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Report Title: What do young couples need - a case study in remote areas in Vietnam?¹

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1. The problems

Reproductive health has become an issue of global concern, which contributes to human development. The program of action of the International Conference on Population and Development (ICPD) in Cairo 1994 recommends “to meet the needs of adolescents and youth for information, counseling, and high-quality sexual reproductive health services” as a way to “encourage them to continue their education, maximize their potential, and prevent early marriage and high-risk childbearing”. The Fourth World Conference on Women (Beijing 1995) recognizes these goals, not only as needs of young people, but also as their rights. It calls for establishment of effective personal and political rights, and education of girls and young women as the key interventions for the empowerment of women. In addition, the ICPD program of action endorses improving the engagement of men and promoting their responsibility in reproductive health.

Empirical studies show that limited services, traditional customs, and cultural factors are barriers to bringing this knowledge to young persons⁹. The studies demonstrate that in developing countries malnutrition, particular anemia during the childbearing period are not only affected by living standards, but also caused by the lack of understanding about nutrition,

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This report is based on the sources of a baseline survey for a research study in 2003: “building up a model of reproductive health promotion for young couples in remote areas”, conducted by the Scientific Institute for Population, Family and Children of the Commissions for Population, Family and Children in Vietnam (VCPFP).

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dietary, and strict practices during antenatal, delivery and postpartum period among woman themselves, their families and other community members as well.

According to the World Health Organization (WHO)²³, high risk of obstetric complications is common among women at older and younger ages, with high parity, and close birth spacing. WHO recommends that these groups need special care during antenatal, delivery and postpartum period to avoid obstetric complications. In Vietnam, early marriage and adolescent childbearing are still the prevailing phenomena in rural areas, resulting in high rate of maternal and newborn morbidity and malnutrition.^{7 19 21 24}

The malnutrition rate is 34 percent of children under five years of age, and is particularly high among girls in poor regions²¹, 52 percent of pregnant women have insufficient iron supplementation and approximately 10 million women lack iodine.¹⁵ These are consequences of many factors such as food distribution, family care, diet and in particular incomplete knowledge of child nutrition.

The Vietnam Demographic and Health Survey in 1997¹⁰ showed that young mothers have fewer opportunities to access reproductive health care services during pregnancy, delivery and postpartum period than those in other age groups. About 35.3 percent of women do not have any prenatal examination; 46.4 percent do not receive anti-tetanus vaccination; and 46.9 percent give births at home. The childcare practice and access to health care services are very limited for young mothers, particular those living in the mountainous and coastal areas.⁵

The family planning program resulted in a sharp decline of the fertility rate in Vietnam, the TFR fall from 3.8 in 1989 to 2.3 in 1999 (1999 Censuses). However, youth and adolescent issues are a big challenge in Vietnam¹⁷. It is estimated that, the number of youth and adolescents increased dramatically up to more than 24 million people in 1999¹⁸ (Census 1999). This creates a challenge to the country to respond to the needs of youth and adolescents.¹¹

Therefore, an operation research study was conducted in order to provide information on reproductive health, family planning, HIV/AIDs/STDs prevention and childcare and to encourage young couples to use reproductive health and family planning services. The research also aims to contribute indirectly to improve the quality of the Vietnamese population.

2. Methodology

This report is based on a baseline survey in 2003 for an operational research study “Building up an IEC model on reproductive health for young couples in remote areas”. The research aims to find a method of intervention to provide knowledge of reproductive health, HIV/AIDS, family planning and early childhood care for young couples, to improve women’s health and status in the regions with high infant mortality rates in Vietnam. 380 young persons aged from 15 to 24 year old who were married or intended to marry within 3 years (2002 - 2004) were randomly selected for an interview using individual questionnaire. In addition, 4 groups of local community leaders and legal staff were involved in focus group discussions. And the parents, grandparents and primary school teachers of the selected communes were interviewed in depth.

This research was carried out in four communes in the less developed regions²⁴ in Vietnam. Two research communes were in Dien Bien province of the Northwest region and two

communes were in Thanh Hoa province of Northern Coast region. Dien Bien province is located in a remote mountainous areas. Two minority groups were selected for study: Hmong in Pu Nhung commune and Thai in Muong Phang commune. In Thanh Hoa province, one selected commune was regarded as one of the poorest communes (Quang Vinh commune); another has better socio-economic development and is near a popular beach in Vietnam (Sam Son beach) with rapid urbanization, due to mass reduction of cultivated land for building hotels and resort houses (Quang Vinh commune). (See Table 1)

Table 1. The characteristics of four selected communes during the survey (April 2003)

Area	Commune	Ethnic group ²	Income source	Electric availability	Level of Socio-economic development
Mountain	Pu Nhung	H'Mong	Farming (++++)	3 months	+
	Muong Phang	Thai, Khmu, Kinh	Farming (+++) & Tourist (+)	3 years	++
Coast	Quang Vinh	Kinh	Farming (++) , fishing (++)	> 10 years	+++
	Quang Cu	Kinh	Farming (+) , fishing (+) & tourist (++)	> 20 years	++++

3. Findings

3.1. Characteristics of the respondents

In the sample design, 400 young persons were to be selected for interview using an questionnaire. However, in the mountainous areas, particular in the H'Mong commune, young persons were very reluctant to participate in the interview. The investigators met difficulties to find the respondents in the remote hamlets and had to ask the local Women Union and family planning coordinators for help. In total there were 380 young persons who agreed to be interviewed in all selected communes.

Table 2. Percentage of respondents by age, married status, sex, educational level, and occupation and ethnic group.

Characteristics of the respondents	Mountain		Coast		All	
	Pu Nhung	Muong Phang	Q.Vinh	Q. Cu	Percent	Number
Educational level						
illiteracy	56.5	14.3	-	2.5	15.0	57
Junior primary school	13.0	39.0	18.4	21.0	23.9	91
Senior primary school	27.5	39.0	46.0	56.3	43.9	167

² The Kinh group is the largest ethnic group in Vietnam (86.2 percent of the total population), Thai group makes up 1.7% and H'Mong group, only 1%. (1999 Census).

High School	2.9	7.6	35.6	20.2	17.1	65
Occupation						
Business and services	2.9	1.0	33.3	27.7	17.1	65
Agriculture	82.6	92.4	51.7	28.6	61.3	233
House worker			3.4	31.9	10.8	41
Student	14.5	6.7	11.5	11.8	10.8	41
Ethnic group						
Kinh	-	1.0	100.0	100.0	54.5	207
Thai	4.3	97.1	-	-	27.6	105
HMong	95.7	1.9	-	-	17.9	68
Total	100.0	100.0	100.0	100.0	100.0	380

As mentioned above, the levels of socio economic development of the four communes varied. (See table 2). Data from this survey show that adolescents account for 43.9 percent of respondents. More than half of respondents were just married (52.1 percent). Only one-third of respondents was males. It is noted that in mountainous areas, we it met difficulties in encouraging males to participate in interviews. Many curious boys followed the investigators to find out what the questionnaire asked about. But when investigators asked for them to participate in the interview, they did not answer and went away. “It is a woman’s issue, not ours” (a young male in Pu Nhung commune). In contrast, male respondents in the coast were more open-minded. In Quang Vinh, fishing was mainly done at night, so 41.4 percent of respondents were males, while there only 16 percent of male respondents in Quang Cu. Because a number of young males worked for some fishing enterprises, they were often away for a long time.

The investigators had to deal with low educational levels in mountainous areas. Illiteracy rates were very high (56.5 percent of Pu Nhung respondents and 14.3 percent of Muong Phang respondents). It is noted that most illiterate respondents were females. Even many girls were not able to sign their name to get compensation money after the interview. Most young persons in the H’Mong group seemed to be very shy to answer questions on reproductive health and avoided to eye contact with the interviewers.

In the official reports, both communes in the mountainous areas had a program to eliminate illiteracy. Most young persons in these two communes have already taken part in this program. At the survey time, this program had been finished 3 years before. However, people had a very short time to practice reading and writing. Therefore, they become quickly illiterate again. Even some girls who had already finished primary school, were at risk to forget the Kinh language (the national language), because they had litter contact with society outside their communes.

The main occupation of young persons in mountainous areas is in the agricultural such as farming, forestry and livestock breeding. (82.6 percent in Pu Nhung and 92.4 percent in Muong Phang). It is noted that 14.5 percent of respondents in Pu Nhung commune where was the lowest developed communes state their occupation were in schooling. The government had a priority policy to improve the education level for disadvantaged groups. So some of the married respondents were attending primary school in Pu Nhung commune. In this school

many students are over the age for primary school enrolment in Vietnam. Some of them were already married and have one or two children.

In contrast, occupations of the respondents in coastal areas were more diversified than those in mountainous areas. A high percentage of respondents work in business or service sectors (33.3 percent in Quang Vinh and 27.7 percent in Quang Cu). Many respondents were studying at high schools or the university. In Quang Vinh Commune, men did fishing and their wife sold their products in the open market. In Quang Cu commune, young men work for fishing enterprises or work in Sam Son Town, while their wife stay at home for housework.

Ethnic minorities in this survey are the Thai in Muong Phang commune and the H'Mong in Pu Nhung commune, two communes in the mountainous areas. In general, the Population Policy of Vietnam is anti-natalist. The policy was only pro-natalist for small ethnic groups, except the H'Mong are large group, but this group was regarded as one of the most disadvantaged ethnic group in Vietnam. In this survey, the investigators could easily contact with Thai respondents. However, it was difficult to interview H'Mong respondents. Particularly with H'Mong females who can not speak Kinh language (the main Vietnamese languages) and were reluctant to meet with interviewers.

In conclusion, there are differences in the socio economic development levels in four selected communes. In the mountainous areas with low socio economic development level, young persons tend to marry early, have low education levels and disadvantaged occupations. These condition are better in coastal areas.

3.2 The awareness on marriage

Age at marriage

There are two questions about age at marriage, “According to you, what is the best ages at marriage” and “Which ages do people often get married in your commune?”. Generally, nearly half of respondents said that the best ages at marriage were 15 - 19 years old. However, these exists a differential between opinion about marriage ages and the actual age marriage at their local”. (Table 3).

A vast proportion (85 percent) of the Pu Nhung respondents said that people often married at the ages 15 - 19 in their commune. Early marriage was common in Pu Nhung commune. “If an 18-year old person is still single, he/she is considered as having difficult to get married and has a problem. That’s why most youth get married at ages of 14- 15 in this commune” (Mr. V. S. A, head of Pu Nhung commune). As a result family life cycle in this commune is short. Grandparents ages 35 - 40 are popular in this commune. It was quite different in the two communes in coastal areas, where thinking only one third of respondents considered marriage in adolescent ages to be the best. Nevertheless, early marriage was a problem in all communes in this study.

Table 3 . Percentage of respondents by their thinking of the first married ages and the fact of the first married ages and condition of marriage in their local.

Thinking of marriage	Mountain		Coast		Total	
	Pu Nhung	Muong Phang	Q.Vinh	Q. Cu	Percent	number
<i>Common first married ages in their commune</i>						
15 - 19 year old	85.0	39.7	35.9	26.7	44.2	87

20 - 24 year old	10.0	58.6	61.5	73.3	53.8	106
>= 24 year old	5.0	1.7	2.6		2.0	4
<i>The first married ages as respondent's</i>						
15 - 19 year old	75.9	61.7	20.8	39.0	45.9	84
20 - 24 year old	24.1	36.2	58.3	50.8	44.8	82
>= 24 year old		2.1	20.8	10.2	9.3	17
<i>Condition of marriage</i>						
Parent's consent	66.7	48.6	28.7	31.1	41.8	159
Legal procedure	33.3	51.4	71.3	68.9	58.2	221
Total	100.0	100.0	100.0	100.0	100.0	380

Condition of marriage

According to the 2000 Marriage and Family Law of Vietnam, legal age at marriage is 18 for women and 20 for men.²⁰ Since a large proportion of newly married couples does not have marriage certificates, there are a lot of IEC campaigns and activities by the government to provide the information on marriage Law. Besides, the Law on Child Protection, Care and Education also addresses registration of birth for a newborn baby in order to ensure the civil rights for children at birth. Because of non-certified marriages, the rights of children are ignored by their parents.¹³

The findings of this research showed that the traditional custom of marriage in all communes broke the law of marriage, particularly among H'Mong people. The question tested the knowledge about marriage procedure with the question: "According to you what procedure is essential for a formal marriage?". Up to 66.7 percent of Pu Nhung respondents and 48.6 percent of Muong Phang respondents said that parents' and relatives' arrangement was a sufficient condition for a formal marriage.

This is a serious problem in both communes in mountainous areas. One of the leaders of Pu Nhung commune complained "In my commune young couples get married at under legal ages, due to early marriage as traditional custom of my ethnic group. After giving a birth for several years, they go to the legal office to apply for certificates of marriage, in order to get birth certificates for their children. We know that it is against the law, we have to ignore the law for them. Because it is better for them that they live without any legal approval". In addition, one primary teacher in mountainous areas said "Registering a birth is a straightforward procedure, many parents, however, often neglect it. Sometimes, we have to make this procedure for them, in order to get enough pupils for our school." (N. T. N, 28 years old, primary school teacher at Muong Phang Commune).

In two coastal communes, young persons' awareness of marriage was better than their peers' in two mountainous communes. This was clear since approximately 70 percent of coastal commune respondents said that they needed marriage certificates. During in-depth interviews some parents said that if their children got married without legal certificates of marriage, the rights of the newly married couples and their children were not ensured, especially women who would be disadvantaged. In addition, according to the leaders of Quang Cu commune - commune with the highest developed level of the four selected communes, 30 percent of early childhood residents had not been received any birth certificate yet. Although many young

couples knew this procedure, early marriage still existed. These figures reveal a -big gap between the knowledge and practice of marriage in these regions.

3.3. Needs for education

There are education differentials among all communes. Mountainous commune has a high illiteracy rates, in Pu Nhung commune (56.5 percent of Pu Nhung respondents and 14.3 percent of Muong Phang respondents). While it was not significant in two coastal communes. Only 2.9 percent of Pu Nhung respondents and 7.6 percent of Muong Phang respondents had high school education. In contrast, the rate of high school education was high in coastal commune (35.6 percent in Quang Vinh and 20.2 percent in Quang Cu). These figures reflect partly different levels of socio- economic development of each commune. (Table 2)

Illiteracy, minority language led to poor communication in Pu Nhung commune. To understand what the young women said, investigators had to ask for some volunteers such as local teachers, health workers, even community leaders for interpreting from minority language to Vietnamese. In fact there was existed a program to eliminate illiteracy in this commune. Most women aged 15 - 35 took part in this program. So the commune was recognized for completely elimination illiteracy. To explain the current high rate of illiteracy, there were many different viewpoints. Local leaders argued that because women had no chance to contact with society outside their communities after participating in these classes, they forgot how to read and write, and they were illiterate again. Some primary school teachers discussed that many women who took part in these literacy classes, gave up after a short time of attending classes, because their husbands were not happy and wanted to keep them at home to do housework after their hard working day in the field. Others argued that there was no electricity, no television, no newspaper, no books and no persons to practice with the knowledge from literacy classes was quickly disappeared.

A researcher raised a question for the leader of Women's Union in this commune "Why don't you motivate young persons to participate in literacy classes?" she said "My dear, it is difficult... since the commune has been recognized as a unit without any illiterate cases for three years. The literacy program is completed... As you know, the commune leader's board has only men, except the a vice chairwomen of the Women Union and me who are the only females....I will retire in two more years, nothing can change my current position. Women are so unfortunate; there are many women who are still illiterate. I can not say any more..." (V. S. M, 53 year old, A Chairwoman of Women Union, H'Mong ethnic minority group).

Another researcher was very surprised to discover an "unfavorable situation" that one male teacher of the senior primary school had a young wife aged 20 years old who could not read and write. "It is not necessary for her to learn how to read and to write. She should be like other women in my commune". He said. While men often complained about re-illiteracy situation in their locality, no commune leader mentioned the inequity in learning for women. .

It is interesting that Pu Nhung commune had received electricity only three months before the survey was implemented. Several households had bought televisions. Their home quickly became "a meeting center" in their hamlet. Some girls wanted to learn the Kinh (main Vietnamese language), because they could understand at least "what people in T.V speak". The wishes for having an literacy program for women as expressed by the leader of Commune Women Union's were mainly for young women in this commune.

A vast proportion of the population in Muong Phang commune was Thai. The level of socio-economic development of this commune seemed to be better than Pu Nhung commune. Fortunately, there was a place of historical interest from the French war in 1954, which has been widely opened to the public near Muong Phang Commune since 2000. The new road and electricity had been provided for this commune at the same time. According to the head of this commune, about 30 percent of households in this commune had televisions at the timing of the survey. In addition, the Thai group seemed to be more opened to society outside their community than those of the H'Mong minority group. The cultural barriers was not as restrictive as in the H'Mong community. Although, the living standards of this commune were better than in the years before 2000, it was still regarded as a poor commune.

In the two mountainous communes, illiteracy in Muong Phang was much lower than in Pu Nhung commune (14.3 percent of Muong Phang respondents). People were interested in this commune. The pupils who lived far from the commune center could stay in the boarding school residence nearby. Poor pupils received some money for food. However the education was only offered for boys in poor families. In focus group discussion, some persons argued that “the boy is a real child for us. He should take care for us in old age. If a girl gets married, she should server her husband’s family. We expect nothing from our girls”. Therefore boys often received support from their family until adulthood. While girls were at risk of being neglected at adolescent ages.

The high school level was achieved by only 7.6 percent of Muong Phang respondents. Some teachers of primary school said that minority pupils in their school had very low qualifications. They met difficulties in teaching local pupils. However there were some pupils who were very clever. If they had support from their family to further their study, they could be very good students. A teacher said that she had a female student who was very a clever and beautiful girl. She was encouraged to enroll at high school. However her family was very poor and could not pay for boarding school. The high school was located in the city and 30 km far from her home. In the morning, she rode her bicycle down the slopes of the mountains to reach her school. But in the afternoon, she had to push her bicycle to climb up to her home. After several months she decided to quit school and get married. She explained that going to school was hard work for her. In addition, the traditional custom of her community was that a girl who was over 18 year old had less chance of getting married.

One of the commune leaders in this commune mentioned that her daughter in law was married while she was studying at vocational school. His wife had to follow this daughter in law and bring up her grandson until the she finished her studies. In in-depth interview, studying at high school was a desire of many young persons in this region. However, in focus group discussions, the community leaders agreed that if there was not any support from the family, poor students were not able to study at high school, particular young females.

Illiterate in two communes in coastal area was very low. And High school rates were higher than two commune in the mountain. In depth interview, a parent mentioned that in the past the high level of education was not important for young persons, because jobs were not available for educated persons. It has been changing since the year 2000, due to a newly established fishing enterprise near this commune. It requires a lot of educated young people to work in a big fishing boat with a high salary. In addition educated persons have opportunities to get jobs in several tourist companies in town nearby. As a result there was an increasing need for education among young persons in this commune.

Nevertheless, the wives of these workers were jobless or only did housework. Some young female respondents said that currently their husbands were able to earn more money for their household than before. Females only stayed at home, took care of children and waited for their husbands. Therefore they would like to enroll in a vocational school to get jobs in Samson Town or in the factory. So they did not have to depend on their husbands.

To sum up, besides the factors of cultural context, ethnic and geographical issues, the educational needs are mainly related to the level of socio economic development of the commune. It also demonstrates that electricity, transportation, urbanization and job creation contribute to the need for education among young persons. However, poor persons and females are more disadvantaged in of education than rich persons and males. In particular girls are very disadvantages in the mountainous areas.

3.4 Need for reproductive health care and family planning information

The questions on reproductive health care and family planning are grouped together in Table 4. The respond to the questions of on prenatal care, diet, nutrition, and complication management during pregnancy are covered in “*taking care of pregnant women*”. The questions of the take care at delivery were in “*Choice of birthplace*”. The information on “*taking care of newborn*” comprises knowledge on breastfeeding, nutrition, and bringing up children. Data show that generally these answers expressed many shortcomings in knowledge about pregnant care, choice of birthplace, newborn care, and contraceptive use from young persons in this survey.

Choice of birthplace was quite different and depended on the varied cultural context of the minority groups. According to traditional customary of the H’Mong minority group, a woman had to give birth alone in the forest or somewhere without any person present. Some commune leaders mentioned that this custom was changing a part. A husband was able to help his wife delivering at home. Another reason given for not accessing health facilities was that commune health centers often were located far from their houses. Up to 29 percent of Pu Nhung respondents prefer to commune health centers for delivering. Although this is still low, it demonstrates a changing awareness among young persons.

Although 74.3 percent of Muong Phang respondents chose the Commune Health Center for their delivery, some leaders in the focus group discussion of Muong Phang commune explained that the presence of grandmothers made the expectant mothers feel assured, so some preferred delivery at home. Furthermore many responds for these kinds of questions from Muong Phang respondents were surprising to the researchers. For example, with the question: “how many baths per day does a newborn need”. A lot of respondents said at least two times per day. This answer was immediately checked carefully, but these girls explained naturally that this was a custom of the Thai group. This is quite different from other ethnic groups in rural areas in Vietnam where there was exists a bad habit that mothers and newborns were forbidden to take a bath in the neonatal period. Other answers also confirmed that old and experienced women in the Thai Community played an important role in translating life skills and family care to young couples in the Thai communities.

Table 4 . Percentage of respondents with their knowledge on safe motherhood and take care newborn baby.

Knowledge of	Mountain	Coast	Total
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respondents	Pu Nhung	Muong Phang	QuangVinh	Quang Cu	Percent	number
<i>Take care of pregnant women</i>						
Wrong	58.0	36.2	20.7	20.2	31.6	120
Right	42.0	63.8	79.3	79.8	68.4	260
<i>Choose a place of birth</i>						
At home	55.1	24.8	3.4	25.2	25.5	97
Commune Health Center	29.0	74.3	92.0	57.1	64.7	246
Others	21.7	4.8	4.6	21.0	12.9	49
<i>Take care of newborn baby</i>						
Wrong	63.8	59.0	69.0	52.9	60.3	229
Right	36.2	41.0	31.0	47.1	39.7	151
<i>Know at least one contraceptive</i>						
Do not know	72.5	60.0	13.8	21.8	39.7	151
Know	27.5	40.0	86.2	78.2	60.3	229
<i>Viewpoint about induced abortion</i>						
It is not a contraceptive	53.6	48.6	77.0	74.8	64.2	244
It is a contraceptive	10.1	13.3	9.2	7.6	10.0	38
Do not know	36.2	38.1	13.8	17.6	25.8	98
Total	100.0	100.0	100.0	100.0	100.0	380

Otherwise young females complained that they were very reluctant to use the Commune Health Center, because the staff of Commune Health Center were only men. In fact Pu Nhung Commune Health Center had only men staff while Muong Phang Commune Health Center had a female a nurse. This problem partially explained the inadequate awareness on reproductive health care and family planning in these communes. In contrast in two coastal communes, Commune Health Centers had more female health workers than mountainous communes. Event head of a commune is a woman. That is why the knowledge on family planning in the coastal area respondents was better than those in mountainous areas.

Overall, young men seemed to understand more about STDs and HIV/AIDS than young women, particularly respondents in mountainous areas. It was easy to understand that in mountainous areas where female illiteracy rate was high, a lot of minority women could not speak and listen to the Kinh language, and where women only learn from experiences old persons in their communities, and where women had a little contact with others. Therefore the information on STDs and HIV/AIDS were regarded as “one kind of modern knowledge” that was better in the young males than young females.

4. Conclusions

With the objective of understanding the reproductive health needs of young couples in disadvantaged areas, this research investigated the reproductive health knowledge of young persons who were married or intended to be married within three years of the survey. The characteristics and life experiences of the young persons in this research varied tremendously by sex, educational level, cultural context, ethnic group, and geography and socio economic development level of each commune.

In areas with low socio economic development such as mountainous areas, young persons have fewer opportunities to interact with society outside their communities and have a high illiteracy rate, resulting in limited knowledge on reproductive health. These factors are associated with the cultural context, resulting in girls tending to marry very young before 18 year of age, and many even before 15 years of age, despite the law of marriage prohibiting such early marriage. Therefore, they often do not have the possibility to make real choices about their sexual and reproductive lives. In addition, because of low education and poor IEC, the roles of the mothers, grandmothers and old persons are very important for providing knowledge on family care and child survival. Most respondents and the parents do not have comprehensive understanding about HIV/AIDs

Nevertheless, later marriage, migration, urbanization and job competition, and the need for education also create and raise many concerns among young persons as well as the parents in the coastal communes. That's why, young persons tend to get the more information on reproductive health from their peers and mass media than the role of the old persons in their commune.

Support from families plays an important role on awareness of family life for young couples. While the more highly educated persons obtain knowledge on pregnancy, delivery, and postpartum care by sharing experience among peers or reading books, the less educated persons look for advice from old persons in their family or community. However, the more highly educated couples are looking forward to support in childcare from their parents and grandparents, the less educated couples want to be independent in household's activities.

Young females in the two mountainous communes were disadvantage in accessing health care services for antenatal, delivery and postpartum care. Because almost all commune health workers are men. In addition the traditional customs exist as a barriers for women to access health facilities, particular among H'Mong minority group.

Gender's inequity is clear from the difference in educational level between males and females, particular in the mountainous areas. High female illiteracy and a large proportion of girls never enrolling in school are problematic. Gender differences are also evident in awareness of reproductive health and HIV/AIDs. Knowledge of reproductive health seems to be absent in male respondents, while most of them have more knowledge on HIV/AIDs than female respondents. Moreover, in remote areas support from parents is in favor of boys rather than girls.

This research raises questions that have implications, not only for individual health, but also for means of supporting young persons to make appropriate decisions about their health. Therefore IEC must be conducted to address their specific needs, using their language and understanding their motivations. It should also be placed in the context of young person's broader needs for education, employment, emotional support, and safety. Thus, project must focus not only on information on sexuality, responsible sexual behavior, reproduction, abstinence, family planning, unsafe abortion, STIs including HIV/AIDS, gender roles and nutrition, but also on life skills and vocational guidance.

Because differentials exist from region to region, the various intervention models should be built up differently for each area. In the mountainous areas, the intervention way should focus on encouraging parental involvement and promoting adult communication and interaction with young couples. Population and Family Planning Coordinators should provide informal

education for girls with the collaboration of local teachers. IEC messages must be focused on efforts to raise awareness of the negative impact of early marriage and pregnancy on the health of women and children among girls, parents, teachers, and community leaders.

In the coastal areas, it is necessary to use peer educators to reach out to young people to provide integrated health services for young couples that include family planning information and services for sexually active adolescents. It should be integrated with popular entertainment, mass media, and peer - educators with services designed for youth in community settings. Informal vocational guidance should be provided if it is possible.

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