

Sex-selective abortion in Vietnam: Practice and Policy

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Contents

- Overview recent change in the sex ratio at birth in Vietnam and policies related to sex-selective abortion.
- Analyse population and abortion policies.
- Explore the situation of sex-selective abortion.
- Find out the disjunctions between policies and practices.

Sex ratio at birth and policies related to sex-selective abortion

- **Sex ratio at birth (SRB) is considered as an indicator of Sex-selective abortion (SSA)**

- **SRB is becoming unbalanced in Viet Nam**

- 1989: **105** boys/100 girls (Population and Housing Census 1989)
- 1999: **107** boys/100 girls (Population and Housing Census 1999).
- 2009: **111.6** boys/100 girls (Population and Housing Census 1999)

Expected normal ratio: 105 boys/100 girls (WHO)

- **Policies**

- The Population Ordinance (2003) prohibiting sex selection by any means.
- The Decree number 114(2006) forbidding prenatal sex selection.
- The Decision number 3698 (2006) forbidding fetal sex determination by using ultrasound and SSA.



Population Policies

■ **The one-or-two child family policy**

- Launched since 1960
- Enhanced since 1986
- Reduced total fertility rate from 3.1 (1994) to 2.08 (2008)

■ **The debates on the population policies and SRB**

- With fewer children, parents have a lower probability of having a son.
- One-or-two child policy introduced new and potentially contradictory pressure on women: women suffer a great deal from the clash between the high demand for sons and the low demand for children.

Abortion policies

- Viet Nam is considered to have one of the highest abortion rates in the world (more than one million each year: 35.0 abortions/100 live births in 2005 (MOH 2006).
- Abortion has been legal up to 22 weeks of pregnancy since 1954.
- First trimester abortion is provided at central, provincial, district and commune level in both public and private sectors. Second trimester abortion has been restricted to central and provincial public health facilities.
- SSAs are usually conducted in early second trimester abortion (13-16 weeks). It is often suggested to women that they can know the sex of their fetus at 12 week pregnancy by ultrasound.
- Before 2003: The old abortion method- Kovac (the use of a condom covered catheter with saline solution is introduced into the cavity of the uterus)- is used only for pregnancies of 18–24 weeks gestation and associated with serious complications.
- Since 2003: The new abortion method dilatation and evacuation (D&E) carried out at 13–18 weeks of pregnancy. The new abortion method has been proved safer and more efficient than the old method (Kovac).

Sex selective abortion in practice

- **Data and methods**

- This qualitative study conducted between January and December 2009. The data include observations; interviews with 35 women seeking ultrasound scans and abortion at an obstetric and gynecology hospital; interviews with doctors providing the ultrasound and abortion services; and interviews with managers and policy-makers on reproductive health.

- **Characteristics of women (35 cases) who had sex selective abortion in an obstetric hospital in Hanoi, Vietnam in 2009**

- Women usually have SSA in the early second trimester (13- 16 weeks of pregnancy: 85.71%).
- Cadres and farmers are more likely to have SSA (57.14%)
- Women in age group 31-40 are more likely to have higher SSA rate compared with other groups (34.29%).
- Women with two daughters have the highest rate of SSA (68.57%).

*Note: This result is not representative for SSA in Vietnam, but it provides insight into women's experiences of SSA.



Sex selective abortion in a public hospital

• Counseling

- Counseling is not included in training nor in the guideline for conducting the regulations on SSA.
- No staff have been trained in SSA counseling.
- Counseling on sex selection is conducted when the counselors think it is necessary.
- Men and other relatives who accompany women seeking abortion have been neglected by the abortion clinics.
- Most counselors affirmed that they can guess a SSA case by the sex and the number of children of a woman.



• Abortion methods

- In the hospital where this study is conducted, dilatation and evacuation (D&E) is used from 12 to 16 completed weeks of pregnancy.
- This method is safer and shortens the time of hospitalization as well as meets the demand for women who want to have abortion in early second trimester pregnancy.



Sex selective abortion in private clinics

- Private clinics are not allowed to provide second trimester abortion. However, second trimester abortions have been done in private clinics without trained health care providers, adequate medical equipment, and necessary emergency support.
- 'Sex selection package' appears in some private clinics: having sex determination and sex selective abortion services.
- Women have chosen private and semi-private sectors for their abortions because of convenient operating hours, and shorter waiting times. They have limited knowledge on safe abortion.



Perceptions on sex selective abortion

- **Perception of women on SSA**

- Termination of pregnancy has seen as a sin in Vietnam.
- Women who had SSA supposed that abortion in the early second trimester pregnancy was acceptable. They would not have abortion in the late second trimester pregnancy because the fetus was too big and had a completed figure of a baby.

- **Perception of providers on SSA**

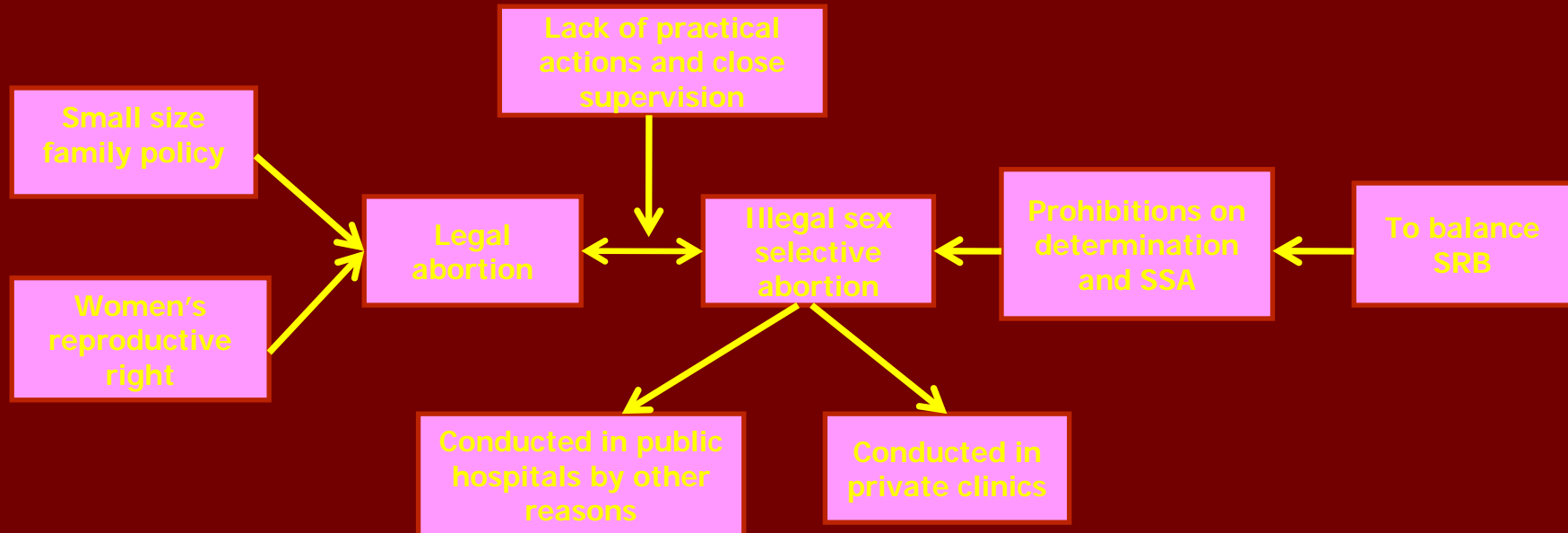
- All doctors and nurses mentioned about the dilemma related to abortion regulations: legal abortion and illegal SSA.
- There are different perceptions on SSA among the providers.
- + Supporters: Women should be provided safe abortion "*If we do not provide safe abortion for women, then they will find other clinics to have unsafe abortion*".
- Protesters: SSA is immoral

- **Perception of managers and policy makers on SSA**

- Managers and policy makers face a dilemma between women's right on abortion and forbidding SSA.



The contradiction in practices and policies in term of abortion and sex selective abortion



Conclusions

- Sex selective abortion contributes to the increase in the abortion rate, especially late term abortions.
- Although private clinics are not allowed to provide second trimester abortion, these services are still conducted in private clinics with inadequate facilities and unskilled providers.
- SSAs have been conducted in public hospitals by other reasons.
- Counseling has not paid attention to training or in the guidelines for implementing the regulations on SSA.
- Health management is not updated with the development of new reproductive technologies.
- Population and abortion policies fall in the dilemmas between keeping small size family, advocating for women's reproductive rights, reducing abortion rate, and balancing SRB.



Recommendations

- Women who seek abortions after the 12th week of pregnancy, especially those who have only girl children, should be provided appropriate information. Their partners and families should be involved in counseling sessions.
- It is necessary to improve women's knowledge on safe abortion.
- It is time to reconsider the mechanism of management and supervision in the service provision of private clinics.
- Rather than focusing on abortion itself, public policies should target equity, equality, and social security that are the root causes of son preference leading to sex selective abortion: promoting gender equality, improving social security.

