



Growth and Nutrition:

Preliminary Findings from the 2016 Young Lives Survey (Round 5): Viet Nam

This fact sheet presents preliminary findings on nutrition and health from Round 5 of the Young Lives survey in Viet Nam in 2016. Young Lives has followed two cohorts of children born seven years apart since 2002. This fact sheet compares key growth and nutritional indicators for 15-year-olds in 2016 (Younger Cohort) and in 2009 (Older Cohort), using data on food security to characterise constraints on the quantity of food available. For a measure of food quality, we consider data on consumption of specific food groups and dietary diversity.

We find that there are important disparities in food diversity and in household food security which are consistently associated with stunting levels. The findings support the continuation of ongoing targeted poverty reduction programmes.

Key Findings

- The nutritional indicators of stunting and thinness are more favourable for 15-year-olds in 2016 than for adolescents of the same age in 2009. However, levels of overweight and obesity have emerged among urban adolescents, going up from 9% in 2009 to 19% in 2016.
- Rates of stunting are disproportionately high for children from the ethnic minority and children of caregivers with no schooling. Indicators of thinness for these disadvantaged groups are, however, within the average range.
- The proportion of households reporting as food-insecure was halved between 2009 and 2013 to 15%, and further reduced by 2016 to 12%, although about one third of the ethnic minority households still see themselves as food-insecure in 2016.
- Between 2009 and 2016, the consumption of milk and milk products increased significantly from 25% to 37%, while the consumption of meat, poultry, fish and seafood changed very little.
- The indicators on stunting, food security, and dietary diversity all show a clear similarity in the patterns of inequality between the same sets of disadvantaged and advantaged groups.

The policy context in Viet Nam

In 1985, Viet Nam was among the five poorest countries in the world (Glewwe, 2004). Yet by the end of the first decade of the twenty-first century, Viet Nam was no longer a low-income country. The strong economic growth since the adoption of Doi Moi has led to significant changes in welfare conditions for children. Not only the quantity and quality of food, but the quality of housing, access to safe drinking water, and other services all also improved, thanks to the National Targeted Programmes for Poverty Reduction.

In 1995, the Government adopted the National Plan of Action for Nutrition 1996–2000, evidencing the national view that investment in nutrition is an investment in the country's development. The National Nutrition Strategy (NNS) for the period 2001–10, aims to protect child rights and to ensure gender equity and was extended with ratification in 2012 of the National Nutrition Strategy for 2011–2020 and Vision to 2030. The Vietnamese Youth Development Strategy 2011–2020 also set specific targets for the average height of 18-year-old young men and women by 2020 (MoHA, 2012).

Incidence of stunting and thinness, and overweight and obesity

The prevalence of stunting¹ for 15-year-olds in 2016 is about half that of adolescents of the same age in 2009 (Table 1). There is a strong association of levels of wealth with the incidence of stunting at age 15, with children belonging to poorer households more likely to be stunted for both cohorts. Figure 1 further shows the importance of the

caregiver's education; children whose primary caregiver had no schooling are two to three times more likely to be stunted at 15 years than children whose caregivers had one to four years of schooling. Furthermore, at any age, the likelihood of being stunted for rural children is higher than that for their urban counterparts.² There are also differences between the rural regions; in the Northern Uplands the rates of stunting are consistently high at age 15 for both cohorts, while the Mekong region has consistently lower rates.

Prevalence of thinness³ is also lower for 15-year-olds in 2016 than for those in 2009. As with stunting, the prevalence of thinness among urban children is lower than that among rural children. Unlike with stunting, however, the prevalence of thinness for ethnic minority children is lower than that for Kinh majority children. Interestingly, our findings show that children from middle wealth tercile households and those whose caregivers have one to four years of schooling are not necessarily less likely to be thin than children from poorer households or whose caregivers had no schooling respectively. Under 2% of children are both stunted and thin in 2016.

Overweight and obesity have emerged as Viet Nam has become a middle-income country. Figure 1 shows that the percentage of 15-year-olds who were either overweight or obese in 2016 is more than double that of the Older Cohort at of the same age in 2009. This increase is concentrated in urban areas and among children whose households are in the top wealth tercile. In 2016, boys were more likely to be overweight or obese than girls, for whom the prevalence of overweight and obesity is under 10%.⁴ Fewer than 5% of ethnic minority children were either overweight or obese. Overweight and obesity were more prevalent in Mekong Delta than in the other rural areas.

Figure 1. Prevalence of stunting and overweight or obesity among 15-year-old children (%)



1 Stunting, or prevalence of stunting, is defined as percentage of children having height-for-age z-scores less than two standard deviations (<-2 SD) below the median height of a reference population of the same age and gender.

2 For the 15-year-olds in 2009, however, the rural-urban disparity in the incidence of stunting is not statistically significant.

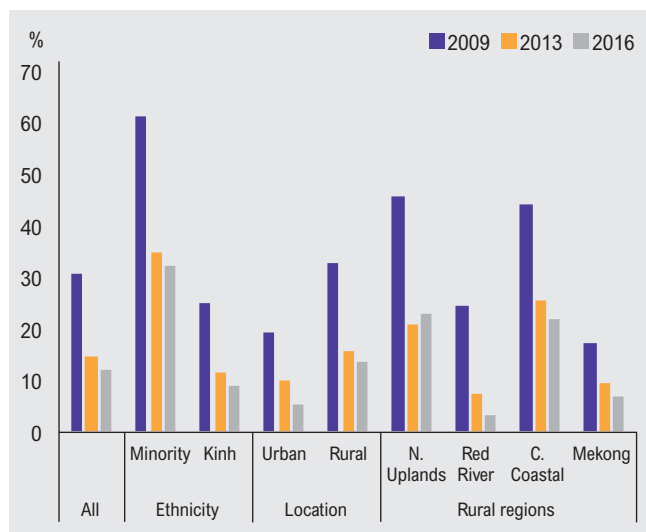
3 Thinness and overweight are defined based on BMI for age. Thinness is when the BMI-for-age z-score of a child is more than two standard deviations (<-2 SD) below the median of the reference group; overweight and obesity are when the BMI-for-age z-score is one (>1 SD) and two standard deviations (>2 SD) above the median of the reference group, respectively.

4 For the Older Cohort, however, there is no statistically significant gender gap in overweight or obesity.

Food insecurity and dietary diversity

As many as 30% of households thought their food situation was insecure⁵ in 2009, but since then the prevalence has considerably reduced for all sections of the population (Figure 2). Advantaged groups made more progress than disadvantaged groups. In 2016, under 5% of households from the top wealth tercile and households with caregivers who have completed upper secondary school reported being food-insecure. The incidence for urban households reduced by half between 2009 and 2013, and by almost as much again between 2013 and 2016. For ethnic minority households, the prevalence of a subjective perception of food insecurity reduced by almost half between 2009 and 2016 but nevertheless remains high (one third). After 2010 there is a difference between the major deltas (Red River and Mekong) and the other rural areas.

Figure 2. Subjective perceptions of food insecurity

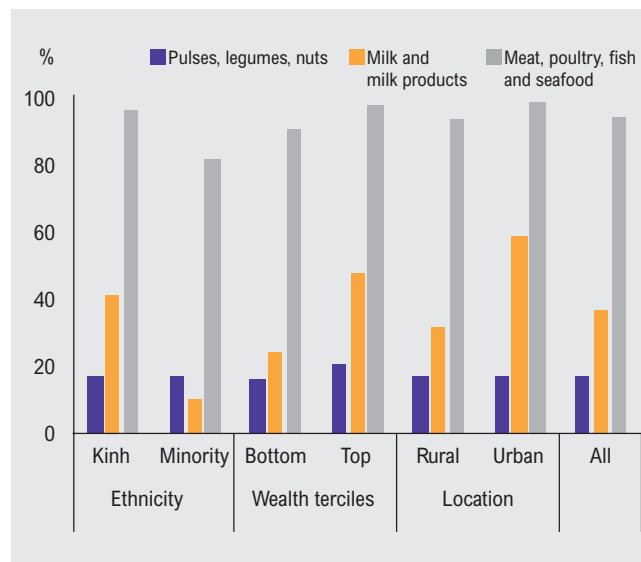


Diversity in adolescents' diets (i.e. consumption of different food groups) is associated with healthy growth (Humphries et al, 2017). In that sense, dietary diversity can be considered as an aspect of food supply quality. In a normal day, Young Lives 15-year-olds in Viet Nam consume on average five out of seven food groups (Table 1). That number changed little from 2009 to 2016. There is no difference in the number of food groups consumed by boys and girls. The difference, however, amounts on average to a whole food group between ethnic minority and Kinh children in 2016.⁶ A similar difference exists between children of caregivers who completed lower secondary school and children of caregivers with no schooling.

The number of 15-year-olds consuming meat, poultry, fish, and seafood remained almost the same between 2009 and 2016 (Table 1). For milk and milk products, however, the rate of consumption increased from 25% to 37% over that period, although children from minority ethnic groups, from poorer households or living in rural areas are less likely to consume

them. The consumption of pulses, legumes, and nuts is relatively low (20% or lower) for adolescents from all socio-economic backgrounds, whereas the consumption of meat, poultry, fish and seafood is above 80% for all groups (Figure 3). The variation in consumption of milk products is greater than that for the other food groups and thus contributes more in overall differences of dietary diversity between groups.⁷

Figure 3. Consumption of three food groups by 15-year-olds in an ordinary day in 2016



Conclusions

The 15-year-olds in 2016 were in general taller than adolescents of the same age in 2009. The improvement was significant for all socio-economic groups. This progress, however, did not lead to major change in the pattern of inequalities on stunting between disadvantaged and advantaged groups. The incidence of thinness also decreased in general, but increased slightly for, for example, urban children, children in the bottom wealth tercile, and children of caregivers with no schooling. Mostly in urban locations, there is evidence of more overweight or obese adolescents in 2016 than in 2009.

Since 2009, there has been an overall declining trend in subjective food insecurity, although inequality remains, with the decline for advantaged groups more significant than for disadvantaged groups. There is also evidence of improvement in quality of food consumed; while the number of food groups consumed by the 15-year-olds changed very little, consumption of milk and milk products increased significantly.

Inequalities between population groups in terms of the prevalence of stunting correlate with inequalities of food security and food diversity. This is additional evidence to support the continuation of the targeted poverty reduction programmes in poor communities with a high concentration of ethnic minorities and those with significant numbers of adults with too few years of schooling.

⁵ Based on households self-reporting not being able to eat enough sometimes or frequently.

⁶ This difference was slightly lower in 2009.

⁷ Variation is defined as the variance of the consumption rate by the population groups shown in Figure 3.

Table 1. Anthropometric outcomes and food consumption of 15-year-olds

	Stunting (%)		Thinness (%)		Stunting and thinness (%)		Overweight or obesity (%)		Food groups consumed in last 24 hours		Consumption of milk and milk product (%)		Consumption of meat, poultry, fish, seafood (%)	
	2009	2016	2009	2016	2009	2016	2009	2016	2009	2016	2009	2016	2009	2016
Gender														
Male	27.2	12.9	19.0	12.7	6.4	2.1	4.1	11.2	4.8	4.8	22.4	35.3	94.3	94.3
Female	19.9	11.8	7.8	8.1	2.1	1.1	2.7	6.5	4.8	4.7	27.1	38.2	93.8	94.5
Ethnicity														
Kinh	19.5	8.9	13.6	11.0	3.8	1.1	3.5	9.8	4.9	4.9	27.8	41.2	96.2	96.5
Minority	48.6	33.3	9.2	7.4	6.4	4.4	2.8	3.3	4.2	3.9	5.6	10.0	79.6	81.5
Caregiver education														
None	48.8	37.6	7.3	9.4	4.9	5.4	1.2	4.9	4.3	3.9	7.3	11.3	81.7	78.3
1-4 years	22.7	11.5	14.7	14.3	6.0	1.4	1.3	6.1	4.5	4.6	14.8	28.0	95.3	95.0
5-8 years	24.1	11.4	12.4	10.9	2.8	0.7	4.0	9.1	4.8	4.8	21.1	37.5	97.6	96.7
More than 8 years	17.1	6.6	14.2	8.8	4.1	1.4	4.3	11.0	5.0	5.0	36.0	46.5	93.9	96.4
Wealth terciles														
Bottom	28.6	18.4	9.4	12.1	4.0	2.4	1.4	6.3	4.5	4.4	13.1	24.3	89.1	90.3
Middle	25.9	11.0	17.6	10.8	6.1	1.9	2.2	5.2	4.8	4.8	23.3	37.8	96.7	94.8
Top	15.4	7.8	12.1	8.4	2.2	0.5	6.6	15.1	5.0	5.0	38.6	48.0	96.3	98.1
Location														
Urban	19.3	6.4	8.7	9.3	1.3	0.6	9.3	18.8	5.1	5.2	47.3	58.7	98.0	98.3
Rural	24.2	13.8	14.0	10.7	4.7	1.8	2.1	6.7	4.7	4.6	19.9	31.8	93.2	93.5
Rural Region														
Northern Uplands	36.6	21.8	11.0	6.9	5.2	3.2	1.2	4.2	4.5	4.3	12.3	23.8	84.8	85.7
Red River	18.6	8.7	16.2	10.0	5.4	1.3	1.2	3.6	4.8	4.7	14.5	28.8	91.0	96.9
Central Coastal	28.8	18.6	20.2	11.9	8.0	2.1	1.8	5.2	4.8	4.7	22.4	32.4	98.1	95.9
Mekong	13.1	6.2	9.1	14.0	0.6	0.8	4.0	13.7	4.7	4.9	30.3	41.9	98.9	95.3
Full sample	23.3	12.4	13.1	10.4	4.1	1.6	3.4	8.9	4.8	4.7	24.9	36.7	94.0	94.4
Sample size	827	1887	827	1887	827	1886	827	1887	823	1889	823	1889	823	1889

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The images throughout our publications are of children living in circumstances and communities similar to the children within our study sample. © Young Lives



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