

Health of Adolescents in Viet Nam

Viet Nam has mainly mountainous and hilly regions. Fully 39% of the Vietnamese population lives on the Red River Delta in the north and the Mekong Delta in the south, two of the largest low flat deltas which cover 13% of the total land area.¹

With a population density of 259 people per km², Viet Nam is one of the most densely populated countries in the Region, third after Singapore and the Philippines. The population density in the capital, Hanoi, is 1926 people per km² and it is 3399 people per km² in Ho Chi Minh City.

Although Viet Nam's health indices have improved substantially in recent years, the country now faces new health problems such as avian influenza. Viet Nam also has to reduce its burden from road accidents, HIV/AIDS, noncommunicable diseases such as tobacco-related diseases, cancer, heart disease and diabetes, which are on the rise.³

POPULATION

In 2009, the adolescent population aged 10–19 made up 18.7% (16 million) of the total population (10–14 years = 8.5% and 15–19 years = 10.2%).⁴

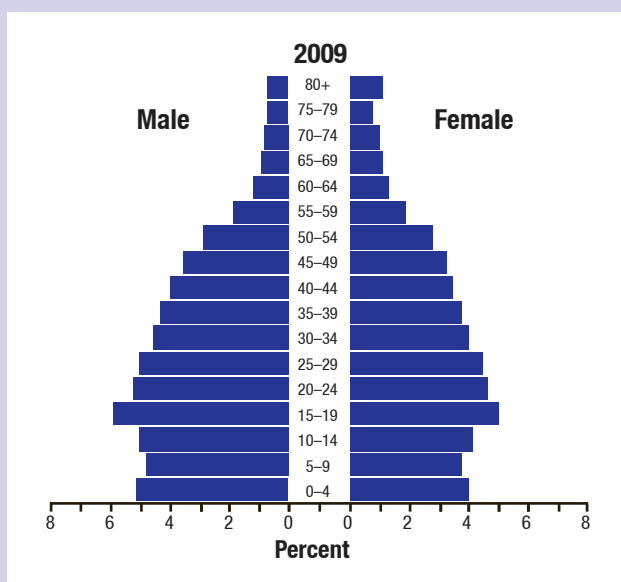
EDUCATION

Student enrolment: In the Survey Assessment of Vietnamese Youth Round 2 (SAVY 2), 99% of males and 98% of females aged 14–25 had ever enrolled in school. Fully 99% of Kinh/Chinese respondents and 92% of those from ethnic minorities had ever been enrolled.⁵

- 1 Survey Assessment of Vietnamese Youth Round 1. Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2005. [Updated 26 August 2005, cited 6 November 2010.] Available from: http://www.unicef.org/vietnam/media_2383.html
- 2 The 2009 Vietnam Population and Housing Census: Major findings. Vietnam: General Statistics Office, 2009. [Cited 6 November 2010.] Available from: http://www.gso.gov.vn/Modules/Doc_Download.aspx?DocID=11532
- 3 Viet Nam: Country context. Manila, Philippines: World Health Organization Regional Office for the Western Pacific. [Cited 6 November 2010.] Available from: <http://www.wpro.who.int/countries/2009/vtn/>
- 4 The 2009 Vietnam Population and Housing Census: Major findings. Vietnam: General Statistics Office, 2009. [Cited 6 November 2010.] Available from: http://www.gso.gov.vn/Modules/Doc_Download.aspx?DocID=11532
- 5 Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

Area: 329 314 sq km^a
Population, 2009: 85 789 573^b
Rural-Urban Population, 2009: 70.4%-29.6%^b
Crude birth rate/Crude death rate, 2009: 17.6 per thousand/6.8 per thousand^b
Annual population growth rate, 2009: 1.2% per annum^b
Human Development Index (HDI), 2010: 0.572 (Rank: 113 of 169 countries)^c
Multidimensional Poverty Index, 2000–2008: 0.075^d
Gross National Income per capita (PPP int. US\$), 2009: US\$ 2790^e
Population living on <US\$ 1 (PPP int. US\$) a day, 2006: 21.5%^f
Population below the national income poverty line, 2002: 28.9%^f

Figure 1: Viet Nam Population Pyramid, 2009



Source: Extracted from The 2009 Vietnam Population and Housing Census: Major findings. Vietnam: General Statistics Office, 2009.

According to the 2005 Millennium Development Goals Report, enrolment in the primary schools increased from about 90% in the 1990s to 94.4% during the period 2003–2004. The completion rate of primary education (from grade 1 to grade 5) rose to 99.8% during the period 2003–2004. On average, Vietnamese youth spent 7.3 years in school.⁶

- 6 Viet Nam: Achieving the Millennium Development Goals. (2005). [Cited 6 November 2010.] Available from: http://www.undg.org/archive_docs/6623-Viet_Nam_Fourth_MDG_Report.pdf

Table 1: Percentage of respondents and the highest level of education attained by sex, place of residence and ethnic groups, Viet Nam, SAVY 2

	Male	Female	Urban	Rural	Kinh/ Chinese	Ethnic Minority	Total
Primary	6.7%	6.1%	3.7%	7.3%	5.5%	11.8%	6.4%
Lower secondary	45.9%	45.0%	36.8%	48.3%	44.8%	49.2%	45.5%
Upper secondary	32.6%	30.2%	33.1%	30.9%	32.6%	25.1%	31.4%
College (less than bachelor)	5.9%	6.9%	8.8%	5.6%	6.9%	3.6%	6.4%
University or higher (bachelor+)	7.5%	9.5%	16.6%	5.8%	9.6%	2.3%	8.5%
Never went to school	1.4%	2.2%	1.0%	2.1%	0.7%	8.1%	1.8%
N	5106	4924	2459	7569	8529	1497	10 029*

Source: Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

Educational attainment: Table 1 shows the highest level of education attained by respondents in SAVY 2. A higher proportion of female respondents (9.5%) had a university or higher level of education than their male counterparts (7.5%). Urban youth also generally had a higher education than rural youth, as do Kinh/Chinese compared with ethnic minority respondents.⁷

About half of the SAVY 2 respondents had completed their schooling, of whom 24% had completed their education by age 15 and 16% had stopped going to school between the ages of 20 and 25.⁸

School drop-outs: In SAVY 2, youth who had dropped out after grade 12 accounted for 18% of the total number of school departures. Of those who had dropped out, 44% said that they wished they could have continued with their schooling.⁹

School retention: The Multiple Indicator Cluster Survey 2006 (MICS 2006) estimated that of all children starting grade 1, 97.5% eventually would reach grade 5; 90.7% of those who completed the last grade of primary school went on to a secondary education.¹⁰

Gender parity index (GPI): MICS 2006 indicated that the GPI for a primary and secondary level education was 1.00 and 1.02, respectively.¹¹ In 2001, the GPI in primary level enrolment was 0.95; in secondary-school enrolment, the GPI was 0.92, and in the tertiary level, it was 0.73.¹²

7 Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

8 Ibid.

9 Ibid.

10 Viet Nam Multiple Indicator Cluster Survey 2006, Final Report. Ha Noi, Viet Nam: General Statistics Office, 2006.

11 Ibid.

12 Viet Nam country data. Millennium Development Goals Indicators. United Nations Statistics Division, Department of Economic and Social Affairs, United Nations. [Updated 23 June 2010, cited 6 November 2010.] Available from: <http://mdgs.un.org/unsd/mdg/Data.aspx>

Ethnic minority children: The net enrolment ratio (NER) remained low for ethnic minority children. Between 2003 and 2004, the NER was less than 20% for a primary education, less than 15% for a lower secondary education and less than 10% for an upper secondary education. The number of repeat students and drop-outs is high and the quality of education is lower in the remote mountainous areas.¹³

ECONOMICS

Legislation: The Vietnamese government's Labour Code states that an employee may be someone over 15 years old who is able to work and has entered into a labour contract. There are, however, provisions for employing children under the age of 15.

Economically active adolescent population: From the Household Living Standards Survey 2008 (HLSS 2008), of the total economically active population, 8.6% were aged 15–19. Of the economically active male population, 9.2% were aged 15–19; and the corresponding figure for females was 8.0%.¹⁴

Among the male adolescent population aged 15–19, 35.4% were economically active; among the female adolescent population, 34.5% were economically active. (Table 2)

Employment-Unemployment: Of more than 47.7 million jobs in 2009, the population aged 15–29 accounted for 34.6%.¹⁵ Of the 1 504 888 people unemployed, those aged 15–29 accounted for 49.4%. The unemployed population in Viet Nam has a relatively high level of educational attainment, with one third having an upper secondary or higher education.¹⁶

13 Viet Nam: Achieving the Millennium Development Goals. (2005). [Cited 6 November 2010.] Available from: http://www.undg.org/archive_docs/6623-Viet_Nam_Fourth_MDG_Report.pdf

14 Results of the Survey on Household Living Standards 2008. Vietnam: General Statistics Office. [Cited 6 November 2010.] Available from: http://www.gso.gov.vn/default_en.aspx?tabid=515&idmid=5&itemID=9647

15 The 2009 Vietnam Population and Housing Census: Major findings. Vietnam: General Statistics Office, 2009. [Cited 6 November 2010.] Available from: http://www.gso.gov.vn/Modules/Doc_Download.aspx?DocID=11532

16 Ibid.

Table 2: Economically active population by age and sex, 2008

Age	Men		Women	
	Total Pop.	Active Pop. (%)	Total	Active Pop. (%)
10–14	4 328 000	N.A.	4 032 000	N.A.
15–19	4 762 000	1 686 000 (35.4%)	4 412 000	1 523 000 (34.5%)
20–24	4 045 000	3 055 000 (75.5%)	3 942 000	2 886 000 (73.2%)

Source: Viet Nam Household Living Standards Survey 2008: Estimates and projections. Accessed in <http://laborsta.ilo.org> [accessed 6 November 2010]

The unemployment rate for those aged 15–19 was 5.0% (11.2% in urban areas and 3.8% in rural areas). In urban areas, the unemployment rate for adolescents (12.5% for males, 9.8% for females) was the highest compared with other age groups. In rural areas, the unemployment rate was highest for those aged 20–24, followed by the 55–59 and 15–19 age groups.¹⁷

SAVY 2 found that the mean age at first work was 17.4 years. Ethnic minority youth had a lower mean age at first work compared with the Kinh/Chinese at 16.2 years. Having to work at very young ages negatively influenced school performance.¹⁸

Among those aged 14–17 in SAVY 2, 29% of males and 23% of females mentioned that they had ever worked for money. This was lower than the 35% of males and 30% of females in SAVY 1. In the 18–21 age group, 73% of males and 64% of females had ever worked for money.¹⁹

Type of work: According to the HLSS 2008, among those aged 15–19, the majority (59.4%) were engaged in agriculture followed by the industry sector (18.7%) and services (6.1%). However, when in paid employment, the majority of adolescents (44.3%) were in the industry sector, followed by agriculture (17.1%) and construction (15.1%).²⁰

Adolescents in the construction, industry, trade and services sectors worked about 31.6–36.1 hours per week. Those in agriculture, forestry and fishery worked an average of 18.7–28.2 hours per week.²¹

SAVY 2 found that of those who were working, 78% were doing unskilled work, a nine percentage point increase from

SAVY 1. Among those aged 14–17, 95% had unskilled jobs followed by 77% among those aged 18–21 and 60% for those aged 22–25.²²

Underage employment: The proportion of respondents in SAVY 2 who reported that they started working before age 15 was 7.6%. For ethnic minorities, about one fourth reported working before age 15.²³ The MICS 2006 reported that about 15.8% of children aged 5–14 were involved in labour, with most participating in a household's agricultural activities and family business (13%) followed by household chores for at least 28 hours per week (2.4%), paid labour (1.2%) and unpaid labour (0.2%).²⁴

Migrant labor force participation: In SAVY 2, there were 38% of those aged 14–25 who had ever lived away from home continuously for more than a month. Of these, 41% did so to earn a living. The average age at leaving home for the first time among those who were away to earn a living was 18.²⁵

In the 2009 census, almost half of the migrants aged 15–19 did not participate in the labour force. The labour force participation rate of rural-urban migrants was 47.9% compared with 52.8% of general migrants. Of the total unemployed rural-urban migrants, the proportion of those aged 15–19 was 16.1%.²⁶

SEXUAL AND REPRODUCTIVE HEALTH

Legislation: (i) The Penal Code states that “any adults having sexual intercourse with children aged from full 13 to under 16 shall be sentenced to between one and five years of imprisonment.” (ii) According to the Marriage and Family Law of 2000, the minimum age of marriage is 20 years for men and 18 years for women. (iii) The Law on Protection of People's Health of 1989 states that women have the right to abortion.

Sexual behaviour: The mean age at first sex among youth 14–25 had decreased to 18.1 years in SAVY 2 (18.2 years for males and 18.0 for females) compared with 19.6 years in SAVY 1. Youth in rural areas initiated sex slightly earlier (18 years) than their urban counterparts (18.4 years).²⁷

17 Ibid.

18 Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

19 Ibid.

20 Results of the Survey on Household Living Standards 2008. Vietnam: General Statistics Office. [Cited 6 November 2010.] Available from: http://www.gso.gov.vn/default_en.aspx?tabid=515&idmid=5&ItemID=9647

21 Ibid.

22 Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

23 Ibid.

24 Viet Nam Multiple Indicator Cluster Survey 2006, Final Report. Ha Noi, Viet Nam: General Statistics Office, 2006.

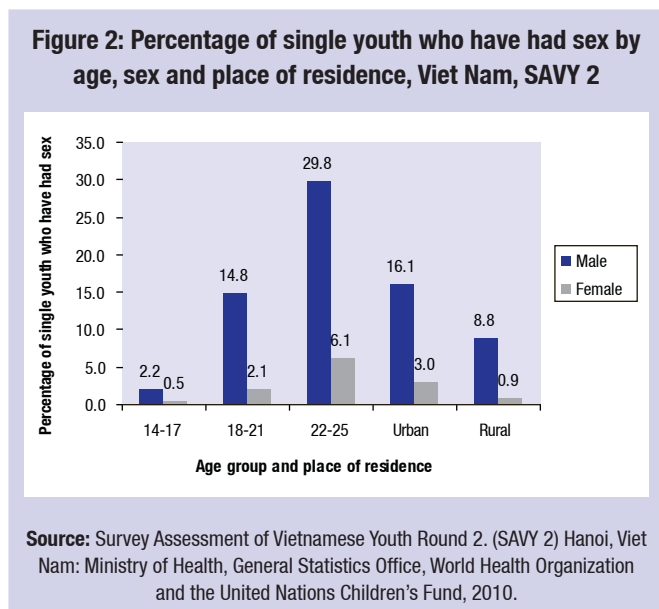
25 Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

26 The 2009 Vietnam Population and Housing Census: Major findings. Vietnam: General Statistics Office, 2009. [Cited 6 November 2010.] Available from: http://www.gso.gov.vn/Modules/Doc_Download.aspx?DocID=11532

27 Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

Of the SAVY 2 respondents aged 14–25, 9.5% reported that they had premarital sex, higher than the 7.6% found in SAVY 1. The proportion of male youth who had had premarital sex was 13.6%, more than twice than that of female youth at 5.2%. A majority of those who were currently married and who reported having had premarital sex before marriage had had sex with the partner who later became their spouse.²⁸

Among single youth aged 14–25, 6.4% had ever had sex, with more males compared with females and more urban than rural youth having done so (Figure 2). The proportion of single youth who had had sex also increased with age.²⁹



Sexual attitudes: In SAVY 2, 44% of those aged 14–25 (58% of males and 30% of females) had “modern attitudes” about premarital sex compared with 36% in SAVY 1. Those aged 14–17 held the most traditional values followed by 18–21 year olds. Those over 21 years old had the most modern attitude.³⁰

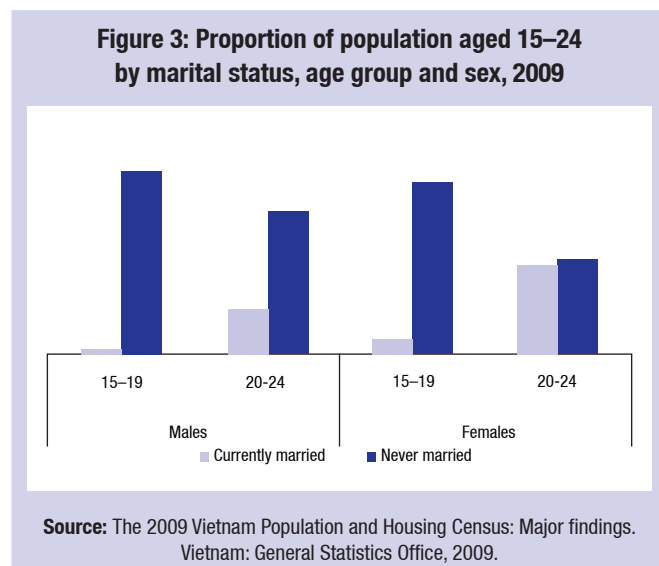
Transactional sex: In SAVY 2, among those who had ever had sex, 3.2% (70 people) reported having paid cash or exchanged goods for sex. This was slightly lower than the 5.2% reported in SAVY 1. The proportion of those who had transactional sex in urban areas was 6.5%, higher than the 2.2% in rural areas. The proportion was also higher for Kinh/Chinese than ethnic minority youth (3.7% versus 1.5%).³¹

Sex with sex worker: About 5% of the 2218 SAVY 2 respondents who had had sex reported that they had had premarital sex with a commercial sex worker; with one exception, all were male. Among sexually active youth, the proportion of those who had had sex with a commercial sex worker was 6% in urban areas compared with 3% in

rural areas. The youth who had had sex with a commercial sex worker were also more likely to be college or university educated (8.5% compared with 4.5% in upper secondary, 2.1% in secondary and 1.7% in primary school).³²

Marriage: According to the 2009 Census, the singulate mean age at marriage for men was 26.2 and for women, 22.8.³³ From SAVY 2, the mean age at first marriage among male Kinh/Hoa youth was 22 and among ethnic minority males 20; for female Kinh/Hoa and female ethnic minority, the figure was 21 and 19, respectively.³⁴

The proportion of ever married adolescents aged 15–19 had been on the decline during the period 1989–2009. In 1989, 4.5% of male and 11.4% of female youths were ever married. In 2009, 2.2% of male and 8.3% of female youths were currently married; 0.2% of the females were divorced or separated. (Figure 3)³⁵



In rural areas, for both men and women, the proportion of married adolescents was three times higher than in urban areas. Among women aged 18 in rural areas, 15% were married and 27% were married by age 19. In urban areas, the corresponding figures were 7% and 11%.³⁶

28 Ibid.

29 Ibid.

30 Ibid.

31 Ibid.

32 Survey Assessment of Vietnamese Youth Round 2 Report on Puberty, Sexual and Reproductive Health. Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children’s Fund, 2010.

33 The 2009 Vietnam Population and Housing Census: Major findings. Vietnam: General Statistics Office, 2009. [Cited 6 November 2010.] Available from: http://www.gso.gov.vn/Modules/Doc_Download.aspx?DocID=11532

34 Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children’s Fund, 2010.

35 The 2009 Vietnam Population and Housing Census: Major findings. Vietnam: General Statistics Office, 2009. [Cited 6 November 2010.] Available from: http://www.gso.gov.vn/Modules/Doc_Download.aspx?DocID=11532

36 Ibid.

In SAVY 2, 17% of respondents aged 14–25 were ever married; 9% of Kinh/Chinese males were ever married, as were 19% of Kinh/Chinese females, 25% of ethnic minority males and 37% of ethnic minority females.³⁷

According to MICS 2006, 0.7% of women aged 15–49 were married before age 15 and 13.1% were married before age 18. Of young women aged 15–19, 5.4% were currently married or in union and 0.4% were married before age 15. The prevalence of early marriage (before age 18) was higher in rural (15.8%) than in urban areas (6%).³⁸

Contraceptive knowledge and use: Among SAVY 2 respondents aged 14–25, 92% knew about oral contraception and 95% were aware of condoms.³⁹ Knowledge of contraceptive methods was lowest among those aged 14–17 followed by the 18–21 age group, and highest for those aged 22–25. For example, 6% of those aged 14–17 registered low condom knowledge compared with 4% of those aged 18–21 and 3% of those aged 22–25.⁴⁰

SAVY 2 also found that contraceptive knowledge increased with educational levels—45% of those with no education and 17% of those with a primary education had low condom knowledge compared with 3% of those with an upper secondary education and 1% of those with a college education. Kinh/Chinese youth and urban youth were also more knowledgeable about condoms than their ethnic minority and rural counterparts—4% of Kinh/Chinese youth had low condom knowledge compared with 9% of ethnic minorities.⁴¹

MICS 2006 found that 71.9% of adolescents aged 15–19 who were currently married or in union were not using any contraceptive method, 22.2% were using any modern method (13.8% IUD and 8.4% the pill) and 5.9% were using any traditional method (3.2% withdrawal, 2.4% LAM and 0.3% periodic abstinence).⁴²

Attitudes toward condoms: SAVY 2 found that only 38% of respondents had reported that using a condom could decrease sexual satisfaction compared with 70% reported in SAVY 1.

Of the sexually active respondents in SAVY 2, 65% reported that condom use decreased sexual satisfaction compared with 35% of those who had never had sex. SAVY 2 also found a decrease in prejudices about condom use.⁴³

Of those who had had intercourse (n=396), half (n=185) said that they had used condoms at first sex. Of those who did not use condoms at first sex, the majority (38% of males and 54% of females) said that they had not wanted to use them; 26% of males and 12% of females said that they had not intended to have sex at that time; and 9% of males and 7% of females said that they had not known how to use them.⁴⁴

Child-bearing: According to the 2002 DHS, of 1630 women aged 15–19, 1.7% had one child; among the 67 currently married adolescent women, 40.9% had one child. 12.1% had an unmet need for spacing and 1.3% had an unmet need for limiting births (unmet need was highest among those aged 15–19 compared with other age groups). Among those 15–19, 1.0% had their first birth between 18 and 19 years old, 0.6% between 15 and 17 years old and 0.2% before 15. Adolescent child-bearing was inversely related to education level — 10% of women with some primary education had begun child-bearing compared with 0.5% of those with a higher secondary school education.⁴⁵

Adolescent birth rate: The age-specific fertility rate for those aged 15–19 was 24 per thousand women in 2009; for those aged 20–24, the fertility rate was 121 and it was 133 for the 25–29 age group. In the past decade, fertility had remained concentrated primarily in the 20–29 age group.⁴⁶

In urban areas, fertility was highest among women aged 25–29, with 129 children per thousand women. In rural areas, fertility was highest among women aged 20–24, with 144 children per thousand women.⁴⁷

37 Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

38 Viet Nam Multiple Indicator Cluster Survey 2006, Final Report. Ha Noi, Viet Nam: General Statistics Office, 2006.

39 Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

40 Survey Assessment of Vietnamese Youth Round 2 Report on Puberty, Sexual and Reproductive Health. Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

41 Ibid.

42 Viet Nam Multiple Indicator Cluster Survey 2006, Final Report. Ha Noi, Viet Nam: General Statistics Office, 2006.

43 Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

44 Survey Assessment of Vietnamese Youth Round 2 Report on Puberty, Sexual and Reproductive Health. Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

45 Vietnam Demographic and Health Survey 2002. Calverton, Maryland, USA: Committee for Population, Family and Children and ORC Macro, 2003. Available from: <http://www.measuredhs.com/pubs/pdf/FR139/FR139.pdf>

46 The 2009 Vietnam Population and Housing Census: Major findings. Vietnam: General Statistics Office, 2009. [Cited 6 November 2010.] Available from: http://www.gso.gov.vn/Modules/Doc_Download.aspx?DocID=11532

47 Ibid.

48 Viet Nam Multiple Indicator Cluster Survey 2006, Final Report. Ha Noi, Viet Nam: General Statistics Office, 2006.

Maternal health: According to MICS 2006, there were 38 adolescents aged 15–19 who gave birth in the two years preceding the survey. Of these:⁴⁸

- 98.2 % received antenatal care from a trained health worker one or more times during pregnancy
- 42.0% delivered in a health facility
- 71.0% were assisted by skilled personnel during their delivery
- 57.3% received assistance from a doctor during delivery, 10.7% from a nurse/midwife, 11.5% from a traditional birth attendant and 13.7% from a relative

Table 3 shows that in 2002, children born to young mothers under 20 years old had the highest rates of mortality.⁴⁹

Table 3: Infant and child mortality rates by mother's age at birth, 2002

Mortality rates (per 1000 live births)	<20 years	20–29	30–39
Neonatal mortality	26.9	15.0	19.5
Postneonatal mortality	11.9	5.0	12.4
Infant mortality	38.8	20.1	31.9
Childhood mortality	9.7	8.1	8.5
Under-5 mortality	48.1	28.0	40.1

Source: Vietnam Demographic and Health Survey 2002. Calverton, Maryland, USA: Committee for Population, Family and Children and ORC Macro, 2003.

Abortion: In SAVY 2, of those aged 15–24, 8.4% (82 out of 977) of women who were sexually active reported having had an abortion. The proportion of women who had had an abortion increased with age—7% of those aged 18–21 and 10% of those aged 22–25. Of the women who reported having had an abortion, 98% were married.⁵⁰ However, the authors of SAVY 2 have emphasized that this information is not significant and should only be used as a reference and not for official use. Other reports suggest that abortions by unmarried young women made up between 10% and 20% of all abortions in urban areas.⁵¹

49 Vietnam Demographic and Health Survey 2002. Calverton, Maryland, USA: Committee for Population, Family and Children and ORC Macro, 2003. Available from: <http://www.measuredhs.com/pubs/pdf/FR139/FR139.pdf>

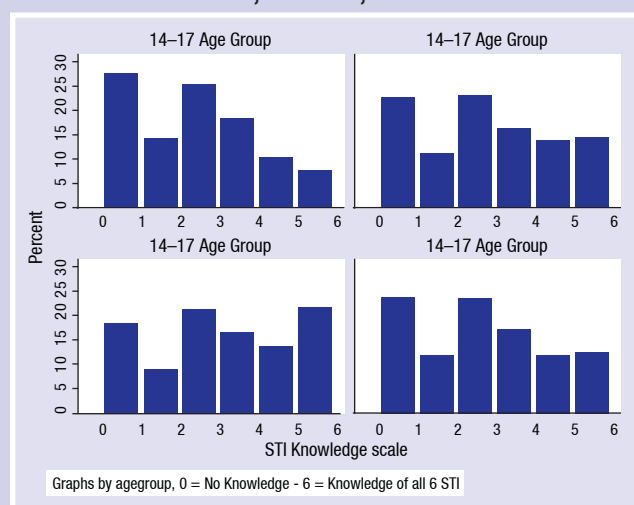
50 Survey Assessment of Vietnamese Youth Round 2 Report on Puberty, Sexual and Reproductive Health. Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

51 Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

Sexually-transmitted Infections (STIs): The number of college students who had STIs increased from 575 in 1997 to 7391 in 2003.⁵²

Knowledge of STIs: Figure 4 shows SAVY 2 data which illustrated that STI knowledge increased with age but, overall, it remained low. Among SAVY 2 respondents, 71% had heard of hepatitis B, 64% of syphilis and 62% of gonorrhoeae. Less than one third had heard of the following: chlamydia (24%), genital warts (27%), chancroid (7.6%), granuloma (11%), herpes (25%) and trichomonas (28%).⁵³

Figure 4: Percentage of respondents and their knowledge of STIs, Viet Nam, SAVY 2



Source: Extracted from Survey Assessment of Vietnamese Youth Round 2 Report on Puberty, Sexual and Reproductive Health. Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

HIV prevalence: According to the Viet Nam Population and AIDS Indicator Survey 2005, the prevalence of HIV among those aged 15–24 was estimated to be 0.9% for males and 0.2% for females.⁵⁴

In 2010, more than 254 000 adults were estimated to be living with HIV in Viet Nam.⁵⁵ The reported number of HIV

52 Report on STIs/STDs in 2003. Hanoi, Viet Nam: National Institute of Dermatology and Venereology. In: Trinh, TV. Determinants of preference/intention to use condoms among unmarried youths in Vietnam. [dissertation]. Chapel Hill, North Carolina: School of Public Health, University of North Carolina, 2007. Available from: <http://www.inthealth.ku.dk/reach/resources/condomintention-determinatsof2007afhandling.pdf/>

53 Survey Assessment of Vietnamese Youth Round 2 Report on Puberty, Sexual and Reproductive Health. Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

54 Viet Nam Population and AIDS Indicator Survey 2005. In: The Socialist Republic of Viet Nam: Declaration of Commitment on HIV/AIDS adopted at the 26th United Nations General Assembly Special Session in June 2001 (UNGASS). Reporting Period: January 2008–December 2009. Hanoi, March 2010.

55 Viet Nam HIV/AIDS Estimates and Projections 2007–2012. Viet Nam: Ministry of Health, 2009. (Data shared by Joint United Nations Programme on HIV/AIDS. Cited 21 January 2011.)

cases in 2010 was 180 312.⁵⁶ The HIV epidemic was fueled by injecting drug users, sex workers and men who have sex with men. According to available data as of 2009, the 20–39 age group accounted for more than 80% of all reported cases; the proportion of people living with HIV aged 30–39 also showed signs of increase.⁵⁷

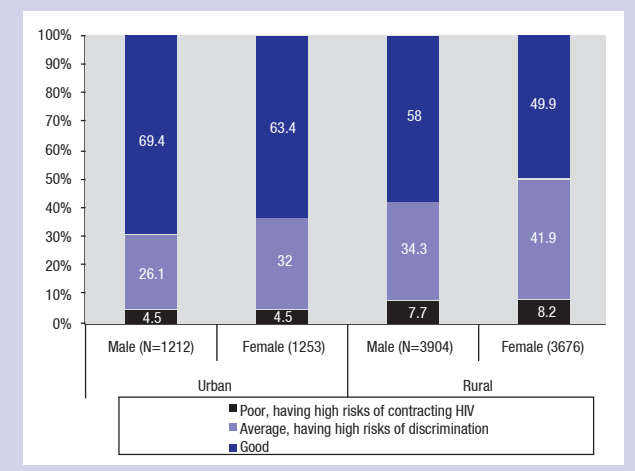
HIV knowledge: According to the Vietnamese Ministry of Education and Training, 34.3% of schools provided life skills-based HIV education in the 2009 academic year.⁵⁸

SAVY 2 found that 98% of youth had ever heard about HIV/AIDS, with 57% of respondents answering all questions about HIV transmission correctly. Another 7% had little knowledge and 36% had a middle level of knowledge. Figure 5 shows that urban residents and males had the most knowledge of HIV transmission. HIV knowledge also increased with educational levels, with only 22.4% of those with a university education having low to medium levels of knowledge compared with 95.1% of those with no education.⁵⁹ SAVY 2 data also stated that 44.1% of males and 40.8% of females aged 15-24 correctly identified ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission.⁶⁰

In MICS 2006, 95.4% of adolescent females aged 15–19 had heard of AIDS; 53.4% knew all three ways of preventing HIV transmission while 6.9% did not know any method of prevention. The proportion who had comprehensive knowledge of HIV/AIDS transmission (i.e. identified two prevention methods and three misconceptions) was 45.9%.⁶¹

Adolescent-friendly health services: The European Union/United Nations Population Fund Reproductive Health Initiative for Youth in Asia (RHIYA) started in Viet Nam in 2004 and has projects covering 22 communes in seven provinces.

Figure 5: Knowledge of HIV transmission, by sex and place of residence, Viet Nam, SAVY 2



Source: Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children’s Fund, 2010.

These projects target in- and out-of-school youth aged 10-24 with an emphasis on gender equity in sexual and reproductive health education and services.⁶²

These youth-friendly clinical services have been incorporated as health corners into government health care facilities in some parts of the country such as the Mong Hoa Commune Health Station in Ky Son District. The corners comprise one room for books and pamphlets, another for private counselling and a third for physical examination. On a typical day, 10-15 youth would visit the service to read the materials, pick up condoms or get advice from the health providers there. In the second quarter of 2006, six youth-friendly corners in Hoa Binh Province provided counselling services to 3949 youths (2512 females and 1437 males).⁶³

In SAVY 2, 64% of males and 73% of females were aware of reproductive health counselling services. More urban youth (74%) and Kinh/Chinese youth (70%) were aware compared with those in urban areas (67%) and among ethnic minorities (62%). The proportion of youth who reported easy access to reproductive health care services were 69% of women, 62% of men, 64% of rural youth, 70% of urban youth, 61% of ethnic minorities and 66% of Kinh/Chinese. There was no significance difference in terms of access for the three age groups (14-17, 18-21 and 22-25).⁶⁴

56 Case report as of 30 September 2010. Viet Nam: Ministry of Health. (Data shared by Joint United Nations Programme on HIV/AIDS. Cited 21 January 2011.)

57 The Socialist Republic of Viet Nam: Declaration of Commitment on HIV/AIDS adopted at the 26th United Nations General Assembly Special Session in June 2001 (UNGASS). Reporting Period: January 2008–December 2009. Hanoi, March 2010.

58 Social Republic of Viet Nam - final report: HIV/AIDS prevention among youth. Technical assistance consultant’s report. Asian Development Bank, 2005. Available from: <http://www.adb.org/Documents/Reports/Consultant/38581-VIE/38581-02-VIE-TACR.pdf>

59 Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children’s Fund, 2010.

60 Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children’s Fund, 2010. In: The Socialist Republic of Viet Nam: Declaration of Commitment on HIV/AIDS adopted at the 26th United Nations General Assembly Special Session in June 2001 (UNGASS). Reporting Period: January 2008–December 2009. Hanoi, March 2010.

61 Viet Nam Multiple Indicator Cluster Survey 2006, Final Report. Ha Noi, Viet Nam: General Statistics Office, 2006.

62 You are welcome here: good practices in counseling and clinical services. European Union/United Nations Population Fund Reproductive Health Initiative for Youth in Asia (RHIYA). European Union/United Nations Population Fund, 2006.

63 You are welcome here: good practices in counseling and clinical services. European Union/United Nations Population Fund Reproductive Health Initiative for Youth in Asia (RHIYA). European Union/United Nations Population Fund, 2006.

64 Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children’s Fund, 2010.

NUTRITIONAL STATUS AND PHYSICAL ACTIVITY

Nutritional status: SAVY 2 found that a high proportion of those aged 14–25 had goitre because of iodine deficiency — 15.5% of women and 10% of men. Among those aged 14–17, 14.4% had goitre compared with 12.4% of those aged 18–21 and 9.4% of those aged 22–25.⁶⁵

Physical activity: About 30% of SAVY 2 respondents exercised or played sports often or very often, 44.8% did it sometimes, 10.8% rarely and 15.6% never exercised or played sports. Young men were more likely to be involved with sports and exercise than females. The proportion of women who never exercised or played sports was 23%, three times that of men at 6.5%. Another 15.7% of rural youth never exercised or played sports compared with 11.1% of urban youth.⁶⁶

As shown in Table 4, among the 14–17 year olds, 7.3% exercised or played sports very often and 27.1% did so often. This decreased with age.⁶⁷

Table 4: Percentage of youth who exercised or played sports by sex, age and residence location, Viet Nam, SAVY 2

	Sex		Age group			Location	
	Male	Female	14–17	18–21	22–25	Urban	Rural
Very often	9.9%	3.7%	7.3%	6.7%	6.0%	8.8%	6.2%
Often	32.3%	13.3%	27.1%	20.0%	18.2%	23.6%	22.8%

Source: Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

MENTAL HEALTH

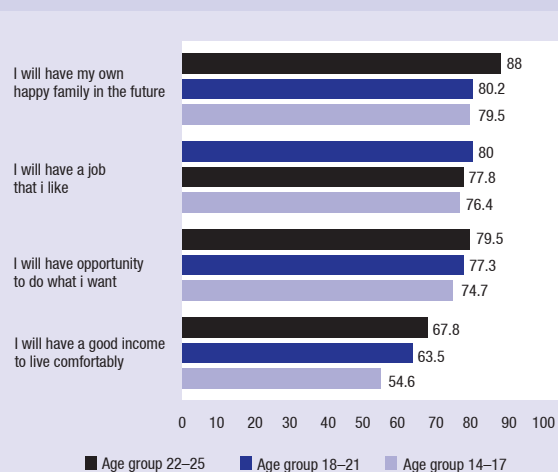
Self-esteem: A self-esteem scale of 0-5 was established to assess levels of agreement and disagreement to the statements in Table 5. The average score for self-esteem of youth was 2.76 in SAVY 2. For the 14–17 age group, the score was 2.68 and

for those aged 18–21 and 22–25, the scores were 2.74 and 2.93, respectively. The self-esteem score increased with age and educational levels (2.69 for primary education, 2.72 for lower secondary, 2.73 for upper secondary and vocational training, and 3 for college education and above).⁶⁸

Table 5 shows that among the 14–17 year olds, the majority felt that they had some good qualities, believed that they could do what others did and thought that they were valuable to their family.⁶⁹

Optimism: Figure 6 indicates that with age, youth tended to be more optimistic. Within the 14–17 age group, more than 70% agreed that they would have their own happy family, a job that they liked and the opportunity to do what they wanted. However, only 54.6% agreed that they would have a good income with which to live comfortably.⁷⁰

Figure 6: Percentage of youth agreeing with optimism related statements, Viet Nam, SAVY 2



Source: Source: Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

Table 5: Percentage of youth who completely agree with the self-assessment statements by sex, age groups and place of residence, Viet Nam, SAVY 2

	Male	Female	Age group 14–17	Age group 18–21	Age group 22–25	Urban	Rural
I have some good qualities	65.5%	67.5%	63.8%	66.1%	72.4%	62.0%	67.9%
I am not proud of myself	20.9%	23.5%	19.4%	25.7%	23.5%	21.9%	22.3%
I believe that I can do what others do	65.8%	66.6%	63.5%	68.9%	68.3%	67.7%	65.7%
Sometimes I feel I am no good at all	28.7%	31.1%	29.0%	32.7%	28.1%	31.9%	29.2%
I think I am valuable to my family	78.8%	75.9%	73.9%	77.9%	83.9%	72.2%	79.0%

Source: Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

65 Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

66 Ibid.

67 Ibid.

68 Ibid.

69 Ibid.

70 Ibid.

Sadness and depression: From SAVY 2, 73.1% of those aged 14–25 had ever felt sad, 27.6% had ever felt so sad or helpless that they stopped doing their usual activities and 21.3% had ever felt really hopeless about their future. These figures were all higher than those in SAVY 1. Young women (77.9%) and urban youth (78.9%) had higher rates of sadness and depression than young men (68.4%) and rural youth (71.2%). Generally, most (63.8%) had low sadness scores, 33% had mild depression scores and 3.3% had high depression scores while 23.5% of urban and 20.6% of rural youth felt hopeless.⁷¹

Suicide: SAVY 2 found that 4.1% of those aged 14–25 had ever thought of suicide, with 5.9% of young women having done so, nearly twice that of men at 2.3%. More urban (5.4%) than rural youth (3.6%) had thought of suicide. Among those aged 14–17, 4.1% reported having had suicidal thoughts compared with 4.4% of those aged 18–21 and 3.8% of those aged 22–25.⁷²

A quarter of the 409 youth aged 14–25 who had ever thought of suicide reported that they had ever attempted it, a third of whom had done so within the past 12 months. The number of youth who reported suicide attempts had doubled since SAVY 1 (42 in SAVY 1 vs. 102 in SAVY 2). Of those who contemplated suicide, attempts by females (29.3%) were almost double that of males (17.5%). Although more urban youth thought of suicide than rural youth, the attempt rate was similar. The suicide rate was highest among married people who experienced violence, with 41.3% of those who were victims of spousal violence reporting attempts.⁷³

SUBSTANCE USE

Legislation: (i) The Prime Minister’s Decision No. 1315-2009 prohibits the sale of tobacco products to people less than 18 years old. (ii) The decree on liquor production and trading prohibits the sale of liquor to people under 18.

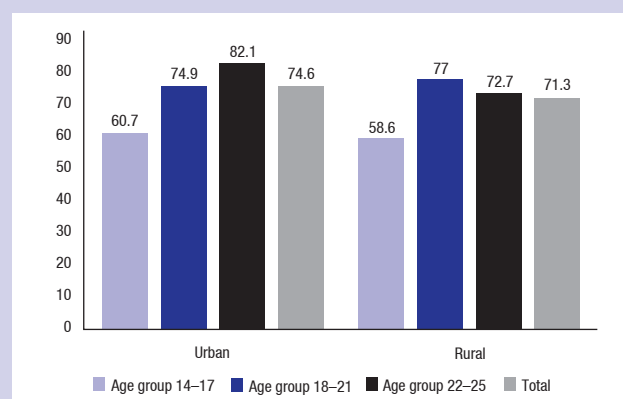
Tobacco use: According to the Global Adult Tobacco Survey 2010 in Viet Nam, the prevalence of current users of any cigarette (i.e. manufactured and hand-rolled cigarettes) among respondents aged 15–24 was 11.9% (23.4% among males and 0.3% among females). The prevalence of current users of any smoked tobacco product among those aged 15–24 was 13.3% (26.1% among males and 0.3% among females).⁷⁴

SAVY 2 found that 20.4% of respondents aged 14–25 had ever smoked tobacco (39.5% of men and 0.6% of women). Of those

aged 14–17, 10% had ever smoked; among those aged 18–21 and 22–25, the figure was 28% and 34%, respectively.⁷⁵

Because smoking was found to be uncommon among young women, the SAVY 2 report focused the analysis on young men, as shown in Figure 7. In those aged 14–17, 60.7% of urban males and 58.6% of rural males who ever smoked were currently smoking. In the 18–21 age group, 74.9% of urban males and 77.0% of rural males who ever smoked currently was smoking.⁷⁶

Figure 7: Percentage of current male youth smokers among those who had ever smoked, Viet Nam, SAVY 2



Source: Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children’s Fund, 2010.

Almost 36% of young men reported that the main reason for initiating smoking was curiosity and 30.9% reported that they started smoking because all of their friends smoked. More youth reported pressure from peers to start smoking than not (31% compared to 13%). Most of the respondents (98.3%) reported that it was easy to buy tobacco.⁷⁷

According to the 2007 Global Youth Tobacco Survey (GYTS), 3.3% of students aged 13–15 surveyed were current cigarette smokers. Table 6 shows some findings from the 2007 GYTS. Of the students who smoked, 75.4% desired to stop; 79.7% of students who were current cigarette smokers tried to stop smoking during the past year; 51.6% of current smokers usually bought their tobacco in a store and, of these, 83.4% were not refused cigarette purchases because of their age.⁷⁸

71 Ibid.

72 Ibid.

73 Ibid.

74 Global Adult Tobacco Survey (GATS), Viet Nam, 2010. Hanoi, Viet Nam: Ministry of Health of Viet Nam, Hanoi Medical University, General Statistics Office, Centers for Disease Control and Prevention, World Health Organization, 2010.

75 Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children’s Fund, 2010.

76 Ibid.

77 Ibid.

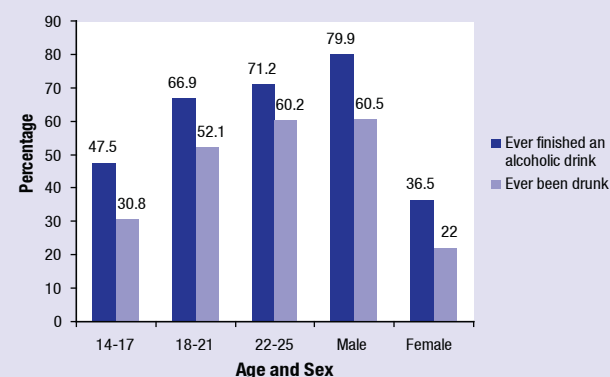
78 The 2007 Global Youth Tobacco Survey in Viet Nam: A preliminary report on youth tobacco use.

Table 6: Tobacco use among students aged 13–15 by sex, Viet Nam, 2007

	Male (%)	Female (%)	Total (%)
Percentage of students who were current cigarette smokers	5.9	1.2	3.3
Percentage of students who were current tobacco product users (other than cigarettes)	1.9	0.7	1.2
Percentage of students who smoked who desired to stop	79.2	59.4	75.4
Percentage of students who were exposed to smoke from others in their home	59.0	58.0	58.5

Source: Global Youth Tobacco Survey, Viet Nam, 2007

Figure 8: Percentage of youth who have ever finished an alcoholic drink and who have ever been drunk by age group and sex, Viet Nam, SAVY 2



Source: Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

Alcohol use: Figure 8 shows the percentage of those aged 14–25 who had ever finished an alcoholic drink and who had ever been drunk by age and sex. According to SAVY 2, 47.5% of those aged 14–17, 66.9% of those aged 18–21 and 71.2% of those aged 22–25 had ever finished an alcoholic drink. These were higher than the figures in SAVY 1, which were 34.9%, 57.9% and 62.2%, respectively.⁷⁹

Of those who had ever had a drink, 30.8% of those aged 14–17, 52.1% of those aged 18–21 and 60.2% of those aged 22–25 had ever been drunk; 17.7% had been drunk once over the past month, 14.4% 2-3 time; 4.6% more than three times; and 63.3% had not been drunk.⁸⁰

Alcohol drinking was common among young men aged 14–25 years (79.9%) but less so for young women (36.5%), with 60.5% of males and 22% of females reporting having ever been drunk. Urban youth were also more likely to report ever having had a drink compared with their rural counterparts (61.1% vs. 57.8%), but the proportion of those who had ever been drunk was similar (45.5% vs. 45.1%).⁸¹

VIOLENCE AND INJURIES

Domestic violence: SAVY 2 found that 4.1% of married youth reported ever having been beaten by their spouse; 5.8% of men and 1.0% of women had indicated having been beaten their spouses. More young wives in urban areas (8.4%) reported being beaten by their husbands than in rural areas (5.3%).⁸²

79 Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children's Fund, 2010.

80 Ibid.

81 Ibid.

82 Ibid.

Of the SAVY 2 respondents, 3.0% ever had been injured as a result of violence from a family member. The figures were 4.1% of 14–17 year olds, 2.7% of 18–21 year olds and 1.3% of 22–25 year olds. Among young people ever been injured because of violence from a family member, 29.5% ever had been injured in the last 12 months (31.8% of 14–17 year olds, 28.8% and 16.7% of 18–21 and 22–25 year olds, respectively).⁸³

Violence: In SAVY 2, the highest rate of people beating others was in the 18–21 age group (1.9% of 18–21 year olds compared with 1.2% of 14–17 and 1.3% of 22–25 year olds); 1.4% (2.5% of men and 0.3% of women) reported that they had ever beaten another so badly that she or he required medical treatment and one fourth of these reported that they had done so in the last 12 months.

Of the SAVY 2 respondents, 7.6% (12.8% of men and 2.3% of women) reported that they ever had been injured as a result of violence outside of the home. The highest rate of people being injured as a result of violence outside of the home was in those aged 18–21 (8.9% compared with 7.1% of the 14–17 and 7.1% of the 22–25 year olds). One third of those who reported ever having been injured from violence outside of the home had been injured over the last 12 months.⁸⁴

Sexual violence: In SAVY 2, 20 youths (0.9%) admitted to ever having been forced to have sex, 16 of whom knew the person forcing them to do so.⁸⁵

83 Ibid.

84 Ibid.

85 Ibid.

Injuries: In 2007, for those aged 10–14, the three leading causes of injury mortality were drowning, traffic injuries and others. For the 15–19 age group, the five leading causes of injury mortality were traffic accidents, drowning and suicide. (Table 7)⁸⁶

Table 7: Child injury mortality rates by causes and age groups (per 100 000 children), 2007

Causes	0–19 years	10–14 years	15–19 years
Drowning	10.4	8.1	6.8
Traffic injuries	6.0	2.0	18.3
Suicide	1.4	0.7	4.6
Occupational injuries	0.5	0.2	1.4
Poisoning	0.4	0.2	0.7
Burn	0.2	0.1	0.1
Falling	0.4	0.2	0.4
Violence	0.3	0.1	1.0
Animal bites	0.2	0.2	0.3
Others	1.6	0.9	3.2

Source: National Mortality Report 2007. Viet Nam: General Department of Preventive Medicine and Environment, Ministry of Health.

Traffic injuries: According to SAVY 2, among the 14–17 year olds, 12.7% of those who drove after drinking had had road accidents compared with 6.5% of those who did not do so. In the 18–21 age group, 20% of those who drove after drinking had had road accidents compared with 12% of those who did not do so.⁸⁷

Drowning: Drowning is the No. 1 killer among children under 14. According to a study by the Hanoi School of Public Health, more than 12 500 Vietnamese children drowned in 2001. Almost three fourths (71.8%) of fatal drowning or near drowning were in the 5–14 age group.⁸⁸

LIST OF LEGISLATION WHICH IMPACT ON ADOLESCENT HEALTH AND WELL-BEING

Employment

- Labour Law/Labour Code, 1994

Health, Education and Welfare

- Law on Child Protection, Care and Education, 2004
- Law on Marriage and Family, 2000
- Penal Code, 1999
- Law on Universal Primary Education, 1991

Substance Use

- Prime Minister’s Decision No. 1315-2009 on the Ratification of the Plan for the Implementation of the Framework Convention on Tobacco Control, 2009
- Government Resolution No. 12/2000/NQ-CP on the “National Tobacco Control Policy” 2000–2010
- Decree No. 40/2008/ND-CP regulates the production and sale of alcohol, 2008,

Crimes

- Law on Domestic Violence Prevention and Control, 2007
- Criminal Procedure Code, 2003
- Ordinance to Settle Administrative Violence, 2003
- Ordinance on Prevention of Prostitution, 2003
- Civil Law, 2001
- Law on Human Trafficking, 1996
- 1992 Constitution
- Criminal Law/Criminal Code, 1985

Conventions

- World Health Organization Framework Convention on Tobacco Control, 2004
- Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography, 2001
- International Labor Organization’s (ILO) Convention No 182 on the Worst Forms of Child Labor, 2000
- Convention on the Rights of the Children, 1990
- United Nations Convention on the Elimination of All Forms of Discrimination Against Women, 1982

86 National Mortality Report 2007. Viet Nam: General Department of Preventive Medicine and Environment, Ministry of Health.

87 Survey Assessment of Vietnamese Youth Round 2. (SAVY 2) Hanoi, Viet Nam: Ministry of Health, General Statistics Office, World Health Organization and the United Nations Children’s Fund, 2010.

88 Injury and Violence Prevention: A leading cause of death and disability in Viet Nam. World Health Organization Representative Office in Viet Nam. [Cited 6 November 2010.] Available from: <http://www.wpro.who.int/vietnam/sites/dhp/injury/>

GOVERNMENT RESPONSES

Note: This is not meant to be a comprehensive list of all relevant government initiatives.

General Adolescent Health and Well-Being

- National Plan on Development of Social Work
- Viet Nam Development Goals
- Resolution of the Conference on Strategic Orientations for the People's Healthcare and Protection, 2000–2020.

Employment

- National Programme on Youth Employment, 2006–2010
- Viet Nam Youth Development Strategy by 2010
- Labour Code of Viet Nam, 1994

Education

- Issuance of "education state bonds" to assist mountainous provinces, the Central Highlands and other poor provinces to eliminate the three-shift school and replace temporary classrooms in 2005.
- National Action Plan of Education for All, 2003–2015
- Socialization of Education
- Equalization Programme
- Development Strategy for Training and Education, 2001–2010
- National Targeted Programme on Education and Training, 2001–2010

Sexual and Reproductive Health

- Safe Motherhood Master Plan 2003–2010
- Strategy in Reproductive Health for the Period 2001–2010 and 2011–2020

- Master Plan for Adolescent and Youth Health 2006–2010.

STIs & HIV/AIDS

- National Plan of Action for Children Affected by HIV and AIDS until 2010 with a vision to 2020
- National Committee for AIDS, Drugs and Prostitution Prevention and Control established in June 2002
- National strategy on HIV/AIDS prevention and control in Viet Nam till 2010 with a vision to 2020

Nutrition & Physical Activity

- National Nutrition Strategy and Master Plan for Nutrition 2001–2010

Mental Health

- National Strategy for Mental Health 2010

Substance Use

- National Tobacco Control Plan 2000–2010
- "Reduce Smoking in Vietnam Partnership"
- National Anti-drug Committee, 1988

Crimes, Violence & Injuries

- National Plan of Action against Human Trafficking
- Decision on the Recovery and Reintegration Support for Victims of Human Trafficking
- National Plan of Action for Juvenile Justice
- National Policy on Accident and Injury Prevention, 2002–2010
- Action Plan on Injury Prevention 2008–2010

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- b. The 2009 Vietnam Population and Housing Census: Major findings. Vietnam, General Statistics Office, 2009. [Cited 6 November 2010.] Available from: http://www.gso.gov.vn/Modules/Doc_Download.aspx?DocID=11532
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