

**4th Asia Pacific Conference on
Reproductive and Sexual Health and Rights**

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New “Common Sense”:
Family-Planning Policy
and Sex Ratio in Viet Nam
Findings from a qualitative study
in Bac Ninh, Ha Tay and Binh Dinh

The Institute for Social Development Studies



United Nations Population Fund



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By

The Institute for Social Development Studies

Undertaken at the request of UNFPA

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1 BACKGROUND

Sex-ratio imbalance has affected a number of countries throughout the Asia and Pacific region, including China and India. However, this phenomenon did not attract public attention as a serious issue with significant demographic, social and human-rights implications in these countries until recently, when the magnitude of sex ratios at birth reported in regions of China and India had reached values above 120 boys born per 100 girls. It is anticipated that, in addition to the impact on the national labour-force structure and economy, one of the major social consequences of this imbalance will be millions of males in the region being faced with increased challenges in finding a spouse. There are sure to be many other society-wide impacts, as well.

The issue of pre-natal sex selection in Viet Nam has been increasingly addressed by the national media, and has become an issue of growing public concern. In UNFPA's Seventh Country Programme (CP7), the issue of pre-natal sex selection was listed as a priority for advocacy and policy dialogue within Viet Nam's Advocacy and Influencing Policy agenda. According to the 2006 Population Change, Labour Force and Family Planning Survey, conducted by the General Statistic Office (GSO) at the household level for about 30,000 births in Viet Nam, the sex ratio at birth (SRB) was 110 nationwide (see Appendix, Table 1).¹ Nevertheless, due to the small sample size in each province, this survey could not provide SRB by provinces. To obtain a larger sample size for each province, UNFPA supported GSO in collecting data of births delivered at health facilities. Data of this survey showed two things: first, that SRB was likewise 110 nationwide; and second, that out of 47 provinces with large sample size (more than 9,600 births a year), 28 provinces had SRB values above 110.

These two surveys did not provide qualitative information on sex ratio at birth, however, which is needed for an understanding of the current situation in Viet Nam, as well as to suggest lines of further investigation. As such, the primary purpose of this study is to examine the issue of pre-natal sex selection in Viet Nam: the issue, its causes and its influencing factors. Together with the findings of quantitative surveys on SRB conducted by GSO, qualitative results will be used for advocacy activities, policy dialogue and planning by the Vietnamese government. The research framework of this qualitative study was developed with technical assistance from the Country Support Team/UNFPA and UNFPA Viet Nam country office. The Institute for Social Development Studies (ISDS) was requested by UNFPA to carry out this study. The specific objectives were to:

- Explore the existence of pre-natal sex-selection practices
- Identify the factors influencing desired family size and sex composition of children
- Describe the perceptions and understandings surrounding the issue of imbalance of sex ratio

This report presents key findings of the study. These findings, along with the interpretations drawn from them, are those of the research team, and do not necessarily reflect the views of other stakeholders involved in this research.

2 RESEARCH DESIGN AND DATA COLLECTION

Various methods were adopted in order to collect qualitative information for the study, including desk review, content analysis and field research. Field data were collected in Binh Dinh, Ha Tay and Bac Ninh provinces over a one-month period starting in early July 2007. These three provinces were purposively selected (in consultation with the UNFPA Viet Nam office) based on their normal or excessively high SRB, so as to provide as wide a spectrum of views and opinions regarding this issue as possible. In order to facilitate the investigation, a mixed set of research tools were developed. These consisted of an analysis framework for desk review and content analysis, as well as varied guidelines for both in-depth interviews and focus-group discussion (FGD) with stakeholders and community members. Short descriptions of the research process and the methods adopted are presented in brief below.

¹ Sex ratio is measured as the number of males per 100 females. Normal SRB values are in the range of 105-106.

2.1 Desk Review

Before and during fieldwork, the team leader and other members of the research team compiled and reviewed all accessible documents, published studies, service statistics, government surveys and other documents at both the local and national level. The reviewed materials included, among others, the Ordinance of Population, the Law of Gender Equality, the Labor Code, the Marriage and Family Law, previous GSO reports, published studies on attitudes of son preference in Viet Nam conducted by Vietnamese and international scholars, and the general reports of three communal and district Women's Unions and Committees of Population, Families and Children that were collected during the fieldwork.

2.2 Content Analysis of Cultural and Media Materials

Throughout the research process, the team tracked relevant coverage and debates in both paper and online newspapers and magazines, including *Thanh Nien* (Youth), *Lao Dong* (Labour), *Vnexpress*, *Tap chi Phu Nu* (Women's Magazine) and *Gia dinh va Xa hoi* (Family and Society). In addition, some manual-type books on how to give birth to a child of desired sex were either bought or downloaded for further analysis.

2.3 Field Research

As mentioned briefly above, the three provinces selected for study are Bac Ninh and Ha Tay in the Red River Delta and Binh Dinh in the South Central Coast of Viet Nam.

2.3.1 Bac Ninh

Bac Ninh province is located to the East of the capital, Hanoi. It has a population of 998,400, of which the male population accounts for 48.6 per cent. Eighty-seven per cent of people in Bac Ninh live in rural areas. As of the end of 2005, there were about 24,958 girls with a general education, accounting for 49 per cent of the total number of pupils; as well as 469 doctors, 681 physicians, 463 nurses and 131 midwives (Statistical Yearbook, 2006). Bac Ninh's agricultural output value, at 1994 prices, is VND 1.4375 trillion.² The monthly average income per capita in 2001-2002, at 2003 prices, is VND 3.265 million (Statistical Yearbook, 2004). Being physically the smallest province in the country, Bac Ninh also has the highest population density of any province. On average, there are more than 1,200 people per square kilometre. Bac Ninh was selected for this study for its high SRB: 123 boys to 100 girls, according to the Health Facility Survey by GSO in 2006.

2.3.2 Ha Tay

Ha Tay province lies to the Southwest of and at the entrance to Hanoi. The population of Ha Tay in 2005 was 2,525,700 people, of which about 48 per cent are men and 90 per cent live in the rural areas. As of the end of 2005, there were about 46,698 girls with a general education, accounting for 38.9 per cent of the total number of pupils; as well as 1,046 doctors, 1,657 physicians, 722 nurses and 361 midwives (Statistical Yearbook, 2006). Ha Tay's agricultural output value, at 1994 prices, is VND 3.153 trillion. The monthly average income per capita in 2001-2002, at 2003 prices, is VND 3.127 million (Statistical Yearbook, 2004). The province has a density of 1,100 people per square kilometre. Ha Tay's SRB is 112, lower than that of Bac Ninh, but still well above the national average.

2.3.3 Binh Dinh

Binh Dinh province has 1,556,700 people, and is located on the coast of the country's central region, with a density of about 258 people per square kilometre - significantly lower than in the previous provinces under study (Statistical Yearbook, 2006). The male population represents 48.7 per cent of the province's total. As of 31 December 2005, there are about 28,360 girls with a general education, accounting for 49.4 per cent of the total number of pupils. There are 728 doctors, 646 physicians, 930 nurses and 246 midwives in the locality. Approximately 74.9 per cent of the population is living in the rural areas (Statistical Yearbook, 2006). Binh Dinh's agricultural output value, at 1994, prices is VND 1.660 trillion. The province's average monthly income per capita in 2001-2002, at 2003 prices, is VND 2.978 million VND (Statistical Yearbook, 2004). Binh Dinh has a more moderate SRB, at 107.

² One million Vietnamese Dongs (VND) are equivalent to US\$ 61.6 (September 2007).

2.3.4 Procedure

2.3.4.1 Interviews with officials

With an introductory letter from the National Committee for Population, Families and Children (NCPFC), the team contacted the Provincial Committee for Population, Families and Children (PCPFC) in each of the three provinces. In turn, they coordinated with the relevant District Committee for Population, Families and Children (DCPFC) to select three communes or/and towns for study. These ultimately included Vo Cuong urban commune, Bac Ninh city in Bac Ninh province, Tuy Phuoc town in Binh Dinh, and Thach Xa rural commune and Thach That district in Ha Tay province.

In each locality, at district and commune levels, the team attempted to interview a Vice-Chairman of District/Commune People's Committee (the individual in charge of socio-cultural affairs), as well as a population cadre and a cadre from the local women's union. At the provincial level, the researchers conducted in-depth interviews with the provincial Vice-Chairman of Socio-Cultural Affairs, an obstetrician and an ultrasound practitioner in the provincial general hospital. At the national level, interviews were conducted with a population official, an obstetrician and an ultrasound practitioner (See Appendix, Table 3).

The investigators faced some difficulty in Tuy Phuoc, Binh Dinh province, when the team was unable to interview the Vice-Chairman of Binh Dinh People's Committee. Instead, we attempted to interview a private obstetrical doctor. We asked one official in the Provincial Center for Reproductive Health Care to facilitate introductions, but they declined to participate, citing either work pressure or an inability to talk about unfamiliar subjects or subjects that may harm their business. Therefore, a total of 22 informants were finally interviewed.

2.3.4.2 Interviews with community members

In each province, the team also conducted six case studies, and organized another eight focus-group discussions (hereafter FGDs). Individuals were chosen with the collaboration of the local population cadre, based on their marital status, family size and sex composition of their children. Specifically, there was a group of men and a group of women from families with at least two sons; a group of men and a group of women from families with at least two girls; a group of single male and a group of single female youths; and a group of men and a group of women from families with mixed-sex offspring. In addition, we also interviewed two families with only sons, two families with only daughters and another two families with both sons and daughters. In total, 18 case studies were conducted and 24 FGDs carried out, involving 192 participants.

Themes discussed varied with the different stakeholders and participants, but mainly included the family-building process, population policies, contraceptive use, abortion history (including for sex-selective purposes), the value of sons and daughters, attitudes of son preference, strategies undertaken to have a child of the desired sex, justifications with respect to that desire, the perception of and attitudes towards sex-ratio imbalance and son preference, fertility expectation, and so on.

The recorded material were transcribed verbatim, analyzed and collated by the team in late July 2007. The report was written by the team leaders, in close consultation with other team members. As mentioned previously, opinions expressed in the report are those of the team only.

2.4 Limitations of the Inquiry

The key limitation of this inquiry lies in its relatively small scale. As mentioned, only three communes and/or districts in three provinces were selected for study. It is worth noting that the sample was selected on purpose, and therefore no claim is being made regarding the representativeness of those provinces studied, or the possibility of generalising this information across the wider population. However, as common opinions do tend to exist across different districts and provinces, the findings can provide insights into the actual situation regarding SRB in Viet Nam.

3 LITERATURE REVIEW

3.1 Scholarly Works on Asia's Sex-Ratio Imbalance

Issues surrounding SRB imbalances throughout Asia have attracted much scholarly and political concern. A number of recent research reports have suggested that various countries in the region are recording a notable deficit of daughters. As reviewed by Daniele Belanger and Khuat Thi Hai Oanh (2007), in 2000 about 95 million girls and women were reported "missing" throughout the world, with 38 million missing in India and 43 million in China. According to the authors, sex-selective abortion to eliminate female fetuses has been identified as the most important direct cause of missing females, particularly for China, India and South Korea. They also point out that there has been "a radical change" in discrimination against girls in these countries, as the discriminatory process shifts from female disadvantage in mortality in infancy and childhood to female disadvantage in "natality" (the ratio of live births in an area to the population of that area).

As suggested by some social scientists (Das Gupta, 1999; cf. Belanger and Khuat, 2007) the avoidance of allowing female births is but one of several possible consequences of the preference for sons, which is widespread in many Asian countries. In these societies, a variety of discourses have sprung up that prioritize sons' superiority to girls in terms of their social, economic and symbolic value (rhetoric that is rooted in the patrilineal kinship systems of these countries). This has the inevitable effect of making some families resort to abortion, and even infanticide, to ensure that they have a least one boy.

Researchers have also argued that Asia's rising proportion of sons has been associated with the introduction of government population and family-planning policies, which were aiming at reducing fertility rates. Research shows that, in being subjected to state "bio-power"³, couples are faced with a dilemma between a strong desire to have at least one son, and external demands to limit the family size (Belanger, 2002; Belanger *et al.*, 2007; Hesketh and Xing, 2006). Consequently, the limitation of female births helps the desired number of sons to remain within the reconfigured family-size norm.

Sex ratio at birth started to rise significantly with the introduction of ultrasound technology, which led to an opportunity for sex testing – though doing so was technically illegal – and was often followed by abortion for sex choice. South Korea was a good example of this phenomenon. It was the first country to report very high SRBs, because the widespread use of sex-selective technology there had preceded that in other Asian countries (Hesketh and Xing, 2006). In the case of China, as noted by Banister, "the combination of continuing son preference, low fertility and technology is causing the shortage of girls" (Banister 2004:13; cf. Bossen, 2007). It is also noted that the gender of the preceding child strongly influenced sex selection (Hesketh and Xing, 2006).

The existing literature has indicated that the loss of female births due to illegal pre-natal sex determination, sex-selective abortions and female infanticide will affect the observed sex ratios both at birth and at young ages. This will subsequently create an imbalance in a population's sex structure in the future, resulting in potentially serious social problems. Hesketh and Xing (2006) speculate that there will be an excess of males in large parts of Asia over the next 20 years, which suggests that large numbers of men will remain single, be unable to have families, and will have little outlet for sexual energy. This will be due to, among other things, these males' low socio-economic class and limited education. Such a situation holds the potential for increased levels of antisocial behaviour, ultimately presenting a threat to stability and social order. An additional problem can be seen in the increasing cases of women and girls being trafficked both for a burgeoning sex industry and for marriage. In addition, a concurrent rise in homosexual activity can be observed (Hesketh and Xing, 2006).

³ **Biopower** was a term originally coined by the French philosopher Michel Foucault to refer to the practice of modern states and their regulation of their subjects through "an explosion of numerous and diverse techniques for achieving the subjugations of bodies and the control of populations". It has been used to refer to practices of public health, regulation of heredity, and risk regulation, among many other things often linked less directly with literal physical health. (Wikipedia.org/wiki/biopower)

3.2 Research on Population and SRB in Viet Nam

In 1986, the government of Viet Nam launched the *Doi Moi*, a controlled transition towards a market economy. The ongoing reforms have produced a positive impact on the country's development: the gross national product per capita is increasing, and reached US\$375 in 2000; GNP growth was one of the strongest in the world by the mid-1990s, at around 9.5 percent in 1996; and inflation has steadily slowed down (Hong, 2003). Promulgated at the same period as *Doi Moi* was the government's new family-planning programme (referred to as the one-to-two child policy), which has resulted in later marriages and smaller family sizes. In addition to increased information, education and communication efforts, a wide range of family-planning services has been made available from the central to local levels. Furthermore, the first National Population and Development Strategy, for 1993-2000, set a target to reduce the population growth rate from 2.2 per cent to 1.7 per cent, with a focus on the one-to-two child policy. The total fertility rate (defined as the average number of children a woman has) declined from 3.8 in 1989 to 2.3 in 1999 (NCPFC, 2000; MOH, 2000). Findings from the 2006 survey show that fertility now stands at 2.09 children per woman, which is just below the level of replacement (GSO, 2006; UNFPA, 2007).

A major contributor to this achievement is the use of contraception, especially of modern methods, the prevalence rate of which increased from 41.27 per cent in 1993 to 67.1 percent in 2006 (GSO, 2006). Although abortion is not one of the official family-planning methods, it has been used by many people to limit family size or to space-out the births of children. Abortion has been legal and available on request in Viet Nam since the early 1960s, reflecting the Government's commitment to provide reproductive choice for women (WHO, 1999). According to Ministry of Health regulations, abortion, which is permitted for pregnancies of 4-12 weeks (and sometimes later), is only to be performed at state health centres by certified doctors, following pregnancy tests. In contrast, menstrual regulation, which is a simple procedure for pregnancy of less than four weeks, can be performed in all health institutions, including commune health centres, where there are assistant doctors who have been trained in this procedure (GSO, 1996; MOH, 2001, p. 38-60). Private clinics are prohibited from performing abortions (MOH, 2001, p. 109).

The available Ministry of Health service statistics indicate that abortions are sought in the public sector by more than one million women in Viet Nam each year, with many women undergoing repeated abortions. The data also indicate that the number of abortions has increased dramatically in subsequent years (WHO, 1999). According to the most recently available statistics (Vy *et al.*, 2007), this rate, while currently falling, remains at 34.7 per cent for every 100 live births. As per the Programme of Action of the 1994 International Conference on Population and Development, the Government of Viet Nam has a commitment to ensuring the quality of reproductive-health services, and considers both reducing the recourse to abortion among women and increasing the safety of abortion procedures to be national health priorities (WHO, 1999).

There is also growing concern that the SRB is becoming skewed in Viet Nam (UNFPA, 2007). The country's 1999 census was perceived as a touchstone in terms of the interest that it sparked on issues of unbalanced SRB among international and national scholars (Nguyen Van Phai, 2006). Subsequent research has indicated a growing sex imbalance without interference from policy, particularly in certain provinces (Belanger, 2003; Santow, 2006). Mere Kisekka (2006) presents an overview of Viet Nam's SRB based on presentations by Pham Ba Nhat, from the Viet Nam Commission for Population, Family and Children, and Nguyen Van Phai, from the General Statistics Office, at the Workshop on Sharing Experiences on Projection and Policy on SRB in Hanoi. The author points out that the country's SRB increased from 105 to 107 during 1989-1999, and to between 107 and 108 during 2002-2006. SRB was particularly high in 16 provinces/cities (from 115 to 128 in 1999) and in 20 other provinces/cities (from 111-120 in 1999-2006). The author further notes that, for the first birth, SRB in Viet Nam is even higher than that of China and South Korea (112 in Viet Nam, and between 105 and 107 in China and South Korea). From the second birth, there is also a clear increase in the sex ratio in Viet Nam if couples do not have a son in the first birth, a trend similar to what has been observed in China and South Korea.

One primary cause suggested for the increase in SRB in Viet Nam is the complex interweaving of Confucianism and patriarchy, which together produce a system that favours sons (Kisekka, 2006). Like in other Asian countries, son preference is pervasive in Viet Nam. Houghton and Houghton (1995) cite a popular Confucian saying: "If you have a son, you can say you have a descendant. But you cannot say so if you have even 10 daughters" – a sentiment the authors back up with an additional review of related research. The respondents in Ba's (1992) research insist that they feel compelled to have at

least one son, despite their understanding of the need for two-child families. Similarly, Loi (1991) reports that many of his respondents shared the perception that families should have at least one son, and therefore should continue bearing children until a son is born. Remarkably, many others reported wanting at least two sons, to ensure that at least one will survive to adulthood. Haughton and Haughton (1995) conclude that, although fertility has substantially decreased during the last few decades, reproductive behaviour still reflects families' strong desire to have a son. They also point out that there are two basic explanations underpinning this pervasive attitude: that sons are necessary, first, to support their parents in old age; and second, to carry on the family line. Belanger (2002) reports similar reasons for the continuing strong preference for sons.

3.3 Manuals and Common Beliefs

There is much information available in Viet Nam today on how parents can select the sex of their children. These documents range from translated versions of foreign manuals, to some guides written by local doctors (Le Ha, 2007), under such titles as *What Pregnant Women Should Know*, *99 Tips for Pregnancy and Delivery*, *Nutrition for Mother and Babies*, *Manual Book for Mother and Babies*, *Manual Book for Pregnancy and Delivery*, etc. Each of these includes a chapter on sex selection. In *Giving Birth to Children of Desired Sex*, Linh Son advises couples to wash using a weak alkali liquid before coitus, with the intention of facilitating "Y sperm" and weakening "X sperm" (cited by Le Ha, 2007). Le Ha also points out that newspapers have taken an active role in sex-selection consultancy. In *Women World's Magazine* (No. 34/02), Vu Huong Van advises that couples abstain from coitus many days before ovulation, and eat more salt, meat, fish, potatoes and so on for three months in advance in order to have a son (Le Ha, 2007).



At the same time, modern technology, such as ultrasound, is also being used to discover the sex of the foetus, and some couples choose to have an abortion if they find out that the baby is a girl. In Viet Nam, particularly in big cities, ultrasound and abortion services are now legal and convenient, although a Population Ordinance (officially passed in January 2003) and a Government-issued decree (passed in October 2006) prohibit the identification of a foetus's sex, as well as sex-selective abortions. Despite this legal framework, as indicated in Daniele and Khuat's research (2007), some couples in Viet Nam continue to resort to sex-selective abortion in order to attain a desired composition of children.

There is currently a lack of precise data on how Viet Nam's social and economic changes have impacted on SRB – if, indeed, they have made any difference at all. Much more research is needed, especially of a qualitative nature, if we are to properly address the various social, economic and cultural ramifications that these changes are likely to instigate in coming years. Only by acquiring more information will we be able to respond to the predicted upheavals in family structure, and, therefore, in the broader social structure.

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4 FINDINGS

This investigation identified certain problems, causes and factors underpinning pre-natal sex-selection, as well as the understandings of people in the study provinces on issues of sex-ratio imbalances.

4.1 Pre-Natal Sex-Selection Practices

4.1.1 Pre-conception methods

While respondents in this study more often than not deny practices of sex selection, they are willing to share their knowledge concerning how to give birth to a son. Male and female respondents have clearly adopted different strategies to meet the desire for sons, ranging from traditional to scientific methods. Generally speaking, women seem to be more active than men in seeking new strategies. In either case, women are reported to be more vulnerable to discrimination and disadvantage as part of gender stereotypes that tie women alone to reproductive functions and responsibilities.

One of the common strategies mentioned by both women and men is the consumption of certain foods in order to make the women's egg fertile and men's sperm stronger. Some of these foods appear to have gained their reputation due to their shape rather than any proven record of promoting the birth of more sons. As the following quotes illustrate, many parents are prepared to undergo significant ordeals in order to get what they want, even to the extent of combining myth and science in creative ways:

I don't know if it works, but my younger sister has had three daughters and now she has a son. The only method applied is to eat salted fish. She told me that she just ate salted fish and nothing else. Even when she could not swallow it, she talked herself into eating it.

FGD with women who have only daughters, Bac Ninh

A woman who had two girls followed by a boy said that she used to eat bean sprouts and the testicles of young, big chickens.

FGD with married women who have both daughters and sons, Binh Dinh

To make sperm strong, I often eat foods that have Vitamin E, such as bean sprouts, beans or pumpkin.

FGD with men who have both daughters and sons, Binh Dinh

Many expectant parents also combine traditional experiences with the advice of doctors.

If mothers want a boy, they can eat either salty or insipid foods. That is the science of Vietnamese traditional medicine. If they want a girl, people eat less salt. [...]

At the onset of the ovulation process, the husband and wife should have sexual relations following the advice of doctors.

FGD with women who have only sons, Bac Ninh

The findings of this study show that the awareness of people in rural areas regarding modern science has improved significantly in recent decades. This can be seen in the reported practice of seeking help from medical experts or buying guidebooks for the purpose of sex selection. Ironically, though, the study finds that modern science tends to perpetuate traditional ideologies: people are seeking and applying scientific information and methods in order to have children of the desired sex.

People who already have a girl often visit doctors in order to take medicine to have a boy. Nowadays, many people do this, or they measure their body's temperature when they have sexual relations, in order to have a boy. [...] [S]ome people read books [...] to have a boy.

Female, age 37, mother of three daughters, Bac Ninh

The study found respondents who thought that "good" sex, in which both partners are sexually pleased and excited, is a fundamental requirement for having sons.

In order to have sons, couples should know how to eat and have sex properly. One has to refrain from frequent sex.[...] When having coitus, there should be much excitement. The more excitement both members of the couple have, the higher the possibility they will have sons.

FGD with men who have both sons and daughter, Ha Tay

4.1.2 Post-conception methods

Modern technologies, particularly ultrasound and abortion, are also reported in order to select the sex

of children.

Honestly, my first child was a girl. I didn't use any methods for the second child, yet I would have to abort it [...] For the second child, I had to select, calculate.

Female, obstetrician, Bac Ninh

Normally, those women who are expecting a third child and already have two girls want first to know the sex of the foetus. Walking into the ultrasound room, they immediately ask, "Doctor, please scan and tell me if it is a boy or a girl. I have had already two girls," sometimes adding, "If it is a girl, I will abort it."

Female, ultrasound practitioner, Bac Ninh

A family had three girls, and they wanted to have one more child, but they didn't know whether it would be a boy or a girl. After three months of pregnancy, the wife came to have an ultrasound scanning. The doctor told her that it was a girl. After that, the husband said, given that the foetus was already three months, if it aborted it would be very pitiable for the child, and also wouldn't be good for the wife's health. So, he said that they would wait for a month more. If it was still a girl, they would give it a name and they would abort.

FGDs with women who have only sons, Bac Ninh

A female doctor in a central obstetrical hospital in Hanoi has confirmed that, among those women who request abortion at a late stage in their pregnancy, there are also clients who seek abortion for the purpose of sex selection.

Some people came here and [told] me honestly: "I already have two girls, and this child is also a girl, according to the ultrasound result." They deliberately waited until the foetus was big enough to make sure it was a girl. In many cases, the doctor sent them home, but they came back some weeks later and said, "I had a son and a daughter, so I have to abort this foetus because of financial problems."

Female, obstetrician, Central Hospital

The study found that some women do not apply any of the above-mentioned scientific interventions, but instead wait until they naturally have a son.

Some days ago, while I was on duty, there was a woman who had given birth to three daughters, but she was determined not to be sterilized. [...] She wanted to reserve her fertility to have another birth.

Female, national obstetric doctor, Hanoi

4.1.3 Post-birth arrangements

Adopting one's own babies is a favoured strategy to negotiate with the small-family norm.

There are many people who go through illicit birth-giving, then adopt their baby again.

Male, political official, Bac Ninh

Some women allow their husband to have out-of-wedlock sons or to marry a second wife.

They may go to find a woman who can have a son, and he would tell her that his first wife had only girls. He would only have to talk to his family, and they would allow him to go. If the baby is a girl, he will be responsible, and if the baby is a boy, he will have more responsibility.

FGDs with women who have only sons, Bac Ninh

Some women think that their responsibility is to have a son for their husbands. If they can't have a son, they are disregarded. If they don't want to have a lot of children, they may find solutions to liberate their husbands - to have a son with another woman.

FGD with unmarried women, Bac Ninh

One case study, of a Mrs. Tham, is a good illustration of the various strategies that women adopt to select the desired sex of their child (see Box 1).

Box 1

Mrs. Tham is 41 years old, and her husband is 43. They got married in 1984, and gave birth to three daughters, in 1989, 1992 and 1996. When their economic situation improved, they decided to have another child. In order to have a son, they used various strategies, including eating regimes and ultrasound to determine ovulation dates.

Both of us shared the same viewpoint that [...] we have already had three daughters, and if we had another girl, we would die. But if we aborted it, it would be pitiable for it and difficult for us. We both, therefore, had to calculate carefully. First, we had to watch our diet, second we counted the menstrual cycle and undertook ultrasound to define the ovulation dates. We were determined to follow [...] and finally we got there.

The main food was salted fish [...] Besides, I ate potatoes. For vegetables, I had red amaranth, that's it [...] My husband had to abstain from beer and alcoholic drinks [...] drink less, and it is said that one should eat more dog meat.

In 2003, on learning that she was pregnant, Mrs. Tham went to Thai Binh province, to test her amniotic fluid. She had to pay VND 400,000, and spent an additional VND 200,000 in travel expenses. She knew it was a son, but the foetus died in the womb due to complications:

I heard it from some people. In my village, some couples had gone there, so I went to Thai Binh for amniotic testing. Such a centre is forbidden by the state; they do not allow it to operate, which means that I had to secretly get there. She [the practitioner] told me not to tell anyone, just to secretly go there.

In 2005, at the age of 38, Mrs. Tham became pregnant for the fifth time. She didn't test the amniotic fluid this time but she did undergo frequent ultrasound testing:

I thought that this time I would not undergo amniotic testing, but I was so worried. I therefore went for ultrasound many times.

When the foetus was two months and 20 days old, the ultrasound result showed that it was a boy. However, to be on the safe side, she went to several other places for ultrasound, both in Bac Ninh and Hanoi. She gave birth to a son at the end of the year:

I gave birth to that boy when I was 38 years old. To tell you the truth, we farmers cannot get rid of this practice, it is so profound. The year I had the third child was in 1996. At that time, I didn't dare to think that I would have more children, because of our tough financial situation. When it stabilized, though, we dared to reconsider. This may illustrate how backward the rural areas are, unlike the urban ones. We have tried a lot to have a son and fortunately we had one in the end.

Nguyen Thi Tham, 41, Bac Ninh

It is sufficient to say that pre-natal sex selection is pervasive in the provinces studied. The question as to why this happens will be discussed in the following sections.

4.2 Factors Influencing Pre-Natal Sex Selection

4.2.1 Son preference

4.2.1.1 Social and psychological pressures

In the provinces under study, the desire for sons is articulated by respondents regardless of age, marital status, residence or occupation, although it appears stronger in the rural areas. Although many respondents who have more than one son understand the financial and social burdens that sons may bring to them, and consider sons to be, in the words of one, "heavy hammer[s] hanging on the door", there is a consensus that having a son (or multiple sons) is a "common attitude".

Basically, it is a common psychology, whether they are just married or have already had children, they all want sons.

Male, 48, political official, Bac Ninh

I think from the previous generations to the present one, almost all people feel the same about [son preference]. We often say that there is no [ideology of] "respecting men, belittling women" now, but even people living in the city all still prefer sons. Among others, it cannot be put aside or eliminated from their thoughts. They do not speak out, but it is still there in their thinking. They, myself included, still respect men and disregard women.

FGD with unmarried men, Ha Tay

One of the most important achievements of Viet Nam's population policy and family-planning programme has been an acceptance of the small family as a norm. However, because son preference is still strong, this norm is only accepted with a condition: that families will have at least one son. Therefore, such traditional sayings as "Neither a fertile rice field nor a cow buffalo is as valuable as a first daughter" are no longer appreciated. Conforming to the norm while also wanting security, many families hope that their first child is a son.

In fact, the tradition says that it is essential for a family to have sons, while there are many families who have only two daughters. Therefore, they strive to have sons, and it is common psychology that all couples prefer to have a first son.

Male, 48, political official, Bac Ninh

Generally, due to political factors, people are now more pleased with a first son than a first daughter. Having a first daughter is similar to having no score yet at the 89th minute of a football match.

FGD with men who have only sons, Bac Ninh

Some respondents share the desire to have at least two sons in order to be "secure", since boys are believed to be more vulnerable than girls to social evils or accidents.

Suppose our family has not had or has only a single boy - we surely want another. That way, in case something happens to one boy, there is still another to be secured.

FGD with men who have only sons, Ha Tay

Why is son preference still persistent, regardless of the enormous changes in women's status and relationships between genders during the last five decades? The findings of this study show that having sons not only guarantees old-age security and the continuity of family lineage. The ability to produce a son or sons also confirms one's masculinity, indicating that he is a "real man".

Suppose a couple had three girls and no son; the husband would have pressure. People would ask him to his face what kind of man he is, if he is unable to produce a son. The husband would be sneered at [...] and therefore would try harder for a son. People often tease men for that failure [...] This is always a sensitive matter for men.

FDG with unmarried women, Binh Dinh

The ability to give birth to a son also helps a woman to improve her status within her family. According to some men, a good wife is one who can give births to sons.

In my village, there is one man who has five daughters. He blamed his wife for not knowing how to give birth. His family is rich, so he has enough means to marry a second wife. According to him, the second wife need neither be uglier nor more beautiful than the first wife, so long as she can give birth to a son.

FGD with women who have only sons, Bac Ninh

Women themselves often believe that their primary tasks are related to reproduction, a perception that, in some cases, causes significant psychological pressure. A wife could be afraid that failure to give birth to at least one son would render both her and her husband lower in status, within both the family and the community - and believe that it is their fault if they do not give birth to at least one son.

My younger sister had a first daughter and a second daughter. She told me she has been sad at heart for many years, that only when she gives birth to a son will she feel better.

FGDs with women who have only sons, Bac Ninh

Women prefer sons because they will be secure in every aspect. First, if husbands go playing around, he will surely come back [if he has a son]. Second, we don't have to worry about bearing children.

Having two daughters means that you still have to continue giving birth, while having two sons means security.

FGDs with women who have only sons, Bac Ninh

Pressures upon women originate from within their families, as well as their own desire to conform to internalized "ideals" of femininity and motherhood within the constraints of population policies. These pressures mount considerably upon women who are wives of first or only sons.

When I had already had three daughters, my husband's family was not pleased, and I myself wanted to have a son. I decided to have a fourth child. This time, I thought, a son or a girl will be good, but if it is a son I will undergo sterilization. If not, I will continue, because I do want a son.

Female, 47, mother of three daughters and a son, Binh Dinh

Those who cannot give birth to sons have more of an inferiority complex. [...] They often blame themselves for being unable to have a son, and worry that their husbands might have extramarital relations. Their prolonged fear of not being equal to their other sisters and brothers makes them feel even more inferior.

FGD with women who only have sons, Bac Ninh

Such sentiments are also reflected in the FGD with unmarried girls in Ha Tay province. While their views on having sons seem to be more modern and open, in the end they too remain hesitant, because much still depends on the marital family's decision.

In my opinion, I think sons and daughters are the same, because they are all my children anyway. If we educate them well, they will show gratitude to their parents. From the bottom of my heart, I think it's ok for me if I can only give birth to two daughters. However, if I am in my husband's family, my parents-in-law – especially because my husband is the first son of the family, he will have the responsibility to have a son, to maintain the family lineage – if they all ask me to continue bearing children [...] I will still have to please them, even if I don't want.

Unmarried girls, Ha Tay

4.2.1.2 Given justifications

What justification do people use while articulating these attitudes? Many explanations illustrate that Confucian ideas – about the virtues of male domination, ancestor worship and filial piety – still strongly influence perception and behaviour in these areas. According to these tenets, boys are favoured over girls mainly due to their future responsibilities: for performing the rites of ancestor worship, continuing the family and lineage line, and providing their parents with support in old age. In contrast, female children are often considered "outsiders" in both their natal and marital families.

One hundred percent of people follow the traditional patriarchal thinking. [...] Death begins a new cycle of life, so the death anniversary is important. Oriental people, including the Viet people, care significantly about family lineage and ancestor worship. For instance, there is a need to prepare a funeral feast immediately after someone's death. Therefore, there should be a son in the family – if not, there will be nobody to look after this activity. Girls are responsible for the husbands' matters.

Male, political official, Bac Ninh

Sons are also considered as the prime source of support and care for aging parents, because daughters will marry and move into their husband's families. Due to these living arrangements, women are considered "unable" to look after their parents.

It is the same in my village: some adult women married to families in neighbouring villages cannot go visit and look after their mothers when they are ill. Their husbands' families do not allow it, and even beat them. That is why people feel bad when they only have daughters. If the son-in-law was willing to stay with the wife's family after marriage to look after them, people would not be bothered whether they have daughters or sons.

FGD with men who have only sons, Bac Ninh

The way I see it, maintaining the family lineage is one reason [for having sons], but the more important reason is parents' worry about their old age. When people get older, they can only seek support from their sons. [...] If my dad was ill today, and my husband's family had some unexpected matters that

needed to be solved, I would not be able to come back home right away. At the same time, sons get married and have children in the same house as their parents, and will thus be able to look after them.

FGD with women who have only daughters, Ha Tay

Sons are perceived as the pillar of the family. Without at least one son, a family will not feel "complete", as there is no financial insurance for unforeseen future developments.

When my grandfather died in the north, nobody there knew what to do because we did not have any uncles. My aunts [...] called my mom afterwards and advised her to have a son. The first reason [to do so, they said] is that a family without a son is not good; and the second is that our family does not have as much money as others.

FDG with unmarried women, Binh Dinh

Some participants shared the viewpoint that having boys is one of greatest blessings bestowed upon a family, that it was an indicator of their parents' or ancestors' good deeds. In other words, boys are the happiness and the prosperity of the family carried forward into the next generation.

One friend of mine has three brothers. All of them have two or more children, and all of them are daughters. His grandparents and parents often complain that they don't understand how their grandparents had lived, in order that they now have no sons to maintain the continuity of the family line.

FGD with men how only have sons, Ha Tay

Son preference is very pervasive in the provinces studied. From the male perspective, having sons is associated with notions of masculinity, happiness and being blessed. In the same sense, a women's status in her marital family depends on her "ability" to produce a son. This attitude has significantly affected the reproductive behaviour of people in the selected provinces. The common trend here is that almost all people want to have a son as their first child – or two sons, to be safe about the family's future.

4.2.2 Implications of population policy and family-planning programme

4.2.2.1 Official policy

Viet Nam's policy of small families and intensive family planning during the 1980s and 1990s has successfully made the small family into a widely accepted norm. This can be seen in the provinces studied, where acceptance of this norm has strongly influences people's behaviour, especially in terms of reproduction. But in fact, implementation of population policy remains strictly controlled by the government.

We are very strict regarding [population policy] because, first of all, we want to achieve the planned targets, and that is a revolutionary movement. [...] We strictly manage it and integrate it into the cultural life movement in residential areas. We have created a situation wherein certain families are given the title "Cultural family", and neighbourhoods are given the title "Cultural neighbourhood", in order to create competition among them. If a public servant's family has many children, the neighbourhood will lose its achievement, and his neighbours will criticize him [...] It also relates to disciplinary measures relating to admittance to the Communist Party and salary raises.

Male, political official, Bac Ninh

While accepting the small family as a norm, however, people nonetheless continue to prefer sons. This adherence to son preference has subsequently pushed people into finding ways to satisfy their preference without violating the government's policies.

When they have two or three girls already and are now bearing another, parents will definitely go someplace to determine the foetus's sex – say, by ultrasound or pulse feeling. If the foetus is a boy, they will definitely keep it. Even if they are [Communist] Party members, they will do the same regardless of our propaganda or sanction.

Male, 35, population cadre, Bac Ninh

4.2.2.2 Reactions to official policy

People try to negotiate the two-child family norm by covertly using scientific methods to select the foetus's sex. Ultrasound is perceived as a good choice not only by farmers, but also by the state's

cadres.

Those who work in the state's organizations are afraid of being fined for having the third child, aren't they? They therefore have to undertake frequent ultrasound tests until the foetus is determined to be a boy, then they will decide to have it – or to abort a female foetus.

FGD with men who have only daughters, Bac Ninh

In the context of a strong preference for sons, the compulsory acceptance of Viet Nam's small-family policy can lead many to adopt certain strategies to ensure a desired sex composition for the family. Therefore, education and advocacy is needed to instil widespread voluntary acceptance of small families, rather than central planning based on targets and quotas. The gaps in implementation of population policy and family-planning programmes, however, hinder such a process of voluntary acceptance. Indeed, in some locations, poor implementation of those policies reinforces gender inequalities.

Women are widely considered responsible for initiating family-planning measures, including under pressure from state policies regarding small families.

Contraceptive methods are mainly used by women, not by men. Men, if at all, only use condoms, while many women use IUDs and sterilization. [...] Female sterilization increases every year [...] because women are easier to mobilize, especially those women who have already had three children.

Female, women's-union cadre, Binh Dinh

Many point out that the state's family planning initially targeted women only, while urging that men too should be provided with information relating to family planning and reproductive health.

Family planning cannot be merely implemented by women, while we are considered as outsiders. I myself think that we men are lacking in such kind of information [and] are put at a disadvantage. [Family planning] will only be successful if both men and women are included.

FGD with men who have both sons and daughters, Ha Tay

Meanwhile, the government's small-family policy and its penalties do not have much impact upon those working in the informal sectors.

People say that it will cost them some 100,000 dong. They are working in the field, but not in the office. They are not party members, so nothing matters. They don't have to worry. It is worth it to lose some 100,000 dong for a boy.

Mother of three daughters and one son, Bac Ninh

The ambiguity in the state's population policies has also created some gaps, which have made it more difficult to consistently enforce their provisions.

The Ordinance of Population went into effect in 2003. Actually, there are gaps for some cadres – not only in our commune, but also in the whole district – who have given birth to their third child [...] They should have given a good example for the public, but their actions have negative impacts.

Female, 36, population cadre, Ha Tay

The Government has issued a law to prevent sex-selective ultrasound [...] however, in reality it still exists. I think that's the reason why abortion should be banned.

FGD with unmarried men, Ha Tay

Now we have to raise our children ourselves, so the more children we have the more difficulties we face. The state only encourages and makes policies for its people to observe. Whether a policy is actually enforced is thanks to the people. The state cannot prohibit people from bearing children, because it is the people themselves who decide.

FDG with men who have only daughters, Ha Tay

At this point, the small-family policy has been widely accepted, even if there is a lack of enforcement. More importantly, however, this small-family norm has transformed a certain set of issues into real dilemmas for couples. In order to achieve the desired sex composition for their children, and concurrently exert control over the size of their family, they will subsequently be forced to apply certain strategies with respect to sex selection.

4.2.3 Utilizing ultrasound as a basis for covert abortion services

4.2.3.1 Reasons given for using ultrasound

There are currently a number of debates relating to ultrasound practice and abortion. The official discourse is very ambiguous, in that ultrasound practice and abortion are both legal as long as they are not specifically used for the purpose of sex-selection. Nonetheless, there is little doubt that ultrasound is being used to aid covert sex selection. Fully aware of the state's policies relating to ultrasound practice and abortion, individuals are naturally very sensitive to related questions, as reflected in the contradictory perceptions and attitudes elicited from respondents by this study towards abortion. In some cases, people reject abortion for any purpose, including sex selection, due to moral and religious concerns. At the same time, many citizens take advantage of an ambiguity in the policy itself. Specifically, though nearly all are aware that using an ultrasound for sex selection "is illicit [*chui*] now" (according to FGDs with women who have only sons, in Bac Ninh), such use remains quite widespread.

In case people have two girls but don't want to have another one, they will undergo ultrasound scanning more often than those who give birth for the first time.

Woman, 24, local-population cadre, Bac Ninh

In my commune, the Board of Population, Family and Children, in cooperation with collaborators in the local area and women's union, will go to persuade other women who have just become pregnant with the third child to change their point of view. Some of them are difficult to persuade, especially the women who had two or three girls. They say that if the foetus was a son, they would give birth, but if it was a girl, they would abort.

Woman, 24, local-population cadre, Bac Ninh

Sex-selective abortion is not only a matter of policy enforcement, however. Women themselves rationalize such procedures as acceptable elements of family planning.

People have a lot of reasons for having an abortion, and if they want one, I think even the state's health centres have to fulfil their requirement. Women often say that they don't want this pregnancy, that it is unplanned. [...] They warn that if we don't help them to abort, the child will make them violate the policy.

Female, local women's union, Bac Ninh

In the same way, women undoubtedly exploit the logic of foetus deformity, which can be legally identified through ultrasound practice, to undertake a "sex-selective-motivated" abortion.

My sister-in-law told us that ultrasound result showed that her foetus did not have a skull and other parts. The foetus was five months old then, and she wanted to abort it. [...] Actually, she wanted a daughter, so she made it up.

FGDs with women who have only sons, Bac Ninh

While sex-selective ultrasounds are forbidden, having an ultrasound to define the best date of ovulation to conceive a son is legal and popular.

I undergo ultrasound from the 12th day of the menstrual cycle. From that day to the 19th, about a week, I go for ultrasound everyday. Ultrasound results will tell you that the 19th day is the "upheaval", which is the ovulating day, the day we should have sex for sure.

Female, mother of three daughters and a son, Bac Ninh

Many people correctly assume that utilising scientific knowledge has positive benefits with regard to the protection of women's health - in this instance, because women will not have to undergo repeated pregnancies until they give birth to wanted children.

I myself heard two women talking. One asked the other how many children she had. She responded she had three girls already and this was the fourth, and it would be a girl. The first woman asked why she did not "apply science", and added [...] why she had to give birth only to girls, to be that miserable.

FGD with women who only have girls, Bac Ninh

4.2.3.2 The rise of the private sector

The intervention of private clinics offering ultrasound services has been met with a good deal of

questioning, as well as a degree of criticism, from a number of doctors.

In fact, there is some sex-ratio imbalance skewed towards boys [...] because people take advantages of modern medical technologies to intervene, to give births to sons. [...] There are no problems in the public sectors. But in the private clinics, how can they be controlled?

Female, 47, doctor, Hanoi

Not only is there a consensus among respondents that private practitioners will reveal the sex of a foetus, but also that many of the so-called private clinics are actually run by doctors or practitioners from government hospitals.

When they open up a private clinic, they will have to please their clients, otherwise they will not have any. They don't write it down on paper, but they will orally tell the pregnant women or their family about [the foetus's sex]. [...] Many from the state's medical stations are working in the private clinics.

Male, 35, population cadre, Bac Ninh

According to some public doctors, they experience difficulties in adhering to the instructions of the Ministry of Health concerning illegal ultrasound and abortion. While claiming not to want to carry out such procedures, especially in the second trimester, professional ethics sometimes tell them to do the opposite, in order to protect their patients from endangering their lives with unsafe practices done outside.

The Ministry of Health does not allow sex-selective abortion, and if our hospital discovers that an abortion case is for the purpose of sex selection, we will be requested not to do it. However, it is hard for us because if we do not do it, [pregnant women] will go to other places that do not meet professional standards.

Female, 47, doctor, Hanoi

Many couples are fully aware of the potentially unsafe conditions that exist at unaccredited clinics. As such, couples will often go to these places for information on a foetus's sex, but will choose to go to a state hospital to actually conduct the abortion – as long as they can disguise their decision under the cover of family planning. However, other couples go to private clinics for the abortion as well, due to the less-complicated administrative procedures, and because their rights as clients are more respected and their privacy can be ensured.

Undertaking abortion outside is more convenient. In the hospital, one has to follow many procedures, including holding a consultation, and once you are in the hospital, it will take at least a week. In contrast, outside the hospital, people just come and leave immediately. Many people have chosen these places because they don't want other people to know.

Q. But what if they come to ask for an abortion here?

A. If they don't say that they want to abort a girl foetus, but just that they have two children or enough children, then we will do it.

Female, obstetrician, Bac Ninh

I think, in the private clinics, services are very convenient and fast. It is not like in the hospital, where you have to process many kinds of documents, and doctors there often shout at you or display unpleasant attitudes. In contrast, here [at the private clinics], they are very pleasant, and all services are ready, as long as you have money.

FGD with unmarried women, Bac Ninh

In summary, this study found emerging evidence that ultrasound technology is not being used solely for purely medical purposes, but also in the course of decisions regarding family planning and abortion. Ultrasound should thus be considered a key tool for justifying carrying out covert sex-selection.

4.3 Perceptions and Understandings of Imbalanced Sex Ratio

Local leaders and health providers in each of the three selected provinces are aware of the consequences relating to sex-ratio imbalances. In interviews for this study, all exhibited good knowledge of government policies and legal documents regarding population and sex selection. They also cited lessons learnt from some Asian countries, such as China, concerning the shortage of

available marriage partners, women's trafficking, sexual abuse and other issues. In explaining sex-ratio imbalance, all of them identified son preference as the prime influencing factor. In this regard, in order to address sex-ratio imbalances from a macro perspective, some argued that there should be specific policies or incentives to enhance the participation of women, and to increase their representative voices.

If there are more boys than girls, there will be some issues relating to families as you can see in contemporary China [...] If we have more men than women, we will be faced with issues relating to marriage and family [...] and social security. For example, today a lot of our women have been trafficked to China. Also, two or three brothers in a family might then marry the same woman.

Female, women's-union cadre, Binh Dinh

I think there should be cross-sectional cooperation. The health section alone cannot do anything. In the case of China, for instance, they are now witnessing the negative consequences of a rigid population policy. Therefore, in order to restore the balance, there should be more macro visions. For example, there should be some priorities for women with two girls, and some recruitment and promotion policies favouring women.

Male, ultrasound practitioner, Bac Ninh

At the individual level, however, while there is general awareness, most people are unconcerned with the long-term consequences of sex-ratio imbalances.

Sex-ratio imbalance will have an impact upon marriage and family. As such, more men will be left on the shelf.

FGD with men who have both daughters and sons, Binh Dinh

In this period, there may be more boys, but there will come another period when people have alternative perceptions regarding the values of sons and daughters. At that time, girls may be more numerous than boys. In my opinion, there is nothing to worry about.

FGD with men who have both daughters and sons, Binh Dinh

The imbalance, whether locally or nationwide, is not so serious. People in this locality will be able to get married to those living in Hanoi and vice-versa. There will not be difficulties at all, even if now I have learnt from the radio and newspapers that there have been more boys than girls for some years.

Male, father of three sons, Binh Dinh

In short, there does exist a certain public awareness regarding sex-ratio imbalance, mostly thanks to the media. However, people in the studied areas seem to exclude themselves from the consequences that sex-ratio imbalances might bring about. They also infer that rural-urban migration might be a necessary consequence of sex-ratio imbalances, as part of the search for a marriage partner. This would only serve to introduce yet another "pull factor", drawing young people to the cities. In explaining the situation in this way, those interviewed are denying their own responsibility in the current sex-ratio imbalances.

5 DISCUSSION AND TENTATIVE RECOMMENDATIONS

5.1 Similar Strategies, Varied Perceptions

Viet Nam's 1999 census indicated that there is a sex-ratio imbalance in some provinces, reflecting a signal intention on the part of parents towards sex selection and medical intervention to produce a son (NCAW, 2007). In 2003, in order to address the possibility of unbalanced sex ratios at birth in Viet Nam, Daniele Belanger and colleagues conducted a study that looked at data from the 1989 and 1999 censuses, the 1997 Living Standard Survey, together with hospital data gathered from Hanoi and Ho Chi Minh City. In the end, they concluded that Viet Nam's SRBs were not particularly increasing.

This trend was similarly documented in the GSO's 2006 Population Change Survey. This survey not only sought additional information on sex of children, but also on fertility and, specifically, on the most recent birth. According to Santow (2006), current data suggest that there is no cause for

alarm in the country's SRBs. She cited one official as an example, who said that the provinces with high SRBs are balanced by provinces with low SRBs. At the same time, however, Santow concludes that the low reliability of data could be one reason behind the difference in SRB between provinces.

The many stories and experiences included in this qualitative study confirm that pre-natal sex-selection practice does exist in the provinces in which the study took place. The main factor causing this practice is the pervasive son preference in those areas, with both men and, especially, women in these localities exhibiting a strong desire for sons. The people in these provinces are fully aware of the small-family policy, with strong information, education and communication activities regarding the two-child policy being run in all three provinces. There was some misinformation, however, with some respondents indicating, for instance, that those who violated the small-family policy would be fined, though in fact this affects only party members and government employees. Others, especially those working outside of the government sector, seemed to exclude themselves from those policy regulations. Additionally, some are willing to pay despite the pressure from other people in the community, who were striving together to achieve the normative standards required to qualify for the title of a "cultural" community. Therefore, they either keep bearing children until they have at least one son, or try other strategies to reach their goal.

Although the sex-selection strategies used show a high degree of commonality across the communities studied, there were differences in the way this topic was thought of and discussed. This can most clearly be seen in the data from Bac Ninh, which demonstrated an urbanized sensibility in the way people talked about family planning and sex selection in general terms. People in this area are much more sophisticated about what is going on in the city, and understand how to find a middle ground between adhering to the state's policy and achieving a family's own goals insofar as sex characteristics. Simultaneously, data from Ha Tay and Binh Dinh seem to tell a different story, with rural values still predominant, even in areas with mixed economy.

While all three provinces exhibit a strong interest in the foetus's sex, and while most parents subsequently undertake ultrasound scanning, parents in Bac Ninh seemed to be more open regarding their abortion practices with respect to sex selection. Parents in Binh Dinh, meanwhile, consider it unethical, even immoral. The findings show that couples who had to unwillingly go through an abortion to eliminate a foetus, invariably female, often gave a name to that foetus, as well as a death date. Parents often considered this a "sacrifice" for the continuity and prosperity of the family, and so felt that their unborn child should be worshipped. There is obviously a complex set of factors involved here that require further investigation.

5.2 The New "Common Sense"

An additional point that should be made clear is that the sex make-up of preceding children is also influential in parental sex-selection attitudes and behaviours. Almost all respondents reported wanting to have a first son, in lieu of a first daughter, despite the fact that the latter was traditionally considered to be better than a strong buffalo or a deep paddy – essential elements of an agricultural community. Viet Nam's patrilineal system has turned sex selection into what Bourdieu calls *doxa* – common sense and the natural way that things are done. This is something particularly applicable to those women who take it upon themselves to pursue certain strategies, particularly by attempting to bear sons in order to help her and her husband as they age. In this way, modern policies have unintentionally produced a traditional outcome.

Many respondents reported that they themselves practiced, or knew other people who used, ultrasound scanning for the purpose of sex selection. Use of ultrasound is popular in urban areas, and according to respondents, many undertook ultrasound scanning primarily to check the development of the foetus, and only secondarily to know the sex. Apart from the information regarding foetal growth, ultrasound practitioners working in the state's general hospitals do not reveal the sex of the foetus, and advice relating to abortion is given to couples only if foetal malformation is found. Although such information is reported to be made available more often by private practitioners for business purposes, there has been no clear evidence of this so far.

5.3 Tentative Recommendations

5.3.1 Take it seriously

Sex ratio at birth is not a significant problem in Viet Nam at this time, but it could become so within the next decade. Indeed, the current trend is towards pre-natal sex selection becoming increasingly prevalent. Presently, Viet Nam is almost exactly in the same position as China was 10 years ago. In this regard, it is necessary to reiterate what Dr. Ian Howie, UNFPA representative to Viet Nam (UNFPA, 2006) notes:

Vietnam's population dynamics have changed rapidly over the past decade, accompanying swift developments in the country's social and economic structures. There is some evidence that the national sex ratio at birth is currently tilted toward a higher-than-expected number of boys. It is imperative Viet Nam pays close attention to this phenomenon, to ensure it continues on a positive development path and avoids the numerous problems that arise from a skewed gender balance.

This advice should particularly be emphasised to critics who suggest that the trend outlined here poses no great difficulty due to the fact that it is essentially a "rural phenomenon", and that any uneven sex ratio will be offset by the levels in urban areas. Indeed, such an argument has been made in many places and on many previous occasions. Too often, the result of such a lack of forward thinking has been an influx of social and economic problems into the city, with the accompanying exodus from rural areas already lacking a viable mix of sexes.

5.3.2 Spread positive messages

Nonetheless, in official pursuit of the aim to implement a population-reduction policy, it is desirable to carry out a more comprehensive set of behaviour-change communication (BCC) activities. This would ideally involve, among other things, the mass media targeting different groups with respect to achievements of rational policy solutions. For instance, more emphasis needs to be placed on the cultural aspects of population management with specific regard to enhancing society's awareness of improvements that have been made in women's status and gender equality, as well as the need for a social-security scheme for the elderly. No less important, it is advisable to involve leaders in disseminating gender-equality messages. In so doing, the biased Confucian thinking of "respecting men and belittling women" will, hopefully, be supplanted by a substantive or corrective model of equality, which on the one hand respects equality between women and men, and on the other hand takes cognizance of the biological and social differences between them (IWRAW Asia Pacific, 2006).

5.3.3 Emphasize equal access

Most importantly, women and girls should be provided with more access to education, employment, care programmes, financial services and political systems, in order to assist them to overcome socio-historical or gender barriers. A trial practice of incentives provided should be carried out for couples who follow Viet Nam's population policy and observe gender equality. Social policies and security schemes for older people, with a special focus on those having only daughters, should be developed and implemented. These should be conducted in accordance with current social, economic and cultural conditions.

5.3.4 Do more research

There is little doubt that further inquiries would unearth an even richer picture of the sex ratio at birth in Viet Nam. A much longer period of intensive fieldwork, possibly more ethnographic in nature and including the extensive use of participatory observation, could yield the kind of fine-grained detail required to gain a better understanding of the complex gender dynamics underpinning these evolving social processes. Moreover, this kind of ethnographically focused study might be able to incorporate more case-study perspectives, particularly from providers such as those in the private sector, along with those who have personally undertaken ultrasound and abortion for sex-selective purposes.

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7 APPENDIX

Table 1: Sex ratio at birth (SRB) in Viet Nam

Years	Sex ratio at birth
1989	105
1999	107
2005	106
2006	110

Sources: *Population Change Survey 2005, 2006*
Viet Nam Census 1989, 1999

Table 2: Sex ratio at birth (SRB) in some provinces in Viet Nam

Region	Regional SRB	Province/city	Provincial SRB	No. of births
Red River Delta	112	Bac Ninh	123	13,566
		Hai Duong	121	18,996
Central Highland	109	Đac Lac	118	17,560
Northeast	112	Bac Giang	115	14,445
		Phu Tho	114	11,749
Red River Delta	112	Hung Yen	115	15,195
		Ha Tay	112	14,732
South Central Coast	106	Binh Dinh	107	11,073

Source: *Population Change Survey 2006 (Health Facility Survey)*

Table 3: Study sample

Study sample	Provinces			National level	Total
	Bac Ninh	Ha Tay	Binh Dinh		
<i>Key informant interviews</i>	7	6	6	3	22
Local leaders	2	1	1		4
Population cadres	2	2	2		6
Women's-union cadre	1	1	1	1	4
Health providers	2	2	2	2	8
<i>Focus-group discussions</i>	8	8	8		24
Married women having only girls	1	1	1		3
Married women having only sons	1	1	1		3
Married men having only sons	1	1	1		3
Married men having only girls	1	1	1		3
Married women having both sons and daughters	1	1	1		3
Married men having both sons and daughters	1	1	1		3
Unmarried female youth	1	1	1		3
Unmarried male youth	1	1	1		3
<i>In-depth qualitative case studies</i>	6	6	6		18
Families of all sons	2	2	2		6
Families of all daughters	2	2	2		6
Families of both sexes	2	2	2		6
TOTAL	21	20	20	3	64