

The Implementation of Reproductive Function of Vietnamese Families at Present Time

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Abstract

From the sociological point of view, the family is a special social institution. Because the family performs vital functions for the survival and development of society. One of the most important functions of the family is reproductive function. It can be said that there are no social institutions could undertake this function of family officially except for institution of the family. Based on the result of census in recent years, the article analyzes some aspects of the implementation of reproductive function in Vietnamese families. Specifically, Vietnamese households' fertility rate have substantially declined and reached the sub-replacement fertility rate over the past years. The fertility rate in rural areas decreases faster than in urban area, but it is still higher. The proportion of women having a third child decreases yearly. However, in some geographic regions, this rate tends to increase. The abortion rate in Vietnam has been likely to rise for recent years. In rural area, this rate is a bit higher than in urban one. Young age groups' abortion rate is relatively high and often higher than older age groups. The abortion of people at low education level is relatively high. The Northwest had the highest abortion rate, the lowest rate belonged to the South Central Coast. The highest abortion rate is of couples with 1 or 2 alive children. The most widely used contraceptive method in Vietnam is intrauterine device (IUDs). The next are methods of menstrual cycle and using condoms. Other methods as male or female sterilization, withdrawal are less chosen by couples. The age using contraceptive methods is likely to increase and women at the age of 35 - 39 reach the top rate, then this rate has the declining trend when women get much older. Education level is always considered as one of the factors affecting individuals' behavior. Couples' current number of children affects the choice of contraceptive methods, as well.

Key words: Implementation, Reproductive, Function, Vietnamese, Families, Fertility, Abortion, Contraception

1. Introduction

Engels stated that: "According to the materialistic conception, the determining factor in history is, in the final instance, the production and reproduction of immediate life, etc. production of human beings themselves, the propagation of the species" (translated and quoted from Van, 2004, p. 127). Thus, the reproductive function of families plays an important role in human history.

Today, although the progress in science and technology has demonstrated the possibility of human cloning, natural reproduction in family is still dominant both biologically and socially. In different social systems, childbirth is always considered as the most basic and important role of family (Chuong, 2000; Van, 2004; Thi, 1996; Khanh & Quy, 2007; Bich, 2003). The practice of parturition always brings satisfaction to couples, meeting other family members and relatives' demand of race maintenance and development, satisfying population reproduction need in both scale and quality (Malinowski, 1913). Along with the development of the society and human, the conception about the important role of reproductive function has been negligibly changed, mainly in standard of expected number of children, value of son or daughter (Minh & Anh, 2009). In some developed countries, although reproductive function is now not an obligation for some families (having no need for childbirth or children adoption), no one can deny that family is where human reproduction takes place and it always reproduces generations of more and more perfect physical features, intellect, mentality and also prepares conditions for individuals to integrate into the society.

In this article, we are going to analyze the implementation of reproductive function of Vietnamese families nowadays. Specifically, we are going to investigate the average number of children in current Vietnamese families, as well as people's expected number of children. We will also clarify the proportion of Vietnamese women having a third child. In the next part, we are going to figure out the rate of abortion among Vietnamese women, contraceptive methods and the proportion of couples using these methods.

2. Methodology

This article relies on the result of a lot of research: the statistics from the statistical agencies, especially from General Statistical Office, General Office for Population Family Planning. It provides an overview statistics about Vietnamese families. The other statistics to write this article is from result of the survey on the 2009 Vietnam population and housing census. It is the most update and official information about aspects of families including reproductive function of Vietnamese families. This article also bases on the result of the survey on the household living standard which has been conducted regularly by the General Statistical Office every two years from 2002 to 2008. The focus of the survey has been household size, birth rate, death rate, household income and expenditures, etc. Of course, it covers a lot of information related to reproductive function of families.

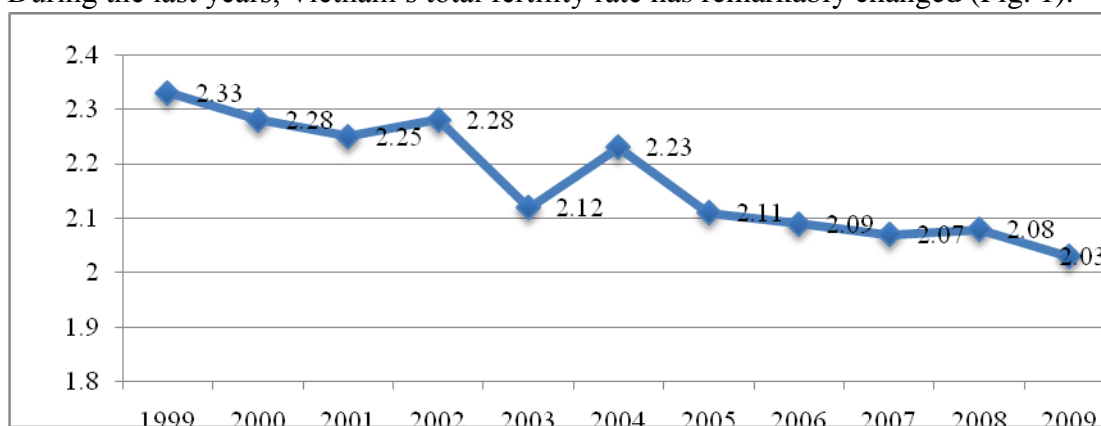
I collect, interpret and evaluate these results and used here as the main method to write this article.

3.Results

3.1.Total fertility rate in Vietnam

Total fertility rate (TFR) of a population is the average number of children that would be born to a woman over her lifetime if she were to experience the exact current age-specific fertility rates observed for 12 months before research (The Steering Board of the general census of population and accommodation, 2010). TFR is the most common measure of birth rate (Cu, 1996) because TFR is a synthetic rate, not based on the fertility of any real group of women; this would involve waiting until they had completed childbearing. Nor is it based on counting up the total number of children actually born over their lifetime, but instead is based on the age-specific fertility rates of women in their "child-bearing years", which in conventional statistical usage is 15 - 49.

During the last years, Vietnam's total fertility rate has remarkably changed (Fig. 1).



Source: The 2009 Vietnam population and housing census: Total result.

Fig. 1. Total fertility rate in the period of 1999 - 2009 (children)

It can be realized that total fertility rate drastically dropped from 2.33 children per woman in 1999 to 2.03 in 2009. TFR in 2004 (fertility rate from 1/4/2003 - 31/3/2004) was a little higher than in 2003 (fertility rate from 1/4/2002 - 31/3/2003) due to the desire to give birth in a good year¹ (2003, year of the Goat in lunar calendar), but this rate strongly decreased in 2005 and remained the tendency of continuous decline from 2005 to 2009. TFR's sharp decline has contributed to the population growth rate for the last 10 years and has been an obvious evidence for the success of Vietnam's population and family planning program.

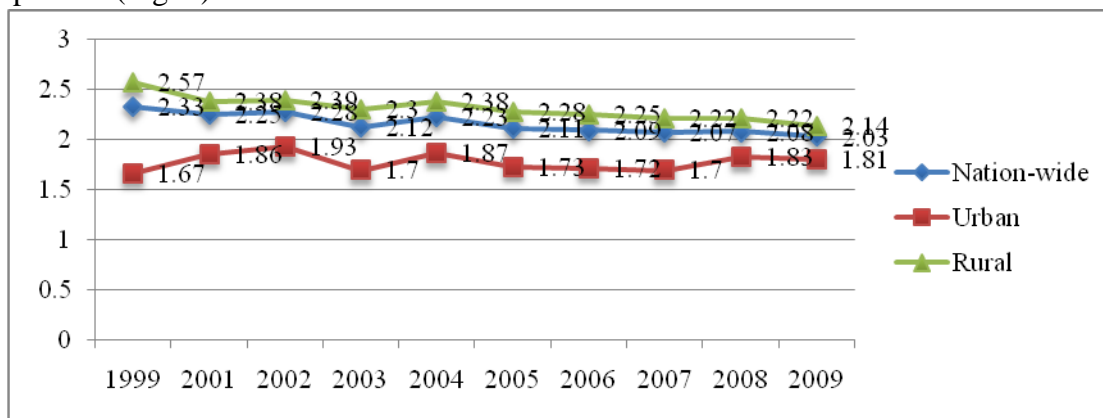
Fig. 1 also shows that since 2006, Vietnamese households' fertility rate has continuously dropped and reached the sub-replacement fertility rate². Replacement fertility rate is defined

¹ In Asian people's viewpoint in general and Vietnamese people in particular, people born in the years of the Tiger, Goat, Pig, etc. especially men would have a very convenient life later. Meanwhile if they were born in other years, it would not be good. This partly affects Vietnamese households' fertility rate. Specifically, there are years when the birthrate is excessively high but in other years it is very low.

² Replacement fertility rate is often 2.1 children per woman (Steering Board of general census of population and accommodation 2010). In Vietnam, there has not been an exact assessment on replacement fertility rate but it is estimated that this rate can be slightly higher than normal rate because in Vietnam the ratio of gender at fertility is quite high.

as the rate at which a generation of women has an average of enough daughters to replace themselves during the process of population reproduction (Cu, 1996; Steering Board of general census of population and accommodation, 2010). A population which reaches the replacement fertility rate or sub-replacement fertility rate can continue increasing the amount of birth rate in some decades, because high birthrate in the past leads to high concentration of women during the age of fertility so the birth rate keeps outnumbering the death rate. Perhaps in two or three next generations (50 - 70 years) when each newly born is equal to a dead person in population, population can achieve the stable status.

The difference in total fertility rate is clearly visible when we put rural and urban areas into comparison (Fig. 2)



Source: The 2009 Vietnam population and housing census: Total result.

Fig. 2. Vietnam's total fertility rate in the period of 1999-2009

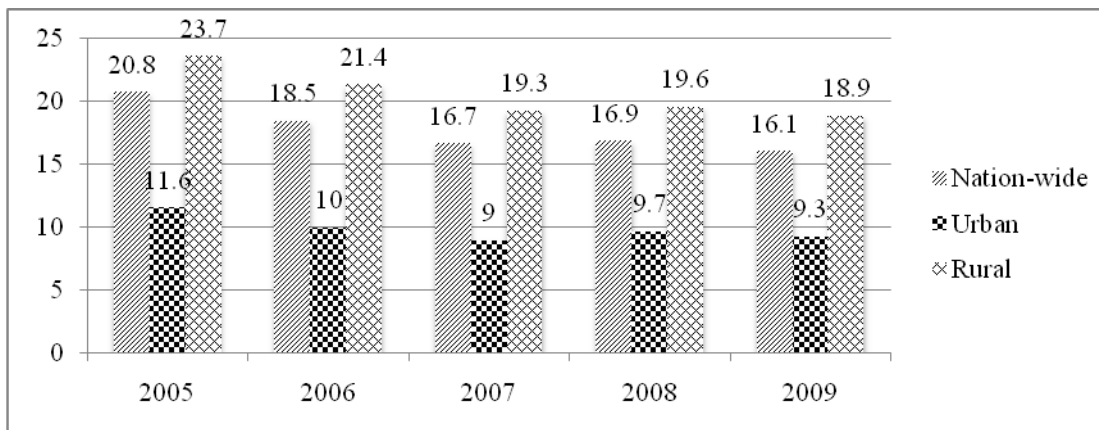
Research results show that total fertility rate in urban areas in 2009 was 1.81 children per women, lower than the rate of 2.14 children per woman in rural ones. This difference may be because compared with rural couples, urban couples are more easily accessible to sources of information, have better awareness of benefits of families with few children and they have access to medical centers providing services of family planning to help them avoid being unexpectedly pregnant and giving birth. Another reason is that the living conditions in urban area are much better than in rural areas (income, infrastructure system, social services, etc.); children in urban areas receive better care than those in rural areas, resulting in lower neonatal mortality and infant mortality rates in urban areas, contributing to a decreased replacement fertility rate in these areas. Furthermore, old parents' independence on their children in urban areas is lower than rural ones' so urban people are less likely to have the desire to give birth to live on when getting old.

TFR in rural areas dropped quite quickly from 2.57 children per woman to 2.14, nearly reaching replacement fertility rate. Meanwhile, this rate in urban areas did not see a considerable change, just around the rate of 1.8 children per woman during 10 years from 1999 to 2009. Obviously for the last ten years, a very positive change has been shown in households' awareness of benefits from having few children in general, especially rural households'. This asserts the success of population and family planning program and many other campaigns of public health care, particularly reproductive health in rural areas. However, the fertility rate in rural areas is still relatively higher than in urban areas, so in the

coming time it is necessary to promote the implementation of the policy of reproductive health care and family planning along with more investment into building socio-economic infrastructure in rural areas.

3.2. The rate of women having a third child in Vietnam

The rate of women having a third child or more shows the number of women having a third child or more for 12 months before research over 100 women during that period.



Source: The 2009 Vietnam population and housing census: Total result.

Fig. 3. The rate of women from 15 - 49 having a third child by area (Urban and rural), 2005 - 2009 (%)

Fig. 3 represents the rate of women from 15 - 49 giving birth to a third child or more in Vietnam from 2005 to 2009 categorized into rural and urban area. The data shows that during this period of time, this rate all over the country dropped from 20.8% in 2005 to 16.1% in 2009. The rate of women stopping giving birth after the first and second fertility in both urban and rural areas rose, especially in urban areas, helping decreasing the fertility rate in Vietnam. This helps Vietnam stabilize population, decrease dependence on children and creates favorable opportunities for Vietnam to carry out targets of developing a stable and quality economy.

During the last years, Vietnam has tried their best to encourage families to stop giving birth to a third child. We have obtained some certain success³, however there still exists the problem of couples giving birth to a third child, especially in some geographic regions, this rate tends to increase. The authorities and experts from the Committee of Population, Family and Children have stated some causes related to the implementation of population, family planning in local area such as: there is self-satisfaction about some achievement; the letting loose of leadership and population work conduction; the organization system of family planning staff has not been strong enough and overloaded with work; the propagandizing, educating, providing services and building policies, regimes face many problems, etc. These are indirect causes, what are the direct reasons why women have a third child? According to Le Thi, the reasons for giving birth to a third child arise from the couples themselves (Thi,

³ In 1999, Vietnam was awarded by the United Nations for the fast decline of population development rate.

2006). Initially, it is male supremacy and discrimination against women that leads to the desire to have a son. Families with two daughters did not intend to have a third child but now they give birth to the third child in the hope of having a son. This is often the case with civil servants in urban areas. The case of Mrs. Hoai⁴ can be taken as an example. She said that both her husband and she were intellectuals, she was an editor of a magazine, he was a science researcher. As a gentle, diligent woman, she was loved and respected by her husband's family. When they had two pretty daughters, her husband went abroad to study. For 3 years, she herself nurtured her children, went to work and had extra jobs to support her family, looked after her old and weak parents in law. When her husband came back, she was extremely happy. Nevertheless, the happiness of reunion had not lasted long; she was urged to have a son by her husband and his family. Despite being a civil servant, she thought of her family's happiness, parents' desire and husband's pride, she had a third child but it was a daughter again. After the baby was born, she felt really painful when all the members in her husband's family became cold toward her; her husband ignored both her and the baby. Whenever coming home, he was drunk and always yelled at her. Through Mrs. Hoai's story, we can realize that male supremacy and discrimination against women is still obviously shown in part of Vietnamese population. The main aim of having a third, fourth child, etc. is only to have a son to be the heir of the family.

Secondly, some families with two sons still want to have both sons and daughters like their friends, because in Vietnamese tradition, giving birth means having both sons and daughters. As a result, many families with sons still try to have a third child in the hope of having a daughter if they can afford it. However, in fact, the pressure of having a daughter is not as heavy as having a son.

Thirdly, there is a mentality of desiring to have many children, because in their opinion, having a lot of children means possessing a lot of property, happiness and luckiness. This mentality has existed since the old days and instilled in many households' mind, especially in rural and mountainous areas. Two children are too few for them; four to five children are enough (Thi, 2006) in case they die young. Having many children also means a lot of labor force. This plays an especially important role when production stages have not applied much technology but mainly used manual labor, especially in many rural households' farm work. In other words, having many children in that period of time was very economically beneficial; it was a basis to create income for households. Although having many children means lots of food consumed, these children helped their parents a lot in production and housework, etc. Now, household economy mainly depends on parents' and children's effort. Even if the nation lends them capital for business, this amount of capital will not yield positive effectiveness without enough labor resource. As a result, many families want to have many children. My family is an example. My family has 3 children. Our parents told us that their desire was having many children, the more the merrier. Our parents intended to have 6 children (they had thought of names for 6 ones), because at that time my father worked in commerce, the family life was very comfortable even in the period of subsidy. We had accumulated fortune so our parents wanted to have many children because we had enough material condition to

⁴ The family and society newspaper, issued on 27-11-2003

nurture children well and our parents also considered many children as a lot of fortune. However, after the economy transformed from subsidy to a market economy, our family faced economic difficulty because the commerce was not at a high position, so I was the third and last child of theirs. Although my parents could not have the number of children as they wanted; our story was typical for many Vietnamese families in the sense that if having conditions, we want to have as many children as possible because it is big happiness.

Fourthly, the mentality of desiring to have many children who they can depend on and be looked after by when people get old. Because if a family have many children, especially sons, they can look after their parents by turns when their parents are weak or too old. It is very necessary for everybody to be cared by someone at the old age when a lot of farmers do not have medical and social insurance. Even with public servants, the allowance of medical and social insurance is too little. Thus, when they should be ill or have accidents, they mainly depend on their family and children. With many children, the life of old or ill people can be better ensured by only one child.

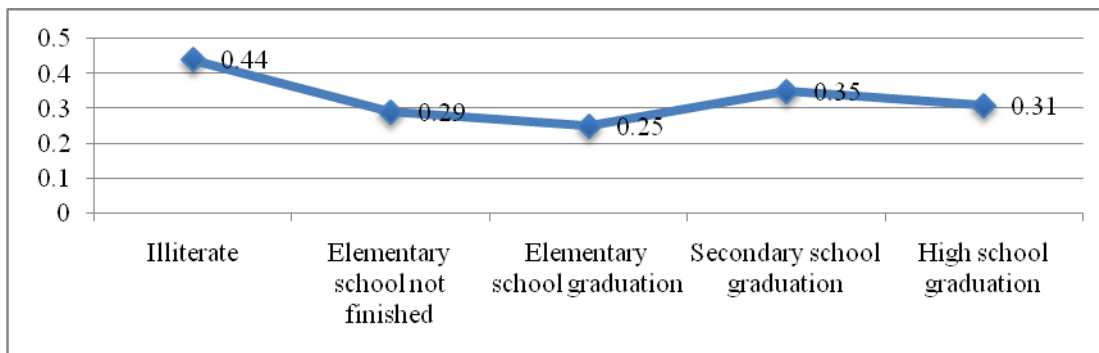
3.3. Abortion in present day Vietnam

The abortion rate of married women from 15 - 49 years old for 12 months before the time of research on 1st April 2005 increased by 0.09% compared with 1st April 2002, at 0.31%. The abortion rate between two regions in 2005 was different from in 2002: that of urban area (0.26%) was lower than that of rural area (0.33%) and these were both higher than in 2002. The abortion rate of the Northwest in 2005 was higher than in 2002 and that of the Southeast stayed the same, 6 other regions had higher rates. The abortion rate in 2005 was shaped into slope compared with in 2002, only the Northwest, Northeast and South Central Coast remained the same position, 5 other regions had changes. The Northwest had the highest abortion rate (0.8%), but lower than in 2002 (-0.57%). The Northeast ranked the second but had higher rate than in 2002 (+0.17%). The abortion rate of Red River Delta (0.41%) was at the third position and 2 times as high as in 2002. The fourth rank belonged to the North Central (0.32%) and its abortion rate was higher than in 2002 (+0.09%). The lowest rate was of South Central Coast (0.10%), but still 0.08% as high as in 2002. The Southeast and Mekong River Delta had the approximately equal rates (0.2% and 0.21%). The general trend was that there were uneven rates of abortion among geographic regions.

In terms of age, the abortion situation also had distinct features among different groups of age. The highest age of abortion was 25 - 29 (0.40%), the next was the age of 30 - 34 (0.35%), and the lowest rate was of the age of 45 - 49 (0.22%). It can be seen that the principal tendency is that the younger the age is, the more the abortion rate becomes. This can be attributed to young people's inexperience in contraceptive methods so they are easier to be unexpectedly pregnant. As a result, the abortion rate is high. Due to the lack of knowledge and limited understanding about contraceptive methods, they even do not know that they are pregnant, when realizing about it, they have to be aborted because maybe they do not want to have children or their conditions do not allow them to give birth and nurture children. Thu's case is an example. Thu, 20 years old, went to a district medical center in Ho Chi Minh city and

unconsciously told the doctors: “Recently, I have realized that my abdomen is a little big so I want to be examined”. With experience, doctors reported that she was pregnant but she argued that “How can I be pregnant? I only have had sex once”...“I am still very healthy, and work extra shifts as usual”....Only when having the ultrasound result of a 26 week baby and unable to be aborted, did she burst into tears⁵. The above story shows us that unlimited understanding about contraceptive methods has led to many abortion cases, especially among young people.

Considered in terms of married women’s educational level during the age of 15 - 49, the result is as follows.



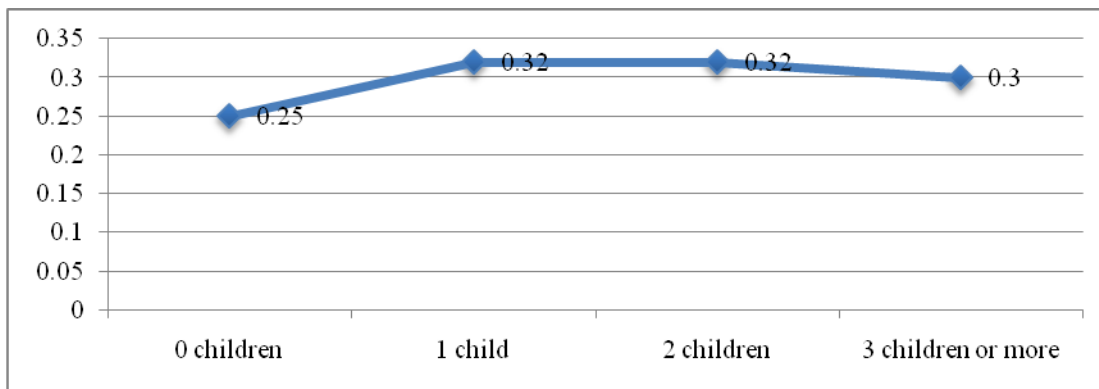
Source: Self-calculation based on the survey results about changes in population - family planning, 2005

Fig. 4. The abortion rate of women from 15 - 49 by education level (%)

The above figure indicates that the relatively high abortion rate of object groups with low educational levels, such as illiterate people, was highest (0.44%). Then, it is likely to sharply decline when educational level increases: elementary school undergraduation (0.29%) and elementary school graduation (0.25%). Here, the abortion rate rised up to 0.35% for groups with high school graduation, and the group of high school graduation had lower rate of abortion than secondary school graduation group (0.31%). It can be recognized that the complicated change in the correlation between education level and abortion.

In the relation between the number of alive children and the abortion rate, we can realize a clear difference. Families with one or two alive children had the highest abortion rate, whereas families with 3 or more alive children or no alive children had lower abortion rate (Fig. 5). Obviously, the number of alive children will determine the abortion. If the number of alive children is in family’s and the law’s acceptable limit (one or two children), surely family will choose the method of abortion, otherwise they will commit the population - family planning carried out in Vietnam, so the abortion rate of this group is reasonably high.

⁵ [http://www.danchua.eu/373.0.html?&tx_ttnews\[tt_news\]=174&cHash=4a7276e7b9](http://www.danchua.eu/373.0.html?&tx_ttnews[tt_news]=174&cHash=4a7276e7b9)



Source: Self - calculation based on the survey result about changes in population and family planning, 2005

Fig. 5. The abortion rate of women from 15 - 49 by the number of alive children (%)

About the number of abortion times, the results show that married women from 15 - 49 years old who had one abortion for 12 months before the timepoint of research accounted for 82.1%, the number of women having two times of abortion and over accounted for only 17.9%.

The number of rural women having one time of abortion was bigger than that of urban women (82.2% to 81.8%). The number of married women from 15 - 49 years old having one time of abortion (82.1%) dropped by 0.26% compared with 2002, declined by 7.1% in urban area and increased by 1.3% in rural area.

3.4. The rate of contraceptive using

Based on the result of changes in population and family planning survey in 2005 as well as the result of 2006 Household living standard survey, it can be seen that the rate of married women from 15 - 49 using contraceptive methods⁶ was very high and increased each year.

Table 1: The rate of using contraceptive methods in Vietnam in the period of 2001 - 2006 (Unit: %)

Year	The rate of using contraceptive methods	Categories	
		Modern	Non - modern
2001	73.9	61.1	12.8
2002	76.9	64.7	12.2
2003	75.3	63.5	11.8
2004	75.7	64.6	11.1
2005	76.9	65.8	11.1
2006	81.7	68.4	13.3

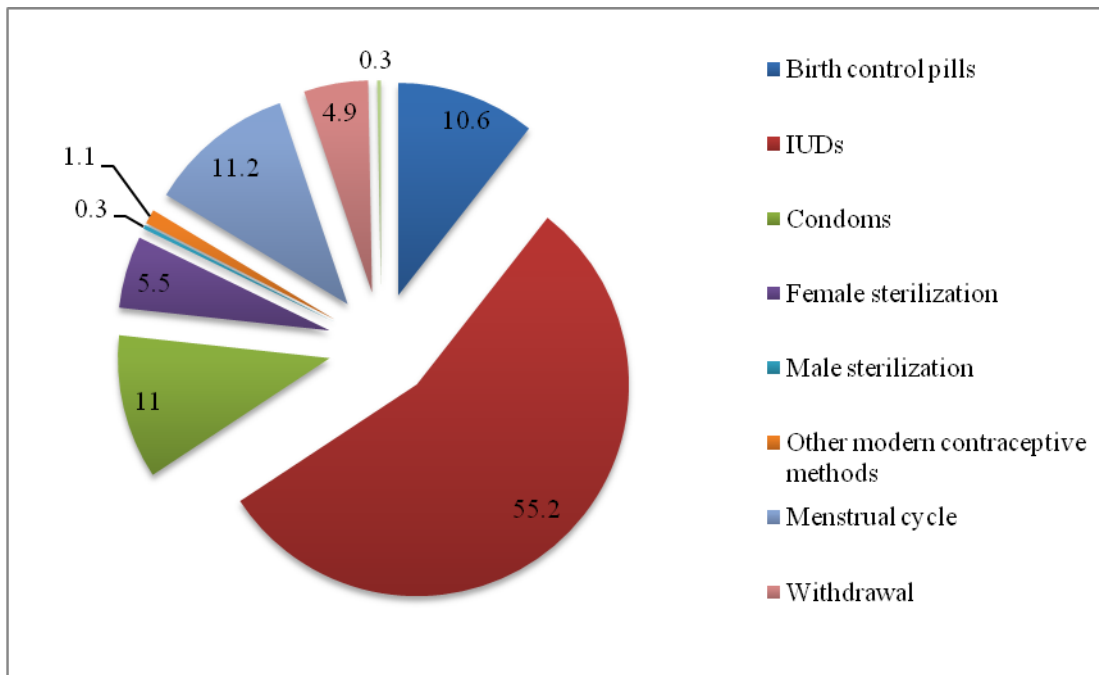
Source: - Survey about changes in population and family planning in 2005: Main results
- Self - calculation based on results of 2006 Household Living Standard Survey

⁶ There are no surveys allowed to collect the rate of couples using two contraceptives and more. Consequently, in the results there are no data about combination of contraceptive methods.

There were about 73.9% of married women during the age of 15 - 49 using one certain contraceptive method in 2001, in 2002 this rate increased to 76.9%. In 2003, this proportion was likely to decline a little, but reached the rise a year later. Until 2006, the rate of couples using contraceptive methods achieved the top rate at 81.7%. Thus, generally the rate of using contraceptive methods rised by 7.8% from 2001 to 2006. Corresponding to the increasing rate of using contraceptive methods, it can be seen that couples' rate of using modern contraceptive methods has the rising trend. The proportion of married women from 15 - 49 using modern contraceptive methods was 61.1% in 2001, increasing to 64.6% in 2004, 65.8% in 2005 and 68.4% in 2006. About non-modern contraceptive methods, we can realize that the rate of using this group of methods had a declining tendency through the years in the period of 2001 - 2005 (in 2001, the rate was 12.8%, in 2002: 12.2%, in 2003: 11.8%, in 2004: 11.1 % and in 2005: 11.1% as well). The rate of using non - modern contraceptive methods slightly increased in 2006, at 13.3%. Through the above data, couples are very aware of using contraceptive methods; it is indicated in the rising trend of using contraceptive methods. The majority of couples choose the modern contraceptive methods and it has had an increasing tendency. About non-modern contraceptive methods, couples do not use a lot, and in some years it was likely to gradually decline. Perhaps the reason is that the effectiveness is not high so couples have to consider whether to use non-modern contraceptive methods as a main method or not.

About the structure of using contraceptive in Vietnam, it is shown that due to the promotion of the practice of population communications, education to change behavior along with services of reproductive health care - family planning, especially the program of bringing services of family planning and reproductive health care to poor, difficult and remote areas; the use of contraceptive methods have been diversified in stead of monotonous program of family planning by using IUDs 3 decades ago (Van, 2004). Nowadays, people can use a variety of contraceptive methods, including modern contraceptive methods: IUDs, birth control pills, injectable contraceptives, vaginal methods (effervescent tablets), condoms, male or female sterilization and other traditional methods as menstrual cycle, withdrawal, etc.

Among the above-mentioned methods of contraception, IUDs was dominant (accounting for 55.2%). This is the most common contraceptive method because when using this method, women only come to a hospital or medical clinic and doctors will put a contraceptive instrument into their neck of the uterus. If the IUDs are accurately placed and its quality are good, this method has the most effective ability of contraception (up to 100%) and the period of time using this method is from 3 - 5 years. IUDs have an advantage that do not reduce the pleasure in couples' having sex and do not cause pregnancy. When couples want to have children again, they only need to remove the IUDs. Thus, there is a trend that many couples choose IUDs as the main contraceptive method.



Source: 2006 Vietnam Household Living Standard Survey

Fig. 6. The rate of married women from 15 - 49 using contraceptive methods, 2006 (%)

The second method that many couples choose is the method of menstrual cycle, accounting for 11.2 % of people asked. This is a traditional contraceptive method because it is based on daily life experience of people, especially of women. The advantages of this method are that couples do not need to prepare any contraceptive devices or put any device into their body like the method of IUDs so it is very comfortable for both husband and wife. However, this method is totally dependent on experience so it can cause pregnancy when the counting⁷ is not accurate. Thus, although this method ranked secondly among all the contraceptive methods, it can be recognized that the rate of using this method was much lower than the method of using IUDs (11.2% to 55.2%).

Using condoms is the third choice of couples in contraception, accounting for 11% of people asked. Condom is a contraceptive method used rather popularly now because of its convenience. Condoms can be used at any time when users want and it is easy to carry them along. Condoms are only used for male and its effectiveness of contraception is very high. Not only effective in contraception, condoms can help preventing HIV and some sexually infectious diseases. If these advantages do not play any special roles in husband and wife's relation, they are really important for sexual relation outside family. Because nowadays, it is quite common for people to have sex outside their marriage, so condoms have their own advantages and they are also able to prevent AIDS - a century's disease. Nevertheless, using condoms is faced with certain limitations which make couples have to consider using them, that is using condoms can reduce the pleasure in having sex for both so many men do not like wearing condoms. It is the reason why only a certain rate of couples chooses condoms as a

⁷ Menstrual periods usually occur every 28 days but commonly vary from 21 days to 35 days and last from 4 days to 7 days.

main contraceptive method.

Another modern contraceptive method used by 10.6% of couples in 2006 was taking birth control pills. The side effect of birth control pills may be one of reasons that makes many women afraid of when carry on using. In a recent research carried out by Vietnamese women's organization, the world organization of population and development with the cooperation of the international research central of women about the choice of contraceptive methods, there have been very obvious ideas about the side effect of birth control pills. Most people are afraid because taking these pills is very hot, complicated to use and causes putting on weight, nausea, headache, stress, etc. (The Committee of population and family planning, 2000). In some cases, birth control pills can reduce women's pleasure in having sex. This explains why not many couples use birth control pills for contraception. However, this method is more chosen by couples than other contraceptive methods as withdrawal or male, female sterilization. Only 4.9% of couples used the method of withdrawal. With this method, penis will be drawn out of vagina before ejaculating. At the same time, men have to notice so that sperm does not run into vagina. With this method, both husband and wife do not need to use any contraceptive devices or supplementary methods, but the biggest disadvantage is causing stress in men and women's nerve system. Men cannot comfortably follow his pleasure, because he has to pay attention to the end of intercourse. Women are even more uncomfortable because in almost all cases, they are taken away their intercourse completion ability. The curve, which indicates their orgasm, is increasing higher and higher suddenly ends. Sexual organs are full of blood, but because the intercourse is incomplete and it has not come to the relief period so blood is stuck and can not escape. Women cannot go to sleep; they feel unpleasant and only come back to normal state after a certain period of time. Thus, interrupted intercourse cannot take place regularly with the purpose of contraception. Furthermore, this contraceptive method does not have high effectiveness, because if the husband does not draw his penis out before ejaculating, it will lead to the woman's pregnancy. All the above-analyzed things help to realize the reason why only 4.9% of people asked use the method of withdrawal as a main contraceptive method.

There is one more contraceptive that couples can use, it is male and female sterilization. For this method, it is impossible for them to have children again, so not many couples use it. Especially men do not want to use this method because they think they will lose their manliness, and their male physical features will be reduced. It is the main reason causing only 0.3% of couples in Vietnam use male sterilization.

In short, the most widely used contraceptive method in Vietnam is IUDs. Over half of married women from 15 - 49 answered that they have been using this method. The next are methods of menstrual cycle and using condoms. Other methods as male or female sterilization, withdrawal are less chosen by couples.

Some socially demographic features affecting the use of contraceptive methods by married women from 15 - 49.

Firstly, couples' residence

As shown in the survey result, the rate of rural couples using contraceptive methods was a bit higher than that of urban couples (82.1% to 80.6%). However, the difference between rural and urban area is mainly because in rural area, the use of IUDs is much higher than in urban

area.

Table 2: The proportion of married women from 15 - 49 using contraceptive methods by rural, urban area in 2006 (unit: %)

	Rate of using	Birth control pills	IUDs	Condoms	Female sterilization	Male sterilization	Other modern methods	Menstrual cycle	Withdrawal	Other methods
Areas										
Urban	80.6	10.8	42.9	18.1	5.1	0.2	0.5	15.1	6.7	0.6
Rural	82.1	10.5	59.4	8.6	5.7	0.3	1.3	9.9	4.2	0.3

Source: 2006 Vietnam Household Living Standard Survey

59.4% of rural women used the method of IUDs while this rate in urban area was only 42.9%. This difference is attributed to a main reason that urban women have many choices of contraceptive methods due to more developed conditions in urban area. Moreover, urban couples' awareness of contraceptive methods is better than rural ones' so they can safely use other methods besides using IUDs. This obviously leads to the lower rate of urban women using IUDs than that of rural ones. The rate of urban men using condoms was higher than that of rural ones (18.1% to 8.6%). This can be explained with the reason that in urban area, it is easier and more convenient to get access to population-family planning services than in rural area. The method of menstrual cycle used by urban couples was also higher than by rural couples. Obviously, the higher understanding and awareness of urban people have resulted in the difference in the choice of this contraceptive method compared with rural people. Apart from the above differences in using contraceptive methods, we can recognize that there exists almost no remarkable difference between rural and urban areas.

It can be concluded that the most obvious difference between rural and urban area in using contraceptive methods is that, in rural area the proportion of couples using modern methods, specifically IUDs is excessively higher than that of urban ones. Urban households with experience and better awareness often choose traditional methods like withdrawal, menstrual cycle more than do rural households.

Secondly, women's age

Table 3 presents the current rate of using each contraceptive method categorized into different age. Nevertheless, we can combine the above ages into 3 main age groups: 15 - 24, 25 - 39, 40 - 49. These groups of age are considered to cover the main periods in the process of getting married. The youngest group is in the period of building family, the mid-group is practicing fertility and the oldest group has finished their target of childbirth. Hence, we can clearly see that the use of contraceptive methods is lowest for the first group of age, then it rises to the top for the second age group and it is likely to decline for the third group.

	Rate of using	Birth control pills	IUDs	Condoms	Female sterilization	Male sterilization	Other modern methods	Menstrual cycle	Withdrawal	Other methods
15-19	57.1	26.7	37.8	21.1	0.8	--	--	10.8	2.8	--
20-24	75.3	20.6	53.5	11.8	--	--	0.8	7.0	5.0	1.3
25-29	84.9	14.8	56.4	13.1	1.0	--	1.6	9.2	3.6	0.3
30-34	88.7	12.2	57.0	11.2	2.5	0.2	1.2	10.2	5.5	--
35-39	91.0	11.4	55.5	10.4	6.3	--	1.3	10.8	4.2	0.1
40-44	84.8	7.7	53.8	10.1	8.2	0.7	1.0	13.3	4.5	0.6
45-49	65.1	3.8	54.9	10.5	10.0	0.5	0.4	13.2	6.5	0.3

Table 3: The rate of married women from 15 - 49 using contraceptive methods by age in 2006 (Unit: %)

Source: 2006 Vietnam Household Living Standard Survey

Based on the above table, we can realize that the rate of women from 15 - 19 using contraceptive methods was lowest (57.1%), the next was the age group of 45 - 49 with 65.1%. These are obviously the most typical age during the fertility period of women. If the age group from 15 - 19 is the first stage of the fertility period, surely these women cannot complete their childbirth function so the rate of using contraceptive is not very much. If they use contraceptive methods, it is only for canceling the birth of the first child. At the age of 45 - 49, they are at the final stage of fertility so their pregnant ability is not high so it is not necessary for them to use contraceptive methods. Moreover, during this period the sex demand is not high and this influences their low demand of using contraceptive methods. The number of people applying contraceptive methods reached the top rate at the age group of 35 - 39 with 91%, the next was the group of 30 - 34 with 88.8%. This is the most vigorous period of couples in intercourse. During this period, normally they have enough number of children according to their demand and the social regulation, so the demand of using contraceptive methods is naturally very high. Furthermore, in this period they can apply contraceptive methods to enlarge the distance between the different times of childbirth.

Using birth control pills most belonged to the group from 15 - 19 (26.7%) and group from 20 - 24 (20.6%), the lowest rate was of the group from 45 - 49 (3.8%). This is absolutely reasonable because young people are inexperienced in having sex, so they do not know how to have safe contraception and it leads to the worry about pregnancy. And the method they choose to solve the problem is taking emergency birth control pills. Despite knowing that taking birth control pills can leave side effects and harm their health, they do not have any other choice. For women from 45 - 49, they have passed through a quite long sexual life, so their experience in contraception is a lot and they do not use birth control pills much, except in emergency. The age group of 15 - 19 using condoms had the highest rate among age groups (26.7%), and this rate drastically dropped with the next age groups. The general trend is that the younger the group age is, the more they use condoms, apart from the group of 25 - 29 having a bit higher rate than the group of 20 - 24. This difference can be explained with the reason that young people do not have enough experience in contraceptive methods, especially traditional methods so they have to use condoms because as analyzed above, this is

an easy-to-use and highly effective in contraception method. Consequently, young people often choose this method. For the older group, they have more experience in contraception so they have many other contraceptive methods to choose. They can choose modern or non-modern methods better than young people. Moreover, the young age group's frequency of having sex is quite a lot, whereas the older age group's is not much, this obviously affects the young age group's higher demand of using condoms than the older age group's.

The younger the age group is, the less they accept female sterilization method. If there was 0.8% of the group from 15 - 19 using this method, the age of 45 - 49 had the rate of 10% using this method. Clearly, young people do not want to be sterilized because their sexual life still lasts long so they can use and choose other contraceptive methods to have more effectiveness. In addition, if their children have accidents or die, they will have to give birth to have other children. But with sterilization, they cannot have children anymore so people at young age do not accept female sterilization. Separately with male sterilization, almost no age groups choose this method. The difference among age groups hardly exists because the rate of using male sterilization was too low for all the age groups (from 0% to 0.7%).

Almost all the age groups apply traditional contraceptive methods at a certain degree. People at older age with their own experience often use traditional methods more than do younger people (see table 3).

Thirdly, education level

Women's education level has impact on their contraception behaviors. Really, people with low education levels accept family planning methods less than people with high education levels. Only 78.7% of women who have not finished the 1st grade or have never been to school accepted family planning methods, whereas 83.7% of women with high school graduation accepted this. With the method of using IUDs, the lower the education level is, the more this method is used (apart from people graduating from secondary school who had the higher rate of using IUDs than people graduating elementary school). The rates of people who have not finished the first grade or have never been to school and who have graduated from elementary school, secondary school, high school, college and university using IUDs were respectively 59.3%, 53.1%, 62.1%, 52.8%, 43.7%. In contrast, with the method of using condoms, the lower the education level is, the less couples use it. The rate of using condoms gradually increases by women's education levels. Specifically, the rate of people who have not finished the 1st grade or never been to school using condoms was 4.1%, elementary school graduation 11.1%, secondary school graduation 10.1%, high school graduation 12.6% and college, university graduation 21.1%. This may be because people with high education level accept the use of condoms more easily than people with low education level. They have more knowledge and realize advantages of this method better so their rate of using condoms is higher.

The rate of using the method of menstrual cycle by women with high education level was much higher than women with lower education level (13.4% of people graduating from college, university used this while only 6.0% people who have not finished the 1st grade or never been to school used this). This is based on the principle that the use of traditional methods only takes effect when its mechanism is thoroughly understood and only people with high education level can understand about this more clearly.

Fourthly, couples' current number of children

Couples' current number of children is also a factor affecting a lot the use of contraceptive methods. The result of sociological study in 2006 showed that families with 2 children used contraceptive methods most (85.5%), the next were families with 3 children and more (79.3%), families with one child had a rate of 63.4%, and families without children accounted for 11.4%. This is easy to explain because families with 2 children are families having enough number of children as the law, so they need to use contraceptive methods to prevent the ability of having the third child. For families with one child, they have to give birth to one more child if they have demands so their use of contraceptive methods is lower than families with 2 or 3 children. As for families without any children, the use of contraceptive methods is reasonably lowest because they still have the responsibility to give birth.

Fifthly, the fertility rate and the expected distance of fertility

Normally, when a woman wants to have children, they will not want to use any contraceptive methods. The research data shows that women's rate of using contraceptive methods is due to different fertility rates expected.

The model shown in table 4 is quite tightened (for both any contraceptive method and modern contraceptive methods).

Table 4: The rate of using contraceptive methods by expected fertility rates

	Using contraceptive methods (%)	Using modern contraceptive methods (%)
Desire to have children		
Having more children	55.4	40.2
Having not decided	75.3	54.9
No desire to have more children	81.1	57.7
Distance of fertility expected		
Within 2 years	22.2	12.1
After 2 years	64.8	48.4
No specific period of time	64.4	43.6

Source: The Committee of population - family planning, 2000

Women who do not want to have more children had the highest rate of using contraceptive methods (81.1%). The next were women who cannot decide their fertility behaviors (75.3%), the lowest rate belonged to women who want to have more children (55.4%). The differences based on the distance of fertility expected is also confirmed, women who want to give birth within 2 years are likely not to use contraceptive methods, whereas 2/3 of women who desire to have children after 2 years want to apply contraceptive methods. Women who want to have more children but do not confirm about when to have children often use contraceptive more.

Sixthly, other features

The acceptance of contraceptive methods due to some features of women from 15 - 49 is presented in table 5. Obviously, the use of contraceptive methods has a connection with having or without electricity and having or without television. Women living in households with electricity or T.V accept contraceptive methods more than others. This proves that the

factors of development and communication programs have great influence on the behavior of family planning.

Table 5: The rate of using contraceptive methods due to some factors

	Using contraceptive methods (%)	Modern contraceptive methods (%)
Electricity		
No	66.4	46.6
Yes	77.8	58.4
TV		
No	71.1	55.1
Yes	79.1	56.4
Transportation		
Roads available in 4 seasons	77.6	59.5
Roads seasonally available	63.2	49.3
Others (waterway/ railway)	70.3	41.2
Pathway	67.1	47.2

Source: The Committee of population - family planning, 2000

The data in table 5 reports that the transportation conditions also affect women's behavior of contraception. Women living in the places with convenient transportation accept contraceptive methods more.

4. Conclusion

Based on analyzing the implementation of reproductive function of Vietnamese families in recent years, we could easily draw conclusions as follow:

Vietnamese households' fertility rate have substantially declined and reached the sub-replacement fertility rate over the past years. The fertility rate in rural areas decreases faster than in urban area, however it is still higher.

During the last years, Vietnam has tried their best to encourage families to stop giving birth to a third child. We have obtained some certain success, however there still exists the problem of couples giving birth to a third child, especially in some geographic regions, this rate tends to increase.

The abortion rate in Vietnam has been likely to rise for recent years. In rural area, this rate is a bit higher than in urban area. Young age groups' abortion rate is relatively high and after higher than older age groups. The main reason is due to their limited awareness of contraceptive methods. Low education level also affects the abortion. The abortion of people at low education level is relatively high, but people with elementary school graduation has the lowest rate of abortion. The Northwest had the highest abortion rate, the lowest rate belonged to the South Central Coast. The abortion rate depends on each couple's number of alive children. The highest abortion rate is of couples with 1 or 2 alive children.

The most widely used contraceptive method in Vietnam is IUDs. Over half of married women from 15 - 49 answered that they have been using this method. The next are methods of menstrual cycle and using condoms. Other methods as male or female sterilization, withdrawal are less chosen by couples. In rural area, couples choose modern contraceptive methods, specifically the method of IUDs, much more than urban households. Urban families with better life experience and awareness usually use traditional contraceptive methods as withdrawal, menstrual cycle more than households in rural area. The age using contraceptive methods is likely to increase and women at the age of 35 - 39 reach the top rate, then this rate has the declining trend when women get much older. Education level is always considered as one of the factors affecting individuals' behavior. As can be seen from the research result, different education levels have different impacts on contraceptive methods used by women. The higher the education level, the more contraceptive methods are used. People with high education level are more and more likely to use traditional contraceptive methods. IUDs is a contraceptive method most chosen by people without education level and the rate of using this has a decreasing trend when the education level rises. Couples' current number of children affects the choice of contraceptive methods, as well. Families with 2 children use contraceptive methods most; the lowest rate belongs to households without children. The demand of giving birth and the distance of fertility have influence on the rate of using contraceptive methods. When people have demand of having children, the rate of using contraceptive methods is lowest and women who want to give birth within 2 years tend not to want to apply contraceptive methods. Women living in households with electricity and T.V accept contraceptive methods more than others. Similarly, women living in places with convenient transportation condition accept contraceptive methods more.

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