

Cover Story

Challenges of Growth

Tran Thi Van from UNFPA talks to Outlook about the recent successes and coming challenges to family planning and population issues in Vietnam

1. There have been some administrative changes to population and family planning. How will this affect work in the area?

Viet Nam has made great progress towards meeting the objectives of its national population programmes over the last 15 years, and the environment in which we now live is very different from that of the 1990s. Population and family planning activities should, therefore, now be perceived as integral elements of reproductive health care, which also includes issues ranging from ensuring safe child birth to providing young people with the information and tools they need to protect themselves from sexually transmitted diseases such as HIV, and also including raising awareness about and working to end gender-based violence. It may take some time to establish an integrated health-population network of this sort and have it running in a stable way. But that does not mean that the system should come to a standstill during this time of change, while awaiting the government decree and guidance. Provincial People's Committees and Departments of Health need to recognise population and family planning as crucial parts of the health care system – as I am sure many of them do. They need to recognise it is not necessary to stop and wait for further instruction from the Central Government, but instead they can take immediate and affirmative action to ensure the women, men and children of their home provinces have the support and services they need.

Viet Nam has a very strong health care network at the grassroots level where most commune health centres have provided and continue to provide a wide range of family planning services to allow couples and individual women to decide on the most suitable form of contraception for their needs.

In order to improve the quality and utilisation of family planning services, the effectiveness and efficiency of the primary health care network overall needs to be strengthened further. When aiming to deliver family planning services for the most disadvantaged populations, like ethnic minority women living in mountainous areas, it is important to take into account factors such as local culture and traditions as well as the health beliefs and health-seeking behaviour of local people. This is an issue of urgent importance and requires immediate attention.

It is my view that the merging of the health and population networks has a lot of advantages in terms of delivering sexual and reproductive health services – including family planning – to under-served populations. It is crucial for the local leadership to pay attention to this issue and to work in close collaboration with the health and population departments of their localities.

2. What are the challenges in the area the country faces in the coming time?

First, with the population at 85.2 million in 2007, Việt Nam is ranked as the 13th most populous country in the world, and the 3rd in ASEAN (only after Indonesia and the Philippines). The population density dramatically rose and now is 252 persons for each square kilometre, nearly twice the rate in China (136 persons/km²). The high population density places greater demands on social services such as education, health care, housing and safe water supply. This will challenge the capacity of those services, and the infrastructure which supports them. The poor and the disadvantaged will suffer the most due to their lack of resources. Quality of life issues will become critical challenges with rapid expansion of unstable urbanisation in big cities.

Second, while at the national level the total fertility rate (TFR) has been at the level of the replacement rate, it is still high in some mountainous and poor areas, such as the Central Highlands (2.77), the North West (2.39) and the North Central area (2.32), meaning that the proportion of new-born babies in those areas is significantly higher than in other areas, and therefore these areas require special health care services, including family planning and maternal child health care.

Third, In terms of 'population quality' in the context of Việt Nam's Population Strategy 2001-2010 (which is similar to human development (HD) in an international context), the bad news is that there continues to be a sharp differences among income groups in most HD indicators. The data from the Viet Nam Household Living Standard Survey (GSO 2004) shows that different income groups have starkly differing access to educational. It is critically important for Việt Nam to address income disparities in key HD indicators not only because they tend to perpetuate poverty from one generation to the next but also because an increasing proportion of Vietnamese children are born into the two poorest groupings.

This trend exists because fertility is currently below the replacement level among the richest people, while it is well above replacement level among the poorest. This means that most children today are growing up in relatively poor households where they receive relatively less and poor-quality human development investment than children did 20 years ago. The implication is that it will be much more challenging for Việt Nam to prepare its young children to play their expected role in an emerging industrial economy than was the case in the past. Success in eliminating current disparities among income groups in key human development investment is therefore critical to continued improvement in 'population quality'.

Fourth, significant changes in age groups and sex ratios were forecast. Increase of life expectancy, a decline in mortality and the TFR at the replacement rate will lead to reduced numbers and a lower proportion of the 0 to 15-year-old age group; a proportional increase of the child-bearing age group leading to high demands for family planning; and increasing numbers of the elderly requiring social security. The country is likely to see an ageing population by 2017, with the proportion of elderly people dramatically rising from 11.2% in 2020 to 28.5% in 2050. Meanwhile, Viet Nam is still considered as a young population now, since about half the population is under 25 years of age.

3. What difficulties will an ageing population bring, and how can the Government best prepare for the challenge?

An ageing population is a universal trend and a great concern of all modern societies. Viet Nam is not an exception. Two aspects that deserve attention relating to the ageing population include an increase in the proportion of elderly and specific characteristics of elderly people's life in Việt Nam.

While Viet Nam currently has a sizeable younger population, the elder population is increasing rapidly. Statistics show that the proportion of elderly people has increased from 7.2% in 1989 to 8.2% in 1999, and up to 9.2% in 2006. It is estimated that the elderly will account for 16.8% of the country's population by 2029. In April 2006, the total national population was 84,155,774 and the number of elderly was 7,759,162.

Ageing is a privilege and a societal achievement. It is also a challenge, which will impact on all aspects of 21st century society. It is a challenge that cannot be addressed by the public or private sectors in isolation, as it requires joint approaches and strategies from the Government, advocate agencies and mass organisations.

The Assessment Report on Social Protection for Elderly Persons in Vietnam between UNFPA and ILSSA, made in October 2007 made recommendations that I would like to quote:

- Disseminating policy on social allowance and counselling older people (and their families) to be aware of their rights and responsibilities.
- Building capacity and implementing the policy on social allowance for older people, especially implementing officers at the grassroots level.
- Constructing social welfare facilities that beneficial for older people and supporting activities of elderly associations, such as clubs for martial arts and for other cultural, sport and entertainment activities.

- Training and forming a special department on gerontology for taking care of the elderly in every provincial hospital. Regularly organising mobile medical check-ups for older people.
- Ensuring all family members of households and 10% of a commune's population have to buy voluntary medical insurance, and encouraging the elderly to buy voluntary medical insurance (while the State budget should fulfil the deficit in medical social insurance).
- Advocating agencies and mass organisations to join in improvement of living conditions for the elderly such as reconstruction and repairs of houses or daily visits to lonely elderly people (in case older persons are ill), and providing the elderly with guidance for utilisation of medical insurance cards.
- Targeting priorities for older people in implementing the policies and programmes on poverty reduction (priority is given to poor households with older people).