

The Evolution of Population Policy in Viet Nam

Three periods in the evolution of the population policy of Viet Nam are documented in this article: initiation in the 1960s and 1970s; maturity in the 1980s and 1990s; and legalization in the 2000s and early 2010s. A framework was used for stakeholder analysis in the sociopolitical context of Viet Nam in order to analyse interactions between leading state agencies in the development of population policy and their influence on the organizational structure of the population programme. The current tensions in the implementation of the population programme are highlighted, and a new population policy is called for that would be more conducive to addressing broader population and reproductive health issues, in order to respond more effectively to new challenges arising from the socioeconomic and demographic transition of the country.

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Background

Population policy is highly complex and intensely political, and directly linked to a country's socioeconomic development, security and protection. Population growth rates in the developing world have been the target of some population policies. As a result those rates declined from an average of 2.4 per cent annually in the 1970s to 1.4 per cent in the 2000s (United Nations, 2008a). In the population policy of many developing countries, the control of population size is emphasized; the aim is to reduce fertility in order to assure food security, to provide sufficient employment and basic social, educational and health services, to reduce pressure on natural resources and to combat climate change.

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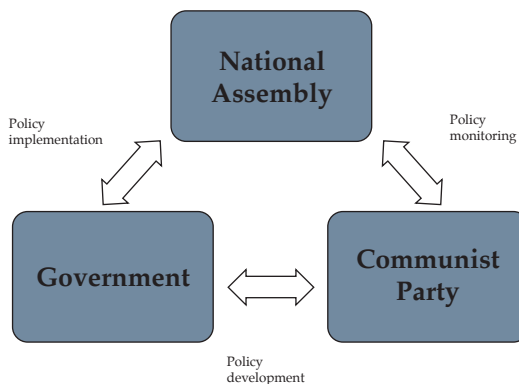
Viet Nam has maintained a population policy for the last 50 years (in the North of Viet Nam since 1961 and nationwide after the reunification in 1975). The core element of the policy has been the promotion of the social norm of a small family size. This has been implemented through a vigorous population programme supported by birth control measures (Jones, 1982). The Vietnamese policy shares some of the characteristics of China's one-child policy (Goodkind, 1995) and the sociocultural values of Confucianism, with son preference as a central feature (Johansson and others, 1998).

In this article, a framework is utilized for conducting stakeholder analysis in the sociopolitical context of Viet Nam in order to analyse the evolution of the the country's population policy and demonstrate the complex interactions between leading state agencies in the development of that policy. This analysis is aimed at seeking to understand their influence on structuring the population programme and the implications of policy interventions for programming. New challenges arising from the demographic trends are highlighted in the context of the country's socioeconomic transition. Finally, a new policy is recommended that would be more conducive to addressing broader population and development issues.

Analytical framework for stakeholder analysis

Figure 1 depicts the framework for stakeholder analysis, based on the three "pillars" of the Viet Nam political system: the National Assembly; the Communist Party; and the Government. These bodies lead all the country's political agendas.

Figure 1. Framework for stakeholder analysis in population policy development cycle in Viet Nam



The National Assembly is the highest representative body of the people and the only organization in Viet Nam that has legislative powers. It approves constitutions, laws and ordinances. In the hierarchy of legislation, the constitution is the country's highest-level legal document. The current constitution, which was adopted by the National Assembly on 15 April 1992, affirms the central role of the Communist Party in politics and the socioeconomic development of the country¹ (Tuần Việt Nam, 2010).

The Party has a nationwide network and a membership of about 3.1 million members. According to the Former Chairman of the National Assembly, Nguyễn Văn An, about 90 per cent of the parliamentary representatives are Party members, and most key positions in the Government, from the central level down to the grass-roots level, are held by Party members (Thu Hà, 2010). The Party issues directives and resolutions that furnish the platform for all the country's policies.

The Government is currently made up of the 22 ministries, national committees, provincial people's committees in 63 provinces. The Government Office, under the leadership of the Prime Minister, issues decrees and formulate decisions and strategies for implementation of the socioeconomic development programmes.

The evolution of population policy

In respect of the scope and level in the hierarchy of policy development, it may be said that the evolution of the population policy of Viet Nam has occurred in three periods: initiation in the 1960s and 1970s; maturity in the 1980s and 1990s; and legalization in the 2000s and early 2010s. Key policy documents issued by political systems over these periods are highlighted in table 1.

Table 1. Evolution of population policy in Viet Nam

Evolution period	Key policy documents		
	National Assembly	Communist Party	Government
1960s and 1970s: Initiation of population policy			1961: Decision 216-HDBT issued to establish the Population and Birth Control Unit (1961-1983)
1980s and 1990s: Maturity of population policy		1986: Đổi Mới policy launched at the Sixth National Party Congress	1984: Decision 58-HDBT issued to establish the National Committee on Population and Family Planning (1984-2000)
		1993: Resolution 4-NQ/TW through which population and family planning programmes were adopted at the Seventh National Party Congress	1988: Decree 162-HDBT issued to regulate birth control
		1995 Directive 50-CT/TW issued to strengthen the implementation of the population and family planning programme	1993: Launch of the National Strategy on Population and Family Planning 1993-2000
			1997: Decision 37-TTg of the Prime Minister issued to accelerate the implementation of the National Strategy on Population and Family Planning 1993-2000

Evolution period	Key policy documents		
	National Assembly	Communist Party	Government
2000s and 2010s: Legalization of population policy	<p>2001: Amendment of the 1992 National Constitution</p> <p>2003: Population Ordinance issued</p> <p>2008: Revised Population Ordinance approved</p> <p>2012: Revision of the 1992 Amended National Constitution</p> <p>2015: to develop law on population</p>	<p>2005: Resolution 47 issued to reinforce the birth control policy, requesting revision of the Population Ordinance</p>	<p>2001: Decision to establish Viet Nam Commission for Population, Family and Children (2001-2006)</p> <p>2001: Launch of National Strategy on Population 2001-2010</p> <p>2007: Decision to establish General Office for Population and Family Planning (2007-currently)</p> <p>2010: Decree ND-CP 20 issued to guide the implementation of the revised Population Ordinance</p> <p>2011: Launch of the National Strategy on Population and Reproductive Health 2011-2020</p>

During this evolution, four different forms of organizational structure emerged under the population programme: (a) Population and Birth Control Unit (1961-1983); (b) National Committee for Population and Family Planning (NCPFP)(1984-2002); (c) Viet Nam Commission for Population, Family and Children (2003-2006); and (d) General Office for Population and Family Planning (from 2007).

The initiation of the population policy in the 1960s and 1970s

The population policy of Viet Nam was first initiated in the northern region of the country in the early 1960s and launched nationwide after the country's reunification in 1975. The Government established the first administrative Population and Birth Control Unit within the Ministry of Health on 26 December 1961 (Government of Viet Nam, 1961). This date has been celebrated as Population Day in Viet Nam since 1997 (Government of Viet Nam, 1997).

The two-to-three child policy had been promoted in the northern region of Viet Nam since 1964 (Vu, 1994). The total fertility rate (TFR) of Viet Nam was about 6.1 children per woman when the Viet Nam War ended in 1975 (Nguyen, 2010). However, no data are available about the differentials in TFR between the northern and southern regions of Viet Nam prior to this time.

Maturity of the population policy in the 1980s-1990s

The Party launched its well-known *Đổi Mới* (renovation) policy in 1986. In the 1980s and 1990s, the population policy was further developed and, as it matured, emphasis was placed on birth control. The Government established NCPFP in 1984 (Government of Viet Nam, 1984), with General Võ Nguyên Giáp being appointed as its first Chairman (Tucker, 1998). NCPFC was a ministerial body designated to assist the Council of Ministers. This structure was maintained throughout the 1980s and 1990s.

The Government's first decree on birth control was officially issued in 1988; it was aimed at reducing the country's TFR (4.2 in the mid-1980s). Couples were encouraged to limit family size to two children through late marriage, by delaying childbearing until after reaching the age of 22, and ensuring spacing of 3-5 years between the first and the second births (Government of Viet Nam, 1988).

The Party's "resolution 4 on population and family planning", which was issued in 1993, was the first formalization of the then one-to-two child policy, establishing an important principle that the population programme was an integral part of national socioeconomic development

plans (Central Party Committee of Viet Nam, 1993). Following that resolution, the Government launched the first National Strategy on Population and Family Planning 1993-2000, with the primary objective of reducing TFR to 2.9 by 2000 (NCPFP, 1993).

The 1990s were the high point in the population programme, contributing to the rapid decline in TFR from 3.8 in 1989 to 2.3 in 1999 (GSO, 1999). The country had also experienced considerable socioeconomic growth during that decade, which the State attributed to its population policy (Behrman and Knowles, 1998). No legislative document on population was issued in the 1980s and 1990s.

Legalisation of the population policy in the 2000s and early 2010s

The most significant change in the legislation of Viet Nam in the early 2000s was the amendment in 2011 of the 1992 constitution. The amendment resulted in increased engagement of citizens in policy development (Conway, 2004).

The current Population Ordinance is the highest-level legislative document on population; it was issued in 2003 by the Standing Parliamentary Committee of the National Assembly. In this ordinance, reproductive rights were officially recognized for the first time, with the statement that couples have the right to decide the number of children, birth timing and spacing (National Assembly of Viet Nam, 2003).

However, soon after the ordinance was issued, the Government launched the National Strategy on Population 2001-2010, and set as the primary objective of the strategy decreasing fertility to the replacement level (2.1 children per woman) for the entire country by 2005 (VCPFC, 2003). Controversy was prompted by the inconsistency between the ordinance and the strategy. It was argued by some that the National Assembly had relaxed the birth control policy through the ordinance, which promoted reproductive rights, whereas those with more conservative views inferred from the strategy that the Government was continuing its birth control policy.

To clarify this contradictory situation, the Central Party Committee issued resolution 47 in 2005. Through that resolution, it reaffirmed birth control measures which it justified by its concern that: "to sustain high economic growth, Viet Nam needs to pursue a population control policy until it has become an industrialized country" (Central Party Committee of Viet Nam, 2005). This reaffirmation of birth control came at a time when fertility had already reached the replacement level of 2.1 (Pham and others, 2008).

In a seeming reversal of procedures, the National Assembly on 25 December 2008 replaced article 10 of the Population Ordinance, which had recognized the reproductive rights of couples, with the following specific regulation:

Each couple and individual has the right and responsibility to participate in the campaigns on population and family planning, reproductive health care: (i) decide on timing and spacing of births; (ii) have one or two children, with exceptional cases to be determined by the Government” (National Assembly of Viet Nam, 2009).

To further reinforce the emphasis on population control, in a meeting of the Central Party Committee on 6 March 2009, the Chief Executive, Trương Tấn San² instructed that the population size of Viet Nam needed to be controlled at 100 million by 2020. He also instructed the Assembly to develop a new law on population by 2015 (Central Party Committee of Viet Nam, 2009).

Implications of recent revisions in population policy

Arguably the tensions in the population policy are reflected in the recent changes in the leadership and organizational structure of the leading agency of the population programme. The Government merged the population programme and the child protection programme in 2003, and NCPFP was broadened to form the Viet Nam Commission for Population, Family and Children, with a new mandate that shifted the focus from family planning to reproductive health. However, that Commission was downsized in 2007 to a department level and renamed the General Office for Population and Family Planning. Once more it was placed under the administration of the Ministry of Health, with its functions refocused on birth control (GOPFP, 2009).

At the same time the Reproductive Health Department of the Ministry also reverted to using its previous name, Maternal and Child Health. This restructuring suggested a return to a technical conceptualization of population control and a shift away from reproductive health.

The revision of the Population Ordinance could have been instrumental in advocating for more political interest in population issues and subsequently in obtaining an increase in the budget allocated to the population programme. Indeed, the national budget for the population programme had declined from 559 billion Vietnamese dong (VND) in 2000 (0.51 per cent of the national budget – US\$ 1 was about 14,000 dong in 2000) to VND 498 billion (0.16 per cent of the national budget) in 2006 (GSO, 2007). Additionally, the Law on State Budget issued in 2001

partially decentralized budgeting to the local government level (National Assembly of Viet Nam, 2002). This meant the national budget for the population programme could have been reallocated to other activities, contributing to a further shortage of funding for the implementation of the programme at the local level.

External funds for the population programme also declined. For example, supplies of contraceptives from such donors as the World Bank and United Nations Population Fund declined, producing a shortfall of €14 million in the period 2006-2010 (VCPFC, 2007). The shortage of funds has been of particular concern in the transition of Viet Nam from a low-income country to a middle-income country.

The new National Strategy on Population and Reproductive Health 2011-2020 was recently approved for implementation by the General Office for Population and Family Planning and the Department for Maternal and Child Health. In the light of the organizational changes and the reduced budget, concern has been raised about the competition for funding between the two departments and the financial implications of sharing the budget between the population programme and the maternal and child health programme. These aspects hold important implications that policymakers and programme managers should consider when programming interventions in these areas.

Challenges to future population policy

The 1992 national constitution was revised for the second time in 2012. The new Law on Population has been put on the National Assembly's political agenda for 2013. Lawmakers should consider new challenges emerging from the country's demographic and socioeconomic transitions and include them in the development of fundamental legislation.

Demographic trends and emerging issues

A question has been raised as to why the country's population policy has reverted to birth control when fertility has declined. Data in table 2 show the estimated trend of the declining population growth rate and total fertility rate in Viet Nam over the last 50 years (GSO, 2009).³ With 79 per cent of women of reproductive age (15-49 years) currently using contraceptives, the decline of fertility in Viet Nam is predicted to continue.

Table 2. Key population indicators of Viet Nam, 1961-2010

By the end of period	1961-1975	1976-1980	1981-1985	1986-1990	1991-2000	2001-2005	2006-2010
Population (in millions)	47.9	53.0	59.7	66.2	78.6	84.0	89.0
Population growth rate (%)	2.24	2.11	2.29	2.05	1.51	1.33	1.15
Total fertility rate	6.7	5.89	4.5	4.02	2.5	2.25	2.08

Sources: *World Population Prospects: The 2008 Revision* (CD-ROM Edition, United Nations publication, Comprehensive Dataset, Sales No. 09.XII.6; Extended Dataset, Sales No. 09.XII.6)

Viet Nam currently has the largest-ever cohort of persons of reproductive age in its demographic history: approximately 25 million women in the 15-49 year age group of reproductive age (GSO, 2009). This peak in the proportion of the population is projected to last for the period 2010-2040, creating great demand for reproductive health commodities and services, especially contraceptives. The appropriate response to this situation requires sufficient investment in human and financial resources from the national budget allocated for the population programme.

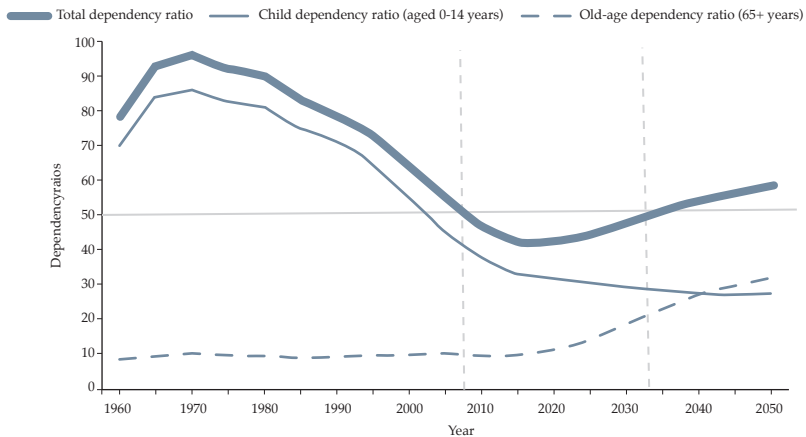
Viet Nam is now at a crucial point in its socioeconomic development as it is entering the "golden age" population structure,⁴ with an optimum proportion of the population in the working age group of 15-59 years. Table 3 shows that the total dependency ratio has declined over the last three decades to as low as 51 per cent in 2009; of that percentage, child dependency accounted for 38 per cent and elderly dependency 13 per cent (GSO, 2009). The projection of dependency ratios for Viet Nam over the period 1960-2050 (figure 2) shows that the total dependency ratio will remain below 50 per cent from 2008 to 2033⁵ (United Nations, 2008b). The critical question for future population policy is how to ensure that the "demographic dividend" delivers opportunities for the country's socioeconomic development.

Table 3. Population dependency ratios, Viet Nam, 1979-2009

	1979	1989	1999	2006	2009
Child dependency ratio (0-14 years)	84.5	73	56.3	40.7	38
Elderly dependency ratio (60+)	14	13.3	13.6	14.3	13
Total dependency ratios (percentage)	98.5	86.3	69.9	55	51

Source: General Statistics Office, censuses for 1979, 1989, 1999 and 2009, and population change survey in 2006.

Figure 2. Dependency ratios, Viet Nam, 1960-2050



Source: United Nations Population Prospects: 2008 Revision, CD-Rom Edition (United Nations Publication, Comprehensive extended dataset, Sales No. 09.XII.6)

Population ageing has commenced in Viet Nam. As shown in table 4, the ageing index⁶ of Viet Nam reached 35.9 per cent⁷ in 2009 (GSO, 2009), which was higher than that of the average level of the global population, 24.0 per cent, and of the Asian population, 20.0 per cent, in the same year (United Nations, 2007). The population ageing process will accelerate if population policy continues to focus on birth control, which would result in fewer births while the expectation of life at birth would continue to increase.

Table 4. Percentage of populations aged 65+ and 0-14 years, and aging index, Viet Nam, 1989-2009

	1989 census	1999 census	2006 popula- tion change survey	2009 census
Percentage of population aged 65+	4.7	5.8	7.0	9.0
Percentage of population aged 0-14	39.2	33.1	26.3	25.0
Ageing index	12.0	17.4	26.8	35.9

Source: Censuses for: 1989 (p. 16); 1999 (p. 20); and 2009 (p. 12); and the population change survey 2006 (p. 21).

Challenges to the current organizational structure of the population programme

Concern has been raised about the current structure of the population programme, that is, that it could possibly neglect broader population and development issues. The population programme under the Ministry of Health could be efficient in delivering family planning services, contributing to the improvement of maternal and child health, but it is difficult to address effectively issues emerging from the new demographic trends.

There is still a gap between the international commitments endorsed by the Government of Viet Nam and local constraints on the full enjoyment of reproductive health by the Vietnamese people. The population policy has been focused mainly on promotion of the small family norm. In the social context of low fertility, the fertility choices of Vietnamese couples have been constrained as there is a clash with the traditional culture of son preference (Pham and others, 2008).

Given the issues emerging from the demographic and socioeconomic transitions, a relaxation of birth control would be challenging but desirable for the system in order to: avoid very low fertility in urban centres, such as Hanoi and Ho Chi Minh City (GSO, 2009); reduce the pressure for prenatal sex selection among couples, particularly those living in the Red River Delta (Pham and others, 2010a); stabilize the high levels of sex ratios at birth (Pham and others, 2010b); and slow the trends towards one-son families and the population ageing process (Pham and others, 2012).

Finally, the recent decline in the budget allocated for the population programme could be disadvantageous for effective implementation of the country's population policy. Shortages in the supply of contraceptives would limit individual reproductive choices, particularly among the poor. This could also increase unmet need for contraception, as reflected in higher rates of unintended pregnancy and abortion, both of which are undesirable population health outcomes.

Conclusions

Over the past 50 years, Viet Nam has maintained a population policy that has rigorously pursued the goal of controlling population size by reducing the birth rate. The policy has been built on the basis of strong political support from the Communist Party, the Government and the National Assembly.

The policy has undergone three main periods of evolution: initiation in the 1960 and 1970s; maturity in the 1980s and 1990s and legalization in the 2000s and early 2010s. The population policy contributed to a decline in fertility in Viet Nam from an average of 6 children per woman of reproductive age in the 1960s to only 2 children in the 2000s.

The new challenges emerging from the demographic and socioeconomic transitions of the country are driving both conservative and liberal responses within the political landscape. The authors would like to advocate revitalizing the population policy in order to respond more effectively to the new demands for socioeconomic development in the country. These issues will play out in coming years as socioeconomic changes continue to redefine the population structure and the political identity of Viet Nam.

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Endnotes

- ¹ Viet Nam had adopted three previous constitutions: in 1946, 1959 and 1980.
- ² Voted in as President of Viet Nam by the National Assembly Meeting in 2011.
- ³ It should be noted that this data series is slightly higher than that reported by the General Statistics Office, i.e. the 2009 census showed a TFR of 2.03.
- ⁴ A structure in which the proportion of dependent persons, including children and the elderly, are at a minimum compared with the working-age population.
- ⁵ United Nations projection of medium variant dependency ratios. Unlike calculation of dependency ratios of Viet Nam, in the projection, child dependency is defined as the population aged 0-14 years, but working-age population is 15-64 years, and old-age dependency is defined as the population aged 65 years and older.
- ⁶ Ageing index of a population is measured by the ratio between the old-age population (aged 65 years and over) and the young population (aged 0-14 years).
- ⁷ In 2009, this ratio was calculated using the population aged 60 years and older, instead of 65 years and older as it had been calculated in previous years.

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