

Birth Rate and the Proportion of Vietnamese Women Having a Third Child in the Period 1999 - 2009

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Abstract—Using the statistics from General Statistical Office, the paper will present the findings of birth rate and the proportion of Vietnamese women having a third child in the period 1999 - 2009. The birth rate has substantially declined (from 2.33 children in 1999 to 2.03 children in 2009) and reached the sub-replacement fertility rate over the past years. The fertility rate in rural areas decreases faster than in urban one, however it is still higher (1.81 children in urban versus 2.14 children in rural in 2009). The Central Highlands has the highest fertility rate in the country (2.65 children in 2009), and Mekong River Delta has the lowest rate (1.84 children in 2009). In recent years, the fertility rate of ethnic minorities is not a very big difference compared with that of Kinh group, apart from the excessively higher fertility rate of H'Mong women. Similarly, there only exists a slight difference in the fertility rate of different religious groups. Women's education level has an obvious impact on the fertility rate. The higher their education level is, the lower the fertility rate is and vice versa. Women with high school graduation had the lowest of fertility rate (1.64 children), whereas the highest (2.65 children) was of illiterate women. Fertility rate is also directly proportional to the rate of using contraceptive methods. The more couples use contraceptive methods, the lower the fertility rate becomes. In terms of age specific fertility rate, it can be clearly recognized that Vietnam's fertility model has continued transforming from "early" fertility to "late" fertility. During the last years, Vietnam has tried their best to encourage families to stop giving birth to a third child. We have obtained some certain success such as awarded by the United Nations for the fast decline of population development rate in 1999, however there still exists the problem of couple giving birth to a third child, especially in some geographic regions: Northern Midlands and Mountainous (Northeast and Northwest), and the Central Highlands, this rate tends to increase.

Index Terms—Birth rate, Family, Third child, Women

I. INTRODUCTION

Based on the statistics from Vietnam Household Living Standard Survey from 2002 to 2008; the 2009 Vietnam population and housing census as well as other surveys, the paper will analyze: I) the total fertility rate in Vietnam in the period of 1999 - 2009 to find out its main trend and compare the differences based on criteria: residence of household, ethnic, religion, women's education, using contraception of couple; II) the proportion of Vietnamese women having a third child in recent years. In this part, the article also compares the difference between socio - economic regions,

rural and urban areas, etc. in Vietnam currently.

II. METHODOLOGY

As soon as I chose the title of the article, I set to find and read theme - related literature documentation. This documentation is very important and indispensable for every study. Bernard points out that there are three ways of collecting publications relating to a particular topic, that are: "(1) asking people; (2) reading review article; (3) scouring the literature through use of bibliographic search tools" [1]. This is also the way that many researchers apply to find, read and get the initial information. I am not an exception.

This is not a field study, but an attempt at a synthesis of a number of sources, secondary as well as primary. In other words, it relies on the result of a lot of research; it is to a large extent a survey of existing literature. That means; I collect, interpret and evaluate different studies' results, which were applied by different researchers and used here as my resources.

The documental sources related to article are the statistics from the statistical agencies, especially from General Statistical Office, General Office for Population Family Planning. It provides an overview statistics about birth rate and the proportion of women having a third child in Vietnam. The main statistics to write this article is from result of the survey on the 2009 Vietnam population and housing census. It is the most update and official information about aspects of population. This article also bases on the result of the survey on the household living standard which has been conducted regularly by the General Statistical Office every two years from 2002 to 2008. The focus of the survey has been household size, birth rate, death rate, household income and expenditures, etc.

III. FINDINGS

A. Total Fertility Rate in Present Day Vietnam

Total fertility rate (TFR) of a population is the average number of children that would be born to a woman over her lifetime if she were to experience the exact current age-specific fertility rates observed for 12 months before research [2]. TFR is the most common measure of birth rate [3] because TFR is a synthetic rate, not based on the fertility of any real group of women; this would involve waiting until they had completed childbearing. Nor is it based on counting up the total number of children actually born over their lifetime, but instead is based on the age-specific fertility rates of women in their "child-bearing years", which in

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conventional statistical usage is 15 - 49. During the last years, Vietnam's total fertility rate has remarkably changed (Fig. 1).

It can be realized that total fertility rate drastically dropped from 2.33 children per woman in 1999 to 2.03 in 2009. TFR in 2004 (fertility rate from 1/4/2003 - 31/3/2004) was a little higher than in 2003 (fertility rate from 1/4/2002 - 31/3/2003) due to the desire to give birth in a good year (2003, year of the Goat in lunar calendar), but this rate strongly decreased in 2005 and remained the tendency of continuous decline from 2005 to 2009. In Asia people's viewpoint in general and Vietnamese people in particular, people born in the years of the Tiger, Goat, Pig, etc. especially men would have a very convenient life later. Meanwhile if they were born in other years, it would be not good. This partly affects Vietnamese household's fertility rate. Specially, there are years when the birthrate is excessively high but in other years it is very low.

TFR's sharp decline has contributed to the population growth rate for the last 10 years and has been an obvious evidence for the success of Vietnam's population and family planning program.

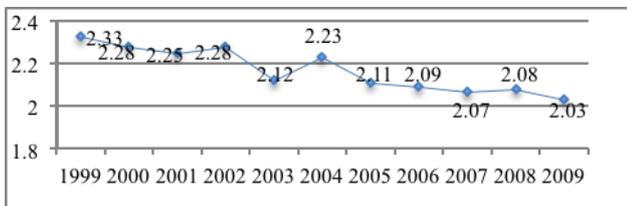


Fig. 1. Total fertility rate in the period of 1999 - 2009 (children) Source: The 2009 Vietnam population and housing census

Fig.1 also shows that since 2006, Vietnamese households' fertility rate has continuously dropped and reached the sub-replacement fertility rate. Replacement fertility rate is defined as the rate at which a generation of women has an average of enough daughters to replace themselves during the process of population reproduction [2], [3]. A population which reaches the replacement fertility rate or sub-replacement fertility rate can continue increasing the amount of birth rate in some decades, because high birth rate in the past leads to high concentration of women during the age of fertility so the birth rate keeps outnumbering the death rate. Perhaps in two or three next generations (50 - 70 years) when each newly born is equal to a dead person in population, population can achieve the stable status.

The difference in total fertility rate is clearly visible when we put rural and urban areas into comparison (Fig. 2).

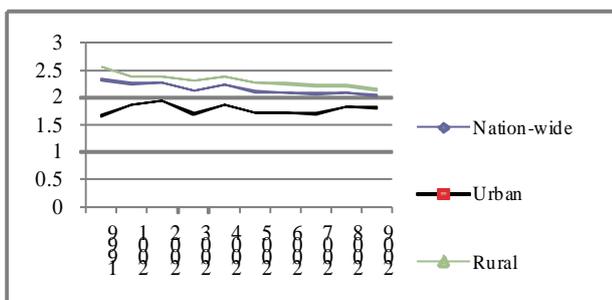


Fig. 2. Vietnam total fertility rate, 1999 - 2009 (children) Source: The 2009 Vietnam population and housing census

Research results show that total fertility rate in urban areas in 2009 was 1.81 children per women, lower than the rate of

2.14 children per woman in rural ones. This difference may be because compared with rural couples, urban couples are more easily accessible to sources of information, have better awareness of benefits of families with few children and they have access to medical centers providing services of family planning to help them avoid being unexpectedly pregnant and giving birth. Another reason is that the living conditions in urban area are much better than in rural areas (income, infrastructure system, social services, etc.); children in urban areas receive better care than those in rural areas, resulting in lower neonatal mortality and infant mortality rates in urban areas, contributing to a decreased replacement fertility rate in these areas. Furthermore, old parents' independence on their children in urban areas is lower than rural ones' so urban people are less likely to have the desire to give birth to live on when getting old.

As shown in table 1, TFR in rural areas dropped quite quickly from 2.57 children per woman to 2.14, nearly reaching replacement fertility rate. Meanwhile, this rate in urban areas did not see a considerable change, just around the rate of 1.8 children per woman during 10 years from 1999 to 2009. Obviously for the last ten years, a very positive change has been shown in households' awareness of benefits from having few children in general, especially rural households'. This asserts the success of population and family planning program and many other campaigns of public health care, particularly reproductive health in rural areas. However, the fertility rate in rural areas is still relatively higher than in urban areas, so in the coming time it is necessary to promote the implementation of the policy of reproductive health care and family planning along with more investment into building socio-economic infrastructure in rural areas.

In terms of TFR in the period of 1999 - 2009 by socio-economic regions, the research data shows that for the last 10 years, the Central Highlands has always had the highest fertility rate in the country. In 2009, TFR of this region was 2.65 children per woman, much higher than the country's average. The second was the Northeast and Northwest (aggregated into Northern Midlands and Mountainous) with TFR of 2.24 children per woman in 2009. Two regions with the lowest birthrate were the Southeast and Mekong River Delta with 1.69 and 1.84 children per woman, respectively.

TABLE I: TOTAL FERTILITY RATE BY SOCIO - ECONOMIC REGIONS, 1999 - 2009 (PERSON)

Year	Socio-economic regions							
	R-1	R-2	R-3	R-4	R-5	R-6	R-7	R-8
1999	3.07	3.07	2.35	2.70	2.49	3.56	2.16	2.21
2000	2.27	2.27	2.14	2.55	2.40	3.15	2.03	1.99
2001	2.22	2.72	2.17	2.58	2.26	3.06	1.79	1.91
2002	2.32	2.51	2.23	2.63	2.31	3.06	1.88	2.02
2003	2.28	2.49	2.06	2.45	2.21	3.07	1.85	2.00
2004	2.23	2.43	2.05	2.48	2.28	2.82	1.76	1.92
2005	2.18	2.39	2.11	2.32	2.19	2.77	1.74	1.87
2006	3.07	3.07	2.35	2.70	2.49	3.56	2.16	2.21

2007	2.27	2.27	2.14	2.55	2.40	3.15	2.03	1.99
2008	2.30		2.13	2.30		2.68	1.73	1.87
2009	2.24		2.11	2.21		2.65	1.69	1.84

Source: The 2009 Vietnam population and housing census
 R-1: Northeast R-5: South Central Coast
 R-2: Northwest R-6: Central Highlands
 R-3: Red River Delta R-7: Southeast
 R-4: North Central R-8: Mekong River Delta

Despite the highest fertility rate, the Northern Midlands and Mountainous and the Central Highlands saw the quickest decline of birth rate for the last decade. Specifically, the Central Highland's TFR dropped from 3.56 children per woman in 1999 to 2.65 in 2009, declining by 0.9 children per woman; TFR of Northern Midlands and Mountainous decreased by 0.8 children per woman, from 3.07 children per woman in 1999 to 2.24 in 2009. This is quite a big decline rate; nevertheless, these two regions' birthrate was still high compared with the whole country's average fertility rate.

In terms of ethnic group criteria, the result of the 2009 Vietnam population and housing census indicates that TFR of Kinh group (the ethnic majority in Vietnam) was 2.0 children per woman, equal to TFR of some other ethnic groups such as Tay, Muong, Kh'mer; a bit lower than TFR of Thai group (2.3 children per woman); and 2.5 times lower than TFR of H'Mong (4.9 children per woman). The main cause resulting in H'Mong households' high birth rate is early marriage custom so their period of time for fertility is surely long, and naturally the opportunities to give birth to many children are unavoidable.

In terms of religions, the research results showed that there was almost no difference in TFR of different religious groups. The lowest rate belonged to Catholic group with 1.8 children per woman and the highest was of Hoa Hao Buddhist group with 2.3 children per woman. TFR of other religious groups was 1.9 children per woman and non-religious group was 2.0, equal to TFR of Buddhist group.

The research data in 2008 confirms that there was a close connection between birth rate and women's education level. The highest TFR (2.65 children per woman) was of illiterate women, women with secondary school graduation were at the sub-replacement fertility rate and women with high school graduation had the lowest TFR (1.64) [4]. This data demonstrates that women with higher level of education will have fewer children. This requires the program of population and family planning to focus more on groups of low educational level to provide them with information about benefits of families with few children such as having more opportunities to develop, improving mothers' education and bringing benefits of health to their children.

Vietnam's research data in recent years show that there is a direct relation between the decline of birth rate and the rise of using contraceptive methods, especially modern contraceptive methods. The more couples use contraceptive methods, the lower the fertility rate is. According to the Vietnam Committee of Population and Family Planning, modern contraceptive methods consist of: IUDs, birth control pills, injectable contraceptives, vaginal methods (effervescent tablets), condoms, male or female sterilization. The methods of counting menstrual cycle, withdrawal and

others are called non-modern contraceptive methods. This distinguish is very necessary because most modern contraceptive methods are more effective than non-modern ones.

TABLE II: TOTAL FERTILITY RATE AND THE RATE OF USING CONTRACEPTIVE METHODS, 2004 - 2008

Research years	TFR	Modern contraceptive methods
2004	2.33	64.6
2005	2.11	65.7
2006	2.09	67.1
2007	2.07	68.3
2008	2.08	68.8

Source: UNFPA: The fact of Vietnam's population 2008

Regarding age specific fertility rate (ASFR) means the number of births during a year to women in a particular age group, usually per 1,000 women in a five-year age group at midyear, the data from the 2009 Vietnam population and housing census in two regions - rural and urban areas show that in spite of having the same "bell" shape, the curved line indicating the fertility model of urban area was not only lower but also had the level of "lateness" compared with the line of rural area, which means that urban women give birth later and to fewer children than rural ones. In urban areas, the highest fertility rate belonged to women from 25 - 29 years old with 129 live births per 1000 women. Meanwhile in rural areas, the highest birth rate was of women from 20 - 24 with 144 live births per 1000 women. Compared with the birth rate of women at the same age group of 20 - 24 in urban areas, it nearly doubles (144 to 77). This may be because rural women do not have the same chances to pursue higher educational levels as urban women so they get married and have children earlier than do urban women. However, it can be clearly recognized that the fertility model in Vietnam keeps changing from "early" to "late" childbirth. "Late" fertility model presents the trend of Vietnamese women's older age at marriage. Getting married late, women have conditions to improve their education level and develop their career.

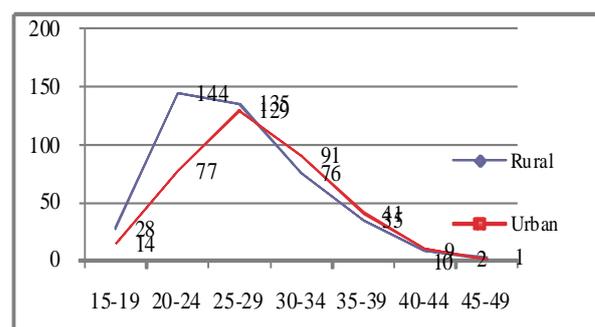


Fig. 3. Age specific fertility rate in urban and rural areas, 2009 (%) Source: The 2009 Vietnam population and housing census

We could conclude that Vietnamese households' fertility rate have substantially declined and reached the sub-replacement fertility rate over the past years. The fertility rate in rural areas decreases faster than in urban area, however it is still higher. The Central Highlands has the highest fertility rate in the country, and Mekong River Delta has the lowest rate. In recent years, the fertility rate of ethnic minorities is not a very big difference compared with that of Kinh group, apart from the excessively higher fertility rate of

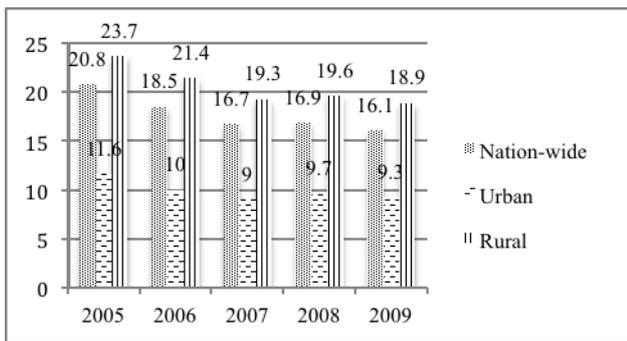
H'Mong women. Similarly, there only exists a slight difference in the fertility rate of different religious groups.

Women's education level has an obvious impact on the fertility rate. The higher their education level is, the lower the fertility rate is and vice versa. Fertility rate is also directly proportional to the rate of using contraceptive methods. The more couples use contraceptive methods, the lower the fertility rate becomes. In terms of age specific fertility rate, it can be clearly recognized that Vietnam's fertility model has continued transforming from "early" fertility to "late" fertility.

B. The rate of women having a third child in Vietnam

Vietnam has been implementing the policy of fertility decline through the population program, fertility health care including family planning. Small household size is now encouraged. Together with services of fertility health care, family planning provided, a lot of popularizing, propagandizing activities for changing behaviors have been organized in order to equip couples with knowledge and encourage them to carry out the target of family planning. Hence, the data related to the rate of women giving birth to a third child or more becomes a big concern of the population and family planning media every year. The rate of women having a third child or more shows the number of women having a third child or more for 12 months before research over 100 women during that period.

Fig. 4 represents the rate of women from 15 - 49 giving birth to a third child or more in Vietnam from 2005 to 2009 categorized into rural and urban area. The data shows that during this period of time, this rate all over the country dropped from 20.8% in 2005 to 16.1% in 2009. The rate of women stopping giving birth after the first and second fertility in both urban and rural areas rose, especially in urban areas, helping decreasing the fertility rate in Vietnam. This helps Vietnam stabilize population, decrease dependence on children and creates favorable opportunities for Vietnam to carry out targets of developing a stable and quality economy.



Source: The 2009 Vietnam population and housing census

Fig. 4. The rate of women from 15 - 49 having a third child by urban - rural, 2005 - 2009 (%)

A difference in the rate of women giving birth to a third child or more can be seen in different geographic regions. The regions with a low rate of women giving birth to a third child were the Southeast (10.9%), the Mekong River Delta (12.4%) and the Red River Delta (13.2%). The highest rates belonged to the Central Highlands (27.4%), North Central Coast (21.1%) (See Table III). As a general rule, in well-developed regions, this rate is low, and vice versa, in

remote areas with hard life this rate is high.

TABLE III: THE PERCENTAGE OF WOMEN GIVING BIRTH TO A THIRD CHILD OR MORE (%)

Regions	2005	2006	2007	2008	2009
Red River Delta	17	14.7	13.7	13.8	13.2
Northeast	19	17.1	15.0	14.7	18.7
Northwest	23	20.7	17.7	18.0	
North Central	29	28.3	23.5	26.5	21.1
South Central Coast	23	22.4	21.8	19.4	
Central Highlands	39	32.2	30.0	26.9	27.4
Southeast	17	14.3	13.8	14.4	10.9
Mekong River Delta	16	13.9	12.6	12.6	12.4

Source: The 2009 Vietnam population and housing census; The fact of Vietnam's population in 2008.

For the past years, the rate of women giving birth to a third child tends to decline in all the geographic regions, particularly in the Northern Midlands and Mountainous (Northeast and Northwest), and the Central Highlands has the rising trend. Thus, in the coming time, Vietnam needs to focus on solving the situation of women giving birth to a third child in these regions, as well as maintaining the trend of fertility decline in other geographic regions in order to achieve a stable decrease of women having a third child.

The rate of women having a third child or more is closely related to their education level. According to the research data in 2007, this rate of illiterate women was 43.1%, 28.1% for women who have not finished elementary school, 19.4% for elementary school graduates, 15.3% for secondary school graduates and 4.5% for women with high school education level or over (See Table IV).

TABLE IV: THE RATE OF WOMEN GIVING BIRTH TO A THIRD CHILD OR MORE BY EDUCATION LEVEL, 2007 (%)

Illiterate	Elementary school unfinished	Elementary school graduate	Secondary school	High school
43.1	28.1	19.4	15.3	4.5

Source: UNFPA: The fact of Vietnam's population, 2007

It can be concluded that the higher women's education level is, the lower the rate of having a third child is. With high education level, women are aware that children must be looked after and nurtured well so they do not desire to have too many children, resulting in their relatively low rate of having a third child. Additionally, because their awareness and use of contraceptive methods are more effective so this group's rate of giving birth to a third child is lower than groups of low educational level. Thus, in order to change the situation, the program of family planning needs to focus on propagandizing to women at low education level. Normally, these women have low income, and live in rural, mountainous and remote areas. Thus, it is essential to have suitable techniques of propaganda for this group.

During the last years, Vietnam has tried their best to encourage families to stop giving birth to a third child. We have obtained some certain success such as awarded by the United Nations for the fast decline of population development rate in 1999, however there still exists the problem of couples giving birth to a third child, especially in some geographic regions, this rate tends to increase. The authorities and experts from the Committee of Population, Family and Children have stated some causes related to the implementation of population, family planning in local area

such as: there is self-satisfaction about some achievement; the letting loose of leadership and population work conduction; the organization system of family planning staff has not been strong enough and overloaded with work; the propagandizing, educating, providing services and building policies, regimes face many problems, etc. These are indirect causes, what are the direct reasons why women have a third child?

According to Le Thi, the reasons for giving birth to a third child arise from the couples themselves [5].

Initially, it is male supremacy and discrimination against women that leads to the desire to have a son. Families with two daughters did not intend to have a third child but now they give birth to the third child in the hope of having a son. This is often the case with civil servants in urban areas. The case of Mrs. Hoai can be taken as an example. She said that both her husband and she were intellectuals, she was an editor of a magazine, he was a science researcher. As a gentle, diligent woman, she was loved and respected by her husband's family. When they had two pretty daughters, her husband went abroad to study. For 3 years, she herself nurtured her children, went to work and had extra jobs to support her family, looked after her old and weak parents in law. When her husband came back, she was extremely happy. Nevertheless, the happiness of reunion had not lasted long; she was urged to have a son by her husband and his family. Despite being a civil servant, she thought of her family's happiness, parents' desire and husband's pride, she had a third child but it was a daughter again. After the baby was born, she felt really painful when all the members in her husband's family became cold toward her; her husband ignored both her and the baby. Whenever coming home, he was drunk and always yelled at her [6]. Through Mrs. Hoai's story, we can realize that male supremacy and discrimination against women is still obviously shown in part of Vietnamese population. The main aim of having a third, fourth child, etc. is only to have a son to be the heir of the family.

Secondly, some families with two sons still want to have both sons and daughters like their friends, because in Vietnamese tradition, giving birth means having both sons and daughters. As a result, many families with sons still try to have a third child in the hope of having a daughter if they can afford it. However, in fact, the pressure of having a daughter is not as heavy as having a son.

Thirdly, there is a mentality of desiring to have many children, because in their opinion, having a lot of children means possessing a lot of property, happiness and luckiness. This mentality has existed since the old days and instilled in many households' mind, especially in rural and mountainous areas. Two children are too few for them; four to five children are enough [5] in case they die young. Having many children also means a lot of labor force. This plays an especially important role when production stages have not applied much technology but mainly used manual labor, especially in many rural households' farm work. In other words, having many children in that period of time was very economically beneficial; it was a basis to create income for households. Although having many children means lots of food consumed, these children helped their parents a lot in production and housework, etc. Now, household economy mainly depends on parents and children's effort. Even if the nation lends them capital for business, this amount of capital

will not yield positive effectiveness without enough labor resource. As a result, many families want to have many children. My family is an example. My family has 3 children. Our parents told us that their desire was having many children, the more the merrier. Our parents intended to have 6 children (they had thought of names for 6 ones), because at that time my father worked in commerce, the family life was very comfortable even in the period of subsidy. We had accumulated fortune so our parents wanted to have many children because we had enough material condition to nurture children well and our parents also considered many children as a lot of fortune. However, after the economy transformed from subsidy to a market economy, our family faced economic difficulty because the commerce was not at a high position, so I was the third and last child of theirs. Although my parents could not have the number of children as they wanted; our story was typical for many Vietnamese families in the sense that if having conditions, we want to have as many children as possible because it is big happiness.

Fourthly, the mentality of desiring to have many children who they can depend on and be looked after by when people get old. Because if a family have many children, especially sons, they can look after their parents by turns when their parents are weak or too old. It is very necessary for everybody to be cared by someone at the old age when a lot of farmers do not have medical and social insurance. Even with public servants, the allowance of medical and social insurance is too little. Thus, when they should be ill or have accidents, they mainly depend on their family and children. With many children, the life of old or ill people can be better ensured by only one child.

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