

SEX RATIO AT BIRTH

IN SOUTH EAST ASIA WITH A FOCUS ON VIET NAM:

An annotated bibliography designed to guide further policy research



UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

Foreword

Ever since the data analysis of the Population Change Survey in 2006 confirmed an unnaturally high number of boys born for every 100 girls born in Viet Nam, the issue of the Sex Ratio at Birth (SRB) has received increased attention from demographers, policymakers and from the media. The SRB, defined by the number of boys born per hundred girls is an indicator of the sex composition of those born into a population. Under normal circumstances, this ratio oscillates between 104 - 106/100. Yet in Viet Nam, the ratio has increased from this biological normal range to an alarming value of 110.5 boys per hundred girls in 2009.

A number of quantitative analyses have provided a detailed picture of the trend and evolution of this demographic indicator. In particular, the report on the Recent Change in the Sex Ratio at Birth in Viet Nam: A Review of Evidence, provides a comprehensive picture of an imbalanced Sex Ratio at Birth in Viet Nam, based on the quantitative analysis of the Population Change Survey data of recent years.

However, no document has so far collected, summarized and synthesized what is already known, in order to assess the gaps in current qualitative knowledge on this important demographic trend. This document is therefore, the first annotated bibliography of the Sex Ratio at Birth in Viet Nam and other selected Asian countries. It is a summary of a careful selection of articles from the Asian region and Viet Nam, which intends to stimulate further research and creative thinking of how the imbalanced Sex Ratio at Birth can be effectively addressed in Viet Nam. In particular, through the analysis of the gaps in evidence and understanding on Sex Ratio at Birth, this bibliography identifies qualitative research questions required to fill the current lack of knowledge on the social and cultural factors underlying the imbalanced Sex Ratio at Birth in Viet Nam.

This document should also be considered a "living document", which will be updated periodically, in order to reflect additional information and evidence on the Sex Ratio at Birth in Viet Nam as it becomes available over time. More specifically, we envisage updating this bibliography in 2015, as Viet Nam embarks on drafting its next Socio-Economic Development Plan and other policy and planning frameworks. Through this approach, it will inform future research, policy responses and programme interventions.

UNFPA would like to sincerely thank Ms Elizabeth Krijgh and Ms Khuat Thu Hong for their contribution to this report. UNFPA would like to introduce this valuable document to policymakers, managers, professionals, researchers and others who are concerned about Gender Equality, Population, and Reproductive Health in Viet Nam.

Bruce Campbell

Representative of the United Nations Population Fund

The views expressed in this publication are those of the author, and do not necessarily represent those of the UNFPA, the United Nations or any of its affiliated organizations.

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Section One: Overview and Purpose

The overall purpose of this document is to abstract and summarize a selection of articles from the Asian region and Viet Nam in relation to changing trends in Sex Ratio at Birth (SRB).

This is the first annotated bibliography on the topic of the changing SRB in Viet Nam and a selected few other Asian countries. Whereas the topic of Child Sex Ratio and Sex Ratio at Birth has received a lot of attention over the past decade by demographers, researchers and government officials, and a variety of documents and research papers have been written and used to shed light on the alarming trends of rising Sex Ratio at Birth rates in various regions, an overview of these writings has not yet before been gathered into one document. The current bibliography is a first attempt to produce a dynamic document that will assist researchers, policy-makers and development partners in identifying what is already known and in addressing the needs resulting from current negative SRB trends that have been identified in Viet Nam. The document intends to provide increased access to the data and lessons learned that have been generated in Viet Nam and the Asian region on this topic. No claim is made by any means that the bibliography is exhaustive. In fact, while searching for relevant materials, it became obvious that the amount of existing literature is sparse, less integrated and in most cases less detailed than hoped for. Particularly, while excellent quantitative data have been produced and analyzed for Viet Nam recently, there is a large hiatus in terms of qualitative data that allow in-depth insight in underlying factors of SRB trends. The bibliography at hand is thus very much a “work in progress”



which intends to be thought provoking with regard to further research and to incorporate additional relevant information as it becomes available. As part of the summary, a number of gaps in current knowledge will be identified. Based on this analysis, recommendations for further qualitative research, including initial suggestions for appropriate research methods, will be made.

Our hope is that this bibliography will be considered a useful tool when commonly addressing directions for policy and action related to SRB.

Definition of relevant terms.

Sex Ratio at Birth: Statistical indicator computed as: The number of boys being born per one hundred girls. A normal SRB ratio lies between 104-106 boys for every 100 girls and remains quite stable over time.

Child Sex Ratio: Statistical indicator computed as the proportion of girls to boys aged 0-6 in a population. (Note that this indicator reflects mortality that takes place after birth).

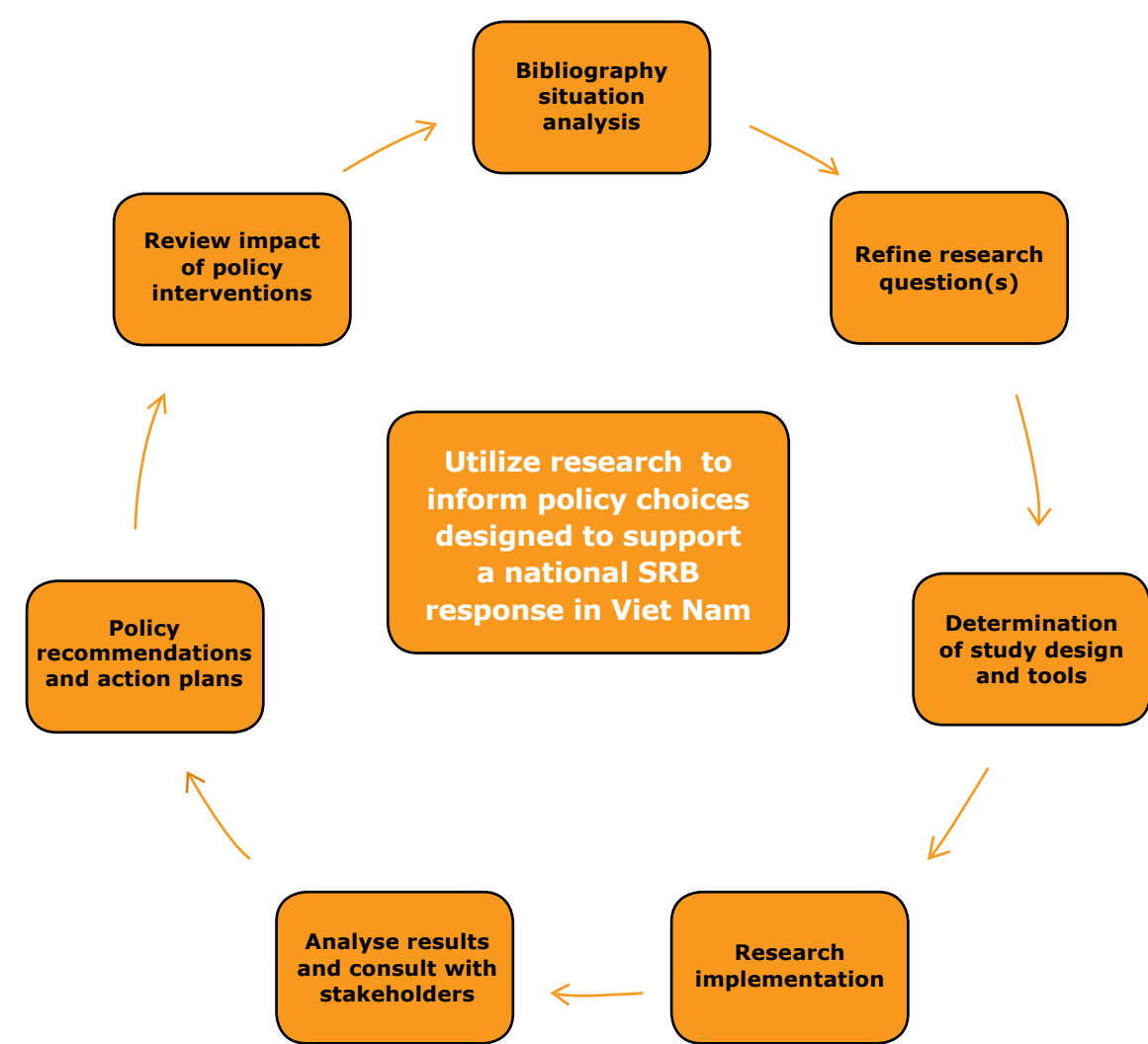
The documents identified and presented to date are, for the most part, research papers. Other documents included are government publications, peer review articles, journalistic papers and several socio-economic publications.

Besides aiming to update the annotated bibliography on a regular basis in order to stay up to date with concurrent experiences within the region and Viet Nam, the current overview and summary of issues provides a good base for the next stage of an Sex Ratio at Birth

strategy for Viet Nam: Work with a small, technical group to prioritize and refine the specific questions will take the proposed research questions to a next level of clarity, after which a robust qualitative research proposal may be developed. This proposal should include a clear sampling frame, research instruments and an interview training guide. Following the design stage, the instruments need to

be field-tested and interviewers trained prior to the launch of the study. A careful design and implementation of the study is anticipated to take place over the course of several months, after which the gathered data will be analyzed and shared with stakeholders. The expected outcome of the proposed research will be more detailed and target-specific policy recommendations and action plans.

Figure 1: Strategy for ongoing research as a basis for the national Sex Ratio at Birth Response



Section Two: Summary of Documents Reviewed

A careful selection of SRB documents were identified in relation to their ability to shed light on factors underlying the significant changes in ratios that have been identified over the past 15 years in Asia. A total of 37 documents were then classified according to those that addressed regional SRB issues, in particular in China, India and South Korea, as well as the majority of available literature on Viet Nam. In these categories, 11 documents were reviewed that covered the region, and 26 documents that covered Viet Nam. Except for 6 policy documents and one project document, the majority of documents were research articles or reports which can be classified according to research methodology adopted, whether quantitative (17 documents) or qualitative (11 documents), or a combination of the two (2 documents). Where information was available, the research methods were described as a basis for identifying the most appropriate way to address gaps in our current



knowledge. And finally, each document was analyzed to identify if it contained direct implications on policy, indirect, or no discussion on policy at all. To date no documents have been found which specifically discuss interventions addressing SRB in Viet Nam. Research following this review is intended to support efforts to identify any particular policy interventions that might be adapted and/or replicated for the context of Viet Nam.

The following table presents an overview of the articles that have been annotated, and includes the first author's name, the year of publication, the geographic region of the study, including sub-national catchment areas, whether the study was quantitative or qualitative in nature, as well as the sample size. The table also presents the research methods employed, and a short assessment as to whether or not there were policy or programming implications.



Table 1: Summary of documents reviewed by geographic area, type of research, research methods and policy implications

	Author(s)	Title	Yr.	Geographic Region	Research Type Sample Size	Research Methods	Policy Implications
Asia							
1	Almond, Douglas; and Edlund, Lena	Son-biased sex ratios in the 2000 United States Census	08	Korean, Chinese and Indian immigrants to the US	Quantitative	Cross tabulation of 2000 US census data	Strategy to limit commercialized advertising of pre-natal sex determination techniques
2	Chung, Wonchin; and Gupta, Das	Why is Son Preference Declining in South Korea? The role of Development and Public Policy, and the Implications for China and India	07	South Korea	Quantitative Sample: 7000 women aged 15-49 in 1991, and 6500 women in 1993	Frequency and chi-square tests; multivariate and univariate regression analysis; decomposition methodology	Interventions to increase gender equity; Vigorous media campaigns to enhance the value of girl children; Strategy to reformulate legislation; Sponsorship of grassroots women's organizations; Financial incentives to raise daughters
3	Chung, Wonchin; and Gupta, Das	The decline of Son Preference in South Korea: The Role of Development and Public Policy	07	South Korea	Quantitative Sample: 7000 women aged 15-49 in 1991, and 6500 women in 1993	Frequency and chi-square tests; multivariate and univariate regression analysis; decomposition methodology	Increased levels of higher education for girls; equal work opportunities and benefits for women; clear pension plans for everyone; clear scheme for old age security.



	Author(s)	Title	Yr.	Geographic Region	Research Type Sample Size	Research Methods	Policy Implications
4	Guilmoto, Christophe	The Sex Ratio Transition in Asia	09	East Asia (China, Taiwan, South Korea, Singapore and Viet Nam), South Asia (Pakistan, India) and West Asia (Armenia, Azerbaijan, Georgia and Albania)	Quantitative	Comparative review of Birth Registration/ birth history estimates of large surveys and census data	Strategies to weaken the supply of sex selection services; government regulations against sex selection; Awareness campaigns
5	John, Mary E.; Kaur, Ravinder; Pairiwala, Rajni; Raju, Saraswati; Sagar, Alpana	Planning Families, Planning Gender, the Adverse Child Sex Ratio in Selected Districts of Madhya Pradesh, Rajasthan, Himachal Pradesh, Haryana and Punjab	08	The northern states of India: Haryana, Punjab, and Himachal Pradesh; the central states: Rajasthan and Madhya-Pradesh	Quantitative + Qualitative Sample: 4,500 households in the northern states; 2000 households in the central states; in-depth interviews in 12 households	Two-stage detailed household questionnaires; village-urban ward profiles; 12 in-depth interviews; participant observation	Schemes to raise the value of girl children; immediate rather than delayed cash incentives; schemes to target the middle class to wealthy families; disengage family planning schemes from initiatives to prevent sex selection; clear regulations with regard to abortions that follow sex selective screening versus the one that do not; expansion of public health facilities to avoid private medical enterprise; scheme to expand and improve public education; schemes to equalize job opportunities for women; campaigns to popularize matrilocal residence after marriage; government scheme for the elderly; clear government regulation for paramedical and medical health personnel with regard to sex selection



	Author(s)	Title	Yr.	Geographic Region	Research Type Sample Size	Research Methods	Policy Implications
6	Joseph, Josantony; Mattam, Matthew; Mathew, Sofy; Siradhna, Kavita;; Patkar, Rohini; Kulkarni, Vidya; Radhakrishnan, E.M.	Reflections on the Campaign against Sex Selection and Exploring Ways Forward	07	Nine states in India spread out over 3 clusters: the northern states of Himachal Pradesh, Haryana, Punjab and Delhi; the western states of Maharashtra, Gujarat and Rajasthan; the southern states of Karnataka and Tamil Nadu.	Qualitative Sample: “snowballing sample”	Case study; DELPHI method; Focus group discussions; Review of secondary sources; Assessment of IEC materials	Central strategy to counter Sex Ratio at Birth trends; Clear and concise government regulations regarding sex selection and sex selective abortions; Local-specific communication materials that inspire to act rather than only evoke awareness; Campaign involving the medical community; scheme to monitor accountability of medical and paramedical personnel
7	Kim, Doo-Sub	Sex Ratio at Birth in Korea: Changing Trends and Regional Differentials	04	Korea Regional trends	Quantitative	Analysis of Vital Statistics data for 1985-2000; Two simulations	Strategy to weaken sex selection services
8	Li, Shuzhuo	Imbalanced Sex Ratio at Birth and Comprehensive Interventions in China	07	China Regional	Quantitative Sample: 1% of Population	Analysis of Population Census data and other government statistics for 1992-2005	Measures to punish sex selection and sex selective abortions; Relaxed Family Planning strategy; Strict regulations with regard to pregnancy termination; rural pension and family support systems; social security schemes; Awareness campaign focusing on men and mothers-in-law; improved system of comprehensive, lifelong Family Planning services;



	Author(s)	Title	Yr.	Geographic Region	Research Type Sample Size	Research Methods	Policy Implications
							Campaign to popularize uxorialocal residence for couples; Country wide competitions; Youth Volunteer Programme; Publishing of guide books; Strategy to involve national mass-media organizations; Strategy for civil society organizations
9	Mishra, U.S. Dillip, T.R; George, A; Kumar, VKA	Declining Child Sex Ratio (0-6 years) in India. A review of Literature and Annotated Bibliography	09	India	Qualitative	Annotated Bibliography	Carry out more qualitative research with a focus on: prevalence of small family norm and son preference; son preference as related to daughter neglect; sex selective abortions in the light of unmet contraceptive needs; similarities in behaviour causing infanticide and sex selective abortions
10	Poston, Dudley L; Juan Wu, Julie; Han Gon, Kim	Patterns and variation in the Sex Ratio at Birth in the Republic of Korea	03	Korea	Quantitative	Statistical Analysis through box-and-whisker plots	Strategy to weaken possibilities for sex selection and sex selective abortions



	Author(s)	Title	Yr.	Geographic Region	Research Type Sample Size	Research Methods	Policy Implications
11	Song, Jan	Rising sex ratio in China: responses and effects of social policies	09	China	Qualitative	Policy File Analysis; Field interviews	Strategy to promote gender awareness among policy makers and administrators; Strategy to improve/revise existing laws and improve existing social policies; Strategy to establish an independent, coordinating agency in charge of integrating various policies and departments at the national level to create unity while addressing Sex Ratio at Birth
Viet Nam							
12	Bang, Nguyen Pham; Hall, Wayne; Hill, Peter; Rao, Chalapati	Analysis of socio-political and health practices influencing Sex Ratio at Birth in Viet Nam	08	Viet Nam	Quantitative Qualitative	Secondary Data Analysis of Population Change Surveys of 2006 and 2008; Analysis of Population policy and health practices	Strategy to regulate sex identification through ultrasound; Strategy to prohibit sex selective abortion; Policy to address gender equity; Educational campaigns to bring awareness about the consequences of Sex Ratio at Birth imbalance, and to promote the role of girls
13	Barbieri, Magali	Doi Moi and Older Adults: Inter-generational Support Under the Constrains of Reform	09	Viet Nam	Quantitative Sample: 4,800 people aged 60 and older, and a subset of data for less than 3000 people aged 60 and older.	Statistical analysis of 1999 Population and Housing Census data and of 1997-1998 Viet Nam Living Standard Surveys	Experimental Programme to help young adults support their ageing parents



	Author(s)	Title	Yr.	Geographic Region	Research Type Sample Size	Research Methods	Policy Implications
14	Bélanger, Danielle; Thi Hai Oanh K.; Jianye L.; Thanh Thuy L.; Viet Thanh P.	Second-trimester abortion and sex-selection of children in Ha Noi, Viet Nam	09	Viet Nam/ hospitals in Ha Noi and Ho Chi Minh city	Quantitative	Statistical analysis of data of the 1989 and 1999 Population Censuses, the 1997/1998 Viet Nam Living Standard Survey, and hospital data	Strategy to limit/weaken services for second term abortions; Strategy to inhibit the development of private sector enterprises offering second trimester abortions.
15	Bélanger, Danielle	Regional differences in household composition and family formation patterns in Viet Nam	09	Ha Noi, Viet Nam	Quantitative Sample: 885 women	Short questionnaires administered to women who were about to get an abortion	Policy to address gender inequality and the preference for male children as the root causes of the sex selection behavior; Scheme for social welfare benefitting elderly, sonless parents; Strategy to increase work opportunities for women; Public campaign promoting the equality of sons and daughters and to raise public awareness about the long-term impact of imbalance of high sex ratio; Amendment of the two-child policy.
16	Bélanger, Danielle	Indispensable Sons: Negotiating reproductive desires in Rural Viet Nam	06	Ha Tay province, Viet Nam	Qualitative, 25 families and 74 family members	Individual interviews and informal ethnographic observation	Policy consideration to address son preference in the context when a small family size is accepted

	Author(s)	Title	Yr.	Geographic Region	Research Type Sample Size	Research Methods	Policy Implications
17	Bélanger, Danielle	Is Sex Ratio at Birth increasing in Viet Nam?	03	Rural village in North Viet Nam	Qualitative Sample: 25 families	Anthropological observation; Focus Group discussions; qualitative interviews	Policy which addresses the discriminatory position of girl children
18	Bélanger, Danielle	Childhood, gender and power in Viet Nam	02	Ha Tay Province, Viet Nam	Qualitative	Literature review; secondary demographic data analysis; ethnographic fieldwork	Policy which addresses the fragile position of daughters in the family
19	Bélanger, Danielle	Son Preference in a Rural Village in North Viet Nam	02	Viet Nam	Quantitative Sample: 1,632 young, married couples of which the wife was aged 15-49	Secondary analysis of data from the 1992-1993 Viet Nam Living Standard Survey	No discussion of policy
20	Bryant, John	Patrilineal, Patrilocal and Fertility Decline in Viet Nam	02	Viet Nam	Qualitative	Desk review of demographic data and ethnographic studies	Campaigns to raise awareness about the equal value of daughters as compared to sons
21	Chatterjee, Patralekha	Sex ratio imbalance worsens in Viet Nam	09	Viet Nam	Qualitative	Descriptive analysis of literature	Initiate a comprehensive communications strategy focusing on behaviour change at the community level; multi-pronged strategy to enhance the value of daughters

	Author(s)	Title	Yr.	Geographic Region	Research Type Sample Size	Research Methods	Policy Implications
22	Gammeltoft, Tine; Hanh Thi Thu Nguyen	Fetal Conditions and fatal decisions: Ethical dilemmas in ultrasound screening in Viet Nam	07	Viet Nam	Qualitative Sample: 30 women	Participant Observation; Semi-structured, open-ended interviews; Informal conversations	Strategy to develop/improve training for medical and paramedical personnel; SRB awareness training; Methods to improve supervision and professional protocols of all the medical community; Introduction of Counseling services for women seeking screening and abortions
23	Guilmoto, Christophe	Recent Trends in birth masculinity in Viet Nam according to the 2009 Census Sample: Preliminary results	10	Viet Nam	Quantitative	Statistical Analysis of 2009 Population and Housing Census data	No discussion of policy
24	Guilmoto, Christophe; Jang Xuyen; Toan, Ngo Van	Recent Increase in Sex Ratio at Birth in Viet Nam	09	Viet Nam	Quantitative Sample: 3% of population: 461,000 women aged 15-49	Statistical analysis of the 2000 Annual Population data, based on 1999 and 1997 surveys; 2007 Birth surveys for births recorded in 2006; Geostatistical analysis	No discussion of policy

	Author(s)	Title	Yr.	Geographic Region	Research Type Sample Size	Research Methods	Policy Implications
25	Hirschman, Charles; Loi Vu Manh	Family and Household Structure in Viet Nam: Some Glimpses from a Recent Survey	94	Viet Nam	Qualitative: Sample: 403 households	Household Questionnaires	No discussion of policy
26	Institute of Social Development Studies	High Sex Ratio at Birth in Viet Nam: Exaggeration or Reality?	08	Viet Nam	Qualitative	Desk review; content analysis of cultural and media materials; interviews with government officials; case studies	Conduct further research, specifically including interviews with service providers in the private sector and women who have experienced an abortion for sex selective purposes
27	Knodel, John; Loi, Vu Manh; Jayakody, Rukmalie; Huy, Vu Tuan	Gender Roles in the Family: Change and Stability in Viet Nam	04		Quantitative Sample: 1,296 men and women, not married to each other	Statistical analysis of data from representative, regional surveys; regression analysis	No discussion of policy
28	Scornet, Catherine	State and the Family: Reproductive Policies and Practices	09	Viet Nam	Qualitative	Secondary data analysis; Policy analysis; empirical study	Revision of the current population policy to ensure quality of life for individuals and families; Develop social security schemes

	Author(s)	Title	Yr.	Geographic Region	Research Type Sample Size	Research Methods	Policy Implications
29	United Nations Population Fund	Recent change in the Sex Ratio at Birth in Viet Nam: A review of evidence	09	Viet Nam	Quantitative	Secondary data analysis; Desk review	Adaptation of Annual Population Surveys to include the need for more specific information regarding SRB; Improvement of Civil Registration Statistics; Initiate further research regarding the mechanisms of sex selection from a demand and supply perspective; Strategy to improve information sharing; Campaign to raise awareness.
30	Women of the World	Laws and policies affecting their reproductive lives	02	Viet Nam	Qualitative	Brief description policy framework	No discussion of policy
31	Ministry of Health, Viet Nam	Decree 20/2010/ND-CP, Viet Nam, 2010	10	Viet Nam	Descriptive policy document 2003	None	Population Ordinance: Government Decree to describe/instruct specific situations of giving birth which are not considered to be a violation of the Population Ordinance
32	National Assembly	Population Ordinance	03	Viet Nam	Descriptive policy document 2008	None	Government document to revise Article 10 of the Population Ordinance
33	National Assembly	Revision of Article 10 of the Population Ordinance	08	Viet Nam	Descriptive policy document 2006	None	Decree 114: government decree stipulating punitive measures for violations of population regulations

	Author(s)	Title	Yr.	Geographic Region	Research Type Sample Size	Research Methods	Policy Implications
34	Government of Viet Nam	Decree 114/2006-ND-CP on provisions regarding violations of laws regarding population and children	06	Viet Nam	Descriptive policy document 2006	None	Government document 3121: rules regarding the abuse of high technology for sex selection purposes
35	Ministry of Health	Official document No. 3121/BYT-BMTE dated 21/5/2009 regarding the prohibition of abuse of high technology for sex selection	09	Viet Nam	Descriptive policy document 2009	None	Government guidelines for the intervention project to reduce the SRB imbalance
36	Ministry of Health	Guidelines for the intervention project on reduction in the Sex Ratio at Birth imbalance	09	Viet Nam	Descriptive policy document 2008	None	Government instructions regarding the continuing implementation of population and family planning activities
37	Government of Viet Nam	Instruction on continuing implementation of population and family planning activities	08	Viet Nam	Descriptive policy document 2008	None	Government guidance on continued implementation of population and family planning activities

Section Three: Results

3.1. An overview of the trends of Sex Ratio at Birth

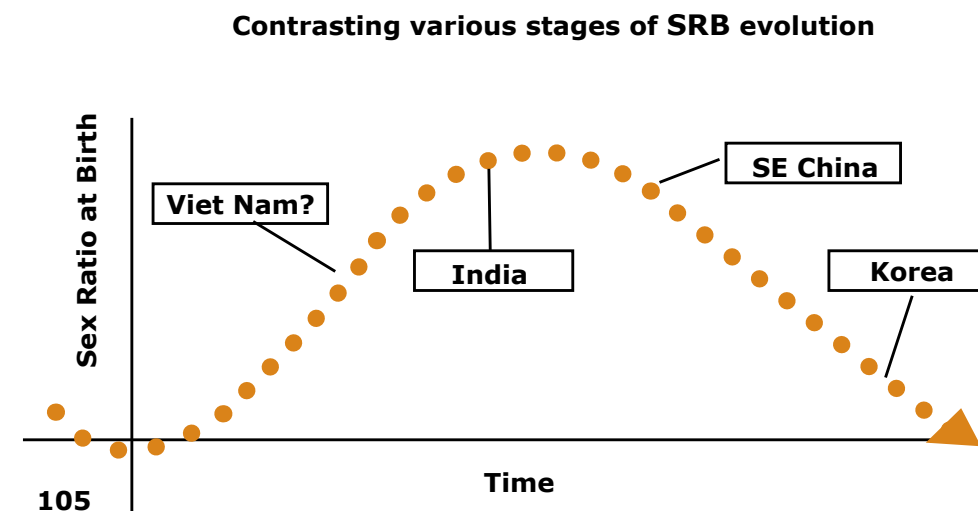
3.1.1. Sex Ratio at Birth in China, India and South Korea

The 3 countries of China, India and South Korea are among the Asian countries that have for some time been affected by severe distortions of Sex Ratio at Birth levels. While the trajectories of such a distortion in China and South Korea follow a similar pattern of a sudden rise, followed by a plateau for approximately a decade, and a gradual transition and decrease, in India high values remain more constant over time. At the same time, the onset of the rise does not coincide in all regions. Unlike India where an increase of SRB levels became noticeable only later, the rise in Sex Ratio at Birth in China and South Korea started almost simultaneously. While within, country variation of SRB rates remains substantial in all regions, the literature reviewed to date does not shed sufficient light on the causes for such variation. For Korea regional areas with the highest SRB rates are merely noted for their very conservative cultural traditions and intense use of female selective abortions, while the opposite, regional clusters with unusually low SRB rates, are



often counties with a higher than average number of children per family, or an overall lower amount of births for the region, thus potentially skewing the collected data. Overall, the literature suggests that Korea has experienced a relative uniformity of son-selective reproductive behaviour irrespective of residence, geographic region or socio-economic status. Reasons for regional variations in China and India are not clearly outlined in the documents under review, other than the indication that the 5 regions in one study about India were clearly areas where no policy interventions had been initiated, while in China, like in Korea, the counties with the highest SRB are indicated to also be the culturally most conservative regional clusters. South Korea is now in the lead with regard to a completed transition and reversal of its trend, with particular areas of China and India where the rise started earlier than in others slowly following suit, particularly in urban areas. However, it is not likely that elsewhere reversal of SRB trends will and can be replicated at the same pace as in Korea.

Figure 2: Contrasting Sex Ratio at Birth



Source: adapted from Guilmoto 2010

For all regions, it has been pointed out repeatedly that the reasons for a rise in Sex Ratio at Birth cannot be accounted for by one, or even several, factors alone.

Trends of rising SRB levels are subject to a complex system of interrelated and underlying causes and complementary or even opposing forces at the individual and societal level. One example of such opposing forces at the societal level is the fact that in the case of Korea the decline of SRB at first occurred despite the active promotion and protection by government of the traditional, Confucian family systems. The case of South Korea furthermore shows that the introduction and availability of ultrasound affected sex ratios at birth negatively even as son preference was falling, and that the recent improvements of its SRB were to be attributed to long-term effects of legislation that support greater rights for women and to changing livelihoods in which families are less dependent on support from sons, thus suggesting that these structural changes eventually overcame the “technology effect”.

Another example, at a more individual level, is the seemingly contradictory phenomenon that a higher education for girls is correlated to higher SRB

rates whereas simultaneously to the overall rise in women’s status and less adherence to traditional family rules and patterns. Overall, consensus does exist in the literature however, about a number of direct, underlying, or root causes that in all regions have emerged as playing a significant, if not clearly outlined, role:

The most commonly acknowledged “immediate cause” is, nevertheless, an increased access to sex selection technology. “Underlying causes” are reported to consist of, among others, lack of a social security system for the elderly, and policies that restrict gender equity. “Root causes” are furthermore identified by a number of studies as poverty, low literacy, and traditional norms and beliefs.

3.1.2. Observations of Sex Ratio at Birth in Viet Nam

The rapid increase in Sex Ratio at Birth in several countries in Asia during the 1990’s led various scholars (Bélanger, 2000, 2002, 2003; Bryant 2002) to raise the question of Sex Ratio at Birth in Viet Nam in particular in consideration of the many socio-cultural similarities the country shares with the others. Census data of 1989 and 1999 indicated that the sex ratios at birth were not abnormal and

thus, that there was not much evidence of such a trend in Viet Nam for that decade. However, a more detailed analysis of survey and hospital data did reveal that sex ratios at birth by parity and by sex of children previously born were higher than expected and that some segments of society - specifically government cadres who enjoyed a higher standard of living and had opportunities for higher education - tended to be under pressure to influence the sex of children born.

From further, thorough analysis in recent years it has become clear that the change in the SRB in Viet Nam began at the turn of new millennium: while in the year 2000 the Sex Ratio at Birth was still normal with 106 male births per 100 female births, by 2009 the ratio had increased to 111 male births per 100 female births. It was projected in 2009 that if the current pace of increase continues unabated, SRB would cross the 115 mark in the following three years. Further study has revealed that women with a higher education as well as those who are better off and live in more privileged rural or semi-rural areas of Ha Noi and Ho Chi Minh City are more likely to practice sex-selection. Higher SRB values have also been found in some provinces of the Red River Delta which are described as predominantly rural and simultaneously in the South-East regions of Viet Nam which are urban. However, although it has been found that, following the pattern of other countries in the region, increasing wealth, education and rapid urbanization, and concomitant access to sex screening technology, have influenced these localized Sex Ratio at Birth levels, more qualitative, detailed reasons for such regional variance have remained largely unexplained thus far. One possible phenomenon that needs further exploration is intensive migration and the traditional values which are carried along by certain segments of the

populations characterized by a high Sex Ratio at Birth.

With the current level of SRB, the overall sex distribution of Viet Nam’s population is not yet skewed like in other Asian countries. However, if the Sex Ratio at Birth remains at this level or continues to increase after 2010, the population’s sex structure will be significantly affected. Those cohorts of men who were born after 2005 and will be entering into marriageable age by 2030 would find themselves in surplus in comparison to women of a matching age. By 2035, the excess of adult men would reach 10% of the male population or more if the SRB does not resume its normal biological level within the next 20 years.

3.2. Factors contributing to the changing of Sex Ratio at Birth

Since there is no common classification of factors identified by the different authors of the documents reviewed, for the purpose of this report, 5 categories of factors may be distinguished as contributing to an increase of Sex Ratio at Birth in the region and in Viet Nam: 1) Traditional norms and beliefs; 2) Family; 3) Socio-economic changes; 4) Policy; and 5) Access to technology.

Furthermore, to highlight the difference of their impact on SRB, the factors can be grouped into key factors and facilitating factors. Key factors are those factors which directly and exclusively lead to an increase of Sex Ratio at Birth. Facilitating factors are those factors which, besides having a positive effect at an individual and/or societal level, may still influence the rise of SRB. In table 2 key factors will be presented in italics (see Table 2).

The following table presents an overview of factors contributing to SRB changes in China, India, South Korea, and Viet Nam based on the literature reviewed.

Table 2: Factors contributing to Sex Ratio at Birth changes in China, India, South Korea and Viet Nam

	Factors contributing to increase in Sex Ratio at Birth in China, India and South Korea, and Viet Nam	China	India	S. Korea	Viet Nam
Traditional norms and values/family					
1	Son Preference	X	X	X	X
2	High cost of Dowry/financial costs expected to be incurred with higher education and higher age of marriage of girls	No	X	No	No
3	Traditional gender stereotypes	X	?	?	X
4	Active sex selection for desired family size	X	X	X	X
5	Age and parity of mother	X	X	X	X
6	Influence of extended family members, including parents-in-law	X	X	X	X
7	Having a husband who is an only son	?	X	X	?
8	Traditional patterns of division of labor	X	X	X	?
Socio-economic changes					
9	Increased education and participation in the labour force of girls	X	X	X	X
10	Higher education of women	X	X	X	X
11	Urban living – migration	X	X	X	X
12	Rapid socio-economic development and urbanization	X	X	X	X
13	Change of livelihood/efforts for upward mobility due to urbanization	?	X	?	?
Policy					
14	Gaps in social policies e.g. regarding care for the elderly, gender equality, and legislation with regard to sex screening	X	X	X	X
15	Social implications of strict enforcement of a one “or “one- to -two child” policy	X	X	X	X
16	Stringent policy with regard to upholding traditional family arrangements	?	X	No	?
17	Stringent family planning – one-child-policy	X	No	No	No
18	Lack of general awareness among policy makers	X	X	X	?
19	Legalization of second trimester abortions	X	?	?	X

	Factors contributing to increase in Sex Ratio at Birth in China, India and South Korea, and Viet Nam	China	India	S. Korea	Viet Nam
Access to technology/market					
20	Availability of and access to modern ultrasound technology	X	X	X	X
21	Consumer marketing of sex selection technology	X	X	X	?
22	Privatization and commercialization of the health care system creating excessive use of high tech equipment and tests	X	X	?	X
23	Easy access to and availability to sex selection technology, regardless of area of living, including rural areas	X	X	X	X
24	Medical practitioners considering sex screening a business with good monetary returns	?	X	?	?

3.2.1. Factors associated with Sex Ratio at Birth changes in China, South Korea and India

Based on the literature reviewed and the summary presented in the table above, there are five major categories of factors associated with changes in SRB trends in China, South Korea and India.

a) *Traditional norms and values/family:* Traditional values associated with a historically strong ideology which prize sons over daughters and men over women have consistently been quoted as having a marked influence on the development of a perceived intense need for sons and a concomitant perceived dislike of daughters who throughout their life time incur high costs, rather than bring income to a family. Whereas in China and Korea Confucianism, with its ancestor worship and continuation of the family lineage, is quoted as such a determining value system, in India son preference does not stem from ancestor worship yet is also strongly embedded in a patriarchal kinship, marriage and inheritance system. Preference for sons is thus not imposed nor prohibited by religion based morals but acceptance of it rather is socially

grounded. SRB thus becomes a reliable indicator of women's status in terms of gender equality.

b) *Rapid socio-economic changes* are, throughout the regions, consistently correlated with higher Sex Ratio at Birth, however when data are broken down into sub-categories it becomes clear that affluence in itself is not entirely explanatory. For example, in India it was found that within urban settings the highest SRB rates were associated to being in the lowest income bracket meaning where there is striving for upward mobility. Similarly, in India, other areas associated with high Sex Ratio at Birth levels were those that were traditionally agricultural, yet where agriculture by itself does not provide enough of a livelihood for most people, causing necessary out-migration to find other work, the rise of unemployment and, again, searching for upward mobility. All regions do share the common characteristic that high SRB is eventually spread across all classes through a process of diffusion: urban, semi-rural and rural, with specific regional variations and high SRB levels appearing in “hot spots”.

The spread of ideas and, eventually, the manifestation of an expressed need for sons, including the seeking of sex determination, is, for all regions, reported to have started in urbanized, elite groups after which it, with some delay, took hold in more rural areas.

A characteristic shared by South Korea and China, is that these regions, preceding and concomitant to rises in SRB, experienced a rapid transformation from being a highly planned to a market economy. India, on the other hand, did not start out with an equally centralized system but nevertheless, is bearing many similar consequences of a fast developing commercialization and urbanization of its society. In all regions the health sector has consequently been subjected to major changes as well: Evidence from the various regions indicates that less government control and a less clear setting of ground rules from above while a society is becoming more market oriented and privatized leaves "loop holes" in the system, both for the ultimate, beneficent aims of medical services and for the interpretation of the law.

For all regions under review a uniform correlation exists between high Sex Ratio at Birth levels and higher education for women at the onset of the rise, pointing at the increased access to information regarding sex determination first experienced by educated women and the resulting willingness to use modern technology, marking them as trend setters.

Once the trend is set, the idea that screening for the sex of your child is desirable to avoid being "burdened" with a girl child later diffuses to other categories of women and the manifestation of who uses such technology becomes less clearly defined.

- c) *Policy*: In the regions of Korea and specifically China, the introduction of a policy to strictly limit family size has had a strong impact on fertility decline,

yet also on the decision making process to use sex selection as a tool to achieve a desired family outcome.

In "normal" circumstances cultural factors provide the overwhelming explanation for this, yet in societies which enforce strong rules with regard to family size, the effect is exacerbated, causing a phenomenon described as the fertility "squeeze".

An important notion here is that whether or not girls "go missing" is determined by the existing sex composition of the family into which they are conceived: It has become clear across all regions that girls conceived in families which already have a daughter in a society bound by male-oriented kinship systems, experience a much higher probability of being aborted. The current composition of the family and desired family size do therefore depend on an imposed ideal of family size. Composition of the ideal family does not necessarily mean having NO girls if one is allowed to decide the amount of children one desires, but if a strict one or two family norm is enforced while traditional value systems have not fully eroded or are still prevailing, and specifically during a stage of many simultaneous, rapid developments of society, attempts to manipulate the outcome of pregnancy are much more likely to occur. In a transforming society in which one is to adhere to both extended family as well as state obligations, "creative solutions" will be found to match individual goals to those.

Among milder and more severe attempts to fit reproductive resolutions in with such "double obligations" throughout India, China and Korea have been suggested: under-reporting the births of girl children, neglect of girl children in terms of nutrition or medical care, infanticide, and out-adoption of girls, yet most clearly prevailing in all regions is the seeking of sex determination and sex selective abortions.

Furthermore, it is apparent from the literature that gaps in social policies

such as security for the elderly and gender equality have negatively impacted changes of SRB.

- d) *Access to modern sex determination technology and sex selective abortions*: For all different regions, overwhelming support has been rendered to the notion that the introduction and rapidly increasing availability and easy access to modern sex selection tests and sex selective abortions is to be blamed for rises of SRB. Strong correlations have been found everywhere between the first appearance of modern ultra-sound equipment, thus the growing "ability" to influence the sex composition of one's family, and the onset of rises in SRB, and there is equally clear evidence of this constant determining factor as the use becomes more widespread among all socio-economic classes and other than "hot spot" areas.

Besides the factors above, there is an additional important observation repeatedly observed throughout all regions: the increase of SRB is consistently related to higher parity and mother's age, especially for second births, indicating an increasing pressure over time to bear sons if a daughter has been born already and thus the reliance on sex selective abortions to prevent another "mistake".

Of further interest with regard to the discussion regarding factors influencing Sex Ratio at Birth is that families of Indian, Chinese and Korean descent residing in the USA since a long time have, in recent years only, been found to increasingly practice sex selection despite the absence of many of the factors proposed to rationalize son bias in India, China and Korea, such as China's one-child-policy, high dowry payments in India, patrilocal marriage patterns in all three of these countries, or reliance on children for old age support and physical security. For these populations question marks can be put behind all the underlying factors, except for access to, commercialization, and marketing of sex selection methods.

3.2.2. What more specifically is known about the factors contributing to an increase of SRB in Viet Nam?

Research conducted on SRB during the last decade in Viet Nam consistently suggests that, like in other countries in the region, there are several inter-related factors influencing SRB:

In the research literature the concept of "squeeze" is used to indicate the pressure families, and eventually society, experiences when there is a confluence of fertility decline and the need, ability and willingness for couples to resort to active sex selection.

Solely for the purpose of comparing underlying factors of Sex Ratio at Birth in the context of Viet Nam with those of other countries in the region, and for determining gaps for further investigation, it may be useful to apply the concept of "squeeze" to the current Sex Ratio at Birth context beyond the notion of a "fertility squeeze".

- a) *A persistent preference for male offspring in the context of a more widely accepted concept of a small family*. Several studies indicate that in recent years patrilocal family living arrangements have become more flexible and that there is an increasing preference of young couples for independent living after marriage, especially in the north-east of Viet Nam. Viet Nameese society thus appears to be more "open" and perhaps less fixed by traditional value systems than other countries in the region during the phase of rapidly rising SRB rates. At the same time it is pointed out that in recent years, despite higher levels of education for women, important family decisions are still mostly made by men, even to the extent that there seems to be a tendency that husbands, rather than wives, increasingly make important decisions, in particular about finances. This trend would indicate a reversal to more traditional roles in the family, rather than the development of more equality. Overall, whichever living arrangements are currently made,

there is no doubt that a traditional, Confucianism inspired ideology and the importance of ancestor worship via the male lineage is still pervading family arrangements at the family level. Even when living separately, young couples keep intensive contact with their extended family members, especially with those of the husband's side. At the same time very strong support for the elderly is highly expected of all young couples, thus maintaining steady family pressure to bear sons even when more "at a distance".

While the notion of son preference is thus generally recognized, in Viet Nam some indicators such as labour force participation clearly provide evidence of the countries' progress in terms of gender equality in society. However, at the household level where decision making essential for a woman's individual rights, takes place, traditions still rule and progress is limited. Here it is possible to picture pressure on individual women from 2 complementary sides: from the family, and, even where showing some signs of weakening, from a still strong Confucianist ideology at the base of society - this may be pictured as the "ideological/family squeeze".

- b) Although it has been found that, following the pattern of other countries in the region, *increasing wealth, education and rapid urbanization* have influenced the localized Sex Ratio at Birth levels in Viet Nam, more qualitative, detailed reasons for such regional variance has remained largely unexplained thus far. Little also appears to be known regarding subsets of people within the more affluent and educated, and links between the striving for upward mobility of the lower to medium wealthy and their search for sex selection as compared to people belonging in the highest socio-economic categories. What has been found is that a similar process of diffusion seems to take place in Viet Nam as compared to other countries in the region: urban or semi-urban

elites with a higher standard of living, higher education and more access to technology, are "leading the way" in terms of using sex selection as one approach to diminish the various felt "squeeze" effects.

- c) The most recently released data on SRB clearly confirm that the rapidly increasing access to high quality sex determination technology is now allowing many couples to adapt their reproductive behaviour to a desire to bear sons. To achieve their reproductive objective, i.e. having a small family but with at least one son, couples actively seek and *use sex determination technology and sex-selection abortions*. It is known that both sex screening tests, as well as abortion services are cheap and readily available, and it has been estimated that the average Viet Nameese woman experiences 2 or more abortions during her reproductive life time.

Like in other countries in the region, privatization and commercialization of the health care system has created over use of high tech sex equipment for sex screening purposes. This, combined with the fact that second trimester abortions are legal, provides new pressures on women to have a "correct" outcome of pregnancy: a son. What is available and accessible in a "free" market, and what actually should reflect more freedom of individual choice and opportunity, but what is now heavily influenced by marketing rather has an opposite effect: this now may be seen as a "market squeeze". The decision to take the revelation of the sex of a fetus a step further, to undergoing an abortion, may even be further pressurized by the growing business aspect of the medical system: Research to date has not investigated the potentially strong impact of marketing strategies by both manufacturers of screening technologies, as well as of members of the medical community on the decision making process of individual women.

- d) Another factor which possibly contributes to the rise of the SRB in Viet Nam is the implementation of the

"one-to-two child" family policy which addresses all couples. While there is national encouragement to have 2 children at most, the literature suggests this policy is more strictly adhered to by members of the Party and government employees. While having enjoyed relatively higher levels of education and better economic conditions, it is suggested that people belonging to this subset in the population provide an example of a situation conducive to practicing sex selection: increased access to reproductive health services including those which can be used for sex selection combined with increased pressure by government to follow strict rules regarding family size. This pressure by government is, merely for the purpose of this report, referred to as "policy squeeze".

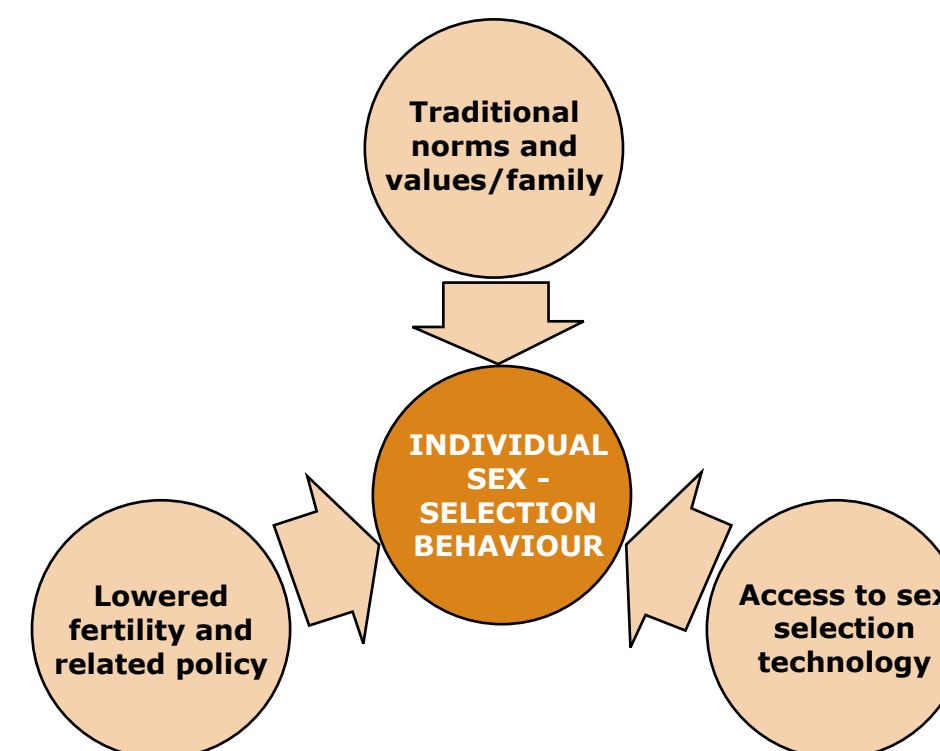
Furthermore, when comparing the observation that SRB increases with age and parity in other countries with Viet Nam, a phenomenon specific for Viet Nam is noted besides having higher Sex Ratio at Birth rates for second and third children: not only does Sex Ratio

at Birth increase with parity and age of mother, but especially in urban sections of the population, determination and selection of the sex of *first* children is already increasingly sought. In other regions this has not been evident as clearly. At the same time, while the SRB for second births tends to be very high in particular areas of China and India, this is not as extreme in Viet Nam.

With this in mind it may be argued that the "fertility squeeze" as experienced in Viet Nam today seems to be, at an earlier stage, more intense than elsewhere, and resulting from more rapidly growing gaps between tradition and development than elsewhere.

The overall image deriving from the country specific observations for Viet Nam with regard to SRB is one of an individual woman standing on a juncture, weighing not one, but a series of external pressures that influence her decisions, against each other. At the heart of societal, familial, ideological and economic pressures, the individual choice of women and the rights thereto, are at stake.

Figure 3: Pressures contributing to the "Squeeze" on sex selection behaviour



Section Four: Policy or Programme Interventions Which Have Been Employed

What are the factors contributing to SRB changes?

To counter or reverse detrimental Sex Ratio at Birth trends, a great variety of strategies have been used in the region, ranging from the introduction of government regulations, laws and decrees, to highly localized, small initiatives, and from positive awareness campaigns to strongly punitive measures.



Similar incentives for women who decide to be sterilized are questionable for their impairment of individual reproductive rights.

Question marks have e.g. been placed by some researchers behind the eventual effects of severe punitive measures as people will still continue to try and by-pass the law. On the other hand, there is reason to believe that the penalties for using sex selection in South Korea cannot be denied a contribution to the countries overall multi-pronged strategy, or that the sting and decoy operations deployed to detect and punish sex selection in India as one aspect of the countries' many attempts to counter their high Sex Ratio at Birth, create a "shock" effect that furthers awareness by receiving media attention. A simple solution for the design of an SRB strategy cannot easily be found.

It is clear from the literature that all strategies have some effect but that some strategies are more promising and long lasting than others. Some can be implemented and some remain "intentions on paper". Some are meant to have an immediate effect, and others are intended to address longer term goals. Others lack power of implementation on either the short or the long run, due to ambiguity of its intentions or lack of accountability. A few examples: Monetary incentives for having girl children tend to have an initial attraction but do not convince for its durability.

Table 3: Policy and programme interventions that may have influenced changes in Sex Ratio at Birth related behaviour and trends

Policy or Programme interventions	
General	
1	Development of detailed public policies and interventions focusing on gender equity
2	Introduction and development of social security systems, economic benefit and pension plans, for all, and for women specifically
3	Strong promotion of higher education for women
4	Creation of a system to ensure job reservations for women

Policy or Programme interventions	
5	Development of stringent ratification procedures for pregnancy termination
China	
6	Introduction of strict one –child/family planning policy
7	Nationwide campaign "Care for Girls"
8	Awareness campaign geared toward men and mothers-in-law
9	Nationwide competitions
10	Nationwide Youth Volunteer Programme
11	Strategy to popularize matrilineal living arrangements
12	Grand scale mass media campaigns
13	Work towards relaxing strict Family Planning policy
14	Integrated approach and comprehensive reform of family planning
15	Incentives to women for sterilization
16	Legislation to increase the rights of women, e.g. Law on the Protection of Rights and Interests of Women; Law to diminish non-medically indicated fetal sex determination and non-medically indicated termination of pregnancy
17	In 2003:Build up of social support system for rural families who have practiced family planning according to government rules; receiving of monetary reward at age 60
18	In 2006:Incorporate fetal sex identification and sex selective abortions as crimes within the Criminal Law
India	
19	Orientation, Training and re-training of medical staff and Appropriate Authorities
20	Medical and social audit: Census of ultrasound machines; follow-up of ultrasound clients to determine if they did deliver a girl child; audit of clinic records to detect incomplete and incorrect information, as well as determine registered cases
21	Pregnancy monitoring: promote early registration; increase follow up through phone calls
22	Punitive measures/penalties for provision/involvement with sex selection and sex selective abortions
23	Identification of at-risk clinics: those that provide services to 10% or more women from outside their area, self-referred or women with 1or 2 daughters

Policy or Programme interventions	
24	Reformulation of legislation to determine as illegal: communication of the sex of a fetus by medical personnel; non-maintenance of records; advertising of sex selection services
25	Vigorous, large scale media campaigns
26	Increased support for grassroots women's incentives
27	Monetary incentives for raising daughters, in various forms, in particular targeting families below the poverty line, e.g. the Integrated Child Development Scheme installing Anganwadi workers to be responsible for the care for pre-school children, or the Ladli scheme involving a conditional cash transfer to the girl child.
28	Punitive measures to prohibit sex screening
29	Sting and decoy operations to detect illegal sex screening
South Korea	
30	Amendment of legislation/government acts with regard to traditional, strict family organization
31	Harsh penalties to prohibit pre-natal screening and abortions
32	Government acts to prohibit sex identification of a fetus and sex selective abortions
33	Harsh penalties for violations, including taking away of medical licenses and indictment of doctors from 1992 onward
34	Massive media campaigns from 1991 onward
35	Long term policies to reduce sex discriminations against women and to induce changes in gender role norms, e.g. 1) a ruling by the Supreme Court in 2005 that women could remain members of their natal household after marriage + that women have equal rights and responsibilities to care for their ancestors, and 2) Ruling to abolish male family headship
36	Increase effective programs of education and employment for women
Viet Nam	
37	Population Ordinance 2003 and Revision 2008
38	Decree 114/2006/ND-CP in October 2006 aimed at regulation of sex selection by imposing fines of VND 500,000 - 15,000,000 for an act of abortion for sex selection purposes
39	MOH document banning sex selection technology
40	Instruction of the Government for continuing implementation of population and family planning activities 2008
41	Intervention project for reduction of Sex Ratio at Birth in 18 provinces 2009-2010

Yet overall, and in view of a continued open dialogue about SRB, 3 conclusions may be drawn from policy lessons learned in the region: First, it appears that the more synergy exists between various strategies and links between players in the field of combating a rising SRB, the more it is possible to ensure accountability, thus the more effective the impact.

A central, comprehensive strategy, coordinated by an independent governing agency, is likely to be more successful than many, separated initiatives by government and a multitude of agencies. And most importantly is committed, political will.

Secondly, a high level of success is attributed to the *inclusion of community members* themselves as *agents of change* in planned strategies or awareness campaigns in areas with high SRB rates. One example of this is the spreading of awareness through youth volunteers in South Korea, who themselves have not had to face the dilemma of sex selection themselves yet, and another example is an initiative in India which used the concept of "community vigil" by first educating community members regarding the dangers of a distorted Sex Ratio at Birth, and subsequently entrusting responsibility to everyone in the community to report the visits of fellow community members to sex screening and abortion facilities. Another strategy, that of "community rejection", is based on the gathering of groups of female community members to publicly "mourn" the loss of a girl child in front of the house of a woman who has gone for a sex selective abortion.

Moreover, initiatives and communication strategies that take into account the in-country regional variation and localized nature of Sex Ratio at Birth trends tend to be more successful than others.

4.1. What specific policy interventions have been employed in Viet Nam?

To respond to the growing public concern regarding sex selection, in October

2006, the Government issued Decree 114/2006/ND-CP, which stipulates fines of VND 500,000 - 15,000,000 (US\$30 - \$937) to people who promote or practise abortions for the purpose of sex selection, or who use traditional practices to determine sex. The decree appears to be ill-feasible and impossible to enforce when access to ultrasound technology is widely available and abortion services are legal. Besides making reference to the two child policy, the Population Ordinance 2003 also includes an article prohibiting sex selection of any form, yet there is no evidence of action being taken to implement this article nor of consequences for violation of this article being spelled out for the general public and medical community. Moreover, although 30,000 booklets have been confiscated, and 7 websites closed down, there is no direct evidence of a changing Sex Ratio at Birth trend based on the imposed law.

4.2. What are the possible implications for policy dialogue and future programming in Viet Nam?

There is reason to believe that intervention at this stage in Viet Nam, if well planned, has the potential to be more successful regarding a timely reversal of the current Sex Ratio at Birth trends in comparison to other regions; Particularly hopeful in this regard is that Viet Nam is headed by a government which has proven that, once committed to a development priority, can provide strong support.

Overall however, the literature suggests that in order to improve the Sex Ratio at Birth situation in Viet Nam, a broadened view which takes into account its socio-cultural aspects is urgently needed.

Another need lies in the area of consistent improvement of gender equality as an overall goal of addressing the imbalanced Sex Ratio at Birth through the development of various policies and educational programs and national, decentralized campaigns, drawing upon resources and National Target Programs of all line Ministries. At present the General

Office of Population and Family Planning of Viet Nam is conducting pilot intervention activities to counter current Sex Ratio at Birth trends in 18 provinces. Although it cannot be known yet if these activities will have an impact, it is anticipated that future evaluations of the interventions will provide valuable information for further policy dialogue. In terms of population

policy, an active policy dialogue must be maintained on the relaxation of the “one-to-two child” policy as part of the new Population/Reproductive Health Strategy for 2010-2011 which is currently in the second drafting process. Until now the Strategy has not changed and still includes reference to the “one-to-two child” policy.

Section Five: Suggestions for Areas of Further Qualitative Research and Possible Methods to Use

Given the recent robust and substantive analysis of the 2009 Population and Housing Census, we know much more than we have before about where sex selection takes place, as well as regarding different socio-economic and demographic variables that can be associated with sex selection practices in Viet Nam. However, many questions remain unanswered about the reasons why sex selection has risen so sharply in some areas, and amongst certain populations while not in others.

In view of the fact that only when the present, confirmed rising Sex Ratio at Birth trend in Viet Nam is considered an emerging national crisis that demands immediate attention to immediate causes as well as long-term solutions for the root causes, strategies for intervention can be divided as such as well.

Furthermore, qualitative research to further understanding of the various causes, of the extent of the pressure from the “squeezes” mentioned above, and of the present trends, can be directed at 1) individual women, families and community members, including the elderly; 2) service providers: medical and paramedical service providers in private and government obstetric clinics, and if possible, producers, importers and marketing experts of sex screening testing materials and equipment; 3) policy makers who create and ensure legislation is upheld.

Ad 1) As for individual women and families, immediate research goals should



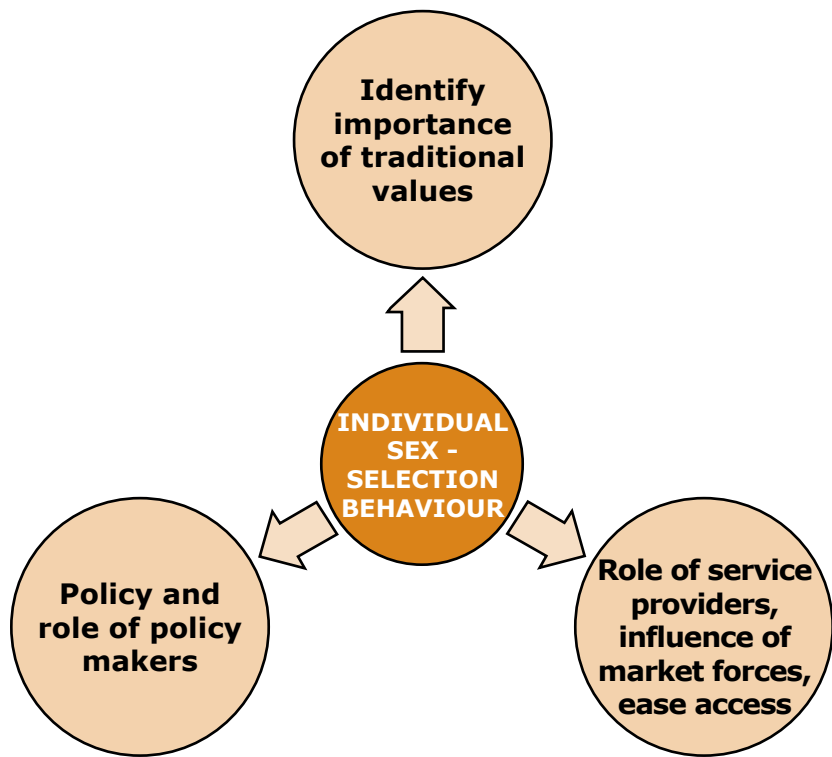
include: investigation which addresses the “demand” factors shaping decision making with regard to sex selection, with a particular focus on communities and parts of the population where Sex Ratio at Birth levels are highest, i.e. the Red River Delta and the South-East. The research should, besides to married women aged 15-49, be addressed to teenagers and young, unmarried women, as well as to married men, and older community members. The specific focus should be on which factors are shaping the strong desire of these community members to have a son, whether this desire changes after marriage, i.e. does the marriage influence the desire to have a son and whether/at which stage it becomes imperative to have a son.

Ad 2) This part of the research should focus on bringing out the motivation/drive, modes of client-provider interaction, accountability, and perceived/felt needs and insecurities of medical service providers in the current combined government and private health system as related to the “supply” factors of sex screening. This part of the research should furthermore, if and where possible, touch upon issues of medical ethics e.g. the unknown and known long term risks of multiple scans and abortions, financial incentives, the possible role and qualifications of clinical staff other than medical doctors with regard to the decision making process, the responsibility of health care providers to endorse an informed choice of their clients with regard to the use of sex

screening technology, and the conflicts of interest between the business and beneficent aspects of medical care.

In terms of agents supplying the market with the newest sex screening technology interviews should, from a different angle, shed light on issues related to the mechanical process of distribution and marketing of sex screening technology, reasons for its smooth integration into certain parts of the country or segments of the population, as well as regarding the more technical aspects of why sex screening is easily becoming part of the medical service market on a grand scale in Viet Nam, as compared to the popularizing of sex screening in a more global context.

Figure 4: Areas for further qualitative research



In order to further identify gaps in our understanding of the issue, and to determine which policy interventions will be most useful to stabilize the SRB in Viet Nam, the following table presents an initial overview of the many issues and examples of research questions that need to be answered. Please note

Ad 3) This aspect of the research should focus on an open dialogue and gathering of detailed information regarding the strengths and weaknesses of current policies as perceived by policy makers, including the feasibility or reasons for ill feasibility of the implementation of the currently existing decree and laws on abortion, as well as the new population policies. The dialogue should include specific views on Viet Nam’s own identity and approach with regard to population policy as compared to approaches adopted in other countries and regions experiencing rising Sex Ratio at Birth trends, and on the potential benefits and risks of penalty regulations.

that the listed points are not an actual survey tool to be used, but are proposed *themes* which will need fine-tuning and expansion before the development of research methods. Also, while in-depth interviews, case studies, observation and focus group discussions will generally be appropriate tools to conduct the research,

the researchers may need to consider additional study methods to ensure a private and anonymous interview setting when seeking answers to highly sensitive questions. One such method may be an adapted version of the Self-administered

Interview method designed by Klinker and Magtengaard in 2005, which would allow interview participants to feel confident about answering truthfully, thus providing more valuable research results.

Table 4: Areas for further study and research methods to use

	Issue/Gaps in knowledge	Examples of possible research themes	Who to ask?	Possible research methods
1	Perception and experience of medical service providers regarding legislations of sex selection services. "Medical market squeeze"/ "Government squeeze"	Extent of influence of the existing law of sex selection technology on the clinical services providers. The perceived role of the service provider with regard to guidance and justification for sex selective screening and abortions.	Service providers of both government and private health facilities	Key Informant Interviews; Focus Group Discussion
2	The development of the market of sex-selection technologies "Market squeeze"	Extent and mechanism of "commodification" of sex selection technologies. Characteristics of potential customers and motivation for their use of the particular technologies. Modes of referrals. Role of marketing of technology.	Service providers, Women - customers and their family	In-depth interviews, participatory observation in obstetric clinics
3	Sex Ratio at Birth of the first birth "Fertility squeeze"/"Family squeeze"	Decision making process and dynamics of using sex selection for the first birth.	Married women with children of aged 10 and under, newly-married couples	Case study, observation in obstetric clinics

	Issue/Gaps in knowledge	Examples of possible research themes	Who to ask?	Possible research methods
4	Decision making with regard to reproductive choice "Family squeeze"	Negotiation and dynamics of decision making process regarding the number and sex of children. Qualifications of service providers performing sex screening tests. Availability and quality of counseling services before and after sex selection. Family considerations and societal factors influencing the choice of using sex selection technology.	Couples; individual women and individual men	In-depth interviews
5	Access to sex selection technology "Market forces squeeze"	Age and gender difference of first exposure of teenagers/young unmarried couples to the idea of sex selective technology. Role of media, including internet penetration – despite e.g. banning of sex selection related sites.	Couples; individual women and individual men	In-depth interviews
6	Issuance, feasibility and implementation of Government policies "Policy squeeze"/"Market forces squeeze"	Transparency, accountability and effectiveness of the implementation of current population and abortion policies. Possibilities for new policy and amendment of existing policies as well as implementation plans to limit the misuse of sex screening technology.	Policy makers	Key informant interviews
7	From sex selection to abortion "Family squeeze"	Personal concerns, strategies and dynamics surrounding the process leading to an abortion decision. Alternative pre-conception methods to influence the sex of the unborn child.	Women	In depth interviews

	Issue/Gaps in knowledge	Examples of possible research themes	Who to ask?	Possible research methods
8	Social Behaviour as determined by traditional norms and very slow to change "Family Squeeze"	Expectations for old age by elderly parents of daughters vs. sons. Expectations regarding possible alternatives for social security provided by outside sources versus by children. Intergenerational change of support by children to their parents. Changes of the role of daughters vs. sons in terms of living arrangements and keeping family traditions.	Older female and male community members	In-depth interviews
9	Squeeze of family and traditions	Concerns about and decisions of having daughters as well as the practice of raising daughters within the extended family.	Families with only girl children	Interview/ case study
10	Market driven issues influencing sex determination "Market forces squeeze"	Regulations and dynamics of import and distribution, as well as registration procedures for sex screening technology. Promotion and marketing of various methods of sex detection technologies. Awareness level regarding illegality of sex screening and rationale for use for the various types of technology. Possibility of safe keeping records and scans per client.	Importers, Suppliers and Marketing experts	Interviews

Section Six: Annotated Bibliography

6.1. Asia

1. Almond	South East Asia	2008
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Author(s): Almond, Douglas; Edlund, Lena

Title:

Son-biased sex ratios in the 2000 United States Census

Publisher:

Department of Economics, Columbia University, New York; National Bureau of Economic Research, Boston, USA; the National Academy of Sciences, USA

Research Objectives:

To document male-biased sex ratios among U.S. born children of Chinese, Korean and Asian Indian parents in the 2000 U.S. Census.

Location: USA

Study team: The Authors

Design of study/research methods used: Analysis of 2000 U.S. Census data

Sample:

5% public use sample of families where both father and mother were reported to be Korean, Chinese or Indian, with non-adoptive children less than 12 years of age and a focus on parity 1-3: 18,557 children in 11,553 families.

A brief summary of the text including primary thesis or focus:

This study focused on investigating the sex ratio of children among US based families of which both parents were of Korean, Chinese and Indian descent, as compared to the high sex ratios documented in India, China and Korea.

Major Findings:

Male-biased sex ratios in these populations echo patterns observed in corresponding Asian countries, with the male bias being particularly evident for higher parities, specifically for third children, with a ratio of 1:51 to 1. The found bias at higher parity was true irrespective of the mother’s citizenship status, and despite the absence of many of the factors proposed to rationalize son bias in India, China and Korea, such as China’s one-child-policy, high dowry payments in India, patrilocal marriage patterns in all three of these countries, or reliance on children for old age support and physical security. Especially because the male bias appears to be a recent phenomenon, the found deviation in favor of sons is interpreted as evidence of sex selection, most likely at the prenatal stage, and even as a result of the consumer marketing of sex screening technology through blood tests at a very early gestational stage.

2. Chung	Asia	2007
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Author(s): Chung, Woojin and Das Gupta, Monica

Title:

Why is Son Preference Declining in South Korea? The role of Development and Public Policy, and the Implications for China and India

Publisher: The World Bank

Research Objectives:

To analyze the relationship between socio-economic development and son preference in South Korea; to shed light on the prospects for achieving more equitable child sex ratios elsewhere in Asia.

Location: South Korea

Design of study/research methods used:

1) Frequency and chi-square tests; 2) multivariate logistic regression analyses for 1991 and 2003 separately using the same variables, for the 1991 variables only and for the pooled data from both years; 3) univariate logistic regression analyses for each selected characteristic of women; 4) decomposition methodology.

Source of data used:

Korea National Fertility and Family health surveys of 1991 and 2003

Sample: 7000 women aged 15-49 and ever married in 1991, and 6500 women in 2003

Brief description or summary of the text/its primary thesis or focus:

South Korea is a trendsetter in Asia in terms of development, and now also in reversing the trend of rising child sex ratios. Central to a Confucian strategy of building a strong authoritarian state from 1392 onward was a rigidly patriarchal family system, replacing the old bilateral system of kinship. Through this highly ascriptive system which promoted ancestor worship and inheritance through male lineages, women were severely marginalized and socially isolated due to strict rules of exogamy. Given the role of the eldest son in securing the continuation of a lineage, this kinship system bred strong son preference. Between the 1950’s and the establishment of democracy in 1987, the Korean government sought to reinforce Confucian traditions by formally legalizing the rules of patrilineal social organization. From the 1960’s onwards, successive governments in Korea used their authoritarian powers to effect rapid economic development while actively repressing citizen demands for democracy and upholding its commitment to maintain traditional family roles.

However, with the advent of industrialization and dramatic increase in education citizens came to increasingly question the relevance of these traditions. Women’s organizations were established and civil society movements were successful in pressuring the military regimes through court judgments to give way to democracy and changing the laws related to family organization. Eventually, in 2005, male family headship was abolished by the government. The rapid industrialization brought retirement plans and other economic benefits and thus the growing ability of family members to live independently. Urban living and greater physical mobility greatly diminished the need for a son-centered life as daughters, instead of sons, may now live closer and more able to provide support. Female education and employment further enhances the potential

value of daughters. Decades of cumulative change thus have seemingly relaxed the pressure to bear sons.

Major Findings:

Son preference in South Korea declined primarily as a result of ideational, normative change triggered by changes in underlying social and economic conditions, thus at the societal, rather than the individual, level. The overwhelming factor underlying the reduction in son preference is a secular trend of changing social norms cutting across all socio-economic groups. The decline in intensity of son preference began amongst the educated professional urban elites who had exposure to new information first and spread quickly across the rest of the population, with the most conservative, rural groups currently showing the maximum fall. Demise of traditional beliefs is shown by the particular fact that the Sex Ratio at Birth now reflects less manipulation with regard to animal year: whereas in former years parents would avoid bearing daughters in inauspicious years, that is not causing much concern nowadays.

Another finding specific for the Korean case is that these social changes occurred despite government policies to uphold the traditional family systems. The role of public policy was two-sided in that on one hand it promoted economic development, raised levels of female education and participation in the formal labour force, while on the other hand it kept women marginalized in their domestic and public roles until very recent. It is possible that without these government efforts, the Sex Ratio at Birth would by now be normal. The following reasons make it likely to believe that the currently soaring child sex ratios in China and India where the roots of son preference lie in a similar kinship system as Korea, will follow a different trajectory and begin to normalize before having reached an equally high level of development: 1) In these countries there are rapid changes even in the rural areas, not only the cities, and 2) governments of both China and India have focused heavily on public policies and interventions to increase gender equity and that seek to alter societal norms and perceptions, including vigorous media campaigns; reformulation of legislation; sponsoring of grassroots women’s organizations; even financial incentives to raise daughters. Such policies will accelerate the process of change.

3. Chung	Asia	2007
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Author(s): Chung, Woojin; Das Gupta, Monica

Title:

The decline of Son Preference in South Korea: The Role of Development and Public Policy

Publisher: Population and Development Review 33, # 4

Location: South Korea

Design of study/research methods used:

1) Frequency and chi-square tests; 2) multivariate logistic regression analyses for 1991 and 2003 separately using the same variables, for the 1991 variables only and for the pooled data from both years; 3) univariate logistic regression analyses for each selected characteristic of women; 4) decomposition methodology.

Sample: 7000 women aged 15-49 and ever married in 1991, and 6500 women in 2003

Major Findings:

The most striking evidence of the secular decline in son preference in South Korea is the fact that women with similar individual characteristics showed a much lower son preference in 2003 than in 1991 to the extent of a halving of the proportions. This study shows that higher education of women is the dominant socioeconomic factor associated with this lower son preference, whereas this association is much weaker for their husbands. Other factors associated with a decline of son preference for women, and less so or not for their husbands, are living in an urban area, with an even sharper influence of living in metropolitan areas versus small cities. Being “Buddhist” and thus among the most conservative adherents to Confucian values is, on the other hand, associated with a higher Sex Ratio at Birth. So does having a husband who is an only son.

Overall, the findings show that even after controlling for a wide range of socioeconomic characteristics, nearly ¾ of the decline in son preference is attributable to changes in social norms spreading across the population, and in all socioeconomic groups, and only ¼ is attributable to increases in the proportions of people educated and living in urban areas. The decline did begin, however, among the educated professional urban elites and spread quickly across the rest of South Korea’s population. This was especially possible because South Korea had the advantage of being a small and homogeneous country where ideas can diffuse rapidly through the population. South Korea is also far ahead of India and China in terms of industrialization and urbanization, and thus better positioned for a reduction in Child Sex Ratios. However, based on the results of this study, there is possibility that the Child Sex Ratios in China and India normalize before reaching a similar level of development because in these countries rapid changes take place even in the rural areas, with employment other than farming diversifying sources of livelihood and thus leaving people less dependent on family pressures. Also, high levels of circular migration spread urban ways of thinking. At the same time the Indian and Chinese governments are, unlike the South Korean government which for a long time tried to uphold traditional values, focusing on interventions that seek to change social norms, rather than only on measures like increasing female education.

4. Guilmoto	Asia	2009
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Author: Guilmoto, Christophe Z.

Title: *The Sex Ratio Transition in Asia*

Publisher: Population and Development Review

Research Objectives:

To review trends and determinants of Sex Ratio at Birth increase across Asia; to provide the basis for a comprehensive framework to interpret the recent rise in Sex Ratios at Birth; to explore implications of the notion that rapid demographic masculinization in Asia may be a manifestation of an archetypal transition cycle with an onset, rapid increase, stabilization and decline phase.

Location:

East Asia (China, Taiwan, South Korea, Singapore and Viet Nam), South Asia (Pakistan, India) and West Asia (Armenia, Azerbaijan, Georgia and Albania)

Design of study/research methods used:

This study was written from a comparative perspective

Source of data used:

Birth registration, birth history estimates from large surveys and census data on recent births or age.

Brief description or summary of the text:

While it is clear that over the last few decades, the Sex Ratio at Birth in several Asian regions has risen above the normal level of 105, there are variations with regard to the onset and course of the increase per region and within countries. E.g. while the rise in Sex Ratio at Birth in China and South Korea already appeared in the 80s or earlier, there was no rise in Viet Nam’s Sex Ratio at Birth until after 2000 and in West Asia rapidly increasing Sex Ratio at Birth levels became a pattern in the 90s in all newly independent countries. Factors contributing to the shifting demographic balance of the sexes are a context of fertility decline combined with entrenched son preference, and the key innovation of modern sex determination technology and its access to it. This technology was first used by urban elites and because of declining costs, only later became more widespread.

Major Findings:

The first noticeable rise in the Sex Ratio at Birth associated with prenatal screening of births dates back to the 1980s. It has now become possible to identify commonalities in this trend occurring in various countries. There are 3 necessary preconditions of this adverse development: 1) “Readiness” to use prenatal sex selection technology, 2) Ability to use modern sex selection due to access, and 3) Pressure caused by small family size: “squeeze”: the reasons why in a given context, parents want, can and need to resort to active sex selection of their offspring.

Lack of comparative data complicates an in-depth analysis of these factors, especially on the relative access to modern sex selection methods, and in many situations the separate influence of each determinant cannot be singled out. Statistical monitoring indicates that Sex Ratio at Births do not tend to increase to levels above 140, do then level of and reach a transition phase after which they will eventually decrease to biologically normal levels under the influence of social and economic change as well as government intervention. However, a fast reduction of currently elevated Sex Ratio at Birth levels remains limited, and a rise of Sex Ratio at Births in several areas of Asia that are still unaffected is a distinct possibility.

Recommendations:

Action by government and civil society organizations, including the weakening in the supply of sex-selection services, the implementation of awareness campaigns and regulations, will be crucial to alleviate the consequences of current imbalances.

5. John	Asia	2008
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Author(s): John, Mary E.; Kaur, Ravinder; Palriwala, Rajni; Raju, Saraswati; Sagar, Alpana.

Title:

Planning Families, Planning Gender, the Adverse Child Sex Ratio in Selected Districts of Madhya Pradesh, Rajasthan, Himachal Pradesh, Haryana and Punjab

Publisher:

Action Aid India, South Asia Office of the International Development Research Center - Canada

Research Objectives:

The purpose of this study is to shed light on the range of socio-cultural forces that structure the changing dynamic within families in relation to the number and sex distribution of their children and the concomitant decline in child sex ratios in 5 states in India; to analyze how child sex ratios are affected by standards of living and how they vary across particular caste groups; to identify the various features and trends making for daughter-aversion and son preference.

Location:

The northern states of India: Haryana, Punjab, and Himachal Pradesh; the central states: Rajasthan and Madhya-Pradesh

Study team: 5 researchers; 60 fieldworkers and several field coordinators

Design of study/research method used:

Combination of quantitative and qualitative methodologies. Household data collection and compilation during two phases: two-stage detailed questionnaires and village/urban ward profiles in 2003, and intensive qualitative interactions with/case studies of 12 selected households in 2005. Continuous presence and participant observation by two researchers on each site.

Sample:

A total of 4,500 households in the northern states, and 2,000 in the central states, with 200 households randomly selected from each site. All villages in each of the selected districts having, as a first variable, at least 100 children in the 0-6 age groups, classified into “low”, “medium” and “high” child sex ratio categories, while taking into account Scheduled Caste Population and female literacy as second and third variables.

A brief summary of the text including primary thesis or focus:

While very low averages can be observed in the child sex ratios throughout India, distinct regional patterns testify of the complexity and interplay of many factors causing the negative trends. Especially noteworthy is that the decline of the child sex ratios overall has been far greater in the urban areas. The main similarities between the study sites is that they are all characterized by long histories of daughter-discrimination and son preference and that families over time have used a variety of strategies to determine their desired family size and sex distribution. Another similarity is that all sites are part of agrarian economies where land has always been an important source of livelihood and land fragmentation as well as wealth outflow through dowries have to be avoided, yet where agriculture by itself is no longer providing a sufficient livelihoods for most people, thus resulting in rising unemployment, out-migration and ineligibility for marriage of young men who subsequently fall short of the traditional expectation that they play a range of ritual and economic roles.

A seemingly unusual phenomenon is that the sites with the lowest child sex ratios are also the ones where the greatest numbers of girls are receiving a higher education. This finding is supported by similar patterns made available from larger statistical data sources. The generally steeply increased access to schooling and, mostly in the better off urban areas, college education for proportionately more girls, as well as a concomitant rise in age of marriage and a highly competitive marriage market, compounds the sense of burden represented by daughters as they now require many more years of care by the parents who are, at the same time, still traditionally

responsible to ensure a “correct” marriage and dowry arrangement. In terms of prosperity, data from this study indicate significant variations between the sites, with low sex ratios found across all economic levels in the rural areas. In the urban sites the worst sex ratios occur in the groups with a lower standard of living, indicating that here striving for upward mobility out of poverty combined with availability of new sex screening technology works against accepting the birth of daughters.

Major Findings:

The study reveals that, whatever the past histories of son preference and daughter neglect in the different study areas, there has been a shift from conscious to more deliberate strategies to achieve the desired small family composition: families increasingly want fewer daughters and sons, yet choices are made to have one son, two sons, one sons and perhaps one daughter, but rarely only daughters, which deepens masculinization and aversion towards girl children. The higher the level of economic development, the “more conscious” is the planning of the family and the more deliberate the use of technology for achieving these goals. In particular, ultrasound technology and the availability of it across castes and classes is a critical ingredient in the spread of the practice of sex selection. While richer people resort to technological intervention early in their fertility career, many poorer people do so later or regret they cannot due to lack of means. The decision to eliminate a girl fetus is found to be a complex one, with not only a couple involved but also extended family members, in particular the in-laws, and health care providers, playing a significant role.

A uniform finding across all study sites is that, while various schemes and policies to raise the value of girl children have been launched by the government of India in recent years, in particular cash incentive schemes, no government schemes of any kind to improve the status of women and girls were being implemented or known about in the 5 districts selected for the study because of their worst child sex ratios. Flaws of the existing schemes lie in the fact that they target only those families below the poverty line; that most of the cash benefit is only granted after the girl has delayed marriage until age 18; and that they are created through an effort to combine population control with an attempt to stem sex selective abortions, e.g. by offering cash reimbursements to parents who go in for sterilization after the birth of a first girl. Weaknesses of proposed, but not yet implemented schemes, lie in the enforcement of surveillance of pregnant women and the birth of daughters thus creating an invasion of privacy, curtailment of abortion decisions unrelated to sex selection, and the turning over of girl children to state run institutions that are often in an abysmal state.

Recommendations:

- Expansion of public health facilities in terms of locations and possible treatments in order to avoid privatized care and exclusion of the poor in the face of rising costs, and reorientation of public health programs in order to delink basic health from family planning;
- Expansion and improvement of public education to provide more opportunities for people who cannot afford private education in an effort to rule out inequalities across class, caste and gender;
- Introduce reservations in jobs for women at various levels of status and pay in order to counteract the low levels of women’s work and the lack of value attached to much of women’s labor;

- Organize campaigns focusing on popularizing living with daughters by parents as an equal option to residing with sons, in order to promote flexibility away from existing compulsory, patrilocal marriage norms since the study points this out as one critical socio-cultural determinant in the value of daughters;
- Consider government schemes for the elderly, including living pensions and other forms of social provision in order to reduce the pressure of sons to be the traditional sole source for such support;
- Clarify the roles and collaboration of government as well as private medical and paramedical health officials in guiding the outcomes of sex determination testing and target medical facilities culpable of using their power to enforce such outcomes despite government acts to prohibit the use of sex determination technologies, e.g. by arresting personnel of a few well-known centers to create public awareness about current practice.

6. Joseph	Asia	2007
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Author(s):

Joseph, Josantony; Mattam, Matthew; Mathew, Sofy; Siradhna, Kavita;; Patkar, Rohini; Kulkarni, Vidya; Radhakrishnan, E.M.

Title:

Reflections on the Campaign against Sex Selection and Exploring Ways Forward

Publisher:

Centre for Youth Development and Activities, Maharashtra, India; UNFPA

Research year: July-December 2006

Research Objectives:

To map the reasons why, despite all advocacy and other efforts, the Child Sex Ratio in India continues to be dismal; to review the efforts of the stakeholders on this issue; to explore ways forward and suggest guidelines for future strategies.

Location:

Nine states in India spread out over 3 clusters: the northern states of Himachal Pradesh, Haryana, Punjab and Delhi; the western states of Maharashtra, Gujarat and Rajasthan; the southern states of Karnataka and Tamil Nadu.

Study team: The authors

Design of study/research methods used:

Case study approach and DELPHI method; Interactions and consultations centered around a series of themes with 4 categories of stakeholders: 1) community members and groups pro-active in addressing the issue; 2) enablers of the campaign, i.e. those who have actively worked on this issue; 3) medical service providers and 4) implementers of the Act against antenatal sex screening and sex selective abortions, including advisory boards and other government representatives; Review of secondary sources; Assessment of IEC materials.

Sample:

“Snowballing” sampling i.e. one case gives reference to another, the second to still another and so forth.

A brief description or summary of the text/its primary thesis or focus:

This study points out that reasons for the continued decline of the CSR in India despite a number of efforts are related to 1) the knowledge and attitudes of various stakeholders, 2) the Government Act against sex determination and sex selective abortions and its implementation, and 3) the various methods used in the campaign.

Major Findings:

While there is widespread knowledge among people of reproductive age themselves as well as the medical community regarding if and where sex determination services are available, awareness of the illegality of such services or regarding the fact that the declining number of girls is a grave problem, is more present among medical personnel than among the community in general.

All groups lack sufficient knowledge about the government Act against prenatal sex determination. In terms of attitude it appears that even while abortion in itself is disapproved of, sex selective eliminations of girl children seem acceptable and justified. Underlying reasons are a strongly ingrained patriarchal mindset and son-preference, as well as financial costs expected to be incurred in the education and marriage of girls, the growth of affluence and urbanization, and even concern for the future well-being of the girl in a world where she would face many forms of oppression. This is compounded by the attitude of a small, but important % of medical service providers which sees sex determination services as a low risk, business with high money returns. Failure to ensure implementation of the Act results from lack of resources, lack of political will, but especially from a conflict of interest since members of the medical community are at the same time the ones supposed to act in the quasi-judicial role of “enablers” yet protect colleagues and themselves from losing the current benefits of the system.

In terms of many aspects of the Act itself, there is a lack of clarity and possibility for misinterpretation, e.g. regarding who can be legally authorized to operate an ultrasound machine, or regarding the law for legal abortions versus the illegality of sex selective abortions along with the push for a 2 child family. Weaknesses with regard to the efforts of individuals and groups to enforce the Act on the demand side are: difficulties with carrying out sting/decoy operations, and the lack of community based initiatives as well as ambiguity or contradiction of communication materials, lack of professionally made, local specific materials or infrequency of dissemination, e.g. loss of a message amidst other TV broadcasted messages that foster gender inequity. On the supply side efforts have not been successful enough because not many medical community members have been co-opted to join in the campaign as the perception exists that violating the law goes unchecked and thus the sex screening business can continue to thrive. Lack of accountability of the State and lack of political will further aggravate the situation.

Recommendations:

- Create a synergy among the many different activist groups and individuals and build a central strategy;
- Clarify and amend certain parts of the Act and build a strong political will;

- Develop communication materials that motivate the general public to act rather than only create awareness;
- Involve the local communities in efforts to improve the Act implementation since they only can change the practices within their own groups;
- Develop ways to hold government and its officers more accountable, as well as get the medical community actively involved;
- Consider the issue a national disaster and therefore place emphasis first on all activities serving the immediate goal of saving girl children today, by including in the campaign as many people concerned about the issue as possible, regardless of very different ideologies e.g. regarding abortion.

7. Kim	Asia	2004
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Author(s): Kim, Doo-Sub

Title of Article/Research Paper:

Sex Ratio at Birth in Korea: Changing Trends and Regional Differentials

Publisher: Hanyang University, College of Social Sciences/Ford Foundation

Research Objectives:

To discuss the rising Sex Ratio at Birth rates in Korea during the second half of the 1980’s and the 1990’s, to explore the changing Sex Ratio at Birth trends and regional differences over 4 decades, and to discuss potential future consequences for Korean society.

Location: All regions of Korea

Design of study/research methods used:

Literature review; 2 simulations , one assuming there is pre-natal sex screening and sex-selective abortion, and one assuming there is not, while keeping the other hypotheses constant.

Source of data used:

Vital statistics data by regions for the period 1985-2000

Brief description or summary of the text/its primary thesis or focus:

This study centers around the question: How many women actually go through prenatal sex screenings and sex-selective abortions and what impact does this have on Sex Ratio at Birth? Since the mid-1990’s a downward trend in Sex Ratio at Birth has been observed in all regions of Korea, with the national average being 108.7 in 2003. The main causes for this decline were: Strong government interventions, including harsh penalties which prohibit pre-natal screening and sex-selective abortions, massive media campaigns and long term policies geared to reduce discrimination against women. Young couples are less likely to accept the traditional ideology of patriarchy and behavioral expressions of son preference are getting weaker than ever. However, despite the variation of sex ratios in certain geographical regions in Korea, sex ratio distribution by parity shows that over all, there is a clear positive correlation between Sex Ratio at Birth and birth order: sex ratios at birth keep growing markedly as birth

order progresses. Sex ratio distribution according to region and age of the mother follows a similar pattern with a distinct rise emerging in all regions as the mother's age increases. Based on the assumption that son-selective reproductive behaviour is dependent on the 4 factors of 1) son preference, 2) current fertility/composition of the family, 3) desired family size and 4) the access to medical technology, Korea has experienced relative uniformity of son-selective reproductive behaviour irrespective of residence, geographical region, or socioeconomic status.

Major Findings:

The unusually high sex ratios in certain areas suggest that regional differences in sex ratios are related to pre-natal sex screening and sex-selective abortion. A survey in 1991 revealed that more than 30% of women in Korea were in favor of son-selective reproductive behavior, especially in the rural areas, and that, with 66 abortions per 100 live births, almost 40% of the total pregnancies of married women were terminated by induced abortions. The results of the simulations conducted for this study indicate that a large number of women had prenatal sex screening and sex-selective abortions performed which thus clearly raises Sex Ratio at Birth and at the same time causes fertility levels to decline. One of the major negative health and social impacts of this trend is a future marriage squeeze, with too few men finding eligible women to marry. Other challenges a male surplus could pose for society are an increase of sex-related crimes, suicides or drug abuse. Considering a more positive perspective, a shortage of women could potentially improve women's status and eventually work in a self-correcting way.

8. Li	Asia	2007
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Author(s): Li, Shuzhuo

Title: *Imbalanced Sex Ratio at Birth and Comprehensive Interventions in China*

Publisher: Institute for Population and Development Studies, China

Research Objectives:

To analyze the trends in Sex Ratio at Birth and EFCM (Excess Female Child Mortality) in China; to discuss causes of a deteriorating environment for girl-child survival as well as the subsequent demographic and social implications; to review corresponding intervention activities of the Chinese government.

Location: China

Study team: Shuzhuo Li

Design of study/research methods used:

Literature review of studies on the topic between 1992 and 2005; Analysis of Population Census data and other official statistics.

Source of data used:

China population censuses in 1953, 1964, 1982, 1990 and 2000; 1% population sample surveys in 1987, 1995 and 2005; official statistics and survey data published by the government.

A brief description or summary of the text/its primary thesis or focus:

With the development of the Chinese economy and implementation of a strict family

planning policy, China's fertility rate has declined over the past few decades while there has been a concurrent steady rise in Sex Ratio at Birth, Sex Ratio of Children age 0-4 and Excess Female Child Mortality between 1982 and 2005. Intensive son preference and discrimination against girls have always been a part of Chinese culture yet the increasing and geographically expanding, highly imbalanced sex ratio has led to the "missing girls" phenomenon which poses a threat for the long-term demographic and social stability of Chinese society.

Major Findings:

Primary causes for the rise in Sex Ratio at Birth were found to be: female infanticide, underreporting of female infants, and sex-selective abortion due to the widespread introduction of cheap antenatal ultrasound scanning technology in all rural areas. The main cause for EFCM is discrimination against girls with regard to nutrition as well as preventive and curative health care. Furthermore, traditional patterns of division of labour and economic dependence on men combined with the strict patrilineal family system according to Confucian principles and male-dominated public social systems, laws and resource allocation are root causes for the current trends.

Demographic implications of the rising Sex Ratio at Birth are an acceleration of China's ageing process and a severe shortage of marriageable females. Social implications include the overall violation of the rights of female children and women, psychological pressure and health risks for mothers undergoing sex-selective abortions, inferior health of the forcedly unmarried, increased vulnerability of girls to trafficking and prostitution and abnormal marriage arrangements as well as marginalization of "undesirable" men with a lower socio-economic status.

In order to counteract these negative trends, the Chinese government adopted a series of active regulations and policies. Starting in 2000 and supported by the Ford Foundation and UNICEF phase I of the successful "Care for Girls" campaign was introduced as a pilot project in one city of Anhui province. To establish a favorable survival environment for girls the campaign focused in particular on measures to punish non-medical sex selection, sex selective abortions and infanticide, but also on many related aspects such as enhancement of the social security system, creating awareness in men and mothers-in-law, providing "whole course", sustainable family planning and reproductive health services throughout a life time, and popularizing "uxorilocal" marriages. In phase 2 of the campaign, activities were spread to 24 counties which led to efficient decline of Sex Ratio at Birth levels from 133.8 in 2000 to 119.6 in 2005. During stage 3, starting in 2006, all campaign activities were scaled up to the whole country and additional interventions added, including a youth volunteer programme, nationwide competitions, the publishing of a series of guidebooks and the involvement of national mass-media organizations as well as generation of support by international organizations and, to a minor extent, by civil society organizations.

Despite these strategic efforts, current reality is still significantly far from an ideal situation. China's sex ratio is severe and complex and there are still many weaknesses in the attempts to control Sex Ratio at Birth rates. Reasons lie in a continued lack of gender sensitivity and ambiguity in both content as well as practical implementation regarding relevant laws and policies, e.g. since sex-selective abortion mostly takes place in secret it is hard to collect evidence and since it is not yet treated as a crime, it is difficult to efficiently punish those involved. Other complicating factors are: the scarcity of effective collaboration between government departments, difficulties with managing the country's "floating population" which temporarily migrates between rural and urban areas, the absence of an efficient evaluation system, the difficulty with preliminary identification of couples likely to commit female foeticide, and raising funds for Sex Ratio at Birth intervention. Yet, with China's long term strategic plan

Sex Ratio at Birth was forecasted to stop increasing between 2006 and 2010, steadily decline from 2011 to 2015, and remain normal (106) from 2016 to 2020.

Recommendations:

To realize the goal stated above, current priorities of the Chinese government are:

- to promote uxori-local marriage in some rural areas;
- to develop and integrate socio-economic policies; to introduce rural pension, family support and social security systems;
- to work toward a new relaxed family planning policy; and
- to put forward more stringent ratification procedures for pregnancy termination.

9. Mishra	Asia	2009
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Author(s): Mishra, U.S; Dilip, T.R; George, A; Kumar, V.K.A

Title of Document:

Declining Child Sex Ratio (0-6 years) in India. A review of Literature and Annotated Bibliography

Publisher: Center for Development Studies, Ulloor; UNFPA, Delhi

Research year: 2009

Research Objectives:

To carry out a review of existing research and other relevant documentation on pre-natal sex selection and declining numbers of girl children in India; to prepare a synthesized summary report.

Location: India

Design of study/research methods used: Systematic desk review of research literature and other documents

Major Findings:

The main findings of this review are:

1. Skewed Sex Ratio at Birth is primarily due to sex selective abortions.
2. Practice of sex selection is relatively more common among urban, educated and households which are better off.
3. Female child survival is more threatened with higher parity births, and specifically with the absence of siblings.
4. The proportion of distortion of Sex Ratio at Birth is higher in urban than in rural areas.

Causes for the distorted Sex Ratio at Birth are found to be:

1. Intensification of sex preference, but not, as assumed before, increasing welfare and socio-economic development leading to loss of cultural significance.

2. The combination of a low fertility norm with son preference.
3. Unchanged economic valuation of boys over girls.
4. Dowry practices and other costs accumulated by having girl children.

Major Recommendations:

To carry out more qualitative research with regard to:

1. Universal prevalence of the small family norm and the son preference response.
2. The extent to which the desire for sons is directly related to daughter discrimination or neglect, within the sibling composition of the family.
3. Sex selective abortions in the light of an unmet need for contraception and the concentration of sex selective abortions by order of birth and characteristics of the mother.
4. Similarities in behaviour causing Infanticide on the one hand, and sex selective abortions on the other.

10. Poston	Asia	2003
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Author(s): Poston, Dudley L; Juan Wu, Julie; Han Gon, Kim

Title: *Patterns and variation in the Sex Ratio at Birth in the Republic of Korea*

Publisher: Development and Society

Research Objectives:

To describe the patterns and variability in Sex Ratio at Birth among the counties of South Korea during 3 time periods: 1990, 1994, and 1998; to explore some of the implications of these trends.

Location: All provinces and counties of South Korea

Design of study/research methods used:

Statistical analysis by means of box-and-whisker plots to determine mean values

Source of data used: Literature review

Major Findings:

Among all counties in South Korea a general pattern of decline of Sex Ratio at Birth was observed between 1990 and 1998, from a mean value of 118 in 1990 to 117 in 1994 and 111 in 1998. However, substantial variation for Sex Ratio at Birth rates was found between the counties, with a lowest value of 89.2 to a highest of 161.9. The prime causative factor for the high Sex Ratio at Birth rates is sex selective abortion; ultrasound technology enabling the pre-natal determination of sex has been widely available since the late 1980s while fertility declined rapidly following economic development and the introduction of government policies. At the same time son preference is firmly rooted in Korean culture. Lower than normal Sex Ratio at Birth rates in some counties may be explained by an overall small number of male and female births as well as a higher than average number of children per family in those areas.

The most important implication of the high Sex Ratio at Birth rates is that by 2015 more than 10 percent of young men of marriageable age will not be able to find wives in a society where marriage is nearly universal and expected. Since here has been little evidence of marriage migration to South Korea, commercial sex work is likely to become more prevalent. The speed of South Korea’s fertility transition, from 5.5 children per woman in 1955, to 1.7 in 1985, and to 1.5. in 2000, has left the country with little time to evolve to a more modern normative family structure which places less of a premium on boys over girls.

11. Song	Asia	2009
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Author(s): Song, Jian

Title: *Rising sex ratio in China: responses and effects of social policies*

Publisher:

Center for Population and Development Studies at Renmin University, China, and the Ford Foundation

Study year: 2006-2008

Study team: Song, Jian; Zhenwu, Zhai; Yuhua, Yang; Zhuping, Zhou

Research Objectives:

To discuss current social policies aiming at the rising Sex Ratio at Birth in China from a gender perspective, and to explore the causes of their ineffectiveness.

Location:

Policy analysis for the whole of China; field interviews in county of South China.

Design of study/research methods used:

File analysis at national level and Field Surveys in one of the earliest pilot counties for the national campaign “Care for Girls”.

Source of data used:

All relevant social policy documents since 1949; Field survey data of one county.

Sample: More than 300 field interviews

Brief description or summary of the text/its primary thesis or focus:

Consensus exists that the rising Sex Ratio at Birth in China is attributed directly to sex-selective induced abortion while the country experiences rapid fertility decline. The root cause for the rise in Sex Ratio at Birth lies in gender inequality and the male oriented traditional principles of Confucian culture. Policy making has been recognized by the Chinese government as one of the most important measures to counteract the problems associated with the rising Sex Ratio at Birth. Various activities and programs have thus been organized as well as relevant policies formulated, yet all efforts have not been effective at putting a halt to the upward Sex Ratio at Birth trend.

Major Findings:

During the rapid transformation of China from being a highly planned to a market-oriented society starting in 1978 social development policies were left largely ignored.

In China today, all gender-related policies tend to promote gender equality. However, a gap exists between the formulation and implementation of gender-related policies and policy responses to the widely distributed rising Sex Ratio at Birth have thus far had limited effect due to the following causes: 1) lack of gender awareness amongst policy makers and administrators themselves, e.g. the fertility policy that allows a second child to be born if the first one is a girl is not conducive to the elevation of women’s status but a mere compromise to son preference common in society; 2) Abstract, too flexible or vague wording of policy documents that leaves room for a variety of interpretations or incorrect interpretation; Confusion amongst policy makers and lack of communication between policy makers and executing departments regarding contradicting policies from different Ministries or departments e.g. one policy that specifically promotes the educational welfare of girl children being raised in poor families and another which benefits all children thus “watering down” the beneficial effect of the policy for girls; 3) Ill-feasibility of certain social policies due to lack of implementing details or due to difficulties with the detection of illegal behaviors e.g. in case of the policy with regard to prohibitive non-medical sex selection and non-medical termination of pregnancy and the reality of its continued occurrence.

Recommendations:

- To promote gender awareness and cultivate a gender perspective among policy makers and administrators;
- To reform the legal system and to revise and improve existing social policies;
- To integrate various policies at the national level and coordinate reforms of the various government departments by establishing an authoritative independent coordinating agency, e.g. by following Korea’s example of establishing a Ministry of Gender Equality, or alternatively, by strengthening the existing agencies at the county level such as the National Working Committee on Children and Women.

6.2. Viet Nam

12. Bang	Viet Nam	2008
Author(s): Bang, Pham Nguyen; Hall, Wayne; Hill, Peter. S.; Chalapati Rao		
Title: <i>Analysis of socio-political and health practices influencing Sex Ratio at Birth in Viet Nam</i>		
Publisher: Reproductive Health Matters		
Research Objectives:		
To analyze socio-political context and health practices influencing Sex Ratio at Birth in Viet Nam		
Study team: The authors		
Design of study/research methods used:		
Secondary data analysis of Population Change Surveys 2004, 2006 and intensive socio-political context analysis including analysis of population policy and health practices in Viet Nam.		
A brief description or summary of the text/its primary thesis or focus:		
The paper analyzes the nature and determinants of Sex Ratio at Birth in Viet Nam, including a small family size norm, recent reinforcement by the Government of the “one-to-two child” family policy, traditional son preference, easy access to antenatal ultrasound screening and legal abortion, and an increase in the proportion of one-child families.		
Major Findings:		
The analysis suggests that there are three factors that with their unintended synergy together may lead to an increase in sex selection and a resulting negative effect on the Sex Ratio at Birth:		
1. <i>Son preference</i> which is deeply rooted in Viet Nameese culture and society and has changed little despite recent socio-economic development and political interventions. It appears to have been integrated into modern perceptions of small family size, with the one-child family an increasingly acceptable norm. 2. The “one-to-two child” family policy has been unequally implemented with less enforcement in rural areas and ethnic minorities but has been adhered to in a much stricter way by members of Party and Government employees. However, these groups often have had a higher education and live in better economic conditions which allow them a greater access to reproductive health services including sex selection technologies. Furthermore, the re-introduction of this policy in 2005, now with a more punitive intent, may increase pressure on couples who already have two daughters and desire a son despite State penalties. 3. <i>Access to ultrasound and abortion services:</i> Ultrasound services have been used as part of prenatal care for a long time however they have been intensively used for pre-natal sex detection only since the mid 1990s. Ultrasound services are widely available and affordable for most women (According to the Population Change Survey 2006, 86% of urban women and 63% of rural women are aware of the sex of their baby before delivery). Furthermore, abortion services are legal and safe abortion is offered as part of an overall reproductive health program. Like		

ultrasound, abortion services are widely accessible and, at a low cost, affordable to most.

Recommendations

In order to prevent an increased Sex Ratio at Birth in Viet Nam, four options are suggested:

- Regulation of sex identification through ultrasound;
- Prohibition of sex selective abortion;
- Addressing gender equity, including educating the population about the negative consequences of an unbalanced sex ratio and promoting the role of girls and women in family and society; and
- Relaxation of the one-to-two child family policy by opting for inclusion in the new Law on Population of a more general policy encouraging each family to remain small.

It is also emphasized in this study that the limitations of currently available data must be overcome. There is a need for good quality demographic data to monitor Sex Ratio at Birth in Viet Nam in the coming years. These sources of data include birth registration data and birth records in the health system, census data. The national vital registration systems need to be enhanced as well strategies found to enable accurate, ongoing monitoring.

13. Barbieri	Viet Nam	2009
Author(s): Barbieri, Magali		
Title: <i>Doi Moi and Older Adults: Inter-generational Support Under the Constrains of Reform</i>		
Publisher: Stanford University Press: Stanford, California		
Study Objectives:		
To investigate the impact of Doi Moi on older people and on intergenerational support.		
Study team: The author		
Design of study/research methods used:		
The 1999 Population and Housing Census of Viet Nam and the 1997-1998 Viet Nam Living Standard Survey were analyzed by STATA software. Elderly are defined as all individuals aged sixty and older in both data sets. All results are weighted. The Census data are used to investigate the impact of migration on the household structure of older persons. The 1997-1998 VLSS are used to analyze living arrangements in relation to number of children alive and to examine alternative forms of support, specifically financial assistance.		
Sample:		
The analysis is based on the data sets of the 1999 Population and Housing Census of Viet Nam with a sample of nearly 2.4 million household members and the subset data of 200,000 people aged sixty or older and the 1997-1998 Viet Nam Living Standard Survey with a nationally representative sample of 4800 households and the subset of data of less than 3000 people aged sixty or older.		

A brief description or summary of the text/its primary thesis or focus:

This study presents evidence of families’ strategies to ensure continuous support to their older members in the midst of conflicting influences of the socio-economic changes brought about by Doi Moi. A review is presented of the demographic context of aging in Viet Nam, contemporary residential patterns of older persons and the adaptation of family strategies to secure support for ageing relatives since geographic distance between adult children and their parents has increased due to migration of the children. Implications of the study for the future of older people in Viet Nam are discussed.

Major Findings:

1. Though increasing geographic mobility puts pressure on traditional family patterns because young people are more likely to move than older people, co-residence between adult children and their ageing parents remains the norm in Viet Nam for about 75 percent of all people aged sixty and older living with at least one child, most often a son.
2. Elderly people are less likely than younger people to migrate, but the proportion of those moving is not insignificant;
3. Migration of the elderly appears to increase the odds of co-residing with an adult child suggesting that when older people do move, they do so to follow or join their children and immediate families;
4. Remittances from non-co resident children to their ageing parents’ household is a major, and probably growing form of support. There are a significant proportion of daughters supporting their ageing parents, though a considerable lower amount than sons when combining co-residence and remittances.

Recommendations:

The government should develop an experimental Programme designed to help young adults care for their ageing parents while the proportion of elderly persons in the population is still relatively low and before the gains in mortality and the rapid decline in fertility will show its full effect on the ageing population.

The current period, before pressure on society becomes too strong to ignore any longer, presents a window of opportunity for researchers and policy makers to better understand this phenomenon.

14. Bélanger	Viet Nam	2009
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Author(s): Bélanger, Daniele; Oanh, Khuat Thi Hai

Title: *Second-trimester abortion and sex-selection of children in Ha Noi, Viet Nam*

Publisher: Population Studies, 63:2, 163-171

Research Objectives:

To examine the likelihood of association between second-trimester abortion and sex-selection of children among women who sought an induced abortion in a hospital of Ha Noi.

Location: Ha Noi

Study team:

Author and co-author with collaboration of health providers in an obstetric hospital in Ha Noi

Design of study/research methods used:

A short questionnaire administered by health providers during pre-abortion interview.

Sample: 885 women who had at least one child and sought an abortion

A brief summary of the text including primary thesis or focus:

In principal, the number and sex of living children should not affect the timing of abortion if there is no intention of sex-selection. The study shows that women with more children, and particularly those with more daughters or without a son, were more likely to undergo a second-term abortion than a first term abortion.

Major Findings:

The number and sex composition of children together influence the likelihood of having a second term abortion. Among women having a second term abortion, those who have no son were more likely than those who already had a son to have a second term abortion. The association between being sonless and the likelihood of having a second term abortion increases as the number of living children increases (2 times more for those who have two living children and 4 times more for those who have three living children as compared to those who already had a son). According to the analysis, 2 percent of all abortions recorded in this study could be attributed to sex selection of children; the proportion increases to 3.2 percent for abortions among women with two or three children. However, among second term abortions only, 13.9 percent could be attributed to sex-selection.

Recommendations:

- Policy should address gender inequality and the preference for male children as the root causes of the sex selection behavior;
- Social welfare for elderly, sonless parents;
- More employment opportunities for women;
- Public campaign promoting the equality of sons and daughters and raise public awareness about the long-term impact of imbalance of high sex ratio; and
- Take into account the effect of reintroduction of a two-child policy.

15. Bélanger	Viet Nam	2009
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Author(s): Bélanger, Daniele

Title: *Regional differences in household composition and family formation patterns in Viet Nam*

Publisher: Journal of Comparative Family Studies; Spring 2000; 31, 2.

Research Objectives:

The objective of the research is to examine whether or not part of the regional differences observed in household structure can be explained by different patterns of postnuptial co-residence among parents and young married children.

Study team: The author

Design of study/research methods used:

Secondary data analysis of the 1992-1993 Viet Nam Living Standard Survey.

Sample:

A sub-sample of 1,632 young couples (out of the overall sample of 4,800 households in Viet Nam) in which the wife is between 15 and 34 years old.

A brief summary of the text including primary thesis or focus:

Using data from the large national survey data, this research documents important regional variations in household composition in Viet Nam, reflected partly in the variations of the living arrangements of young couples.

Major Findings:

Although the majority of Viet Nameese households are nuclear in structure, there are important proportions of extended and multiple families. The household composition reveals regional variations, the strongest being the North and the South. A higher proportion of nuclear families are found in the North, while more extended and multiple family households exist in the South.

Young couples of the southern regions tend to live with their parents more often, and for a longer period, than young couples of the North. Couples of the South and the Center display more flexibility with regard to living with paternal or maternal kin, whereas couples of the North feature a clear preference for co-residing with paternal kin.

The research also explores some hypotheses for explaining these differences, namely housing stock characteristics, success of the socialist revolution, cultural influences, and demographic regime and migration patterns. For example, in the urban areas, housing stock could play a role in living arrangement. The fact that more housing units are more likely to be smaller in size in the North than in the South can partly explain the higher proportion of extended and multiple households in the latter region. The strong nuclear family of the North could have resulted from the success of family reforms initiated in the 1950s. Important inflows of migrants to the South joining family members already living there increase the household size and complexity of its composition.

Recommendations:

New data are needed on post-nuptial co-residence of cohorts. Future study should be on family relations: what do co-residence patterns mean for people's daily lives? How does the status of women in different households vary and affect her fertility decision, the health of her children and the option to migrate? A more historical and global perspective as to why regions vary should lead to a better understanding of the Viet Nameese society.

16. Bélanger	Viet Nam	2006
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Author(s): Bélanger, Daniele

Title: *Indispensable Sons: Negotiating reproductive desires in Rural Viet Nam*

Publisher: Routledge, in Gender, Place & Culture - A Journal of Feminist Geography, Vol. 13, No. 3, pp. 251-265, June 2006

Study year: 2000 - 2002

Research Objectives:

To study how reproductive desires are constructed and negotiated by women within contradictory forces of keeping a small family and the production of a son.

Location: A village of the Red River Delta in Ha Tay province

Study team: The author and her research assistant

Design of study/research methods used:

Formal data collection and informal ethnographic observation. The data used for this article were collected through in-depth interviews which were taped, transcribed and analyzed with assistance of N-Vivo software package.

Sample:

Members of 25 families - 74 individuals who were born between 1915 and 1970s and having their children between the mid 1960s and the late 1990s

A brief summary of the text including primary thesis or focus:

This article documents the different strategies women in rural northern Viet Nam use in their quest to have a son and discusses the construction of reproductive desires with special attention to the need for a son. The article also elaborates on the ways women manage to negotiate these desires between different scales: the local (family, kinship, and community), the national (two-child policy) and the global (with a notion of a good family and of good quality children). The article emphasizes women as active agents of their reproductive lives rather than as passive individuals under strong patriarchal pressure to meet the reproductive needs of their family and community.

Major Findings:

Within the perimeter of family and kin women resort to three main strategies to negotiate their need for a son: (1) to have many children until they produce a son; (2) to look for a second wife for their husband and (3) to adopt a male child.

Community is a powerful agent in shaping reproductive desires and behaviors as it can exert a strong pressure to conform to the norms. Some women could not bear the

mocking but gave up their intention of following the two-child policy but other women were able to negotiate legitimacy as sonless mothers.

To negotiate with the State - family planning policy, women who need to go beyond the two-child limit came up with various strategies (1) claiming a contraceptive failure; (2) hiding the birth of a third child; (3) a group of female teachers collectively decided to have a third child in the same year to share the shame instead of bearing it individually.

In term of negotiation with State policy, women claimed their need for sons as a way of keeping tradition. In contrary, the women's efforts to produce a son reflect the global trend described as having fewer but "better" children by using "scientific" modern methods and new technologies to produce a son.

Recommendations:

To integrate culture into the study of reproduction with an attention to values as constantly negotiated and shaped by society.

17. Bélanger	Viet Nam	2003
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Author(s): Bélanger, Daniele; Oanh, Khuat Thi Hai; Jianye, Liu; Thuy, Le Thanh; Thanh, Pham Viet

Title: *Is Sex Ratio at Birth increasing in Viet Nam?*

Publisher: Institute National Etudes Demographique; 2003/2; Volume 58; pages 231-250. CAIRN

Research Objectives:

The research examines if there is a significant increase in Sex Ratio at Birth in Viet Nam, a country that has cultural affinities with China where there is a sharp rise in Sex Ratio at Birth.

Study team:

Daniele Bélanger, Khuat Thi Hai Oanh, Liu Jianye, Le Thanh Thuy, Pham Viet Thanh

Design of study/research methods used:

Analysis of the 1989 and 1999 Population Censuses of Viet Nam, the 1997-1998 Viet Nam Living Standard Survey, and hospital data for Ha Noi and Ho Chi Minh City.

A brief summary of the text including primary thesis or focus:

Although Viet Nam has cultural affinities with China and has also introduced a family planning programme, the two-child policy, the data of large national survey and valuable hospital data do not support the conclusion of a significant increase in sex ratios at birth, although higher ratios are observed in particular social groups and at for births of parity 3 and over. If confirmed, this lack of discrimination against girls would attest to a higher status of women in Viet Nam than in China.

Major Findings:

Viet Nameese census data of 1989 and 1999 do not indicate that the sex ratios at birth are increasing in Viet Nam. However, a more detailed analysis of survey and hospital data does not indicate that sex ratios at birth by parity and by sex of children previously

born are higher than expected. Taking the mother's occupation into account reveals that some segments of society - namely government cadres - appear more motivated or pressured to influence the sex of children born. In general, son preference and the discrimination against daughters do not appear to be as important in Viet Nam as they are in China, India and South Korea.

While the current Sex Ratio at Birth, based on hospital data, suggests that some Viet Nameese families may resort to sex-selective abortion in Ha Noi, the research has no evidence to confirm this hypothesis. It seems that Viet Nam, with its generally non-coercive two-child policy, has managed to limit discrimination against daughters. However, the desire for a small family size, combined with the increasing availability of ultrasound technology and other ways to influence the sex of children, may exacerbate the desire for sons in the near future. The reduction of services for second-term abortions could counteract the desire to use sex-selective abortion, but this could lead to a flourishing private sector offering second-term abortions if there was a demand.

A potentially different response from the Viet Nameese population to the clash between a declining fertility and a desire for sons cannot be disregarded.

Recommendations:

There should be more research regarding son preference under a low fertility regime and the potential implications for the sex structure of the population, gender inequalities among children, and family and kinship systems.

18. Bélanger	Viet Nam	2002
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Author(s): Bélanger, Daniele

Title: *Childhood, gender and power in Viet Nam" in Communities in Southeast Asia: Challenges and Responses. Helen Lansdowne, Philip Dearen and William Neilson (eds).*

Study year: 2000

Research Objectives:

The research explores gender inequalities among children in Viet Nam.

Location: A rural village, Ha Tay province, Viet Nam

Study team: Daniele Bélanger and local researchers

Design of study/research methods used:

Literature review; secondary demographic data analysis; ethnographic fieldwork

A brief summary of the text including primary thesis or focus:

This research explores whether continuing discrimination against daughters is occurring in Viet Nam.

Major Findings:

Quantitative data provide some evidence, though to a modest extent, of discrimination against daughters: Data on sex ratios at birth by parity (birth order of children) indicate that women with two daughters and no son are more likely to have a son than a daughter as their third child. This abnormal number of male to female births

suggests that some families are resorting to sex selective abortions, as confirmed by medical staff interviewed during the fieldwork. The data also suggest that boys, when sick, are taken for medical treatment more often than girls. Data on secondary school completion indicate a gender gap in cohorts of boys and girls in their late teens and early twenties. Yet, compared to other countries for which discrimination against daughters is documented, Viet Nam remains a good place for daughters. The national Sex Ratio at Birth remains normal, and nothing indicates that girls’ health and survival are at stake. While son preference exists, when born, sons and daughters are given relatively equal chances and access to resources.

Qualitative data however provide insight into the gendered perceptions of children, showing that daughters are far from being considered equal to their brothers by parents. In the past when fertility was high, the desire for sons was not an issue since practically all couples eventually had a male child. Now, as couples are allowed to only have two or three children at most, having at least one son is important. As a result, daughters are not desired; having a daughter often brings sadness, disappointment, and a sense of failure. In the rural areas in particular, being born as a daughter means being socialized as a second-class family member and citizen.

As the kinship system of the rural north clearly favors sons, daughters have much less access to property, income, higher education and inheritance than sons. The return of the household as the unit of production translates into the re-emergence of traditional gender roles. Thus, from a theoretical point of view, continuing discrimination against daughters questions the expected benefits of low fertility and economic development on gender inequalities.

Recommendations:

As the effect of demographic change and economic development on gender is not necessarily positive, policies need to taken into account the fragile position of daughters in the kinship system.

19. Bélanger	Viet Nam	2002
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Author(s): Bélanger, Daniele

Title: *Son Preference in a Rural Village in North Viet Nam*

Publisher: Studies in Family Planning, Vol. 33, No. 4, December 2002

Study year: 2000

Objectives: To study the relative value of children to parents

Location: In a village located 40 km from Ha Noi, Viet Nam

Research team:

The author conducted qualitative interviews, in collaboration with a field assistant, and three local cadres worked as interviewers for the survey; one local family planning cadre and a local midwife assisted in recruiting participants for qualitative interviews.

Design of study/research methods used:

The methodology included focus group discussion, an in-depth-study of 25 families and ethnographic observation.

Sample:

Four focus group discussions of married people aged 25-45 (two groups of men, one group of women and one group of local leaders with both men and women), in-depth interviews with 74 individuals born between 1915 and 1970 from 25 families which were purposively selected for case studies. The families included those which had both sons and daughters, families with no sons, and families which had sons only.

A brief summary of the text including primary thesis or focus:

Although the total fertility rate for Viet Nam declined rapidly and reached 2.2 children per woman of reproductive age in 1998, demographic evidence shows that son preference remains strong and influence contraceptive and fertility behaviors. This study examines the underlying factors for son preference in a rural village in North Viet Nam.

Major Findings:

Sons are highly desired for their social, symbolic and economic value. In spite of four decades of socialist policies aimed at reducing gender-based inequalities and at weakening the patriarchal kinship system, the desire for sons continues to drive the family-building process. Having a son was a social norm that exerted an enormous pressure on everyone participating in the study, regardless of level of education, employment, socioeconomic status, lineage and political position. Families having to comply more strictly with the family planning policy were under more pressure to bear a son. Many young couples are seeking ways to predict the sex of the child they conceive. More educated women are more likely to resort to modern strategies in order to have a son.

The findings also indicate a gap between discourse and social practice with respect to roles assigned to children on the basis of their sex. In spite of women’s access to economic resources and the social attempt to reform gender relations, different perceptions of children’s value according to their sex powerfully undermine daughters and elevate sons in Viet Nam in an era of low fertility.

The desire for fewer children seems to be a leading reason for the concern to have a son. The revitalization of pre-socialist rituals may have contributed to an increased desire for sons.

Recommendations:

There must be closer attention given to the trend of continuing son preference from a scholarly and policy making perspective.

20. Bryant	Viet Nam	2002
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Author(s): Bryant, John

Title: *Patriline, Patrilocal and Fertility Decline in Viet Nam*

Publisher: Asia-Pacific Population Journal

Research Objectives:

The paper discusses the implications of the dramatic fertility decline on the strength of Viet Nam’s patrilineal, patrilocal norms which require that a couple must have at least one son.

Study team: The author

Design of study/research methods used

Desk review of demographic data and ethnographic/anthropological studies

A brief summary of the text including primary thesis or focus:

The approximate 90 percent of the Viet Nameese population who belong to the Kinh ethnic group have a patrilineal, patrilocal family system. To conform to the rules of this system, a couple must have at least one biological or adopted son. Viet Nam's dramatic fertility decline has, however, entailed a rise in the proportion of parents unable to fulfill this condition. What does this imply about the strength of Viet Nam's patrilineal, patrilocal norms, now and in the future?

Major Findings:

Evidence suggests that in Viet Nam the patrilineal, patrilocal family system is still strong because ancestor worship is still practiced and old-age support by sons is underpinned in many places.

Fertility decline in Viet Nam appears to have entailed couples making difficult trade-offs between conformance to patrilineal family expectances and other objectives.

Recommendations:

It is suggested that policymakers work towards changing aspects of Viet Nam's patrilineal, patrilocal kinship arrangements by educational campaigns that raise awareness about the equal value of daughters as compared to sons.

21. Chatterjee	Viet Nam	2009
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Author(s): Chatterjee, Patralekha

Publisher: The Lancet

Title: *Sex ratio imbalance worsens in Viet Nam*

A brief summary of the text including primary thesis or focus:

In comparison to other countries experiencing rising Sex Ratio at Birth levels, Viet Nam stands out for its unusually rapid rise recorded over the past few years. Thus, even though the skewing of the sex ratio started years later than elsewhere, it is now on par with Sex Ratio at Birth levels in other countries and poses serious problems for Viet Nam's future society, including a potential rising pressure to marry early and a demand for sex work and trafficking. Underlying the rise in Sex Ratio at Birth is, in particular, the steadily increasing access to affordable sex determination and sex selection technology. Despite several government measures to make selective screening and abortion illegal from 2006 onward, the negative trend continues.

Recommendations:

To initiate a comprehensive communications strategy to encourage behaviour change at the community level, and to explore/invest in other policy reforms to counter the negative Sex Ratio at Birth trends; To avoid a mere punitive approach to combat prenatal screening and sex selective abortions, but rather develop a multipronged strategy to increase the value of daughters and enhance society's support for improving

22. Gammeltoft	Viet Nam	2007
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Author(s): Gammeltoft, Tine; Thuy, Nguyen Hanh Thi

Title:

Fetal Conditions and fatal decisions: Ethical dilemmas in ultrasound screening in Viet Nam

Publisher: Social Science and Medicine-Elsevier

Study year: 2003-2004

Research Objectives:

This article aims at describing how obstetrical ultrasound scanning is used as the most important technology for prenatal diagnosis of fetal anomalies in Viet Nam. It also intends to explore the wider social context that structures ethical dilemmas and decisions within everyday medical interactions between patients and care providers.

Location: Major Obstetrical Hospital in Hanoi

Study team:

Tine Gammeltoft, Nguyen Hanh Thi Thuy, Nguyen Huy Bao, Do Thi Thanh Toan, Hoang Hai Van, Tran Minh Hang, Bui Kim Chi and Nguyen Thi Hiep

Design of study/research methods used:

The research for this study was conducted from an anthropological perspective and included participant observation of patient-provider interactions, semi-structured, open-ended interviews, and informal conversations with patients and physicians.

Sample: 30 women whose pre-natal scan revealed a fetal anomaly.

A brief summary of the text including primary thesis or focus:

Since the late 1990's a rapid increase of pre-natal ultra sounds technology occurred within the context of the ongoing privatization and commercialization of the health care system in Viet Nam, creating a high risk of over-use of high tech equipment and diagnostic tests... Especially in more urban areas the mere availability and low cost of very advanced prenatal screening, including 3D and 4D fetal scans, combined with the fact that in Viet Nam abortions are legal until 22 weeks' gestation, has caused most women to feel pressure and insecurity regarding the "correct" outcome of their pregnancy. Often the physician's evaluation and advice is followed to terminate the pregnancy in case of a fetal anomaly. The autonomous choice of patients is dominated by beneficent assessment of physicians. At the same time physicians indicate that advanced fetal ultrasound screening under weak supervision and regulation often leads to clinical uncertainty on the part of the provider, with a mere focus on detection and not on the ability to provide in-depth knowledge to their patients.

Major Findings:

In Viet Nam the introduction of new reproductive health technology, and in particular the rapid advance in ante-natal fetal ultrasound screening since the late '90's has not been accompanied by adequate investment in upgrading of provider skills in diagnosis, treatment and counseling. This has created a gap in the system with regard to standards and quality of care. Women whose pre-natal scan indicates a fetal anomaly receive very limited information to guide them through the shock and difficult decision

making process in favor or against an abortion. Non-directive counseling is hardly used in patient interactions and the perception of care providers that it is impossible to parent a disabled child most often shapes their decision to abort. Scarcity of health care system resources on the other hand leaves providers without adequate training in fetal medicine, with limited supervision, with a lack of professional protocols and with limited access to genetic testing which could lead to a more informed decision regarding the termination of pregnancies. The problem at hand is thus not only of an ethical nature, yet is also related to the distribution of health resources.

23. Guilmoto	Viet Nam	2010
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Author(s): Guilmoto, Christophe Z

Title:

Recent Trends in birth masculinity in Viet Nam according to the 2009 Census

Sample: Preliminary results

Publisher: UNFPA/General Statistics Office, Ha Noi, Viet Nam

Research Objectives:

To present preliminary findings on trends in birth masculinity based on the 2009 Population and Housing Census, and to identify areas where further quantitative analysis will be useful.

Study team: Guilmoto, Christophe Z, with support from GSO staff

Design of study/research methods used:

Analysis of census data, examining sex of last birth to women aged 15-49, and age and sex distribution for children below 5 years of age. Cross tabulations were made between households where births occurred during the 12 months prior to the census, the sex of the child, and a selection of household characteristics.

Sample:

15% sample of 2009 Population and Housing Census: 14,177,590 individuals and 3,692,042 households, representing all 63 provinces in Viet Nam. Further examination of households where 247,603 births occurred during the last 12 months prior to the census (April 2009-March 2010).

A brief summary of the text including primary thesis or focus:

Based on recently available data from the Population and Housing Census, an analysis was undertaken to identify evidence of “birth masculinity”. Sex Ratio at Birth estimates are presented as well as the overall sex ratio and birth order. Additionally, regional and socioeconomic variations are studied as a basis for further understanding the determinants of the Sex Ratio at Birth in Viet Nam. In the final section, attention was given to “what the data cannot tell us: as well as what needs to be understood in order to develop and support a national effort to reverse the increasing Sex Ratio at Birth in Viet Nam.

Major Findings:

The Sex Ratio at Birth for the 12 months prior to the April 2009 Population and Housing Census was 110.6, and appears to be rising steadily. Future projections suggest the Sex Ratio at Birth could reach 115 by 2015, before stabilizing. The overall sex ratio of

men to women is also steadily increasing, and is project to reach 105 men for every 100 women.

Two distinct geographic areas were identified with notably higher Sex Ratio at Birth than the rest of the country. This included rural areas of the Red River Delta in the North, and Urban areas of the Mekong River Delta, especially Ho Chi Minh City. The lowest Sex Ratio at Birth was in Central Highlands with 105.6, while the highest was in the rural parts of the Red River Delta.

When rural/urban comparisons were made, there was higher birth masculinity in all urban areas with the exception of the Red River Delta, NCA&CCA regions.

Preliminary provincial estimates ranged as low of 105 up to five provinces above 115 (Hung Yen, Bac Giang, Vinh Phuc, Bac Ninh Hai Duong and Quang Ninh).

Regarding the relationship between Sex Ratio at Birth and parity, the preliminary data suggests that Sex Ratio at Birth is high for all parities, rather high for parity 1-2 (119-110), higher, but still moderate for parity 3+ (115), still higher among women without a previous son (135), and extremely high for parity 3+ in the Red River Delta (150).

The relationship between Sex Ratio at Birth and social characteristics show higher ratios for individuals with college education, working in state enterprises, aged > 30 years, brick housing, concrete roof, apartment building, gas for cooking, phone, computer, washing machine, etc., while more biologically normal ratios were observed amongst those with only a primary education or illiterate, no electricity.

- Recommendations:**
- Further research will need to be carried out in order to understand why people prefer male births, and how they achieve this desire.
 - Qualitative research should carefully examine son preference and it’s interrelation with local gender systems, including women’s position in patriarchal families, inclusion or exclusion from family rights (inheritance, support and solidarity, etc.)

24. Guilmoto	Viet Nam	2009
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Author(s): Guilmoto, Christophe Z.; Xuyen, Hoang; Toan, Ngo Van.

Title: Recent Increase in Sex Ratio at Birth in Viet Nam

Publisher:

CEPED (Universite Paris Descartes INED/IRD), General Statistics Office, Ha Noi, and Ha Noi Medical University, Viet Nam.

Research Objectives:

To verify the increase of Sex Ratio at Birth in Viet Nam over the last 5 years preceding the research, to collate the most recent information on the number of births by sex in the country, and to re-examine the possibility of a gradual demographic masculinization resulting from prenatal sex selection.

Study team: The authors

Design of the study/research methods used:

Analysis of data from sample annual population surveys between 1999 and 2007, as well as from 2 successive birth surveys, of 2007 and 2008; chi-square statistics tests were performed and geostatistical techniques used to map spatial variation.

Sample:

A 3 % sample was drawn from the 1999 census, and 461000 women aged 15-49 were surveyed in March-April 2007.

A brief summary of the text including primary thesis or focus:

Like other Asian countries experiencing increases of Sex Ratio at Birth over time, late 20th century Viet Nam had all the pre-conditions conducive to an early rise in Sex Ratio at Birth: a patriarchal system and strong son preference, intensive demographic and economic change, strong family planning regulations and easy access to sex selective abortions. Besides that Viet Nam has had a thriving private health sector since the 1990’s and is a rather homogeneous country in which the diffusion of innovations can spread readily. At the same time fertility continued to decline rapidly during the 1990’s while stricter population regulations were also introduced. This increased the probability that couples with two children remain son-less to almost 25%, thus exacerbating the need for proactive sex selection. This, combined with the fact that it rapidly became easier to import and supply better ultrasound equipment, and that the quality/cost ratio greatly improved, led to a ten-fold upsurge in ultrasound tests from 1.0 million in 1998, to 10.8 million in 2007. Such improved access to modern technology and a growing demand for reduced offspring has resulted in gender discrimination as a distinct feature of current demographic transformations in Viet Nam.

Major Findings:

This analysis establishes for the first time that Sex Ratio at Birth, although about a decade later than in other Asian countries with similar histories, has significantly and very rapidly increased over the past 5 years in Viet Nam overall(from 105 in 2001, to 108 in 2005, to 112 in 2006). Differentials within Viet Nam indicate low Sex Ratio at Birth levels in association with less education, absence of prenatal care and skilled attendance at birth, distance to infrastructure, geographical remoteness and low financial means. High Sex Ratio at Birth rates relate, on the other hand, to younger, more educated women who often come from a more privileged background and closely monitor their fertility. Spatial correlation shows that the cluster of 5 provinces with the highest Sex Ratio at Birth levels correspond to being originally agricultural densely populated regions which are deeply affected by the economic transformations in post-reform Viet Nam. However, because of the fast transformation of Viet Nam’s society and economy, the rise of Sex Ratio at Birth levels may continue to spread to other areas as well. The current data show such rises despite government efforts to make sex selective abortion illegal.

25. Hirschman	Viet Nam	1994
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Author(s): Hirschman Charles; and Loi, Vu Manh

Title: *Family and Household Structure in Viet Nam: Some Glimpses from a Recent Survey*

Publisher: University of Washington, Department of Sociology

Study year: 1994, based on data collected in 1991

Research Objectives:

The primary purpose of this paper is to describe basic patterns of family structure in Viet Nam and to present some insights into the co-habiting and visiting patterns of parents and children.

Location:

4 areas of Viet Nam: i.e. a rural village (Tien Tien) and a medium sized urban area (Hai Duong) in the north, and a rural village (Long Hoa) and an urban area (Can Tho) in the south of Viet Nam.

Study team:

The authors, in collaboration with the National Center for the Social Sciences in Ha Noi, and the Institute of Social Sciences in Ho Chi Minh City; 14 Viet Nameese interviewers.

Design of study/research methods used:

Viet Nam Life History Household Questionnaire: standard demographic information about each family as well as individual data for all persons between 15 and 65 were collected through surveys.

Sample:

403 households from 4 areas in Viet Nam. Approximately 100 households per area were interviewed, after every “Nth” household was randomly selected from a list of all households in that particular area, with “N” representing the ratio of 100 to the total number of households.

A brief summary of the text including primary thesis or focus:

This study explores to what extent Viet Nameese culture has incorporated a family system based on Confucian principles and is thus organized along patrilineal and patrilocal lines.

Major Findings:

In contrast to the common expectation that Viet Nameese families follow a residence pattern according to the strong Confucian patrilineal and patrilocal heritage typical in contemporary China and Taiwan, the dominant cultural preference in both rural and urban areas of the majority of people is for independent, nuclear living arrangements rather than co-residence with either side of the family. Proximity of either paternal or maternal relatives equally does not determine co-habitation of extended family members since even in circumstances when both families are nearby, most families do not share a residence with relatives. Despite local variation between the north and the south of Viet Nam, this pattern is consistent throughout the different areas under study. Furthermore, the study reveals there are only modest variations in the frequency of visiting fathers and mothers between the 4 different areas. While men seem to keep in closer contact with their mothers and fathers than women, frequent contact with their parents is a priority for both men and women. Overall, while the family structure in Viet Nam leans slightly toward a Confucian tradition, considerable flexibility is apparent with regard to gender roles and obligations. This suggests family patterns have also been influenced over time by Southeast Asian cultures which support bilateral kinship systems and a relatively higher status of women. Despite the fact that Confucianism is not the only cultural heritage determining family ties, the extended family remains a central element of Viet Nameese society.

Author(s): Institute of Social Development Studies

Title of the article/research paper:

High Sex Ratio at Birth in Viet Nam: Exaggeration or Reality?

Publisher: The Institute for Social Development Studies

Year of Publication: 2008

Research year: July 2007

Research Objectives: To explore the existence of pre-natal sex selective practices, to identify factors influencing desired family size and composition, and to describe the perceptions regarding the issue of Sex Ratio at Birth imbalance.

Location: 3 provinces in Viet Nam: Bac Ninh, Ha Tay and Binh Dinh

Design of study/research methods used:

Desk review; content analysis of cultural and media materials; interviews with government officials; case studies

A brief description or summary of the text/its primary thesis or focus:

After the introduction of Doi Moi - a controlled transition towards a market economy - by the government of Viet Nam in 1986, GDP growth in Viet Nam grew to become to be one of the strongest in the world by the 1990's. At the same time the government introduced the one-to-two child, new family planning policy, which resulted in a delay of marriage for young women and smaller families. The total fertility rate (TFR) declined from 3.8 births per woman in 1989 to 2.09, just below the replacement level, in 2006. Meanwhile, the contraceptive prevalence rate increase from 41.27% in 1993 to 67.1% in 2006. The service statistics of MOH indicate that the number of abortions has increased dramatically and is remaining at 34.7% for every live births in 2007. It is further noted that, for the first birth, Sex Ratio at Birth in Viet Nam is even higher than in China and South Korea. From the second birth, there is also a clear increase of Sex Ratio at Birth in Viet Nam if couples do not have a son by their first births. Primary cause for the increase of Sex Ratio at Birth is the complex interweaving of Confucianism and a patriarchal kinship system, together with access to modern ultrasound technology, even when couples also regularly try more traditional methods to influence the sex of their baby, including the consumption of specific foods.

Post-birth arrangements to negotiate with the small family norm include the adoption of one's own baby after illicit birth-giving, or allowing husbands to have a son out-of-wedlock.

Major Findings:

The case studies and interviews included in this study confirm that pre-natal sex selection takes place in the provinces under study, and that the main cause is a pervasive son preference in those areas. The people in these provinces are well aware of the small family policy and feel much pressure to adhere to it. Sex selective abortion is perceived differently in the 3 provinces, with parents in Binh Dinh considering such an abortion unethical, and parents in Bac Ninh displaying a more accepting attitude towards such a practice.

Major Recommendations:

To conduct further research, which would include interviews with service providers in the private sector, and with women who have experienced an abortion for sex selective purposes; to provide incentives for couples who follow the recommended population policy; to provide security schemes for the elderly, and for those families with only daughters.

Author(s): Knodel, John; Loi, Vu Manh; Jayakody, Rukmalie; Huy, Vu Tuan

Title: ***Gender Roles in the Family: Change and Stability in Viet Nam***

Publisher:

Population Studies Center, Institute for Social Research, University of Michigan; Institute of Sociology, Ha Noi.

Study years: 2001; 2003; 2004

Research Objectives:

To document and provide a descriptive analysis of the nature and extent of change in gender relations within the Viet Nameese family over the last 40 years.

Location:

The northern and Red River Delta provinces of Hai Duong, Ha Noi, Hai Phong, Vinh Phuc, Ha Tay, Bac Ninh, Hung Yen, Ha Nam, Nam Dinh, Thai Binh and Ninh Binh; Ho Chi Minh city and surrounding provinces.

Study team: The authors

Design of study/research methods used:

Red River Delta Family Survey: representative surveys of 3 marriage cohorts of 1963-1971, 1977-1985, and 1992-2000, corresponding to 3 distinctive periods in recent Viet Nameese history, namely the war with the US, reunification, and renovation. A pilot survey was conducted in 2001; a regional survey conducted in 2003; and a second regional survey conducted in 2004; regression analysis.

Sample:

1,296 currently married persons equally divided between husbands and wives who were not married to each other, rural and urban settings and the 3 marriage cohorts.

A brief summary of the text including primary thesis or focus:

This study focused on examining evidence of change and stability across cohorts who entered marriage in 3 different historical periods.

Major Findings:

Despite major changes in the economy throughout the 3 historical periods, the gender gap in education and employment, the opening up of society to global influences, and persistent efforts to change attitudes and practices related to gender roles through socialist policies over time, continuity rather than change has characterized domestic

gender roles in Viet Nam. Wives continue to have primary responsibility for household chores, as well as for child rearing, to an overwhelming degree. In fact, while there is only minimal evidence of a more equalized gender division of labour with respect to household chores, there is at the same time some evidence of growing inequality in major household decision making, and increased involvement of husbands with the household budget and other important family decisions. Living in a rural area heightens the chance of such growing inequality in decision making, yet while high education of the wives has somewhat of an effect on social decisions, it has little effect on who makes the major household decisions.

The findings of this study suggest that there may be competing areas of change at work: Whereas some government policies and advocacy work by international agencies serve the promotion of greater gender equality, relaxation of political control over individual and family life and social practices during the transition to a market economy appears to have an impact of reverting-back to earlier customs and traditions. Examples of this are the increase of the use of horoscopes and fortune tellers to determine an appropriate partner or wedding date, and a substantial increase in the percentage of recently married couples receiving a "dowry". Congruent with other research that points to resurgence in religious and ancestor worship ceremonies, it is possible that traditional gender roles are reasserting themselves as a reflection of a return to Confucian principles. On the other hand, the increased role of husbands with household decision making may be partly explained as a result of economic growth and increased disposable income. While the Viet Nameese government can be credited with considerable success in terms of promoting gender equality at the workplace and educational institutions, and thus at the societal level, less success is visible at the household level until now.

28. Scornet	Viet Nam	2009
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Author(s): Scornet, Catherine

Title:

State and the Family: Reproductive Policies and Practices, in: Reconfiguring Families in Contemporary Viet Nam, edited by Barbieri, Magali and Bélanger, Danielle

Publisher: Stanford University Press: Stanford, California

Research objectives:

To document the history of Viet Nam’s family and birth control policies since 1954 and to examine the ideological assumptions behind the population policies adopted in Viet Nam since the 1960’s.

Study team: The author

Design of study/research methods used

Secondary data analysis, policy analysis and empirical study in a rural commune

A brief summary of the text including primary thesis or focus:

This article outlines the history of Viet Nam’s family and birth control policy since 1954 to show how the state is encouraging changes in reproductive behavior. The paper describes and analyses how the Viet Nameese state has promoted a new norm for family size and composition, highlighting the advantages of a one-to-two child

family. It describes the legislative measures and their local applications. The article also analyses the communication and information campaigns conducted in a rural commune in the Red River Delta.

Major Findings

This study shows the role of the state in shaping family behaviour and norms with respect to reproduction.

Until the start of the twenty first century, the family institution took precedence over the individual in Viet Nam. State policy aimed to achieve a family norm of three or four children in the 1960’s, then one to two children, ideally one girl and one boy or even two girls, from 1980 on. Under pressure, mainly from international organizations, the trend now is toward recognizing equality and the rights of the individual.

The history of 40 years of family planning in Viet Nam shows that the Government is strongly inclined to guide family behavior, particularly reproductive behavior. During the twentieth century, its goal was to reduce population growth by setting quantified targets, whereas since the turn of the new century, the focus changed to improving the socio-economic conditions of the population. However, after the state removed social services provision at the end of 1980’s and with the rapid growth of the private sector involvement in areas such as education, health care and family planning, which used to be state’s responsibility, it has become questionable whether the necessary resources are being deployed to implement a more qualitatively oriented population and family policy.

29. UNFPA	Viet Nam	2009
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Author(s): United Nations Population Fund, Viet Nam

Title: *Recent change in the Sex Ratio at Birth in Viet Nam: A review of evidence*

Publisher: UNFPA

Research Objectives:

1. To analyze available data about recent changed in Sex Ratio at Birth levels in Viet Nam;
2. To examine the links between Sex Ratio at Birth variations and social characteristics through mapping and statistical data; and
3. To examine future demographic outcomes based on demographic forecasting.

Location: Ha Noi

Study team: UNFPA Viet Nam; Guilmoto, C.Z.

Design of study/research methods used:

Desk review of the current literature and systematic analysis of original data sets from the 1999 Census, the 2006 Population Survey and other statistical sources as well as exchanges between experts in the field.

Sample: Two percent Population Change, Household Sample Survey

A brief summary of the text including primary thesis or focus:

A significant increase of Sex Ratio at Birth in Viet Nam has been observed within the last decade starting from 2000. In 2009, the Sex Ratio at Birth reached 111 boys per 100 girls. One of the major factors contributing to the increase of Sex Ratio at Birth is a persistent preference for sons in many part of the country.

Major Findings:

While in 2000 the Sex Ratio at Birth in Viet Nam was still almost normal, in 2009 Sex Ratio at Birth levels increased to 111 male births per 100 female births. If the current pace of increase continues unabated, the Sex Ratio at Birth would cross the 115 mark within three years from the time of review (2009). This fast increase may be related to supply factors rather than to an increased preference for sons. The recent access to quality sex determination technology has allowed many couples to adapt their reproductive behaviour to their desire to bear sons. To achieve their reproductive objective of having a small family which includes at least one son, couples actively use sex determination technology and sex-selection abortion. Women with a higher education as well as those who are better off and live in more privileged rural or semi-rural areas of Ha Noi and Ho Chi Minh City are more likely to practice sex selection. Higher Sex Ratio at Birth values are more likely to be found in some provinces of Red River Delta and the South-East regions of Viet Nam.

With the current level of Sex Ratio at Birth the overall sex distribution of Viet Nams' population is not yet skewed like in other Asian countries. However, if the Sex Ratio at Birth continues to increase after 2010 the population's sex structure will be significantly affected. Those cohorts of men who were born after 2005 and are reaching marriageable age by 2030 will, consequently, find themselves in surplus in comparison to women of matching age. By 2035, the excess of adult men would reach 10% of the male population or more if the Sex Ratio at Birth does not resume its normal biological level within the next 20 years.

There are two important factors which may contribute to the increase of Sex Ratio at Birth: 1) The availability of high quality sex determination services and abortion services which intend to aim at improving specific areas of reproductive health are now used by many couples as a solution to their desired selection of boy children; 2) The persistent preference for sons is still very strong in many parts of the country, especially in more traditional rural households. This means that current fertility decline has exacerbated the need for sex selection among couples. A root cause of son preference and the practice of sex selection lies in gender inequality.

Recommendations:

- To improve the quality and availability of data:
 - o Improvement of civil registration statistics;
 - o Annual Population Surveys should be adapted to the new data requirements and made available to the scientific community.
- To further explore causes and mechanisms of sex selection:
 - o From the *demand* side: when and how sex selection strategies are used by couples;
 - o From state development policies and socio-economic changes;

- o From *supply* side: describe the spread of new technologies from the government sector to the private sector; further research the development of health facilities which help to increase access to new technologies.

30. Women of the World	Viet Nam	2002
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Author(s): Women of the World

Title: *Laws and policies affecting their reproductive lives*

Research Objectives:

Review law and policies on women in Viet Nam

Study team:

Design of study/research methods used

Literature review

Sample Policies reviewed:

- The 1946 Constitution of the Republic of Viet Nam
- The 1989 Law on Protection of People's Health
- Viet Nam Population Strategy for the Period 2001–2010
- National Strategy on Reproductive Health Care
- The 2001–2010 National Strategy for the Advancement of Women
- Viet Nam's 2003 Ordinance on Population

A brief summary of the text including primary thesis or focus:

The review reveals that since the 1960s, Viet Nam has had several different population policies in response to various stages of development. Dramatic changes in family planning occurred between 1991 and 1996, when the government attempted to implement a two-child policy. This policy was abandoned in 2000 and replaced the following year by the Viet Nam Population Strategy 2001-2010. The current strategy is wider in scope than the earlier one and is linked to ICPD goals, identifying population issues as key to the country's social and economic development.

However, population growth still remains a primary concern for the Government of Viet Nam. Therefore, while the quality of population is highlighted, acceptance of maintaining small families is encouraged. To this end, reproductive health and family planning information and services are to be widely provided to all people regardless of their socioeconomic status. In these reviewed policies, gender equality, and women's power with regard to decision making about reproductive matters is especially emphasized. The reproductive issues in these documents focus not only on timing and spacing of births but also on use of preferred methods to postpone and terminate unwanted pregnancies. Strikingly, government concern about adolescent reproductive health is also reflected in the National Strategy for Reproductive Health Care 2001–2010. One of the strategy's goals is to create counseling centers that will provide adolescents with reproductive health care services, including supplying contraceptive methods such as condoms for preventing STI's; providing safe abortions; and, where conditions permit, establishing gynecological wards for young female patients.

VIET NAM: Official Government Documents

31. Ministry of Health	Viet Nam	2010
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Author(s): The Government of Viet Nam

Title: *Decree 20/2010/ND-CP, Viet Nam, 2010*

Decree providing detailed stipulations regarding the implementation of the Ordinance to Revised Article 10 of the Population Ordinance

Publisher: The Government of Viet Nam

Decree Objectives: To provide detailed instructions for the implementation of the Ordinance, and to revise Article 10 of the Population Ordinance

Issuing Agency: The Government upon request of the Ministry of Health

Type of policy: Government Decree

A brief summary of the text including primary thesis or focus:

The Decree provides a revision of article 10 of the Population Ordinance 2003 with detailed stipulations regarding the instances of non-violation of the one-to-two child policy; the implementation responsibilities of various institutions, and the implementation effect.

Major Findings:

Revised points of article 10 of the Population Ordinance are to be stipulated as follows:

Instances of non-violation concerning the one-or-two-child policy:

1. Both husband and wife or either of them are belonging to an ethnic minority group with a population size under 10,000 or a minority group with a population which is highly likely to decline in size (i.e. with a fertility rate lower than or equal to its mortality rate) as per official information announced by the Ministry of Planning and Investment.
2. A couple gives birth to triplets at their first delivery.
3. A couple has one child, but gives birth to twins or more children at their second delivery.
4. At the time of the birth of the third child, there is only one living child including any child which has been adopted by other families.
5. A couple gives birth for the third time and either or both of the two children they already have are malformed or have a fatal but nonhereditary disease that has been confirmed by provincial or central medical examination councils.
6. Either the husband or wife has their own child/children from previous marriage(s) and only gives birth one time, to one or two children. This provision does not apply to re-married couples who already have two or more children who are still alive.
7. An un-married woman who gives birth to one child or two children within only one birth.

Institutional Responsibilities

1. Ministry of Planning and Investment is responsible for providing the list of minority groups with a population of less than 10,000 and those having fertility lower than or equal to mortality (i.e. likely a declining population) every five years.
2. Ministry of Health is responsible for issuing the list of malformations and fatal diseases for purpose of identifying children referred to in Item 5, Article 2 of this Decree.
3. This Decree takes effect on April 29, 2010.
4. All existing regulations against the provisions of this Decree shall be annulled.

Implementation Responsibilities

1. Ministry of Health shall lead and coordinate with relevant agencies in providing guidance and making arrangements for the implementation of this Decree.
2. Ministers, heads of ministerial-level agencies, heads of governmental agencies and chairmen of People's Committees of nationally administered cities and provinces, as well as relevant couples and individuals, shall be responsible for implementing this Decree.

32. National Assembly	Viet Nam	2003
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Author(s): Viet Nam National Assembly

Title: *Population Ordinance*

Publisher: Viet Nam National Assembly

Year of publication: 2003

Objectives:

1. To raise the responsibilities of citizens, the State and society with regard to population activities;
2. To protect the rights and legitimate interests of citizens;
3. To enhance and unify population control by the State

Implementation: From May 1, 2003

A brief description or summary of the text/its primary thesis or focus:

In its 7 chapters and 40 articles the Ordinance provides regulations for the population size, population structure, population distribution, population quality, and measures to perform population activities and the control over the population by the State.

The first chapter includes general provisions which are specified in 12 articles. The 2nd chapter contains 5 articles with regulations regarding population size, structure and distribution. The third chapter provides regulations regarding quality of the population in its 6 articles. Chapter 4 stipulates measures to implement population activities in 7 articles. Chapter 5 has 4 articles focusing on control of the State over the population. Chapter 6 has 2 articles which provide regulations on commendation and handling of violations. Chapter 7 includes 2 articles on implementation provisions.

Major Findings:

A major change of the 2003 Population Ordinance as compared to the previous population policy is reflected in Article 10 which specifies the rights and obligations of a couple or individual with regard to the practice of family planning, particularly:

1. Each couple or individual shall have the rights to:
 - a) Decide on the time to have babies, the number of children and their child spacing as suitable to their age, health, study, work conditions, income, as well as should raise their children on the basis of equality;
 - b) Select and apply family planning measures.
2. Each couple and individual shall have the obligations to:
 - a) Use methods of contraception;
 - b) Protect their health, apply measures to prevent and avoid sexually transmitted diseases, and HIV/AIDS;
 - c) Fulfill other obligations related to reproductive health care and family planning.

33. National Assembly

Viet Nam

2008

Author(s): Viet Nam National Assembly

Title: *Revision of Article 10 of the Population Ordinance*

Publisher: Viet Nam National Assembly

Year of publication: 2008

Objectives: To provide detailed provisions for the implementation of the Ordinance and to Revise Article 10 of the Population Ordinance

Implementation: February 1, 2009

A brief description or summary of the text/its primary thesis or focus:

The ordinance revised the article 10 of the 2003 Population Ordinance, specifically, it removed the words "number of children" in point a of the 1st item.

Major Findings:

The Ordinance revised the article 10 of the 2003 Population Ordinance as follows:

Article 10. Rights and obligations of each couple and individual with regard to the implementation of family planning and reproductive health care:

1. To decide on the time to have babies and space between their children;
2. To have one or two children, except in the special cases defined by Government
3. To protect their health, and to apply measures to prevent and avoid sexually transmitted diseases and HIV/AIDS as well as to fulfill other obligations related to reproductive health care and family planning.

34. Government of Viet Nam

Viet Nam

2006

Author(s): Government of Viet Nam

Title: *Decree 114/2006-ND-CP on provisions regarding violations of laws regarding population and children*

Publisher: Government of Viet Nam

Year of publication: 2006

Implementation: 15 days after this decree was published officially

Objectives:

To stipulate provisions for behaviors violating administrative regulations in relation to population and children; measures of punishment; levels of punishment; adjustment of the misconceptions about the number of children each couple can have; and jurisdiction and punishment procedures.

A brief description or summary of the text/its primary thesis or focus:

The Decree was issued on 3rd October 2006 by the Government of Viet Nam. The Decree has 4 chapters with 36 articles. The Decree stipulates behaviors which violate administrative regulations regarding population and children; measures of punishment, levels of punishment, adjustment of the misconceptions about the number of children each couple can have; jurisdiction and punishment procedures.

Major Findings:

The Decree stipulates various measures of punishment for behaviour related to sex selective behavior:

- 1) Fine of amount of money from VND 500,000 to VND 1,000,000 for any one of the following behaviors:
 - a) Pulse catching, examining of symptoms, fortune telling or other illegal methods in order to determine sex of a fetus.
 - b) Talking, writing, translating, multiplying of books, newspaper articles, documents, pictures, photos, and audio or video recordings or other illegal materials for the purpose of dissemination and promotion of methods of sex selection.
- 2) Fine from VND 3,000,000 to VND 7,000,000 for any one of the following behaviors:
 - a) Using ultrasound, the testing of blood, genes, amniotic fluid, and cells or other illegal methods to determine the sex of a fetus;
 - b) Providing chemicals, medicines or other methods to abort a fetus while it is obvious that a pregnant woman wants to abort the fetus for the purpose of sex selection.
 - c) Studying or applying artificial methods to achieve the desired sex of a fetus;
 - d) Collecting and disseminating of documents or instruments meant for sex selection.

- 3) Fine from VND 7,000,000 to VND 15,000,000 for any one of the following behaviors:
 - a) Forcing or threatening a pregnant woman to abort her fetus for the purpose of sex selection.
 - b) Performing an abortion while knowing the pregnant woman wants to abort the fetus for the purpose of sex selection;
- 4) Additional punitive measures:
 - a) To take away the license, or professional certificate, from an individual, or organization committing the behaviors as stipulated in point b item 3 of this article for a period of 3-6 months.
 - b) To confiscate objects or instruments used for the performance of behaviors as stipulated in points a and b item 1, point d item 2, point a item 3 of this article.
- 5) Adjustment of the misconceptions about the number of children each couple can have: Force will be used to destroy documents or instruments used for sex selection or used to commit behaviors as stipulated in the points a and b of item 1 and point d of item 2 of this article.

35. Ministry of Health	Viet Nam	2009
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Author(s): Ministry of Health

Title: *Official document No. 3121/BYT-BMTE dated 21/5/2009 regarding the prohibition of abuse of high technology for sex selection*

Publisher: Ministry of Health

Year of publication: 2009

Objectives:

To prohibit the use of modern technology for the purpose of sex selection

A brief description or summary of the text/its primary thesis or focus:

To limit the factors leading to the imbalance of Sex Ratio at Birth, the Ministry of Health requests that all health facilities, including medical universities and facilities offering pre-natal screening and reproductive health abstain from using high technology for sex selection purposes.

Major Findings:

The Ministry of Health requests:

1. Directors of Health Departments of all provinces and cities, directors of obstetric hospitals and general hospitals, directors of medical universities and medical-pharmaceutical universities under MOH and those under other ministries to continue disseminating, guiding and implementing the regulations prohibiting sex selective behaviour and sex selective abortions.
2. Those facilities allowed to carry out IVF or pre-natal screening to NOT abuse appointments and genetic technology for sex selection purposes.

3. Those facilities which are allowed by MOH to carry out IVF must report and request permission from MOH whenever using genetic projection technology before embryo transfer. Only those facilities assigned by MOH are allowed to do embryo analysis.
4. All results of karyotyping must not inform the sex of the embryo but only provide a conclusion regarding whether or not there are anomalies regarding the number and structure of chromosomes.

36. Ministry of Health	Viet Nam	2009
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Author(s): MOH – General Office of Population and Family Planning

Title: *Guidelines for the intervention project on reduction in the Sex Ratio at Birth imbalance*

Publisher: Ministry of Health

Year of Publication: 2009

Objectives:

1. To ensure the effectiveness of the development, approval and implementation of the intervention project for reduction of the imbalanced Sex Ratio at Birth, and
2. To pursue the direction for goals of the Programme for population and family planning.

Location: 10 provinces: Bac Ninh, Bac Giang, Hai Duong, Thanh Hoa, Ha Tinh, Binh Dinh, Ninh Thuan, Tien Giang, Dong Nai, Bac Lieu

A brief summary of the text including primary thesis or focus:

The Guidelines focus on the major factors that should be paid special attention to during the development, approval and implementation of the project at these sites.

The overall objectives of the project were: to gradually control the increasing rate of the imbalance, aiming at sustaining the balanced Sex Ratio at Birth.

More specific objectives can be summarized as follows:

- To improve the provision of information regarding the gender and Sex Ratio at Birth imbalance to the general public, with particular attention to couples of reproductive age, providers of ultrasound services and abortion services, and community members with a higher socio-economic status, in order to limit sex selective behavior.
- To enforce and improve legislation with regard to Sex Ratio at Birth
- To promote and support education and reproductive health care for girls and women.

Project coverage was 50 percent of districts and 70 percent of communes in each province/city between

Project time frame: 2009-2010

Project activities:

To achieve objective 1 the following activities were proposed:

- Workshops to provide information regarding Sex Ratio at Birth for Party leaders, local authorities and organisations or the province/district/communes where the project is implemented.
- Training sessions to increase knowledge and communication skills, consultations about gender and Sex Ratio at Birth for responsible officials in charge of population and family planning, and village health workers.
- Advocacy activities via the local media and via loudspeakers of the communes.
- Seminars focusing on Sex Ratio at Birth in the communities.
- Posters about Sex Ratio at Birth in populated areas and to women of reproductive age.
- Sensitizing workshops for media
- Development and dissemination of IEC products
- IEC sessions focusing on young men/women who come to communes to register their marriage.
- Workshops: Roles and methods of gender mainstreaming in other regular activities of the other departments/sections

To achieve objective 2 the following activities were proposed:

- To review local regulations related to gender and Sex Ratio at Birth
- To propose the amendment of local regulations and rules related to Sex Ratio at Birth
- To review, produce and disseminate legal documents regarding gender and Sex Ratio at Birth
- To disseminate legal documents prohibiting sex selection to staff of health facilities where ultrasound and abortion services are being provided.
- To inspect and supervise on a regular and ad hoc basis health facilities which provide ultrasound and abortion services, regarding their implementation of illegal sex selection.
- To inspect and supervise on a regular and ad hoc basis the businesses which produce or sell books, newspapers, or cultural products promoting sex selection.

To achieve objective 3 the following activities were proposed:

- To develop and maintain activities of groups of women who commit to not give birth to a 3rd child and who support each other with regard to household chores and economic development.
- To conduct provincial and district level workshops to share experiences by those women of “cultured” families who have only daughters and do not give birth to a 3rd child.
- Workshops in secondary schools in the province to promote examples of female students with good academic records.

37. Government of Viet Nam	Viet Nam	2008
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Author(s): Government/Prime Minister

Title: *Instruction on continuing implementation of population and family planning activities*

Publisher: Government of Viet Nam

Year of Publication: 2008

Objectives:

To provide instruction on continuing implementation of population and family planning activities

Implementation: August 4, 2008

A brief summary of the text including primary thesis or focus:

Besides instruction about other population and family planning activities, the Prime Minister instructs Ministries, sectors and People Committees of provinces and cities at the central level

To focus their effort on achieving the following objectives:

1. To push forward progress and improve and scale up pilot models and technical and socio-economic measures of interventions, to contribute to the control of the Sex Ratio at Birth and to improve the quality of population.
2. To achieve these objectives, the Prime Minister requests ministries, sectors and People Committees of provinces and cities at the central level to focus on the tasks and measures as follows:
 - To continue to raise awareness regarding Party policies and Government laws on population and family planning activities among authorities from central to grass root levels, and to cadres, government officials and the public at large about the importance of population and family planning activities as a major factor to improve the quality of life for individuals, family and society as a whole.
 - To further promote IEC activities with specific attention to the areas with a high Sex Ratio at Birth.

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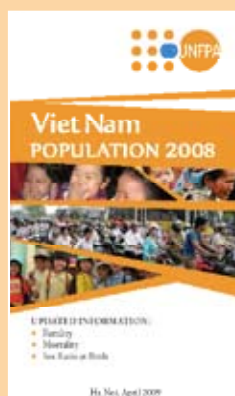
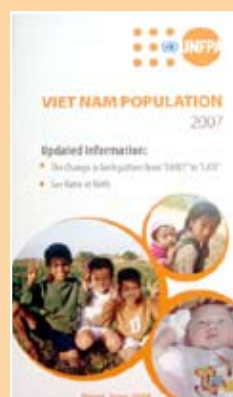
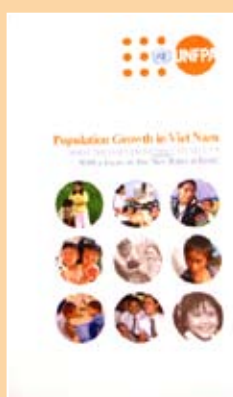
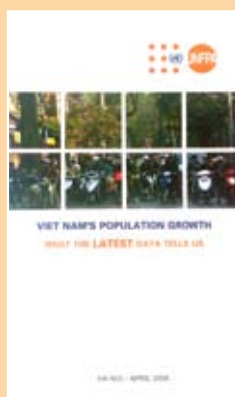
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