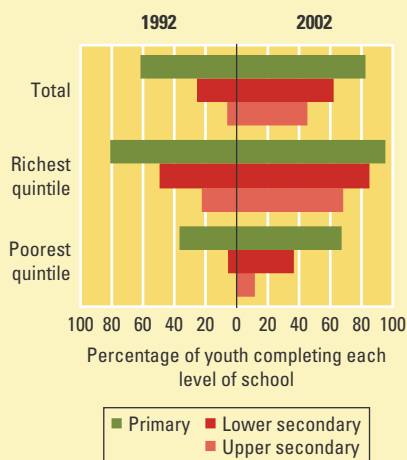


Vietnam has been experiencing a period of unprecedented economic growth and poverty reduction. The youth cohort today is larger, more educated, healthier, and more enthusiastic than ever before. However, growth has not fixed all problems. Indeed, it may have brought some new ones for Vietnamese youth: exposure to new health risks, difficult conditions among rural migrants, frustration from the inability to find jobs that match their higher levels of education, and the inadequacy of the skills produced by the education system relative to the changing needs of the labor market.¹

Starting in 1986, Vietnam gradually shifted from a centrally planned system to a socialist market economy. It doubled its GDP in the 1990s and more than halved the poverty rate from 58 percent in 1993 to 20 percent in 2004. Fueling these changes was a disciplined, hard-working, and fast-learning young population. More than half of its 83 million people are under 25 years old, and 27 percent are between 12 and 24.

Youth in Vietnam today are more educated, healthier, and more optimistic than ever before. The lower secondary school completion rate increased from 25 percent in 1992 to 62 percent in 2002 (see the figure). Although disparities remain, the improvements have been widely shared, with females, rural youth, ethnic minorities, and the poor benefiting proportionally more. The first Survey Assessment of Vietnamese Youth—conducted in 2003 and consisting of a household-based sample of 7,584 youth ages 14–25—shows that most Vietnamese youth are hopeful about the future, believing that they have more opportunities and a brighter future than their parents.²

Vietnamese youth have become substantially more educated



Source: Staff estimates based on nationally representative household surveys in 1992 and 2002.

Emerging health risks

Greater wealth and changing lifestyles have increased the exposure of youth to new technologies, mass media, and global culture—45 percent of urban youth have used the Internet. This is creating tension between traditional and modern values. It has also led to new health risks, such as drug use, HIV/AIDS, unwanted pregnancies and abortions, and traffic accidents. Well over half of all reported cases of HIV infections are injecting drug users. Youth make up a growing share of HIV/AIDS infections—from 10 percent in 1994 to about 40 percent today.

Information gaps—fewer than 60 percent of rural youth had ever heard of syphilis or gonorrhea, and 45 percent of youth reported not knowing how to use a condom—and negative attitudes toward condom use—only about 15 percent of youth have ever used a contraceptive method—make young people vulnerable to sex-related health risks.

Young women are especially vulnerable to sex-related health risks because of their limited decision-making power and the lack of comprehensive sex education. The cultural stigmatization of risky health and social behaviors as “social evils,” particularly as they relate to HIV/AIDS, has been a major impediment in delivering prevention and care to vulnerable groups and in developing effective behavior change communication. Vietnam lacks youth-specific health policies to address the impact of HIV/AIDS and substance abuse.

A few programs have begun to fill this gap through life skills education and youth reproductive health services. UNICEF, in partnership with the Ministry of Education and Training, the Vietnam Women’s Union, and the Vietnam Youth Association, provides healthy living and life skills education for youth, focusing on ethnic minorities and young women. The program includes life skills education for 120 lower secondary schools, and its success has led the Ministry of Education to work toward mainstream-

ing the activities into the lower secondary curriculum. It also includes community-based Healthy Living Clubs to reach out-of-school adolescents and equip them with the knowledge and practical skills to respond to and cope with substance abuse, unprotected teenage sexual relationships, and the risk of HIV/AIDS.

In the last 10 years, road deaths have increased fourfold—from 3,000 a year to almost 13,000. Road accidents on a motorcycle are now the leading cause of death for youth ages 15–24. Motorbike racing and limited helmet use (only 25 percent of young drivers wear helmets) are the main behavioral factors behind these figures. The costs are also borne by the society as a whole: road injuries consume 75 percent of medical care budgets in urban hospitals.

The Asia Injury Prevention Foundation is working with the Ministry of Education and Training to introduce a Traffic Safety Education curriculum in primary schools. More is needed, however, on road safety enforcement.

Managing rural-urban migration

The surge in business activity has led to a huge increase in the demand for labor, with major shifts from agriculture to nonagricultural activities and migration from rural to urban areas. Between 1994 and 1999, more than 4 million people seeking better employment and economic opportunities moved across provincial borders, with more than 53 percent moving into urban centers, particularly Hanoi and Ho Chi Minh City. Over half these internal migrants were younger than 25 years old, with the highest rate for those ages 20–24. Migration has been happening at a very fast pace: the 2004 population census of Ho Chi Minh City uncovered 420,000 more people living in the city than authorities had predicted. Migrants there make up about 30 percent of the population, and outnumber permanent residents in 7 of 24 districts.



This massive migration wave, by itself, puts pressure on services and jobs and creates tension with the local population. Under the registration system, migrants need to get permanent registration status in their new places before they can use such services as public schools, health insurance, housing, and microcredit. Access to permanent residence status, however, is very limited, putting migrants at high risk.

In Ho Chi Minh City, about 40 percent of children (ages 11–14) of short-term and seasonal migrants are out of school, compared with 15 percent of children of nonpermanent migrants, who have resided for over six months and can demonstrate permanent employment. Older youth are at even greater risk: 80 percent of short-term and seasonal migrants and 53 percent of nonpermanent migrants 15 to 18 years old have dropped out of school, compared with 34 percent of permanent residents.

Migrants tend to work in small firms and the informal sector where they enjoy little protection in terms of collective bargaining, fair wages, and other benefits. Migrants also lack access to public microcredit to start a new business.

A revision or elimination of the household registration system has been debated in the National Assembly. A proposal to tie the budget for public services to actual (and frequently updated) population counts is also being considered. Beyond improved access to general services, however, few social protection programs are targeted to vulnerable migrants.

Action Aid recently began offering holistic assistance to the migrant community, including evening classes delivering basic education for children out of school, HIV information, commercial sex worker outreach and services, and a microcredit scheme to support livelihood development. Marie Stopes International provides health services for youth migrants through mobile clinics and site-based clinics in industrial zones.

Managing expectations and improving the relevance of education

About 1.4 million young Vietnamese enter the labor market each year. They are becoming better educated—the relative supply of workers with primary education to those with upper secondary education or higher is growing rapidly—and have high expectations about their futures. The large number of better prepared and more enthusiastic youth entering the labor market creates enormous opportunities, but also substantial risks if they are not productively employed.

The increase in the return to upper secondary and tertiary education relative to primary education between 1992 and 2002 indicates an increase in the relative demand for workers with upper secondary education or higher. Returns between 2002 and 2004 have dropped, however, suggesting that the supply of educated workers is beginning to outpace demand. As a result, many young people are taking on jobs well below their education level or are underemployed. They risk becoming frustrated.

The key policy challenge is the inadequacy of the skills produced by the education system to meet the changing needs of the labor market. About 50 percent of firms in the textiles and chemical sectors consider skilled labor to be inadequate for their needs. About 60 percent of young workers with vocational and college education need further training right after they become employed. Software companies also report that local IT training institutions fail to produce qualified graduates, and that they have to spend at least one year retraining 80–90 percent of recruits.

Although Vietnam has greatly increased the number of people that go through the school system, the curriculum and teaching methods have not kept pace. The curriculum in upper secondary and tertiary education (and even vocational education) remains too theoretical, providing little variety. Youth consulted in Ho Chi Minh City and

Hanoi complained about the irrelevance of the curriculum and teaching being too passive and not interactive.

Although some training takes place in firms, it does not cover the training needs of many who struggle to be productively employed. This is particularly the case of youth who were left behind in the country's bonanza, who find themselves without the basic skills for work and life. There are, however, some examples of second-chance programs run by nongovernmental organizations (NGOs) that target these individuals.

The Blue Dragon Children's Foundation is an Australian organization that supports children and youth ages 7–20 from disadvantaged backgrounds (including street children). A contract is set up with each child, specifying objectives, the program to achieve them, and the obligations. The program provides integrated services, including scholarships, food and lodging, health assistance, English and computer skills, recreational activities, and counseling. The program also facilitates access to other successful NGO programs (e.g., KOTO) that provide vocational training for disadvantaged youth with at least lower secondary schooling. KOTO combines hospitality training with life skills training and hands-on experience. Trainees are provided with housing, food, medical insurance, and a training allowance.

Youth policy development

Young people are increasingly seen as an instrumental force for driving the country's future, but cultural perspectives that view this group as immature and needing guidance and control, persist. This has implications for youth policies, which are often problem oriented. Some positive changes in youth policy are under way. The National Youth Development Strategy by 2010 and the first Law on Youth have recently been adopted, and a Master Plan for Youth Health is currently being developed. And some youth have been consulted on these and other government plans.

