Early childbearing differs greatly between population groups. The adolescent birth rate among women age 15-19 years with no education or pre-primary education is almost 60 times higher than among their peers with university education or above.

The adolescent birth rate is quite high among Mong ethnic women, at 210 live births per 1,000 women.

Age-specific fertility rate for girls age 15-19 years: the number of live births in the last three years, divided by the average number of women in that age group during the same period, expressed per 1,000 women.
Quality education and experiences at school positively affect physical and mental health, safety, civic engagement and social development. Adolescents, however, can also face the risk of school drop-out, early marriage or pregnancy, or being pulled into the workforce prematurely.

Data on reading and numeracy skills were collected in the Viet Nam SDGCW Survey 2020-2021 through a direct assessment method. The Foundational Learning module captures information on children’s early learning in reading and numeracy at the level of Grade 2 in primary education.
Every Adolescent is Protected from Violence & Exploitation

Child Marriage: SDG 5.3.1

- The onset of puberty marks an important transition in girls’ and boys’ lives whereby gender, sexuality and sexual identity begin to assume greater importance, increasing vulnerability to particular forms of violence, particularly for adolescent girls. Certain harmful traditional practices, such as child marriage, often take place at the onset of puberty.

- In Viet Nam, 14.6 percent of women age 20-24 years are married before age 18 and 1.1 percent of these are married before age 15.

- Early marriage is more prevalent among girls than boys, as well as among other ethnic women than the Kinh/Hoa ethnic group. One in every two Mong ethnic women age 20-24 years is married before age 18 and one in every 10 is married before age 15.

Child Discipline

- Nationwide, 69.4 percent of children age 10-14 years were subjected to at least one form of psychological or physical punishment by household members in the month preceding the survey.

- For the majority of cases, household members use a combination of violent disciplinary practices, reflecting caregivers’ motivation to control children’s behaviour by any means possible. While 66.1 percent of children age 10-14 years face psychological aggression, 27.6 percent experience physical punishment. The most severe forms of physical punishment (hitting the child on the head, bottom, ears or face, or hard and repeatedly) are less common, as 1.5 percent of children age 10-14 years are subjected to severe punishment.

Physical punishment: Shaking, hitting or slapping a child on the hand/arm/leg, hitting on the bottom or elsewhere on the body with a hard object, spanking or hitting on the bottom with a bare hand, hitting or slapping on the face, head or ears, and hitting or beating hard and repeatedly.

Severe physical punishment: Hitting or slapping a child on the face, head or ears, and hitting or beating a child hard and repeatedly.

Psychological aggression: Shouting, yelling or screaming at a child, as well as calling a child offensive names such as ‘dumb’ or ‘lazy’.

Violent discipline: Any physical punishment and/or psychological aggression.

- Nationally, 69.4 percent of children age 10-14 years were subjected to at least one form of psychological or physical punishment by household members in the month preceding the survey.

- For the majority of cases, household members use a combination of violent disciplinary practices, reflecting caregivers’ motivation to control children’s behaviour by any means possible. While 66.1 percent of children age 10-14 years face psychological aggression, 27.6 percent experience physical punishment. The most severe forms of physical punishment (hitting the child on the head, bottom, ears or face, or hard and repeatedly) are less common, as 1.5 percent of children age 10-14 years are subjected to severe punishment.
**Every Adolescent is Protected from Violence & Exploitation**

**Child Labour: SDG 8.7.1**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Economic Activities</th>
<th>Household Chores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 5-11</td>
<td>6.4</td>
<td>1.4</td>
</tr>
<tr>
<td>Age 5-17</td>
<td>5.7</td>
<td>1.6</td>
</tr>
</tbody>
</table>

Percentage of adolescents age 5-17 years engaged in child labour, by type of activity and by age
Note: These data reflect the proportions of children engaged in the activities at or above the age specific thresholds outlined in the definitions box.

**Definition of Child Labour**

- **Age 5 to 11 years:** At least one hour of economic activities or 21 hours of unpaid household services per week.
- **Age 12 to 14 years:** At least 14 hours of economic activities or 21 hours of unpaid household services per week.
- **Age 15 to 17 years:** At least 43 hours of economic activities. No threshold for number of hours of unpaid household services.

Economic activities include paid or unpaid work for someone who is not a member of the household; work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children.

Note that the child labour indicator definition changed during the implementation of the sixth round of MICS. Changes include age-specific thresholds for household chores and the exclusion of hazardous working conditions. While the overall concept of child labour includes hazardous working conditions, the definition of child labour used for SDG reporting does not.

**Every Adolescent Lives in a Safe & Clean Environment**

**Water, Sanitation and Clean Fuel Use**

The data presented here are at the household level. Evidence suggests that adolescent access to these services is comparable to household-level data.

**Basic Drinking Water SDG 1.4:** Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip, including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tube wells, protected dug wells, protected springs, rainwater, and packaged or delivered water.

**Basic Sanitation Services SDG 1.4.1/6.2.1:** Use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour-flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs.

**Clean Fuels SDG 7.1.2:** Primary reliance on clean fuels and technologies for cooking, space heating and lighting.

**Every Adolescent has an Equitable Chance in Life**

**Discrimination and Harassment** Percentage of adolescent girls and boys age 15-19 years who in the last 12 months have felt discriminated against or harassed on the basis of different grounds.

**Ethnic or Immigration Origin**

- Boys 15-19: 0.7%
- Girls 15-19: 1%

**Gender**

- Boys 15-19: 14%
- Girls 15-19: 6%

**Religion or Belief**

- Boys 15-19: 0.2%
- Girls 15-19: 0.4%

**Disability**

- Boys 15-19: 5%
- Girls 15-19: 0.1%

**Sexual Orientation**

- Boys 15-19: 0.6%
- Girls 15-19: 0.2%

**Age**

- Boys 15-19: 0.4%
- Girls 15-19: 0.4%
Functioning Difficulties in Adolescents

- Children and adolescents with disabilities are one of the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, lack of adequate policies and legislation, adolescents with disabilities are effectively barred from realizing their rights to health, education, and even survival.
- Among functioning difficulty domains, the proportion of children who find difficulty remembering, learning, accepting change and who feel always anxious and depressed is high.
- Mental health issues are a concern among adolescents.

Key Messages

- Early childbearing among adolescents is a concern in Vietnam, with great differences between population groups. The adolescent birth rate among women age 15-19 years who have no education or pre-primary education is almost 60 times higher than among their peers with college education or above. More investment in education, especially at secondary education level, and contraception for adolescent girls will contribute to resolving this problem.
- Alcohol and tobacco use typically have their onset in adolescence and are major risk factors for adverse health and social outcomes. In Vietnam, during the last month of the survey one in every four boys age 15-19 years used alcohol and one in every 10 boys used tobacco. Enforcement of laws on prevention and control of alcohol and tobacco’s adverse effects should be enhanced.
- More than half of girls and boys age 15-19 years do not have adequate skills in ICT. Differences in ICT skills between urban and rural areas, and among ethnic groups, are observed. In the era of Industry 4.0 and uncertain conditions posed by disasters and epidemic situations such as COVID-19, digital solutions have proven effective for learning and working. It is critical that the government set out concrete plans and quality standards that guide and foster actions to improve ICT skills and equitable access to digital solutions. It could include free internet connectivity with sufficient bandwidth, affordable devices, data and content as well as strengthened institutional capacity and dedicated resources to upskill teachers.

The Survey measuring Sustainable Development Goal Indicators on Children and Women (SDGCW) Vietnam was carried out in 2020-2021 by the General Statistics Office as part of the global MICS programme of UNICEF. Technical and financial support was provided by UNICEF and UNFPA.

The objective of this snapshot is to disseminate selected findings from the Vietnam SDGCW Survey 2020-2021 related to Adolescents. Data from this snapshot can be found in Tables SR.4.1, SR.9.4W/M, SR.10.1, TM.2.1, TM.3.1, TM.3.4, LN.2.3, LN.2.4, LN.2.6, LN.4.1, LN.4.2, PR.2.1, PR.3.3, PR.4.1W, PR.5.1, PR.5.2, WS.3.6, TC.4.1, EQ.1.2 and EQ.3.1W/M in the Survey Findings Report.

Further statistical snapshots and the Summary Findings Report for this and other surveys are available on mics.unicef.org/surveys.