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Determinants of Fertility Intentions and Outcomes in Low-fertility Areas of Viet Nam

By

Vietnam Academy of Social Sciences, Institute of Sociology

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List of Acronyms

ERIA	Economic Research Institute for ASEAN and East Asia
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GOPFP	General Office for Population and Family Planning, Viet Nam
GRDP	Gross Regional Domestic Product
GSO	General Statistics Office of Viet Nam
HCM City	Ho Chi Minh City
HSPI	Health Strategy and Policy Institute, Viet Nam
IDI	In-Depth Interview
PPS	Probability Proportional to Size
TFR	Total Fertility Rate
UNFPA	United Nations Population Fund
WHO	World Health Organization

Chapter 1
Introduction

1.1. Background

Fertility is an important demographic indicator that not only contributes to determining the size and structure of a population but also reflects the level of socio-economic development of a country. Fertility rates that are too high or too low can negatively affect the goal of sustainable development. High fertility leads to population overload, whilst low fertility leads to labour shortages and rapid population ageing. The consequences will be more serious if they occur in countries with low levels of socio-economic development and low labour productivity.

Viet Nam has always identified population as one of the most important factors in national construction and development. In past decades, when Viet Nam's fertility rate was still high, the government introduced and implemented the Population and Family Planning Program, with a focus on the 'one-or-two-children' policy applied since 1988. The fertility reduction policy, along with the process of industrialisation and modernisation of the country, contributed to reducing Viet Nam's total fertility rate to the replacement level in 2005, and it remained relatively stable until 2022. However, there are significant differences in fertility rates amongst regions, provinces and cities, and population groups. Moreover, the rates tend to decrease in some provinces and cities. The phenomenon of low fertility was first officially recorded in the Southeast region according to the results of the 1999 Population and Housing Census. This issue only received attention after the results of the 2014 Intercensal Survey and the 2019 Population and Housing Census, when Viet Nam's total fertility rate had already reached the replacement level, and the fertility rate in the Southeast region was only 1.56.

In the context of a sharp decline in fertility that would negatively affect the country's sustainable development strategy, the government issued the 'Viet Nam Population Strategy to 2030', which includes the goal of maintaining a stable replacement fertility rate, and then the 'Program to Adjust Fertility Rates Suitable for Areas and Target Groups by 2030' to 'increase fertility in localities with low fertility rates, reduce fertility rates in localities with high fertility rates, contributing to the successful implementation of the "Viet Nam Population Strategy to 2030", ensuring the rapid and sustainable development of the country' (Government, 2020). The programme identifies 21 provinces and cities in low fertility regions, 33 provinces and cities with high fertility rates, and only 9 provinces and cities with replacement fertility rates. The main solutions include: promoting communication and mobilising behavioural change; adjusting and perfecting policies to support and encourage childbirth; and expanding access to reproductive health, family planning, and related services. However, so far, only a few new activities have been implemented. The reason is probably that although Viet Nam has successfully implemented a policy to reduce fertility and bring fertility levels to replacement levels, it has not had experience in developing and implementing policies to promote fertility. This requires a full understanding of the factors leading to high and low fertility and the ability to intervene in policy in the current social context.

Analysis using data from national surveys has shown that the increase in the proportion of unmarried women is one of the main factors leading to low fertility in the Southeast region (Nguyen Duc Vinh, 2017a). Regarding the desired number of children of couples, according to a survey conducted by the General Office for Population and Family Planning in 2019, 70.7% of respondents wanted two children, 21.4% wanted more than two children, and only 7.8% wanted fewer than two children (GOPFP and HSPI, 2019). A recent survey by the Institute of Sociology in four provinces of Viet Nam showed that the average desired number of children was nearly 2.4, significantly higher than the intended number of children of 2.06, which was close to the total fertility rate of Viet Nam. Amongst these four provinces, Ho Chi Minh City and Dong Nai Province (accounting for two-thirds of the Southeast region's population) had an average desired number of children of 2.35, although the fertility rate in this region had fallen below the replacement level. Thus, there is a large gap between the desired number of children, the planned number of children, and the actual number of children born. These results suggest that there are factors that prevent the 'realisation of the desired number of children', which are the direct cause of the low fertility rate in these provinces and cities. However, this issue has not been thoroughly studied in Viet Nam. Therefore, it is necessary to study the factors affecting the realisation of the desired number of children of young couples in the group of provinces and cities with low fertility rates to provide a scientific basis for the development and effective implementation of birth promotion policies.

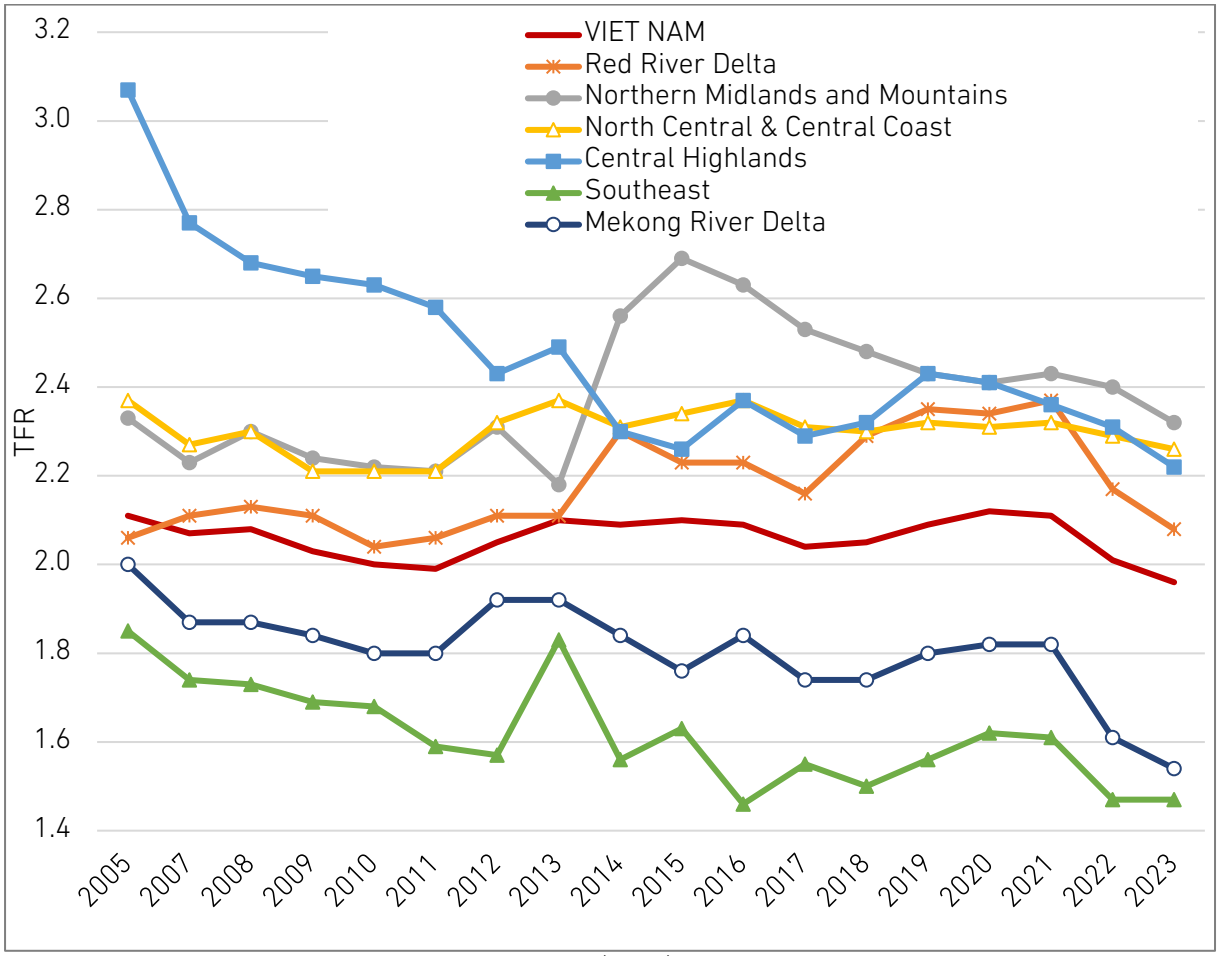
1.2. The Situation of Low Fertility in Viet Nam

Before 1975, the fertility rate and population growth rate in the North were very high. Therefore, a policy to reduce birth rates was introduced through propaganda, family planning, provision, and guidance on the use of contraceptives. The implementation of the policy helped to reduce the fertility rate in the North from over 6 children in 1960 to about 5.2 children per woman in 1975. Entering the period of Reform, the 6th National Congress of the Party in 1986 continued to focus on the issue of population and birth reduction, with the goal of reducing the population growth rate from 2.2% to 1.7% in 1990. On that basis, the government issued and implemented a more resolute population and family planning policy, considering it a key national programme, with the focus being the 'one-or-two children' policy applied since 1988. Along with the impact of socio-economic changes, the population and family planning policy contributed to a sharp decrease in the fertility rate in the country in the 1990s, down to 2.33 children in 1999 (GSO, 2010).

Entering the early 21st century, Viet Nam's fertility rate was approaching the replacement level (2.1 children per woman) (GSO, 2010). The population policy was expanded in a more comprehensive direction, shifting from reducing population growth to proactively controlling population size and from family planning to reproductive healthcare, family planning, and the improvement of human capital. The goal of reducing fertility, along with the 'one-or-two-children' policy, was maintained. Viet Nam's total fertility rate (TFR) decreased significantly to 2.03 in 2009, and then stayed relatively close to the replacement level of 2.11 until 2021. In 2015, Viet Nam's TFR was lower than the average TFR of Southeast Asian countries (2.4) and only higher than four countries in the region: Brunei Darussalam (1.6), Malaysia (2.0), Singapore (1.3), and Thailand (1.6) (GSO, 2016). In recent years, Viet Nam's fertility rate has decreased to 1.96 as of 2023, falling below two children per woman in reproductive age for the first time, and continued to decrease to 1.91 in 2024 (GSO, 2024; 2025).

Although Viet Nam maintained approximately the replacement fertility rate in the period 2005–2022, there were significant regional differences. The total fertility rate in rural areas only decreased from 2.28 to 2.24 and was consistently around 0.5 higher than that in urban areas. By region, the Southeast and the Mekong Delta were always the two regions with the lowest fertility rates, with the TFRs decreasing from 1.85 and 2.0 in 2005 to 1.47 and 1.61 in 2022, respectively (GSO, 2024). Also, during this period, the TFR in the Central Highlands decreased, whilst it increased slightly in the two regions of the Red River Delta and the Northern Midlands and Mountains, and the change was insignificant in the North Central and Central Coast regions.

Figure 1.1. Total Fertility Rate of Viet Nam and Six Regions, 2005–2023



Data source: General Statistics Office of Viet Nam (2024). https://www.nso.gov.vn/en/statistical-data/

In 2022, the provinces and cities with a total fertility rate below 1.7 were all in the Southeast and Mekong Delta regions, including Ho Chi Minh City (1.39), Binh Duong (1.45), Bac Lieu (1.46), Hau Giang (1.51), Ben Tre and Vinh Long (1.62), Dong Thap (1.64), and Long An and Tra Vinh (1.68). The prolonged low fertility rate will significantly impact the population structure of these provinces and cities in the future. The proportions of young people and those of working age are decreasing, whilst the proportion of older people is increasing, leading to population ageing. This can have consequences such as the need to

offset population shortages and sustain population replacement, which is essential for the continued development of all aspects of socio-economic life (Ministry of Health, 2019).

From 2011 to the present, the government has shifted its policy focus from reducing fertility rates to maintaining replacement fertility rates, and from population and family planning to population and development. It has introduced policies to flexibly adjust fertility rates, 'reducing fertility rates in provinces and cities with high fertility rates, encouraging two children in provinces and cities with low fertility rates, and maintaining replacement fertility rates in provinces and cities' (Communist Party of Viet Nam, 2016). The government has specified support and birth promotion policies for localities with low fertility rates or those reaching replacement fertility rates. These measures include reviewing and abolishing earlier policies that encouraged fewer children; introducing policies that promote having two children, aimed at families and communities; expanding the implementation of policies to support couples in having and raising children; and discouraging late marriage, late childbearing and having few children (Government, 2020).

Ho Chi Minh City has had a fertility rate below the replacement level, and the lowest in the country, for many years. The trend of having only one child, or even not marrying or not having children at all, is becoming more and more common. In March 2023, the Ho Chi Minh City People's Committee issued the 'Birth Adjustment Program to 2030', aiming to increase the total fertility rate to 1.4 by 2025 and 1.6 by 2030. The city's population is expected to reach around 10.6 million people by 2025 and 12 million people by 2030. The programme also targets a natural population growth rate of over 1.1% by 2025 and over 1.3% by 2030 (Ho Chi Minh City People's Committee, 2023). Many tasks and solutions to increase the city's fertility rate have been outlined in the programme. Similarly, Ca Mau province has also issued an action plan to implement the 'Program to Adjust Fertility Rates to Suit Regions and Subjects by 2030'. According to this plan, Ca Mau province aims to increase the total fertility rate by 10% by 2030 (on average, each woman of reproductive age has fewer than 2.1 children). However, the implementation of the above birth promotion policies in provinces and cities with low fertility rates is still very limited. Although the policy on limiting births to one to two children has been relaxed, there has not been strong direction or resolution to encourage families to have more children in localities with low fertility rates.

1.3. Low Fertility Trends in Some Asian Countries

1.3.1. Republic of Korea

The fertility rate in 1953 in the post-war Republic of Korea (henceforth, Korea) was approximately six children per woman (Statista, 2024). Subsequently, thanks to the efforts of the Korean government to reduce fertility through family planning and communication programmes, the country quickly reached the replacement fertility rate 6 years ahead of schedule, in 1982, when the number of new births fluctuated between 800,000 and 1,000,000 children per year (Cho, 2021). Despite this, the Korean government continued to maintain its fertility reduction policy, only relaxing its policies without taking decisive actions to respond to the low fertility rate. As a result, the country's TFR fell to 1.3 in 2001, with the number of newborns per year falling to just 400,000, putting pension funds at risk of depletion unless policy changes were made to address the decline in the working-age population, the decline in the number of women of childbearing age, and the falling fertility

rate (Statistics Korea, 2020). Thus, 20 years after reaching replacement fertility, Korea began to activate birth promotion policies in 2002.

In 2005, when Korea's TFR reached a record low of 1.08, a new law was passed to create a basic legal framework for birth promotion policy. The 'Saeromaji Plan' was launched in 2006 to deal with low fertility rates and population ageing, integrating measures such as tax exemptions for large families, childcare cost support, improved childcare services, increased maternity leave, and employment support for pregnant women (Suzuki, 2009). By the end of 2008, the plan was expanded and enhanced with additional measures, such as encouraging marriage and introducing after-school childcare classes. However, some policy analysts have questioned the effectiveness of the Saeromaji Plan, citing limited budgets and insufficient attention on issues such as maternity leave, employment for women after maternity, and maternity allowance (Suzuki, 2008). These issues were addressed in the second phase of the programme during 2011–2015. The 'Framework Act on Low Fertility Rate in an Ageing Society' stipulates that both the central government and local governments must establish an annual action plan, with three main strategies: (1) improving the level of support for childbirth and child-rearing; (2) creating a family-friendly and gender-equal cultural and social environment; and (3) raising a healthy future generation. These strategies are specified in the following policy areas.

- *Financial support policies*

(1) The government provides cash subsidies to families with children under a certain age and offers childcare fee support at centres or subsidies for home childcare to support families in having and raising children.

(2) The government exempts taxes for families with children and provides loans to buy or rent houses, to reduce the financial burden and pressure on couples with children.

- *Childcare and education policies*

(1) The government expands childcare services by increasing investment in childcare facilities, providing free after-school education programmes, supporting the expansion of day care centres at workplaces, and shortening working hours so that couples have more time to care for their children.

(2) The government provides pre- and post-natal health services, supporting in vitro fertilisation (IVF) costs for couples who have difficulty conceiving.

- *Labour and employment policies promoting gender equality*

(1) Work-family balance: The government has expanded maternity leave policies to help couples balance work and family responsibilities and obligations, specifically providing 90 days of maternity leave with 100% salary, plus 1 year of childcare leave with 40% salary (since 2011). Male workers whose wives give birth will have 5 days of childcare leave, of which 5 days are paid at 100% salary and 2 days are unpaid (since 2012). In addition, the government encourages businesses to apply flexible working hours and teleworking to support couples in arranging time for childcare (Kim and Lundqvist, 2023).

(2) Policies to ensure job security for pregnant women: Employers must reserve jobs for female employees on maternity or childcare leave. The government also imposes penalties on employers who violate the above rules, with fines of up to US$4,600.

(3) The government initiates educational campaigns to raise awareness of gender equality, both among families and in society.

Although many pro-natalist policies have been implemented, these measures do not appear to have been very effective. Korea's TFR increased slightly to 1.23 in 2010 but remained at this very low level for several years before continuing to decline and setting a new record in 2019 at 0.92, at which time Korea became the only country in the world where the average woman gave birth to fewer than one child in her lifetime (Statistics Korea, 2020). Forecasts at that time showed that if the fertility rate continued to remain below 1.25, the proportion of the older population (those aged 65 years and older) would account for 40% of Korea's total population by 2060, thus requiring the country to implement more drastic policies to slow down the increase in the ageing population. Despite ever-stronger measures to promote fertility, Korea's fertility rate has continued to decline since then, and the country has broken its own low fertility rate record several times. In 2021, the expected number of births per woman fell from 0.84 to 0.81. Korea's predicted fertility rate in 2024 was 0.7 per couple (a further decline from 0.78 in 2022). The National Assembly Budget Office also forecasts that by 2040, the country will have 3.18 million children aged 0–14, down 49.6% from 6.32 million in 2020, assuming the fertility rate remains at 0.7 children per couple between 2026 and 2040 (Joo-heon, 2023).

The fertility rate in Korea from 2020 until present has remained low due to a combination of many factors, including work pressure, high child-rearing costs, and changing social concepts of family and marriage. The Korean government is continuing to improve and diversify policies to create a more favourable environment for giving birth and raising children. Specifically, these measures include the following:

- *Health and healthcare policies*

(1) Improving reproductive health services: Enhancing health infrastructure, including upgrading maternity hospitals and reproductive healthcare centres, expanding and upgrading facilities specialising in reproductive support and infertility, ensuring service quality, and ensuring a safe birthing environment and modern equipment.

(2) Training and capacity building for medical teams: Providing intensive training and retraining programmes for doctors, medical staff, and health workers on modern reproductive healthcare techniques and methods.

(3) Financial support for reproductive health services: The government provides support for the cost of prenatal examinations and childbirth for all pregnant women. From 2019, the support amount increased from W500,000 to W600,000 (for single pregnancies) and from W900,000 to W1,000,000 (for multiple pregnancies). In addition, pregnant women living in 34 areas with low risk of giving birth receive an additional W200,000.

(4) Support for infertility treatment: The government partially or fully funds the cost of infertility treatment, including IVF and other assisted reproductive methods.

- *Maternity policies*

Maternity leave policies have been expanded to help couples balance work and family responsibilities and obligations. Specifically, from 2019, the number of days off for male workers whose wives give birth increased from 5 to 10 days of childcare leave with 100% salary. In addition, female workers still receive 90 days of postnatal leave with 100%

salary. Both fathers and mothers taking leave to take care of their children receive 80% of their salary for the first 3 months and 50% of their salary for the remaining 9 months (instead of only receiving 40% of their salary as in the previous policy). Parents can also request a reduction in working hours of 1–5 hours per day and receive 100% of their salary for 1 hour of leave and 80% of their salary for 2–5 hours of leave (Kim, 2020). Since 2020, both fathers and mothers can apply for parental leave at the same time, to encourage male workers to use parental leave benefits and promote gender equality in the family (Kim and Lundqvist, 2023).

- *Childbirth promotion policies*

(1) National childbirth promotion programmes: The government has implemented childbirth promotion programmes, such as the 'childbirth bonus' and 'first meeting voucher', whereby families receive a sum of money when giving birth. In early 2024, the Korean government introduced a support policy, providing government subsidies totalling W29.6 million (around US$21,338) for each child born. The government also provides support of W100,000 per month for 8 years from the baby's birth, a total of W9.6 million (around $6,920). In addition, salary support for parents has been increased to W12 million for the first year of having a child and W6 million for the second year, after which W1.2 million is provided annually as a subsidy until the child turns 7 years old.

(2) Provincial childbirth promotion programmes: Some provinces and cities will introduce their own policies to encourage childbirth. For example, since September 2023, the Seoul Metropolitan Government has also implemented a project to support childcare costs for grandparents or relatives who support childcare for their children. According to the project, if a family has grandparents or relatives, such as aunts and uncles, who support childcare for more than 40 hours per month, the city government will support W300,000 per month (US$228 per month) for each child. If the family wants to hire outside childcare services, the city government will also provide support of W300,000 per month to use the services of three private facilities designated by the city.

- *Communication and community education policies for promoting social responsibility*

(1) Awareness-raising campaigns: Organising communication campaigns to change public awareness of low fertility and encourage childbearing; organising pre-marital courses, parenting seminars, seminars on issues related to reproduction, reproductive health, and parenting, attracting the participation of experts, doctors, and couples.

(2) Sex education and reproductive health: Integrating sex education and reproductive health into the curriculum in schools from primary to secondary levels. These lectures provide knowledge about reproduction, contraception, and the importance of reproductive health.

(3) Family education and reproductive responsibility: Including lectures on family values and the roles of parents and children in the curriculum.

(4) Encouraging the community and businesses to participate in fertility promotion: Encouraging businesses to participate in social responsibility programmes related to supporting families and children, such as building kindergartens at the workplace or providing financial support for employees with young children; organising workplace

awareness campaigns on the importance of reproductive health and supporting employees in balancing work and family.

Korea's policies to cope with low fertility have been implemented in many stages with various measures, from financial support, improving the quality of health services in general and maternal and childcare services in particular, to promoting gender equality, balancing work and family, and communication and education to raise awareness and encourage childbirth. However, the policies have not been successful in increasing fertility. In early 2023, Korea's TFR fell to a new record of 0.78.[1] To reverse the trend of declining fertility, closer coordination between ministries, businesses, and the community is needed to effectively implement policies, as well as periodic policy effectiveness assessments to make flexible and timely policy adjustments.

1.3.2. Japan

Japan also experienced a sharp decline in fertility, starting from around 1977. By 1985, the fertility rate had fallen to approximately 1.8 (United Nations, 2008). However, low fertility was not considered a serious or urgent problem in Japan at that time. It was not until 1989, when the fertility rate fell to 1.57 children, that Japan began to be concerned and seriously investigate the causes and factors affecting fertility to urgently develop and implement policies to respond to the low fertility rate (Yanagishita, 1992). Initially, the decline in fertility was mainly due to a decrease in the fertility rate amongst married couples, but later it was closely related to a decrease in the marriage rate. Late marriage, no marriage, or marriage without the desire to have children are growing trends in Japan, contributing to the increasingly serious problems of low fertility and population ageing in the country (United Nations, 2015).

In the early 1990s, Japan began to take concrete measures to prevent a further decline in the fertility rate, focusing on three areas: (1) childcare services; (2) parental leave programmes; and (3) financial support in the form of child allowances. The government allowed parents to take 12 months of parental leave if they met minimum work requirements. Couples who had children were provided with a subsidy (compensation) of up to 50% of their monthly salary before the start of their leave. However, the programme had many limitations, including low coverage, relatively low-income compensation, and most importantly, a lack of legal authority. A large proportion of employers had not yet established specific policies for parental leave, especially in small businesses (Tsuya, 2015).

Since late 1999, the Japanese government has introduced various policies to encourage births as follows.

(1) The New Angel Plan 1999–2004: Aimed at improving gender equality and working conditions, and increasing support for families with young children. Under this plan, a provision of the Child Care Law stipulated that 40% of wages should be paid during leave, and child benefits were expanded from covering only children under 3 years old to all children of preschool age.

[1] https://www.npr.org/2023/03/19/1163341684/south-korea-fertility-rate

(2) The 'Zero Waiting List for Daycare Program': Approved by the Cabinet Office, this initiative helped increase the proportion of children under 2 years old sent to childcare centres from 15.6% in 2001 to 20.3% in 2007.

(3) The Law for Measures to Support the Development of the Next Generation 2003: Requires local governments and enterprises to plan and implement support measures to increase fertility and facilitate the birth and raising of children.

(4) The Law for Measures to Cope with Decreasing Children in Society (2003): To strengthen support measures for families and children to ensure that fertility does not continue to fall.

(5) The New-New Angel Plan 2004–2009: Emphasises the role of local authorities and businesses in providing childcare services and improving gender equality. Key goals included facilitating women's participation in the labour market and ensuring gender equality in work and the family, and helping young people to be economically independent, reducing dependence on family to encourage marriage and childbearing.

Despite various policies to promote births, Japan's total fertility rate continues to decline, requiring more generous policies for providing financial support and childcare and education support. Since 2006, the child allowance policy has been extended again to sixth graders. In 2012, the monthly allowance for each child under 3 years old was ¥15,000 (around US$100); for children from 3 years old until graduating elementary school it was ¥10,000–¥15,000, depending on the birth order; and for children in junior high school, it was ¥10,000. In addition, Japan's policy is aimed at securing employment for postpartum mothers through the Re-Entry to the Labour Market Program. This programme provides vocational training for mothers to return to work after maternity leave, helping mothers who need to find work or start a business.

With these policy changes, Japan's TFR has increased slightly, reaching 1.41 children in 2015, but it is not enough and too late to pull Japan out of the ageing population and serious labour shortage (Statista, 2024). With such a low fertility trend, by 2060, 40% of Japan's population will be 65 years old or older, the total population will decrease from 128 million in 2010 to 87 million in 2060, according to the Japanese government's forecast (Tsuya, 2017).

Japan has been facing increasingly severe population challenges in recent years, with the number of annual births falling below 800,000 for the first time in 2022 and continuing to decline to 758,631 in 2023, and the estimated number of newborns in Japan in 2024 was only 698,000 at most, according to estimates by the Japan Research Institute based on preliminary data from the Japanese Ministry of Health and Welfare (Statista, 2024; NHK World-Japan, 2024). Therefore, in the past 5 years, Japan has actively implemented more comprehensive and proactive measures to increase the fertility rate, including the following.

(1) Financial support: The government has increased child allowances and removed income limits so that more families can receive benefits. It is also planning to exempt university tuition fees for families with three or more children, expected to start from 2025.

(2) Improving childcare services: The government has focused on improving childcare services, including revising the minimum ratio of childcare workers to the number of children, to improve the quality of care and support parents in childcare. It continues to

promote the effectiveness of the 'Zero Childcare' programme and improve daycare waiting lists to ensure all children have access to daycare facilities, helping parents balance work and family responsibilities.

(3) Encouraging marriage: The Japanese government has implemented many programmes to encourage young people to get married, including financial support for marriage and dating and matchmaking support services.

(4) Improving the quality of reproductive health and family planning services: The government has also increased investment in reproductive health services and education to support family planning and ensure that couples have the resources and information needed to raise children.

(5) Promote work-life balance: Encouraging a reduction in long working hours, remote working, and flexible working hours so that parents have more time with their children.

Although many birth promotion measures have been implemented – and continue to be intensified –the situation in Japan is still not much better than in Korea. The country still faces difficulties in increasing the fertility rate, due to the decrease in the number of women of childbearing age and the decreasing marriage rate. According to newly released statistics, Japan's TFR decreased to 1.2 in 2023, with a TFR of only 0.99 for Tokyo.[2]

High fertility can lead to rapid population growth, but low fertility below the replacement level for a long time can have serious consequences. These include labour shortages, rapid population ageing, and growing social security problems. The consequences will be even more serious for developing countries that have only recently reached the lower middle-income status, such as Viet Nam. Experiences from Korea, Japan (mentioned above), and many other countries in the world show that it is difficult to reverse very-low fertility rates back to the replacement level, even with expensive pronatalist policies, which often have only sort-term effects (Riphahn and Wiynck, 2017; United Nations, 2021). Government policies can have a modest effect on raising fertility but are unlikely to offset the impacts of broader social and economic changes on declining fertility (Brainerd, 2014).

1.4. Research Objectives

This study aims to understand the current situation of the desired number of children in Viet Nam and analyse the factors affecting the realisation of the desired number of children of young married women in provinces and cities with low fertility in the country. On this basis, it proposes feasible and effective policy solutions to achieve and maintain replacement fertility in these areas.

1.5. Research Scope

The study investigates factors that directly or indirectly influence the realisation of the desired number of children of young married women. Husbands and wives may have different wishes about their desired number of children, but often both will make decisions about having children. Although the husband may have a great influence, the wife will always be the one who makes the final decision about having children. Therefore, in the

[2] https://www.nippon.com/en/japan-data/h02015

scope of this study, we focused on the group of married women of childbearing age, in which the husband is considered an important influential factor.

The influencing factors are understood as those factors belonging to the subject of reproductive behaviour; factors belonging to the social environment and policies; and factors belonging to the economic conditions of the family.

The study focuses on analysing factors affecting the process of realising the number of children of young married women, focusing on the following specific groups:

- Married women of childbearing age from 18 to 35 years old
- Community leaders and local organisations
- Experts in the field of population and related social policy
- Policies directly or indirectly related to fertility and family planning.

Chapter 2
Theoretical Basis and Research Methodology

2.1. Some Research Concepts

Desired number of children: The desired number of children is an important indicator of fertility preferences. The desired number of children for an individual is the total number of children that a person would like to have (or produce) if free from health, economic, welfare, and legal constraints.

Fertility intentions: Fertility intentions include intentions about the number of children, the timing of having children, and the possible sex of the children. This study focuses only on intentions about the number of children and the timing of having children.

Intended number of children: This is the number of children an individual or couple has planned or set a goal to have after considering the actual health, economic, and security conditions of themselves and their family.

Realisation of the desired number of children: This is the process by which each woman or couple takes proactive measures to have children and achieve the desired number of children. If there are certain obstacles that the couple cannot overcome, they will not have enough children or will not realise the desired number of children.

Birth interval: The birth interval is the duration between two consecutive births of a woman. For the first births, in this study, the birth interval is calculated from the date of the latest marriage.

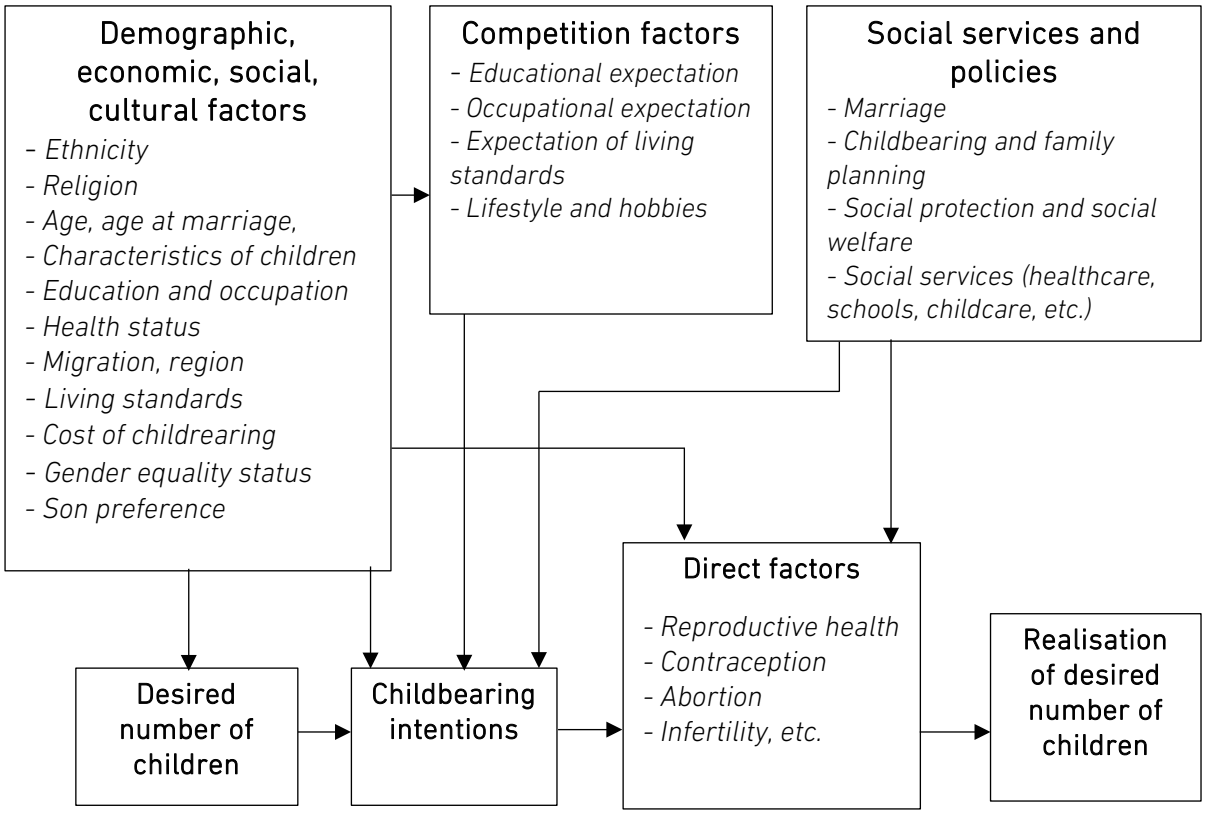
2.2. Analytical Framework

The analysis of the realisation of the desired number of children is mainly based on the model of fertility determinants. When the fertility rate is relatively high, the model of Bongaarts (1978) is widely applied, in which the TFR is determined from the 'natural fertility rate' after being affected by seven factors directly determining fertility, with the four main factors being: the marriage index, contraceptive use, abortion, and breastfeeding. Contraceptive use is often identified as the most important factor. This model is particularly effective in researching and developing policies to reduce fertility in populations with high fertility rates through encouraging early marriage, effective contraceptive use, and breastfeeding.

However, Bongaarts's (1978) framework loses its practical significance in populations with fertility rates close to or below the replacement level, where the level of socio-economic development is average or higher, and the need for effective contraception is easily met. Therefore, Bongaarts (2001; 2002) proposed a model more suitable for average or low fertility, in which the TFR is determined by the 'desired number of children', along with six factors affecting the realisation of the desired number of children: (1) unwanted births, (2) the replacement of deceased children, (3) sex preferences, (4) the age of women at childbearing, (5) involuntary infertility, and (6) competing preferences. The first three factors, which increase fertility relative to the desired family size, often play an important role in determining fertility at the beginning of the population transition. However, at the

end of the demographic transition when the majority of couples want two children, the actual fertility rate may fall below the desired number of children due to the impact of the last three factors (4, 5, 6), which reduce fertility relative to the desired family size (Bongaarts, 2001).

Figure 2.1. Framework for Analysing Factors Affecting the Realisation of the Desired Number of Children



Source: This analytical framework is developed in the study based on Bongaart's framework.

The fourth factor reflects women's delay in childbearing. In societies with very low rates of non-marital childbearing, such as Viet Nam, the age of women at childbearing depends largely on their age at first marriage. An increase in the fifth factor (infertility) will reduce fertility, and is partly related to the fourth factor because women who delay childbearing for too long may increase the risk of infertility. The sixth factor is often quite complex and diverse depending on each specific society, mainly related to the costs and losses (in terms of time, money, health, spirit, opportunity, etc.) due to childbearing and child-rearing. The impact of cultural, economic, social, demographic, and policy factors on the desired number of children, as well as the realisation of the desired number of children is depicted, in Figure 2.1. For provinces and cities with low fertility rates, the study focuses on factors that hinder or reduce fertility.

2.3. Research Methods

To conduct the study on 'Factors Affecting the Realisation of the Desired Number of Children in Provinces and Cities with Low Fertility Rates' in a comprehensive and reliable

manner, two combined quantitative and qualitative research methods were used in the process of collecting and analysing information. In this study, young couples are understood as couples with wives aged between 18 and 35.

2.3.1. Quantitative research methods

The quantitative research methods include a sampling survey to collect information from a selected group of individuals using a structured questionnaire. The collected data were then analysed with specialised statistical software. The questions focus mainly on the factors that facilitate and hinder young couples from having the desired number of children. This method applies a sampling design (as presented below) to assess factors influencing the realisation of the desired number of children of young couples in provinces and cities with low fertility rates. From the list of provinces and cities with low birth rates, as identified in Decision 588/QD-TTg of the Prime Minister approving the 'Program to Adjust Birth Rates Suitable for Regions and Subjects by 2030', four provinces and cities in two regions were selected:

+ Khanh Hoa province (Central Coast region)

+ Ho Chi Minh City (Southeast region)

+ Soc Trang and Ca Mau provinces (Mekong River Delta region)

Sample size

The survey sample was designed using a multi-stage random probability sampling method combined with a systematic stratified random selection method (multi-stage sampling). The sampling unit is the household, and the information collection unit is the individual. Since the study is conducted in the form of a cross-sectional study, the sample size calculation formula is used as follows. This formula helps determine the minimum sample size to conduct the survey:

$$N = \frac{z^2 * P * (1-P)}{d^2} * deff$$

where,

Z is the desired statistical significance level, usually 95%–95% confidence interval (CI), two-side test Z= 1.96;

P is the prevalence of the event (proportion) to be estimated;

d is the desired absolute accuracy, 0.04 (4%); and

deff is the design effects.

With a cross-sectional survey sample, with P= 0.50, d= 0.04, and deff =2.0, then the sample size needed to be surveyed is:

$$N = \frac{1.96^2 * 0.50 * (1-0{,}50)}{0.04^2} \times 2.0 \approx 1200$$

In each province, a commune (rural) and a ward/town (urban) were randomly selected for the survey. Based on the list of all households regularly residing in the area, a systematic random sampling method was used to select 1,200 individuals from four provinces for the survey. Thus, each province was expected to survey 300 individuals.

Sampling process

The quantitative survey was conducted for 1,200 individuals living in four provinces and cities. Due to the nature of the study, the survey subjects were married couples with wives aged from 18 to 35 years (with or without children) who voluntarily participated in the study. This sample selection required obtaining initial data on the study population, including a list and population size (or households) of communes/wards and hamlets/groups. The sampling process went through the following steps:

Step 1. Selecting the communes/wards: Randomly select two communes (rural) and two wards/towns (urban) from each province/city. Thus, a total of eight communes and eight wards were selected.

Step 2. Selecting the residential groups/clusters: From the list of groups/clusters and the population of each locality in the selected communes/wards, two groups/clusters were randomly selected using the Probability Proportional to Size (PPS) method. Then, a list of all couples with wives aged 18 to 35 currently living in the groups/clusters selected in Step 2 was obtained. There was a total of 32 lists, with each list including the name, gender, year of birth, and address.

Step 3. Selecting the couples: From each list made in Step 2, a systematic random method was applied to select 42 couples. Thus, a total of 1,344 couples were selected for the interview list. The estimated nonresponse rate was 10% to obtain approximately 1,200 completed interviews.

Data collection and analysis

The questionnaire was designed and installed on smartphones via the CSPro 7.5 application. Using the list of selected couples, the interviewers approached the couples to obtain consent, then directly interviewed the wives, entered the data, and transferred them to the centre for processing. After being reviewed and cleaned, the quantitative data were transferred for analysis using the SPSS 26 software. Before analysis, the sampling data were weighted to fit the age and educational structure of the actual female married population aged 18–35 in the rural and urban areas in each surveyed province.

2.3.2. Qualitative Research Methods

Qualitative research is used to further explain the quantitative research results and supplement missing information that, due to its nature, cannot be answered through quantitative data. The purpose of this method is to collect general information, clarify the views and opinions on issues from individuals or a small group of people selected to represent different views or groups (for example: a group of leaders, authorities, or mass organisations working on population and family planning; or a group of young couples aged 18–35). In this study, the consulting team chose the method of in-depth individual interviews and focus group discussions specifically as follows.

The project conducted 64 in-depth interviews (IDI), comprising 8 chairpersons of the women's unions of the commune/ward, 8 representatives of the commune/ward health station; 8 population-health collaborators, 20 married women aged 18–35, and 20 married men aged 18–35. In addition, there were 16 focus group discussions (FGD), including one with eight married women aged 18–35, and eight with married men aged 18–35. The in-depth interviews and group discussions focused on the general situation related to

positive and negative influences from individual, family, community characteristics, as well as the national birth policies and the birth policies of each region and locality that young couples are currently facing to realise the desired number of children in the commune/ward and group/village.

Qualitative information was collected through focus group discussions and in-depth interviews, transcribed and analysed using the NVIVO 10 qualitative software. Table 2.1 presents a summary of the quantitative and qualitative samples.

Table 2.1. Information on the Samples from Four Provinces and Cities with Low Fertility Rates

Respondents	Number
Quantitative survey:	
Young married women aged 18–35 in rural areas	602 couples
Young married women aged 18–35 in urban areas	598 couples
Total	1,200 couples
Qualitative survey:	
- 8 IDI with chairpersons of women's unions of communes/wards	2 people * 4 provinces = 8 people
- 8 IDI with representatives of commune/ward health stations	2 people * 4 provinces = 8 people
- 8 IDI with commune/ward population-health collaborators	2 people * 4 provinces = 8 people
- 20 IDI with married women aged 18–35 in the commune/ward	5 women * 4 provinces = 20 women
- 20 IDI with married men aged 18–35 in the commune/ward	5 men * 4 provinces = 20 men
- 8 FGD with local government leaders of communes/wards (7 people per FGD)	7 people * 2 groups * 4 provinces = 56 people
- FGD with 8 interviews with married women aged 18–35 (7 people per FGD)	7 women * 2 groups * 4 provinces = 56 women
Total	176 individuals

IDI = in-depth interviews, FGD = focus group discussions.
Source: Survey in four provinces and cities, 2024.

2.4. Introduction to research sites

Khanh Hoa is a coastal province in South Central Viet Nam, bordering Phu Yen, Dak Lak, Lam Dong, Ninh Thuan provinces, and facing the ocean on the east side. Khanh Hoa includes two provincial cities (Nha Trang and Cam Ranh), one town (Ninh Hoa), and six districts with a total area of 5,217.6 km^2.

Figure 2.2. Location of the Four Surveyed Provinces of Viet Nam in 2024

Note: ① Khanh Hoa, ② Ho Chi Minh City, ③ Soc Trang, ④ Ca Mau.

Source: Công ty Cổ phần Xây dựng Mặt trời đỏ. https://inbandokholon.com/danh-muc/ban-do-viet-nam-kho-lon

In 2023, with a population of over 1.26 million, the gross regional domestic product (GRDP) of Khanh Hoa province was estimated to reach D60,158 billion (equivalent to US$2.462 billion), GRDP per capita to reach D47.9 million (equivalent to US$1,964), and the GRDP growth rate to reach 10.35% compared to 2022.[3]

Table 2.3. Some Demographic Characteristics of the Four Provinces and Cities and Viet Nam in 2023

	Khanh Hoa	Ho Chi Minh City	Soc Trang	Ca Mau	Viet Nam
Population (thousand people)	1,260.6	9,456.7	1,198.8	1,207.4	100,309.2
Population density (people/km^2)	242	4,513	364	229	303
Population growth rate (%)	0.53	0.71	0.08	-0.02	0.85
Net migration rate (%)	-1.09	6.83	-10.79	-10.88	--
Total fertility rate	1.69	1.32	1.77	1.55	1.96
Under-5 mortality rate (%)	18.12	11.47	17.20	14.49	17.35
Average life expectancy (years)	74.36	76.46	74.61	75.43	74.50
Age at first marriage (years)	29.13	30.41	27.40	27.33	27.22

Source: General Statistics Office (2024). https://www.nso.gov.vn/en/statistical-data/

Ho Chi Minh City is the most populous city and also an important economic, cultural, and educational centre of Viet Nam. Located in the transition zone between the Southeast and Southwest regions, it borders the provinces of Binh Duong, Tay Ninh, Dong Nai, Ba Ria-Vung Tau, Long An, and Tien Giang. Ho Chi Minh City includes 19 districts and 5 counties, with a total area of 2,095.01 km^2. The total population in 2023 was nearly 9 million. With a GRDP of around US$65.5 billion by the end of 2023, Ho Chi Minh City's economy accounts for about 15.5% of the country's GDP.[4]

Soc Trang is located at the southern mouth of the Hau River, 231 km from Ho Chi Minh City and 62 km from Can Tho. The natural area is 3,310.03 km^2, approximately 1% of the country's area and 8.3% of the area of the Mekong Delta region. Soc Trang has administrative boundaries adjacent to three provinces in the Mekong Delta region: Hau Giang, Bac Lieu, Tra Vinh, and the East Sea with a 72 km coastline. It includes 9 districts, 1 town, and 1 city with 109 communes, wards, and towns.[5] In 2023, Soc Trang's population is 1.199 million, ranking 36th nationwide.[6] Average income per capita in 2023 reached 99.4 million per person per year. Total retail sales of goods and social consumer service revenue reached over D39,740 billion, up 20.18% over the same period in 2022, accounting for 45.21% of the whole province. Estimated industrial and handicraft production value

[3] People Committee of Khanh Hoa Province (https://bqldann.khanhhoa.gov.vn/tong-quan-ve-khanh-hoa.html)
[4] People Committee of Ho Chi Minh City (https://hochiminhcity.gov.vn/web/hcm/gioi-thieu-tphcm)
[5] Department of Culture, Sports and Tourism of Soc Trang Province (https://sovhttdl.soctrang.gov.vn)
[6] Population Information (https://danso.info/dan-so-soc-trang)

reached over D16,817 billion, up 5.1% over the same period in 2022. During the year, 13 products were recognised as One Commune One Product Program[7] products, bringing the total number of these products in the city to 75, accounting for 39.68% of the whole province's products.[8]

Ca Mau is the southernmost province of Viet Nam, located in the Mekong Delta region, 370 km south from Ho Chi Minh City. The mainland has an area of 5,294.87 km^2, ranking second, and equal to 12.97% of the Mekong Delta region, equal to 1.58% of the country's area. The aquaculture land area is over 266,735 hectares, rice land is 129,204 hectares, and forestry land is 103,723 hectares. Ca Mau borders Kien Giang province in the north, Bac Lieu province in the northeast, the East Sea in the east and southeast, and the Gulf of Thailand in the west.[9] The province's population was nearly 1.21 million in 2022, according to estimates by the General Statistics Office of Viet Nam, ranking 35th nationwide.[10] By the end of 2023, the provincial economy had continued to grow rapidly, ranking 3rd in the Mekong Delta region and 16th in the country. GRDP had reached D45.471 billion, up 7.83% over the same period since 2022. GRDP per capita reached nearly D70 million, an increase of 13%; labour productivity growth rate reached 6.5%; and total social investment capital reached D24,000 billion, up 8.9% over the same period.[11]

[7] One Commune One Product is a programme for economic development in rural areas towards promoting internal strength, increasing value, raising the income of rural residents, and contributing to building new rural areas.

[8] People Committee of Khanh Hoa Province (https://ubndtp.soctrang.gov.vn/tpsoctrang/1279/30419/53504/380186/Thong-tin-thoi-su---Su-kien-noi-bat)

[9] Ca Mau Province Electronic Information Portal (https://camau.gov.vn/)

[10] Population Information (https://danso.info/dan-so-ca-mau/)

[11] Ca Mau Online (https://baocamau.vn/kinh-te-xa-hoi-ca-mau-2023-phat-trien-kha-toan-dien-a30823.html)

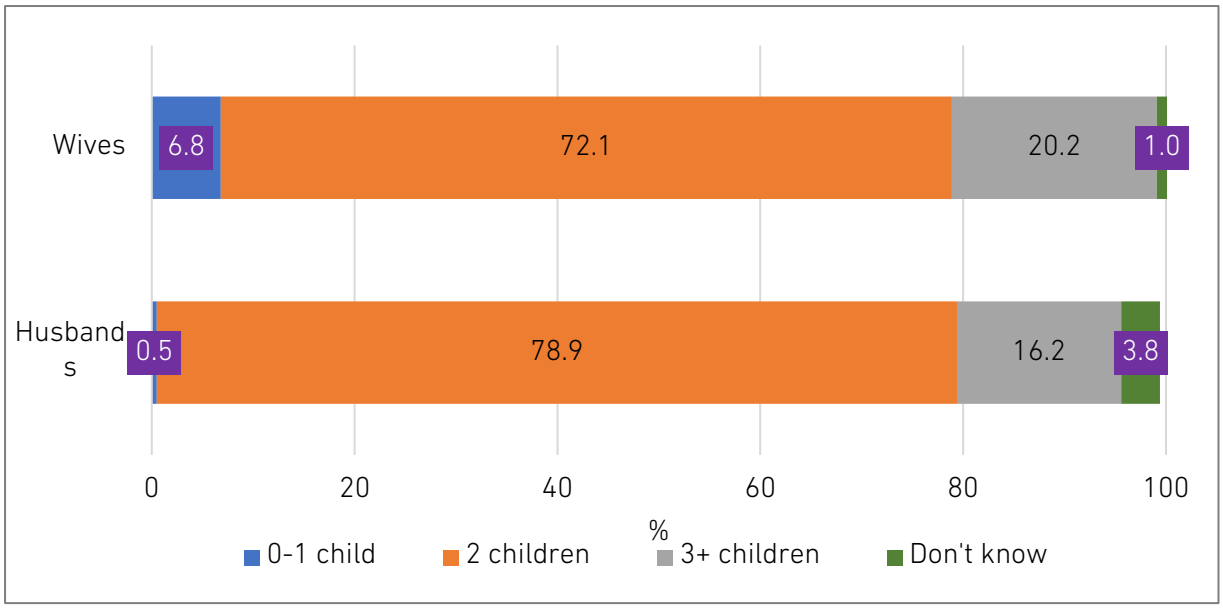
Chapter 3
Desired Number of Children

The analysis in this section focuses on the current situation, trends, and factors related to the desired number of children amongst young couples in the four provinces and cities with low fertility rates: Khanh Hoa, Ho Chi Minh City, Soc Trang, and Ca Mau. The analysis results are based on weighted data.

3.1. Desired Number of Children by Gender and Place of Residence

With the question, 'If economic conditions and health permit, how many children do you or your husband want to have in total?', the survey results show that even in provinces and cities with low fertility rates, the desire to have two children is still very common in society, especially amongst men. Specifically, 72.1% of women and 78.9% of their husbands *want to have two children*, which is much higher than the proportions *wanting more than two children* (20.2% and 16.8% respectively). Only 6.8% of women and very few men (0.5%) *want to have fewer than two children* (Figure 3.1). On average, the desired number of children amongst young married women in the four surveyed provinces and cities was 2.1, slightly lower than the desired number of children answered by their husbands (2.2 children). Thus, in the provinces and cities with low fertility rates, the total fertility rate was significantly lower than the desired number of children amongst women aged 18–35 years and their husbands.

Figure 3.1. Desired Number of Children of Women and Their Husbands



Note: The sample includes married women aged 18–35 and their husbands.Data are weighted. Chi-square test: p <0.01
Source: Survey in four provinces and cities, 2024.

Although the general trend amongst young couples in provinces and cities with low fertility rates is to have two children, the in-depth interviews and group discussions showed that some choose to have only one child because they want to provide the best educational and care environment for their children instead of focusing on having many children.

> *'I don't have the means to raise more than one child. I focus my resources on raising one child well. Instead of giving birth to two or more children and not being able to raise them, leaving them unwell and untidy, I would feel more guilty'*
>
> (IDI, woman with one child, Khanh Hoa).

Nationally, provinces with higher socio-economic conditions tend to have lower desired numbers of children and lower fertility rates. A somewhat surprising result is that the proportion of wives *wanting two children* in Khanh Hoa and Ho Chi Minh City is slightly higher than in Soc Trang and Ca Mau, and in urban areas it is also slightly higher than in rural areas. However, for husbands, the difference is not statistically significant.

Table 3.1. Desired Number of Children by Wives and Husbands by Place of Residence

		Desired Number of Children (%)				Mean	N (weighted)
		0–1	2	3+	DK		
Wives		6.8	72.1	20.2	1.0	2.1	1,200
Province/City of residence *** ###	Khanh Hoa	7.4	76.2	16.4	0.0	2.1	105
	Ho Chi Minh City	5.1	72.9	22.0	0.0	2.2	860
	Soc Trang	9.8	65.9	14.3	10.0	2.0	108
	Ca Mau	15.1	68.2	16.1	0.6	1.9	127
Area of residence *** ###	Urban	4.0	73.0	22.9	0.1	2.2	757
	Rural	11.4	70.5	15.6	2.5	2.0	443
Husbands		0.5	78.9	16.2	3.8	2.2	1,200
Province/City of residence	Khanh Hoa	1.0	81.2	16.8	1.0	2.2	105
	Ho Chi Minh City	0.4	79.1	17.2	3.3	2.2	860
	Soc Trang	0.7	75.3	14.7	9.4	2.2	108
	Ca Mau	0.3	78.9	16.2	4.6	2.2	127
Area of residence**	Urban	0.2	79.5	17.9	2.4	2.2	757
	Rural	1.0	78.0	14.9	6.1	2.2	443

DK = don't know.

Note: The sample includes married women aged 18–35 and their husbands. Data are weighted. Chi-square test: * p < 0.05; ** p<0.01; *** p<0.001. Anova/T-test: # p < 0.05; ## p<0.01; ### p<0.001.

Source: Survey in four provinces and cities, 2024.

The proportions of women surveyed in Soc Trang and Ca Mau *who want to have fewer than two children* were quite high, at 9.8% and 15.1%, respectively, and 11.4% in rural areas (Table 3.1). Perhaps in rural areas as well as in the Mekong Delta, whilst income levels are still low, young women have had major changes in their orientation towards children and life expectations due to the influence spreading from the Southeast region. The combination of these two factors may have become the driving force for the desire for fewer children and low fertility.

3.2. Desired Number of Children by Age of Wife and Husband

The proportion of young married women (18–27 years) *wanting to have two children* is 81.5%, much higher than amongst the groups aged 28–32 years (68.3%) and 33–35 years (70.1%). The corresponding proportions amongst husbands are 87.8%, 71.4% and 79.4% in the 18–29, 30–34, and 35+ age groups, respectively (Table 3.2). In contrast, the proportion of individuals in the youngest groups (both wives and husbands) *wanting more than two children,* as well as the proportion of women *wanting fewer than two children* (wives), are significantly lower than in older age groups. On average, the desired number of children does not differ by age amongst women, but amongst their husbands, it is lowest in the 18–29 age group (2.1 children compared to 2.3 children in the 30–34 age group).

Table 3.2. Desired Number of Children by Wives and Husbands by Age

	Age (years)	Desired Number of Children (%)				Mean	N (weighted)
		0–1	2	3+	DK		
Wives **	18–27	3.4	81.5	14.2	0.9	2.1	292
	28–32	8.6	68.3	22.1	1.0	2.1	519
	33–35	6.8	70.1	22.1	0.9	2.1	389
Husbands *** ###	18–29	0.5	87.8	6.6	5.1	2.1	326
	30–34	0.0	71.4	24.2	4.5	2.3	411
	35+	0.9	79.4	17.5	2.2	2.2	462

DK = don't know.

Note: The sample includes married women aged 18–35 and their husbands. Data are weighted. Chi-square test: * p < 0.05; **p<0.01; ***p<0.001; Anova/T-test: # p < 0.05; ## p<0.01; ### p<0.001.

Source: Survey in four provinces and cities, 2024.

3.3. Desired Number of Children by Religion and Education

Regarding religion, both men and women in the *Buddhist group* have a higher proportion of wanting more than two children, as well as a higher average desired number of children, compared to the *'other religious' group* and the *non-religious group.* In particular, up to 8.9% of *non-religious women* want to have fewer than two children, whilst this proportion is very low in the other two religious groups. Thus, there is a clear association between religion and the desired number of children.

For both women and their husbands, the proportion of individuals *wanting two children* increased with educational level, whilst the proportion *wanting 0–1 child* and the proportion *wanting more than two children* decreased. In particular, the proportion of women *wanting two children* increases from 62.9% in the group with less than high school education to

84.3% in the group with a college or university degree. The corresponding proportions amongst husbands are 70.9% and 87.3% (Table 3.3). The mean number of children desired by husbands also tended to decrease as educational level increased, but the difference is statistically insignificant.

Table 3.3. Desired Number of Children by Wives and Husbands by Religion and Education

		Desired Number of Children (%)				Mean	N (weighted)
		0–1	2	3+	DK		
Wives							
Religion *** ###	None	8.9	73.8	16.1	1.2	2.1	876
	Buddhism	1.6	53.5	44.1	0.7	2.5	166
	Other	0.1	82.1	17.8	0.0	2.2	158
Education ***	Below upper secondary	9.1	62.9	25.8	2.2	2.1	409
	Upper secondary	7.8	72.4	19.4	0.5	2.1	496
	College, university	1.8	84.3	13.9	0.0	2.1	295
Husbands							
Religion *** ###	None	0.6	83.5	11.7	4.3	2.1	871
	Buddhism	0.3	57.7	40.5	1.5	2.5	176
	Other	0.0	77.5	18.9	3.6	2.2	153
Education *** ##	Below upper secondary	1.2	70.9	22.3	5.5	2.3	412
	Upper secondary	0.1	79.3	17.4	3.1	2.2	410
	College, university	0.0	87.3	10.3	2.4	2.1	374

Note: The sample includes married women aged 18–35 and their husbands. Data are weighted. DK = don't know. Chi-square test: * p < 0.05; **p<0.01; ***p<0.001; Anova/T-test: # p < 0.05; ## p<0.01; ### p<0.001.
Source: Survey in four provinces and cities, 2024.

3.4. Desired number of children by occupation and income

The results show that the desired number of children by occupation differed by gender. The proportion of women who want two children in the group 'workers and civil servants' (85.4%) is much higher than in the 'not working' (60.7%), 'agriculture, manual labour' (68.6%), and 'business, trading' (66.5%) groups. Additionally, the proportion *wanting 0–1 child* or *more than two children* and the mean desired number of children are all lower in this group. However, for men, the group involved in 'business, trading' had the highest proportion of those *wanting two children* (87.5%) and the lowest mean desired number of children (2.1 children) compared to the other two occupational groups.

Table 3.4. Desired Number of Children by Wives and Husbands by Occupation and Income

		Desired Number of Children (%)				Mean	N (weighted)
		0–1	2	3+	DK		
Wives							
Main occupation *** ###	Not working	6.8	60.7	32.5	0.0	2.3	201
	Agriculture, manual labour	9.6	68.6	17.2	4.6	2.0	202
	Business, trade	7.7	66.5	25.3	0.5	2.2	402
	Workers, civil servants	4.4	85.4	10.3	0.0	2.0	395
Household income per capita *** ###	Below middle	11.4	68.9	18.4	1.3	2.0	374
	Middle	7.1	70.3	22.1	0.5	2.1	375
	Above middle	2.4	75.9	21.6	0.1	2.3	401
Husbands							
Main occupation *** ###	Not working	0.2	72.3	23.5	4.0	2.3	394
	Agriculture, manual labour						
	Business, trade	0.0	87.5	9.4	3.1	2.1	245
	Workers, civil servants	0.8	79.8	15.4	4.0	2.2	562
Household income per capita *	Below middle	0.0	78.4	19.3	2.3	2.2	374
	Middle	1.3	75.7	18.8	4.3	2.2	375
	Above middle	0.2	81.3	14.4	4.2	2.2	401

DK = don't know.

Note: The sample includes married women aged 18–35 and their husbands. Data are weighted. Chi-square test: * p < 0.05; **p<0.01; ***p<0.001; Anova/T-test: # p < 0.05; ## p<0.01; ### p<0.001.

Source: Survey in four provinces and cities, 2024.

The mean desired number of children amongst women increased with per capita income, rising from 2.0 children in the below middle-income group to 2.1 children in the middle-income group, and to 2.2 children in the above-middle income group. However, the differences are small. The proportion of people *wanting two children* in the three income groups also increases from 68.9% to 70.3% and 75.9% (Table 3.4). Notably, up to 11.4% of women in the lower-middle income group wanted *fewer than two children*. Thus, for women, economic conditions are an important factor affecting the desired number of children. Economic difficulties seem to increase the proportion *wanting only one child or no children*. For the husbands, the survey results did not show any difference in the average number of children desired across the three income levels. The proportion *wanting two children* is lowest in the middle-income group (75.7%) and highest in the upper-middle-income group (81.3%). Thus, economic conditions were inversely related to women's desired number of children but did not significantly affect men's desired number of children.

In-depth interviews and focus group discussions also showed that most of the interviewed women and men wanted to have more children but would only have two children if their economic and health conditions allowed. However, at the time of the interviews, they were not ready to have more children because their household economic conditions were not secure, especially due to unstable employment and income. Household economic difficulties are the main factor hindering the realisation of the desire to have more children amongst young couples in provinces and cities with low fertility rates today.

> *'During our time living together, I had no plans because of financial difficulties. My husband's income was only 3 million per month. Additionally, taking care of children was difficult, and there were conflicts between my husband and me. When I gave birth, my work was interrupted, my health worsened, and I had less time for myself. In general, financial matters were the main reason for deciding whether to have more children or not.'*
>
> (IDI, female, 27 years of age, high school, trade, rural, Khanh Hoa).

Young couples today want to dedicate time and resources to raising their children in the best way possible. The concept of having one child and raising that child well is very clear today.

> *'I don't have good economic conditions, so I only have one child. I focus my resources on raising one child well. Instead of having two or more children and then not being able to raise them properly, leaving them neglected, I would feel more guilty.'*
>
> (IDI, woman who gave birth to one child, Khanh Hoa).

3.5. Desired Number of Children by Year of Marriage and Current Number of Children

As shown in Table 3.5, the group of women married in the period 2015–2019 (5–9 years of marriage) has an average desired number of children of 2.25, with 28.7% having a 'desire of 3+ children', both of which are much higher than in the group married before 2015 (2.03 children, 18.8%) as well as the group married in the period 2020–2024 (2.09 children, 13.5%). The group of women married before 2015 has a noticeably high proportion of those that 'desire 0–1 child' (13.1%) than in the other two groups (both below 5%). The reason may be that most women who married before 2015 already had two children, so they understand the difficulties and struggles of having a second child. On the other hand, compared to the two groups who married earlier, the group of women who married recently (2020–2024) had a much higher proportion of wanting to have two children (81.2%), but a lower proportion of wanting to have more than two children (12.3%).

Table 3.5. Desired Number of Children by Wives and Husbands by Year of Marriage

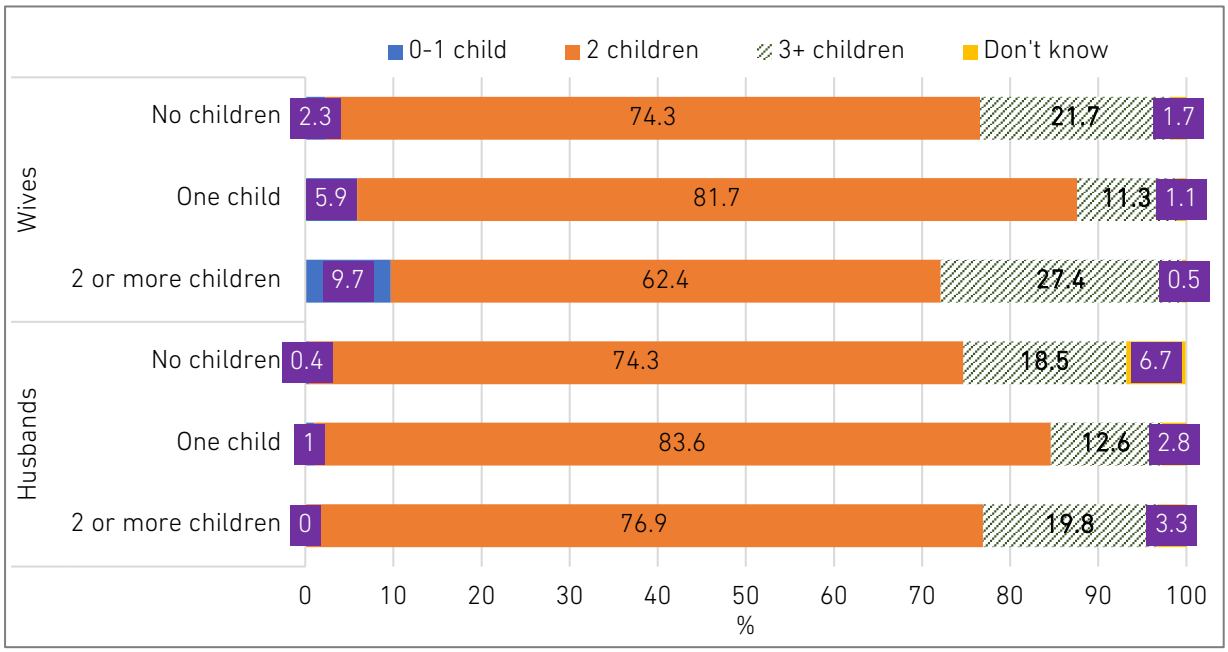
Year of marriage		Desired Number of Children (%)				Mean	N (weighted)
		0–1	2	3+	DK		
Wives ***	Before 2015	13.1	67.2	18.8	0.9	2.03	364
	2015–2019	3.8	66.7	28.7	0.7	2.25	400
	2020–2024	4.1	81.2	13.5	1.2	2.09	437
Husbands ** ###	Before 2015	0.0	78.3	18.5	3.2	2.23	364
	2015–2019	0.2	76.6	20.3	2.9	2.23	400
	2020–2024	1.1	81.6	12.3	5.1	2.12	437

DK = don't know.
Note: The sample includes married women aged 18–35 and their husbands. Data are weighted. Chi-square test: * p < 0.05; **p<0.01; ***p<0.001; Anova/T-test: # p < 0.05; ## p<0.01; ### p<0.001.
Source: Survey in four provinces and cities, 2024.

The relationship between the year of marriage and the husbands' desired number of children is similar to that of the wives. The most significant difference is the low proportions of husbands 'wanting to have 0–1 children' in all three marriage periods.

The majority of married women surveyed in the four provinces and cities with low fertility rates had already given birth. The survey results showed that the proportion of women *wanting fewer than two children* increased with the number of children they already had: from 2.3% in the group without children, to 5.9% in the group with one child, and 9.7% in the group with more than one child. The proportion of women *wanting two children* was lowest in the group with two or more children (62.4%), followed by the group without children (74.3%), and highest in the group with one child (81.7%).

Figure 3.2. Desired Number of Children by Wives and Husbands by Current Number of Children



Note: The sample includes married women aged 18–35 and their husbands. Chi-square test: p<0.001
Source: Survey in four provinces and cities, 2024.

The proportion of women *wanting more than two children* dropped sharply, from 21.7% in the group without children to 11.3% in the group with one child. This may suggest that the experience of giving birth and raising children is challenging, leading many women to feel that having fewer children is a more reasonable choice. The average desired number of children was lowest (2.0) in the group with one child, and it was 2.2 in both the group with fewer than two children and the group with more than two children. The results were similar for men. The group with one child had the highest proportion of those *wanting two children* (82.6%) and the lowest average desired number of children (2.1 children).

3.6. Desired Number of Children and Childcare Support

In Viet Nam, families often play an important role in caring for and raising children, and this has a direct impact on the realisation of the desired number of children of couples. When the family has enough economic resources, time, and support from relatives, couples will feel more confident in having more children and caring for them. On the contrary, if there is a lack of support from the family, especially in the context of modern life with many economic and work pressures, couples may hesitate or decide not to have more children or delay having the desired number of children. The survey results show that amongst women who received childcare support (from their husband or others) during their previous birth, more than 75% expressed a desire for *wanting two children*, much higher than in cases where there was no such support (52.7%). On the other hand, the proportion of women with no support in their previous birth *wanting only one child* was 15.7%, more than double that in the group of women with support and care.

Table 3.6. Desired Number of Children by Childcare Support During the Previous Birth

(%)

Desired Number of Children	No One Took Care	Only Husband Took Care	Someone Else Took Care	Total
One child	15.7	6.4	5.7	7.9
Two children	52.7	76.6	75.7	71.5
Three or more children	31.4	15.5	18.0	19.8
N (weighted)	188	306	463	957

Note: The sample includes married women aged 18–35 who have ever given birth. Chi-square test: p<0.001.

Source: Survey in four provinces and cities, 2024.

The in-depth interview results show that family support, such as childcare and financial assistance, especially childcare whilst parents are at work, not only reduces the cost of raising children but also helps parents stabilise their jobs. This support makes couples feel more secure and ready to have more children. Conversely, couples who lack support in caring for young children whilst they are at work tend to delay having more children or decide not to have more children.

3.7. Desired numbers of boys and girls

The desire to have a son is quite common in Viet Nam and has contributed to the high sex ratio at birth over the past decade, whilst the fertility rate has fallen to the replacement level (UNFPA, 2015). The survey results show that this preference persists, particularly amongst men, even in provinces and cities with low fertility rates. Whilst only 5.5% of women believe they 'must have a son', this proportion rises to 21.1% amongst men. The proportion of those who think 'sons or daughters are fine' is 74.3% amongst women but only 37% amongst men. However, with social development and increasing awareness of gender equality, and considering the difficulties and losses associated with having many children, the goal of having no more than two children is often prioritised over the goal of having a son. Consequently, the means of the desired number of sons and the desired number of daughters are both around 1.1.

Table 3.7. Opinion on Having Boys and Girls

(%)

Opinion	Wives	Husbands
Must have a son	5.8	21.1
Must have a daughter	6.5	10.7
Must have both a boy and a girl	10.8	26.3
Boys or girls are fine	74.3	37.0
Don't know	2.6	4.9
N (weighted)	1,200	1,200

Note: The sample includes married women aged 18–35 and their husbands. Chi-square test: p<0.001.

Source: Survey in four provinces and cities, 2024.

The data from the in-depth interviews and focus group discussions in the surveyed localities show that many couples want to have one son and one daughter to 'have both a boy and a girl', but if after having two children they do not get what they want, they also accept that 'boys or girls are fine' in a comfortable mindset. Many couples with only one daughter or two children of the same sex (i.e. two boys or two girls) said that they did not intend to have more children. The above findings show that gender stereotypes and the concept of 'male preference and female contempt' amongst young couples in the surveyed localities are not prevalent. The pressure to have a son has decreased significantly compared to previous generations (Nguyễn Hữu Minh, 1991; Vũ Tuấn Huy, 1993; Mai Quỳnh Nam, 1994) but is still significant, especially amongst married men.

Table 3.8. Reasons for Husbands and Wives to Have a Son or Daughter or Both

(%)

Reason	Wife's Opinion	Husband's Opinion
To have someone to care for and rely on	33.6	56.0
To have labour for the family	18.5	16.2
To have someone to carry on the family line, inherit family line, and worship ancestors	24.4	37.8
Sons are more affectionate with their parents	30.0	32.3
Daughters are more affectionate with their parents	46.4	32.7
Fear of being known as a person who only gives birth to children of one sex	22.7	19.3
More respect from the spouse and family	22.6	24.5
Other	5.3	4.5
No answer	0.7	0.3
N (weighted)	277	179

Note: The sample includes married women aged 18–35 and their husbands. Chi-square test: p<0.001
Source: Survey in four provinces and cities, 2024.

Amongst the respondents who said they needed a son, daughter, or both, the most common reasons included: having someone to care for and rely on; having someone to carry on the family line, inherit, and worship ancestors; and having a son (or daughter) for greater affection towards their parents (Table). However, when calculated in the entire survey sample, these percentages are quite small, at less than 7%. As previous research by Haughton and Haughton (1999) identified, son preference in Viet Nam has been considerable, but it has mainly increased the sex ratio at birth and not significantly affected the total fertility rate.

3.8. Regression Model of the Desire to Have Fewer than Two Children

For the provinces and cities with low fertility rates, the issue of concern is the situation of 'wanting only 1 or no children' and the influencing factors. The relationships between the

desired number of children and each basic socio-demographic characteristic have been presented in Sections 3.1 to 3.7. This is more clearly shown through logistic regression models on the probability of wives' desire to have fewer than two children (i.e. only one or no children) (Table 3.9). The following analyses of the influence of each independent variable on the dependent variable are made with the assumption that all other independent variables in the model are held unchanged.

According to Model A, which includes all wives in the survey sample, the probability of wanting one or no children is higher in rural areas than in urban areas, whilst there is no statistically significant difference by province or city. The probability of the desire to have fewer than two children increases with the husband's age but is not related to the wife's age. Compared to non-religious wives, wives who are Buddhist or follow other religions have a lower probability of desire to have one or no children. This probability is also higher in the recently married group (those married during 2020–2024) than in the group married in the period 2015–2019. It is lower in the group of wives with college or university education than in the group with lower education, but the relationship with the husband's education is in the opposite direction. The occupations of wives and husbands also have opposite effects. Specifically, the probability of wanting one or no children is lower in the group of wives who are in business/traders than in the group of workers/civil servants, and vice versa when compared by the husband's occupation. In addition, the probability of 'desire to have one or no children' in the above-middle income group is also lower than that in the below-middle income group, indicating that difficult economic conditions increase the proportion of women who want to have fewer children.

Regression Model A includes women who already have at least two children, so whether they want to have fewer than two children or not has little meaning for their future fertility intention and behaviour. Therefore, regression Model B only includes cases having only one or no children at the time of the survey. The results show that many regression coefficients in Model B are no longer statistically significant as in Model A, and perhaps the smaller sample size in Model B than in Model A is one of the main reasons contributing to this situation. Specifically, only the regression coefficients of three of the independent variables (area of residence, husband's age, and wife's occupation) remain statistically significant. It is noteworthy that the group of wives working in agriculture, manual labour, or not working has a much higher probability of 'wanting to have fewer than two children' than the group in business or trade.

Table 3.9. Logistic Regression Models of the Desire to Have Fewer Than Two Children

	Model A (married women)	Model B (married women having one or no children)
Province/City		
Khanh Hoa	-0.579	-0.659
Ho Chi Minh City	-0.209	-0.570
Soc Trang	-0.495	-0.644
Ca Mau (ref.)	0.000	0.000
Rural area (urban area = ref.)	1.154 **	1.262 *
Wife's age		
18–27 (ref.)	0.000	0.000

	Model A (married women)		Model B (married women having one or no children)	
28–32	0.298		-0.084	
33–35	-0.281		0.674	
Husband's age		***		
18–29 (ref.)	0.000		0.000	
30–34	1.088	*	0.672	
≥ 35	2.037	***	1.532	*
Wife's religion		*		
None (ref.)	0.000		0.000	
Buddhism	-1.553	*	-1.340	
Other religion	-4.600	*	-17.908	
Year of marriage		*		
Before 2015	-0.106		-0.818	
2015–2019	-0.896	*	-0.673	
2020–2024 (ref.)	0.000		0.000	
Wife's education		***		
Below upper secondary	2.242	**	0.565	
Upper secondary	2.511	***	0.348	
College, university (ref.)	0.000		0.000	
Wife's main occupation				
Agriculture, manual labour, not working	0.854		1.295	*
Workers, civil servants	0.972	*	0.520	
Business, trade (ref.)	0.000		0.000	
Husband's education		**		
Below upper secondary	-0.790		0.841	
Upper secondary	-1.480	***	0.924	
College, university (ref.)	0.000		0.000	
Husband's main occupation		***		
Agriculture, manual labour, not working	-1.705	***	-1.295	
Workers, civil servants	-1.732	***	-0.976	
Business, trade (ref.)	0.000		0.000	
Household income per capita		**		
Below middle (ref.)	0.000		0.000	
Middle	-0.504		0.139	
Above middle	-1.471	***	-0.445	
Constant	-3.850	***	-4.521	***
N (unweighted)	1152		725	
-2 log likelihood	389.15		189.59	
R^2 (Nagelkerke)	0.38		0.28	

Ref. = reference category.
Note: The sample includes married women aged 18–35. * p < 0.05; **p<0.01; ***p<0.001
Source: Survey in four provinces and cities, 2024.

Summary

Over 90% of the surveyed young women and their husbands wanted to have two or more children. Although there was some variation, the proportion of individuals wanting two or more children was high in all social groups surveyed and analysed, such as by geographical area, age, religion, education, occupation, and income level (all above 80%). The proportion of individuals wanting one child or no children was very low, especially amongst men. The average number of children desired by the surveyed subjects in the four provinces and cities was 2.1 children, with the variation between groups ranging from 1.9 to 2.5 children. Thus, in provinces and cities with low fertility rates, children still hold significant value for most people. The actual total fertility rates in the four provinces and cities in 2023 were only between 1.32 and 1.77, but these would be significantly higher if couples were to obtain their desired number of children. This suggests that there are certain factors that are preventing couples from having their desired number of children. Some people still want to have a son, but that desire is not strong enough to make them accept the difficulties, obstacles, and losses of having more than two children. The probability that married women want to have only one child or no children increases in couples living in rural areas, those who are recently married (after 2019), and those having below-middle income. The wife not following a religion, having less than college/university education, being a worker or civil servant; and a husband having college/university education and working in business or trading are factors that increase the likelihood that married women want to have fewer than two children.

Chapter 4
Childbearing Intention

Childbearing intention in this study includes the intentions of married women aged 18–35 regarding the total and additional numbers of children, the sex of the children, the timing of childbirth, and the interval before the birth of the next child. This section will analyse the intended number of children, the intention regarding the interval before the next child, and their correlations with the desired number of children as well as some socio-economic factors.

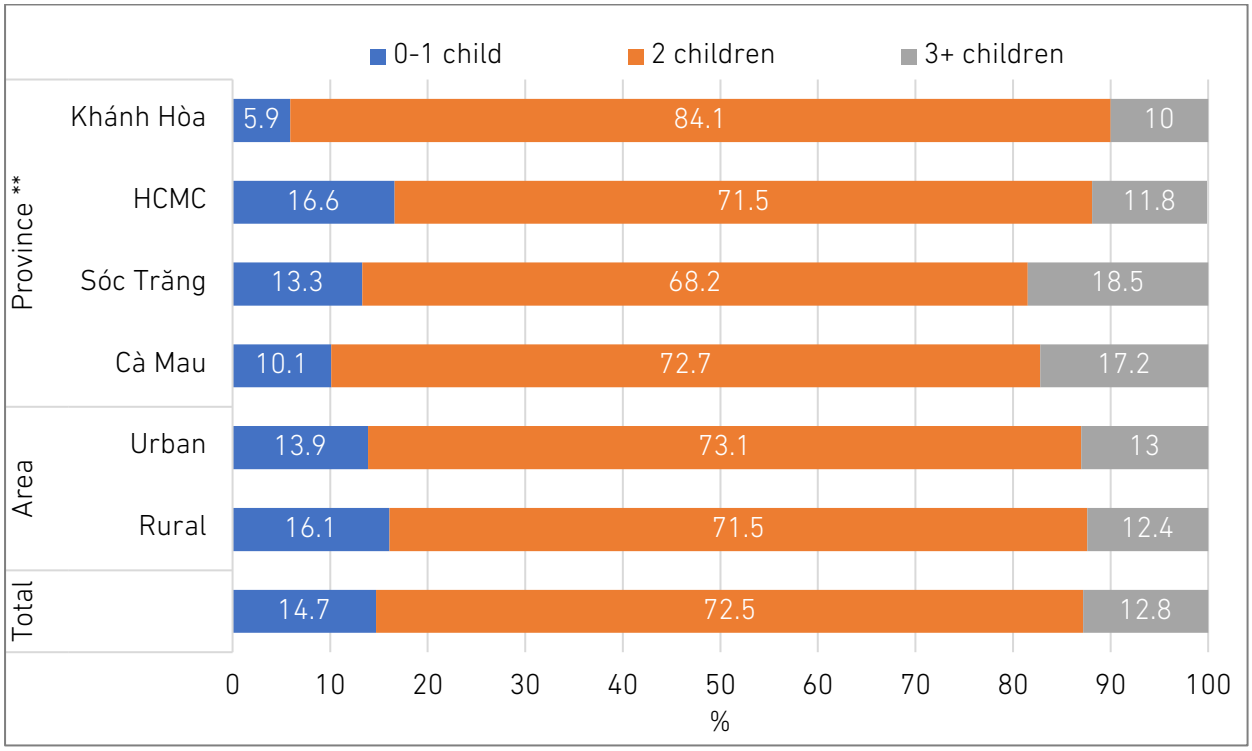
4.1. Intended Number of Children

The intended number of children is the number of children that each couple has planned or set a goal to achieve after considering the actual health, economic, and social security conditions of themselves and their families (Nguyen Duc Vinh, 2020b). The intended number of children is an important intermediate step in the process of realising the desired number of children. A husband and wife may have different thoughts about the desired number of children, but usually both will make joint decisions about the family's plan to have children. In Vietnamese society today, although a husband may have significant influence and even place pressure, the wife is always the one who makes the final decision on having children. Accordingly, the total intended number of children is understood as the total number of children (including existing children) that both the husband and wife have considered, agreed upon, and planned to have.

The survey results for the four provinces and cities with low fertility rates show that women in the sample intended to have an average of 2.0 children, and there was no significant difference by province, city, or between urban and rural areas. Since less than 1% of respondents did not report their intended number of children, they are excluded from the analyses in this section without significantly affecting the results. Over two-thirds of couples in the sample *intended to have two children* (72.5%), 12.8% *intended to have more than two children*, and 14.7% *intended to have fewer than two children*. Thus, the intended number of children, although slightly lower than the desired number, is significantly higher than the total fertility rate in the four surveyed provinces and cities. Estimates using data from the 2021 Population Change and Family Planning Survey show that in the Southeast, the fertility of women aged 19–34 years accounts for nearly 80% of the TFR of reproductive-age women (GSO, 2022). These results suggest that, along with the decline in the marriage rate amongst women of childbearing age (Nguyen Duc Vinh, 2017a), the main factor leading to low fertility in these provinces and cities is not the desire or intention to have few children but the conditions for couples to realise that intention.

The distribution of the intended number of children is not differ significantly between urban and rural areas, but there is a clear difference by province/city. The proportion of couples *planning to have two children* is highest in Khanh Hoa (84.1%) and lowest in Soc Trang (68.2%). Whilst the proportion *planning to have fewer than two children* in Khanh Hoa is only 5.9%, the remaining three provinces and cities are significantly higher, respectively in Ca Mau (10.1%), Soc Trang (13.3%), and the highest is in Ho Chi Minh City (16.6%).

Figure 4.1. Intended Number of Children by Place of Residence



HCMC = Ho Chi Minh City.
Note: The sample includes married women aged 18–35. Cases with answers of 'don't know' are not included. Chi-square test: * p < 0.05; **p<0.01; ***p<0.001
Source: Survey in four provinces and cities, 2024.

The analysis results show that the *mean intended number of children* does not vary significantly across most socio-demographic characteristics presented in Table 4.1, typically ranging from 1.9 to 2.1 children. Not surprisingly, the mean *number of intended children* differs significantly by the desired number of children as well as the current number of children, as people who have or want more children are likely to plan to have more children. Regarding religion, the mean *intended number of children* amongst couples with Buddhist wives is 2.2, compared to only 1.8 for wives following other religions (such as Catholics, Caodaists, etc.). The analysis of the distribution of the intended number of children showed some notable results. In particular, the proportion of couples *planning to have two children* is highest amongst those with a wife aged 18–27 (76.4%), a wife of another religion (80.1%), a wife with a college education or higher (80.1%), or a wife that is a worker or civil servant (79.2%). Similarly, high proportions is found for couples with a husband under 30 years old (81.8%) or a husband that is not working (83%) or in business or trading (80.3%). However, there is only a small difference between the three income groups (Table 4.1).

Table 4.1. Intended Number of Children by Socio-demographic Characteristics

		Intended Number of Children (%)			Mean	N
		0–1	2	3+		
Wife's characteristics						
Age ** ##	18–27	17.1	76.4	6.5	1.9	292
	28–32	14.5	68.9	16.5	2.0	519
	33–35	13.2	74.3	12.5	2.0	389
Religion *** ###	None	15.8	70.9	13.3	2.0	876
	Buddhism	5.8	73.4	20.8	2.2	166
	Other religion	18.5	80.1	1.4	1.8	158
Education ***	Below upper secondary	17.0	72.1	10.8	2.0	409
	Upper secondary	16.5	67.8	15.7	2.0	496
	College, university	8.6	80.9	10.5	2.0	295
Main occupation **	Not working	19.2	62.1	18.8	2.0	201
	Agriculture, manual labour	16.7	70.2	13.1	2.0	202
	Business, trade	13.4	72.2	14.4	2.0	402
	Worker, civil servant	12.8	79.2	8.0	1.9	395
Desired number of children *** ###	0–1 child	18.9	74.8	6.4	1.9	81
	2 children	15.7	83.8	0.5	1.8	865
	> 2 children	9.6	31.9	58.5	2.6	242
Husband's characteristics						
Age *** ###	18–29	14.1	81.8	4.1	1.9	326
	30–34	17.1	59.6	23.3	2.1	411
	35+	12.9	77.5	9.6	2.0	462
Education *** ###	Below upper secondary	25.1	65.1	9.8	1.9	412
	Upper secondary	7.8	78.9	13.3	2.1	410
	College, university	10.4	74.1	15.6	2.1	374
Main occupation *** ###	Not working	3.7	83.0	13.3	2.15	48
	Agriculture, manual labour	25.9	64.7	9.4	1.85	346
	Business, trade	8.4	80.3	11.3	2.1	245
	Worker, civil servant	11.7	72.9	15.4	2.0	562
Desired number of children *** ###	2 children	15.2	79.8	5.0	1.9	947
	> 2 children	11.9	40.2	47.8	2.4	202
Family characteristics						
Household income per capita *** ###	Below middle	16.4	74.1	9.5	1.9	374
	Middle	19.0	70.7	10.3	1.9	375
	Above middle	8.0	73.7	18.3	2.1	401
Current number of children *** ###	0 children	24.9	68.1	6.9	1.8	244
	1 child	25.8	71.0	3.2	1.8	452
	> 1 child	0.0	75.9	24.1	2.3	504
Total		14.7	72.5	12.8	2.0	1200

Note: The sample includes married women aged 18–35. Cases with answers of 'don't know' are not included. Data have been weighted.

Chi-square test: * p < 0.05; **p<0.01; ***p<0.001; Anova/T-test: # p < 0.05; ## p<0.01; ### p<0.001.

Source: Survey in four provinces and cities, 2024.

The proportion with the *intention to have one child or no children* in the survey sample was only 14.7% but was quite high amongst couples with husbands with an education level less than high school (25.1%), husbands working in agriculture/manual labour (25.9%), and those in the middle-income group (19%).

Qualitative interviews may help to better explain differences in the desired number of children by occupation. The results from in-depth interviews and focus group discussions with women, government officials, and relevant people in the localities show that the working conditions of both women and their husbands influence the decision to have two children. For example, in the public sector, medical staff and public-school teachers often have to work overtime, and after office hours they still have to continue their work, such as administrative work and lesson planning. This leaves them little time to take care of their children and spend time for themselves.

> *'They do not want to have more children because of work pressure. For example, near my house, there is a teacher who works all day. After work, she has to prepare lesson plans and teach extra classes, so the children have to be taken care of by grandparents. There is no time to take care of anything and she only sees the children in the evening.'*
>
> (FGD, Officer of Ward 2 People's Committee, Soc Trang)

> *'My husband and I have been married for 5 years, but we are still not ready to live together because my wife is busy with work. My wife works at the district health centre. Currently she both studies and works. She works from Monday to Friday, and on Saturday and Sunday she goes to college in Can Tho.'*
>
> (PVS, male, IT engineer in Long Phu commune, 32 years old, Soc Trang)

For the self-employed and small-scale traders, although they can be independent with their time, their work requires a lot of time and effort, leading them to delay having children to ensure they can take better care of and raise their children. Meanwhile, the group of workers and employees working in the private sector with short-term contracts face the risk of losing their jobs when taking maternity leave. Therefore, even though they want to have children, they still have to delay because work conditions do not allow it.

> *'I don't plan to have more children because I am so busy with my business. Besides, if I have children, my business will be interrupted, and I will have less time for myself.'*
>
> (PVS, female, 27 years old, trader, Nha Trang)

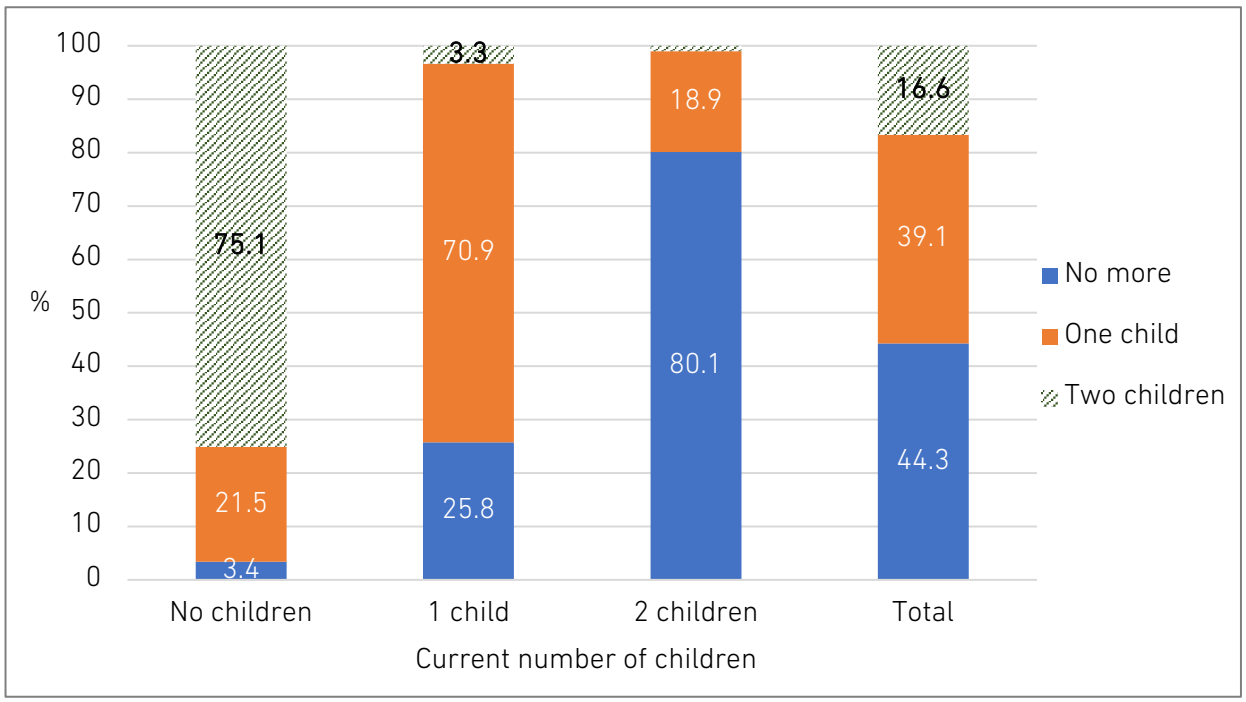
> *'We work in the private sector with short-term contracts. When we take maternity leave, the company will immediately find someone else to replace us, so there is a risk of losing our jobs when we give birth. So sometimes we want to have children but we don't dare because our work conditions don't allow it.'*
>
> (PVS, female, informal worker, Khanh Hoa province)

The intended number of children is often equal to or may be less than the desired number. In some special cases, such as the need for a son or a high risk of child mortality, the intended number may also be greater than the desired number. The average number of children planned per family in this survey is 2.0, lower than the desired number of 2.1.

Comparing the distribution of desired and intended children shows some clear differences (Table 4.1). The proportion of women who want 0–1 child is very low (6.8%), and amongst this group, only nearly 19% intend to do so, 74.8% intend to have two children and 6.4% intend to have three or more children. The mean intended number of children for this group is 1.9 children, significantly higher than their desire to have 0–1 child. The reason is probably that some women want to have fewer than two children but still plan to have two children according to their husbands' wishes. Most married women aged 18–35 want to have two children (72.1%), but up to 15.7% of this group plan to have fewer than two children. This is probably one of the factors leading to the low birth rate in the four provinces/cities now as well as in the coming years. More than 20% of the women surveyed want to have more than two children, but only 58.2% of this group intend to do so. Regarding the husbands' wishes, about 15.2% of families where the husbands want to have two children, and 52.1% of families where the husbands want to have more than two children, plan to have fewer children than the husbands' wishes.

Regarding the current number of children, about a quarter of the group that *has no children or one child* intends to have only one child, and this is probably one of the important factors leading to the low fertility rate in the four provinces and cities now as well as in the coming years. More specifically, as shown in Figure 4.2, amongst *married women without children*, 3.4% do not intend to have children, and 21.5% intend to have only one child. Amongst married women having one child, 25.8% do not intend to have more children. In general, the phenomenon of planning to have fewer children than desired is quite common amongst young couples in the four provinces/cities with low fertility rates. This suggests the existence of factors that prevent people from realising their desired number of children.

Figure 4.2. Intended Number of Additional Children by Current Number of Children



Note: The sample includes married women aged 18 –35. Data have been weighted. Chi-square test: p <0.001.
Source: Survey in four provinces and cities, 2024.

Recent national survey results show an increasing trend in the age of first marriage for both men and women (GSO, 2020). The question is whether the number of children intended to be born is related to the age of marriage for women. According to the analysis results presented in Table 4.2, the proportion of women who want to have fewer than two children is lowest in the group married at the age of 22–26 (9.9%) and much higher in the group married earlier (18.7%), as well as in the group married at over 26 years old (16.5%).

Table 4.2. Intended Number of Children by Women's Age at Marriage

(%)

	Age at marriage			Total
Intended number of children	15–21	22–26	Over 26	
None or one child	18.7	9.9	16.5	14.6
Two children	66.5	74.7	76.2	71.8
Three or more children	13.6	14.9	6.3	12.7
No answer	1.2	0.5	1.0	0.9
Mean (children)	1.96	2.06	1.90	1.98
N (weighted)	461	504	236	1,200

Note: The sample includes married women aged 18–35. Data have been weighted. Chi-square test: p <0.001; Anova test: p= 0.023.

Source: Survey in four provinces and cities, 2024.

The average intended number of children amongst couples with wives married at 22–26 years of age is nearly 2.1, but less than 2.0 in the groups that married at a younger or older age. Perhaps because women who marry earlier often have difficulties in securing a stable job and income, and face many difficulties and challenges in giving birth and raising children etc., many do not dare to intend to have more than one child. On the other hand, many women who marry later, although they may have a more stable job and income, do not have much time left to have two children.

Table 4.3. Intended Number of Children by Childcare Support During Previous Birth

(%)

Intended Number of Children	No One Took Care	Only Husband Took Care	Someone Else Took Care	Total
One child	30.2	8.4	7.2	12.1
Two children	55.2	77.8	77.5	73.2
Three children	14.4	13.1	14.8	14.2
No answer	0.3	0.7	0.5	0.5
N (weighted)	188	306	463	957

Note: The sample includes married women aged 18–35 who have ever given birth. Chi-square test: p <0.001

Source: Survey in four provinces and cities, 2024.

According to the results presented in Table , the proportion of women *not intending to have a second child* is only less about 8% amongst those who received support in taking care of their previous child, but as high as 30.2% amongst those who did not receive such support. Thus, for many families in present Viet Nam, having someone to assist both the mother and child during pregnancy and whilst raising young children is very important, even influencing the decision to have another child.

Table 4.4 presents two logistic regression models predicting the probability of the 'intention to have only one child or no children', which may contribute to low fertility in the four surveyed provinces/cities. Model A includes the entire sample, whilst Model B only includes cases having one child or no children. The following analyses of the impact of each independent variable are made with the assumption that all other independent variables in the model are held unchanged. The results show that the probability of intending to have fewer than two children is highest in Ho Chi Minh City (compared to the other three provinces), and it is lower amongst Buddhist women than amongst non-religious women or those of other religions. Even after considering many other socio-demographic variables in the regression model, living in Ho Chi Minh City, which has had the lowest fertility rate in the country over the past decades, may be a proxy for other factors that increase the probability of planning to have fewer than two children compared to the other three provinces. Getting married before 2020 decreases the probability of intending to have fewer than two children. However, when considering only couples with one child or no children, getting married before 2015 increases this probability compared to those who married more recently (after 2019).

Table 4.4. Regression Models of the Intention to Have One or No Children

	Model A (all couples)		Model B (couples having one child or no children)	
Province/City		***		***
Khanh Hoa	-0.591		0.001	
Ho Chi Minh City	1.460	***	1.904	***
Soc Trang	0.120		0.608	
Ca Mau (ref.)	0.000		0.000	
Rural area (urban area = ref.)	0.416		0.319	
Wife's age				
18–27 (ref.)	0.000		0.000	
28–32	-0.467		-0.370	
33–35	-0.632		-0.819	
Husband's age				*
18–29 (ref.)	0.000		0.000	
30–34	0.551		0.883	**
≥ 35	0.500		0.704	
Wife's religion		***		***
None (ref.)	0.000		0.000	
Buddhism	-1.863	***	-1.860	***
Other religion	0.089		0.099	
Year of marriage		*		

	Model A (all couples)		Model B (couples having one child or no children)	
Before 2015	-0.950	**	1.064	*
2015–2019	-0.594	*	0.029	
2020–2024 (ref.)	0.000		0.000	
Wife's education		**		***
Below upper secondary	-0.089		0.983	
Upper secondary	0.812	*	1.564	***
College, university (ref.)	0.000		0.000	
Wife's main occupation				
Agriculture, manual labour, not working	-0.211		-0.149	
Worker, civil servant	0.036		0.083	
Business, trade (ref.)	0.000		0.000	
Husband's education		***		***
Below upper secondary	1.127	**	0.945	*
Upper secondary	-1.279	***	-1.476	***
College, university (ref.)	0.000		0.000	
Husband's main occupation		*		
Agriculture, manual labour, not working	1.028	**	0.064	
Worker, civil servant	0.718	*	0.635	
Business, trade (ref.)	0.000		0.000	
Household income per capita		***		**
Below middle (ref.)	0.000		0.000	
Middle	-0.101		0.203	
Above middle	-1.388	***	-0.868	**
Constant	-3.125	***	-3.956	***
N (unweighted)	1,132		709	
-2 log likelihood	736.52		552.74	
R^2 (Nagelkerke)	0.27		0.35	

Note: The sample includes married women aged 18–35. Data are weighted. Ref. = reference category; * p < 0.05; **p<0.01; ***p<0.001.
Source: Survey in four provinces and cities, 2024.

Regarding the wife's education, the probability of intending to have only one child or no children is significantly higher in the group with average education (upper secondary) than in the group with below upper secondary education, as well as in the group with college/university education. However, the effect of the husband's education is the opposite: the probability of intending to have fewer than two children is lowest in the upper secondary group and highest in the group with below upper secondary education.

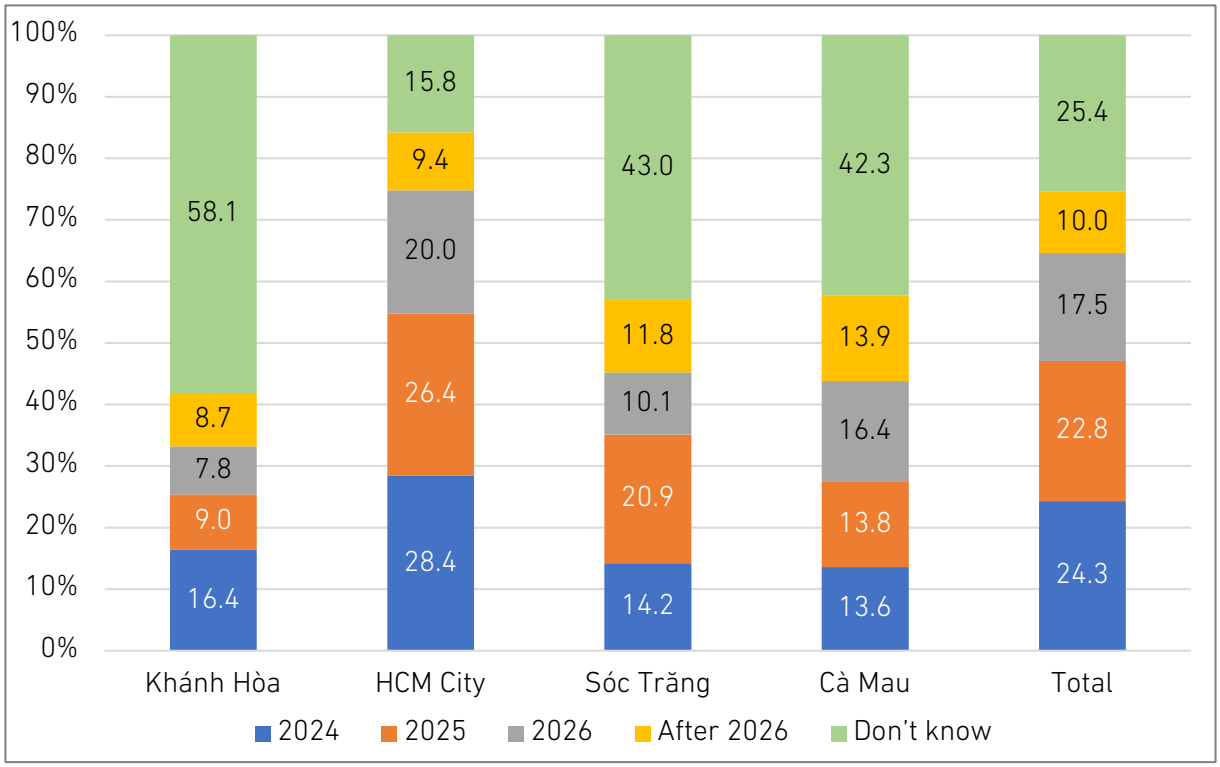
Concerning occupation, both regression models do not show the influence of the wife's occupation but only the husband's occupation. The group with husbands engaged in 'business, trading' had a lower probability of 'intending to have fewer than two children' compared to the other occupational groups considered in the regression model (although this was only statistically significant in Model A). In relation to household income per

capita, the probability of 'intending to have fewer than two children' is lower in the above-middle income group than in the middle and below-middle income groups. Thus, difficult economic conditions seem to be a factor that increases the intention to have fewer children in the four surveyed provinces/cities with low fertility rates.

4.2. Intended Timing of the Next Birth

The survey was conducted in January 2024. Amongst couples intending to have another child, the proportions planning to do so in 2024, 2025, 2026, and after 2026 were respectively 24.3%, 22.8%, 17.5%, and 10%. Thus, nearly two-thirds of the surveyed couples intending to have another child (64.6%) planned to do so in the next three years (2024–2026). The proportion was highest in Ho Chi Minh City (75.8%) and lowest in Khanh Hoa (33.2%).

Figure 4.3. Expected Timing of the Next Birth



HCM City = Ho Chi Minh City.
Note: The sample includes married women aged 18–35. Data have been weighted. Chi-square test: p <0.001
Source: Survey in four provinces and cities, 2024.

It is worth noting that as much as 25.4% of women intended to have more children but could not answer when they would give birth. This proportion was lowest in Ho Chi Minh City (15.8%) and much higher in Khanh Hoa (58.1%), Soc Trang (43%) and Ca Mau (43.2%). The reason is probably that they could not be sure of the conditions of pregnancy and childcare to be able to decide when to give birth. Meanwhile, greater urbanisation and modernisation in Ho Chi Minh City may lead couples to recognise the need to plan for childbirth earlier and in a more deliberate manner. Thus, for couples to decide when to

give birth and carry out that plan, policies to support childbirth in these three surveyed provinces, as well as the whole country in general, need to be implemented soon.

Table 4.5. Logistic Regression Models of the Intention to Have the Next Birth in 2014–2015

	Model A (married women)		Model B (married women having one or no children)	
Province/City		*		
Khanh Hoa	-0.809		-0.789	
Ho Chi Minh City	-0.140		-0.113	
Soc Trang	0.451		0.530	
Ca Mau (ref.)	0.000		0.000	
Rural area (urban area = ref.)	-1.202	***	-1.337	***
Wife's age		***		***
18–27 (ref.)	0.000		0.000	
28–32	1.169	***	0.992	***
33–35	1.394	***	1.083	*
Husband's age				
18–29 (ref.)	0.000		0.000	
30–34	-0.218		-0.543	
≥ 35	-0.666	*	-0.529	
Wife's religion		***		***
None (ref.)	0.000		0.000	
Buddhism	1.659	***	1.164	***
Other religion	0.159		0.541	
Year of marriage		***		***
Before 2015	-2.236	***	-2.564	***
2015–2019	-1.008	***	-0.725	*
2020–2024 (ref.)	0.000		0.000	
Wife's education				
Below upper secondary	0.022		-0.585	
Upper secondary	0.152		-0.410	
College, university (ref.)	0.000		0.000	
Wife's main occupation				
Agriculture, manual labour, not working	0.119		-0.449	
Worker, civil servant	-0.293		-0.349	
Business, trade (ref.)	0.000		0.000	
Husband's education		***		***
Below upper secondary	-1.363	***	-0.768	***
Upper secondary	-0.068		0.476	
College, university (ref.)	0.000		0.000	
Husband's main occupation				*
Agriculture, manual labour, not working	0.367		-0.238	
Worker, civil servant	-0.051		-0.673	*

	Model A (married women)		Model B (married women having one or no children)	
Business, trade (ref.)	0.000		0.000	
Household income per capita		***		
Below middle (ref.)	0.000		0.000	
Middle	-0.554	*	-0.386	
Above middle	0.449	*	0.171	
Current number of children		***		
None	0.000		0.000	
1 child	-0.312		-0.314	
≥ 2 children	-2.051	***		
Duration since marriage/last birth		**		**
< 18 months	0.000		0.000	
18–35 months	0.264		0.323	
36–71 months	0.523		-0.020	
≥ 72 months	1.393	***	1.426	**
Constant	-0.033		1.051	
N (unweighted)	1,152		725	
-2 log likelihood	938.5		687.6	
R^2 (Nagelkerke)	0.44		0.36	

Ref. = reference category.
Note: The sample includes married women aged 18–35. * p < 0.05; **p<0.01; ***p<0.001
Source: Survey in four provinces and cities, 2024.

Table 4.5 presents two logistic regression models for the probability of 'intending to have the next birth in 2014–2015'. Model A includes the entire sample, whilst Model B only includes cases having one or no children. The following analyses of the impact of each independent variable are made with the assumption that all other independent variables in the model are held unchanged. The results show that the probability of 'intending to have the next birth in 2014–2015' is lower in rural areas than in urban areas, lower in the group with young wives (under 28 years old) than in the older group, and higher in the Buddhist group than in the non-religious or other religious groups. Regarding the husband's age, however, the probability of 'intending to have the next birth in 2014–2015' is lowest amongst couples with a husband aged 35 years or older. Not surprisingly, the group that has been married for less than 5 years (after 2019) has a much higher probability of 'intending to have another child in 2014–2015' than the groups that married earlier.

The two regression models do not show the impact of the wife's education and occupation, but the husband's education and occupation have a certain influence on the intention to have another child in 2014–2015. Specifically, if the husband's education is below upper secondary level, the probability of intending to have another child is lower than if the husband's education is at the college or university level.

Considering couples with one child or no children (Model B), the probability of planning to have another child in 2024–2025 is lower amongst husbands working as workers or civil

servants compared to those working in business or trading. The impact of per capita income is quite unique: the probability of planning to have another child decreases when moving from the below-middle income group to the middle-income group but increases when moving to the above-middle income group. However, the impact of income level is not statistically significant when considering the intention to have another child amongst coupes with fewer than two children (Model B).

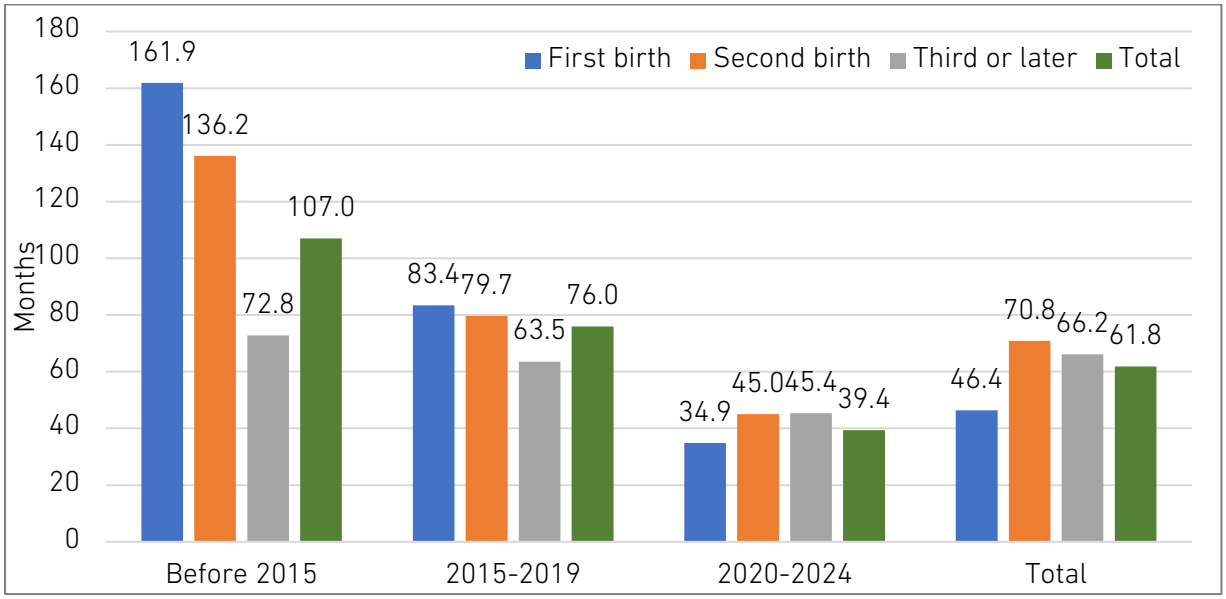
The intention to have another child in 2024–2025 is not significantly affected by the time periods since marriage (Model A) or since the last birth (Model B), including 'under 18 months', '18–35 months', and '36–71 months'. However, the probability of planning to have another child in 2024–2025 is much higher when the time since marriage or the last birth is 72 months (i.e. 6 years) or more. This once again reflects the tendency to delay births or lengthen birth intervals in the surveyed provinces/cities.

4.3. Intended Next Birth Interval

The birth interval is the duration between two consecutive births of a woman, or from the date of marriage to the first birth. Delaying childbirth leads to an increase in the birth interval, contributing to a decrease in the total fertility rate, even though the total number of children per couple remains unchanged. Viet Nam's current population ordinance stipulates that each couple and individual has the right and obligation to decide for themselves the timing and spacing of their children (National Assembly, 2013). However, according to experts, the interval between two pregnancies or births should be from three to five years.[12] A birth interval of more than three years helps the mother have enough time to take care of the preceding child, to recover from the pressures of the previous pregnancy, prepare for the next pregnancy, avoid risks in pregnancy and childbirth, and create opportunities for the mother to have conditions to develop the family economy and integrate into society. On the other hand, a birth interval of more than five years can have a negative impact because the mother's body after giving birth will gradually lose its state of preparation for pregnancy, increasing the risk of complications during pregnancy and childbirth (WHO, 2006).

[12] The World Health Organization (WHO) and other international organisations recommend that individuals and couples should wait for at least 2–3 years between births in order to reduce the risk of adverse maternal and child health outcomes. Recent studies supported by the United States Agency for International Development (USAID) suggest that an interval of 3–5 years might help to reduce these risks even further (WHO, 2006).

Figure 4.4. Intended Next Birth Interval by Parity and Year of Marriage



Note: The sample includes married women aged 18–35 who intend to have more children. Data have been weighted. Anova test: p <0.001
Source: Survey in four provinces and cities, 2024.

According to results from the survey in four provinces and cities with low total fertility rates, the means of the intended next birth intervals for the first, second, and third children are, respectively, 46.4 months, 70.8 months, and 66.2 months, significantly longer than the means of the corresponding birth intervals amongst existing children (presented in Section 5.2). In particular, the average interval from marriage to the intended first birth is 46.4 months, compared to only 16.2 months for the existing first births (see Figure 4.4 and Figure 5.3). For the intended second and third births, the average birth intervals are, respectively, 70.8 months and 66.2 months, which are not only longer than the intended first-birth interval but also longer than the birth intervals amongst children already born (40.8 months and 50.2 months in Table 5.7) as well as the recommended birth interval (3–5 years). The figures demonstrate some increase in birth intervals as well as in the delay of childbearing in recent years.

As mentioned in Section 4.2, the intended year of the next birth does not differ significantly by year of marriage. However, Figure 4.4 shows that the 'next birth intervals' are remarkably longer amongst women who have been married longer. This is not a contradiction, because it may be that most couples intend to have their next child (first, second, or third births) within five years, but many of those married in 2015–2019 or earlier have not been able to realise that intention. Since most couples intend to have their next child within the next few years, adding this to the time already elapsed since marriage or the most recent birth results in a longer overall birth interval, especially for couples who have been married for a long time.

One of the issues of concern is whether reproductive health affects the intended next birth interval. About 5.2% of couples in the sample reported having had a health problem that affected their fertility. The analysis shows a mean intended next birth interval of 58.6 months for couples who had never had a health problem affecting fertility, but this increases to 98.7 months for couples (either the wife or the husband or both) who had

experienced such a problem. Therefore, having a reproductive health problem may significantly delay the timing of their next birth, particularly of the second child.

Summary

Although the average desired number of children in the surveyed provinces was over two, most young couples intended to have an average of two children, with only slight differences across province/city, and between urban and rural areas. Some women desired to have fewer or more than two children, but intended to have two children like most other couples in society. On the other hand, about 38% intended to have fewer children than they desired. Nearly two-thirds of women intending to have another child planned to do so within the next three years, whilst a quarter of those women could not specify when they would have another child. The mean intended next birth interval was also significantly longer than the mean birth interval amongst children already born, indicating a tendency for increasing birth intervals and delaying childbearing in provinces and cities with low fertility rates.

A negative relationship between fertility and economic development was observed worldwide in the 20th century. However, this previously negative development–fertility relationship has recently become J-shaped, with the human development index now positively associated with fertility amongst highly developed countries (Myrskylä et al, 2009). This phenomenon may also be reflected at the micro level in the survey of the four provinces with low birth rates in Viet Nam. In this survey, factors more related to the intention to have fewer children or delay having children include living in rural areas, having average or low education, and having low income (as opposed to urban areas, high education, and high income). Couples living in Ho Chi Minh City seem to be influenced by other factors that increase the probability of intending to have fewer children.

Chapter 5
Realisation of the Desired Number of Children

As described in the analytical framework in Section 2.2, the process of realising the desired number of children goes through two steps. The first step is from the desired number of children to the planned birth (number of children and birth timing), which has been analysed in Chapter 0. In the second step, the process of realising the intended number of children is affected by many factors, including some barriers that prevent many couples from obtaining their intended number of children.

5.1. Current Number of Children

This section describes and analyses the number of children at the time of the survey. Amongst the group of married women surveyed, 20.3% had no children and 79.7% had at least one child alive. The proportion of women with one child is 37.7%, 39.6% have two children, and only 2.4% have three or more children. On average, each woman has 1.24 children, of which the number of boys is 0.66 and the number of girls is only 0.58. This also reflects the relatively high sex ratio at birth recently in Viet Nam.

5.1.1. Number of children by place of residence

In Viet Nam, over the past decades, the fertility rate in rural areas has been higher than in urban areas. However, the survey results in the four provinces and cities in early 2024 showed that the average number of surviving children does not differ between rural and urban areas. On the other hand, compared to urban areas, rural areas have a lower proportion of couples with 'two children' (33.9% versus 43%), but higher proportions of those with 'one child' (41.2% versus 35.6%) as well as '3+ children' (4.9% versus 0.9%). Thus, the two-child family model is more popular in urban areas than in rural areas amongst married women aged 18–35.

The mean numbers of children do not differ much between Khanh Hoa, Ho Chi Minh City, and Soc Trang (ranging from 1.20 to 1.25 children), but all of them are much lower than in Ca Mau province (1.43 children). This is due to the fact that the other three provinces/cities have higher proportions of women without children (from 19.5% to 21.8%) and lower proportions of women with more than two children (from 0.9% to 7.6%) than in Ca Mau province (11.7% and 8.5% respectively). Ho Chi Minh City has the highest proportion of those with two children (41.8%) and the lowest proportion of those with one child (35.5%) amongst all four surveyed provinces/cities.

Table 5.1. Current Number of Children by Place of Residence

		Number of Children (%)				Mean	N
		0	1	2	3+		
Province/City ***	Khanh Hoa	19.5	42.4	36.6	1.6	1.20	105
	Ho Chi Minh City	21.8	35.5	41.8	0.9	1.22	860
	Soc Trang	19.5	43.9	29.0	7.6	1.25	108
	Ca Mau	11.7	43.3	36.5	8.5	1.43	127
Area ***	Urban	20.5	35.6	43.0	0.9	1.24	757
	Rural	19.9	41.2	33.9	4.9	1.24	443
N		20.3	37.7	39.6	2.4	1.24	1,200

Note: The sample includes married women aged 18–35. Data have been weighted. Chi-square test: * p < 0.05; **p<0.01; ***p<0.001.
Source: Survey in four provinces and cities, 2024.

5.1.2. Number of children by age

Not surprisingly, the mean current number of children increases with women's age, from 0.84 children in the group aged 18–27 years to 1.22 children in the group aged 28–32 years, and 1.57 children in the group aged 33–35 years. Similarly for the husband's age, the mean number of children increased gradually from 0.77 children in the group aged 18–29, to 1.26 children in the group aged 30–34, and 1.56 children amongst the husbands aged over 35 years.

Table 5.2. Current Number of Children by Age Group

Age Group	Distribution of Children (%)				Mean	N
	0 Children	1 Child	2 Children	3–4 Children		
Wife's age						
18–27	37.6	41.6	20.2	0.5	0.84	292
28–32	22.1	35.6	40.7	1.7	1.22	519
33–35	4.9	37.6	52.8	4.6	1.57	389
Husband's age						
18–29	42.5	37.7	19.5	0.3	0.77	326
30–34	20.9	37.2	37.7	4.2	1.26	411
35+	4.2	38.0	55.6	2.2	1.56	462
Total	20.3	37.7	39.6	2.4	1.24	1,200

Note: The sample includes married women aged 18–35 and their husbands. Data have been weighted. Chi-square test: p<0.001; Anova test: p<0.001.
Source: Survey in four provinces and cities, 2024.

5.1.3. Number of children by religion

The results of the mid-term population and housing survey (GSO and UNFPA, 2016) showed that over the past three decades, the fertility gap between the Kinh and ethnic minorities has decreased sharply. At the same time, the total fertility rate did not differ

significantly between the religious and non-religious groups. The results of the survey in the four provinces and cities also showed a similar situation (Table 5.3). The number of children of couples only differed slightly by the ethnicity and religion of the wife and the husband. The most notable difference is that the proportion of women without children in the 'non-religious' group (21,4%) is higher than in the 'Buddhism' group (15.1%). Religion, especially for women, does not seem to be an important determinant of childbearing and the number of children of couples in Ho Chi Minh City, Khanh Hoa, Soc Trang, and Ca Mau.

Table 5.3. Number of Children by Religion of the Husband and Wife

	Current Number of Children (%)				Mean	N
	0	1	2	3+		
Wife's religion ***						
No religion	21.4	37.8	38.3	2.6	1.22	876
Buddhism	15.1	39.9	42.4	2.7	1.33	166
Other religion	19.8	35.2	44.4	0.6	1.26	158
Husband's religion ***						
No religion	20.6	40.3	36.4	2.7	1.21	871
Buddhism	29.2	36.7	32.1	2.0	1.07	176
Other religion	8.5	24.2	66.6	0.6	1.59	153

Note: The sample includes married women aged 18–35 and their husbands. Data have been weighted.
Chi-square test: * p < 0.05; **p<0.01; ***p<0.001.
Source: Survey in four provinces and cities, 2024.

5.1.4. Number of children by education and occupation

Many studies have shown that education, especially women's education, is one of the main factors that greatly affects fertility, especially in the early stages of the demographic transition period. In later periods, the influence of education on fertility may decline, but it is still considerable (Martin, 1995; Bongaarts, 2017; Götmark and Andersson, 2020). The results from the 2019 Population and Housing Censuses in 2019 (GSO, 2020) and the Intercensal Demographic Survey in 2014 (GSO and UNFPA, 2016) both show that fertility rates often vary clearly by education, especially women's education.

The results of the study in four provinces and cities with low fertility rates also showed that the current number of children is related to both the wife's and the husband's education (Table 5.4). The average number of children slightly decreases with women's education (from 1.28 children in the below upper secondary group to 1.14 children in the group with college, university, or higher education), but is lowest amongst husbands with upper secondary or high school level education (1.18 children). This is partly because the survey sample only included wives aged 18–35 years, whilst there was no age limit for their husbands. Indeed, amongst the husbands with a college or higher level of education, many are over 35 years old with at least two children, resulting in an average number of children for this group of 1.26, higher than for the group with high school or vocational education.

Table 5.4. Number of Children by Education and Occupation

	Number of Children (%)				Mean	N
	0	1	2	3+		
*Wife's education ****						
Below upper secondary	19.5	38.1	37.0	5.3	1.28	409
Upper secondary, high school	20.1	33.7	45.6	0.7	1.27	496
College, university, or higher	21.7	43.9	33.4	1.1	1.14	295
*Husband's education ****						
Below upper secondary	15.8	44.8	34.3	5.1	1.29	412
Upper secondary, high school	26.3	30.6	42.1	0.9	1.18	410
College, university, or higher	18.7	37.1	43.2	0.9	1.26	374
*Wife's occupation ****						
Not working	26.3	41.8	30.0	1.9	1.08	201
Agriculture, manual labour	26.8	38.7	27.9	6.5	1.14	202
Business, trade	17.7	32.6	47.2	2.6	1.35	402
Worker, civil servant	16.6	40.3	42.9	0.3	1.27	395
*Husband's occupation ****						
Not working	3.4	73.3	18.3	5.1	1.25	48
Agriculture, manual labour	21.8	51.0	24.1	3.1	1.09	346
Business, trade	18.2	27.8	51.4	2.6	1.39	245
Worker, civil servant	21.7	30.8	45.9	1.6	1.27	562

Note: The sample includes married women aged 18–35 and their husbands. Data have been weighted.
Chi-square test: * p < 0.05; **p<0.01; ***p<0.001
Source: Survey in four provinces and cities, 2024.

Regarding occupation, nationwide, families working in agriculture or manual labour often have higher fertility rates than other occupational groups. However, the survey results for the four provinces and cities with low fertility rates show that families with wives not working, or husbands or wives working in 'agriculture, manual labour' have the lowest mean number of children (1.08, 1.09, and 1.14 children), followed by the 'workers, civil servants' group (1.27 children), and the highest is the group working in 'business, trading' (1.35 and 1.39 children). This may be due to the stricter one-or-two-child policy applied for civil servants, leading to a lower mean number of children in this group than in the 'business, trading' group. For the 'agriculture, manual labour' and 'not-working' groups, economic pressures and work-related difficulties may lead couples to decide to have fewer children.

5.1.5. Number of children by income and living standards

According to analysis using data from the 2019 Population and Housing Census, if the population is divided into five quintiles of living standards, the TFR of the poor group is higher than the national TFR. Meanwhile, the TFR of the remaining four living standards groups (below average, average, above average, rich) are all close to the replacement fertility rate, and there is almost no significant difference amongst the four groups (GSO, 2020). Income or living standards may still play an important role in fertility rates.

Table 5.5. Current Number of Children by Income Level

	Number of Children (%)				Mean	N
	0	1	2	3+		
Below middle income	15.4	**44.3**	36.8	3.5	1.28	374
Middle income	**26.9**	33.2	37.6	2.3	1.16	375
Above middle income	18.7	34.4	**45.7**	1.2	1.29	401
Total	20.3	37.2	40.2	2.3	1.25	1,150

Note: The sample includes married women aged 18–35 and their husbands. Data have been weighted. Groups are based on the tertile of income per capita. Chi-square test: p<0.001.
Source: Survey in four provinces and cities, 2024.

The research results for the four provinces and cities with low fertility rates show that the lowest average number of children is in the middle-income group (1.61 children) and not the above-middle-income group (1.29 children). It is worth noting that the proportion of women having no children is highest in the middle-income group (26.9%), whilst the proportion having one child is highest in the below-middle-income group (44.3%), and the proportion having two children is highest in the above-middle-income group (45.7%). In the current context, at least for the group of married women aged 18–35 years in the four selected provinces/cities, fertility is not inversely related to the standard of living as was previously the case in Viet Nam, when TFR was higher than the replacement fertility rate.

5.1.6. Current number of children compared to the desired and intended numbers

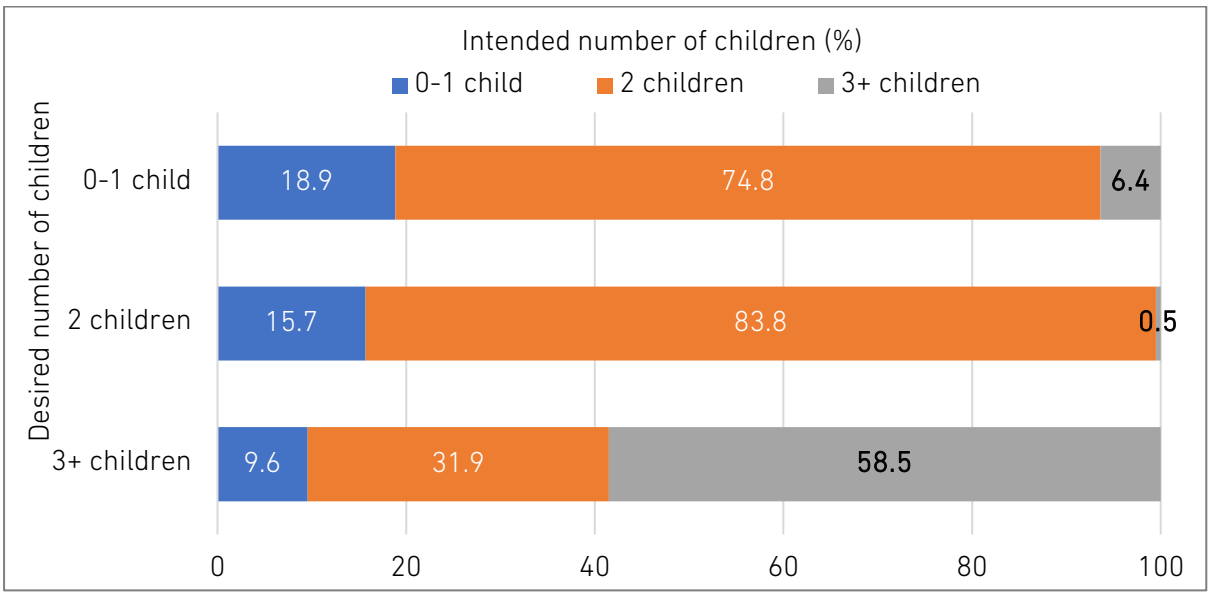
The current number of children is usually the result of the number of children that each individual or family desires and intends to have with specific health, economic, and social security conditions. Because the childbearing process for many couples may not be complete, the current number of children is often equal to or less than the desired and the intended numbers of children. In some special cases, such as a strong son preference or a high risk of infant mortality or ineffective contraception, the current number of children may be greater than the desired number or the planned number of children.

The mean intended number of children per family in this survey is 2.0, lower than the desired number of 2.1. A deeper analysis of the association between the desired and intended numbers of children reveal some considerable differences. The proportion of wives who *wanted to have none or one child* is very low, at 6.8% (Figure). Amongst these, this was the intention for only 18.9%, 74.8% intended to have two children, and 6.4% intended to have three or more children (Figure 5.1). The mean of the intended children for this group is 1.87, significantly higher than their desire of none or one child. The main reason is that amongst the women who wanted to have fewer than two children, 92.4% of their husbands wanted two or more children, and 80.3% of them planned to follow their husbands' wishes.

Most of the women who *wanted two children* planned to do so (83.8%), whilst the proportions intending to have fewer or more children are quite low. The mean intended number of children for this group is 1.85, slightly lower than their desire for two children. The group who *wanted three or more children* has an average intended number of children of only 2.49, and 58.5% of them planned to do as they desired, whilst 31.9% and 9.6%

planned to have, respectively, two children and only one or no child. If all women in the survey sample are included (adding those who had no answer or answered 'don't know' to these two questions), the proportion of those who wanted two children is 72.1%, quite close to the proportion of intending to have two children (71.8%).

Figure 5.1. Intended and Desired Number of Children



Note: The sample includes married women aged 18–35. Data have been weighted. Chi-square test: p <0.00.
Source: Survey in four provinces and cities, 2024.

The difference between the desired and the intended numbers of children is considerable, suggesting the existence of factors that hinder people's realisation of their desired number of children, especially for those who want to have fewer than or more than two children. In the current cultural, social, and policy context, the desire to have two children is probably the most acceptable and least hindered. Therefore, some people, although wishing to have fewer or more than two children, intend to have two children like most other couples in society. This situation is a favourable factor for the goal of maintaining the replacement level of fertility, but on the other hand, it can also be changed if the above-mentioned obstacles are removed.

Table 5.6. Current Number of Children Compared to Women's Desired and Intended Number of Children

		Current Number of Children (%)				N
		0 Children	1 Child	2 Children	>2 Children	
Desired number of children	0–1 child	6.8	32.8	55.7	4.6	81
	2 children	20.9	42.7	35.9	0.4	865
	3+ children	21.8	21.2	48.6	8.3	242
Intended number of children	0–1 child	33.8	66.2	0.0	0.0	175
	2 children	18.8	37.0	44.2	0.0	862
	3+ children	10.8	9.5	61.7	17.9	152

Note: The sample includes married women aged 18–35. Data have been weighted. Chi-square test: $p<0.001$
Source: Survey in four provinces and cities, 2024.

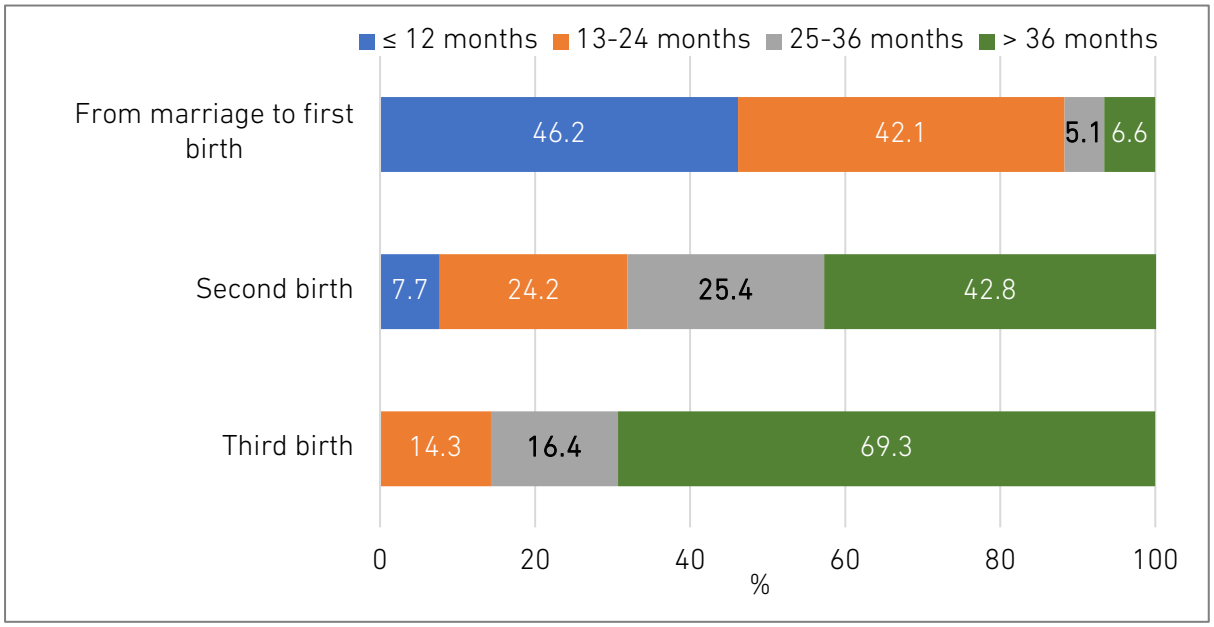
Amongst the few women who wanted fewer than two children, more than 60% had two or three children at the time of the survey. The reason may be that these women had to give birth according to the wishes of their husbands or other family members, or that the hardships and expenses of giving birth and raising children mad them want to have fewer children. On the other hand, more than 63% of women who wanted to have two children, 43% of women who wanted more than two children, and 91.7% who wanted three or more children had not yet achieved their desired family sizes.

Amongst the groups that intended to have one child, two children, and more than two children, the proportions that achieved their intentions are 66.2%, 44.2%, and 17.9%, respectively. The proportion of couples planning to have more children is quite high, especially in the group intending to have two children (55.8%) and the group planning to have more than two children (82.1%). The proportions that achieved their intended numbers of children (one child, two children, and more than two children) are 5%, 40.4%, and 10.5%, respectively, amongst all surveyed women. It can be said that whether the families who plan to have two children can achieve their plan or not will significantly affect the fertility rate in the four surveyed provinces/cities in the future.

5.2. Birth Interval

Analysis of the birth interval shows that the majority of women in the four surveyed provinces/cities had their first child within the first two years after marriage (85.3%), of which 46.2% were within 12 months after marriage. Only about 11.7% had their first child after being married for more than two years (Figure 5.2). However, for the second and third births, the proportions of birth intervals of more than 36 months are quite high, at 42.8% and 69.3%, respectively.

Figure 5.2. Birth Interval by Birth Order

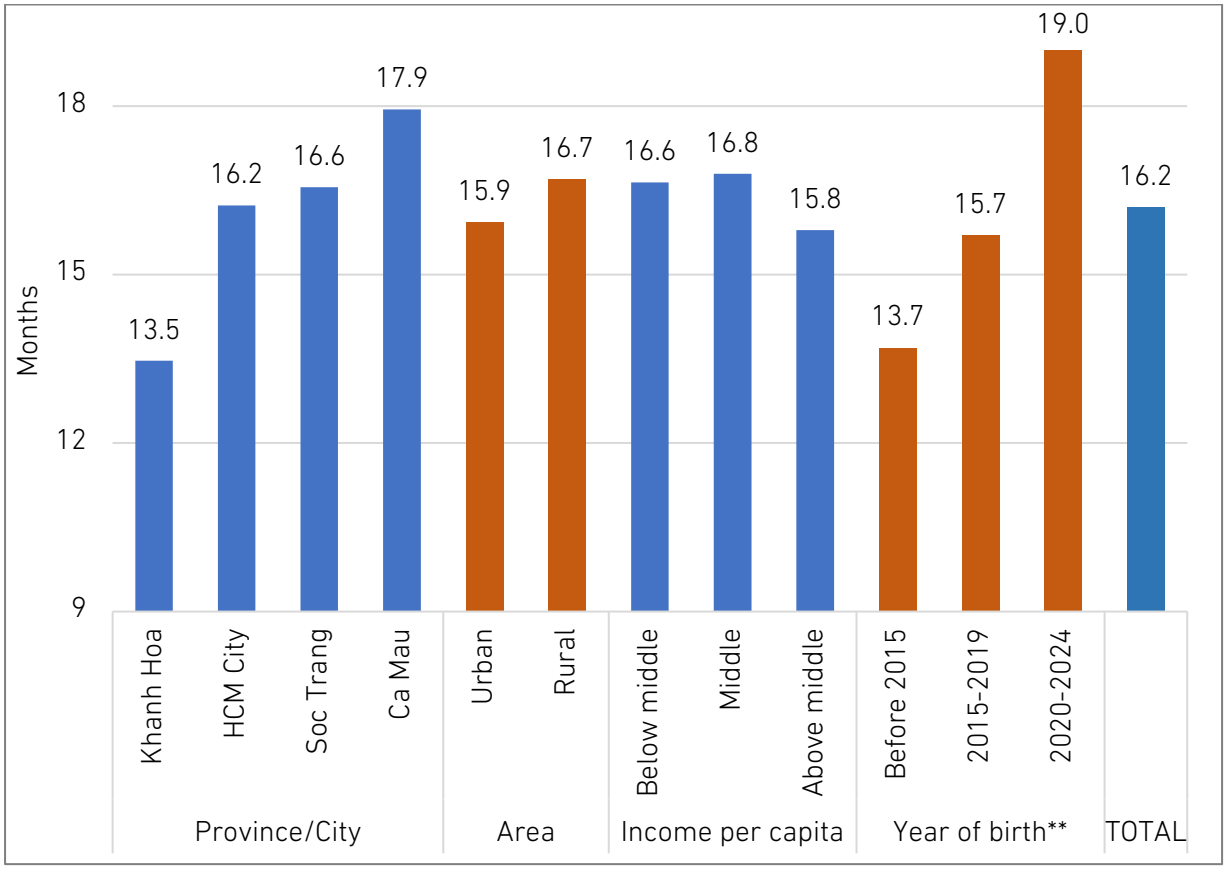


Note: The sample includes married women aged 18–35. Data have been weighted and do not include births occurring more than 12 months before marriage. Chi-square test: p <0.001
Source: Survey in four provinces and cities, 2024.

5.2.1. Interval from marriage to the first birth

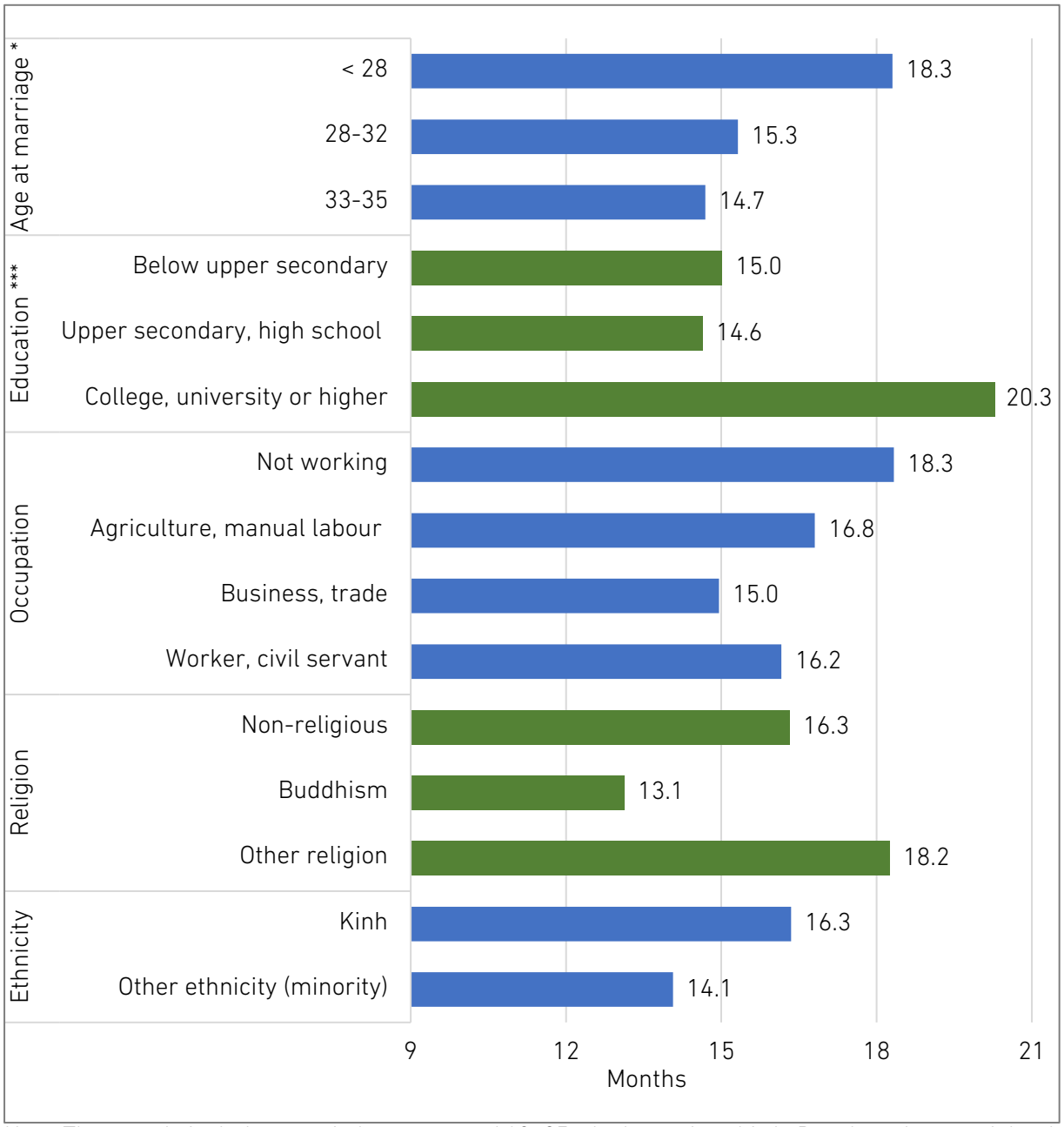
The mean interval from marriage to the first birth is 16.2 months amongst the entire sample, and it does not differ significantly between those in urban and rural areas, amongst provinces, or by income level (Figure 5.3). On the other hand, the average first birth interval has clearly increased over time, from 13.7 months before 2015 to 15.7 months in the period 2015–2019 and 19 months in the period 2020–2024, demonstrating that the delay in the first birth amongst married couples has increased significantly in recent years.

Figure 5.3. Interval from Marriage to First Birth by Family Characteristics



Note: The sample includes married women aged 18–35 who have given birth. Data have been weighted, and do not include births occurring more than 12 months before marriage. Anova test: * p < 0.05; **p<0.01; ***p<0.001.
Source: Survey in four provinces and cities, 2024.

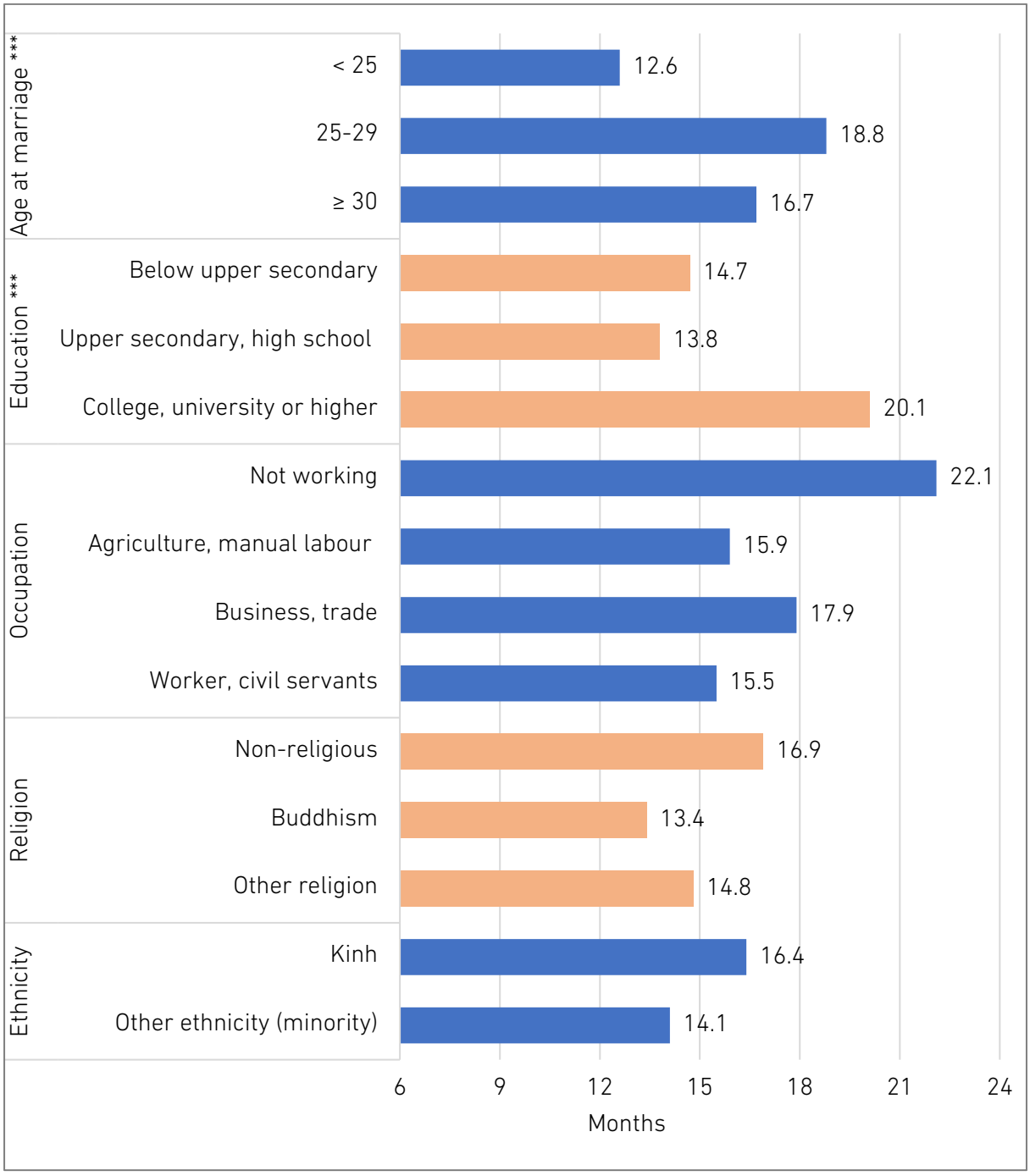
Figure 5.4. Interval from Marriage to First Birth by Wives' Socio-demographic Characteristics



Note: The sample includes married women aged 18–35 who have given birth. Data have been weighted, and do not include births occurring more than 12 months before marriage. Anova test: * p < 0.05; **p<0.01; ***p<0.001.
Source: Survey in four provinces and cities, 2024.

The mean first-birth interval declines with higher age at marriage, from 18.3 months amongst women married at under 28 years to 14.7 months amongst women married at over 32 years (Figure 5.4). Regarding education, the mean interval of the first birth amongst women who graduated college or university education is more than 20 months, significantly larger than that amongst women with lower education (14.6 and 15 months). The differences in the mean first-birth interval by a wife's occupation, religion, and ethnicity seem to be large but not statistically significant.

Figure 5.5. Interval from Marriage to First Birth
by Husbands' Socio-demographic Characteristics



Note: The sample includes 887 married women aged 18–35 who have given birth. Data have been weighted, and do not include births occurring more than 12 months before marriage.
Anova test: * p < 0.05; **p<0.01; ***p<0.001.
Source: Survey in four provinces and cities, 2024.

Like wives' education, husbands' education has a clear relationship with the interval from marriage to first birth, which varies from more than 20 months in the college/university group to just under 15 months in the two lower education groups. On the other hand, the mean first birth interval decreases with the wife's age at marriage (as shown above), but

not so with the husband's age at marriage (increasing from 12.6 months in the group married at under 25 years old to 18.8 months in the group married at 25-29 years old and 16.7 months in the group married at 30 years or older). There are also no statistically significant differences in mean first birth interval by husbands' occupation, religion, and ethnicity seem to be large. There are also no statistically significant differences in the mean first birth interval by husbands' occupation, religion, and ethnicity.

5.2.2. Second and third birth intervals

As previously shown in Figure 5.2, the proportions of those with a *birth interval of more than 36 months* amongst second births (42.8%) and amongst third births (69.3%) are much higher than amongst the first births (6.6%). On average, the second birth interval and the third birth interval are, respectively, 40.9 months and 50.2 months (Table 5.7), which are inside the recommended birth interval of 3–5 years but much longer than the first birth interval (16.2 months). It usually takes 3–4 years for a couple to care for and raise their first child before they are ready for the next birth, so the second and third birth intervals are often longer than the interval from marriage to the first birth.

Table 5.7. Second and Third Birth Intervals by Family Characteristics
(months)

	Second Birth	Third Birth
Province/City	***	
Khanh Hoa	47.3	77.8
Ho Chi Minh City	37.1	49.1
Soc Trang	57.4	50.3
Ca Mau	49.4	46.8
Place of residence	***	
Urban	35.2	56.4
Rural	52.0	48.4
Household income per capita		
Below middle income	42.2	52.9
Middle income	41.7	36.6
Above middle income	36.9	65.1
Year of marriage	***	
Before 2015	46.4	50.3
2015–2019	35.2	36.9
2020–2024	32.5	72.3
Total	40.9	50.2
N (weighted)	507	27
N (unweighted)	445	41

Note: The sample includes married women aged 18–35. Data have been weighted. Anova test: ***p<0.001.
Source: Survey in four provinces and cities, 2024.

The mean second-birth intervals also varied according to the place of residence. In particular, the second birth interval in Ho Chi Minh City is 37.1 months, significantly lower than in other three surveyed provinces (from 47.3 months in Khanh Hoa to 57.4 months in

Soc Trang) (Table 5.7). In addition, it is worth noting that the mean second-birth interval in rural areas is nearly 17 months longer than in urban areas (52.0 versus 35.2 months), and in the group married before 2015 (46.4 months) longer than in the group married later.

Table 5.8. Second-birth Interval by Personal Socio-demographic Characteristics
(months)

	Wives' Characteristics		Husbands' Characteristics	
Age at marriage		***		***
Very young	≤ 20 years old	51.3	≤ 25	57.6
Young	21–24 years old	33.6	25–29	33.5
Not young	≥ 25 years old	37.3	≥ 30	30.1
Education		***		***
Below upper secondary		52.4		46.0
Upper secondary, high school		33.4		45.3
College, university, or higher		38.2		31.3
Occupation		**		***
Not working		40.6		67.2
Agriculture, manual labour		52.7		53.9
Business, trade		37.6		27.3
Worker, civil servant		40.1		43.1
Religion		***		*
Non-religious		45.3		43.4
Buddhism		37.2		34.4
Other religion		22.7		36.3
Ethnicity		***		
Kinh		39.7		40.6
Other ethnicity (minority)		60.6		44.3
N (weighted)		513		507

Note: The sample includes married women aged 18–35. Data have been weighted. Anova test: * p < 0.05; **p<0.01; ***p<0.001.
Source: Survey in four provinces and cities, 2024.

Examining the second-birth interval according to wives' and husband's socio-demographic characteristics shows similar patterns (Table 5.8). The mean second-birth interval declines significantly as the age at marriage, for both wives and husbands, increases. The reason is probably that when couples get married at a young age, they may feel they still have much time to have more children, prioritise other goals, or still lack some conditions/resources to have a second child soon.

Considering the wife's occupation, the longest mean second-birth interval is in the agriculture/manual labour group (52.7 months), followed by the non-working group (40.6 months) and workers and civil servants (40.1 months), and the shortest is in the business/trade group (37.6 months). By the husband's occupation, the mean second-birth intervals in the agriculture/manual labour group and the worker/civil servant group are

similar to those for the wife's occupation, but only 27.3 months in the business/trade group and up to 67.2 months in the non-working group. Thus, the second-birth interval seems differ more by the husband's occupation than by the wife's occupation. The figures in Table 5.8 also show that the mean second-birth interval is longer in the non-religious group than in the religious group, and longer in ethnic minorities than in the Kinh ethnic group.

The results suggest that, in general, more disadvantaged groups (those in Soc Trang and Ca Mau provinces or rural areas, with early marriage, low education, or working in agriculture, manual work, or not working, with below middle income, or ethnic minorities) tend to have longer second-birth intervals than more advantaged groups (those in Ho Chi Minh City, in urban areas, with late marriage, high education, working in business/trading, with above middle income, or Kinh ethnicity).

5.3. Cox regression Models of First and Second Births

5.3.1. First births

The Cox proposal hazard regression models in Table 5.9 estimate the effects of the independent variables on the probability of having a first child since marriage, assuming these effects are constant over the time period considered. Model B is similar to Model A but only includes women married after 2019. The independent variables included in these two regression models include: place of residence (province/city and urban/rural area), year of marriage, wife's age at marriage, wife's and husband's education and occupation, level of income per capita, and whether having had health problems affecting fertility.

Table 5.9. Cox Regression Models of First Births

	Model A: Married Women	Model B: Women Married After 2019
Province/City		*
Khanh Hoa	0.050	0.155
Ho Chi Minh City	-0.133	-0.472*
Soc Trang	-0.111	-0.077
Ca Mau (ref.)	0.000	0.000
Rural area (urban area = ref.)	-0.023	0.111
Year of marriage	0.012	0.166*
Wife's age at marriage		
15–20	0.040	0.046
21–24	0.027	0.010
25–35 (ref.)	0.000	0.000
Wife's education		
Below upper secondary	0.024	-0.116
Upper secondary	0.108	0.223
College, university (ref.)	0.000	0.000
Wife's occupation		
Not working	-0.081	-0.086
Agriculture, manual labour	-0.246*	-0.171
Business, trade	-0.155	-0.143
Worker, civil servant (ref.)	0.000	0.000

	Model A: Married Women	Model B: Women Married After 2019
Husband's education		
Below upper secondary	0.131	0.179
Upper secondary	0.175	0.228
College, university (ref.)	0.000	0.000
Husband's occupation		
Not working	-0.182	-0.029
Agriculture, manual labour	-0.117	-0.160
Business, trade	-0.249*	-0.538*
Worker, civil servant (ref.)	0.000	0.000
Income per capita		
Below middle	0.117	-0.105
Middle	0.095	-0.035
Above middle (ref.)	0.000	0.000
Ever had reproductive health problems	-1.012***	0.765
N (unweighted)	1074	422
Censored	203	139
-2 log likelihood	10,765.1	2,979.4
Omnibus test (p)	0.001	0.002

Note: The sample includes married women aged 18–35. * p < 0.05; **p<0.01; ***p<0.001, Ref. = reference category.
Source: Survey in four provinces and cities, 2024.

In general, only a few independent variables in the model show statistically significant effects. Specifically, in Model A, compared to workers or civil servants, wives who are farmers or manual labourers, or husbands engaged in business or trade, have a lower probability of having a first birth. Having had reproductive health problems (affecting either the wife, the husband, or both) clearly reduces the probability of a first birth.

According to Model B, which includes only couples married after 2019, the probability of having a first birth in Ho Chi Minh City is significantly lower than in Ca Mau province (supposing other variables in the model are kept unchanged). The difference in probability of the first birth by the husband's occupation is similar to that in Model A, but there is no significant relation with the wife's occupation. The later the year of marriage, the higher the probability of having a first birth, but this situation is not clearly shown in Model A. In contrast, the regression coefficient for the variable 'ever had reproductive health problems' in Model B is positive but not statistically significant as it is in Model A. The reason may be that most couples only seek fertility checks after more than five years of not being able to conceive. Many couples who married after 2019 may be infertile but are unaware of it because they have not sought a fertility exam at a health facility. This issue will be discussed in more detail in Section 5.4.3.

It can be seen that in both Models A and B, most variables related to basic socio-demographic characteristics, such as age at marriage, wife's education and occupation, husband's education, and average income per capita, do not show a statistically significant association with the probability of having a first child.

5.3.2. Second births

The Cox proposal hazard regression models in Table 5.10 estimate the impacts of independent variables on the probability of having a second birth following the first birth, assuming these impacts are stable over the time period considered. Most of the independent variables included in the Cox regression models for the second births were also used in the regression models for first births. However, the independent variable 'year of marriage' is replaced by 'year of first birth', and the variable 'gender of first child' is added.

Table 5.10. Cox Regression Models of Second Births

	Model A: Married Women Having Their First Birth At Least 9 Months Before the Survey	Model B: Married Women Having Their First Birth After 2013 and At Least 9 Months Before the Survey
Province/City		
Khanh Hoa	0.180	0.171
Ho Chi Minh City	0.358*	0.312*
Soc Trang	0.074	0.125
Ca Mau (ref.)	0.000	0.000
Rural area (urban area = ref.)	0.001	0.110
Year of first birth	0.040*	0.057*
Wife's age at marriage		
15–20	-0.287*	-0.282
21–24	-0.175	-0.098
25–35 (ref.)	0.000	0.000
Wife's education		
Below upper secondary	0.060	-0.065
Upper secondary	-0.006	-0.078
College, university (ref.)	0.000	0.000
Wife's occupation		
Not working	0.209	0.138
Agriculture, manual labour	0.084	0.149
Business, trade	0.140	0.242
Worker, civil servant (ref.)	0.000	0.000
Husband's education		
Below upper secondary	0.027	0.101
Upper secondary	-0.055	0.028
College, university (ref.)	0.000	0.000
Husband's occupation		
Not working	-0.690*	-0.527
Agriculture, manual labour	-0.297*	-0.247
Business, trade	-0.079	-0.019
Worker, civil servant (ref.)	0.000	0.000
Income per capita		
Below middle	0.128	0.218

	Model A: Married Women Having Their First Birth At Least 9 Months Before the Survey	Model B: Married Women Having Their First Birth After 2013 and At Least 9 Months Before the Survey
Middle	0.213	0.259
Above middle (ref.)	0.000	0.000
Ever had reproductive health problems	-0.482	-0.634
Sex of first child	-0.163	-0.142
N (unweighted)	838	723
Censored	394	371
-2 log likelihood	5,128.6	3,978.6
Omnibus test (p)	0.010	0.210

Note: The sample includes married women aged 18–35. * p < 0.05; **p<0.01; ***p<0.001; Ref. = reference category.
Source: Survey in four provinces and cities, 2024.

Both Models A and B show the following common points. First, the group living in Ho Chi Minh City has a much higher probability of having a second birth compared to those living in Ca Mau province. Second, the more recent the year of marriage (provided the first birth was at least nine months before the survey), the higher the probability of having a second birth. The independent variables of wife's education and occupation, husband's education, level of per-capita income, whether ever having had reproductive health problems, and the first child's gender do not show a statistically significant association with the probability of having a second birth.

The difference is that Model A includes two additional independent variables with statistically significant effects. Specifically, the probability of having a second birth is lower for women who married at age 20 or younger compared to those who married after 24 years old. Additionally, the probability of having a second birth is lower for women whose husbands are not working, farmers, or manual labourers compared to those whose husbands are workers or civil servants. Note that all these comparisons assume that the other independent variables in the model remain unchanged.

5.4. Main Obstacles to Having Children

The above analyses in Section 5.3 focus on the relationships between some basic socio-demographic factors and fertility behaviours or the realisation of the desired number of children. The following analysis in this section explores the reasons why couples do not intend to have more children, delay having children, and their situation of infertility.

5.4.1. Reasons for not intending to have more children

There are many reasons for the low fertility rate, including direct reasons why couples do not plan to have more children. According to the survey results, nearly 62% of respondents said that their total intended number of children matches their desire. The remaining 38% said they intend to have fewer children than desired due to various obstacles.

The most common reason was 'not having enough money to raise children well' (55.6%), and this proportion was higher at 62.3% in Ca Mau, 71.7% in Khanh Hoa, and 80.1% in Soc Trang. Next was the reason 'poor health, problems' (23.3%), especially in Ho Chi Minh City (26.6%), and this factor will be analysed further when studying infertility. The third most common reason was 'unsuitable working conditions' (21%), because work not only provides income to raise children but is also a priority goal for many young workers. Other common reasons were 'it takes too much time and effort' (20.1%), 'there is no one to support the care' (17.4%), 'the husband does not want to have more children' (15.5%), 'health and education services are too expensive' (10.2%), and 'there is not enough accommodation' (10.2%). Although the two-child policy has not been officially lifted, only 6.7% gave the reason 'state policy does not allow it'.

Table 5.11. Reasons for Not Intending to Have more Children by Province/City
(%)

	Province/City				
	Khanh Hoa	Ho Chi Minh City	Soc Trang	Ca Mau	Total
Intend to have desired number of children	86.8	55.8	76.5	71.1	61.9
Intended number of children is fewer than desired number of children	13.2	44.2	23.5	28.9	38.1
N (weighted)	105	860	108	127	1,199
Reasons/Obstacles					
Not enough money to raise children well	71.7	51.2	80.1	62.3	55.6
Health is not guaranteed, there is a problem	20.0	26.6	10.0	5.4	23.3
Unsuitable working/employment conditions	18.3	22.1	11.1	21.9	21.0
Takes too much time and effort	20.7	20.6	24.4	10.0	20.1
No caregiver available	6.4	19.4	11.0	13.3	17.4
Husband does not want to have more children	15.1	16.7	9.5	8.4	15.5
Not enough room/crowded housing	14.3	9.0	23.4	5.8	10.2
Healthcare and education services are too expensive	3.4	10.9	12.0	7.7	10.2
State policy does not allow it	8.5	7.0	4.7	3.5	6.7
N (weighted)	46	506	48	49	648

Note: The sample includes married women aged 18–35. Chi-square test: p<0.01
Source: Survey in four provinces and cities, 2024.

As shown in Table 5.12, when compared by occupation, the *agriculture, manual labour, non-working* group and the group of *workers and civil servants* have a proportion of planning to have fewer children than the desired number of children of 40.3%, higher than that of the *business, trade* group at 33.8%. The most common reason for all three occupational groups

is still 'not having enough money to raise children well', but the next most common reasons are different amongst the groups. Specifically, for the *agriculture, manual labour, non-working* group, next is 'unsuitable working conditions' (35%) and 'no one to support care' (32.2%); for the *business, trade* group, next is health problems (27.8%) and 'it takes too much time and effort' (23.5%); for the groups of *workers, civil servants*, it is that the 'husband does not want to have more children' (25.1%) and also 'it takes too much time and effort' (20.3%).

Table 5.12. Reasons for Not Intending to Have More Children by Occupation

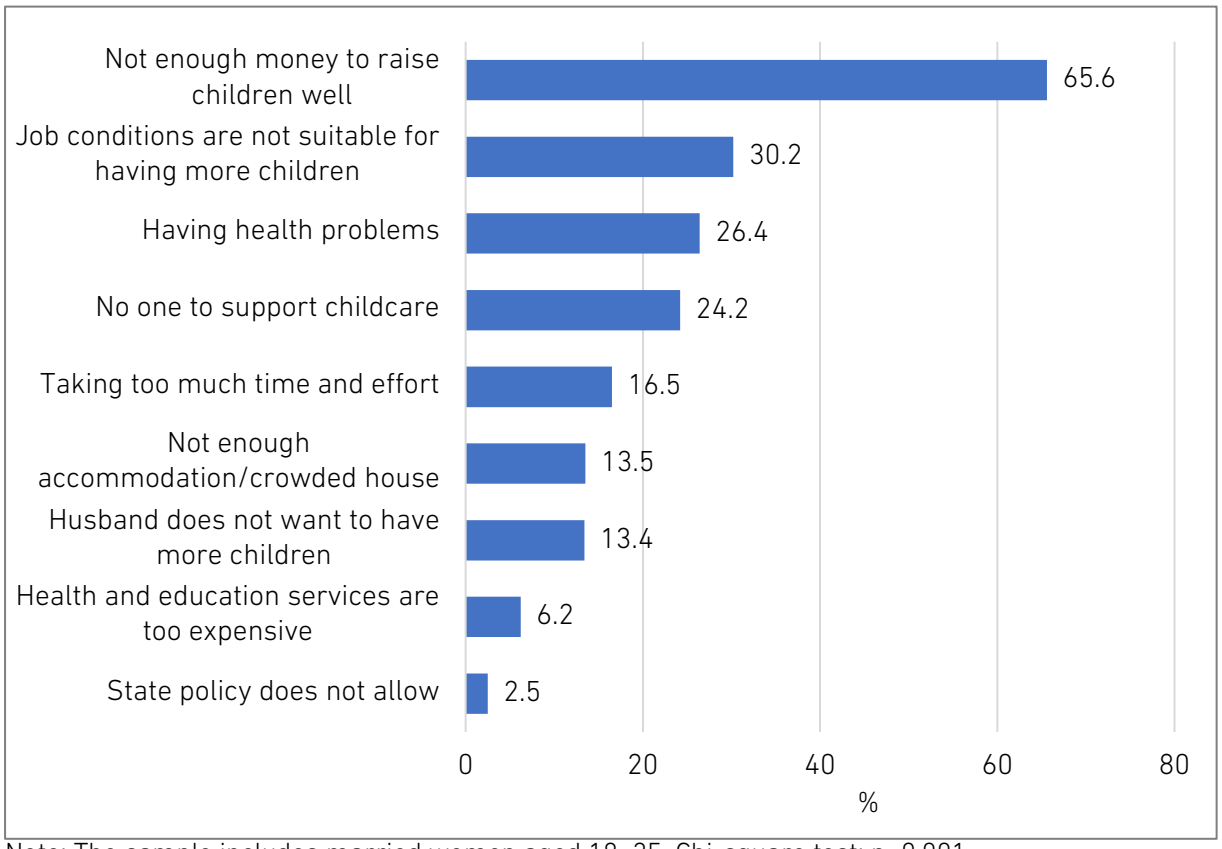
(%)

	Agriculture, Manual Labour, Not Working	Business, Trade	Workers, Civil Servants
Do not desire more children	59.7	66.2	59.7
Due to obstacles	40.3	33.8	40.3
N (weighted)	394	401	394
Reasons/Obstacles			
Not enough money to raise children well	53.6	61.2	52.9
Health is not guaranteed, there is a problem	28.2	27.8	14.7
Unsuitable job conditions to have more children	35.0	13.0	13.8
Takes too much time and effort	17.0	23.5	20.3
No caregiver available	32.2	6.9	11.5
Husband does not want to have more children	9.1	11.4	25.1
Not enough room/crowded housing	12.0	10.4	8.1
Health and education services are too expensive	9.1	7.4	13.7
State policy does not allow it	4.3	0.9	13.8
N (weighted)	227	191	229

Note: The sample includes married women aged 18–35. Chi-square test: p<0.01
Source: Survey in four provinces and cities, 2024.

With the goal that each couple should have two children to achieve and maintain a stable replacement level of fertility, the most notable group is the group *planning to have no children or only one child*. The results show that nearly two-thirds (63.4%) of couples in this group plan to have fewer than two children, not because that is their desire but because of obstacles, the most common of which is 'not having enough money to raise children well' (65.6%) (Figure 5.6).

Figure 5.6. Reasons for Not Planning to Have More Than One Child



Note: The sample includes married women aged 18–35. Chi-square test: p<0.001
Source: Survey in four provinces and cities, 2024.

The qualitative survey results also confirm this. A 28-year-old woman in Ho Chi Minh City shared:

> *'My husband and I have decided to have only one child. We will focus all our efforts on giving our child a good education, and we will also spend time on our personal life. Having one child and raising him successfully is better than having two or three children and only having a mediocre education. My husband and I do not want to have three children. The general trend now is that young people like us only want to have one child.'*
>
> (IDI female, 28 years old, Ho Chi Minh City)

Childbearing plans are influenced by the personal plans of the wife, the husband, or both husband and wife. Personal plans are often related to work, career advancement, or family business. Highly educated couples with university or higher education, civil servants, public employees, or groups working in foreign-invested enterprises and companies often delay having children due to work pressure, the need to take time to care for the family, or career advancement. Qualitative data from in-depth interviews clearly show this:

> *'My wife is a secondary school teacher. She goes to work at 6:15 in the morning to be at school by 7:00 and finishes school at 4:30–5:00 in the afternoon, but she often stays behind to do paperwork, grade papers, check student lists, and meet with parents. Or there are meetings at school that are usually held after office hours, and these meetings often last past 7:00 p.m. My wife usually gets home*

at 8:00–9:00 p.m., eats, does personal hygiene, and then goes to bed at 11:00–12:00 p.m. My wife is exhausted and falls asleep, not caring about sex. The pressure from the school with KPIs, the pressure of not having time to rest, and the pressure of raising children make us think a lot about having more children and about when to have them.'

(Male reporter, 38 years old, Ho Chi Minh City)

'Working in a company is so stressful now, sister. There is no time to rest, let alone time to take care of the family, take care of my husband and children. I don't dare think about having another child. I'll just have one child.'

(Female reporter, 31 years old, Khanh Hoa).

Given that the research sample consists of young women aged 18–35, this is a life stage when many women begin to have more stability and increasingly have the opportunity to affirm their position and role in work and society. For young couples living separately from their families, receiving little support from their parents, the decision to have more children often requires them to trade off many opportunities.

Some of the in-depth interview results show that from the perspective of women, women lose many opportunities in work and social participation when they must take care of their children alone without the support of relatives in the family. At the same time, they also face loneliness and hardship, leading to a fear of having children and taking care of them. From the perspective of men, having more children requires them to work harder and harder, adding more burden as they must generate income to take care of their family and children at the same time.

'Currently, the economy is difficult. Young people aged 18–35 must work, so they are reluctant to have children, and many families only have one child. Grandparents are also busy with business and cannot help taking care of the children, whilst hiring people is also more difficult, so couples often only have one or a maximum of two children. Moreover, the current economic situation is also affected by Covid-19, and by 2025 it is not known whether the economy will recover or not. In general, the economic issue is still the deciding factor. In addition, for couples who come from the countryside to live and work in the city, they do not have enough resources to buy a decent house, so they do not want to have children early.'

(FGD staff, Ho Chi Minh City).

5.4.2. Reasons for delaying childbirth

These difficulties not only reduce the number of children planned but also cause couples to delay the time of having children or prolong the birth interval. In response to the question 'Why don't you and your husband plan to have children earlier?', the four most common reasons include 'still raising young children' (30.8%), 'working conditions do not allow it' (30.8%), 'no job or stable income' (24.2%), and 'not enough savings' (22.5%) (Table 5.13). Of these four reasons, three directly reflect economic conditions, which shows that this is an important factor in couples' decisions on when to give birth. In all four surveyed provinces and cities, the four reasons for delaying childbirth mentioned above are the most common, but there are differences in the order. Whilst the most common reason in Khanh Hoa and Ca Mau is 'still raising young children' (61.1% and 46.9%), in Ho Chi Minh

City it is 'working conditions do not allow it' (32.8%) and in Ca Mau it is 'no job or stable income' (30.1%).

Considering the four most common reasons listed above, compared to rural areas, families in urban areas were less likely to give the reason 'still raising a young child', but the proportions answering 'working conditions do not allow it' and 'not saving enough money' are higher. Thus, the pressure of work and income leading to delayed childbirth in urban areas is clearly higher than in rural areas. In terms of age, young women (18–27 years old) seem to be under more pressure from all four reasons, whilst the group of women aged 33–35 only has a higher proportion for the reason 'working conditions do not allow it' (43.6%) compared to the other age groups. Young women are often new to the labour market, with certain limitations in education and professional skills, and often find it difficult to find a stable job with an above-average income. Therefore, unstable jobs and low incomes that cannot cover the costs of raising another child cause many couples to decide to delay or not have more children.

Table 5.13. Reasons for Not Giving Birth Earlier by Province/City
(%)

Reason	Khanh Hoa	Ho Chi Minh City	Soc Trang	Ca Mau	Total
1. Raising a young child	61.1	23.5	38.8	46.9	**30.8**
2. Going to school, studying	3.6	5.3	5.1	7.1	5.3
3. No job or stable income	21.2	23.2	30.1	28.0	**24.2**
4. Working conditions do not allow it	26.0	32.8	22.2	29.5	**30.8**
5. Do not have a large enough room	1.2	3.9	3.4	1.9	3.4
6. Not having a large enough house	5.9	6.8	8.8	1.9	6.4
7. Not saving enough money	25.1	24.1	19.1	12.5	**22.5**
8. Not enough amenities or household appliances	0.7	8.7	2.3	1.6	6.6
9. Having health problems	3.3	19.7	1.2	1.9	**14.6**
10. Husband is often away from home	2.5	7.3	1.4	1.7	5.7
11. Husband does not want to have more children	1.2	2.7	0.0	2.0	2.2
12. Impact on personal social activities	2.8	5.5	0.0	0.0	4.2
13. Effect on interests	2.1	3.7	0.6	0.0	2.9
14. Other	0.3	3.9	0.2	0.9	2.9
N (weighted)	55	431	60	60	606

Note: Chi-square test: $p<0.01$
Source: Survey in four provinces and cities, 2024.

Similarly, the group of women with low education (below high school level), the group of 'agricultural, manual labour, not working', and the group of 'no children' had a significantly higher proportion of giving reasons related to work and income than the groups with

higher education or other occupational groups. Particularly in terms of per capita income, the proportion of families giving reasons related to work and savings was highest not in the low-income or high-income groups but in the middle-income group. The reason is likely that this group experiences a gap between reality and expectations about work and income.

Table 5.14. Main Reasons for Not Giving Birth Earlier by Women's Characteristics

(%)

	Raising a Young Child	No Job or Stable Income	Working Conditions Do Not Allow It	Not Saving Enough Money	N (Weighted)
Area					
Urban	23.2	22.3	33.9	24.8	404
Rural	46.0	27.9	24.5	18.0	202
Age					
18–27	39.6	37.2	36.3	25.3	177
28–32	27.3	21.1	21.7	24.4	295
33–35	26.8	13.6	43.6	14.8	134
Education					
Below upper secondary	26.9	43.4	47.0	22.2	195
Upper secondary, high school	25.8	18.7	20.6	29.1	243
College, university, or higher	42.5	9.8	26.8	13.5	168
Main occupation					
Agriculture, manual labour, not working	34.9	36.1	31.6	37.5	244
Business, trade	19.8	14.0	30.2	4.5	180
Worker, civil servant	36.2	18.3	30.3	20.3	182
Income per capita					
Below middle income	38.8	18.1	32.0	15.5	175
Middle income	24.6	37.6	37.9	49.3	183
Above middle income	27.6	18.0	25.6	8.5	226
Number of children					
None	0.0	42.7	41.2	29.5	181
1 child	49.0	18.2	30.8	20.9	324
2+ children	27.3	10.2	12.3	15.3	101
Total	30.8	24.2	30.8	22.5	606

Note: The sample includes married women aged 18–35. Chi-square test: $p<0.01$

Source: Survey in four provinces and cities, 2024.

Evidence from in-depth interviews and focus group discussions in the localities confirms that income and employment factors significantly affect the realisation of couples' desired number of children.

'A female officer has just started working at a health station, with a salary of only over 3 million per month. If her husband is also an officer with a similar salary, the family will face great financial pressure when having children. So, people will hesitate to have more children'.

(IDI, representative of a commune health station, Khanh Hoa province)

'My child is about to enter first grade. We also want to have another child to have a sibling for him, but now the job is too difficult and unstable, so we have to take it slow. We have to save up before considering having more children'.

(IDI, male, Ho Chi Minh City)

Work-related impacts, such as reduced promotion opportunities, job interruption, and job losses upon returning to work after maternity leave and childcare, are critical factors affecting the desired number of children.

'We work in the private sector with short-term contracts. When we take maternity leave, the company will immediately find someone else to replace us, so there is a risk of losing our jobs when we give birth. So, many times we want to have children, but we don't dare because our work conditions don't allow it.'

(IDI, female, informal worker, Khanh Hoa province)

Nowadays, many young women and men set goals related to training, work, profession, or business to advance their careers. When pursuing these goals alongside having children becomes too challenging, birth plans, if not prioritised, will need to be adjusted. The survey results presented in Table 5.13 show that amongst nearly 70% of women with training or work goals in the period 2018–2023, nearly 40% said that they did not affect their childbearing plans, 13.7% had to delay their childbearing plans, and 9.3% even gave up their plans to have more children. In terms of main occupation, the group doing business and trading had a lower proportion of those delaying having children (5.8%), but the proportion deciding not to have more children (12.2%) was higher than the groups doing 'agriculture, manual labour, not working' as well as the group of 'workers, civil servants'. The educational or work goals of the husbands seem to influence childbearing plan even more, with 17.2% having to delay giving birth and 8.8% giving up plans to have more children. The proportion of those delaying giving birth was very high in the group working in 'agriculture, manual labour, not working' (21.6%) and the group of 'workers, civil servants' (18%).

Table 5.15. Educational or Occupational Goals Affecting Fertility

(%)

	Main Occupation				Total
	Not Working	Agriculture, Manual Labour	Business, Trade	Workers, Civil Servants	
Wives					
No goals	23.1	32.0	35.0	29.6	30.7
Having goals	76.9	68.0	65.0	70.4	69.3
- Having goals, but no effect	24.5	41.1	45.2	41.0	39.7
- Delay having children	*29.1*	*8.3*	*5.8*	*16.9*	*13.7*
- No more births	*6.0*	*9.5*	*12.2*	*8.1*	*9.3*
- Don't know/No answer	17.3	9.1	1.9	4.4	6.5
N (weighted)	201	202	402	395	1,200
Husbands					
No goals	84.6	22.7	41.3	30.9	32.8
Having goals	15.4	77.3	58.7	69.1	67.2
- Having goals, but no effect	1.7	37.6	38.9	37.2	36.3
- Delay having children	*3.1*	*24.1*	*8.2*	*18.0*	*17.2*
- No more births	*7.6*	*9.4*	*8.0*	*8.9*	*8.8*
- Don't know/No answer	3.0	6.2	3.7	5.0	5.0
N (weighted)	48	345	245	562	1,200

Note: The sample includes married women aged 18–35. Chi-square test: $p<0.01$

Source: Survey in four provinces and cities, 2024.

For the group of state officials and civil servants, although their jobs are stable, their income is not high. Many do not have more children as desired because they are afraid that they cannot afford to pay for the costs of raising children at a level that ensures the best upbringing for their children. A teacher at a public kindergarten in Tan Binh district, Ho Chi Minh City, said that she has to spend about 12 hours per day on schoolwork. In addition, for workers in the public sector, having children will affect their ability to develop and advance their work. In a group discussion in Xuan Thoi Thuong commune, Hoc Mon district, Ho Chi Minh City, an official said that at the kindergarten where his wife works, there is an unspoken rule that if she gives birth during the time working towards becoming a leader (principal), she will no longer be included in the planning, and this can cause women who have career goals to delay having children.

The unemployed and the group of workers working in the private sector with short-term contracts have unstable incomes and precarious lives. Many women engaged in manual labour who participated in the in-depth interviews said that they may face the possibility of interruption or loss of employment when returning to work after a period off to give birth and take care of children. Loss or lack of income is a common problem after giving birth amongst manual labouring, freelance women, and they often must depend on their husbands' income. As the costs of raising children are increasing and becoming more expensive, couples think that they should have fewer children to be able to take better care of them.

The results of quantitative surveys and in-depth interviews show that economic factors are the most influential factors in couples' decisions to have more children. The timing and spacing of births should be considered flexibly according to the health conditions of the couple, the economic conditions of the family, and the work of everyone:

> *'I also think it will take a few more years to have another baby so that my husband and I can save more money, and also let the baby grow up a bit. Then we can dare to have another baby.'*
>
> (Female reporter, 31 years old with a 3-year-old child, Ho Chi Minh City)

> *'My child is almost 5 years old this year, but business is difficult now. My job is not stable yet, it will probably take a few more years to decide.'*
>
> (Male reporter, 35 years old, Khanh Hoa)

> *'Currently, the birth spacing between women of childbearing age in the locality is not uniform. There are couples whose eldest child is 10 years old, and they still have not given birth again. There are couples whose child is in first grade but have not yet had a second child. There are couples whose eldest child is 3 years old and have already given birth to a second child. Now, there are many reasons such as secondary infertility, treatment that has not worked, economic issues, and the cost of raising children for education, which makes families think a lot. Birth spacing also depends on the situation of each family.'*
>
> (IDI, population collaborator, Ho Chi Minh City)

> *'Currently, young couples delay having more children for many reasons, but mainly because the cost of raising children is too expensive, and the cost of educating them is also too high, not simply because they want their children to not get sick.'*
>
> (IDI, population officer, Ho Chi Minh City).

> *'The main reason young couples delay having children is because they don't have enough money to raise children, and the cost of education and healthcare is high. But the trend is still to have two children if they have better family economic conditions.'*
>
> (IDI, female, 41 years old, specialised in population, rural area, Khanh Hoa)

Choosing the most suitable birth spacing depends on the couple's specific circumstances. If the couple is young, they may opt to have a second child with a longer interval. However, each family will have their own plan that it is suitable for their specific circumstances and economic conditions. Each family has its own reasons for choosing birth spacing, but no matter what, when choosing the spacing, they need to consider factors such as: ensuring the baby's development, the mother's health, suitability to the family's circumstances, child-rearing conditions, and family plans.

The results of the in-depth interviews with people and officials in the four provinces and cities also pointed out some of the main reasons leading to the situation of having few children and delaying having more children as presented in Box 5.1.

Box 5.1. Reasons Why Young Couples Have Fewer Children or Delay Having More Children

- Difficult household economy.
- Unemployed or underemployed spouse.
- Unstable and precarious income.
- No one to take care of the children for the couple.
- Young couples want to spend more time together.
- Housing is cramped and it is difficult to buy a house in the city.
- Young people have changed their concept of having children, focusing on the quality of raising children more than the number of children.
- The value of children has changed, and the value of sons to continue the family line has decreased in society.
- The age of marriage in urban areas is increasing.
- Women have to spend too much time taking care of their children, leading to a reluctance to have children.
- Women lose many opportunities to participate in social activities if they have more children.
- Young people want to strive and advance in their work and studies.
- Many young people do not want to get married.
- Society is becoming less and less discriminatory towards same-sex couples, accepting the childless status of couples.
- Miscarriage.
- Secondary infertility is increasing in society.
- Young people prioritise developing their family's economy before having children.
- Infrastructure for children's education in the city is cramped and lacking, leading to parents not wanting to have many children.
- The birth support policy for couples having a second child has not met the needs of young couples (policies on financial support, employment support policies, maternity policies, healthcare policies, education policies).
- Initiatives to increase fertility rates have not been focused on, and localities have other priorities rather than focusing on population work and family planning.

Source: Results from the in-depth interviews and focus group discussions.

5.4.3. Infertility

Infertility is a condition in which a woman of reproductive age has regular sexual intercourse but cannot get pregnant due to one or more obstacles. However, the way to determine infertility is quite complicated and diverse. According to the World Health Organization (WHO), infertility can be primary or secondary. Primary infertility is when a pregnancy has never been achieved by a person, and secondary infertility is when at least one prior pregnancy has been achieved. Infertility status can be identified by the failure to

achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse (WHO, 2024). In another report by WHO, primary infertility is defined as the percentage of women who have been married for the past five years who have ever had sexual intercourse, who have not used contraception during the past five years, and who have not had any births. Similarly, secondary infertility is defined as the percentage of women with no births in the past five years but have had a birth at some time, amongst women who have been married for the past five years and did not use contraception during that period (Rutstein and Shah, 2004: 7). With these definitions, it is possible to use the interview method to determine the status of primary infertility and secondary infertility of each couple without information about abortion. However, it cannot confirm whether the wife or the husband or both are infertile.

According to WHO's recent estimates, approximately one in six people have experienced infertility at some stage in their lives, globally. In particular, the global lifetime prevalence of infertility (or the proportion of a population who have ever experienced infertility in their life) and the global period prevalence of infertility (or the proportion of a population with infertility at a given point or interval in time), which may be current or in the past) in 2022 are 17.5% and 12.6% respectively (WHO, 2023).

In Viet Nam, research by Kim et al. (2021) showed that amongst married women aged 20–44, the rate of primary infertility decreased from 1.6% in 2011 to 1.1% in 2014, whilst secondary infertility increased from 3.5% to 3.7% during the same period. Women's and husband's age, education level, asset index, and age at first marriage were significantly associated with primary infertility, whilst education level, asset index, and age at first marriage were significantly associated with secondary infertility. Earlier research of WHO also found that the prevalence of age-standardised secondary infecundity amongst women aged 25–49 in Viet Nam was 9.3%, the lowest level amongst all considered countries (Rutstein and Shah, 2004: 7).

This research examines the situation of infertility, measured as the percentage of women who are currently not pregnant and did not have any births for the past 12 months amongst all women who have been married for at least the past 12 months, had regular unprotected sexual intercourse in the past 12 months, and currently not breastfeeding.

The results are presented in

Table . In families with wives aged 18–35, the infertility rate defined as above is 5.7%, corresponding to 5,700 cases per 100,000 couples. About two-thirds of these women reported that they were trying to get pregnant. This proportion is lower than the Ministry of Health's estimate of 7.7% for young couples in 2019[13], but slightly higher than the 5.2% of women surveyed in the four provinces and cities who said that they, their husbands, or both had ever had health problems affecting childbearing. The proportion of 5.7% is quite high compared to an estimate of only about 0.78% in Asian men and 0.59% in Asian women in 2015 (Borumandnia et al., 2021), but lower than the infertility rate for some regions of the world, ranging from 10% to 16.4% according to a recent report by WHO (2023).

[13] https:// https://moh.gov.vn/chuong-trinh-muc-tieu-quoc-gia/-/asset_publisher/7ng11fEWgASC/content/chuyen-gia-khuyen-cao-can-chu-ong-tam-soat-vo-sinh-hiem-muon

Table 5.16. Infertility Status by Number of Children

(%)

	Current Number of Children			Total
	None	1 Child	2 or More	
Pregnant	11.3	2.8	0.5	3.6
Breastfeeding	0.0	11.4	2.9	5.6
Husband and wife living apart	0.5	2.3	1.5	1.6
Using contraception	33.7	66.3	83.0	66.7
No contraception for less than 12 months	40.8	11.8	9.7	16.8
No contraception for at least 12 months (possible infertility)	**13.0**	**5.4**	**2.4**	**5.7**
N (weighted)	242	446	502	1,190

Note: The sample includes married women aged 18–35. Chi-square test: p<0.001

Source: Survey in four provinces and cities, 2024.

Note that the estimate from the survey in the four provinces and cities is not representative of the whole country, has a large sampling error, and is inconsistent with the above studies in terms of sample, the age limit of the women, marital status, reference period, etc. The absence of information on abortion may also lead to some over-estimates. On the other hand, the actual infertility rate may be higher because this estimation method does not take into account couples who are actually infertile but are still using contraception or living apart. Therefore, the results are still evidence of infertility, and this may contribute significantly to the low fertility rate in the surveyed provinces and cities as well as the Southeast region in general.

Table 5.17. Infertility Rates by Place of Residence and Women's Characteristics

		Infertility rate (%)	N
Province/City	Khanh Hoa	8.3	105
	Ho Chi Minh City	5.7	860
	Soc Trang	4.0	108
	Ca Mau	4.1	127
Area ***	Urban	2.8	757
	Rural	10.4	443
Age (years) **	18–27	8.9	292
	28–32	5.5	519
	33–35	3.4	389
Education	Below high school	6.8	409
	High school, intermediate	5.2	496
	College, university	4.8	295
Main occupation	Agriculture, manual labour, not working	4.8	403
	Business, trade	6.2	402
	Worker, civil servant	5.9	395
Household income per capita *	Under D15 million	3.4	374
	D15 million–D50 million	4.4	375
	More than D50 million	7.4	401
Total		5.7	1,200

Note: *** p < 0.001; ** p < 0.01; * p < 0.05
Source: Survey in four provinces and cities, 2024.

In particular, the proportion of infertility or sterility tends to be inversely associated with the number of children, increasing from 2.4% in the group with more than one child to 5.4% in the group with one child and up to 13% in the group without children (Table 5.14). In terms of place of residence, this proportion is highest in Khanh Hoa (8.3%), then Ho Chi Minh City (5.7%), and lowest in Ca Mau (4.1%) and Soc Trang (4%). Perhaps related to knowledge and conditions regarding reproductive healthcare, the proportion of infertility or sterility in rural areas is much higher than in urban areas (10.4% compared to 2.8%).

In addition, the infertility rate is also quite high in the group of families with wives aged 18–27 (8.9%) and this is also consistent with the quite high proportion of infertility amongst the group still having no children presented above. In terms of women's education, the infertility rate tends to be higher in the group of women with low education (6.8%) and the group with high average household income per capita (7.4). However, the difference by education and occupation is not statistically significant. What is more surprising is that the infertility rate does not decrease but increases gradually with the average household income per capita, and perhaps further research is needed to explain this phenomenon.

Infertility is not only a problem for reproductive health but can also significantly affect the fertility rate of couples, especially in areas with low fertility rates, such as the Southeast region. On the other hand, delaying childbirth or having too long a birth interval (which contributes to a decrease in fertility) is also one of the causes of secondary infertility:

'Secondary infertility is also a problem. Secondary infertility is mainly caused by couples delaying for too long and the gap between births being too long, leading to having to seek treatment and take intervention measures to have more children.'

(IDI, population officer, Ho Chi Minh City)

It is worth noting that amongst the couples who were predicted to be infertile as mentioned above, over 90% of them said that they think they have never had any health problems that could affect their ability to have children. This is perhaps because many couples only seek infertility examination and treatment after many years of difficulty conceiving, which prolongs the problem and negatively affects their fertility.

5.4.4. 'One-or-two children' policy

In the 1980s, when Viet Nam was focusing on birth reduction policy, the government issued Decision No. 162-HDBT dated 18 October 1988 on Population Policy and Family Planning, which clearly stipulated: '*Cadres, workers, civil servants of agencies of the Party, State, people's organisations, officers and soldiers of the armed forces; Families in cities, towns, concentrated economic zones; Families in the Red River Delta, the Mekong River Delta, the plains of the central coastal provinces, the midlands, etc. are only allowed to have a maximum of two children*' (Government, 1988). Thus, the policy of 'one-or-two children per family' began to be implemented in Viet Nam from the end of 1988, including not only communication but also mandatory implementation of family planning, along with a number of other forms of rewards and sanctions (Government, 1988).

After that, the policy of 'only one-or-two children per family' continued to be maintained and expanded even after Viet Nam's fertility rate had fallen to near replacement level from around 2005. This is clearly stated in Article 10 of the 2008 Population Ordinance (National Assembly, 2008). The government also issued Decree No. 20/2010/ND-CP detailing the implementation of the Ordinance amending Article 10 of the Population Ordinance. The government's 'Viet Nam Population and Reproductive Health Strategy for the 2011–2020 Period' (2011) aimed to maintain a reasonably low fertility rate and continue to reduce the TFR to 1.9 children by 2015 and 1.8 children by 2020. Thus, the goal of the Strategy for the 2010–2020 period was no longer to maintain the replacement level but to reduce it to below the replacement level.

At the end of 2019, the government issued the Viet Nam Population Strategy to 2030 with eight groups of tasks and solutions to achieve the general goal of '*maintaining the replacement fertility rate; protect and develop the population of small ethnic minorities; bringing the sex ratio at birth to a natural balance; effectively utilising the golden population structure; adapting to population ageing; distributing the population reasonably; improving the quality of the population; and contributing to the country's rapid and sustainable development*'. To implement the Viet Nam Population Strategy to 2030, the government continued to approve and promulgate the programme to adjust the fertility rate to suit regions and subjects by 2030 (Decision No. 588/QD-TTg dated 28 April 2020) with the specific goal of reducing the fertility rate by 10% in provinces and cities with high fertility rates, increasing the fertility rate by 10% in provinces and cities with low fertility rates, and maintaining the results in provinces/cities with replacement fertility rates. The decision also stipulates the abolition of regulations of organisations, agencies, units, and communities related to the goal of reducing births and criteria for reducing the number of births of the third child or

more. Until recently, the regulation that 'each couple has one to two children' was officially abolished by the new Population Ordinance issued on 3 June 2025.

The question is whether the 'one-or-two children policy' is a significant barrier to childbearing in provinces and cities with low fertility rates. According to the survey results in the four provinces and cities, 16.4% of respondents said that they would be fined (money or other forms of punishment) if they had a third child. This proportion varied significantly by province or city (from 5.1% in Soc Trang to 19.6% in Ho Chi Minh City) and between urban areas (20.5%) and rural areas (9.3%). The data show that the 'one-or-two children' policy does have some barriers to childbearing, but only for a small portion of the population, especially those who want to have a third child or more. More specifically, as presented in Section 5.4.1, 6.7% of respondents did not plan to have more children for the reason that they thought 'state policy does not allow it'.

Table 5.18. Percentage of People Who Think They Will Be Fined If They Have a Third Child

(%)

	Khanh Hoa	Ho Chi Minh City	Soc Trang	Ca Mau	Total
Urban	12.0	21.5	6.0	26.3	20.5
Rural	9.2	13.7	4.6	3.8	9.3
Total	10.2	19.6	5.1	9.1	16.4
N	105	860	108	127	1,199

Note: The sample includes married women aged 18–35. Chi-square test: p<0.001
Source: Survey in four provinces and cities, 2024.

Although the 'one-or-two children' policy has been relaxed and is not a major obstacle to fertility, the existence of the regulation may have a certain impact on the implementation of the birth promotion policy and communication to encourage families to have more children in localities with low fertility rates. At a group discussion with the government of a commune in Ho Chi Minh City, a representative stated:

> '*There has never been any directive or resolution to encourage families to have more children, but only to not have a third child. If a household has a third child, that household will lose the title of 'cultural family'*[14] *(people do not care about that title), and the hamlet will have its competition points deducted (assessing the cultural status of the residential area, for each household that has a third child, 0.25 points will be deducted), and officials will be disciplined. Currently, this issue does not affect the residential area much, the hamlets still achieve the title of Cultural Hamlet, proving that the current proportion of having a third child is insignificant.'*
>
> (FGD, commune cadre, Ho Chi Minh City)

[14] One of the titles awarded annually by local authorities to families that meet the following criteria: law compliance; active participation in community activities; happiness; good business and production skills.

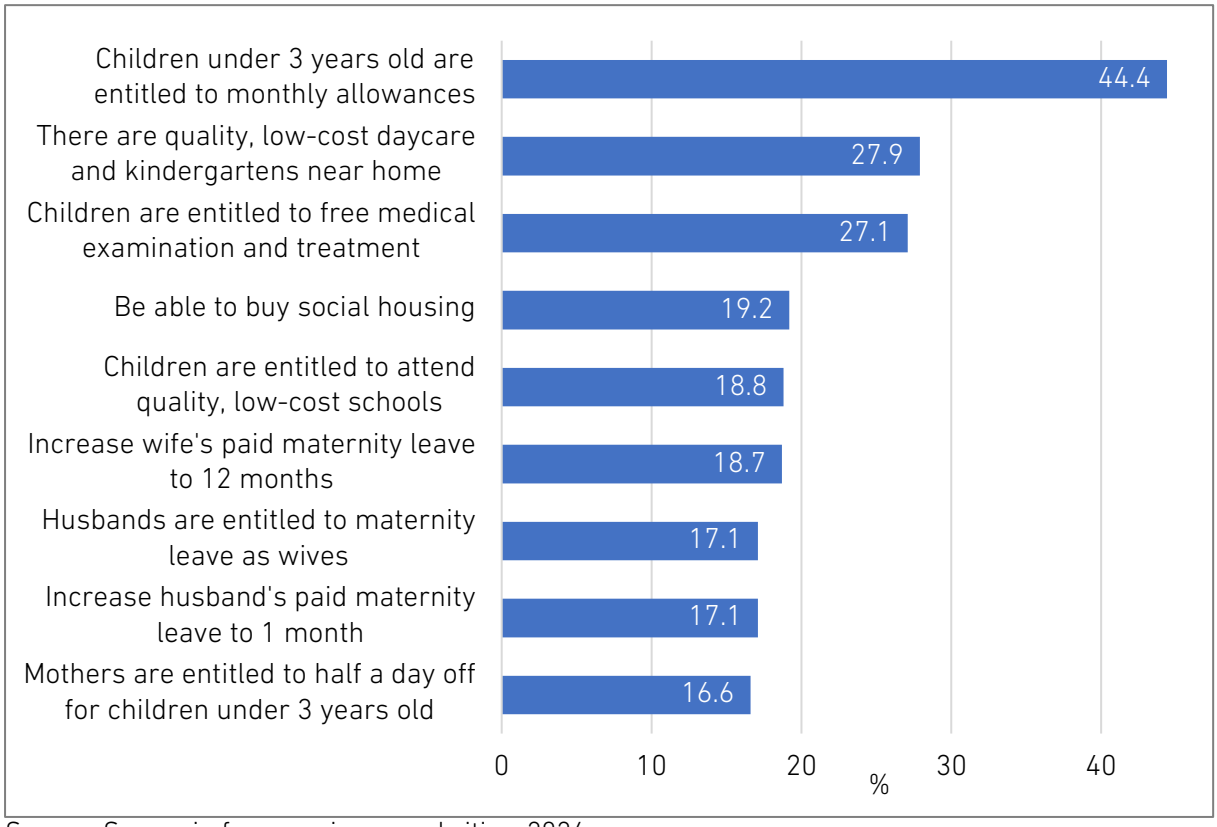
'Only when the third child is born and it can be proven that the pregnancy was unwanted, and if the abortion affects the mother's health, will there be no disciplinary action, only criticism, but still a lot of gossip and harassment.'

(FGD staff, City, Ho Chi Minh).

5.5. Conditions and Policies for Having More Children

To realise the desired number of children, many families will have to make efforts to overcome the above difficulties and obstacles, with the support of appropriate birth promotion policies. For the question, *'Which of the following minimum conditions must be supported for you to have another child?'*, the percentages of respondents choosing the conditions that are relevant to them are presented in Figure 5.7. The results show that the most popular condition chosen by women is that 'children under 3 years old receive a monthly allowance' (44.4%).

Figure 5.7. Minimum Conditions for Having Another Child

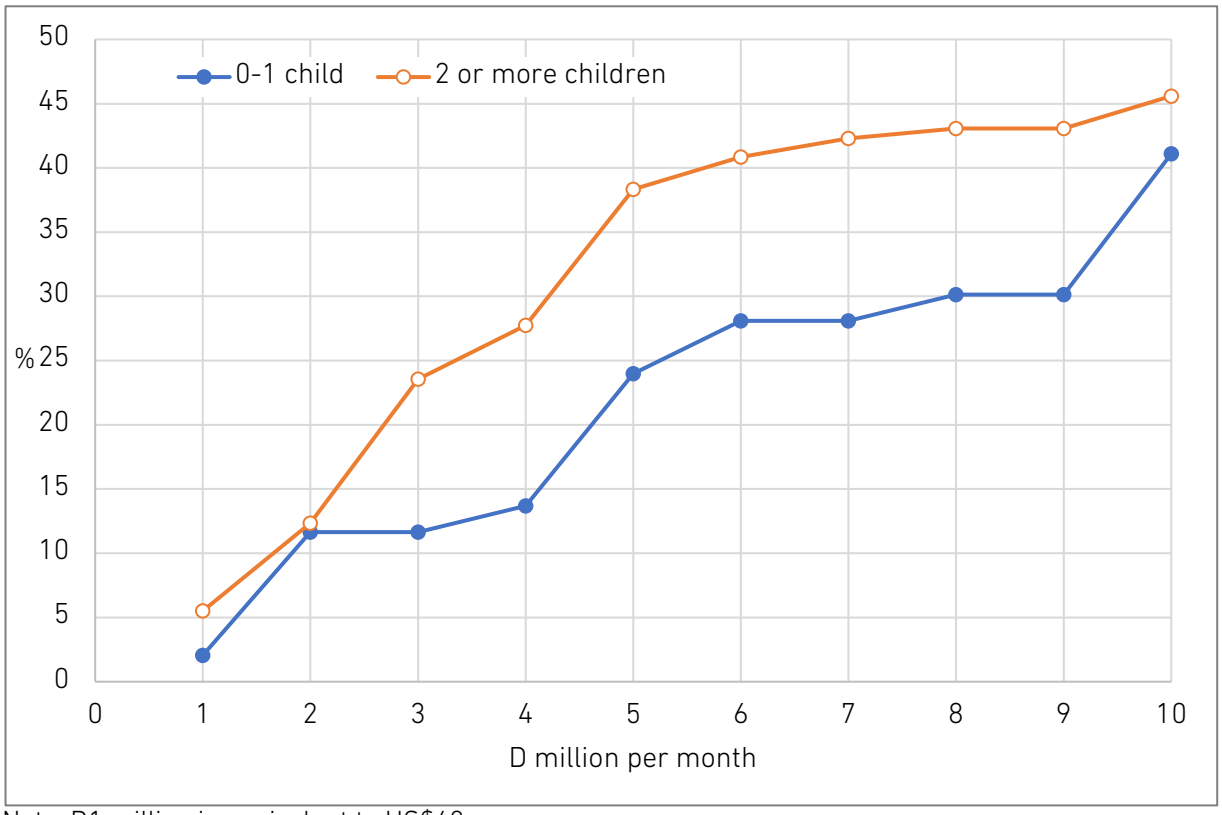


Source: Survey in four provinces and cities, 2024.

Regarding the allowance level, according to a previous study carried out in Dong Nai and Ho Chi Minh City in 2020, the proportion of families who originally planned to have a least two children that would agree to have one more child if they received an allowance of D1 million per month was only 5%, but the proportion increased to 24% with a monthly allowance of D3 million, and to nearly 40% with an allowance of D5 million per month, then increasing very slowly despite sharp increases in the allowance amount. Meanwhile, the proportion of families who originally intended to have none or one child that would agree

to have one more child was much lower, although it increased gradually with the subsidy amount (Figure 5.8). This is perhaps because couples planning to have fewer than two children often estimate higher costs of raising children, so a higher amount of subsidies is needed to encourage one more birth. Figure 5.8 suggests that a monthly allowance of about D2 million (in 2020) could be the most effective level of financial natalist encouragement given the conditions of provinces and cities with low fertility in Viet Nam.

Figure 5.8. Monthly Allowance for Having One More Child by the Intended Number of Children



Note: D1 million is equivalent to US$40.
Source: Survey in Dong Nai and Ho Chi Minh City in 2019–2020 (Nguyen Duc Vinh, 2021).

In-depth interviews show that the monthly allowance could help many families have more children:

> *'I hope the government will support us financially to raise our children until 12 months old. Rural women like us, when we take maternity leave, are considered dependent on our husbands and families. We cannot work and therefore have no income. If the government supports us to raise our children until they are 1 year old, we will be more confident in having another child.'*
>
> (Women's group in Khanh Hoa)

The next two most popular conditions are 'increase paid maternity leave for wives to 12 months' (27.9%) and 'free medical care for children' (27.1%). The percentages of choices for the remaining conditions, related to housing, schooling and maternity leave, range from 16% to less than 20% (Figure 5.7).

Table 5.19. Conditions or Policies for Having Another Child

(%)

	Khanh Hoa	Ho Chi Minh City	Soc Trang	Ca Mau	Total
Increase paid maternity leave for wives to 12 months	22.1	18.5	28.6	10.5	18.7
Increase paid maternity leave for husbands to 1 month	13.3	17.9	14.2	18.1	17.1
Husbands get maternity leave like wives	11.0	22.2	2.6	4.0	17.1
Mothers of children under 3 years old are given a half-day off to take care of their children	14.0	20.2	7.3	4.7	16.6
Children under 3 years old receive monthly allowances	58.1	43.2	46.6	36.8	44.4
There is a place to take care of children, such as a quality, low-priced kindergarten near home	32.0	27.7	50.7	11.2	27.9
Children get free medical treatment	33.6	23.2	41.6	33.5	27.1
Children get to attend quality, affordable schools	29.5	16.9	34.5	9.7	18.8
Being able to buy social housing	17.6	19.3	31.8	12.2	19.2
N	99	577	64	104	844

Source: Survey in four provinces and cities, 2024.

The proportion of people proposing conditions for them to have more children differs significantly amongst the four provinces (Table 5.16). For example, the proportion wanting to 'increase paid maternity leave for wives to 12 months' is only 10.5% in Ca Mau but 28.6% in Soc Trang. The proportion wanting that 'children under 3 years old receive monthly allowances' increases from 36.8% in Ca Mau to 58.1% in Khanh Hoa. This suggests that the development and implementation of pronatalist policies should be flexible and appropriate to the local characteristics.

Summary

The surveyed women have an average of 1.24 children, of which nearly 80% have one child or none. The proportion of families with fewer children than planned is very high. The main factors hindering the realisation of the desired number of children are mainly related to employment conditions, income, and childcare, which are limited or not as expected. In addition, infertility is also a factor that prevents many couples from realising their desired number of children. The 'one-or-two children' policy does not directly affect the fertility rate in provinces and cities with low fertility rates, but it can have a certain impact on the implementation of birth promotion policies and communication to encourage families to

have more children. In the current conditions in Viet Nam, when the costs and obstacles to childbearing and child-rearing are increasing, yet the value of having children remains high and the desire to have two children is still popular, timely policies to encourage childbearing through social security and welfare, even if modest, could be effective. Such measures are likely to have more impact when people still want to have children but face practical challenges, as opposed to when fertility preferences themselves have declined.

Chapter 6
Conclusion and Recommendations

6.1. Conclusions

From the analysis results of the survey, some main conclusions can be drawn regarding the fertility rate of married women aged 18–35 in Ho Chi Minh City and the provinces of Khanh Hoa, Soc Trang, and Ca Mau.

- *Most couples (over 90%) want to have at least two children*

The proportion of people wanting two or more children is very high across all surveyed and analysed social groups, including those across different geographic areas, age groups, religions, education levels, occupations, and income levels. The average desired number of children is 2.1, with the variation amongst groups ranging from 1.9 to 2.5 children. Meanwhile, only 6.8% of women and very few men *want fewer than two* children. Thus, in provinces and cities with low fertility rates, children are still hold important value for most people. The fact that the actual total fertility rate is significantly lower than the desired number of children suggests that there are certain factors that are preventing couples from having the desired number of children. Many people still want to have a son, but that desire is no longer strong enough to make them accept the difficulties, obstacles, and sacrifices of having more than two children.

- *The majority of the surveyed couples (over 85%) plan to have at least two children*

Although the average desired number of children in the surveyed areas was 2.1, the average total number of children planned to be born was approximately 2. The proportion planning to have at least two children, although lower than the proportion wanting at least two children, was still over 85%. Nearly 8% of those who wanted two children planned to have fewer children than the desired number due to various obstacles. This shows the existence of factors that prevent people from realising their desired number of children. Nearly two-thirds of women planning to have another child planned to have one in the next three years, whilst a quarter of women planning to have another child could not answer when they would give birth. The birth interval until the next birth was also much larger than the birth interval for previous births, showing that the pattern of delaying childbearing is apparent in provinces and cities with low fertility rates.

- *Over half (58%) of the married women aged 18–35 have fewer than two children and most of them plan to have more children*

There are some differences in the number of children born based on the place of residence and certain socio-economic characteristics, but these differences are not significant. In the current context, the fertility rate is no longer inversely related to the standard of living, unlike in the past when the total fertility rate was higher than the replacement level.

- *Women who get married early or late are more likely to intend to have fewer than two children*

Women married at around 22–26 years of age have the highest proportion of intention to have two or more children and the lowest proportion of intention to have fewer than two children.

- *The most common obstacles to realising the desired number of children are related to economic conditions and childcare*

The main factor preventing married couples with wives aged 18–35 from having their desired number of children is the fear of not having enough financial resources to raise them well, especially in big cities. Couples often refrain from having more children or achieving their desired number of children due to unstable working conditions, insufficient income, lack of savings, limited employment opportunities, unsatisfactory and conditions of employment, income, and childcare. Therefore, improving employment and income conditions and ensuring access to healthcare services and child education are important factors to encourage couples to have the desired number of children.

- *For many young couples, their career development goals may take priority over having children, and that contributes to low fertility rates*

In order to have stable jobs and incomes, young families today have to invest significant time, effort, and money into developing their careers through training, employment, and business goals. This often leads to insufficient resources to have the planned number of children. In many cases, families have to delay having children or give up their plans to have more children. However, since the value of children is still highly regarded, delaying having children is a more common solution than deciding not to have more children.

- *Infertility is also a significant obstacle to realising the desired number of children*

Infertility is also a problem for at least 5.7% of couples, and it hinders their ability to realise their desired number of children, contributing to the low fertility in the surveyed provinces. Infertility tends to be higher amongst childless families as well as in rural areas, with low education and above-middle income per capita. Many couples may have infertility problems without knowing so early on.

- *Maintaining the 'one-or-two children' policy does not lead to low fertility rates, but it can affect the implementation of birth promotion policies*

The current 'one-or-two children' policy does not directly affect the fertility rate in provinces and cities with low fertility rates, but it can have a certain impact on the implementation of birth promotion policies and communication to encourage families to have more children.

- *Because the value of children is still highly regarded, many couples will consider having more children if there are appropriate incentives and support policies*

Under the current conditions in Viet Nam, where the costs and obstacles to childbearing and child-rearing are increasing but the value of children is still highly regarded, and the desire to have two or more children is still widespread, timely birth promotion policies through social security and welfare, even if only partially compensating for the loss of costs, will still have some effectiveness.

6.2. Recommendations

The results of the analysis of the current situation and factors affecting the fertility rate in the four provinces and cities with low fertility rates can suggest some of the following recommendations to minimise obstacles to realising the desired number of children, prevent the fertility rate from continuing to decline sharply in these provinces and cities, and aim to firmly maintain the replacement fertility rate in Viet Nam.

First, it is necessary to strengthen communication to build and firmly maintain the two-child family standard nationwide.

To sustainably maintain the replacement fertility level, a family size of two children must become the norm for the whole of society, and there must be appropriate economic, cultural, social, legal, and policy conditions for couples to realise this desire. Currently, a family size of two children is the desire for most couples. However, along with the process of industrialisation and international integration, the trend of wanting to have fewer children will increase. Therefore, it is necessary to develop and implement appropriate and effective communication and advocacy programmes, with the slogan, 'Each couple should have two children' for all people, focusing on promoting family values and children.

Second, it is necessary to immediately remove policies or measures that prohibit or punish people from having three or more children.

The regulation that "each family can only have 1 or 2 children" has been officially abolished since June 3, 2025. However, this new regulation needs to be thoroughly implemented so that no one will be banned or fined for having a third child.

Third, early implementation of birth promotion policies is needed in provinces and districts with low fertility rates through communication solutions, combined with ensuring social security and enhancing welfare for women, families, and children, creating a favourable environment for giving birth, caring for and raising children.

In provinces and cities with low fertility rates, it is necessary to focus on changing the conditions and social institutions that are becoming obstacles to childbirth. Priority should be given to improving the welfare of women, families, and children through direct support packages whilst improving the quality and accessibility of social services, such as housing, nurseries, kindergartens, schools, hospitals, and healthcare. The government should consider increasing subsidies, insurance, and leave for all pregnant women and women with young children in forms and levels appropriate to their abilities. A small monthly support allowance for young children can also be very meaningful, especially for couples who want to have at least two children but are hindered by difficult economic conditions. However, first of all, it is necessary to promote communication so that people clearly understand the government's goals and policies, and how to access the above support packages. If the situation of families *having only one child or no children* becomes common with many advantages in life, the proportion of couples who desire to have two children will decline sharply and birth promotion solutions will become much more expensive and be too late.

Fourth, focus on communication and have policies to encourage women to marry not too early but not too late.

Late marriage or delayed marriage is one of the main reasons for the low fertility rate, not only because unmarried women hardly have children but also because late marriage

increases the possibility of having fewer than two children. Women who marry too early or too late are more likely to plan to have fewer than two children. Therefore, influencing the age of marriage of women is an effective solution to adjust the fertility rate according to the population groups in Viet Nam today. It is necessary to promote communication and have policies to encourage women to marry at an appropriate age that is not too early but not too late.

Fifth, focus on reducing infertility rates.

Infertility is not only a social security issue but also contributes to reducing fertility rates. The situation of infertility in the surveyed provinces and cities is an issue that deserves attention, research, evaluation, and thorough resolution in order to minimise factors that negatively impact fertility rates.

Sixth, continue to focus on research on fertility.

The issue of fertility in the current context of demographic transition in Viet Nam is in great need of further research. This survey focused only on married women aged 18–35, but research on fertility attitudes and intentions amongst unmarried people is also necessary. Periodic national surveys should be conducted to understand the desired number of children, birth plans, and the process of realising the desired number of children of people, not only in provinces/cities with low fertility rates, to be able to provide more complete, detailed, and accurate information for research to serve the development of policies to maintain the replacement fertility rate in Viet Nam.

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