

ABORTION IN PRESENT DAY VIETNAM

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Abstract

In recent years, the abortion rate in Vietnam has been likely rising. In rural area, this rate is a bit higher than in urban one. Young age groups' abortion rate is relatively high and ofter higher than older age groups. The main reason is due to their limited awareness of contraceptive methods. Low education level also affects the abortion. The abortion of people at low education level is relatively high, but people with elementary school graduation has the lowest rate of abortion. The Northwest had the highest abortion rate, the lowest rate belonged to the South Central Coast. The abortion rate depends on each couple's number of alive children. The highest abortion rate is of couples with 1 or 2 alive children. The majority of couples only have one time of abortion for 12 months before research timepoint.

Key words: Abortion, Vietnam, region, contraceptive

1. Introduction

In Vietnam, as in many other countries in the world, the transition to lower rates of fertility may be attributed, in part, to rising rates of abortion. Unfortunately, despite much discussion and interest regarding abortion in Vietnam, systematic study of abortion levels and trends at the national and provincial levels has yet to be undertaken. Nor has there been a rigorous examination of the critical issue that logically should precede such an analysis the quality of the abortion statistics. A focused study of such issues is badly needed, because confusion and uncertainty exist about the levels and trends of abortion in Vietnam, even among those currently engaged in such research.

Recent years, about 1.4 million abortions are performed annually in the country, which has a population of 82 million. Gender inequality, which increases the rate of sex selective abortion and a lack of sex education as well as contraceptive use are the main causes of the high abortion rate, experts say. In addition, the average age sexual debut in the country has decreased, according to a survey by the National Committee for Population, Family and Children. Although the country has promoted contraceptives through various awareness campaigns, they are not widely used or well - understood by most Vietnamese people. As a result of these trends, some experts are calling for the government and organizations to cooperate in sex and gender education for young people in schools.

To provide essential information about abortion rate in Vietnam, the article tries to answer the following questions: i) What is the situation of abortion in Vietnam in recent years? ii) Is there any differences between rural and urban as well as geographical regions about proportion of



abortion in Vietnam? iii) What are factors affected to abortion in Vietnam?

2. Abortion policy in Vietnam

From the results of the 1960 census of Vietnam, the Government of the Democratic Republic of Vietnam realized that a large and growing population created a problem of pressures on the land, led to Vietnamese government to formulate a population policy with a target of three children per family, mainly in order to reduce the population growth rate in the North. Unfortunately, due to the war, and the pronatalist viewpoint of some leaders of government, family planning program was carried out slowly.

In 1981, the Council of Ministers restated the importance of the Family Planning Program as a part of national population policy and also recognized this program as a social movement to improve the quality of life of the people. Three specific guidelines were issued, namely: (a) Each couple should have only three children; (b) Birth intervals should be 3 - 5 years or more; (c) Married women should give birth only at age 22 years or later. (UNFPA, 1990).

The 1989 Law of People's Health Protection stressed the fact that: "A woman has the rights to undertake induced abortion as her request, to access health care services for checking and treating gynecologist diseases, to take prenatal and delivery care, to be assistant at delivery care in health services".

In addition, before 1995, there are some unintentional policies encourage women to undertake induced abortion. For example, drugs and money were subsided for woman who failed to use contraceptives, resulting in termination of her pregnancy by induced abortion.

The induced abortion rate is extremely varying amongst the regions of Vietnam. The rates in some regions are in the range of the highest induced abortion level, otherwise in other regions it is regarded as low level (Anh and Dung, 2000, 31-40).

It is noted that health and family planning services provide inadequate quality of care with the consequences of unmet need for contraceptives, high rate of contraceptive failure. And a high rate of the complications related to induced abortion indicates a high level of unsafe abortion (Hieu et al, 1993, Johansson et al, 1996, *103-107*). Health system and Health law also have some problems, contribute high rate of induced abortion. This is alarming the managers of health and family planning programs should pay introduce a better quality of care to the service provisions, and health law reform, in order to reduce induced abortion rate and improve the health status of women.

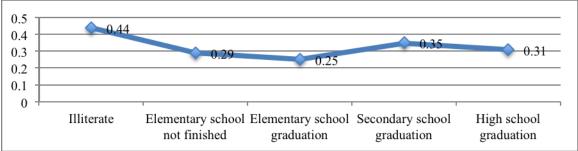
3. Results

The abortion rate of married women from 15 - 49 years old for 12 months before the time of research on 1st April 2005 in Vietnam increased by 0.09% compared with 1st April 2002, at 0.31%. The abortion rate between two regions in 2005 was different from in 2002: that of urban area (0,26%) was lower than that of rural area (0.33%) and these were both higher than in 2002. The abortion rate of the Northwest in 2005 was higher than in 2002 and that of the Southeast stayed the same, 6 other regions had higher rates. The abortion rate in 2005 was shaped into slope compared with in 2002, only the Northwest, Northeast and South Central



Coast remained the same position, 5 other regions had changes: The Northwest had the highest abortion rate (0.8%), but lower than in 2002 (-0.57%). The Northeast ranked the second but had higher rate than in 2002 (+0.17%). The abortion rate of Red River Delta (0.41%) was at the third position and 2 times as high as in 2002. The fourth rank belonged to the North Central (0.32%) and its abortion rate was higher than in 2002 (+0.09%). The lowest rate was of South Central Coast (0.10%), but still 0.08% as high as in 2002. The Southeast and Mekong River Delta had the approximately equal rates (0.2% and 0.21%). The general trend was that there were uneven rates of abortion among geographic regions.

In terms of age, the abortion situation also had distinct features among different groups of age. The highest age of abortion was 25 - 29 (0.40%), the next was the age of 30 - 34 (0.35%), and the lowest rate was of the age of 45 - 49 (0.22%). It can be seen that the principal tendency is that the younger the age is, the more the abortion rate becomes. This can be attributed to young people's inexperience in contraceptive methods so they are easier to be unexpectedly pregnant. As a result, the abortion rate is high. Due to the lack of knowledge and limited understanding about contraceptive methods, they even do not know that they are pregnant, when realizing about it, they have to be aborted because maybe they do not want to have children or their conditions do not allow them to give birth and nurture children. Thu's case is an example. Thu, 20 years old, went to a distric medical center in Ho Chi Minh city and unconsciously told the doctors: "Recently, I have realized that my abdomen is a little big so I want to be examined". With experience, doctors reported that she was pregnant but she argued that "How can I be pregnant? I only have had sex once"..."I am still very healthy, and work extra shifts as usual"....Only when having the ultrasound result of a 26 week baby and unable to be aborted, did she burst into tears¹. The above story shows us that unlimited understanding about contraceptive methods has led to many abortion cases, especially among young people.



Considered in terms of married women's educational level during the age of 15 - 49, the result is as follows.

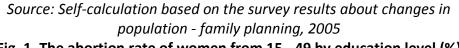


Fig. 1. The abortion rate of women from 15 - 49 by education level (%)

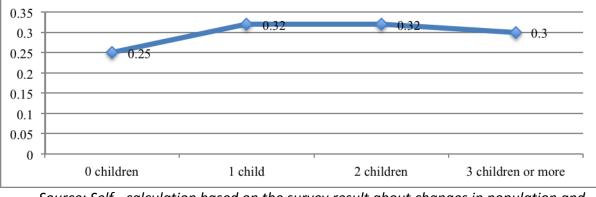
The above figure indicates that the relatively high abortion rate of object groups with low educational levels, such as illeterate people, was highest (0.44%). Then, it is likely to sharply decline when educational level increases: elementary school undergraduation (0.29%) and

¹ http://www.danchua.eu/373.0.html?&tx_ttnews[tt_news]=174&cHash=4a7276e7b9



elementary school graduation (0.25%). Here, the abortion rate rised up to 0.35% for groups with high school graduation, and the group of high school graduation had lower rate of abortion than secondary school graduation group (0.31%). It can be recognized that the complicated change in the correlation between education level and abortion.

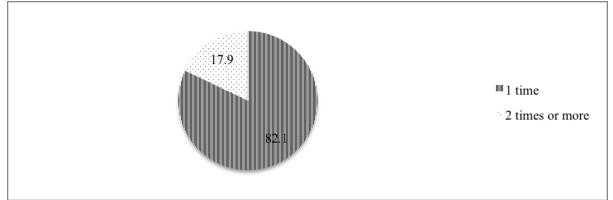
In the relation between the number of alive children and the abortion rate, we can realize a clear difference. Families with one or two alive children had the highest abortion rate, whereas families with 3 or more alive children or no alive children had lower abortion rate (Fig. 2). Obviously, the number of alive children will determine the abortion. If the number of alive children is in family's and the law's acceptable limit (one or two children), surely family will choose the method of abortion, otherwise they will commit the population - family planning carried out in Vietnam, so the abortion rate of this group is reasonably high.



Source: Self - calculation based on the survey result about changes in population and family planning, 2005

Fig. 2. The abortion rate of women from 15-49 by the number of alive children (%)

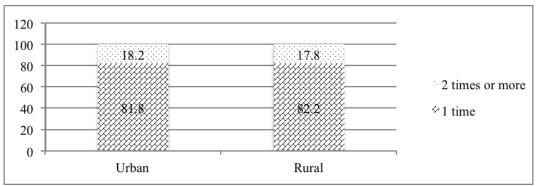
About the number of abortion times, the results from figure 15 show that married women from 15 - 49 years old who had one abortion for 12 months before the timepoint of research accounted for 82.1%, the number of women having two times of abortion and over accounted for only 17.9%.



Source: Survey result about changes in population and family planning, 2005 Fig. 3. The ratio of abortion times in Viet Nam, 2005 (%)

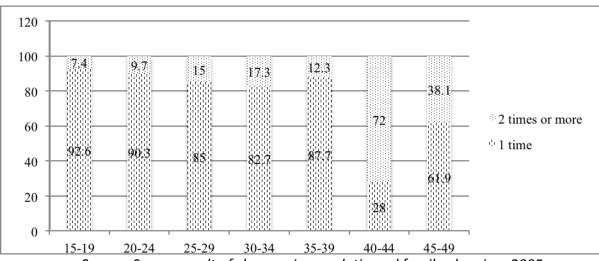


The number of rural women having one time of abortion was bigger than that of urban women (82.2% to 81.8%). The number of married women from 15 - 49 years old having one time of abortion (82.1%) dropped by 0.26% compared with 2002, declined by 7.1% in urban area and increased by 1.3% in rural area.



Source: Survey result of changes in populatin and family planning, 2005 Fig. 4. The rate of number of abortion times of married women from 15 - 49 for 12 months before research by rural/urban area (%)

Women group of the age from 15 - 19 having one time of abortion accounted for 92.6%, this rate increased by 21.6% compared with 2003 and the rate of women having 2 times and more of abortion dropped by 22.6%. In contrast, the group of women from 45 - 49 with one time of abortion had the lower rate (61.9%) than the group of women from 15 - 19 (30.8%) and 25.0% lower than in 2002.



Source: Survey result of changes in populatin and family planning, 2005 Fig. 5. The rate of number of abortion times of married women from 15 - 49 for 12 months before research by age groups (%)



4. Conclusion

The abortion rate in Vietnam has been likely to rise for recent years. In rural area, this rate is a bit higher than in urban area. Young age groups' abortion rate is relatively high and ofter higher than older age groups. The main reason is due to their limited awareness of contraceptive methods. Low education level also affects the abortion. The abortion of people at low education level is relatively high, but people with elementary school graduation has the lowest rate of abortion. The Northwest had the highest abortion rate, the lowest rate belonged to the South Central Coast. The abortion rate depends on each couple's number of alive children. The highest abortion rate is of couples with 1 or 2 alive children. The majority of couples only have one time of abortion for 12 months before research timepoint.

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