

IMPROVED FAMILY PLANNING AND MATERNAL HEALTH CONTRIBUTE TO POVERTY REDUCTION IN VIETNAM

*By Dinh Huy Duong
The General Office for PFP, MOH
PCC, Vietnam*

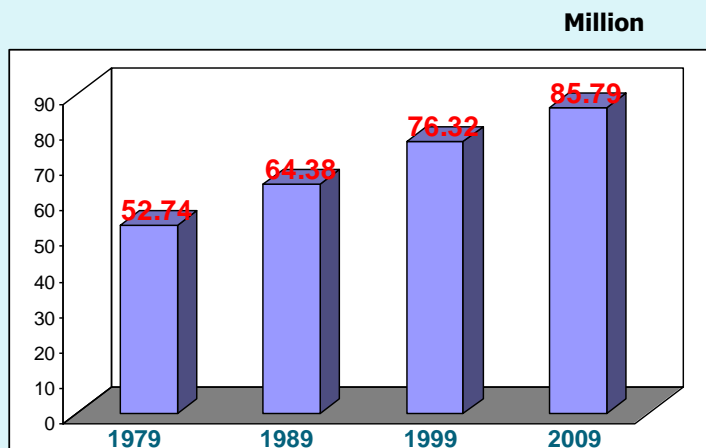
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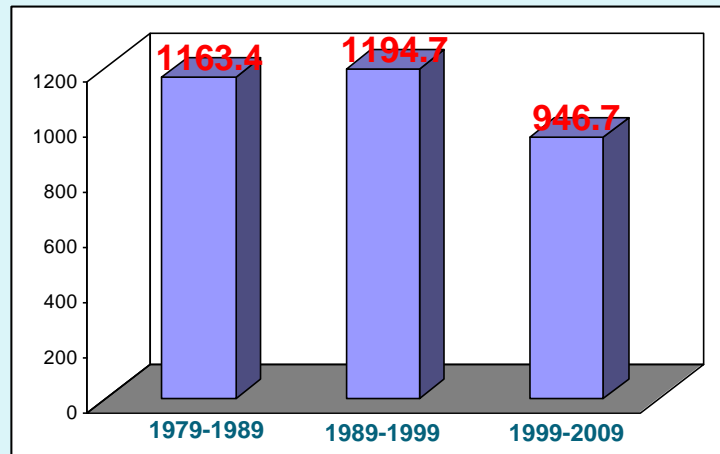
**Part II. Family Planning and Maternal Health
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Part I. Achievements of the Population and Reproductive Health Programme in Vietnam

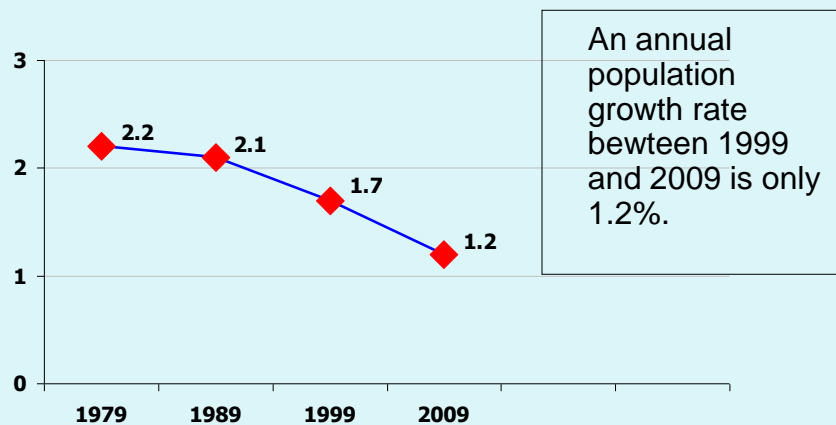
Population of Vietnam, 1979-2009



Annual Increase of Population (.000) 1999-2009



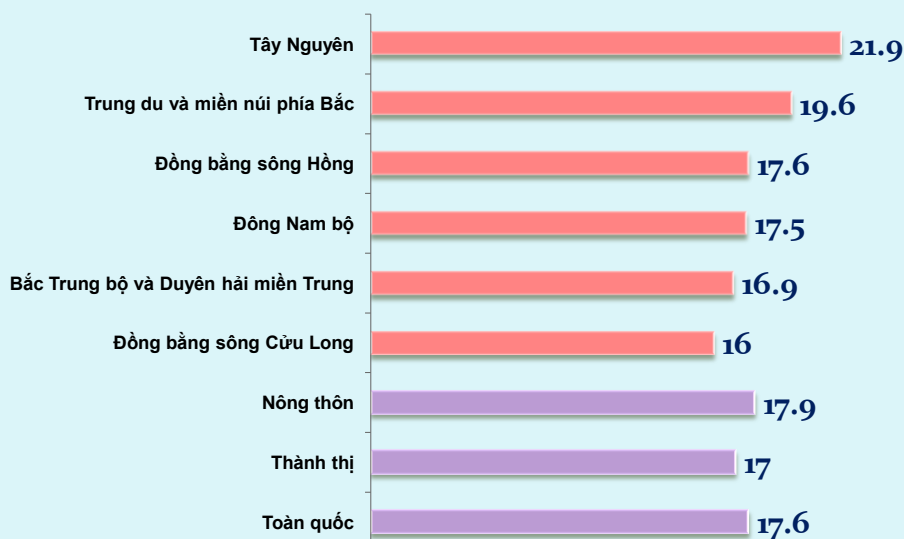
Population Growth Rate 1979-2009



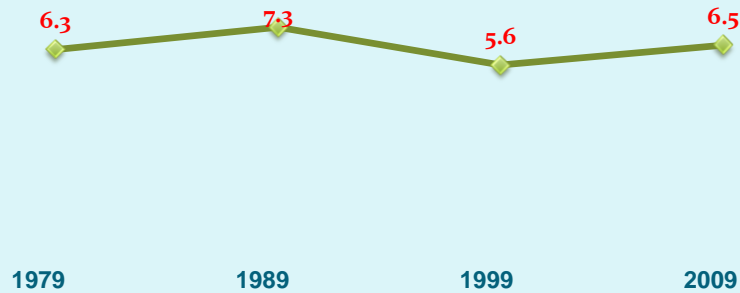
Total Fertility Rate, 2001-2009



Crude Birth Rate (CBR), 2009

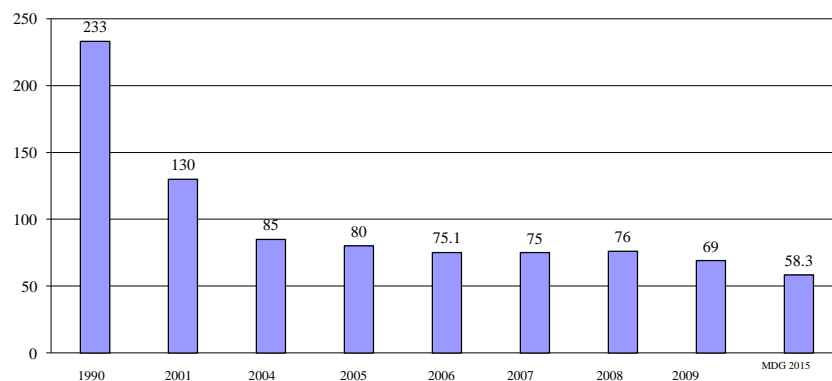


Crude Death Rate (CDR) 1979-2009



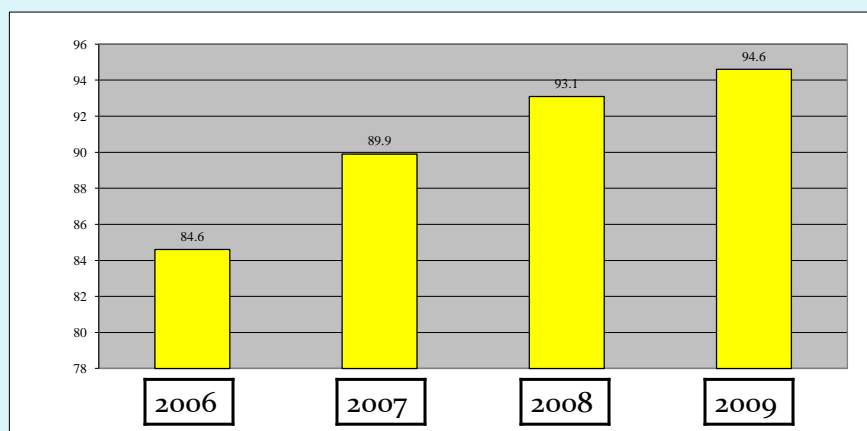
Maternal Mortality

MMR sharply decreased from 233/100,000 live births in 1990 to 80/100,000 in 2005. However, throughout the 2006-2009 period, MMR declined little. A big challenge to reach MDG of 58.3.



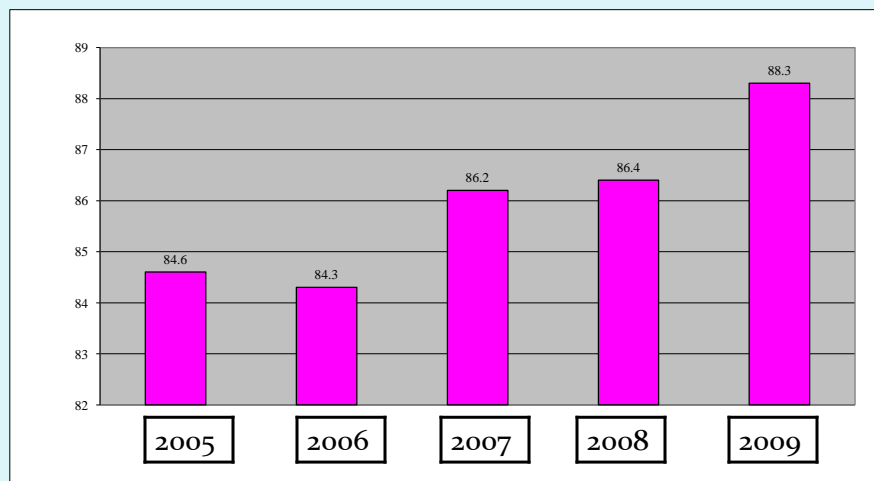
Pregnancy Management

This increase reflects better prenatal maternal health care; better attitude and behavior of mothers towards health care during their pregnancy; better RH services.



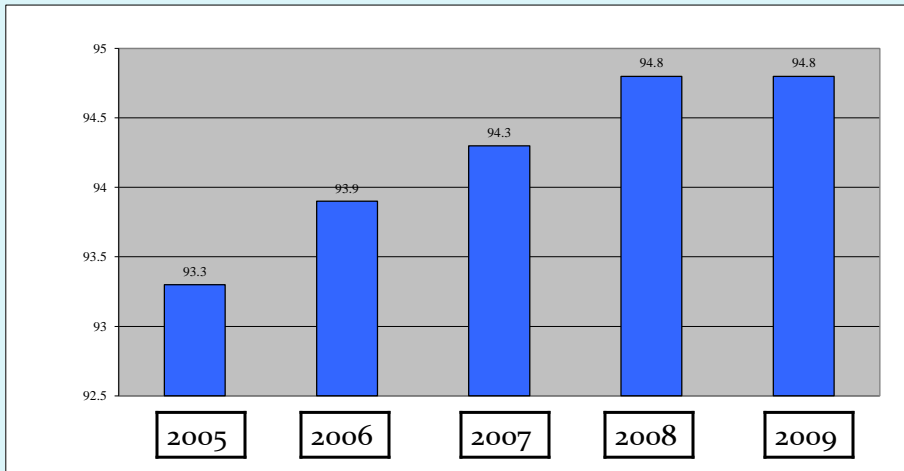
Prenatal Checks- up

Three prenatal checks-up – 88.3% . An important factor contributing to safer deliveries, reduction of obstetrical complications, maternal mortality and neonatal death.



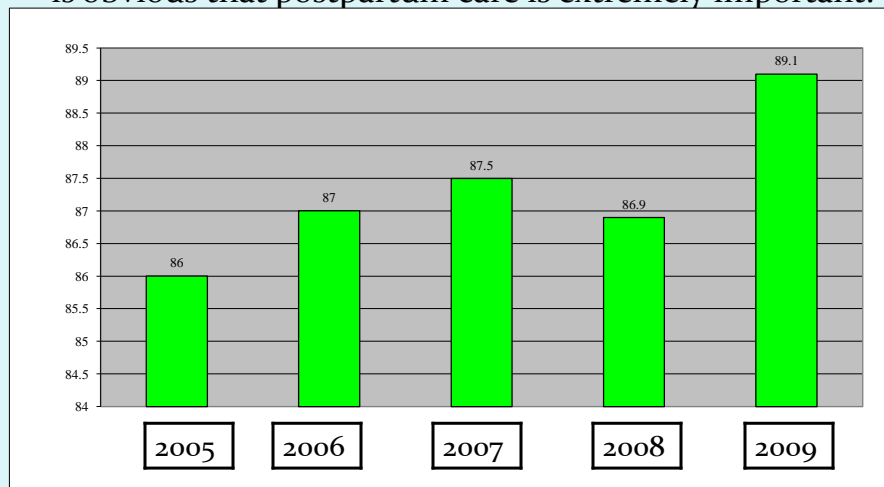
Births Attended by Trained Health Workers

Increased births attended by trained health workers is one of the main reasons for reduction of MMR



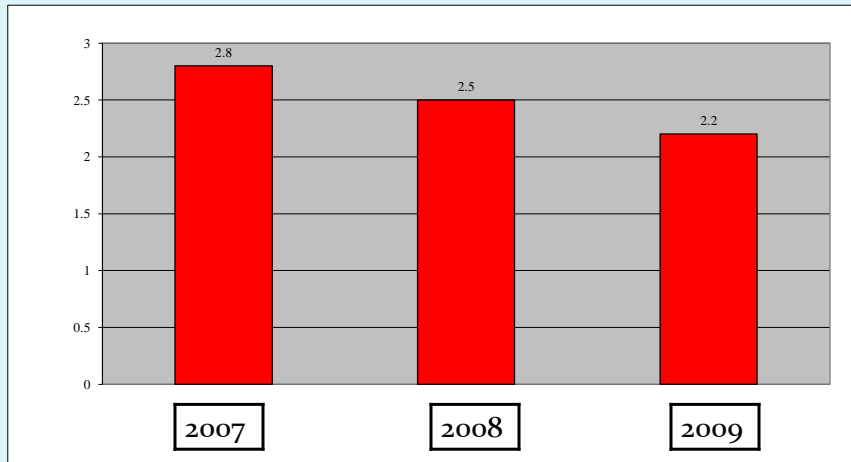
Post-partum Care

Over 60% of maternal mortality & more than 70% of infant mortality take place during delivery and 1st week. It is obvious that postpartum care is extremely important.

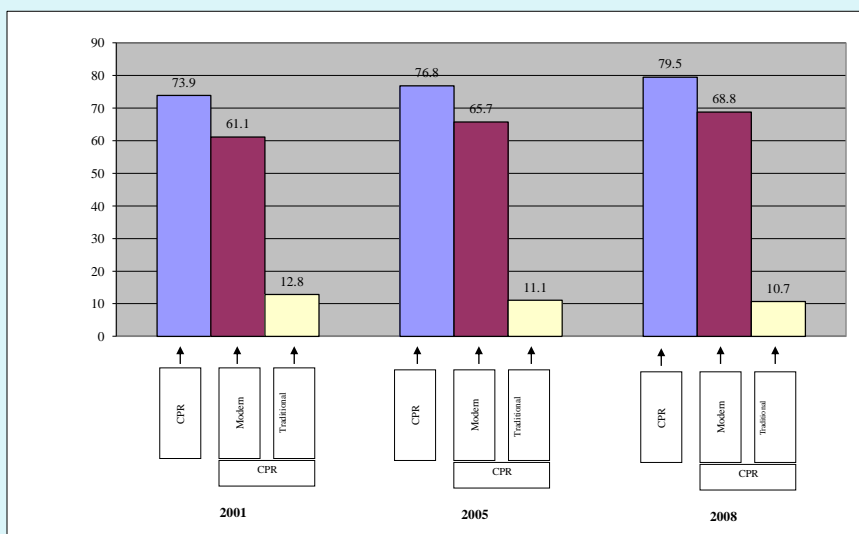


Obstetrical Complications

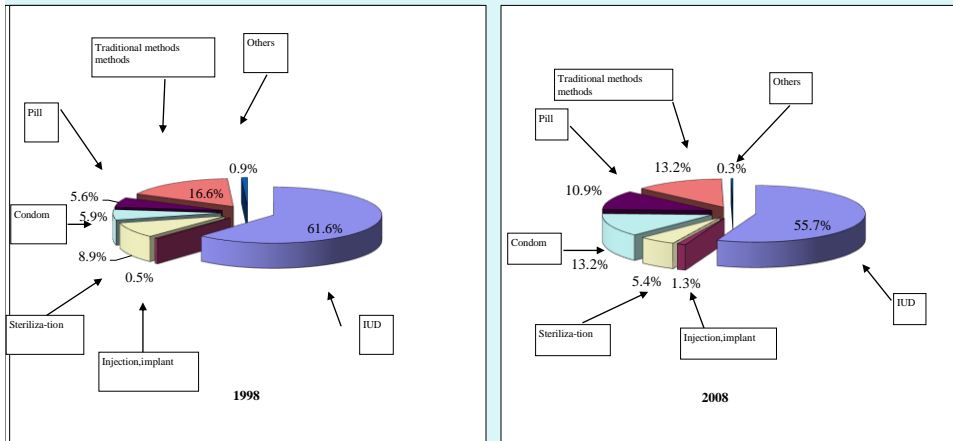
Declined obstetrical complications significantly contribute to lowering MMR



Steady Increase of CPR of Married Couples at Reproductive Age



Method Mix is Increasingly Diversified



Challenges of the Population and Reproductive Health Programme in Vietnam

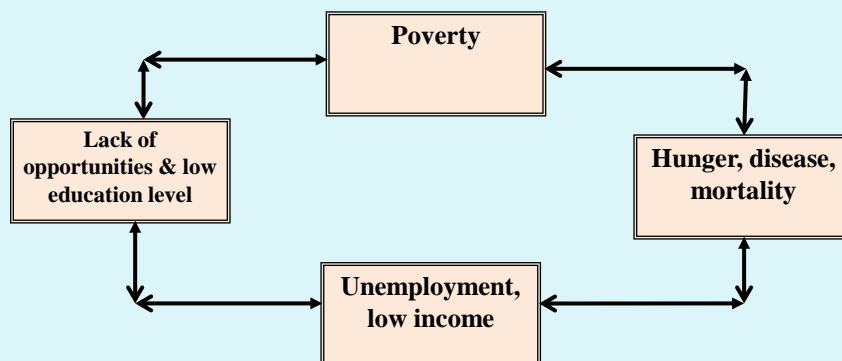
- Sustain an appropriate level of fertility;
- Deal with unbalanced SRB (SRB is 111 in 2009);
- Capitalize demographic bonus ;
- Cope with issues of “ageing population” (9.9% over 60 yrs. and 7.5% over 65 in 2009)
- Improve maternal health (prenatal, neonatal and postnatal), especially in mountainous, remote and isolated areas;
- Supply and distribute adequate, good quality contraceptives commodities suitable to clients’ needs;

Challenges of the Population and Reproductive Health Programme in Vietnam (cont.)

- Provide good quality FP services and infertility treatment;
- Reduce abortion incidence and eliminate unsafe abortion;
- Reduce STIs, RTIs, HIV and reproductive tract cancer;
- Better meet SRH needs of special groups of population (adolescents, disabled people and old people etc.).

Part II. Family Planning and Maternal Health Integrated Poverty Alleviation Strategies

Poverty and P-RH/FP and maternal health are inter-related.



In Vietnam, based on MDGs and the country's own aspirations, Viet Nam has also established its own 12 development goals (referred to as Vietnam's Development Goals or VDGs), which include poverty reduction targets. The Government has issued many documents to guide the implementation of MDGs and VDGs. These include the Comprehensive Poverty Reduction and Growth Strategy. In these documents, population, RH/FP and maternal health are taken into account and recommended to be integrated into various programmes/projects, especially for the purpose of poverty reduction.

“A model of integrated groups of communication on P-RH and savings, credit, agricultural extension”

1. Characteristics of group members:

- Members at reproductive age and from poor households.
- Living in the same area.
- Voluntary participation in the group.
- The group size: Between 25 - 35 people

2. Objectives

- To help members to learn more about RH, FP, maternal and child health care;
- To help them to have good behaviour for their own health, their families and communities;
- To share information on RH, FP, maternal health with their family, friends, neighbors;
- To learn and apply technical advances in agricultural production, cattle raising and small business; to support each other to properly use loans to increase their income; and to contribute to socio- economic development in hamlets/ villages.

3. Agenda of a Monthly Meeting

- Session 1: Presentation and discussion on P-RH, maternal health and family planning.
- Session 2: Introduction of knowledge, skills and technical advances in agricultural production, cattle/fish raising, small business etc.
- Session 3: Discussion on how to obtain loans from banks; how to best use loans.

Why is the Model Successful?

1. Hundreds of thousands groups have been established throughout the country. This model is sustainable because group members can get real benefits.
2. Group members acquire new knowledge and skills on RH/FP and maternal and child health care. They are able to improve their own health status and that of their family members. Women and men know how to properly practice FP and space births.
3. Group members find it useful to learn and apply production knowledge and skills, and technical advances in agricultural production, cattle raising, handicraft or small business etc.
4. They feel happy and proud to contribute to socio-economic development in their hamlets/villages.
5. Activities of the group create the solidarity and friendship in a community.

Thank you for your attention!