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The Patterns of fertility decline and family changes in Vietnam's emerging market economy: factors and policy implications

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Abstract

In recent years, Vietnam has obtained significant achievements not only in the economic development but also in the population control. The impressive results in population and family planning are highly recognized and appreciated by the UNFPA. Given Vietnamese traditional family in a under-developed economy along with the psychology of giving more importance to boys/sons than to girls/daughters, having many children means prosperity. This has resulted in a high fertility rate, a large family with many children. Crude birth rate of Vietnam was 43.9 per thousand in 1954-1960. Since the unification of the country, the economic life has been improved, more oriented to Population and Family planning socio-economic policies have been expanded. As a result, the crude birth rate declined obviously. It was 35.5 per thousand in 1969-1974, 31 per thousand in 1984-1989 and 20.5 per thousand in 1994-1999.

All this pattern of fertility decline leads to two major issues of population and family planning policies. First, it is important to exploit potentials to further reduce fertility. Second, it is necessary to do research on newly emerged issues concerning living standard, health care, education in the nuclear family with fewer children that represents the development tendency in Vietnam, especially since after the start of the market oriented economy in the country. Thus, all these issues should be examined in the context of reforming policies and an emerging market economy in Vietnam today.

The economy of Vietnam is transforming from a command, subsidized, and bureaucratic toward a market one oriented to the socialism. Economic changes with its factors strongly affect family structure, life style, and relationship among generations, especially the values and behavior of reproductive health. It should also consider the fact that households becomes an economic unit in Vietnam nowadays. Reproductive health, care and protection of children, the elderly, divorce and gender issues become major concerns of the socio-economic development policies and particularly population and family planning and population and development ones.

This paper is to focus on:

- (1) Analyzing the pattern of fertility decline in Vietnam over last decades, drawing experience and lessons,
- (2) Analyzing pattern of family changes,
- (3) Examining the interaction of the fertility decline and changes in the family: affecting factors, socio-economic consequences and problems raised development policies in Vietnam in the context of economic restructuring at present.

The paper also aims to provide some ideas for re-assessment of the relevance of current theories of fertility decline to the Asian economic restructuring context. For this, the paper uses existing data including information obtained from the 1979-1999 Population consensus and studies on population and family.

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Background

In recent years, Vietnam has obtained significant achievements not only in the economic development but also in the population control. The impressive results in population and family planning are highly recognized and appreciated by the UNFPA. Given Vietnamese traditional family in a under-developed economy along with the psychology of giving more importance to boys/sons than to girls/daughters, having many children means prosperity. This has resulted in a high fertility rate, a large family with many children. Crude birth rate of Vietnam was 43.9 per thousand in 1954-1960. Since the unification of the country, the economic life has been improved, more oriented to Population and Family planning socio-economic policies have been developed and implemented. As a result, the fertility declined obviously.

All this pattern of fertility decline leads to two major issues of population and family planning policies. First, it is important to exploit potentials to further reduce fertility. Second, it is necessary to do research on newly emerged issues concerning living standard, health care, education in the nuclear family with fewer children that represents the development tendency in Vietnam, especially since after the start of the market oriented economy in the country. Thus, all these issues should be examined in the context of reforming policies and an emerging market economy in Vietnam today.

The economy of Vietnam is transforming from a command, subsidized, and bureaucratic toward a market one oriented to the socialism. Economic changes with its factors strongly affect family structure, life style, and relationship among generations, especially the values and behavior of reproductive health. It is important to consider the fact that households becomes an economic unit in Vietnam nowadays. Reproductive health, care and protection of children, the elderly, divorce and gender issues become major concerns of the socio-economic development policies and particularly population and family planning and population and development ones.

Levels, trends and patterns of fertility in Vietnam: some policy issues

A rapid or slow fertility decline is a result of multi-factors, but the most important determinant is the government policy. Vietnam develops population policies aiming to reduce fertility and ensure sustainable development. The crude birth rate and total fertility rate in Vietnam show a steady decline during the last four decades with a slight increase from the period 1974-1979 to 1979-1984 (Table 1 and Figure 1).

Among ten ASEAN, Vietnam with total fertility rate of 3.8 stands in the middle of range (5/10) in 1990. By the census 1999, Vietnam's total fertility rate closed to replacement level and became the third lowest among ten ASEAN countries, higher than those in Singapore and Thailand. in 1999 (Table 2 and Figure 2a, 2b).

Table 1. Crude birth rate and total fertility rate in Vietnam, 1959-1999

Period	Crude birth rate (per 1,000)	Total fertility rate (children per woman)
1959-64	43.9	6.39
1964-69	42.3	6.81
1969-74	35.5	5.90
1974-79	33.2	5.25
1979-84	33.5	4.70
1984-89	31.0	3.98
1989-94	27.4	3.27*
1994-99	20.5	2.45*
1999**	19.9	2.30

Note: * Based on rough birth rate specific birth rate by age of 1989-1999.

** For the year prior to the censuses in 1989 and 1999.

Source: Marriage, fertility and mortality in Vietnam: levels, trends and differentials. Statistical Publishing House. Hanoi. 2001. P. 46.

Figure 1. Trends of fertility decline in Vietnam, 1959-1999

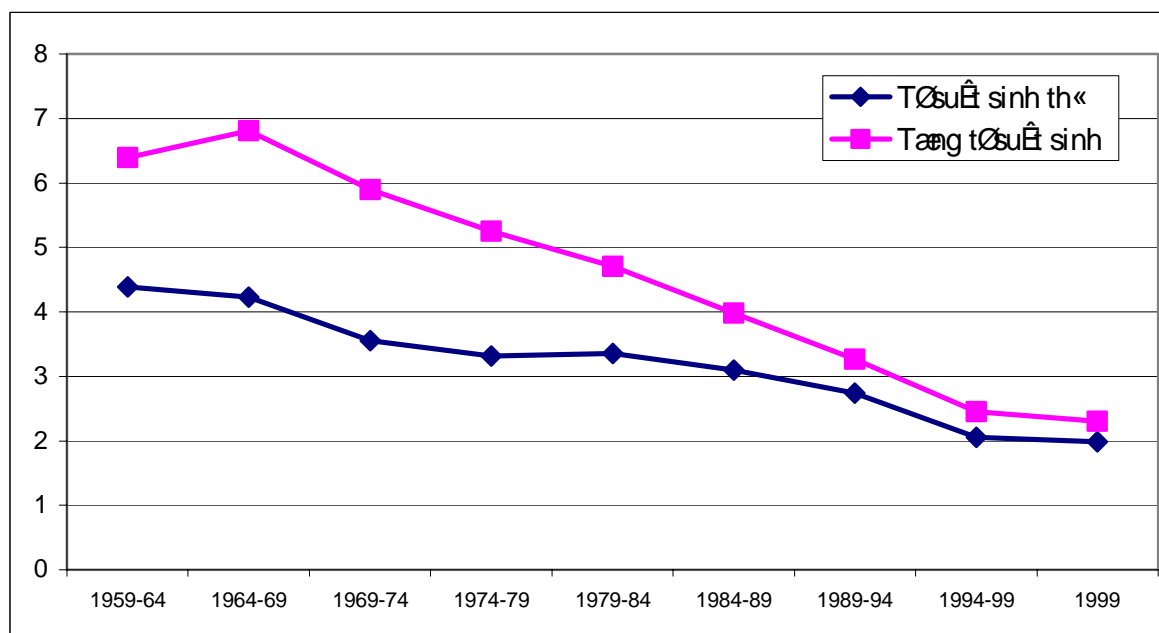


Table 2. Crude birth rate and total fertility rate of ASEAN, 1990-1999

Country	Crude birth rate (Per 1,000)		Total fertility rate (Children per woman)	
	1990	1999	1990	1999
Brunei	27.6	25	3.4	3.4
Cambodia	46.7	38	5.3	5.2
Indonesia	28.4	24	3.3	2.8
Laos	45.1	41	6.7	5.6
Malaysia	31.9	26	4.0	3.2
Myanmar	34.0	30	4.5	3.8
Philippines	32.8	29	4.3	3.7
Singapore	17.2	15	1.7	1.6
Thailand	23.1	18	2.6	2.0
Vietnam*	30.0	20	3.8	2.3

Note: * For the year prior to the censuses in 1989 and 1999.

Source: GSO. P. 48.

Figure 2a. Crude birth rate of ASEAN, 1989-1999

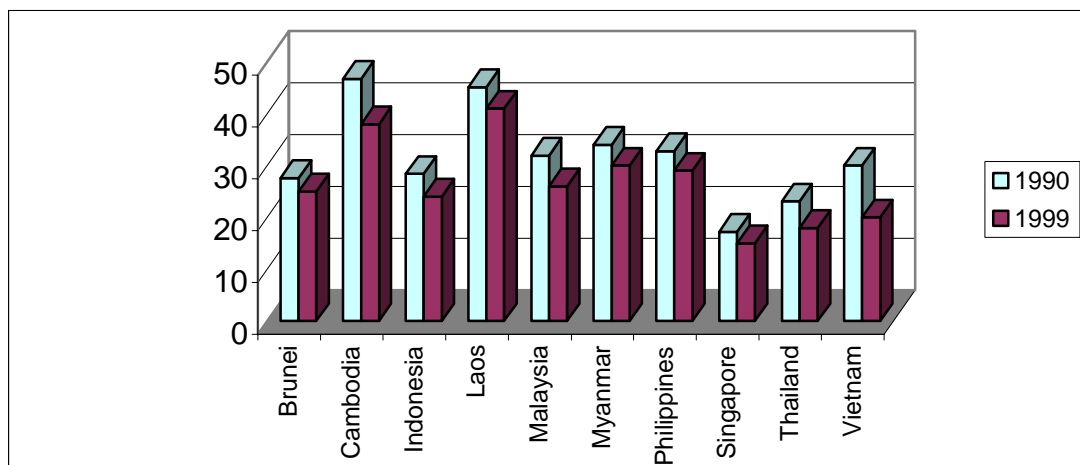
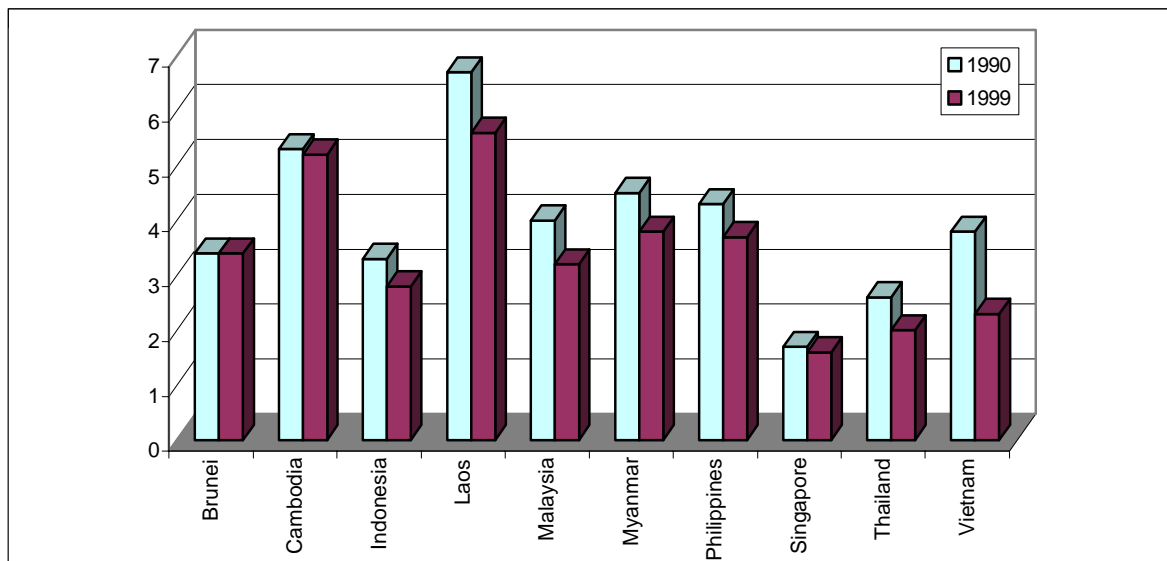


Figure 2b. Total fertility rate of ASEAN, 1990-1999



Period 1954-1974. This is the early period of population transition characterized by the fact that mortality rate decreased from 24 per thousand in 1945 to 12-13 per thousand in 1974; and fertility rate decreased steadily from 37.5 per thousand in 1945 to 42 per thousand in 1974 (Pham Bich San, 1990)².

Period 1975-1989. The pattern of fertility decline in period 1975-1989 specific for the centrally planned economic system: fertility decline policy paid less attention to cultural, demographic and socio-psychological characteristics of groups.

In this period, mortality continue to decrease fast and reaches the low level and fertility declines slowly. Inconsistent data have been resulted from different ways of computing by Vietnamese and international agencies of population. However, they show that in the late of 1980s the fertility rate was 31-33 per thousand and the mortality rate was about 9-10 per thousand. In this period, the fertility decline is very slow because of two main reasons as

² Pham Bich San. "Increasing population in Vietnam: trends and prospects". *Sociological Review*. No. 2, 1990. P. 10-15.

follows: (1) a greater number of women-entrants reproductive age (as a result of booming population in growth of 1960s) and (2) imbalance gender structure caused by the war was improved after 15 year peace and national reunification (Pham Bich San, 1990).

Vietnam's population policy has once set forth the target of reducing the population growth rate down to 1.7 % in 1981-1985. Although this target was not achieved it was considered as the plan target for 1986-1990 period and it was neither achieved. After two periods of time failing the target the policy-makers could see the importance of studying the factors affecting demographic processes such as birth, mortality, mobility and taking them into the consideration in working out adequate policy measures. In early 1990s, Vietnam's fertility reduction policy started being made based on data collected and processed on economically and culturally scientific way³.

Period 1989-2000. In the early of 1990s, the most important factors of fertility control were identified as follows:

- (1) Decreased per capita cultivated area will exert the pressure on the implementation of objectives of the family plans. In other words, the decrease in cultivated means the decrease in income source, especially in rural sector where officials, managers and people will be more aware of the importance of control over the reproductive action, hence having fewer children.
- (2) Increase in education levels, particularly for women is a critical factor for altering their demographic perception, attitude and behavior in the direction of reducing fertility.
- (3) Family planning programs have been designed, implemented and supervised in more effective ways.⁴

One research in 1990 showed that the model of "one- or two-children family" was more difficult to be realized in rural area than in urban area. According to the census in 1989, the average age of first marriage was 23.2 for women and 24.5 for men. The average age of first marriage decreased from 23.2 in 1989 to 21 in 1992. The age of first marriage for women decreased in period 1989-1997 from 22.7 to 20.1 in rural areas and 24.8 to 22 in urban areas. The living standard survey in 1992-1993 shows that the number of children per woman was 3.1 in rural area and 2.5 in urban area. The living standard survey in 1997-1998 shows fertility rate of 2.95 and 2.12 accordingly.

The age pattern of fertility in Vietnam can be classified as the intermediate-childbearing model. Most couples have their children after marriage. Therefore, the curve of age-specific fertility rates started from a low fertility level at the youngest age group 15-19. It increased rapidly as age advanced and reached at age group 25-29. After the age of 30, the curve skewed sharply to right. The curve of ASFR in 1999 was shaped as a triangle with peak at age group 20-24 and skewed to the right more sharply than that of the curve in 1989. This is the early-childbearing model (Table 3 and Figure 3).

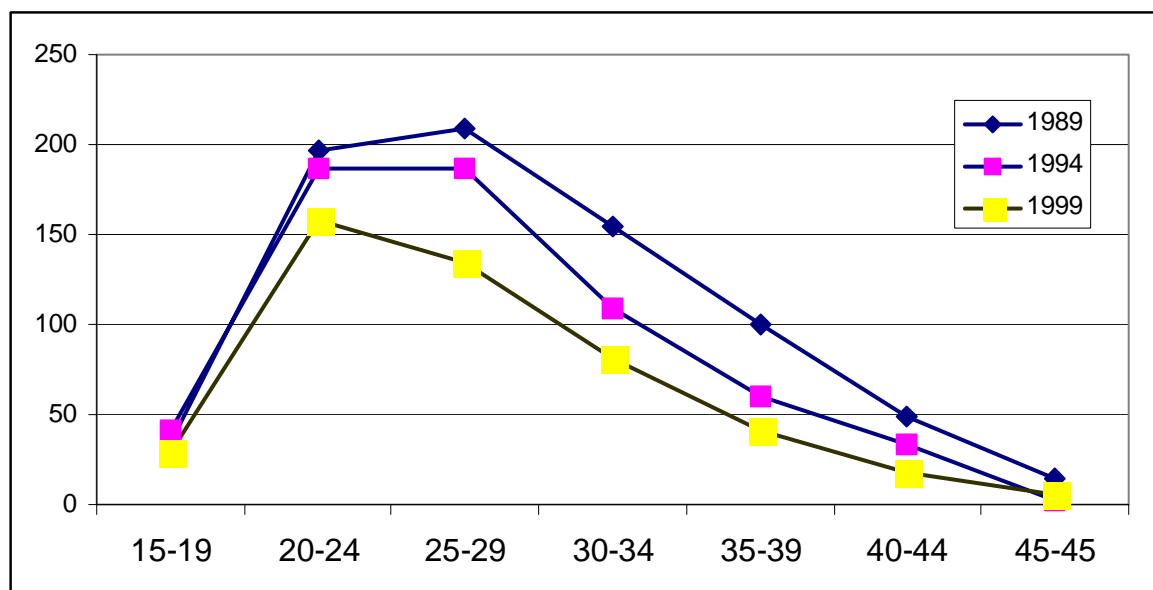
³ Tuong Lai. "Trying to find the interpretation of the realization of the target for reducing the population growth rate in the recent time". *Sociological Review*. No. 2, 1990. P. 3-10.

⁴ Pham Bich San. Ibid. P. 13-14.

Table 3: Age-specific fertility rates and percentage change, Vietnam 1989-1999

Age group	1989	1994	1999	% change 1989-1999
15-19	35	41	29	-17.1
20-24	197	187	158	-19.8
25-29	209	187	135	-35.4
30-34	155	109	81	-47.7
35-39	100	60	41	-59.0
40-44	49	33	18	-63.3
45-45	14	2	6	-57.1
TFR	3.8	3.1	2.3	-39.5

Source: *1999 Population and housing census: sample results*. World Publishing House. Hanoi 2000. Table 6.2. P. 43.

Figure 3. Trend of age-specific fertility rates, Vietnam, 1989-1999

The early-childbearing model can be clearly seen in table 4 and Figure 4 presenting age-specific marital fertility rate. The rates are highest at the two youngest age group 15-19 and 20-24. Age-specific marital fertility rates decline sharply as age advances. The curve of ASMR in 1989 reached a peak at age group 20-24 and skewed to right. But the peak of the curve in 1999 was at the age group 15-19 and sharply declined after 25 (Table 4 and Figure 4).

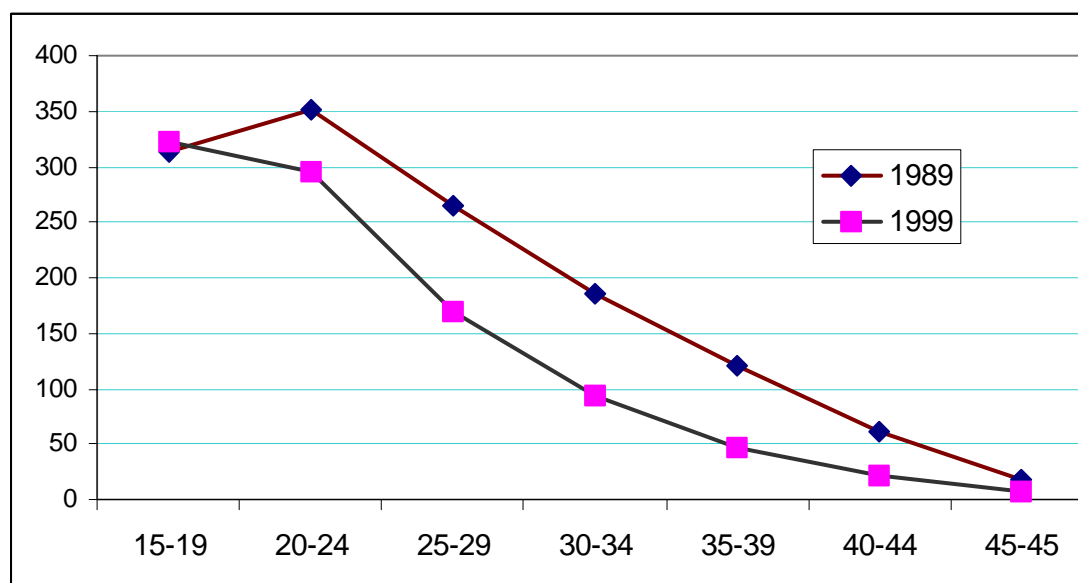
This pattern of fertility decline is consistent with the trend towards lower age at first marriage. It may suggested that the fertility decline during the period 1989-1999 is largely due to factors other than marriage, although marriage was found to be the strong determinant inhibiting fertility in Vietnam. The rapid reduction in fertility at older ages is mainly due to efforts of fertility control within marriage. The contraceptive use rates in Vietnam have increased sharply in the past decade.

Table 4. Age-specific marital fertility rates and percentage change, Vietnam, 1989-1999.

Age group	1989	1999	% change 1989-1999
15-19	314	322	2.5
20-24	352	296	-15.9
25-29	264	169	-36.0
30-34	185	94	-49.2
35-39	120	47	-60.8
40-44	61	21	-65.6
45-45	18	8	-55.6
TMFR	6.6	4.8	-27.3

Source: GSO. P. 50.

Figure 4. Trends of Age-specific marital fertility rates, Vietnam, 1989-1999.



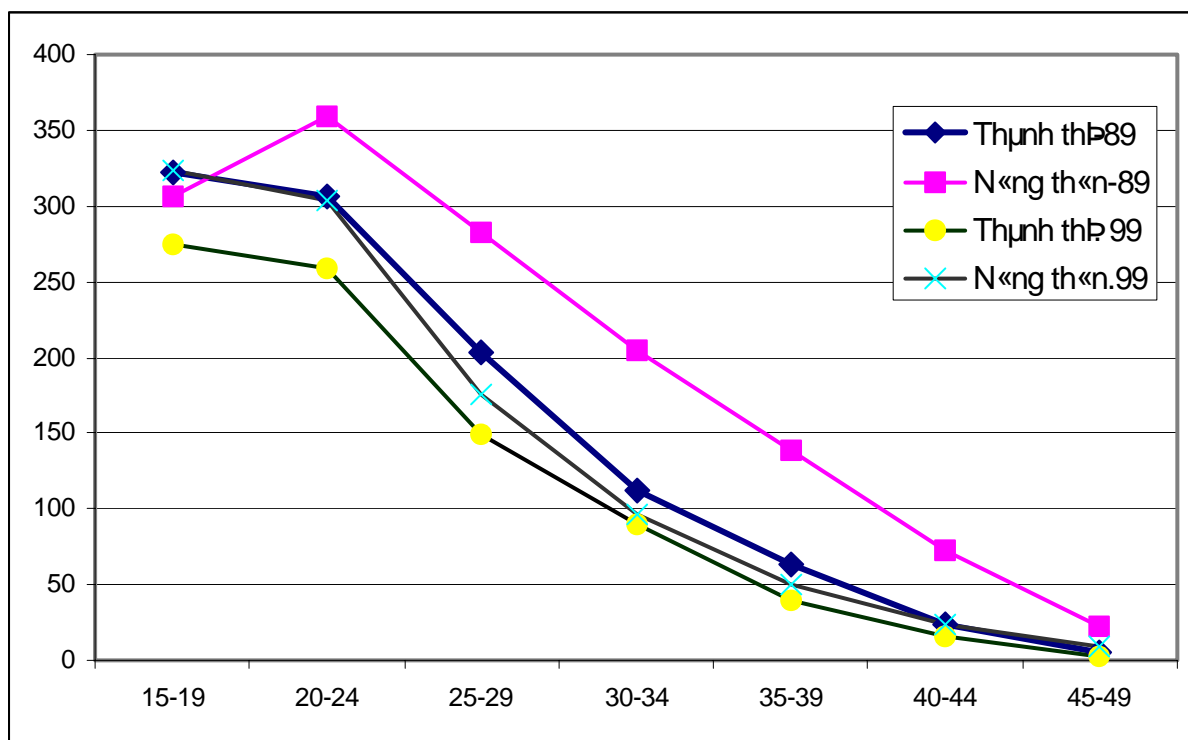
A comparison of the fertility of the two groups of urban and rural women indicates clearly higher rate for rural women than that of urban ones (It was 4.9 and 4.2 % respectively). But the fertility reduction patterns in both rural and urban sectors are identical in the sense that the fertility increases for the age groups of 15-19 and 20-24 and then decreases for higher aged groups. The difference in the fertility between rural and urban women groups tends to narrow down from 1-7 in 1989 to 0.7 in (Table 5 and Figure 5).

Table 5. Age-specific marital fertility rates by urban and rural areas, Vietnam, 1989-1999.

Age group	1989		1999	
	Urban	Rural	Urban	Rural
15-19	322	306	275	324
20-24	306	359	259	304
25-29	203	282	149	175
30-34	112	204	90	96
35-39	63	139	40	50
40-44	24	73	16	24
45-49	5	22	3	9
TFR	5.2	6.9	4.2	4.9

Source: GSO. P. 52.

Figure 5. Trends of Age-specific marital fertility rates by urban and rural areas, Vietnam, 1989-1999.



Thus, fertility reduction pattern in 1989-2000 characterizes the period of the socio-economic reforms in Vietnam. Fertility reduction factors have been closely linked with increasingly improved economic, social and cultural conditions. The target of fertility reduction, in particular, and population control, in general, have been defined and implemented basing on

the economic reforming guidelines. This has been revealed in the development of a multi-sector commodity economy, whereby households become independent economic units, and a series of other reforms policies and poverty alleviation policies that have integrated the population objectives.

Fertility reduction relates to many factors, especially those specific for traditional, underdeveloped agricultural economy with social norms, values and customs and patterns of marriage and family giving a great importance to having many children. Therefore, to reduce birth rate these factors should be taken by policy makers and professionals into account as much as possible.

Trends of family change in Vietnam

In addition to trends of fertility decline and birth control, Vietnamese family tends to experience changes in size and structures as follows:

The reduction of the size of family. Censuses showed that in the period of 1979-1989 the number of households increased by 3.1% annually while the population increased at 2.2% annually. In period 1989-1999 this figures were 2.55 and 1.7% respectively.

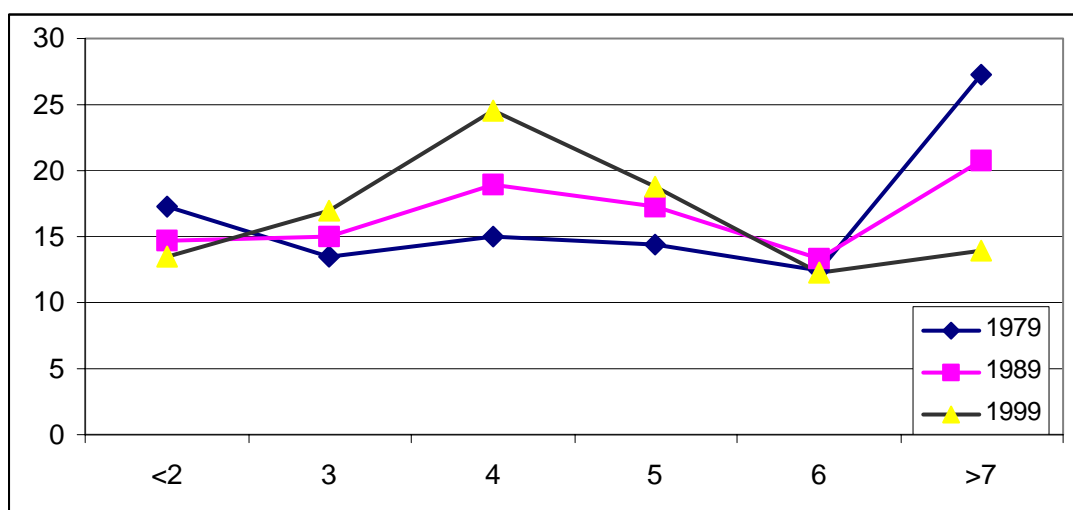
Due to the fact that the size of population increased slower than the number of households, the average number of person per household decreased from 5.2 in 1979 to 4.8 in 1989 and 4.6 in 1999.

The rate of households with 1-4 persons increased sharply from 45.8% in 1979 to 48.6% in 1989 and 55% in 1999. This means that the one- or two-children family became an important trend of family change in Vietnam today. The rate of households with 7 or more persons decreased dramatically from 27.3% in 1979 to 14% in 1999 (Table 6 and Figure 6).

Table 6. The rates of households by persons, 1979-1999

Number of persons	1979	1989	1999
1-2	17.3	14.7	13.5
3	13.5	15.0	17.0
4	15.0	18.9	24.5
5	14.4	17.2	18.8
6	12.5	13.4	12.3
7+	27.3	20.8	14.0
Number of households	9.665.866	12.958.041	16.669.348
Persons per household	5.2	4.8	4.6

Figure 6. Trend of households by number of persons



The reasons for the reduction of the family size are not only a fertility decline and a mortality decrease but also the formation of households by young couples in rural and urban areas. In the past newly married couples were very likely to live separately from their parents and to form an independent household in order to receive a piece of land and subsidies from cooperatives and government agencies. The tradition that elderly parents are to live with their son's family is an important factor making the separation of newly married couples common.

Change in types of households. The 1989 census shows the highest rate of nuclear family – 72.5%. However, this rate has decreased to 66.7% in 1994.

Table 7. Types of households, Vietnam 1989-1994

Structure	1989	1994
One generation	7.7	3.8*
Nuclear with two generation	72.5	66.7
Extended with three or more generation	19.8	29.5
Total	100	100

Note: * one-person households

Source: "Vietnam family before century XXI" . *Information: Population today*. N. 2. 1999.

Changes in the functions of family. In the past many functions of a family had been moved to social institutions. For example, the economic function of family were completed by the cooperatives or factories, which provided their members with almost all necessities for living including jobs, income, children's education and housing. Since the reforms started employment creation and income generation functions have been returned to families. Especially, in rural sector where about 80 % of the population live, households become basic economic units that are reflected clearly in the concept of "household economy". The rate of children aged 13-14 participating in economic activities increased from 30.8 % (about 1.3 million) in 1989 to 56.6 % in 1992-1993⁵.

⁵ National Committee for Population – Statistical General Office. *Living Standard Survey Vietnam 1992-1993*. Hanoi. 1994. P. 123.

Along with the alternation of the economic function of families are the changes in the educational and care function of the members. The children aged under 6 were sent to kindergartens in the subsidized system but now they are often taken care by the family members, especially by their grandparents.

A survey done on the life arrangement pattern by the elderly indicates⁶: only 6.9 % of the elderly in Hanoi and 4.8 % in Ho Chi Minh City live by themselves. The rates of the elderly living with their spouses are 12.5 and 4.5 %, respectively. Most of the elderly live in three-generation families with their married first sons: the respective rates are 57.4 and 51 %. Highly appreciating the value of sons relates to the expectation of the elderly: 47.2 % of the elderly want to live with their sons' families while only 0.5 % want to live with their daughters'. The rate of the elderly expect to live with the first sons triple that for the youngest sons' (26.7 as compared to 9.1 %).

Improved women's status in the family: Vietnam is a underdeveloped economy. Among all countries in the world Vietnam stands in the fifth group of countries with lowest per capita GDP. However, by GDI, it stands in the fourth group or close to the third group of nations. In fact, women are not equal to their counterparts. Men in the social labor force but they also have increasingly equal say to men's in the family, especially in cities. Although like other developing countries in the world, women have to do most of house work, but gender inequality in labor division tends to decrease. Non-pay house working hours of women decrease from 15.5 hours a week in 1992-1993 down to 12.8 in 1997-1998 and the according number of hours for men are 10.9 v 8.3 hours a week⁷.

Some theoretical issues and policy implications

Demographic theories, in general, and theories of population transition are mostly based on simplified demographic data in the western countries. These theories pay special attention to the impact of factors such as urbanization, industrialization and education, i.e. objective or external factors. These factors come up at the time of transfer of many functions of families to the social institutions like schools educate children, factories, enterprises create jobs, generate incomes, etc. According Ronal Freedman and Amos Hawley, these theories have advantages as they suggest simple explanation of reduced fertility, family size⁸. However, these theories could not interpret the motive for families to have fewer children. Especially, family-population theories of the West seem difficult to find satisfactory answer for decline fertility and changes in the family structure in a transition economy that makes families to take over functions of the social institutions. Several authors have touched upon the decline fertility that took place before the industrialization occurs. Then, what factors lead to reduced fertility and more nuclear families having fewer children?

The answer can be found by examining population and family-planning policies the center of which are education and advocacy of using modern contraceptive devices, several administrative-economic measures used in communities and propaganda on the economic, social and cultural benefits of a model of few-children families. Among those factors is the

⁶ Project VIE/97/017 – UNFPA. *Population and development: some basic issues*. National Political Publishing House. Hanoi. 2000. P. 149-150.

⁷ General Statistical Office. *Living Standard Survey, Vietnam 1997-1998*. Hanoi. 2000. P. 197.

⁸ Ronal Freedman. "Reviewing the theory of birth rate reduction." *Sociological Review*. No. 3. 1994. P. 89-101

expectation of a healthy, comfortable life (having bicycle, motorbike, television, freezer. Scars resources like land and housing provides an important drive for the increase in the external need for reducing fertility and for fewer-children families. All this forms a socially control mechanism over birth and family planning. The rate of married reproductive-age- women using contraceptive devices continuously increased, from 53.2 % in 1988 to 75.3 in 1997 (Table 8).

Table 8. Percent distribution of currently married women by contraceptive method currently use, ⁹, 1988-1997 (%)

Contraceptive method	1988	1994	1997
Any method	53.2	65.0	75.3
No method	46.8	35.0	24.7
1. IUD	33.1	33.3	38.5
2. Pill	0.2	2.1	4.3
3. Injectable	-	0.2	0.2
4. Condom	1.2	4.0	5.9
5. Female sterilization	2.7	3.9	6.3
6. Male sterilization	0.3	0.2	0.5
7. Periodic abstinence	8.1	10.0	7.3
8. Withdrawal	7.0	11.2	11.9
9. Other methods	0.3	0.3	0.3

Source. National Committee for Population and Family Planning. *Demographic and health survey 1997*. P. 42 and Censuses in 1988 and 1999. Vietnam demographic and health Survey 1988, 1994.

Population and family planning policy: In the early 1990s, population policies of Vietnam were grouped into four sub-groups with major measures as follows: (i) socio-economic measures, financial (cash or in kind) fine, rewards (like reducing or increasing agricultural land in rural or housing areas in urban sectors) for the performance of population and family planning targets by individuals and collectives; (ii) measures of education and advocacy about the objectives and family planning via appropriate mass media. There was a suggestion on not using slogans like “reducing fertility rate down to 1.7%” as it is difficult for people to understand; instead using “A couple should have 2 children”. Now, one can find the latter slogan in the streets of Hanoi and other places nationwide; (iii) Legal and administrative measures like there are provisions on population and family planning in the Law of Marriage and Family; In the early 1990s, there was a suggestion of including an article of “having maximum 2 children” in labor contracts that can be terminated in case of breach of this provision. This is to encourage young people to get married later and having children in the interval of 5 years. In fact, this idea has been implemented at places rather than including it as a provision in a legal document for national implementation; (iv) organizational, technical measures are in the use of modern contraceptive devices.

A noteworthy remark is the population and planning policies at the time before 1990 were imposed and, therefore they were less convincing. Therefore, in early 1990s, it was recommended to integrate the objectives of children and mother care into the population and family planning programs. During the second half of 1990s, these factors officially became a part of population policies. Population and development, population and poverty alleviation,

⁹ National Committee for Population and Family Planning. *Demographic and Health Survey.. 1997*. Hanoi. 3/1999. P. 42.

population and credits, population and employment programs represent examples showing clear movement from purely population objectives to integrated population and family planning into development policy making.

In the past, population policies played the role as major engine of the population transition in Vietnam, they are now the socio-economic development is a critical factor for birth, mortality and changes in the family. A range of newly emerged issues that should be taken into consideration in the process of amending, adding to related to it legal documents, policies. For example, increasing divorce in urban areas require a system to handle it taking into account the interest of divorced women. No-fault divorce should consider the issue of compensating the contribution to the family by women at divorce. Recent studies of family violence for women and children in Vietnam indicate these are “Invisible issues” but they need to be addressed, especially in relation to issues of poverty, unemployment and shortage of jobs. Job creation, income increase, poverty alleviation burden has been shouldered heads and members of families since the start of the market-driven economy. Capacity strengthening for market, education and economic institutions will ease the “functional” burden for families. The involvement by women and men in the implementation of population and development policies are critical for satisfying the needs for improving the life quality of individuals and families in the socio-economic development.