

CURRENT STATUS AND DETERMINANTS OF FERTILITY IN VIET NAM

Fertility is a significant factor affecting population size and structure. It both influences and reflects the country's socio-economic development. For this reason, fertility-related indicators always attract the attention of policy makers, managers and researchers. This summary provides the main findings of fertility in Viet Nam and proposes recommendations related to the level of fertility based on the data collected from the Population and Housing Census conducted in the years 1989, 1999, 2009 and 2019.

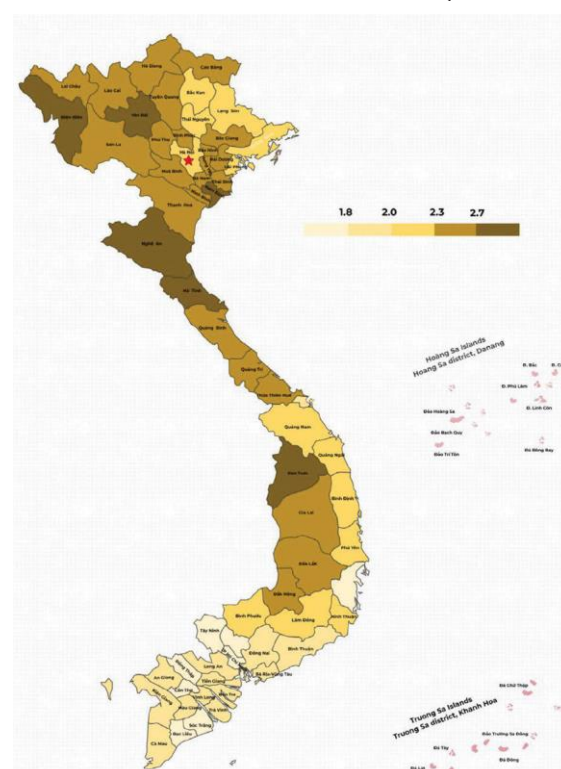
MAIN FINDINGS

1. Trends and Patterns

- In the past 30 years, Viet Nam's Total Fertility Rates (TFRs calculated as the number of children per woman) have nearly halved (from 3.80 children per woman in 1989 to 2.09 children per woman in 2019), contributing to a significant drop in the overall population growth rate. Although Viet Nam has achieved and overall, maintained stable fertility at replacement level, there still exist differences among regions, localities and population groups.
- Despite the decline recorded since 1989, the TFR has slightly increased in the past 10 years (from 2.03 children per woman to 2.09 children per woman), both in rural and urban areas.
- In the past decade, the highest fertility level is found among women aged 25-29 in urban areas, and those aged 20-24 in rural areas.

Figure 1: MAP OF TOTAL FERTILITY RATE, 2019

Unit: Children per woman



2. Fertility differentials per region

- In 2019, fertility was lowest in the South East and the Mekong River Delta regions, lower than the replacement-level (i.e. 1.56 children per woman and 1.8 children per woman, respectively against the replacement level of 2.1). In contrast, the Northern Midlands and Mountainous Areas and the Central Highlands showed the highest TFR (2.43 children per woman).

Figure 2: Increase/Decrease of total fertility rate in 2019 against 2009

Unit: Children per woman

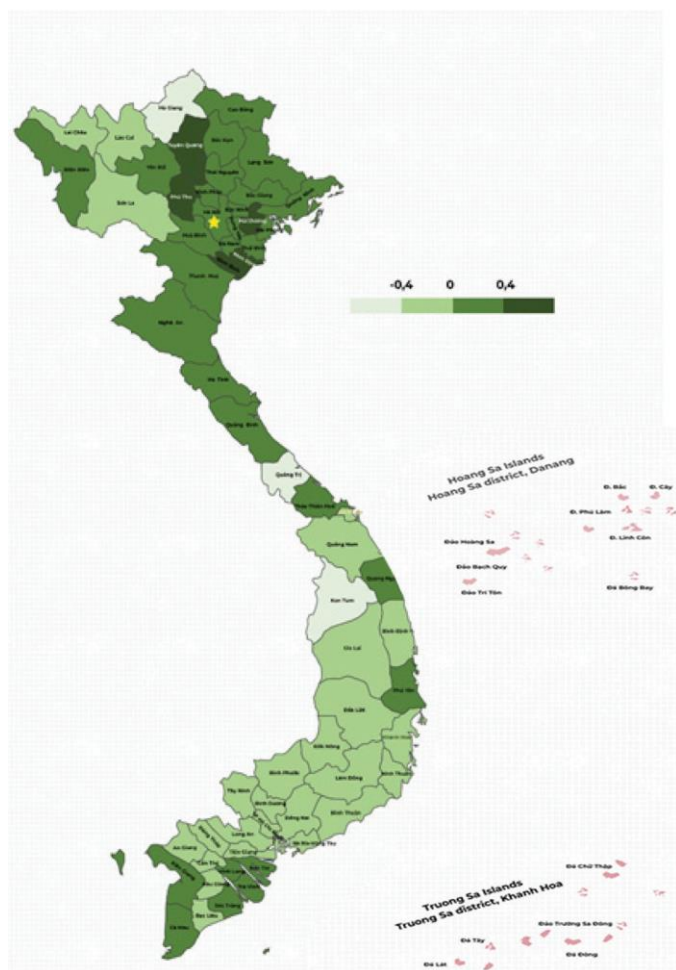
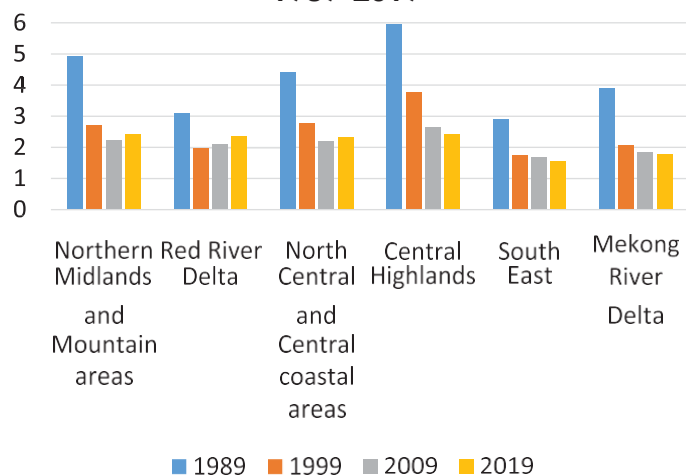


Figure 3: Total fertility rate by region, 1989-2019

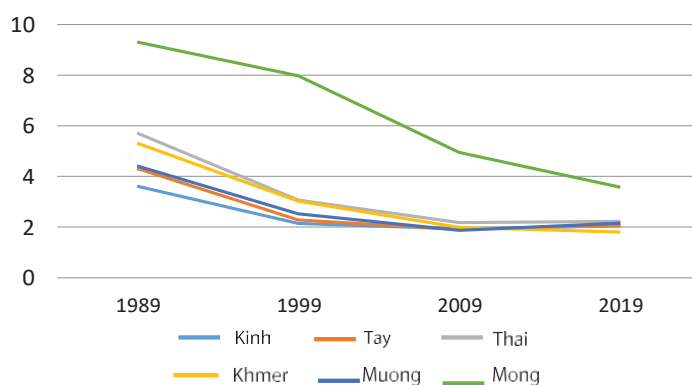


- Over the past 10 years, the Northern Midlands and Mountainous Areas, the Red River Delta, and the North Central and Central Coastal Areas are the three regions with an increase in TFR; of these, the Red River Delta with the highest increase (from 2.11 in 2009 to 2.35 in 2019). In comparison, the regions with decreased TFRs are the Central Highlands, the South East and the Mekong River Delta. Of these, the Central Highlands with the most significant drop in TFR (from 2.65 in 2009 to 2.43 in 2019).
- At present, Ha Tinh province reports the highest fertility in the country (TFR: 2.83). It is twice as high as Ho Chi Minh City, which has the lowest TFR of 1.39. In the past 10 years, fertility declined in 29 provinces while fertility increase was observed in 33 provinces. Only Soc Trang maintained the same fertility level in the past 10 years.

3. Fertility per ethnic group

- Among ethnic groups with a population size of over 1 million people, the Mong currently has the highest fertility level. In the past 30 years, ethnic groups have reported an overall decline in fertility. The Mong's fertility, although still the highest among all ethnic groups, declined from 9.30 in 1989 to 4.96 in 2009 and 3.59 in 2019. The TFR gaps among ethnic groups are however narrowing.

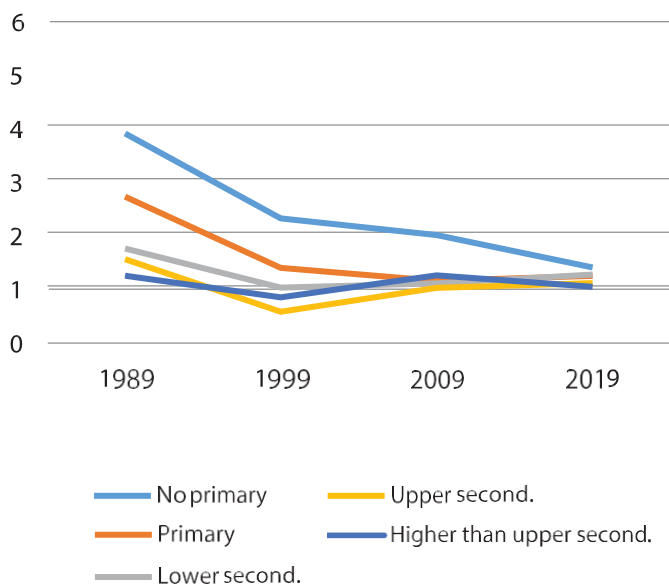
Figure 4: Total fertility rate by ethnic group



4. Fertility differentials per women's characteristics

- Fertility is lowest among women who were never married (0.11 in rural and 0.05 in urban areas), and it even declined from 0.34 in 1989 to 0.11 in 2019. The TFRs of never-married women is highest in the Central Highlands and lowest in the South East.

Figure 6: Total fertility rate by education level



- Since 1999, the total fertility rate of migrant women has been consistently lower than that of non-migrant women, a gap that is widening. In 2019, the total fertility rate of migrant women was 1.54, which is significantly lower than non-migrant women (2.13).

Figure 8: Total fertility rate by living standards

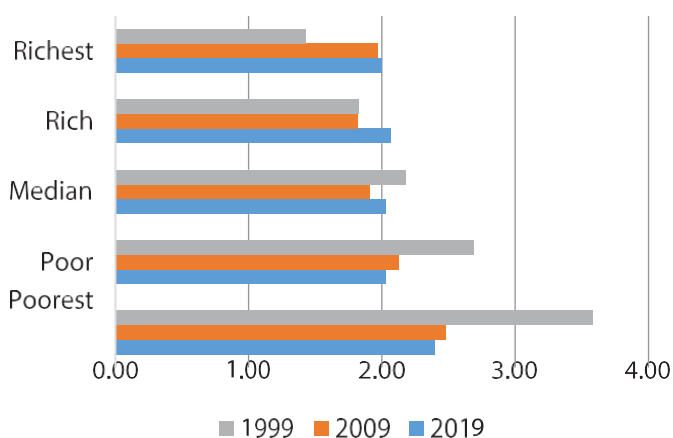
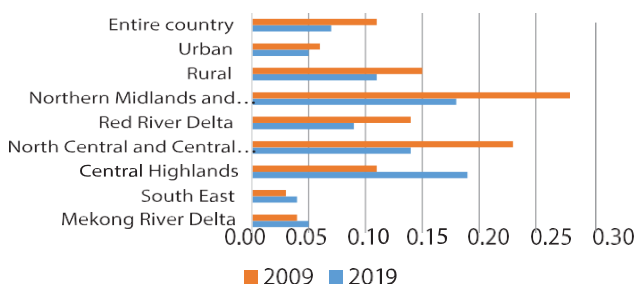
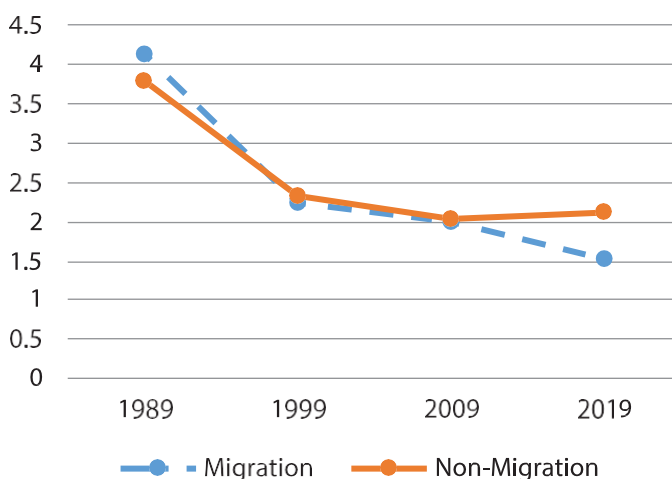


Figure 5: Total fertility rate of never-married women



- Education and fertility are co-related. In 2019, women with upper secondary education or above show the lowest TFR (1.98), while those educated up to primary school level or below, show the highest TFR (2.35).
- Over the past 30 years, the TFR of women with primary education and below has decreased most significantly (from 4.84 in 1989 to 2.35 in 2019). This is the only group that shows a continuous decrease in TFR over the past three decades.

Figure 7: Total fertility rate by migration status

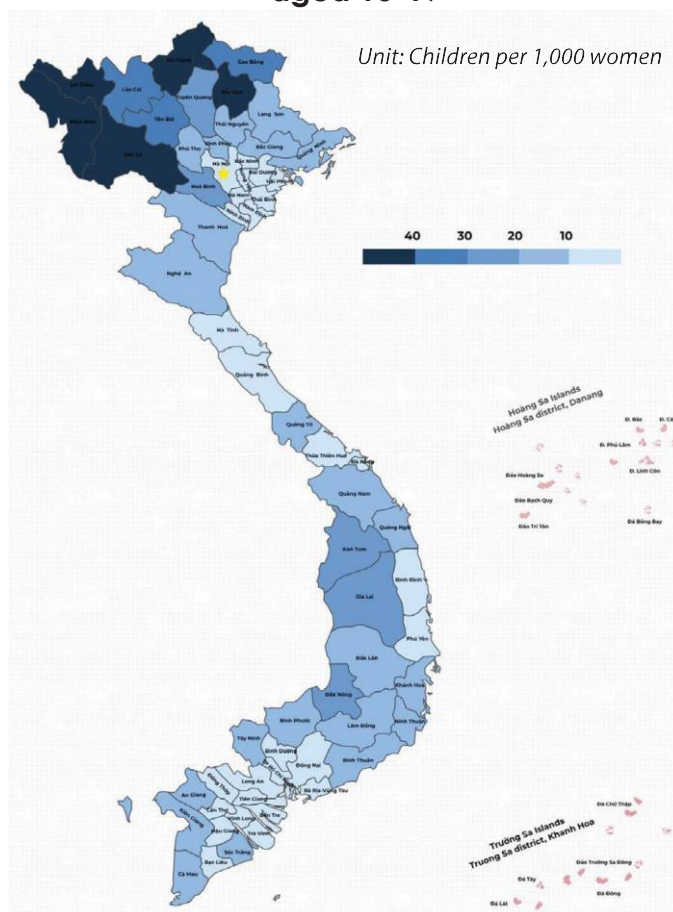


- Among the 5 income quintiles, women living in the poorest households show the highest total fertility rate (2.4). Women living in the richest households show the lowest fertility (TFR: 2).

5. Fertility of adolescents and youth

- The age specific fertility rate of women aged 10-19 (ASFR10) in 11 births per 1,000 women in 2019. The ASFR10 in rural areas is higher than in urban areas, 15 per 1,000 women versus 5 per 1,000 women, respectively.
- The Northern Midlands and Mountainous Areas and the Central Highlands show the highest ASFR10; 28 births per 1,000 women versus 21 births per 1,000 women.
- Among the ethnic groups with a population size of more than 1 million people, ASFR10 of the Mong is the highest with 65 births per 1,000 women, which is about 9 times higher than the Kinh and 6 times higher than the country's average.

Figure 9: Age-specific fertility rates of women aged 10-19



RECOMMENDATIONS

- 1 Continue to advance socio-economic development policies that promote gender equality and improve women's access to education, sexual and reproductive health care, employment and income. Enhance women's role in the family and society to discourage son preference and gender-biased sex selection, thus reducing sex imbalance at birth.
- 2 Strengthen the implementation of policies on education, sexual and reproductive health, and job creation for ethnic populations in general and ethnic girls in particular.
- 3 Strengthen the implementation of policies to support migrants, including female migrants, such as providing better access to housing, education, sexual and reproductive health, child care, and protection for migrant mothers, etc.

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