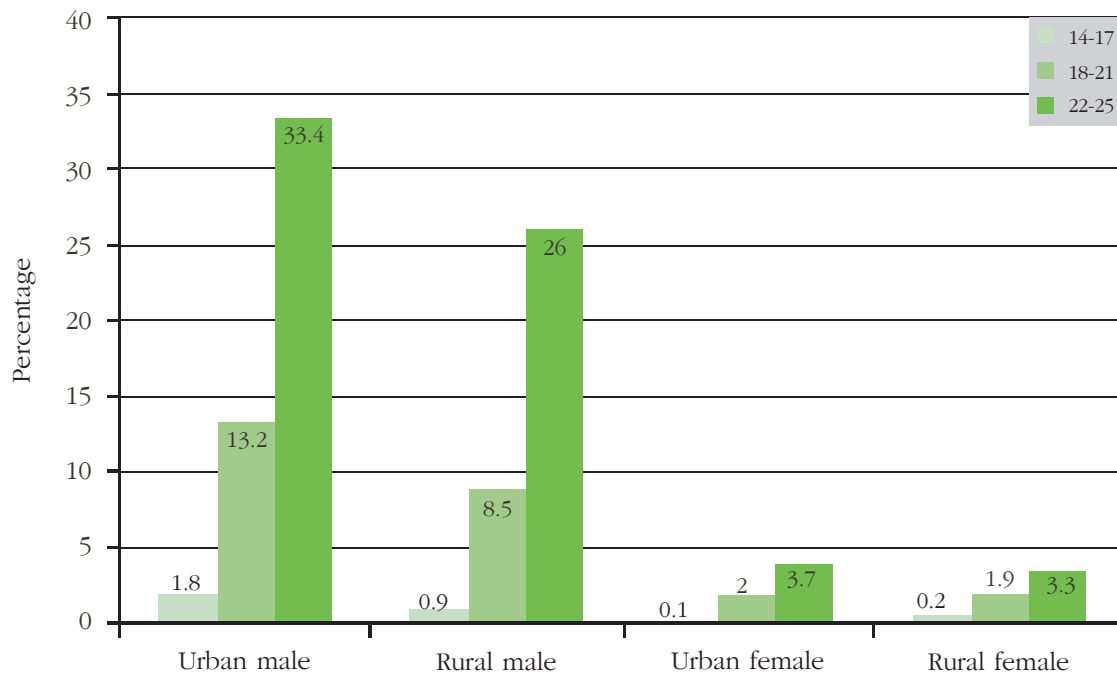


Consistent with the literature for other Asian countries<sup>5</sup>, the results of this survey indicate that single young people who reported that they have been sexually active were predominantly male (15.4% compared to 2.3% of females). The figures for premarital sex have therefore been delineated by gender, location and age group to better highlight the similarities, differences and trends for between- and within-group comparisons of young people's premarital sexual experiences.

Of interest to public health planners and parents alike is the finding that one in three single urban males (33.4%) aged 22-25 reported premarital sex as compared to only 3.7% of their female counterparts. This pattern is evident again in rural males aged 22-25, with 26% reporting premarital sex compared to 3.3% for their female counterparts. Factors influencing this gender differential may include under-reporting by young women because of cultural beliefs and the stigma attached to premarital sex, young men frequenting sex workers, and younger men having sex with older women.

Such differences in gender reporting of premarital sex are consistent with results from studies of adolescents across Southeast Asia. In one study which compared youth from 14 countries worldwide<sup>6</sup>, never-married young women aged 15-19 in Thailand and the Philippines reported extremely low levels of premarital sex (1-3%), while young men of the same age were slightly more likely to be sexually active (12% in the Philippines; 27% of young men in Thailand). However, these rates are extremely low for both genders compared with many countries in sub-Saharan Africa, Latin

**GRAPH 12** *Percentage of Premarital Sex by Age and Sex*



America and the Caribbean, Great Britain, and the United States.

#### 4.4.2. Sexual Partners

Of those single young people who were sexually active, the majority (71.9%) reported that they had their first sexual experience with their girlfriend or boyfriend, 10% with a friend, and 9.1% with a sex worker. The vast majority (85%) also reported to have only had one partner in the past 12 months. Young women reported having had their first sexual experience with a male who was older by a few years.

Among the single group who were sexually active, only six out of 317 male respondents reported being offered money for sex.

#### 4.4.3. Venue of First Sexual Experience

The majority of married people (92%) reported having their first sexual experience in their own or their partner's home. However a different pattern emerges for unmarried young people, with only 28% having their first sex in their own or their partner's home. The most commonly reported

venue for unmarried men's first sex was a hotel (39.4%), and 8% reported their first sex in a park. Single urban young men reported first sex in a hotel more often than their rural counterparts. Sexually active single males in the 18-21 year old group were somewhat more likely to be in this category, with over 50% of males reporting their first sexual experience to have taken place in a hotel. Very few sexually active unmarried young women reported their first sex as having taken place in a hotel.

This finding indicates that just fewer than 30% of sexually active single young people had their first sexual experience in environments known to them (homes) and in places that are relatively safe. Compared with married people, generally it is not easy for single young people to have sex in their homes. Many of them perhaps chose not to have sex there. This may be due to privacy and/or secrecy issues. Many young people may want to avoid being caught by their parents, or they may feel discomfort at taking part in what is perceived as culturally inappropriate behavior in the home environment. Another factor could be that places like hotels or parks provide easy venues for young people to meet their sexual partners.

While this group of single sexually active young people (mainly men) may be small within the overall sample, they are a significant high-risk group for HIV. Understanding more about the nature and risks associated with these early male sexual experiences will help to design appropriate programmes and interventions. SAVY provides evidence suggesting that targeting hotel sites for interventions and promotion of safe sexual behaviors will help to reach a significant number of young men at their first sexual encounter.

#### 4.4.4. Age of First Sexual Experience

The age for first sexual experience of young people in the sample is relatively late compared to the situation observed in Western countries and some other Asian countries<sup>7</sup>. The average age at first sexual encounter of the respondents in the sample is 19.6 years, similar for young men (20.0 years) and women (19.4 years). Ethnic minorities reported sexual initiation at 18.6 years, approximately one year earlier than the Kinh majority.

The majority of those young people who have had sex report that they continued to have sex after the first time. The continuation rate was 92% for the married respondents and lower for the single respondents (70%). For the 30% who do not continue to have sex, they may have changed their minds, or reconsidered their decision and therefore delayed, or stopped further sexual activity. The reasonably high figure of 70% of single young people continuing to have sex after the first time suggests that perhaps the decision to have sex is well considered and not 'spur-of-the-moment'.

#### 4.4.5. Frequency of Sexual Activity

All sexually active young people were asked about the frequency of sex during the last month and this was reported to be on average five times, with some variation between sub-groups. A very striking difference, and one to be expected, is the much higher rate of sexual activity by the married respondents, at six times per month, compared to that of the single sexually active group, at 1.7. Of the total sample of sexually active young people, urban males 22-25 years reported 3.8 times, with their rural counterparts reporting six times. Urban females reported 4.4 times, while their rural

counterparts reported 5.1 times. This difference could likely be linked to the fact that a greater percentage of young people living in rural areas are married, compared to their urban counterparts. Ethnic minority young people reported slightly higher frequencies, with males reporting 7.3 times and females reporting 6.1 times in the prior month.

#### 4.4.6. Sex with Commercial Sex Workers

Very few of the sexually active men in the sample reported to have had sex with a commercial sex worker (5.3%). However only 1% of the married men reported sex with a sex worker compared to 21.5% of the sexually active single young men who responded "yes" to the question: "Have you ever had sex with a commercial sex worker?"

No women reported having had sex with a sex worker. It should be noted that interviewers may not have asked young women this question, though they were instructed to, following the commonly held assumption in Viet Nam that all sex workers are female and that a male commercial sex worker service does not exist for women (or for men).

More single sexually active urban males access sex workers than their rural counterparts, as is clearly demonstrated in Graph 13. The reasons for the differences in accessing the services of sex workers between urban and rural areas could include increased availability and access to commercial sex workers in urban areas, the greater economic resources of young urban men, and cultural differences in urban and rural men's sexual

**GRAPH 13 Sexually Active Single Men Who Have Had Sex with a Sex Worker**



behaviors. Interestingly, the percentage of urban young men between 14-17 using sex workers is high (34.4%), suggesting that young men may be involved with sex workers as part of their initiation into adulthood or as experimentation during adolescence. It should be noted, however, that there are very few urban young men in this age group who are sexually active (1.8%, or n=32). Caution is required in considering these results.

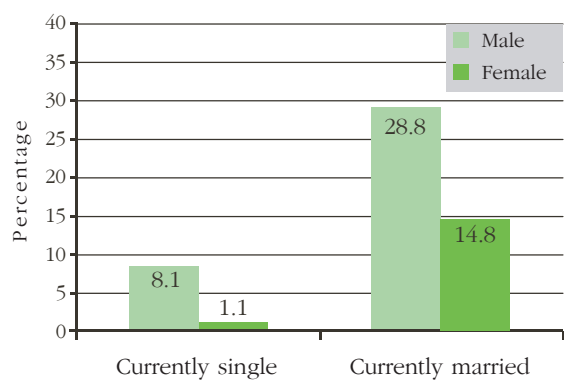
Reported usage of condoms by men with sex workers was very high (93.2%), with urban men reporting closer to 100% and rural men at around 90%. While only 1% of married men reported having sex with a sex worker (n=15) their rate of condom use is lower at 66.1%, compared with 98.1% of the single men reporting to use a condom when having sex with sex workers.

Attitudes to condom use were generally negative; for example, 70% of all respondents reported that condoms reduced pleasure and half of those surveyed felt that people who carry condoms might have improper relations. In addition, 30.2% of respondents said that condoms were only for 'prostitutes and unfaithful people'. Of interest, and with possible implications for future condom social marketing approaches, respondents were convinced about the practical effectiveness of condoms: 98.5% agreed that condoms could stop pregnancy and 97% agreed that they could prevent HIV and STIs if used properly. It should be noted that previous studies have recorded much lower levels of condom usage<sup>8</sup>.

#### 4.5. Premarital Sex among the Married

Of the total sample, 7.6% reported premarital sex, with a disparity between males (11.1%) and females (4%). Premarital sex in some ethnic minority groups is more common, with 39.8% of males and 26.1% of females reporting premarital sex, possibly indicating that premarital sex is a more acceptable behavior in these groups. The married people in the sample were also asked about premarital sex; 22.2% of married respondents reported to have engaged in premarital sex; 28.8% of men and 14.8% of women. This figure was far higher than the rate of premarital sex among singles (males at 8.1% and females at 1.1%). While this may be age-related, the

**GRAPH 14 Percentage of Those Reporting Premarital Sex**



very large discrepancy suggests that after marriage it is easier and more culturally acceptable to acknowledge that premarital sex did occur than it is to report its occurrence while single. 19.2% of the married sample reported that they had premarital sex with their current spouse, with only 6% reporting sex with someone other than their spouse before marriage.

The rates of premarital sex reported by those already married may provide a closer estimate of the numbers of young people engaging in premarital sex. In this respect, the information can be very useful in planning for appropriate and adequate reproductive health services, IEC campaigns, and prevention and treatment services for both married and unmarried young people.

The very high numbers of young married people who report only having had premarital sex with their spouse (92%) also shows a pattern of sexual activity within a committed relationship, and this signals the continuance of rather strong moral values about love. At the same time, it indicates some departure from traditional norms, according to which one should not have sex before marriage, and this is especially applicable to women. It is also a positive finding for public health professionals, as young people tend not to have multiple partners prior to marriage. However, what remains a challenge is to better understand the patterns of behavior of the 15% of men, both Kinh and ethnic minorities, who do report having sex with someone other than their spouse prior to marriage. This figure is much lower for women (1%).

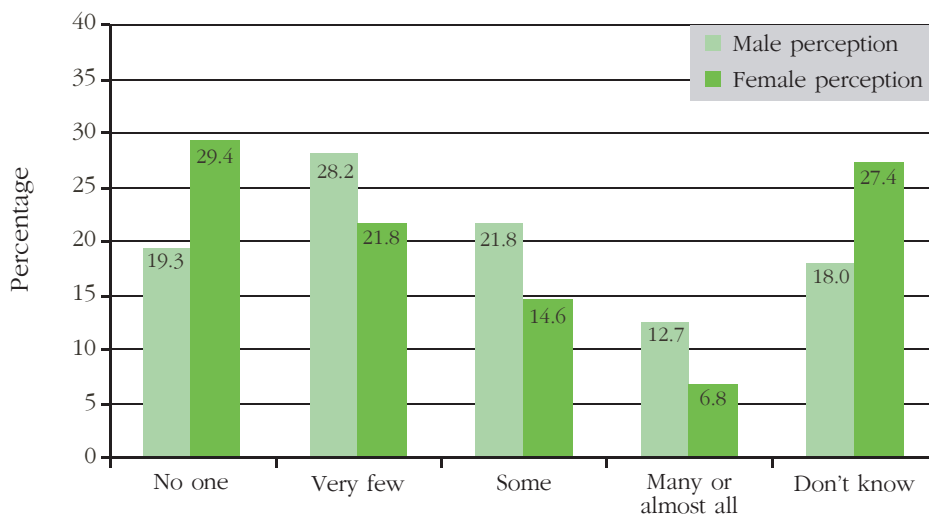
#### 4.6. Perceptions of the Prevalence of Premarital Sex

To gauge young people’s perceptions of both the prevalence of premarital sex in the locality in which they lived and their attitudes to premarital sex, SAVY asked young people the question: “How many young males/females have experienced premarital sexual relationships within your neighborhood?” About one-fifth (22.5%) of all respondents reported that there was no premarital sexual activity in their community, with a higher

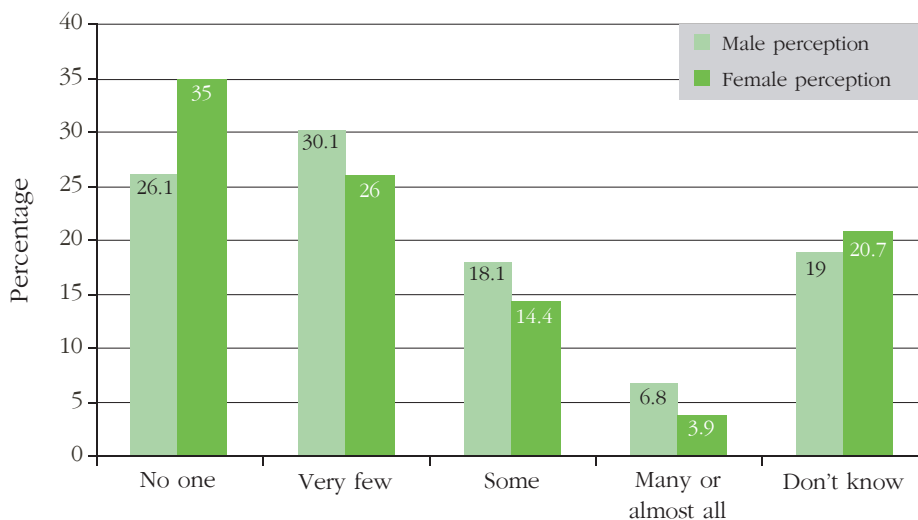
percentage of females reporting a complete absence of premarital sex.

Graphs 15 and 16 compare young men and young women’s perceptions about the prevalence of premarital sexual activity within their community. 29.4% of females said there were no young men involved in premarital sex. Only 19.3% of young men, however, shared this perception. About one-fifth (21%) of young women reported that there were ‘very few’ sexually active young men within the local community, while 28% young men perceived there were very few. 6.8% of young

**GRAPH 15** *Perceptions about Young Men’s Premarital Sexual Activity in Locality*



**GRAPH 16** *Perceptions about Young Women’s Premarital Sexual Activity in Locality*



women perceived that many or almost all of the local young men were sexually active with 12.7% of the young men themselves perceiving this to be the case. As clearly indicated in the two graphs, both young women and young men perceived young women to be less involved in premarital sex than young men. A minimal difference in the perceptions of married and unmarried young people was noted.

Previous studies in other countries found that young people tend to overestimate sexual activity and other high-risk behaviors in the population, reporting far higher levels than official survey figures show. One reason for this could be the well-publicized and shared myths about a small number of promiscuous local youth that are passed onto young people, who then generalize these specific cases to the whole population<sup>9</sup>. Articles or stories presented by mass media could be misleading and make young people believe that this is the general situation among youth.

Misconceptions and the re-telling of myths can inadvertently put pressure on young people in the way that they imply that young people are involved in certain behaviors, when in fact they are not, or encourage them to conform to behavior that is perceived to be common, when in fact it is not. Comments like ‘everyone has sex’ or ‘everyone gets drunk’ are examples of perceptions not supported by SAVY research. The media, plus alarmist adult attitudes, can contribute to promoting these myths. It is important that misinformation be challenged by evidence. Sound education programs – for young people, parents and policy makers – that provide accurate information about the real levels of sexual activity will be useful in affirming the choices of those young people who delay sexual experience.

#### 4.7. Views about Premarital Sex

Young people’s responses to questions about premarital sex indicate that generally they are not accepting of the practice. Young men, however, have more positive or accepting attitudes toward premarital sex than young women. Small attitudinal shifts can be seen depending on the circumstances under which premarital sex may occur, with young women more accepting of the practice if the couple is to be married and if pregnancy can be avoided.

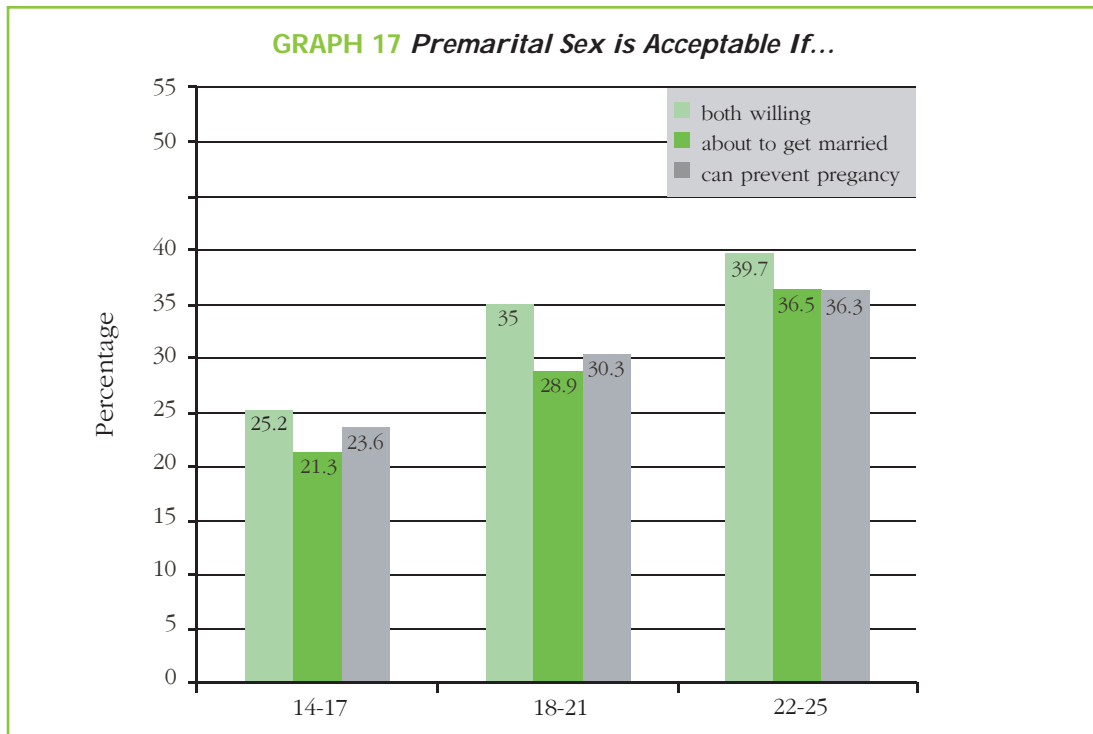
For example, when asked if premarital sex is acceptable if both participants are willing, 41% of males agreed with only 22% females agreeing. While similar numbers of boys disagreed that premarital sex is acceptable if both participants are willing (42.7%), many more girls disagreed (64.4%).

Similar results were reported for the question: Is premarital sex acceptable if the two participants love each other? While 32.5% of males agreed, less than half as many females agreed (14.7%). There appears to be slightly more acceptance of premarital sex if the couple plan to marry (37% males and 17.4% females). This could be explained by more liberal thinking about premarital sex or changing values about virgin. However, more qualitative research is required to better understand the factors influencing such views.

It is worth noting that slightly higher levels of acceptance were reported to the question of whether premarital sex was acceptable if the woman could prevent pregnancy. 37% of males and 20.2% of females agreed, while 42.7% of males and 63.2% of females disagreed. This may indicate that acceptance of premarital sex is not just an issue of morals but may also be linked to possible outcomes and negative consequences, including pregnancy for young women. This view may also indicate young people’s sense of responsibility or more attention being paid to safer sex.

Notably, younger adolescents (14-17 year olds) were far less likely to accept premarital sex than their older counterparts. This is not surprising, given the prevalence of strong propaganda messages about virginity, saying ‘no’ to sex, and the portrayal of premarital sex as undesirable and deviant. Such attitudes may be protective for young people generally. However, for those young people who do transgress from these strongly-held norms, the stigma and enforced secrecy can lead to severe consequences, including not only risks of pregnancy and STI/HIV, but also of family conflict, ruined reputations, damaged youth-parent relationships, decreased self-esteem and premature parenthood<sup>10</sup>.

Internationally, youth programs have moved towards an encouragement of delaying experimentation and initiation of “adult behaviors” but also of acceptance that some young people will experiment<sup>11</sup>. Importantly, research indicates that



comprehensive sexual education, aimed at delaying sexual initiation, has a positive influence on reproductive health knowledge and attitudes<sup>12</sup>. Such programs provide a supportive and enabling environment by delivering both information and skills to equip young people to make safer decisions and choices. This includes services, and sometimes treatment, to deal with inevitable consequences and the “mistakes of youth”.

In relation to these attitudinal questions about premarital sex, approximately 20% on average gave an unsure response, a percentage that is higher than for most other questions. This may mean that these respondents were wavering, or had not really considered the issues and therefore had no opinion. But it may also be the case that the conventions against open discussion of sexual and reproductive issues meant that some young people were too embarrassed to share this information.

#### 4.8. Views about Sex Work

Young people were presented with a range of statements about sex work. While they generally viewed sex work negatively, responses indicate an increasing degree of tolerance with age. Results also indicate that acceptance and tolerance of sex work

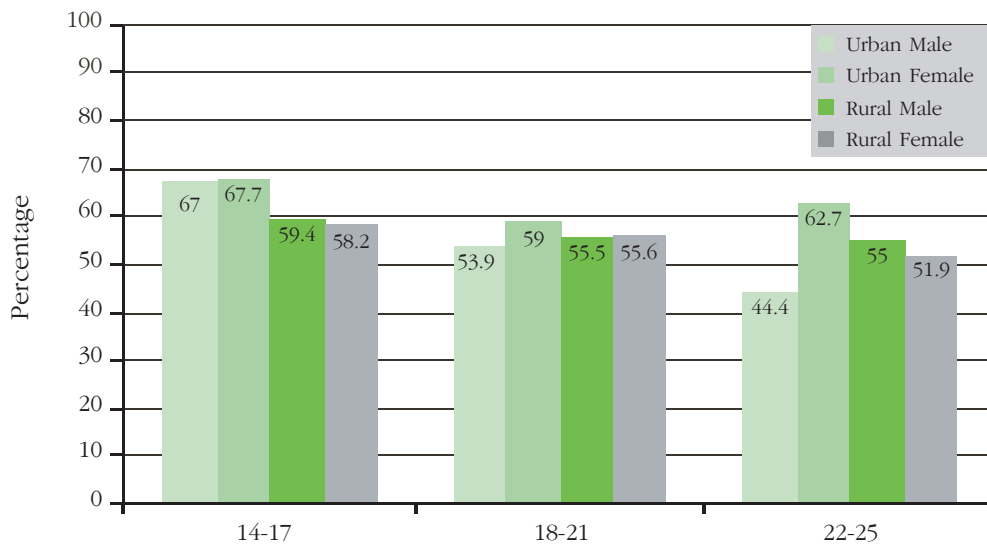
depends on the circumstance and nature of the sex work; not all sex work is viewed in the same way.

When faced with the statement “commercial sex is immoral”, 57.5% agreed, with no gender differences. More urban younger respondents aged 14-17 were disapproving of sex work, at 67%. Urban older males (22-25) and ethnic minority young women were least likely to agree that sex work was immoral, at 44.4% and 48.4% respectively. Faced with the statement “commercial sex is bad but some must do it due to their circumstances”, 43.4% of the sample agreed. Urban men aged 18-21 years agreed at the highest level (58%), while ethnic minority respondents (30.7%) and rural 14-17 year olds (38%) were least likely to agree. Graphs 18, 19 and 20 show the differing levels of response to sex work questions from different sub-groups of young people.

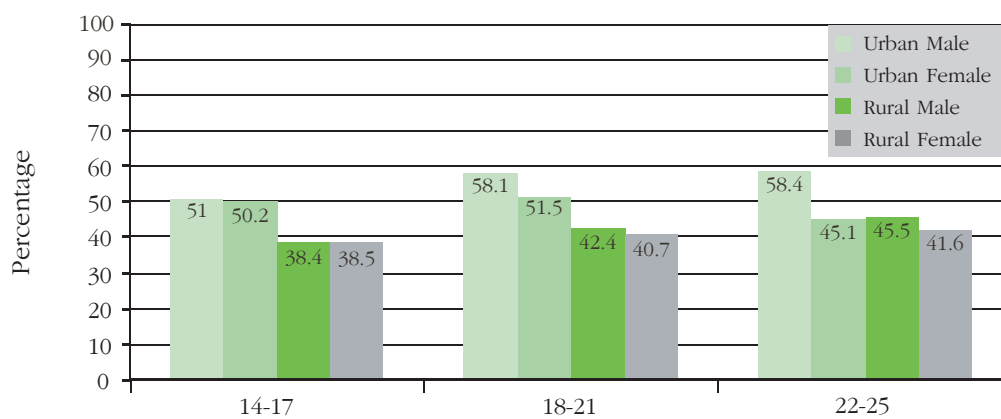
Further, the statement, ‘whether commercial sex is bad or not depends on each person’s perception’ gained agreement by 38.7% of all respondents. This percentage is interesting, given some of the strong messages linking sex work and social evils that have been communicated through government IEC campaigns<sup>13</sup>.

This increasing level of agreement with the

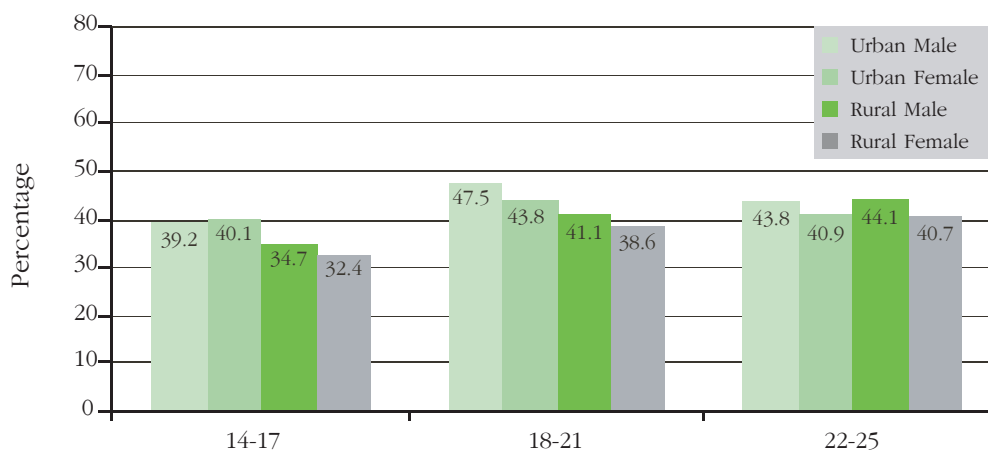
**GRAPH 18** *Commercial Sex Work is Immoral*



**GRAPH 19** *Commercial Sex Work is Bad, but Some Must Do It Due to Their Circumstances*



**GRAPH 20** *Whether Commercial Sex Work is Bad or Not Depends on Each Person's Perception*



statements (or lack of disagreement) indicates an understanding of some of the more complex and underlying factors that result in people's involvement in sex work, and further recognizes that different views and attitudes about sex work exist within this society.

#### 4.9. Awareness of and Attitudes to Homosexuality

Just over 40% of the sample reported that they did not know about homosexuality. The question did not explore the extent of knowledge, but was purely an awareness question. Of the 60% who did know about homosexuality, a very significant 80.2% said they would not accept a homosexual as a friend. Graph 21 illustrates attitudes and acceptance of homosexuality, and highlights some differences between Kinh and ethnic minority young people on this issue. Awareness of homosexuality was lower in ethnic minority groups, at 39% compared to 60% of Kinh youths. However, young people from ethnic minority areas were more likely to accept a homosexual as a friend, and, in fact, 7% reported that they did have a homosexual friend compared to 4.5% of their Kinh counterparts.

The data indicate that while there is a moderate awareness of homosexuality, there is

very little acceptance of it. This poses future potential problems, not only of discrimination, but also of a lack of attention to what is potentially an emerging 'at risk' group that may possibly contract and spread HIV/AIDS. Unprotected male-to-male sexual intercourse is the most potent method of HIV/AIDS transmission<sup>14</sup> and studies conducted in the USA, Thailand, the Philippines, and Australia highlights the vulnerability of this group to HIV/AIDS infection. Future public health campaigns should focus on mitigating stigma and discrimination against this group, not only in terms of human rights but also in order for public health messages, such as condom use, to reach those most at risk.

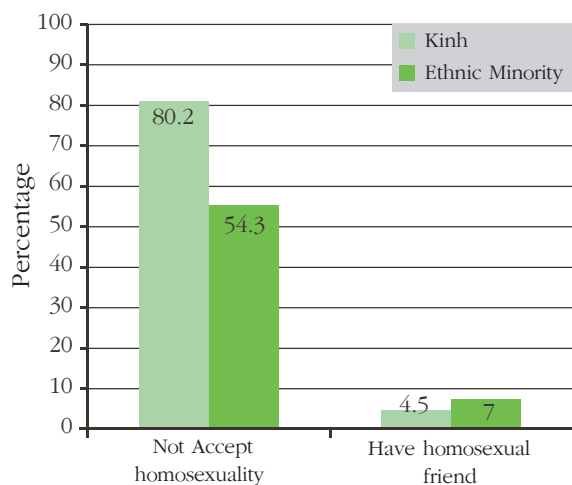
#### 4.10. Experiences of Pregnancy

Of the total sample of women in the survey, 19.4% had been pregnant at some time. Among sexually active women, 88.3% reported to have been pregnant at some time. It should be noted that sexually active women account for only 22% of the total number of women in the sample. Most of these pregnancies (98.4%) occurred in married women in the sample. Higher percentages of pregnancies were reported in rural areas. Among sexually active women, 84.4% of women in urban areas reported to have been pregnant compared to 89.3% of rural women. Predictably, sexually active women in the oldest age group, 22-25 years old, were the most likely to have been pregnant, with 87.4% in urban areas and 93% in rural areas having ever been pregnant. The corresponding figures for the 18-21 age group are urban 78.3% and 83.8% rural. For the 14-17 group 62.6% (urban) and 71.0% in rural.

Of the forty one unmarried respondents that were sexually active, eleven (26.8%) reported to have been pregnant. While these actual numbers are low the fact that about 1 in 4 have been pregnant raises issues about access to contraception, knowledge about pregnancy, negotiation skills around safe sex.

Of all of the young women who had been pregnant, 85% reported having given birth. The average age of first birth is 20.4 years, with 21

**GRAPH 21 Attitudes and Acceptance of Homosexuality**



**TABLE 7 Age at First Birth (%)**

Age at First birth	Urban (%)	Rural (%)	Total (%)
16	3.0	1.0	1.3
17	3.1	5.1	4.8
18	7.0	9.7	9.3
19	12.1	18.8	17.8
20	15.0	22.9	21.6
21	18.2	15.6	16.0
22	16.8	14.9	15.3
23	10.6	5.7	6.5
24	8.5	4.4	5.0
25	5.7	1.7	2.4
25	5.7	1.7	2.4

years for urban females and 20.3 years for rural women. It is a little earlier (19.4 years) for ethnic minority women. Table 7 shows that, of the young women who had given birth, 25.2% of urban young women and 34.6% of rural young women had done so before the age of 20. It should be remembered that less than half of the women in the SAVY sample have given birth before age 25 and therefore the comparisons with other data will certainly show the median age for first birth in SAVY to be lower than surveys that include women aged 15-49. Such surveys indicate median age of first birth at around 23 years of age<sup>15</sup>.

#### 4.11. Preventive Services and Problems During Pregnancy

The majority of young women reported no problems during their most recent pregnancy. However 21.7% reported some problems, with more problems for rural women (22.8%) compared to urban (16%). A very high percentage of women reported that they had a check up during their first pregnancy (83.3%), with just fewer than 90% in urban areas and 82% in rural areas, dropping to 64.4% for young women from ethnic minority areas. While the actual numbers of reported pregnant single women is very low (n=11), and caution is needed drawing any conclusions from this data, there appears to be a tendency for the

surveyed women not to seek services during pregnancy, with only four out of the 11 reporting a check up. Given the cultural mores around premarital sex it is understandable that pregnant unmarried women may not seek formal medical services.

The National Reproductive Health Strategy of the MoH recommends at least three pre-natal care visits during pregnancy<sup>16</sup>. On average, pregnant women reported 3.3 checkups, with 4.3 in urban and 3.1 in rural areas, and 2.7 for young women from ethnic minority backgrounds.

The table below indicates the uptake rate of both preventive services and specific pregnancy interventions for different sub-groups of young women. Consistently ethnic minority young women access services and specific interventions, including iron supplementation and tetanus injections, less than other rural young women and far less than urban women.

Just over 80% of women received prescribed tetanus shots during their most recent pregnancy, with similar urban and rural figures, although the ethnic minority group reported a lower figure of 63.7%.

A large majority of women had a health professional in attendance at their most recent birth. However, this was more likely in urban areas (94%) compared to rural areas (80.7%). Less than half the young women from ethnic minority areas (47.4%) reported having a health professional in attendance, with 36.3% having a family member in attendance and 8.1% having a traditional birth attendant. In contrast to Kinh, most ethnic minorities are not accustomed to delivering in health facilities and previous research suggests that in some ethnic minority areas 90% of deliveries are unattended or assisted by a family member. Family members were highly unlikely to be in attendance at Kinh women's births (0.4%). Ethnic minorities are less likely than Kinh to use public health facilities except for severe conditions. The reasons for this have been suggested to be remoteness from services, poor quality local services, and a more relaxed and natural attitude to life and health<sup>17</sup>. In some ethnic

**TABLE 8 Knowledge and Utilization of Maternal Health Interventions (% Yes)**

Knowledge and Behavior of Pregnant Women	Urban	Rural	Ethnic Minority	Total
Pregnant women heard of anemia	88.0	79.3	69.8	80.7
Women had prescribed tetanus shots during last pregnancy	85.3	81.7	63.7	82.3
Women who took iron pills during most recent pregnancy?	61.5	58.2	38.1	58.7
Percentage and number of pregnancy check ups	90 4.1 visits	82 3.1	64.4 2.7	83.3 3.3

groups, women do not want to have medical examinations or delivery assistance from a male doctor.

#### 4.12. Experiences of Abortion

Although 85% of young women who had been pregnant said they had given birth, only 7.2% reported ever having had an abortion, and about 3.6% reported a miscarriage during their first pregnancy. There appears to be some inconsistency in the reporting of experiences about pregnancy and the outcomes of pregnancy, and this may be related to the sensitive nature of reporting abortion and/or miscarriage.

Reported abortion cases were small, with a total of 54 cases mainly occurring in married women, with only three cases reported by single young women. Six cases of abortion were reported among ethnic minority groups. A youth reproductive health survey carried out in seven provinces in 2003 found similarly low reports of abortion by unmarried young women<sup>18</sup>.

This seemingly low abortion rate is likely to be influenced by the high number of very young women in the sample recently married and keen to reproduce. It is usual for young women to have a baby soon after marriage with previous studies reporting that 85% of married women without children are trying to have a child<sup>19</sup>. However, it is important to note that abortion is stigmatized, particularly for

unmarried young women, and therefore under-reporting is to be expected. It is also possible that with improved and increased access to contraception the abortion rate in Viet Nam is further decreasing, as noted between 1998 and 2002.

The decision to have an abortion was made by young women themselves (rather than husbands or parents) about half of the time (55.6%). This percentage was higher for urban young women (73.8%) compared to rural, where less than half the young women reported having made their own decision about having an abortion (48.4%). Husbands appear to have a greater decision-making role in rural areas compared to urban husbands. Parents made the decision in a few cases for urban young women aged 22-25 years. This may reflect the involvement of parents when the young woman is unmarried.

Prior review of abortion data in Viet Nam has noted the scarce statistical evidence and inconsistency in abortion data. While records suggest abortion rates may have doubled from mid 80's to mid 90's (7-800,000 to 1.5 million) the MoH report that figures decreased between 1998-2002 and appear to have stabilized<sup>20</sup>.

The Demographic and Health Survey 2002 omitted never married women from abortion questions<sup>21</sup>. However total abortion rate TAR (defined as the number of abortions during a woman's reproductive years) is 0.5 for married women aged 15-49. TAR in 2002 for married 15-19 years and the 20-24 years was .001 and .016 respectively. Previous research has

suggested that when calculating the abortion rate 10% of pregnancy terminations occur among never married (or unmarried) women<sup>22</sup>. In 1998 Youth Union data suggested that one third of menstrual regulation or MR's procedures were performed for young unmarried women. Other reports suggest that abortions by unmarried young women make up between 10-20% of all abortions in urban areas.<sup>23</sup> Compared to other surveys, SAVY seems to have under-reported actual abortion figures.

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