Advocacy Brief

SEXUALITY DIVERSITY EDUCATION FOR BETTER ADOLESCENT AND YOUTH SEXUAL HEALTH AND RIGHTS

PURPOSE

The International Conference on Population and Development (ICPD) held in Cairo (Egypt) in 1994 remarked an important shift in the global population policies – from family planning to sexual and reproductive health and right diagram. Vietnam was among the first countries giving commitment to ICPD 1994 Program of Action and 2014 would be the time to review results of the Program of Action implementation after 20 years. This advocacy brief aims to provide a brief analysis of the gaps in responding to sexual health and rights of marginalized and/or voiceless youth in Vietnam, and to raise public awareness and political actions toward sexuality diversity education as strategic planning for ICPD commitments beyond 2014.

INTRODUCTION

In Vietnam people under 25 years old are more than 40% of population, meaning approximately 36 millions people (GSO, UNICEF and UNFPA, 2011). Although the Ministry of Health has developed a 5-year National Master Plan on Protection, Care, and Promotion of Adolescent and Youth Health 2006 - 2010, the population and reproductive health programs implemented more widely during recent years, mainly focused on married couples (United Nations, 2012a). Needs for contraceptive methods of youth from voiceless populations such as ethnic minorities and migrants were not responded (United Nations, 2012b). For a long time, lesbian – gay – bisexual – transgender (LGBT) and people living with disabilities were out of Government policies related to reproductive health care and family planning. And Government's budget allocation for programs and services the fields of reproductive health care is limited (United Nations, 2012a). Despite of the government claim on giving priority to adolescent sexual and reproductive health, the annual Health Statistics do not contain data on health facilities that provide sexual and reproductive health information, education and counseling for adolescents (Klingberg-Allvin M et al. 2010).

In response ICPD 1994 Program of Action, for more than a decade Vietnam government with support from United Nations and international organizations implemented lots of pilot models to improve adolescent knowledge and awareness on sexual and reproductive health, HIV prevention, and access to friendly services[1]. UNFPA particularly provided technical and financial support to Ministry of Education and Training continuously since 1997[2] to redirect the existing population education at primary and lower secondary levels into more appropriate adolescent reproductive health education (UNFPA, 2004), and to integrate reproductive health education into curriculum of the upper secondary school system and central level pedagogical colleges on a pilot basis[3] (UNFPA, 2004). Most recently, a new, integrated reproductive health and HIV prevention curriculum for secondary school students being developed and piloted by the Ministry of Education and Training (MOET), with support from UNICEF, UNFPA, UNESCO

[1]The first initiative was EU/UNFPA Reproductive Health Initiative for Youth in Asia (RHIYA) (2002 – 2005)
[2] The Fifth UNFPA Country Program (1997-2000)
[3] Project VIE/01/P11 (2002 – 2005)

and Save the Children in 3 provinces (north, central and south of Vietnam)[4]. The pilot model is considered as promising that helped to integrate sexuality education into National Strategy for Education Development for 2011 – 2020, and integrate HIV prevention education into national curriculum (UNESCO, 2011). According to the Vietnamese Ministry of Education and Training, 34.3% of schools provided life skills based HIV education in the 2009 academic year (UNGASS 2010, quoted in UNESCO 2011).

In 2011 Vietnam Government launched two important national strategies related to adolescents and youth, which are Youth Development Strategy for 2011 – 2020 (Degree 2474/QD-TTg) and Population and Reproductive health Strategy for 2011 – 2020 (Degree 2013/QD-TTg). The strategies mentioned objectives, indicators and actions in relation to adolescent reproductive health and specific populations of migrants, people living with disabilities, people living with HIV, ethnic minorities and victims of gender based violence. In both strategies, Ministry of Education and Training is assigned to implement National strategy on education development for 2011 – 2020 and related action plans, as it is connecting to national strategies related to adolescent and youth.

ISSUES

While lots of efforts have been made over the last 20 years to improve adolescent access to information and services in the fields of sexual and reproductive health, still many gaps found in their knowledge, practices and health status.

Adolescent unmet need for contraception, high adolescent birth rate and abortion

According to articles in portal gate of Vietnam Family Planning Association (VINAFPA) and Ministry of Health, about 10 - 20% of abortion cases are among unmarried girls. The overall adolescent birth rate in Viet Nam was 46/1000 which is higher than many other countries in Asia, and was found higher among groups with lower levels of education, poorer living standard quintiles, and ethnic minority backgrounds, located in the Northern midland and mountainous regions, and the rural areas (GSO, UNICEF and UNFPA, 2011).

'Monitoring the situation of children and women: Multiple indicators cluster survey' (MICS) by General Statistic Office and UN in Vietnam (2011) showed that 34.3% of unmarried women were not well responded for their needs for contraception. Female migrant, ethnic minorities and living with disabilities youth are among the most vulnerable and unmet need population (United Nations, 2012b).

Poor knowledge and limited access to information and services

National Survey Assessment of Vietnamese Youth (SAVY 2009) show that 30% youth aged 14 - 24 are in shortage of knowledge and passive access to sexual and reproductive health information and service. Only 42.5% of Vietnamese youth aged 14-24 have comprehensive knowledge of HIV transmission, far less than the national target of 95% by 2010 (UNESCO, 2011).

The vulnerable youth such as youth living with disabilities were not aware about their own sexual right, and assumed by their families that they were 'asexual'. A small-scale survey with 200 youth living with disabilities aged 18 – 30 in Hanoi and Thaibinh (north of Vietnam) by CCIHP in 2011 showed that 40% participants were opposed by their families when they planned to get married, and 10.58% were against when they planned to get pregnancy or in

[4] Since 2006 within working agenda of Joint UN Team on HIV(UNAIDS, UNFPA, UNICEF, and UNESCO)

pregnancy. Almost 70% of participants did not know about their sexual right, including right to access information and services. Female youth living with disabilities are more vulnerable than male living with disabilities due to gender stereotypes (CCIHP, 2011).

Gender based violence to female youth and voiceless youth populations

An estimated 22% of ever-married young women aged 18-24 in Viet Nam have been beaten by their husbands in their life, and 12% have been beaten in the last 12 months (GSO, 2010). Several surveys and qualitative studies recently showed that LGBT youth were stigmatized in the mass media, and many of them were taken to medical doctors for 'treatment' (iSEE, 2010, 2011). More than 40% of young people who identify themselves as LGBT have been suffered from violence at school. Among those, more than 50% reported negative influence of violence to their study, and 34% used to commit suicide (CCIHP, 2012a). Among 200 youth living with disabilities interviewed in 2011, 6.25% reported sexual abuse and half of them never spoke out their case to anyone, none of them reported or seek for help from health facilities or police stations (CCIHP, 2011).

Under-reported adolescent sexual abuse and exploitation

According to MOLISA, in 2007 there were 800 sexually abused children in Viet Nam (MOLISA, 2008). However, it is difficult to obtain accurate figures and data on the prevalence of child and adolescent sexual abuse in Viet Nam. As there is a lack of referral services for abused children and young people as well as services for out-of-home care in Viet Nam, it may be that sexual abuse is under-reported and that there are more cases than are recorded(United Nations, 2012c).

Both boys and girls under 18 years of age are involved in commercial sexual activity in Viet Nam, with female workers entering the trade at a younger age. About 15 per cent of female sex workers have been found to be under the age of 18 (MOLISA, 2009) and research findings also suggest that an increasing number of children and adolescents enter the industry to escape poverty (MOLISA and UNICEF, 2008)

DISCUSSION

The description of the above mentioned issues suggest that knowledge and awareness rising might not be a simple answer for the gaps in responding adolescent and youth reproductive and sexual health and right. Sexuality education can play a key role in improving knowledge and reducing sexual risk behaviors among young people. Equipped with better knowledge, information and skills, young people can be empowered to make informed decisions about sexual choices[5]. However, given large and continuous support by United Nations and non-government organizations to Vietnam stakeholders, which target not just adolescent, and youth, but also service providers and community. The big question remained is why improvement in knowledge does not really help translation into adolescent and youth safer sex, violence prevention and better health outcomes?

Contradictory discourses on sexuality and femininity/masculinity caused failure in using contraceptive methods

Since late 1990s and early 2000s, qualitative studies on youth sexuality provided common evidence that youth failure in using contraceptive methods was not merely due to lack of

[5] http://www.unaids.org/en/Resources/PressCentre/Featurestories/2009/December/20091210UNESCOsexed/

knowledge or limited access to services. The contradiction between the increasingly practice of out-of-wedlock sexual relationships and the remaining social norms which place high value on female virginity and innocence in sex was the main attribution (Emfroymson et al. 1997, Belanger and Khuat Thu Hong 1998, Gammeltoft 2002, Khuat Thu Hong 2003). Female (heterosexual) youth purposively chose not to use contraceptive methods, as they wanted to give their boyfriends the image of the sexually inexperienced girl: 'acting as if they do not act sexually, being sexually active while pretending not to be' (Gammeltoft 2002).

Education curriculums followed "protective mechanism", not sexual rights

Curriculums of the pilot projects on adolescent and youth sexual and reproductive health, and HIV prevention focused more on topics of body development, abstinence or refusal to request for sex, HIV transmission and condom use[6]. A common title for the projects was about 'life skills education' or 'HIV prevention', and none of them mentioned 'sexuality education' or 'sexual rights'. In a country snapshot United Nations stated that Vietnam represented for 'a model of successful United Nations family collaboration to support a comprehensive education sector response to HIV and AIDS' and one of achievements listed was the 'integration of sexuality education into the National Education Strategy 2011-2020' (UNESCO, 2011). However, in fact the National Education Strategy 2011 – 2020 (MoET 2012) just mentioned one term 'life skills education' in a sentence about reforming national education curriculum by 2015, right after the emphasis on 'traditional cultural values'. Given the fact that 'traditional cultural values' very much emphasize female virginity and 'not to show the path for deers to run', concerning that information would make out-of-wedlock sex even more desirable to youth, it would be a great doubt of the birth of education curriculums which respect adolescent and youth sexual rights.

Year of 2011 remarked the attention from Government to adolescents and youth through the approval of 03 national strategies for 2011 – 2020 (national strategies on youth development, reproductive health care, and education development). However, similar to previous policies, the new strategies continue emphasis on family planning and HIV prevention, and ignore youth sexual rights. LGBT youth is absent from the strategies and related projects by the Ministries. Eventhough, for the first time, specific populations such as ethnic minorities, migrants, people living with disabilities, people living with HIV, are mentioned in the national strategy on reproductive health care. Solutions to guarantee youth from those specific population actually access to information, counseling and health care services, are not clear written down.

The emerge of new issues in a transitioning social context

Migration flows within Viet Nam are dominated by young people aged 15-24, and the majority of these are female. Over one third (38%) of the respondents to the second Survey Assessment of Vietnamese Youth (SAVY 2009) had been away from home continuously for one month or more. In a recent feature article, a representative for United Nations in Vietnam claimed that, '*Young migrants often face difficulties when accessing public health services because they are not registered in their destination cities. This means they are often unable to access critical public sexual and reproductive health services, leaving them vulnerable to unwanted pregnancies, unsafe abortions and STI/HIV infections. Young migrants also often lack adequate knowledge on sexual and reproductive health. Many of them have only completed primary or secondary education, and comprehensive sexuality education is currently not taught in primary or middle schools in Viet Nam. Moreover, the majority of*

[6] http://www.unaids.org/en/resources/presscentre/featurestories/2010/june/20100616vietnamyouth/

Vietnamese young migrants, especially females, slip through the net of the sexual and reproductive health and family planning programs, traditionally targeting towards married couples only'[7].

More than one third of Internet users in Vietnam (38%) are youth aged 15-24 (Cimigo, 2011). The second Survey Assessment of Vietnamese Youth (SAVY 2009) reported that 61% youth aged 14 – 24 had used internet, which was 17% increased in comparison to SAVY 2003. Besides the benefits brought by internet, there were concerns on risks and unwanted experiment of internet use to youth such as unwanted sexual solicitation, cyber (sexual) bullying, or unwanted pornographic exposure (Livingstone, S. and L. Haddon 2008, Liau, A.K. 2005, Ospina, M. 2010, RS, T. 2010). Vietnam has not yet collected national data on risks and unwanted experiment related sexuality due to youth Internet use.

The diversity in gender, reproductive and sexual practice was not paid close attention

Gender-based violence to LGBT youth in school is just an example of how diversity in gender and sexual practice not recognized. However, gender and sexual diversity would be more than being transvestite or having 'a different' sexual orientation. The fact that, Vietnam National Assembly did not pass same sex marriage in late 2013,proved how sexual minorities are not accepted and even taken precautions in Vietnam. The emphasis on family planning in reproductive health policies does not mean not-for-reproduction relationships are welcome. The model of 'happy family' with a husband, a wife, and two children – one girl and one boy, is taken for granted and ban vulnerable youth such as youth living with disabilities and LGBT youth enjoy 'family life' in their own ways.

The most recent review on Policies on reproductive health care for ethnic minority people in Vietnam by UNFPA pointed out that 'of all reproductive health issues in the community family planning predominates. The Kinh people in lowland provinces show better understanding of safe motherhood, prevention of STIs and safe abortion practices than their upland ethnic minority compatriots. In both lowland and upland provinces promotion of reproductive health awareness among adolescents is neglected' (UNFPA 2010). At the same time, UNFPA listed early marriages and some cultural practices of sexual or romance relationships among ethnic minorities as attribution to the high adolescent birth rate in Vietnam. There were no critical questions on the nature of those practices or on the unwanted impact of urbanization to rural and mountainous communities. There was also none of question on any possible imposition of Kinh's (majority) values into cultural practices of ethnic minorities. Hetero-normatively and the dominance of sexual culture of 'majority' is a key attribution to stigmas, discrimination and youth vulnerability in reproductive and sexual health and rights.

CALL FOR ACTIONS

In order to address and fill up the gaps in adolescent and youth sexual and reproductive health and right policies and practice, the following priorities should be taken by Ministry of Education and Training in coordination with inline ministries:

1. Promotion of the term 'sexuality education' instead of hiding it under the umbrella of 'life skills education' or 'HIV prevention education'.
2. Emphasis on life skills for dealing with diversity–different practices of gender and sexual identities, new situations, unexpected events, and subcultures (e.g. of

[7] http://www.un.org.vn/en/feature-articles-press-centre-submenu-252/2742-un-puts-young-migrants-and-workers-in-the-picture-on-international-youth-day.html

minorities) in the existing and in-future curriculums on life skills education in schools setting.

3. Introduction of diversity in 'models of families' and performance of masculinities/ femininities in the curriculums, either in illustration or texts.
4. Develop policy on safe schools in which youth from voiceless populations such as ethnic minorities, migrants, lesbian – gay – bisexual – transgender (LGBT), and youth living with disabilities are inclusive.
5. Develop curriculums and communication materials related to adolescent and youth sexual and reproductive health and rights in both Kinh and ethnic dialects.
6. Reflect socialization of education through acknowledgement and welcome technical supports and critical reviews from civil society to national strategies and action programs related to life skills education, gender equality, violence prevention, and safe schools.
7. Allocate budget lines to upscale the successful/ promising pilot models which were approved by civil society and United Nations

REFERENCES

Belanger, D. and Khuat Thu Hong (1998) Young single women using abortion in Hanoi, Vietnam. Asia-Pacific Population Journal, 13, 3–26.

Belanger, D. and Khuat Thu Hong (1999) Single women's experiences of sexual relationships and abortion inHanoi, Vietnam. Reproductive Health Matters, 7, 71–82.

CCIHP (2011). Quyền sinh sản và tình dục của thanh niên khuyết tật Việt Nam

CCIHP (2012). Nghiên cứu trực tuyến về bạo lực trong trường học đối với người đồng tính – song tính – chuyển giới ở Việt Nam

Cimigo. (2011). Vietnam Net Citizens Report: Internet Usage and Development in Vietnam.

Efroymson, D., Vu Pham Nguyen Thanh and Nguyen Quynh Trang (1997) Confusions and contradictions: Results of qualitative research on youth sexuality (Hanoi: Path Canada).

Gammeltoft, T. (2002a) Seeking trust and transcendence: Sexual risk-taking among Vietnamese youth. SocialScience & Medicine, 55, 483–496.

Gammeltoft, T. (2002b) The irony of sexual agency: Premarital sex in urban northern Vietnam. In J. Werner andD. Belanger (eds) Gender, household, state: Doi moi in Vietnam (Ithica, NY: Cornell Southeast Asia Program,Cornell University), pp. 111–128.

GSO, UNICEF and UNFPA. (2011). *Monitoring the situation of children and women: Multiple indicators cluster survey (MICS) 2010 - 2011.*

iSEE (2010). Thông điệp về người đồng tính trên báo in và báo mạng.

iSEE (2011). Sống trong một xã hội dị tính – Câu chuyện từ 40 người nữ yêu người nữ.

Khuat Thu Hong (1998) Study on sexuality in Vietnam: The known and unknown issues. South and East Asia regional working paper series. (Hanoi: Population Council).

Klingberg-Allvin M, Graner S, Phuc HD, Höjer B, A. J. (2010). Pregnancies and births among adolescents: a population-based prospective study in rural Vietnam. Sex Reprod Healthc. 1(1):15-9.

Livingstone, S. and L. Haddon, Risky experiences for children online: Charting European research on children and the Internet. Children & Society, 2008. 22: p. 314- 323.

Liau, A.K., A. Khoo, and P.H. Ang, Factors influencing adolescents engagement in risky internet behavior. Cyber Psychology & Behavior, 2005. 8: p. 513-520.

MOLISA (2008), Report on the situation of children in special circumstances, from MOLISA to the Culture and Education Committee for Children and Young People.

MOLISA (2009), Review report of 5-year implementation of the Ordinance on prevention and combating against prostitution (2003 - 2008).

MOLISA and UNICEF (2008), Creating a protective environment for children in Viet Nam: an assessment of child laws and policies.

Ospina, M., C. Harstall, and L. Dennett, Sexual exploitation of children and youth over the internet: a rapid review of the scientific literature, 2010, Institute of Health Economics: Canada.

RS, T., Following you home from school: A critical review and synthesis of research on cyberbullying victimization. Comput Human Behav, 2010. 26(3): p. 277–287.

UNESCO. (2011). *Country Snapshot.* EducAIDS.

United Nations. (2012 a). *Advocacy Brief on Adolescent Birth rate in Vietnam.*

United Nations. (2012b). *Advocacy brief on Unmet needs in family planning and recommendations for Vietnam.*

United Nations. (2012c). *Factsheet on Young people and Protection.*

UNFPA. (2004). Population and Reproductive Health Education in school. In *Programme Portfolio Vietnam*

Feature Articles:

Sexuality education an imperative for children and young people in a world affected by AIDS (10/12/2009). http://www.unaids.org/en/Resources/PressCentre/Featurestories/2009/December/20091210UNESCOsexed/

UNAIDS. Helping Vietnamese youth protect themselves against HIV (16/6/2010).http://www.unaids.org/en/resources/presscentre/featurestories/2010/june/20100616vietnamyouth/

http://vinafpa.org.vn/kien-thuc/suc-khoe-sinh-san-tinh-duc/nao-pha-thai-tuoi-vi-thanh-nien-hiem-hoa-kho-luong-1245.html

http://moh.gov.vn/news/pages/tinhoatdong.aspx?ItemID=38