



SON PREFERENCE IN VIET NAM:

ANCIENT DESIRES, ADVANCING TECHNOLOGIES

Qualitative research report to better understand
the rapidly rising sex ratio at birth in Viet Nam

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Foreword

Over the past few decades, sex ratio imbalance at birth have affected several countries in the Asia and Pacific Region. More recently Viet Nam has begun to experience an unusually rapid rise in the sex ratio at birth (SRB). While in 2000 the SRB was still at normal levels at an estimated 106.2 male births per 100 female births, it increased rapidly to 110.6 according to the 2009 Viet Nam Population and Housing Census. Internationally as well as in Viet Nam, the imbalance of the sex ratio at birth is seen as a demographic manifestation of gender inequality as it corresponds to a situation in which girls and women are discriminated against even before birth.

The extent and the alarming rapid rise of the imbalance of the SRB has only come to the attention of policymakers in recent years. In 2006 and 2009, publications of the quantitative analysis of the Annual Population Change Surveys and birth registration data from health facilities in 2008 provided the first substantive quantitative evidence of the surge of this demographic phenomenon, which was estimated to have begun around 2004 and to have increased at an unprecedented rapid pace of about one point per year. These figures were later confirmed through a more comprehensive in-depth analysis of the 2009 Viet Nam Population and Housing Census, which provided a detailed picture of the evolution of SRB over time, the geographic differences of SRB values at regional and provincial level, as well as the socio-economic household characteristics associated with high SRB values.

Even though these quantitative analyses provided invaluable information on the trends and characteristics of the SRB imbalance in Viet Nam, many questions on the social and cultural factors impacting on the SRB remained unanswered. To identify the gaps in knowledge and understanding, the UNFPA commissioned an annotated bibliography of literature on the SRB in the Asian Region, with a particular focus in Viet Nam in early 2010. This study collected and analysed all existing literature, laws and policies on the SRB in India, China, South Korea and Viet Nam and identified the gaps in current understanding. It thereby provided the basis for the design of the research study presented in this report.

This qualitative study was conducted within a period of 3 months from August to October 2010 in four different provinces of Viet Nam, namely in Ha Noi, Hung Yen (the Red River Delta), in Quang Ngai (North Central Area and Central Coastal Area) and in Can Tho (Mekong River Delta). The research illustrated the importance of the patrilineal and patrilocal kinship system in Viet Nam, which influences a deep-seated preference for sons in society and thereby a demand for a male offspring to continue the family line. In addition, it also identified the importance of the increased ability to access and afford sex selection technology that allows many couples to fulfill their wish for a son. The draft findings and recommendations on how to address these identified cultural, social and technological factors impacting on the SRB were discussed at a joint Government-UN consultation workshop on 3-4 November 2010, which was attended by policy makers and programme staff from government, civil society and the United Nations.

UNFPA would like to sincerely thank Dr Khuat Thu Hong from the Institute for Social Development Studies and Dr Tine Gammeltoft from the Department of Anthropology, University of Copenhagen for their contribution to this report. We are also especially grateful to the General Office for Population and Family Planning (GOPFP) for providing input to the study and for co-organising the consultation workshop in November 2010, which provided a platform for constructive discussions among Government, United Nations and civil society in finalizing the recommendations expressed in this report. Our gratitude also goes to the UNFPA staff for their hard work and valuable input during the development of the study and the final report.

UNFPA would like to introduce this valuable document to policy makers, managers, professional, researchers and others who are concerned about population and gender issues in Viet Nam. Evidence presented in this paper comes at a critical time, as Viet Nam is now preparing a number of important policy and legal documents as well as intervention programmes on this important gender issue which will have implications for many years to come.

Bruce Campbell

Representative of the United Nations Population Fund in Viet Nam

ACRONYMS

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
DOH	Department of Health
GOPFP	General Office for Population and Family Planning
GSO	General Statistics Office
ICPD	International Convention on Population and Development
MOH	Ministry of Health
MOCST	Ministry of Culture, Sports and Tourism
SRB	Sex Ratio at Birth
UNFPA	United Nations Population Fund

Executive summary

Sex ratio imbalance at birth has affected several countries in the Asia and Pacific Region, including China, South Korea and India. Also Viet Nam has recently experienced an unusually rapid rise in the sex ratio at birth (SRB). While in 2000 the SRB was still at normal levels and was estimated to be 106.2 male births per 100 female births, according to the 2009 Census it had increased to 110.6. It is projected that if the sex ratio imbalance continues to increase after 2010, after two decades, Viet Nam will face serious demographic, socio-economic and political problems, including severe disruption in the marriage system due to surplus of men, increased pressure for women to marry at a younger age, rising demand for sex work and an expansion of trafficking networks that will increase the risk of gender-based violence. Sex selection practices can bring about harmful impacts on women's sexual and reproductive health, mental health and rights. The imbalance of sex ratio at birth reflects and reinforces gender inequality in society.

Research in the region has shown that a variety of factors play a role in this recent rise of SRB including son preference (demand for boys), ability to access and afford sex selection technology (supply factors), and the specific effect of fertility decline, which means that families have to fulfill their wish for a son in a smaller family. Each of these factors needs to be analyzed separately, however, it is when they all combine in a particular context that the SRB increases. This is the situation in Viet Nam, a country characterized by longstanding son preference, rapid fertility decline and recent emergence of modern sex selection technology.

The Government has committed to gender equality and fulfillment of human rights in a number of international commitments and has developed legislation and policy to promote gender equality. Recently, sex identification and sex selective abortions have been outlawed. With support from the UNFPA, an intervention program to increase awareness on the issue of imbalance of SRB has been launched, and demographic data, including on SRB, have been collected, analyzed and widely disseminated. This qualitative study intends to supplement the current extensive quantitative and limited qualitative knowledge of the SRB trends across the country by adding to the understanding of the social, cultural and free market factors underlying the skewed SRB.

The overall objective of this research is to provide evidence for policy dialogue, to develop new and refine the existing interventions and policy developments on son preference and sex ratio at birth. More specifically, the research aims to answer the following questions: i) What are the key cultural and social dimensions of son preference in Viet Nam? ii) Which social actors are involved in sex selection and how does sex selection take place? iii) What technologies are used for sex selection and how are they regulated? and iv) To what extent are government policies regarding sex selection implemented in practice?

The research has been conducted within a period of 3 months, from August to October 2010 in Ha Noi and Hung Yen (the Red River Delta), Quang Ngai in central Viet Nam, and Can Tho (Mekong River Delta). These provinces were selected based on the data of the 2009 Viet Nam Population and Housing Census. These four provinces/cities all have an elevated SRB and were selected to represent four different regions of Viet Nam. In-depth interviews and group discussions were conducted at both provincial/city and community levels. A total of 248 people participated in the research, including 58 officials from provincial to community level; 48 mothers and 47 fathers whose last child was born between 2006 and 2009, 48 of them have no son; 28 grandparents in which 16 of them have no grand-son; 32 obstetric doctors and nurses working in state hospitals or private health clinics; and 34 antenatal care clients. All interviews and group discussions (except for one interview) were tape recorded, transcribed, and processed in NVIVO software before being analysed for report writing.



FINDINGS

This research has shown that the strong son preference in Viet Nam is rooted in a largely patrilineal and patrilocal kinship system that tends to place a strong normative pressure on people to produce at least one son.¹ The two-child family norm seems to have become internalized by people in Viet Nam: today, most people want to have no more than two children, and of these at least one must be a son. Sons, people hold, are essential to their parents because they carry on family lines and names; perform ancestor worship; and take care of parents in their old age. To understand the driving forces behind son preference in Viet Nam, therefore, particular attention must be paid to kinship norms and expectations.

This research also shows, however, that in Viet Nam daughters are valued for their emotional closeness to parents, their practical and economic contributions to their natal households, and their reliability. Research participants asserted that daughters can care well for their elderly parents and perform ancestor worship. This suggests that in practice, the 'traditional' (male-oriented) family may not be as dominant in Viet Nam as popular understandings and political ideologies assume.

A striking finding in this research was the importance of family and community pressures in maintaining male dominance in general and son preference in particular. People prefer sons to daughters not only because of the 'intrinsic' value of male children but also because having a son improves a woman's status in the family and confirms a man's reputation in the community. Men and women with no sons are often exposed to strong pressures within the husband's family, and experience humiliation within the community. At issue when sons are preferred, in other words, are not only questions of kinship but also matters of pressure, pride, prestige and moral recognition. The research suggests that such moral pressures are felt particularly in the North and particularly among the country's wealthier citizens.

¹ In a patrilineal kinship system, descent is reckoned through males: the patriline is a line of descent from a male ancestor to a descendant (either male or female) which is continued only through sons. The term 'patrilocal' refers to a kinship system in which a married couple resides with the husband's family.

The research showed that in order to produce the family they desire, many couples turn to science and technology, including the use of ultrasonography to determine the sex of the fetus and induced abortion to eliminate unwanted female fetuses. Supporting people in need of sons to realize their reproductive desires has become a lucrative medical business in Viet Nam, and 'selective reproduction' was embraced by both lay and professional participants in the research. By making it possible for people to 'select' the sex of their children, access to technology tends to reinforce the idea that family composition can and should be planned and 'chosen.' In a social setting where kinship preferences continue to valorize males over females, easy access to new reproductive technologies such as obstetrical ultrasound scanning tends to intensify the pressures that are put on people to produce sons, thereby fuelling son preference.

RECOMMENDATIONS

To address the problem of increasingly skewed SRB in Viet Nam, the following recommendations can be made on the basis of these qualitative research findings:

1- Addressing the (mis)use of technology

The research shows that many people seek to select male children through the use of ultrasound scanning in combination with induced abortion. When designing interventions to address this problem, it is important to ensure that the rights of Viet Nam's women to safe abortion services are upheld and that health care providers provide high quality and adequate services in terms of counseling and medical competency to women seeking an abortion. To combat the misuse of medical technology for purposes of sex selection, however, the following measures may be considered:

- 1A. Awareness raising among health care providers on the social consequences of imbalanced sex ratios and on the special responsibilities carried by health care providers for this important demographic problem. The issue of SRB should be included in the curricula at all medical universities, and obstetricians/gynecologists should be offered training on how to counsel women who appear to be considering sex-selection,

- 1B. Enforcement of the government's ban on identification of the sex of the fetus through better monitoring of the use of obstetrical ultrasonography in public and private health care practice. Information on fetal sex is often conveyed in subtle ways, but monitoring mechanisms can be implemented through the use of 'mystery clients' (Boyce and Neale 2006) or inspection carried out by medical professionals. Implementation of the ban may also be strengthened through work with judicial officers and public prosecutors in charge of cases of violation. Further lessons on how to enforce implementation of the ban on sex-identification may be drawn from the cases of South Korea and India. In South Korea, for example, such health sector interventions are believed to have played a significant role in returning the SRB to normal (UNFPA 2010a),
- 1C. Enforcement of the ban on identification of the sex of the fetus through severe sanctions (such as substantial economic fines or withdrawal of providers' license to practice) when doctors are found to inform their clients of the sex of their fetus,
- 1D. Enforcement of the ban on sex identification through highly profiled mass media attention to cases in which doctors violate the ban. This may serve both as a sanction and as a way of deterring other providers from such violations,
- 1E. Interventions in the health care sector in order to monitor and regulate the (ethically and biomedically questionable) 'counseling' offered by health care providers to individuals who seek to produce a child of a certain sex. Public and professional awareness of the pseudoscientific nature of much 'medical advice' regarding reproduction should be enhanced and more appropriate use of science and technology should be promoted.

2. Addressing the root causes of son preference: Gender inequality in kinship

Although medical technologies are widely used for purposes of sex selection, the root causes of the skewed SRB do not lie in technology use. This research has shown that the fundamental

problem at issue is the gender inequality that is inherent in the kinship system that prevails in Viet Nam: son preference is rooted in a kinship system that is largely patrilineal and patrilocal. To enhance the value of daughters, therefore, more bilateral kinship models in which both male and female lines are recognized should be promoted. Interventions to promote such more bilateral kinship models may take the following dimensions into account:

- 2A. **Family names and family lines:** According to Article 15, Decree 158/2005/NĐ-CP dated 27/12/2005 of the Government of Viet Nam and point e item 1 section II Circular No. 01/2008/TT-BTP dated 02/06/2008 of the Ministry of Justice on registration and control of residential records, 'Birth, family name and homeland of one's child can be registered in accordance with family name and homeland of the father or mother, according to customs or agreement of the parents'. In other words, according to Vietnamese law, family names can be continued through daughters as well as sons. Public awareness of the fact that also daughters can carry on family names and family lines should be enhanced through advocacy campaigns in the mass media and in local communities. Such advocacy should be directed particularly at state officials at all levels, from central to provincial, district, and commune levels, but also at the general public across the country,
- 2B. **Ancestor worship:** Advocacy and behaviour change communication (BCC) campaigns should be organized to stress the fact that daughters too can care well for a family's ancestors and ancestral graves,
- 2C. **Residence:** Article 20 of the Law of Marriage and Family passed in 2000 stipulates that a couple can choose their own place to live. The research indicates that more flexibility in residence – i.e., a situation where a couple can choose freely whether to reside with the family of the wife or the husband – would help to reduce the pressure on people to have a son. Therefore, social acceptance of matrilineal living arrangements (*ở rể*) should be promoted through behaviour change communication (BCC) campaigns, for instance through campaigns drawing

attention to daughters' capacities to care well for elderly parents and to the benefits for the nation (through a more balanced sex ratio) of more flexibility in residence,

2D. Inheritance: According to the Vietnamese Civil Code, all individuals have the right to make a will for the purpose of passing their property to others after their deaths. If there is no will, property shall be equally distributed among the next of kin. In practice, however, sons tend to inherit a considerably larger share of parents' property than daughters. Advocacy and behaviour change communication campaigns are needed to enhance public awareness of daughters' equal rights to inheritance,

2E. Care for the elderly: Advocacy campaigns should be organized to draw attention to the fact that daughters too can - and do - care well for elderly parents, both in emotional and financial terms. More efforts should also be dedicated to the ongoing restructuring of the national pension and the social security system that will reduce the pressure of parents, especially the poor, to rely on their children for old-age security.

3. Addressing the normative aspects of gender inequality

The research shows that when sons are preferred to daughters in Viet Nam, family and community attitudes and norms play a significant role. Research conducted in South Korea has shown that normative changes were a critical factor in returning the SRB to a normal level (Chung and Das Gupta 2007). In Viet Nam, the following interventions may be considered:

3A. Advocacy campaigns to draw attention to the fact that ridiculing and deriding remarks aimed at people who have no sons are tactless and unethical, while also being harmful for national development. These campaigns should be aimed both at community officials and at people living within urban and rural communities,

3B. Advocacy campaigns that aim to increase recognition of the value of girls, placing particular emphasis on the capacities of daughters to earn an income and to care



for their parents in their old age. Such campaigns may include 'success stories' of families with daughters only,

3C. More general public education/advocacy campaigns on SRB which make it clear that SRB reflects gender inequality while also outlining the negative consequences that SRB imbalance may have for society. Such campaigns may include community outreach, mobilization, mass-media campaigns, face-to-face education, targeting a wide range of stakeholders such as government officials, village/religious/cultural leaders, social workers, teachers, journalists, health personnel, and the general public,

3D. Conduct gender equality and SRB awareness training for social workers, teachers, prosecutors, health workers, media, mass organization leaders, religious leaders, population officers and other professionals.

4. Addressing needs for knowledge: Future research and knowledge sharing

To enhance the basis for policy development and dialogue on the forces behind the increasingly skewed SRB in Viet Nam, there is a need for data of both a quantitative and a qualitative nature, and for dissemination and public discussion of this evidence. In particular, data of the following kinds are needed:

4A. Population data: The regular analysis of population and birth registration data on the SRB must be continued so as to establish and extend the evidence on SRB and monitor the trends over time. More specifically, analyses should be carried out of the annual Population Change Survey, the Intercensal survey and the 2019 Population and Housing Census,

4B. Research on family and kinship: The social and cultural driving forces behind son preference in Viet Nam are by now well documented. Yet there is a need for more knowledge of the variety of different family forms that exist in Viet Nam. Dominant cultural ideologies place emphasis on ‘traditional’ male-oriented family models, yet this research suggests that in real lives, more female-oriented models play important roles too. Further research is needed to explore the following questions:

- What life experiences and living conditions characterize the numerous Vietnamese families in which the elderly co-reside with adult daughters rather than sons? More substantive evidence of the important roles played by daughters in the family economy and in elderly care may contribute to altering popular perceptions of the ‘indispensability’ of sons,
- How do practices such as inheritance and residence – and the roles of sons and daughters in these respects – vary across geographical regions in Viet Nam? More substantive knowledge of the socio-economic dynamics that make some regions of Viet Nam more ‘daughter-friendly’ than others may contribute to promoting awareness of the varied forms that kinship can take in Viet Nam, drawing attention to the fact that the so-called ‘traditional’ male-oriented family is only one among many kinship models. More knowledge of

the ‘bilaterality’ that also characterizes kinship in Viet Nam may be useful in the development of advocacy and policies on kinship-related issues such as family names, residence, and inheritance, thereby in the long term contributing to the development of more flexible kinship arrangements.

4C. Research on the medicalization and commercialization of childbearing:

This research has documented that childbearing has become profoundly medicalized and commercialized in Viet Nam. In this context, there is a need for more knowledge about the following issues:

- How do health care providers view their own role when ultrasonography and abortion are used for purposes of sex selection, and how can health professionals become more actively involved in efforts to combat the current misuse of medical technology? To address these questions, action-research that includes close consultation with stakeholders will be appropriate.
- What role does medical ‘counseling’ (regarding ovulation, diets, physiology, and medicines) play in people’s efforts to design their families and to what extent is the limited biomedical effectiveness of such measures known among health care providers and their customers? Research on these questions should be followed up by careful dissemination and discussion of findings, particularly among health care providers and officials, and should be used as input for the design of education material targeted at health care providers.



Chapter 1

INTRODUCTION







BACKGROUND

Sex ratio imbalance at birth has affected several countries in the Asia and Pacific Region, including China, South Korea and India. Also Viet Nam has recently experienced an unusually rapid rise in the sex ratio at birth (SRB). While in 2000 the SRB was still at normal levels and was estimated to be 106.2 male births per 100 female births, it increased to 112.1 in 2008, and was 110.6 according to the 2009 Census. In some provinces, the sex ratio at birth was even close to 128. This demographic indicator, varying widely from the biologically natural range of 104-106 male births per 100 female births, thus reflects an intentional intervention in the otherwise biologically stable equilibrium of the number of boys and girls born in a society and implies a systematic discrimination against girls before birth. It demonstrates a strong preference for sons that lead families to select the sex of their children.

Demographic projections demonstrate that if the sex ratio imbalance continues to increase after 2010, it will cause a significant rise in the proportion of men in the population. After two decades, this

excess number of male births will translate into a surplus of adult men corresponding to more than 10% of the corresponding female population. If the sex ratio does not return rapidly to its normal level of 105 male births per 100 female births, the imbalance between prospective grooms and brides will cause a severe disruption in the marriage system as is being already observed in some areas of China and India.

The social consequences arising from the scarcity of women and the underlying gender inequality in society include increased pressure for women to marry at a younger age, a rising demand for sex work and an expansion of trafficking networks in response to this imbalance. Examples of gender-based violence and human trafficking have already been observed in Viet Nam and point to some of the risks faced by vulnerable girls and women if such violence were to increase due to the rising proportion of men in society (UNFPA 2010c). Sex selection practices can bring about harmful impacts on women's sexual and reproductive health, mental health and rights (Bélanger 2002a).

Research has shown that a variety of factors play a role in this recent rise of sex ratio at birth. We may in particular distinguish factors related to son preference (demand for boys), to access and afford sex selection technology (supply factors), and the specific effect of fertility decline, which means that families have to fulfill their wish for a son in a smaller family, and the market pressure and commercialization of the sex identification and selection technologies (Guilmoto 2009). Each of these factors needs to be analyzed separately. However, while these three preconditions are clearly distinct, it is when they all combine in a particular context that the SRB increases. This is the situation in Viet Nam, a country characterized by longstanding son preference, rapid fertility decline and recent emergence of modern sex selection technology.

The Government has committed to gender equality and fulfillment of human rights in a number of international commitments such as CEDAW and the Plan of Action of the ICPD. Nationally, it has recently passed the Law on Gender Equality and has outlawed sex identification and sex selective abortions. For the past three decades, UNFPA has been actively supporting the Vietnamese Government in collecting and analyzing demographic data to support evidence-based policy development and implementation on population, reproductive health and gender. . An in-depth annotated bibliography on the 'Sex Ratio at Birth in South East Asia with a Focus on Viet Nam: An Annotated Bibliography Designed to Guide Further Policy Research' has been carried out to identify the gaps in research, and provide preliminary policy and further research recommendations (UNFPA 2010a). An analysis of the 2009 Viet Nam Population and Housing Census data provides the latest quantitative picture on the trends of the SRB since 1999 (UNFPA 2010b). This qualitative study intends to supplement the current extensive quantitative and limited qualitative knowledge of the SRB trends across the country by adding to the understanding of the social, cultural and free market factors underlying skewed SRB.

RESEARCH OBJECTIVES

The objective of this study is to explore the social, cultural and health systems factors underlying the skewed sex ratio at birth in Viet Nam in order to increase our understanding of the causes for son preference in Viet Nam in relation to an imbalanced sex ratio at birth. The research will provide evidence for policy dialogue, to develop new and refine the existing interventions and policy developments on son preference and sex ratio at birth. More specifically, the research aims to answer the following key questions:

- 1) What are the key cultural and social dimensions of son preference in Vietnam?
- 2) Which social actors are involved in sex selection and how does sex selection take place?
- 3) What technologies are used for sex selection and how are they regulated?
- 4) To what extent are government policies regarding sex selection implemented in practice?



Chapter 2

METHODOLOGIES





Data for this research was collected from August to October 2010. Preliminary research results were presented and discussed at a consultation workshop held in Hoa Binh City on 3-4 November 2010, organized jointly by the UNFPA and GOPFP. The workshop aimed to discuss existing knowledge and to develop a shared vision for how to address the country's increasingly skewed SRB. Participants included government representative from central and provincial level, MOH/DOH, MOCST, research institutions, civil society and the UN. The recommendations offered in this report are based on the research results as well as the suggestions that were set forth in the consultation workshop.

RESEARCH LOCATIONS

Based on the preliminary findings of the 2009 Population and Housing Census data on sex ratios at birth, four provinces/cities were selected: Ha Noi and Hung Yen (the Red River Delta), Quang Ngai in central Viet Nam, and Can Tho (Mekong River Delta). These four provinces/cities all have an elevated SRB, but at different levels. According to the 2009 Census, Ha Noi had a sex ratio for children under 5 years at 115-120, Hung Yen was considered a 'hot spot' with a SRB of 120-125, Quang Ngai had a sex ratio at birth at 110-115,

and the sex ratio at birth in Can Tho was between 105 and 110 (UNFPA 2010b).

RESEARCH PARTICIPANTS

Table 1 presents the different target populations of the research. A total of 248 people distributed across 11 different target groups were interviewed individually or participated in focus group discussions.

Men and women interviewed in the community were at reproductive age, their last child born between 2006 and 2009.

DATA COLLECTION

The main techniques of data collection were in-depth interviews and focus group discussions. Prior to fieldwork, detailed question guides for individual and group interviews were developed. Research instruments and protocols were reviewed by the Internal Review Board of the Institute for Social Development Studies. Before the fieldwork, the team of six interviewers was trained over two days on research objectives, methodology and research tools.

Participants	Number
Health service providers (hospital leaders, obstetric doctors/sonographers and nurses at provincial hospitals or private obstetric clinics)	32
Provincial leaders, leaders of Department of Population and Family planning (DOPFP) and Department of Health (DOH)	10
Clients at provincial hospitals and private clinics	34
Community leaders and key informants	48
Men and women with 1st child = son	24
Men and women with 1st child = daughter	24
Men and women with more than 2 daughters, sonless	24
Men and women with more than 2 daughters and one son as the youngest child	23
Paternal grandfather/grandmother without a grandson	16
Paternal grandfather/grandmother with a grandson as the youngest grandchild	12
Leader of General Office for Population and Family Planning (GOPFP)	1
Total	248

Each individual interview or focus group discussion began with an introduction about the research objectives and protocol. The interviewers introduced themselves and obtained verbal consent to the research as well as permission to record the interview. All eligible participants agreed to take part in the research and all except one allowed tape-recording. On average each interview lasted 1 hour and 20 minutes. Interviews with officials, service providers, and clients at health clinics lasted only from 30 minutes to one hour due to time constraints or unfavorable interview conditions.

DATA ANALYSIS

After all recorded tapes had been transcribed, the research team browsed the transcriptions to identify the main themes and then developed coding systems for all target groups. Next, the team analyzed the data in NVIVO - a soft ware program for qualitative data analysis - and developed an outline for the research report.

LIMITATIONS OF THE RESEARCH

In the past two years, the skewed sex ratio at birth has received considerable attention from policy-makers, the media, and national and international organizations in Vietnam. The General Office of Population and Family Planning (GOPFP) and other organizations have introduced new measures that prohibit sex selection, implemented an intervention program in 18 provinces/cities and organized several awareness campaigns. The mass media have actively contributed to raising public awareness of the importance and social consequences of the imbalanced sex ratio at birth. Therefore, most participants in this research had some knowledge about the research topic and were aware of its social and political significance for the nation. The fact that research participants sometimes tried to prove that they

had good awareness of these issues and that their opinions were in line with government policies may to some extent have affected the way that they answered 'sensitive' questions, especially about sex selection practices, preventing them from sharing experiences considered 'wrong' or 'inappropriate'. In future research, allocating more extended time for field research and conducting repeated interviews (which would enable researchers to get to know people better) might offer ways forward in order to get beyond such 'politically correct' answers.

Interview conditions may also have affected the quality of the interviews. Most officials and health service providers allocated limited time for the interview, and the short time frame of these interviews therefore often made it difficult to discuss the research questions in depth. Furthermore, most of the interviews with clients at health clinics were conducted before or after their use of services, and therefore subject to time constraints. When interviews took place in health clinics, it was sometimes difficult to ensure privacy. In future research, priority should be given to more extended research time in the field and to the use of more participatory methods; this would help the researchers to collect more in-depth information, particularly from informants in official positions.



Chapter 3

WHY ARE SONS PREFERRED?





Why do sons tend to be preferred to daughters in Vietnam? To answer this question, the following presentation of results is divided into three sections; the first focusing on cultural, the second on socio-economic, and the third on normative factors, that is, the moral expectations and demands that people place on each other. In everyday lives, these three sets of issues are closely intertwined, yet for analytical purposes they are treated separately in this report.

SON PREFERENCE: CULTURAL ASPECTS

In countries around the world, ideas and practices of kinship form the core of cultural life, yet different societies have widely different ways of organizing kinship. Anthropologists distinguish between patrilineal (*phụ hệ*), matrilineal (*mẫu hệ*) and bilineal (*luỡng hệ*) kinship systems. In patrilineal systems, descent is reckoned through males: the patriline is a line of descent from a male ancestor to a descendant (either male or female) which is continued only through sons. In a patrilineal descent system, people consider themselves as belonging to their father's patriline and inheritance usually follows the male line. In a matrilineal system, descent is reckoned through mothers and in a bilineal system through both mothers and fathers. In Viet Nam, numerous different kinship systems exist: among some ethnic minorities, such as the Ede and the Cham, kinship is defined as matrilineal. Among the ethnic majority Kinh who comprise 86 per cent of Vietnam's population, kinship is commonly described as patrilineal and patrilocal, yet with some bilateral traits (Hy Van Luong 1989, Phạm Văn Bích 1999, Nguyễn Tuấn Anh 2010). The next section discusses the importance of sons as described by research participants, placing these attitudes in the context of kinship practices and ideals.

Continuing the family line

When asked what they found was the single most important reason why sons are needed, most interviewees - regardless of their occupation, education, lineage, geographic area, and socio-political status - pointed to the need to carry on the family line (*nối dõi tông đường*) (see also Bélanger 2002b, Gammeltoft 1999). Only sons, people claimed, can carry on their father's name and

continue the lineage (*dòng họ*). The idea that only males can continue the family line was found in all research sites, yet it seemed to be expressed with particular fervor by people in Hung Yen and with less force in Can Tho. A 33-year old Hung Yen man, for instance, said, 'The most basic thing that a son can do is to reproduce humans in order to carry on the family line (*dòng tộc*) so that it is maintained forever. This is most crucial'. A 36-year old man from Quang Ngai expressed the same idea, saying, 'The purpose of having a son is to maintain the continuity of a family line. People want their sons to carry on the family name and maintain the family line (*nòi giống*). Having no son means that you lose your roots (*mất gốc*)'. In a focus group discussion in Hung Yen, a commune leader said:

No matter how rich or poor you are, you always wish for a son. The son will be responsible for worshipping his parents. If the son-in-law does not agree to do the worshipping, life is cut off. We Vietnamese people think that having no son means having no posterity (tuyệt tự). Even rich people desire a son.

The Vietnamese terms for 'family line' (*dòng giống*, *nòi giống*) in themselves point to the primacy of males in this kinship model; '*giống*' can be translated as 'seed' or 'stock'. It is through the male 'seed' that the line is continued from ancestors to future descendants; a son therefore ties the individual to those who went before and to those who will come, placing each person within a larger community of people. Previous research has pointed to the importance of lineage in Vietnamese culture. Phạm Văn Bích, for instance, writes:

In a patrilineal lineage, a man is not an independent person, an individual in the full sense of the word, but a member of a given lineage. He is the personification of this lineage at present. His existence is only a link in the communal chain. He must remember his ancestors, practise ancestor worship, and continue his lineage by having at least one son to guarantee that someone will fulfil in the future his present obligations. It is only a male child who can ensure the continuation in the lineage in two senses; first, only he can practise ancestor worship... Second, it is only a son who can ensure the continuation of the bloodline because of the prevailing patrilineage. If a man should die without male progeny, his whole lineage, including his

ancestors and his unborn descendants, would die with him (Phạm Văn Bích 1999: 220).

To be a 'filial' son to his parents, interviewees said, a man must have a son who will carry on his father's line and name. Some son-less men in the study described feeling guilty towards their parents and ancestors for not producing the heir who would continue their lineage. Not having a son, they said, made it impossible for them to live up to their responsibility towards their parents. A 28-year old man from Hung Yen, for instance, explained his wish to have a son in these words, 'I want to have a son to satisfy my parents' son preference. My parents really want to have a grandson and as a son, of course I have to try my best to produce a son to please them'. The above 36-year old man from Quang Ngai said that although he would sometimes claim that he did not need a son, in reality he felt very uneasy about this:

You know, often my conscience is tormented. To be honest, when I say I don't want to have a son, I am not saying what I am really thinking. Sometimes I think I have not fulfilled the responsibility of being my parents' son. Under the feudal system, if a woman did not fulfil her responsibility to her family-in-law, her husband would even get divorced from her. If I had a son, I would be able to please my parents, or in other words, be filial to my parents. That concern comes to me now and then. (Man aged 36, two daughters, Quang Ngai)

Some of the elderly people interviewed explained that in traditional Vietnamese culture, the lack of a son to continue the family line was interpreted in terms of karmic misfortune: if a family was blessed with many sons, this would be taken as an indication of its high moral virtue (*phúc đức*), whereas a lack of sons was interpreted as a sign that the family had misbehaved morally and was being punished by higher powers. Today, such ideas still exist, they said, and this tends to aggravate the pain of not having a son. In a focus group discussion in Can Tho, an official said:

The parents' feelings may be hurt. They may be judged by people in the community. People may say to the parents "Uh, you don't have a grandson to maintain the continuity of your family line because your family is immoral." Such things really hurt. Others may even say "Your ancestors must have been cruel or made a severe sin and therefore you don't have a



grandson now. Your family can not enjoy the good luck created by your ancestors."

In Ha Noi, a 65-year old grandmother with six granddaughters but no grandson said that she did not share the unhappiness she felt about not having a grandson with her friends and neighbours, as she feared that this would only make them gossip more about her and her family:

If my family has at least one grandson it would mean good luck for us as grandparents. They [my sons] are not too bad, so how come that our family has only daughters? For example, if I told others that I am unhappy people would pour more – yeah, it's too bad, your two children do not know how to make babies, they gave birth only to girls, you have already lost the chance of having an "eldest grandson" (cháu đích tôn). Roughly that's what they will say. According to the old thinking, you should have a son at any price otherwise you may be teased by others. (Ask: How?) They will ask, "How are you behaving in this life, how did your ancestors behave in their life, since you have only girls and no one to carry on your family line?"

Due to his importance for the continuation of the family line, some interviewees asserted that even a 'bad' son is still more valuable than a daughter. A



38-year old woman from Hung Yen, for instance, said: 'No matter how bad he is, a son is still a son. If he ruins his family or even beats or kills his parents, he is still a son. In such cases, having a son is still better than having a daughter.'

Ancestor worship

Because sons continue the family line, they also carry responsibility for the family altar where ancestors are worshipped. In most Kinh households, this altar is placed at the heart of the home. Decorated with photographs or drawings of deceased family elders, it is the site where incense is burnt, where offerings of fruit and flowers are presented to ancestors, where the respect, love, care and gratitude of living family members for their deceased parents and grandparents are expressed. In most cases, respondents said, the ancestors that are commemorated and addressed at this altar are those of the husband in the house, while the wife's ancestors are commemorated by her brother at the altar of his 'family line'. If there is more than one son in a family, the eldest son in particular carries responsibility for commemorating and caring for the souls of deceased family elders: it is the eldest son who bears the primary responsibility for his parents' souls after their death, and for the souls of his father's parents and grandparents. Such care is vitally important: without it, the souls of

the deceased will lead a miserable and hungry life in 'the other world'. Phạm Văn Bích (1999: 224) claims that 'ancestor worship is what distinguishes human beings from other animals... Ancestor worship is culture in the sense that it makes us human'. It is in ancestor worship, Bích suggests, that people enact and create the fundamental social bonds that tie us together into a human community, expressing feelings of attachment, respect and reciprocity. Our humanity itself can, he notes, be seen to reside in such enactment of social connections with others.

With responsibility for ancestor worship comes also the responsibility for ancestral graves. One research participant, a 32-year old man from Quang Ngai, was the only son in his family. During the wars, his family lost many men, and he and his father are now the last living males in the entire lineage. For decades, it has been his father's responsibility to tend to more than seventy lineage graves, burning incense on anniversary days and on other special occasions. His father constantly reminds him that it is his obligation to care for the ancestral graves in the future – and to produce a son who can take over this task after him. This interviewee now has two daughters and still hopes to have a son who can fulfill his father's expectations, taking care of ancestor worship and family graves.

But if sons are so important in spiritual matters, what happens if a couple has only daughters? Most interviewees asserted that if a family has no son, a daughter can do the ancestor worship in his place, ensuring that the souls of parents and grandparents do not go hungry and cold. A grandmother from Quang Ngai who did not have a grandson said: 'My husband tells me not to speculate about this. If we do not have a grandson, our granddaughter can worship us'. Similar ideas were expressed across all research sites, but most consistently in the South. Here, some individuals emphasized that the daughter's ability to worship her ancestors is part of deep-rooted cultural tradition in Viet Nam. A 29-year old woman from Can Tho, for instance, said:

Regarding the offering ceremony (dâng hương), the old custom requested both girls and boys to offer the incense burner. It has been like that from the old times until now. If you do not have a son, your daughter can offer incense. This is also a decent way of doing it. Daughters can organize worshipping ceremonies very well.

Some research participants pointed out that in present-day Viet Nam, living arrangements are changing and many young couples live in nuclear rather than extended families. This makes it easier to worship ancestors on both sides of the family. In a focus group discussion in Ha Noi, a male ward leader said: 'Nowadays most couples live separately, not together with their parents. Once they have their own house, the worship of ancestor is simple. They can worship the ancestors of the husband as well as the wife'.

Some interviewees offered examples from their own lives of the ways in which daughters too can worship the ancestors. In the focus group discussion with local officials in Ha Noi, a 67-year old man explained how he and his wife's family ensured that ancestral worship was properly performed in spite of the fact that his wife did not have any brothers: 'There is no problem at all. As a son-in-law, I contribute [financially] to the son of my wife's eldest sister so that he can worship my parents-in-law and grandparents-in-law. Her sister is a daughter, but acts like a son.'

In this focus group discussion, participants also pointed to one significant difference between the kind of worship that can be performed by sons and daughters respectively: although daughters

can care well for the souls of the deceased, they cannot continue the family line. In many cases, a daughter's ancestor worship will take place in the home of her husband - but the ancestral altar that embodies her paternal lineage must be placed in the home of a male descendant. It cannot be moved to the house of a daughter and son-in-law. In other words, while immediate care for the family's deceased members can be offered by a daughter, if a couple has no son, their 'branch' of the family line will perish. In the words of a 27-year old man from Hung Yen: 'Only sons can carry on the family line and do the worshipping. How could daughters do that?' Without sons, as the above commune leader from Hung Yen said, life will be cut off. In the focus group discussion with local officials in Ha Noi, a 59-year old woman who did not have any brothers said:

In my family, we all have daughters only. I live in my husband's family, but I do worship my parents and grandparents. This is no problem. Everybody is happy. When he lived, my father was the head of our clan (trưởng họ). Now, the headship has been passed on to another branch of the family, because there was no son in our branch.

Kinship, however, also has important social and economic aspects. When the research team talked to the 32-year old man from Quang Ngai who would soon carry the responsibility for more than 70 family graves on his shoulders, he pointed to the close links that exist between patrilineal descent and patrilineal inheritance: because sons continue the family line and hold responsibility for ancestral care, he suggested, they also inherit the bulk of their parents' land and assets: 'First, no matter how large the parents' property is, it all belongs to the father. Then the son inherits it. Second, the son will take care of family graves and ancestor worship. Nowadays, according to Vietnamese custom, sons have to take responsibility for these two things'. Similarly, Phạm Văn Bích (1999: 222) observes:

The practice of worship is based on the principle of male members of the family, on the eldest son. In the traditional family, he had to bear all expenses for celebrating death anniversaries. That was why he received the greatest part of property handed down by his parents, mainly land called hương hỏa điền (land for incense and fire).

When Kinh people prefer sons, therefore, socio-economic questions of inheritance and residence also play vital roles.

SON PREFERENCE: SOCIO-ECONOMIC ASPECTS

In anthropological terms, 'patrilocal' (*ở nhà chồng*) refers to a kinship system in which a married couple resides with the husband's family, while in a 'matrilocal' (*ở nhà vợ*) kinship system the couple resides with the family of the wife. Among some ethnic minorities in Viet Nam, a matrilocal pattern exists, while among the Kinh prescribed residence is patrilocal. Upon marriage, in other words, a woman is expected to live with her husband's family, while it is relatively unusual that a husband lives with his wife's family. Such patterns of residence, research participants suggested, play an important role when people in Viet Nam desire sons: because residence is patrilocal, most parents expect that when they get old and dependent on others for support and survival, it is primarily their son and daughter-in-law who will care for them.

Old-age support: social protection offered by sons and daughters

In Viet Nam, according to the 1999 Census, over three out of four individuals (77 per cent) aged 60 and over co-reside with their adult children. The proportion of old-age one-person households in 1999 was 1.8 per cent, but increased to 2.6 per cent in 2009, comprising 10.7 per cent of all elderly people (65+) in Viet Nam. It is most common for elderly people to live with a son: the percentage of elderly living with a son is about 50 per cent higher than the percentage living with a daughter (Barbieri 2009). In the present study, informants across all research sites emphasized that sons are vitally important for parents as providers of old-age support. In a society where elderly people's subsistence depends mainly on the family, many interviewees expected to be able to 'lean on' their children in their old age. As a Vietnamese saying goes: 'a child relies on his father, an old man on his children' (*trẻ cậy cha, già cậy con*). Without a son, therefore, parents' prospects for their old age can be highly precarious, and particularly so if they are among the poorest members of the

population. As a population officer from Hung Yen observed, 'People must have sons in order to have someone to lean on in old age... In fact, the social welfare system cannot meet the majority's needs. This is one of psychological factors that force people to give birth to a son'.

The responsibilities of sons and daughters-in-law lie not only in economic support for their parents when they cannot work anymore, but also in care giving and covering of health care costs when parents are old and ill. Because daughters will move to their husband's household after marriage, interviewees said, they are 'other people's children' or 'ducks' that are destined to fly away from their parents. A 28-year old man from Hung Yen summed the matter up in these words, 'Daughters, when "fully-fledged", will fly away. Therefore, having daughters means having no caregiver for the parents when they get old.' Similarly, a 33-year old father of two daughters from Can Tho said, 'Families that have only daughters cannot lean on them in old age. For example, daughters can only care for parents' diet, but sons can take care of everything'.

But if sons are so important for old age security, what then happens if a couple has no sons? During interviews, the research team invited people to tell stories about individuals in their community who had no sons. What, people were asked, happens to elderly couples in this situation? One might have expected that this question would elicit narratives of miserable old people living in loneliness and destitution - yet this was not the case. In contrast, interviewees in all sites told stories of elderly people who lived fine lives supported by their daughters. Parents who do not have sons, people claimed, rarely become destitute and lonely in their old age - instead, they are taken care of by their daughters. In her census-based research, Magali Barbieri (2009: 148) comes to a similar conclusion: 'the most interesting finding, in the Vietnamese cultural context, is that the proportion of parents living with a daughter... even when sons are alive, is not insignificant. About 20 per cent of those aged sixty and older... live in this situation'.

In this research, many interviewees even emphasized that not only are adult daughters capable of residing with and caring for elderly parents - they also perform these tasks better than sons. A 40-year old mother of two daughters in Hung Yen said:

In many cases, daughters are far better than sons. For instance, my friend is very happy since her daughter takes care of her and supports the whole family financially. She makes sure that her mother has a happy and comfortable life.

In Can Tho, a 29-year old mother of two daughters said:

I have one younger sister and one brother. Generally speaking, we, the sisters, can do business and buy land to build houses; but my eldest brother is busy playing around. My mother can only rely on us two sisters.

A 32-year old Hung Yen man with two daughters painted a similar picture of the situation in his village:

In my village, there are plenty of daughters who have made a fortune on their own. They have their own property. Some sons cannot afford to support their parents, but many daughters can. In my village there are six or seven families where the daughters are wealthy and support their parents well. They are good models for others. Even my own family can serve as an example. My uncle has only daughters, and they all work in the government sector. None of them are farmers. My uncle will let his youngest daughter inherit the house. She already lives there now with her husband.

Daughters, interviewees said, are often emotionally closer to their parents. Moreover, being more careful and considerate, they often care better for elderly parents than sons do, especially if the parents get ill. An antenatal care client in Quang Ngai told this story about her grandmother's illness experience:

My maternal grandmother has sons but only her daughters take care of everything. When she was sick, only her daughters came to take care of her. Her daughter-in-law did not come.

Similarly, an official in Can Tho told the researchers about his own illness experiences:

I have five children - two boys and three girls. But when I got seriously ill, only my daughters took care of me. My sons ran off. When one of my sons came to see me, he was behaving as if he was visiting a stranger. He

and his wife and children visited me briefly one evening and then they all went home. My daughters, however, stayed 24 hours a day to nurse me.

Across all research sites, interviewees claimed that daughters are more dutiful, caring and hardworking than boys. As children, they help their parents more, and as adults they remain loyal and loving to their parents even though they are now living with another family. A grandmother from Hung Yen said:

I could never ask a grandson to tidy up the house. Never! Also, having a granddaughter means that I will have someone to help me with agricultural work in the future.

As adults, interviewees said, daughters' hard work often makes them just as capable as, or more capable than, sons to earn a living and support their families. Sons, in contrast, can sometimes be very unreliable: many interviewees drew attention to the proliferation of so-called 'social evils' (i.e, problems such as gambling, drug use, and prostitution) in today's Viet Nam, saying that sons are much more likely than daughters to end up in serious life problems. In a focus group discussion in Ha Noi, a female ward leader told this story from her local community,

I know two families who live close to each other. One family has only daughters, but they take good care of their parents. The neighbour family has only sons, but they are all drug addicts. All property earned by their parents has gone. People around often say, look, for what do they have those sons? They need daughters only. They don't need sons.

Interviewees who had no sons/grandsons often seemed to find consolation in the thought that given the problems that some parents face in bringing up their sons, having daughters only may actually be advantageous in some respects. A 42-year old man from Can Tho with two daughters said, 'If I had a son, I would be afraid that he would become a drug addict. Therefore, I console myself that having daughters is safer'. In Quang Ngai, a grandfather without any grandson emphasized the contributions made by daughters to their families, saying:

If we are fortunate, we may have a good son. But if not, we may have a son who is 25 years

old but never even washes his mat. But a daughter aged 11 years old knows how to take care of her younger sister. At the age of 12 or 13, she knows how to cook rice, how to cut rice.

In Hung Yen, a 32-year old man with two daughters said:

I told my maternal grandparents from the bottom of my heart that I did not need a son. I also told them that having a son means having a lot of worries: preparing a house for him, worrying about his life, educating him... Sometimes people spend a lot of time and efforts to educate a son, and then he eventually sneaks out to do many bad things. Frankly speaking, I feel deep inside that I will never need a son.

In short, people's descriptions of the value of daughters conveyed very traditional gender stereotypes: unlike their brothers, daughters were expected to be hardworking, obedient, and good at household chores. At the same time, daughters were often placed in a disadvantaged position within the family: although they were generally described as being more caring and reliable than sons, patrilocal living arrangements placed limits on the care that daughters can provide. Living with the family of her husband, a woman's primary responsibility, interviewees said, is to care for his parents, not her own. Caring for her natal parents too therefore places a double responsibility on the woman. A 27-year old woman from Hung Yen said:

In my village, daughters sometimes take care of not only their parents-in-law, but also their natal mother, since the father already died. They give thoughtful care to their mothers without any difficulty. (Ask: How do neighbours talk about them?) All praise them a lot. Even sons-in-law accept this situation since I guess they were aware of this before marriage.

In some cases, interviewees said, elderly parents may live with a daughter and her husband. This is termed to 'ở rể' to 'live as a son-in-law'. In the research sites in the South, people often expressed appreciation and acceptance of such matrilocal residence. For instance, a 33-year old man with two daughters from Can Tho said, 'In my neighbourhood, daughters in many no-son families live with their natal parents after marriage. If they have no son themselves, parents who live with their daughter and a son-in-law

can treat their daughter's husband as their own son'. While some interviewees found matrilocal residence a good solution, others expressed skepticism towards the idea that a married couple might live with the wife's family. Such skepticism was expressed particularly in Hung Yen. Here interviewees said that in the past, only poor men would accept to 'ở rể'. For the man, such a living arrangement was considered humiliating, as living with his wife's family would mean having no power of his own but being forced to submit to the regulations within the wife's household. Living with the family of one's wife, some interviewees said, can be compared to living as 'a dog under the kitchen cupboard' (*chó chui gầm chạn*). A 35-year old man from Hung Yen said:

I think this (ở rể) is difficult because psychologically, men don't like to live in their wife's family. Of course, a lot of changes have taken place, but there are men who do not want to depend upon their wife, not to mention the men's parents. But it is possible for old couples to live separately, and then their daughter can support them financially and care for them. It is not necessary to live together.

Some interviewees said that nowadays, it is not easy to promote 'ở rể' because most couples have only two children - and if they have only one son, this son will of course have to live with his own and not with his wife's parents. So 'ở rể', some people claimed, is acceptable only to couples that have more than one son.

In sum, although interviewees praised and appreciated daughters, they also maintained that in most cases, sons do provide more 'certain' old-age security. Due to the custom of patrilocal residence, women are expected to 'follow' their husbands and give priority to taking care of his family; one cannot be sure, therefore, that an adult daughter will be in a position where she can offer her natal parents financial support and old-age care. Although a daughter may be able to offer some day-to-day support, it is the son who carries the main responsibility for parents in their old age. This responsibility, interviewees said, makes it logical and reasonable that sons inherit more than daughters of their parents' property.

Inheritance

Patrilineal kinship systems often involve patrilineal inheritance, that is, not only names

and responsibilities for ancestors, but also land and property are passed on through the male line from fathers to sons. In Vietnam's recent past, people said, if a husband and wife had no son, they were likely to find an heir (*người thừa tự*) in another branch of the patriline. Most often the son of the husband's brother would become the heir, inheriting the couple's property, including their land and taking responsibility for worshipping his deceased uncle and aunt. The main purpose of this arrangement was to care for the parents' souls while also making sure that their property did not fall into the hands of another lineage. Some elderly female interviewees told the researchers about how they themselves, as daughters in a family with no sons, had experienced such property transfer: their parents' assets had been given to a male cousin, while they themselves had inherited practically nothing. They had found this very unfair, but had been powerless to change the situation.

In present-day Viet Nam, however, interviewees said, this form of inheritance is rare. If a couple has no sons, it is more likely that parents will transfer their assets to one of their daughters. Among the people in our sample who had no sons, only one person said she intended to find an heir within the patriline; everyone else said they planned to divide inheritance among their daughters. Many interviewees in the sample had children of both sexes. The majority of these individuals said that they planned to give both sons and daughters a share of the inheritance - but not an equal share. Because they expected to live with their son in their old age, and because he would also be taking care of ancestor worship, most interviewees planned to give their son a larger portion of the inheritance than their daughter. As explained by a female community cadre in Ha Noi:

Sons have to not only live with and take care of parents regularly or daily, but worship the ancestors. For these reasons, there is a consensus within the family that sons must receive more. This is not discrimination against daughters. But of course, in some families, parents divide evenly to their children. In my family, for example, sons and daughters are equal, inheriting equally.

In some cases, interviewees said that they did not plan to distinguish between boys and girls in inheritance. This intention was expressed more often by people in the southern research

sites than in the northern ones. One 41-year old man from Quang Ngai, for instance, had two daughters and one son. He intended to invest equally in the education of all three children and to divide inheritance equally among them:

I already made a plan a few years ago. In the short term, I have to take good care of my children's schooling... In the long term, when they get married, I have made a plan for how to divide my property. I now have three plots of land, so I intend to give one plot to each child.

This man had two adult daughters and a son who was born ten years after his youngest daughter. The man told the researchers that he had not expected to have a son: he had three brothers who all had sons, so there was no family pressure on him. Moreover, his wife was the only child of her parents, and he had observed her fulfill her duties towards her parents very well, so he was happy with his two daughters and had planned to let them inherit everything. His youngest daughter would inherit their house and he and his wife planned to live with her in their old age. After his son was born, he decided to divide inheritance equally among the three children.

The fact that intentions to divide inheritance equally between sons and daughters were more often expressed in the southern sites can be explained by the fact that in the southern part of the country, kinship has stronger 'bilateral' traits, and equal inheritance by sons and daughters is more well established (Do Thai Dong 1991). In Ha Noi and Hung Yen, most people seemed to take for granted that under normal circumstances, the parents will live with their son, whereas in Can Tho and Quang Ngai, people were more open to the possibility that parents may live with any of their children. Similar observations have been made by Do Thai Dong (1991: 79) who notes that in the north of Vietnam, it is the eldest son who has inheritance rights, whereas in the south, 'Old-aged parents live with the last child and he/she is the person who will take care of the worshipping of them after their deaths.' A 36-year old man from Can Tho, who was the father of two girls and one boy, said:

In general, I like to be fair. Both sons and daughters are my children. I will let them inherit equally. However, those who contribute more to build up the family's property will receive a bit more (Ask: Who do you feel will support you more?). My children

are still small... But I think my middle daughter will support me more.

The sample size of the present study was not large enough to make a systematic analysis of the connections between people's socio-economic status and their desires for sons. However, many informants pointed out that for wealthy families, it is of particularly urgent importance to have a son who will inherit the family property. Just like sons should carry on the family line, they should also carry on the family business. In the past few years, government policies to encourage the development of the private sector have fostered a rapid development of family businesses, especially in urban areas. This increasing wealth, informants said, deepens these families' wishes for sons:

Most well-off families running their own business desire a son even more than other people, so that they have someone to hand over the family business to in the future. If they pass on the family's assets to a daughter, she will give it all to her husband's family [smile]. (FGD with ward leaders, Can Tho)

In my opinion, when people feel well-off or adequate, they are in need of a son as a successor. Certainly, they regret it if they have to give their property to a son-in-law, frankly speaking. (FGD with commune leaders, Hung Yen)

The connections between living standards and son preference that these interviewees pointed to resonate with recent analyses of the 2009 Viet Nam Population and Housing Census data. While the poorest and the poor groups had a normal SRB (105-107), the groups with medium, well-off and rich living standards had much higher SRB, with levels around 112 (UNFPA 2010b). The Census also found a high level of SRB at the third-child-births in families with medium living standards and higher. Several officials in this study made similar observations. The vice-head of a provincial health department, for instance, observed that some Party members were ready to give up their political careers in order to realize their desires for a son:

... many people are willing to give up their political interests in order to have a son. In other words, if they have the third child, they will be expelled from the Party... However, many people accept that (Female, Vice-head of Health Department).

Before *Doi Moi*, the notion of success (*thành đạt*) in Vietnamese society was often associated with high rank in the government system. Nowadays, success has economic dimensions too; those doing well in business are also considered successful. However, the notion of success is also closely related to the family: if one's family is not 'complete' (*tròn vẹn*), one cannot be said to have success in life. Since a son is considered a family's most important asset, bearing a son seems to have become central to people's notions of what it means to be a successful person. A 32-year old man from Quang Ngai said, 'I have noticed that men who are big traders or high-ranking officials want a son to continue their business or make it more successful'. Similarly, a 36-year old man from Hung Yen said, 'In the city, government officials are often those who own property. Therefore, they wish for a son to carry on the family line'.

In short, many interviewees emphasized that with increasing wealth, sons seem to become increasingly important: only sons, many people hold, ensure continuation of the family line and the perpetuation of the family's work. Although most people expressed a moral commitment to let daughters inherit too, the pattern of patrilineal inheritance seemed to remain strong. This cultural and socio-economic importance attached to sons was strongly reinforced by community norms: in local communities, having a son was often seen as a precondition for being recognized as a valuable person in the eyes of others.

IN THE EYES OF OTHERS: FAMILY PRESSURES AND COMMUNITY NORMS

Collecting data for this research, the research team went to communities across Vietnam, visiting and talking to people in both urban and rural areas. Whether they lived in a city, a town or a rural village, all interviewees expressed acute concern about 'the things people say': childbearing, the interviews showed, is not just a 'private' matter that concerns the individual woman, man, or couple, but a collective issue in which both family and community members take a keen interest. Living in closely-knit communities, many interviewees felt highly exposed to things that others may say about them, and most people strove hard to establish a positive image

of themselves in the eyes of others. To gain other people's respect and recognition, the ability to produce children of the desired character turned out to be very important. Most interviewees said they aspired to have no more than two children – and so the expectations placed on these two children seemed to rise.

Producing a modern family: the internalization of family planning norms

In Vietnam today, many informants said, the ideal nuclear family composition includes mother, father, one son, and one daughter. The desire to have both 'sticky rice and ordinary rice' (*có nếp, có tẻ*) is a long-standing one in Viet Nam, but today this ideal has become harder to achieve: before, people needed 'at least' one son and 'at least' one daughter. Today, they need exactly one son and exactly one daughter. Some interviewees defined this need for exactly one son and one daughter as a product of the government's strict family planning policies that allow people to have no more than two children. In Hung Yen, a 37-year old father of two daughters and one son said:

At present, the government allows us to have only one or two children. Therefore, the tendency in families with many daughters is that when there is a pregnancy, they will certainly go for an ultrasound. If it is a boy, they will keep it, if it is a girl, they will terminate it. Nowadays, many people do this.

Some officials drew direct links between the government's family planning policy and current practices of sex selection. A male official from Can Tho, for instance, said:

If people have two daughters or one daughter, they have to find a way of having a son. So when the ultrasound says that it is another girl, they want to terminate the pregnancy. But if you allow them to deliver as many as they can, they will have two daughters and then, if the third pregnancy results in a boy, they will stop. The prohibition [of having more than two children] itself is the point. If we allow two children only, this may create a sex imbalance. But if we do not prohibit, the population would grow very quickly, then we cannot control the population problem. So it is like having a double-edged sword.

Similarly, a female commune leader from Hung Yen saw sex-selective practices as the product of the government's two-child policy. She told the following story about one of her neighbors:

The policy of the government of having two children is excellent. But as people limit their number of children, they have to make choices. They have to look for ways. Some women got abortions up to seven times. One lives next door to my house, she had ten abortions and nearly died from that. She said that although she is aging, she had to do this. She kept getting abortions, otherwise her husband would beat her. He would strangle her neck. Once, she ran to my house, shouting "Help me, sister". She is 52 years old, but her husband forced her to give birth.

In the communities, however, the vast majority of interviewees did not represent the two-child-family norm as a demand placed on them by state authorities. Rather, they set it forth as their own ideal: in order to care properly for one's children, they asserted, one should have no more than two. A 34-year old Hanoian father of two girls, for instance, said

Frankly, in my own view, I would like to have only two children, not more. Having many children we cannot take good care of them. We should create good conditions for our children to study and live better. It is much harder to provide good care for a child at present time...Frankly, I think like many other people do. I would like my family have both a boy and a girl.

The family planning norms that have been communicated to Viet Nam's citizens over the past three decades seem, in other words, to have been internalized by many people now. As an official from Can Tho remarked, 'The majority of people here have come to accept the small family size. Communication and education to make people accept a small family size do not face any challenges, because if you have fewer children, you can better afford to raise them.' The fact that family planning norms have been internalized may only make them even more forceful than if they were 'imposed' by state authorities. These norms, in combination with the availability of new reproductive technologies – mainly ultrasounds and abortions – are, according

to many interviewees, the driving forces behind the current rise of sex ratio at birth in the country. People embrace the small size family norm, and they embrace new 'scientific' methods for family-building, and these two things together create a situation where the preference for sons results in the birth of more boys than girls. In the words of a 33-year old man from Ha Noi, 'Given the current situation where people want only two children, it is certain that daughters will be rare later on.'

But while the small size family norm has been widely adopted by people, the ideal gender composition of the family described by interviewees differed from the 'model family' propagated by the state: whereas family planning campaigns have sought 'gender neutrality' and attempted to ignore the cultural differences between males and females, interviewees in all research sites emphasized that the children's sex does matter - and that for most couples, it is vitally important to have at least one son. The 'model family' they described included one son and one daughter - and ideally, many interviewees said, the son should be born first. People in Viet Nam used to claim that 'not even deep rice fields and female buffalos are as valuable as a first-born daughter' (*ruộng sâu trâu nái không bằng con gái đầu lòng*), yet today many couples clearly aspire to have first a boy, and then a girl. Having a son as one's first-born 'puts the mind at ease', according to interviewees in all research sites. When having a son first, people can avoid the tension, pressure and uncertainty that will suffuse their lives if their first-born is a daughter. Like many other research participants, a 32-year old antenatal care client from Quang Ngai said she found it 'safer' to have a son first:

I think it is best to have a son as my first child and a daughter as my second child. Because it is safer when my first child is a son. (Ask: In what way is it safer?). For example, I don't have to worry about the sex of my second child. It would be OK if I have another son, and it would be best if I could have a daughter. In contrast, if my first child is a daughter, I will be very worried when I am expecting the second child. I will be worried that my husband will be very sad if the ultrasound images show that I am expecting a daughter. He may say "Oh, dear! A daughter again". He may feel sad and therefore may make a lot of complaints.

Therefore, it is safer if my first child is a son. The sex of my second child will not matter to me, though it is best to have a son and a daughter.

The means that people employ to attain the family they desire will be discussed in more detail in the next chapter. Here, we shall now consider the childbearing pressures that were placed on women and men by the family and community members with whom they shared their lives.

Producing a son: pressures within the family

In this study, both men and women reported feeling pressured by family members to have a son - yet these pressures took different forms, often weighing more heavily on women. When they get married, women in Viet Nam often move to live in the household of their husband's parents. This places them in a vulnerable position within their husband's household: being new to this family, they have to prove their worth by behaving well and working hard, - and by producing the heir that will carry on this family's line. Giving birth to a son, therefore, secures a woman's position within her new family. Knowing this, a woman's natal parents will often feel happy and relieved if she gives birth to a son; they know that this helps her to be protected and recognized in her new family. A 67-year old man from Quang Ngai described the powerlessness he imagined he would feel if his daughter was pressured by her in-laws to have a son - and the joy he had felt when she gave birth to a boy:

My daughter became their daughter in-law and when she gave birth to a son I was so happy. Now they cannot neglect my child. If my daughter gets married and she delivers only daughters, then, firstly, her parents-in-law would neglect her. Secondly, it would ruin the solidarity between two families, and they may have to look for another wife for their son. I can persuade my own son. But if my son in-law wants a son but my daughter delivers, say three daughters, then he would neglect her and I would be unable to encourage him or persuade him.

This 65-year old woman from Hung Yen was very happy when both of her two daughters gave birth to sons. She felt that she could now have peace of mind, knowing that her daughters would have a good status in their husbands' families. She felt

proud to have delivered daughters who 'knew how to give birth':

I wished that when my daughter got married she could deliver a son to continue her husband's family line. For me, it is fine to have granddaughters, but their family needs a grandson. So I wished that my daughter could have a son so that she would not be neglected by her family in-law. Frankly, I was so proud because my two daughters delivered two first-born sons. I was truly very proud.

Similarly, a 72-year old grandfather from Hung Yen hoped that his daughter - who was now expecting her first child - would give birth to a boy. If she had a girl, he said, this would be harmful not only to her, but to their entire family, because to date, all of her siblings had had only girls. The family might therefore become known as 'a family who cannot have sons':

If her first-born child is a son, her husband will treasure her like gold. He will see her off and pick her up. But if it is a daughter, she will get stigmatized and people will say that her family has only daughters and cannot have sons. My daughter is afraid that if she also delivers a daughter, she will be criticized. So she is worried now. She does not show it, but I know that she is worried.

A woman's value, interviewees in all sites suggested, depends on the kind of children she produces, and the child's sex is an important parameter of success. In Hung Yen, women's dependence on sons to gain acceptance within the patrilineal family seemed to be particularly strong. A Hung Yen official told the researchers that, 'If a woman produces two daughters, she will be described as a woman who "does not know how to give birth" (*không biết đẻ*). Her husband will say to her, "Other women know how to produce a son and a daughter, or even two sons, while you cannot produce a single son.' In many extended families, and particularly in Hung Yen, there seemed to be a competitive normative environment where the family's women - knowing that they were being assessed by others, and judged on their capacity to give birth - would compete against each other, each trying to gain a superior position vis-à-vis other women in the family through the children they were able to produce:

I want to produce a son to keep up with my sisters and brothers. My older sister has a son and my younger sister has a son too; therefore, I must have a son to be equal to them. I must have a son so that my friends would not continue to say that I can't produce a son. (Woman aged 24, two daughters, Hung Yen)

All of my sisters, brothers and cousins have both daughters and sons, so I always feel that I am behind them, inferior to them. (Woman aged 40, four daughters, Hung Yen)

Some women in the sample said that they themselves hoped to have a son because they knew how important a son was to their husband and/or parents-in-law. A 35-year old woman from Quang Ngai, for instance, told the researchers that she had decided to have her third child - who turned out to be a son - because she felt sorry for her mother-in-law who did not yet have a grandson:

My brother-in-law has three daughters and my mother-in-law very much wants to have a grandson. So I decided to have another child. (Ask: Did your mother-in-law encourage you to have another child?) No, she did not. It was up to us. Feeling sorry for my mother-in-law and thinking that we still had few children, I decided to have another child.

A 24-year old Hung Yen woman, who was the mother of two daughters, described the pity she felt for her husband who was feeling inferior to his friends because of not having a son:

Not being able to produce a son puts pressures on both the wife and husband. But the wife has to bear great pressures and more hardship. We feel guilty when seeing our husbands being humble, unable to put their heads up high when meeting their friends who have sons. Without a son, my husband does not dare answer them back when his friends criticize or provoke him.

In some cases, in short, women said they strove for sons out of feelings of love, compassion and responsibility for their husband and his family. They wanted to live up to the expectations that were placed on them and to be good wives and daughters-in-law. In other cases, however, the situation within the family was more tense and conflict-ridden. Some women reported feeling threatened: by not having a son, they said, they

exposed themselves to the risk of losing their husband to another woman.

Although polygamy has been illegal in Viet Nam since 1959, it is not uncommon that a man will take another 'wife' if his legal wife cannot give him a son. Several of the women interviewed for this study - particularly those living in Hung Yen - expressed fears that if they failed to produce a son, their husband might take another woman. Being divorced or abandoned by their husbands would be not only morally problematic for the women, but also entail large financial risks. One 29-year old woman from Can Tho was the mother of two girls and had had several abortions in the attempt to have a son. She said:

I feel sorry for women. As a woman, I am afraid that my husband will leave me. I feel sorry for my husband for not having a son, so I have decided to undergo several abortions, although I do fear that such repeated abortions will be harmful to my health.

A 38-year old woman from Hung Yen who had two daughters and one son said that it was the birth of her son that had ensured her family's happiness. Because of him, she did not have to fear that her family's assets would have to be shared with another woman: 'Our son maintains our family's happiness. The money that my husband earns is just for us, not for another woman and her children. So we can take better care of our children'. A 33-year old Hung Yen woman with two daughters told the researchers that lacking a son made her feel very anxious, as she had witnessed several men finding new wives if their first wife failed to produce a son:

This actually happens in our village. Some people said, "See. Those men have up to four daughters, but they are still faithful to their wives". However, in fact, the men had illegal wives in other places where they go to work. Then later, they bring their mature sons back to their family. Evidently, men really prefer sons. We often tease each other, saying "If you can't produce a son, your husband will get married to another woman". But in many cases it is not just teasing, but fact. Therefore, if I know for sure that if I can produce a son this time, I will definitely get pregnant and give birth to him. However, no one can know that, so I am very worried.

In some cases, people reported, paternal grandparents put considerable pressure on young couples to produce another pregnancy in the hope of having a son. This was particularly likely to happen when there was a lack of sons in the extended family at large, as the entire family line was then at risk of discontinuation. A 36-years old man from Can Tho, for instance, said, 'I am the only son in my entire paternal family, so my mother pushed me to have a son, so that my paternal side is continued.' Similarly, a 41-year old man from Quang Ngai told the researchers:

In many families, the grandfather had only one son. This son, in turn, had only one son, and that son had only three daughters. In such families, the pressure is very large. The pressure is on the family line, not on the family only. That son will now be under pressure by the whole kin group.

Direct pressure by paternal grandparents was reported particularly by interviewees in Hung Yen. A 38-year old woman from Hung Yen who was the mother of two girls and a boy told the researchers that before her son was born, she was constantly criticized by her mother-in-law for not giving birth to a son. Even though their housing conditions were very bad, her mother-in-law did not allow them to build a new house because they had only daughters:

[When] my grandmother was still alive, she often complained. After giving birth to the second child, I would like to build a new house, but she did not allow that. She said, "You have only daughters, for what do you want to build a house?" She did not permit us to build the house because we live on her land.

Another couple in Hung Yen experienced similar pressure. The husband was an eldest son, but he had only one daughter. His parents warned that if the couple could not produce a son, they could not live in the family's large house, but would have to build a house on their own. Instead, the family's house would be transferred to the husband's younger brother who already had a son. A 27-year old woman in Hung Yen with one daughter said that when she was pregnant, the ultrasound showed that the fetus was male, and her parents-in-law were very happy. However, when the child turned out to be a girl, they changed their attitudes and became less concerned about her. When the child was born, they neglected mother and child, and frequently reminded the woman that she

should have a son, sometimes threatening her that they might find another wife for their son:

When I delivered our daughter they become cold to us. Before that, they cared for us, taking care of our meals and sleep. But when I delivered a girl, my parents-in-law treated me in a colder way. They did not care much about us. Whenever we had conversations, they told me, "This man or that man already has a grandson, but I still do not," or said, "Now I am nearly 60 years old, but I have no grandson to carry on the family line". They talked a lot. They even said: "If you cannot deliver a son I will marry another wife for my son".

In Hung Yen, some informants reported that pressure from parents in-law or husbands could sometimes lead to conflicts and violence in the family, particularly if the wife refused to get pregnant again. The woman would be blamed for "not knowing how to give birth" and threatened with divorce:

If the family wants a son but the wife does not, the family of the husband will incite the husband or insult him so that he may come home and beat his wife, forcing her to give birth until they have a son. If she delivers only girls the husband may beat his wife or insist on a divorce, saying "If you don't accept a divorce, I will get another wife". (FGD with commune authorities, Hung Yen)

Without a son, conflicts occur frequently in the family; trivial problems are turned into serious ones; and husband and wives have quarrels, even fights with each other. Take my elder sister's family as an example. They have four daughters. Just because of son preference, there have been regular conflicts between her and her husband. They have even almost got divorced just because he insists on having a son. He forces my sister to produce a son because he is the only son in his family. (Man aged 27, two daughters, Hung Yen).

Community pressures

The research found that pressure to have a son came not only from the family, but also from the community at large. Some interviewees described such community pressure - which usually took the form of teasing or degrading remarks - as

just as hurtful and hard to live with as pressures within the family. Because community pressure unfolded in public space, those exposed to it were humiliated and lost face in front of other people; whereas family pressure would usually take more discreet and 'private' forms. While women were particularly vulnerable to pressures within the family due to their insecure social position in their family-in-law, men seemed particularly vulnerable to community pressures. In popular opinion, to be successful in life (*thành đạt*) and to be fully masculine, a man must have at least one son (Institute for Social Development Studies 2007). Not having a son may therefore expose a man to ridicule and gossiping. A local official in Can Tho said, 'When men meet and drink, those without sons are often criticized for being inferior to their wives or for being afraid of their wives'. A 22-year old man from Hung Yen confirmed this, saying, 'Since I had my son, it has been more relaxing to go out. With only daughters, I would be teased that I did not know how to produce a son'.

Both in the North and the South, interviewees reported that other people's teasing and jokes often generate heavy pressures on men. In the Red River Delta, this old saying is still sometimes used to ridicule those who have only daughters: 'The wife's father gets punched' (*bố vợ phải đấm*); meaning that men who have only daughters are not respected, not even by their son-in-law. Interviewees also reported that in family parties (*cỗ*), men who have only daughters are sometimes placed at the 'lower' tables where the more 'inferior' members of the family, such as women and children, are seated, while the most respected members of the family - such as grandfathers and senior uncles - are placed at the 'higher' tables. Even if this does not happen in reality, in workplaces and at drinking parties, it is common for men to tease son-less men, saying that they will be placed at the 'lower' tables of family parties. Such public humiliation was described by informants as very hurtful and as a very effective way in which pressure is placed on men to do all they can to have a son. A local official in Hung Yen told the researchers about the public pressures that are put on men in his community:

The men who don't have sons are worst hurt at the parties. At parties, men without sons are often told to sit at the "lower" tables just because they have only daughters. That is the first thing. Moreover, at gatherings

with friends, they are told things such as “It is boring to talk with you. You don’t know anything about this because in the future you will become only the wife’s father”. After being teased like that, many men decide to have sons by all means so that they will not be inferior to their friends. Some say they will not stop producing children until they have a son, so that they will not have to suffer from attacks such as “the wife’s father gets punched”, being seated at “lower tables” at parties, or being called ignorant. Feeling angry and provoked, they decide to produce the third child. Worse, if the ultrasound image shows that their wife is expecting a girl, they will immediately get an abortion. The wife will have to get pregnant again and again until she can produce a son.

A son is a symbol of power. Families having sons, informants said, feel more confident in the local community, and lineages with many males have more power and prestige. As a population officer from Hung Yen said, ‘People need numerous children and grandchildren in order to make their kin group (*đòng họ*) larger and stronger’. Not having a son, therefore, tends to make people feel inferior and vulnerable. A 27-year old woman from Hung Yen felt heart-broken because people were ridiculing her husband. She told the researchers that she and her husband experienced a huge pressure from both friends and family, and this made them both feel tense and worried:

My husband was often provoked by his friends. This made him very sad. When visiting us or going out together, [his friends] said that he has no one to hold the stick [at his funeral] or that he does not know how to make a baby. My parents feel sad also. They told us that they want two grandsons, so we should try hard, by whatever means, so that they can have two grandsons. Besides, relatives and cousins, for instance, when sitting together at family feasts, provoked my husband, calling him this and that. So my husband and I feel very sad and very worried.

A 29-year old man from Hung Yen described the tension he had felt prior to the birth of his son due to the teasing remarks from others:

The ultrasound result said that would have a daughter, so they started to tease me. They

said, “How long is the width of your land?” This means that they will ask their son to go there to measure the land. Hearing my friends saying so, I felt discontented. For example, when we gathered for drinking some tea or some alcohol, my friends also made jokes about me. Whenever I thought about it, I felt angry. Later, when I was sure that I would have a son, I felt more relaxed. I felt secure that no one could tease me anymore.

Such teasing among men was reported particularly in the North; however, men living in other regions also experienced such situations. Two men living in Quang Ngai, for instance, gave these examples from their localities:

In many cases, if friends are good, nothing will happen. But sometimes fights break out in drinking parties because, you know, some guy provoked another, saying excessive words, and then it became troublesome. (Man aged 36, two daughters, Quang Ngai)

When I go outside, many people tease me. They say things like “you are a lifetime maternal grandfather”. (Man aged 32, two daughters, Quang Ngai)

Pressures seemed to increase if a couple had two daughters. Sometimes people posed only curious questions, or made some remarks to show their concern - however, this would still increase the anxieties felt by the son-less:

When we had our first child, people did not talk or comment much. But since the birth of our second child, the pressure has increased and people are talking more about it. (Man aged 35, two daughters, Hung Yen)

When I had two daughters, my friends started to ask whether I wanted to have another child. They asked why I did not try to get a son and advised me to try for a son so that he can stay with me in my old age. They say, if I have only two daughters, who am I going to live with when I get old? (Man aged 33, two daughters, Can Tho).

Couples who are successful in economic life and have gained a high status in society are, according to interviewees, particularly exposed to malice and stigma if they do not have a son. During a focus group discussion in Hung Yen, a commune official mentioned the case of a community

member who had a high social standing but no son: 'He is a colonel and has a high position. But his brothers say that although he has a lot of money, his future will be worthless. Even his own brothers say that, let alone outsiders'. Not having a son, another official in this focus group discussion said, makes people more vulnerable in case other things in their lives go wrong. For officials, such vulnerability can be particularly problematic; having no sons can undermine the authority of a local leader:

In our home village, there is a belief that a person who has no virtue will end up having no son to continue the family line. In this district there is one leader who has only daughters. If things go smoothly, there is no problem. But if someone makes a mistake and comes under disciplinary consideration, they will condemn that leader. They will say to each other that he is son-less and has no one to continue the family line and this and that. When I was the Chairman of a district, there was one commune where people would discriminate against each other even within the party unit. Those who had sons would be seated in the higher- rank tables and those who had only daughters in the lower-rank tables. That happened right within a party unit, so of course it happens among general people too.

In recent years, new idioms used to characterize son-less families have emerged. People sometimes mock son-less couples by saying that they have 'built a house for charity' or 'built a house of affection and gratitude' (*xây nhà tình nghĩa*), thereby implying that the family has accumulated property, but will 'lose' this property to another kin group by letting their daughter and son in-law inherit it. Such idioms, although meant for fun, were sometimes experienced as very hurtful:

A woman [having only daughters] built a very big house, a villa style one with three or four storeys. Many people passed by and commented "Wow, for what do you need to build such a big house? You have built this house for charity, for affection and gratitude". (Female health official, Hung Yen)

In our neighbouring village, families that have only daughters suffer seriously from other people's rumoring and mocking. They say, "For what reason do you struggle hard

to build a house which will be owned by your son in-law anyway? They call the house a house of compassion. (FGD with ward leaders, Ha Noi)

These idioms seemed to be more commonly used in the research sites in Hung Yen and Ha Noi and less in Can Tho.

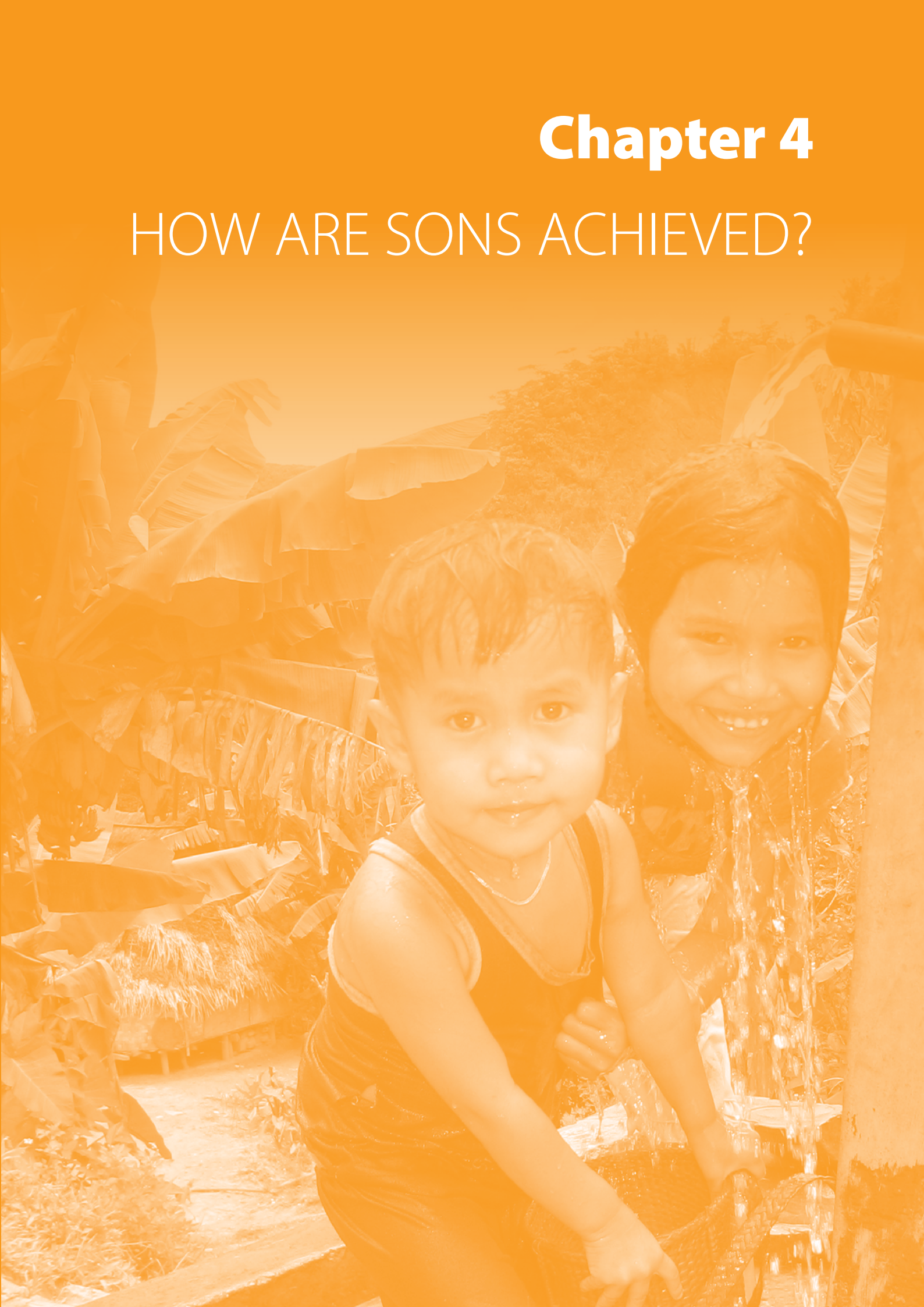
SUMMING UP: WHY ARE SONS PREFERRED?

This chapter has shown that the forces that compel people in Viet Nam to prefer sons to daughters are complex: at issue are *cultural ideologies* - particularly the idea that family lines are continued through males only and that ancestor worship should be practiced by men if possible; *socio-economic arrangements* - particularly patrilocal residence patterns in which elderly couples live together with their son, and the ensuing inheritance patterns in which sons inherit the largest share of parents' assets; and powerful *normative pressures* which push people to strive for sons in order to gain acceptance and recognition in families and communities. In short, when sons are preferred to daughters in contemporary Viet Nam, these wishes and dispositions are anchored in age-old kinship structures that valorize males at the expense of females.

This research suggests that male-oriented kinship patterns are stronger and more rigid in the North than in the South, a finding that resonates with the results of the 2009 Census which showed that sex ratios at birth are considerably higher in the Red River Delta than in other parts of the country (UNFPA 2010b). Notably, however, this qualitative research found that people in all research sites expressed profound appreciation of daughters too. In words that reflected traditional gender stereotypes, informants emphasized that daughters are generally more reliable and hard-working than sons, and that sons are not always as considerate as daughters and more likely to become burdens on their families if engaging in 'social evils'. Furthermore, many people said that daughters too can care well for their parents in old age and worship the ancestors.

Chapter 4

HOW ARE SONS ACHIEVED?





Until recently, when a first-time pregnancy in Viet Nam resulted in the birth of a daughter, this would elicit pride and praise. In popular opinion, couples who had first a daughter and then a son had achieved the ideal family composition: this combination would give the couple 'ten points', whereas couples with first a boy and then a girl would get 'nine points', couples with two boys 'five points' and couples with two girls 'two points'. In today's Viet Nam, the premises for such childbearing competition seem to have changed: now, as noted above, most people hold that the first-born child should ideally be a boy. In an attempt to produce the son that they desire, participants in this research reported, people seek recourse to a number of methods, some of them used prior to, others after conception. The journey to achieve the desired son starts, in many cases, already from the first pregnancy.

PRODUCING A SON: THE SCIENCE OF SELECTIVE REPRODUCTION

The desire for sons is not new in Viet Nam and participants in this study referred to a range of methods that have traditionally been used in order to 'have children according to one's desire' (*sinh con theo ý muốn*), including traditional medicines, particular diets, and the assistance of fortune tellers (Institute for Social Development Studies 2007). Today, however, these 'traditional' strategies to produce children of a certain sex often seemed to have become embedded within the 'modern' and 'scientific' setting of biomedical practice. It was widely held among interviewees, for instance, that if sexual intercourse takes place immediately after ovulation, chances of conceiving a male child will be higher; and that by changing the vaginal environment, one can increase the chances of conceiving a son. This compelled many people to use an ovulation test stick together with ultrasonography to ascertain precisely the time of ovulation; or to eat foods that were supposed to change the vaginal environment in the desired way. Many interviewees reported combining several methods, such as diet plans in combination with a careful timing of intercourse. Notably, many undertook these measures following a plan developed for them by their physician.

The role of medical expertise in selective reproduction: 'If you pay more than a dozen million dong, you can get what you want'

In all research sites, both officials and ordinary people said that the use of 'science' to obtain the wanted family size and composition has become routine; 'scientific' interventions in reproduction is something most people consider necessary and beneficial. A commune leader from Hung Yen, for instance, said:

Before, when science was not advanced enough, people just gave birth to their full capacity until they had five or six children. They stopped only when they got the wanted son. In my sister's case, she had six or seven daughters before she got a son. But nowadays science has advanced. People can have two sons and then they stop. If the first child is a daughter, people may terminate the second pregnancy if they find out it is a female baby.

Similarly, an official from Ha Noi said:

There are some people who go for ultrasound service and discover that it is not a boy. In that case, they will terminate the pregnancy because they do not want to have too many children, they do not want to keep delivering babies constantly. There are persons who go abroad for artificial insemination in order to get a son. People accept the norm of a small family size now. It is not like in the past when people just kept giving birth to the "last ovum" until they got a son. Now people apply technological measures.

Like these officials, a Hung Yen mother with three daughters and one son expressed appreciation of the modern means of family-building that are available to people today:

People think that there should be both a boy and a girl, both "sticky rice and ordinary rice". I see that nowadays, if ten persons are pregnant, all ten utilize science. They go for ultrasound so that they can get their wanted birth. That's why many people are satisfied. Now people are satisfied that they can have a son. It is not like in the past when there were no modern methods and no machines.



The strong desires for sons among people in Viet Nam seem to have turned selective reproduction into a lucrative medical business. Many interviewees told the researchers that they had sought or planned to seek medical advice in order to find a 'scientific' path of action. A 36-year old man from Quang Ngai, for instance, who was the father of two daughters, expressed his faith in medical providers in these words, 'If my wife gives birth again, she should go to see a specialized doctor in order to get guidance. They have measures that can help us to get a wanted birth by following their plan'. A 67-year old grandfather from Quang Ngai told the researchers how his son and daughter-in-law had received advice on 'scientific' measures from their doctor:

After having the second child, he and his wife thought that now they already have two daughters, so they needed to have a son and then they could stop. Then they went to see the doctor. The doctor gave them prescriptions and a notebook. He provided them with medicines, injections, then he calculated the menstrual cycle. The couple used the provided notebook to monitor the cycle. They started to get injections and meals and to sleep according to the time scheduled by the doctor.

A 65-year old grandmother from Ha Noi had two sons, each of whom had three daughters but no sons. She told the researchers that one of her sons had asked her to give him one hundred

million Vietnamese đồng, so that he and his wife could find a way to have a son. Her husband's sister, who was a medical doctor, had scolded her son for not coming to her for advice:

Recently, my husband's sister said: "You want to have a child, so why don't you tell me, so that you can get counseling in order to have a son? Having children in such a mindless way, are you nuts?" Poor them, she really scolded them. In order to get the child that one wants, counseling is necessary. The majority of couples go for counseling, and people say that some are successful.

Selective reproduction was, it seemed, widely accepted throughout all research sites, and regarded as a modern response to the normative demands placed on childbearing. Most people expressed appreciation of the fact that science and technology can now help people to create the families they desire, not only timing childbirths, but also determining children's sex. In the words of a 32-year old man from Ha Noi, 'In my opinion, science is the best way. For example, we can calculate the day of ovulation or dates when there is a high probability of conceiving a child of male sex'. A Hung Yen mother of three daughters and one son said:

Nowadays, there are modern methods. People even go to get an ultrasound image of the ovum. Then they can go for feeling the pulse, or for ultrasound. In the past there were no such ultrasound machines. When

women got pregnant, they simply waited for the delivery [before knowing the sex]. There were no such modern methods.

In Quang Ngai, a 32-year old father of two daughters said that if he and his wife decided to have a third child, he would make use of scientific means to ensure that they had a male child. He had heard about sperm filtering and wanted to make use of such technology.

I have heard that one can go to do a spermdigram (tinh trung đồ), applying artificial conception in order to get a boy. If such scientific advancement is available, we should apply it in order to get a wanted child so that we can have peace in mind. I heard from many people that if you pay more than a dozen million dong, you can get what you want. In my view, it is best to have the first child naturally. If it is a son, it means family happiness. But if you are exposed to social pressure, you should apply science to get the wanted birth. It will not bring any bad effects, and it saves you from having to have many children. For me, if I decide for a third child, and if advanced scientific measures are available, I will apply them.

During interviews, obstetrics nurses and doctors confirmed that they were often asked to provide counseling on how to produce a son. An obstetric doctor based in Ha Noi said that numerous of her clients were ready to pay her large sums of money to be counseled on son production:

Many clients, mainly those visiting my private clinic, have requested me to counsel them. They have begged me again and again, saying 'Please counsel me and I will pay you whatever fee you charge'. They say in very straightforward terms that they want to be counselled on how to produce a son. They ask me what diet system they should follow, when to have sex, if the ovulation should be monitored, and if there is anything to be douched into the vagina. You see, they are very well informed, they have learned about those things from the Internet.

Although people desiring sons would usually make use of a variety of different means and strategies in order to realize their wishes, many interviewees said that the most efficient method to achieve this was through the use of ultrasonography in

combination with induced abortion. A commune official from Hung Yen, for instance, said:

Women often go to see the fortune-teller to see if, given their age, they can have a boy next year or not. Or they share experiences among themselves regarding what kind of eating regime is needed. For the husband, for instance, to eat brooding duck eggs or snake's skin. Secondly, women who have two daughters go together to get Chinese traditional medicine from a well-known herbalist in order to get their blood changed so they can conceive a son. Such are some of methods that women use in order to have a son. But the best results when people want to know if it is a son come from ultrasound. There was a woman who had five abortions before having a son.

Ultrasonography in combination with induced abortion: 'They want to win at the first battle'

Since the early 1990s, ultrasonography has become an increasingly routinized part of pregnancy care in Vietnam (Gammeltoft and Nguyễn 2007). Today, women in many localities undergo a high number of ultrasound scanings in each pregnancy, and most women know the sex of their child-to-be prior to its birth. Participants in this study often described the strong feelings of disappointment and despair that resulted if the ultrasound scanning showed the fetus to be female. A 43-year old woman from Can Tho with two daughters, for instance, described her husband's reaction in these words:

When learning that the first child I was expecting was a daughter, he was sad. Therefore, he rarely helped me to buy food to boost my and my child's health. He did, but rarely. He did not take me to any restaurant for this delicious dish or that nutritious one. He just helped me to buy the food that I told him to.

Research participants said that women who are expecting sons are given congratulations, while those who are expecting daughters usually just receive consoling comments. A 23-year old woman from Ha Noi who was the mother of one girl said:

Everyone wants sons... For example, when somebody asks [a pregnant woman] "Are you expecting a son or a daughter?" and she says, "A son", the person will say "Oh, very

good! Congratulations!" When the answer is a daughter, he or she will say, "That's OK". You see, everyone prefers sons to daughters. When learning that a woman is expecting a daughter, other people will say "As your first child, a daughter is OK". If it is a son, they will say "Good, very good!" In contrast, if it is a daughter, they will just say "It is OK. You will have a son later".

According to observations made by an obstetric doctor in Hung Yen, sons are often given more care and born by caesarean section because this method of delivery is considered by parents-to-be to be safer for the child:

When they are expecting a son, they often say to us "Doctor, please take him out by caesarean section so that he can be safe". Normally, if a woman is expecting a son, she comes to the hospital early to deliver him and she is very excited about it. She will make this or that request to the doctor. Most pregnant women expecting sons want to deliver their sons by caesarean section.

Many interviewees in this study described how they themselves or people they knew had made use of ultrasonography with a conscious intention to terminate the pregnancy if the fetus turned out to be female. The readiness to undergo repeated abortions in the hope of eventually having a son was expressed particularly forcefully in Hung Yen. Here, a population cadre said:

Most pregnant women now have ultrasound scans to define the sex of their child. If the ultrasound images show that they are expecting a daughter, the child will be aborted. Then, they will get pregnant and have an ultrasound scan again. If they are expecting a son, their child will be delivered and if not, they will have another abortion.

A 33-year old Hung Yen woman who already had two daughters and was expecting her third child told the researchers that in case this fetus turned out to be female, she would go for an abortion. Because of her family's economic conditions, she said, she did not want to have more children, but her husband wanted another child in the hope of having a son. Finding herself in this situation, she felt very anxious and worried, yet she saw no other solution:

If I give birth to another daughter, frankly

it would be hard for me. Now I am in this situation: if I go for the ultrasound and they tell me it is a girl, I will have to have an abortion. No matter how sick I am now, I cannot afford to have another child. If I have another child, we will face economic difficulties. My health is weak, so I am afraid [of having an abortion]. (Ask: If so, later on do you think that you will find ways to have a son?) Later on, after getting the abortion, if I am still sick and my husband understands, I would stop [having children]. But I am afraid that if my husband insists on having a son, I will have to accept it. There is no other way. Even if I am still sick, I will have to accept it.

This woman pointed to the pressures that the availability of new technology can put on women: when reproductive technologies are available, she implied, it can be very difficult not to use them.

Sex-selective abortion is illegal in Viet Nam, and the researchers did not encounter any women who offered a personal story of undergoing such abortions. In this study, only 'other people's abortions' or the personal intention to undergo a sex-selective abortion were described, as in the above case of the 33-year old woman from Hung Yen. Another Hung Yen woman, a 27-year old mother of one daughter, told the researchers that her parents-in-law were eagerly encouraging her to have another child. In her next pregnancy, they said, she must undergo an abortion if the ultrasound scanning found the fetus to be female:

My parents-in-law tell me that I must get an ultrasound scan early. They explain that early ultrasound is needed to define the sex of the fetus so that appropriate solutions can be adopted. (Ask: What are appropriate solutions?) If the baby I am expecting is a daughter again, I will have to have her aborted until I can have a son. My parents-in-law have repeated that solution to me several times.

Because many people aspire to have a son as their first-born child, interviewees in all sites said, sex-selective abortions sometimes occur already in the first pregnancy. As an obstetrician from Hung Yen phrased it, 'They want to win at the first battle. Then they don't have to worry about the sex of their second child'. A male Can Tho official pointed out that in urban areas, people sometimes want to have only one child - and this too compels them to opt for sex selection already in the first pregnancy:

Nowadays, young couples, like my friends or me, prefer sons. When we are ready to produce a child, we tend to select a son. If we are successful, we will not have to produce any other child. (Ask: How do you 'select' the sex of your child?) We can apply scientific solutions such as having sex on a certain day in order to have a son. Most couples who have already produced a son do not want to have another child. This is partly due to their limited economic means and partly to modern thinking. Most couples select their child and if their selection is successful, they will stop producing children.

The observations made by research participants are in line with data from the 2009 Census which showed that the sex ratio at birth for Vietnamese children is 110.2 - in other words, unlike their peers in other countries in the region, people in Viet Nam practice sex selection already in the first pregnancy (UNFPA 2010b).

Several interviewees pointed to the key role played by medical doctors in sex-selection practices. The use of ultrasonography for sex-selection is banned in Viet Nam, they said, yet doctors routinely fail to follow state regulations in this area. In Quang Ngai, the female head of a public health care clinic placed responsibility for the skewed sex ratios at birth squarely with health care providers:

The imbalance of the two sexes is directly associated with health care workers, especially those who provide ultrasound services. Who can provide information about an expected baby's sex? Only the ultrasound doctors can. It is the ultrasound doctors who do not follow the Government's regulations. Looking at the huge number of clients in ultrasound scanning clinics, you can find the answer easily.

Similarly, an obstetric doctor in Ha Noi claimed that ultrasound scanning services are being misused in Viet Nam at present. She found it regrettable that health providers apparently see no problem in informing parents-to-be of the sex of their fetus:

This is a dilemma in the health sector. Why not? Because there are no sanctions and the supervision is still inadequate. We have not implemented IEC activities to the population, and we have not raised awareness for service

providers. I tell you this: these service providers play very important roles in intervening in the sex ratio at birth. They themselves still do not grasp the issues well. They are not afraid. They intentionally intervene. The Ministry of Health should intervene to prevent this. We should not blame ordinary people if service providers intentionally offer sex identification services and provide abortion if the ultrasound says it is a girl.

These comments raise the question of whether the commercialization of ultrasound scanning services has gone too far in Viet Nam? This issue often came up during interviews with officials and health care providers.

Ultrasonography as a commodity

In recent years, a lucrative market for ultrasound scanning services has developed in many localities in Vietnam. Being low-cost, mobile, and easy to purchase, ultrasound technology has the potential for widespread use. Many obstetric-gynecological clinics advertise for their services through large posters announcing the availability of ultrasonography and showing scanning images of developing fetuses; and during the field research, the researchers sometimes saw obstetric-gynecological clinics advertising openly for sex identification services. According to advertisements on the Internet, an ultrasound scanning machine in Ha Noi costs from VND 5.5 million to VND 2.1 billion or more (an equivalent of around 280 USD to 107,000 USD), depending on its quality and manufacturing date. As a population official in Hung Yen remarked:

There are 2D, 3D and even 4D ultrasound scanners now. Because ultrasound scanners are becoming cheaper and cheaper, it is not difficult for people to buy one to assist their service. Ultrasound scanners are now even found in the communes; pregnant women no longer have to travel far to get ultrasound scans. Now that ultrasound scanners are provided by private clinics at commune level, it is very easy to get access to ultrasound in particular and to health care services in general, and therefore, also easy to get abortions.

At the time of this research, the price of an ultrasound scan in Ha Noi ranged from VND 100,000 to VND 500,000 (an equivalent of 5 to 25 USD), depending on the reputation of the doctor

and the quality of the equipment. Although a 2D scan can provide exact and detailed information about the status of a fetus, clinics equipped with 3D or 4D ultrasound scanners proliferate across both urban and rural areas at present. According to doctors interviewed in this study, a clinic with a high quality ultrasound scanner can attract up to 100 clients or more per day.

The health sector policies of decentralization and 'socialization' have made the procurement of ultrasound scanners easy for clinics. Interviewees within the health care sector said that there is no control over the models, marks and quality of ultrasound scanners. The procedure of ultrasound scanner procurement is very simple: all a clinic needs to do is to prepare the funds and order as many scanners as needed. A health sector official in Quảng Ngãi explained the process in these words:

(Ask: Is it easy to buy an ultrasound scanner if you have money?). Definitely easy. If I have money, I can just ask all of the ultrasound scanner suppliers I know to provide me with information about their products. Comparing all the products, I will buy the cheapest with highest quality. (Ask: Do you have to obtain permission or approval from a higher level health care authority? Or supposing you are

a private clinic and you have money and you want to buy ultrasound scanners, do you have to obtain permission?) No, I don't. A private clinic can buy the machine whenever they want and can afford it. However, a state-owned unit can only do this if it can manage to find the funds. If not, it has to ask for money from a higher level agency and wait for the approval. If approved, it will be given the estimated amount of money it proposed based on the quotations provided by different suppliers. When having the money, it can order the product.

The demand for ultrasound has encouraged some state-owned clinics to expand their service by 'socializing' (*xã hội hóa*) - that is, in fact, privatizing - it, in ways that blur the boundaries between 'public' and 'private' health care services. A doctor from a hospital in Ha Noi said that his hospital has three 4D and one 2D scanner. Each scanner can serve about 50 to 60 clients per day, but the number of clients is larger than this, so there is a considerable pressure on the scanning services. Not wanting their clients to go to private clinics around the hospital, the hospital management board asked for permission to use part of fees of the hospital to buy two additional 2D scanners. Because of a lack of funds, the hospital turned



to 'socialization'. As explained by this doctor, 'socialized' scanners are owned privately (by some technicians working in the hospital), but used by the hospital. The profits earned from the machines are partly divided to the machines' owners according to a certain ratio. The rest is used to pay for the sonographers, contribute to the state budget, and pay for paper, ink and gel and the hospital. He said:

Out of three 4D ultrasound scanners, two come from 'socialized' sources. Another 4D scanner will be bought at the end of this year from the money, also coming from a socialized source, but contributed by the hospital staff. The hospital will borrow money from its staff and pay them market interest instead of mobilizing capital from external sources. The hospital staff uses their own money to develop their hospital.

Because ultrasound scans are offered by numerous health care providers in both the public and the private sector, competition among clinics is fierce. This competition has important implications for health providers' willingness to inform their clients of the sex of their fetus: if they do not disclose the fetal sex, many health providers said, they will lose their clients to another clinic. A female nurse working for a private clinic in Hung Yen said:

When hearing that our facility does not provide information about sex of fetus via ultrasound scans, some clients leave immediately for another facility, while some reluctantly stay because they are already at our centre. Some insist on getting the information about the sex of their expected babies, no matter how much the doctor explains to them. Their primary purpose of coming here is to know about the sex of their expected child.

Like this nurse, many other health providers pointed out that getting to know the sex of their fetus was often women's primary aim when they came for an ultrasound scanning. Rejecting them, therefore, would mean to ruin one's business. An obstetrician from Quang Ngai said that when his hospital refused to offer women information about the sex of their fetus, this drastically reduced the number of clients coming to the hospital:

They are desperate to get information about the sex of their children. Nine, if not ten, out

of ten clients are interested in it. The Ministry of Health's Regulation bans the disclosure of sex of the fetus to pregnant women. Therefore, at first, a number of our clients turned away when they did not get this information. These women even criticized us for not satisfying their requirement.

Like this doctor, many other doctors reported feeling 'pressured' by their clients to inform them of the sex of the child they expected. In private clinics in particular, where health providers take more time for conversation and counseling, a close relationship may develop between patient and provider. This can make it hard for the doctor not to offer the woman the information that she so desperately needs. A 32-year old Hanoian mother of two daughters told the researchers how she had insisted that her doctor must inform her of the sex of the child she expected:

At first, the doctor did not tell me, but because of my insistence, he did. (Ask: How did you ask him?) I told him I had a daughter already and then I really wanted to know if I was expecting a son or another daughter. At first, he did not tell me, but when being asked again and again, he did. (Ask: Did he tell you directly and clearly that you were expecting a daughter?) Doctors often tell the sex of the expected babies indirectly to their clients; for example, "Your baby looks like her mother".

Similarly, a 38-year old woman from Hung Yen said, 'It is difficult for the doctor not to inform people about the sex of the fetus because it is the desire of clients. All clients who pay for ultrasound scans want to know the sex of their expected children; this is their desire. Therefore, doctors usually have to satisfy their clients.'

It is well known, both ordinary people and health professionals said, that private clinics in particular tend to ignore the Ministry of Health's ban on disclosure of fetal sex. In public facilities, the sex of the fetus is not always disclosed, and if it is, the information is conveyed in indirect ways. In private clinics, however, this information is often offered openly. As a 27-year old man from Can Tho said:

If I would like to know whether it is a boy or a girl, I just have to go to a private facility for ultrasound. The ultrasound device is more advanced than the one in the hospital. Going to a private clinic for the ultrasound,

you will know if it is a boy or a girl, but in the hospital they do not let you know.

A 33-year old man from Ha Noi said, 'Normally, private clinics are willing to provide their clients with the information about their expected babies' sex when being paid high. They even tell you in a very straightforward way: "You are expecting a girl or a boy" instead of beating about the bush'. To survive in the health care market, in short, many health providers saw no other option than to respond to their clients' wishes and demands. This raises the question of whether ultrasound scanning services can and should be more tightly controlled than is the case today?

Can the use of ultrasonography and abortion for sex determination and sex selection be controlled?

According to Government Decree No.104/2003/ND-CP issued on 16/9/2003, the use of ultrasound and abortion for the purposes of sex selection is illegal in Viet Nam. Moreover, according to the Decree No.114/2006/ND-CP issued on 30/10/2006, a fine of three to seven million dong (which is the equivalent of 150 to 360 USD) can be imposed if ultrasound is used for sex identification, and a fine of 7 to 15 million dong (equivalent of 360 to 770 USD) can be imposed if an abortion is performed for the purpose of sex selection. Also, the practicing licenses and certificates of any individual or organization who violates the above rules can be revoked for one to three months.

Most health care professionals and officials participating in this study said that they supported these regulations: they found it wrong to disclose the fetal sex and to perform abortions for sex-selective purposes. They also pointed out, however, that actual enforcement of these decrees is very difficult - mainly because it is difficult to generate evidence that violations have taken place. One official said, 'The Decree 114 is not feasible. Even though it stipulates the fine clearly, the fine can only be imposed when a violation is discovered. However, in fact, it is really hard to discover violations. We may know well that Mr. A or Mrs. B violates the regulations, but we do not have evidence, so we cannot impose a fine on them'. Similarly, a commune official from Can Tho said:

Personally I think that it is really difficult to implement the ban because our management mechanism is not strict yet,

making it almost impossible to discover violations and impose fines. Moreover, when doctors reveal information about the sex of the fetus to clients, they do it orally instead of in written form. Therefore, there is no evidence of their violations.

A health care worker from Ha Noi also pointed out that it is very difficult to find evidence of violations. During ultrasound scanings, she said, the doctor may convey information about fetal sex in a very subtle manner, and when women seek sex-selective abortions, they will never say that they abort this fetus because it is female:

It is difficult to deal with this even though there are policies and sanctions. In reality, I have never heard about any cases in which doctors or service suppliers have been penalized for providing ultrasound service for sex selection. Doctors have various indirect ways to tell their clients the sex of the expected babies; they do not tell their clients directly that they are expecting a son or a daughter. Instead, they may reveal the information nonverbally. Therefore, no fine can be imposed on them. This is a very difficult problem. It is even more difficult to penalize the clients - people have hundreds of reasons for their violations. They may say that they have their baby aborted because of their limited finances, not because of sex selection. They may say that they already have two children and that this is an unexpected child. Therefore, it is a great challenge to penalize clients.

At present, according to officials and health workers, there are no monitoring mechanisms within the health care sector that could help authorities to detect violations. Therefore, not complying with the Ministry of Health's ban has no consequences for doctors. This, as a female obstetric doctor from Ha Noi said, compels doctors to ignore the ban on sex identification and sex-selective abortion - they need their profits, and therefore disregard the ban:

Very difficult. Why is it difficult? Because Vietnamese sanctions are not strict enough. There are no monitoring measures. The regulations are set forth, but they are not implemented. Another reason is the very poor awareness of the service suppliers because of the high profits brought to them from health

care services. No one agrees to cut down their profits. They are not afraid when violating the regulations because in fact, they have never been penalized. You know, in Korea, if a clinic is discovered to perform an abortion for the purpose of sex selection, it will have to pay a fine of 12.000 U.S. dollars and its practicing license will be revoked. When and how will that kind of penalty be implemented in Viet Nam? To do this, there must be a close interconnection among sectors, agencies, say between the health care sector and communication agencies. Moreover, there should be specific penalties because if regulations on penalties are general, there will be loopholes which can be taken advantage of.

Although it is difficult to generate evidence of violations, some officials and health workers claimed that stricter control with the medical sector is actually possible. An official from Hung Yen, for instance, said:

What needs to be done is to supervise in order to figure out how many abortions are performed for sex selection. It is very difficult to do that because there is no evidence of sex disclosure. When being supervised, doctors will continue the ultrasound scan normally and legally; they will not reveal the babies' sex. However, in the absence of supervision, they do it. But there may be some effective measures such as recording voices and images or even acting as a pregnant client.

Many officials maintained that there is a need to improve health workers' awareness of the negative societal consequences of a skewed sex ratio at birth. If physicians lack awareness of the importance of this problem, they said, all monitoring and control measures will be in vain. A female obstetrician from Ha Noi, for instance, said:

Many officials maintained that there is a need to improve health workers' awareness of the negative societal consequences of a skewed sex ratio at birth. If physicians lack awareness of the importance of this problem, they said, all monitoring and control measures will be in vain. A female obstetrician from Ha Noi, for instance, said:

It is very difficult to prohibit ultrasound services although legal documents have been sent to private clinics. Of course, the prohibition is there, but nothing has been changed. We cannot obtain any written



evidence, or any taped conversation, we have nothing in hand so how can we say anything?... Therefore, the perceptions of health workers are very important.

Some interviewees envisaged, however, that such awareness raising would be difficult to do in the private sector where health care delivery is not closely supervised, where providers need to gain their clients' trust, and where profit motives are strong. For instance, a male Can Tho official said:

...in the government [clinics], people still practice ultrasound for fetal sex identification, but they do not dare to write it down. It is better in the government facilities. Regarding the private ones, how can we manage them? In the government facilities, staff will listen to you, but how do you manage the private ones? How can you order them not to tell whether it is a boy or a girl? It is very difficult.

Many interviewees pointed out that some doctors work in government facilities during the daytime, but work extra hours in private health services after working time. In order to attract customers for their own services, they often encourage patients to obtain services from their private practice. When working in their own clinic, they sometimes violate the regulation prohibiting providers to inform people of the fetus's sex. A 33-year old man from Ha Noi commented wryly:

To be honest, I don't think there should be private clinics. Now with private services available, we do abuse them. In many cases people are reluctant to go to the public hospital because they do not tell you [about the sex of the fetus]. But in private facilities, they tell you right away in order to make money. In fact, private providers are health



providers who work in hospitals but do extra hours there. They are already rich, now they get richer doing extra work.

In order to enforce the ban on identification of fetal sex, a Ha Noi obstetrician suggested, stories of physicians who violate the ban should be publicly announced in order to warn other health providers against doing the same.

According to interviewees, the problem of lack of evidence for violations concerns not only ultrasounds, but also abortions. At present, abortion is legal in Viet Nam until week 22 of the pregnancy, and the government protects and promotes the rights of women to reproductive autonomy. But this, interviewees pointed out, also makes it difficult to prevent sex-selective abortions, as they can be difficult to discern from other abortions. In a focus group discussion in Ha Noi, one official said:

I think it is very difficult, for instance, if a couple already has two children, when they ask for an abortion of the third child, close to 100 percent of clinics would perform the abortion because the couple conforms to government policy. If they have only one child, but it is a girl, they can always explain "Now I am busy studying", or "I am working, I do not want to have a child right now". Then we have no way to prohibit them from having the abortion. Because abortion is still used by the government as one of the measures to reduce the fertility rate. Therefore, it is very difficult to impose fines on people. We have no reason to fine them. If they say, "In order to follow government policy, I don't want to give birth", it is impossible to fine them. (FGD of the ward's authorities, Ha Noi).

To solve this problem, some interviewees pondered whether there should be more restrictions on abortion. However, they said, this would have a number of negative consequences: first, it would mean a larger number of births, and second, it might drive abortions underground with negative implications for women's health. As a female obstetrician from Hung Yen said, if women are denied services in a public health facility, they will find other solutions: 'Then they do not enter the government facility, but they will find a private one.'

In short, both ordinary people, health providers and officials found that ultrasound scanning is being overused in Viet Nam at present, and misused for purposes of sex selection. There was also widespread agreement among interviewees that both ultrasounds and abortions are difficult to control and that if the Government's ban on sex selection is to be enforced, more must be done to collect evidence of violations of the ban and to implement sanctions for violations.

SUMMING UP: HOW ARE SONS ACHIEVED?

The desire for sons is not new in Viet Nam, but today's citizens have access to a range of new methods that can help them to achieve the family composition that they desire. This research shows that through the use of a combination of 'traditional' and 'modern' methods, people strive hard to ensure that their family will include at least one son. Interviewees pointed particularly to the burgeoning use of obstetrical ultrasound scanning: ultrasonography has by now become a routine part of pregnancy care in Viet Nam and most pregnant women know the sex of their child prior to its birth. In many cases, women make use of ultrasonography in combination with induced abortion in order to achieve the family composition that they and their relatives desire. Interviewees pointed out that although the use of these technologies for sex determination and sex selection has been banned in Viet Nam since 2003, this ban is not enforced: there is no monitoring of health providers and no sanctions for violations of the ban. These findings suggest that medical professionals play a significant role in practices of sex selection - a situation that is not unique to Viet Nam (Oomman and Ganatra 2002).

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS





CONCLUSIONS

Over the past decades, Viet Nam has made major achievements in the promotion of gender equality. Representing a large share of the country's labour force, women play important roles in the economy while also taking active part in politics at all levels. Yet the persistence of son preference in Vietnam is a powerful indicator that behind these impressive achievements in the public sphere lie more invisible forms of discrimination; discrimination that unfolds within the 'private' domains of home and family. To effectively address the persistence of gender inequality in Viet Nam, therefore, such more 'discreet' discriminatory practices must be explicitly addressed in public debates, local interventions and national policies.

This research has shown that the strong son preference in Viet Nam is rooted in a largely patrilineal and patrilocal kinship system that, particularly in the northern research sites, placed a strong normative pressure on people to produce at least one son. The two-child family norm seems to have become internalized by people in Viet Nam: today, most people want to have no more than two children, and of these at least one must be a son. Sons, people hold, are essential to their parents because they carry on family lines and names; perform ancestor worship; and take care of parents in their old age. To understand the driving forces behind son preference in Viet Nam, therefore, particular attention must be paid to kinship norms and expectations. As Monica Das Gupta and her colleagues have noted:

It is not enough to hope that policies aimed more generally at raising the status of women will be equally effective at reducing discrimination against girls. As long as daughters continue to be totally absorbed into their husband's home and cannot contribute to their parents' welfare, son preference will continue to persist even though adult women are integrated into education and formal employment. For example in China, there has been much emphasis on gender equality, but far less effort to alter the fundamentals of the family system in order to make daughters and sons more equally valuable to their parents. In fact, it has been useful for the state to

encourage the continuation of those aspects of the kinship system which assure stable customary family residential patterns, with clear expectations that women will care for their husbands' parents, their children, and other family dependents - thereby helping maintain social stability and relieving the state of the burdens of caring for the old, the young, the sick and the unemployed. Thus the situation of women has improved but discrimination against girls persist (Das Gupta et al 2003: 175-176).

This research also shows, however, that in Viet Nam daughters' contributions to their parents are widely praised and appreciated. Daughters are valued for their emotional closeness to parents, their practical and economic contributions to their natal households, and their reliability. Daughters too, research participants said, can care well for their elderly parents and perform ancestor worship. This suggests that in practice, the 'traditional' (male-oriented) family may not be as dominant in Viet Nam as popular understandings and political ideologies assume.

A striking finding in this research was the importance of family and community pressures in maintaining male dominance in general and son preference in particular. The research shows that it is not only the 'intrinsic' value of male children that make people prefer sons to daughters, but also the moral acknowledgement that accompanies the birth of son. Men and women with no sons are often exposed to strong pressures within the extended family, particularly from the husband's parents, and experience mocking, ridiculing and humiliation within the community. At issue when sons are preferred, in other words, are not only questions of kinship but also matters of pressure, pride, prestige and moral recognition. The research suggests that such moral pressures are felt particularly in the North and particularly among the country's wealthier citizens.

The research showed that in order to produce the family they desire, many couples turn to science and technology. In particular, obstetrical ultrasonography is widely used to determine the sex of the fetus, and induced abortion is sometimes used to eliminate unwanted female fetuses. Supporting people in need of sons to realize their reproductive desires has become a



lucrative medical business in Viet Nam, and such 'selective reproduction' was embraced by both lay and professional participants in this research. By making it possible for people to 'select' the sex of their children, access to technology tends to reinforce the idea that family composition can and should be planned and 'chosen'. In a social setting where kinship preferences continue to valorize males over females, easy access to new reproductive technologies such as obstetrical ultrasound scanning tends to intensify the pressures that are put on people to produce sons, thereby fuelling son preference.

RECOMMENDATIONS

To address the problem of increasingly skewed sex ratio at birth in Viet Nam, the following recommendations can be made on the basis of these qualitative research findings:

1. Addressing the (mis)use of technology

The research shows that many people seek to select male children through the use of ultrasound scanning in combination with induced abortion. When designing interventions to address this problem, it is important to ensure that the rights of Viet Nam's women to safe abortion services are upheld and that health care providers provide high quality and adequate services in terms of counseling and medical competency

to women seeking an abortion. To combat the misuse of medical technology for purposes of sex selection, however, the following measures may be considered:

- 1A. Awareness raising among health care providers on the social consequences of imbalanced sex ratios and on the special responsibilities carried by health care providers for this important demographic problem. The issue of SRB should be included in the curricula at all medical universities, and obstetricians/gynecologists should be offered training on how to counsel women who appear to be considering sex-selection,
- 1B. Enforcement of the government's ban on identification of the sex of the fetus through better monitoring of the use of obstetrical ultrasonography in public and private health care practice. Information on fetal sex is often conveyed in subtle ways, but monitoring mechanisms can be implemented through the use of 'mystery clients' (Boyce and Neale 2006) or inspection carried out by medical professionals. Implementation of the ban may also be strengthened through work with judicial officers and public prosecutors in charge of cases of violation. Further lessons on how to enforce implementation of the ban on sex-identification may be drawn from the cases of South Korea and India. In South Korea, for example, such

health sector interventions are believed to have played a significant role in returning the SRB to normal (UNFPA 2010a),

- 1C. Enforcement of the ban on identification of the sex of the fetus through severe sanctions (such as substantial economic fines or withdrawal of providers' license to practice) when doctors are found to inform their clients of the sex of their fetus,
- 1D. Enforcement of the ban on sex identification through highly profiled mass media attention to cases in which doctors violate the ban. This may serve both as a sanction and as a way of deterring other providers from such violations,
- 1E. Interventions in the health care sector in order to monitor and regulate the (ethically and biomedically questionable) 'counseling' offered by health care providers to individuals who seek to produce a child of a certain sex. Public and professional awareness of the pseudoscientific nature of much 'medical advice' regarding reproduction should be enhanced and more appropriate use of science and technology should be promoted.

2. Addressing the root causes of son preference: Gender inequality in kinship

Although medical technologies are widely used for purposes of sex selection, the root causes of the skewed SRB do not lie in technology use. This research has shown that the fundamental problem at issue is the gender inequality that is inherent in the kinship system that prevails in Viet Nam: son preference is rooted in a kinship system that is largely patrilineal and patrilocal. To enhance the value of daughters, therefore, more bilateral kinship models in which both male and female lines are recognized should be promoted. Interventions to promote such more bilateral kinship models may take the following dimensions into account:

- 2A. *Family names and family lines:* According to Article 15, Decree 158/2005/NĐ-CP dated 27/12/2005 of the Government of Viet Nam and point e item 1 section II Circular No. 01/2008/TT-BTP dated 02/06/2008 of the Ministry of Justice on registration and control of residential records, 'Birth, family



name and homeland of one's child can be registered in accordance with family name and homeland of the father or mother, according to customs or agreement of the parents'. In other words, according to Vietnamese law, family names can be continued through daughters as well as sons. Public awareness of the fact that also daughters can carry on family names and family lines should be enhanced through advocacy campaigns in the mass media and in local communities. Such advocacy should be directed particularly at state officials at all levels, from central to provincial, district, and commune levels, but also at the general public across the country,

- 2B. *Ancestor worship:* Advocacy and behaviour change communication (BCC) campaigns should be organized to stress the fact that daughters too can care well for a family's ancestors and ancestral graves,
- 2C. *Residence:* Article 20 of the Law of Marriage and Family passed in 2000 stipulates that a couple can choose their own place to live.

The research indicates that more *flexibility in residence* - i.e., a situation where a couple can choose freely whether to reside with the family of the wife or the husband - would help to reduce the pressure on people to have a son. Therefore, social acceptance of matrilocal living arrangements (*ở rể*) should be promoted through behaviour change communication (BCC) campaigns, for instance through campaigns drawing attention to daughters' capacities to care well for elderly parents and to the benefits for the nation (through a more balanced sex ratio) of more flexibility in residence,

- 2D. *Inheritance*: According to the Vietnamese Civil Code, all individuals have the right to make a will for the purpose of passing their property to others after their deaths. If there is no will, property shall be equally distributed among the next of kin. In practice, however, sons tend to inherit a considerably larger share of parents' property than daughters. Advocacy and behaviour change communication campaigns are needed to enhance public awareness of daughters' equal rights to inheritance,
- 2E. *Care for the elderly*: Advocacy campaigns should be organized to draw attention to the fact that daughters too can - and

do - care well for elderly parents, both in emotional and financial terms. More efforts should also be dedicated to the ongoing restructuring of the national pension and the social security system that will reduce the pressure of parents, especially the poor, to rely on their children for old-age security.

3. Addressing the normative aspects of gender inequality

The research shows that when sons are preferred to daughters in Viet Nam, family and community attitudes and norms play a significant role. Research conducted in South Korea has shown that normative changes were a critical factor in returning the SRB to a normal level (Chung and Das Gupta 2007). In Viet Nam, the following interventions may be considered:

- 3A. Advocacy campaigns to draw attention to the fact that ridiculing and deriding remarks aimed at people who have no sons are tactless and unethical, while also being harmful for national development. These campaigns should be aimed both at community officials and at people living within urban and rural communities,
- 3B. Advocacy campaigns that aim to increase recognition of the value of girls, placing particular emphasis on the capacities of daughters to earn an income and to care for their parents in their old age. Such campaigns may include 'success stories' of families with daughters only,
- 3C. More general public education/advocacy campaigns on SRB which make it clear that SRB reflects gender inequality while also outlining the negative consequences that SRB imbalance may have for society. Such campaigns may include community outreach, mobilization, mass-media campaigns, face-to-face education, targeting a wide range of stakeholders such as government officials, village/religious/cultural leaders, social workers, teachers, journalists, health personnel, and the general public,
- 3D. Conduct gender equality and SRB awareness training for social workers, teachers, prosecutors, health workers, media, mass



organization leaders, religious leaders, population officers and other professionals.

4. Addressing needs for knowledge: Future research and knowledge sharing

To enhance the basis for policy development and dialogue on the forces behind the increasingly skewed SRB in Viet Nam, there is a need for data of both a quantitative and a qualitative nature, and for dissemination and public discussion of this evidence. In particular, data of the following kinds are needed:

4A. *Population data:* The regular analysis of population and birth registration data on the SRB must be continued so as to establish and extend the evidence on SRB and monitor the trends over time. More specifically, analyses should be carried out of the annual Population Change Survey, the Inter-census survey and the 2019 Population and Housing Census,

4B. *Research on family and kinship:* The social and cultural driving forces behind son preference in Viet Nam are by now well documented. Yet there is a need for more knowledge of the variety of different family forms that exist in Viet Nam. Dominant cultural ideologies place emphasis on 'traditional' male-oriented family models, yet this research suggests that in real lives, more female-oriented models play important roles too. Further research is needed to explore the following questions:

- What life experiences and living conditions characterize the numerous Vietnamese families in which the elderly co-reside with adult daughters rather than sons? More substantive evidence of the important roles played by daughters in the family economy and in elderly care may contribute to altering popular perceptions of the 'indispensability' of sons,
- How do practices such as inheritance and residence - and the roles of sons and daughters in these respects - vary across geographical regions in Viet Nam? More substantive knowledge of the socio-economic dynamics that make some regions of Viet Nam more

'daughter-friendly' than others may contribute to promoting awareness of the varied forms that kinship can take in Viet Nam, drawing attention to the fact that the so-called 'traditional' male-oriented family is only one among many kinship models. More knowledge of the 'bilaterality' that also characterizes kinship in Viet Nam may be useful in the development of advocacy and policies on kinship-related issues such as family names, residence, and inheritance, thereby in the long term contributing to the development of more flexible kinship arrangements.

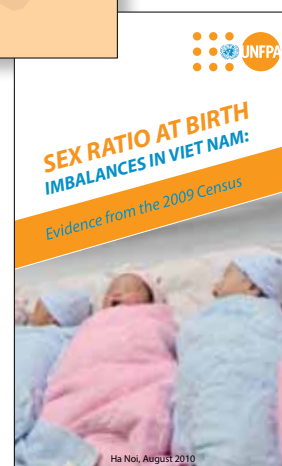
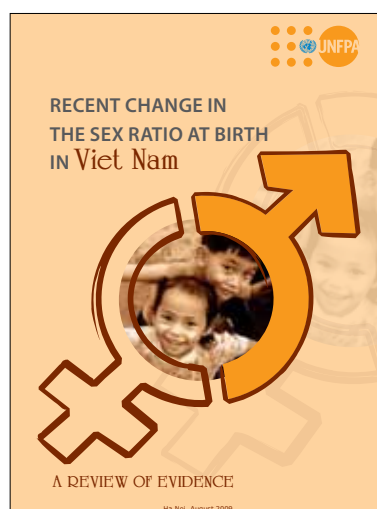
4C. *Research on the medicalization and commercialization of childbearing:*

This research has documented that childbearing has become profoundly medicalized and commercialized in Viet Nam. In this context, there is a need for more knowledge about the following issues:

- How do health care providers view their own role when ultrasonography and abortion are used for purposes of sex selection, and how can health professionals become more actively involved in efforts to combat the current misuse of medical technology? To address these questions, action-research that includes close consultation with stakeholders will be appropriate,
- What role does medical 'counseling' (regarding ovulation, diets, physiology, and medicines) play in people's efforts to design their families and to what extent is the limited biomedical effectiveness of such measures known among health care providers and their customers? Research on these questions should be followed up by careful dissemination and discussion of findings, particularly among health care providers and officials, and should be used as input for the design of education material targeted at health care providers.

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