



Chapter IV

The Reality of Abortion in Thailand and Vietnam and Changing Public Opinion

4.1 The Reality of Abortion in Thailand and Vietnam

4.1.1 In Southeast Asia

Generally, in many countries where the performance of abortions is generally illegal, statistics indicate that large numbers are being carried out, most of them illegally, with few prosecutions. Of the approximately 50 million abortions carried out every year in the world, estimates place the number performed illegally at 40 per cent (WHO, 1994). In these countries, law enforcement authorities ignore or tolerate the performance of illegal abortions or even unofficially license clinics for that purpose. A number of factors are responsible for this situation. Among these are the ease with which abortions can be performed, the lack of will or resources to prosecute, particularly in the light of more pressing social needs, and the clandestine nature of the procedure. In some countries where abortion is technically legal, access to authorized facilities and personnel may be limited, or resources to pay for the abortion may be lacking, resulting in more illegal abortions. (Abortion policies, 2002)

According to The Population Council (1981), in Indonesia, abortion is illegal with no exceptions. Article 299 of the Penal Code makes abortion of any type a violation of morals. Though illegal, menstrual regulation and abortion are available at high monetary costs from some physicians in the major cities where the medical practice of abortion has become more liberal and terminations are deemed by the physician to be acceptable to avoid danger to the life or health of the mother. A few abortion cases, generally with medical complications have been brought to trial. No

accurate data exist on the magnitude of abortion prevalence or on the degree of abortion by traditional medical practitioners. Maternal mortality related to abortion is thought to be high in Indonesia. Modern packaged and marketed traditional medicines are sold openly for late menstrual periods (*bulan terlambat*, or literally translated, month which is late). It is estimated that 750, 000 – 1.5 million cases are performed annually in Indonesia. (WHO, 1994)

Malaysia, Cambodia, Laos, Myanmar, Thailand and the Philippines are countries where abortions are legal only to save the life of the pregnant mother. In spite of the legal restrictions, reportedly abortions are widespread and are performed by qualified doctors for medical reasons. In the study of 9,500 women aged 15 – 44 in peninsular Malaysia in 1977, the ratio of induced abortion in 1973 was 1 per 3 live births. Urban women reported an abortion rate approximately three times that of rural women. (The Population Council, 1981) While in the Philippines, it is thought the practice is common based on the fact that there are around 155,000 – 750, 000 abortion cases carried out annually there. (WHO, 1994). Statistics about abortions in Cambodia, Laos and Myanmar were little known.

In Singapore, the performance of an abortion is, in general, a criminal act punishable under sections 312 – 316 of the Penal Code. However, an abortion is permitted if performed in good faith to preserve the life of the pregnant woman. Under the 1974 Act, a legal abortion must be performed in a government hospital or in an approved institution unless the treatment to terminate the pregnancy consists solely of the use of drugs prescribed by a registered medical practitioner. Abortion is available on request during the first 24 weeks of gestation and when the procedure is necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman. In 1996, the estimated abortion rate was 15.9 abortions per 1,000 women aged 15 – 44 and the modern contraceptive prevalence rate was estimated most recently in 1982 at 73 per cent. (Abortion policies, 2002)

In short, the legal status of abortion varies widely among Southeast Asia, and even where abortion is legal, a range of complex service systems operates. Among these countries, only Singapore and Vietnam permit abortion on request. It is estimated by WHO (1994) that around 1.3 million of abortions are performed in

Vietnam and Singapore annually. In the other countries like Cambodia, Indonesia, Laos, Myanmar, Thailand and the Philippines, induced abortion is permitted only to save the life of a pregnant woman. In Indonesia, however, qualified physicians are permitted to offer menstrual regulation services; while in Indonesia and the Philippines, although the laws on induced abortion are relatively restrictive, they are not strictly enforced. In Malaysia, for genetic reasons, abortion is performed only to save a woman's life but abortion is believed to be quite common. (Singh, Wulf & Jones, 1997)

4.1.2 In Thailand

The current law on abortion in Thailand has existed since 1957 under the Penal Code, without amendment. According to the Thai Penal Code of 1956, Sections 301 – 305 deal with abortion. Section 301 – 302 state that if a woman causes herself to abort, or if another person causes her to abort with her consent, they may be liable to imprisonment or a fine or both. Section 303 states that whoever causes a woman to miscarry without her consent is liable to a fine or imprisonment or both. Section 303 states that an attempt at abortion by a pregnant woman to procure her own miscarriage, or by another person with the woman's consent, resulting in neither grievous bodily harm nor death to the pregnant woman, is not punishable. Section 305 states that if an abortion is carried out by a medical practitioner, and (1) is necessary for the sake of the women's health; or (2) the woman is pregnant under certain conditions (for example, rape) there is no offence. (The Population Council, 1981) It means the Thai legislation provides very limited possibilities for legal abortion.

However, regarding incidence of abortion in Thailand, various data collected tell us a different story. The statistics from 81 practitioners in 60 districts from 48 provinces in Thailand show various client profiles as follows: the age range of women who seek abortion is wide, with the average youngest client being 18 and the oldest 43. The number of living children ranged from 2 – 7. Educational attainment of the women was not probed, but a significant percent of students was represented. Individual practitioners appear to specialize: they tend to serve mostly single or mostly married clients. (The Population Council, 1981). Interestingly, more people who have abortions are young, 33% are school age or younger than 20. 50% are

between 20 and 25. About 23% are students and the other 23% are factory workers, about 5% are officials. (Wittaker, 2004). Another source of data was collected from rural practitioners of induced abortions regarding their annual caseloads. Approximately 300,000 induced abortions took place in 1978. Given this latter figure, the rural Thai abortion rate is 37 per 1,000 rural women aged 15- 44. (The Population Council, 1981)

It is said by WHO (2004b) that unsafe abortions are rising and when services are not accessible and are perceived as illegal, many practitioners will charge higher prices. Then, a well-to-do woman can always find a safe abortion either in the country or abroad, but the poor woman's fate, more often than not, is decided by incompetent hands. This argument is supported by The Alan Guttmacher Institute (n. d.) when it states that well-off women in cities are frequently able to obtain safe abortions, but many of their poor and rural counterparts try to end their own pregnancies or turn to unskilled practitioners. Consequently, a large amount of hospitalization for complications from illegal abortion has been reported in many hospitals in Thailand.

Narkavonnakit (1979: 1) stated that hundreds of thousands of Thai women are having their pregnancies terminated by generally unsafe methods performed by numerous self-educated practitioners resulting in countless numbers of injuries, infections and maternal deaths. Dr Suporn Koetsawang, Head of the Family Planning Research Division of the hospital, estimates the number of illegal abortions in the press ranged from 24,000 cases to 30,000 cases per year. In his report on 11 August 1980, he stated that in 1978, 600 women had been admitted to the hospital for complications following illegal abortions. One study conducted in 1981 found that in Ramathibodi Hospital in Bangkok, one-fourth of maternal deaths was due to complications from induced abortions improperly performed outside the hospital. (Wittaker, 2004),

Based on the study by the National Family Planning program, there are serious complications requiring hospitalization in incomplete abortion cases seen at Bangkok hospitals, which imply a total nation-wide case load from 200,000 to 800,000 per year. (The National Council of Women of Thailand, 1983). The study of Koetsawang (as cited in Whittaker, 2004) of 968 cases of illegal abortions in five provincial

hospitals found that 1 per cent (13 women) died due to subsequent complications. Heavy bleeding was reported in 13 per cent of the total cases. Hysterectomy to remove a severely infected or perforated uterus was performed in 22 women and a blood transfusion was required in 104 women (10.7 per cent). Ministry of Public Health Statistics reported 40 deaths from abortion across the country in 1991. 28 maternal deaths caused by abortion were recorded in 1992 and 14 deaths were recorded in 1994.

It is estimated that there are 66.6% of women with unplanned pregnancies seeking abortion services from abortionists who are non medical-professionals. A survey suggests approximately that in 12% of abortion cases the women made an attempt to induce the abortion on themselves using various techniques. The latest hospital-based survey in 1999 conducted by MOPH, DOH, found that a total of 45,990 women were admitted for treatment of abortion complications; 71.5% from spontaneous and 28.5% from induced abortion. 41.2% of all such admissions were in the age group 15 – 24. (WHO, 2004a). In addition, it should be noted that among induced abortion cases (13,990 women), around 60% were induced due to economic and social problems. Nearly 77% of all induced abortion cases were performed by untrained providers and mothers themselves (the remainder were performed in hospitals). These induced abortion cases performed by untrained providers often resulted in visits to the hospital due to complications from the abortion. Furthermore, 20% of these induced abortion cases were among women under 20 years old (Boonthai & Warakamin, Family Planning and Population Division, Warakamin, cited in Nitirat, 2007)

The most accurate current estimates on illegal abortions in Thailand derive from an epidemiological study funded by WHO conducted in 1999 of clients of public hospitals in 76 provinces by the Ministry of Public Health (Boonthai & Warakamin, 2001). It included a cross-sectional data collection of a total of 45,990 cases of women presenting with symptoms relating to have had induced abortions (19.54 per 1,000 live births). The main serious complication was septicaemia with 14 deaths (0.11 per cent). Interviews with 4,588 of the women found that the main reasons for inducing an abortion were economic problems, social problems and family planning issues such as becoming pregnant at an inappropriate age, having enough children

already or becoming pregnant soon after a birth. About 12 per cent of these women had tried to induce their abortions themselves. Forty per cent of women had serious complications such as severe haemorrhage, septicaemia, peritonitis, tear or perforation. (Whittaker, 2004)

From the fact stated above, it can be said that in case of abortion in Thailand “*Laws do not stop abortion; they simply make it unsafe.*” (Germain, 1989). I totally agree with John D. Rockefeller (as cited in The Population Council, 1981) when he says that legalization of abortion should be a much more sound and humane social policy than prohibition. Banning abortions does not eliminate them; it merely forces women to go the dangerous route of illegal or self-induced abortions.

4.1.3 In Vietnam

In recent years, the Government of Vietnam has approved a number of laws that regulate abortion in various ways. The Law on the Protection of Public Health (30 June 1989) clearly states: “women shall be entitled to have an abortion if they so desire”. Decision No. 162 of the Council of Ministers in January 1989 obligates the State to supply, free of charge, birth control devices and public-health services for abortions to eligible persons who work for the Government, to persons to whom priority is given under policy, and to poor persons who register to practice family planning. Under the regulations of 1991, which deal with pregnancy termination in the context of maternal and child health care, a medical establishment or person may not perform an abortion without the proper authorization. Decree No. 12/CP on the promulgation of Social Insurance Regulations authorizes sick leave for abortions. Most importantly, Vietnam’s Criminal Code contains no abortion provisions, which provides evidence for the fact that the procedure has been decriminalized. (Population Division, 2001)

In traditional Vietnamese society, induced abortion was considered a sin, and a woman undergoing such a procedure was severely condemned. According to the Buddhist ethic, “The pregnant woman and her relatives had the duty to protect the foetus until the day of delivery even if it was the outcome of illegitimate relations or if the future child would be a heavy burden to the family”. However, abortion was

legalized in 1945, when Vietnam gained independence, and since the early 1980s, abortion has been available, at no charge and upon a woman's request, as part of the family planning services delivered at all levels of the public health network. (Johansson, 1996b).

About 1.4 million abortions are performed annually in the country, which has a population of 82 million (VietnameseYouthNet, 2005 & CNN news, 1999). Among that, young women top the list (Vu, 2006). The number of officially reported abortions in 1980 was about 170,000, corresponding to a rate of 15 per 1,000 women aged 15 – 44. (Johansson, 1996b). According to national health statistics, 760,000 abortions were carried out in 1989. (Trinh, et al., 1998). In 1992, the abortion rate in Vietnam has increased to approximately 100 per 1,000 women. (Johansson, 1996b). It rose to 1.3 million in 1994 and 1.4 million in 1995. (Trinh, et al., 1998)

Another source from Population (2001) stated that abortions rose six-fold between 1982 and 1994 in Vietnam. The country had an estimated abortion rate of 83.3 abortions per 1,000 women in 1996 according to the Alan Guttmacher Institute. The National Committee for Population and Family Planning reported 1.5 million abortions in 1998. These figures do not include a growing number of private-sector abortions, estimated at 500,000 or more additional abortions per year. (Henshaw, Singh & Haas, 1999)

The use of abortion as a method of birth control was widespread and growing in Vietnam as an integrated part of the basic health care services provided by the public sector. (Johansson *et al.*, 1996a & WHO, 1999). There were more than 1.1 million abortions reported. Most of the abortions were done at hospitals or public clinics. The typical walk-in abortion here takes about 90 minutes and costs \$4.35. (Abortion in Vietnam, 1999)

In Vietnam, abortion is a welcome choice for those who simply cannot afford to care for a baby because it is legal and well-performed at nearly every hospital. Unlike in some Western countries where the issue is hotly contested, the practice stirs little debate here. (VietCatholic News, 2008)

According to Nguyen & Hoang, (2002) the induced abortion rate varies extremely amongst the regions of Vietnam. The rate in some regions is in the range of the highest induced abortion level, while in other regions it is regarded as low level (Intercensal Survey, 1994). 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 – have a very high induced abortion rate. (Nguyen and Hoang, 2000). Among that, young girls make up around 12 to 17 percent, according to official figures. (Dr Nga from maternity hospital)

Another source of data on the characteristics of women who presented for pregnancy terminations in Vietnam proves that Vietnam has the highest rates (100 per 1,000 women aged 15-44) among countries where abortion is legal (Goodkind, 1994). Yet, it should be noted that less than 1 or 2 percent are performed on women below 20 years old. (Mensch, Clack & Dang, 2002)

Even though the abortion rate is very high in Vietnam, abortion is safely practiced. Both the abortion services and complications treatments everywhere in the country are taken into due consideration. It is reported that complications related to induced abortion rarely occur in Vietnam due to the fact that abortion is legal and available as part of overall family planning services provided at various provincial, district and communal health facilities. (Nguyen & Hoang, 2002). To some extent, it implicates the safer abortion service in Vietnam based on legal abortion laws compared with Thailand and other Southeast Asia countries. This is confirmed by the report that Vietnamese women have the lowest risk of medical complications among Southeast Asia countries. (Singh, Wulf, & Jones, 1997)

4.2 Changing Public Opinion

4.2.1 In Thailand

In spite of the illegality and perceived immorality of induce abortion, the practice is becoming more acceptable by Thai people, especially adolescents in Thailand. There are at least two studies which revealed that although the younger

generation believes that having an induced abortion reflects poor behavior, they still regard abortion as an acceptable practice if an individual chooses to have one. In other words, it is a “freedom of choice”(Fengxue, Intarakumhang & Sitthai, cited in Nitirat, 2007: 19)

It has been argued that Thailand is the country that has the number of illegal abortion rises annually even though Thai law permits only two limited cases: first, when the pregnancy endangers the mother’s health and second, when the pregnancy arises from illegal activities, such as rape. As a result, single and married women in need of abortions have them performed by unauthorized physicians. This has resulted in damage both to women’s health and to their emotional well-being where, in many cases, the women died (Suda, 1982) It is also believed that laws should be responsive to the need of society by legalizing abortion and make it more suitable for the current situation. Mr Mechai from Population and Community Development Association (PDA) made an earnest appeal: *“Women with unplanned pregnancies suffer greatly. They need help. They are not criminals. The law must be amended accordingly.”* (Interview Mr Mechai in November 20th, 2008)

Fundamentally, there are a number of changes in the Thai public opinions regarding the concepts of religion, health and sexuality, together with social economic transformation that leads to a more open-minded viewpoint toward the abortion issue. It can be said that sexuality is no longer an extremely taboo as it used to be, and Thai people feel more comfortable when talking about sexual issue. In addition, they put forward some recommendations in order to reinforce family planning and sex education that are considered decisive factors to reduce abortion and its complications from increasing in Thailand.

4.2.1.1 Religion, Health and Social Economic reasons

a. Religion & Health

Traditionally, religion has played a significant role among Thai women in making abortion a taboo, therefore not an open issue. Due to the fact that Thai

Buddism teaching considers a life-destroying act an extremely serious offense, leading to karmic consequences, thus, Thai mothers still face a less “auspicious” life. Somehow, it could be said that this strong belief encouraged many women to continue unwanted pregnancies (Whittaker, 2002).

Yet, it should be noted that, according to the very new nationwide study of Wibulpolprasert (cited in Natirat, 2007) regarding participation in religious activities of 2,177 Thai Buddhists aged 15-20 years old, almost 40% went to a Buddhist monastery only once or twice a year and more than three-fourths of respondents never prayed before sleeping at night (night prayer is a common practice for Buddhists). This finding suggests that many Thai adolescents are not strongly religious and may have fewer religious constraints against abortion than earlier generations. The interviews in October 2008 with a group of five female students and another group of three male students from Chulalongkorn University partly confirmed this trend:

“We do not fight against abortion. It is a privacy issue, is not it? If a girl has an unwanted pregnancy and she is not ready to be a mother, she will find a solution out without thinking about religion first, I bet.”

“We support a mother with unplanned pregnancy to have abortion. It affects her life negatively if she is not ready to be a mother. Buddhism is good and we respect its teaching in many other ways. In the case of abortion, religion is not practical and people will not consider it the priority.”

Importantly, Thai people share the idea that the degree of abortion sin is determined by the will or motivation of the actor. Somehow it can not be judged on the scale of good or evil act. It would better be understood upon the circumstances and intentions with which the act is performed.

“If you talk about the issue of sin, it [abortion] is a sin, right. But we first have to think about the truth of our day-by-day lives, whether we can accept it [the pregnancy] or not according to how we live” (Group interview 1997, cited in Whitaker, 2004).

“In many cases, it [abortion] is permissible. I believe women must think carefully before making such a tough decision. It is unfair to say she is cruel if she aborts. She must have mental suffering. To judge whether or not abortion is a sin depends on the circumstances that lead mothers to carry out abortion.” (A 25 year old officer)

Mr Mechai, the Chairman of PDA shares the same idea in November 20th, 2008 that religion is no longer strong to Thai people in present context. They rarely go to the temple and especially, “when they are hungry, they eat meat and they never think about religion.” He continues, *“Abortion is no longer related to the issue of religion. It is women’s right. They are the ones who decide to have or not to have a baby. When a woman becomes pregnant, supposed that this is a seventeen years old girl, should we let her abort or she will throw her studying and her future away? Should we give her another chance? We should respect the women’s choice.”*

Viewing the abortion issue from another angle, there are voices raised for women’s rights towards abortion based on reasons of health, especially those who are HIV-infected mothers. Dr Vichai Chokewiwat, a senior expert in preventive medicine (cited in Wongsatien, 1998), comments that the current law is out of date and can not keep up with an increasing feature of Aids and unwanted pregnancies among the youths:

“If, for instance, an unborn baby is deformed by the effects of German measles, or is infected with a fatal disease such as Aids, the mother should be given a chance to decide whether she wants to keep the baby or not”

He, then, adds that there are a number of doctors who greatly sympathize with distressed patients and agree to help them abort, only to find themselves in trouble:

“I have been in a committee member of the Medical Council for more than ten years. I have been in the disciplinary panel and have seen a number of doctors punished just because they acted in good intention” (Dr Vichai Chokewiwat. cited in Wongsatien, 1998)

Despite the strict legal abortion law, terminations are not rare in Thailand. As Wongsatien (1998: 3) said, some hospitals get around the controls by citing *mental*

health problems to terminate pregnancies, including HIV cases. This is due to the fact that in December, 2007, the Medical Council came out with the ruling that the definition of “Health” in Thai abortion law related to *Physical and Mental Health* in which they also identify the “mental health” as the depressed feeling of pregnant women. Mr Mechai, Chairman of PDA, said even law can be interpreted differently. He also shares his support for abortion as a painful decision:

“Our society must learn to be more sympathetic with women experiencing an unplanned pregnancy. It is not for us to pass judgment. Change might come more easily when we consider that it might be our own daughter who needs help.”
(Interview Mr Mechai in November 20th, 2008 at PDA office)

Furthermore, Dr Wiput Phoolcharoen, Ex-Director of the Aids Division, the Ministry of Public Health (cited in Wongsatien, 1998:3) emphasizes the right of women’s choice, adding the current law goes against the prevailing world trend that focuses on individual rights.

“At present, the status has taken away the rights of women by telling them that abortion is an act of murder, a criminal act since people are national assets. The assumption goes against the world trend. Women should be free to decide for themselves. It’s their bodies ... Besides, you should ask yourself: Which is more sinful: saving a baby knowing well that it will suffer so much, or just let it go?”

He gives further explanation that if society decides that abortion is an act of murder chiefly based on emotion rather than practical realistic consideration, society should accept these children and care for them. Regarding the same issue, Dr Prakob Pooviboonsuk, a psychiatrist at Siriraj Hospital (cited in Wongsatien, 1998:4), said the children’s fate depends on the rearing capability of those who look after them. Those lucky enough to find themselves in a stable family environment will have a reasonable chance but others are likely to have problems. More importantly, it should be noted that change in the abortion laws does not mean that women will be forced to terminate pregnancies, especially HIV mothers, it simply gives women the right to decide and society must respect the decision they make.

b. Social Economic reasons

Given the fact that Thai economy is more and more developed in which Thai women make up nearly 50 per cent labors in almost all fields, it can't be denied that they play important role in the economic and community development. While women call for more sexual freedom, the current abortion law does not satisfy their demand and keep up with such development. Mr Mechai from PDA blamed it on politicians in charge of this issue: *"They are not thinking of the society. They are not thinking of women."* (Interview Mr Mechai in November 20th, 2008) He added that sexuality is, in fact, no longer a taboo in society. In the countries that prohibit abortion, it seems that abortion cases are higher than the countries that do not. *"The more restrictive of abortion law, the more unsafe cases not done by doctors."*

According to Mr Mechai, Thai government can not stop the abortion from galloping by making abortion illegal in reality. Nowadays, there are more and more organizations, for instance, trade unions in textile industry that work and fight for human rights, especially women's rights, and abortion right is no exception. Mr Mechai says: *"Pregnant women are the only one who knows that she is not ready to have a baby. Why do the public not trust the women? How come such a decision depends on others but not women themselves? The women should be responsible for their own lives and they should be given the chances to do so."* (Interview Mr Mechai in November 20th, 2008). He, later, emphasized that by allowing women to decide to keep the baby or not, she will live a normal life, not constrain on her study. In addition, Thai government's attention to women is still unspecific and minimal. He also suggests that Thai government should pay more attention to national family planning programs. Contraceptive methods should be popularized (e.g. condoms, pills) so that the public will be well aware of their reproductive health and protect themselves better. Furthermore, the issue of abortion should be treated easier based on social economic reasons *"the less unwanted pregnancy, the more developed the society will be."*

Regarding the issue of abortion and morality, the supporters interviewed said:

“In my opinion, it is hard to say whether or not abortion is immoral. Of course it is not a good thing, yet in the relation to social problems, unwanted pregnancy may lead to many other social problems. Thus, we should make a trade off between morality and solution, to these problems. I support the law that legalizes abortion.” (Interview a 40 years old man at Soi RangNam)

“I support abortions if women are not ready to have a child. Yes. Abortion is a sin based on Buddhist belief. Yet, there will be another sin if unwanted babies are born and abandoned later. We can not imagine how their lives will be.” (Interview a female trade union leader at the factory in October, 2008)

It is obvious that besides strict abortion law, Thai women have to face the problems of social stigma, sexual inequality, irresponsibility of partners, lack of access to health services.

“I think the problem [abortion] is serious and I feel so sad. I wish the situation wasn't serious like this. There are many kinds of contraceptives that teens may access easily” (Interview a mother of female high school student in October, 2008 in Siam Square)

“Nowadays teens are more actively engaged in sex, yet a number of them might not be well aware of safe sex. Unwanted pregnancy and abortion are social problems. I sympathize with these suffering from unwanted pregnancies and I hope there will be more information relevant to reproductive health issues provided to women, especially young and unmarried women” (Interview a female high-school teacher at Century Mall in October, 2008)

“The first question comes to me anytime I heard about youth unwanted pregnancy and abortion is that why female teens do not use contraception to protect themselves. There are pills and condoms available everywhere, but might be it is social stigma that prevents them from buying such things to protect themselves. The cost for an abortion usually depends on the week of gestation. It is around 1,000 baht per month of pregnancy. I feel so sick with this” (Interview a nurse at Phyathai Hospital in October, 2008)

“One of my friends gets five-week-pregnancy. Her boyfriend does not want to be responsible for her pregnancy. She scares to tell her parents the truth and try to conceal that fact from her family as long as possible. I try to give her advice and encourage her to tell her parents. It is so sad that she leaves the school afterwards.”
(Interview a female high school student at Nana Station in October, 2008)

Importantly, most research or studies on abortion issues have been carried out from the viewpoints of professionals. Thus, it will be fairer to listen to women who experiences unwanted pregnancies. There has been effort from Population Council and women’s reproductive rights advocacy groups in which they had interviews with 77 women struggling to decide whether or not they should abort. The findings show that most women feel stressful and troublesome when being pregnant due to the fear of disgrace, partner’s irresponsibility, financial hardship and poor health. Ekachai (2000: 5) reported the typical case of Taan, 37 years old, who had two children and the family was deeply in debt. She suffered unwanted pregnancy from contraceptive failure (taking everyday pills):

“If the child had been born, I wouldn’t have been able to work. The child would have suffered too. What about my two other kids? They don’t have enough food to eat. If the new baby had been born, it might have starved.”

In addition, it should be noted that apart from the abortion decision, they need early and timely counseling, understanding, information from service available before it is too late.

“How I wish now that information on birth control had been more widespread”, said Kaew, (cited in Ekachai, 2000: 5) 17 years old pregnant women who aborted once because of lack of sexual knowledge.

Most of the population believed that having an abortion through an unqualified abortionist was frightening and risky for women; meanwhile, only a very few mentioned that abortions were sinful and immoral. They added that judgment for abortion should depend on the conditions and reasons for abortion. Social reasons that were considered sufficient for abortions were when girls under the age of thirteen became pregnant, when giving birth would seriously interfere with the mother’s

education, when the father refused to accept the child, and when a woman only learned she was pregnant after having a divorce. This aims to reduce induced abortion with unqualified abortions, to prevent children from being born with inferiority complexes, and to lower the rate of population growth. Thus, it can be inferred that these responses collectively indicate a belief that abortion is right for all women. Furthermore, it has been recommended concretely that laws should be expanded in scope to allow abortions for more reasons, as follows:

1. The pregnancy will endanger the life of the mother
2. When the pregnancy resulted from rape
3. Pregnancy of prostitutes
4. Incestuous pregnancy
5. Under-aged mother, thirteen years old or under
6. When the doctor said, after having examined, that the child will be born deformed
7. When the mentally retarded woman becomes pregnant
8. Mother with mental disturbance and nervous disorder

4.2.1.2 Concept of Sexuality, Premarital Sex and Virginity

a. The long-lasting influence of traditional values on the present society

According to Chantamas (1995), double standards about sexual relationship cherished in Thai culture result in the traditional and powerful custom which prevent women from opposing male-dominated social values. "*Women are expected to go demurely chaste to the marriage bed, while men are allowed, even encouraged, to indulge in premarital sex*" (Chantamas, 1995). As a result, when looking for a spouse-to-be, the chances for women are usually less compared to that of men. Traditionally, women will decrease values in the eyes of society if she loses her virginity or have actively sexual relationship with men. It is something as "*a woman's self-worth is linked to a piece of tissue in her body called a hymen - and nothing else that constitutes her personality, or her virtues, counts*" (Chantamas, 1995).

It is evident that most studies and research on the issue of sexuality in Thailand continues to be done based on traditional ideology that the assumption of so-called “double standards” is the main component. Men are allowed to have sexual freedom, especially before marriage, meanwhile women are limited in this sexual activity. (Gray & Pungpung, 1999: 62)

Ford & Kittisuksathit (1996) summarized expressions by young men and young women regarding various dimension in terms of sexuality as follows:

SUMMARY OF SEXUALITY BY SEX EXPRESSION		
DIMENSION	YOUNG MEN	YOUNG WOMEN
Social acceptability of premarital intercourse	Commonly first sexual experience was masturbation. Premarital intercourse accepted and expected for young men. No word in Thai language for a male virgin. Such young men are ridiculed by their peers.	Masturbation uncommon, considered negatively. Premarital intercourse strictly unacceptable for “respectable” women. Such activity considered to be highly damaging to the reputation of the young woman and her family.
Attitudes to sexual feelings	Positive, open. Strong psychological sense of sexual drive which demands “release” and justifies coercion occasionally. Sex is for enjoyment. A subject discussed with humor and much slang.	Generally negative attitude to sexual feelings. In the rare event (admission) of sex taking place, justified in terms of pleasing partner and sustaining relationship.
Actual sexual experience	Practically universal. Generally first (and most of subsequent) intercourse taking place with prostitutes. Belief that the	Very difficult to identify because of extreme reluctance on the part of young women to admit sexual experience.

	level of non-commercial sex is increasing.	Articulate definite steps and limits in sexual interaction holding hands, hugging, kissing.
Attitudes to negative consequences of sexual activity	The core of men's sexual freedom is that such activity has no impact upon their reputation. Mixed attitudes to the risk of HIV from prostitutes. Pregnancy is the women's problem.	The greatest perceived harm revolves around the women's reputations. Pregnancy feared because shows evidence of "sinful" behaviour. HIV/STDs not perceived as salient issues.

Source: Sexuality of Thai youth by Ford & Kittisuksathit (1996:28)

However, it has been noted by Ford & Kittisuksathit (1996:91) that for some respondents there is a disparity between stated attitudes and reported behavior related to premarital sexual interaction. To be concrete, some of respondents who have engaged in pre-marital sex do not fight against it. Moreover, there are the substantial percentages responding "not sure". These findings somehow reinforce the view of a youth culture undergoing social change in which the less conservative and the more tolerant view about their sexual attitudes and values reflected. To some extent, it can be referred that the very different patterns of sexual lifestyles are changing from a traditional, chaste "double standard" to possibly a modern, more romantic sexuality.

Regarding the issue of premarital sex, Sunee Sindhudecha, a former lecturer at Chulalongkorn University, Faculty of Education (cited in Chantamas, 1995) said that such relationships are not in tune with Thai cultural values. She emphasizes that premarital sex is indeed a contagious disease. She blames unlimited expression of sexual themes in magazines and movies together with uncontrollable time of Thai youths at entertainment places for the spreading of premarital sex in Thailand.

"I still don't see anything good about premarital relationships. Men usually value women for their virginity, purity and difficulty in courtship. This is why the traditional Thai wedding was a very complicated process. Men want pure women to

be the mother of their children. Men might say they like easy prey but that is not entirely true. Things obtained easily are likely to be less valuable... Married life is not just a game or trial run. It is throwing your whole life into the gamble. You can learn about one another without having sex” (Sunee Sinthudecha, as cited in Chantamas, 1995)

She adds that premarital relationship is destroying the traditional Thai definition of “nice women”. It is very depressing for any man who comes up with the idea that living together as a means of learning about kind of potential life partner with sex as a determining factor. It is her belief that even people say premarital sex is the practical part of the modern lifestyle, people from good families will never agree to this.

“Human lives with pride. Or would you choose humiliation and pain? Losing virginity before marriage is not a fun thing. It is something you cannot take back once you lose it. No man would value a woman he gets easily”

Jintana Champa, 44 years old, Public Relations Director of Labour and Social Welfare (cited in Chantamas, 1995) share the same viewpoint with Sunee Sithudecha when confirming her personal idea being against pre-marital sex and borrowed concept of living together from foreign cultures.

“I believe that tradition is good... Tradition says a married couple should take pride in the fact that both of them are chaste until their marriage... It is not necessary for Thais to imitate people from other cultures.” (Jintana, as cited in Chantamas, 1995)

She continues,

“I don’t think living together before marriage in order to study one another always guarantees a lasting relationship or will result in a marriage. The study of the personality of a future spouse is however very important during courtship. Sex is only a part of life, besides it is not permanent because as people grow older sexual desire eventually disappears. I think the idea of living together before marriage is just an excuse to have sex... This trend is not acceptable in Thai society because nobody accepts children born out of wedlock. This is one of the risks

involved in living together before marriage, not to mention Aids and venereal disease." (Jintana, as cited in Chantamas, 1995)

Kittiwadi, a twenty-three-year-old accountant, didn't totally agree and judge premarital marriage as "shameful practice". She strongly believe that she has been raised and taught that women should preserve their virginity, or they will be condemned by society

"Some of my friends have tried living together while in college. In the beginning there were no problems, but later they stated having conflict. She attributes this to the fact that they started living together at a very young age. The outcome was that neither completed their education and they soon separated. Both had to try very hard to erase the stain on their lives, and both were unsuccessful." (Interview Kittiwadi at Toyo Thai Company in October, 2008)

From another angle, Professor Dr Satit Niyomyat, former Dean of Thammasat University's Faculty of Sociology and Anthropology views premarital sex as a western influence. However, in Thai, the situation is different. He stated, *"while Americans choose their partners with compatible educational background and economic status for future marriage, most Thai men only intend to take advantage of the opportunity to live sexually without really care about marrying the women"*. (Satit Niyomyat, as cited in Chantamas, 1995) Thus, women are the one who get hurt, especially if they get pregnant. He, then, pointed out that nowadays communication is so good that people learn about what happens all around the world and this, in turn, allows Thai youths to be readily influenced by foreign culture. There is no way to stop these trends, and the problem is that premarital sex is still not acceptable in Thai society because there is no proper sex education in Thailand.

b. The open-mindedness of the present society

It is popularly argued that Thai women should follow the tradition which requests the vows of chastity before marriage. Yet, a number of studies' statistics show the opposite. It is stated that couples living together before marriage has become more and more popular, closely associating with modern social tendency. Especially, this is visibly available in urban areas. Sirinan Jiraporn, from the Friends of Women

Foundation (cited in Chantamas, 1995) added that even though figures may not be definitive, the modern social tendency seems to be on the increase. More girls have been seeking advice once they enter into sexual relationship. The current sexual culture is regarded as a complicated contradiction between traditional custom and modern concept and expectation.

“We are more open-minded about sexual behaviors. We let media show sexual stuff. Currently, Thai society admires women’s sexiness. Teens have a willingness to pick up on this kind of thing so it’s easy for them to show their sexiness. Teens hang out during night time more often with their boyfriend and having sex is normal and they feel they lose nothing by doing so” (Interview a 28-year-old female official at Toyo Thai Company in October, 2008).

It should be noted that the threat of HIV from prostitutes is also one of the reasons accounting for the rise of premarital and non-commercial sexual relationship among Thai youths. They seem to define safe sex with a regular sexual partner for a stable relationship. Furthermore, the average age for marriage of Thai youths has moved up to around thirty years old which contribute to the increasing number of young people in favor of the option of living together before their marriage. It is said that living together in such a way enables them to get to know about each other as well as adjust themselves before taking the decision whether or not they should have a married future.

According to Sukumal Thananan, thirty six years old, a government official (cited in Chantamas, 1995), living together before marriage should be considered an option, because society has changed and this trend is more acceptable. However, it does not mean that free sex should be allowed in this country. It seems that higher education are more inclined and better prepared to live together as an unmarried couple. It gives couples a chance to test the possibility of sharing their lives. After knowing each other for some time, the couple might decide to get married. Thais are still confused about what is right or wrong, even in religious matters. Chastity is a good idea, yet it does not really work at this time.

Suthira Thomson, adviser to the Gender and Development Research Institute (cited in Chantamas, 1995) shares the same viewpoint that no one has the right to

decide a course of action for others. Nobody knows what others think, thus, how people can make sure that a certain practice is not right. Living together before marriage might be the right choice for young people who have graduated and have job with thoughtful minds.

“Some people might think that living together in such a way is taking advantage of the woman, in my opinion, depends on the perspective of each person. I look at men and women equally. The decision to live together might be a carefully thought-over choice which might be the best for them. Couples who decide to live together normally would have to think about all the consequences in advance. Even if many people in society say there is equality among the sexes, in reality it is not like that because if there is true equality then why the woman would always be condemned in pre-marital relationships. Equality would mean the man had to share the shame as well” (Suthira Thomson, as cited in Chantamas, 1995).

To Thai youth, premarital sex is no longer a new trend. There are a number of male adolescents interviewed said that they no longer care about the virginity of their future spouse and they will take the opportunity to get involved in sexual intercourse if the girlfriend is willing. *“Only a stupid man will refuse such an exciting invitation”* (said To, a 20-year-old student). Furthermore, the age of initiating premarital sex is getting younger and female adolescents seem to be less reserved. *“Sex becomes common and much different from that in the past. Most teenagers from 16 years old begin to have sex”* – said 18-year-old female student. A 19-year-old male student shared the same idea: *“It [sex] is popular for teens. We will do it if we love each other.”* Thus, it can be included that the acceptance of premarital sexual relationships has been increased and the youths today are less likely to value female virginity and more likely to accept premarital sex.

4.2.2 In Vietnam

Since the period of Doi Moi in 1986, especially restructuring of a large-scale economy, there have been many social changes in Vietnam. (Nguyen & Liamputtong, 2007). People, especially Vietnamese women have more freedom to make their own choice in general and have more rights and opportunities to be responsible for their own fertility issue and abortion problem in particular.

Since the government has made abortion legal in Vietnam and regarded it as a method of population control, religion seems to have little influence nationwide in terms of abortion decision. As said by Ms Nguyen Thi Ngoc Lan, an officer of Head Office of Population and Family Planning Section, the punitive measures of one-or-two-child policy have affected Vietnamese couples most when deciding to give birth, for fear of severe punishment for breaking the law. In addition, the legality of abortion in Vietnam resulted from the government's attention to women's health in an effort to enhance the quality of family planning service, especially in rural and remote areas:

“This policy [one-or-two-child policy] is of important strategy in the process of effectively control the population gallop in Vietnam. Together with making abortion legal, Vietnamese government has so far reinforced the family planning service to make it available and more effective in order to improve women's health.” (Interview Ms Nguyen Thi Ngoc Lan at Head Office of Population and Family Planning Section in December 28th, 2008)

In terms of the increase of abortion cases, especially among the youths, Mr Nguyen Xuan Son, an officer from Ministry of Health said: *“Most aborted women in Vietnam are chiefly from remote areas with little knowledge relevant to reproductive health. That is why we are still trying to let doctors come and show them how to avoid unplanned pregnancy. It is obvious that Vietnamese youth are currently active in premarital sex. Yet, what we should do is teaching them how to have a safe sex and avoid unwanted pregnancy as well as complications from unsafe abortion”.* (Interview Mr Nguyen Xuan Son at Ministry of Health in December 29th, 2008) Somehow, it can be partly inferred from this that the concept of premarital sex is no longer as strict as it used to be in the past, and the focus seems to lay more on women's health.

4.2.2.1 Historical and Social Economic reasons

It is undeniable that since the triumph of the August Revolution in 1945, to the unification of Northern and Southern part of Vietnam in 1975, up to the Doi Moi period in 1986, there have been dramatic changes in the position, rights, and interest of Vietnamese women. Professor Hoang Ngoc Trang, who devoted her life to the

research for Gender Studies in Vietnam, said: *“Women have taken a very important role from the revolutionary war to politically active role in Governmental Organization as the leaders, and policy makers (e.g. former vice presidents of Vietnam: Ms Nguyen Thi Binh and Ms Truong Thi My Hoa). Vietnamese women, thus, have no longer been limited in out-dated traditions and habits”*. (Interview Ms Hoang Ngoc Trang at her office in December, 2008)

She continued,

“The family law in Vietnam which emphasizes the equality between wife and husband is of great importance in confirming the right and position of women in society and in the family. In my opinion, this does affect the abortion policies in Vietnam with reference to their right and health.” (Interview Ms Hoang Ngoc Trang at her office in December 27th, 2008)

Ms Dang Minh Nhung, an officer from Vietnam Women’s Union added that in current context, women are not only in charge of domestic duties but work out in the community and contribute a worthy part to the development of society. The evidence is that they make up more than a half of the total workforce and no one can deny their significant role. In relation to the abortion issue, *“I totally agree that they have the right to their body and they are mature and responsible enough to decide their own fertility issue. In addition, the government and organizations like ours should provide them with good assistance in case of need (e.g. providing accurate information and knowledge of reproductive health as well as safe abortion service)*. (Interview Ms Dang Minh Nhung at her office in December 29th, 2008)

In terms of social economic transformation and its influence on Vietnamese, especially on the youth, there are more and more focuses and studies on adolescent reproductive behavior nationwide. The major theme rose throughout the research was that social and economic transformations in recent years changed people, especially the youth’s opinions, experiences and behavior thoroughly. Especially, the beginning of Doi Moi (renovation) period from 1986 paved the way for a more open economy, rising privatization and sector employment and improving mass communication which is partly an explanation for the increasing cases of premarital sex and

unplanned pregnancies. Regarding the issue of rising sexual contacts, contraceptive behavior and abortion, Goodkind (1994: 348-350) suggested that this social tendency is the result of the changing social and economic climate. He added and emphasized the possibility of government's unwillingness to provide information related to reproductive health, especially to the youths may lead to the rise in premarital pregnancy. Mentioning about the same issue, Ms Nguyen Thi Ngoc Lan, an officer of Head Office of Population and Family Planning Section said:

“The society is changing dramatically and Vietnamese youth are strongly influenced by Western culture. They are more open-minded when talking and engaging themselves in sex before marriage. In addition, they have more chance to learn from sexuality through media, especially internet available everywhere. We can do nothing to stop this trend. We had better equip them with better knowledge related to reproductive health to prevent increasing premarital pregnancy.”

(Interview Ms Nguyen Thi Ngoc Lan at Head Office of Population and Family Planning Section in December 28th, 2008)

4.2.2.2 Concept of Premarital Sex and Virginity

a. Confucian thought

Those who think that premarital sex – the so-called “eating rice before the bell” is wrong behavior and virginity is important for girls, are chiefly based on traditional double standards in gender norms that exist in Confucianism.

“I really do not know how to evaluate premarital sex exactly nowadays. I guess there are many different ideas between the older generation and younger ones. I do not think premarital sex is a very serious problem, but I disapprove it. Importantly, my parents teach me to preserve my virginity as a sign of my good conduct. I did premarital sex unintentionally one and I felt really guilty. I am afraid that my husband-to-be will blame me badly for not keeping my chastity.” (Interview a 20-year-old female student in Ha Noi in January 4th, 2009)

Another girl shares the same idea:

“In my opinion, I support the traditional view on premarital sex. I think a girl should keep the chastity till the day she gets married. That means she respects her husband and proves that she is a good and well-educated girl as well. Well, premarital sex may happen sometimes among lovers who fell in love for a long time and they have been preparing for marriage in the near future. In this case, I think it is acceptable. However, no one can tell you exactly what will happen afterwards.. Anyway, I still strongly recommend that girls should say NO to premarital sex. That is the safest way.” (Interview a 23-year-old girl in Ha Noi in January 4th, 2009)

There is a group of male students emphasizing different effects of premarital sex on men and women:

“Men can have premarital sex because they lose nothing from that. No one knows whether or not they have sex. However, if a girl has sex before marriage, she will be doubted and even condemned later if people know she is a bad girl by having sex before marriage. You know, she loses her value in people’s eyes immediately.” (Interview a group of five male students in Ha Noi in December 27th, 2008)

Parents seem not to accept the concept of premarital sex. Ms Hai Yen, a mother of two high school students says:

“I always teaches my daughter to keep her virginity because that is not only the way to keep her value in her husband-to-be’ eyes but also the way to keep our good family reputation. I can not bear being blamed for not educating my daughter well.” (Interview Ms Hai Yen in Ha Noi in December, 2008)

There are two surveys of youths’ attitude towards premarital sex in Vietnam. One carried out in the two biggest cities Ha Noi and Ho Chi Minh city (1,600 university students aged 17-24) and another in Hai Phong city (1,100 young people aged 15-24) (Mensch, Clark & Dang, 2002:7). The results showed that in Ha Noi and Ho Chi Minh cities, 98 percent of young women and 74 percent of young men disapproved of sexual intercourse before marriage, meanwhile the percentage in Hai Phong city were 93 and 70, respectively. Yet, these researchers are well aware of the possibility of unreliable information given during interviews, due to the fact that

Vietnamese might be unwilling to respond accurately about their own sexual behavior, especially to the foreigners.

b. The transitional period

In fact, although premarital sex used to be strongly condemned in the past, especially by older generations, there are a number of studies (Khuat, 1998, Tran & Khuat, 1998, Nguyen et al., 1999) show that the attitude of Vietnamese youths toward sexual activities and premarital sex has changed in recent years. More and more young people no longer disapprove sex before marriage and have more open-minded view when discussing sexual issues with their peers. Yet, it does not mean that premarital sex is extremely popular among Vietnamese youth as it has been thought. Based on the survey of "Adolescents and Social Change in Vietnam" (VASC) in which 1,497 youths aged 15-22 were asked whether or not they had ever had sexual relations and, if so, at what age they first did. The findings showed that among 764 males aged 15-22, only 10 percent reported having had premarital sex; meanwhile 5 percent of the other 733 females in the same age category reported having had premarital sex. Especially, it should be noted that little premarital sex occurs before the age of 18 (only over 6 percent of male respondents and 4 per cent of female respondents are predicted to have sex by their eighteen birthdays) (Mensch, Clark & Dang, 2002:10-17).

The point is that when deciding to marry, women feel comfortable about having sex with their fiancés. Usually, when sex activity occurs between the future spouses, social judgments towards such premarital sex are more loosening. They merely perceive it as a sign of love and trust.

"I think if couples really love each other, they easily have premarital sex. I support it because it means that you trust your lover. No one loses anything from this. Sex is equal between men and women." (Interview a 26 years old officer in Ha Noi in January, 2009)

"The conservative view about virginity and premarital sex is outdated, isn't it? What makes you think it [premarital sex] is a sin since people love each other and would like to belong to each other? If they are kids below 16, I may reconsider."

Yet, almost people who have sex are adults. They have their own rights and they are mature enough to be responsible for their bodies and behavior. You can not prevent them from having sex, but you'd better teach them how to do it properly without any bad consequences."(Interview a 21-year-old student in Ha Noi in January, 2009)

In this context, it should be well understood the reasons that lead to changes in young people's concept of sexuality and in their sexual behaviour. Concretely, it is necessary to shed light on the issue: What are the changes? How do Vietnamese people respond to these changes? By understanding clearly the meanings young people give to their sexual behaviors and their needs can people avoid unnecessary exacerbate confusion and difficulties in the present transition into modern life influenced by Western cultures.

"In our opinion, traditional view of premarital sex and virginity was right in the past. However, the society is changing so fast currently and Vietnamese people, especially the youths are strongly affected by other countries' culture, especially Western culture. That does not mean we are influenced negatively. We can not deny this trend but accept it positively. We are not worse by learning new things. It is merely a new approach to some issue."(Interview a group of four university students in Ha Noi in January, 2009)

In addition, men share the ideas that women's virginity does not strongly affect their decision for marriage

"It is undeniable that I will feel a little sad if my wife-to-be is no longer a virgin. Yet, this by no means affects our marriage life. I think the most important thing between spouses is love and trust. I still respect and love her – the one I have chosen." (Interview a 25-year-old officer in Ha Noi in January, 2009)

"To be honest, when getting married, I seriously consider our love for each other. Virginity is fine and I am happy to be the first man in her life. However, if she loses it, it means nothing to me either. I just care about her love and her respect for me in the reality and in the future. I do not care what belongs to the past." (Interview a 26-year-old director in Ha Noi in January, 2009)

Thus, it is essential to discuss about the changing nature of sexual behavior and relevant attitude about this issue in Vietnam, especially among adolescents. It can be concluded that traditional view of premarital sex still affects Vietnamese thought, yet simply for historical reasons, related to traditional viewpoint on Confucianism. In fact, the youths nowadays are mature enough to be responsible for their sexual behavior generally. More importantly, adolescent reproductive behavior does not seem to be particularly and extremely problematic in Vietnam as it has been thought. The vast majority of adolescents indicate that they are not engaging in premarital sex unless they know exactly what they should and should not do. In addition, most young women who are having sex before marriage report doing so with their future spouse. Furthermore, Vietnamese people have more sympathetic eyes on this issue. As said by Mr Tran Huu Thai, corresponding member of Youth's Union:

“I am happy if adolescents come to ask for information about reproductive health. It no way means that they are spoiled. They should be responsible and well aware of their body and its function. Most of youths start with embarrassment when mentioning about sexuality. Yet, we should encourage them to be honest with their curiosity and provide them with necessary knowledge. It will be much more dangerous to blind them on this issue and they may access to wrong information. This will be much worse.” (Interview Mr Tran Huu Thai at his office in January 6th, 2009)

c. The obstacles to appropriate sex education

Sex education has been regarded as a decisive factor in order to prevent unwanted pregnancy and abortion cases from increasing in Vietnam. Despite the support of a number of doctors, health providers and upgraded people who believe young people need information to be able to protect themselves, there still exists resistance from traditional, older Vietnamese for whom sex is still a sensitive subject and should not be taught at school. This fact led to the delay of introducing sex education officially in secondary schools for adolescents and negative consequences are undeniable.

“No sex education on the school curriculum together with the reluctance to discuss such intimate issues at home somehow result in increasing unplanned

pregnancy among the Vietnamese youths". (Interview Dr Hang from Tu Du Obstetric Hospital in January, 2009)

Health officials and educators insist that more should be done:

"Our hospital has to deal with nearly 10,000 abortions each year, and it's painful to know that young patients do not have appropriate knowledge about sexual health. They should learn about this and know how to protect themselves better." said gynaecologist Le Thanh Thuy of the National Obstetric Hospital in September, 2008.

"I support the teaching of sex education in schools. People may argue that teaching sexuality means encouraging the young to be more active in premarital sex. Yet, nobody knows what adolescents do to satisfy their curiosity. The assessment to wrong source will lead to more serious consequences." (Ms Ho Nhat Trinh, the cooperate member of Association for Youth & Women's Development, said in Seminar on Sex Education in High School in July, 2008.)

In addition, when being asked whether or not sex education is provided at home with parents as sex-educator, almost all students answer that their parents never initiated talking about sex with them. Personal interviews with some students aged 17-22 in Ha Noi in January, 2009 also confirm the trend that their parents hardly talk to them openly about sex even when they have related questions to ask:

"My parents may scold me if I ask for information related to sex issues. In their opinion, when we try to ask, it means we are going to have sex or we are haunted by this problem" (Interview an 18-year-old girl in Hanoi in January, 2009)

"I have never learned anything from my parents. They have never talked about sex with me. In addition, I do not think that when I get older, they will teach me about sex. They may think that I will learn by myself like I have done in other issues" (Interview a 20-year-old boy in Hanoi in January, 2009)

For parents, they also have their own reasons for not talking about sex or providing sex education for their children. The reason that their teenage sons or

daughters are too young to learn about sex education is the most common reason mentioned. Most parents say that their children may learn about sex naturally.

“My son never asked me about sex, thus I have not mentioned it to him either. I know that he is a teenager but in my eyes, he is still a little boy. Moreover, if I talk about sex with him, I am afraid that he may think it is time for him to engage in sex. I do not want him to know stuff like this” (Interview a mother of a male high-school student in December, 2008)

“I tell my daughter not to be involved in premarital sex because it is not good for her future life. I do not teach her how to prevent pregnancies. I prefer to let her learn about it by herself. In my opinion, if she knows too much and too soon about sex, she may feel eager to have sex with her boyfriend” (Interview a mother of a female high school student in December, 2008)

To some extent, the fear of being misunderstood or misleading and embarrassing is given from both parents and children. Some parents are afraid that giving lessons or related knowledge about sex will encourage their children to engage in sex actively, not to mention the wonder that their children will regard them as sort of engrossed people in sex. The children express their idea in the same way as being said by their parents.

“To be honest, I feel embarrassed and I do not know how and where to start if I have to discuss about sex with my son even when I know it will be helpful for him.” (Interview a mother of a 19 years old son in December, 2008)

“I do believe that almost all parents may think that teaching sex is a double-edged sword. They are afraid that we might refer their teaching to kind of encouragement of having sex” (Interview a female university student in January, 2009)

“I only teach my son and daughter some basic knowledge about sex suitable to their ages. I am worried that talking too much about that topic might lead them

to misunderstand that I am active in sex or I feel fine if they have sex” (Interview a mother of a 17- year-old son and 20-year-old daughter in January, 2009)

Some other parents simply think that their teenagers received enough information thanks to journals or friends or basis knowledge transferred by teachers, thus they do not need to teach them any more lessons. Some even claim that they are not the proper providers for this issue.

“My children learn about sex when reading books or talking with friends. I agree that teens should know about this. Yet, you know, I have no time to explain it to my children. Health providers are more competent in this field.” (Interview a father of a high school student in December, 2008)

“In my opinion, my children get enough lessons about sex, thus I do not need to teach them again. They can take a good care of themselves with the knowledge they have got. Journals, friends, and internet are available for them.” (Interview a mother of two secondary female students in December, 2008)

On the other hand, a number of students say that most of the lessons they have got from the teachers and their parents are too superficial and they have never got enough information for their wonders.

“My mother warns me to go out with groups but not alone when I hang out at night and she asks me to avoid going to deserted place. Sometimes she tells me the story of some girls who are raped and talks a little bit about the safe way after such unexpected situation. However, she never teaches me how to have sex without unwanted pregnancies. I do not dare to ask her in detail.”(Interview an 18-year-old girl in January, 2009)

“I am curious about condoms, yet when I try to ask my parents, they only give me the general information as it is a contraceptive and prevent me from going further in this issue.” (Interview a 17-year-old boy in January, 2009)

"I do not dare to talk with my parents about this although I have many questions in my mind. It's so humiliating to ask elders' advice for such kind of things. My parents might think I am a spoiled girl or they just answer in general. I think it is useless to discuss with them" – said a female high school student in January, 2009

Parents, one way or another, express their hope for the availability of sex education at school:

"I am worried about how my children will learn about sex. If I have to teach them by myself, I do not think I am able to do so. Only just thinking about it, I feel embarrassed. Thus, I strongly agree if sex education is provided in school." (Interview a father of a secondary male student in December, 2008)

"Perhaps I have rarely talked about sex with my son. He sometimes mentioned to me, yet I think it is his private life. I feel happy to be his good listener without asking him too many questions because I am afraid that he may feel embarrassed. Besides, I do not feel comfortable to discuss about sex issues with him either. I think sex education should be provided at school." (Interview a mother of a high school male student in December, 2008)

As the result, it is undeniable that calls for sex education are true and urgent in current society. As said by Ms Nguyen Van Anh, the President of Research Center of Gender, Family, Women and Adolescents - Ha Noi branch, it is high time that sex education be provided at school:

"Sex education is being provided more effectively with the availability of mass media, voluntary health providers at schools; unfortunately, it has not yet been systematically built and transferred. It is time for sex education to be introduced officially and practically at school, not only the fundamental knowledge of body, but also methods of preventing unplanned pregnancy, available contraceptions and their side-effects in detail. Vietnamese society is stuck between traditional and modern concepts. However, all we have to do is practical viewpoint. Sexuality is not something that can be controlled by avoiding providing information." (Interview Ms Nguyen Van Anh in December 27th, 2008)