Viet Nam
POPULATION 2008

UPDATED INFORMATION:

- Fertility
- Mortality
- Sex Ratio at Birth

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INTRODUCTION

While Viet Nam nationally has achieved below replacement level fertility, the disparity between regions and an imbalance in the sex ratio at birth (SRB) are issues that have continued to attract attention from policy makers, managers, researchers and the media. It is especially important in the context of new challenges faced by the National Population and Family Planning Program (P/FP), to sustain the trend in declining fertility and to improve the quality of human resources, as part of Viet Nam's priority targets.

In order to provide up-to-date information on crucial population issues, the Viet Nam Office of the United Nations Population Fund (UNFPA), has published a series of booklets that summarize the major results of the Population Change and Family Planning Survey (PCS) conducted on the 1st of April each year by the General Statistics Office. This is the fifth booklet published so far. It is based on information derived from the preliminary analysis of the UNFPA's international consultant and on data released by the General Statistics Office at the Dissemination Workshop on PCS's Preliminary Results on 28th of October, 2008.

In publishing this booklet, UNFPA hopes to update and inform readers on the current population status and to help them better understand the emerging issues in Viet Nam of fertility, mortality, population growth, SRB and third child bearing.

DATA SOURCES AND QUALITY

PCS provides one of the best surveys in Viet Nam on an annual basis, with vital statistics drawn from the national, regional and provincial levels. In recent PCSs, survey instruments have been improved to capture more efficiently birth and death statistics. The 2008 PCS commenced on 1st April, covering more than 378,000 households and 415,000 married women from all parts of the country.

As with previous PCSs, the reliability of this survey data was highly appreciated by the UNFPA's international expert. He mentioned that data from the 2008 PCS should be viewed as one of the best Vietnamese survey reports on age, contributing to the accuracy of estimates on fertility, mortality and others demographic indicators.

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TOTAL FERTILITY RATE (TFR)

Total fertility rate (TFR) is an important tool to reflect fertility. TFR is interpreted as the average number of children a woman will bear in her lifetime if she bears her children at the age-specific rates observed during that year. TFR is most commonly used to measure fertility change over a period of time, or to compare fertility rates between geographic areas (regions and countries). TFR enables direct measurement of the reproductive results of the female population of reproductive age without taking into account the age structure of the population group not participating in the reproductive process.

Table 1: Total Fertility Rate (TFR) by Geographic Regions, 2006-2008

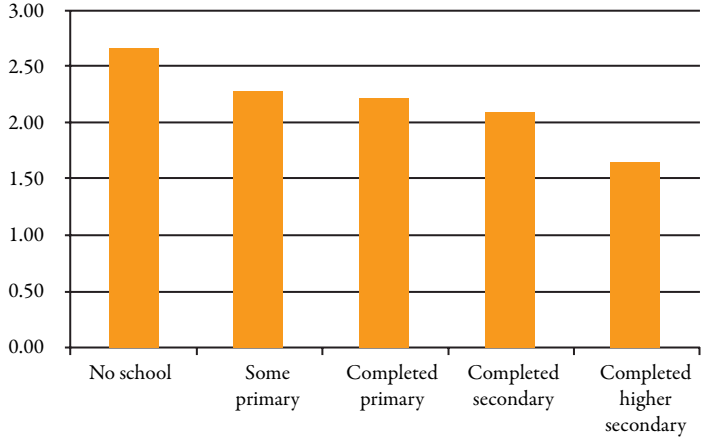
Area	2006 PCS	2007 PCS	2008 PCS
Whole country	2.09	2.07	2.08
Urban	1.72	1.70	1.83
Rural	2.25	2.22	2.22
Red River Delta	2.05	2.11	2.13
Northeast	2.23	2.18	2.30*
Northwest	2.43	2.39	
North Central	2.48	2.32	2.30*
South Central Coast	2.28	2.19	
Central Highlands	2.82	2.77	2.68
Southeast	1.76	1.74	1.73
Mekong River Delta	1.92	1.87	1.87

(*) From 2008 PCS, GSO analyzed data by 6 instead of 8 economic regions as in previous PCS. According to this classification, Northeast and Northwest regions have merged to become a new region named the Northern Highland and Upland region. North Central and South Central regions have merged to become North Central and Central Coast region.

Table 1 shows that, *during the past three years, TFR has continued to fall below the replacement rate. In the 2008 survey, the TFR confirms 2.08 children per woman. This rate is not significantly different from the 2007 PCS of 2.07 children per woman.* Urban fertility (1.84 children per woman) is lower than that in rural areas (2.22 children per woman). The decreasing fertility trend in rural areas has become relatively apparent over the past three years.

Although an overall decreasing TFR trend is evident in most regions, the fertility disparity between regions still exists. Data from the 2008 survey show that the lowest TFR (below replacement) of 1.73 occurs in the Southeast with 1.87 in the Mekong River Delta region. The highest TFR of 2.68 children per woman is found in the Central Highlands (Table 1). *This clearly indicates that fertility should fall below replacement level, once the regional gaps in Viet Nam are bridged.*

Data from the 2008 survey confirms the continuing relationship between fertility with female education levels. Graph 1 shows that TFR is highest (2.65) for those who did not go to school, that it falls below replacement level for women who completed secondary school, and that it is lowest (1.64) where women have completed tertiary education. These figures reflect the fact that a higher level of female education relates directly to a lower number of children. Importantly, it strongly suggests that the Population and Family Planning program should focus specifically on groups at the lower end of the education spectrum by providing information on the benefits of having a small family. In turn, this will promote better education and development opportunities for the mother and benefit her child's health.



Graph 1: Total Fertility Rate (TFR) by Women' Education Level, 2008

Data from surveys in Viet Nam in the past years shows that there is *a direct connection between decreasing birth rate and increasing rates of contraceptive use, especially the use of modern methods.* Data from the 2008 PCS shows that the recent CPR of 68.8%, has not increased significantly compared with the 2007 PCS (68.3%) (Table 2).

Table 2: Total Fertility Rate (TFR) and Contraceptive Prevalence Rate (CPR), 2004-2008

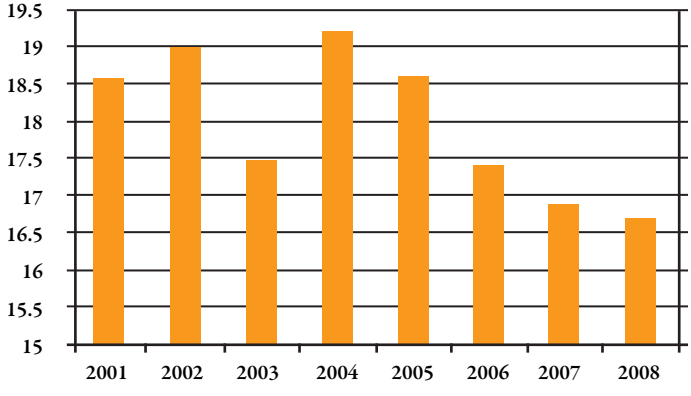
Year of Survey	TFR	CPR (Modern methods)
2004	2.23	64.6
2005	2.11	65.7
2006	2.09	67.1
2007	2.07	68.3
2008	2.08	68.8

CRUDE BIRTH RATE

Crude birth rate (CBR) provides an annual indication of the number of births per 1000 of population. CBR is used in calculating the rate of natural increase in the population. Although CBR is a simple calculation, is not a useful indicator to compare fertility rates among various population groups (provincial, regional or national) if these groups have different proportion of women in reproductive age.

In the 2008 PCS, the CBR estimates 16.7 births per 1000 population. The CBR in rural areas is higher (at 17.3 births per 1000 population) compared to the urban birth rate (at 15.8 births per 1000 population). *This data reflects a continuous decrease in the CBR trend since 2004 (Graph 2).*

As with the TFR, there is regional disparity in CBR. The lowest CBR is observed in the Mekong River Delta (15.9) followed by Southeast (16.0), Red River Delta (16.1), and North Central and Central Coast (16.4). The highest CBR of about 21.0 is found in the Central Highlands and 19.1 in the Northern Highland and Upland region.



Graph 2: Crude Birth Rate according to the Surveys, 2001-2008

INFANT MORTALITY RATE

Infant mortality rate (IMR) is a conventional measurement of the number of infant deaths per year per 1,000 live births during the same year. This indicator measures child survival and reflects the social, economic and environmental conditions in which children live.

Table 3: Infant Mortality by Regions, 2006-2008

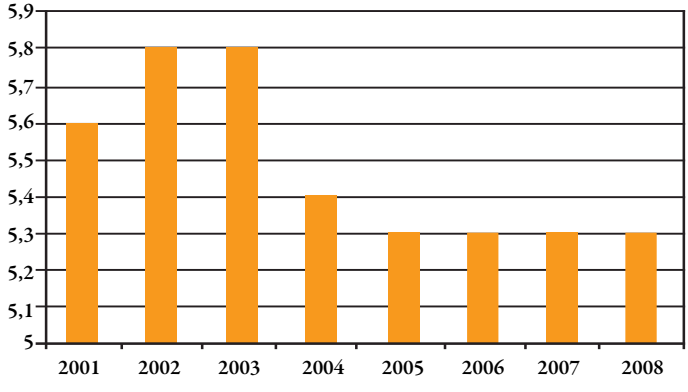
Area	2006 PCS	2007 PCS	2008 PCS
Whole country	16	16	15
Urban	10	10	10
Rural	18	17	15
Red River Delta	11	10	11
Northeast	24	22	21
Northwest	30	29	
North Central	22	20	16
South Central Coast	18	17	
Central Highlands	28	27	23
Southeast	8	10	8
Mekong River Delta	11	11	11

According to the 2008 PCS, the estimated IMR for Viet Nam is 15 infant deaths per 1,000 live births. The urban IMR is much lower than rural areas (10 versus 15). This data is lower than the 2006 and 2007 surveys. As with fertility, there is great deal of variation in IMR depending on geographical region (Table 3). The Southeast and Red River Delta regions have the lowest levels of IMR and the Northeast and Northwest and Central Highland regions the highest levels in all three surveys, 2006-

2008. According to the international consultant, *the underestimation of IMR may be explained by the omission of infant deaths, especially of children who have died during their very early infancy.*

CRUDE DEATH RATE

Crude death rate (CDR) reflects the annual number of deaths per 1,000 of population. Estimation of CDR is the most difficult task of the sample survey, especially in a country like Viet Nam where mortality has fallen significantly (to below 6 deaths per thousand during last ten years. See Graph 3). In the 2008 survey, the CDR for the country as a whole is estimated at 5.3 deaths per 1,000 population with urban deaths at 4.8 and rural, 5.5. As with IMR analysis, the relatively low CDR could be explained by the possible omission of death records, coupled with a larger sampling error, particularly at the provincial level.



Graph 3: Crude Death Rate according to Surveys, 2001-2008

CRUDE RATE OF NATURAL INCREASE

Crude Rate of Natural Increase (CRNI) represents 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.

Data from the 2008 PCS shows that CRNI at 11.4 per thousand or 1.14%. This rate is lower than found in 2007 (1.18%). As evidenced in previous surveys, due to the relatively low and stable death rate of Viet Nam, the change in CRNI depends on changes in the CBR. As the CBR declined slightly over the past 4 years, so has the CRNI slowed down. Graph 4 shows a decreasing trend in the CRNI of Viet Nam between the years 2004-2008.

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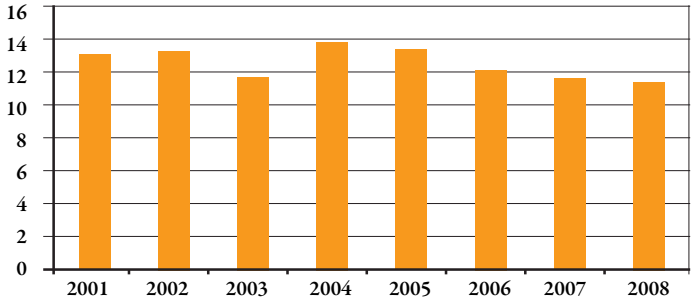


Graph 4: Crude Rate of Natural Increase according to the Surveys, 2001-2008

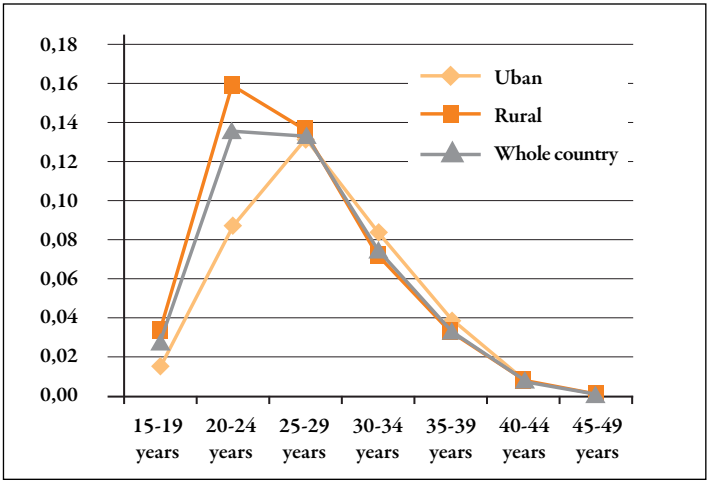
"POPULATION BONUS"

It should be noted that the CRNI decline does not mean that the Vietnamese population is decreasing. In fact, there has been a population increase of about one million each year. Fertility decline over the last 10 years has resulted in a period of "Population bonus" in Viet Nam whereby the age dependency ratio is lower than 50% (age dependency ratio is the ratio of persons in the dependent ages (generally under age 15 and over age 64) over those in the economically productive 15-64 population age group).

According to the 2008 PSC, the age dependency ratio is 48%. This means that more young people are entering into the labor force and will need to be equipped with adequate knowledge and skills to meet the increasing trend in global demand for high quality professional labor.

AGE PATTERNS OF FERTILITY

The age pattern of fertility is determined by the age specific fertility rate (ASFR). As with the 2007 PCS, data in 2008 PCS indicates the highest fertility rate is found in the age group 20-24 in the rural areas, and the highest fertility in urban areas in the 25-29 age group. From the ages 30-34 fertility nationally declines very rapidly, indicating clearly the decreasing fertility trend at the approach of middle age (Graph 5). There have been significant changes in the age pattern of fertility in recent years. Fertility is now mostly concentrated in the age range of 25-34 for urban and 20-29 for rural. According to the 2008 PCS, nearly 85% of TFR relates to women in this age group. In the future, as fertility declines further, this demographic concentration is likely to increase.



Graph 5: Age Specific Fertility Rate 2008- rural, urban and national

The 2008 PCS data indicates a continuous trend of birth pattern changes from "early" to "late". The late birth pattern reflects a later marriage age among Vietnamese women allowing them increased opportunities to pursue education and professional development.

WOMEN HAVING THREE OR MORE CHILDREN

Viet Nam continues to encourage the norm of small family size. Changes in the percentage of mothers choosing three and above births is an important indicator in assessing fertility behavior change of couples towards a smaller family size.

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The 2008 PCS data shows that the percentage of females giving birth to a third child and above is 16.9%, slightly higher than the 2007 survey (16.7%). This difference is not viewed as significant. The rates are 9.7% and 19.6% for urban and rural respectively.

The regional difference in rates of women having three or more births has not changed during the past five years. In 2008, regions with a low rate of women having a third child are found in the Mekong River Delta (12.6%) and the Red River Delta (13.8%). The highest rates are found in the Central Highlands (26.9%), and the North Central (26.5%), see Table 4.

Table 4: Rate of Women Having Three or More Children, 2004-2008

Regions	PCS 2004	PCS 2005	PCS 2006	PCS 2007	PCS 2008
Whole country	20.2	20.8	18.5	16.7	16.9
Urban	11.5	11.6	10.0	9.0	9.7
Rural	23.2	23.7	21.4	19.3	19.6
Red River Delta	15	17	14.7	13.7	13.8
Northeas	18	19	17.1	15.0	14.7
Northwest	21	23	20.7	17.7	18.0
North Central	29	29	28.3	23.5	26.5
South Central Coast	26	23	22.4	21.8	19.4
Central Highland	36	39	32.2	30.0	26.9
Southeast	17	17	14.3	13.8	14.4
Mekong River Delta	16	16	13.9	12.6	12.6

It can be seen that during the last years, the proportion of women seeking a third child has declined indicating that overall, women's preference for three or more children has declined in Viet Nam. Data found in the last five PCSs (2004-2008) indicates that a larger proportion of urban than rural women has ceased child bearing after one or two children.

SEX RATIO AT BIRTH

Sex ratio at birth (SRB) reflects the number of male births to 100 female births. SRB is a reliable indicator of women's status in terms of gender inequality. Obviously, the imbalance in SRB results from son preference and sex selection abortion practices.

Table 5: Sex Ratio at Birth (SRB) by Regions, 2006-2008

Regions	2006 PCS	2007 PCS	2008 PCS
Whole country	109.8	111.6	112.1
Urban	109.0	112.7	114.2
Rural	110.0	111.3	111.4
Red River Delta	107.9	111.1	117.7
Northeast	121.9	109.7	120.0
Northwest	108.2	106.7	105.7
North Central	113.9	116.9	105.4
South Central Coast	110.5	108.5	110.6
Central Highlands	107.7	117.3	116.7
Southeast	101.9	115.5	117.0
Mekong River Delta	110.1	107.9	102.8

The SRB without sex selection intervention is usually about 105 or 106 males per 100 females. During the last three years, SRB has increased from 110 in the 2006 PCS to 112 in the 2007 and 2008 surveys. SRB in rural areas is lower than in urban areas over the past 2 years (2007-2008), similar to trends occurring in India and China. This suggests the close interrelationship between the decision for small size family (but still wanting a son) and easy access to fetal sex diagnosis and sex selection abortion services.

As with fertility and mortality, SRB varies substantially by region. The lowest SRB is found in the Mekong River Delta (102.8) and highest in the Northeast (120). The Northwest and North Central regions have a normal SRB of 105-106 boys to 100 girls.

SUMMARY AND CONCLUSIONS

The quality of data collected in the 2008 PCS is remarkably good, especially in view of the non-sampling errors. Findings confirm similar trends in fertility, mortality and crude rate of natural increase compared with previous surveys.

TFR has already reached below replacement level. Regional disparity in fertility still exists and fertility will become much below replacement once these regional gaps are bridged. This strongly suggests that P/FP program should strengthen IEC activities and RH service delivery in those regions with high fertility rates.

There is a close relationship between fertility level and women's education. High fertility, especially third child bearing, is more prevalent among less educated women. This suggests that the P/FP program should invest more effort in this population group.

There is evidence of consistent increase in the imbalance of SRB during the past three years. Obviously, besides the monitoring of the implementation on Population Ordinance and Prime Ministry's Decree on prohibition of all practices of ante-natal fetal sex diagnosis and selection, there is a need to strengthen public education and incentive to eliminate the influence of the Confucian ideology that states "respect men, contempt women", with affirmation of the important role of the female both

within her family and in society. SRB should be used as a monitoring indicator for implementation of laws of Gender Equality and the Prevention and Control of Domestic Violence.

The vital statistics from the 2008 PCS again confirm that Viet Nam has experienced a period of "population bonus" reflected in an age dependency ratio under 50%. This situation of changes in age-structure provides a "unique opportunity" in terms of "abundant human resource". Many countries have already taken advantage of their "population bonus" to achieve economic development through increased investment in human resources and creation of job opportunities for the young labor force. However, it should be noted that the "population bonus" could pose employment and social security challenges in the future, unless the young labor force is provided now with education, training and job opportunities that in turn will ensure the improved wellbeing of the whole population.

This booklet can be accessed at
http://vietnam.unfpa.org