



**The nature of suicide amongst  
children and young people in  
selected provinces and cities in  
Viet Nam**

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## Introduction and background

More than 800,000 people die globally as a result of suicide every year and many more attempt it. Low- and middle- income countries (LMICS) are at particular risk, accounting for 75% of global suicides in 2012 and, among those, LMICS in Southeast Asia had the highest rate accounting for almost 40% of all suicides (WHO, 2016). While suicide occurs among all age groups, it was the second leading cause of death among 15-29 year olds globally in 2012 (after road traffic injuries). When compared to both Southeast Asia and the Western Pacific regions<sup>1</sup>, Viet Nam's suicide rate is low at 5 (per 100,000 population) in 2012, down from 5.7 in 2000. The rate of suicide among adolescents in Viet Nam is also relatively low compared with other countries in the region (Blum

et al. 2012; MOH et al., 2010).<sup>2</sup> Despite these low rates, there is growing concern that suicide in Viet Nam is on the rise and actions need to be taken to address this issue. Similarly, due to emerging evidence that rates of suicide among children and young people may be rising (e.g. MOH et al. 2010), there is need to understand the drivers and causes of suicide.

This briefing draws on a broader study exploring the mental health and psychosocial wellbeing of children and young people in Viet Nam carried out as part of a collaboration between UNICEF Viet Nam and the Ministry of Labour, Invalids and Social Affairs, with

research expertise provided by the Overseas Development Institute and the Institute for Family and Gender Studies. The aim of this briefing is to highlight findings from the broader study in relation to suicide. Drawing first on secondary data, it explores suicide risk and protective factors at various levels. It then draws on primary data collection<sup>3</sup> to explore the characteristics of suicide victims and survivors as well as the perceived causes of suicide. The briefing concludes with programming and policy recommendations.

1. Viet Nam along with a number of other countries including Cambodia and the Lao People's Democratic Republic, is classified as being part of the WHO Western Pacific region which has a suicide rate of 7.5 per 100,100 population (WHO, 2014).

2. Blum et al. (2012) studied over 17,000 adolescent and young people and found that the prevalence of suicidal ideation in the past 12 months was 2.3% in Hanoi, the lowest in their sample compared to 8.1% in Shanghai and 17% in Taipei. Similarly, less than 1% of Vietnamese youth attempted suicide compared to 1.3% in Shanghai, and 6.9% in Taipei. SAVY I also found low rates of suicide in general - approximately 3.4% of the respondents reported that they had contemplated suicide in 2003 (MOH, 2005). SAVY II found an increase with 4.1% of those aged 14 - 25 reporting suicidal ideation (MOH et al., 2010).

3. Primary data collection was carried out in the two urban centres of Hanoi and Ho Chi Minh City and in peri-urban and rural areas of Dien Bien and An Giang provinces.

## Multi-level suicide risk and protective factors

### Individual-level suicide risk and protective factors.

**Being female, urban, a migrant and young were all risk factors** for suicide, with women almost twice as likely in some studies to have suicidal ideation compared with males (Blum et al., 2012; Huong, 2009; Thanh et al., 2005; MOH, 2005; MOH et al., 2010). In the SAVY II findings (MOH, 2010), for instance, more urban (5.4%) than rural youth (3.6%) had thoughts of suicide, and younger cohorts were more likely to report suicidal ideation. Additionally, those aged 18-21 years reported the highest levels of suicidal thoughts (4.4% of 18-21 year olds), followed by the youngest age groups (4.1% of 14–17 year olds), and followed by the oldest group (3.8% of 22-25 year olds) (MOH 2010). In terms of migration status, one study shows that migrants were particularly at risk of suicidal ideation in Hanoi, with rural-to-urban migrants being almost twice as likely as urban native peers to have suicidal thoughts and urban-to-urban migrants being 6.45 times more likely to report suicidal ideation compared with their urban native peers (Blum et al., 2012).

Suicidal ideation is also associated with mood disorders and substance abuse. Studies show how depression, anxiety, feelings of sadness and hopelessness also among children and young people are all associated with suicidal ideation and suicide attempts (Huong, 2009; Nguyen et al., 2013a; Thanh et al., 2006). Similarly, studies show how alcohol and cigarette use are also risk factors for suicide, that is, those who report using these substances are also more likely to report suicidal ideation (Blum et al., 2012).

**Household-level suicide risk and protective factors** Residence patterns, family history of suicide (individuals with a family history of suicidal

attempt were 2.41 times more likely to report suicidal ideation compared with those without a family history of suicide (Blum et al., 2012). Family socioeconomic status and family connectedness were identified as suicide risk factors for Vietnamese youth. A number of studies show, therefore, that living outside the parental home was protective, that is, a majority of suicide attempters were living together with their family members or others (Blum et al., 2012; Nguyen et al., 2010). This is an interesting and counterintuitive finding given that parents are generally seen as a source of support. This could be the result of parents having high expectations of their children regarding their academic achievements, which may lead to more conflict between children and parents. Parents' education level and occupation are also associated with children's suicide behaviour. Studies show that a majority of children who have thought of suicide live in families with parents who have low education levels and are manual workers (Le, 2009). Family connectedness was also a protective factor against suicide. Thus father bonding acted as a protective factor against thoughts of suicide (Phuong et al., 2013). Similarly, higher mother and father relationship scores were associated with a 5% decrease in likelihood of suicidal ideation (Blum et al., 2012). The converse is also true: a majority of children who attempted suicide cited family conflict and poor quality of relationships with parents as the cause (Thanh et al., 2005 and Le, 2009 respectively).

**School-level suicide risk and protective factors** Academic pressure, romantic relationships, bullying, school connectedness and school location were all risk factors for suicidal ideation. As a result of a highly competitive school environment, children felt pressure from teachers, parents and peers to excel academically. Moreover, the need to focus on academic achievements resulted in children being prohibited

by parents from entering romantic relationships, which led to further distress (Nguyen et al., 2013). While bullying was found to be linked to suicidal thoughts (Phuong, et al., 2013), school connectedness<sup>4</sup> acted as a protective factor against suicidal ideation (Phuong et al., 2013). Finally, findings from some studies show that inner-city urban schools were linked to higher suicidal ideation for both males and females and this was found in both Viet Nam (Phuong et al., 2013; MOH, 2005) and other Asian contexts, such as China and Malaysia (Hesketh et al., 2002; Choo, 2007, cited in Phuong et al., 2013).

## Patterning and underlying drivers of suicide

**Characteristics of suicide victims and survivors** In this section we explore the characteristics of suicide victims and survivors as described by our respondents in Dien Bien and An Giang. There was a general perception among both girls and boys as well as key informants that it was mostly young people and particularly girls who committed or who tried to commit suicide, as this quote from a boys' focus group discussion in An Giang shows:

*'There are more girls among those who commit suicide and do harm to their bodies like chopping their hands or confining themselves, as girls are more sensitive to their emotional issues. Their hearts are easy to be hurt, meanwhile boys are more steadfast and calmer when encountering a problem. So there are more girls in this group'*

(Focus group discussion, boys aged 17, An Giang).

Similarly, a key informant in Dien Bien states '...children and young people account for a larger proportion (of suicides) because they are easy to have conflicts with their friends. It happens



**In my area, there was a family who forced their daughter to marry a man she didn't love. Therefore, she sought death; she took la ngon (poisonous leaves)...**

**(focus group discussion, girls, 15, upper secondary school, Dien Bien Phu City)**

among girls more than boys' (Key informant interview, Department of Labour, Invalids and Social Affairs, Dien Bien Phu City). Other boys added that girls are more likely to commit suicide because of *'superficial thinking because they live in remote areas, they don't have much contact with society'* (focus group discussion, boys aged 15, Dien Bien Phu City). Similar to the review of secondary literature, respondents also suggest that socioeconomic difficulties are related to suicide, as one adolescent male in An Giang stated: *'The majority of those who commit suicide and use substances are from poor families'* (focus group discussion, boys, 17, An Giang). Diverging, however, from some of the findings in the literature review are perceptions from some people that because people in towns are believed to be 'more knowledgeable' than those in villages, they are less likely to commit suicide.

**Causes of suicidal ideation and attempted suicide** According to study respondents, causes of suicidal ideation and attempted suicide, which again mostly affect girls, include:

failure of romantic relationships, for instance being abandoned usually by a boyfriend; problems at school, including bullying, teasing and getting low scores, and which affect both boys and girls; problems at home including being scolded by parents, lack of communication between children and parents, parents disagreeing with (most often) a girl's choice of marriage partner, conflict between parents, a violent father, financial pressure and parental addiction; early marriage of girls, also leading to their school drop-out and marital discord; and inability and reluctance to share feelings. For boys other reasons also included not being able to live up to expected masculine attributes and behaviour, including an ability to maintain the family/household (Box 1). All this leads to young people feeling sad, upset and frustrated, which in turn leads them to attempt and sometimes even succeed in taking their own lives.

**Suicidal thoughts or suicide attempts appeared** to be most commonly mentioned in Dien Bien and in relation to pressures around

## Box 1: Causes of suicidal ideation and attempts

### Because of problems in school:

*'Back then, I was often made fun of by a classmate; when they teased me, back then I was crying a lot. When I cried, they laughed, and so I felt self-pity and sad, so I didn't want to communicate with them much. When he teased me, I reacted by telling him off. But he kept teasing me. And so I kept feeling sad, and I cried. From the 5th grade, whenever he teased me, I avoided him completely. And so I felt really sad because I thought everyone was just like him; they all liked to bully me and so I had the suicidal thought'* (in-depth interview, boy, 16, Hanoi).

*'..Maybe they went to school and had problems with their friends, and so they took "heartbreak grass" leaves; their parents didn't know and it was already too late when they found out about it'* (focus group discussion, girls, 15, Dien Bien Phu City).

*'The suicides mainly relate to the quarrels with family members and parent's addictedness. The second reason relates to love. Parents don't agree for their child to get married to this girl or boy, the child will attempt suicide'* (key informant interview, hamlet head, Keo Lom commune, Dien Bien).

### Because of love related problems:

*'In my area, many people in 8th or 9th grades committed suicide, mostly because of love-related problems, or their parents had many wives, their family members didn't get along, they didn't have a happy life, or any hope about the future, so they committed suicide'* (focus group discussion, boys, 15, Dien Bien Phu City).

### Because of norms around expected masculine behaviour:

*'Another reason cited is masculine ideology around men being breadwinners that leads to financial pressure. Most men are under pressure from the responsibility to feed their wives and children, while in fact some are incapable of doing that'* (focus group discussion, boys, 17, An Giang).

school drop-out and early marriage particularly for girls. The abundance of la ngon or poisonous leaves in Dien Bien, which grow in the forests in the surrounding areas, also facilitate the relative ease by which people can commit or attempt suicide. Focus group discussions in Dien Bien highlighted that girls who are pressured to drop-out of school and marry against their will may resort to suicide: 'In my area, there was a family who forced their daughter to marry a man she didn't love. Therefore, she sought death; she took la ngon (poisonous leaves) but didn't die, because she was discovered and then taken to the emergency room' (Focus group discussion, girls, 15, upper secondary school, Dien Bien Phu City). One respondent also noted that there is a fear of 'being kidnapped' into marriage in the area and recounted the story of a 16-year-old girl who was kidnapped and then committed suicide because she was so unhappy in her new marital home.

According to perceptions largely from key informants, ethnicity was also a possible driver of suicide, with the Hmong in particular being seen as 'haughty and proud' and thus easily tempted into suicidal actions. The availability nearby of la ngon, particularly for the Hmong in Dien Bien, facilitated the process of committing suicide. The following narrative from a key informant in Dien Bien captures both the perception of the Hmong people as being more prone to suicide than other ethnic groups as well as the issue of the availability of poisonous leaves:

*'Not all the ethnic minority groups are the same. It occurs only with the Hmong people. I haven't got the report of other ethnic minority groups. Hmong people have a bad custom of eating la ngon to kill themselves. It happens a lot in Dien Bien Dong. The reason relates to the superiority complex of Hmong people. When a child has an urgent matter with classmates or disagrees*

*with their parents, he or she is easy to commit suicide. And, it is also convenient to do so because there are plenty of poisonous leaves in the area. Only one or two leaves can kill a person. Only if someone knows about it, the child [who eats poisonous leaves] is cured in time. In Dien Bien Dong, there have been campaigns to root up poisonous plants, but it has yet to be done'*

(Key informant interview, Department of Labour, Invalids and Social Affairs, Dien Bien Phu City).

## Limitations of health services for suicide prevention and treatment

Generally, as both the secondary literature as well as the primary data collection for the study show (see Samuels et al., 2016), service for mental health and psychosocial wellbeing-related issues, including suicide prevention and treatment, are limited. Services that do exist focus largely on severe mental health problems and, given that suicide results from factors that are often not related to severe mental health problems, such services are inadequate. Even where there are services, people may be reluctant to access them for a range of issues including stigma, lack of awareness and limited financial resources. If they do access them, the quality of these services is extremely variable and may not be age- and gender-sensitive, all of which can limit uptake, including of follow-ups and referrals.

## Discussion

There is no doubt that suicidal ideation and suicide attempts are an issue in Viet Nam and particularly, according to data gathered by the DOH and DOLISA

in Dien Bien, among children and young people and women (Samuels

et al., 2016; Samuels et al., 2016a). The data collected by the DOH and DOLISA is also, to a large extent, supported by narratives from the primary qualitative data collection where again girls are viewed to be more susceptible than boys to committing suicide, and this is the case for both Dien Bien and An Giang province. Additionally, in Dien Bien, the availability of poisonous leaves, appears to facilitate suicide attempts particularly among Hmong girls, who live near to where the poisonous leaves grow. Despite some progress (see Samuels et al. 2016 and Samuels et al., 2016a) the service environment and response for Viet Nam as a whole remains largely inadequate to both prevent suicide and treat suicidal ideation, particularly in relation to less severe mental health disorders, which are often at the heart of suicidal ideation and attempts.

Secondary data collection on suicide shows that, while there is need for more updated and disaggregated data (including by sex, age, province and district), rates of suicide in Viet Nam remain low compared to other countries in the region. However, there is no room for complacency: our broader study findings show that, according to respondents, mental health and psychosocial ill-being among children and young people appears to be on the rise, which could contribute to increasing suicide rates. Moreover, as other studies are also showing (see e.g. Katz et al., 2015), rates of suicide globally are typically underestimated and this is also likely to be the case in Viet Nam. Reasons for this range from the stigma of reporting suicide as the cause of death to misdiagnosis, to how suicide numbers are collected and reported, which leads to variations and interpretations of these rates (see, e.g., Hagaman, 2016).

There is also a relatively large body of literature on the social contagion effect of suicide behaviour (Ali et



**Another problem is that they committed suicide when they couldn't talk to their parents**

**(Focus group discussion, girls aged 15, Dien Bien Phu City)**

al., 2011), where suicidal behaviour in one person may be imitated by others in their social networks, or where copycat behaviours start being seen. This could also be happening among Hmong communities, and particularly Hmong girls. The media has been reporting that Hmong girls have been using these poisonous leaves to commit suicide and to a certain extent, sensationalising this phenomenon, possibly further fuelling this behaviour. This sensationalism may possibly lead to more suicides, but it can also serve to further marginalise and stigmatise. Hmong communities are already among the most marginalised and vulnerable in Viet Nam. Further still, within their own communities Hmong girls and young women face a stringent set of discriminatory gendered norms: they are often expected to marry young, drop out of school and have limited mobility, (Jones et al., 2014), which creates an additional layer of marginalisation and stigmatisation.

This process of sensationalising and further marginalisation and stigmatisation of the Hmong girls and young women serves to mask the real and underlying causes of mental and psychosocial ill-being. Not only are mental and psychosocial ill-being key drivers of suicidal ideation and attempts, but they are becoming increasingly widespread in Vietnamese society. It is not only the Hmong girls in remote areas of Viet Nam who are facing a range of different stresses, but also boys, men and adults more generally in a range of different locations, both rural and urban, and for many different reasons (Samuels et al., 2016). It is therefore critical that an appropriate response is developed, which does not further marginalise communities and groups, but takes into account different gender, age and location needs.

## Policy and programming recommendations

- Strengthen and increase, through training, the quality and quantity of human resources at all levels and in particular in relation to counsellors, psychiatrists, psychologists, social workers and para-social workers (commune collaborators) to deal with less severe types of mental health problems which are frequent triggers of suicidal thoughts and attempts. A focus on children and young people in the training is vital and human resources should include appropriate staffing in schools, social protection and social work centres.
- Revisit and expand the community mental health model. This includes retraining community-level health workers on psychosocial and mental health support, with a focus on identifying and preventing potential suicide cases. Improved coordination between child protection workers, medical workers, school staff, and women's and youth unions at commune level is vital for this to be effective.
- Increase awareness among families, the community and wider society about the potential triggers of mental health and psychosocial ill-being beyond solely severe mental disorders. To include awareness about the range of discriminatory norms which disproportionately affect girls and can cause suicidal ideation and attempts. Awareness-raising can be facilitated by various institutions at grassroots level as well as the existence of support services (e.g. Women's Union, hamlet health workers) and built into existing programmes



to allow for cost effectiveness (e.g. Programme 1215) (Samuels et al., 2018).

- Promote the role of the Ministry of Education as a critical champion for supporting children and young people's mental health and psychosocial wellbeing. This could be done through:
  - Increasing the focus on teaching children both in primary and secondary the skills needed to respond to emotional and psychological difficulties
  - Relieving study pressure by evaluating the volume of knowledge children are expected to learn
  - Investing in developing psychological counselling and social work services in all schools
  - Working with parents to equip them with skills (parenting, communication) that can help ease the problems that children face at school and at home and support them to understand the importance of having a balanced development of children, of which academic achievement is just one dimension.
- Undertake studies focusing specifically on suicide, mapping both quantitatively and qualitatively the causes and drivers of suicidal ideation and attempts, as well as the characteristics of the victims.
- Full recommendations can be found in Samuels et al 2018 and 2018a.



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