POLICY RECOMMENDATIONS TO ADVOCATE FOR GENDER EQUALITY IN ETHNIC MINORITY GROUPS IN VIET NAM

Photo: UN Women Viet Nam/ Le Hong Duc
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FOREWORD

The 1995 Beijing Declaration and Platform for Action recognized that, in addition to gender-based discrimination, “many women face additional barriers to the enjoyment of their human rights because of such factors as their race, language, ethnicity, culture, religion, disability or socio-economic class or because they are indigenous people, migrants, including women migrant workers, displaced women or refugees”.\footnote{Fourth United Nations World Conference on Women, Beijing Declaration and Platform for Action, September 1995, p. 92, para. 225.} Viet Nam is signatory to many international treaties and conventions related to human rights, the rights of women in general, and ethnic minority women in particular, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the International Covenant on Civil and Political Rights (ICCPR), the Beijing Platform for Action (BPFA), and the agreed conclusions of the Commission on the Status of Women. The Government of Viet Nam has rigorously observed its international commitments and its achievements are held in high regard by the international community, particularly its achievements in relation to gender equality.

Viet Nam is an ethnically diverse country with 54 recognized ethnic groups, of which 53 are minorities. The majority of the population (85.5 per cent) belongs to the Kinh ethnic group, and the 53 other ethnic groups in Viet Nam account for the remainder of the population and total about 13.4 million people.\footnote{General Statistics Office (GSO), Survey on the Socio-Economic Situation of the 53 Ethnic Minority Groups 2015.} Many of the ethnic minority groups are concentrated in geographically remote and mountainous regions of the country. Inequalities between the Kinh ethnic group and ethnic minority groups remain wide and persistent, especially in education and training, employment and income, and health care and reproduction. The gender gap among and within ethnic minority groups also persists.

Viet Nam has developed a relatively progressive legal framework at the national level on gender equality and the empowerment of women, which includes policies to promote gender equality in ethnic minority areas. Specific provisions aimed at promoting gender equality in ethnic minority areas are included in the Law on Gender Equality (2006), the National Strategy on Gender Equality for 2011–2020 and the National Programmes on Gender Equality for 2011–2015 and 2016–2020. Additionally, there are a number of policies targeted specifically towards ethnic minority areas such as the “National Project
on Ending Child and Inter-Family Marriage in Ethnic Minority Regions for 2015–2025 period”\(^3\) and the “National Project on Supporting Gender Equality Activities in Ethnic Minority Areas for the 2018–2025 period”.\(^4\) Those policies were designed to create positive changes in terms of gender equality, to advance the status of ethnic minority women and ultimately to contribute to the achievement of the National Strategy for Gender Equality 2011–2020.

In recent years, Viet Nam has increased its efforts to conduct surveys and studies to provide data and practical evidence for policymaking and to inform the policies of statutory bodies responsible for gender equality in ethnic minority areas. The Survey on the Socio-Economic Situation of the 53 Ethnic Minority Groups in Viet Nam (conducted for the first time in 2015 by the General Statistics Office) found that gender issues in minority regions in Viet Nam are more severe in ethnic minority groups than in the majority Kinh ethnic group and they must be addressed and overcome. In ethnic minority communities, women and girls are more disadvantaged in terms of access to opportunities and resources due to social norms which tend to position women as inferior to men and restrict their livelihood options and often limit them to domestic and reproductive activities. The intersection of discriminations based on both gender and ethnicity has the most significant impact, compounding inequalities faced by ethnic minority women and girls. In the context of Viet Nam’s commitment to the Sustainable Development Goals (SDGs) and the pledge to “leave no one behind”, the gender inequality issues in ethnic minority areas require further special attention.

This document has been developed based on the findings from the Survey on the Socio-Economic Situation of the 53 Ethnic Minority Groups in Viet Nam (2015) and other studies on ethnic minority groups conducted recently in Viet Nam. It aims to support the process of policy development and implementation in ethnic minority areas in Viet Nam and effectively contribute to the inclusive promotion of gender equality in ethnic minority areas in line with the commitments of the Government of Viet Nam to the 2030 Agenda for Sustainable Development.

This policy brief was developed under the program Empowering Ethnic Minority Women in Viet Nam through gender-responsive EM policies and programmes between Department of Ethnic Minority - Committee on Ethnic Minority Affairs and United Nations Entity on Gender Equality and the Empowerment of Women (UN Women). The program is financially supported by the Irish Aid in Viet Nam.

\(^3\) Decision No. 498/QĐ-TTg, 14/4/2015 of the Prime Minister.
\(^4\) Decision No. 1898/QĐ-TTg, 28/11/2017 of the Prime Minister.
Employment for ethnic minority people

Photo: UN Women Viet Nam/ Le Hong Duc
1.1 Gender issues in employment for ethnic minorities

Female ethnic minority workers are underprivileged in employment and they are one of the most disadvantaged groups in the labour market.

Compared to other demographic groups, ethnic minority groups had by far the lowest proportion of their workforce in professional, skilled employment and the largest share in unskilled employment. The proportion of skilled ethnic minority workers aged 15 and older was very low at 6.11 per cent (male: 6.53 per cent, female: 5.69 per cent), equal to one third of the rate of the Kinh ethnic group. Fewer than 2 per cent of workers in 12 of the 53 ethnic minority groups were considered skilled, including Xtiêng at 0.81 per cent (male: 0.83 per cent, female: 0.78 per cent), Máng at 0.89 per cent (male: 1.35 per cent, female: 0.45 per cent), and Brâu at 1.06 per cent (male: 2.03 per cent, female: 0.16 per cent).

High illiteracy and returning to illiteracy rates in the Vietnamese language among female ethnic minority workers aged 35 and over prevented them from participating in vocational training courses, such as in agriculture, forestry and fisheries, which could have offered them the opportunity to improve or transform their work prospects and income.

Ethnic minority women tend to engage in the labour market much earlier than women in the Kinh ethnic group. By the age of 15, many ethnic minority girls have joined the workforce full time, while most Kinh girls of the same age continue attending school. In 2015, the employment rate of ethnic minority people
Employment for ethnic minority people aged 15 and above reached 87.55 per cent (male: 91.81 per cent, female: 83.41 per cent)\(^{10}\) which was significantly higher than corresponding rate among the Kinh ethnic group of 74.92 per cent (male: 79.1 per cent, female: 71.1 per cent).\(^{11}\)

Ethnic minority women have limited opportunity in accessing the paid jobs under the protection of Labour Code. Up to 83.81 per cent of ethnic minority female workers were self-employed in agriculture, compared to 79.16 per cent of ethnic minority male workers and 40.72 per cent of Kinh female workers. Ethnic minority women are often employed in unstable and vulnerable work, and many of them are self-employed or are unpaid care workers. Furthermore, these positions are not covered by the provisions of the Labour Code, meaning most ethnic minority women remain outside the scope of its protection by way of social, health or mandatory unemployment insurance.\(^{12}\) Despite the drawbacks of informal work, few young ethnic minority women searched for better paid jobs with more protections such as waged employment in local enterprises or industrial zones, or labour opportunities overseas. This can partially be attributed to prevailing gender norms and roles assigned to ethnic minority women, which require them to take primary responsibility for unpaid care and domestic work. Within some ethnic minority groups, there is a social stigma against those who migrate for work, particularly women. Moreover, there is a lack of quality employment services in ethnic minority areas.

Ethnic minority women are rarely involved in processes to develop, implement, and monitor and evaluate employment assistance and poverty reduction policies, programmes and projects for ethnic minority people. Ethnic minority women are underrepresented at all levels of politics and decision-making, from the commune to the national level.

### 1.2 Policy recommendations

**Recommendation 1:**

Strengthen opportunities for disadvantaged ethnic minority women to access and benefit from policies and services for vocational training and improved employment to narrow the gaps between them and ethnic minority males and Kinh females in the labour market.

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Solutions to implement recommendation 1:

Solution 1:

Policies, programmes and projects for vocational training in the promotion of agriculture, forestry and fisheries in ethnic minority areas should be accessible to middle-aged ethnic minority women who cannot speak, read or write the Vietnamese language. Each province should research the demographics of their area and propose measures which meet the needs and practical conditions of target groups. This may include: conducting training in ethnic minority languages; training by means of coaching and providing practical work experience in ethnic minority localities; planning for longer training periods; and providing services for or funds for and domestic work throughout the training period.

Solution 2:

Enhance the participation of ethnic minority women and women’s organizations in the development, operation, management, administration and monitoring of policies, programmes and projects supporting the development and creation of jobs in ethnic minority areas. More specifically, based on inequality in ethnic minority areas: (i) increase the proportion of ethnic minority women to men engaging in the development, management, administration and monitoring of policies, programmes and projects; and (ii) develop pilot models for assisting ethnic minority women to successfully engage in the development, management, administration and monitoring of policies, programmes and projects. After rolling out pilots, the model should be reviewed, lessons taken note of and models should be scaled up.

Solution 3:

Develop models for apprenticeships and on-the-job training in enterprises and industrial zones both within and outside of provinces for adolescent ethnic minority females who are recent graduates of lower and upper secondary schools. These models require the participation and collaboration of local authorities and organizations (at the commune, district and provincial levels), career development agencies, vocational training institutions and recruitment agencies. Activities that would support adolescent ethnic minority females include counselling on vocational education; career referral; legal aid in labour relations; financial management and remittances; and crisis support throughout migration. In terms of labour migration, local authorities (in both sending and receiving provinces) should conduct capacity building for job service centres, and other institutions which provide services for female ethnic minority apprentices and migrant workers.
2 Education and training
2.1 Gender issues in education and training for ethnic minorities

Although the gender gap in general and vocational education has been significantly narrowed in Viet Nam overall in the past years, this progress has not taken place in ethnic minority areas.

The gap remains wide in access to quality education between children in ethnic minority groups and the Kinh ethnic group. Although the school enrolment rates at the stipulated age are similar for ethnic minority groups and the Kinh ethnic group, the gap is wider in higher-level education. In fact, at the primary level the difference was 0.38 percentage points (Kinh: 89.21 per cent, ethnic minority groups: 88.83 per cent). However, this gap widened to a difference of 11.12 per cent at the lower secondary school level in favour of Kinh children (Kinh: 83.72 per cent, ethnic minority groups: 72.60 per cent) and a difference of 32.87 percentage points at the upper secondary school level (Kinh: 65.2 per cent, ethnic minority groups: 32.33 per cent).  

The ratio of out-of-school children is greater in ethnic minority groups than in the Kinh ethnic group at the secondary and upper secondary school levels and increases dramatically by level of education. The widest disparity is in upper secondary education with 47.2 per cent of ethnic minority students dropping out of school, mainly due to early marriage and early entry into full-time work.  

The infrastructure of boarding schools at the lower secondary level is often inadequate and insecure, and this presents a potential danger for ethnic minority children, particularly girls. Despite a vast increase in the number of boarding schools in recent years to keep up with demand, the quality of the infrastructure often does not meet the required standards.  

According to the Ministry of Education and Training, over a five-year period (2011–2016), the number of boarding schools increased from 127 to 852 in 28 provinces, catering for 146,000 students. Nonetheless, only 30–50 per cent of schools have permanent physical infrastructure. The remaining infrastructures are semi-permanent, temporary or rented. Approximately 98,400 ethnic minority children (67 per cent) board within the schools themselves, while the remaining students must rent accommodation outside of the

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school. Notably, about 1.8 per cent of students set up tents around their schools as temporary accommodation.\textsuperscript{16}

The literacy rate\textsuperscript{17} in Vietnamese for ethnic minority people was 79.09 per cent (male: 85.53 per cent, female: 72.70 per cent), significantly lower than that of the Kinh ethnic group at 96.1 per cent (male: 97.81 per cent, female: 94.69 per cent). Older people in ethnic minority groups had higher illiteracy rates, particularly women. Among those aged 65 and older, only 65.87 per cent of ethnic minority men and 39.08 per cent of women could read and write in Vietnamese.\textsuperscript{18}

Most vocational education and training policies targeted towards ethnic minorities claim to be “gender neutral”\textsuperscript{19} meaning that they are not specifically aimed at either men or women and may preserve existing gender inequalities. The Education Law (2005 and the 2010 revision) and Law on Vocational Education (2014) regulate measures to narrow the gap in access to general education and vocational education for ethnic minority people; however, most of the regulations are. The Law on Gender Equality regulates gender equality in education; however, specific gender issues for ethnic minorities are not included in the Law.

\textsuperscript{16} Adapted from the Report of Mr. Tran Xuan Thuy, Deputy Director of the Department for Ethnic Minority Education of Ministry of Education and Training, presented at the Workshop on the Development of High Boarding Schools for Ethnic Minorities, Da Nang, 2016.
\textsuperscript{17} Literacy is defined as the ability to read and write a simple sentence.
\textsuperscript{18} GSO, Survey on the Socio-Economic Situation of the 53 Ethnic Minority Groups 2015.
\textsuperscript{19} Gender neutral (also referred to as ‘gender-blind’) policies are assumed to affect both sexes equally, however, they may have a differential impact on women and men, particularly within disadvantaged groups. Gender-neutral policies do not promote substantive gender equality. See European Institute of Gender Equality and Public Health Agency of Canada – Centre for Emergency Preparedness and Response, Gender Mainstreaming in Emergency Management: Opportunities for Building Community Resilience in Canada, 2008.
2.2 Policy recommendations

Recommendation 2:
Enhance efforts to tackle the inequalities and multiple and intersecting discriminations faced by ethnic minority women and girls in accessing education and training.

Solutions to implement recommendation 2:

Solution 1:
Raise awareness within ethnic minority communities of education and training opportunities for ethnic minority women and girls.

Solution 2:
Ensure equal access to preferential policies on enrolment, learning materials and meals for ethnic minority groups with very small populations for boys and girls in preschool, and male and female students as follows:

• Impose a gender cap on the percentage of males and females who benefit from preferential policies on enrolment and cash transfers on learning materials and meals, ensuring it does not exceed 60 per cent for either gender;

• Allocate priority enrolment spots based on the specific gender equality situation of each area, as well as the sex ratio of the population;

• Establish a fair and gender-responsive monitoring system in enrolment priority and learning assistance for ethnic minority pupils.

Solution 3:
Strengthen the development of a quality early childhood education system in ethnic minority areas to ensure that 100 per cent of ethnic minority children aged 4–5 years can attend school in support of their development in the Vietnamese language as well as in other necessary skills prior to attending primary level education.

Solution 4:
Expand the provision of bilingual education in both mother tongue and Vietnamese as follows:

• Encourage provinces with prior favourable and enabling conditions to further maintain and scale up bilingual education curricula;

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20 As per Decree No. 57/2017/NĐ-CP stipulating preferential policies on school enrollment and transfers for learning materials and meals for preschoolers, girls and boys, male and female students of ethnic minority groups with very small populations. Preschoolers, girls and boys, male and female students of ethnic minority groups with very small populations are given priorities to study in their desired schools (straight enrollment); are provided financial support depending on the study level and minimum wage (annually issued by the Government).
• Encourage provinces and educational institutions to increase the proportion of ethnic minority teachers (prioritizing the recruitment of ethnic minority teachers).

**Solution 5:**

Review options and apply gender equality promotion measures for teaching the Vietnamese language to ethnic minority women and girls to create favourable conditions for them to access education and vocational training opportunities.

**Solution 6:**

Ensure the safety of the infrastructure and layout of boarding and semi-boarding schools to meet the needs and practical concerns of ethnic minority students and incorporate gender-based violence prevention education in boarding and semi-boarding schools to increase the safety of all students in a potentially precarious environment.

**Solution 7:**

Build the capacity of bodies responsible for gender equality in provinces where gender inequality in education is an issue, or where there is a risk of it becoming an issue, to ensure the effective implementation of policies and measures on gender equality in education and training in provincial areas.

**Solution 8:**

Increase data collection and analysis disaggregated by gender, ethnicity and geographical location in education and training to identify emerging and/or worsening gender issues and propose recommendations and solutions for these issues.
3 | Health care

Photo: UN Women Viet Nam/ Le Hong Duc
3.1 Gender issues in health care for ethnic minorities

Although health care in general, particularly reproductive health care, for ethnic minority women has seen much progress over recent years, a significant gap remains in comparison to the Kinh women. Gender issues in health care for ethnic minority are:

The maternal mortality rate in some ethnic minority groups (H’mong, Thai, Ba Na, Tay, Dao and Nung) remains high; in fact, it is four times higher for some ethnic minority groups compared to that of the Kinh ethnic group.\(^{21}\)

The percentage of pregnant ethnic minority women aged 12–29 who have prenatal check-ups at medical clinics/stations was 70.90 per cent compared to 99 per cent of pregnant Kinh women aged 15–49 who were seen by a professional medical officer during their pregnancy.\(^{22}\) Despite a dramatic decrease in recent years, in 2015 the number of ethnic minority women giving birth at home was 36.3 per cent compared to just 0.5 per cent of Kinh women.\(^{23}\) Thus the percentage of ethnic minority women giving birth in medical clinics or community stations was 63.6 per cent compared to the corresponding rate of 99.10 per cent for Kinh women.\(^{24}\) Particular attention should be paid to ethnic groups in which less than 20 per cent of women give birth in medical clinics, specifically the La Hủ, Si La, La Ha, Lự, Mảng, Hà Nhì and Cống ethnic groups. The multiple reasons for not giving birth in medical clinics include difficulty in accessing transport, limited road access, poverty, as well as traditional customs and practices.\(^{25}\)

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\(^{21}\) UN Women and the Committee on Ethnic Minority Affairs (CEMA), Briefing Note on the Situation of Ethnic Minority Women and Girls in Viet Nam, 2015.


\(^{24}\) GSO, Survey on the Socio-Economic Situation of the 53 Ethnic Minority Groups 2015; and MICS 2014.

The percentage of ethnic minority women receiving postnatal care for two days postpartum is 64 per cent which is significantly lower than the 96 per cent of Kinh women.26

The infant mortality rate in ethnic minority groups was much higher than that of the Kinh ethnic group in 2013 (43.6 deaths per 1,000 births compared to 10.2 deaths per 1,000 births respectively).27

As is practice, ethnic minority children often eat soup, soup and rice earlier than recommended for the child’s age and the nutritional content of the meal is not a priority. Ethnic minority children from birth to age 3 years do not receive sufficient health care, meaning they tend to develop (in terms of height and weight) at a slower rate than Kinh children and are more likely to experience malnutrition. The most disadvantaged ethnic minority groups in this area are the Raglay, Mông and Thu Lao.28

Ethnic minority women tend to give birth for the first time at a much younger age than Kinh women. The fertility rate among ethnic minority girls under age 18 29 was 115 children per 1,000 girls, almost four times higher than that of Kinh girls (30 children per 1,000 Kinh juvenile females).30 Just 29 per cent of ethnic minority women and girls aged 15–49 claim to have comprehensive knowledge on HIV transmission, which is significantly lower than the corresponding rate of 47 per cent among Kinh women.31

The causes of disparities in health care between ethnic minority and Kinh women include: (i) the limitations and constraints of the health care system in geographically and economically isolated ethnic minority areas, where commune health centres and networks of midwives cannot cover all residential areas; the service quality may also be low; (ii) language barriers and cultural barriers, including prevailing traditional birth practices; (iii) inability to pay for the service; and (iv) preferring to be examined by a female health worker.32

26 GSO, MICS 2014.
27 GSO, MICS 2014.
29 Civil Code 2005, Article 18 states: “Persons aged 18 and over are adults. Persons under 18 years of age are minors/juveniles.”
30 GSO, MICS 2014.
32 Nicola Jones, Double jeopardy: How gendered social norms and ethnicity intersect to shape the lives of adolescent H’mong girls in Viet Nam, August 2013.
3.2 Policy recommendations

The Government should implement essential measures to promote substantive gender equality and eliminate barriers and complex layers of discrimination against ethnic minority women in access to maternal, infant and paediatric health care.

Recommendation 3(a):

Further reduce the maternal mortality rate and improve infant and child health for ethnic minority groups by improving the quality and availability of reproductive, maternal and child health care services in ethnic minority areas.

Solutions to implement recommendation 3(a):

Solution 1:

Enhance ethnic minority women’s access to quality prenatal, delivery and postnatal care by improving service quality, expanding coverage and making reproductive, maternal and infant health care in ethnic minority areas linguistically and culturally appropriate.

Solution 2:

Strengthen the awareness and understanding among ethnic minority people, especially women of reproductive age, on reproductive, maternal, infant and paediatric health care. Advocate for ethnic minority women to engage in safe delivery practices and recommend they give birth under the supervision of trained health-care providers.

Solution 3:

Allocate sufficient funding from the state budget for health care which focuses specifically on ethnic minority mothers and children.

Recommendation 3(b):

Improve the knowledge of ethnic minority women and girls on sexual and reproductive health and improve their access to sexual and reproductive health care.

Solution to implement recommendation 3(b):

Solution 4:

Enhance the access of ethnic minority juveniles (those under age 18) to information and services in sexual and reproductive health care, including family planning and contraception; adolescent pregnancy; HIV/AIDS prevention; and the prevention and treatment of sexually transmitted infections.
4 Child, early and forced marriage

Photo: UN Women Viet Nam/ Ho Dang Khoa
4.1 Child, early and forced marriage in ethnic minority areas

Child, early and forced marriage (CEFM)\(^{33}\) is a human rights violation and a harmful practice that disproportionately affects women and girls globally, preventing them from living their lives free from all forms of violence. CEFM threatens the lives and futures of girls and women around the world, robbing them of their agency to make decisions about their lives, disrupting their education, making them more vulnerable to violence, discrimination and abuse, and preventing their full participation in economic, political and social spheres. Child marriage often leads to early and frequent pregnancy and childbirth, resulting in higher than average maternal mortality rates. Women and girls often attempt to flee their communities or to commit suicide to avoid or escape CEFM.\(^{34}\)

Among ethnic minority groups, CEFM remains a complex issue and some ethnic minority groups having a prevalence rate of over 50 per cent. Early marriage is prohibited under the Marriage and Family Law (2014), as is forced marriage. Article 3, item 9 states “Forcing marriage means threatening, intimidating spiritually, maltreating, ill-treating, demanding property or another act to force a person to get married against his/her will”. Nonetheless, the results from 2015 Survey on the Socio-Economic Situation of the 53 Ethnic Minority Groups showed that the average rate of early marriage was 26.6 per cent (male: 26 per cent, female: 27.1 per cent), with the highest rate within the Ò Ðu ethnic group at 73 per cent, followed by the Mông at 59.7 per cent, Xinh Mun at 56.3 per cent and La Ha at 52.8 per cent. Early marriage is far more common in rural areas at 28.08 per cent (male: 27.63 per cent,

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\(^{33}\) Law on Marriage and Family 2014, Article 3.9 “Forcing marriage or divorce means threatening, intimidating spiritually, maltreating, ill-treating, demanding property or another act to force a person to get married or to divorce against his/her will”.

female: 28.51 per cent), approximately twice as high as in urban areas (male: 11.96 per cent, female: 14.79 per cent).

In some ethnic minority groups, girls are up to 3.4 times more likely to be married as children than boys. According to Article 1 of the Child Law (2016), “a child is a person under 16 years of age”. Article 6 expressly prohibits “child sexual abuse; organizing, supporting, inciting and forcing children to get married”. In secondary schools, students are educated on the negative consequences of child marriage, including the increased likelihood of dropping out of education, and underdeveloped parenting skills. However, the Survey on the Socio-Economic Situation of the 53 Ethnic Minority Groups showed that 2,991 people under the age of 16 were found to be married at the time of the survey. Within this number, there were 3.4 times as many girls as boys (685 boys and 2,306 girls). The Mông ethnic group had the most cases of child marriage at 1,262 (463 boys and 799 girls) followed by the Thái with 459 cases (all girls). The number of married ethnic minority children in rural areas was 19 times higher than in urban areas: in rural areas there were 2,841 cases (635 boys and 2,206 girls) and in urban areas there were 150 cases (50 boys and 100 girls).

The report which emerged following the 2017 National Conference on the Prevention and Ending of Child and Early Marriage: Learning from Promising Strategies and Good Practices describes the root causes of child and early marriage in ethnic minority communities in Viet Nam, which include the following:

- Economic hardship is a central factor leading to child and early marriage among ethnic minority groups. Marriage is considered as a means of securing livelihoods. Furthermore, in many ethnic groups, brides are expected to carry out most of the domestic and caregiving work in her husband’s family. When individual options are limited, many ethnic minority girls believe their most promising option is to get married, give birth and concentrate on her husband and other family members.

- In many cases, children are the ones who decide to marry early over the objections of their parents. Girls will sometimes decide to

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37 Civic Education textbook, grade 9, Lesson 12: Rights and Responsibilities of Citizens in Marriage, p. 43.
Child, early and forced marriage

...marry early due to concerns about remaining single and the decreasing likelihood of getting married at an older age. Social pressures and networks may also affect the girls’ decisions, and marriage may also be a means of protecting the family’s honour. Under pressure to protect familial honour and economic difficulties, parents often agree to their children’s marriage decisions.

- As Viet Nam becomes increasingly modernized in all aspects of social life, there is a risk that this may lead to an increase of early marriages. Improved access to information technology, smart phones and social networks is also considered to have an impact on early marriage. Children have access to information that may be age inappropriate, and geographical distance is much less of an obstacle for couples. Furthermore, girls are at an increased risk of being groomed for marriage through the use of social media.

- Child and early marriage in Viet Nam are contextual issues, dependent on established traditions. However, the situation also has the potential to transform through political, economic and social changes. Essentially, while ethnic minority cultures may contribute to the prevalence of early marriage, they may also play an active role in its prevention and should be encouraged to do so.

- Current policies for ending child marriage focusing on legislative prohibition and punitive measures have not proven to be sufficiently effective. One issue is that the Government cannot control cohabitation between children. Moreover, local authority officials who are expected to impose punishments are also community members who may attend the child marriage ceremonies; hence, for them to impose the legislation and punishments may result in conflict between the Government and community, as well as between community members.

4.2 Policy recommendations

Child and early marriage stems from complex cultural, economic and social factors; therefore,
there should be cross-sectoral approaches and effective coordination to prevent and end the practice.

**Recommendation 4:**

Strengthen activities to prevent and end child and early marriage in ethnic minority areas.

**Solutions to implement recommendation 4:**

**Solution 1:**

Continue to implement activities to raise awareness, knowledge and legal understanding of the public in various forms and in line with regional characteristics and cultures of ethnic minorities, including training, communication, counselling and advocacy. Education on the issue of child marriage should be included in curricula for the primary to secondary level in ethnic minority areas, together with the issues of gender equality and violence prevention and control.

**Solution 2:**

Enhance law enforcement to prevent child and early marriage, specifically as follows:

- Reinforce the implementation of the Marriage and Family Law (2014);
- Strengthen the technical capacity of officials in ethnic minority and mountainous areas to effectively settle issues related to child and early marriage. This can be done through the provision of training and guidance documents for local police and other officials involved in protecting the rights of ethnic minority women and girls with the objective of eliminating all forms of gender-based violence, including child and forced marriage;
- Enhance and effectively enforce the legal framework to incorporate all forms of child and early marriage; impose the appropriate punitive sanctions on those involved in encouraging or participating in child and forced marriage;
- Incorporate regulations on the legal age for marriage and legal marriage conditions into cultural institutions, village conventions and criteria for evaluating so called “cultural families”;

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41 According to “The regulation on recognizing the titles of cultural families, cultural villages”, Decision No. 01/2002/QD-BVHHTT, 02/01/2002, of the Minister for Culture and Information, cultural families are those with many achievements in the campaign “Everybody united to build cultural life in residential areas”, meeting all criteria for recognition of cultural families, as stipulated in Article 4 including: (i) The criteria for a wealthy, harmonious, advanced, healthy and happy family (four criteria); (ii) Good performance of citizen's duties (three criteria); (iii) Family planning (three criteria); and (iv) Solidarity in the community (three criteria).
• Remove the discriminatory legal provisions on the minimum age of marriage in Viet Nam, which is 18 for girls and 20 for boys.

**Solution 3:**

Provide and promote quality support to improve the position of ethnic minority women and girls and empower them in their family and community, as follows:

• Improve access to legal information and effective assistance services for ethnic minority women and girls who are subject to or at risk of child and early marriage;

• Boost the establishment of peer-to-peer networks for ethnic minority girls to seek advice and assistance on decisions on marriage and post-marriage;

• Strengthen activities for livelihood development, access to quality employment opportunities and poverty reduction for ethnic minority women to enhance their independent economic capacity in the family and community.

**Solution 4:**

Continue to conduct research disaggregated by gender, age, geographic location, ethnicity, socioeconomic status and educational level to provide practical evidence for the development of a holistic approach and cross-sectoral coordination to prevent and end child and early marriage among ethnic minority groups in Viet Nam.

**Solution 5:**

Intensify the adoption of intersectoral prevention measures to end child and early marriage in Viet Nam, as follows:

• Implement programmes and activities to prevent and end child and early marriage in ethnic minority groups at national and provincial levels as a priority issue to be addressed;

• Mobilize the participation and contribution of local authorities, political and social organizations, mass government organizations, development partners and civil society organizations;

• Ensure sufficient financial and human resource allocation to implement policies, programmes and activities to prevent and end child and early marriage, and making sure it is allocated fairly based on the specific needs of areas;

Provide accessible, quality and comprehensive sexuality education, as well as access to sexual and reproductive health information and services.\(^{42}\)

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5 | Domestic violence

Photo: UN Women Viet Nam/ Tran Hung Dao
5.1 Domestic violence in ethnic minority households

Domestic violence in ethnic minority households is more widespread than that within Kinh ethnic group households. According to research carried out in 2010, domestic violence is a significant issue throughout all of Viet Nam, including in ethnic minority communities. The percentage of physical and/or sexual violence experienced by ethnic minority women in the 12 months leading up to the survey was 35 per cent. The survey revealed that 22.3 per cent of ethnic minority women had experienced non-consensual sexual relations with partners compared to the overall nationwide average of 13.3 per cent. The percentage of emotional/psychological violence against ethnic minority women perpetrated by husbands was 48.8 per cent, which was almost 1.7 times higher than the overall national average of 28.9 per cent. Furthermore, compared to Kinh women, a larger share of ethnic minority women accepted various justifications for violence carried out by husbands or partners. The survey revealed that 58.6 per cent of ethnic minority women aged 15–49 thought it was acceptable for a husband to beat his wife for various reasons, while the rate among Kinh women was 48.5 per cent.

5.2 Policy recommendations

Recommendation 5:

Gradually eliminate all forms of domestic violence in ethnic minority areas.

Solutions to implement recommendation 5:

Solution 1:

Raise the awareness and understanding of ethnic minority men and women on gender-based and domestic violence, and on legal regulations on women’s rights and the prevention of and response to gender-based violence. Prevent and punish acts of gender-based violence. Establish and coordinate legal mechanisms and bodies responsible for protecting women’s rights and preventing and responding to gender-based violence at the national, provincial and local levels.

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43 GSO, ‘Keeping silent is dying’ - Results from the National Study on Domestic Violence against Women in Viet Nam, 2010.
44 GSO, MICS 2014.
45 GSO, MICS 2014.
**Solution 2:**

Strengthen the provision of quality and effective essential services, including justice, health and social services, for ethnic minority women and girls who at risk or who are victims of gender-based violence. Additionally, it is necessary to consider the adoption of mobile courts in the community so that all ethnic minority people can attend. This is a good solution to promote access to justice for ethnic minority women and girls subject to violence.

**Solution 3:**

Apply temporary special measures\(^{46}\) to support ethnic minority women to access legal services and free legal aid. It is necessary to review the application of traditional mediation procedures in response to cases of domestic violence to ensure no gender prejudice.

**Solution 4:**

Further improve the technical capacity of executive bodies in ethnic minority and mountainous areas to effectively address complaints and prosecute perpetrators of violence against women.

**Solution 5:**

Carry out further research into the root causes of gender-based violence in ethnic minority families and communities; identify the scope and nature of violent and abusive acts against ethnic minority women and girls; identify their needs and ability to access essential services; evaluate the efficiency of preventative measures and tackle all forms of gender-based violence in ethnic minority areas.

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\(^{46}\) CEDAW, article 4, para. 1: “Adoptions by States parties of temporary measures aimed at accelerating de facto equality between men and women shall not be considered discrimination as defined in the present Convention, but shall in no way entail as a consequence the maintenance of unequal or separate standards; these measures shall be discontinued when the objectives of equality of opportunity and treatment have been achieved.”
6 | Unpaid care work

Photo: UN Women Viet Nam / Lai Dien Dam
6.1 Gender issues in unpaid care work in ethnic minority areas

The burden of unpaid care work in ethnic minority households is placed primarily on women and girls. Ethnic minority women are primarily responsible for unpaid care work in their households and communities. In the context of underdeveloped infrastructure in ethnic minority areas (including a lack of electricity and clean water, poor roads and isolation from markets, schools and medical clinics) and the lack of equipment and infrastructure to carry out chores and care work in households, ethnic minority women carry a heavy burden of domestic duties. Social infrastructure is severely lacking, including care facilities for children, the sick and the elderly, and women are expected to take on these responsibilities. The lack of household appliances such as electric rice cookers, washing machines or gas cookers, increase the time spent on domestic chores.

On average, 74 per cent of ethnic minority women and 5 per cent of ethnic minority girls are regularly in charge of collecting clean water for households, compared to the corresponding nationwide average of 65 per cent and 2 per cent respectively. Overall, some 20 per cent of ethnic minority households must travel for more than 30 minutes to collect clean water. However, the average percentage of households that travel that distance in all of Viet Nam is just 4 per cent. Some ethnic minority communities are matrilineal, where the woman is considered the head of the household. In matrilineal households, women are primarily responsible for income earning activities on top of domestic work and caregiving in the family.

The perspectives of ethnic minority women and communities are strongly influenced by gender norms, stereotypes and prejudices that dictate the division of domestic labour within the family. Domestic work and taking care of children, older people and people who are ill are assumed to be women’s responsibility and duty.

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47 UN Women and other partners, Towards Gender Equality in Viet Nam: Making inclusive growth work for women, 2016.
There is a lack of recent data available on domestic and care work carried out by ethnic minority women and men, and the division of labour.

6.2 Policy recommendations

Recommendation 6:

Boost the equal division of unpaid care work in households and ethnic minority communities

Solutions to implement recommendation 6:

Solution 1:

Strengthen communication activities to challenge gender prejudices and stereotypes around unpaid caregiving duties of ethnic minority women in households and communities. Communication activities should target both ethnic minority women and men, boys and girls to promote the sharing of responsibility and redistribution of care work in ethnic minority households.

Solution 2:

Ensure gender-responsive infrastructure development in ethnic minority areas, including affordable and accessible care facilities, schools, medical stations, clean water, roads, and enhanced access to markets. Specifically, the Government should do the following: (i) regulate to increase the percentage of representation of ethnic minority women who can participate in and raise their voices in decisions relating to provincial infrastructure development; (ii) enhance the capacity of ethnic minority women to partake in decision making on infrastructure development, including through training on knowledge and necessary skills for ethnic minority women and representative organizations.

Solution 3:

Research the needs and develop models to provide effective services in the provision of care for older people, young children and people who are ill; provide a clean water supply service to residential ethnic minority areas to reduce the burden on ethnic minority women and girls.

Solution 4:

Increase the number of surveys and research carried out using international methods and tools to measure the time ethnic minority women and men spend on unpaid care and domestic work in households and encourage researchers and policymakers to adopt scientific approaches to reduce caregiving burdens in the planning and policy implementation stages in ethnic minority areas.
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