

Executive Summary

Introduction

The Survey Assessment of Vietnamese Youth (SAVY) is the largest and most comprehensive survey of youth ever undertaken in Viet Nam. A collaboration of the Ministry of Health, General Statistics Office, the World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF), the survey involved 7,584 youth aged 14 to 25 years from 42 provinces across the country, from the smallest rural hamlet to the largest cities. Using a household sample, youth were invited to a central location to complete both a face-to-face interview and a self-administered anonymous survey which contained sensitive questions young people could answer in private. What results is the most extensive understanding of the social life, attitudes and aspirations of young Vietnamese people today.

SAVY indicates that Vietnamese youth face many challenges in negotiating the changing economic and social climate. At particular risk are vulnerable young people, notably those from ethnic minority backgrounds and in remote areas where poverty acts as a barrier to education and employment. However, SAVY indicates that young Vietnamese people have a very strong support network through friends, family and the community, which will help to protect and support them through these challenges.

Young People as Part of Vietnamese Families

Young people in Viet Nam have a very strong sense of connection with their families. Family structure is such that, because of lower mortality rates and the rarity of divorce, families are generally intact. Even amongst young married people the trend is still to live with the husband's family. Young people participate fully in family life, are listened to and feel valuable to their family. Family is a protective factor for young people, even though a small but significant percentage reported some family conflict.

It is important to note here the marked differences between urban and rural households. Predictably

rural families are larger and more complex but have fewer resources to share around. They have higher rates of young marriage and of pregnancy. School drop-out rates are high, and attendance and literacy levels are lower in rural areas, particularly among ethnic minorities. Rural youth work in unskilled jobs and have less access to information sources, and therefore less knowledge of reproductive health issues. SAVY data indicates strongly the need for support to these areas.

Education

Education data is encouraging, showing that school attendance and literacy levels are high, and attitudes to schooling and teachers are very positive. School environments have become more supportive of young people, particularly young women, in recent years, with students having an opportunity to 'have a say' at school and teachers praising students when they do well. Few students reported a heavy workload, which is a surprising finding. Interesting in this sense however is the very high percentage of private tutoring that takes place outside of school hours. The main reason for not attending school or for dropping out is still because families "can't afford school fees or expenses". This is of course an influence on the fact that the highest education level attained by the majority of respondents is lower secondary school level. It is alarming in this respect that SAVY data indicates that young people may lose their literacy skills after leaving school. Extremely high numbers of young people report that they had wanted or did want to go to university, in stark contrast to the actual numbers that can.

Work and Employment

Young people identified work and increased opportunities to work as the highest priority in terms of their future aspirations. However, across all groups, it was consistently reported that it was difficult to find a job, though just over half of all young people surveyed have worked for pay at some time, with fairly high levels of satisfaction. In the context of the importance of work, it is discouraging to find that only a relatively small percentage of respondents have been involved in some form of job training.



Friendships, Dating, Sexuality and Reproductive Health

Traditional attitudes and practices towards relationships are the norm in Viet Nam, where premarital sex is still considered improper, friendships with young people of the same sex is the usual practice and there is very little acceptance of homosexuality. Within intimate relationships, kissing, touching private parts and sexual intercourse are not common. When it does take place, the decision to have sex appears to be well-considered and often occurs within an already committed relationship and in environments that are safe. This pattern of sexual activity within a committed relationship signals the continuance of strong moral values about love.

Of relevance is that about one third of single urban young males and one quarter of single rural young men 22-25 reported premarital sex although very few single young women did. The majority of respondents were generally not accepting of the practice of premarital sex, however, married women reported a much higher rate of sex before marriage. Many SAVY findings indicate different gender expectations relating to premarital sexual practices of young men and young women.

Although young people believe in the practical effectiveness of condoms, their attitudes to condom

use were generally negative, associating them with indecent relations including sex work. Contraception is used by many married couples however it is used irregularly by single people. Two thirds of young women still have limited knowledge of the fertile time in the menstrual cycle. Generally sex work was viewed negatively however, young people do have an understanding and tolerance of some of the complex factors that result in people's involvement in sex work. High rates of condom use was reported by young men having sex with sex workers.

Pregnancy and Abortion Experiences

The experience of pregnancy and abortion is concentrated in married women and the data indicates that there is still a stigma associated with unmarried pregnant women. In terms of health care during pregnancy, a very high percentage reported having had a check up during their first pregnancy. Consistently, access to services and use of public health centers are much lower amongst ethnic minority young women.

Abortion services were reported to be used by both married and unmarried women but compared with other surveys, the rates for abortion reported in SAVY seems low. Clearly abortion is stigmatized, particularly for unmarried young women.

Awareness, Knowledge and Sources of Reproductive Health Information

Extensive information campaigns and access to a wide variety of information sources means that, generally, young people in Viet Nam are well-informed about reproductive health, particularly contraception but less so about Sexually Transmitted Infections (STIs). However, accuracy of knowledge is not generally of a high standard.

Mass media, particularly television, is the most common information source on reproductive health. Professionals were the next highest category, and younger respondents still in school were most likely to receive their information from teachers. The oldest group, 22-25 relied on their peers for information. Young women accessed the family, particularly their parents, as a source of information much more than young men. It is encouraging that the data indicates that the youngest girls 14-17 talk more about their experiences of puberty compared with older girls, suggesting an increased awareness and openness to discuss previously hidden issues.

HIV/AIDS

HIV/AIDS information campaigns in Viet Nam have been successful in raising awareness of HIV/AIDS among the vast majority of young people who participated. However, though high levels of knowledge were recorded, accuracy of knowledge was lower. Notable is that nearly one quarter of young people who have never attended school have not heard of AIDS. SAVY shows a clear relationship between level of education and HIV knowledge. SAVY also shows that discussion about HIV/AIDS with young people in the family is often not linked to reproductive health and sexuality issues.

Generally, young people reported positive attitudes to people with HIV, and limited fear. A majority said that they would help and keep normal contact with people with HIV, but would be aware of protecting themselves. However, almost three times as many ethnic minority youth, who have little access to information, said that they would not help someone with HIV/AIDS.

Substance Use

The environment in Viet Nam provides easy access to legal drugs for young people: a massive 98.6% of the total sample said that they can easily obtain alcohol. Young men are further encouraged to drink through peer pressure, but social constraints discourage the same behavior in young women. Very few young women reported that they had ever smoked, or that they experienced any peer pressure to smoke. However, the opposite is the case for young men, where just under half of young males reported having smoked at some time. The same situation applies to drinking. While many young people have sampled alcohol, the percentage of those who had ever actually been drunk is relatively small, and mostly male, including a small group of young men who repeatedly get drunk.

Data on illicit drug use almost certainly under-reports the real figures, most probably because young people are reluctant to report illegal behavior to interviewers. Also SAVY did not access street youth, migrants and institutional young people and cannot therefore comment on that population of young people who are influenced to use illicit drugs. However, nearly a quarter of the sample said they knew someone who used illicit drugs, and young people from urban areas were twice as likely to know a drug user.

Health Compromising and Problem Behaviors

Young Vietnamese men are clearly at a greater risk than young women from problem behaviors. Although the actual amount of participation in risk behaviors – such as having unplanned sex, motorbike racing, participation in a group riot, violence and carrying a weapon – were low, there was a clear over representation of males, particularly urban males. Coupled with the data on smoking, heavy drinking, illegal drug use and traffic accidents, the figures for which are dominated by young men, it is very clear that some young urban men are associated with multiple risk behaviors.

In terms of self harm young males had a higher rate than young females, although the overall rate is relatively low. Of the total sample of males and

females, 3.4% said that they had thought about suicide. Of note here is the higher percentage of young females reporting this seriously harmful thinking. However, a high percentage of young people have a group of friends with whom they keep regular company and it is clear that these friends provide peer pressure that is positive and protective, and encourages young people to avoid or resist behaviors such as drinking, causing trouble and watching pornography.

Accidents, Injury and Physical Harm

Over half of the total sample of 14 to 25 year old Vietnamese young people, including school aged children, had ridden a motorbike, and this increased greatly in urban areas and among young men. Of those motorbike users, only just over 25% reported wearing a helmet and one in four urban young people have had a traffic accident. Understandably the highest proportion of injuries and harm come from motorbike use, and that traffic accidents pose a major risk for urban young people.

SAVY provides a picture of young people's general feeling about their physical health. Digestive problems were the most commonly reported disease across all groups of young people and the youngest urban group reported the highest percentage of vision problems. The majority of those young people experiencing illness sought medical help, and the highest percentage of these bought medicine for self-treatment.

Mental Wellbeing, Aspirations and Expectations

SAVY creates a picture of young Vietnamese people as resilient, hard working, strongly connected to family and ambitious. They have high expectations, strong self-esteem, value themselves and feel valued by family. While they tend to feel that they have a voice and are usually listened too, they also see a role for greater participation in the society. However, the results do indicate that some young people feel alone and worry about the future. As many as one in five have at some time felt helpless and hopeless about the future. Clearly some young people see a better future than others, and those living in more



difficult circumstances see their future reality as less positive than those who are better off.

Generally young men were more positive and more optimistic than young women about themselves, their future prospects and family. In terms of future aspirations, employment, income and financial success are of major priority to most young people. Family and happiness take second place. The majority of respondents expected that their lives would be much better than their parents.

Conclusion

Vietnamese youth today are both optimistic and hopeful. They see their future and their opportunities to be brighter than that of their parents. They value school and work, and most are not involved with behaviors that will harm them. However Viet Nam is in the midst of dramatic social and economic changes that will create new risks as well as opportunities. With increased wealth comes exposure to opportunities that will increase the risk, whether of drugs, commercial sex work, interpersonal violence or emotional distress. The potential risks can be seen when comparing Vietnamese youth's health and well being with that of many of our neighbors. Today Viet Nam has relatively low substance use, low interpersonal violence, infrequent suicide attempts, and low sexual risk behaviors. Viet Nam also has very high work and school aspirations. The goal must be to maintain the health and well-being of Vietnamese youth, while at the same time improving economic and social opportunities for them.