



VIETNAM SAFE ABORTION STAKEHOLDER MEETING

REPORT

Organized by Asia Safe Abortion Partnership

Venue: Center for Women and Development, Hanoi, Vietnam

Date: 1st September 2016

Time: 10:00 am to 12:30 pm



Background

Abortion is legal in Vietnam since early 1960s and the maximum gestation for elective abortion is 22 weeks. While it is not too difficult to access abortion service at public sector as well as private sector, abortion remains a stigmatized issue. The Vietnam government is concerned about the high number of abortion cases, the imbalance in sex ratio at birth as well as the increase abortion cases belong to young unmarried women. In 2015, the Population Law was drafted in which second trimester abortion was at risk of being banned. In this urgent situation, Vietnam Youth Champions with support from ASAP and CCIHP have conducted a series of advocacy activities in order to protect the abortion law. As result, the draft of the new Population Law was not approved by the National Assembly.

From 29th August to 1st September 2016, ASAP conducted a Regional as well as a Vietnam Youth Advocacy Institute in Hanoi. The Safe Abortion Stakeholder Meeting was a parallel event linked with these two workshops.

The objectives of this meeting was to:

- Build a network of stakeholders who care about safe abortion in Vietnam
- Introduce Vietnam Youth Advocacy Network for Abortion to this stakeholder network
- Discuss about the problems related to safe abortion access
- Find solutions for these problems.
- Establish an initial mechanism to work together.

Meeting agenda (see Annex 1)

Meeting place: White Lotus A meeting room, CWD Hotel, 20 Thuy Khe St. Hanoi, Vietnam

Meeting participants

1. Dr. Phạm Ba Nhat – VINAFFPA
2. Dr. Ha Xuan Huy – VietHealth
3. Ms. Nguyen Hong Linh – VietHealth
4. Dr. Phan Kim Thuy – Former staff of the Science and Education Department of Vietnam MOH, faculty of Thai Binh Provincial Medical College

5. Dr. Nguyen Thu Giang – Light Center
6. Mr. Bui Manh Tien – UNFPA
7. Ms. Đặng Thị Nghĩa – Vietnam Midwives Association
8. Dr. Minh Huong – MCH Department, Vietnam MOH
9. Ms. Đinh Phương Nga – Vietnam Public Health Association
10. Dr. Suchitra Dalvie – ASAP
11. Dr. Phan Bích Thủy – ASAP
12. Mr. Lê Hoàng Minh Sơn – ASAP
13. Ms. Nguyen Thị Thảo – ASAP

Meeting content

Dr. Phan Bích Thủy reviewed the meeting objectives and agenda.

Dr. Suchitra Dalvie introduce about Asia Safe Abortion Partnership (ASAP).

Mr. Lê Hoàng Minh Sơn presented about Vietnam Youth Network for Safe Abortion and its activities supported by ASAP. The two main activities include 3S Valentine Project at Hanoi Public Health School in early 2015 and a series of advocacy activities for second trimester abortion in late 2015.

Dr. Ha Xuan Huy presented about the research “Abortion stigma in Vietnam: Manifestation and impact” (See annex 2).

Discussion points:

- The participants highly appreciated the youth activities in providing SRH knowledge and advocating for safe abortion rights. The meeting participants encouraged the Vietnam Youth Network for Safe Abortion to expand the target audiences to secondary school and high school pupils. Light Center is willing to support Vietnam Youth Network for Safe Abortion legally.

- The participants highly appreciated the research results on abortion stigma among women using abortion services and medical workers providing the services sharing by Dr. Huy. These points are rarely mentioned in Vietnam although they reflect the realities.
- The subjective statement about high abortion cases in Vietnam compared to other countries in the region and in the world need to be reconsidered because it may not reflect the fact. Where abortion laws are restricted women still seek abortion services but these services may not be safe neither recorded. **So, no abortion data or small numbers of abortion cases may reflect a worse situation.** Furthermore, the “high number of abortion cases” may make the policy makers feel bad about the recent policy and tend to change it negatively. In addition, this unhealthy statement may lead to the rumors against safe abortion.
- Abortion services at private sector are often ignored. There is no quality and quantity management toward abortion services in this area. The MOH should find a solution to overcome this unmanaged situation.
- Although abortion is legal in Vietnam there are still many barriers. The women in need of abortion and also the service providers are stigmatized by their relatives, friends, the society and themselves. It is not difficult to find an article on mass media with messages against women who seek for abortion and the providers. This issue need to be addressed in order to reduce the abortion stigma.
- Pre and post abortion counseling are very poor without any participation of the women who receive abortion service.
- Abortion service is isolated with the other RH services, especially the contraceptive service. Most of the women who come to health facilities for abortion service do not receive contraceptive service at the same time. This explains why there are so many women have repeated abortion.

- Abortion in Vietnam is an issue not only belonging to the Ministry of Health but also to the whole society. It is necessary to have an open forum to discuss about the problems related to safe abortion including policies, social views and abortion services. While there is discussion about cutting funds for safe abortion in Vietnam it is critical to focus on advocacy for safe abortion investment policy.

Follow up actions

1. Writing a letter to the mass organizations and leading hospitals recommending them to pay special attention to safe abortion service and related issues, to provide mental support to women in needs of abortion and service providers. Vietnam Youth Network for Safe Abortion will write its own letter as an attached document to the first letter.

The mailing address include: The Ministry of Health (MCH Department, the Medical Services Administration Department, Health Legal Department, General Population Bureau, the Minister of Health, Deputy Minister of Health, Chief of Health Cabinet), the Commission for Social Issues, Ministry of Planning and Investment, the Ministry of Information and Communication, VINAGOFPA, Vietnam Midwives Association, Women Union, Youth Union, Farmers Union, Vietnam Fatherland Front, Department of Journalism.

Ms. Nguyen Hong Linh (Viethealth) will finalize the mailing list. Dr. Phan Bich Thuy will draft the recommendation letter, Mr. Le Hoang Minh Son will draft the youth recommendation letter. Dr. Nguyen Thu Giang will make the second draft of these two letters, circulate them among Safe Abortion Stakeholders Network for comments and finalize them.

2. Hold a meeting with the participation of the NGOs providing abortion services such as Light Center, Marie Stopes and VINAGOFPA in order to find mechanism of work to overcome the recent barriers.

Annex 1: Safe Abortion Stakeholder Meeting Agenda

Time: 9:45 – 12:00 AM, September 1st, 2016

Address: Center for Women and Development
20 Thuy Khue St., Hanoi

Time	Content	Presenters/Facilitators
9:45 – 10:00	Meeting registration	
10:00 - 15	Welcome Introduction about ASAP	Dr. Phan Bich Thuy Dr. Suchitra Dalvie
10:15 – 10:25	Introduction about Vietnam Youth Champion Network for Safe Abortion	Le Hoang Minh Son
10:25 – 11:15	Problems relating to abortion in Vietnam: <ul style="list-style-type: none"> • Abortion stigma in Vietnam: manifestations and impacts (15 minutes) • Discussion (10 minutes) • Other problems related to abortion (15 minutes) • Selecting prioritized problem/s (10 minutes) 	Dr. Ha Xuan Huy Dr. Phan Bich Thuy
11:15 – 11:35	What are solutions for the selected problem/s?	Dr. Phan Bich Thuy
11:35 – 12:00	How to work together to implement the solutions?	Dr. Phan Bich Thuy Le Hoang Minh Son
12:00 – 13:00	Lunch	

ABORTION STIGMA IN VIETNAM: MANIFESTATION AND IMPACT

Study Findings Executive Summary

Introduction: Abortion stigma (AS) has been widely acknowledged and manifested differently across cultures and contexts, which can be “concealable” since “it is unknown to others unless disclosed”; however, there is sparse research conducted in this area. AS is a social problem, rooted from culture and its manifestation and impacts on women and those who are related to or have a social connection with women, are very complex and vary across regions. Understanding of abortion stigma, its manifestation and impact, is challenging but critical for development of an effective stigma reduction intervention in future.

Purpose: study aims are (1) to describe the perceptions and experience of abortion stigma among unmarried women who have had an abortion, (2) to explore the relationship between abortion stigma and quality of care received, particularly to analyze the impact of abortion stigma on utilization of medical abortion versus surgical abortion.

Method: Exploratory qualitative methodology design and convenience sample approach were used to select health clinics and interviewees in two provinces: Quang Ninh and Phu Tho. Three group discussions and 62 in-depth face-to face interviews were conducted with 47 clinical health professionals who provide abortion services in both state and private areas, and with young unmarried women who are seeking an abortion or have had abortion within the last year. IRB was obtained

Results: Among three common forms of abortion stigma (perceived, enacted and internalized AS) our study found that internalized (self) AS (IAS) affects most unmarried women, Besides the physical event of the abortion procedure, women also suffer from emotional pain which often stays with them much longer and can meaningfully affect their lives. Women used ‘silence strategies’ and efforts to conceal their pregnancy and abortion, to cope with abortion stigma which unintentionally magnified the impact of IAS on women, which can manifest through feelings of fear, regret, shame and guilt which may cause low self-esteem, poor expectations of coping ability with stress, and low levels of anticipated social support. Critically, IAS may cause negative and persistent health consequences post-abortion, such as depression, anxiety disorders, mental health concerns, and even suicidal behaviors.

Due to prevalent beliefs and attitudes about abortion being equivalent to killing an unborn person, providers are stigmatized in many sites: within and outside the clinic, in local communities and organizations, in their relationships with friends and family, their relationships with patients and even with colleagues working in other health areas. Providers themselves were found to perceive their jobs as an unfortunate career avenue, and often feel little pride in their work. Further, they did not receive sufficient support from their families, and often felt lonely and wished to have someone with whom they could share their stories. In addition to providers’ increased stress, social stigma also contributed to feelings of isolation and disconnection in many areas of their lives. Pervasive abortion stigma has negative impacts on providers’ lives, which in turn deters them from providing high quality abortion care.

Most providers were much more comfortable with the use of ‘medical abortion’ than the use of ‘surgical abortion’ with thinking that medical abortion was less likely to directly involve ‘killing a baby’ than surgical abortion. In addition, for unmarried women, they were very young and need privacy; therefore, they frequently prefer the medical abortion as well. The concern raised may be that due to spiritual factors, whether abortion providers may overuse medical abortions, thereby affecting in the quality of care; which still open.