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**Induced abortion in Vietnam :
fact and resolution**

Nguyen Quoc Anh, Hoang Kim Dzung

Induced Abortion in Vietnam: Fact and Resolution

Nguyen Quoc Anh and Hoang Kim Dzung
Center for Population Studies and Information
The Committee for Population, Family and Children
12 Ngo Tat To – Hanoi - Vietnam

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This report is based on the sources of a research project in 2001: "Regressive study in proximate determinant of induced abortion in Vietnam", conducted by the Center for Population Studies and Information of the Committee for Population, Family and Children (formerly the National Committee for Population and Family Planning) . It is also combined with other currently research reports in our office and in Vietnam.

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Abstract:

This report is based on an induced abortion survey in 2000 in Vietnam, interview 600 women from 15 – 49 year old in two regions where are reported as a highest induced abortion rates in Vietnam – Northern Uplands and Red River Delta.

It shows that the factors such as the differentials of educational level and occupation, cultural values, gender and religion are also associated with the level of induced abortion. Number of children also is a determinant factors in decision making to access induced abortion services by women.

Health and family planning services provide inadequate quality of care, consequences of unmet need for contraceptives, and high rate of contraceptive failure. The complications of abortion are very high, indicating a high level of unsafe abortion. In addition, accessibility to health care services is too easy; it leads some women take advantage of this to terminate their unwanted pregnancies as two third of abortion cases without medical examination for pregnancies.

The high rate of induced abortion is an alarming issue, indicates that the managers of health and family planning programs should pay more attention a better quality of care to reduced abortion rate. It also calls for law and policy reform.

1. Background:

Realizing the pressure of over population in Vietnam, the Vietnamese government stepped up its activities from the end of the 1980s to reduce the rapid population growth in order to bring an improvement of socioeconomic conditions in the country. This resulted in a sharp decline in fertility in Vietnam from 3.8 in 1989 (census) to 2.3 1999 (Census 1999). This achievement leads to Vietnam has received a Golden Medal for the 1999 United Nations Population Award. It also has surprised many researchers as this decline was possible of one of the poorest countries of the world and in spite of the cut backs in the health expenditure by the government (World Bank, 1992; Haughton, 1997).

The same pattern as fertility decline, Induced abortion rate also increases in the world (Titetze, 1983; Bongarts, 1990; 487-506) and in Vietnam also it is a big problem (Haughton, 1997, 203-211; GSO, 1997), indicating induced abortion rate at the highest induced abortion range in the world. (Goodkind, 1994; 342-352). Although Induced Abortion does not regard as a contraceptive method in Family Planning Program in Vietnam, many women take advantage of this to terminate their unwanted pregnancies without regarding to their negative health consequences. A desire of the number of children has declined, while the supplementary of contraceptives as well as abortion services are inadequately providing to meet the needs of women.

To provide essential information to improve the quality of reproductive health and family planning and to reduce abortion rate in Vietnam, a research on induced abortion was conducted by the National Committee for Population and Family Planning in 2000 (now it is changed the Committee for Population, Family and Children), in order to find the factors that influence in decision making to access induced abortion services and the quality of services provision in Vietnam.

This report will address in the items as 1) the factors influencing women's decisions to access induced abortion services; 2) impact of the family planning and health services on induced abortion in Vietnam; 3) unmarried Youth

2. Sources and Methodology

This report is based on the data of a research "Regressive study in proximate determinant of induced abortion in Vietnam", conducted by the National Committee for Population and Family Planning, interviewed 600 ever married women who had undergone induced abortion from 1995 to October of 2000, discussed with 4 local adolescent groups, interviewed 19 local managers and abortionists. The survey was carried out in Cao bang province and Ninh Binh province. This two provinces locate in Northern Uplands and Red River Delta regions where are regarded as the highest induced abortion rates in Vietnam. The aim of this study is to determine the factors that influence decision making to access induced abortion services and the induced abortion services providers, and provide information to recommend for Family Planning Policies. Because this survey collected the information of ever induced abortion women, the estimation of induced abortion rates is not maintained in this study. It notes that most of researchers in this survey who have knowledge in medicine. (Hoang Kim Dzung, Nguyen Quoc Anh, Tran Phuong Mai, et al, 2001).

3. Family Planning and 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 (Jones, 1984: 216; NCPFP 1990). 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.*
- *Ministry of Health has a responsibility in sustainable and development the net work of gynecologist, obstetrician, and newborn care at the community to provide reproductive to every woman*
- *Prohibit performing induced abortion procedure, and inserting IUD at the public or private services without license from Ministry of Health or Health Department at provincial levels.*

(Code No 44, chapter VIII. Implementing Family Planning and Maternal and Child Health Protection. In Law of People Health Protection in 1989).

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

In 1991, the Vietnamese Council of Ministers entrusted the National Committee for Population and Family Planning with the responsibilities of implementing the family planning program in conjunction with other related agencies. The involvement of other agencies was done, in order to involve the activities of mass organizations on family planning in achieving the target on population and family planning which was to reduce quickly the third child birth rate.

VN DHS 1997 shows that fertility in Vietnam has been significantly falling down, as Total fertility rate (TFR) is by 2.3 and Contraceptive prevalence rate (CPR) is by 73.5%, indicating the successful of FP programs. Induced abortion. However, induced abortion issue did not pay attention to Vietnamese Family Planning and Health Managers until

1994 when the several international reports reminded its high rate in Vietnam. Since after this report were published, many the studies and the surveys on induced abortion issues have been implemented. But at this moment the exactly estimated rates of induced abortion are still controversy that depends on different sources of existing data in Vietnam.

The induced abortion rate is extremely varying amongst the regions of Vietnam. The rates in some regions is in the range of the highest induced abortion level, otherwise in other regions it is regarded as low level (Intercelsal Survey, 1994; Vietnam DHS 1997). It is difference of the trend in the world, it is surprising that women in rural areas have a higher rate of induced abortion than those in the urban areas, and Northern Uplands regions – one of the poorest regions in Vietnam – induced abortion rate is very high. (Nguyen and Hoang, 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. (Do 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 reduced induced abortion rate and improve the health status of women.

Other factors such as the differentials of educational level of women and occupation of wife and husband, cultural patterns, and religion are also associated with the level of induced abortion. The gender of the child also contributes to the factors that lead women to decide on induced abortion. Furthermore, the recent socioeconomic development in Vietnam has brought about changes in the life styles of the Vietnamese, particularly of the young women. The Social attitude also violate young women have to seek induced abortion to terminate their unwanted pregnancies, potentially contributing more serious problems for reproductive health.

4. The Finding

4.1. the factors that influence on decision making to access induced abortion services.

Age and marital status

In this research, the information was collected from ever-married women only. Similar to the pattern of the data of the VNDHS 1997, MRDS Age Specific Abortion Rates focus on woman's ages from 25 to 39. The age group of 15-19 is very small number.

It is noted that the recent socioeconomic development in Vietnam has brought about the changes in the life styles of the Vietnamese, particularly of the adolescents. Although, a lot of studies which have been mentioned in induced abortion outside marriage (Do et al, 1993, Le 1997, and Vu and Ngo, 1997), the exactly number of induced abortion cases by unmarried women is still unknown.

Parity

It is surprise that the same the data of VNDHS 1997, A large proportion of women who sough abortion reported that the reason for induced abortion was to limit the number of

children (81 percent of women who underwent induced abortion during 1994 and 1997), for spacing of birth 16 percent, only 3 percent wanted to have a child immediately. Furthermore, women who underwent induced abortion had more living sons (mean of son is 1.5) than living daughters (mean is 1.3), indicating a significant preference for sons. (t-value: -3.16; P<0.005). (Table 2). Therefore, the concentration of women having abortions have a high birth rate and are mainly limiting children rather than spacing births.

Socio-economic characteristics of abortion women

Generally, in developing countries, women seeking induced abortion tend to have high levels of education and work status (Tietze, 1983; Dixon 1990, Armstrong and Royce, 1989). The same as the VNDHS 1997 and Intercensal survey in 1994, the findings of this survey demonstrates that Vietnamese women followed similar patterns in that the more educated the women were the more induced abortions they experienced. However, the repeat abortion rate of women in the completed primary school level were higher than these of incomplete primary school and no education, and were even slightly higher than secondary school and higher education levels. Though the level of education influences the decision to seek pregnancy termination, it has no relationship to repeat abortion.

In this report occupations are divided into four groups¹. A large number of abortion women worked in the Group 1. It was probably in part that these women were better motivated to control their family size, and perhaps they were under strong pressure at work places to follow family planning. Therefore the position of working is likely to be influence in making decision to terminate their unwanted pregnancies.

The woman's views on induced abortion:

Although induced abortion does not regard as a method of contraception, many women had looked abortion as a kind of family planning before the 1990s. The term "family planning broken" mean "unwanted pregnancy", and then "Family Planning" was given a hint at "induced abortion" by many women. Awareness that induced abortion is a serious problem, the specific information, education and communication campaigns have been concerning in the media system, in order to warn women the risk of abortion since middle of the 1990s. Consequently, almost women do not regard induced abortion as a good method of Family Planning.

There were only 6.8 of women said that they though induced abortion as a good method for Family Planning. According to them it was easy to access induced abortion services. Even some women stated that the procedure were convenient and quickly. And they did not worry to apply any contraceptive else. Though there is a small number, it still indicated a problem in the IEC program on reducing the recourse to abortion.

¹Group 1 includes the leaders of communist party in local and central, non government organization; directors of the factory (both in government, private sectors and cooperative); Professionals; persons working in health sectors (including baby sitters and cleaners); administrators, clerks, secretaries, technicians, teachers, etc. Most of them work in government jobs.

Group 2 includes blue collar workers and those in service sectors.

Group 3: includes who working in forestry, fishing and agricultural sectors

Group 4: no definition, includes unemployed, housewife, students, and those are military workers.

4.2 The uses of abortion services

A vast proportion of Women State that they used public health services for undertaking induced abortion. The proportion of using private services is small, but it is increasing overtime. Besides, research team discovered that the role of private and public services were not clear, particularly in Ninh Binh Province (Red River Delta Region). While the managers of these services declare that the number of induced abortion in their services is dramatically reducing, many women revealed that they went to public hospital to meet “relatives” to terminate their pregnancies. They paid less cost than the hospital fee required and were not registered in the hospital records. In fact this was a kind of semi-private service, consequently a lot of induced abortions cases in public hospitals were out of health records.

FEES FOR ABORTION SERVICES

In the Induced Abortion survey 2000, 75.8 percent of women said that they have to charge for abortion services during 5 years from 1995 to 2000. Most of them were working in agricultural sector without any health insurance. But many women who were working in public sector felt no free with payment method by health insurance. Consequently they paid for services themselves and did not use money from their health insurance.

Furthermore, the National Committee for Population and Family Planning policy is to fully subsidize abortion services for women who are registered as modern contraceptive users and who experience a contraceptive failure. However, both clients as well as providers were not willing to apply for subsidized fees and were agreement for service payments themselves. Because this method of payment was much troubles.

Fees charged to clients for menstrual regulation were ranged from 10.000 to 75000 VND (proximately US\$ 4²) in public sectors, according to the type of procedure and the weeks of gestation. Fees covered induced abortion procedure and a few medications for pain control and post procedure antibiotics. All additional services were provided at an extra cost. There was not a standard fee for whole country. For example, in Cao Bang and Ninh Binh provinces, fee was 20. 000 VND for a menstrual regulation performance, while this fee was only 10. 000 VND in Hanoi.

In private services in urban areas, clients were charged a fee which was much higher than public sectors (often 100 000s VND). But many urban women said that they were satisfied with these services. According to them, fees for this services are more clear and higher quality of care and shorter waiting time than in public sector.

However, there was existing some a kind of services as Semi-Private sectors. Semi – Private providers were public sector employees and used public facilities in non-working hours. It is difficult to evaluate this kind of services. For example, some clients stated that they paid only 15.000 VND for a menstrual regulation performance at the district hospital, while this cost 20.000 VND. Because the providers admitted they are their “relatives” and did not paid directly to hospitals.

² At the moment of the survey, currency 1 USD=14,5 VND

The commentary about the cost of induced abortion services depended on the different clients in term of employment and income. Most clients said that the prices in public sectors were fair (about 80 percent of women). Even the clients who underwent induced abortion at private services admitted that the prices were moderate with their agreement.

Some providers and policy makers suggested that increasing the fee for induced abortion services would not encourage women from using safety services. This idea was controversy in the policy makers just at the seminar to check up the results of this study. According to them, it should lead women to seek illegal and dangerous sources to terminate their unwanted pregnancies. This would also result in the loss of an important opportunity for the public sector to provide counseling and contraceptive services to women who desire to control their fertility.

Pregnant examination

According to NCPFP, many women were complained to undergo induced abortion without testing pregnancy. (Vietnamese term is as “hut gio”, means “to suck out air”). In addition, the term of *Menstrual Regulation* was translated to Vietnamese as *hut dieu hoa kinh nguyet*, leads a lot of women, even some providers, misunderstood as a method to help a woman to get keep their menstruation. It is noted that 74 percent of ever-induced abortion women from 1995 to 2000 in two pilot provinces who perceived pregnancy themselves. And then they sought automatically to health services for undergoing induced abortion. 17,8 percent were diagnosed by health workers, but did not tested in laboratory, 5,8 percent who were tested in clinical services, and 2,3 percent use pregnant quick stick (see table 3).

A vast proportion of women who underwent induced abortion without clinical testing had already experienced at least one pregnancy prior. Most of this women were at age 20 year old or more, and less education levels and income generation. In addition, urban women who tested their pregnancies in Health services were as third time as rural women. It is easy understand that the most health facilities in rural are very poor in quality of care as well as equipment.

In depth interview, these women stated that they knew exactly their pregnant without identification from health workers. Even one woman said “*I realize that if I visited a health worker, he/she should confirm it like I did. Therefore, it is not essential for me to visit health services for pregnancy testing. I only wait for clinical mobile team which will arrive our commune health center, then I ask for menstrual regulation...*”

Realize this problem, Quick stick for testing pregnant had been delivered widely by family planning program since 1998, in order to avoid induced abortion without pregnancy. However, there were only 2.3 percent of women who use it. This number reminds the Family Planning managers to pay attention to innovate the network for distributing pregnancy testing.

Quality of the services

Counseling is one of problems in health services in Vietnam. In the past most providers often neglected to provide counseling before, during and after induced abortion performance for clients. (WHO, 1999). The warning of the health risk of induced abortion in IEC activities in mass media and in health services has been changing since

middle of the 1990s. It indicates the efforts of the managers and the policies makers in changing this situation. 80.5 percent of clients stated that they were warned the serious problems by the providers before they were undergone induced abortion. (See table 4).

However, in depth interview, many women argued that although they knew induced abortion was dangerous, they had no choices to terminate their unwanted pregnancies. Some women could describe the induced abortion complications in the short and the long terms. But they thought that it was very rare cases, the warning from the health workers made it more serious problems.

84.4 percent of the clients stated that the provider had introduced the sign of complications after induced abortion, but it was simple guidelines. 84.8 percent of the clients were advised to return for receiving post-abortion care, particular the clients of government run clinics, but not all of them follow up care after induced abortion.

Although some kinds of contraceptive methods were available in almost induced abortion services of public health system such as IUDs and the pills, these were not diversity. For examples only some services had the condoms; no site had contraceptive injection; sterilization, however, was available only in the FP campaigns. Consequently, there were a few of them option it as soon as possible. It is noted that most the induced abortion sites had no counseling room, including the provincial hospitals. Even some district hospitals, there was not enough waiting place for clients.

Compare with the situation of the beginning of the 1990s, counseling task is likely to be better in later of the 1990s. However, it shows that this task was not quite comprehensive in term of quality of care.

Contraceptive Use Prior to Induced Abortion

Nearly one half of the clients stated that they were using contraception in the month prior to becoming pregnant. (59 percent of women). This indicates that the contraceptive failure rate is high, resulting in an increasing induced abortion rate. The failure of contraceptive methods is related mainly to traditional methods in many studies in Vietnam (Do et al, 1993, Johanson et al, 1996, Phan and Truong, 1996, Trinh et al, 1997, Nguyen and Hoang 2000). The traditional methods have a large proportion in contraceptive method mix that the clients had replied a months prior to terminate their pregnant. However, compare with the method mix of currently contraceptive uses in Vietnam, traditional methods are not the highest failure rate of contraception. It suggests that the modern contraception which is often regarded as the lowers failure rates should be mentioned in the in Vietnamese family planning as the high failure rates.

Most of health workers complained that the distribution of contraceptives was not always timely and diversity, mainly only IUD, the pills and condom. Women had less opportunity to choice the relevant contraceptive, led to get unwanted pregnancy. Many health workers also stated that the reason of not using contraceptive was side effect. When the clients ask for replacing the existing method, unfortunately a new contraceptive often is not available at the services, resulting in discontinuous contraceptive uses. As a senior doctor in a provincial hospital stated: “*Accessibility to the induced abortion services is to easy, while availability of family planning methods is so much trouble in my services*”. They also called for innovation in contraceptive distribution system and the

capacity in Family Planning for providers at health services should be mentioned to improve.

IUD is the most popular method in Vietnam as 38.5 percent of currently married women use it in VNDHS II, particular in rural areas. Therefore it is not surprise that IUD is regards as a contraceptive modern method occupy a large proposition of failure rate in this study. (See table 5). However, In this finding, it is very surprised that 61 percent of failure IUD cases are inserted at hospitals where the quality of care is better than other kind of services. Some providers complained that some times health workers neglected the condition of RTIs to insert IUD for clients. It led the clients to had infection and put of IUD, Otherwise, the skills of health workers were partly caused for IUD failure. On the other hands, the pills and condom, which was delivered by Population and Family Planning Coordinators at communes, were rather high failure rates, because contraceptive counseling was not proper.

The failures of contraceptive methods leads the women to seek induced abortion, raises questions about the contraceptive service delivery and follow up services under the family planning program.

Complications

Generally, it is difficult to collect reliable information on diseases in the developing countries, because this depends on the definition as well as the perception of the diseases of both the questionnaire designers, the interviewers and interviewees. Although the questionnaire in VN DHS 1997 can not give the detail of all types of complications related to induced abortion, the abortion complications in the data of this survey was high; showing 32.2 percent of abortion women suffered from complications. (Table 6). Therefore in Induced Abortion survey 2000 this part of questionnaire was trained carefully, in order to clarify the accurate number of complications related induced abortion. The unclear symptoms were excluded in this data. The rate of complications from this studies was rather high (28.5 percent of induced abortion women). This number suggests that unsafe abortions are a serious problem at health services, indicating a high level of unsafe abortions in the countries where abortion is legal.

Particularly although, there were only 0.8 percent of induced abortion cases in this studies, They described that they're currently situation "not being menses" or "waiting for another pregnancy, however it is likely to be difficult". Those women waited for another pregnancy for two years, but they did not think that they were at risk of infertility. The problem is that women knew induced abortion was risk of harmful to their health, but they did not think that it should impact on their fecundity.

According to the providers of all investigated sites of induced abortion services, most complication cases related to induced abortion were infection, due to the clients had suffered from reproductive tract infections (RTIs), it was resulting in high risk of infection during induced abortion procedure. This was confirmed by other empirical studies in Vietnam. The prevalence of RTIs was rather high in Vietnam, particular in rural women. (Do and Stoeckel, 1996; Phan thi Kim Anh et al, 1996; Phan, 1998).

Most abortion sites in provincial and lower level were observed that emergency equipment and drugs were in adequate and in bad condition. It was different observation

of assessment from WHO (WHO, 1999, 38:39) as “most abortions were performed in clean procedure room”, these rooms in district and lower level were not enough hygiene standard. Furthermore, most providers admitted that the health facilities, equipment and technical skills of the providers did not ensure safe induced abortion performance. Obviously, these factors contributed the high unsafe induced abortion rate in Vietnam.

Managing the treatment of abortion complications

The relationship between using services for undergoing induced abortion and for treating the complication was mentioned. The providers reported that complications related induced abortion occurred rarely. In fact, clients stated that if they experienced any complication, they would not return to the site of the original abortion procedure, and would seek treatment elsewhere. For example, the number of clients who used the public hospitals or the centers for mother and new born protection was reduced, while the number of clients who seek care at the commune health center was increased, even they took care themselves at pharmacy shop or traditional medical method. Therefore, the providers may not estimate the true number of complications.

This suggests that post abortion care is likely to be not proper at higher level of health care. On the other hand, primary health care services plays an important role in treating complication related induced abortion.

4. 6. Unmarried youth.

Inspire there are many research on adolescent’s abortion or abortion outside marriage, the rate of induced abortion outside marriage still unknown. Most members of my research team confirmed that the estimation of the induced abortion of unmarried youth is not reliable in the context of Vietnamese culture as well as the hospital record review in Vietnam. Therefore, the information of this survey was collected from group discussions among the unmarried youth from 15 to 22 years old. And there were two kinds of groups: two groups were organized for males, and two others were for females. Facilitators also preferred to the same as sex of the members of relevant group and had a high skilled interviews and experiences in contacting with youths. It led these groups were very pleasant in discussion.

Knowledge of youth in abortion and contraceptive method

Most of them knew that induced abortion is very dangerous for their health, they also stated that they received the messages from the radio or television. However, they could not describe any complication related induced abortion. They only said, “abortion made our health to be weakness...” None thought it should effect their fertility and relate with STDs, RTIs and AIDs.

Many studies on reproductive health in youth find out that youth is limited knowledge and practice on contraception as well as basic physiology, and sexuality. (Belanger and Khuat, 1996; Vu and Ngo, 1996; NCPFP, 1999). In this survey, almost members of the discussion group knew at least one method of contraception. However they were difficult to describe how they should use it. Particularly some boys said that the uses of family planning was mainly a responsibility of female not for males.

Accessibility to the abortion and family planning services

The discussion is very pleasant condition, so that young people claimed that most health workers could recognize any unmarried client, but they ignored to ask the married status of the clients. The girls often were reluctant to access public services, because they were afraid of not being accepted in public services. Therefore, they had to seek private services for terminating their pregnancies. They revealed that *“unmarried clients realized that the private services are poor medical equipment, but they have no choice in public survives, due to their secrets.”* Even a boy said *“if my partner get risk of pregnant, I must find a health post which is far from my house, in order to avoid any one who can know us”*. although the accessibility of induced abortion services were very easy, unmarried had to seek private services or the services were far from their residences, they had to accept due to secret matter and social stigma.

Family Planning services were available for most of couples and the married women, but not for unmarried women in Vietnam. Youths looked for contraceptive method themselves in pharmacy and private sector. Contraceptive using was mainly condom and the pills. It is interesting that they were likely to be curious when the interviewer suggested other kind of contraceptive methods which were not available in their local. Particularly the injection and emergency methods made them to give a lot of question

Public Opinions and social ideas on induced abortion

Generally, rural community looks down seriously the children who were born outside marriage. Unmarried mothers are much more difficult to get married than ever-married women who got second marriage are. One local teacher in Cao Bang province said that *“In the past community has a prejudice again the single mothers. And now public opinion has been changed a lithe bit. But these women still are difficult to get married and have to bring up children lonely forever”*. Although the changing of social ideas on single mothers, women still have to seek induced abortion services, in order to get a family for them.

It is noted that a prejudice again the female students are more serious than male students are. One female student claimed that her headmaster of her school was very angry when he knew that a female student got pregnant. Consequently this student was sack out of the school, while her partner was only blamed and continue to stay in the school. Gender equity is a problem, put a pressure to female victims; lead to these girls clandestine to seek induced abortion services to terminate their pregnancies.

Sex Education

Most member of focus discussion group said that they were very shy at first lesson of sex education curriculum at high school. After that they got on well with this program and though that it was very useful. However, they comment that the sex education in the school was not enough essential information, they needed more suggestion on basic physiology, sexuality and contraceptive information. Furthermore, the IEC materials for youth were very rare. Almost of interviewed youth declared that they only saw the FP or HIV/ AIDs messages in the poster or advertisement boat in the central communes and the community streets. They had never seen any FP or HIV/ AIDs leaflet.

The same as many research in Vietnam maintained, the influences of reproductive health knowledge among peers was an important factor in sex education, particular in girls

(NCPFP, 1999; Vu and Ngo, 1996). The findings of this study also suggests that this issue must pay more attention in Family Planning Program.

Youth's thinking about the resolution of reducing the recourse of abortion

At the end of each discussion, the guildler often asked the interviewees to recommendation for the resolution of reducing the recourse of abortion. Most groups stated that they had very little knowledge concerning contraceptive options. But the National Family Planning Program only focused on married couples. They wished the program should give them a little bit priority in these system services.

Furthermore, youth wished to have opportunities to contact with their peer, in order to exchange information in the life style. They suggested that the youth club was a reliable modern to help them meeting with other friends. However, this kind of club should be risk of unsustainable if it's program did not integrate with other activities such as art and sport.... Some girls claimed that most of the FP coordinators in their communes were in mature ages, they did not pay attention on youth. Otherwise young girls and boys were often reluctant to contact with them.

Actually the young generation had more generous ways of looking at the induced abortion issues than your parent's generation. They did not think that the induced abortion had broken social virtue. They wanted their parents as well as the educationers and their community as well as the policy makers at all levels of Family Planning Program to understand their problems, and to help them to be over this problem and avoid it themselves.

5. Conclusions

The findings show that Private Health Sector has been increasing since 1989. It involves a vast proportion of clients, particularly unmarried youth and adolescent. Uses of public health and private services for undergoing induced abortion is not clear; it leads to distort the records in public health sector. It is a result in the accurate number of induced abortion seems to be reduced doubtfully.

The educational level and occupations impact on seeking induced abortion services. Particularly women who were working in administrative and industrial sectors had a higher abortion rate than those were working in the agricultural and industrial sectors.

Generally women seek abortion at a high parity and to limit family size. The number of living children in general, and sons in particular is likely to affect the women's decision to terminate unwanted pregnancies. Furthermore, the number of living children, especially number of boys, seems to impact on their decision to terminate their unwanted pregnancy.

The complications related to abortion are very high, indicating the prevalence of unsafe abortion in Vietnam, particular for women in rural areas. Although post abortion care has been concerning in public health services, a large number of clients who are reluctant to return the prior services for complication treatment, indicating the low quality of care of public services in Vietnam. In addition, primary health care regards as the best level for complication management.

Induced abortion services are availability and accessibility whole country, particular the menstrual regulation services. Besides, the fee for induced abortion services is very low. Therefore, many women feel free to access to terminate their unwanted pregnancies. Meanwhile the abortion service is available everywhere, the qualification of health care services do not meet requirement. It is proved by a vast proportion of clients do not receive medical examination of pregnancy before undergo induced abortion.

Although the health and FP managers aware that the technical skills of the providers in induced abortion procedure are problems, there are several current approaches to training of abortion providers in Vietnam, In many abortion services is performed by untrained practitioners, even regularly practicing also is incomplete, particular in commune health centers.

The effectiveness of family planning program, including the efforts of IEC program and the provision of contraceptive method services which is evaluated by the high rate of contraceptive prevalence rate in Vietnam. Besides the achievement as mentioned above, the program managers of the family planning program have to face the high rate of failure in using contraceptive methods, particularly the modern contraceptive methods which are regards as high safe rate of contraception. This problem requires managers to pay more attention not only to find adequate modern contraceptive methods to Vietnamese women, but also the skills of the providers as well as counseling services for women. In addition, the Family Planning IEC program as well as FP services and network only focus on the couples and married women, the unmarried youths are neglected by its community base distribution system. Although the Family Planning program achieves a recognized success, the provision of adequate and safety contraception is still a big challenge in Family Planning Program in Vietnam.

Following the changing of Vietnamese society, the knowledge, attitude, and behavior of youths also transfer to the trend of the current social development. The number of induced abortion outside marriage is increasing avoidably. But the sex education is not concerned to provide comprehensive for youth's need. Otherwise, the parents and educationers are more conservative view than youth are. Their dogmatic actions sometime are a result in clandestine abortion from girl's students.

6. Recommendation

Preventing unwanted pregnancy.

Abortion rate should regard as a failure indicator in family planning program, in order to research innovation approach of provision and distribution of adequate and effective FP services for anyone who want to use it (both married and unmarried couple in reproductive ages)

Information provision

The IEC program needs to emphasize on the health risk from induced abortion widely in the community, and to provide information as well as counseling about of modern contraceptive methods for all targets in reproductive ages.

The IEC programs and counseling services on Family Planning should be reformed to be relevant for all, particular in provision contraceptive information for unmarried youth.

Family Planning Service

The high rate of failure of contraceptive methods is resulting in unwanted pregnancies. Therefore it is essential to evaluate the effectiveness of modern contraceptive methods as well as the contraception distribution system in the Health and Family Planning Programs.

It is necessary to build up the national technical guidelines for various related services in abortion procedure, treatment and management of the abortion complications, in order to improve quality of care for services such as provision of family planning information as well as the essential counseling of treating the side effect of contraceptives

Family Planning Services should be reformed and concerned the meet needs of unmarried and young people.

Training

In-services refresher training should be provided. These efforts should build on a curricula currently in use by the reproductive health program, including technical skills, counseling, management of complication of abortion and appropriate infection prevention practices.

The knowledge and skills of the providers should be improved and integrated within broader focus on Family Planning ad range of other reproductive health issues.

Provider's capacity should be increased to inform clients about contraceptive side-effects, to appropriately manage side effects and complications of contraceptives, and to support women with choosing appropriate modern methods.

Policy and law.

Policy makers, planers and managers in FP and reproductive health care programs should have to take responsibility in policy reformation and make plans for provision of safe abortion, family planning information as well as management of abortion complications.

Law and related legally issues on induced abortion should be review toward limitation of induced abortion accessibility.

Fees for induced abortion services should be reviewed to set a relevant price, in order to improve services for safe procedure, to reduce recourse of induced abortion, and avoid abortion without pregnancy

Regulation of testing pregnant should be defined to avoid unnecessary induced abortion. (Induced abortion is performed without pregnancy). Pregnancy test should be available at all sites of induced abortion services.

The health record system must be reformed, in order to provide accurate information for the health and FP managers, policy makers and planners.

Future research

A large household survey should be established to estimate accurate induced abortion rates, to server for strategies and policy of reducing abortion rate in Vietnam.

The causes of contraceptive failure rate should be identified both the clients and the providers. The contraceptive distribution system should be evaluated all levels of family planning services.

The consequences and the causes of abortion's complications should be investigated to address the provider's responsibility and to improve the quality of abortion care.

A survey of all abortion services should be conducted to contribute a better understanding of the present situation regarding abortion.

IEC approach of abortion and reproductive health issues should be innovation for young people and newly married couples, particular on the intervention modern should be conducted for them.

Finally, the finding from the induced abortion research should be brought about family planning and health policy makers and managers to identify the approaches and the priority intervention to reduced induced abortion rate in Vietnam.

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Table 1. Total Fertility rate (TFR), General Abortion Rate (GA), Abortion Ratio (AR)
Entire Country, urban and rural from the data of VNICS 1994, VNDHS 1997.

		Entire Country (1)	Urban (2)	Rural (3)
VN IDCS 1994	TFR	3.1		
	GA (0,000)	15.5	19.6	14.4
	AR (0,000)	163.6	299.5	138
	TA	0.6	na	na
VN DHS II (1997)	TFR	2.3	1.59	2.54
	GA (0,000)	16.78	11.03	18.18
	AR (0,000)	161.71	154.36	162.98
	TA	0.59	0.36	0.65

Sources: GSO, 1997; NCPFP 2000;

Table 2. Percentage of ever married women who underwent induced abortion during 1994 and 1997 by number of living children with sex of children and average number of children, 2000.

	Both sexes	Daughter	Son
No child	0.9	22.5	17.3
1-2 children	50.8	66.9	68.7
3-4 children	37.0	9.6	14.0
5 of more children	11.3	1.0	-
Total	100.0	100.0	100.0
Average number of children	2.7	1.3	1.5

Source: Ad Hoc Survey 2000

Table 3. Percentage of abortion women and the way to diagnose their pregnancies, 2000.

The type of diagnosing for pregnancy	percentage of abortion women
diagnose themselves	74.0
Commune Health Workers	17.8
Health services	5.8
quick stick	2.3
Total	100.0

Source: Induced Abortion Survey 2000

Table 4. Percentage of clients who were received the constancy from providers, 2000.

The activities of the Health workers		rural %	urban %	all %	Number of women
warning of health risk	No	9.3	10.2	19.5	117
	Yes	64	16.5	80.5	483
Consult to manage complications	No	7.7	7.5	15.2	91
	Yes	65.7	19.2	84.8	509
Ask to follow up care	No	15.8	9.7	25.5	153
	Yes	57.5	17	74.5	447
Adviser to use contraceptive	No	5.5	3.7	9.2	55
	Yes	67.8	23	90.8	545
Total		73.3	26.7	100	600

Source: Induced Abortion Survey 2000

Table 5. Percentage of induced abortion women use of contraceptive a month prior induced abortion, current use of contraception in Induced Abortion Survey 2000 and contraceptive prevalence rate (CPR) in VNDHS 1997. (%)

	Before abortion	currently using	CPR in Vietnam (VNDHS)
Did not use	59	10	24.7
Pill	6	12	4.3
IUD	17	55	38.5
Injection	na	0.2	0.2
Condom	6	9	5.9
Female Sterilization	na	6	6.3
Male Sterilization	na	na	0.5
Traditional methods	12	8	19.2
Other	na	na	0.3
TOTAL	100	100	100

Source: Induced Abortion Survey 2000 and VNDHS 1997.

Table 6. Rate of complications related to induced abortion in VN DHS 1997 and Induced Abortion Survey 2000.

Complications from abortion	VN DHS 1997	Ad hoc survey 2000
Sterilization	0,2	0.8
Infection	2,2	7.7
Bleeding	6,4	9.0
Pelvis pain	6,9	11.0
Others	20,0	na
Do not know	0,4	na
Total	32.2	28.5

Source: VNDHS II, Induced Abortion Survey.