

4. Primary determinants of TFR are related to marriage, the process of urbanization and son preference

- Analysis shows that the most significant factors related to low fertility (TFR less than 1.8) in some provinces and cities in the past decades are the increase in age at marriage, the decline in marriage rates, and the process of urbanization. Rapid socio-economic development and the associated process of urbanization have also created favorable conditions for fertility decline. However, cultural factors, such as son preference, play a very important role in determining fertility and generating differences in fertility rates across provinces, regions, areas and social groups.
- Regression analysis shows that if a woman already has two daughters, then the probability of a third birth is about 2.5 times higher than those whose preceding children are sons. Even if a woman already has one son and one daughter, the probability of having a third birth is still significantly higher than that of a woman with two sons. Son preference has not only increased the sex ratio at birth imbalance, but also slightly increased the TFR in some regions and among some social groups in Viet Nam.

POLICY RECOMMENDATIONS

- Viet Nam has maintained its TFR at the replacement rate for more than 10 years and while this is a sustainable trend, TFR is more likely to decrease slowly due to overall socio-economic development, including urbanization and industrialization. TFRs in some provinces and cities have already been very low. Thus, a strong focus on birth control is not necessary in Viet Nam's population policies, and would even have an adverse impact on its socio-economic development if they were to be continued.
- To prolong TFR at the replacement level – the ideal fertility level that benefits the sustainable development of the country – population policies and programmes should focus on supporting individuals and couples with information and means to implement successfully their reproductive choices. Greater efforts should be made to provide quality reproductive health services, including family planning and educational attainment, especially for disadvantaged population groups. This approach is in line with the Government's commitment to the principles of International Conference on Population and Development (ICPD).
- The government and other stakeholders should continue to promote programmes and policies aimed at improving the status of women, eliminating gender-biased sex selection, and reducing gender inequality in general. This will help to reduce the imbalanced sex ratio at birth.
- Population and family planning programmes should also consider the child marriage issue in order to minimize risks to the health of mothers and children and to enhance educational opportunities and career development for women. It is necessary to strengthen education and communication programmes with participation of adolescents, youths and disadvantaged population groups, especially among some ethnic minority groups, to raise awareness about the risks of teenage pregnancy and childbearing on children and women's health.
- Given the emergence of important demographic trends, most notably the so-called 'demographic bonus' or 'demographic window of opportunity', an aging population, and a biased sex ratio at birth, it is time for Viet Nam to shift the focus of its population policy towards population and sustainable development.

MAIN REFERENCE

GSO and UNFPA (2016). The 2014 Viet Nam Intercensal Population and Housing Survey - Fertility in Viet Nam: Differentials, Trends, and Determinants. Viet Nam news agency publishing house.

©UN Viet Nam/Aidan Dockery

FACTSHEET



©UNFPA Viet Nam/ Nguyen Minh Duc

TRENDS, DIFFERENTIALS AND DETERMINANTS OF FERTILITY IN VIET NAM: EVIDENCE FROM THE CENSUSES AND INTERCENSAL POPULATION AND HOUSING SURVEY 2014

This factsheet presents key highlights of fertility changes in Viet Nam based on an analysis of sample data drawn from the Viet Nam Population and Housing Censuses conducted in 1989, 1999, 2009, as well as the Intercensal Population and Housing Survey (IPS) 2014. The factsheet also includes some policy implications and recommendations for the development of appropriate policies in relation to fertility in Viet Nam.

Fertility is one of the key factors influencing population size and growth through its direct impact on natural population growth. Information on fertility levels, trends and differentials categorized by the socio-economic characteristics of the population, are critical for policymakers and programme managers in developing, monitoring and evaluating the implementation of socio-economic policies and programmes, including population and reproductive health policy.

Facts and Figures

- Fertility in Viet Nam declined over the recent decades and has been sustained slightly below the replacement level. The Total Fertility Rate (TFR) in 2014 was 2.09.
- The TFR in rural areas also sharply declined from 4.26 children per woman in 1989 to 2.03 in 2009, and to 2.21 in 2014.
- Data from the 2014 IPS confirms that women are getting married later and having fewer children.
- The number of provinces and cities with a TFR below 1.8 increased from 5 in 1999 to 8 in 2009 and 11 in 2014.
- The Age-Specific Fertility Rate of women between 15 and 19 years (ASFR15) increased from 23.9‰ in 2009 to 30‰ in 2014.

KEY FINDINGS

1. Fertility decline has been sustained around the replacement level for over a decade

Viet Nam's Total Fertility Rate (TFR) sharply declined from 1990s until the early 2000s and then stabilized around the replacement level over the last ten years. Thanks to the success of the country's family planning programmes, the two-child family model has become a norm, except among some ethnic minorities and in several less developed provinces, such as Dien Bien, Lai Chau, Ha Tinh, and Kon Tum provinces, with TFRs measuring above 3.0 in 2014. This downward trend reflects a fundamental demographic transition from a high to low level of natural fertility, due to a broader and more effective use of family planning services.

2. Fertility rates have varied significantly across a range of variables

- Fertility rates varied significantly between rural and urban areas, regions, provinces and cities, as well as among ethnic groups. Figure 1 shows the differences in level and pace of fertility decline in rural and urban areas for the periods between 1989 and 2014. As the urban areas account for a relatively small proportion (33%) of the total population, the fertility decline in Viet Nam has been mainly attributed to the decline in rural areas.
- During the last 25 years (1989 to 2014), the TFRs declined in all six socio-economic regions but with notable differences between regions. The TFR fell fastest in the Central Highlands, from nearly six children per woman in 1989 to 2.3 children in 2014. The TFR in the Red River Delta, after falling rapidly in the period 1989-1999, increased slightly from 1.98 in 1999 to 2.30 in 2014.
- Similarly, the TFRs varied considerably across provinces and cities, and over time. All 11 provinces and cities with a TFR below 1.8 in 2014 are in the South: Ho Chi Minh City, Binh Duong, Binh Thuan, Hau Giang, Ca Mau, Soc Trang, Long An, Khanh Hoa, Dong Nai, Tay Ninh and Tien Giang. The TFRs in Ho Chi Minh

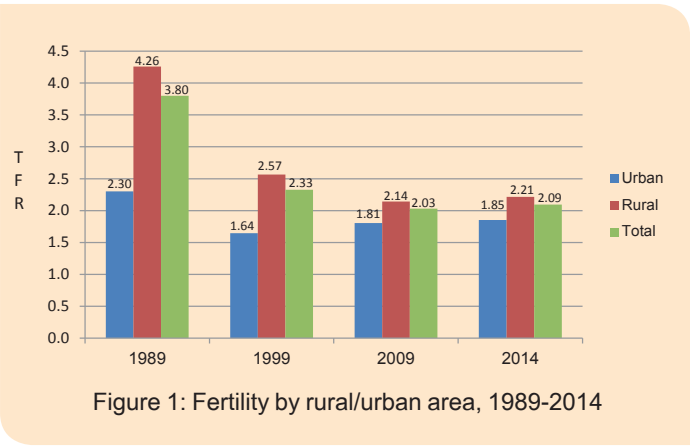


Figure 1: Fertility by rural/urban area, 1989-2014

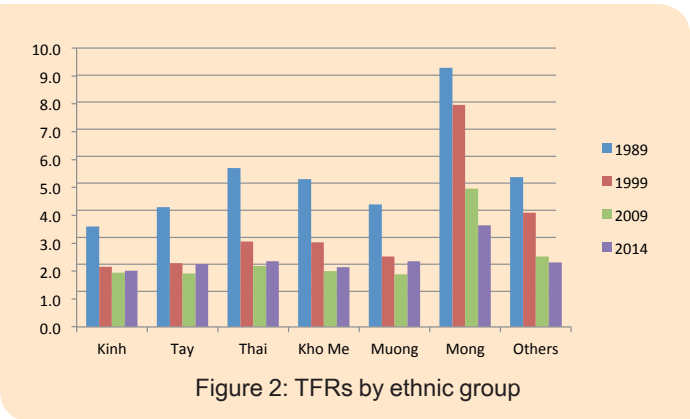


Figure 2: TFRs by ethnic group

City and Binh Duong were especially low, 1.39 and 1.44 respectively, in 2014.

- The difference in fertility among the major ethnic groups has narrowed significantly over the last twenty-five years. The TFR of the Mong ethnic group has decreased significantly, but is still higher than those of other ethnic groups. By 2014, the TFR of the Mong was 3.65 children per woman, much higher than that of the Kinh (2.02), Tay (2.26), Thai (2.36), Khmer

(2.14), Muong (2.36) and the other ethnic groups (2.32) (Figure 2).

- The educational attainment of women is an important determinant of fertility, but its impact has diminished over time as knowledge on contraception has become more widespread and contraceptive services have become more easily accessible to most families. Figure 3 shows a clear difference in TFRs by the level of educational attainment of women: groups with higher education had lower fertility and vice versa. However, it is important to note that this difference has decreased markedly over time and the differences, by 2014, have substantially narrowed. Indeed, in 2014 the TFR of the group with "less than primary" education was 2.34, still the highest but only slightly higher than the TFR for the better-educated groups (those with a TFR around from 2.1).
- Comparison of TFR among five groups of women with different living conditions¹ provides a similar result: the differences in fertility according to living conditions have also gradually narrowed over time (Figure 4). The two groups with the highest living conditions and lowest

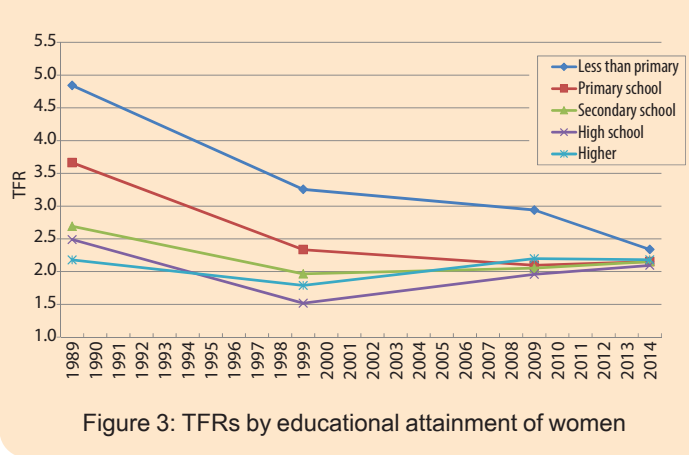


Figure 3: TFRs by educational attainment of women

TFR in 1999 saw their TFRs increase over the past 15 years. On the other hand, the group with low "living conditions" and high TFR saw a consistent decline in its TFR (although at 2.34, TFR of this group was still the highest).

3. Teenage fertility rates of ethnic minority groups remain high

- The Age-Specific Fertility Rate of women aged 15-19 (ASFR15) is an important indicator as it shows health risks of teenage childbearing for both mothers and children, and limited opportunities for women regarding education and career development. Reducing the teenage fertility rate has, therefore, always been one of the goals in health, population and family planning policies in Viet Nam. Over the past 25 years (1989-2014), although the overall TFR has diminished greatly, the ASFR15 has increased slightly during the 2009-2014 period, reaching 30‰ in 2014. However, the ASFR15 in urban areas has been consistently lower than in rural areas (Figure 5). In-depth analysis shows that some increases in ASFR15 were caused not only by an increase in the marriage rate among teenage women, but mainly by a large increase in the ASFR15 of married women aged 15-19 in the same period.

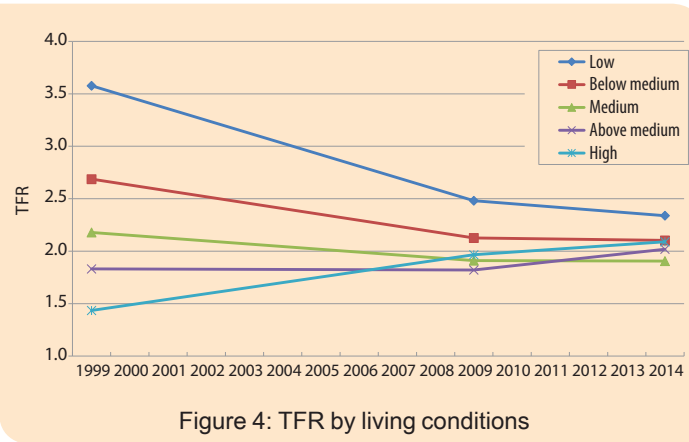


Figure 4: TFR by living conditions

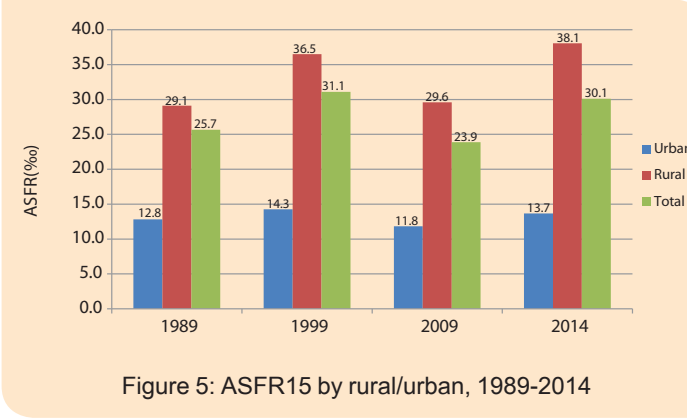


Figure 5: ASFR15 by rural/urban, 1989-2014

- Educational attainment and household living conditions are two important factors related to the fertility of women aged 15-19. The ASFR15 dropped when women's educational attainment or living conditions increased. This disparity can also be seen between ethnic groups. Most notably, the ASFR15 of the Mong ethnic group (149‰ in 2014) has been consistently about 6-7 times higher than the ASFR15 of the Kinh. The ASFR15 rose the fastest in the Muong - almost doubling in the period 1989-2014 - followed by the Tay.

¹ Living condition indicators developed based on available information on housing quality, household amenities and equipment, canvassed in the Census questionnaire.



我们的产品



大数据平台

国内宏观经济数据库

国际经济合作数据库

行业分析数据库

条约法规平台

国际条约数据库

国外法规数据库

即时信息平台

新闻媒体即时分析

社交媒体即时分析

预览已结束，完整报告链接和二维码如下

https://www.yunbaogao.cn/report/index/report?reportId=5_19963