

THE CEPED NEWS

Centre français sur la population et le développement

ISSN 1287-874X

January-June 2001, n° 9

THE POPULATION OF VIETNAM Its evolution and related issues

A very densely populated country, with an average of 231 inhabitants per square kilometre (but as many as 1,200 inhabitants per square kilometre in the Red River Delta region, in the North), Vietnam has progressed far on the road to demographic transition. Fertility, which is now estimated at 2.25 children per woman, has been fast declining. Mortality, which is characterized by a life expectancy of 66 years for men and 71 years for women, and an infant mortality rate of 32 per thousand, bears witness to the achievements in public health. However, these results and the attendant quality of life are tenuous, particularly in the context of economic liberalization in the last decade. The recent growth of migration and 'take-off' of urbanization are also likely to heighten some societal and environmental problems.

According to the 1999 General Census, the population of Vietnam is now 76.3 millions – this means 12 millions more than in 1989¹. That significant increase should be considered in the context of fast economic evolution, characterised by the Renovation policy decided on in 1986. In a 1993 issue of the *Chronique*, CEPED presented a short summary on the population of the country in the late 1980s². Since then, knowledge of the subject has been enhanced through a number of surveys and in-depth academic research. CEPED used the available data and the research results (see box on page 2), setting up, in co-operation with the Ministry of Labour in Hanoi, a team of Vietnamese and French specialists, co-ordinating their work and eventually drawing a detailed picture of the demographic characteristics and trends, as well as the relations

between population and development in Vietnam³. The following briefly commented results were mostly extracted from that book.

High rates of population density

On a territory of 330,000 km² the population density in Vietnam was 231 inhabitants per square kilometre in 1999, as against 195 per square kilometre ten years earlier. The two most densely populated regions are the Red River Delta region in the North (1,180 inhabitants/km²), which includes the city of Hanoi, and the Mekong Delta region in the South (408 inhabitants/km²); next is the Southeast region (285 inhabitants/km²), where Ho Chi Minh City is located. The three regions alone include 57% of the population of the country. The Central Highlands are still sparsely populated (67 inhabitants/km²), but the density has increased by 63% in the last decade due to internal migration.

Food security, an age-long preoccupation of the Vietnamese population, has lately been achieved, and Vietnam is even ranking third now among world-wide rice exporters. The security, however, is fragile, and depends on continued intensification of agriculture on the one hand, and completion of the demographic transition on the other hand.

Fertility rates close to replacement level

According to the United Nations, the total fertility rate was 2.25 children per woman in 1999, which means that fertility in Vietnam is close to replacement level. The demographic transition has significantly progressed in recent years, but its future evolution will be closely linked to the evolution both of women's status and the role of the family. Several questions arise, as to whether the Renovation will curtail the role of traditional values,

¹ Central Census Steering Committee, 1999. – The 1999 census of Vietnam at a glance. Preliminary results. – Hanoi, The Gioi, 47 p. More detailed results have also been disseminated, including a 3% sample on CD-Rom.

² GENDREAU Francis, "La coopération avec le Vietnam", and VÉRON Jacques, "Le Vietnam et sa population", in: *La Chronique du CEPED*, n° 10, 1993, p. 1-3.

³ GUBRY Patrick (dir.), 2000. – *Population et développement au Viêt-nam*. – Paris, Karthala/CEPED, 614 p. (Collection Économie et développement).

CEPED

15, rue de l'École de Médecine
75270 Paris cedex 06, France

Fonds Documentaire IRD



010025357

Fonds Documentaire IRD

Cote: Bx 25357 Ex: 1

Tel. (33) 1 44 41 82 30

Fax (33) 1 44 41 82 31

or give them a boost; as to the future of education, which is getting increasingly costly to families; as to the evolution of inter-generation relations within the family; whether economic liberalization will cause age at first marriage to decrease or to increase.

New data and analyses on Vietnam

Statistic Surveys

- Surveys on the living standards of households: 1992-1993 and 1997-1998.
- Surveys on demographic trends and family planning: 1993, 1995, 1996, 1997, 1998.
- Inter-census demographic survey, 1994.
- Second demographic and health survey (DHS), 1994

Population and housing census, April 1999

This is the third general census conducted since the country was reunified in 1975. A CD-Rom with the data of the 3% sample is already available. The previous censuses were in 1979 and 1989.

Studies and research in which CEPED participated

- Research work funded by UNFPA and the French embassy was carried out in 1994 by four national institutions, with the participation of CEPED who was appointed executive agency. Topics included family, spontaneous migration, population and environment.
- UNDP sponsored an important research programme on migration in 1996, particularly in Hanoi and Ho Chi Minh City.
- The Institute for Economic Research (IER) of Ho Chi Minh City and CEPED conducted a survey on rural-urban migration to Ho Chi Minh City in 1999, funded by the French Ministry of Foreign Affairs.
- Three Ph.D. thesis in demography were defended at CERPA (University of Paris V) -now POPINTER- in 1998, with Professor Yves CHARBIT as supervisor and the students working on CEPED premises:
 NGUYỄN Thi Thiêng, 1998, *Mortalité infantile au Viêt-nam : facteurs déterminants*, 376 p.
 PHAM Thuy Huong, 1998, *Transition de la nuptialité au Viêt-nam : le cas du Delta du Fleuve Rouge*, 313 p.
 VU Hoang Ngân, 1998, *Connaissance et pratique de la contraception chez les couples*, 394 p.
- POPINTER, in co-operation with CEPED, is currently preparing a comprehensive study on the theme of relations between population and politics in Vietnam, based on the three thesis mentioned above as well as Catherine SCORNET's on fertility in the Red River delta region.
- A Master's thesis was defended at EHESS in 1999; the student worked on CEPED premises under supervision of Francis GENDREAU:
 LÊ Van Thanh, 1999, *Migration et urbanisation au Viêt-nam : constantes et changements depuis la politique du 'Renouveau'*, 144 p.
- Reference book *"Population et développement au Viêt-nam"*, Paris, Karthala/CEPED, 2000, 614 p. (Collection Économie et développement).

Another issue that should be discussed right now is that of growing sexual intercourse among adolescents, the

consequences of which may be social and familial, economic, psychological, or health and demography-related.

May contraception be partly challenged, given a context of greater freedom? Are slackened social control and the lessened role of the public system in family planning likely to cause it to slow down? On the other hand abortion is a crucial problem in Vietnam, due to its reaching one of the highest levels in the world, which undoubtedly points to contraception needs not being met. The risks to women's health that abortion implies justify two-fold action: reinforced measures in the health system and information aimed at having fewer women using it as a birth control method.

Annual variation of fertility, as a result of astrological considerations, has unexpectedly come up in recent years. For example in 2000 the number of births significantly increased, with the birth rate rising by 8.3% in the first six months, as compared with the same period in the previous year. The fact is that the year 2000, the year of the Dragon in the Chinese and Vietnamese calendar, is believed to be very favourable to children born during the year, whether girls or boys. Moreover the year 2000 is related with the Millennium, which is also supposed to bring good fortune. This is undoubtedly new, or at least on a significant increase, as only a context of fertility control makes it possible. Needless to say that such fluctuations are far from trivial; they bear economic and social consequences that will be quite significant in such respects as school infrastructure, which will have to take in a high percentage of extra children from one year to another.

Demographic ageing is one consequence of declining fertility. Research has already been undertaken on this topic, as in the long term it will inevitably cause deep social changes.

An efficient health system, about whose future questions still arise

Mortality has reached comparatively low levels in Vietnam, with a life expectancy at birth of 66 years for men and 71 for women, and an infant mortality rate of 32‰. This is proof that the past health policy has yielded definitely better results than in some richer countries. The question, however, is whether economic liberalization will not imply deterioration of the health system, considering that expanding privatisation entails narrower access to health services for the underprivileged sections of the population. Compensation measures should then be devised, and this clearly poses the question about social protection in the context of the new economy.

However, it is important that those policies be continued that aim at lower mortality, particularly infant mortality, which can still be brought down to much lower levels. In this respect action may consist, on the one hand, in fighting the most frequent causes of death, and on the other hand, in exerting greater efforts to improve

infrastructure, hygiene and prophylactic devices in high mortality regions. Diarrhoea ranks first among causes of infant mortality and the problem of drinking water remains crucial, both in rural and in urban environments. Malaria is still an alarming issue as ever, with increased resistance to prophylactic drugs. New diseases are emerging, as a result of environmental degradation and pollution. The vaccination programme must be pursued. Last, the evolution of AIDS is alarming, though the prevalence is currently lower than in other neighbouring countries. Travelling through the country, one can see that providing information to the population, which is crucial in this matter, has already been initiated.

One matter for concern is the possible long-term genetic consequences of dioxin, which is still to be found in the soil in the southern part of the country, as a result of the Americans spraying defoliants during the war. It is estimated that it will take 100 years for nature to be regenerated, and cases of genetic malformation are still recorded in those areas that were most affected.

The growth of urbanization and migration

The urbanization rate is still low in Vietnam (23.5% in 1999 against 20.1% in 1989). Economic liberalisation, however, as well as *de facto* lifting of residence control measures, will most probably result in an urban explosion. This is due to urban areas attracting most investments, causing disparities between urban and rural living conditions to increase, though overall improvement of the living conditions has been achieved. With the low urbanization rate in the country and rampant rural underemployment, many people are likely to choose rural-urban migration, which will put extra pressure on employment, housing, environment, and urban infrastructure in general. The two major cities, Ho Chi Minh City (4.2 millions urban residents, as defined by the Statistical office) and Hanoi, the capital (1.5 million) are the mainly concerned urban centres. Research therefore should study this evolution as a priority and devise such town and country planning measures as may help control the phenomenon.

International migration from Vietnam is now considered virtually non-existent. This, however, is the result of speculation -as compared with the previous period, when emigration figures were high, and considering that access to developed countries is barred just now- rather than of sound statistics. The country, however, is bound to be a potentially high emigration area, considering the average low living standards. The evolution of people's movements within ASEAN⁴, which have been made easier, will be of particular interest in the medium term. Where the developed countries in the North are concerned, 'replacement migration' is sometimes mentioned, as a means of compensating for the ageing of the population. Such a kind of migration may offer

interesting prospects in the future, if it causes no systematic brain drain.

One peculiar type of international migration has emerged in the last few years, with Vietnamese women emigrating to China to get married. The 'one child' policy enforced in China, combined with the continuing wish for a male descendant among the Chinese, is known to have resulted in selective abortion of female foetuses to be practised on a large scale. It seems that at the same time the trafficking of women is on the increase⁵. Actual networks have been set up, with a view to bringing women from abroad, particularly (or maybe even as a priority) from Vietnam. Vietnamese women too are often attracted by the higher living standards prevailing in the developed regions of South-East China. Obviously this type of migration, which is apparently increasing, may cause all kinds of abuses, and should be studied in depth. It is not unlike the migration of children to be adopted abroad, an issue Vietnamese authorities are paying great attention to, and mean to control.

How to preserve the environment in a context of rapid economic growth?

The question is crucial as to what extent economic growth is compatible with real protection of environment, considering that economic development, for which important investments are necessary, is often a threat to environmental integrity. As a matter of fact many investments would fail to be profitable if environment protection costs were to be included. Obviously the problem is most acute in urban areas, where rates of human concentration are highest.

The issue of global environment just cannot be underestimated in a country such as Vietnam. The increasing greenhouse effect may cause the sea level to go up. Whereas, at world level, several low altitude countries, or islands, are usually mentioned as 'vulnerable', Vietnam hardly ever is. Vietnamese authorities should take the problem into consideration, both at international level and for national research, as the two deltas, on which a major part of the population of the country lives and depends for food, are at a very low elevation and ecologically fragile.

On the whole, studies on the population-development relations in Vietnam are bound to raise the issue of poverty. The Renovation has resulted in significant progress being achieved in the last ten years or more, but the widening gap between the wealthy and the poor is getting alarming. In such a context, poverty alleviation undoubtedly remains the national priority.

Patrick GUBRY
Demographer of IRD, CEPED

⁴ Association of South-East Asian Nations.

⁵ *Liaowang Weekly*, quoted in *Courrier International* (Paris), n° 507, 20-26 July 2000.

THE POPULATION OF CAMBODIA

Recovery from devastation

During a whole decade, the population of Cambodia suffered from depletion at a level rarely known until then at national level, decreasing from 7.3 millions inhabitants in 1970 to 6.55 millions in 1980. However, this population recovered remarkably since then to reach about 11.75 millions in 1998. One notices at present that demographic transition is appreciably less advanced in Cambodia than in the neighbouring countries. This situation gives many opportunities for an array of public actions in the field of population and development.

Background

The population of Cambodia was devastated during the decade of the 1970s. While much attention has rightly focused on the genocide perpetrated by the Khmer Rouge regime from April 1975 to January 1979, it is sometimes overlooked that Cambodia suffered a bloody civil war from 1970 up to 1975. Estimates of deaths from that war range from 300,000¹ to 600,000². In addition, around 300,000 Vietnamese and other residents left the country, many because they were expelled¹. In 1980, 140,000 Khmers were in asylum in camps in Thailand. A famine gripped the country in 1979 and 1980, also leading to high mortality. Heuveline (1998) has estimated that there were about 2.5 millions excess deaths from 1970 to 1979, of which 1.4 million were violent deaths. A population that equalled 7.3 millions⁷ in 1970 would have reached nearly 9.3 millions in 1980 had it maintained the 1965-1970 average annual growth rate of 2.4 per cent. In fact, the population had been reduced to 6.55 millions in 1980 because of excess mortality, expulsions and refugee flows.

In terms of growth, the population recovered quickly during the 1980s. By reverse surviving the population enumerated by the 1996 Demographic Survey of Cambodia, Hugué (1997) estimated that the population of Cambodia grew from 6.55 millions in 1980 to 9.1 millions in 1990. The average annual growth rate during the 1980s was 3.34 per cent, with the crude birth rate (CBR) estimated to equal 49, the crude death rate (CDR) 17 and the annual net international migration rate about 1.5 persons per 1,000 population. By the period 1990-1995, the CBR had dropped to 39 and the CDR to 13. Return migration from Thailand and Viet Nam equalled about 450,000, yielding a net migration

rate for the period of 9.0 per 1,000. Thus, the population in Cambodia grew by 3.44 per cent a year between 1990 and 1995, to reach 10.9 millions at mid-1995.

The 1998 Population Census

In March 1998 Cambodia conducted the first complete population census since 1962. The count yielded a population of 11.44 millions³. A post-enumeration survey estimated a net undercount of 1.78 per cent. There were also about 45,000 persons living in areas that were not counted for security reasons, and 60,000 Cambodians temporarily displaced to Thailand at the time of the census. If these estimates are taken into account, the population in March 1998 would have been at least 11.75 millions.

Although the population grew rapidly during the 1980s and 1990s, it has retained the scars from the 1970s, as evidenced by the current age structure and sex ratios. Because of the devastation suffered by the population in the 1970s and the "baby boom" of the 1980s and 1990s, Cambodia currently has an extremely young population. The 1998 census found that nearly 55 per cent of the population was under age 20 (and that is probably an underestimate because of undercounting the age group 0-4 in the census). The age group 20-24 in the census, consisting of persons who were born between 1973 and 1978, is considerably smaller than the two next older five-year age groups. The age group 15-19 is 80 per cent larger than that 20-24.

The deficit of adults in the population is particularly acute for adult males. The overall sex ratio in the census population equalled 93.0 males per 100 females, but among the population aged 20 years and over the sex ratio was 82.3 and among those aged 60 years and over it was only 71.8.

Because of the deficit of adult males, those surviving are much more likely than adult women to be married. Among the population aged 30-59 years, 95 per cent of males, but only 76 per cent of females, are currently married. Among persons aged 60 years and older, 83 per cent of males and 43 per cent of females are married.

Conversely, women are much more likely than men to be widowed. Among persons aged 30-59 years, only 1 per cent of men but 12 per cent of women are widowed. Among persons at least 60 years of age, 12 per cent of men and 48 per cent of women are widowed. More of

¹ HEUVELINE Patrick, 1998. — "Between one and three millions: towards the demographic reconstruction of a decade of Cambodian history (1970-1979)", *Population Studies*, vol. 52, n° 1, p. 49-65.

² DESBARATS Jacqueline, 1995. — *Prolific Survivors: Population Change in Cambodia, 1975-1993*. — Tempe, Arizona, Arizona State University.

³ HUGUET Jerrold W., APHICHAT Chamrathirong, NOTT Rama Rao and SAN Sy Than, 2000. — "Results of the 1998 Population Census in Cambodia", *Asia-Pacific Population Journal*, vol. 15, n° 3, p. 3-22.

the women over age 60 are widowed than are currently married.

Because of the deficit of adult males and high rates of widowhood among women, a significant proportion of households are headed by women. The census, which was conducted on a *de facto* basis, recorded that 25.7 per cent of households were headed by women, whereas the Socio-Economic Survey of Cambodia, 1993/1994, which was conducted on a *de jure* basis, found that 21.2 per cent of households were female-headed.

Recent Sources of Demographic Data in Cambodia

- Demographic Survey of Cambodia 1996 (National Institute of Statistics).

General Report (1996);

HUGUET Jerrold W., *The Population of Cambodia, 1980-1996, and projected to 2020* (1997);

LONG Chintha, *Labour Force and Migration in Cambodia, 1996* (1997);

RAMA Rao, Rajalakshmi and Binie Zaan, *An Analysis of Female-headed Households in Cambodia* (1997).

- National Health Survey 1998 (National Institute of Public Health).

- General Population Census of Cambodia 1998 (National Institute of Statistics).

The Internet Web site of NIS (www.nis.gov.kh) contains some basic tables of census results and information about ordering the publications and four CD-ROMs with census data.

- Cambodia Demographic and Health Survey 2000 (National Institute of Statistics, Ministry of Planning, Ministry of Health, MEASURE DHS+, ORC Macro).

- Socio-Economic surveys (National Institute of Statistics):

Socio-Economic Survey of Cambodia, 1993/94 (all rounds) (1995);

Cambodia Socio-Economic Survey, 1997 (1998);

Cambodia Socio-Economic Survey, 1999 (2000).

Fertility and mortality

The population census of 1998 and the Cambodia Demographic and Health Survey (CDHS) of 2000 yield a wide range of fertility and mortality estimates. A direct question in the census on births in the previous 12 months yielded a total fertility rate (TFR) of 3.52 children per woman. As this level is apparently too low, the Arriaga P/F indirect method of estimating the TFR was applied, and it produced a TFR of 5.30. The number of children ever born reported in the census was somewhat greater for each 5-year age group than that reported by the Demographic Survey of Cambodia in 1996, implying that fertility had not yet begun to decline by 1998.

The CDHS 2000 calculated age-specific and total fertility rates from the birth histories of 15,351 women aged 15-49 years. The resultant TFR for the five-year period prior to the Survey equals 3.99. The CDHS accepts this direct measure and does not apply any indirect estimation technique. If the Arriaga P/F method is applied, however, a TFR of 4.56 is estimated. Further research is warranted on the actual level of fertility in Cambodia.

The population census collected data on the number of children ever born and children surviving, by sex, by age of woman. Indirect estimation using Coale-Demeny east model life tables yielded an infant mortality rate (IMR) of 92 per 1,000 live births, and a child mortality rate of 29.

From birth histories, the preliminary results of the CDHS yielded an IMR of 95.1 and a child mortality rate of 32.5. If a Coale-Demeny east model life table is generated with the appropriate under-five mortality level, the resultant expectation of life equals 57.6 years for both sexes.

Population and development

The social and economic characteristics of the Cambodian population reflect the underdeveloped nature of the economy and the weakness of social services. Among the population aged 15 years and older, only two thirds are literate, 80 per cent of males and 57 per cent of females. Furthermore, the literate population has low levels of educational attainment. Only 49 per cent of literate males and 32 per cent of literate females aged 25 years and older have completed primary school. Among literate persons aged 25 and over, only 6.4 per cent of males and 2.8 per cent of females have completed secondary school.

Labour force participation rates are high, but the great majority of people work in agriculture. Among persons aged 15 and older, 81 per cent of males and 74 per cent of females are economically active. Over 82 per cent of employed women and 70 per cent of employed men are "skilled agricultural and fishery workers". The second largest occupational category is "elementary occupations", in which about 5 per cent of both men and women workers are engaged.

Reflecting the preponderance of agricultural employment, only 18 per cent of male workers and 6 per cent of female workers are paid employees. Among male workers, 61 per cent are own-account workers and 20 per cent are unpaid family workers. Among female workers, 63 per cent are unpaid family workers and 31 per cent are own-account workers.

Although only 15.7 per cent of the population live in urban areas, high proportions of the population are migrants because of the internal disturbances in the past and resettlement associated with economic recovery. The 1998 census found that 31.5 per cent of the population had migrated at some time in the past and

that 10 per cent had migrated in the five-year period prior to the census. Eleven per cent of males and 9 per cent of females had migrated in the previous five years. Because the Khmer Rouge regime had virtually emptied the cities of their population, most current urban residents are migrants. Overall, 59 per cent of the urban population are migrants, and 80 per cent of urban residents aged 20 years and older are migrants to their city.

Policy implications

The characteristics of the population of Cambodia as recorded by the population census in 1998 and the Demographic and Health Survey in 2000 point out many important areas for policy interventions. The total fertility rate may be as high as 4.5 children per woman. The infant mortality rate is 95 per 1,000 live births, and 12 per cent of children die before reaching their fifth birthday (CDHS 2000). The population growth rate is over 2 per cent a year. These measures imply that reproductive health and child health programmes and facilities need to be expanded and improved. There is a considerable gap between urban and rural areas in most socio-economic indicators, implying that rural and remote areas require increased attention.

As 53 per cent of the population is under age 18, there is currently great pressure on the educational system. More than 20 per cent of the population aged 15-19 years old is illiterate. The literacy rate of young males has stagnated at just over 80 per cent for the past 35 years, and the literacy rate of young females is not yet that high. Only about 3 per cent of the population aged 25 years and older have completed secondary school.

Significant disparities by sex and by rural-urban residence exist in educational attainment. These bleak statistics call for greatly improved programmes of human resources development focusing on primary and secondary education, but with a need for adult training and other forms of informal education.

The number of persons of working age will expand rapidly in the near future because of the large cohorts currently under age 20. These cohorts will soon increase the demands on the economic infrastructure for employment, housing, water, electricity, etc. National and local planning offices must take these population dynamics into account in their work.

The new sources of demographic data have highlighted the development challenges facing the country. The challenges will require the strong efforts and cooperation of the people of Cambodia, the government, the private sector, international organizations and non-governmental organizations. Much progress has been made in the past two decades and especially since the elections and formation of a new government in 1993, but Cambodia still has far to go to reach the levels of social and economic development of most of its neighbours in South-East Asia.

Jerrold W. HUGUET
*Chief, Population and Development Section
Population and Rural and Urban Development Division
Economic and Social Commission for Asia
and the Pacific
Bangkok, Thailand*

The comparison between Vietnam and Cambodia, two neighbouring countries of South-East Asia, gives some interesting lessons. The populations of both countries are marked by some strong similarities resulting from their geographical situation and from devastating wars in the recent past. These events left the populations of both countries deeply scarred so that both currently have deficits of adults, especially of adult males. One consequence is that about a quarter of the households in both countries are headed by females. There also exist fundamental differences between the two populations, however, reflecting their different levels of economic development and effectiveness in provision of social services. Fertility in Vietnam has been reduced nearly to the replacement level and mortality has been reduced to a relatively low level. In contrast, high fertility and mortality in Cambodia are likely for some time to come to hamper its efforts to reach the level of economic and social development of its much larger neighbour.

CEPED, the French Center for Population and Development Studies, is a research center set up in 1988 by EHESS, INED, INSEE, IRD and Paris VI University jointly. It aims at promoting research, training and co-operation among developing countries especially with regard to the interrelationships between population and development.

Director of publication and editor : Alain Lery

Price per issue : 15 F

Subscription price (1 year) : 25 F

Website : <http://www.ceped.ined.fr>

Printed by ParaGraphic