VIET NAM POPULATION 2007

Updated information:

- The Change in birth pattern from "EARLY" to "LATE"
- Sex Ratio at Birth

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Content

INTRODUCTION

The demand for information on population change and sex ratios at birth has increased in recent years. Development planners, policy makers, scientists, international organizations and media agencies now require, on a continuous basis, updated information on annual population change and family planning surveys, contributing towards their respective development and communication plans and policies.

This booklet summarizes major results of the Population Change and Family Planning survey (PCS) carried out on 1st April 2007. It is also the fourth of a sequence of annual publications on *the status of the Viet Nam population*, published by the United Nation Population Fund (UNFPA) office in Viet Nam. Information used in this publication draws from the report on the 2007 Survey released by the General Statistics Office of Viet Nam in June 2008 and birth statistics collected from 64 provinces and cities released by the Ministry of Health. This booklet aims to help the reader better understand the implications of population status in Viet Nam, providing updated information on the change in fertility patterns and on sex ratios at birth.

DATA SOURCES AND QUALITY

The 2007 Population Change and Family Planning survey aimed to investigate the permanent population actually in residence in the sampled areas at 0 hours on the 1st of April 2007. It also gathered statistics on the number of immigrant households and the total number of deaths that occurred in the previous 12 months. Further, the survey collected information on the birth history of women in the reproductive age of 15-49 years.

Representative samples at the provincial and city levels were selected on a household equivalent basis. Each province selected 60 areas with approximately 100 households/area. This meant that, on average, the survey investigated approximately 24,000 people in each province.

To ensure reliable statistical results, the annual data collection and analysis of the 2007 Population Change and Family Planning survey was carried out scientifically. External assessments of the results were confirmed by two leading international experts on population surveys and data analysis, Dr. Santow (2004 and 2006) and Dr. Feeney (in 2005) while working directly with the General Statistics Office of Viet Nam. Dr. Feeney commented that: *"Data collection and analysis methods that the GSO used to calculate birth and death estimates have already been used in many countries worldwide in the past decades. Those methods have been recognized as capable of providing reliable results under various conditions"[1].*

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1 UNFPA. Viet Nam Population Growth: What the LATEST data tells us, Hanoi April – 2006, Page 5

TOTAL FERTILITY RATE

*T*otal Fertility Rate (TFR), expresses the number of children that could be born subject to prevailing fertility rates at all ages and within a single given year. TFR is the most commonly used tool for analysis of changing birth rate trends. As in previous surveys, TFR and crude birth rate (CRB) are estimated from statistics relating to the number children born in a specific year and the number of children ever born to women in reproductive ages.

Survey data show a decrease in the TFR trend between 1999 and 2007 with the exception of survey results in 2002 and 2004. Particularly, TFR has decreased consistently in the three most recent surveys and *continues to fall below the replacement rate (2.07)* (see Graph 1).
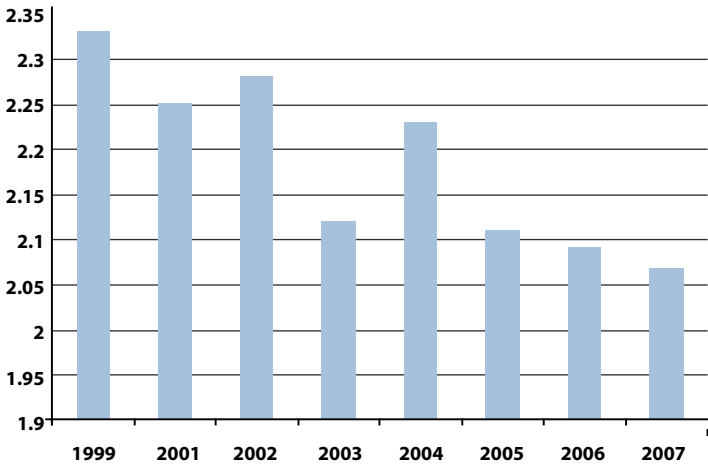
Graph 1: Total Fertility Rate according to the surveys from 1999 to 2007

The downward trend in TFR reflects a direct connection between a decreasing birth rate with an increasing rate of contraceptive use, especially the use of modern methods.

Table 1: Total Fertility Rate (TFR) and Contraceptive Prevalence Rate (CPR) by survey year

Year of Survey	TFR	CPR
2001	2.25	61.1
2002	2.28	64.7
2003	2.12	63.5
2004	2.23	64.6
2005	2.11	65.7
2006	2.09	67.1
2007	2.07	68.3

Data in Table 1 show that *the Contraceptive Prevalence Rate (CPR) has increased consistently since 2001,* with the exception of a slight decline in 2003. The increase in CPR has resulted in a reduction of TFR for several years. Variations occur in the TFR according to geographic regions. Those regions with lowest TFR are found in the South East (1.74), the Mekong River Delta (1.87) and the Red River Delta (2.11). The highest TFR rates are found in the Central Highlands (2.77), the North West (2.39) and the Central North (2.32), (see Table 2). *Since 2000 a common feature shows a decreasing TFR trend in all region,* despite regional differences. Those regions that achieved the replacement rate in 2000 such as the Southeast and

Mekong River Delta show a relatively slower decrease. Regions with a high TFR in 2000 such as the Central Highland (TFR = 3.8) and Northwest (TFR = 3.5) show an average decrease in TFR of more than one child over the last five years.

Regions	1/4/2000	1/4/2004	1/4/2005	1/4/2006	1/4/2007
National level	2.28	2.23	2.11	2.09	2.07
1. Red River Delta	2.2	2.2	2.06	2.05	2.11
2. Northeast	2.3	2.3	2.28	2.23	2.18
3. Northwest	3.5	2.5	2.48	2.43	2.39
4. North Central	2.8	2.6	2.45	2.45	2.32
5. South Central	2.5	2.3	2.21	2.28	2.19
6. Central Highland	3.8	3.1	3.07	2.82	2.77
7. Southeast	2.1	1.9	1.85	1.79	1.74
8. Mekong River Delta	2.1	2.0	2.00	1.92	1.87

Table 2: Total Fertility Rate (TFR) by economic geographic regions

CRUDE BIRTH RATE

*C*rude Birth Rate (CBR) indicates the annual number of births per 1000 of population. CBR is used in calculating the Rate of Natural Increase of the population.

Like TFR, the data show a decreasing CBR trend, with the exception of slight increases in 2002 and 2004. The graph below shows that in 2006, *CBR decreased by 1.2 per thousand points compared with the 2005 survey. Similarly, CBR in the 2007 survey showed 16.9 per thousand points compared with 17.4 thousand points in 2006.*
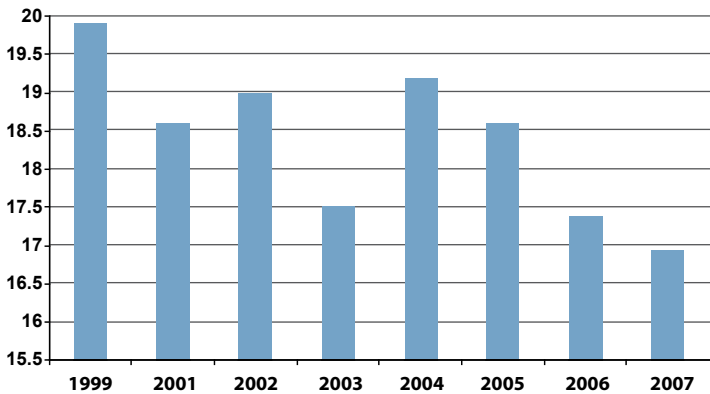
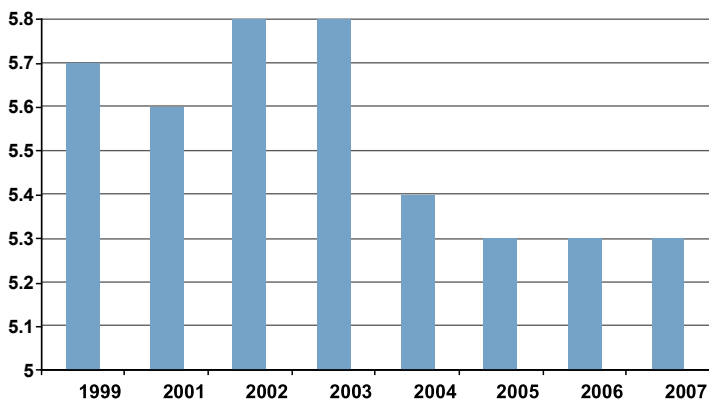*Graph 2: Crude Birth Rate according to the surveys during 1999-2007*

One of the disadvantages of CBR is that it is significantly affected by the sex and age structures of the population. For example, even where TFR rates are similar, if the population has a smaller number of women in the reproductive age (15-49) the CBR

will also be lower. The increasing young population of Viet Nam is adding to the number of women in the reproductive age group. This means that despite a decrease in TFR, CBR remains either unchanged or decreases only marginally. For this reason, TFR is applied in many countries to measure the effects of family planning programs and the change in fertility behaviour of women in the reproductive age, precisely because it is not influenced by changes in age or structure of the population.

CRUDE DEATH RATE

*C*rude Death Rate (CDR) reflects the annual number of deaths per 1000 of population. CDR is an indispensable factor in calculating the rate of natural increase in the population.

Since 1999, CDR shows an overall decreasing trend, always below 6 deaths per thousand. However, it is important to note that the omission of reliable death rate statistics also accounts for the low CDR, as confirmed in the assessment reports of Dr. Santow and Dr. Feeney during their working visits in Viet Nam in 2005 and 2006.

Graph 3: Crude Death Rate according to the
surveys during 1999-2007

CRUDE RATE OF NATURAL INCREASE

*C*rude *Rate of Natural Increase (CRNI) is the crude birth rate (CBR) minus the crude death rate (CDR) of a given population.* This rate excludes the increase or decrease of the population caused by international migration. The most reliable estimation of this rate for the 12 months preceding the survey in 2007 (from 01/01/2006 to 31/03/2007) *is 11.8 per thousand or 1.18%.* It can be assumed that, due to the relatively low and stable death rate of Viet Nam, the change in CRNI mostly depends on changes in the crude birth rate. *Graph 4 shows a decreasing trend in the CRNI of Viet Nam between 2001-2007 with the exception of a slight rise in 2004.*
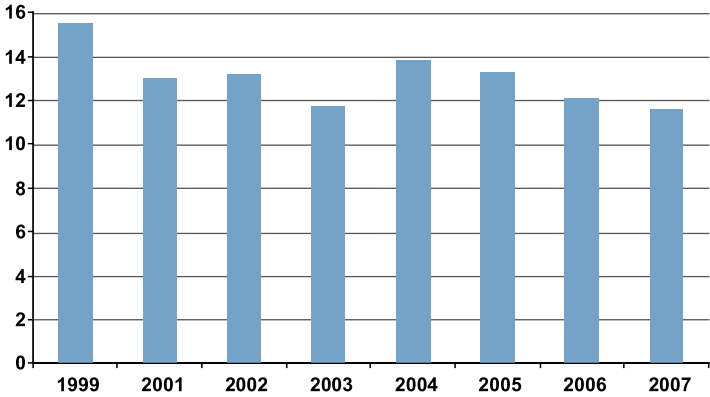
Graph 4: Crude Rate of Natural Increase according to the surveys during 1999-2007

However, it should be noted that the decline in the CRNI does not imply zero population growth in Viet Nam. Rather, it indicates that the speed of increase has slowed down.

THE CHANGE IN BIRTH PATTERN FROM "EARLY" TO "LATE"

One of the most effective tools for analysis of birth patterns is the age-specific fertility rate (ASFR) that reflects *the average number of births per 1000 women of a given age or age group in one year*. ASFR is also used as an effective tool for population projections.

There has been significant change in birth patterns in Viet Nam's population in recent years. In the past, Viet Nam's birth pattern was characterized by *early birth,* with the highest birth rate between ages 20-24. Today, this has changed to a *late birth* pattern with the highest birth rate between ages 25-29 (see Graph 5). Graph 5 shows that the *birth rate in each successive year decreases in comparison with the previous year, for most age groups.* Specifically, the birth rate for the age group 20-24 (collected in the 1999 Population and Housing Census) dropped from 158 per thousand to 145 per thousand in 2002 and to only 118 per thousand in 2007. In 2007, the birth rate for the age group 20-24 decreased sharply, much lower than the age group 25-29. *The 2007 survey showed a reduction in the birth rates of all age groups 30-34 compared to previous surveys.*

The change from an *early birth* pattern to a *late birth* pattern is likely explained by the later marriage age and a change in the reproductive behaviour of young women who are having children at a later age. Singulate

Mean Age at Marriage (SMAM) of women increased by nearly one year between the late 1990s and 2005 (increased from age 22.7 years in 1999 to age 23.5 years in 2005). The increase in SMAM resulted in a decline in the number of married women in the 20-24 age group and a parallel decrease in the number of children.

The change in the birth pattern from a younger to higher age group is in line with the recent socio-economic developments and demographic shifts in Viet Nam. In choosing later childbirth, women now have the opportunity to improve their knowledge and professional capability and, as a result, aspire towards better jobs with higher incomes.

THE DECLINING TREND OF HAVING THREE AND MORE CHILDREN

Viet Nam encourages a small family size. This means that the number of women having three and more children is an important indicator in assessing the impact and change in the attitude of couples towards birth activities that comply with the small family size policy. Collection and analysis of data on the rates of women having three and more children are always included in annual population change and family planning surveys conducted by the General Statistics Office. *The data show a reduction in the rate of women having three and more children between the 2003 – 2007 surveys. Table 3 shows that this figure fell from 21.5% in 2003 survey to 20.2% in 2004, 18.5% in 2006 and to 16.7% in 2007.*
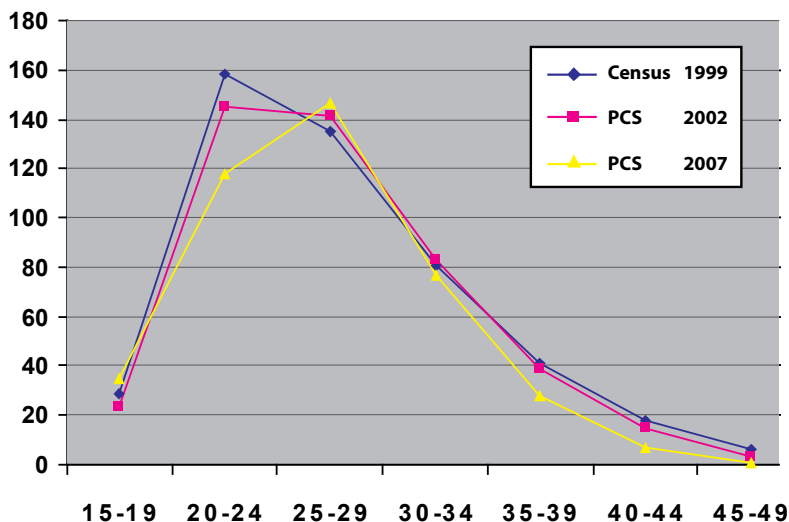
Graph 5: Age specific fertility rate
according to the surveys in 1999, 2002 and 2007

Analysis of statistics shows that the annual percentage of women having three and more children is closely connected with the level of qualifications. According to the 2007 survey, the percentage of women having three and more children in that year who did not go to school, was 43.1%; for women who do not graduate from primary school the figure was 28.1%; for women who graduated primary school, 19.4%; for women who graduated junior high school, 15.3% and and for women who graduated from senior high school upward, only 4.5% (see Graph 6). This strongly suggests that family planning programs should focus on providing appropriate information to women with lower qualifications and also address related problems such as low incomes and the difficulties of living in

remote rural and mountainous areas. The forms of communication channels should be adapted to meet the specific needs of these people.
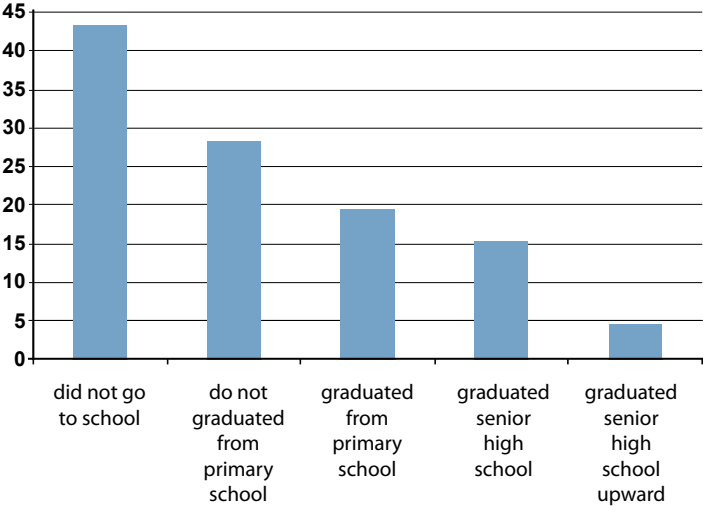
Graph 6: Rate of women having three and more children in the year devided by qualifications, 2007

There are regional differences in the rates of women having three and more children that follow a similar trend to TFR. Regions with a low rate of women having three and more children are found in the Mekong River Delta (12.6%), the Red River Delta (13.7%) and South East (13.8%). The highest rates are found in the Central Highlands (30%), the Central North (23.5%) and the Central South (21.8%), see Table 3.

Table 3: Rate of women having three and more children

Regions	1/4/2003	1/4/2004	1/4/2005	1/4/2006	1/4/2007
On national level - *Urban* - *Rural*	**21.5** *12.6* *24.2*	**20.2** *11.5* *23.2*	**20.8** *11.6* *23.7*	**18.5** *10.0* *21.4*	**16.7** *9.0* *19.3*
1. Red River Delta	15	15	17	14.7	13.7
2. Northeast	18	18	19	17.1	15.0
3. Northwest	30	21	23	20.7	17.7
4. North Central	30	29	29	28.3	23.5
5. South Central	27	26	23	22.4	21.8
6. Central Highland	38	36	39	32.2	30.0
7. Southeast	19	17	17	14.3	13.8
8. Mekong River Delta	17	16	16	13.9	12.6

SEX RATIO AT BIRTH

*S*ex ratio at Birth (SRB) reflects the number of male births to 100 female births. Normally this ratio falls between 103 to 107 male births to 100 female births. SRB is now attracting the attention of policy makers and media agencies due to the fact that it shows *a higher rate for baby boys births compared with baby girls.* Many researchers express concern that the existing boy preference accompanied by easier access to sex screening of fetuses in the early stage of pregnancy and available abortion services could lead to sex selection in some localities. Therefore, the information on sex ratios at birth has undergone very careful analysis.

According to the results of two recent population & family planning surveys conducted by the GSO, the SRB at national level in *2007 was 112,* higher than *2006 (110). This figure exceeds the normal values of 103 – 107 baby boys for every 100 baby girls.*

Data from the 2007 birth report collected by the Ministry of Health together with the number of births at heathcare facilities released in 2006 by GSO show similar results. According to the GSO report in 2006, of 64 provinces and cities, only 19 showed an SRB of 110 and above. This figure expanded to 35 provinces and cities of which *8 provinces reported in two consecutive years (2006 and 2007) very high SRB of 110 and above. These provinces included Dien Bien, Bac Giang, Hai Duong, Hung Yen, Thai Binh, Bac Giang, Dac Lac and*

Although no official research is available to endorse the popularity of sex screening of fetuses, attention should be paid to the fact that access to more sophisticated technologies, such as ultrasound screeing, make it easier for people to confirm the sex of the fetus in the early stage of pregnancy. If they have a preference for a son and the fetus is female, they may decide to seek an abortion. Experience shows that countries with high male to female sex ratios at birth face serious socio-economic and demographic consequences.

Although Viet Nam has issued a number of legal documents and guidelines that prohibit diagnosis of the sex of fetuses, including the 2003 Population Ordinance, Government Decision No. 114, October 2006 and Decision No. 3698/BYT – SKSS May 2006, it should be noted that enforcement of the implementation of the Ordinance and Policies continues to be a matter of concern.

It is time for Viet Nam to conduct more vigorous campaigns on the consequences of pursuing sex selection practices. There is a need to encourage change in existing attitudes towards son preference and to affirm the important role of females both to their families and society. If appropriate action is not taken, the SRB may spread to more localities in the coming years resulting in an unacceptable increase on a national scale.

Table 4: Sex Ratio at Birth, Viet Nam, 2007
(Source: data collected from the reporting system of MOH, May 2008)

Viet Nam	**111**
Regions	
1. Red River Delta	**113**
Ha Noi, Hai Phong, Ha Tay, Hai Duong, Hung Yen, Ha Nam, Nam Dinh, Thai Binh, Ninh Binh, Vinh Phuc, Bac Ninh (11 provinces)	
2. Northeast	**112**
Ha Giang, Cao Bang, Lao Cai, Bac Kan, Lang Son, Tuyen Quang, Yen Bai, Thai Nguyen, Phu Tho, Bac Giang, Quang Ninh (11 provinces)	
3. Northwest	**106**
Lai Chau, Son La, Hoa Binh, Dien Bien (4 provinces)	
4. North Central	**114**
Thanh Hoa, Nghe An, Ha Tinh, Quang Binh, Quang Tri, Thua Thien Hue (6 provinces)	
5. South Central	**111**
Da Nang, Quang Nam, Quang Ngai, Binh Dinh, Phu Yen, Khanh Hoa (6 provinces)	
6. Central Highland	**111**
Kon Tum, Gia Lai, Dak Lak, Dak Nong (4 provinces)	
7. Southeast	**110**
Ho Chi Minh City, Lam Dong, Ninh Thuan, Binh Phuoc, Tay Ninh, Binh Duong, Dong Nai, Binh Thuan, Ba Ria Vung Tau (9 provinces)	
8. Mekong River Delta	**110**
Long An, Dong Thap, An Giang, Tien Giang, Vinh Long, Ben Tre, Kien Giang, Can Tho, Tra Vinh, Soc Trang, Bac Lieu, Ca Mau, Hau Giang (13 provinces)	

	Provinces	
1	Hung Yen	129
2	Thanh Hoa	122
3	Bac Ninh	122
4	Hai Duong	120
5	Kien Giang	118
6	Bac Giang	118
7	Quang Ninh	117
8	Tay Ninh	116
9	Ha Tay	115
10	Tuyen Quang	114
11	Quang Tri	113
12	Kon Tum	113
13	Thai Binh	113
14	Phu Tho	113
15	Quang Nam	113
16	Ca Mau	113
17	Dien Bien	113
18	Binh Dinh	112
19	Phu Yen	112
20	Dak Lak	112
21	Lao Cai	112
22	Dak Nong	112
23	Nghe An	111
24	Lam Đong	111
25	Tra Vinh	111
26	Ninh Thuan	111
27	Soc Trang	111
28	Hau Giang	111
29	Khanh Hoa	111
30	Quang Ngai	110
31	Ha Noi	110
32	Dong Nai	110
33	Vinh Phuc	110

	Provinces	
34	Da Nang	110
35	Binh Thuan	110
36	Ha Nam	109
37	Thai Nguyen	109
38	An Giang	109
39	Binh Phuoc	109
40	Bac Kan	109
41	Thua Thien Hue	109
42	TP HCM	109
43	Đong Thap	109
44	Gia Lai	109
45	Vinh Long	109
46	Ninh Binh	108
47	Hai Phong	108
48	Lang Son	108
49	Binh Duong	107
50	Long An	107
51	Can Tho	107
52	Yen Bai	107
53	Hoa Binh	107
54	Ha Tinh	107
55	Nam Dinh	107
56	Quang Binh	107
57	Tien Giang	106
58	Ba Ria Vung Tau	106
59	Son La	106
60	Cao Bang	106
61	Bac Lieu	105
62	Ha Giang	104
63	Ben Tre	104
64	Lai Chau	101

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