

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

**HEALTH AND DEVELOPMENT
IN VIETNAM**

A THESIS

PRESENTED IN PARTIAL FULFILMENT
OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF PHILOSOPHY

IN

DEVELOPMENT STUDIES

AT MASSEY UNIVERSITY

MARIA ALTMANN

1996

HEALTH AND DEVELOPMENT IN VIETNAM

Contents

<i>Abstract</i>	ii
<i>Acknowledgment</i>	iii
<u>Chapter I: Introduction</u>	1
Methodology	5
<u>Chapter II: Exploring Issues in Health and Development</u>	11
Concepts of Development	12
Women and Development	20
Towards Social and Environmental Sustainability	25
Sanitation, a Fundamental Issue of Health, Development and the Environment	32
Health, Poverty and Underdevelopment	34
Summary	41
<u>Chapter III: Aspects of Vietnamese Cultural Heritage and Social Organisation</u>	40
Early Civilisations in Vietnam	44
Position of Women in Early Vietnamese History	45
The Evolving Communal Village	53
Production Relations	61
The Colonial Impact	64
The National Liberation Front	66
<u>Chapter IV: Political and Economic Policy Development 1976-1992</u>	70
Background to 1976	70
Cultural Attitudes of Political and Economic Significance	74
National Socio-Economic Management Problems 1976-79 and 1979-85	78
The Policy of Renovation, 1986	85
Continued Reforms, 1988-89	88
Ideological Shift	90
1990-92	94

Chapter V: Current Situation of Health and Development in Vietnam

95

Overview: Impact of Reforms	101
Data Reliability	108
Population Distribution and Growth	110
Gender Discrimination and the Status of Women	120
Household Poverty, Income and Productive Resources	128
Women's Poverty and Woman-Headed Households	131
Unemployment and Underemployment	135
Education	146
Water Supply and Sanitation	151
The Wellbeing of Vietnamese Women During Motherhood	157
Wellbeing of Vietnamese Children	164
<u>Chapter VI: Health Care Services and System</u>	177
Introduction to Vietnamese Medicine	177
Development of Communal Health Services	180
The Post-Reform Health Care System	182
National Health Budget	193
Human Resources	195
Media and Health Education	197
<u>Chapter VII: Conclusion</u>	200
Bibliography	203

List of Figures

Figure 1. Mind-Map Outlining the Process of my Methodology	8
Figure 2. How International Commerce is Divided	14
Figure 3. Beenstock's Basic Needs Model	15
Figure 4. ILO Basic Needs Model	16
Figure 5. Arenas of Decision-Making Power influencing Fertility	24
Figure 6. Flow Components in a Livelihood	27
Figure 7. Development Integration within the Ecology of the Total Environment.	28
Figure 8. Linkages between the Forest, Fuelwood, Women's Labour and Household Nutrition	29
Figure 9. Interrelationship of Factors in Human Development	31
Figure 10. Solid Waste and Human Disease Pathways (postulated)	33
Figure 11. Health Practice and the Role of Environmental Health	34
Figure 12. Vicious Circles of Poverty and Disease	36
Figure 13. Life Quality Projection of a Person's Experience	37
Figure 14. Categories of Income Opportunities	40
Figure 15. Spatial Relationship of the Changing Role of Gender Relations Over Time	46
Figure 16. Basic Historical Patterns of Vietnamese Systems of Thought	52
Figure 17. An Idealised Version of Land Distribution in the Traditional Vietnamese Village	55
Figure 18. Per Capita National Income 1976-1980	79
Figure 19. National Income 1976-80 and 1980-85	82
Figure 20. Annual Inflation Rate 1987-93	89
Figure 21. Consumer Price Index and Salaries Index, 1989-1991	95
Figure 22. Comparative View Showing Official and Parallel Exchange Rate Between 1985-1990	96
Figure 23. Percentage of Retail Turnover by Sector, 1991	97
Figure 24. Annual Growth of GDP and Main Economic Branches, 1987-92	98
Figure 25. Strategic Objectives for 1991-95 Five Year Plan	99
Figure 26. Organisational Structure of the Commune of Hai Van	106
Figure 27. Approximate Location of the Major Ethnic Groups in Vietnam	100
Figure 28. Population by Age (1989)	111
Figure 29. Induced Abortions by Urban and Rural Areas, 1976-1987.	116
Figure 30. Decision-Making in the Family (three rural communes)	123
Figure 31. Percentage of Female Representatives in Central Government	127

Figure 32. Daily Food Intakes: Families of Women Workers in Forestry and Agriculture	134
Figure 33. Employment, Unemployment and Underemployment in the Formal Economy	136
Figure 34. Retrenchments in the Public Sector, 1990-91	137
Figure 35. Decreasing Opportunities for Future Labour Pool	138
Figure 36. Wage Differences between the State and Private Sector.	139
Figure 37. Wage Levels by Centre and Sector, 1986-91	140
Figure 38. Percentage of Women in Different Branches of the National Economy, 1989	141
Figure 39. Working Age Population in Informal Sector by Urban and Rural Areas, 1989	143
Figure 40. Informal Sector Workers by Sex, Location and Age Group, 1983-88	144
Figure 41. National Literacy Rates Compared With Per Capita GNP	147
Figure 42. School Drop-Outs by Grade Between School Years 1990/91 and 1991/92	148
Figure 43. Adult Literacy 1992 by Sex	150
Figure 44. Estimated Family Expenditure on Education by Level, Sex and Urban or Rural Residence	150
Figure 45. Access to Safe Water and Sanitation, 1988-91	151
Figure 46. Waste Composition at Bien Hoa Landfill	157
Figure 47. Maternal Mortality Rate per 100,000 Between Two Provinces	158
Figure 48. Leading Causes of Maternal Mortality 1984-85	159
Figure 49. The Causes of Maternal and Child Mortality and Morbidity	160
Figure 50. Risks to Infant Health from Social Environment	165
Figure 51. Trend in Neonatal Mortality, 1986-1990	166
Figure 52. Main Causes of Neonatal Deaths, 1989	166
Figure 53. Neonatal Tetanus Incidence, 1984-1991	167
Figure 54. Comparison in Infant and Under-Five Mortality Between Two Regions	168
Figure 55. Five Underlying Causes of Vietnamese Child Illness and Mortality	169
Figure 56. Significant Child Health Problems in Vietnam	170
Figure 57. The GOBI/FFF Framework	171
Figure 58. Under-Ones Immunized 1986-1991	172
Figure 59. Structure of Health Services	185
Figure 60. Ministry of Health Budget Compared With National Budget 1986-1990	194
Figure 61. Distribution of Health Personnel	196

ABSTRACT

This research investigates the current situation of Vietnamese people's health and development, with a particular focus on the wellbeing of Vietnamese women. Its central question is the impact of the political and economic reforms in Vietnam from 1986 onward, which reinstated the "family economy" and a number of free market principles within the country's socialist framework. It is based on a combination of field observations from an investigative visit to Vietnam in April 1994 and literature reviews covering concepts of development, Vietnamese culture, history, politics and economics. Wherever possible, Vietnamese sources (in English translation) have been incorporated.

The first substantive chapter explores the connection between health, development and the environment, establishing the interrelationship between the wellbeing of marginalised groups within a society and the meaning behind sustainable human development. The concept of wellbeing is argued as encompassing values of self-determination, while the concept of provision for sustainable livelihood is highlighted as a means to intercept the cycles of poverty and disease.

A brief insight into aspects of Vietnamese cultural and social history up to the end of the colonial period is then offered, focusing on the organisation of the traditional village, so as to sign-post key aspects of culture and social organisation which have continued to influence the development of Vietnamese society.

The following chapter gives the background to the process of political and economic reform in Vietnam from reunification in 1976 following the end of the Vietnam War identifying the ideological changes involved and outlining the macroeconomic impact of the reforms. The goals of current Vietnamese social policy are also considered.

The final two chapters present data and analysis on the current state of Vietnamese people's wellbeing, identifying where possible the effects of recent policy changes. Topics covered are population, gender discrimination and the status of women, household poverty, education, employment, water supply and sanitation, women's health, child wellbeing, and the structure and operation of the Vietnamese health care system. The main findings are that the reforms have increased resource disparities between different groups in Vietnam and that the less advantaged, including a large proportion of Vietnamese women, face a serious decline in wellbeing unless changes occur in priorities for development.

ACKNOWLEDGMENT

Absoutely "thank you" to everyone in Vietnam, Australia and New Zeala who has supported me during the intense process of learning and expressi my discoveries through this research.

Chapter I: Introduction

.... from the waters the people get their food, also their cholera, their dysenteries, their typhoid fevers, their malaria; from the earth they get their hookworm; from the crowded villages they get their tuberculosis and their yaws; from the type of housing they get plague and typhus and from the food which the earth, temperature and rain produce, their protein deficiencies and their beri-beri.

J.M. May (1958) on Song Koi
(Red River delta, Vietnam)¹

In this thesis I examine the relationship between health and development in Vietnam. I analyse the current situation of Vietnamese women's and children's health against a background of socio-economic change, with a specific focus on gender and cultural issues which highlight the role of women within Vietnamese society.

Within the scope of this research I attempt to diagnose the nature and quality of human health and its relationship to resources within the context of the socio-economic and political environment, giving an historical exposition to show the nature and scale of developmental change that has occurred over the past two decades in Vietnam. This is to investigate the day to day poverty experienced by many of the poorer people (especially women), and their problems in order to illustrate major obstacles that have an impact on the interrelationship of health and development in Vietnam.

I argue that it is necessary to consider the interrelationship of health and development from a holistic perspective involving people's physical, mental and social wellbeing overall, and taking into account the environmental (social, economic, political, physical, biological) factors which contribute to quality of life.

¹May, J. M. (1958) *The Ecology of Human Disease*, quoted in Learmonth, Andrew (1988) *Disease Ecology : an introduction* . Oxford: Basil Blackwell, p313.

To demonstrate this perspective my research asks the following;

- 1) What are the historical patterns against which the contemporary picture of present changes in people's health and development can be described and evaluated?
- 2) Given that Vietnam is presently in a state of transition, from a centrally planned to a free-market economy, what are the effects of this in the area of human health and development?
- 3) In terms of infrastructure, to what degree are existing characteristics of health and development conditions capable of meeting the needs of Vietnamese women and children and poorer communities in particular?

From this investigation I construct an overall picture that will demonstrate culturally the complex interrelationship that exists between health and development in Vietnam, with particular emphasis on the importance of women and children in both areas.

Because of the broad scope of the overall topic and the length limitation of this paper I do not specifically address the different dimensions of development in rural and urban areas or in differing regions of Vietnam; I do however emphasise the importance of awareness of specific physical, social and cultural environments in formulating development initiatives.

Remembering Vietnam

During the last Vietnam war, it seemed the whole world was focused on Vietnam. There were countless movies, TV serials, university courses and books published about the war and its effects on Western politics and society. However from the many directions that were examined through this perspective, we learned little about the Vietnamese people, or their country. Since the war ended in 1975, the media as well as academic researchers have continued to examine and re-examine the American perspective. We've heard even less about the Vietnamese people; about their health and welfare, or about the condition of their countryside - both devastated by the destruction of this war.

My awareness of Vietnam was jolted during early 1994 on the eve of the Americans lifting their trade embargo over Vietnam.² This was an overwhelming moment as I confronted the fact that I personally knew nothing about the Vietnamese people or their culture and nor did I have any idea of how it had been for the majority of the Vietnamese immediately following the first years after the war. It was then I realised that since the end of the Vietnam War in 1975, Vietnam had become internationally politically isolated and forgotten by the rest of the world.

It was at this time I joined a New Zealand medical contingent who were going to Vietnam to deliver a container load of second-hand medical equipment collected from New Zealanders. My motivation to visit Vietnam was to see and learn as much as possible of the conditions of health and development in the country after its isolation and before the influence of international capitalism took hold.

Initial Hypothesis

Before leaving for Vietnam I had been under the assumption that the Vietnamese people had a proficient integrated communal based health-care system which was merited for its successful combination of oriental and western medical practices. This assumption was based on Joan McMichael's 1976 book "Health in the Third World",³ which expressed great enthusiasm about the dedicated workings of the Vietnamese health system. McMichael's optimism was supported by other writers such as Gerard Chaliand,⁴ who among others reported on a number of positive health and economic structural changes that had been occurring in North Vietnam despite Vietnam's war-time conditions. Of special note was the organisation of the country's system of health education during the war which was supported by a number of government health education policy campaigns stimulating

²February 1994.

³McMichael, J.K. (ed)(1976) *Health in the Third World : Studies from Vietnam*. Nottingham: Bertrand Russell Peace Foundation/Spokesman Books.

⁴Chaliand, Gerard (1969) *The Peasants of North Vietnam*. (translation) Harmondsworth: Penguin Books.

mass mobilised co-operation of local participants at a communal village level throughout much of the whole country.

Joan McMichael's data was based on detailed personal interviews with Vietnamese Health Ministry officials. McMichael also used primary accounts published in the Vietnamese Studies series between 1966 and 1972. Her book gave the impression that diseases, particularly those caused by unsafe water and poor sanitation measures, were being combated successfully through the government's socio-economic development policy programs based on public health action campaigns which focused explicitly on disease prevention and promotional health education.

While McMichael's research is historically informative I found it does not reflect on any level the current condition of the Vietnamese health system, which has declined dramatically since the publication of her work. In an historical context however, McMichael's material is interesting because it provides a meaningful glimpse at how the entire Vietnamese medical workforce pulled together with the support of local villagers during conditions of war-time hardship; for instance evacuating medical supplies from urban hospitals after they had been bombed, moving all operations to underground tunnels in the jungle. During these periods the Northern Vietnamese government under Ho Chi Minh implemented various health and education mass initiatives which included the introduction of mass vaccination campaigns for children.⁵

During this stage of my research, an indicator I found confusing and one which helped postulate a false assumption was Vietnam's high literacy rate. Both during and since the war, the measurement of this indicator has been regarded as high, especially when compared to neighbouring countries. Because of this I assumed it fair to believe that the country, though very poor, had a substantially efficient public education and health system. I had not expected during my visit to see extensive problems in inadequate sanitation and unsafe water conditions, assuming from the above readings and the

⁵Of particular interest is McMichael's record of interviews with Professor Thach, the man who discovered the effective vaccine which did not require refrigeration and which could be used for mass immunisation against tuberculosis in tropical countries.

collective reputation for preventative health that Vietnam had basically overcome the worst part of these conditions during and since the war.

During 1986 the Vietnamese government began a process of *Doi Moi* (renovation), embarking upon an economic reform course to change the country from a centralised planned economy towards one based on a free market mix. In response to this, the people of Vietnam are being challenged by a number of economic adjustment policies that are having a fundamental impact on their daily lives. As a result of economic reform policies, state subsidies have for the most part been withdrawn. Health and living conditions amongst the poor are worsening, and while data on income distribution is still largely unavailable, the gap between rich and poor is increasing and there is severe hardship among various groups and individuals in many regions throughout the country. Amidst a climate of growing social and political inequalities citizens are being asked to be more self-reliant, to change their value system, world view and ideological perspective - at the same time as finding employment, acquiring new skills and coping with food, housing and health together with other basic needs.⁶ In 1993, Prime Minister Vo Van Kiet reported that inflation had been brought down from 700% in 1986 to 18% in 1992, and that while the present growth rate is 7%, a number of social services have declined and unemployment and underemployment remain serious problems.⁷

Methodology

My methods in this research were a combination of field observation, personal interviews, recording using video, and extensive reading, focusing wherever possible on Vietnamese sourced material.

Personal Observation

While in Vietnam I used a video-camera to record images and sound of the environment immediately around me. In a visual sense I am questioning what we may 'see' through the gaze of our own eyes and what we interpret as

⁶Hainsworth, Geoffrey B. (1993) "Human Resource Management" in Than, M. & Tan, J. (eds) *Vietnam's Dilemmas and Options*. Singapore: Institute of Southeast Asian Studies, p157.

⁷Socialist Republic of Vietnam (1993) *Vietnam: a Development Perspective*. Hanoi, pp i & ii.

development. Through visual analysis I pointed the camera in all directions searching for a theory that could help me identify the social impact of so called development factors underlying the modernisation process which may or may not be hostile to the wellbeing among the Vietnamese people. Like the skin of an orange, we can see the outside and it may look perfect, but inside it could be rotting. I found that the camera can provide images, but these images must be interpreted in the context of the overall culture, and with an understanding of the underlying factors at work.

Initially, after a five-week investigative visit I gained strong impressions of how things are socio-economically and politically in Vietnam. I visited eight hospitals in areas between Ho Chi Minh and Hanoi. After interviewing patients I also witnessed the long waiting times (sometimes between three days and one week), and the very poor conditions surrounding patient care. From this I gained an idea of how pressured the health system is to provide a reasonable health service. I spoke with various Vietnamese health, education, and government officials. All stressed the need to replace their ageing equipment, the need for more medical supplies, staff, funding and transport.

On the urban street I spent a number of joyful hours sharing coffee while communicating with many Vietnamese people, most of whom I met while out and about curiously walking the streets. On a few occasions I was invited to the homes of families. These invitations gave me enormous insight to the way many Vietnamese families live. The fragility of their homes visually demonstrated the depth of their poverty. In Ho Chi Minh City I spent a lot of my time around the Saigon River where many people living on the margins of the city suffer immense deprivation.

I found that no academic instruction nor one humane attitude can prepare you for the dimensional complexity of social conditions current in Vietnam. On first appearance, we know the country is largely poor by the way most people live, in both urban and rural regions. We can see this by the widespread dilapidation of the public environment. While the people walk proud, it is these conditions that reflect generally the profound lack of social and public resources facing the whole country.

Below taller buildings, shops and houses are for the most made of anything that shades the sun or protects the inside areas from rain and weather. At their forefront, the formal and informal consumer markets characterised by people peddling a mixture of diverse products fill the footpaths for almost twenty-four hours of the day. Within inches of their stands, thousands of bicycles, cyclo-drivers, motor bikes and many cars bustle past, jamming the adjacent streets over exactly the same time period. The Vietnamese people formally work six days a week; many people among the extremely poor work all day for seven days.

The output of continuous noise and the massive scale of pollution present at any one moment conveys another factor of health and development in Vietnamese society. Like other poor developing nations, these factors appear to be of least concern to a nation and its people trying to push through their own process of industrialisation. Individuals, as well as the authorities, take little notice of the black smoke, soot and vast noise as people converge through and between the traffic, getting on with their daily tasks. Through this chaos, road speeds are extremely fast causing up to eighty hazardous accidents in Ho Chi Minh City in any one day.⁸

On my return from Vietnam I analysed my initial data generally through image. I considered the condition of buildings, roads, transport, and the visibly unsafe local electric street wiring system, etc. I noted the visual signs of commercialism, glimpsing at both the formal and informal economy and trying to evaluate where possible the diversity, quality and quantity of the merchandise sold from the pavement. Of particular interest was the enormous quantity of medical supplies and equipment sold on the street. I considered the extent of income distribution and corruption, searching for a basis on which to build an analysis of the consequence and direction of Vietnamese change. As well as this I examined billboards and advertising. On a positive note, many displayed clear understandable messages relating to health. Within the chaos of these images I had trouble placing the people's experience of post-war policies into a framework which could explain

⁸Personal interview with Director of Forensic Medicine, Choray Hospital, Ho Chi Minh City, April 1994.

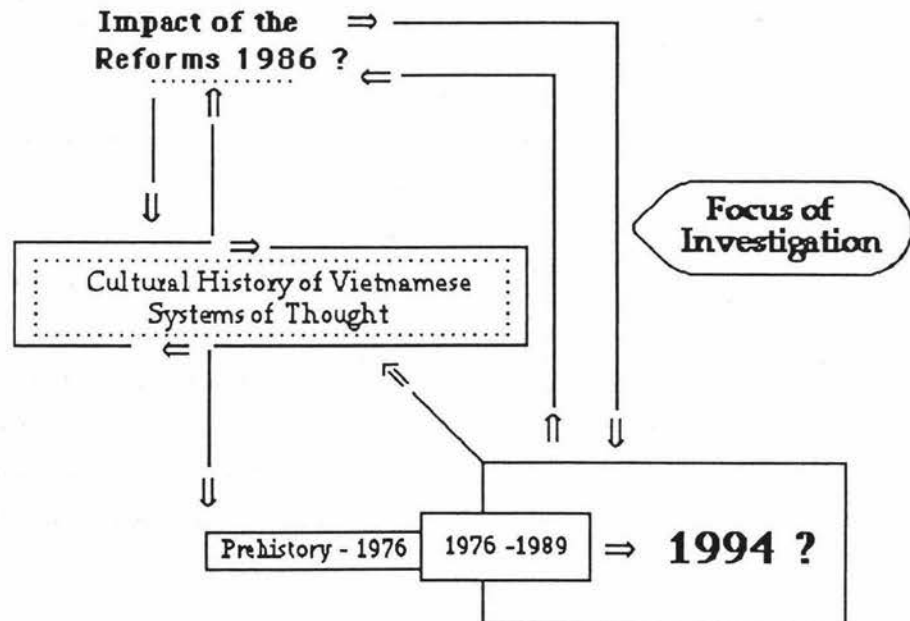
Vietnam's present problems of transformation into an open free-market economy.

Action Research

My approach to research before writing this thesis was open, using a method I found through a book called 'Action Research: Principles and Practice',⁹ written to assist teachers in research education. It outlines the Kemmis/Elliott/Whitehead action-reflection (three dimensional) spiral approach. The spirals chart a continuous process of planning, acting, observing, and reflecting, allowing me to view more than one dimension at a time. The action-reflection cycle made it possible for me to explore a number of inter-relating facts through the spiral process by entering the inquiry at any point without losing sight of the main focus of my inquiry.

The following diagram shows the process of my research effort, indicating the way various aspects interrelated. I had originally meant to focus only on the present situation in Vietnam but found I had to look at history and culture to find a way of interpreting the information I was obtaining.

Figure 1. Mind-Map Outlining the Process of my Methodology.



⁹McNiff, Jean (1988) *Action Research: Principles and Practice*. London: Routledge.

Underlying this search for information was a search for a framework through which I could interpret it in terms of development. This search is documented in the next chapter, "Exploring Issues of Health and Development".

Sources

As well as my own extensive observations and interviews over the five weeks I spent in Vietnam, while there I collected a number of important articles and books published by the Vietnamese publishing house in Hanoi, belonging to the Vietnamese Studies series. This is a valuable collection because it is a principal source that reveals a Vietnamese perspective. More specifically it is a source of material that depicts progressive developments, obstacles and opinions on Vietnamese public affairs through a series of dated discussions.

Among my secondary sources I have found a vast range of information and perspectives that have helped me evaluate what I saw while I was in Vietnam. I reviewed many articles, journals and reports written under the auspices of the WHO, UNDP, and UNESCO alongside various Asian sources which include the Asian Economic Review, and local Asian newspapers which I obtain regularly from various locations. I found the lack of documentation on Vietnam through libraries in New Zealand extremely frustrating. This is largely because there has been very little research done on Vietnam since the end of the war in 1975, and of that scant amount it appears that almost none has been undertaken by people in Aotearoa New Zealand. I hope that this study will contribute in some degree to filling the gap.

Throughout my research I have referred to a draft copy of a situation analysis which I received from UNICEF while in Vietnam. I found this data invaluable as it has been the most comprehensive and up-to-date information available so far on Vietnam's human development.

In the early chapters I am particularly indebted to the work of Nancy Wiegersma¹⁰ and Nguyen Khac Vien¹¹, whose detailed analyses greatly assisted me to weave a cultural and historical thread into my own.

¹⁰Wiegersma, Nancy (1988) *Vietnam: Peasant Land, Peasant Revolution*. New York: St Martin's Press.

¹¹Nguyen Khac Vien (1993b) *Vietnam - A Long History*. (Revised ed.) Hanoi: The GIOI Publishers.

Chapter II: Exploring Issues of Health and Development

The concepts of health and development both convey a notion of improved individual and social 'well-being',¹² but in practice improvements in 'health status' are disparate, and do not reflect that higher scaled development automatically leads to improved health.¹³ The meaning of improved health is also critical. Mortality rates in some developing countries may have decreased as a result of improvements in medical technology,¹⁴ but what is not dealt with through life expectancy statistics are the non-fatal but debilitating conditions related to poor health and poverty which according to Verbrugge are most intractable.¹⁵ For this reason, as Phillips points out, in many areas data focusing on underlying or generative causes of disease may be more pivotal in terms of human suffering and the need for health services than the actual disease that ultimately causes death.¹⁶ Amidst large regional areas of unsustainable subsistence, poor sanitation, housing and malnutrition as a consequence of severe poverty, we cannot say that an increase in years of life automatically reflects a real improvement in its quality.¹⁷

Defining Health

While from a technocratic view health is often defined as 'the absence of disease', (generally organic but possibly also mental),¹⁸ a wider meaning of health is the 'state of well-being' within an individual or social environment.

According to Frederick Dunn, health can be defined as 'the capacity of the individual or group (or society) to profit from experience and to respond to insults - physical, biological, social, and psychological.'¹⁹ Another definition is

¹²See Wilson, R. K. and Woods, C. S. (1982) *Patterns of World Economic Development*. Melbourne: Longman Cheshire, p12.

¹³Phillips, David R. & Verhasselt, Yola (eds) (1994) *Health and Development*. London: Routledge, p xiv.

¹⁴For example immunization programmes, antibiotics and surgical techniques.

¹⁵Verbrugge, L (1984) "Longer Life but Worsening Health?" *Milbank Memorial Fund Quarterly* 62(3): 475-519, cited in Phillips & Verhasselt (1994) pp 21-22.

¹⁶Phillips & Verhasselt (1994) p21.

¹⁷Phillips & Verhasselt (1994) p5.

¹⁸Phillips, David R. (1990) *Health and Health Care in the Third World*. Essex: Longman Scientific & Technical, p2.

¹⁹Dunn, Frederick (1984) "Social Determinants in Tropical Disease", in Warren, K. S. and Mahmoud, A. (eds) *Tropical and Geographical Medicine*. New York: McGraw Hill; cited in

a state of being unaware of the function of one's own body,²⁰ while the World Health Organization (WHO) indicates that health encompasses 'a state of complete physical, mental and social well-being, not merely the absence of infirmity'.

Pham Song, from a Vietnamese perspective, clarifies that health does not only mean the absence of disease but also the state of physical, moral and social well-being. "Health is the most precious asset of any human being, the most valuable property of any nation, and an important object of economic, cultural and social development and national defence."²¹ This wider view identifies that health equates to life quality, and can only be adequately assessed by taking into account a person's internal as well as external environment.

As Green notes,²² health care is only one of the factors which influence health status. Other factors that affect health are poverty, education levels, food intake, access to clean water, sanitation and housing conditions, as well as the terms of a person's income and state of employment.

Concepts of Development

Not unlike health, the word "development" also "delineates a vast arena but does not specify what play is being enacted."²³ Its meaning varies according to who invokes the notion and the circumstances under which it is invoked.²⁴ There have been a number of paradigm shifts in the health and development

Janes, Stall and Gifford (eds) (1986) *Anthropology and Epidemiology* p30. A very similar approach is taken by Audy, J.R. (1971) "Measurement and Diagnosis of Health" in Shepard P, McKinley D (eds) *Environ/mental: essays on the planet as a home*. New York: Houghton Mifflin, pp140-62; cited in Learmonth, Andrew (1988) *Disease Ecology : an introduction* . Oxford: Basil Blackwell, p14.

²⁰Abbott, P. (1982) "The Art of Medicine", *World Health Forum*, 3, 194-5, cited in Learmonth (1988) p12.

²¹Pham Song (1992) "The Health of Vietnamese Children: Situation and Measures for Improvement", *Vietnamese Studies* New Series no. 34 (104), p92.

²²Green, Andrew (1992) *An Introduction to Health Planning in Developing Countries*. Oxford: Oxford University Press, p7.

²³Paul-Marc Henry, quoted in Birou, A., Henry, P-M. and Schlegel, John P. (eds)(1977) *Towards a Re-definition of Development*, Oxford: Pergamon Press p ix.

²⁴John P. Schlegel in Birou *et al* (1977) p ix.

debate. It seems that approaches to health in developing countries have largely reflected the assumptions of the dominant development models of their time.

These models have evolved from the linear neo-classical or 'modernization' type strategies, critiqued by dependency theories, sector (dualism), and marginalization theories, to the more recent 'basic needs' approach and latterly to concepts such as social audit and sustainable development which attempt to integrate both social and environmental perspectives. I wish to demonstrate the importance of the latter approaches which elucidate more closely the reality of current and emerging problems present in the world today.

Through the 1950's and 1960's, economic strategies dominated development perspectives, based on the belief that the less developed countries would repeat the industrialization of the developed countries. In short, post-war development in most of the so called under-developed world, became involved directly with the attempt to reproduce in their own economies a very simplified model of advanced capitalist economics. Among the most influential formulations of this view was Rostow's 'five stage' model of growth, based on increasing GNP leading to mass consumption.²⁵ Rostow's schema neglected extensive historical, social and anthropological factors that distinguish different social groups, and ignored the needs of people in the countries involved. In the case of America's involvement with Vietnam, Rostow's recommendations for forceful action in the war²⁶ severely conflict with a commitment to any meaningful concept of development.²⁷

These linear models assumed a country's national autonomy within world markets, as well as a nation's self steering ability to generate high export turnover and international trade. In fact, as graphically illustrated in the

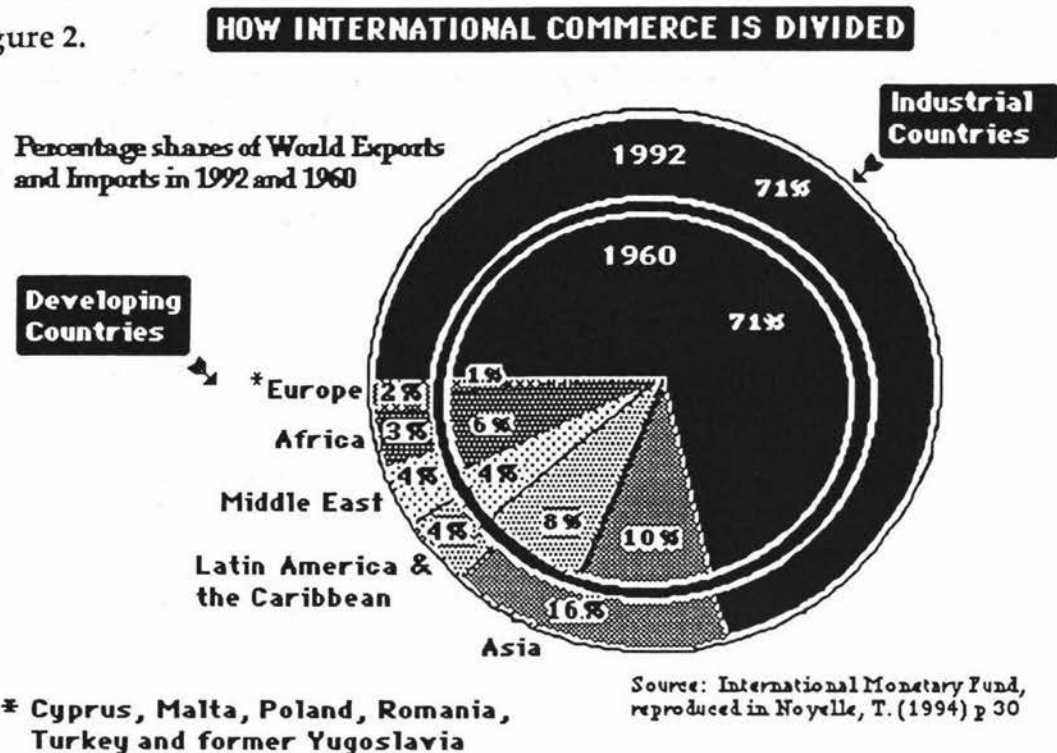
²⁵Rostow, W. (1956) "Take-off into Self-sustained Growth". *The Economic Journal*, March 1956, pp 25-48.

²⁶as US National Security Adviser 1966-68. See Karnow, Stanley (1991) *Vietnam: A History*. (Revised and updated). New York: Penguin Books, p717.

²⁷Frank A. G. "Sociology of Development and the Underdevelopment of Sociology." Also see Frank, A. G. (1984) *Critique and Anti-Critique: Essays on Dependence and Reformism*. London: Macmillan, pp 89, 113-118.

following diagram²⁸, developing countries competing for even a small market share are in fact powerlessly competing with each other. While many writers have shown this fact, Rudebeck as well as Knox and Agnew through their work demonstrate this vividly.²⁹

Figure 2.



Development based on neo-classical economic growth has a record of continued failures. Modernization programmes aimed at bringing about the 'trickle-down' of benefits have attracted an increasing amount of criticism, centred on the problem of continued poverty even in the midst of apparent economic growth.³⁰ This has caused a revision of linear structural planning

²⁸Adapted from Noyelle, Thierry (1994) "Revamping World Trade: What's In It For The South?" *Choices* vol.3 no.2.

²⁹See discussion in Rudebeck, Lars (1992) "Conditions of People's Development in Postcolonial Africa", in Galli, Rosemary E. (ed) (1992) *Rethinking the Third World: Contributions Toward a New Conceptualization*. New York: Taylor & Francis, pp39-41, and Knox, Paul & Agnew, John (1989) *The Geography of the World Economy*. London: Edward Arnold.

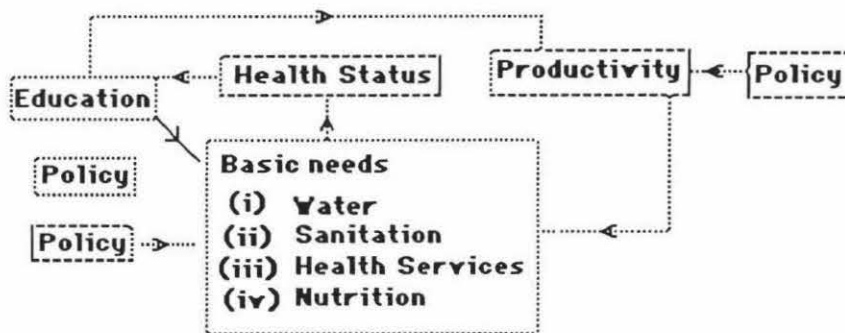
³⁰See the substantial literature on marginalisation and dependency theories, in particular Frank, A. G. (1967) "Sociology of Development and Underdevelopment of Sociology"; Galli, Rosemary E. (1992) "Winners and Losers in Development and Antidevelopment Theory" in

development strategies which impose internal and external inequalities. A new focus on disadvantaged groups incorporated the approach of 'basic needs' in development.

Basic Needs

The International Labour Organisation (ILO) first initiated the Basic Human Needs (BHN) approach, through the Employment Conference in 1976. I introduce this approach visually as a conceptual tool-kit, through Beenstock's organogram below. This shows a very general framework and lists some of the basic need requirements in relation to health status, working from a benchmark of absolute deprivation.³¹

Figure 3. Beenstock's Basic Needs Model



Source: Beenstock, M. (1980) p 41.

Beenstock believes that health statistics are a better yardstick to evaluate poverty alleviation than GDP statistics,³² but his overall analysis of how to evaluate basic needs is notably limited. Working from criteria of absolute deprivation rather than relative deprivation,³³ shelter is omitted, as are any factors relating to self-determination. The only factor relating to developing people's choices is education, which is identified as a means of a) teaching better hygiene standards and b) raising productivity, which Beenstock asserts

Galli *et al*, *Rethinking the Third World: Contributions Toward a New Conceptualization*, and Palma, G (1981) "Dependency and Development: A Critical Overview".

³¹Beenstock, Michael (1980) *Health, Migration and Development*. Farnborough, U. K.: Gower Publishing, pp 6-7. (Also see Streeten (1979) 'Basic Needs: Premises and Promises'. *Journal of Modelling*, pp 129-146).

³²Beenstock, Michael (1980) p5

³³*ibid* pp 5-6

will lead to a higher attainment of basic needs which in turn will contribute to improved health status.³⁴

The ILO model of basic needs as outlined by Karl³⁵ is shown below. Although broader in range than that suggested by Beenstock, encompassing employment, health, nutrition and housing, as well as participation in decision-making, its premise is based not so much on individual health as on the needs of the family and community. But just as there are unequal distributions between households, there are also inequalities within households; in particular, women are often comparatively disadvantaged in their access to resources. For this reason it appears ineffectual to consider needs using the family as the basic unit.

Figure 4. ILO Basic Needs Model

Basic Needs:

to provide the minimum requirements of a family for private consumption;

- adequate food and clothing,
- certain household equipment and furniture;

to provide essential services for the community , such as;

- safe drinking water,
- sanitation,
- public transport,
- health and education facilities

The Basic Needs (BHN) strategy outlined;

- increased employment for the poorest groups in society
- capital intensive investment in socially appropriate technology
- more social services financed through progressive taxation
- attempts to decrease differences in consumption patterns between social groups
- the creation and support of institutions which promote people's participation

Source: After Marilee Karl (1984) p63

³⁴ibid p36.

³⁵ Karl, Marilee (1984) "Women and rural development: an overview" in ISIS International Women's Information and Communication Service *Women in Development* . Philadelphia: New Society Publishers, p63.

Karl most appropriately points out that if the Basic Needs strategy is supposed to help the poorest and neediest then there is a problem when women remain overworked, neglected and impoverished.³⁶ If one issue is clear when measuring basic needs, it is that it is essential to recognize, hence focus on the less well-documented individuals and their families within a society if there is to be a genuine intention to address people's needs through development. Unfortunately, the Basic Needs strategy as usually implemented does little to raise the consciousness of the community about the gender and ethnic disparities that are often perpetuated³⁷.

In practice the Basic Needs approach is formulated most often around short term targets, and as such is deficient in establishing any real solution to alleviating long term or relative poverty, income maldistribution and long term unemployment. Another problem is that Basic Needs programmes are often urban centred and do not reach rural areas. "This leads to regional development policies which appear to be using basic needs investment to counter disparity and poverty but which in reality accentuate the inequalities within such regions by favouring those currently in control of the distribution systems, viz. the already better-off."³⁸

It is interesting that, as David Pollard tells us, while the World Bank promotes the basic needs approach, their emphasis is geared more towards raising the share of the poor in any new income generated through economic growth, and concentrates less on people's participation.³⁹ On an international level the World Bank's version of the model fails to consider the underlying maldistribution of assets within and between countries and regions. For this reason the approach is seen to divert attention from the inequalities within the economic world system, leaving local economies, (unbalanced as a result of the world economic resource gap), to find a way to deal with their socio-

³⁶Karl, Marilee (1984) "Women and rural development: an overview" in *ISIS Women in Development*, pp 61-71.

³⁷Karl (1984), p66, citing *The Critical Needs of Women* (1977) Kuala Lumpur: Asian and Pacific Centre for Women and Development, pp 5-6.

³⁸Drakakis-Smith, D. (1990) "Concepts of Development" in Dwyer, D. J. (ed) *South East Asian Development* p67.

³⁹ Pollard, D. "Basic Human Needs as a Strategy for Development," *ACFOA Development Dossier* no.6, p 15, cited in *ISIS (1984) Women in Development*, p63.

economic internal demands.⁴⁰ This approach is not slowing the growth of disparities of income either between or within nations:

In 1960, the countries with the wealthiest 20 per cent of the world's population had per capita incomes 30 times greater than the poorest 20 percent. By 1989, the richest 20 percent were getting 60 times more. When the wealth disparities within countries are taken into account, the situation is even worse. The top 20 percent may get at least 150 times more than the bottom 20 percent.⁴¹

As Bromley and Gerry explain⁴², in development it has been necessary to find new emphasis to evaluate the redistribution of income and wealth, and the eradication of poverty.⁴³

Another critical problem surrounding the BHN approach is that it does not deal with institutional, legal and political aspects of equality, equity and a person's freedom. In defending the strategy, Streeten for example suggests that we should distinguish inequality from basic needs, asking which of the real objectives regarding inequality and poverty is more important. Should the focus be to reduce inequality, or on meeting the basic needs of deprived groups; egalitarianism or humanitarianism?⁴⁴ In my view, Streeten incorrectly confines the question of inequality to a moral abstraction. Streeten lamely suggests that to concentrate on equality may interfere with a country's political framework and in many cases could obstruct the course of the poor gaining Basic Needs assistance.⁴⁵

⁴⁰ *ibid* p63; also see Afshar, Haleh & Dennis, Carolyne (eds) (1992) *Women and Adjustment Policies in the Third World*. Basingstoke: Macmillan, particularly the chapters by Ingrid Palmer, "Gender Equity and Economic Efficiency in Adjustment Programmes", pp 69-86, and Georgina Ashworth, "Politicising Gender and Structural Adjustment", p239.

⁴¹ Menon, Bhaskar(1992) "Why the Poverty Gap is Growing", *Choices* vol. 1 no. 2, p36.

⁴² Bromley, R. and Gerry, C. (eds)(1978?) *Casual Work and Poverty in Third World Cities*. Chichester: John Wiley & Sons, pp 3-4.

⁴³ See the discussion of this point in the United Nations Development Programme *Human Development Report 1994*, pp 97-101.

⁴⁴ Streeten, Paul (1981) *First Things First: Meeting Basic Human Needs in Developing Countries*. New York: World Bank/Oxford University Press, p17.

⁴⁵ Streeten (1981) pp 16-19.

I consider that a person's universal needs include a sense of dignity and futuristic choice of achieving a better life, together with community justice and equity. A structure which acknowledges these allows for individual achievement and solidarity and recognises a person's right to belong, to take part in group decisions that affect the group, and one's own destiny.⁴⁶ The economic and political dimensions of equity are critical in such an analysis.

A leading question presently being asked is how to measure the quality of a person's life within the context of development. This has been a major theme of the Human Development Reports published annually by the United Nations Development Programme since 1990.⁴⁷ These reports examine the role of political freedom and environmental sustainability policies in human development and define a new set of human development indicators which may be used to stimulate changes in policies, practices and institutions needed to widen the range of people's choices through human development. Of particular interest is the way income, inequality and opportunity were debated through a concept of a Human Freedom Index in the 1991 Report.⁴⁸ The point I wish to highlight here is the recognition that if a person is not 'free' to make their own choices, then the entire process of human development is a mockery.

The debate indicates that many factors critical to people-centred development and the eradication of poverty previously thought unmeasurable are gradually being worked to the surface. For example, an improved economic definition of a person's wealth needs to include a selection of life-element indicators that evaluate the quality of a person's whole environment. In this context the concept of a "social audit" suggested by Pearce⁴⁹ is eminently

⁴⁶Burbidge, John (ed) (1988) *Approaches That Work in Rural Development* p29.

⁴⁷United Nations Development Programme (1990-) *Human Development Report*. Annual report, published to date by Oxford University Press, New York.

⁴⁸Following conservative arguments similar to those found through Streeten's views on Basic Needs and equality mentioned previously, this Human Freedom Index has since been dropped because it is apparently 'too politically sensitive', and superseded by a Political Freedom Index.

⁴⁹Pearce, J. "Auditing the Social Benefit of Economic Development in Deprived Areas; The Community Enterprise Experience" in 3rd COMACT Working for Common Wealth Conference, December 1990. Cited in Tweed, D and King, A. (1993)"People Centred Development", in Walsh (ed) *Development That Works!* Massey University Development Studies Monograph no.3, pD2.2.

worth evaluating. Such an audit attempts to include essential factors of a person's life, freedom of choice and the human or social values on which a society is based as well as purely economic factors. The criteria are defined from a grassroots perspective, that is, based on the values and needs of the people concerned, from the bottom up rather than the top down, in line with its premise that 'it is people who must always come first'. As Tweed explains, a social audit based on people's real life indicators would account for the 'disbenefits' which arrive often as a result of inappropriate policy planning and practice. Conversely, in many cases there would be a 'social profit' rather than a loss at the bottom of the line if measuring indicators using statistical data assessed the possibility of social benefits when costing development.⁵⁰

Women and Development

It is impossible to interpret development theory itself without seriously focusing on the position of women. Gender inequalities, which are often reinforced by development interventions, threaten the wellbeing of women by reducing their socio-economic and political status and therefore their socio-economic and political power. The way in which this occurs is presented through a number of different frameworks documented by writers including Waring⁵¹, Østergaard⁵², Leahy⁵³, Lappé and Schurman⁵⁴, Price⁵⁵, Afshar and Dennis,⁵⁶ Palmer⁵⁷, and Brydon and Chant⁵⁸.

⁵⁰Tweed, D and King, A. (1993) "People Centred Development", in Walsh (ed) *Development That Works!* Massey University Development Studies Monograph no.3, pD2.2.

⁵¹Waring, Marilyn (1988) *Counting for Nothing*. Wellington: Allen & Unwin New Zealand.

⁵²Østergaard, Lise (ed) (1992) *Gender and Development*. London: Routledge.

⁵³Leahy, Margaret E. (1986) *Development Strategies and the Status of Women*. Boulder, Colorado: Lynne Rienner Publishers.

⁵⁴Lappé, Frances Moore & Schurman, Rachel (1989) *Taking Population Seriously*. London: Earthscan Publications

⁵⁵Price, Penny (1994) "Maternal and Child Health Care Strategies" in Phillips, David R. & Verhasselt, Yola (eds) *Health and Development* London: Routledge, pp138-155.

⁵⁶Afshar, Haleh & Dennis, Carolyne (eds) (1992) *Women and Adjustment Policies in the Third World*. Basingstoke: Macmillan.

⁵⁷Palmer, Ingrid (1992) "Gender Equity and Economic Efficiency in Adjustment Programmes" in Afshar, Haleh & Dennis, Carolyne (eds) *Women and Adjustment Policies in the Third World*. Basingstoke: Macmillan, pp 69-86.

⁵⁸Brydon, Lynne and Chant, Sylvia (1989) *Women in the Third World : Gender Issues in Rural and Urban Areas*. Aldershot: Edward Elgar.

A central theme of many of these writers is the invisibility of women through deficient data collection practices on issues concerning the wellbeing of the whole population, which includes women. The role of women throughout society is negated as their dynamic contribution as producers, household managers and active members within the community is undermined generally through indicators that do not target a measurable structure based on gender. This is unfortunate when you consider Stewart's observation that as managers of household consumption, women play a crucial role in negotiating the impact of social adjustment policies.⁵⁹ Of particular concern is the way women's productive activities are marginalised in the informal marketplace as well as in the household. On this Leahy expresses that while governments may proclaim support for women's equality, their commitment fails because few have much information on the circumstances surrounding the situation of women within their own nations.⁶⁰

For example, I find it amazing that until very recently, development planners and policy-makers appeared quite ignorant of the impact their projects have on women, largely because planners and policy makers have been unwilling to acknowledge the important role women play in all areas of social and economic development. In evaluating GNP or the National Accounts international system of economic measurement for instance, Waring⁶¹ demonstrates that because these measures are based on selective statistical values and understandings, women and ethnic minorities are rendered invisible. "...The system cannot respond to values it refuses to recognise."⁶²

This predicament can only be addressed by identifying the problem as Ware does:

All officially published data should be as factually accurate as possible. Any statistical picture in which women's concerns are

⁵⁹Stewart, Frances (1992) "Can Adjustment Programmes Incorporate the Interests of Women?" in Afshar, Haleh & Dennis, Carolyne (eds) *Women and Adjustment Policies in the Third World*. Basingstoke: Macmillan, p24.

⁶⁰Leahy (1986) *Development Strategies and the Status of Women.*, p3.

⁶¹Waring, Marilyn (1988) *Counting for Nothing*. Wellington: Allen & Unwin New Zealand.

⁶²Waring, Marilyn (1988) *Counting for Nothing*. Wellington: Allen & Unwin New Zealand, p3

not adequately covered and depicted is quite simply false ... and inaccurate.⁶³

In rural agriculture, Asian women are rarely recognised as being the main producers of household food crops used for family consumption and therefore have historically gained little support to improve their traditional methods in areas of technology and credit. 'Women have always played a critical role in production not only through their labour through household and rice-cultivation but also in off the farm, non-rice tasks, such as handicraft industry, trading and food processing.⁶⁴ As producers, women contribute to both the national product and to national welfare (whether measured or not), as well generating income for the household.⁶⁵ Given that these tasks are almost always combined with primary responsibility for household maintenance and childcare, it is not difficult to see how, as many writers point out, women have always worked longer hours than men.⁶⁶

The UNDP *Human Development Report 1994* accentuated that all countries treat women worse than men and that men generally fare better than women on almost every socio-economic indicator.⁶⁷ The report continued by pointing out that gender discrimination affecting women in developing countries is widespread not only in income, education and employment, but also in many areas of Asia, the neglect in women's health and nutrition is so serious that it outweighs women's natural biological tendency to live longer than men.⁶⁸

While income generation in poorer households generally is critical, the situation of those headed by women either without partners or because their partners are absent, is often severe. Waring states that "one of the universal

⁶³Ware Helen (1986) "The Role of Household Surveys in Improving Statistics in Indicators on Women" cited in Waring (1988), p249

⁶⁴Taylor, John G. and Turton, Andrew (eds) (1988) *Sociology of Developing Societies: Southeast Asia*. Hampshire (UK): Macmillan Education Ltd., p145.

⁶⁵Stewart (1992) "Can Adjustment Programmes Incorporate the Interests of Women?", p22.

⁶⁶ Taylor, John G. and Turton, Andrew (eds) (1988) *Sociology of Developing Societies: Southeast Asia*. Hampshire (UK): Macmillan Education Ltd., p145.

⁶⁷United Nations Development Programme (1994b) *Human Development Report 1994*. New York: Oxford University Press, pp 96-97. Also see 1992 and 1993 reports.

⁶⁸UNDP (1994b), p97.

results of institutionalised invisibility of women and the concept of the head of the household is massive poverty."⁶⁹

Through development theory, what has become most apparent is that risks to women's health are linked to the quality of life and to the relationship of women to their economy, society and culture.⁷⁰

For example, there is a well documented relationship between poverty, maternal mortality, and high birth rates. From a cultural developmental perspective, we cannot interpret the relationship without seriously focusing on the economic situation and the social subjugation of women.

Economic marginalization and the deepening of poverty have not allowed women to challenge patriarchal social relations. In the absence of social improvements in women's economic and social status, children continue to be their primary source of social esteem as well as economic security and power.⁷¹

The framework used by Lappé and Schurman, shown below, accentuates the way power structures affect fertility from external as well as internal forces.⁷² Though these writers are focusing on fertility I also find their framework extremely valuable in assessing inequalities hindering women's development in other aspects of their lives.

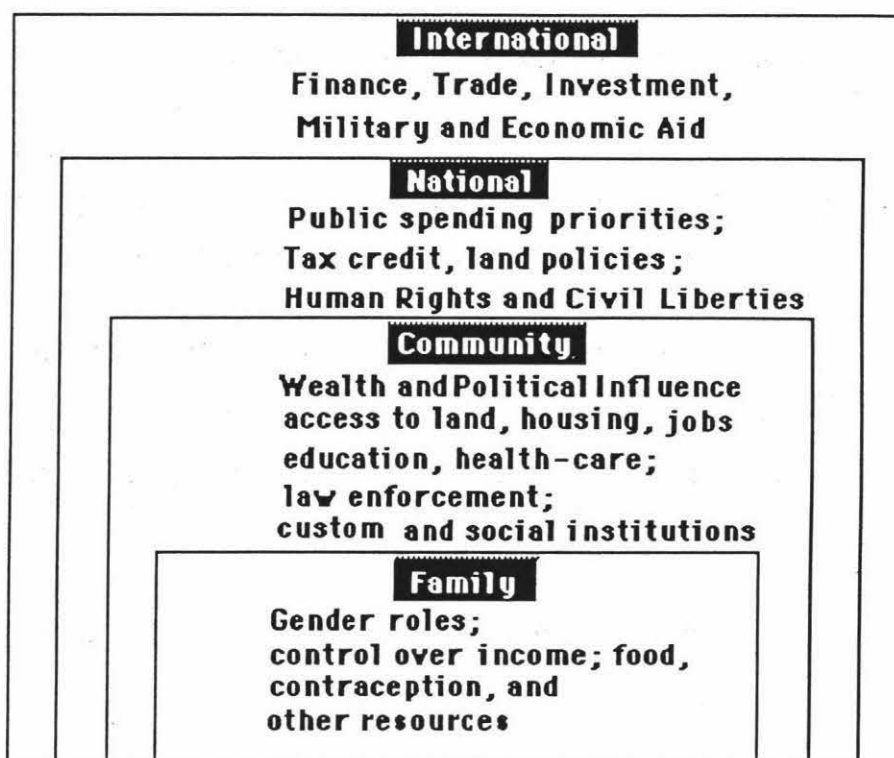
⁶⁹Waring (1988), p189.

⁷⁰Lewis, Nancy D and Kieffer, Edie (1994) "The Health of Women: Beyond Maternal and Child Health", in Phillips, David R. & Verhasselt, Yola (eds) *Health and Development* London: Routledge,p123.

⁷¹Bandarage, Asoka (1994) "Population and Development: Toward a Social Justice Agenda", *Monthly Review*, vol. 46 no.4, p40.

⁷²See discussion in Lappé, Frances Moore & Schurman, Rachel (1989) *Taking Population Seriously*. London: Earthscan Publications, pp17-33.

Figure 5. Arenas of Decision-Making Power Influencing Fertility



Source: Lappé & Schurman (1989) p 18.

Women's economic empowerment is therefore a critical focus in development. There is growing awareness that population growth, poverty, inequality, consumption patterns and threats to the planet's resources are linked to the low status of women. Through development, women urgently need gender orientated objectives to be linked directly through policies that specifically include women's needs. They need policy goals that a) reduce their workload, b) increase their access and control over income, c) fully recognise their contribution both to the family and to the community by recognising at the same time their economic and social participation, d) provide education as a liberating force and e) improve their health.⁷³ Through development women ought to be allowed to identify for themselves their critical economic, cultural, and psychological needs, to reflect on their

⁷³ ISIS International Women's Information and Communication Service (1984) *Women in Development*. Philadelphia: New Society Publishers, p 66.

own opportunities, and therefore increase their capacity to organise and mobilise themselves.⁷⁴

Towards Social and Environmental Sustainability

The following discussion explores a development concept based on ecological sustainability. Broadly this concept anticipates that real development looks towards an interactive ecological view of the whole environment.⁷⁵

Interacting with socio-economic systems, the natural environment performs three essential functions:

- 1) It is used as a consumer good (air, water, and recreational amenities) and supports life on earth in general and human health in particular.
- 2) It is a factor of production in providing the socio-economic system with the necessary inputs such as raw materials, water, land, energy resources, oxygen, and genetic diversity.
- 3) It assimilates the unused byproducts generated by production and consumption, thus serving as a "waste sink" for household wastes, heavy metals, radioactive substances, carbon monoxide, carbon dioxide, cooling water, and so forth.⁷⁶

⁷⁴ibid, p66.

⁷⁵Huynh and Stengel, following Bartelmus, define the environment as "the external conditions and influences affecting the life and development of an organism" which encompasses the land, water, air, and living organisms. Huynh, F. and Stengel, H.(1993) "Sustainable Development: Challenges to a Developing Country" in Than, Mya & Tan, Joseph L. H. (eds)*Vietnam's Dilemmas and Options*. Singapore: Institute of Southeast Asian Studies, p260, citing Bartelmus, Peter (1986) *Environment and Development* . Boston: Allen and Unwin, p 1.

⁷⁶Bojö, Jan, Mäler, Karl-Goran, and Unemo, Lena (1990)*Environment and Development: An Economic Approach*. Dordrecht: Kluwer Academic Publishers, p1. Cited in Huynh & Stengel (1993) p261.

I agree with the way this approach highlights the essential interactivity of living organisms and the future of the environment. It challenges economic and political planners to place more focus on safeguarding the environment for future generations.⁷⁷ The concept of "natural capital" is intended, by analogy with other forms of capital, to place value on renewable and non-renewable resources at the same time as considering the cost of waste disposal.⁷⁸ Generally this analysis is based on the ideas delivered through the "Brundtland report" of 1987, where we find a progressive definition for sustainable development as:

development that meets the needs of the present without compromising the ability of future generations to meet their own needs ... ["needs" means] in particular the essential needs of the world's poor, to which overriding priority should be given.⁷⁹

A discussion delivered by Chambers and Conway⁸⁰ concerning rural people's livelihoods interconnects two interesting concepts of 'social sustainability' and 'environmental sustainability'.

Social sustainability here refers to livelihood and expresses the capability of a human unit be it individual, family or household, to cope with or recover from stresses and shocks. It is concerned with the way people are able to adapt to and exploit changes in their physical, social, and economic environments, at the same time as maintaining and enhancing the capabilities of future generations.⁸¹

⁷⁷Huynh & Stengel (1993) p263.

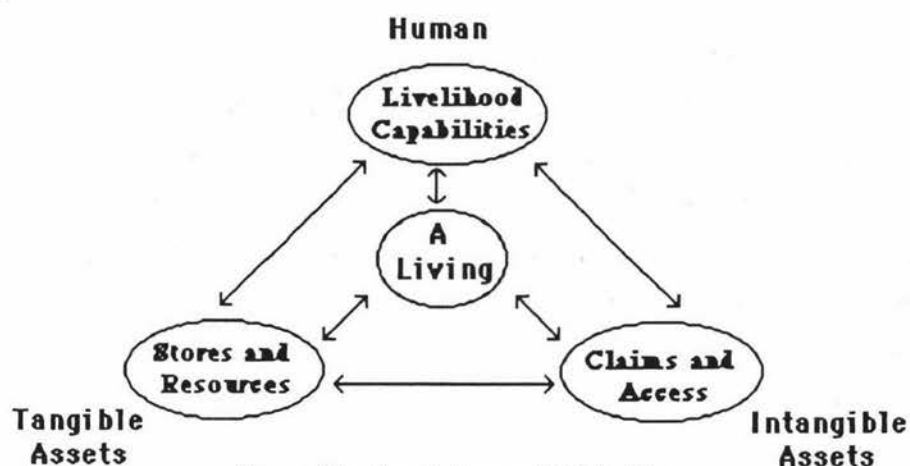
⁷⁸Huynh & Stengel (1993) p261.

⁷⁹World Commission on Environment and Development 1987, p43, quoted in Huynh & Stengel (1993) p260.

⁸⁰Chambers, R. and Conway, G.R. (1992) *Sustainable Rural Livelihoods : Practical Concepts for the 21st Century*. Brighton, Sussex: Institute of Development Studies (Discussion Paper 296).

⁸¹ie maintaining and enhancing natural capital; see discussion on p23, above.

Figure 6. Flow Components in a Livelihood



Source: Chambers & Conway (1992) p 10.

Livelihood is expressed as a 'living' and its quality is assessed through three words; capability, equity and sustainability, which are fundamentally linked. Something I find useful in this framework is the fact that the approach essentially attempts to link into the equation, the sustainability of a person's tangible and intangible resources. Intangible resources include access to income as well as education, skills and technology, and claims on others, including society at large.

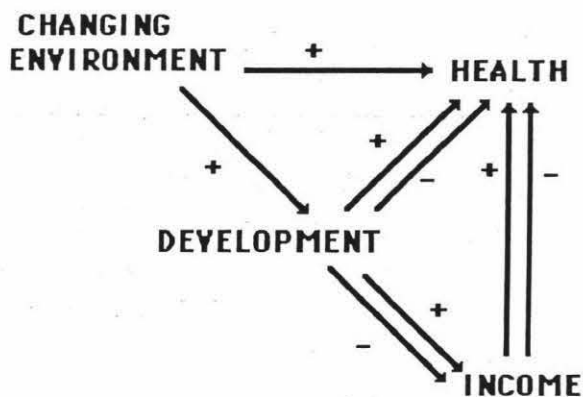
The term 'environmental sustainability' as used by Chambers and Conway extends more towards a global view of livelihood, considering others within both a local and global capacity. While I feel the term 'environmental sustainability' is sometimes used as a catchphrase that appears to mean everything in many countries, especially in areas such as forestry and agriculture (through planning), my own interest is concerned with the possibility of a version of social economics which may encompass ecological principles based on values of social sustainability.⁸²

Bradley's model⁸³, below, draws attention to the relationship between health, development and the environment.

⁸² As in cost-benefit analysis. The aim is to build on the measurement of social benefits.

⁸³ Bradley, David (1994) "Health, Environment, and Tropical Development", in Cartledge, Bryan (ed.) *Health and the Environment*. Oxford: Oxford University Press, p130.

Figure 7. Development Integration within the Ecology of the Total Environment.



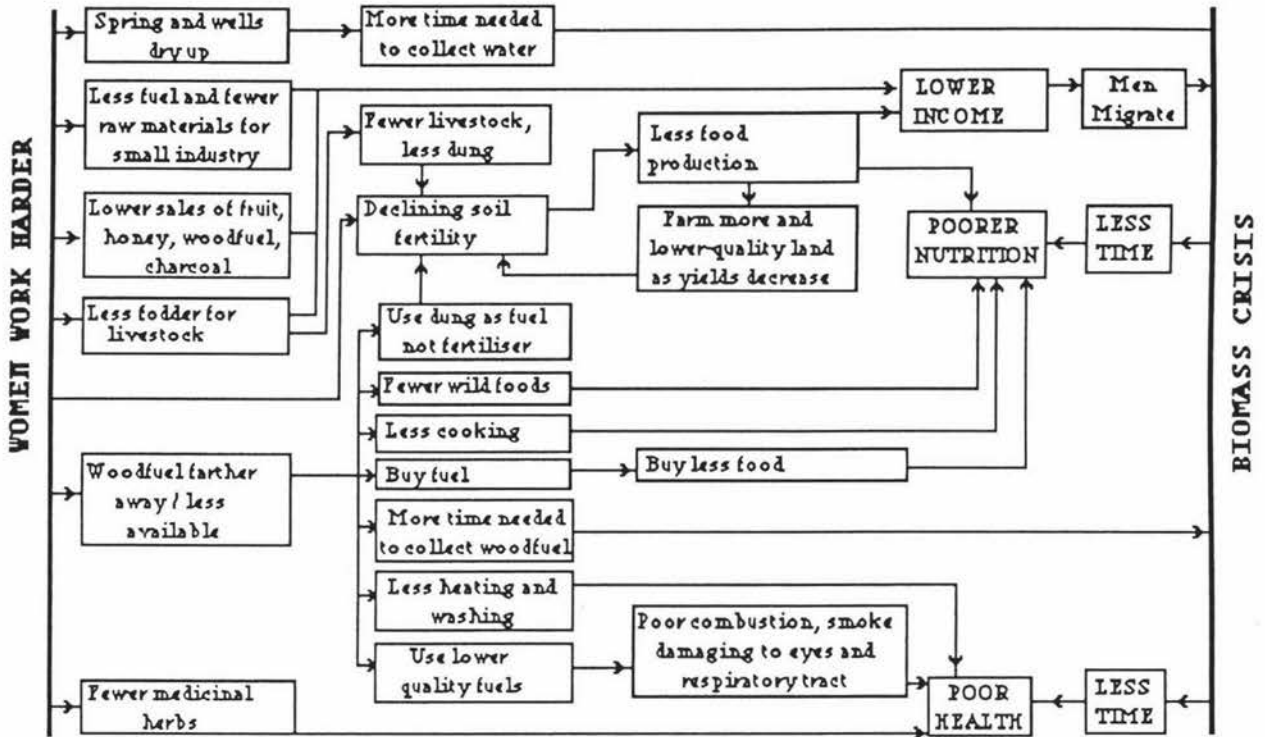
Source: Bradley (1994) p-130

Noticeably Bradley's concept includes the factor of income. This is revolutionary since the relevance of people's income is very often either played down or left out of the development planning scenario. As I will discuss⁸⁴, income in its broadest sense is a critical factor in wellbeing.

The following diagram provides a more detailed illustration of the interrelationship between human activity, health, and the availability of environmental resources. It encapsulates the importance of focusing on ecological sustainability as a key to long term improvements to livelihoods as in people's health and wellbeing.

⁸⁴Below at p34.

Figure 8. Linkages Between the Forest, Fuelwood, Women's Labour and Household Nutrition



Source: Rodda, A. (1991) p 33.

The diagram exhibits what happens when the relationship between sustainable consumption and investment in a) human resource needs and b) the resource maintenance of a total environment lose consonance. What is particularly useful in this diagram is that it economically contrasts rural income through the energy reproduction of women's tasks. It calculates a human cost through a decline in the women's health. This is recorded through a time-energy budget cycle, which reflects the increasing effort women espouse to receive income.

The environment on the other hand, being in this case the source of the women's income, is also shown to be depleting as human consumption levels supersede sustainable levels through a lack of overall maintenance. My point being that it is important when considering the development of human needs, to use a framework that provides enough resource access to support a balance of consumption and investment to reach sustainable outcomes.⁸⁵ In this case the time and activity budget points to the way income-generating activities need development support in areas that would enable women to lessen the activities that have the most negative impact on their livelihood.

To push this approach one step further I use the words of Huynh and Stengel who, in their focus on resource demand, display what occurs if the right factors are not recognised and fully introduced. "The higher the number of people the greater is, *ceteris paribus*, the extent to which environmental services are demanded. Moreover it is for this reason the consumption patterns of the poor tend to be resource-intensive and inefficient due to the lack of funds, expertise and good technology".⁸⁶

What the diagram and quotation do not show is that there may be very significant factors contributing to resource depletion outside the day to day

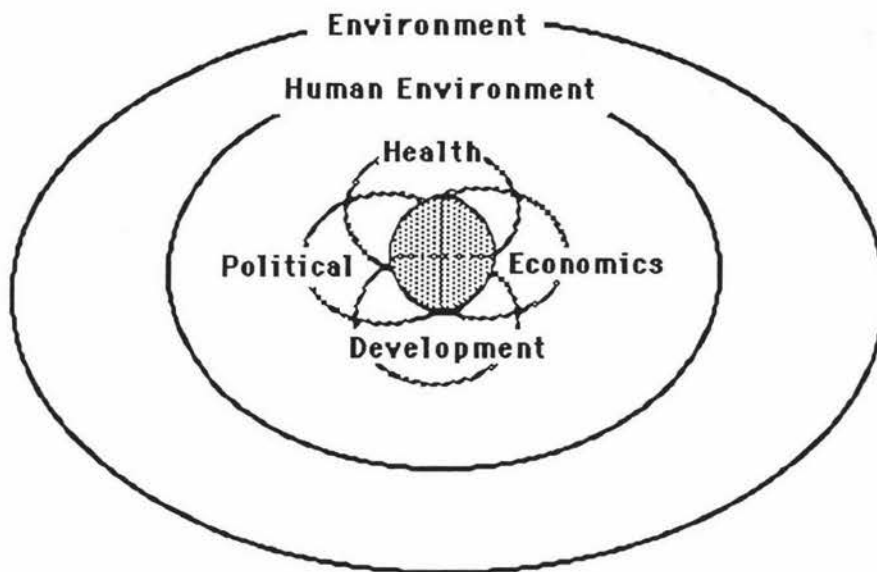
⁸⁵ According to Perrings, "since productive assets include the resources of the natural environment, it follows that a necessary condition for the protection of the consumption possibilities open to future generations is that the value of the produced man-made capital stocks plus the value of the resources of the natural environment should not be declining". Perrings, Charles (1994) "Sustainable Livelihoods and Environmentally Sound Technology", *International Labour Review* vol.133, no. 3, p 307.

⁸⁶ Huynh, F. and Stengel, H.(1993) "Sustainable Development: Challenges to a Developing Country" in Than, Mya & Tan, Joseph L. H. (eds) *Vietnam's Dilemmas and Options*. Singapore: Institute of Southeast Asian Studies, p265.

subsistence activities of the people, for example the appropriation of land or other environmental resources for commercial exploitation.

Given this information I present the following concept which encapsulates this discussion so far.

Figure 9. Interrelationship of Factors in Human Development



The diagram visually links what I am trying to do when I describe the nature of the total environment and enunciate the importance of integrated development policies and practice.

Sanitation, a Fundamental Issue of Health, Development and the Environment.

I have focused specifically on sanitation in my research as in my view it is a basic human need which highlights explicitly the interrelationship of policy goals surrounding health, development and environment. In terms of social and environmental sustainability, safe water and sanitation are core ecological components affecting national economic and environmental health. According to the World Health Organisation, diseases related to unsafe water supply and poor sanitation rank among the top three major causes of morbidity and mortality in developing countries.⁸⁷ The unparalleled effectiveness of providing public water and sanitation to combat disease⁸⁸ was established by Chadwick in nineteenth century Britain⁸⁹. Chadwick also emphasised disease as a cause of continued and worsening poverty.⁹⁰ Harrison discloses that the poor are grossly discriminated against when poor public water and hygiene management accentuates their poverty through disease.⁹¹ This evidence has been supported by many writers, for example May, Phillips, Morgan, McKeown, Jackson, and Streeten.⁹² Provision of clean water can save more lives than any other single measure, yet governments continue to spend more on doctors and hospitals.

⁸⁷Streeten, Paul (1981) *First Things First: Meeting Basic Human Needs in Developing Countries*. New York: World Bank/Oxford University Press, p139.

⁸⁸As Rene Dubos noted, it is a myth that the decline in death rates over the last century (in Europe) had anything to do with laboratory medicine, as many diseases had virtually disappeared before germ theory had been developed and applied. He wrote; 'when the tide is receding it is so easy to have the illusion that one can empty the ocean by removing water with a pail'. Rene Dubos (1959) *Mirage of Health* in Jones, Kelvyn & Moon, Graham (1987) pp 23-27.

⁸⁹Chadwick, Edwin (1842) *The Sanitary Conditions of the Labouring Population of Great Britain.*, discussed in Brockington F (1985)*The Health of the Developing World*. Lewes, Sussex: The Book Guild Ltd, pp 35-36.

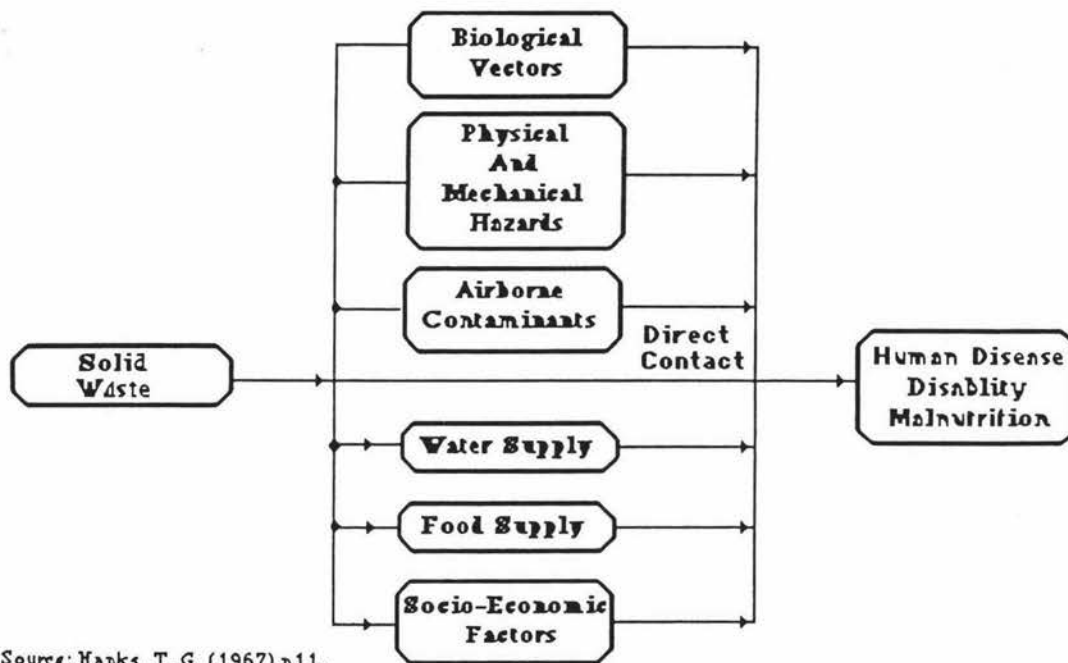
⁹⁰ibid, p35.

⁹¹Harrison, Paul (1979) *Inside the Third World.: the anatomy of poverty*. Harmondsworth: Penguin Books, p290.

⁹²May, J. M. (1958) *The Ecology of Human Disease*. New York: M. D. Publications; Phillips, David R. (1990) *Health and Health Care in the Third World*. Essex: Longman Scientific & Technical; Morgan, M. T. (1993/4) *Environmental Health*. USA : Brown Communications Inc.: McKeown, T. (1985) "Looking at Disease in the Light of Human Development", *World Health Forum* 6, pp 70-75; Jackson, Ben (1990) *Poverty and the Planet: A Question of Survival*. Harmondsworth: Penguin Books; Streeten, Paul (1981) *First Things First: Meeting Basic Human Needs in Developing Countries*. New York: World Bank/Oxford University Press.

Polluted drinking water transmits cholera, typhoid and dysentery. One of the main sources of pollution is inadequate excreta disposal. Other sources of pollution are wastes generated by industry and agriculture. The environmental relationship between solid waste and human disease is comprehensively demonstrated in a detailed scientific report concluded by the US Public Health Service back in 1967.⁹³

Figure 10. Solid Waste/Human Disease Pathways (postulated)



Source: Hanks, T. G. (1967) p11.

Below is a list from Morgan⁹⁴ showing the four human lines of defence against disease. The list points to important environmental health management and practice areas that are essential to combat the human risk of environmental-related disease.⁹⁵

⁹³Hanks, T. G. (1967) *Solid Waste/Disease Relationships: a literature survey*. Cincinnati: US Department of Health, Education & Welfare.

⁹⁴based on the ideas of Chadwick; see above discussion.

⁹⁵Morgan, M. T.(1993/4) *Environmental Health*. USA:Brown Communications Inc.

Figure 11. Health Practice and the Role of Environmental Health

- | | |
|--|---|
| <p>1. Human's First Line of Defence Against Disease (Environmental Management)</p> <ul style="list-style-type: none"> A. Water Quality Management B. Proper Human Waste Disposal C. Solid and Hazardous Waste Management D. Rodent Control E. Insect Control F. Milk Sanitation G. Food Quality Management H. Occupational Health Practice I. Interstate and International - Travel Sanitation J. Air Pollution Control L. Environmental Safety and Accident Prevention M. Noise Control N. Housing Hygiene O. Radiation Control P. Recreational Sanitation Q. Institutional Environmental Management R. Land Use Management S. Product Safety and Consumer Protection T. Environmental Planning | <p>2. Human's Second Line of Defence Against Disease (Public Health and Preventive Medicine)</p> <ul style="list-style-type: none"> A. Proper Nutrition B. Good Personal Health Practice C. The Body's Reflexes, Chemicals and Barriers? D. Routine Health and Dental Check-Up E. Application of Health Education F. Other <p>3. Human's Third Line of Defence Against Disease (Public Health and Preventive Medicine)</p> <ul style="list-style-type: none"> A. Phagocytosis (a natural process) B. Immunity (active and passive) <p>4. Human's Fourth Line of Defence Against Disease (Curative Medicine)</p> <ul style="list-style-type: none"> A. Surgery B. Administering of Medication and Radiation C. Diagnosing by means of various Lab Methods D. Corrective Dentistry E. Corrective Therapy (i.e., speech, hearing, respiratory) |
|--|---|

Source : M.T.Morgan (1994) *Environmental Health*.

As the Director of the US Bureau of Disease Prevention stated in 1967,

... maintaining the quality of the human environment "is potentially the most important technological challenge of our age." This challenge will go unmet as long as efforts to dispose of solid waste continue to cause extensive environmental pollution, place an incredible economic burden on the people..., and contribute to the spread of a host of human illness.⁹⁶

Health, Poverty and Underdevelopment

It has been recognised for some time in the field of epidemiology that the causes of even individual manifestations of ill-health are not singular but

⁹⁶Richard Prindle, Director, US Bureau of Disease Prevention and Environmental Control, quoted in Hanks (1967), p iii.

involve clusters of factors, including such factors as acculturation, alienation, and poverty. Every human disease and disorder can be visualised as centred within a "causal web" of contributory factors including characteristics of the physical, biological and social environment, innate (genetic) characteristics of individuals, and behaviours.⁹⁷

On examining the vicious cycle of poverty Harrison related hunger to debt and showed how poverty can be reinforced through sickness and disease,⁹⁸ which we have already seen in the case of sanitation, while according to Harpham, malnutrition is often both a cause and consequence of diarrhoeal sickness and disease.⁹⁹ Among the urban poor, the need to purchase (rather than grow) food has been identified as one of the most consequential factors responsible for high rates of disease and mortality.¹⁰⁰

As Lise Østergaard explains, in considering poverty we are dealing with a complex circuit of integrated, dynamic factors which are mutually reinforcing each other with an aggravating effect.¹⁰¹ Below is a model from Østergaard that enumerates the cycle of adverse effects poverty forces on women who are the most vulnerable.

⁹⁷Janes, Craig R., Stall, Ron and Gifford, Sandra (eds) *Anthropology and Epidemiology* (1986) D Reidel Publishing, Dordrecht, Holland, p.3. This approach ties in with the wider concept of the environment referred to elsewhere in this paper. It underlies all the paper's discussions of health and ill-health experienced by the Vietnamese people. It also points to areas which require further research to establish connections between the experiences and health status of different groups within Vietnamese society.

⁹⁸Harrison P. (1979) *Inside the Third World*. Harmondsworth: Penguin Books, p290.

⁹⁹Harpham, Trudy (1994) "Cities and Health in the Third World", in Phillips, David R. & Verhasselt, Yola (eds) (1994) *Health and Development* London: Routledge, p115.

¹⁰⁰Harpham, Trudy (1994) p115.

¹⁰¹Østergaard, Lise (ed) (1992) *Gender and Development*. London: Routledge, p113.

Figure 12. Vicious Circles of Poverty and Disease

A band of vicious circles spins through people's lives:

Poverty
 Malnutrition
 Chronic diseases
 Increased reproductive strain
 Fatigue and apathy
 Lack of education
 Poor income-generating ability
 Leading to increased poverty

The carriers of ill health may also be broken up into smaller circuits, as for instance:

High reproductivity	Or:	Low socio-economic status
Poor Health		Low self-esteem
High Infant Mortality		Reluctance to seek health care
Leading to increased pressure on reproduction		Chronic diseases
		Still more apathy
		Leading to still lower self-esteem

Source: Lise Østergaard(1992)

As Østergaard points out, reducing just one of the above factors may ease the situation, but influencing several of the elements through positive development initiatives which are directed towards the support of women may break the vicious circle.¹⁰² Her analysis closely resembles that of Price, who considers the vulnerability of mothers and their children to be multi-layered and who emphasises the synergistic relationship of infective, nutritional and parasitic diseases which she discloses act together to reinforce each other in an infection-malnutrition cycle.¹⁰³

In another context it is as Bromley and Gerry disclose; "... poverty is not merely a material condition, but also a complex of dependent attitudes: a lack of self-reliance, and even of self-respect...."¹⁰⁴ Having a sustainable livelihood

¹⁰²Østergaard, Lise (ed) (1992) *Gender and Development*. London: Routledge, pp 113-114.

¹⁰³Price, Penny (1994) "Maternal and Child Health Care Strategies" in Phillips, David R. & Verhasselt, Yola (eds) *Health and Development* London: Routledge, p139.

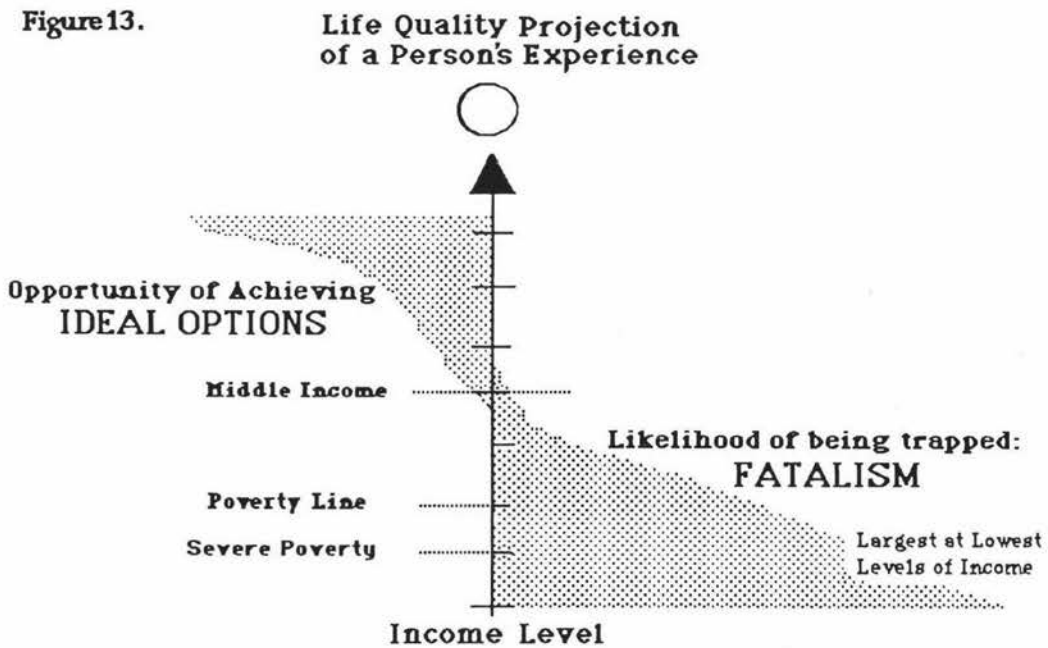
¹⁰⁴Bromley, Ray & Gerry, Chris (eds) (c.1979) *Casual Work and Poverty in Third World Cities*. Chichester: John Wiley & Sons, p13.

brings people greater self-respect and dignity to replace the powerlessness of poverty and economic insecurity, by giving them greater freedom to control their destiny.¹⁰⁵ Thus, a key indicator of wellbeing is a person's income opportunity.

Gandhi once said;

I must refuse to insult the naked by giving them clothes they do not need, instead of giving them work which they most sorely need.¹⁰⁶

In the following diagram I attempt to analyse a person's whole state of being through a framework that considers their opportunities and choices in life (represented on the left hand side of the diagram) as opposed to their lack of choice on the right.



¹⁰⁵Jackson, Ben (1990) *Poverty and the Planet: A Question of Survival*. Harmondsworth: Penguin Books, p184.

¹⁰⁶Quoted in Sten E Berg, Arun Gandhi and Sunanda Gandhi, *Experiments in Self-Help: Voices from Indian Villages*, HIDCA/Almqvist & Wiksell, Stockholm, 1984, p152, cited in Jackson, Ben (1990) *Poverty and the Planet: A Question of Survival*. Harmondsworth: Penguin Books, p184.

Here the severity of not having alternative choices demonstrated by the bottom right hand shaded area, may result in a person's fatalistic experience, through loss of spirit where depression may seriously contribute to a person's 'lack of will to live'.

The sun is dark, dark, dark, - as dark as my life. My life is sad, sad sad, like that of a stray dog at night. Smile? I've forgotten how to since I was a child. My faith has collapsed and my hopes are gone.¹⁰⁷

Income plays a critical role in this framework, as a lack of a real income restricts a person's mobility and freedom, accentuating a deficiency of options. By using the term income I do not intend to restrict my analysis to purely monetary values but rather infer the scope of a person's economic freedom, the choice in their ability to maintain their own health and life needs within the range of opportunities available directly within their environment. My conception parallels the perspective introduced by Chambers and Conway¹⁰⁸ who when evaluating livelihood also measure the tangible and intangible resources, both material and social, a person has access to.

Through my research I have found that in many countries, "fully employed" low income earners are not necessarily better off than those categorised as part-time employed or unemployed. What matters is overall income in the sense described above. By identifying who is 'just surviving on what' we accentuate categories not identified through conventional criteria, which are often therefore not correctly recognised under current economic frameworks. For instance, I consider that a large majority of the people categorised by a state as unemployed, are in fact chronically under-employed; that it is the labour market and not the people that lack the capacity to create opportunities to improve their incomes, hence their lives.

¹⁰⁷Lyrics of a song composed by a drug addict', in "Drug-Addiction (a Report)", *Vietnamese Studies* no. 66 (1981), p21.

¹⁰⁸Chambers, R. and Conway, G.R. (1992) *Sustainable Rural Livelihoods: Practical Concepts for the 21st Century*, pp7-12.

Here I introduce Bromley and Gerry's analysis which investigates the degree of security of a person's income opportunity, based on the degree of bargaining power or dependency on others they have for that income.

... even more important than absolute deprivation as a characteristic of poverty is the disadvantageous situation of the poor within the labour market. Within almost all societies, the poor tend to obtain the worst education and vocational training, and to have the least social status and connections to help them obtain stable remunerative income opportunities.... The poor tend to obtain the least remunerative and most precarious job opportunities....¹⁰⁹

Through Bromley and Gerry's focus, the source of a person's income is not as important as its degree of security. Through their framework, ways of living are simply seen as 'income opportunities', whether a person is working for others or is self-employed. Their analysis highlights that descriptions given to employment status often obscure the real nature of the income security involved.¹¹⁰

¹⁰⁹ *ibid* p12.

¹¹⁰ *ibid* pp 5-7.

Figure 14. Categories of Income Opportunities

Short-term wage

work:

- contracted by day, week, month, season or task.
- recognised as 'wage-work' by law but has no inbuilt worker benefits such as those found in long-term work conditions.
- equipment or production inputs are often provided
- there is no written contract.

Disguised wage work:

- as in 'outworkers', form of 'off the premises' employment where employer (firm) appropriates part of product
- type of subcontracting (commission sellers, vendors, etc) worker chooses their own hours of work
- equipment/productive inputs including loans are often supplied as a means to increase production further securing employees tie (subordination) to employer
- this work is not necessarily defined as employment in most countries

Dependent work:

- dependent on some form of credit. The monopolistic or oligopolistic supply of raw materials or merchandise for either sale or production.
- there is no fixed retail prices so there is no commission paid (street trader, taxi-driver etc)
- work is not necessarily defined as employment in most countries

True self-employed:

- person working independently, without engaging in wage-work
- not dependent on specific firms for livelihood but rather on general economic and social conditions (market mechanisms) particularly those of supply and demand.

Source: After Bromley & Gerry (c.1979) pp 5-7.

I develop this idea of security of income further through the thesis where I examine the position of homeless women working in the informal economy, the situation of self-employed waste workers collecting garbage both inside and outside of disposal dumps and the position of the Vietnamese labour-pool through the issue of employment.

Summary

In development whether we focus on social, economic or health indicators, the real impact of development on people and their environment needs to be first and foremost in our minds. In this discussion I have attempted to establish a people centred concept of health and development within a gender perspective. The central question is how people's needs can be identified and addressed in a manner that promotes their well-being on a long-term basis.

The process of economic development planning consistently fails to connect the above issues of health, life choices, equality and the human environment. I have attempted to direct attention to the psychological, spiritual, physical as well as the environmental inequalities that arise as a direct consequence when policies add weight to resource differences, further marginalising groups who may make up a majority of the population. Their invisibility or neglect means they benefit little from any increase of national economic wealth, or at worst, their health status further deteriorates. Development planning approaches still often lean on macro-economic calculations such as increasing GNP, rather than on specific ecological or human indicators. Planners themselves often underestimate the base value of critical social and ecological factors which do not reflect pure macro-economic evaluations.

For this reason it is always important to question the human reality behind a given set of indicators. The production of empirical data by governments and other agencies frequently becomes pragmatic and serves to conceal as much as reveal. Life quality index figures for example, at a village level are as fundamental to wellbeing as are those shown through a country's national statistics, and comparisons between population groups and geographical regions are extremely critical in the assessment of a country's wellbeing.

What is highly apparent in countries suffering from high infant mortality, low nutrition status, and high rates of disease, is that mainstream development and adjustment economic policies within these countries are not aimed sufficiently at grass-root levels, nor do they specifically alleviate the basic needs of women and children. Yet a large number of problems of

health and development would be reduced through policies that integrate gender, social and cultural considerations.

An integrated understanding of people's social and cultural background is central to this kind of approach. For this reason I turn now to consider the aspects of Vietnamese history and culture which I found to be most relevant to the present condition of Vietnam and its people.

Chapter III: Aspects of Vietnamese Cultural Heritage and Social Organisation

The following chapter does not deliver a comprehensive analysis on Vietnamese history, and nor is it particularly successful in the outcome of what I had attempted to originally explain. What this chapter does sign-post however is my process of discovery as I was forced to turn my attention to the importance of Vietnamese historical data. One reason for this was because the Vietnamese people have been exposed continually in political conflicts created by external forces, their own heritage was initially difficult for me to decipher. For this reason I gave up any short-cuts that I had attempted to exercise, and researched from the beginning (prehistory) within the small time-frame allowed. This process has assisted me greatly to develop new knowledge and understanding of social aspects of Vietnamese culture within a present day context.

A nation's system of thought, its ideology and ways of thinking are conditioned by its history. In relation to Vietnam I found it important to recognize that foreign intrusions impinged heavily on the historical evolution of Vietnamese civilization. While the Vietnamese had experienced brief historical periods of political, intellectual and spiritual development, their national and cultural heritage was more often conditioned by struggles against foreign invasions¹¹¹, in particular the 1000 year rule of the Chinese from 111 BC to 940 AD. For example major victories against the Chinese such as those of the Trung Sisters, (40-43 BC), Dame Trieu Au (248 BC), and that won at Bach Dang River (938 AD) symbolise to the Vietnamese people prominent times in the establishment of national identity.¹¹² Similarly the Ly-Tran dynastic period (1010-1400), the late Le Dynasty in the 15th century, and Tay Son Dynasties for a short period in the 18th century are celebrated as periods of united Vietnamese self-rule. The more recent Vietnamese victories over French, Japanese and American

¹¹¹See for example Ha Van Tan (1989) "Reflections on Vietnamese History and Systems of Thought", *Vietnamese Studies* New Series no. 24 (94), p8: "It seems that in the course of national history almost all the strength of the people was devoted to the defence of the country's survival."

¹¹²Truong Chinh (1989) "Reflections on the Spiritual Values of the Vietnamese", *Vietnamese Studies* New Series no. 24 (94), p74.

subjugation are portrayed as another chapter in the age-old struggle for self-determination.¹¹³

Early Civilisations in Vietnam

The settlement of Vietnam began an estimated 500,000 years ago with two anthropoids closely related to *Sinanthropus* (Chinese Man) that date to the Middle Pleistocene. Towards the end of the Paleolithic period, the Red River Delta, the cradle of early Vietnamese cultural heritage, had not yet silted. The existence of early Stone Age cultures was confirmed by the discovery of cave dwelling sites at Hoa Binh (immediately southwest of Hanoi) and Bac Son¹¹⁴. From the end of the Neolithic era (5000-6000 yrs ago) onwards, the Vietnamese entered the era of rice-cultivation and later deep-rooted wet-rice cultivation.¹¹⁵

The relatively recent discovery¹¹⁶ of the sophisticated Bronze Age Dong Son culture of about 1200 BC¹¹⁷ has enabled the Vietnamese to identify and therefore separate the origins of Vietnamese civilization before the influence of Chinese imperialism. This culture symbolises to the Vietnamese, a 'lost Vietnamese civilization' and compounds culturally the root of Vietnamese heritage.¹¹⁸ The Dong Son findings also show cultural ties between the Viet and the precursor of the Hindu Cham peoples, whose civilisation flourished in what is now central and southern Vietnam between the 2nd and 8th centuries AD.¹¹⁹

¹¹³Truong Chinh (1989), p75.

¹¹⁴Nguyen Khac Vien (1993b) *Vietnam - A Long History*. (Revised ed.) Hanoi: The GIOI Publishers, p8.

¹¹⁵Nguyen Khac Vien (1993b) *Vietnam - A Long History*, p9.

¹¹⁶The first Dong Son site was discovered in 1924, with most Vietnamese exploration occurring from 1959. Nguyen Khac Vien (1993b) *Vietnam - A Long History*, p12.

¹¹⁷Many of the sites have two or three successive cultural layers which in terms of a relative date, archaeologists hesitate to separate. Layers appear to span from the Bronze (late neolithic) period to the early Iron age. See Pham Huy Thong (1983) "The Dawn of Vietnamese Civilization: the Dong Son Archaeological Culture", *Vietnamese Studies* New Series no. 2 (72), p47.

¹¹⁸Pham Huy Thong (1983) "The Dawn of Vietnamese Civilization: the Dong Son Archaeological Culture", *Vietnamese Studies* New Series no. 2 (72), p45.

¹¹⁹Le Xuan Diem (1987) "Archaeology in South Vietnam Provinces Since 1975", *Vietnamese Studies* New Series no. 16 (86), p73. The descendants of these peoples still live in areas of central and southern Vietnam, though they are now predominantly Muslim. See Dang Nghiem

Vietnamese legends speak of communal groups who lived north and south of the Red River Delta region, and in the Kwangsi basin of (present day) China in ancient times. One legend speaks of the merging of the fifteen *bo* (tribes) and the chieftain of Van Lang (Land of the Tattooed Man) becoming hereditary *Hung Vuong* (Vuong means King).¹²⁰ The archaeological record suggests there may have been dynastic rule by these Hung kings in the north of Vietnam as early as 2000 BC.¹²¹

Position of Women in Early Vietnamese History

Given the distinct lack of historical data based on women in Vietnam, I found it extremely difficult to integrate a historical perspective on Vietnamese gender relations into this analysis. While I have some strong assumptions about how women's position changed through certain historical periods, I hesitate to use these assumptions without further subject analysis.

For example, while I am aware of Boserup's¹²² economic theory that the changing position of women throughout the world followed the introduction of the plough, I am not convinced that this was the conclusive factor influencing the absolute change of women's social position in the context of Vietnam. I found that the slow nature of technological developmental change that occurred in agriculture through early Vietnamese history contrasts with the constant ideological and religio-political changes influencing Vietnamese belief systems. I believe Chinese influences based on the Confucian system were more influential as an ideology, if not dominant, and occurred before the influence of the plough. My question in relationship

Van, Chu Thai Son & Luu Hung (1984) *The Ethnic Minorities in Vietnam*. Hanoi: Foreign Languages Publishing House, pp 234-243.

¹²⁰Pham Huy Thong (1983), p54.

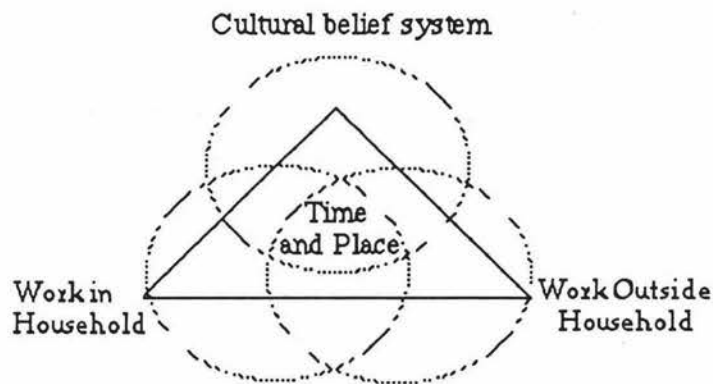
¹²¹Nguyen Khac Vien (1993b) *Vietnam - A Long History*, p15.

¹²²Boserup, Ester (1970) *Woman's Role in Economic Development*. New York: St Martin's Press.

to Boserup's theory is whether it considered the strength of cultural aspects alongside any datings of the introduction of the plough.

Given this perspective, I believe an examination that considers an historical framework based on a time-budget analysis between genders may redirect our analysis back to the household, and could provide historical cultural clarification on the way gender roles changed.

Figure 15. Spatial Relationship of the Changing Role of Gender Relations Over Time



The diagram above outlines the historical interchanging relationship of three factors which have influenced my own approach to the gender position of women in Vietnam. The framework seeks to identify the cultural dimensions of women's daily work in relationship to the household and outside it, based on time-budget analysis. The inter-relationship of these elements (as presented through the diagram) have changed frequently through the course of human history. However as mentioned above what is highly frustrating is the historical invisibility of women, as their socio-economic as well as political contributions have not been documented through the history of most cultures. In the following sections, therefore, I can only identify suggestive information on the historical position of Vietnamese women.

From the Bronze Age onwards the ancestors of the Vietnamese people had accomplished tidal irrigation and the use of the hoe, sickle and

ploughshare.¹²³ While a sexual division of labour is apparent, the status of women up until the late Dong Son periods was apparently more or less equal.

In Dong Son burial sites,

... the dead were buried together with implements, ornaments and pottery, and often in communal graves. Such equality in the dead reflects the possibility that class differentiation among the living had not yet appeared.¹²⁴

The equal position of women is also supported by the burial arrangements. Pham Huy Thong exclaims "even women, at least in the lower layer, were buried with weapons."¹²⁵

Vietnamese women are also celebrated as being the early agriculturists in Vietnam and as being the first to discover rice cultivation. From the story of Sao Chi;

One day, she discovered a grass with white grains, she picked off the grains and scattered them in the mud. More plants grew from them providing more grains.¹²⁶

Early temples also honoured women discoverers of other crops such as Lady Soya, Lady Mulberry and Lady Bean. Female and male gods were worshipped and divinities were presided over by three Goddesses of the Heavens.¹²⁷ This high regard for women found support through the later introduction of Buddhism and Taoism to Vietnam. Vietnamese Buddhism clearly upheld the worship of female divinities. However the status of women was challenged severely by Confucian values and practices under Chinese rule from 111 B.C.¹²⁸ as I will discuss below.

¹²³ Though the metal plough appears to have been used in China as early as the last century BC its entrance into Vietnamese society was slow.

¹²⁴ Nguyen Khac Vien (1993b), p11.

¹²⁵ Pham Huy Thong (1983), p58.

¹²⁶ Mai Thi Tu and Le Thi Nham Tuyet (1978) *Women in Vietnam* Hanoi: Foreign Languages Publishing House, pp13-14.

¹²⁷ Wiegersma, Nancy (1988) *Vietnam: Peasant Land, Peasant Revolution*. New York: St Martin's Press, p28.

¹²⁸ Nguyen Khac Vien (1993b), p20.

Significance of Early History for Modern Vietnamese

Early history thus confirms a number of important facts for the Vietnamese;¹²⁹ a) that continual development of Vietnamese society depended essentially on internal rather than external factors from the Stone Age through to the Metal Age; b) that it was through the course of this human development and the production of agriculture that the need for water-control prompted the installation of a central form of organised control; and c) that it wasn't until the end of the 1st millennium BC that the Vietnamese through the gradual migration of the Chinese were confronted with Confucian values which included feudalism and the subjugation of women.

The Beginnings of Confucian Patriarchy in Vietnam

In the 3rd century BC the Han people came to power forming a feudal empire that unified China. Their armies spread southwards and conquered the state of Nam Viet, which had formed with the merging of the Van Lang and Au Lac territories, and occupied an area that is now part of Southern China and northern Vietnam. Vietnamese customs were suppressed, and Chinese customs, rites and institutions were implemented by force. Taoist and Confucian values were pressed together with the Chinese language, to consummate Han political and social control. Based on human moral obligation, the ideology of Confucian doctrine specifies absolute loyalty to the king, 'Son of Heaven', who rules not only human society but also the kingdom of the gods.¹³⁰

The economic and political decline in women's social status can be clearly linked to the influence of Confucianism through the Chinese overlords in the early centuries AD¹³¹. From the late Dong Son period this is shown progressively by the position of women in burial sites. The disappearance of women being buried with their weapons parallels evidence relating to marriage. Daughters were given away by their fathers, and their buried position changed dramatically. In later burial sites for example, the burial

¹²⁹Nguyen Khac Vien (1993b), p19.

¹³⁰Nguyen Khac Vien (1993b), pp 21-22.

¹³¹The first Chinese occupation lasted until 938 A.D.

positions of women were placed according to their roles as wife, daughter or concubine.

Vietnamese women resisted these differentiated roles, particularly concubinage, as impositions of the Chinese. For example, Lady Trieu, a military woman who led a celebrated rebellion against the Wu Chinese administrators in 248 AD, riding an elephant into battle, exclaimed against overall Chinese oppression and in particular serfdom and concubinage:

I'd like to ride storms, kill sharks in the open sea, drive out the aggressors, reconquer the country, undo the ties of serfdom, and never bend my back to be the concubine of whatever man. ¹³²

However, despite the resistance shown by Vietnamese women in particular the Confucian philosophy became one of the most influential thought systems in Vietnam, particularly through the powerful mandarin class who acted as governors and advisers under the ruler. It formed the basis for the relationship between the ruler and the subject as well as hierarchical relationships between family members, asserting that there was only one right way for these relationships to be constituted. In classical Confucian thought, human feelings or love of the people (*nhân gia nhân gia*) must correspond to a certain hierarchy: father's *tu* (fatherly love), the son's *hieu* (filial piety); the elder brother's *huu* (friendly feeling), the younger brother's *de* (respectful love); the husband's *nghĩa* (devotion to duty) the wife's *thuan* (obedience); the king's *nghĩa* (humanity), the subject's *trung* (loyalty). ¹³³

Other Influences on Vietnamese Belief Systems

Vietnam lies at the hub of a geo-political crossroad where knowledge, religion and political trends have historically been shared between cultures of southern, western and eastern Asia. During its early history, versions of Confucianism, Buddhism, and Taoism were carried into Vietnam as people

¹³²quoted in Nguyen Khac Vien (1993b), p26.

¹³³ Dao Duy Anh (1989) "On Confucianism, Taoism, and Buddhism in Vietnam", *Vietnamese Studies* New Series no.24 (94), pp27-28. For a fuller description of the complexities of Confucian doctrine as it applied to Vietnam, see the whole article and Nguyen Khac Vien (1989) "On the Historical Role of Confucianism", *Vietnamese Studies* New Series no. 24 (94), pp 67-72.

inter-mingled. These strands of thought were interwoven with the pre-existing animist and ancestor-worshipping beliefs.¹³⁴

Patriotism historically is a principal value that has filtered in many ways the character of ideologies at different times within Vietnam.¹³⁵ The national spirit of the Vietnamese is a deeply felt sentiment born out of a nation formed long ago.¹³⁶

The relationship between the different thought systems in Vietnamese history is complex and in some cases confusing (for example the alliance between followers of the supposedly unworldly and ascetic Buddhist philosophy with the feudal aristocracy)¹³⁷. I am here only sketching the main dimensions of each to give an overview. Here I also concur with Nguyen Khac Vien, that in scanning history it is critical to perceive the personalities of those responsible for projecting thoughts.¹³⁸

Buddhism is believed to have arrived in Vietnam before the Chinese occupation via the coastal sea route between India and China, but its evolution in Vietnam was governed by Chinese versions of the doctrine.¹³⁹ Originating in opposition to the Indian Brahman caste system, and preaching compassion, reincarnation and non-materialism,¹⁴⁰ Buddhism was particularly adverse to the accumulation of wealth and the social division of class relations. As more than eighty percent of the Vietnamese population has historically always lived on the land,

¹³⁴Vietnamese scholars have continually sought to assert that there is a distinctly Vietnamese culture, while acknowledging the influence of borrowed or imposed ideas. See for example the discussions of Dao Duy Anh, Nguyen Tai Thu, Tran Dinh Hou and Truong Chinh in *Vietnamese Studies* New Series no.24 (94), published in 1989.

¹³⁵Ha Van Tan (1989) p9.

¹³⁶Truong Chinh (1989) "Reflections on the Spiritual Values of the Vietnamese", *Vietnamese Studies* New Series no. 24 (94), pp 73-80.

¹³⁷ See Nguyen Khac Vien (1993b) pp 32, 36, 51-2, 54-5, and Wiegersma (1988), p34.

¹³⁸Nguyen Khac Vien (1989) "On the Historical Role of Confucianism", pp 69-70.

¹³⁹Tran Dinh Huou (1989) "Vietnamese Thought: Some Characteristics", *Vietnamese Studies* New Series no. 24 (94), p56

¹⁴⁰Nguyen Tai Thu (1989) "The Roles Played by Confucianism, Taoism and Buddhism in the Shaping and Evolution of National Cultural and Spiritual Values", *Vietnamese Studies* New Series no. 24 (94), p51.

Buddhism became intertwined with the traditional and nationalist feelings of the Vietnamese, and Buddhists honoured Vietnamese national heroes like the Trung Sisters.¹⁴¹

Unlike the patriarchal values found in Confucian philosophy, Buddhism provided comfort to the daily hardships and life experienced by women. At a village level it also provided comfort to men who were not involved directly in Confucian officialdom and therefore who felt degrees of this hierarchical oppression.

Taoism came to Vietnam during the late Han period. In the first 10 centuries during Chinese feudal rule various mystical forms of this doctrine penetrated into the land. According to Lao-tse, its founder, heaven, earth and man have the same kind of existence, and develop according to its laws which may be called *Tao*, being the way into the universe. Taoism held that life is but a dream, that one should be satisfied with what one has (*tri tuc*, knowing that is enough); as a political as well as a philosophical doctrine, it recommended *vo vi* (non-intervention) in government and letting nature take its course; it stood for "softness" and "no struggle". But it also held that "the weak may defeat the strong, the soft may triumph over hard," which parallels on a elementary level with Vietnamese military thought since ancient times. Paradoxically at times when peasants revolted¹⁴², Taoism often played a major role in the calls of rebellion.

After Vietnam regained independence under the Ly (1010-1225) and Tran (1225-1400) dynasties, Taoism and Buddhism flourished. In official administrative examinations the subjects to be treated by candidates were related to Taoism and Buddhism as well as Confucianism¹⁴³. During the Dynasty periods, political power structures based on religious ethics rose and fell. Buddhism was promoted as Confucian scholars fell from favour because of the influence Confucian values had had on Vietnam during the previous periods of Chinese rule. However, ultimately Confucian values were of such

¹⁴¹Wiegersma (1988), p30

¹⁴²There were numerous popular revolts against royal power in the Le (1428-1788) and Nguyen (1802-1945) dynastic periods, and in the period of the French colonial rule: see Nguyen Khac Vien (1993b) pp 89-97, 100, 173-5, 207.

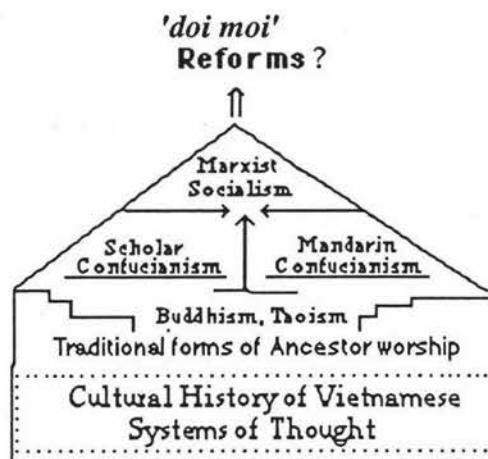
¹⁴³Dao Duy Anh (1989), p38.

use to the rulers that they were officially adopted even by Vietnamese rulers.¹⁴⁴

Those values, based as they were on a concept of ideal social organisation, paved the way for the rapid adoption of Marxist-Leninist ideas in the twentieth century. "Like Confucianism, Marxism was a social morality ... it was also a science that described the progress of society through history".¹⁴⁵

The following diagram encapsulates the preceding overview of the historical development of Vietnamese belief systems.

Figure 16. Basic Historical Patterns of Vietnamese Systems of Thought.



¹⁴⁴Nguyen Khac Vien (1993b) pp 49-55, 72-74.

¹⁴⁵Fitzgerald, Frances (1972) *Fire in the Lake*. New York: Atlantic - Little, Brown, p215.

The Evolving Communal Village

Early social structures were primarily based on the communal tribal family.¹⁴⁶ All families belonged to an extended tribal based family system with strong matriarchal elements beside patriarchal ones. Within the period of the Hung dynasty (ca. 2000 - 258 B.C.) a number of these tribal families gradually merged to form regional tribal villages.

These transformations resulted in changes in the social structure. A kind of village commune which continued to take blood ties into account, replaced the primitive commune and became the basic social unit (*chieng or cha*). Such communes were grouped into *muong* and in larger organisations *bo* or *bo lac* (tribe).¹⁴⁷

Wet-rice cultivation and the people's struggle to protect their crops against heavy flooding during summer monsoons created an increasing demand for them to collaborate with one another regardless of any resentment or on-going familial disputes. The need for water control fuelled a new structural process of political, social and cultural development producing a system of collective support under a centralized organized form of control.¹⁴⁸

In agriculture, women lost status through a gradual process.¹⁴⁹ Improved agricultural and better irrigation methods overlapped with older ones. Increased water control followed the introduction of the metal plough drawn by the water buffalo. Production outputs reached higher levels, which initiated the expansion of cultivated land, which in turn intensified labour divisions between men and women by segregating males as the main productive force.

The Traditional Village and the State

Throughout early Vietnamese history, the organisation of village resources co-existed with the interests of the ruler of the country through both law and

¹⁴⁶See Wiegersma (1988), pp 26-27.

¹⁴⁷Pham Huy Thong (1983), p66.

¹⁴⁸Nguyen Khac Vien (1993b), p16, Wiegersma (1988), p3.

¹⁴⁹Pham Huy Thong (1983) "The Dawn of Vietnamese Civilization: the Dong Son Archaeological Culture", *Vietnamese Studies* New Series no. 2 (72), p61.

custom. The ruler did not deal with individuals but whole villages. Village outputs were divided at a village level in set proportions, some of which was allocated to the central authority. The ruler as the protector of lands nominally owned all lands, however the village had customary rights over certain lands which were collectively administered and belonged to the village. This process follows a Vietnamese proverb which says; *Phep vua thua le lang* (the law of the ruler yields to the custom of the village.)¹⁵⁰

As new villages formed they each received a guardian spirit from the monarch which symbolised the protection of the kingdom and state. In return for their protection male citizens (later listed on the village rolls as males between 18 years and 60 years) of the village were obliged to pay taxes to the monarch. In later periods they were also obliged to serve in irrigation and public work programmes, and the military. In terms of development these work programmes were vital economic services that the state organised for the village at both local and provincial levels. Taxation was collected by the early state from the village and not directly from individual families. Collections at village level usually followed the customs of each village. The sum of these was determined according to the output of the fields. In times of hardship, these taxes were lowered if not cancelled during the crisis.¹⁵¹

The Traditional Communal Land System

At this point I use a visual model of the Vietnamese village economy taken from Wiegiersma. While this construction is based on an ideal village between the fifteenth and mid-nineteenth centuries, I use its form broadly to indicate the nature of the Vietnamese land system in general. In essence the model points directly to underlying relationships of production and the method of exchange used I believe throughout many stages of history. I note however that the details of this land-system developed slowly over time.¹⁵² Specifically I am inferring that the system itself reflects the fundamental

¹⁵⁰Wiegiersma (1988), p53.

¹⁵¹Wiegiersma (1988), pp 51-2.

¹⁵²From my research I have found that this system has taken many forms through the centuries but maintain that fundamental indigenous structural elements grew stronger at least until French colonialism.

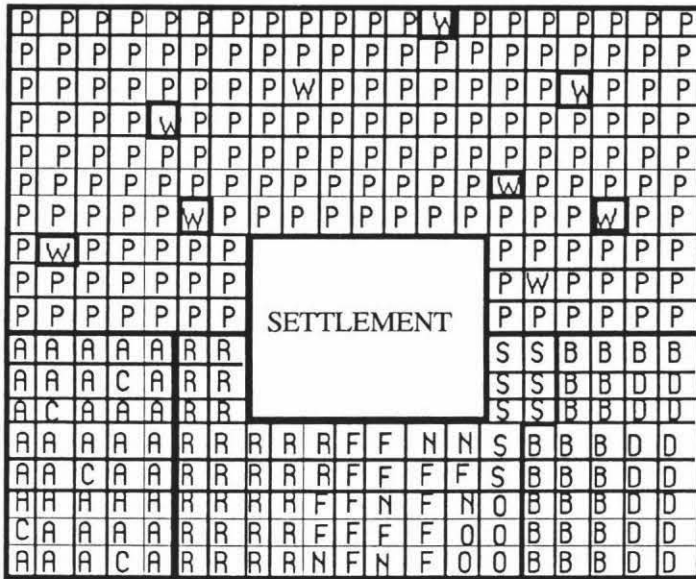
elements which uniquely describe the national goals of the Vietnamese themselves.

The model demonstrates centrally the structure of communal organisation which I feel is the key to appreciating the effects of colonial and subsequent land reforms through to the modern era.

Figure 17.

An Idealised Version of Land Distribution in the Traditional Vietnamese Village

1 Tu Dien and Tu Tho P = Regular Patrimony W = Worship-property



II Cult and Association Land
 C = Cults
 A = Associations

III Cong Dien and Cong Tho
 R = Khu Phan
 N = Notables
 F = Functionaries
 S = Soldiers' Families
 O = Widows and Orphans

IV Tu Dan Dien and Tu Dan Tho
 B = Cult of Buddha
 D = Cult of the Village

Village lands were divided into two main categories: those lands divided between families, and those used for communal purposes. Among these lands were the important rice lands called *dien* and those used for secondary crops called *tho*.

Tu dien lands were family lands and symbolise the heritage of a patriarchal family. Three years after the death of a custodian (usually a male parent), these lands would be divided between the sons and daughters, often almost equally. The eldest son, having a special family role of *truong toc* (administrator of the family lands) would receive a larger share, with the added *huong hoa* land which is the family's patrimony and represents the continuation of cult worship of ancestor lands for the family. The size of these *huong hoa* lands is not as important as their religious attachment to the family.¹⁵³ While he gains the produce of these lands, the eldest son is responsible for the up-keep and expense of his family's graves and could not for any reason dispose of the *huong hoa* land, nor leave the village.

Tenure customs intertwined in 'the perpetuity of landed patrimony.'¹⁵⁴ The right to harvest the family worship property could be leased, even put forward to pledge a loan, but the land itself could not be bought or sold because as the patrimony, it belongs to the ancestors and their descendants.¹⁵⁵

The family's responsibilities for *tu dien* lands are connected to a number of social obligations: to the ruler or state, through land taxes; to the whole family where the remaining income is divided by the patriarch; and to the village, as these lands were not to be left fallow. If the family left the village, cultivation guardian rights were given to another patriarch. If a family became extinct then their land reverted back to the village and another family would be given responsibility for the ancestral cult of the deceased family.

To accommodate the operation of lands, '*thien back nien chi ke*' (to make the work last for hundreds of thousands of years), communal lands were divided collectively into two categories, those of the state, the *cong dien*, and those held under the superiority of the village, *tu dan dien*.. Both of these categories were redistributed periodically among villagers through a process

¹⁵³To the Vietnamese the memory of their ancestors is an essential part of their patriarchal attachment to land. Ancestor worship is a religious practice where immortality is achieved through descendants and their remembrances rather than their survival in spiritual form. Through human memory and the expression of customary ceremonial rites the family ensures the veneration of the deceased.

¹⁵⁴Wiegersma (1988) p54.

¹⁵⁵ibid.

of special rules. However once a piece of land was committed for a particular purpose, it usually remained for that purpose unless the villagers felt the need for it to be used otherwise.

Cong dien land shares were known as the *khau phan* (ration). Extra *khau phan* were given to notables, or mandarin functionaries in reward for their village services. To serve village ceremonies there were also the *tu dan dien* and *tu dan tho* rations, which came from ceremonial specific land allocated to the responsibility of groups within the village. In the model above these are expressed as "cult of the village" and "cult of Buddha".

The structure of village rolls determined how communal lands and incomes from them were distributed. The rolls were divided into two categories¹⁵⁶ and indicated the importance of male villagers in the order of their hierarchical rank and heritage. On the other hand, while *khau phan* was allocated through hierarchy, *cong tho* (non-rice lands) were in some villages selected in reverse. The people lowest on the list could gain access to the best *cong tho* lands.

This land system provided an overall procedure for insurance and cooperation; for an additional village budget which supported the communal expenses such as rituals and religious ceremonies; and for a social security system that took care of the minimum needs of all citizens in the village and their families.¹⁵⁷ An example of village welfare is shown through the village storage system. After every harvest, additional rice was stored collectively by the village in case of an emergency. The rice was then rationed among villagers in times of hardship or crisis.

Given that I have made these specific points on the Vietnamese system I now briefly contrast this system with that of the introduction of the Chinese. Here

¹⁵⁶The *so hang xa* village list had no central authority while the *so dinh* was a tax list. The *so hang xa* accommodated the distribution of *tu dan dien* and *tu dan tho* lands and provided funds for village rituals and ceremonies while the *so dinh* lands were used to determine other divisions of income between communal lands: ie though there was more than one supplementary association of *so dinh*, this list principally itemised the way *khau phan* was divided between village males and reflected the hierarchical expression of the *so hang xa*. Women were never included on the *so hang xa* lists.

¹⁵⁷Wiegersma (1988), p60.

the interest lies with the way the Chinese broke the Vietnamese system up into smaller plots and privatised land. This change holds a key to understanding the way land tenure systems changed as private lands were later sold during the period of French colonialism.

During Chinese rule of Vietnam, 111 BC-940 AD, the character of the Vietnamese village land system was altered but not completely changed. The Chinese promoted a more controlled centralised village ruled by peasant patriarchs but did not establish a completely individualistic system. Villages continued to hold communal lands and redistribute them. However it was in this period that peasant private property (*tu dien*) was established. Wiegiersma suggests¹⁵⁸ that the form of the Vietnamese village at this period was recognised by the Chinese as largely corresponding with an idealized system of tenure described in an ancient Chinese book of rites, the *tcheou*.

tsing (in Vietnamese tinh)	Chinese royal and seignorial estate land were divided into nine smaller ones
sseu-tien (tu dien)	Eight of these plots assigned as individual peasant lands and cultivated collectively by eight families.
Kong-t'ien (cong dien)	These families had to also cultivate the centre plot or public rice fields

Prior to Chinese intervention the Vietnamese had little use of sseu-tien (tu dien) holding as in the assignment of private or individual lands

It is notable that under this system, even though the *ssieu-tien (tu dien)* was nominally assigned to a single family, it was worked collectively. The Vietnamese village system of mutual assistance and coordinated labour clearly resembles this closely. It is through this system however that at village level, patriarchal sovereignty governed by Confucian philosophy displaced pre-existing family and village power arrangements.¹⁵⁹

While historically villagers have many times exercised a high degree of autonomy, there were clear inequalities between members of the village community. Women were excluded from village elections, and were

¹⁵⁸Wiegiersma (1988), pp 31-2.

¹⁵⁹Women continued to sow, plant and weed but their socio-economic position became increasingly inferior as a result of a Confucian system that legitimated the rising of male status.

prohibited to participate in village affairs. Economic and political village business became male business and they held important ceremonies in the *dinh* house (house of the village guardian spirit). Notables (village leaders) were males chosen for their wealth and age, which was associated with respect and wisdom.¹⁶⁰

As the Vietnamese regained their own national sovereignty under the Ly and Tran dynasties (11th to 14th centuries AD), the basic village structure survived largely unchanged, despite major alterations in the wider socio-political environment. "The larger part of the land ... belonged to the villages ... Communal land was periodically distributed among the villagers, under the direction of notables, naturally in a manner profitable to the latter."¹⁶¹ The main trend was the continued consolidation of power at village level in the hands of peasant patriarchs.¹⁶²

However, for certain areas and those who lived in them, the early dynastic period was one of subjection. The kings distributed some lands directly to members of the royal family and high-ranking dignitaries as fiefdoms or personal domains; although these lands were able to be reclaimed by the king, some of them were run almost as miniature slave-states, particularly those where the peasants had no direct obligations to the king (Vien calls these "fiefdoms"). Furthermore, some nobles and dignitaries took to extending their sphere by seizing more lands. In the same way, some powerful individuals at village level started to treat land as a personal possession capable of being traded.¹⁶³ The roots of the collective organisation of land were deep however, and the system persisted. As Wiegersma describes, communal land tended to become private land at times when the central government was weak and could not protect the village, but the collective element would be reasserted when a new ruler came to power and confiscated the larger landholdings which had been built up under the previous one.¹⁶⁴

¹⁶⁰Wiegersma (1988), p53.

¹⁶¹Nguyen Khac Vien (1993b), p32.

¹⁶²Wiegersma (1988), p34.

¹⁶³According to Nguyen Khac Vien, a class of peasant owners arose as early as the 11th century, when the Ly dynasty had to legislate for the sale and purchase of land.

¹⁶⁴Wiegersma (1988), p50.

While this Vietnamese tenure system gave aristocratic members access to power and wealth, it did not give these aristocrats automatic property rights. All lands remained the property of the emperor, and reverted back to the state after the holder died unless the emperor decided otherwise. As Wiegersma points out this is particular to the Vietnamese system and differentiates it from the Western feudal system which it otherwise resembles.¹⁶⁵

Under the Le dynasty (1428-1524) a vast programme of land redistribution and regulation was instituted, among other reforms¹⁶⁶ following a brief but harsh period of Chinese rule. The country was organised into *dao* (regions), provinces, districts and villages.¹⁶⁷ The Le also launched a campaign over Cham territories to the south, which increased the acreage of rice cultivation and reproduced social structures dominant in the north at the expense of the Cham culture. For the Vietnamese this meant a homogeneous village chain of rice cultivation stretched from Chinese border to the Gulf of Thailand. Unlike the domain lands of the Tran period, mandarins benefiting from the estate could only collect land rent, but not do as they pleased with the peasants themselves, who were subject to the authority of the state.¹⁶⁸ This improved the status of the peasant producers who had previously been vulnerable to heavy exploitation as a result of decentralized forms of administration. Notably, the creation of private estates (areas of land large enough to require continuous hired labour or renting) was forbidden, as was usurping communal property.¹⁶⁹ State rent charges were lower generally than those previously paid to landlords. They were reduced to less than 10% of a man's *khau phan* (share of the *cong dien*).¹⁷⁰

As Wiegersma tells us however, imperial laws were not always administered down to the village level.¹⁷¹ The reforms that took place were not necessarily

¹⁶⁵ Wiegersma (1988), p33.

¹⁶⁶ These included a complex legal code, copper coined monies, a standardized measuring system (length, weight, volume, and area) used for trade of certain goods, promotion of art, literature and education and the advancement of agriculture.

¹⁶⁷ Nguyen Khac Vien (1993b), p71.

¹⁶⁸ Nguyen Khac Vien (1993b), p69.

¹⁶⁹ Wiegersma (1988), p37.

¹⁷⁰ Wiegersma (1988), p36.

¹⁷¹ Wiegersma (1988), p36.

standardized and therefore do not necessarily reflect the actual reality within a historical framework. Where the emperor had little support, it manifested the way regulations were implemented and practiced through the administration down to a village level. For this reason, as Wiegersma implies, we can only gain an informative impression that provides a key to the patterns of social, economic and political structures telling us of how the distribution of lands were organised.¹⁷²

Production Relations

Mutual labour assistance among Vietnamese village workers has its roots in the traditional village. It is a labour structure that is culturally specific to the Vietnamese village, and reflects how the Vietnamese neighbourhood historically organised itself over communal lands, at a family village level.

The control of the village and village work was divided among the village notables or mandarin officials and the family heads of the village. Notables and village officials organised the collection of taxes, kept village lists, determined the allocation of land and controlled the village treasury. Others supervised the agricultural water and public works programmes and the requisition of labour. Mutual assistance teams on the other hand were allocated to male and female heads.

The ploughing and preparation of fields was male work, supervised by male heads, and is the only part of the agricultural production that was individualized, or not done through a group process. Harvesting was done by both male and female labour and was also organised by the patriarch. Women worked in village households, and together in kitchen gardens. Child labour was used to assist household labour, and was supplied by a family's biological or adopted children. Sometimes where a family had been economically successful, or where a first wife had been unable to provide children, a man increased his workers through polygamy. In traditional Vietnam however this was not a common way to acquire workers, and was practiced more often by rich or high-ranking officials.¹⁷³

¹⁷²ibid.

¹⁷³ibid, p61.

In agriculture, women were organised by female heads into neighbourhood teams which were responsible for the transplanting of rice. Once the rice fields were drained of water, the replanting processes had to be executed quickly so the seedlings did not suffer. While men prepared the seedlings and brought them to the women working in the fields, it was the women's job to transplant them. These teams of women were often made up of women with common ancestry or who shared religious bonds within a neighbourhood.

Unique to Vietnam, the *cong dien* lands which were allocated among the male inhabitants, were cultivated in groups rather than by individuals. Labour techniques were intensive and because of this labour teams were organised into those required through the planting time and those during the harvest. During harvest times, reciprocal exchanges integrating family labour teams with those of migrant village labour were used between villages as the time margin was different throughout the regions.

When they were not working in the paddy fields villagers supplemented their incomes with the making and merchandising of handicrafts. Villages often specialised in one part of a product, creating complex labour divisions.¹⁷⁴ In this way villages traded with one another, but the specialized knowledge necessary for the process of these products was often kept secret within a village, so as to protect its security.

In the Confucian system of beliefs trading was considered a lowly occupation for male heads and their sons, compared to occupations in farming and agriculture. This is one reason why the small trading of local products was left to peasant women.¹⁷⁵ Women marketed outside the boundaries of the village.¹⁷⁶ This was predominantly to keep strangers and vagrants outside of village boundaries because they were not considered part of the village community.

¹⁷⁴ According to the field observations of geographer Pierre Gourou in the 1920s-30s, one village might produce native gold and silver ingots while another may specialise in the bamboo strips (*nau*), used in the framework to carry the gold. Quoted in Wiegersma (1988), p63.

¹⁷⁵ Wiegersma (1988), p63.

¹⁷⁶ Markets were usually spaced along roadsides and in open fields or along crossroad intersections outside the main village.

Traditional credit or borrowing institutions in Vietnamese society did not usually involve the provision of capital for investment.¹⁷⁷ Women traders for example often established monies for their merchant activities through a mutual assistance society rather than a commercial loan.¹⁷⁸ Borrowings very often reflected the immediate needs of the family, after a flood, famine, poor harvest or other natural misfortunes. The Vietnamese created an ingenious system whereby credit was available through the use of land.¹⁷⁹

In 1516 the first Portuguese sailors arrived at Danang and set up a commercial colony alongside those of the Chinese and Japanese. They were followed over the next century by Dominican and Franciscan missionaries, then French Jesuit priests expelled from Japan, who settled in central Vietnam, taking advantage of political instability and the high status their learning gave them to further their long term goal of converting the country to Catholicism.¹⁸⁰

The introduction of Catholicism had a powerful impact on the Vietnamese. Initially most conversions were made among groups, rather than among individuals. As Wiegiersma writes, this reflects the collective nature of the Vietnamese village.¹⁸¹ Large-scale conversions were confounded however by the Catholic stand on polygamy and ancestor worship. The Catholics stressed "individual salvation" which undermined the Confucian moral and civic code by recommending that one should believe in one's own conscience.¹⁸²

¹⁷⁷ Pledges utilised through credit contracts and money lenders used a number of forms and it appears these forms of credit occurred more often around markets and urban centers than in villages. Under Vietnamese laws interest rates were required to be limited so that debtors would not be trapped in permanent indebtedness. The maximum of 3 % per month can be compared to the abusive rates allowed in colonial periods. Wiegiersma (1988), pp 80-81.

¹⁷⁸ A detailed description of a *hui* - traditional lending mechanism involving secret bids - is given in Hickey, Gerald C. (1964) *Village in Vietnam*. New Haven: Yale University Press, p299.

¹⁷⁹ Known as *dien co* loans, these terms yielded the produce of a landholding but not the entitlement of the land. The land was managed either by the lender, a third party or the borrower depending on the agreement made. The lender never owned the property, only the rights to work the land. Wiegiersma (1988), pp 64-5.

¹⁸⁰ Storey, Robert (1993) *Vietnam: A Travel Survival Kit*. 2nd edition. Victoria, Australia: Lonely Planet Publications, pp15-16

¹⁸¹ Wiegiersma (1988), p41.

¹⁸² See the discussion of the moral relationship of the Confucian family in Wiegiersma (1988), p41.

For this reason the mandarins distrusted the Catholic influence, and this antagonism was to lead to major upheavals in political and social events which eventually alarmed the French.

The Colonial Impact

The French took control of Vietnam in the nineteenth century in a series of military campaigns, and partitioned it into three regions, Cochin China (Mekong Delta), Annam (central) and Tonkin (northern).¹⁸³ They introduced a capitalist market system which linked village rural forces directly to world markets. In doing so they transformed the structure of the Vietnamese land system, and villagers lost access to both their lands and produce. The Vietnamese system held its interests in the protection of families, commune and the state while French laws, aiming to protect individual rights, suppressed traditional property rights by their support of large private landholdings. The French misconceived the purpose of public lands, the village record books (which listed the roll and allocation of land among villagers), and the pattern of mutual assistance in labour production forces. In contradiction of traditional processes, village lands were sold through French courts regardless of their intrinsic survival value to the village family.¹⁸⁴

The French taxed very heavily in Vietnam. The taxes were required to fund ambitious developments of irrigation in the Mekong Delta, transport facilities and other infrastructure designed to make Cochin China a more profitable economy for the French. It is notable that the Vietnamese village was particularly vulnerable to over-taxation because of the traditional structures.¹⁸⁵

Rice exports from Cochin China increased even through periods of bad harvest, leaving less for local consumption.¹⁸⁶ However, throughout the

¹⁸³ A good brief chronology can be found in Church, Peter (Asean Focus Group, Hong Kong)(ed.) (1995) *Focus on Southeast Asia*. St Leonards, New South Wales: Allen & Unwin, pp 146-148.

¹⁸⁴ See Wiegersma (1988), pp 67-80.

¹⁸⁵ Wiegersma (1988), p69.

¹⁸⁶ In 1900 - 1937, the amount of rice available per person in Indochina fell from 232 kilos to 182 kilos because of high export coupled with population growth. Wiegersma (1988) pp 85-6.

French period, agricultural methods remained labour intensive, and large areas of land were left fallow.

To consolidate their southern control, the French attempted to regulate the villages and restrict the influence of local notables. Using the term "reform" the French took over judicial and police powers, as well as tax assessment, public works supervision and military drafting from local notables.¹⁸⁷ Traditional systems of welfare and security were also abolished.¹⁸⁸ Excessive taxes and high market exploitation of all rice reserves meant there was nothing left for times of real need at village level. Storage centres where emergency supplies were kept for villages in crisis were taken over by merchants for a speculative profit. Instead of supplying rice during flood and famine, or even after a poor harvest, village storehouses were empty of all security rations.

In terms of income, villagers displaced from their lands had little chance of gaining the rights to new land. Large landholdings, which were encouraged, were made available only to those cooperating mandarins and French officials who understood the system. The peasant producers on the other hand were paid a fixed fee for their labour and were given no future interest in the cultivation of that land as in the previous Vietnamese system. New land structures therefore totally inhibited traditional ones, concentrating land in the market to owners not the cultivators,¹⁸⁹ who were inexperienced farmers while the land was laboured by the peasants who did not gain any prosperity through working the land.¹⁹⁰ This point is critical when we consider that by the time the French left Cochin China a) more than eighty

¹⁸⁷Wiegersma (1988), p70

¹⁸⁸For example, *khau phan* rations which had been used by each village taxpayer to pay tax as well as provide additional food for their families, was destroyed by the French increases in personal taxes which took up to 70% of the *khau phan* communal parcel. Wiegersma (1988), p71.

¹⁸⁹Land concessions on the other hand, stipulated certain arrangements for the French and another set of arrangements for the Vietnamese meaning under French interpretation, the Vietnamese could be ruled by Vietnamese traditional laws and customs while a different set of concessions were targeted towards Vietnamese renters who lived on French property which came under the French property law. Wiegersma (1988), p74.

¹⁹⁰Many landless peasants were forced to work in appalling conditions as indentured labourers in mines and plantations in this period. For example, of 45,000 workers at one rubber plantation, 12,000 died of disease and malnutrition between 1917 and 1944: Storey (1993) p19.

percent of the Vietnamese producers were landless tenants, b) ten percent of the village population neither rented nor owned property and, c) seventy five percent of all land was concentrated in the hands of landlord owners.

The Vietnamese being unfamiliar with the French credit system often took out high loans to feed their families.¹⁹¹ With no limit on interest rates, their interest repayments increased. In consequence the Vietnamese borrowers could not keep up with this derisive system of credit and repayment. It put them in a position of perpetual indebtedness to both money-lenders and the landowners for whom they worked.

On attempting to ramify the problems surrounding credit the French attempted to penetrate and institutionalise the money-lending market which was very much held up by Chinese, Indian and Vietnamese lenders. Their efforts failed however for three clear reasons; a) their contracts were fixed and therefore inflexible, b) they did not accommodate the possibility of a bad harvest, and c) the repayment periods were often too short. The Vietnamese on the other hand had little previous experience of the credit market system. They used their loan for consumption purposes rather than investment. Their borrowing needs reflected a break-down in the previous village social welfare system. Villagers were forced to borrow for celebrations, such as marriage, for burial and funeral rituals and to cover their families through a bad harvest. Commercial practices were not part of the Vietnamese tradition. Their interests were traditionally collective to the extent that all economic development occurred through the collective organisation of the village.

The National Liberation Front

As is well known, the Vietnamese through the Viet Minh (Communist Party), led by Ho Chi Minh, were eventually able to force the French to return control of the Vietnam to the Vietnamese in 1954. But the country was divided into North Vietnam, controlled by the Vietnamese Communist Party

¹⁹¹It is interesting here to point out that while the Vietnamese were traditionally 'good taxpayers' their debts accumulated as a result of misunderstanding why under the French, they paid tax. Debts were not governed by any customary rules as they were not customary, but tax payments in traditional pre-colonial Vietnam were paid according to hierarchical status through the organisation of village registers, rolls and lists. Wiegersma (1988), p83.

and South Vietnam, controlled by the anti-Communist Diem government, setting the scene for the Vietnam War. Because so much has been written about the war from a political and military point of view I do not intend to go into detail¹⁹², but I wish to note some critical points concerning the development of the National Liberation Front's¹⁹³ policy during the Vietnam war because they are I believe vital to understanding the current situation of Vietnam politically and as a society.

Whilst based on a similar heritage, the operation of the National Liberation Front (South), and the Viet Minh (North) reflect two very different movements.¹⁹⁴ According to Wiegersma, a reason was that the National Liberation Front (NLF) formed out of a diverse cross-section of Vietnamese southern society who under the Diem (US backed) government were virtually "pushed into each others' arms in a desperate search for a means of survival."¹⁹⁵ Women especially were active within the Front from the first days of its inception.¹⁹⁶

Notably the NLF emphasised solidarity and justice, as well as equal land distribution. The NLF's land distribution policy was far more attuned to the traditional village system than was that of the Viet Minh in the North. The Viet Minh had vast problems regarding the interests between family and collective economies. Village hierarchies who supported the Viet Minh did

¹⁹²For a comprehensive account of the period see Wiegersma (1988), "The National-Communist Resistance" pp 87-107; Fitzgerald, Frances (1972) "The National Liberation Front" chapter in *Fire in the Lake*. New York: Atlantic - Little, Brown, pp138-230, and Karnow, Stanley (1991) *Vietnam: A History* (Revised and updated) New York: Penguin Books.

¹⁹³Coalition of organizations forming the revolutionary movement of the South.

¹⁹⁴Unlike the Viet Minh's harsh style of land reform, under the NLF only those lands belonging to supporters of Saigon was expropriated and redistributed. War abandoned lands for example were only temporarily cultivated. Rent reductions of 15% were implemented towards patriotic landlords and tenant agreements within areas of secure NLF control.

¹⁹⁵Wiegersma (1988) p 203 lists members of Cao Dai and Hoa Hao sects, Cambodian and Montagnard minority representatives, Mekong delta farmers, students and intellectuals, as well as three political parties; Radical Socialists, Democratic, and Revolutionary Peoples' Party (RPP, affiliated to the Workers' Party in North).

¹⁹⁶Some 25% of top level leadership positions were held by women and more than 30% of NLF cadres were women who participated in local politics. This was itself highly revolutionary, given traditional gender relations. I do not have time to examine the point in detail, but it is interesting to consider that this strong women's presence may have influenced the constructive social policies and flexibility of the NLF.

so because they were anti-French. Notables particularly who had lost their power supported the Viet Minh in the hope of regaining their status.¹⁹⁷

Their military policies, taxation, education and health care were integrated with the concept of equitable land distribution. Collective and mutual assistance activities preserved the village organisation as a tight unit. Even under wartime conditions there was an expansion of village social services (education and health) in NLF areas and these facilities were initiated by the NLF whenever possible. Canal building was also an extremely important enterprise which involved total village support and participation.

Whereas the Vietnamese peasants understood and supported the cooperative projects of the NLF and their land distribution to all poor villagers, Western-style ownership contracts were as foreign to them as the Western originators of the Saigon government's policies. The NLF land reform policies won them considerable support, especially among the poorer segments of the population.¹⁹⁸

Village co-operation centred around the formation of Revolutionary committees (or self-management committees), which ran according to the cultural style of each village, forming an independent village local government.¹⁹⁹ Village tasks varied between administration and revolutionary work which involved such issues as security and village order, self-defence, the economy and village finances, education and health²⁰⁰ and of course land reform.

Flexibility stood out as the most representative factor underlying the National Liberation Front's land reform policies. Their policies were based on social class conditions which were categorised by the villagers' level of subsistence.²⁰¹ For example, *cong dien* lands usually continued in the village

¹⁹⁷Wiegersma (1988), p137.

¹⁹⁸Wiegersma (1988), p208.

¹⁹⁹Fitzgerald (1972), pp 184 -187, describes the operation of the NLF as requiring gradual change but using the local people to implement it.

²⁰⁰including health education, maternity provisions and small dispensaries, organized by the Women's Union (Fitzgerald (1972), p185).

²⁰¹The categories used were: 1) Poorest 17% of the rural population, landless share-cropping peasants; 2) Poor tenant farmers 45%; 3) 27% small landholders or middle-class peasants who

traditional manner. Rich peasants were encouraged but not forced to hand their share to the poor.²⁰²

The NLF's flexibility, its diverse political delivery and independence were not exactly welcomed by its northern ally. The Viet Minh after experiencing two decades of socialism was sceptical of the NLF, accusing most of its members, as it did all Southerners, of decadence.

owned land, used hired labour and earned slightly above the subsistence level; 4) large peasant landholders who rented out up to 50% of their land, used hired labour through the cultivation process. The NLF acknowledged these landowners 'provided they were patriotic and did not support US'; 5) the one percent 'absentee landlords' within the NLF regions who owned an excess of 50 hectares.

²⁰² Tax charges and all entitlements were also classed accordingly with the needs of peasants and their social class conditions. The poorest paid no tax, the next rate of poor paid between 5-10%, and middle class peasants paid 10-15%. The rich and absentee landlords paid the highest rate, 15 - 21%.

Chapter IV: Political and Economic Policy Development 1976-1992

This section extracts a reflection of both positive and negative dimensions of socio-economic development in post-war Vietnam. Where possible I have attempted to view these conditions from a Vietnamese perspective using the *Vietnamese Studies* series.

Background to 1976

Before reunification, the economies of North and South were on diametrically opposite paths of development.²⁰³ While the North aspired towards a form of socialist construction, historical developments in the South had moved more towards a path of consumer capitalism. Economically, however, they embodied a similar equation; consumption exceeding production, a high foreign trade deficit and heavy dependence on foreign aid.²⁰⁴ Before reunification Northern Vietnam's economic development policy was based on collective agriculture, heavy industry, and international trade mainly with former CMEA²⁰⁵ countries. The South depended on privately-owned small scale agriculture, small and medium forms of light industry and participated in trade with Western countries. The cultivation of subsidiary food crops and industrial crops was negligible. Handicrafts were almost nonexistent, the villages depending almost entirely on Saigon city for all non-agricultural products.²⁰⁶

During 1975, the South was controlled for a short period by its own Provisional Revolutionary Government. Pre-unification agreements between North and South outlined that the two regions were to have equal political expression in designing the future direction of a whole Vietnam. But

²⁰³Vo Nhan Tri (1990) *Vietnam's Economic Policy since 1975*. Singapore: Institute of Southeast Asian Studies, pp 58-124.

²⁰⁴For background to the South's dependence see Fitzgerald (1972) pp 433-437. National figures of North Vietnam have never been disclosed.

²⁰⁵Council for Mutual Economic Assistance (Comecon), a Communist economic grouping founded in 1949 linking the USSR and European Communist countries, later also involving African, Asian and Central American countries, but excluding China.

²⁰⁶Nguyen Xuan Lai (1984) "Questions of Agrarian Structures and Agricultural Development in Southern Vietnam", *Vietnamese Studies* New Series no. 5 (75), pp 53-54.

given the concentration and intensity of the war, Hanoi had not yet formulated a process to deal with integrating the two parts of the country. In actuality the Northern Party increasingly distrusted the South (who they considered urban intelligentsia), sending large numbers of Northern cadres to manage the so called Southern 'transition'.²⁰⁷ The Hanoi government postulated that it had gained the necessary experience required to make socialist policies. Economically it saw itself in a far less equivocal condition and therefore assumed a dominant position over the South. This created enormous resentment among Southerners who had fought hard to overthrow the Thieu Government only to find themselves frozen out of the decision-making process during this critical period of reunification. Southern resistance to co-operation with the Northern government was interpreted as individualism, despite Southerners' own personal experiences, their overall class struggle and mass resistance to the colonial regime.²⁰⁸

The dilution of southern participation was further amplified by the fact that the southern People's Revolutionary Party (PRP) gained considerable influence over the southern revolutionary organisation, the NLF. This was because the PRP was part of the Vietnamese Communist Party. Officials who had been part of the NLF but not members of the PRP lost power throughout this transition. Women were particularly affected as this process narrowed what had become their reasonably strong base through the war years in the form of southern leadership.²⁰⁹

Initially the Northern government had stated that the process of reunification would be carried out over a period of at least fifteen years; however, within the first year, Northern Party officials decided the South should completely abandon its separateness (to "catch up with the North")²¹⁰ and follow in the same socialist direction as the North. This naturally pre-empted genuine participation by the South in determining a new national

²⁰⁷ Storey, Robert (1993) *Vietnam: A Travel Survival Kit*. 2nd edition. Victoria, Australia: Lonely Planet Publications, p30. Storey notes that even today most officials and police in Ho Chi Minh City are from the North.

²⁰⁸ Wiegersma (1988), pp 220-221.

²⁰⁹ For more information on women in the war, see Arlene Eisen (1984) *Women and Revolution in Viet Nam*. London: Zed Books.

²¹⁰ Wiegersma (1988), p220.

direction and by 1976, the Southern Provisional Revolutionary Government was formally merged with the Northern Government of the Democratic Republic of Vietnam to form the Socialist Republic of Vietnam.

Social Background

After the terrorising devastation of war and despair, several governmental attempts were made to deal with 'southern social problems'. According to a number of Vietnamese writers, there were millions of illiterates, prostitutes, drug addicts, and tens of thousands involved in criminal activities.²¹¹

The network of motor roads, (except for the strategic roads), schools and socio-medical establishments in the villages, was rudimentary, even inexistent. Social hygiene was deplorable, superstitions were rife, so were many social evils (alcoholism, gambling, drug-addiction...)²¹²

Many people, particularly in the South, were encouraged to move to either 'rehabilitation camps' or to newly 'collectivised farms'.²¹³ The early phase of the transition was coupled with severe political repression. Rigid and harsh dogmatism by Party officials severely injured whatever confidence, trust or goodwill the people living in the South might have had towards the Northern government.²¹⁴ Supporting evidence suggests that hundreds and thousands of people lost property (mostly confiscated), were imprisoned without trial, and forced into labour-camps euphemistically known as 're-education camps'.²¹⁵ Suspected of counter-revolutionary tendencies, a huge

²¹¹ See for example Nguyen Khac Vien (1993b), p360; "The Rehabilitation of Social Outcasts (a report)", *Vietnamese Studies* no. 66 (1981), p57; *The Socialist Republic of Vietnam 1990*. Hanoi: Foreign Languages Publishing House, p47.

²¹² Nguyen Xuan Lai (1984), p53.

²¹³ During the first four years at least 4 million people moved within southern Vietnam, according to Stewart Fraser (?198-) "Vietnam Struggles with Expanding Population", p6, cited in Wiegiersma (1988), p222.

²¹⁴ Storey (1993) p30.

²¹⁵ Among these people were intellectuals, artists, journalists, writers, trade-union leaders (many of whom opposed Thieu and the war), Buddhist monks, Catholic priests and Protestant clergy, many of whom were tortured as well as detained. Also see Vo Nhan Tri (1990) *Vietnam's Economic Policy since 1975*. Singapore: Institute of Southeast Asian Studies, pp 66-67, 70-72; "What They Think About Their Thirteen Years in "Re-Education Camps"", *Vietnamese Studies* New Series no. 20 (90), 1989, pp 118-128.

number of people during this decade fled by sea or overland through to Cambodia.²¹⁶

The families of these 'counter-revolutionaries', including the children, were also treated unequally. A common form of alienation used was to deny the *ho khao* resident permit needed for attending school, seeking employment, owning farmland or operating a business.²¹⁷ Large numbers of people already surviving on the margin of Vietnamese society could not attend school, and slept in the streets, surviving through whatever means they could (begging, peddling cigarettes and lottery tickets and some driving cyclos). Many did not have permits to live in the city and their presence was technically illegal. Many children descended from these people today survive in similarly poor circumstances.²¹⁸

The official and general social attitude to such children was reflected in the term given to them, *bui doi* or 'dust of life'.²¹⁹ They were treated as a degenerate group and a source of social pollution. Other victims of the 'transitional' period were the ethnic Chinese, particularly targeted in the anti-capitalist campaigns launched during 1978 where private property and businesses were seized.²²⁰

By mid-1979 all private enterprises in industry, trade, transport and services were turned into State-run or joint State-private enterprises and were reorganised into specialized branches ... The State put an end to the private capitalist enterprises of 60,000 households which had traded in State-controlled commodities,

²¹⁶Less documented are the accounts of those Vietnamese people who had been living in the US, who on hearing news of a 'Socialist Government in Vietnam' returned to Vietnam, only to be persecuted by Northern officials because of their tainted association with the US.

²¹⁷Storey (1993) p30.

²¹⁸"The Rehabilitation of Social Outcasts (a report)", *Vietnamese Studies* no. 66 (1981), pp 57-59.

²¹⁹See "The Rehabilitation of Social Outcasts (a report)", *Vietnamese Studies* no. 66 (1981), pp 57-68. For an account of the situation in Ho Chi Minh City in the early 1990s from a foreigner's perspective, see Noble, Christina (1994) *Bridge Across My Sorrows*. London: John Murray.

²²⁰Thousands became 'refugees', further souring Vietnam's relationship with China, which became openly hostile in 1979 following the Vietnamese invasion of Cambodia and suppression of the Chinese-backed Khmer. In 1979 China invaded North Vietnam, while the Khmer Rouge, with the support of China and Thailand, continued to fight the Vietnamese on Cambodian soil for the next decade.

requisitioned with compensation and purchased the remaining goods stored by 30,000 other households, and helped 420,000 small traders switch over to production.²²¹

The initial stages of reunification saw the organizational restructuring and attempted collectivization of the whole country between 1976 and 1980. Industrial policies based on the Soviet model of a centrally planned and state implemented economy dominated post-war development strategies, which aimed to build up a base in domestic goods as well as heavy industries. While self sufficiency was seen as the main objective of these early policies, they neglected important trade opportunities as state owned operations concentrated on fixed quantitative outputs rather than diversity or quality potential.²²²

Superiority struggles as well as sheer impatience within the socialist regime in the race to bring about the building of a new nation meant that the reunification became over-hasty and was economically disastrous. But as Vo Nhan Tri outlines, this was not because 'the South siphoned off resources of the North which had been suggested' but rather quite the opposite which did occur in reality.²²³ More to the point, the North's superimposition of its own design of socialist construction did not account for the social, economic and psychological characteristics of the South. Almost all previous socialist modes of production, which included socially oriented traditional elements set up in villages previously controlled by the NLF, were negated if not totally eradicated.

Cultural Attitudes of Political and Economic Significance

The Fourth Congress in 1976 stressed science and technology as the key to progress. Planning policies called for a systematic simultaneous three-fold

²²¹Nguyen Huu Dao (1986) "The Vietnamese Working Class in the 1945-85 Period", *Vietnamese Studies* New Series no. 16 (86) p23.

²²²Vo Dai Luoc (1994) *Vietnam's Industrial Development Policy in the Course of Renovation*. Hanoi: Social Science Publishing House, pp13-16; Do Hoai Nam (1994) "State-run Enterprises in the Process of Economic Restructuring in Vietnam", in Vu Tuan Anh (ed.) *The Role of the State in Economic Development: Experiences of the Asian Countries*. Hanoi: Social Science Publishing House, p327.

²²³Vo Nhan Tri (1990) p62.

revolution.²²⁴ As a result, national investment budget allocations for heavy industry increased by 12.3% per year between 1976-1980, while agriculture allocations grew by only 4.4% per year.²²⁵

Among notions surrounding the socialist rhetoric of this period was a key assertion claiming that through the strength of a socialist national economy the whole country could in fact 'bypass the stage of capitalism'.²²⁶ This assertion was based on an assumed national capacity for voluntarism, and dogmas of Vietnamese patriotism. National policies concentrating purely on economic measures of massive productive outcomes dictated how people 'should' behave. These policies were wielded to utilise the energy of the people, who were expected, regardless of their individual means, to exhibit the same endurance as they had in strong communal force to win the war. This time they were required to re-orientate themselves towards dedicated performance of economic tasks to support the overall national interest, as in the slogan "tighten our belt to build socialism".²²⁷ All matters of culture and cultural discipline were evaluated through the people's performance in production. The singleminded concentration on one form of economic construction by the central government in the post-war period is illustrated in this excerpt from a 1981 resolution on science and technology:

... scientific and cultural activities must be guided to serving socialist industrialization, [and] regarded as the central task; contributing to gradually carry out the plan of reorganising and re-equipping the whole national economy on the basis of automation, electrification, chemicalisation and shifting the

²²⁴"Resolution of the Political Bureau of the Central Committee of the Communist Party of Vietnam on Science and Technology (20 April 1981)", *Vietnamese Studies* no. 67, p7. Party members viewed Vietnam as at least 'two industrial revolutions behind' the rest of the industrial world. Revolutionary goals focused on; 1) in all relations of production; 2) in science and technology; and 3) an ideological cultural revolution. Levels of scientific and technological outcomes; a) in the renovation of most primitive tools; b) in basic mechanisation; c) in the implementation of the latest techniques.

²²⁵ Vo Dai Luoc (1994) *Vietnam's Industrial Development Policy in the Course of Renovation*. Hanoi: Social Science Publishing House, pp 15-16. Initially, emphasis was also placed on solving problems in transport and communications, so as to build up state agricultural structures at district level.

²²⁶ Tran Dai Nghia (1980) "Thirty Years of Scientific and Technical Achievements in the Democratic Republic of Vietnam", *Vietnamese Studie* no. 60, p31.

²²⁷ Vo Dai Luoc (1994), p7.

small-scale production to large scale socialist production with modern agro-industrial economic structure....²²⁸

Given the overall health and well-being of the Vietnamese people at the time, this demand was pointedly severe and one-sided. The policies lacked a humanitarian dimension. Workers for example were seen as means of increased production rather than as participants in a genuinely shared enterprise.

According to the first National Development Plan (1977-78), all national programmes²²⁹ aimed to achieve profitability by increasing the scale of socialist collective production under the policy of 'full allocation and full delivery'.

... Under this system the State met all the needs of the enterprises in capital and other expenditures and recovered all profits, depreciation costs and other exceeding funds.²³⁰

The overall framework of these policies illustrates a typically Vietnamese form of official socialism, echoed in the way the condition of the nation's health and feelings of national heritage are reflected in patriotic propaganda.

To enhance the creative power of science and technology by relying on the superiority of the socialist regime and our national traditions, to strive to actively contribute to building a new culture with socialist content, ... to mould the new scientific people, revolutionary and scientific minded, stirred by the spirit of collective mastery, socialist patriotism and proletarian internationalism,... with good health, animated by noble feelings... for the socialist and communist ideal.²³¹

²²⁸"Resolution of the Political Bureau of the Central Committee of the Communist Party of Vietnam on Science and Technology (20 April 1981)", *Vietnamese Studies* no. 67, p15.

²²⁹An Khang and Nguyen Tran Duong (1981) "The Organisation and Planning of Scientific-Technical Development Programmes", *Vietnamese Studies* no. 67, pp 121-123. The programmes were classified hierarchically a) at the State preferential level, where national economic targets highlighted the development of agricultural and industrial branches' and (secondly) the provision of food, housing, and public health or b) at preferential branch and regional levels where the focus was the development of basic investigations and the study of experimentation in the conditions of production bases selected for ground testing.

²³⁰Vo Dai Luoc (1994), p16.

²³¹"Resolution of the Political Bureau of the Central Committee of the Communist Party of Vietnam on Science and Technology (20 April 1981)", *Vietnamese Studies* no. 67, p17.

The exaltation of 'noble feelings' and control highlights the Party's hope to culturally mould people's minds, bodies and souls. This style of exhortation to social morality was consistent with the Confucian ethos, as Fitzgerald suggests:²³²

Confucianism, like Marxism, focused not on the individual, but on society as a whole ... The legitimacy of a Confucian or a Marxist government rested directly on its faithfulness to a science.²³³

Agricultural policy was based on attempts to collectivise and obtain large-scale production efficiency along "scientific principles":

When the individual peasant cultivated his patch of land, he would decide which method to apply, and the efficiency of his farming [was] dependent on his talent. In large - scale socialist production we can not rely on individual talent, and even less on luck. Yields must increase, production must improve in quality and quantity, production costs must be kept low. ... Large-scale production ... requires the co-operation of many different departments. Common technical regulations controlled by the State and properly enforced are necessary.²³⁴

Co-operativisation however moved slowly in the South, gaining the support of only 30% of villages by 1980.²³⁵ As state prices for rice were low there was no incentive to collectivise to increase production. The Party, failing to observe the real reason behind slow progress, fell back on blaming anti-revolutionary elements in society and the economy;

... price problems can be solved only on a national scale, within the framework of a general struggle against the "free" market, against the merchants and traffickers who fiercely compete with state organs for control over agricultural and industrial products, cause prices to rise, speculate in scarce products, deal in foreign

²³²Fitzgerald, Frances (1972) *Fire in the Lake*. New York: Atlantic - Little, Brown, p217.

²³³Fitzgerald (1972), pp 216-217.

²³⁴Pham Ngoc (1980) "Science and Technology in the Service of Agriculture, Forestry and Fishing", *Vietnamese Studies* no. 60, pp 201-202.

²³⁵Wiegersma (1988) p222 notes resistance came mainly from middle and rich peasants who had accumulated their wealth from the use of agricultural inputs like tractors and other machinery sponsored by the previous US capitalist administration.

currencies, smuggle in foreign luxury goods, and practise usury.²³⁶

In the north, meanwhile, grain production increased in 1976, but then stagnated, while population increased, leading to a drop in food supplies per person.²³⁷ The problem was due to a crisis of organisation and production incentives rather than lack of land. Eighty thousand hectares of arable co-operative land was left fallow during this period according to Hiebert.²³⁸ The kinds of problems involved included waste and neglect of collective property, including tools, implements and draft animals.²³⁹ Co-operators took over collective property without permission and devoted more of their time and attention to family economies than to collective production.

National Socio-Economic Management Problems 1976-79 and 1980-85

Severe shortages of food as well as other basic consumer and intermediate materials were common between 1976 and 1979. National income, though it had increased, was far from being able to cover overall domestic spending, and was outstripped by population growth so that it declined per person, as illustrated in the following graph. Foreign aid assistance was essential.²⁴⁰

²³⁶Nguyen Khac Vien (1984) "The Mekong Delta - A Socio-Historical Survey", *Vietnamese Studies* New Series no. 5 (75), p18.

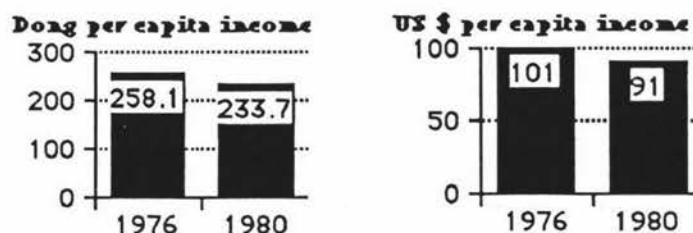
²³⁷A crisis in the productivity of collective agriculture which had its roots in the 1960s but was finally recognised in the late 1970s.

²³⁸Murray Hiebert, "Contracts in Vietnam: More Rice, New Problems", cited in Wiegiersma (1988), p223.

²³⁹For example co-operative owned handcarts and buffaloes, described in "In the Countryside of North Vietnam", *Vietnamese Studies* New Series no. 18 (88), 1988, pp 122-124.

²⁴⁰Nayan Chanda "Vietnam's Economy: Bad but not worse", *Indochina Issues*, no.41 (Washington, D.C., October 1983), p4, cited in Vo Nhan Tri (1990), p102. Between 1975-76 the UNDP funded the Vietnamese with USD 7 million. Aid was also received from other CMEA countries, notably Cuba. Some Western countries such as France, Sweden, Denmark, Norway, Finland, Japan, Australia and Canada also gave economic aid but this source of aid (except for Sweden) dried up immediately on the 1979 embargo imposed in response to Vietnam's military involvement in Cambodia in 1978. At this time a US\$60 million World Bank loan was also suspended. Vietnam lost an estimated US\$78.5 million in bilateral aid and US\$99 million in multilateral aid during this period.

Figure 18. Per Capita National Income 1976-1980



Vietnamese per capita National Income at 1970 constant prices decreased by 7.7% if calculated in Vietnamese Dong, or by 9% if reckoned in US\$ according to the UN method.

Source: After Vo Nhan Tri (1990) p 105

As General Secretary Le Duan highlighted, there was also a great shortage of qualified technicians, engineers, and scientists to direct research on major projects.²⁴¹ What these documentations failed to expose was the stress placed on the country's women, men and children, on the farm producers and manual industrial workers themselves, who were also severely pressured by their lack of material income and work tools. This trend continued through the late 1970s, and in 1981 Le Duan, articulated that the grassroots levels had not embraced the scientific and technical revolution because Party officials had failed to create unified social, economic and political policies of scientific and technical management throughout the country.²⁴²

Party documents in analysing economic deficiencies failed to identify the real socio-economic causes that one may assume contributed to this breakdown of overall management. Health and social welfare issues present within the environment, poor wages and harsh employment conditions, were not addressed. Nor were regional circumstances where people suffered malnutrition even given passing mention in these discussions.²⁴³

²⁴¹ His analysis concentrated on the fact that the country was in a poor state of investment, and that a lack in material needs generally left researchers and scientists severely under-equipped.

²⁴² "Resolution of the Political Bureau of the Central Committee of the Communist Party of Vietnam on Science and Technology (20 April 1981)", *Vietnamese Studies* no. 67, p11. The complaints of the core leadership centred on the misbehaviour of management. Cadres, it was said, failed to utilize what resources they did possess. Working habits first adopted by management had relaxed during the war; progress and information about up to date techniques were not encouraged universally because new scientific and technological knowledge among the masses was still very low.

²⁴³ See *Vietnamese Studies* nos 60 (1980) and 67 (1981). Both are devoted to articles on scientific and technical problems.

What was repeatedly raised and condemned was smuggling, corruption and illicit behaviours, by the people as well as officials. These criticisms appear to be both rigid and dogmatic, considering the extent of pressures throughout society facing hardship and national isolation immediately after the devastation of war. In fact the articles I have researched lack any focus on the experiences of the people. They also fail to demonstrate any recognition of the positive work of the majority, which for a government advocating socialist "people" development was a serious flaw, and a reason why the country malfunctioned in a number of potential productive areas.²⁴⁴

The same lack of consideration of people's circumstances also operated at local levels.

In fact the collective campaign had made a bad start. In the euphoria following liberation, a voluntarist and subjectivist spirit prompted many cadres to collectivize agriculture without taking social realities into account. Within a short period of time, tens of thousands of production collectives and co-operatives were set up, without the necessary material and technical infrastructure, without competent cadres, without having obtained the support of the masses. Consequences were not long to come. Within a short time, the co-operatives and production collectives disintegrated: quite a few Party members were in disarray and reactionary elements took advantage of this situation to increase their economic exploitation and their political sabotage. Moreover, a not very realistic price policy led to strained relations between the State and the peasants.²⁴⁵

Collectivization was imposed on the peasants rather than chosen. While things improved in some areas, in others the failure of collectivization left poor peasants more economically vulnerable than before.

Not fully aware of the specific conditions of agriculture and the peculiar traits of the countryside in Nam Bo [North Vietnam], cadre and Party members did not know how to apply adequate forms of agricultural collectivization at different stages. In trying to widen the movement without

²⁴⁴Vu Cao Dam (1990) "Policy Measures to Promote Technology Utilization in Vietnam", *Vietnamese Studies* New Series no. 26 (96), pp 31-38.

²⁴⁵Nguyen Xuan Lai (1984) "Questions of Agrarian Structures and Agricultural Development in Southern Vietnam", *Vietnamese Studies* New Series no. 5 (75), p46.

sufficient preparations, they used constraint, rather than persuasion²⁴⁶

Between 1979 and 1985, the Party was forced to make economic policy adjustments.²⁴⁷ These adjustments were rudimentary and did not mark a change in overall policy. However in such a rigid centrally planned environment 'opening the door' so to speak, just an infinitesimal amount stimulated activity within many areas of the economy. Market prices were allowed to rise and co-operatives allowed a little more differentiation.²⁴⁸ More villages formed co-operatives, and out of necessity the Government encouraged the growth of the family economic sector alongside that of the collective sector. Families were permitted to raise their own buffalo and cattle, and allowed to rent them out to the co-op, as well as farm any land left fallow by the co-op.²⁴⁹

Between 1980-1981, the Final Product Contract Quota System replaced the practice of the 'work points' system,²⁵⁰ requiring the co-op to contract with groups of farmers or individual farmers²⁵¹ for the delivery of final products. While the 'work points' collective system had been adjusted several times between 1954-79,²⁵² the importance of the Final Product Contract Quota System was that it bound the farmers themselves to the final product. Individuals as well as co-operative groups were therefore encouraged to take

²⁴⁶Nguyen Xuan Lai (1984), pp 46-47.

²⁴⁷In 1979 for example, the 'full allocation and full efficiency system' was dropped in preference for a number of inaugural market orientated measures.

²⁴⁸The Party also authorised co-ops to set up small factories and handicraft workshops.

²⁴⁹White, Christine Pelzer (1988) "Socialist Transformation of Agriculture and Gender Relations: The Vietnamese Case" in Taylor, John G. and Turton, Andrew (eds) *Sociology of "Developing Societies" Southeast Asia*. London: Macmillan Education Ltd, p172.

²⁵⁰This system (1977-79) gave workers a set amount of work for a set number of work-points; 10 work-points = 1 x work day.

²⁵¹As White (1988) pp 172-3 points out, the distinction between group and individual contracting was not made clear and "individuals" often represented or committed their families to producing.

²⁵²Nguyen Yem (1988) "Contracted Work and Contracted Produce in Agricultural Cooperatives", *Vietnamese Studies* New Series no. 18 (88), pp 22-23. Under the old system there was a tendency for co-op members to work to get as many work-points as possible, which incited them to scamp their work and shorten their working time.

greater control of savings through their own interest in economic efficiency.²⁵³ Here, the State acknowledged that:

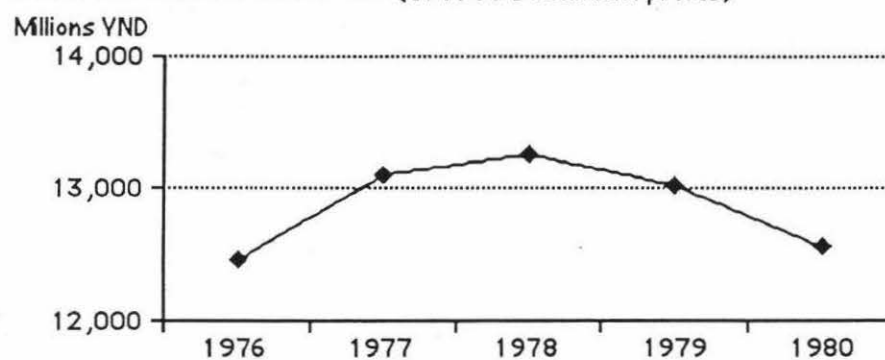
The interest of the toiler, who is responsible for the process of production until the end result, is in harmony with that of the co-operative and the State²⁵⁴

when he takes his share first.²⁵⁵

In terms of national productivity these changes were seen to bear fruit immediately, reversing the previous decline in national income, as shown in the following graphs.

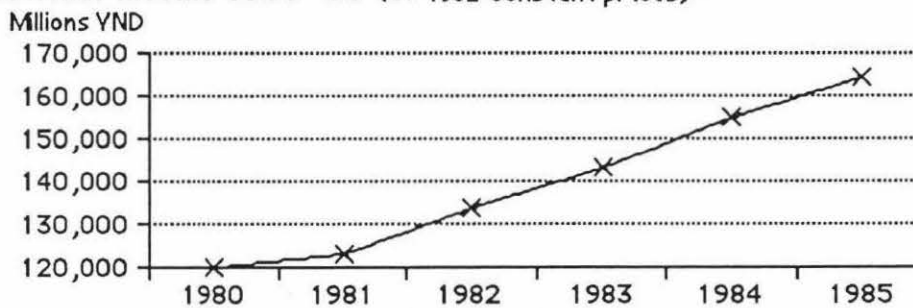
Figure 19. National Income 1976-80 and 1980-85

National Income 1976-80 (at 1970's constant prices)



Source: After Vo Nhan Tri (1990) p 97.

National Income 1980-85 (at 1982 constant prices)



Source: After Vo Nhan Tri (1990) p 161.

²⁵³Nguyen Yem (1988) p26. Based on 'three benefits'(to the State, to the collective and to the individual), individuals and co-operative groups received the surplus produced over the "fixed quota" or were fined the entire deficit (except in case of natural disaster).

²⁵⁴Huu Tho (1983) "Storming the Hills", *Vietnamese Studies* New Series no.2 (72), p154.

²⁵⁵The "he" in this formulation reflects the potential negative impact of family production on women: see White (1988) pp 172-5 for a discussion on the possibilities.

Between 1981 and 1985, preliminary decentralisation steps were taken through a Triple (5 year) Plan.²⁵⁶ The plan promoted consumer goods and agriculture as opposed to heavy industry. The growth rate of national investment in industry between 1981-85 fell to 4.2% while that in agriculture increased to 11.2%, reversing the previous relationship.²⁵⁷ State prices rose to match private market prices. The dong was devalued to allow improvements in export and this caused internal prices to rise quickly in the cities, having an adverse impact on urban workers. In the agricultural sector the price rise stimulated positive results, producing renewed efforts to increase productivity. In other areas however;

... policies and measures prescribed were incomplete and unsystematic. Moreover, they were not institutionized in time. As a result state enterprises remained handicapped, materials and equipment were in short supply and most of the equipment was left idle and workers were underemployed, paid with only 70% of their wages, enterprises had great difficulty in production because of rigid regulations and bureaucratic procedures.²⁵⁸

Before 1981, all State enterprises worked from State subsidies;²⁵⁹

... a factory had to fulfil quotas assigned by the ministry to which it belonged. It was not allowed to sell its products to users, but had to deliver them to the State. Prices were set according to the amount of money that had gone into the production of the goods, ...²⁶⁰

Naturally;

²⁵⁶ Allowing state enterprises to diversify and to market surplus production after meeting pre-determined targets. This plan did not however deliver the expected goods. GDP from 1985 began to falter poorly as inflation steeply rose due to a decline in food production. The country's debt ratio also increased as a result of poor export sector performance and a decline in savings investment. Added to this, international structural reforms occurring in the Soviet Union and China had a huge impact on the economy and Vietnam had to quickly establish new import and export co-operations at various levels.

²⁵⁷ Vo Dai Luoc (1994) p16.

²⁵⁸ Huu Tho (1983) p154.

²⁵⁹ Vu Cao Dam (1990) p33. Any transaction made between an institute and an enterprise which was controlled by another ministry was regarded as unlawful. In 1977 for instance, one institute attempting to bypass this rule was fined 200,000 dong for one such encroachment.

²⁶⁰ Ibid. p34.

In an economy which had very little regard for efficiency, this mode of management was disastrous. Indeed, it was a time when people would speak freely of quantity without bothering about economic efficiency.²⁶¹

Under new policy adjustments the state allowed both the public and state bodies new initiatives.²⁶² People no longer had to wait passively for state allotments but could meet part of their need for materials and equipment through joint ventures and exchanges both within the country, and through direct export-import. In terms of supply, people were allowed to pay higher prices for supplies obtained from non-governmental sources and add the difference in price to production costs. Unfortunately these policies widened the gap between planning and market forces, and small enterprises developed creating a virtual monopoly in the required goods with a consequent ability to charge higher prices.²⁶³

In the 5th Congress (1982) agenda, issues were the slow increase of production; low production and investment efficiency; worsening distribution of materials and products, and delays in adjusting economic imbalances in many regional localities. For the first time, socialist economic ideologies and the management of the country were questioned critically by a number of officials who were displeased with the process and performance of the country. People's 'well-being' entered the debate through the concept of social justice and collective mastery.²⁶⁴ However the state of people's health and specific social issues of overall communal and personal development were still lacking from all policy and rhetoric. While the premise of socialism remained 'to rely on the people as the roots',²⁶⁵ these roots were unregarded except in terms of their performance in growing the economy.

²⁶¹Ibid. p34.

²⁶²Ibid. p35. Factories were permitted to call on research institutes and universities for technical advice, and some of the better-off agricultural co-operatives began making requests for new seed varieties and for the protection of plants and animals.

²⁶³Nguyen Van Linh (1989) "Renovating Economic Management", *Vietnamese Studies* New Series no. 20 (90), pp 16-17.

²⁶⁴"Vietnam 1986-1990", *Vietnamese Studies* New Series no. 14 (84), 1986, p11.

²⁶⁵ibid., p11.

Towards the end of 1985, activists within the government wished to emphasise cost efficiency and self-reliance as a means to push the decision-making process down to basic levels. The economy remained however strongly bureaucratic and centralised. Rapidly rising and high inflation in 1985 led to the devaluation of the dong, which was supposed to curb the growth in inflation but only made matters worse.²⁶⁶ Rumours prior to the change led to a run on the market for goods and then hoarding and speculation when the change occurred. During this time there was an attempt to stop rations of basic goods at low prices being available to state employees, but the compensatory increase in wages was soon outstripped by price increases.²⁶⁷ Many government workers developed sidelines to alleviate their own poverty, and there was widespread corruption and deception among many officials.²⁶⁸

The Policy of Renovation, 1986

Reforms made in 1986 marked by *doi moi* (renovation) aimed at redirecting the activities of the centrally-planned economy to a market orientated system. These measures originated through the 6th Congress, but due to internal problems within the Party,²⁶⁹ many did not really take effect until 1988. The outline of these reforms however had a strong impact on agriculture and industry.²⁷⁰

At a grassroots level this is shown in the adoption of agricultural policies which introduced usufruct rights and greater freedom in marketing products.

²⁶⁶Vo Nhan Tri (1990), *Vietnam's Economic Policy since 1975*. Singapore: Institute of Southeast Asian Studies, pp 165-167.

²⁶⁷Even when some rationing was reintroduced in early 1986 price increases remained unchecked, estimated at 700% by some officials: Hiebert, M (1986?) "Vietnam: Call For Radical Surgery" cited in Wiegiersma (1988), p235.

²⁶⁸Direct acknowledgment of the extent of this is hard to find in Vietnamese sources but there is constant reference to the need to fight corruption: see for example "Vietnam Perspective 1991-2000", *Vietnamese Studies* New Series no. 33 (103), p97, and Le Dang Doanh (1993) "Our State and Management of the Market Economy", *Vietnamese Studies* New Series no. 37 (107), pp 97-98.

²⁶⁹Between conservative members and those advocating reform.

²⁷⁰Industry, which in fact received less average capital investment during the period than previously, grew as outputs averaged an increase of 13.6% per year under the 1985-90 5 year plan. National income grew at three times the rate of the previous period.

The policy trends continued towards decentralization of state management and autonomy to state enterprises in production, distribution and financing. Reform attempts in public administration focused on smuggling and corruption, and centred on the replacement of administrative measures and controls by economic ones. Central authorities were told they should work for a decentralized system of price-fixing and price-control, by using new initiatives set by socialist trade in buying and selling.²⁷¹ There was also a new emphasis on the use of market orientated monetary policies to control inflation, which remained serious until 1988.²⁷²

While the inflation rate eventually came down, these policies had a negative impact on the family budget. There was drastic decline in social services as many subsidies were removed without adequate compensation given to families. Added to this, family labour increased at the expense of co-operative labour. As a result, inequalities grew and many agricultural production teams dissolved.²⁷³

At village levels, public works were not kept up because the interest of private family labour was better remunerated. Renewed injustices, difficulties and quarrels over water rights arose because families drained water into their own fields when it was needed in the fields of others. Some families were trapped in debt because they did not have enough labour power. Family patriarchs with a surplus made interest-bearing loans. Co-ops sometimes also charged interest on unfulfilled contract quotas and some families therefore remained in debt to the co-op for several years.²⁷⁴

Official reform debates of the period reviewed a list of shortcomings that had followed the promotion of industrialization when the premises for it in reality were not yet available. General Secretary Truong Chinh underlined;

In the past years we have made mistakes engendered by rightist infantilism and voluntarism, going against objective laws. The

²⁷¹"Vietnam 1986-1990", *Vietnamese Studies* New Series no. 14 (84), 1986, p19.

²⁷²Vo Dai Luoc (1994) *Vietnam's Industrial Development Policy in the Course of Renovation*. Hanoi: Social Science Publishing House, pp 118-122.

²⁷³White (1988) p173.

²⁷⁴Wiegersma (1988) p239 quoting a story from the *Nhan Dan* newspaper, undated (1987?)

errors were manifest in the setting up of an economic structure dominated by the desire to develop a heavy industry whose scale was beyond our real means. They also showed in the prolonged maintenance of a management mechanism characterized by bureaucratic centralism and systematic subsidies whose structure was too big for the infrastructure to bear and we had to be largely dependent on foreign aid.²⁷⁵

Rhetoric proposed to renew the capacity of the Party's grassroots organizations, particularly trade unions, the Youth and Women's Unions and the collective peasants' associations and to;

realize socialist democracy, respect and ensure the citizens' rights, fight red-tape authoritarianism and bullying of masses in leading and managerial bodies at all levels.²⁷⁶

In the policy guidelines of 1986, guideline No. 5 was the building, organizing and implementing of social policies to ensure social justice in accordance with practical conditions. The motto, 'Live and work in accordance to the Law' was promoted as a slogan to carry this message²⁷⁷ However this appeared with a negative gearing, threatening severe punishment for illicit undertakings, rather than through a positive announcement.

Related to this dimension, there was some mention of creating better health, employment, and education but these issues were observed only in passing in the form of an aspiration that the

... network and quality of public healthcare and physical training and sports should widen and improve, especially at the grassroots level, to better satisfy the demands of healthcare.²⁷⁸

²⁷⁵"Vietnam 1986-1990" p6. Top-level leadership for the first time promoted many of those who had supported the commercial type of dynamic programmes which had previously developed in the South. New leaders came through like Nguyen Van Linh, Pham Hung and Vo Chi Cong and included Vo Van Kiet, Vietnam's present Prime Minister. All favoured open market type economic reform.

²⁷⁶"Vietnam 1986-1990" p26.

²⁷⁷"Vietnam 1986-1990" p21.

²⁷⁸"Vietnam 1986-1990" p22.

The relative space and positioning given to this aspiration falls short of serious social commitment to improving health. In terms of comparative space and detail given to the other predominantly economic issues considered in the same policy paper, the above undertaking appears to be a formality.

Continued Reforms, 1988-89

During 1988, the family unit was formally re-established as the basic unit in agricultural production, and permitted to profit from agricultural surplus on the open market.²⁷⁹ While this policy stimulated increased overall production, people in some regions suffered malnutrition from chronic shortages while a surplus occurred in others. While Vietnam's overall rice production increased, per capita average production was still below minimum levels needed for sustaining health.²⁸⁰

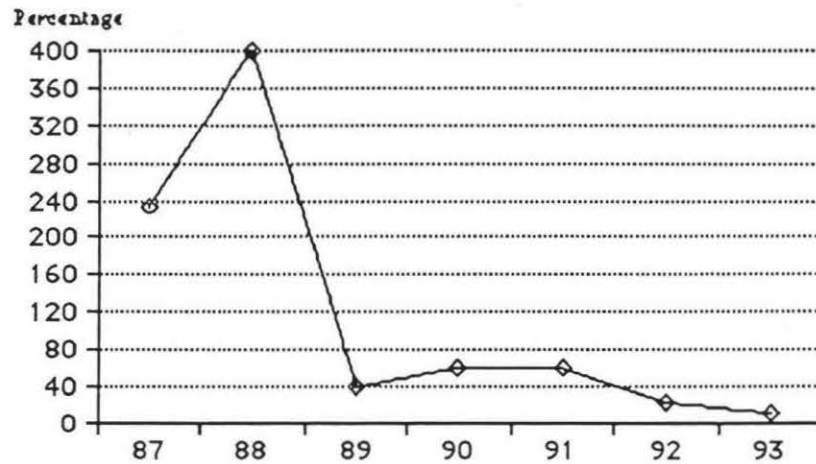
Growing competition within the private sector led to an increase in export competition and forced the government to review its own enterprise performance. Inflation rose steeply, as shown in the graph below, particularly as a result of export subsidies, and overall those prices which were still determined by the state were far too low.²⁸¹

²⁷⁹Socialist Republic of Vietnam (1993) *Vietnam: a Development Perspective*. Hanoi, p2.

²⁸⁰Vo Nhan Tri (1990), p197.

²⁸¹Vo Dai Luoc (1994) *Vietnam's Industrial Development Policy in the Course of Renovation*. Hanoi: Social Science Publishing House, pp 118-125.

Figure 20. ANNUAL INFLATION RATE (1987-93)



Source: Vu Tuan Anh (1994) p309

During 1989 the dong was devalued against both the ruble and the US dollar. The government removed import duties on industry. Quotas were reduced and export subsidies terminated as new trade policies and practice were both encouraged and intensified.²⁸² On the internal market in March 1989, a wide range of price reforms occurred, with the exception of electricity, accommodation and medicine.²⁸³ According to Vietnamese officials, the abolition of subsidized prices changed the psychology of consumers. However, price information relating to health service availability and supplies was not cited as part of the picture.

Price reforms brought a definite change throughout the economy, from previous years where artificially low prices in agriculture and industry had restricted many potential areas in production (rice, pharmaceuticals, medical services).²⁸⁴ With the introduction of these prices, however, rice consumption declined. Whether this was as a result of the new consumption

²⁸²"Glimpse of Vietnam's Economy", *Vietnamese Studies* New Series no. 28 (98), (1990) p14. Trade in precious metals and foreign currencies was legalised, and the State prohibited only the manufacture of weapons, ammunition, explosives, and toxic chemicals.

²⁸³Socialist Republic of Vietnam (1993) *Vietnam: a Development Perspective*. Hanoi, p2.

²⁸⁴Le Dang Doanh (1992b) *Economic Reform and Development in Vietnam*. Canberra: Research School of Pacific Studies, Australian National University. (Economics Division Working Paper: Southeast Asia 92/1), p3.

cost for rice, or because higher prices meant proportionately more was being sold for profit is difficult to speculate.²⁸⁵

The *Nhan Dan* newspaper noted that all was not rosy, citing

... instability of many industrial enterprises, growing unemployment, an unstable market, the frequent shortages, the bankruptcy of not a few private enterprises, funds, the unsaleability of home-made products because of the influx of imports, deterioration in education and health, the slowness in the improvement of the life of salaried workers and pensioners, social security, and other problems.²⁸⁶

With the new structure of economic management, private enterprises and State economic units were seen as equal under the law, meaning the State could not discriminate as it had previously, against private operators and their children. On a negative note however the resurgence of private business brought a rise in tax evasions, smuggling, faking and other violations of law.²⁸⁷

Ideological Shift

The Vietnamese leadership and commentators in this period of rapid change were very much aware of the ideological implications of the reforms;

During the war we acted under the watchword "All for the Front, All for Victory." Now, in economic construction, efficiency must be taken into account. During the war, revolutionary spirit and patriotism was mobilized as a main driving force behind all our efforts. Now attention must be equally attached to material interests, because a correct approach to these interests will give an impetus to mass movements. During the war, state subsidization was necessary, to a certain degree. Now, development is impossible without the abolition of this system.²⁸⁸

²⁸⁵ Ibid, p3.

²⁸⁶ "Glimpse of Vietnam's Economy", p20.

²⁸⁷ "Glimpse of Vietnam's Economy", p14.

²⁸⁸ Dao Duy Tung (1989) "On Renovation of Thinking", *Vietnamese Studies* New Series no. 20 (90), p23.

On social policy, Dao Duy Tung's article argued that failure to realize the necessity of a comprehensive social policy which covers conditions of work, conditions of living culture, education, relations between ethnic groups, and other aspects of life means failure to realize the importance of the working people themselves.

Renovated thinking demands a new understanding of and a new attitude to, a whole range of social problems. What place, for instance, does a person occupy on the ladder of social values? How are we going to help all those women who have become spinsters because of the war or work-related circumstances? What attitude shall we take regarding people who work individually, but who produce much for society?²⁸⁹

There was recognition that the state needed to work with the personal interests of its people to gain acceptance of policies and goals, rather than expect indefinite allegiance to the cause.²⁹⁰

Unequal economic development is an expression of unequal scientific development and unequal education. In General Vo Nguyen Giap's view;

It is the quality of the people that will decide the destiny of the country and the future of the nation. In this belief, we will give priority to the human strategy, which concerns the education of the young and fostering talents.²⁹¹

Nguyen Van Linh, General Secretary, noted that for the nature of a society to change qualitatively, the people must have the preparation of transition periods. In this area he stated Vietnam lacked a premise in its overall managerial system through the following points;²⁹²

- 1) Serious imbalances mark the gap between supply and demand, and the distribution and circulation in productive forces is

²⁸⁹ Dao Duy Tung (1989), pp 27, 28, 29.

²⁹⁰ Dao Duy Tung (1989) p32.

²⁹¹ Vo Nguyen Giap (1990) "Science Must Become a Driving Force Behind Socio-Economic Development", *Vietnamese Studies* New Series no. 26 (96), p19.

²⁹² Nguyen Van Linh (1989) "Renovating Economic Management", *Vietnamese Studies* New Series no. 20 (90), pp 9-10.

"chaotic".²⁹³ On top of this the inflation rate, and the inefficiency in production and trade is unpredictable.

2) Regarding socio-economic development, it is 'impossible to place the plough in front of the buffalo'; Vietnam has no strategy for 'socio-economic development' in a new economic structure.

3) An important fact rarely acknowledged by the Party is that the system of bureaucratic centralism and subsidization which can still be felt quite heavily, cannot be removed overnight.

4) Vietnam is not entirely ready in its organization of personnel, knowledge and experience, for renovation.

Nguyen Van Linh rightly proposed that recommendations calling for immediate commercialization were not realistic. Materials of all descriptions were still largely scarce, while the supply by the State met only 50% of all demand. He also recognised that economic aims needed to be inter-related with the management of the 'whole system'. To be successful this must occur from grassroots through to state management;

Grassroots economic units are cells of the national economy. Day in day out they help create material wealth for society. They provide for the labouring people while contributing to local and state funds. The kingpin of economic management renovation at these units, will closely relate rights to liabilities, interest to obligations, and will bring about great dynamism in production and business.²⁹⁴

Opening the Doors to Foreign Investment

During the mid-1980s the Vietnamese Foreign Ministry launched a concerted campaign to improve the country's international standing.

While democratization is the key to renewal of the domestic scene, a clear orientation for our external relations is the second decisive element.²⁹⁵

²⁹³One example of this is found in the description of salt buying in Le Hoai Nam (1989) "There are Tears in Hai Hau Salt", *Vietnamese Studies* New Series no. 24 (94), pp 99-104.

²⁹⁴Nguyen Van Linh (1989) "Renovating Economic Management" p6.

²⁹⁵Nguyen Khac Vien (1989b) "Unwavering Orientation", *Vietnamese Studies* New Series no. 24 (94), p132.

In the 8th National Assembly (1988) economists, social activists and jurists expressed many different opinions which focused largely on the need to change Vietnam's foreign investment law and policies in order to attract capital.

... we are opening our doors to capitalist investors in order to take advantage of their technologies and managerial experience, we should create favourable conditions for their activities with regard to customs regulation, hotel accommodation, and administrative formalities related to the approval of investment schemes, following the promulgation of a liberal law on foreign investment.²⁹⁶

Foreign investment was seen as vital to Vietnam's economic development. According to Nguyen Xuan Oanh, figures required through foreign assistance funds were not less than 25% of GNP. Focusing on the overall shortage of these funds, he pointed out that foreign investment is naturally sought and that its desirability is greater because it does not generate deficit (undersupply) in the balance of payments.²⁹⁷ He notes also that developing countries require huge investments from foreign countries. In this market piercing competition among countries seeking foreign investment gives investors a total advantage while developing countries pay "a rising price" for these investments.²⁹⁸

Due to the necessity of foreign investment, "we have agreed to play the game, we must know the rules and accept them."²⁹⁹ Delay was seen as costly:

Whatever the reasons for this delay we will have to pay the price for it, perhaps a few more decades of underdevelopment.³⁰⁰

While Vietnam may be prepared to lay out a red carpet to attract foreign investors, it was also recognised that other countries may have 'thicker, softer, wider and longer carpets' and that foreign investors in some countries

²⁹⁶Hoang Nguyen (1989) "The Law on Foreign Investment: Some Reflections", *Vietnamese Studies* New Series no. 24 (94), p138.

²⁹⁷Nguyen Xuan Oanh (1989) "The Beginning of a Challenge", *Vietnamese Studies* New Series no. 24 (94), p126.

²⁹⁸Nguyen Xuan Oanh (1989) pp 125-126.

²⁹⁹Nguyen Xuan Oanh (1989) pp124-125.

³⁰⁰Nguyen Xuan Oanh (1989) p124.

... are free to fix wages, and to pay either in local or in foreign currency and may enjoy extended periods of tax exemptions, as well as fixed low rates for taxation.³⁰¹

What is most conspicuous as Dr Nguyen Xuan Oanh rightfully notes, is that in developing countries,

... infrastructural works, agricultural development, investment schemes for industry, cultural and social development programmes (education, health care, information) are often suspended, delayed, cancelled, partly owing to the shortage of assistance in foreign currencies.³⁰²

While the speed of Vietnamese ideological adjustments may be seen as progress, it also implies to some Vietnamese "the diversion of Vietnam's socialist commitment to concentrate economically on the provision of the people's immediate necessities which are difficult to amalgamate within this type of political, economic international capitalist environment".³⁰³

1990-92

In 1991 international upheavals, especially within the former USSR and other Eastern European countries, brought unpredicted change to Vietnam's cooperation and trade arrangements. Between 1976-1988, Vietnam had been heavily dependent on imports from, and had a huge trade deficit with the Soviet Bloc.³⁰⁴

³⁰¹ Ibid. p127.

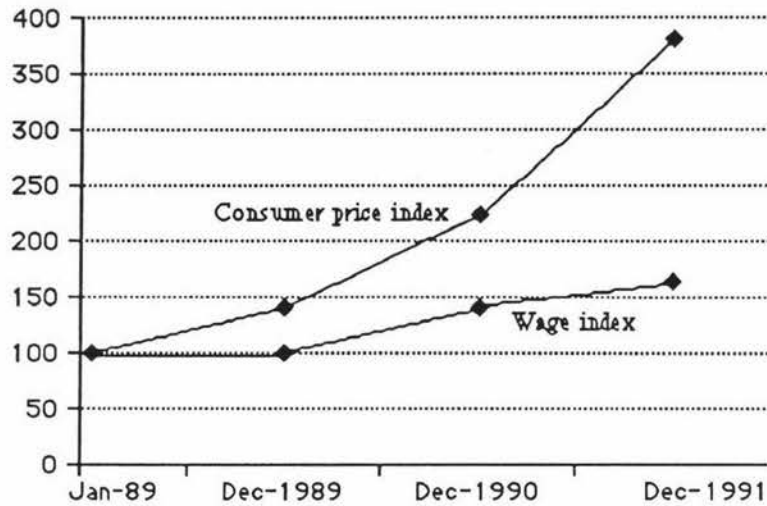
³⁰² Ibid. p126.

³⁰³ Ibid. pp 125-126.

³⁰⁴ Nguyen Khac Vien (1989b) p133. Vietnam in 1988 imported approximately three quarters of its fuel, lubricants, nitrogenous fertilizer, cotton, equipment, machinery and vehicles, valued at more than one thousand million rubles while exporting only a third of that amount, running a trade deficit of 700 million rubles annually. To pay for equipment at power stations the country borrowed several hundred million more rubles each year from the Soviet Union. Vien asks "when can we pay these debts? Not to mention other financial obligations".

Pressures mounting from high inflation together with a high price index³⁰⁵ presented commercial difficulties in all areas of public spending, and worsened living standards, especially in terms of incomes and salaries earned, as shown in the figure below.

Figure 21. Consumer price index and salaries index, 1989-1991



Source: *Le Dang Doanh* (1992b) p3.

While wages for people employed in non-state sectors and in some state enterprises rose in 1990-91, wages for those working solely within the state sector (government employees, doctors, nurses, officials) remained the same as previous years.³⁰⁶ In real terms this means they had actually fallen as a result of rising domestic consumer prices. The government disclosed that it planned to reform wages during 1991-2, including commercialization of housing, and reform both health care and the health insurance system. These reforms were intended to widen the gap between minimum and maximum salaries.³⁰⁷

Other factors of particular importance during this period included a reduction in health and basic development funding as well as problems in finance including the balance between imports and exports. Together with

³⁰⁵ Stabilizing Vietnam's currency followed a further rise in the price index during 1991 by some 70%. The rate reduced in 1992 to 15%. *Le Dang Doanh* (1993) "Our State and Management of the Market Economy", *Vietnamese Studies* New Series no. 37 (107), p96.

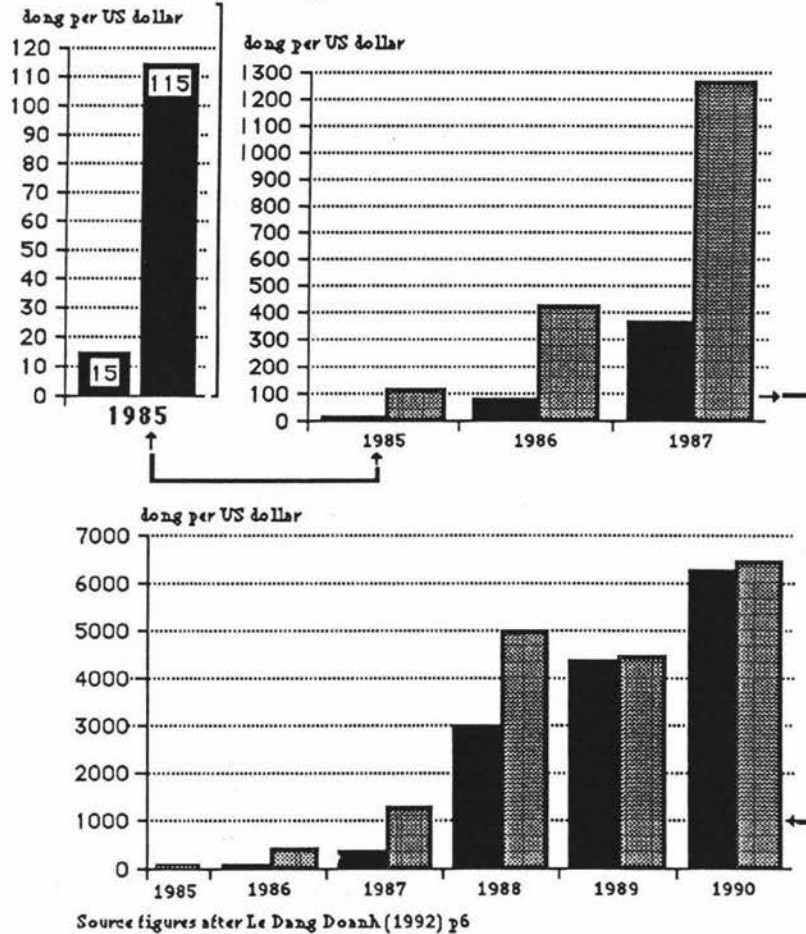
³⁰⁶ *Le Dang Doanh* (1992b) p3.

³⁰⁷ *Le Dang Doanh* (1992b) p4.

this, unprecedented flooding which occurred in Lai Chau, and the loss of the spring rice crop in the north, as well as floods in the Mekong River delta in the south, caused severe damage.³⁰⁸ Market losses in the Soviet bloc also had a huge impact on the Vietnamese economy.³⁰⁹

During 1990, the gap between official and parallel exchange rates had come down to less than 3-5%, making export values more viable.

Figure 22. Comparative View showing Official and Parallel exchange rate between 1985-1990



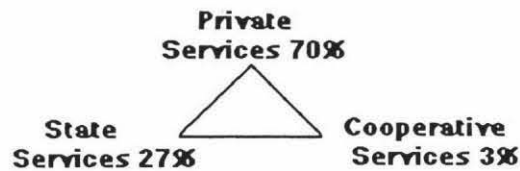
³⁰⁸Le Dang Doanh (1992a) "1991: The Vietnamese Economy Facing Difficulties", *Vietnamese Studies* New Series no. 33 (103), p99.

³⁰⁹Le Dang Doanh (1992b) *Economic Reform and Development in Vietnam*. Canberra: Research School of Pacific Studies, Australian National University. (Economics Division Working Paper: Southeast Asia 92/1), pp 12-14. The country has had to quickly review its commodity structure in exports and acquire new market outlets within an already competitive international environment. Singapore, Japan and Hong Kong accounted for 58% in value of all Vietnam's trading partnerships in 1990/91. However this does not include the huge volumes of inter-border smuggling estimated at up to US\$300 million.

Vietnam sold 21.7 million tons of rice and food exports which equalled some 5.7% of the world market in 1991. But the rate of increase in production generally was again insufficient to keep up with population growth³¹⁰

Nationally-run industries recorded a growth of 16-18%.³¹¹ This growth occurred at the expense of the co-operative economy,³¹² which as shown in the diagram below, by 1991 represented only a small fraction of the national economy.

Figure 23. Percentage of Retail Turnover by Sector, 1991



Figures sourced from Le Dang Doanh (1992a) p9

In 1992 the state sector reduced its enterprises, but expanded its share of credit³¹³ through the newly 'decentralised' banking system at the cost of other economic units (locally managed firms, co-operatives and private enterprises),³¹⁴ not to mention those who are in most need, being small household business³¹⁵ and traders' credit. The private economy and rural

³¹⁰Le Dang Doanh (1992a) "1991: The Vietnamese Economy Facing Difficulties", p100.

³¹¹Le Dang Doanh (1992a), p100. Altogether exports reached the value of 1,900 million US dollars while imports exceeded 2,000 USD, a slight decrease from 1990.

³¹²According to Vo Dai Luoc (1994) p81, numbers of agricultural co-operatives decreased by 35% between 1989 and 1991, and numbers of industrial co-ops dropped by 53%.

³¹³The State utilized this credit to pay for debts owed to the State budget: Kimura, T (1993), "Present Phase of Transition to Market Economy in Vietnam", in Than, Mya & Tan, Joseph L. H. (eds) *Vietnam's Dilemmas and Options*. Singapore: Institute of Southeast Asian Studies, p65.

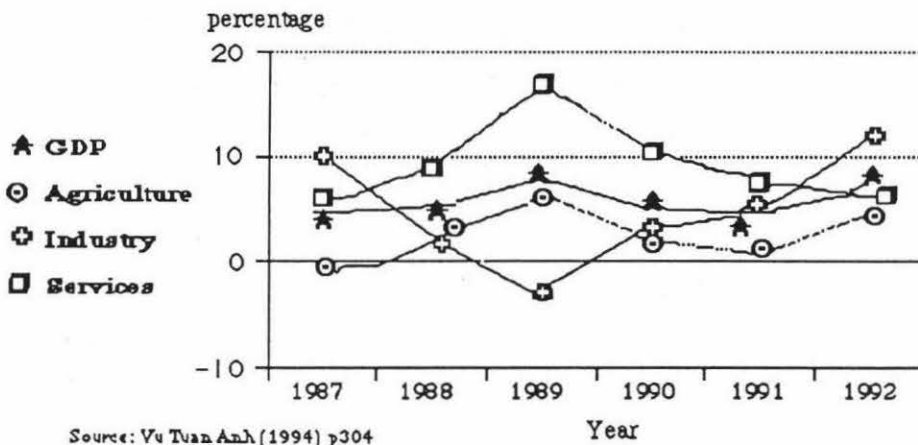
³¹⁴Kimura (1993) p65. Le Dang Doanh (1992b) p5 notes the government plans to lift the system of multi-interest rates and introduce a positive rate, presenting a major challenge to state-owned enterprises which presently receive approximately 86% of total credit.

³¹⁵In the service sector, a large number of investors are family producers investing in the growth of small industries. These organisations are mostly small with simple structures run by families: Le Dang Doanh (1992b) pp 11-12.

areas received inadequate support from banks which operated in a monopolistic way.³¹⁶

A multi-sector economic structure based on socio-economic efficiency is the central focus of Vietnamese economic development policy. Economic units are expected to operate efficiently and profitably on the assumption that this can be achieved within the existing framework of social obligation in accordance with the law.³¹⁷ However, State promulgated policies show little aim in providing incentives and assistance in the overall security of people's livelihoods. State enterprises have also failed to take over those services not covered by the private economy, especially those at district and village levels.³¹⁸ As the following graph shows, services were still on the decline in relation to other aspects of the economy in 1992.

Annual Growth of GDP (Percentage in Price of 1989)



Vietnamese leaders are now beginning to acknowledge that in spite of the economic achievements, a major task of the State is that it needs to supply those goods and public services that are seen by private economy as unprofitable. Le Dang Doanh points out that in some countries, the State's tasks also include education and public health, and social welfare.

General public opinion in all countries is that the state has to assume responsibility for education, health care, social welfare for

³¹⁶Le Dang Doanh (1992a) pp 100-101. Interest on savings were higher than on lending as local banks needed to accumulate the savings capital because lending power is so pressured by the diversity of overall demand on credit within the economy.

³¹⁷"Vietnam Perspective 1991-2000", *Vietnamese Studies* New Series no. 33 (103), pp 96-97.

³¹⁸Le Dang Doanh(1992a) p 101.

children, people on pension, nursing care, the social categories that have very little or no incomes in a market economy.³¹⁹

Below is a summary of strategic objectives listed for the 1991-95 five year plan, aimed at overcoming acute difficulties from underdevelopment and constant crisis.³²⁰

Figure 25. Strategic Objectives for 1991-95 Five Year Plan:

- stabilize the socio-economic situation
- continue to drive down inflation
- stabilize and develop production
- stabilize people's living standards
- improve the balance of payments
- halt the rapid deterioration in education
- upgrade culture and public health care
- combat social evils and speed up economic reform
- implement in a concerned manner the market system
- adjust and improve managerial effectiveness of State apparatus
- fight corruption
- establish order and discipline in economy and society

Source: "Vietnam Perspective 1991-2000" pp 89-102

In 1991 the 7th Party Congress adopted Vietnam's Strategy for Socio-economic Stabilisation and Development Up to The Year 2000. It reflects a wide range of economic and human development aims. But while I applaud its expressed initiative in human development, I perceive a contradiction between the ambition of overall policy objectives and the clarification of social policy goals.

The overall objectives are

.... to strive to overcome the conditions of poverty and underdevelopment, improve living standards, consolidate national defence and security, and create the necessary conditions for the country to develop more rapidly in the 21st century. Gross

³¹⁹Le Dang Doanh (1993) "Our State and Management of the Market Economy", *Vietnamese Studies* New Series no. 37 (107), p98.

³²⁰"Vietnam Perspective 1991-2000", p97.

domestic product (GDP) by the year 2000 will double that of 1990.³²¹

The stated strategy for achieving these goals is through first stabilising the economy by speeding up economic reform and the move to the market system, and then attending to social needs through a combined delivery of target goals

to strive to eradicate famine, reduce the number of poor people in population, solve employment problems, guarantee basic needs, improve the people's material, cultural and intellectual lives, gradually accelerate domestic accumulation, attract as much external resource as possible, strengthen infrastructure, effect a radical switch in economic structure in the direction of industrialization.³²²

I have a concern that the continued separation of social welfare aims from the underlying direction of economic policy will result in the recurring undermining of any gains and particularly in terms of people's livelihoods, as illustrated by the change to the village economy following the 1986 and 1988 reforms.

The next chapter will reflect the obstacles faced by Vietnam in achieving these social goals and will analyse the experience of the majority of Vietnamese people in terms of the wellbeing factors already discussed.

³²¹ Vietnam Perspective 1991-2000." *Vietnamese Studies* No.(103)1992 : also see Donor Conference 1993's National Goals to the Year 2000 "Overarching goals are stabilisation and a doubling of Vietnam's GDP in the ten-year period." p 8

³²² Vietnam Perspective 1991-2000." No.(103)1992

Chapter V: Current Situation of Health and Development in Vietnam

In the remainder of this paper I outline the current state of health of the Vietnamese people, in the widest sense of the word health, with particular attention to groups most often overlooked and marginalised in development: women, children and young people, ethnic minorities and those in remote areas. As will become apparent, the data available is often dubious or inadequate; more frequently, none is available at all, but a picture does emerge of a country and people who have confronted many obstacles with determination in the pursuit of an identity and a future. The question this thesis leads to is what future path will Vietnam take in terms of development and health?

Overview: Impact of Reforms

Most developing countries, including Vietnam, appear to interpret development as economic development and have yet to come fully to terms with concepts of human development such as those promoted by the UNDP and advocated in this paper. While the government may wish to promote economic growth alongside real social equity,³²³ the previous consideration of Vietnam's history and particularly the recent economic reforms reflects that it has had major difficulties making interactive decisions where the dimensions of health, development and the environment are concerned. Vietnam has had to face both "the terrible social upheavals that took place during thirty years of war and ... the sheer demands of the growing population for more immediate production."³²⁴ The pressure to modernize through industry has had enormous social, cultural and environmental impact.

³²³See pp 93-4 of this paper.

³²⁴Socialist Republic of Vietnam (1991) *National Plan for Environment and Sustainable Development 1991-2000: A Framework for Action*, p27 quoted in Huynh, Frank and Stengel, Heike (1993) "Sustainable Development: Challenges to a Developing Country" in Than, Mya & Tan, Joseph L. H. (eds) *Vietnam's Dilemmas and Options*. Singapore: Institute of Southeast Asian Studies, p279

In Vietnam, the top-down approach to economic structural change has led to the abolition of subsidies, cut-backs in social community service budgets, staff retrenchments and unjust policies of income distribution. As a result, the ability of many Vietnamese people to further their own development has been severely eroded. The community level has also been affected by a reduction in voluntarism and self-reliance. This is because these policies have made many of the poor even poorer; and among them, women are most adversely affected. As Nguyen Bich Vuong tells us, a number of social regulations and policies have not been adapted to the new economy.³²⁵ This has seriously affected living standards and health care, particularly of women, especially in remote central or mountain regions. The following paragraphs identify the main problem areas, which will be dealt with in more detail in separate sections.

Increased Income Disparities

Before the reforms the central budget had traditionally redistributed funds from the richer provinces to subsidise the poorer regions.³²⁶ With decentralisation, these practices have lessened as new reform policies have curtailed the state's practice of central re-distribution. Despite the fact that 10% of all agricultural tax is reallocated to villages for the overall funding of their social services, this sum falls short of the overall cost of general health care services, while the costs of this care to families is much higher than the majority of poor can safely afford.

Impact on Women

The re-introduction of the family economy, and the decrease of co-operativisation has meant that more labour has in fact been forced upon women.³²⁷ Long hours range between 15-18 hours per day compared with some 12-14 hours for men.³²⁸ Women's unpaid responsibility has increased

³²⁵Nguyen Bich Vuong (1993) "Vietnam Women's Union's Activities in Early Half of 1993", *Women of Vietnam* 3/1993, p2.

³²⁶UNICEF (1994) *Viet Nam: Children and Women - A Situation Analysis*. Hanoi: UNICEF Vietnam, p18.

³²⁷White (1988) p175: "The new system appears to be increasing productivity by increasing women's workload with negative results for women's health".

³²⁸Research into 2 rural communes by Dang Nguyen Anh in 1991 found women's average working hours were 15-17 per day. "The Position of Women in Rural Communes", summarised in

dramatically in the area of education, and with decreased co-operative support their work in childcare and health care has been intensified. The reality of Vietnamese women's lack of 'income opportunity' is reflected in the fact that they take almost all responsibility for child rearing in the family, while the provision of child care outside the family is declining. Creches used to be widespread and generally free but are now much less available and often beyond the means of working mothers or would be working mothers.³²⁹

Without affirmative carefully planned action, the scene is set for rapid growth of current socio-economic disparities³³⁰ throughout regions and between households and individual people.

Environmental Degradation

As Huynh and Stengel explain, while neo-classical economics predominates in Vietnam's development model, its success appears to be jeopardised by its limitations when accounting for environmental constraints.³³¹ Like most developing countries, the Vietnamese government faces increasing dilemmas of over-population, chronic environmental pollution, land, soil and water depletion along with other natural resource degradations. Between 1961-71 some 13 million tonnes of explosives and millions of litres of toxic chemicals were dropped over Vietnam,³³² seriously damaging the ecology of the countryside and leaving a legacy of disastrous consequences for the health of many generations to come.³³³ In present day circumstances, air and water pollution levels are becoming increasingly serious in towns and industrial centres as a result of a dense population, continued expansion of industrial

Liljeström, Rita (1992) "Contributions to Research on the Family in Vietnam", *Vietnamese Studies* New Series no. 33 (103), pp 33-46.

³²⁹Hainsworth (1993) "Human Development in Vietnam" in Than & Tan, *Vietnam's Dilemmas and Options* p175, citing Fraser (1991) "Maternal Child Health and Education in Vietnam" in Forbes (ed) *Doi Moi: Vietnam's Renovation, Policy and Performance*, Research School of Pacific Studies, Australian National University, Canberra, p180.

³³⁰Le Dang Doanh (1992a) p102: Fahey, Stephanie (1994) "Vietnam: "Pivotal Year?"" in *Southeast Asian Affairs 1994*. Singapore: Institute of Southeast Asian Studies, p349.

³³¹Huynh & Stengel (1993), p259.

³³²Pham Song (1992) "The Health of Vietnamese Children: Situation and Measures for Improvement", *Vietnamese Studies* New Series no. 34 (104), p95.

³³³See for example papers in *Vietnamese Studies* no.64 on the long-term health effects of defoliants by Ton That Tung (1981), and war invalids by Nguyen Qui Hung (1981) and Vu Hanh Nien (1981).

production, construction of new residential quarters, inadequate treatment of waste water, human waste and garbage, of dust, poisonous gases, heat, and noise.³³⁴ In 1991, air pollution in Hanoi, Ho Chi Minh City, Hai Phong and the industrial "growth triangle" bounded by HCM, Vung Tau and Bien Hoa, exceeded the international standards by two or three times.³³⁵

As far back as 1985, the Vietnamese government was aware that it faced an environmental crisis involving (among other factors) over-exploitation of aquatic products, deforestation, uncontrolled use of agrochemicals, and urban pollution.³³⁶

These environmental influences along with people's attitudes and behaviour within the interaction of their environments, contribute directly to the high occurrence of epidemics, occupational and social diseases.

"the people of Vietnam are not restrained in their consumption of natural resources for food and other purposes by the dictates of religious, moral or traditional taboos. The great respect that previous generations showed for the balance of natural resources and all living things including forest spirits, has been lost or forgotten as a result of the terrible social upheavels that took place during thirty years of war and because of the sheer demands of the growing population for more immediate production."³³⁷

The problem is worsened in that

" ... responsibility for implementation of environmental regulations is found in agencies which also have some development responsibilities. This structure has the potential for a weak implementation of environmental regulations due to

³³⁴Personal observations, April 1994 (see p6 above); Pham Song (1992) "The Health of Vietnamese Children: Situation and Measures for Improvement", *Vietnamese Studies* New Series no. 34 (104), p95.

³³⁵Huynh & Stengel (1993), p272.

³³⁶Report by the Committee for Rational Utilization of Natural Resources and Environmental Protection, 1985, cited in Huynh & Stengel, p272.

³³⁷Socialist Republic of Vietnam (1991) *National Plan for Environment and Sustainable Development 1991-2000* p27, cited in Huynh & Stengel p279.

the commonly perceived conflict between development ambitions and environmental safeguards."³³⁸

Pressure on Local Government and Mass Organisations

While the most important national political institution in Vietnam is the Vietnamese Communist Party (*Dang Cong san Viet Nam*), since the reforms began, decentralisation has meant Provincial Party organs, namely the People's Committees, have become increasingly more powerful in their bureaucratic role as administrators of local government. Each People's Committee is elected from lists drawn up by the provincial branch of the Communist Party. The People's Committees have a responsibility to raise revenues for the development of their own provinces. They tend to mirror a similar structure to central government; however local variations and management practices differ in some provinces. From the People's Committee the outcome of power-decisions and responsibility descend hierarchically down to district and village commune levels, where issues of concern are discussed and findings are then sent back again up through the hierarchy.³³⁹ In Vietnam, this is a process where procedure, in doing things the right way means everything.³⁴⁰ In an effort to disclose a brief impression of how this system works I have included a model from Houtart and Lemercinier whose focus is primarily at commune level (Hai Van). In discussion they outline that a problem more fundamental than social psychology or ethics lies within the management and institutionalisation of the process itself.

"Once roles have been instituted, hierarchies are created, models of behaviour are set up, interests become vested, and it is very difficult to modify them. Further they tend to reproduce

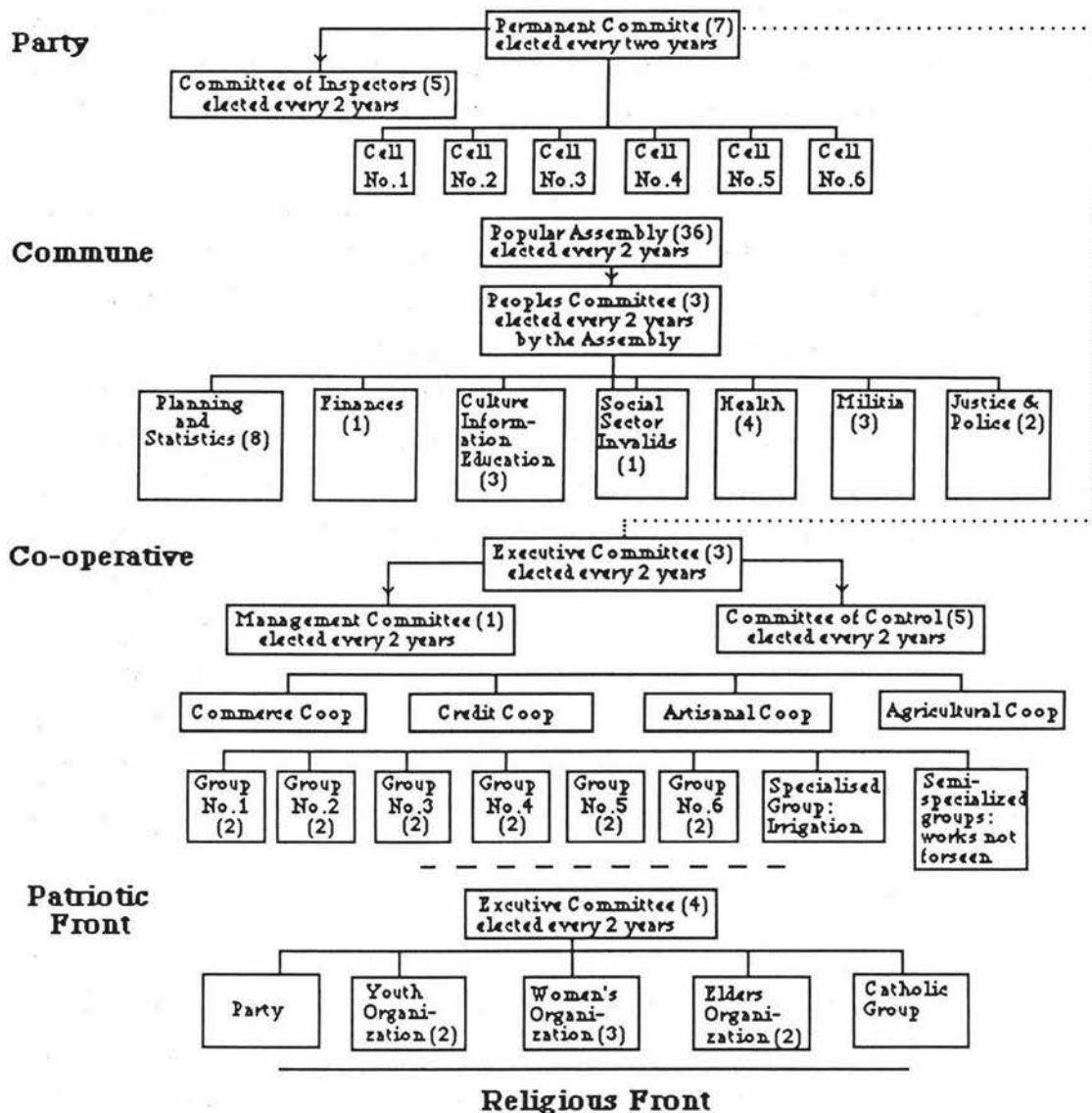
³³⁸Worley International & GMV Associates (1994) *Vietnam Solid Waste Management and Training*. Report prepared for New Zealand Ministry of Foreign Affairs and Trade, Asia Development Assistance Facility, in conjunction with Environmental Protection Centre, Ho Chi Minh City, p A5.

³³⁹Personal observations based on meetings with officials at central, provincial, district and communal levels, April 1994.

³⁴⁰Hawley, Christopher (1993) "The Vietnam/Cambodia Projects: The Lessons Learnt So Far" in Walsh, A. Crosbie (ed) *Development That Works! Lessons from Asia -Pacific*. Palmerston North: Amokura Publications, p D11.

themselves beyond the function for which they were instituted."³⁴¹

Figure 26. Organisational Structure of the Commune of Hai Van



Source: Houtart & Lemerminier (1984) p72.

³⁴¹Houtart, Francois & Lemerminier, Genevieve (1984) *Hai Van: Life in a Vietnamese Commune*. London: Zed Books, p73.

Of particular interest are those popular organisations the Houtart and Lemercinier model places under the patriotic front. Whilst these non-governmental organisations have no direct function of organisation within the Party they work closely as training grounds for potential Party members, and are extremely important in their role of safe-guarding the welfare of people's affairs. They have historically played a vital social and political role within the community. Their responsibility for the most is targeted at local levels of the village and the family.³⁴²

The multiple range of tasks performed by the Women's Union, the Youth Union and the Peasants' Union for example, are integrated on a number of levels through a series of national programmes showing the significant role these organisations perform within the Vietnamese community. For example, these unions are responsible for the promotion of the government's national family planning policy and each deliver a diverse selection of family planning components. For the Women's Union a main focus is to emancipate women, through education, and particularly women's health. The Peasant Union delivers similar programmes that focus on gaining the co-operation of males to take more responsibility for family planning. The Youth organisation on the other hand has similar programmes with an additional focus to combat HIV/AIDS in urban centres. Through new community development programmes this union is involved in a number of joint activities targeting children living in difficult circumstances as well as on the street.³⁴³

The Women's Union campaigns extremely hard to raise women's awareness and knowledge. It is an important organisation supporting women to help raise their incomes in the family economy. In rural areas the union provides a small credit programme for women, as well as small business loans.³⁴⁴ UNICEF as well as many forms of bilateral funding (including those from

³⁴²UNICEF (1994) *Viet Nam: Children and Women - A Situation Analysis*. Hanoi: UNICEF Vietnam, p22.

³⁴³Socialist Republic of Vietnam & UNICEF (1994) *Situation Analysis of Women and Children in Viet Nam*. Draft document. Hanoi, p18.

³⁴⁴"More than 500 Poor Women Get Loans from NARV", *Women of Vietnam* 4/1993, p9; Hoai Trung "Programme of HCMC Women's Union to help poor women in production development" *Women of Vietnam* 1/1993, p14.

NGOs) are directed particularly to the Women's Union where a focus on health has been stepped up to boost previous efforts through mother and child nutrition programmes.³⁴⁵

Unfortunately however, these organisations experience serious difficulties in transport and communication, and they have a wide range of administrative problems as well as low finance.³⁴⁶ Low management and technical skills in some areas also contribute to a lack of overall capacity of these organisations to further advance their cause.

Following the reforms, funding budgets as well as related subsidies have been greatly reduced. Financial pressure coupled with staff reductions and low wages has meant that the overall capacity of these organisations is shrinking as they are forced to operate on market based principles. Staff members are overworked and receive little income. Workers are further stressed when the energy required for fund-raising activities to make up for the lack of basic operational costs detracts from reaching organisational goals. The overall capacity of these organisations is being largely undermined, and for this reason their role is becoming sketchy in some areas throughout Vietnam.³⁴⁷

Data Reliability

Most developing countries use crude figures rather than accurate data which focuses on particular groups and which would allow a more accurate assessment of life quality through the framework of a social audit.³⁴⁸ As Phillips specifies, reliable data which includes a geographical spread over time within countries is perhaps the most major factor limiting research at

³⁴⁵See for example United Nations Economic and Social Council (1995) *Country Programme Recommendation: Viet Nam*, pp 5-6; Kelly, Cath and Neave, Margaret "Health and Nutrition for Women and Children" *Vietnam & Cambodia Support Network Newsletter* December 1992; Kim Phu Ha "Goal for Year 2000: No Starveling Household" (interview with Mrs Nguyen Thi Hang, Vice-Minister of Labour, War Invalids and Social Affairs) *Women of Vietnam* 4/1993, pp 8-9.

³⁴⁶Socialist Republic of Vietnam & UNICEF (1994) *Situation Analysis of Women and Children in Viet Nam*. Draft document. Hanoi, p19.

³⁴⁷Ibid. p19.

³⁴⁸See the discussion in UNDP *Human Development Report 1994* pp 92-3.

whatever stage of development.³⁴⁹ Supporting this fact Harpham tells us that while infant mortality in a city may be around 80, it may be as high as 200 in certain slum areas.³⁵⁰

Vietnam is no exception to these observations. As I will disclose later, there are many different versions of the Vietnamese infant mortality rate, showing little agreement as to what may in fact be the actual rate. This is because numerous disparities appear through various studies (even within single organisations). There are numerous data gaps relating to such matters as employment and income, and even basic health data are usually estimated.³⁵¹

For example Bien Hoa, an industrialising urban centre, has a Centre for Hygiene Epidemiology, but no birth or death records are kept, and epidemiological data for the town is almost non-existent.³⁵²

Hilary Standing makes an important point when she states that underenumeration of what she calls the unorganised sector, (where women are disproportionately represented), hinders informed policy-making.³⁵³ This lack of information greatly constrains the formulation of sound policy initiatives directed towards supporting women by instead marginalising women's work by making it statistically invisible. This thoroughly isolates women as well as minimises their productive value throughout the entire socio-economic framework, and in turn adds critically to the reinforcement of gender disparities. As I will show through my sections on income and "informal" work, this is very much the Vietnamese situation.

³⁴⁹Phillips, David R. & Verhasselt, Yola (eds) (1994) *Health and Development* London: Routledge, p21.

³⁵⁰Harpham T. (1994) "Cities and Health in the Third World" in Phillips & Verhasselt (eds) *Health and Development*, p111.

³⁵¹See for example the discussion on child mortality rates at p156 below; also Hainsworth (1993) "Human Resource Management" in Than, M. & Tan, J. (eds) *Vietnam's Dilemmas and Options*. Singapore: Institute of Southeast Asian Studies, p166.

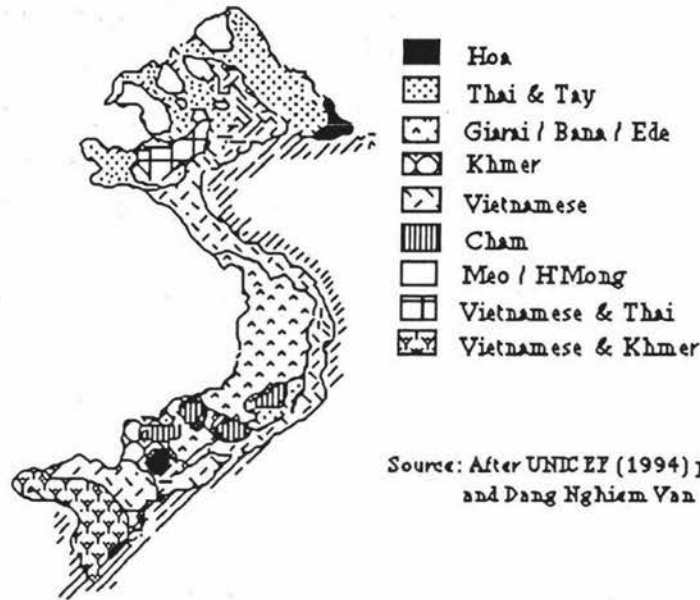
³⁵²Worley International and GMV Associates (1994) p B11.

³⁵³Standing, H.(1992) in Østergaard, Lise (ed) *Gender and Development*. London: Routledge, p73.

Population Distribution and Growth

Vietnam is the second most populated country in Southeast Asia with over 70 million people³⁵⁴. Of these, some 87% are Kinh or ethnic Vietnamese, but there are 53 other recognised ethnic groups throughout the country.³⁵⁵ The map below shows the broad distribution of major groups.

Figure 27. Approximate Location of the Major Ethnic Groups in Vietnam



Source: After UNICEF (1994) p25
and Dang Nghiem Van *et al* (1984)

According to government sources, in 1992 39% of Vietnam's population was less than 15 years of age.³⁵⁶ Between 1979 and 1989 the number in the under-15 bracket decreased by 3.56% and the under-5s by 0.68%,³⁵⁷ reflecting a slight decline in the birth rate over the period.³⁵⁸

³⁵⁴UNICEF (1994) *Viet Nam: Children and Women - A Situation Analysis.*, p8. It is second only to Indonesia in the region.

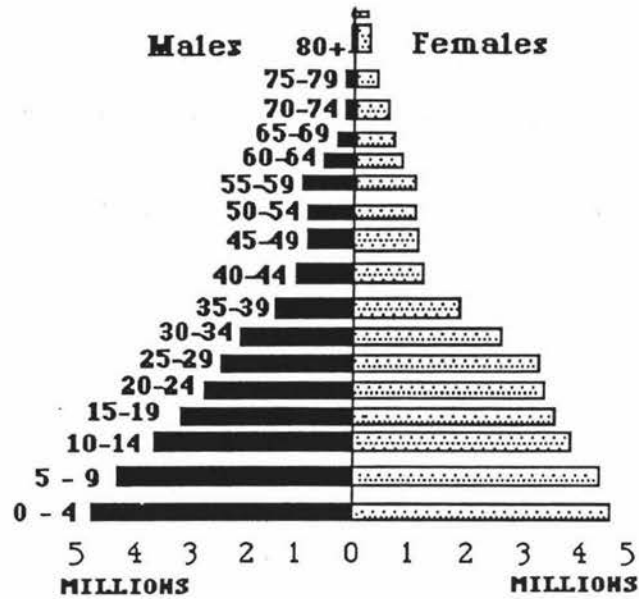
³⁵⁵Hainsworth (1993), pp 161-2. For further detail on the different groups, see Dang Nghiem Van, Chu Thai Son & Luu Hung (1984) *The Ethnic Minorities in Vietnam*. Hanoi: Foreign Languages Publishing House.

³⁵⁶Socialist Republic of Vietnam (1993) *Vietnam: a Development Perspective*, p vi.

³⁵⁷Do Hong Anh (1992) "Difficulties on the Road to Solving the Population Problem", *Vietnamese Studies* New Series no. 34 (104), p112.

³⁵⁸While there are a number of familiar reasons presented for Vietnam's decline in birth rates, the most interesting links migrations as well as the imbalance of the sexes. The separation of husbands and wives may contribute quite substantially to a reduction in birth rates. As well as

Figure 28. Population by Age (1989)



Source: Vietnam Census 1989, reproduced from UNICEF (1994)

At the bottom end of the population pyramid we can see the degree of expansion of the workforce over the next decade, and this rate is presently estimated at one million people per annum.³⁵⁹ As well as this, the top end of the age structure reveals the impact of the war between 1949-1975, particularly on the male Vietnamese population where there is a relatively low proportion between the ages of 45 and 65. In 1989 the ratio between males and females averaged around 95 to 100 respectively, with women presently making up 53.2%. This sex ratio is higher in rural areas than in the cities due to the migration of males leaving rural regions to join the army, for study or in search of work.³⁶⁰

At least 83% of the Vietnamese population live in rural areas, but between 1979-89, the urban population grew rapidly by 3.4% whereas the rural population by only 2.3%. This growth reflected migration figures rather than

this, widowhood in Vietnam accounts for at least 10% of population. See UNICEF (1994) *Viet Nam: Children and Women - A Situation Analysis*, p9.

³⁵⁹ UNICEF (1994) *Viet Nam: Children and Women - A Situation Analysis*, p9.

³⁶⁰ Ibid. p9.

a high urban birth rate.³⁶¹ Urban migration appears to have increased quite dramatically since 1989, from the north to the south east, and especially in and around Ho Chi Minh City. According to Hainsworth, migration flows reflect that some 60% of those migrating during 1984-1989 were between 15-35 years old and involved a great proportion of moving families.³⁶²

It is estimated that the population as a whole will grow to be 80 million by the year 2000 and some 100 million fifteen years later (2015). The rate of population growth (PGR) is variously reported to have been about 2.1% or "between 2.2% and 2.4%" per year in 1989.³⁶³ Regional growth rates are highly diverse throughout the country. For example during 1979-1989, while the national PGR dropped by 2.1%, it rose in the Mekong River Delta and Central Highlands regions by 1.9% and 5.8% respectively.³⁶⁴ Vietnamese data on population is not always reliable: Do Hong Anh notes that statistics collected may be altered in an attempt to present an illusion of success in the family planning campaign, and in many cases people do not co-operate with interviewers.³⁶⁵

Population Policies

State policies on population growth have been adopted by Party Congresses³⁶⁶ and included in Economic Development Plans between 1976-91. In 1984 the National Population Policy (NPP) proclaimed a goal of reduction of population growth to 1.7% per year by 1990 through adoption of the specific measures set out below.³⁶⁷

³⁶¹Ibid. p11.

³⁶²Hainsworth (1993), p161.

³⁶³Do Hong Anh (1992) "Difficulties on the Road to Solving the Population Problem", *Vietnamese Studies* New Series no. 34 (104), p111.

³⁶⁴SRV & UNICEF (1994) *Situation Analysis of Women and Children in Viet Nam*. Draft, p4.

³⁶⁵One example given was a rate of growth which on later examination had to be revised from 1.3% to 1.7%: Do Hong Anh (1992), p120.

³⁶⁶through the 3rd, 4th, 5th, and 7th National Party Congresses.

³⁶⁷Do Hong Anh (1992), p109.

National Population Policy: Specific Measures

1. later marriage: (24 yrs men - 22 yrs women)
2. later childbirth: (5 yrs after marriage for young people).
3. 2 children per couple
4. no discrimination between male and female children
5. a gap of 5 yrs between births

Source: Do Hong Anh (1992) p109

Under this policy it is assumed that birth rates will eventually balance with the death rate. However, the total population will continue to rise in the foreseeable future as the number of young people reaching reproductive age continues to increase.³⁶⁸ From the age pyramid it is evident that the maturing of the younger generations coupled with a declining mortality rate will sustain the current rate of population growth and therefore reflect a greater bulge in the years to come. The rate of population growth may even increase.

The Government has attempted to provide incentive measures in the area of family planning. The policy is supported by mass organizations such as trade unions, the Youth Union, the Women's Union and the Communist Party of Vietnam. Contravening the policy, especially having a third child, may involve sanctions and expulsion from mass organizations, losing emulation titles, bonuses or promotions, fines in terms of rice, reductions to work-points and even dismissal.³⁶⁹ These attempted disciplinary measures have apparently had little effect except on those totally reliant on the organisations for income.³⁷⁰

With UNFPA and UNESCO assistance the State has launched 24 national educational programmes on the population policy including a mass media campaign over 3 years, and a secondary school level programme in 17 provinces. Like many health and development programmes current in Vietnam, this programme encounters many difficulties which centre on a

³⁶⁸Do Hong Anh (1992), p110.

³⁶⁹Do Hong Anh (1992), p110.

³⁷⁰Hainsworth (1993), p165; Do Hong Anh (1992), p110.

lack of money, transport and people, and in many areas of the countryside has consequently achieved insignificant results.³⁷¹

According to the 1989 census, Vietnam's total fertility rate was 3.8 children per woman, down from the estimate of 5.1 for 1979. Mothers giving birth to three children or more had dropped to 48% in 1985 from 54% in 1980.³⁷² But in terms of the State's goals the rate of change was still insufficient. The official statistic for population growth rate in 1992 was 2.3%.³⁷³

There are severe practical and attitudinal obstacles to the achievement of the policy goals. The unavailability of cheap, reliable and safe contraception is one; the persistence of traditional views on the family, and social and economic pressures supporting large families are others.

Contraception

Women take almost all the responsibility for family planning. While the government has stipulated that family planning is the responsibility of both men and women, almost all programmes and sex education targets are directed at women.³⁷⁴ This is ironic given that

Male sexual attitudes and practices have been identified as a major problem for women's health. The sex industry has grown considerably in the past few years and it appears that a large number of men have multiple sex partners ... This [is] coupled with male unwillingness to take responsibility for contraception.³⁷⁵

Family Planning measures were initially launched in 1960 but it wasn't until the 1980's that knowledge of contraceptive methods became more diversely available. The following are the most widely used methods of the 30 years up to 1992, ranked in order of popularity: 1. rhythm method; 2. withdrawal; 3. intra-uterine devices (IUDs); 4. condoms; 5. oral contraceptives.³⁷⁶

³⁷¹Do Hong Anh (1992) pp 110-111.

³⁷²Nguyen Cong Thang (1987) "Ten Years of the Campaign for Rational Population Growth and Family Planning", *Vietnamese Studies* New Series no. 16 (86), p165.

³⁷³Socialist Republic of Vietnam (1993) *Vietnam: a Development Perspective*. p vi.

³⁷⁴UNICEF(1994) p31.

³⁷⁵Ibid. p30.

³⁷⁶Do Hong Anh (1992) p118. It appears abortion was not canvassed, although it is currently being used as a contraceptive measure - see p110 of this paper.

The rhythm method and withdrawal are the least effective but the most commonly used because both methods cost nothing. The IUD is more common among rural women in the north because it does not interfere with daily activities or require continual expenditure.³⁷⁷ Here it is interesting to note that with family planning in the south, where people have a slightly higher living standard, there is more success revealed through the statistics. The average number of children born to women of child-bearing age both in urban and rural areas in the south is lower than that of northern women.³⁷⁸ The main consumers of oral contraceptives and condoms are southern urban residents who enjoy a better education and higher income. Here also according to Do Hong Anh a good service system is available³⁷⁹.

IUDs are extensively used because they have been consistently available, while the condom has been provided irregularly and the pill is almost impossible to find at a communal level.³⁸⁰ In recent years both the condom and pill have become readily available on the open market.³⁸¹ The cost however like so many items which are basically needed, is less affordable to the poor, and especially women who very often have less money than men.

Women in Vietnam therefore have a limited amount of choice when it comes to contraception. Methods readily available are invasive and are in fact highly detrimental to women's health. Gynaecological infections as well as anaemia rate extremely high among women as a result of problems related to their use and method of contraception. Unhygienic conditions and a lack of skill in health stations are also factors.³⁸² In a study of two rural districts Dr Dang Phuong Kiet revealed extra-uterine pregnancy resulting in serious complication is increasing in both districts, and may be caused by the greater incidence of abortion, overuse of IUDs, or failure to ensure sterile conditions. Cases of genital infection frequently occur; in one district, the rate of vulva

³⁷⁷ Do Hong Anh (1992) p119.

³⁷⁸ Do Hong Anh (1992) p122.

³⁷⁹ Ibid. p119.

³⁸⁰ UNICEF (1994) *Situation Analysis* p31.

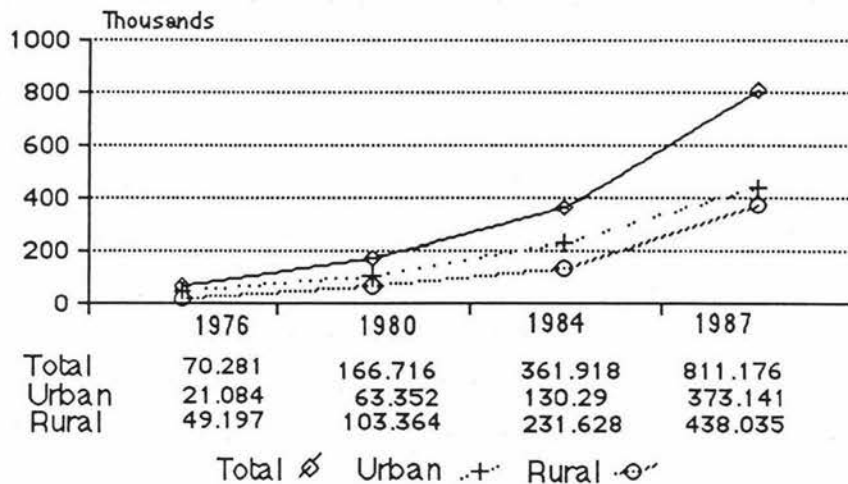
³⁸¹ Family Planning commodities to date have mostly come from the Eastern Bloc countries. UNFPA is now the main supplier, apart from the free market. UNICEF (1994) p53.

³⁸² SRV & UNICEF (1994) *Situation Analysis* draft, p25.

infection was 24%, of vaginal infection was 51%, and of endometriosis was 15% (in 93 women). Dr Dang Phuong Kiet's study amplifies that these are problems which need serious investigation and a closer look at methods used in family planning.³⁸³

Abortion has become increasingly widespread in Vietnam, where at least one out of every three pregnancies now end in abortion. In the first six months of 1993 there were an estimated 550,000 abortions which apparently exceeded the number of births during the same period.³⁸⁴ What is worse is that according to one survey, 40% of women, after having an abortion, return for another within six months.³⁸⁵ The frequency of abortion is a concern both for its direct impact on women's health and for its potential to involve secondary infections given the prevalence of unsterile conditions.³⁸⁶

Figure 29. Induced Abortions by Urban and Rural Areas, 1976-1987



Source: [Vietnam] National Centre of Social Sciences, Centre on Women's Studies: "Selected Indicators on Women's Status in Vietnam, 1976-89", reproduced in UNICEF (1994a) p54

For contraceptives to be accepted and used, social conditions compatible with low fertility must exist. Studies throughout the world reveal that voluntary

³⁸³Dang Phuong Kiet (1992) "Data on Mother and Child Health in Two Rural Districts", *Vietnamese Studies* New Series no. 34 (104), p47.

³⁸⁴SRV & UNICEF (1994) *Situation Analysis* draft, p25.

³⁸⁵Ibid. p46.

³⁸⁶Ibid. p48.

family planning has succeeded only in populations where economic security has been improved for the general population and for women in particular, including access to material resources, health, and education.³⁸⁷

At present in Vietnam there is a powerful combination of economic insecurity and traditional cultural attitudes which counter official population policies.

Studies from Vietnam have clearly shown that a large number of families suffering from unstable incomes in rural areas are not yet ready to accept the two-children family model.³⁸⁸ This is largely because children can help their parents with family tasks (such as weaving, looking after buffaloes or cutting grass and child-minding) and at the age of 13 or 14, children, particularly girls, become a main source of labour in and around the family farm. In this environment, children are a great asset to the family.³⁸⁹ This point is further amplified when you consider that Vietnam suffers from a high infant mortality rate, and extreme poverty. Because women may lose their children through sickness, it is in fact quite rational for women to want more children, while men argue more often that numerous offspring are an insurance for parents' old age. Though extremely poor, many rural families in Vietnam still strongly believe 'a little more or a little less is still enough' and therefore have a third or fourth child.³⁹⁰ In urban areas even among government workers, there are those who if they had a better life, would be prepared to have a third child. Here too, solving economic difficulties in daily life and taking care of the aged parents means large families often do better by sharing their labour than families with fewer children.³⁹¹

³⁸⁷ Bandarage, Asoka (1994) "Population and Development" *Monthly Review: An Independent Socialist Magazine*. Vol 46, p 40.

³⁸⁸ Do Hong Anh (1992) p119.

³⁸⁹ To improve labour outputs, small farms historically used the labour of women, children and even elderly people, to support the family and village economies. In this context, early child marriage was also seen as a means to shorten the period of reproduction of manpower. People believed "as heaven creates the elephant it will create grass to feed it". See Phan Dai Doan (1985) "Population Growth in the Vietnamese Countryside in the Course of History", *Vietnamese Studies* New Series no. 9 (79), p53.

³⁹⁰ Do Hong Anh (1992) p115.

³⁹¹ *Ibid.* p115.

Within the traditional Vietnamese household, up to three or four generations of the family co-existed under the one roof. In Vietnam this pattern has been consistently changing in both urban and rural areas as a result of the nuclearisation process. In the workforce however, with some form of mutual assistance within families still occurring in agriculture, and in small family business relationships in industry, the production relationship has at least to some degree maintained a large percentage of relationships within the extended family.³⁹²

In rural Vietnam for example, farming methods have scarcely changed from the last century; cultivation is still based mainly on manual labour and draught animals. Although the recent reforms have meant there has been an increase of productive output in agriculture,

“... agricultural production is still characterized to a great extent by manual labour, rudimentary tools, and a more or less autarkic character, ... an increased labour input remains the condition for augmenting agricultural production.³⁹³

Where land is allocated according to household labour output productivity, the demand for labour has therefore increased. For this reason many families will continue to feel the need to have more children.³⁹⁴ Added to this, larger families often have greater influence within their village. As Vietnamese values are built strongly around the family, a large kin network can be advantageous, especially if it contains members in local administration and mass organizations.³⁹⁵

³⁹²Phi Van Ba (1991?) "How Vietnamese Families in the Red River Delta adapt themselves to New Economic Conditions", cited in Liljestrom (1992) "Contributions to Research on the Family in Vietnam", *Vietnamese Studies* New Series no. 33 (103), p40. White (1988) p 174 asserts the new policies are based on an assumption of extended family mobilization for economic assistance.

³⁹³Phan Dai Doan (1985), p 56.

³⁹⁴Thien Huong (1987) "My Worry", *Vietnamese Studies* New Series no. 16 (86), p150, gives a glimpse of village psychology on this point.

³⁹⁵As Do Hong Anh (1992) p115 tells us, this is in the context of a traditional belief that stipulates that relatives and family should always be considered first.

Cultural Attitudes

According to Jones, Roman Catholicism, Islam and traditional religions of Africa are generally regarded as buttressing high fertility levels, whereas Buddhism and Confucianism on the other hand have more liberal attitudes towards reducing family size.³⁹⁶ As Jones explains, the Confucian system, though favouring family continuation, also has a pragmatic rationalist dimension of social responsibility, "costs and benefits", achievement orientation and upward mobility with a high respect for education. In the case of Vietnam, however, this assertion is only correct if we narrow our interpretation to those Buddhist or Confucian families who perhaps live above the poverty line, and include parents who are educated and whose children have affordable access to health, education and employment.

Sociological surveys find that a major psychological hurdle facing the success of Vietnam's national population policy is that a large majority of Vietnamese women, as well as men share the view that a family should always have a son.³⁹⁷ A son is the ultimate goal and happiness of many families. The so-called 'sacred responsibility' of the father to his ancestors and his offspring is fulfilled only when he produces a lineal male successor to carry out ancestral rites. This responsibility is clearly revealed in the popular Confucian saying: "Of the three indications of filial impiety, the most serious is the failure to have a son".³⁹⁸ Whilst at least 50% of the population understand the family planning issue and in theory support the current two-child-only policy, the rule itself is not as pressing as having at least one son. Traditionally, Vietnamese women's status was dependent on their producing children, especially sons.³⁹⁹ This pressure is still active to the extent that a significant number of Vietnamese women, specially older ones, who have been unable to marry, are now initiating relations with married men specifically to obtain a child in exchange for rice rations in a new social

³⁹⁶Jones, Huw R. (1990) *Population Geography*. London: Paul Chapman Publishing, p145.

³⁹⁷Do Hong Anh (1992), pp 115-118.

³⁹⁸Ibid. p117.

³⁹⁹Dao Hung (1989b) "Viet Customs and Habits in Childbirth, Childcare and Raising of Children", *Vietnamese Studies* New Series no.23 (93), p6.

practice called "demand for children".⁴⁰⁰ Presented in this context, birth control is a highly complex issue and rigid measures in family planning can actually jeopardise a woman's social identity and wellbeing.

Ethnologists Dang Nghiem Van and Nguyen Duy Thieu studied minority groups within Vietnam.⁴⁰¹ The cultural values of most ethnic groups are being influenced from outside, as new beliefs and values converge with their own systems. Van observes that while many outdated cultural health practices need to be counteracted, there are dilemmas when trying to preserve the integrity of ethnic identity. Van notes how the social function of the traditional family has been violated as they are encouraged to have smaller families.

Nguyen Duy Thieu tells us that the E-de people rejected family planning policies on the basis that they have their own kinship system. Their system however appears to alarm the local Confucian majority, who regard it as threatening to male status.⁴⁰²

Rita Liljestrom, considering the dilemma, rightly observes that the survival of traditional family patterns within minority groups is not necessarily that dissimilar from majority families which oppose to or adapt to general state policies or to the expanding demands of a market economy.⁴⁰³

Gender Discrimination and the Status of Women

As can be seen from the previous discussion on preference for male children, gender discrimination is prevalent in Vietnam. Serious imbalances appear to extend from deeply rooted cultural social attitudes. Discriminatory forms of gender imbalance have been inflated further by the economic reforms which have detracted from women's economic freedom and progress with the

⁴⁰⁰Le Thi Nham Tuyet (1993) "'Demand for Children" in An Hiep village", *Vietnamese Studies* New Series no. 39 (109), pp 60-66. Also see Thu Vien (1989) "The Spinsters", *Vietnamese Studies* New Series no. 24 (94), pp 105-108.

⁴⁰¹Reported in Liljeström (1992) "Contributions to Research on the Family in Vietnam", *Vietnamese Studies* New Series no. 33 (103), pp35-8.

⁴⁰²Liljeström (1992), p37.

⁴⁰³Liljeström (1992), p38.

removal of state subsidies in health and education, particularly at communal levels.⁴⁰⁴ In contrast to these reforms, the law, which prescribes equality for women, has little influence on the actual reality of what is experienced daily in women's lives. Vietnamese women in all areas of the community are restricted by traditional patriarchal values and beliefs which are being reasserted throughout Vietnamese society.⁴⁰⁵

Male Power in the Family

Whilst a high percentage of Vietnamese people are Buddhist and Catholic, Confucian beliefs and attitudes play a dominant role in the formation of the patriarchal family, giving males absolute power over women as fathers or husbands. As Nguyen Thi Khoa clarifies, these values have by no means completely disappeared from present-day society.⁴⁰⁶ An inherent message at their core is that women in all areas of life are responsible for happiness of their husbands and families. Mothers are expected to have a larger share in educating and the upbringing of their children than fathers, and a wife must submit to the desires of her husband and the wishes of her father-in-law.⁴⁰⁷ Many of these traditional demands see women make sacrifices for the betterment of their husbands as well as for the other men in the family. Sons have an outward orientation, and daughters are directed inward, towards fulfilling household responsibilities.⁴⁰⁸

In rural areas, particularly in the North, women are strongly encouraged to stay within the village communities. For this reason, Vu Manh Loi, following her research on rural communities of the Red River Delta, identifies the need for a cultural approach to gender in Vietnam.⁴⁰⁹ She explains that while the government has attempted to build a socialist family

⁴⁰⁴ UNICEF (1994), p12; "Resolution of the Political Bureau on Renewing and Strengthening Agitation Work Among Women in the Current Situation (12 July 1993)", *Women of Vietnam* 4/1993, pp2-4.

⁴⁰⁵ Indirectly through the influence of the family economy: see White (1988) pp 173-5.

⁴⁰⁶ Nguyen Thi Koa (1993) "The Single Mother", *Vietnamese Studies* New Series no. 39 (109), p46.

⁴⁰⁷ Vuong Gia Thuy (1976) *Getting to Know the Vietnamese and their Culture* New York: Frederick Ungar Publishing Co, p25.

⁴⁰⁸ Liljeström (1992), p41, citing Vu Manh Loi (1991?) "The Male-Female Division of Work in Rural Families of the Red River Delta", Institute of Sociology, Hanoi.

⁴⁰⁹ *Ibid.*

based on legal equality between husbands and wives,"[for] ... millions of families, life goes on in accord with unwritten rules which everybody accepts covertly." 410

Parents' attitudes traditionally have a powerful impact on the way daughters and sons perceive themselves, and their self-perceptions are further confirmed by prevalent divisions of labour. Studies reflect that in rural communities male labour has a higher prestige, and almost all male labour produces cash income most of which is earned outside the family orbit. In many cases only a small proportion of women's labour is recognised as producing this type of income.⁴¹¹ However, through a number of studies based on time budget analysis, it is evident that women carry a triple burden in relation to their social responsibilities in doing household chores, earning incomes and participating in community activities.⁴¹² This fact is further supported by Dang Nguyen Anh's study of women in two rural communes (one each in the north and south). Dang Nguyen Anh concluded that women and children in both communes play an important role in generating household income. She shows how the emphasis on this work is confined through an overall attitude of cultural belief and male control. Despite the facts of women's actual contributions,

The powerful sphere of women is restricted to household chores, child rearing, and expenses for daily meals, all final decisions belong to the males. Likewise, the household income is often controlled by men, who also control all big expenditures.⁴¹³

The following diagram, based on research by Tuong Lai, as reproduced in the UNICEF Situation Analysis,⁴¹⁴ shows that family decision-making, while not always exclusively done by men, is dominated by them, though practices do differ significantly between communes. Joint decision-making clearly

⁴¹⁰Ibid.

⁴¹¹Ibid.

⁴¹²Liljeström (1992), p43, citing Khuat Tu Hong (1991?) "Some Overviews of Sociological Research on the Vietnamese Family", Institute of Sociology, Hanoi.

⁴¹³Liljeström (1992), p42, citing Dang Nguyen Anh (1991?) "The Position of Women in Rural Communes", Institute of Sociology, Hanoi.

⁴¹⁴UNICEF (1994) p28, sourced to Tuong Lai (1991) *Sociological Review* N4/ Suki Allen, Tran Thi Que, Hanoi 1992.

predominates in one; however in only one subcategory (household expenditure) within that commune do women make more of the decisions than men.

Figure 30. Decision-making in the Family (3 rural communes)

Decision		Tam Son Commune	Dinh Bang Commune	Hai Van Commune
Children's Marriage	Wife	5.6	0.0	2.9
	Husband	25.2	33.8	15.1
	Both	21.0	26.5	45.2
Children's Occupation	Wife	9.3	0.0	3.8
	Husband	35.5	42.6	26.8
	Both	22.8	26.5	40.7
Household Expenditure	Wife	20.0	17.6	15.5
	Husband	27.6	30.0	11.6
	Both	33.1	36.7	56.8

Figures are percentages of respondents, the remainder named other persons as main decision-makers (eg grandparents, children) Source: UNICEF (1994) p28

In the family, women enter marriage from a weaker position than men. Daughters, upon leaving their biological family, become the responsibility of their parents-in-law. For this reason, a daughter is perceived as being a 'loss' of investment after she is married.⁴¹⁵ This view is slightly different however among some ethnic groups. Hmong daughters are considered a valuable labour asset, and their parents are paid dearly by the bridegroom's parents in the form of a brideprice for a suitable bride.⁴¹⁶ While this may be so, all women regardless of their ethnic heritage share a relatively lower status to men and begin married life with significant disadvantages.

Single Mothers

Nguyen Thi Khoa tells us of the precarious ethical restrictions formerly placed on the single mother.⁴¹⁷ In the old society, a single mother was considered a lascivious woman. Values based on preserving morality and the

⁴¹⁵UNICEF (1994) p28; also see Do Hong Anh (1992) "Difficulties on the Road to Solving the Population Problem", *Vietnamese Studies* New Series no. 34 (104), pp 116-117.

⁴¹⁶UNICEF (1994) p29.

⁴¹⁷Here "single mother" means never-married mother. Nguyen Thi Koa (1993) "The Single Mother", *Vietnamese Studies* New Series no. 39 (109), pp 44-59.

purity of the family bloodline are reflected through common proverbs such as "different blood makes the heart stink" and through popular culture.⁴¹⁸ In previous times unmarried mothers were open to all kinds of abuse. For instance, a unmarried mother's head may be shaved or stained with lime. She could be bound naked to a raft made from banana palms and set adrift through the river. Her child and family were also severely shamed as outcast. Some women killed themselves or left their home village.⁴¹⁹

In 1986 the law was changed to provide formal equal rights for children born outside marriage⁴²⁰ and the stigma of single motherhood has diminished to some extent, reflecting for the most a historical phenomenon of at least half a century of war. Tearing traditional structures apart, the war also left many women of all ages (and particularly women in and around their forties) without husbands or close family. In my studies I have read some thoroughly sad and lonely accounts based on the experiences of these dedicated Vietnamese women, many of whom finally broke with traditional attitudes and, without husbands, mothered a child.⁴²¹ The social response to these mothers was and still is ambiguous.

In rural areas, prejudice against single mothers is deep-rooted. Ethical concepts of 'virginity' and unconditional conjugal fidelity on the part of women are still strong among mothers. Before a wedding, if the future bride is pregnant, even with the bridegroom's child (official betrothal) they will refuse to attend the wedding.⁴²²

⁴¹⁸For example, a well known popular opera (chè) "Quan Âm Thi Kinh" which tells of Thi Mâu's misfortune, a story meant to be a lesson to all modern young girls.

⁴¹⁹Nguyen Thi Koa (1993) "The Single Mother", *Vietnamese Studies* New Series no. 39 (109), p46.

⁴²⁰Nguyen Thi Khoa(1993), p47, referring to the 1986 amendment to the Law on Marriage.

⁴²¹Le Hoai Nam (1989) "There are Tears in Hai Hau Salt", *Vietnamese Studies* New Series no. 24 (94), pp 99-104; Thu Vien (1989) "The Spinsters", *Vietnamese Studies* New Series no. 24 (94), pp 105-108; Corrèze, Françoise (1981) "Amongst the Crippled and the Dust of Life", *Vietnamese Studies* no. 64, pp 105-107.

⁴²²Nguyen Thi Khoa (1993), p53.

Extent of Marriage, Divorce and Widowhood

According to the 1989 Census, the mean age at first marriage for urban women is 24.7 years, and 22.7 for rural women. However, only 60% of all women over 18 were married.⁴²³

Historically, remarriage for a woman after divorce or widowhood was rare. In 1989 statistics revealed that there were 2,425,000 widows and that, as in many countries, the national divorce rate is increasing.⁴²⁴ While divorced women find it difficult to make ends meet, to retain their assets and social status, they are still less likely to remarry than men.⁴²⁵ As Ngan Tam notes in an interview with a female judge from Hanoi People's Court,⁴²⁶ on the liberalization of the divorce laws in 1960 there was a high number of divorces sought by women to free themselves from unequal conjugal positions as well as from concubine conditions.⁴²⁷ During 1964-68 a low divorce rate occurred (presumably because of war) but in recent years it has dramatically increased.

Legal Status of Women

In 1993, the Communist Party Political Bureau adopted 'the Decision on the Mobilization of Women' which articulated the goals for women's emancipation with aims to improve material and spiritual life for women, to improve their social status and equality. The goals outline that women's emancipation is the responsibility of government as well as every family.⁴²⁸

Historically the Declaration of Freedom in 1930 declared women equal to men in every respect. The 1959 Constitution disclosed that there should be equal pay for equal work and state guarantees were given for fully paid maternity leave both before and after birth.⁴²⁹ However these goals have disappeared

⁴²³ UNICEF (1994), p30. It seems this is a new phenomenon for Vietnamese society; see Thu Vien (1989); Nguyen Thi Khoa (1993), pp 48-49; Le Thi Nam Tuyet (1993), p53.

⁴²⁴ UNICEF (1994), p30. It is not clear from Vietnamese studies what reasons underlie this trend.

⁴²⁵ As for divorce, little research has yet been done on the reasons for this; the shortage of marriageable males relative to females noted on p105 above is presumably one factor.

⁴²⁶ Ngan Tam (1988) "How To Preserve Family Happiness", *Vietnamese Studies* New Series no. 18 (88), p46.

⁴²⁷ Ngan Tam (1988), p46.

⁴²⁸ UNICEF (1994), p20.

⁴²⁹ SRV & UNICEF (1994) Draft, p15.

from view recently. Women have taken the brunt of recent state workforce reduction⁴³⁰, and the rights of mothers in the state workforce particularly are highly unclear if not disputable.⁴³¹

Marriage Laws promulgated in 1959 announced free choice of partnership, monogamy and equality between husbands and wives in the protection of women's and children's interests as well as laws advocating equality between sons and daughters and the equality of property ownership, including equal divisions of property following divorce. In 1986, two laws notably affecting women were passed. The first prohibited early marriage (under 18 for women and 20 for males) and marriage without consent, made both women and men responsible for family planning, and gave women after divorce the right to retain all property brought into the marriage. The second gave particular attention to single unmarried women and the rights of extramarital children.⁴³²

For a girl child however, legal equality still has a limited impact. Though she is legally entitled to have equal share of the family's inheritance, it is difficult to see how this can operate in practice.

Women's Political Participation

In 1992 women made up less than a quarter of the the National Assembly, where out of six Vice-Presidents there was one woman. In the ministry there were four female Ministers (9.52%), and 11 Vice-Ministers (7.05%). As shown in the following table, during recent years the proportion of women in central government has severely declined, recovering only slightly during 1992.⁴³³

⁴³⁰ See the discussion in the employment section of the paper, pp 128-130.

⁴³¹ Assumption made from both personal observation and information concerning the availability of childcare generally. Compare the situation in 1986 (71.7% of children of State employees attended creches): UNICEF (1987) *Situation Analysis: Socialist Republic of Vietnam*. Hanoi: UNICEF, pp56-62, 67-68.

⁴³² UNICEF (1994), p20.

⁴³³ *Ibid.* p29; also see UNICEF (1987) pp 89-91.

Figure 31. **Percentage of Female Representatives in Central Government**

Year	Total	% Female	% Male
1975	420	32.3	67.7
1976	495	26.7	73.3
1981	496	21.8	78.2
1987	496	17.7	83.3
1992	392	18.5	81.5

UNICEF (1994) p29

Women's representation is even less visible at Provincial, District and Commune levels where women hold no more than 3% of party positions. Women's membership in the Communist Party made up 16.42% in 1992, yet only 8.21% of the Communist Committee. Through Provincial and District Committee levels the appointment of women is mostly confined to vice-chairperson positions.⁴³⁴

In 1988 the Vietnamese Women's Union was finally given the right to be involved in all discussions, plans or policies concerning women and children.⁴³⁵ What is unfortunate about the role of this union is that all women's issues and affairs are basically lumped under the union's responsibility. Considering it is in fact a non-governmental organisation, it is having to cope with more than half of the Vietnamese population which happens to be female. With little funding, a small staff ratio and a lack of overall resources, it stands as virtually the only body responsible for action on women's affairs.

Findings in all areas of development now affirm that women's involvement is imperative to the process of development.⁴³⁶ In Vietnam however, reform policies underlying the country's transition are still very much weighted on exploiting the contributions made by women. Whilst the Vietnam Womens Union (VWU) has done much to target the needs of women, patriarchal

⁴³⁴SRV & UNICEF (1994) Draft, p13.

⁴³⁵SRV & UNICEF (1994) Draft, p24.

⁴³⁶See Palmer (1992) "Gender Equity and Economic Efficiency in Adjustment Programmes" in Afshar, Haleh & Dennis, Carolyne (eds) *Women and Adjustment Policies in the Third World*. Basingstoke: Macmillan, pp 69-86; Far Eastern Economic Review (1994). *Asia 1995 Yearbook - A Review of the Events of 1994*. Hong Kong: Review Publishing Co, p67.

values have a deep expression in all areas of society and within the family. Procrastination over the country's common problems by many leading Party officials has meant women's development has been limited, while policy amendments concerning the agitated position of women have not been readily enforced. "State organs have proved to be sluggish in institutionalizing policies and priorities regarding women",⁴³⁷ and many Party committees conveniently regard women's needs solely as the affairs of the Women's Union. Dao Duy Tung also tells us that the Women's Union itself has failed to formulate specific policies for different categories of women and at times failed to make adequate timely suggestions to the State relating to these priorities.⁴³⁸

Household Poverty, Income and Productive Resources

A very high proportion of Vietnam's population endures levels of uncompromising hardship. Of the 14.5 million households in Vietnam, at least 45% of the whole population is poor.⁴³⁹

Calorie intake in Vietnam is estimated to average 1,940 per person per day - 11% protein, 6% fats, 83% starch and glucose. The situation becomes worse in areas of frequent natural disaster. Here there are persistent food shortages; 21% of the population in such areas receive 1,800 calories per day and 6% receive less than 1,500 per day.⁴⁴⁰ According to WHO guidelines, the Asian calorie intake should be 2,350 per day (12% protein, 18% fats, 70% carbohydrate).

A survey undertaken by the [Vietnamese] National Institute of Nutrition of 1,251 households showed that 9% were experiencing starvation (below 1,500 calories per person per day), 15% suffered from food shortages (1,500-1,800 calories per person per day), 23 % were in a more or less satisfactory situation (1,800-

⁴³⁷ "Resolution of the Political Bureau on Renewing and Strengthening Agitation Work Among Women in the Current Situation (12 July 1993)", *Women of Vietnam* 4/1993, pp2-4.

⁴³⁸ Ibid. p3.

⁴³⁹ UNICEF (1994), p12 - but the source does not define "poverty". Hainsworth (1993), p169, notes that the National Centre for Social Sciences in Vietnam estimates a third of the population lives below a basic level of subsistence.

⁴⁴⁰ Pham Song (1992) "The Health of Vietnamese Children: Situation and Measures for Improvement", *Vietnamese Studies* New Series no. 34 (104), p94.

2,100 kcal), and 54% had over 2,100 kcal/day, considered satisfactory. This varies widely from one region to another. The central region experiences serious food shortages with 34% of the households in the northern provinces and 20% in the south central provinces consuming less than 1,800 calories per person per day.⁴⁴¹

Productive outputs and regional food consumption are highly influenced by seasonal and climatic variations. Calorie intakes can drop as much as 15% on the eve of the rice harvest each year in some areas. In terms of overall frequency, the central regions suffer often from adverse weather conditions. In all areas however, contrasts of calorie intakes are most alarming when low averages (through normal conditions) drop suddenly to even a slight degree, as they jeopardise many lives with severe starvation. UNICEF notes that Vietnam produces enough food in total to provide 2,250 calories per person per day, but there are severe problems of distribution.⁴⁴²

In rural areas, those households producing only rice generally are the poorest and most undernourished. Those who are able to produce additional products, such as vegetables, handicrafts, and animal husbandry are much better off. Poorer households, many being female single-headed households, usually lack the necessary access to extra land, labour, and capital.

Considering the important role land plays to provide a family's income, the use of land and land allocation size is a central issue throughout most of the Vietnamese countryside. To a large extent land allocations are primarily determined by the amount of labour available within a given household.⁴⁴³ Land allocation based on labour productivity outputs mean that households with adequate labour and capital are able to maintain a suitable income under the provision of the new reforms. Single-women headed households on the other hand, cope more often with highly reduced levels of capital and labour and therefore suffer enormous difficulties to maximise their productive outputs. For the most these households are in constant jeopardy of losing

⁴⁴¹SRV & UNICEF (1994) Draft, p13.

⁴⁴²SRV & UNICEF (1994) Draft, p76.

⁴⁴³Ibid. p13.

their allocated landholdings and many live in a recurring cycle of indebtedness.⁴⁴⁴

From this section of the population there is a re-emergence of a landless agricultural labour force.⁴⁴⁵ In both rural and urban areas where paid work is scarce, income distribution becomes wider among different households, as disparities in the existing social economic framework become more and more economically one sided. In rural areas limited areas of productive land, no livestock, and little except the use of primitive tools for production puts many people including women, in a position whereby their labour is all they can sell. In this climate, approximately sixty per cent of rural households lack access to affordable credit⁴⁴⁶ to invest in new opportunities that may produce productive returns.⁴⁴⁷

While poverty is increasingly widespread throughout Vietnam, severe impoverishment appears highest in isolated areas, particularly those in mountain regions among ethnic minorities.⁴⁴⁸

Regional indicators reflect that people living in the Southern Mekong Delta region have a 55% higher income per capita than those living in the Northern Red River Delta. At least 90% of the country's poorest 20% live within rural areas while half of the country's more affluent 20% live in urban areas. In rural areas average per capita spending is some 60% lower than in urban areas.⁴⁴⁹

⁴⁴⁴Ibid. pp 12-14.

⁴⁴⁵Liljeström, Rita (1992) "Contributions to Research on the Family in Vietnam", *Vietnamese Studies* New Series no. 33 (103), p44.

⁴⁴⁶SRV & UNICEF (1994) draft, p28. See earlier discussion of reforms to the banking system,. Also see Le Dang Doanh (1992a) "1991: The Vietnamese Economy Facing Difficulties", *Vietnamese Studies* New Series no. 33 (103), pp 99-102.

⁴⁴⁷Examples of improved production resulting from access to credit include Hoai Trung "Programme of HCMC Women's Union to help poor women in production development" p14 and Hanh Sam "The Capacity of Poor Women" pp 15-16 in *Women of Vietnam* 1/1993, as well as Kim Chi "The Story of a Pig Breeder" pp21-22 and Ha Duong "Rice and Women" p 20 in *Women of Vietnam* 2/1993, also see "Development Programme for Poor Women" p4, and Nguyen Van Tiep "Where Women are Most Appreciated" p6 in *Women of Vietnam* 3/1993.

⁴⁴⁸Hainsworth (1993) p169 records that poverty is virtually universal in regions such as the Central Highlands, especially among H'mong and Montagnard peoples.

⁴⁴⁹UNICEF (1994) p18, citing the World Bank economic report "Vietnam Transition to the Market", September 15, 1993.

Le Thi Quy reports that the exodus of people generally from the countryside to urban areas such as Hanoi is increasing at an alarming rate. In one survey interviewing 376 beggars, 36% came to Hanoi as a result of hardship and village unemployment.⁴⁵⁰ From the Quang Xuong province for example, between 60-70% of the village has migrated to Hanoi as a result of stark village poverty. Since the fall of the Eastern Bloc, the local export carpet factory without this market has reduced its output. In other areas due a lack of investment animal husbandry has stagnated while fisheries also have dwindled due to the lack of funds.⁴⁵¹

Women's Poverty and Woman-Headed Households

Between 20-30% of households in Vietnam are single female headed households⁴⁵² and in mountainous regions this extreme can represent up to 40% of households.⁴⁵³ The women who head these households are likely to be additionally disadvantaged by a combination of social, cultural and economic factors - their sex, the demands of their dual roles as mothers and producers⁴⁵⁴, and often their ethnicity.

For women in both rural and urban areas access to credit is extremely limited. The formal banking structure does not even reach most people in rural areas and in urban centres the cost of credit, transaction fees, interest and awkward financial procedures are avoided by most of the country's poorest.⁴⁵⁵ Poor women borrow their money from money-lenders but pay as much as 7-20% interest per month.⁴⁵⁶

⁴⁵⁰Le Thi Quy (1992) "About Women in Exceptionally Difficult Situations in the Informal Economic Sector in Hanoi" paper in *Women and Informal Sector*, proceedings of the Meeting of the International Network for Research and Action on the Role of Women in the Informal Sector, Indonesia (Bogor), 2 - 5 November 1992. UNESCO, p94.

⁴⁵¹Ibid. p94.

⁴⁵²In this context "single" refers to women who are not supported economically by a man.

⁴⁵³SRV & UNICEF (1994) draft, p13.

⁴⁵⁴See the section on maternal health from p149 below, in particular the description of frequent maternal depletion. Also see Nguyen Van Tiep "Where Women are Most Appreciated" in *Women of Vietnam* 3/1993, p 6.

⁴⁵⁵Fahey, Stephanie (1994) "Vietnam: "Pivotal Year?"" in *Southeast Asian Affairs 1994*. Singapore: Institute of Southeast Asian Studies, p349.

⁴⁵⁶UNICEF (1994), p35.

"I worry night and day about my new Bank loan of 1 million. It's at 2.15% a month, which is very cheap. But will I be able to repay? You see, I had to use 800,000 of it to repay the private lenders. ... I spent the remaining 200,000 on two piglets and my whole future rests on their doing well. I had to borrow another 400,000 from the private lenders to get through the hungry season - I'm a divorcee with four children you see. These private loans are not only expensive at 10% a month (compounded quarterly) but getting harder and harder to come by. ... I reckon I need two years of good harvests to stand a chance of pulling out of this."⁴⁵⁷

Only recently have a number of community development programmes begun to target women in an effort to alleviate some of the serious poverty, by providing credit as a means of income generation, through community development. As expressed through many articles in the *Women of Vietnam* magazine,⁴⁵⁸ these programmes are proving to be highly successful⁴⁵⁹ because they are directly focused on empowering women. At their most basic level they are encouraging women to communicate together, through a knowledge sharing framework.⁴⁶⁰

At present these programmes only reach a small proportion of women, however. In addition, many women lack the extra hours they require per day to produce extra output in their own time budget, and are therefore unable to

⁴⁵⁷SRV & UNICEF (1994) draft, p29, citing Tuong Lai (1991) *Sociological Review* N4/ Suki Allen, Tran Thi Que, Hanoi 1992.

⁴⁵⁸For example, Nguyen Bich Vuong "Vietnam Women's Union Activities in Early Half of 1993" pp2-3 and Development Programme for Poor Women p 4 *Women of Vietnam* 3/1993.

⁴⁵⁹The repayment rate exceeds 98% and malnutrition has declined by 80% in Thanh Hoa province because of the entrepreneurial spirit, hard work and discipline of the Vietnamese women using the loans. United Nations Economic and Social Council (1995) *Country Programme Recommendation: Viet Nam*. Edited advance copy of paper prepared for UNICEF Executive Board meeting 20-23 March 1995, p6.

⁴⁶⁰The framework replicates through a communication network based on spreading knowledge and basic life skills through a group of trained community educators. In Vietnam under the umbrella of the Women's Union these educators instruct groups of between 60-100 women from selected districts, who then go to villages and pass that training on to other women. The project promotes better nutrition and hygiene practices, improved methods in vegetable growing, pig and poultry keeping, and fish ponds. It also includes health care information (see description at p188 below). Attached to these programmes is a credit and savings programme based on generating household employment. Women entering these schemes are encouraged to do a small business course which equips them with skills to perform within both the formal and informal market.

maintain sustainable levels of output even if they had more land or capital. Women in this position also have difficulty finding time to become involved in additional community or education activities.

In some remote areas up to half of homes are estimated to have women as de facto household heads at any one time.⁴⁶¹ Men leaving their families to find work in other villages, or migrating to urban centres where wages may be higher, leave women behind to take care of the farm, children and household. The increased workload of these women seriously prejudices their health.

Nguyen Thi Khoa, in a study published in 1993, investigates the circumstances of single mothers and those whose husbands are frequently absent in two areas of the Red River Delta, comparing forestry workers to those who work in agricultural co-operatives.⁴⁶² She reports that mothers bringing up small children alone live in dire poverty. Among the forest workers monthly salaries are often paid late and are not sufficient to maintain even one child. They have little productive land available. Many family meals contain no nutritional substance, which seriously deplete the working mothers' health as well as the present and future health status of their young children. The crisis is not as great for the agricultural workers but even in this group almost one fifth of woman headed households have insufficient daily food.⁴⁶³

⁴⁶¹SRV & UNICEF (1994) draft, p24.

⁴⁶²Nguyen Thi Khoa(1993), pp 54-55.

⁴⁶³Nguyen Thi Khoa does not define "insufficient" but it is likely this refers to WHO or other official guidelines, as opposed to self-assessment.

Figure 32. Daily Food Intakes: Families of Women Workers in Forestry and Agriculture

Families	Forest workers	Agriculture workers
Sufficient Daily food	23%	82%
Insufficient Daily Food	77%	18%

Source: Percentage figures after Nguyen Thi Khoa (1993)

Dwellings are generally bamboo huts or cabins with earth walls and very little furniture. For a single woman alone with dependants, there is no time even to visit relatives and friends.⁴⁶⁴

Homeless Women

Concentrating on those women experiencing exceptional difficulties, Le Thi Quy⁴⁶⁵ reveals that of the 22,868 homeless people picked up by Hanoi police between 1981-1990, 10,349 (almost half) were women⁴⁶⁶, and between 1988-1990 women accounted for 3,874.⁴⁶⁷ Homeless women in Hanoi have the lowest social status, and survive doing almost any job, as the lowest paid segment of this urban population. Quy reports that 45% of the wandering women interviewed were prostitutes and 7.1% are pickpockets. Most women wanderers live on the streets, markets, railways, bus stations, in parks, wherever they can find some degree of shelter.

"They spread mats, make tents, cook their meals, eat and bathe right on these places and dry their their clothes on trees and benches along side streets or in parks. Not a few even give birth to their babies or die in such places."⁴⁶⁸

⁴⁶⁴Nguyen Thi Khoa(1993), p57..

⁴⁶⁵Le Thi Quy (1992) "About Women in Exceptional Difficult Situations in Informal Economic Sector in Hanoi", p94.

⁴⁶⁶Given that urban migration flows have traditionally largely consisted of men (see p105 above) this proportion of homeless women seems high.

⁴⁶⁷Interestingly Quy's report said that there were no ethnic women in this sector of the homeless though many of these women had come from the North, Central and Southern provinces, and belonged to all age groups.

⁴⁶⁸Le Thi Quy (1992), p95.

Unemployment and Underemployment

Insecurity of income or living extends throughout the economy of Vietnam. Official unemployment figures for the early 1990s are between 6-9% of the working age population and account for some two to three million people.⁴⁶⁹ Vo Dai Luoc estimates the true unemployment rate at between 10-20%, while unofficial figures noted by Fahey suggest 20%.⁴⁷⁰ For the most it is not really known how these people survive, as there are no unemployment benefits in Vietnam and the government food handout system has only reached a small proportion of seriously deprived.⁴⁷¹ It is a fact that with no social welfare system in Vietnam, almost every member of society including most children, in some way or other contributes in productive terms to their own survival. Most people in Vietnam cannot afford to be idle, nor can their families or relatives afford to support them.

A person may be defined as underemployed if they are working part-time and seeking additional work, or working full-time but their income is inadequate to meet their basic needs.⁴⁷² For this reason I consider the majority of the Vietnamese population, including many of those employed, as critically underemployed.

Officially those underemployed are conservatively estimated to be between 4 and 6 million people, which together with the official unemployed affects at least 1/4 of the whole working age population. Added to this are 40,000 people who are presently being sent back to Vietnam from Germany, Hong Kong and the Middle East and those 200,000 workers who have already returned over

⁴⁶⁹UNICEF (1994), p15.

⁴⁷⁰Vo Dai Luoc (1994) *Vietnam's Industrial Development Policy in the Course of Renovation*. Hanoi: Social Science Publishing House, pp 109-109; Fahey, Stephanie (1994) "Vietnam: "Pivotal Year?"" in *Southeast Asian Affairs 1994*. Singapore: Institute of Southeast Asian Studies, p349.

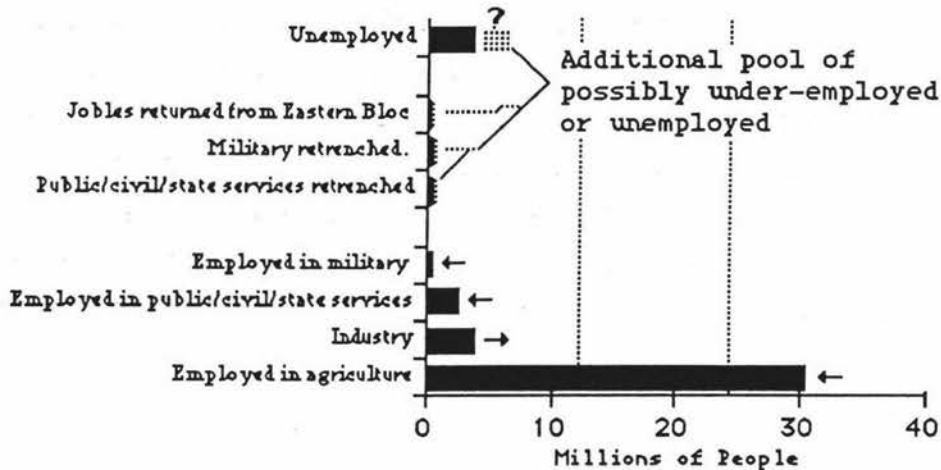
⁴⁷¹Hainsworth (1993), pp 166, 168, gives figures of 1,225,000 assisted in some way during 1988, sourced from National Centre for Social Sciences (1991).

⁴⁷²Evans, A. (1992) "Statistics" in Østergaard, Lise (ed) *Gender and Development*. London: Routledge, p29 and Harrison (1979) *Inside the Third World.: the anatomy of poverty*. Harmondsworth: Penguin Books, p177.

the last few years after the collapse of the Eastern Bloc.⁴⁷³ These figures have and will continue to heavily influence the situation of current unemployment and underemployment levels. Considering that most people in Vietnam hold some kind of second job to gain extra income, the diagram below is a conservative outline only. I suspect that at least 60% of the working population is underemployed.⁴⁷⁴

Figure 33.

Employment, Unemployment and Underemployment in the Formal Economy



Source: These figures are from the sources referenced in the text below. It appears from my own observation that those listed as jobless are highly underestimated through current sources.

Employment

During 1990, approximately 33 million people were of the official working age (16-60 male and 16-55 female), and by the year 2000 this figure will increase to a total of some 40 million. The mainstream workforce is involved in agriculture which employs 25 million people. Women make up 52% of the labour force and 65% of the agricultural labour force (forestry, rice & aquaculture).⁴⁷⁵

As the Vietnamese population will continue to increase, the opportunity to expand the present area of agricultural land will decrease leaving even less room to expand employment in rural areas in the coming decades through the agriculture sector. This will have a detrimental effect on the security of

⁴⁷³UNICEF (1994), p16; Fahey (1994), p349; Vo Dai Luoc (1994), p109.

⁴⁷⁴Fahey (1994), p349, suggests a possible analysis which could give an even higher proportion.

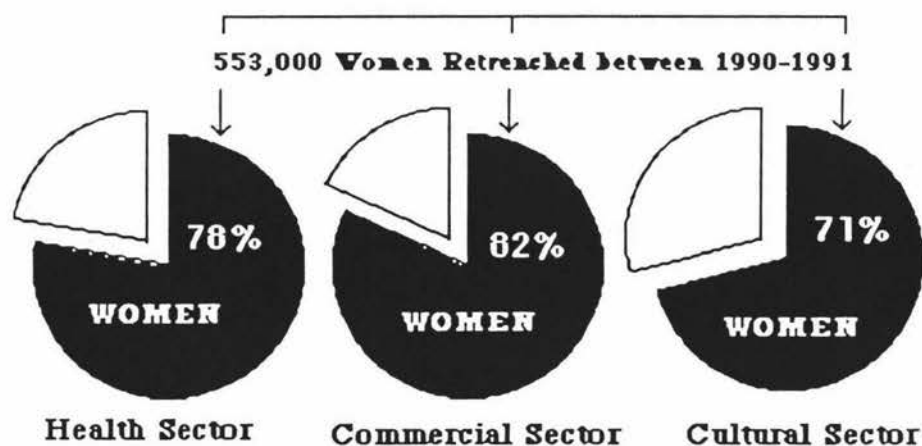
⁴⁷⁵UNICEF (1994), p15.

women's income, as they make up such a large proportion of agricultural workers. For this reason we may assume that there will inevitably be an outflow of women agricultural workers seeking unskilled work in urban areas. Such women have immense difficulties because their choice is narrow in the area of furthering their economic conditions through better employment opportunities as a result of their lack of alternative work skills.

Public Sector Employment

Between 1988 -1990, the number of public sector employees was reduced from some 4.1 million to 3.5 million creating approximate figures of 600,000 military and state employed who have been demobilised or retrenched.⁴⁷⁶ Further retrenchments between 1990 and 1992 affected 553,000 women. Since the retrenchments began, women have made up the greater part of the redundant workforce, and are forced to work on the edge of the economy creating their own means of employment. The following diagram illustrates the severity of these retrenchments. In the Health sector alone, this accounts for a service loss of 431,340 individuals.

Figure 34. Retrenchments in the Public Sector, 1990-91



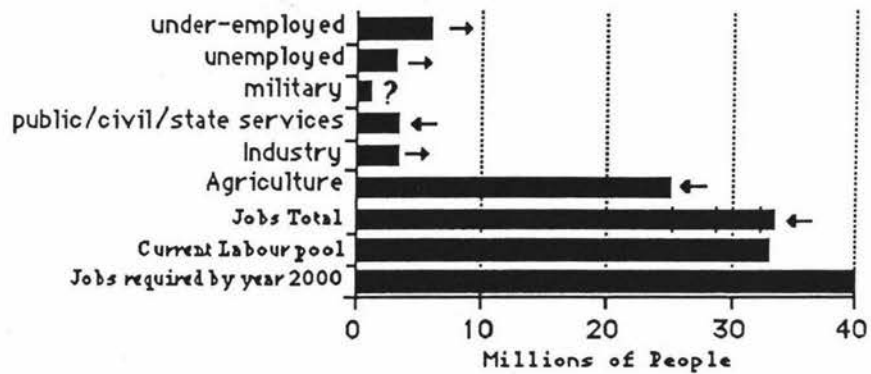
Source Figures: UN Situation Analysis 1994 (draft copy)

Employment figures within the public, civil and state services reveal that the government now employs 3.1 million people. Employment figures for the

⁴⁷⁶UNICEF (1994), p16.

Vietnamese police and military forces are still unavailable; however according to the World Bank, they account for at least one million people.⁴⁷⁷ The government estimates that some 25% working in State enterprises and a further 20% in the civil services will become redundant over the next few years. The diagram which follows graphs employment opportunities based on this information. The need for jobs clearly outstrips the likely formal employment openings.

Figure 35. Decreasing Opportunities for Future Labour Pool



Source: These figures are based on those recorded in the section on employment above.

Wage Levels

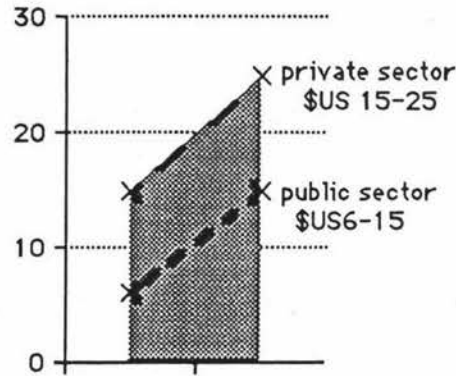
Wages within all areas of the public sector are extremely poor, varying between US\$6 to US\$15 per month.⁴⁷⁸ In the private sector this figure increases to around US\$15 to US\$25 per month.⁴⁷⁹

⁴⁷⁷ UNICEF (1994), p15.

⁴⁷⁸ Figures based on personal interviews with health staff, teachers, and officials, April 1994. Also see UNICEF (1994) p16.

⁴⁷⁹ Among a few of the Hotel managers I have personally met working in international hotels, some received as much as \$50 per month; doctors even in major hospitals average about US\$25 per month.

Figure 36. Wage differences between the State and Private Sector.



Data based on personal interviews, April 1994.

This gap between wages in the state and private sectors was also standard information given throughout my general reading on Vietnam. What was particularly interesting in interviews during my visit, was the absolute consistency of quoting the above figures. I felt that in some cases a person's wages were lower than they were willing to admit. This assumption is based on the fact that an employee's responsibility is not always reflected in the wages received. Personal pride related to a person's status may be an underlying factor determining what a person is willing to disclose about how much they are paid.

Below is a weighted growth chart reflecting the differentials between wages (not adjusted for inflation) in HCM and Hanoi, and between private and state sectors, between 1986 and 1991. From this information it can be seen that Hanoi wage levels grew faster than those in HCM over the period but still averaged only 35% of HCM wages at the end; in the private sector they increased eightfold compared to the state, which increased by five. Thus it is clear that State wages have severely declined relative to those in the private sector.

Figure 37. Wage Levels by Centre and Sector, 1986-91

(Thous. Dongs.)

	1986	1987	1988	1989	1990	1991
HCM	64	77	103	143	198	255
Hanoi	16	35	47	89	123	154
State	32	51	71	107	152	191
Private	27	37	62	100	166	217

Approximations weighted on average amount
of employment calculated from survey sample.

Source: Hirisaki Mitsui (1993) International Development Centre, Japan.

Incentives to maintain worker interests within the overall system generally, have become increasingly more difficult. Public doctors, nurses, health-care workers, cleaners as well as teachers, administrators, office clerks and others working within the public sector very often hold at least two or three jobs to survive.⁴⁸⁰ In terms of life quality and income, a very large number of these government workers are low income earners,⁴⁸¹ and are often forced to be 'illegal' in the way they attract secondary incomes,⁴⁸² as what they procure on the side supports a 'delicate budget' that contributes to the overall survival of themselves and in many cases the livelihood of their families.

Women in the Paid Workforce

It is impossible to view the disadvantages women have in the labour market solely through the official definitions of the labour market itself, a point that will be clearly demonstrated through the following paragraphs. Regardless of whether women work casually or otherwise, the integration of women's work is multi-faceted and relates to virtually every socio-economic and political dimension of development. In Vietnam women's contribution in the overall workforce is far greater than is reflected through the national

⁴⁸⁰ Personal observations and interviews with public sector workers, April 1994; also see the information on State wages at pp 79 and 89 of this paper, and Fahey (1994) p349.

⁴⁸¹ Vo Dai Luoc (1994) p110 notes that in 1992 "the average wage paid to an employee in the state sector was barely sufficient to meet his monthly minimum expenses", and the wage for teachers and employees in administrative, public health and social insurance branches was considerably lower than the average.

⁴⁸² See for example Fahey (1994), pp 340, 347; Storey (1993) *Vietnam: A Travel Survival Kit*. 2nd edition. Victoria, Australia: Lonely Planet Publications, p42.

statistics. Vietnam lists women's "main" occupation and does not account for the secondary incomes nor their domestic labour.⁴⁸³ Even so, women make up 52% of the officially accounted labour force. Women's labour contributes massively to production in agriculture, animal husbandry, fisheries, forestry, industry, and trade. In the social sectors, women work in areas of health and family planning, nutrition, education, housing and transport.

To encapsulate this I show a list presented by the Vietnamese Women's Union which accounts for women in mainstream employment during 1989.⁴⁸⁴

Figure 38. Percentage of Women in Different Branches of the National Economy, 1989

- Agriculture	53.20%	- Culture and Arts	34.70%
- Forestry	41.70%	- Finance and Credit	54.50%
- Industry	43.20%	- Medical Service, Social Insurance, Gymnastics and Sports	63.70%
- Construction	26.00%	- State management at different levels	28.70%
- Commerce	70.80%	- National Assembly (1987) 88 Women Deputies:	17.70 %
- Post and Telegraphy	46.40%	(of the total number: this figure has since dropped dramatically by comparison)	
- Communication and Transport	14.40%		
- Education and Training	67.10%		
- Sciences	37.70%		

Source: "Vietnam Women's Union" (1991?) information pamphlet, Hanoi.

While women are well represented in most branches, few are given technical and managerial positions especially in the agricultural sector where the majority of women work.⁴⁸⁵ Women have a lower status than men in almost every section of the economy and are underpaid accordingly. "The most thorny problem regarding the female workforce now is the inequality in distribution. Wages are not equal to work done."⁴⁸⁶

⁴⁸³ UNICEF (1994), p33.

⁴⁸⁴ "Vietnam Women's Union" (1991?) information pamphlet, Hanoi, p6.

⁴⁸⁵ UNICEF (1994), p16.

⁴⁸⁶ Hoang Tuong Van (1989) "Women in Agriculture", *Vietnamese Studies* New Series no. 20 (90), p133.

An example of women's low status in paid employment is that in Bien Hoa women are widely employed (40 workers) by the sanitation company as "waste workers", which involves canvassing the streets, picking rubbish up from the ground and emptying rubbish bin loads into hand pushed carts. These women appear to have a very low status within the community and often work at night which is prohibited in other professions.⁴⁸⁷ As well, many women and children live on the edge of the dumping area and at least ten women and children may be seen at any one time during the day picking through refuse for recyclables at the landfill. This employment process is also co-ordinated by the sanitation company. What is of serious concern is that there is no health data available on the "waste workers". When you consider the content of the landfill is 84% organic, containing fermenting food-stuffs, human waste, smelting slag and a variety of sludges, illness and contamination present an extremely high risk to these women and children.⁴⁸⁸

'Informal' Work

Whilst the list of employment categories on page x appears comprehensive what it does not reflect are those women working as street traders, street vendors, wanderers, professional street beggars, prostitutes and many other so called 'invisible occupations' or 'informal occupations.' The Women's Centre for the National Centre of Social Science has compiled a comparative study on the informal rural and urban workforce which is useful because it presents some idea of the official trend of women's involvement in these sectors, but it is by no means concise in its clarification as to what occupations are statistically determined as making up this 'informal sector'. For this reason I include two examples which present different forms of how we may interpret this data.

⁴⁸⁷ Personal interview with a member of the GMV New Zealand team.

⁴⁸⁸ Worley International & GMV Associates (1994), p B11.

**Figure 39. Working Age Population in Informal Sector
by Urban and Rural Areas, 1989.**

	Total (thous pers.)	Female (thous pers)	Total % Female
Total:	12400.2	7203.2	58
- Unemployed	1775.8 14.3%	858.1	58.3
- Still Attending School	3782.7 30.5%	1635.9	43.2
- Houseworkers	2578.9 20.8%	2270.2	91.9
- Disabled	2368.1 19.1%	1328.4	56
- Other conditions	1894.7 15.3%	1010.6	53.3
Urban:	3819.2 30.7%	2284.2	59.8
- Unemployed	788.7	380.3	48.2
- Still Attending School	1126.7	527.3	46.8
- Houseworkers	882	848.4	96.1
- Disabled	465.6	255.2	54.8
- Other conditions	556.2	273	49
Rural:	8581 69.2%	4919	57.3
- Unemployed	987.1	477.8	48.4
- Still Attending School	2656	1108.6	41.7
- Houseworkers	1696.9	1521.8	89.6
- Disabled	1902.5	1073.2	56.4
- Other conditions	1338.5	737.6	55.1

Source: National Centre for Social Sciences of Vietnam Centre for Women's Studies (1990) Selected Indicators on Women's Status in Vietnam 1973-1989. Hanoi: Statistical Publishing House.

As we can see from the above list, the labels used appear vague, making it difficult to interpret directly what the Vietnamese categorise as unemployed, or what situations would account for 'other conditions'. The total in the sector is about a third of the working age population, which when read with the data about employment presented earlier suggests that a significant proportion of those employed in the 'formal' sector also work in the informal. The figures reflect rural/urban differences; the cities, which have 22% of the population, have a disproportionate concentration of 'unemployed' (44.4% of those identified as such) and houseworkers (34%), and a lower proportion of disabled (19.6%) compared with rural areas. The list clearly reflects the extent to which housework is confined to women.

My central question here is what do these 12 million people, of whom 58% are women, do to survive? Again, we may not assume very much from these figures and for this reason I will persist with the list below.

Figure 40. Informal Sector Workers by Sex, Location and Age Group, 1983-88

(Thous.pers.)	1983		1984		1985		1986		1987		1988	
	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female
Informal sector workers												
Urban	475	257	661.7	231.9	422.2	173.3	439	225.8	487.2	234	623	298
Rural	514.4	267.2	731.4	251.2	466.6	187.8	475.4	225.7	538.4	253.6	674.9	328.9
Total Population												
	989.5	524.2	1393.1	483.1	888.8	361.1	914.4	451.5	1025.6	487.6	1297.9	826.9
Informal sector workers by age groups												
15-19	223.6	118.5	314.8	109.2	200.9	81.6	206.6	102.2	231.8	110.2	293.6	141.6
20-24	182	96.4	256.3	88.9	163.5	66.4	168.3	83	188.7	89.7	238.8	115.3
25-44	383	233.4	539.3	212.6	343.9	160.7	353.9	201.2	396.9	217	502.3	279.1
45-49	79.7	41.9	111.4	38.6	71.2	28.9	73.2	36	82	39	103.8	50.2
50-55	69.3	34	90.5	33.8	57.8	23.5	59.4	29.3	66.7	31.7	84.4	40.7
Above 55	51.9	...	80.8	...	51.5	...	53	...	59.5	...	75	...

Source: National Centre for Social Sciences of Vietnam Centre for Women's Studies (1990) Selected Indicators on Women's Status in Vietnam 1973-1989. Hanoi: Statistical Publishing House.

From this list we may see that the largest group working within this sector falls within the 25-44 bracket, and that older women over 44 years old are having to work more and more in this sector.

Le Thi Quy, reporting on the size and composition of the diverse 'informal sector' tells us that it is not clear, as there is room for various different interpretations of what constitutes informal work.⁴⁸⁹ The kinds of activities she identifies as belonging in the informal sector include itinerant traders, street vendors, cyclo drivers, typists, matchmakers, distributors, dishwashers, porters and photographers in parks. These jobs, she states, are for the most mobile and require little capital and, as small as the income may be, these jobs do in fact sustain whole families.⁴⁹⁰

⁴⁸⁹Le Thi Quy (1992) "About Women in Exceptionally Difficult Situations in the Informal Economic Sector in Hanoi", p93.

⁴⁹⁰Le Thi Quy (1992), p93.

Le Thi Quy quotes Vietnamese official statistical sources⁴⁹¹ for the following figures:

<u>1988</u>	1,297,900 informal workers 826,000 were women
<u>1989</u>	237,300 street vendors 166,000 were women 59,300 waiters and waitresses 42,000 were women

Other sources of income on the margins include begging, washing, waste scavenging, prostitution, and petty crime⁴⁹². Many of these jobs are also performed by children.⁴⁹³ In one survey interviewing 376 Hanoi beggars, 64% of women beggars were "professional beggars".

To increase their incomes, 53.6% of beggars in Hanoi also collect recyclable waste products from garbage dumps.⁴⁹⁴ While the recent Worley report did not appear to estimate how many independent scavengers were presently working in Bien Hoa, my own experience in other parts of Vietnam estimate that the numbers making up this workforce would be quite high. Based on these experiences I have observed that the meticulous role and work of scavengers (mostly women) is highly organised⁴⁹⁵.

⁴⁹¹ *Data on Vietnamese Women, 1975-1989*, published by Information and Scientific Research on Women magazine and Statistics Bureau Publishing House, Hanoi, cited in Le Thi Quy (1992), p93.

⁴⁹² 4.5% of the wandering women interviewed in Le Thi Quy's study were prostitutes and 7.1% pickpockets. Le Thi Quy (1992), p95.

⁴⁹³ There were 9,340 children wanderers listed in Le Thi Quy's Hanoi studies. Their work ranged from foraging in garbage dumps, acting as pimps for prostitutes, dishwashers, carwashers, shoe-cleaners, newspaper & postcard distributors/sellers, beggars, to pickpockets. Le Thi Quy (1992), p95.

⁴⁹⁴ Scavenging for recyclables takes place at every stage of the waste cycle, where metals, plastics, and paper may be sold to a buying agent for collection ultimately for the purpose of recycling. Scavengers play an important role in sorting through refuse before it goes to the landfill.

⁴⁹⁵ Each worker canvasses a particular area for a distinctive brand of item (being a particular bottle top, type of paper, brand of can or drinking straw etc). Conflict arises if a person scavenges anything other than what their significant role entails, or is seen collecting on someone else's 'operation zone.'

This information corresponds with Birkbeck's research on garbage pickers in Colombia. Birkbeck explores the nature of poverty through an analysis which links the role of garbage pickers hierarchically through a chain of vertical links, to other sectors of the urban economy, particularly industry. He observes that garbage pickers apparently working for themselves are in fact part of an industrial organisation.⁴⁹⁶

What is interesting in Birkbeck's analysis is that it invokes an international dimension through industry which demonstrates that the garbage and the capital to exploit it is not in the hands of the garbage picker but rather it is in the hands of big companies who in the future may potentially make more money by exploiting it in a different fashion. To me this knowledge suggests the dangerous possibility that because of a rise in alternative incomes or changes to industrial utilisation, the recycling industry itself may shrink as a form of viable income for scavengers.⁴⁹⁷

Education

The formerly well praised Vietnamese education system is rapidly deteriorating. At least 80% of all schools fail to meet minimum standards of sanitation, and there are critical shortages of classrooms, school furniture, water and electricity.⁴⁹⁸ Student-teacher ratios are high, there is a nationwide shortage of trained teachers⁴⁹⁹ and fees are now required for all but elementary levels of schooling, though poorer families can be exempted if they get a certificate from the authorities.⁵⁰⁰ Over the last decade the state's education and health care systems have not meet the demands for learning

⁴⁹⁶Birkbeck, C. "Garbage, Industry and the 'Vultures' of Cali, Colombia" in Bromley, Ray & Gerry, Chris (eds) (c.1979) *Casual Work and Poverty in Third World Cities*. Chichester: John Wiley & Sons, p181.

⁴⁹⁷See also Worley International & GMV Associates (1994), pp B8, B10, B15.

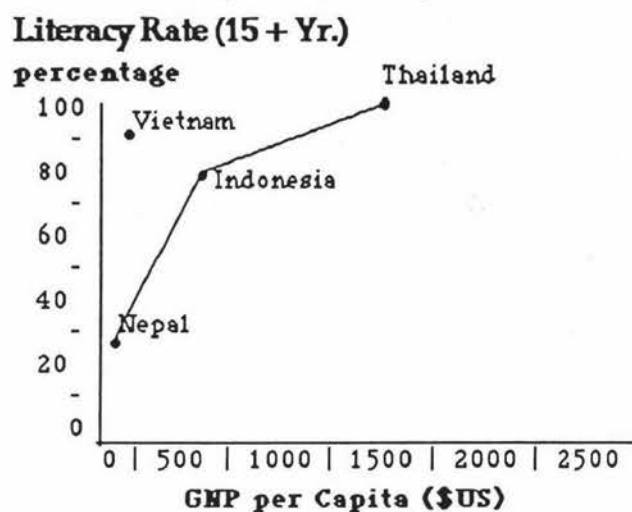
⁴⁹⁸Pham Song (1992) "The Health of Vietnamese Children: Situation and Measures for Improvement", *Vietnamese Studies* New Series no. 34 (104), p94.

⁴⁹⁹A figure of 50,000 is given in UNICEF (1995b) "Viet Nam: Chance for a Child: Follow-Up Report on Mai of Viet Nam", p4.

⁵⁰⁰Hainsworth (1993), p176; Fahey (1994), p346; Brazier (1992) *Vietnam: The Price of Peace*. Oxford: Oxfam, p37.

and disease prevention for its younger generation.⁵⁰¹ It is likely that the literacy rate, previously high, will decline accordingly.

Figure 41. National Literacy Rates Compared With Per Capita GNP



Source: UNICEF (1993) *The State of the World's Children 1993*, cited in UNICEF (1994) *Viet Nam: Children and Women - A Situation Analysis*. Hanoi: UNICEF Vietnam, p2.

Vietnam's proudly advertised high literacy rates, as illustrated in the previous figure, have been questioned in any case, as the census assessments involved are mainly compiled verbally rather than based on objective testing.⁵⁰² In 1989 only about 47% of adults in urban areas and 30% in rural areas had completed primary school, and many had learnt to read and write from their children or from mass literacy campaigns, according to the 1991 Central Census Steering Committee.⁵⁰³ Even in the 1979 census 15.7% of the population was recorded as illiterate and 3.3% just able to read and write.⁵⁰⁴

As well as overstretched educational facilities, there is now a growing number of school drop-outs (particularly among young girls) as a result of economic pressure on their families. Whereas in 1980 about 96% of children attended primary school, by 1985 only 86% did so, and the proportion is by

⁵⁰¹Pham Song(1992), p94.

⁵⁰²Hainsworth (1993), p177.

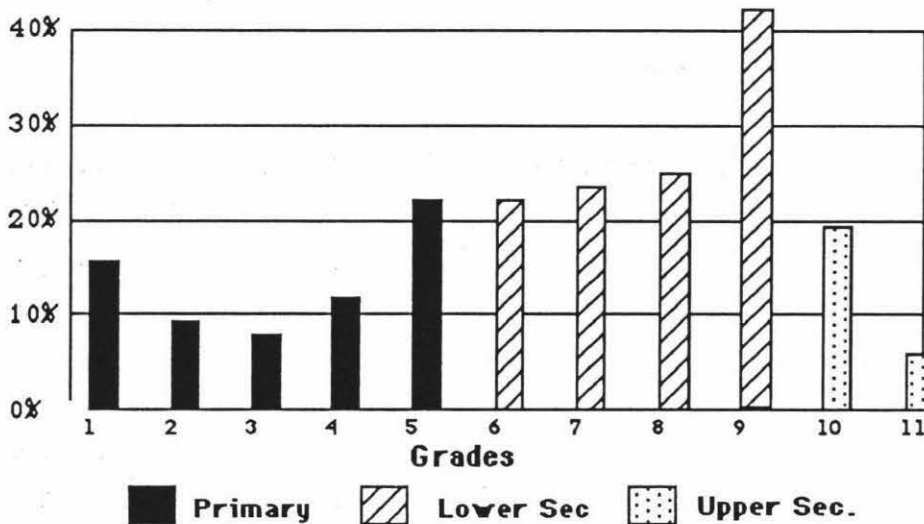
⁵⁰³Cited in Hainsworth (1993), p177.

⁵⁰⁴UNICEF (1987), p87.

now probably only about 70%.⁵⁰⁵ Brazier cites as typical an 8-year-old girl who is missing school to tend her sick mother's roadside cigarette stall, working between 6am and 7pm. Her ambition was to train as a doctor, but it isn't clear if she will ever get back to school.⁵⁰⁶

The following graph illustrates the extent of the drop-out problem. The impact of the rates shown is highest at the primary level, where most children are concentrated. Particularly concerning is the 15% rate for children in their first year of school. The cumulative effect of the drop-out rates shown is that for every 1000 children who enter primary school only 448 complete even that level.⁵⁰⁷

Figure 42. School Drop-Outs by Grade Between School Years 1990/91 and 1991/92



Data from Ministry of Education and Training, Hanoi, Sept 1992

Furthermore, again there are disparities in provision which further disadvantage the already disadvantaged.

⁵⁰⁵ Brazier(1992), p36; also see UNICEF (1995b), p4, which gives a figure of 2.2 million children between 6 and 14 who have either never enrolled or have dropped out before completing primary school.

⁵⁰⁶ Brazier(1992), p37.

⁵⁰⁷ UNESCO, UNDP & Socialist Republic of Vietnam (1992) *Viet Nam: Education and Human Resources Sector Analysis*. Hanoi: UNESCO, p14.

Educational services are not equally distributed among sub-groups within the society. The disadvantaged groups include: ethnic minorities, women, populations in rural and remote areas, the poor, the elderly and disabled.⁵⁰⁸

Regional disparities are extremely serious. The northern mountain region, the central plateau and the Mekong delta severely lack facilities, teaching materials and teachers. In 1989, there were some fifty ethnic minority groups accounting for 13.1% of the population who accounted for only 4.2% of those with a general education.⁵⁰⁹

From my own experience I saw the depressed and depressing state of a number of schools, across several regions. There were no pencils or paper, and low supplies of other basic materials like chalk, textbooks, and blackboard paint. The low morale and stress of teachers was also visible.

Education of Girls and Women

A 1992 report on education and human resources in Vietnam produced jointly by the Vietnamese Government and UNESCO/UNDP disclosed that twice as many females (16.6%) as compared to males (7.5%) have not entered school.⁵¹⁰ The school drop-out rate is also higher for girls than boys at all stages.⁵¹¹ The disparity between sexes is more serious in remote or mountainous regions.⁵¹²

A high female drop-out rate suggests that a) many young women are required at home⁵¹³ b) the cost of education itself may be a major deterrent, appearing to a girl's parents as unnecessary. This is consistent with traditionalist views about female education.⁵¹⁴

⁵⁰⁸ UNESCO, UNDP & Socialist Republic of Vietnam (1992) *Viet Nam: Education and Human Resources Sector Analysis*. Hanoi: UNESCO, p15.

⁵⁰⁹ Ibid. p12.

⁵¹⁰ Ibid. p12.

⁵¹¹ UNICEF (1994), p110.

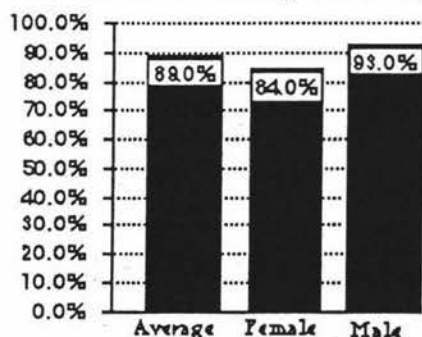
⁵¹² UNICEF (1993?) "Viet Nam: Profiles of Success". Hanoi: UNICEF Vietnam,.

⁵¹³ See the discussion on the family economy at p111 above, and UNICEF (1993?) "Viet Nam: Profiles of Success".

⁵¹⁴ Liljeström, Rita (1992) "Contributions to Research on the Family in Vietnam", *Vietnamese Studies* New Series no. 33 (103), p41.

While women are possibly more literate in Vietnam than in other areas of S.E. Asia,⁵¹⁵ their rate of literacy is still lower in every age group than it is for men⁵¹⁶.

Figure 43. Adult Literacy 1992 by Sex



Source: After UNDP Figures Vietnam, 1994

These inequalities are likely to have a major impact on women's health status as well as their economic opportunities throughout their lives.⁵¹⁷

Figure 44. Estimated Family Expenditure on Education by Level, Sex and Urban or Rural Residence

	1988			1989		
	Total	Female	Male	Total	Female	Male
URBAN						
- Primary I level	12.2	6.2	6	12.5	6.5	6
II level	22.3	11.1	11.2	22.5	11	11.5
-Secondary	36	16	20	35	15	20
-TOTAL	70.5	33.3	37.2	70	32.5	37.5
RURAL						
- Primary I level	6	3	3	6.3	3.3	3
II level	9.9	4.5	4.5	8.8	4.3	4.5
-Secondary	14.8	7.5	7.6	15	7.2	7.8
-TOTAL	29.8	14.7	15.1	30.1	14.8	15.3

Source: National Centre for Social Sciences of Vietnam Centre for Women's Studies (1990) *Selected Indicators on Women's Status in Vietnam 1973-1989*. Hanoi: Statistical Publishing House.

The table above suggests spending on male and female education is almost equal, but because of the trends noted above I do have a definite problem with

⁵¹⁵See UNICEF (1996) *The State of the World's Children 1996*. New York: Oxford University Press, p71.

⁵¹⁶Women make up 71% of Vietnam's illiterate people according to UNICEF (1995b), p4.

⁵¹⁷Bandarage, Asoka (1994) "Population and Development: Toward a Social Justice Agenda", *Monthly Review*, vol. 46 no.4.

the figures shown in the table, especially between rural male and female comparisons. The account given by other sources that the drop-out rate among females overall is very much higher and the investment in education opportunities for women also much lower is more credible in my opinion.

Water Supply and Sanitation

Poor public sanitation and unsafe water is a critical issue in Vietnam and is a fundamental economic element linking national health to development.

According to the United Nations Development Project, in 1991 under 20% of the population had facilities for sanitary disposal of excreta and under 30% had access to safe water.⁵¹⁸

Figure 45. Access to Safe Water and Sanitation, 1988-91

SAFE WATER Access (1988-91)	SANITATION Access (1988-91)
27%	18%

Source: UNDP (1993a) *Briefing Note: Socialist Republic of Viet Nam*. Hanoi: UNDP, p ii.

In a country where well under a third of the population have access to clean water and sanitation, among the most common diseases are diarrhoea, dysentery, malaria, and parasitic diseases.⁵¹⁹ According to the UNDP, the major causes of Vietnamese infant and child mortality are diarrheal diseases, which are closely linked to poor quality of water and inadequate sanitation. Among the general population, 20% of all disease related deaths are due to diarrheal diseases also.⁵²⁰

⁵¹⁸United Nations Development Programme (1993a) *Briefing Note: Socialist Republic of Viet Nam*. Hanoi: UNDP, p ii.

⁵¹⁹Le Quang Toan (1990) "Development of Pharmaceutical Industry", *Vietnamese Studies* New Series no. 28 (98), p57.

⁵²⁰United Nations Development Programme report, 1986, referenced in Asian Development Bank (1995) *Report and Recommendation of the President to the Board of Directors on a*

Other sources give higher figures for those without any form of sanitation. For example, Hoang Nguyen discloses that only about 10% of people living in rural areas have latrines built in accordance with safety regulations.

"With regard to the rural sanitation programme, we must oppose the custom of using human excreta in the north as manure for rice cultivation, and in the south for fish raising. The Vietnamese Government has for many decades considered the building of latrines to be one of the three basic and vital types of construction, and according to the Ministry of Health about 10% of the rural population now have latrines built and maintained in accordance with sanitation regulations - that is, the double-vault latrine; but no less than 90% of the population still defecate anywhere (in the north) or into fish ponds (in the south), or their double-vault latrines are badly maintained."⁵²¹

I have personally witnessed similar instances. Adjacent to one fishing village, I observed many men, women and children over a series of three days defecating randomly along beach sands. In urban areas I have seen little children (under five years) splashing in waste waters running through open gutter-drains beside the footpath. And in the heart of Ho Chi Minh City, one can find piles of human excreta in and around monuments throughout all parts of the main city centre. Just as serious is the frequent sight of Vietnamese males urinating up against the city walls and tree trunks. While there is a distinct lack of public sanitation, there is however more provision for males than females. While the practice of openly urinating in public by males is accepted to some extent, there is an information gap about how females cope with their needs under these circumstances.

At the time I visited, the *Vietnam Investment Review* carried an article about toilets in Hanoi⁵²² which noted that the streets "also serve as public toilets", and that the To Lich river, once the pride of Hanoi, had become "a

Proposed Loan and Technical Assistance Grant to the Socialist Republic of Viet Nam for the Provincial Towns Water Supply and Sanitation Project.. p2.

⁵²¹Hoang Nguyen (1992) "UNICEF and Vietnamese Children", *Vietnamese Studies* New Series no. 34 (104), p27.

⁵²²Lee, Gloria "'Doi Moi' yet to herald a new era in modern toilets" *Vietnam Investment Review* 11-17 April 1994, p27.

wretched receptacle for human waste". The article also records that even new housing is being built with one toilet per floor for twelve families.

In a recent survey on two cities done by Worley International and GMV Associates in conjunction with the Environmental Protection Centre in Vietnam, it was reported that

Solid waste management was seen as a key issue in both cities, in Bien Hoa and Can Tho. However, in both cases health data indicated that a more severe risk to human health arose from poor water sanitation.⁵²³

In Vietnam the issue of safe water and sanitation has a long history of effort. North Vietnam as early as 1955 had begun a health and prophylaxis campaign upon the motto of "Clean Village, Lush Fields" where the habit of defecating in the fields was discouraged in an appeal for families to build and use cesspools in their gardens. During 1959-1960 a mass movement dealing with "Excreta and Garbage" was launched. Objectives focused on maintaining the hygiene of collective wells, dumping animal droppings into composted pits, and included a campaign to promote cesspools and install garbage bins for each individual family. By 1967, the "Three Sanitary" drive began. It outlined; one well for every three families, a cesspool and bathroom. People were collectively organised into groups (hygiene activists), responsible for turning excreta and garbage into fertiliser, and destroying animal and insect carriers of infectious diseases. During the late 60's and 70's the prevention and combat of epidemic diseases and building of the Three Sanitary Facilities was the first of the five priorities of the Ministry of Public Health.⁵²⁴ During the 1980s however, the overall emphasis on health in Vietnam declined. Sanitation support teams as well as other basic services were reduced.

⁵²³Worley International & GMV Associates (1994) *Vietnam Solid Waste Management and Training*. Report prepared for New Zealand Ministry of Foreign Affairs and Trade, Asia Development Assistance Facility, in conjunction with Environmental Protection Centre, Ho Chi Minh City, p1.

⁵²⁴Dang Phuong Kiet and Do Van Nhiem (1982?) "Stages of Development of the Health Movement", *Vietnamese Studies* no. 68, pp 7-30.

Water Treatment and Distribution

Like the other infrastructure in Vietnam, the water supply, sewerage, and sanitation facilities have deteriorated because of age, insufficient investment, resource constraints, poorly trained people, and uncoordinated planning. The Asian Development Bank reports⁵²⁵ that water treatment and distribution facilities are old and deteriorated throughout the country. This coincides with my own observations. For example, in hospitals in Ho Chi Minh City I saw many taps which were useless because the pipes had rusted, while outside there were boggy areas caused by leaks. Water treatment operations are often ineffective. Only 40% of the total urban population has access to piped water supply.⁵²⁶ The rest have to rely on alternative sources; shallow wells, rivers, canals, and water vendors. The piped water supply systems also waste a great deal of water because they are in bad repair.⁵²⁷ The pressure levels are generally very low and inconsistent throughout the systems and service is patchy. Sometimes consumption levels fall below the generally accepted "lifeline" amount of water of 60 litres per person per day, the minimum amount of clean water required to sustain health.

Women and Water

As in other developing countries, it is often the responsibility of women to find the necessary means to collect water or pay water vendors. While vendor costs are out of reach for the extremely poor, their services as a whole are used more widely in the poorer districts. Local water vendors charge as much as 15% of household income for water.

A proposed water supply and sanitation project for seven provincial towns part-funded by the Asian Development Bank is in progress.⁵²⁸ I mention this for its recognition that ability to pay is an important factor in the use of services. The project is specifically aimed at low income earners and women

⁵²⁵ Asian Development Bank (1995), p2.

⁵²⁶ Actual coverage is probably much lower if the water quality standards are considered.

⁵²⁷ Levels of unaccounted for water (UFW) range from 40 to 70%, among the highest in Southeast Asia. Asian Development Bank (1995), p2.

⁵²⁸ Asian Development Bank (1995).

in particular. The proposal includes special provisions for credit⁵²⁹ and charging:

Because affordability is a major constraint of the project benefiting lower income earners, a progressive block rate tariff structure will cross-subsidize between the average volume of users and the poorer sections. The lowest cost or tariff ("lifeline") block will be 1.5% of the average consumer's income and will not exceed 5%. The project justifies these charges based on research that is equivalent to their willingness to pay.⁵³⁰

Waste Disposal

Access of urban populations to sanitary facilities for the disposal of excreta is unsatisfactory. In many urban areas, the coverage levels are 30 to 40% for septic tanks (many of which are inappropriately operated as leaching pits) and 20 to 40% for latrines. There is no organised system of disposal for those not covered. All of these factors contribute to the contamination of the shallow groundwater, which is often the source of household water supplies. Because population densities are high in the core urban areas, the septic tank and latrine densities are higher than is considered safe to protect against waterborne diseases.⁵³¹

Most urban areas have basic combined drainage systems servicing the centre of the towns, which were constructed several decades ago. Many sewers are either partially or fully blocked. The management of solid waste is an emerging problem that not only exacerbates the drainage problem, but also poses serious environmental health hazards in most of the larger towns.⁵³²

⁵²⁹To accommodate lower income earners a cross-subsidised credit system will be extended to low income households to finance connections to the system, to encourage the use of this facility. In the poorest areas however where sections of the population cannot possibly afford a direct household connection, a public tap and low cost sanitation facilities will be installed on a pilot basis.

⁵³⁰ Asian Development Bank (1995), p18.

⁵³¹ Asian Development Bank (1995), p2.

⁵³² Asian Development Bank (1995), p3.

Sanitation Case Study - Bien Hoa

Bien Hoa township is a rapidly industrialising zone with a limited infrastructure located upstream from Ho Chi Minh City on the Saigon River. The zone is one area analysed during a joint 'hands-on' venture involving members of the Vietnamese Environmental Protection Centre and Worley International and GMV Associates with the assistance of New Zealand Foreign Affairs.⁵³³ The zone is a priority for strategic government industrial investment and is expected to attract an influx of outside regional labour force.⁵³⁴

According to this report, the town's efforts to manage municipal waste seem hindered by the poor standard of living in the surrounding areas, and the township has a long history of poverty. There is grave concern surrounding poor methods of sanitation and solid waste management. "The major impact to public health in Bien Hoa appears to be the management of human waste, and the development of new industries with associated occupational illness..."⁵³⁵

As the quantity of waste is expected to rise with the increase of industrialized development, improved methods of waste management are required quickly to prevent severe environmental degradation. While the government appears to be concentrating its resources on creating new opportunities for industry, there are no plans, according to the above source, to clean up pollution caused from existing problems of human and industrial waste.⁵³⁶

⁵³³Worley International and GMV Associates (1994), p B.1

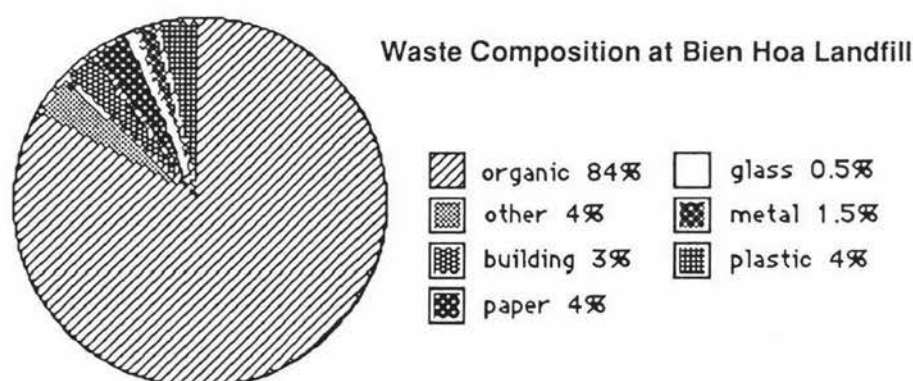
⁵³⁴Worley International and GMV Associates (1994), p B.1

⁵³⁵Worley International and GMV Associates (1994), p B.11.

⁵³⁶Worley International and GMV Associates (1994), p B.7.

At present some 30% of local residents use the local Sanitation Service for which there is a charge.⁵³⁷ Placement of refuse is either on the roadside, on the garbage collection carts provided by the company, or clients take it to a central collection point (transfer station). The rest of the population it appears dispose of their refuse in a variety of different places including their own backyards, and canals. As well as this, human waste is a critical problem where sanitation methods used are unsafe, contaminating the surrounding environment. This is clearly the case in Bien Hoa, where the landfill itself with its high proportion of organic material (shown in the chart below) creates pollution of surface waters, especially in the wet season.⁵³⁸

Figure 46. Waste Composition at Bien Hoa Landfill



Source: Worley and GMV Associates.(1994) p B.9

Wellbeing of Vietnamese Women During Motherhood

As has already been shown, Vietnamese women are disproportionately affected by overwork and inadequate diet. As well as often getting inadequate energy from their diets, approximately ninety percent of all women suffer vitamin A and iron deficiencies; at least two thirds of women throughout the

⁵³⁷ 5000VD per month. In addition business and industries pay between 300,000 - 500,000 VD (\$US30-60) per month.

⁵³⁸ Worley International and GMV Associates (1994), p B.11.

whole country are anaemic.⁵³⁹ Added to this, the cycle of pregnancy, childbirth and childcare further takes its toll on women's health. The risk of death and disease directly related to maternity is extremely high.⁵⁴⁰

As there is no comprehensive data collection system available in Vietnam, reliable statistical data at all levels is difficult to assess. This problem can be demonstrated through the following example where regional maternal mortality rates between two provinces reflect such a diversity that it would in fact be irrational to use average figures shown through national statistics.

Figure 47. Maternal Mortality Rate per 100,000 Between Two Provinces

Hai Phong Red River province	Gia Lai Central Highland province
107	418

Source: UNICEF (1994) *Draft Situation Analysis of Women and Children in Vietnam* p44.

This problem is further magnified at a national level where the Ministry of Health reported a MMR of 110 per 100,000 in 1990 despite findings in a MCH survey (from within the same department) which reflected a MMR of 220 per 100,000 during the same year.⁵⁴¹

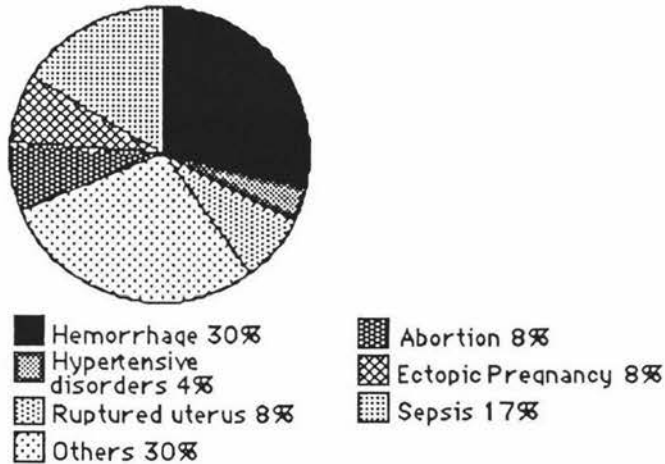
⁵³⁹SRV & UNICEF (1994) draft, p44; Hainsworth (1993), p175.

⁵⁴⁰As a comparison to the figures in this section, the New Zealand rate of maternal mortality for 1988 was 18 per 100,000 live births according to the UNDP *Human Development Report 1994*, p189, while estimated MMRs elsewhere in the region included 130 (China), 180 (Thailand), and 800 (Cambodia). The report estimated Vietnam's 1988 MMR at 400 (see pp 150-151).

⁵⁴¹SRV & UNICEF (1994) draft, p44.

Vietnamese reports suggest that Vietnamese women are not getting the care required before, during and after birth. A number of surveys reflecting the symptoms of mothers' poor health report poor eyesight, dizziness, osteo-muscular aches, chest pain, and breathing difficulties as common among pregnant women.⁵⁴² Data gathered by UNICEF reflect that among the leading causes of mothers' mortality are hemorrhage, sepsis, post-partum infection, eclampsia, tetanus and rupture of the uterus. Other causes include gynaecological and urinary tract infections, hypertensive disorders, anaemia in pregnancy, and malaria in pregnancy.⁵⁴³

Figure 48. Leading Causes of Maternal Mortality 1984-85



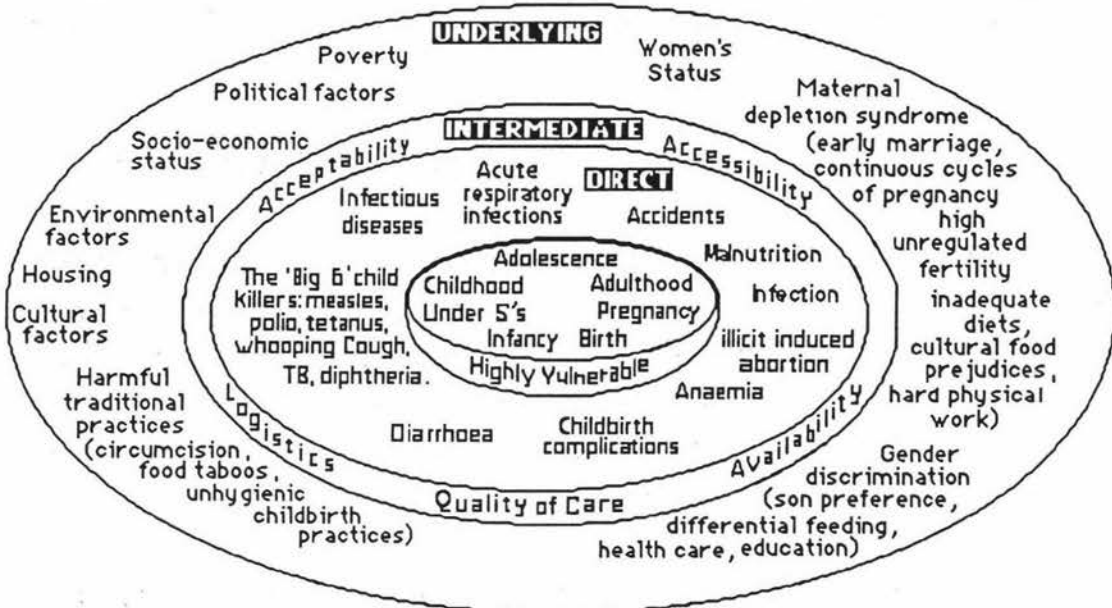
Reproduced from UNICEF (1994) Viet Nam: Children and Women - A Situation Analysis. Hanoi: UNICEF Vietnam, p52. Source: Institute for the Protection of Mothers and Newborns, Hanoi.

⁵⁴²Dang Phuong Kiet (1992) "Data on Mother and Child Health in Two Rural Districts", *Vietnamese Studies* New Series no. 34 (104), p45.

⁵⁴³SRV & UNICEF (1994) draft, pp 44-45.

Data based exclusively on the immediate cause of death or disease reflects only the consequential medical evidence by leaving out the impact of ecological related causes. The risk factors associated with maternal ill-health must inter-link with indicators that reflect the quality of a woman's life experience before her illness, as illustrated in the following diagram.

Figure 49. The Causes of Maternal and Child Mortality and Morbidity



Source: Penny Price (1994) pp 139

Malnutrition and maternal fatigue are probably the most aggravating factors contributing to maternal mortality in Vietnam, especially in the case of hemorrhage.

The background to maternal fatigue is illustrated by a survey of two rural districts in Red River and Mekong Deltas by Dr Dang Phuong Kiet, published in 1989, which analysed maternal and child health status together with related factors (economic, social, environmental) and health services.⁵⁴⁴ The survey covered 13 communes with a total of 100,000 inhabitants. The survey included 3,192 women aged between 15-49 years, and 2,431 children. 85.9% of

⁵⁴⁴ Dang Phuong Kiet (1992). Areas surveyed; Kien Xuong (KX), Thai Binh Northern province and Cai Lay (CL), Tien Giang Southern province.

these women worked until the eve of birth in the north and 58.6% in the south. After childbirth those who returned to work before their child was 3 months old were 66% in the north and 33 % in the south. During breastfeeding, while working hard these women receive no special diet, leading to physical exhaustion. As they have more children, women become thinner and thinner, with 37% (north) and 26% (south) falling below WHO norms. "Women in these two districts reach their peak weight at the age of 20-24, their health then deteriorating in accordance with the number of births."⁵⁴⁵ More recent surveys have shown also that at least 45% of women had little or no rest prior to delivery.⁵⁴⁶

These conditions are only exacerbated by traditional beliefs about nutrition before and after birth. Many women believe reducing their food intake, by modifying their intake of vegetables, fruit and rice will assist them in an easier birth.⁵⁴⁷ This has obvious harmful effects on the mother and her developing child. The ideology behind this belief is so the foetus will not grow big making delivery difficult. A survey showed that 39% of women felt that a difficult delivery is caused from eating too much. Once an infant is born only 43% recognised the need for adequate food and rest.⁵⁴⁸

Other traditional beliefs result in restricted diets during pregnancy; for instance avoiding eating cluster-borne fruits for fear of twins, or not eating crab to avoid transverse delivery.⁵⁴⁹ Breastfeeding women also have unsafe traditional beliefs related to diet. Vu Thi Chin tells us mothers fear eating vegetables because they fear causing their child diarrhoea. Mothers fear digestive disorders could occur in the child from eating fruits like oranges, mandarins, or papayas, and they believe eating mangoes, longans, or lichees will cause pimples on the child.⁵⁵⁰

⁵⁴⁵Dang Phuong Kiet (1992), p44.

⁵⁴⁶Dao Hung (1989b)"Viet Customs and Habits in Childbirth, Childcare and Raising of Children", *Vietnamese Studies* New Series no.23 (93), p20; UNICEF (1994), p52.

⁵⁴⁷Doan Van Han (1989) "The Viewpoint of Traditional Medicine on Childbirth", *Vietnamese Studies* New Series no. 23 (93), p93.

⁵⁴⁸SRV & UNICEF (1994) draft, p46.

⁵⁴⁹Dao Hung (1989b)"Viet Customs and Habits in Childbirth, Childcare and Raising of Children", p9.

⁵⁵⁰Vu Thi Chin (1992) "Nutritional Status of Young Children in Vietnam", *Vietnamese Studies* New Series no. 34 (104), pp 75 and 81.

Meera Chatterjee, who is working towards creating a demand for safe motherhood in India, emphasises that we must improve the utilization of services, and provide information on women's health which is acceptable to the users in the education of both males and females. Providing access to affordable health care and services is an instrumental requirement;

Poor women who often account for the bulk of maternal deaths, must often choose between low productivity work, on which their survival depends, and seeking health services, whose impact on their survival is questionable. When the well being of one woman jeopardizes the well-being of the entire family, the choice is seldom made in favour of health care.⁵⁵¹

As Chatterjee highlights, whilst we may provide the best services, if women don't use them, the service has little or no impact on maternal mortality or women's health. What is even more problematic is a point which Chatterjee features, that many village women in India are more concerned with having economic programmes than health care services.⁵⁵² From my own experience I would assert this reflects a similar situation in many parts of Vietnam. In many especially remote areas, mothers put the welfare of their families before both themselves and their pregnancy. They do not realise that in doing so, complications may arise resulting in possible death.

Price through her diagram shows how affordability and accessibility are linked and crucial for women's health. For many women the total cost of obtaining even basic care involves not just the cost of care itself but also the opportunity costs related to time, transport and other arrangements. Where referral is required the situation, as I have personally witnessed, becomes even more serious. Even "free care" may turn out to be highly expensive.⁵⁵³

The Vietnamese Ministry of Health classifies 35% of maternal deaths as preventable and 53% possibly preventable. Critical service factors identified as

⁵⁵¹Chatterjee, Meera (1992) "Creating Demand for Safe Motherhood", *Choices* vol. 1 no. 2, p15..

⁵⁵²Chatterjee (1992), p15.

⁵⁵³Price, Penny (1994) "Maternal and Child Health Care Strategies" in Phillips, David R. & Verhasselt, Yola (eds) *Health and Development* London: Routledge, p143.

contributing to these deaths were; delay in treatment, delay in referral, delay in diagnosis, incorrect treatment and diagnosis and lack of transport, blood or drugs.⁵⁵⁴

Information from the Ministry of Health shows that there is a decline in deliveries through health stations. Figures shown were 78.5% in 1990 and 70% in 1992. Rather than reflecting a reduction in population, the decline I assume as does the UNICEF report, follows a decline in ante-natal consultations per woman from 1.2% in 1990 to 0.8% in 1992. This reflects the probability of user-pay resistance within the community. UNICEF surveys indicate that home delivery figures could be as high as 65% in some areas. Another report indicates that only 57% of women had prenatal check-ups.⁵⁵⁵

At least part of the reason is that the provision of maternity care is patchy. Usually only assistant doctors are in charge of maternity units; their training is suited to routine tasks but not even medium level diagnosis, much less treatment of complications. Another problem is that most are male, and women are much more likely to seek health care help from other women, particularly in relation to internal examination and delivery. Fully-qualified midwives are scarce; in 1992 there were only 7,308 of them, and another 6,585 elementary midwives whose training only qualified them to work on problem cases under supervision. As the UNICEF report points out, these numbers are totally inadequate for the estimated 17.5 million Vietnamese women of childbearing age.⁵⁵⁶

⁵⁵⁴SRV & UNICEF (1994) draft, p45.

⁵⁵⁵Ibid. p46.

⁵⁵⁶Ibid. p39.

A case in point is Ky Son, an underprivileged mountainous area with a population of 59,762, 90% of the Muong ethnic group, living between 22 communes. Arnulf⁵⁵⁷ surveyed 470 mothers, 470 children aged between 10-30 months and 470 between 0-60 months. Arnulf found that five of the communes had one health station each and all except two communes had one assistant doctor (none had a doctor). Other health staff included one nurse, while only two communes had a midwife each. Five communes had never had access to vaccination campaigns, and no commune had a set of infant scales. The incomes of families were absurdly low. Mothers' schooling was poor, and their access to health care extremely limited. The quality and quantity of food was far below acceptable levels. Pre-natal examinations were not made frequently and at the time nearly 10% of women were pregnant.⁵⁵⁸

This evidence is consistent with UNICEF findings where in mountain regions and in the central highland (Tay Nguyen) the majority of women have their babies at home. For some women the health centres are not accessible. The facilities are either too far away or they do not have the financial means needed to get to the health station. Other women simply want privacy; this is particularly evident in ethnic minorities who often want to deliver their babies alone. Data on ethnic women having children either at home or in the privacy of the forest is still largely unrecorded and therefore not included in overall statistics.⁵⁵⁹

Wellbeing of Vietnamese Children

As the model below illustrates, the wellbeing of women is a hugely significant part of the environment and thus the wellbeing of their children. Real understanding of the importance of the health of mothers is extremely recent, however, and therefore still underemphasised throughout the

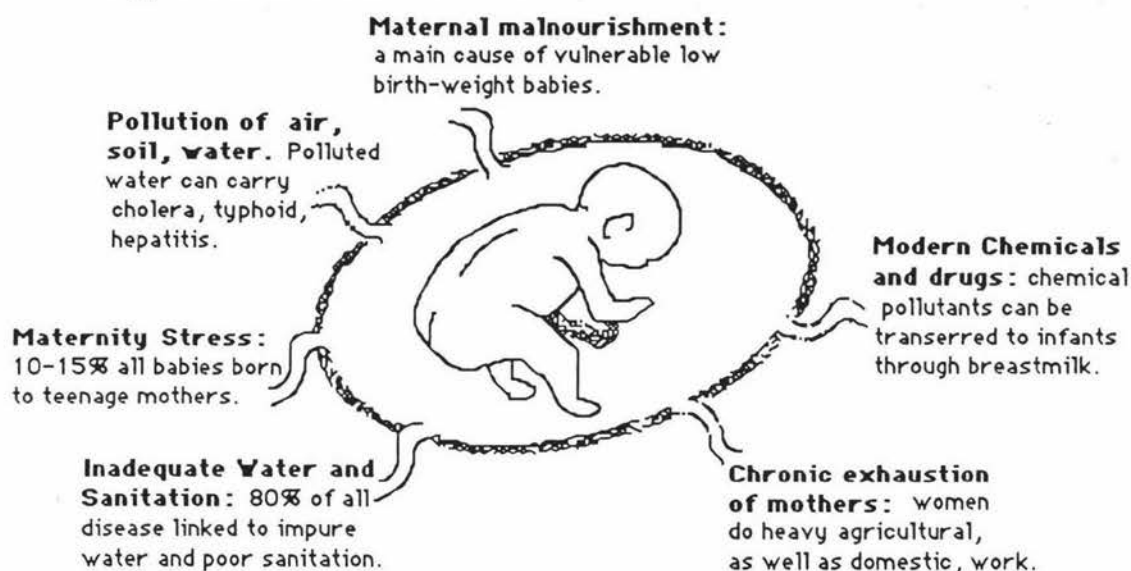
⁵⁵⁷ Arnulf, Laurent (1992) "Requirements of Health and Information System in Ky Son District (Vietnam)", *Vietnamese Studies* New Series no. 34 (104), pp 50-53.

⁵⁵⁸ Here 8.5% ± 2.5% of women were examined 3 times during pregnancy while 52.6% ± 4.5% were never followed up.

⁵⁵⁹ SRV & UNICEF (1994) draft, p46. Dao Hung (1989b) "Viet Customs and Habits in Childbirth, Childcare and Raising of Children", pp 5-35.

developing world. As a doctor from Senegal has admitted, most maternal and child health programmes have focused essentially on children, and only recently did we realize that a better way to protect a child is to protect the mother first.⁵⁶⁰ A similar picture emerges in considering Vietnam where, as we have seen, the health of most mothers is under threat.

Figure 50. Risks to Infant Health from Social Environment



Source: ISIS (1984) *Women in development*, p 151

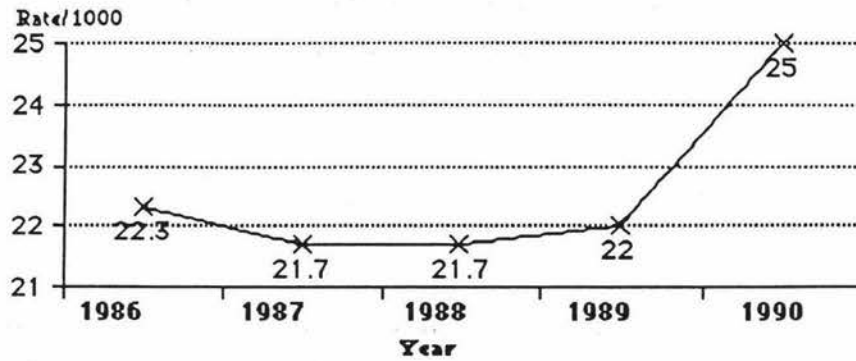
Figures on death and disease among Vietnamese children vary significantly depending on their source, as acknowledged in the draft UNICEF/government report of 1994.⁵⁶¹ Figures for neonatal mortality (deaths within 28 days of birth) are particularly uncertain. An estimate for 1989 based on a survey of three provinces gave a national rate of 7.6 per 1000 live births, while the Ministry of Health figures suggested a far higher rate, between 20 and 25 per 1000.⁵⁶² The trends of the Ministry of Health figures are shown below.

⁵⁶⁰ Gerber, Françoise (1992) "Senegal: Early Progress, A Long Way to Go", *Choices* vol. 1 no. 2, p13.

⁵⁶¹ SRV & UNICEF (1994) draft, pp 49-51.

⁵⁶² UNICEF (1994), pp 56-57.

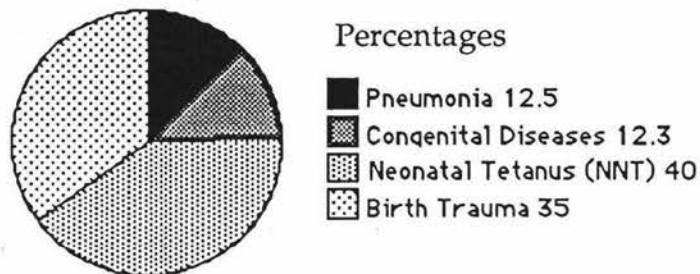
Figure 51. Trend in Neonatal Mortality, 1986-1990



Source: Ministry of Health, Vietnam, reproduced in UNICEF (1994) p 57.

A high proportion of these deaths is due to neonatal tetanus - at least 40% according to the community survey. As can be seen from the pie chart below, this is the leading cause of death in this age-group.

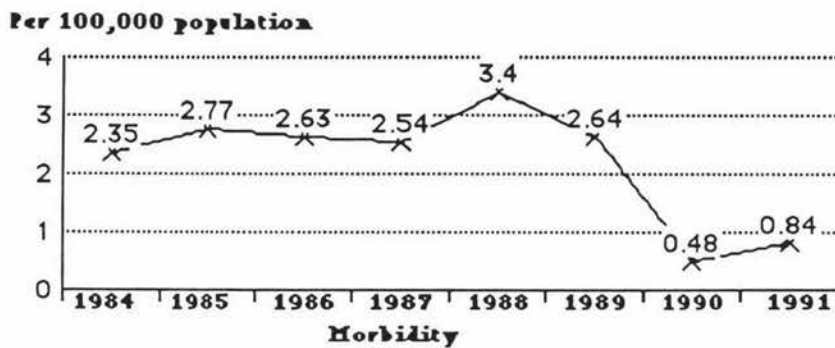
Figure 52. Main Causes of Neonatal Deaths, 1989



Source: UNICEF (1994), p57.

However, Ministry of Health figures on incidence of neonatal tetanus suggest a dramatic decline in recent years, as shown in the graph following. Unfortunately, these figures are hard to relate to the others in this area because they are expressed as a proportion of each 100,000 in the general population, rather than as a proportion of live births.

Figure 53. Neonatal Tetanus Incidence, 1984-1991



Source: Ministry of Health/Universal Child Immunisation Programme Secretariat, reproduced in UNICEF (1994) p64.

Data on infants is easier to obtain than on neonates; however, the figures are not always credible. As UNICEF points out, the national statistics on mortality and morbidity do not allow users to isolate the situation among infants.⁵⁶³ The average quoted rate for infant mortality (deaths occurring under one year old) according to the draft UNICEF/government report, was 46 per 1000 live births in 1991, with average under-five mortality being 81 per 1000. Pronounced differences occur between the provinces. Infant and under five mortality rates are significantly lower in a sample Northern province (Red River), than in a central province (Tay Nguyen) in 1991.

⁵⁶³SRV & UNICEF (1994) draft, p50.

Figure 54. Comparison in Infant and Under-Five Mortality Between Two Regions

	Rates per 1000	
	Infant	Under fives
Red River	27	31
Tay Nguyen	101	148
National Average	46	80

Source: UNICEF (1994), p59.

There appears to be agreement from a number of sources that the overall infant mortality rate has declined significantly (by almost 50%) since 1970. The UNICEF report states that Vietnam is now "approximating a middle-income country" in its IMR.⁵⁶⁴ This statement is overoptimistic in my view. The Asian Development Bank recently assessed the infant mortality rate as relatively high, at about 39 deaths per 1,000 live births, compared with the rate in some other Southeast Asian countries,⁵⁶⁵ and according to Pham Song children's health in Vietnam has not improved but is actually showing a tendency to decline.⁵⁶⁶

In Vietnam at least 50% of children under five (if not more) suffer from malnutrition, as compared to 30% in Thailand in 1985 and 20% in 1988. No less than 50% of cases of blindness in children are due to Vitamin A deficiency. The number of underweight new-borns (below 2,500 grammes - constituting prenatal malnutrition) recently reached 21.7% while the permissible level elsewhere in the world is 9%.⁵⁶⁷

Together with high rates of child malnutrition, the probability of many children having the strength to fight disease is diminutive because of the lack

⁵⁶⁴Ibid. p51.

⁵⁶⁵Asian Development Bank (1995), p2. Recent UNICEF figures give Vietnam's rate as 35/1000, compared with Cambodia (113), Laos (94), Indonesia (74), Philippines (44) and Thailand (27). UNICEF (1996) pp80-81.

⁵⁶⁶Pham Song (1992), p93.

⁵⁶⁷Pham Song (1992), p92.

of support they require within their overall living environment.⁵⁶⁸ The following causes were outlined by UNICEF as the underlying contributors to child ill health and deaths.

Figure 55. Five Underlying Causes of Vietnamese Child Illness and Mortality

Malnutrition, (42% of under 5 yrs are malnourished)
2/3 of pregnant women are anaemic.

Sanitation: (under 20% of the population has facilities
for sanitary disposal of excreta and under 30% have access to safe water.)

Basic knowledge and preventive care TT coverage, (only 14% in 1991, 42% 1992,)

- little or no ante-natal checking,
- under 1/2 of the communes have trained workers for proper case management of ARI and CDD,
- low female literacy rates in areas with high child mortality,
- poor personal hygiene,
- gross inadequacies in equipment provision for malaria zones

Shortage of essential drugs and medical equipment,

- incorrect diagnosis,
- lack of access to health facilities,
- low wages for ancillary worker.

Poverty (over 30% of households fall below the poverty line.)

Source: UNICEF (1994) p59.

Acute respiratory infections (ARI) (33%) and diarrhoea (25%) account for over half of Vietnam's infant deaths. Acute respiratory diseases, specially pneumonia, are the largest killers of children generally in Vietnam, and are targeted by programmes which began in 1983 (sponsored by UNICEF). The present coverage extends to 40% of children under 5 throughout all provinces.⁵⁶⁹

⁵⁶⁸See the discussion on sanitation from p143 above.

⁵⁶⁹United Nations Economic and Social Council (1995) *Country Programme Recommendation: Viet Nam*. Edited advance copy of paper prepared for UNICEF Executive Board meeting 20-23 March 1995, p4.

Other significant health problems for children are presented in the following list.

Figure 56. Significant Child Health Problems in Vietnam

Intestinal diseases, 70 - 85% in north and 50-60% south
 Tooth gum disease, 53% Hanoi and 88.4% HCM
 80,000 Children suffer from xerophthalmia
 due to Vitamin A deficiency

40-70% suffer from ear, nose and throat illness;

8% of pupils in towns and 21% in rural areas have skin diseases.

A majority of goitre sufferers are children

A significant proportion of children suffer retardation due to iodine deficiency during pregnancy

47% primary and 40.3% secondary school students have curvature of spine

Between 7-9% of children suffer from deformities

Source: Pham Song (1992a) p93.

A number of joint programmes monitoring children's early life experience have been targeted through projects in the field of primary health care (PHC) where a shift of emphasis is placed from hospital-doctor-orientated care to community based health care. With the assistance of UNICEF, Save the Children's Fund (UK), the R ddar Barnen (Swedish Save the Children's Fund), and SIDA, the Vietnamese government has been able to implement the GOBI/FFF⁵⁷⁰ framework below. These programmes are an example of the type of focus that has been given to children's health in Vietnam. As Price tells us, the three "F's" were implemented later as the role of mothers was finally recognised in the promotion of child health.⁵⁷¹

⁵⁷⁰Growth, Oral Rehydration, Breastfeeding, Immunization; Family Planning, Food Supplementation, Female Education.

⁵⁷¹ Price, Penny (1994) "Maternal and Child Health Care Strategies" in Phillips, David R. & Verhasselt, Yola (eds) *Health and Development* London: Routledge, p20.

Figure 57. The GOBI/FFF Framework

G - GROWTH	F - FAMILY PLANNING
O - ORAL REHYDRATION	F - FOOD SUPPLEMENTATION
B - BREASTFEEDING	F - FEMALE EDUCATION
I - IMMUNIZATION	

While there has been some success with these programmes in Vietnam,⁵⁷² Dr Le Van Luyen makes a round criticism which I will summarise in my chapter on the health system:

The health services sector has yet to put these health care programmes into its own annual work plan and those of the localities. Various co-ordinating authorities (within and outside the health services sector) only exist nominally and at central level, so have no real impact in the localities.⁵⁷³

A Government Strategy in Child Primary Health Care

The council of ministers has set up a National Programme of Action (NPA) for the survival, protection and development of children in Vietnam to cover the period up to the end of the year 2000.⁵⁷⁴

There are five priority goals;

1) **Reaching and maintaining UCI (universal child immunisation) at 85%.** Coverage grew to 87% in 1989 (compared to 25% in 1984) and has since been maintained. Achievement priorities are based on specific goals to cater for geographical localities.

2) **Polio Eradication (EPI):**⁵⁷⁵ A series of national immunization days are planned, targeting all children under 5 years old. Major constraints are a lack of assured vaccine supply and people bringing infection across the Cambodian and Lao borders.

3) **Neonatal tetanus eradication:** requires immunization of all pregnant women and clean delivery practices. This goal will be more difficult to achieve than eliminating polio because it requires ongoing behavioural changes, and access to good maternal health care, unavailable to many women. Other constraints are that extended

⁵⁷²United Nations Economic and Social Council (1995), pp 2-6.

⁵⁷³Le Van Luyen (1992) "Information and Education in Children's Health Care Programmes", *Vietnamese Studies* New Series no. 34 (104), p55.

⁵⁷⁴United Nations Economic and Social Council (1995), p3.

⁵⁷⁵Expanded Programme of Immunization.

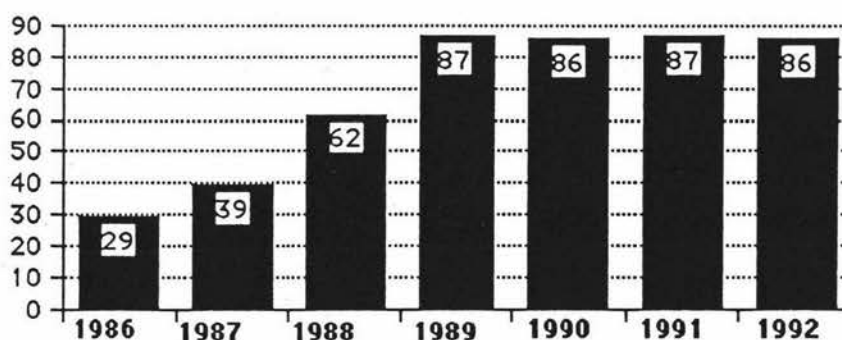
health workers are reluctant to undertake more complicated delivery procedures and supplies are difficult to obtain and keep in usable condition.

4) **Measles reduction:** Parts of the country still suffer severe outbreaks. Target aims: to immunize children under two years as part of the 1993 immunization campaign. The main constraint is the difficult geography of regional areas.

5) **Oral rehydration therapy to be used in 85% of diarrhoea:** Health workers in only 52% of communal health centres were qualified to manage the programme by the end of 1992. There are plans to train all commune health staff in case management, and to train doctors, pharmacists and primary schoolteachers so that CDD awareness is spread throughout the community.

The figures recorded in the period 1988-1991 for immunisation appear encouraging, as shown in the following graph. This is likely to be linked with reported reductions in measles and polio incidence in the same period.⁵⁷⁶

Figure 56. Under-Ones Immunized 1986-1992



Source: Ministry of Health/Universal Child Immunisation Programme Secretariat, reproduced in UNICEF (1994) p62.

Major and more intractable problems remain in further reducing child mortality, however; they include malnutrition, malaria, ARI diseases, especially pneumonia, and diarrhoeal diseases, all of which link to general inadequacy of the child's living environment.

⁵⁷⁶ UNICEF (1994). pp 65-66.

Child Care Practices

Child care practices have major implications for child health. A survey of parents and teachers in 8 provinces by the Ministry of Education in 1989-91 showed that the mother was believed to be the main caregiver and main educator of children by 95% and 85% of respondents respectively.⁵⁷⁷ But mothers, as a general rule, go back to work when babies are very young. By the time the babies are 3-6 months old, their mothers are working long hours and the infants are left with grandmothers or older children. Grandmothers may not be appropriate primary carers as they may be working from outdated practices which could be harmful. Between 6-9 months, infants may be sent to creches, but this has declined since care-provider fees have been introduced.⁵⁷⁸

The health knowledge of those responsible for childcare, including understanding of administration of drugs and the problems of drug dosage, is also a critical problem throughout Vietnam. For example, surveys indicated that mothers considered pneumonia dangerous; however only 53% of mothers were able to recognise the signs of the disease. Some 78% were not sure when to bring their children in to the clinic for diagnosis, which further indicates the amount of delay current in cases experiencing ARI diseases.⁵⁷⁹

Various studies revealing the use of antibiotics by mothers for their children, without proper instruction from their local CHC, indicate the urgent need for training on drugs. On this UNICEF made the following points: 53% of sick children were treated by mothers, rather than health personnel. If health providers were seen, it was more often privately than publicly. Though antibiotics were the most common form of treatment, the correct type was used in 22% of cases. And only 26% of these got the correct dosage and duration.⁵⁸⁰

⁵⁷⁷ Reported in UNICEF (1994), p60.

⁵⁷⁸ UNICEF (1994), p95.

⁵⁷⁹ Survey conducted in 1992 by ARI programme, Vietnamese Ministry of Health, reported in UNICEF (1994), p61.

⁵⁸⁰ UNICEF (1994), p61.

A 1992 survey by the Hanoi school of medicine showed that first step taken is self treatment with western drugs and the next is traditional medicine. The mothers in the study used antibiotics as the first form of treatment and usually had no advice from health workers.⁵⁸¹ This emphasises the importance of health training for women. But even those who are fully educated in these areas find the time pressures of securing a livelihood prevent them making best use of their knowledge in caring for their children.

The Rights of the Child

The overall welfare of children in Vietnam has been largely considered through the UN Convention on the Rights of the Child which Vietnam ratified in 1990, and has become an important part of the political agenda in Vietnam. The first two-year report on progress in implementing the Convention put together by the government in 1992 with the guidance of UNICEF and the Radda Bärnen (Swedish Save the Children), frankly outlined the problem issues of child labour, prostitution, and juvenile delinquency which previously were not discussed openly.⁵⁸²

The National Assembly has adopted a Law on the Protection, Care and Education of Children and a Law on the Universalisation of Primary Education. It has also stipulated child rights in its new Constitution.⁵⁸³ These laws are to be given effect through the country's National Programme of Action (NPA) for Children (1991-2000). Vietnam has also established Committees for the Protection and Care of Children (CPCC) to monitor the implementation of the Convention and NPA from a national, provincial, district and communal level. The committees, made up of ministry representatives as well as other organisations is intended to work to identify suitable approaches to development through policies and programme planning to promote the protection, education and care of children and their rights.⁵⁸⁴

⁵⁸¹ Reported in UNICEF (1994), p61.

⁵⁸² UNICEF (1994), pp 20-21.

⁵⁸³ Hoang Nguyen (1992) "UNICEF and Vietnamese Children", *Vietnamese Studies* New Series no. 34 (104), p37.

⁵⁸⁴ UNICEF (1994), p21.

The transition to a market economy has produced new or aggravated old social problems which negatively affect children. Among the many social problems facing Vietnamese society, and particularly its children, the relationship between parents and their children is becoming more and more fragile. In a fast-changing society, juvenile delinquency and the school dropout rate are growing at an alarming rate.⁵⁸⁵ Traditional attitudes also make it difficult to implement some provisions of the Convention. Particular difficulties highlighted in the latest UNICEF report⁵⁸⁶ include the lack of health and education access for children living in ethnic minority groups, as well as juvenile conflict with the law. The number of children living and working on the street is also known to be increasing, as is their sexual exploitation.⁵⁸⁷

The International Child Rights Committee, which monitors the implementation of the Convention, has appealed to the Vietnamese Government to do everything possible to minimise the negative effects of the economic reforms, including attracting international donor aid, and to improve the situation of children living in rural areas, especially those of ethnic minorities, or on urban streets.⁵⁸⁸

Young women in particular are highly vulnerable in such situations. Le Thi Quy's paper, on women experiencing difficult situations within the informal economic sector in Hanoi, is a sobering description of how it can be for homeless unemployed women living on the street. While her paper is not focused on young women specifically, it does describe how vulnerable women are when their lifestyle is unstable. All young homeless women are exceedingly susceptible to infections or related complications in the context of malnutrition, poor health and hygiene, sexual exploitation, unsafe contraception, and pregnancy. In terms of sexual exploitation and unsafe abortions many young women are left either infertile, crippled or as social

⁵⁸⁵By 1982, the number of juvenile offenders had grown by 133% compared to 1975 figures. In 1990, 77% of all Hanoi criminal offenders were adolescents: Viet Chung, "The Juvenile Crime Problem", *Vietnamese Studies* New Series no. 34 (104), pp 98-99.

⁵⁸⁶UNICEF (1994)

⁵⁸⁷United Nations Economic and Social Council (1995) *Country Programme Recommendation: Viet Nam*, p3; Fahey (1994), p346.

⁵⁸⁸UNICEF (1994), p22.

outcasts.⁵⁸⁹ Christina Noble, a former street child herself, has written about the *bui doi* or 'life dust', the Vietnamese name for street children, many of whom become criminalised or prostitutes; she notes that in 1990 there was a trade in young girls whose impoverished families sold them to foreign tourists for sex, and that pedophile sex was growing in Ho Chi Minh City despite official denunciation of the practice. "After such an experience there is nothing for these girls except prostitution."⁵⁹⁰

Up until recently the State's attitude to street children, delinquency and child crime was punitive. In an attempt to cope more humanely with the increase of juvenile crime, Vietnam has readjusted sections of its Penal Code.⁵⁹¹ However, in this area, the kind of social work required which works with individual needs is a new phenomenon in Vietnam. As Dr Nguyen Khac Vien notes, it is necessary to conduct campaigns with the assistance of UNICEF and WHO on biological needs and deficiencies but children have important psychological needs as well.⁵⁹² According to the UNICEF draft report, the major drawback faced by the government is the dimensional size and complexity of social welfare needs.⁵⁹³ This fact is not helped by the reality that many believe that social work and psychology is a luxury for such an under-developed country.⁵⁹⁴

⁵⁸⁹ See the case study of Nguyen Thi Lan, a 15-year-old prostitute, in UNICEF (1994), pp 122-123.

⁵⁹⁰ Noble, Christina (1994) *Bridge Across My Sorrows* John Murray, London, p222.

⁵⁹¹ UNICEF (1994) p22.

⁵⁹² Nguyen Khac Vien (1992b) "Psychology - A Necessary Luxury", *Vietnamese Studies* New Series no. 34 (104), pp 18-19.

⁵⁹³ UNICEF (1994), p23.

⁵⁹⁴ As Dr Nguyen Khac Vien (1992b) records, psychology is not taught in medical colleges or teachers' training colleges, and many within the administration are hostile, treating psychologists as suspect intellectuals who are too curious about the secrets of the human soul

Chapter VI: Health Care Services and System

Introduction to Vietnamese Medicine

Vietnamese medicine has a long history of ancient health practices which may be sourced from a number of cultural belief systems within Vietnam's present multi-ethnic society. Historically it has essentially two components: a) *thuoc nam* (Southern medicine) otherwise labelled as the 'people's medicine' has a strong indigenous substratum and has always been a main resource for the majority; b) *thuoc bac* (Northern medicine), imported from China, known also as Sino-Vietnamese medicine.⁵⁹⁵

Early local medical recipes relied on natural products of mostly plant origin (leaves, fruits and wood barks). These recipes developed mainly in the cradle of the Red River Delta were later blended with the the Sino-Vietnamese system. These recipes along with many other well known practices are based on rudimentary sanitary beliefs as well as ancient beliefs and superstitions. Lacquering or the blacking of teeth with a combination of betel plant, areca and lime for instance, is used as an hygienic mouth antiseptic, preserving against tooth decay, as well as having cultural ritual significance. Foods such as ginger, pepper, salted onion, cinnamon, also are used for their curative and hygienic effects. The use of moxa, a method of infusing the human body with warmth, is another curative practice which has been in Vietnam since the 3rd century B.C. (at least since the An Duong Vuong of the Thuc dynasty) and may have come from Egypt, India or China.⁵⁹⁶

The Buddhist priest widely considered the 'founder of Vietnamese southern medicine', Tue Tinh (14th Century), had learned Chinese medicine but believed that the different climate and conditions of the 'south' (that is,

⁵⁹⁵Huu Ngoc (1992) "Panorama of Vietnamese Traditional Medicine." *Vietnamese Studies* New Series no. 33 (103), p55. Chinese traditional medicine (thought to have originated in 1800 B.C.) was brought to Vietnam during the Chinese domination of Vietnam between 179 B.C. and 939 A.D. and has been highly influential in Vietnamese traditional medicine. Also see *Vietnamese Traditional Medicine* (1993) Hanoi, and Joan McMichael (1976) *Health in the Third World: Studies from Vietnam*. Nottingham: Bertrand Russell Peace Foundation/Spokesman Books.

⁵⁹⁶Huu Ngoc (1992) "Panorama of Vietnamese Traditional Medicine", p57.

Vietnam) needed to be recognised in its medicine.⁵⁹⁷ His approach was to disseminate health care information as widely as possible among the people, encouraging everyone to grow medicinal plants.⁵⁹⁸ Promoting humanitarianism, Tue Tinh's work strongly opposes "superstitious" searches for supernatural causes of disease, and advocates preventive hygiene, for instance promoting exercise as a means of keeping healthy. His classification of medicines challenges the Chinese approach based on the five elements (metal, wood, water, fire and earth), and his philosophy generally seems to have been based on demystifying medicine.⁵⁹⁹

The other great master of Vietnamese medicine was Lan Ong (1720-1791), a noted scholar and poet, the son of a vice-minister, who like Tue Tinh before him rejected a career as a mandarin and became deeply committed to advancing local medicine. He spent thirty years in studying, treating patients, and training others. His work represents to modern Vietnamese a fusion of Taoist detachment and Confucian sense of social obligation, with a strong egalitarian orientation shown by some of his quoted principles. Examples of these are:

... Why should we hesitate to open our heart one moment to save the whole life of the poor. To pious sons and exemplary daughters in law who become sick because of indigence, we must give, besides medicines, some material assistance according to our capabilities, because without food a patient, although well treated, cannot survive.

... To avoid all suspicion, the examination of a woman ... should be done in the presence of a third person. Even with prostitutes, we must keep a serene heart and consider them as people from good families.

⁵⁹⁷ Cited in Huu Ngoc (1992), p70.

⁵⁹⁸ Of his two surviving written works, one is a herbal handbook, *Nam duoc than hieu* (Southern Medicine With Miraculous Effect), which describes 571 medicinal plants including 82 unique to Vietnam and gives recipes for their use; the other is in three parts, one being a text containing health information written in the local characters rather than in the Chinese characters in official use.

⁵⁹⁹ Tue Tinh's legacy lives in the simple medical remedies still used by every family, according to Huu Ngoc, such as hot onion soup and steam baths with ginger and aromatic leaves for fever, massage with ginger and beet seeds for indigestion, and young guava buds to cure diarrhoea. Huu Ngoc (1992), p69.

... With regard to your colleagues, be modest, polite and thoughtful; avoid any despising and arrogant attitude, respect those who are your elders, consider learned people as your masters, don't emulate the conceited, help those who are inferior to you.⁶⁰⁰

Above all, Lan Ong advocated active preventive medicine. He wrote a Vietnamese language manual called "Summary of Hygiene Rules", containing practical advice such as to maintain mental hygiene by avoiding stress and exhaustion, be frugal and moderate in eating, drinking and sexual intercourse, and maintain environmental hygiene. He noted that disease was spread through misery and social injustice, particularly war, and that poverty itself bred sickness.⁶⁰¹

European medicine arrived in Vietnam with Catholic missionaries in the 17th century. Their activities were mostly confined to those areas of central and southern Vietnam connected with the Court of the South at Hue. The first who is remembered today was Father Langlois, who built a hospital in Hue. Following the missionaries came the professionals, again attached to the Court, but from the 1830s to the 1880s no European physicians were summoned to the Court because of increasingly strained relations with the French. Once the French had taken over the government of the country and were satisfied of its stability, they organised urban sanitation and medical training along European lines, but these affected very few of the local population, as the Superior School of Medicine and Pharmacy trained only around ten doctors and chemists each year. There was only one medical graduate per 180,000 people in Vietnam in the later years of the French administration. Unfortunately, those trained had a negative attitude to traditional medicine and regarded it as unscientific mumbo-jumbo, an attitude which has persisted in some form through to the present. Colonial policies also drove traditional medicine into disrepute and decline by failing to support distinctions between trained and quack practitioners. Traditional practitioners rallied together and founded associations in this period,

⁶⁰⁰Quoted in Huu Ngoc(1992), p75.

⁶⁰¹Huu Ngoc (1992), p79.

publishing medical and pharmacological works to preserve their knowledge.⁶⁰²

After the August Revolution in 1945, the credibility of traditional medicine was gradually restored. During the war with the French, both medicines developed in parallel, so that during the period 1955-1964 the official policy was that European and oriental medicine should be systematically allied. In the words of Ho Chi Minh in 1955,

We must build our own medicine ... based on this principle: scientific, national and popular Our ancestors had rich experience in the treatment of disease, using local medications and those of the North [China]. To enlarge the sphere of action of medicine, it is necessary to study means of uniting the effects of oriental remedies with those of Europe.⁶⁰³

As a result of this approach, the Southern traditional medicines as well as the Sino-Vietnamese medicines are now part of the official system of medicine, developing in combination with modern Western-style medicine. The Vietnamese Codex, developed between 1963 and 1976, deals with both modern and traditional treatments. Traditional medicine proved its worth in North Vietnam during the war with America; numerous communes (re)adopted the cultivation of medicinal plants and the preparation of common medicines as needed within the community. After 1975 the movement spread to the south. A network of knowledgeable medical workers was established, with the intention of linking the work of the State with that of the people.⁶⁰⁴

Development of Communal Health Services

In April 1965 the first Red Cross station was set up in Ben hamlet (farming co-op), and soon after a network of similar stations opened in many areas under war-time conditions. At noon each day, the distribution of dressings and vaccine medicines as well as preventive health and hygiene training began.

⁶⁰²Ibid. p82.

⁶⁰³Ho Chi Minh address to conference of medical workers, February 1955, quoted in Huu Ngoc (1992), p7.

⁶⁰⁴Huu Ngoc (1992), p84.

Funding was pooled together by local villages.⁶⁰⁵ The village health station soon became a centrepiece of health within the whole village. The growth of basic medical plants was also encouraged in every household (under the VAC programme)⁶⁰⁶ and from the health stations, many locally prepared medicines were distributed free of charge.⁶⁰⁷

During the late 60's and 70's the Ministry of Public Health put forward the following five objectives: a) To prevent and combat epidemic diseases; to build the Three Sanitary Facilities. b) To carry out family planning. c) To look after the health of the whole population by treating patients at home; to prevent and combat social diseases. d) To make use of traditional medicines. e) To build an omnipresent health care network.⁶⁰⁸ The concept of preventive health practices through primary health strategies to eradicate disease is clearly shown through the Vietnamese Studies series. Examples between 1970-1980 reflected survey evidence on the protection of mothers and children, viral diseases among children, carriers of staphylococcus aureus among children, infestation and intestinal parasites, tuberculosis, malaria and a number of other health issues. From the action taken at the time we see an improvement in all areas where practical measures in communal health was directed. Among other things, this is because

Health education was considered as an indispensable method, constantly linked to health activities and aimed at making people receptive to new ideas and habits and self-reliant.⁶⁰⁹

During these years, health information and policies reflected the early enthusiasm of post war conditions, where policy focus was directed at local co-operative levels. Collectivisation played an important role in the overall structure of local participation and services and suggests the level of co-operation essential at grass root health levels.

⁶⁰⁵Dang Phuong Kiet and Do Van Nhiem (1982?) "Stages of Development of the Health Movement", *Vietnamese Studies* no. 68, p13.

⁶⁰⁶ VAC is an integrated system consisting of *vuon* (garden), *ao* (fishpond) and *chung* (livestock).

⁶⁰⁷Dang Phuong Kiet and Do Van Nhiem (1982?), p14.

⁶⁰⁸Dang Phuong Kiet, Bui Duc Phong, Nguyen Ngoc Thang, & Do Van Nhiem (1982?) "Protection of Mothers and Newborn Infants", *Vietnamese Studies* no. 68, pp 31-65.

⁶⁰⁹Ibid. p45.

Before the socio-economic reforms of 1986-7, the Vietnamese communal health-care centres (CHCs) had operated within the structure of the collective agricultural co-operative system. Under this system,⁶¹⁰ Community Health Care funding was raised almost directly from within the commune cooperative under the collective. The cooperative received contributions in kind from each family, and retained part of commune profits and tax. Funds were used to pay Community Health Workers, outreach services (using brigade nurses) at the village level and to pay for overheads, and drugs.⁶¹¹ With the introduction of the individual family economy, the communal collective structure based on the collective economy dismantled, as the agricultural production teams based on the old collective, have themselves since dissolved. For this reason, support for this kind of health network also collapsed, and most of the brigade nurses have returned to agriculture.⁶¹² Villages in many places have been forced to change the structure of their health service. User-pay services at communal levels were concurrently introduced.⁶¹³ The impact of these changes will be considered more fully in the following part of this paper.

From my own observations and through my research using the *Vietnamese Studies* series, I have found that data collection in areas of overall health was more prevalent during the 1970s and 1980s than the present. I suspect this is directly as a result of funding shortages and due to the breakdown of village agricultural collectives.

The Post-Reform Health Care System

The reforms implemented since 1987 did not include a parallel readjustment in the health system. A disproportionately high share of national funding

⁶¹⁰CHCs were under the charge of the collective co-operative structure and most had a network of brigade nurses, pharmacists and technicians.

⁶¹¹The brigade nurses were trained for 9 months of the year and lived in villages where they could provide their service to the people. These brigade nurses were supported by local agricultural production teams.

⁶¹²SRV & UNICEF (1994) draft, p35.

⁶¹³UNICEF (1994), p49. See also Brazier (1992), p32.

and resourcing is concentrated at the central, provincial and district levels.⁶¹⁴ The rate declines rapidly at communal grass-roots dimension. Because of this, Community Health Care services are pressured with chronic problems that neither the Ministry, nor the district and provincial levels have the financial or resource capacity to support.⁶¹⁵

Communal Level

With the shift to the market based economy, much of the responsibility to further develop communal facilities has been thrust on the commune through the local village Peoples' Management Committees.⁶¹⁶ To counteract the extent of financial problems, the Peoples' Committees have introduced user fees and costs to recover the cost of overheads and the price of drugs. While a communal based health structure controlled at a grassroot level is practical,⁶¹⁷ without concrete support from the central government, the Commune Peoples' Committees are for the most, ill-equipped to provide major health care.

Their lack of medical knowledge as well as managerial experience in the provision of health care is an enormous drawback. As well as this, direct support from the Ministry to CHCs usually only covers 'one time' contributions in the form of training, allocated for Community Health Workers in specific programme tasks.⁶¹⁸ According to the UNICEF report however this may change as negotiations between the Ministry and CHCs are evaluating the new regulations. Proposed moves include the possibility of transferring funds from relatively rich provinces to those that are poorer.⁶¹⁹

⁶¹⁴UNICEF (1994), pp 39-42, 45.

⁶¹⁵The number of CHC beds is less than 27% of the total available, yet it is at this point where the population is at its highest risk. The facilities are not designed to deal with serious cases. They are provided to care for new mothers for a few days after birth and to give out curative care which does not involve long-term admissions. UNICEF (1994), p42.

⁶¹⁶See section on local government and mass organisations, p 88 and following in this paper.

⁶¹⁷80% of people requiring immediate health care are at communal level as 80% of the Vietnamese population live in rural areas. Also see Phillips (1990), Learmonth (1988), McMichael (1976).

⁶¹⁸UNICEF (1994), p48.

⁶¹⁹Ibid. p49.

This type of assistance was current before the reforms. However, as yet these proposals are still unclear. While there is such funding uncertainty, management practices especially in planning will remain limited.

Of the 9929 communes that existed in 1992, only 93% (9243) were attached technically in some way to a commune health centre. Additionally, 686 communes had no communal health care facility, but most had resident health care workers. Another 0.8% communes had no health service network at all.⁶²⁰ This means that roughly half a million people have no access to health care, and another four and a half million people have only a resident nurse available. Field observations reveal that in isolated regions where harsh environmental conditions prevail, there is an urgent demand for new health services as well as a need to boost the overall maintenance of those already existing;

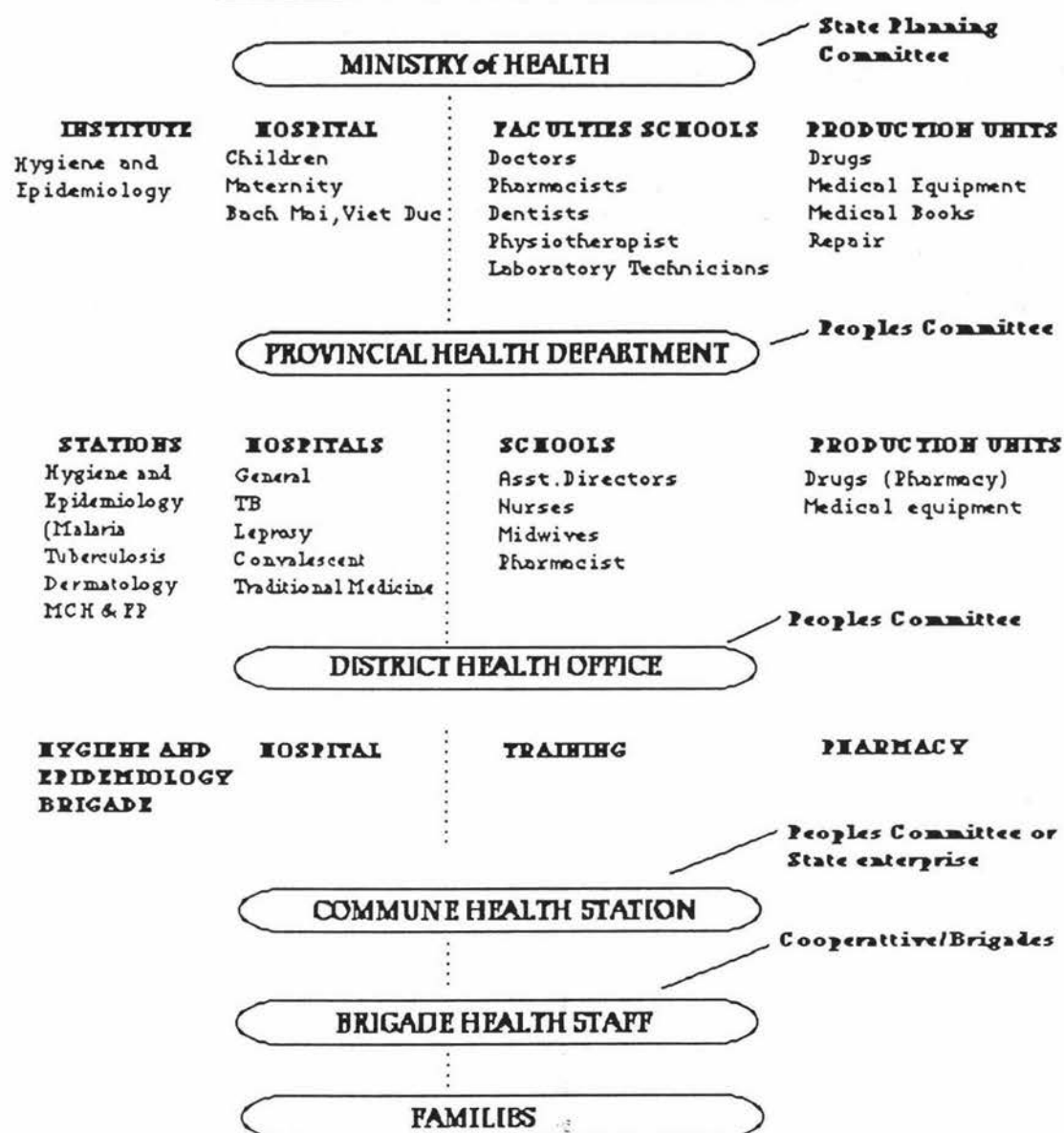
“Some of them have merely four walls that cannot stand for much longer; the floors are unplastered; they are lacking even the most basic equipment. Unless they undergo major renovations they can not even store the equipment that is vital to their existence and proper functioning.”⁶²¹

According to UNICEF, while data at a communal level is not officially available it is known that at least 445 of the communes who are without CHCs are in the northern mountain region.⁶²²

⁶²⁰Ibid. p42.

⁶²¹SRV & UNICEF (1994) draft, p35.

⁶²²UNICEF (1994), p42.

Figure 57. **STRUCTURE of HEALTH SERVICES**

Source: UNICEF (1994), p38.

Central Level

Vietnam's overall health care policy is facilitated through the Ministry of Health (MOH), consisting of 13 departments and a number of specialist institutes,⁶²³ as well as a number of other Ministries which provide parallel

⁶²³ The Ministry's main specialist bodies comprise the Institute of Hygiene and Epidemiology, the TB and ARI Hospital, the Department for the Protection of Mothers and Newborns, the

health services. For example, Family Planning comes under a separate Ministry. This makes overall co-ordination throughout the whole system virtually impossible.

Provincial Health Services (PHS)

The PHS comprises an administrative centre⁶²⁴, support services for preventive health,⁶²⁵ secondary medical schools⁶²⁶ and provincial hospital(s). Its public health role is supported by funds from the central government. The use of a large proportion of these funds however is not defined. For this reason the way this money is spent between provinces varies throughout all regions and is dependent on the capacity of the managing body (People's Committee).⁶²⁷

District Health Services (DHS)

There is one DHS in each of the 550 districts throughout the country. The district delivery system provides vaccine care through the Hygiene and Epidemiology Brigade, as well as malaria control, vitamin A deficiency control, and iodine deficiency control. It has technicians including physicians, assistant doctors, and laboratory technicians, headed by the vice president of DHS. The District Health Office (DHO) oversees programme management responsibilities.

Institute for the Protection of Children's Health and the Pasteur Institute. It has a number of additional specialized Institutes which provide training.

⁶²⁴The Health Service Bureau, where the Director of the Province Health Service and the Vice Director of Planning oversee the allocated provincial region.

⁶²⁵The Hygiene and Epidemiology Stations which manage the cold chain of vaccine storage, also provide a support-system to Districts to enable them to perform preventive medical services listed under the District's Hygiene and Epidemiology Brigade. They also maintain a range of laboratory facilities for diagnosis and storage for specimens coming from the district..

⁶²⁶These train middle level health workers such as assistant physicians, nurses, midwives and secondary pharmacists.

⁶²⁷UNICEF (1994) p47.

The last component is the District Hospital (DH) which may be staffed with general practitioners, obstetricians/gynaecologists, paediatricians, internal medicine specialists, ophthalmologists, dentists and sometimes with ear, nose, and throat (ENT) specialists.⁶²⁸ Because of similarities in the level of care available, it is sometimes difficult to separate the boundaries between PHS and DHS hospital services.

The services available in hospitals at both district and provincial levels vary widely, as do their resources. For example, one just outside Ho Chi Minh City was receiving electricity only once every three days when I was there in April 1994, though it had a large amount of electricity-dependent equipment. I personally viewed a DH whose eye department had one small sized lightbulb for examinations, and no instruments.

Inadequate transport and accessibility is also a real problem. These hospitals are for the most inaccessible to many of the people living in the districts they are supposed to serve⁶²⁹.

Within the Choray hospital which I visited while in Vietnam⁶³⁰, I felt a sense of powerlessness among patients. In the waiting room the patients were sad, some groaning at their illness and discomforts. Long waits before admission are common. In the wards many patients were alone, with no fan in the sweltering heat lying only on a bamboo bedframe with a jar of water beside them. Others did have a family or friend comforting them, some with a fan and even some fruit beside them. In Vietnam the hospital does not provide food for its patients. All patient provisions except for medical consultation, a bedframe and a jar of water are provided by a patient's family or friends. This practice puts extreme time and related financial pressure on the family and

⁶²⁸The UNICEF report suggests that there are more beds than are required at the district level. The original motivation to obtain these beds was more to do with funding aspects associated with expanding the facilities than the immediate care of patients. With more beds these hospitals could lobby more strategically for additional equipment and funding. This argument claims that only 50% of the beds presently available are being used and therefore it is their opinion that there should be a reduction of these beds. UNICEF (1994), pp 40-41.

⁶²⁹ Ibid. p41.

⁶³⁰ A large national hospital catering to some 30,000 inpatients and 180,000 outpatients per year in the heart of Ho Chi Minh City, with a catchment of 16 provinces and HCM City. "Choray Hospital, Ho Chi Minh City, Vietnam, 1993".

friends of patients, especially those who have to come great distances. Many have to find temporary accommodation close to the hospital while the patients are being treated, while others camp under nearby trees, between the beds in the wards, or in the grounds of the hospital itself.

Special Programmes

Health programmes which had been developed as special initiatives such as the malaria, TB, ARI and control of diarrhoeal disease (CDD) campaigns have been run as self-contained vertical programmes in parallel to the rest of the health system.⁶³¹ While this design may once have been useful, under present circumstances, it does not integrate target goals through the coordination of the present health system.⁶³²

The problem partly reflects historical patterns. Where programmes have been operating for a long time they have become institutionalised, as described by Houtart and Lemercinier, referred to previously on page 99 of this paper.

While provincial and district levels get additional funding from the Ministry of Health earmarked specifically for these parallel vertical programmes, support of this type at a communal level is severely lacking. For this reason there is a drop-out at the bottom end of the system on vital programmes which include ARI, CDD, EPI, Malaria, Vitamin A, anaemia control, maternity health and family planning, because of a lack of managerial direction, inadequate provision of facilities and limited funds.⁶³³ Programmes overlap, and interests rarely work together in the same area at the same time.

Until many of the programmes were received and expanded, the managing board of each remained an almost independent organisation at central and local levels ... This is why localities were often forced into a passive position, overlapping and contradictory, and waste became an unavoidable phenomenon. The community level, which, with a staff of only 3 to 5 persons, served as the final executive level, was subject to instructions

⁶³¹SRV & UNICEF (1994) draft, p39.

⁶³²Le Van Luyen (1992) "Information and Education in Children's Health Care Programmes", *Vietnamese Studies* New Series no. 34 (104), p 55.

⁶³³UNICEF (1994), p44.

from many committees (managing boards), and had to carry out activities without any co-ordination from higher levels.⁶³⁴

According to Dr Le Van Luyen, it appears that in many cases the only goal in carrying out these programmes at grassroots level was to obtain the desired quotas and to supply technology, materials and equipment. As a result, one village was equipped with refrigerators, microscopes and a number of media while it did not have trained staff or a reliable electricity supply.⁶³⁵

Traditional Health

While the general health system officially has an integrated structure of traditional health provision, as well as western medicine, traditional health practices are not well supported within the system. While this evidence is supported by UNICEF,⁶³⁶ my own findings are based on two aspects; a) although all Vietnamese trained medical practitioners working in western medicine are given a two year training period in traditional medicine, and this is strictly implemented as part of their degree, the traditional component of training is given at the beginning of the course, and therefore tends to be supplanted in trainees' minds; b) during my visit to Vietnam I found that there is substantial bias among western-trained medical doctors who ridicule the knowledge of traditional practitioners. Worst is their focus on drugs and equipment rather than client based methods of treatment.⁶³⁷

With Dr Son from the Institute of Traditional Medicine and Pharmacy⁶³⁸ I visited briefly the Long An district hospital and two rural based communal health centres outside Ho Chi Minh City. Here I discovered that while people in rural areas may seek traditional medicine as a first option, this is partly because of accessibility and cost rather than necessarily an active preference over western medicine. I suspect however that the more isolated

⁶³⁴Le Van Luyen (1992), p55.

⁶³⁵Ibid. p56.

⁶³⁶SRV & UNICEF (1994) draft, p43.

⁶³⁷Personal observation, April 1994.

⁶³⁸The Institute, based in Ho Chi Minh City, operates under the auspices of the Ministry of Health. Its northern counterpart in Hanoi is also called the Institute of Traditional Medicine but has historically been called the Institute of Oriental Medicine (*Vien Dong*) and the Institute of National Medicine (*Vien Y Hoc Dan Toc*). Cited in *Vietnamese Traditional Medicine* (1993) Hanoi, p248.

communities who are not as exposed to western influence may still regard their own forms of health practice as safer. In urban centres I found that people being more exposed to western consumption, definitely have the attitude that "west is best!" This I observed through many conversations with both patients and people on the streets of Ho Chi Minh City.

Private Health Care

With the new market economy in 1988 came a relaxation of laws prohibiting private forms of medical practice. Today however a major issue facing the private medical system is regulation and standards. Vietnamese private medical market practices reflect a suppliers' market, which is presently extremely difficult to control. The government is now attempting to stipulate the boundaries between private and public practitioners.⁶³⁹

A potentially positive employment factor within this sector is the re-employment of retired health practitioners. In the six years up to 1994, an estimated 30% of workers employed in health were forced to retire⁶⁴⁰. Some of them were military personnel who returned from Cambodia. Most have returned to their villages and provide an enormous potential at a communal level, if it can be channelled.⁶⁴¹

Pharmaceutical store outlets, which I found everywhere throughout the suburbs of Ho Chi Minh City, have increased from 2000 in 1991, to 6000 in 1992.⁶⁴² Workers and store-owners come from a mixture of backgrounds. Many are retired medical workers, or workers who are currently employed in health maintaining their two jobs at different hours.

⁶³⁹SRV & UNICEF (1994) draft, p43.

⁶⁴⁰See the discussion of state sector retrenchments on p129 of this paper.

⁶⁴¹UNICEF (1994) p47.

⁶⁴²Ibid. p47.

Drug Supplies

Drug consumption in Vietnam is increasing rapidly, from a value of 32 dong per person in 1986 to 4,451 dong in 1990.⁶⁴³ The vast majority of these are imported either officially or unofficially.⁶⁴⁴ The quality of the drugs available on the free market is currently uncontrolled⁶⁴⁵, which has obvious potential for serious health problems.

Medicines to combat infectious diseases alone make up 70% of the budget in imported medicine each year, of which two thirds is spent on antibiotics. This is critical when you consider as Toam points out that bacteria often become antibiotic-resistant and the overall effectiveness of this medicine reduces. For this reason, the cost of many of these products may seriously outweigh the benefits of their use in Vietnam, which should be strictly controlled through production and supply.⁶⁴⁶

While some drugs have been heavily subsidized through the health system in the past, many communes have adopted a user pays system for drugs post-reform.⁶⁴⁷ The government is proposing to introduce a grant of VND 2,000 per capita per year to poorer communes towards their purchase of drugs, but this has not yet been implemented.⁶⁴⁸

Major constraints at base level appear because the essential drug concept has not yet been taken up in Vietnam. Only approximately 7.3% of pharmacists are deployed at commune level and some 40% are at provincial and central levels. If more pharmacists, and raw materials for drugs were deployed at lower levels to make essential drugs, distribution and health care would show immediate improvement.⁶⁴⁹ The reintroduction of the practice of

⁶⁴³Official external aid sources also report that drug import values increased from VND1,234 million in 1986 to VND15,467 in 1990. UNICEF (1994) p47.

⁶⁴⁴Despite tougher regulations against this form of trade, drugs sent by overseas Vietnamese to their families in lieu of cash account for a large amount sold on the black market.

⁶⁴⁵UNICEF (1994), p47.

⁶⁴⁶Le Quang Toan (1990) "Development of Pharmaceutical Industry", *Vietnamese Studies* New Series no. 28 (98), p57. In other medical areas however throughout regional Vietnam, imported medicines are still accutely required in the prevention of epidemics, rickettsia, trachoma, and for preventing abdominal and colossi surgical operations. However these medicines are no longer sold freely at the community level.

⁶⁴⁷UNICEF (1994) p49.

⁶⁴⁸Ibid. p49.

⁶⁴⁹SRV & UNICEF (1994) draft, p39.

growing medicinal plants at commune or family level as described on page 170 above, would also be of great benefit. UNICEF is currently working to promote local production of oral rehydration salts (ORS) to serve the CDD programme.⁶⁵⁰

According to Professor Le Quang Toan, poor cost efficiency in internal production means locally produced medicines account for less than 10% of consumption⁶⁵¹. Problems identified during 1990 came predominantly from a lack of raw materials and limited capital input.⁶⁵² Vietnam also imports 90% of all raw materials required in the pharmaceutical industry which are bought mostly in hard currencies.⁶⁵³ However, improving local outputs of pharmaceuticals would not require a high level of investment capital (as compared to other industries).⁶⁵⁴ Planning objectives require linking the byproducts of other industries (ie: the agricultural and food industries) to those required by the pharmaceutical industry.⁶⁵⁵ The potential use of waste products is a positive aspect, but the supply of these raw materials can be complicated without proper co-operation.⁶⁵⁶

Essentially Vietnam needs to develop more small medical plant farms. The three existing farms occupy between 300 -2,000 hectares of land, but critically lack the basic facilities needed for drying and processing plants. As is the problem in most other industries, communication and transport shortages cause immense problems, and basic solvents are in short supply.⁶⁵⁷

⁶⁵⁰ UN Economic and Social Council (1995) *Country Programme Recommendation: Viet Nam.*, p4.

⁶⁵¹ Le Quang Toan (1990) "Development of Pharmaceutical Industry", *Vietnamese Studies* New Series no. 28 (98), p54.

⁶⁵² The central factory is only 30% mechanized, as a result of the limited investment capital.

⁶⁵³ This fact is highly unfortunate when you consider that the country locally has a storehouse of plant local species and therefore a wide variety of medical materials.

⁶⁵⁴ UN 1983 statistics revealed that 30-40% of the health service budget in developing countries was spent on importing medicine. Quoted in Le Quang Toan (1990), p55.

⁶⁵⁵ This would mean local byproducts obtained from raw materials in general industry could be utilized to achieve greater effectiveness ie; chemical products from oil, coal, vegetable materials, minerals, fats, agricultural products, animal products.

⁶⁵⁶ Le Quang Toan (1990), p57.

⁶⁵⁷ *Ibid.* p54.

National Health Budget

It is estimated that the government allocates between four and ten percent of its total national budget to health.⁶⁵⁸ I have a direct problem with accepting both the range and size of this estimation and perceive from my own interviews in Vietnam that the figure does lean closer to 4%. Of the total national budget, some 3.11% in 1986 and 4% in 1990 was allocated to the Ministry of Health.⁶⁵⁹ This percentage does not include health related expenditures of other agencies. The suggestion of up to 10% health spending is based on an assumption that at the provincial, district and commune levels the proportion of actual spending on health is higher than at central level. Actual figures for this spending are acknowledged to be "difficult to come by" even for the Vietnamese government and UNICEF.⁶⁶⁰ I believe the reality is more likely to be as expressed by Dr Le Van Luyen:

The village which is only the base of a large triangle formed by the organizations of higher levels, is too weak to shoulder its task. Moreover, in many localities, health services are not yet considered a priority in comparison with other pressing activities such as economic, security, and political requirements.⁶⁶¹

⁶⁵⁸ UNICEF (1994), pp 47-48.

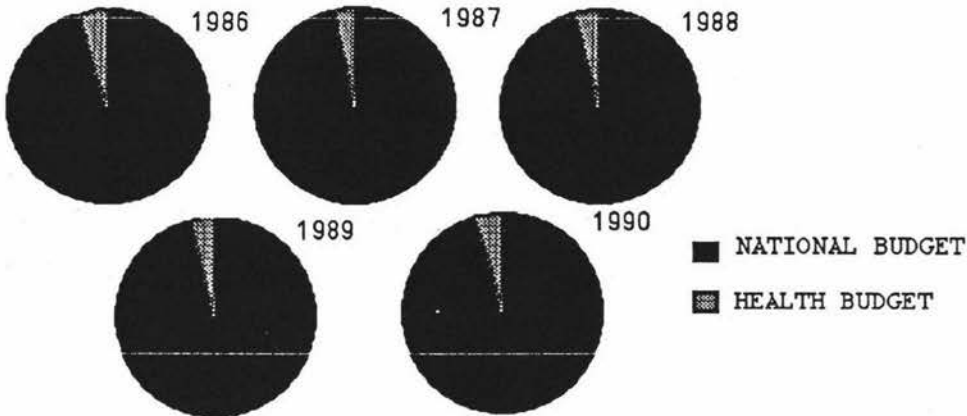
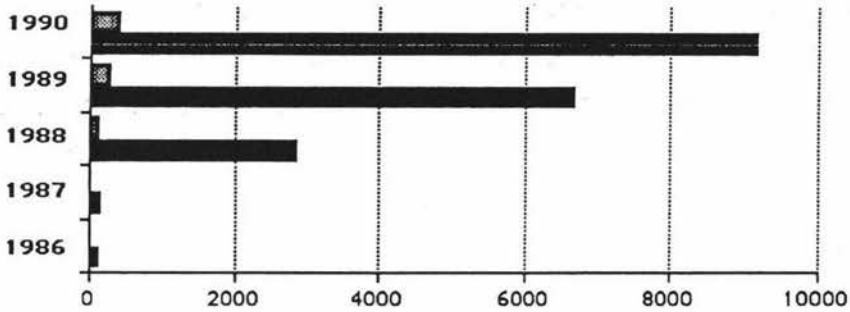
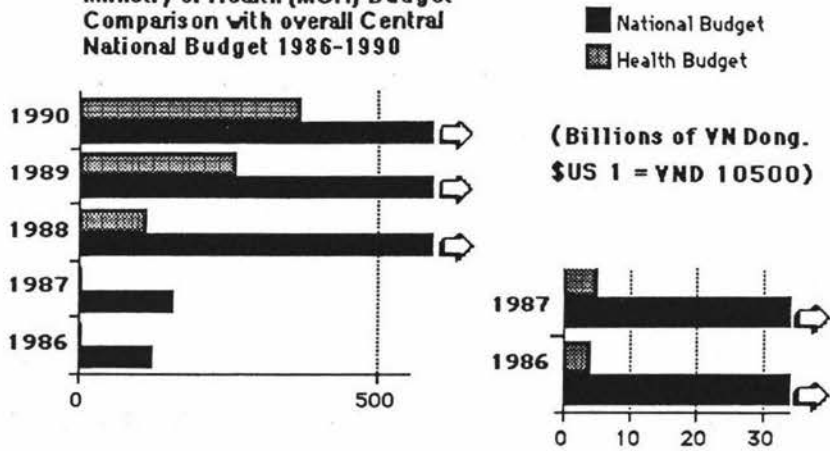
⁶⁵⁹ Ibid. p47.

⁶⁶⁰ Ibid. p47.

⁶⁶¹ Le Van Luyen (1992) "Information and Education in Children's Health Care Programmes", *Vietnamese Studies* New Series no. 34 (104), p55.

Figure 60.

Ministry of Health (MOH) Budget Comparison with overall Central National Budget 1986-1990



Data sourced from UNICEF (1994), p47.

As I have attempted to demonstrate through the above, Central Budget figures show Ministry of Health allocations during 1986 of VND3.99 billion increased to VND367.72 in 1990, but the apparent large increase only matched inflation and did not improve underlying deficiencies. As admitted by Dr. Vo

Dai Luoc of the Institute of World Economy, Vietnam's health indicators have not improved.⁶⁶²

Another major administrative problem in this allocation of funds, is that they are not tied directly to either sector distribution nor specific programmes.⁶⁶³

Human Resources

According to the UNICEF report medical training in Vietnam is still below standard.⁶⁶⁴ The medical schools take an academic approach, using a western model of medical training which does not adequately address the Vietnamese situation. This approach takes valuable resources away from public health, leaving community diagnosis, and the management of the health service which includes the planning, monitoring, and overall evaluation processes largely out in the cold. Not surprisingly, the UNICEF report also notes that health management, including management of personnel, shows a lack of appropriate knowledge and skills.⁶⁶⁵

Secondary Medical Schools, which train assistant doctors and nurses, also need improvement. 'Hands on experience' would be far more useful than lectures, especially if it was more directly focused on problems the trainees will be asked to treat after graduating. Presently much of their training is in provincial hospitals where the problems they see and treat are different to those they will be facing at the communal and district levels.⁶⁶⁶ This is a serious failure of the training structure and has severe consequences for the village people.

⁶⁶²Vo Dai Luoc(1994) *Vietnam's Industrial Development Policy in the Course of Renovation*, p 267.

⁶⁶³UNICEF (1994), p47.

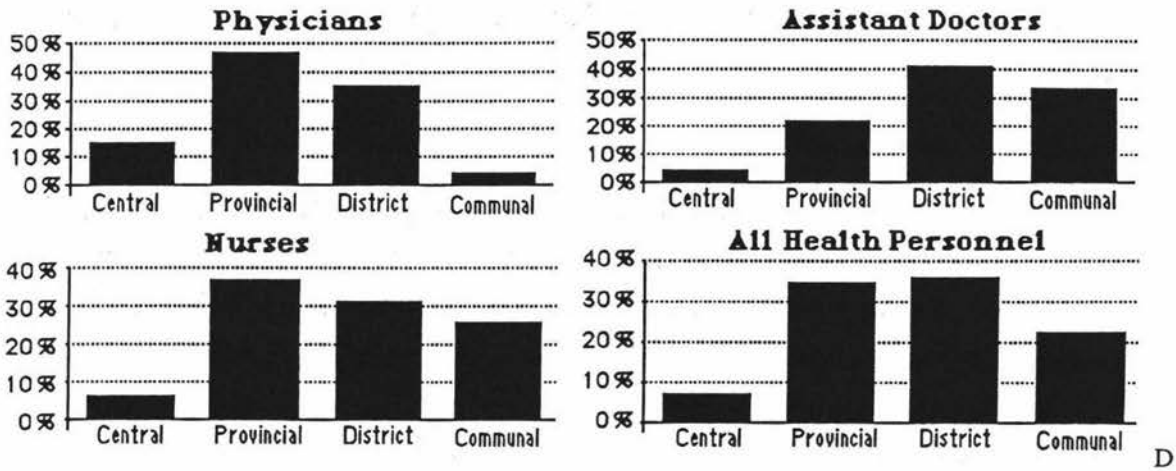
⁶⁶⁴UNICEF (1994), p46.

⁶⁶⁵UNICEF (1994), p44.

⁶⁶⁶Interview with Doctor Song. Another problem is that trainee staff from rural areas do not want to go back to their villages once they have finished their training.

As we can see from the diagram below, the distribution of health personnel is biased towards the provincial and district levels.⁶⁶⁷

Figure 61. Distribution of Health Personnel



ata sourced from UNICEF (1994), p45.

Community care workers numbered 39,668 in 1992, a mere 22.6% of the 175,514 total health workers available in the public sector. The CHC percentage is ridiculously low, both because an overwhelming majority of health problems are still those which could best be tackled at CHC level (eg infectious and parasitic diseases), and because the CHC level is the only one reasonably accessible to the overwhelming majority of people. The Vietnamese health system needs to reorientate its energies and possibly retrain part of the workforce for community CHS work. This would likely cause resistance as most skilled workers would rather remain in a large provincial city than be sent to rural areas.⁶⁶⁸

⁶⁶⁷UNICEF (1994), p39.

⁶⁶⁸SRV & UNICEF (1994) draft, p40.

Media and Health Education

Historically health education has been a low priority in the health service system, and considered to be unskilled work.⁶⁶⁹ As a result, many health programmes have failed to consider the education aspect and use of media has been more like propaganda or publicity than education, mainly through inadequate targeting.

For example, media in Ho Chi Minh City aired programmes on health and disease. One topic on "Family Doctor" appeared on TV 50 times in one year. When the station was asked about this, the reasons given were as follows ;⁶⁷⁰

<u>Question:</u>	<u>Answer:</u>
How much money was used?	Don't know
Did those in need of information have a TV?	Don't know exactly
How many people followed the advice given?	Don't know

According to Dr Le Van Luyen, this example reflects the typical way of working under State subsidy system. He asserts that the press and broadcast has failed to reach people, especially the rural people who make up 80% of population.⁶⁷¹

A number of officials did not make a distinction between health education and campaigns in the form of broadcast information. They failed to take into account the fact that co-operation in the area of health begins with those problems most directly concerning the people. ⁶⁷²

Other problems enumerated by Dr Luyen include:

⁶⁶⁹Le Van Luyen (1992) "Information and Education in Children's Health Care Programmes", *Vietnamese Studies* New Series no. 34 (104), p58.

⁶⁷⁰Le Van Luyen (1992) "Information and Education in Children's Health Care Programmes", *Vietnamese Studies* New Series no. 34 (104), p60.

⁶⁷¹Le Van Luyen (1992) "Information and Education in Children's Health Care Programmes", *Vietnamese Studies* New Series no. 34 (104), p60.

⁶⁷²Djukanovic (1981) *Evaluation of the co-operation programmes in the field of public health between UNICEF and the Vietnamese Government* v1, p30, cited in Le Van Luyen (1992) "Information and Education in Children's Health Care Programmes", *Vietnamese Studies* New Series no. 34 (104), p56.

The psychological outlook of ethnic groups is not considered even in materials supposedly aimed at them. Even if papers are given out free, they are most usually used for other purposes.

Health personnel rarely visit people offering medical treatment or advice.

Grassroots health service personnel are eager to publicise their work yet they are rarely given much time at conferences.

Health education is sold in stalls in urban areas but not in rural areas.

Many health stations have only one copy of health education materials, which is left inside a drawer, or kept in the office like art in a gallery.⁶⁷³

On my brief visit I found the David Werner book "Where There Is No Doctor"⁶⁷⁴ highly respected by the villagers I met. The book goes beyond 'first aid' as it is a complete practical health guide. The book tackles many problems underlying superstitious cultural beliefs. It explains why some types of treatments can cause harm, offering an alternative instead.

Unfortunately however, because it is a Western book, its use is limited by its scarcity and cost to villagers who share just the one book among many. Doctor Song said he hoped that this book would soon be published in Vietnamese. While the publishers themselves give permission for their material to be photocopied, it is because of cost that it is not as widely spread as it could be. He, as did the villagers, remarked specifically on how the book presented concepts dynamically in pictures and the way it is so easy to understand.

Health education is now coming into more focus through the National Plan of Action⁶⁷⁵ for children. UNICEF has been providing training assistance to Vietnamese organisations, particularly the Ministry of Health and Women's Union, who are in turn training a large number of local health

⁶⁷³Le Van Luyen (1992) "Information and Education in Children's Health Care Programmes", *Vietnamese Studies* New Series no. 34 (104), pp 61-62.

⁶⁷⁴Werner, David (1977) *Where There Is No Doctor: a village health care handbook*. Palo Alto: The Hesperian Foundation.

⁶⁷⁵See the section on child health, above.

communicators.⁶⁷⁶ The programme uses the "Facts for Life" booklet and supporting materials to promote fifty basic messages on low-cost practical family-based ways of protecting children's health.⁶⁷⁷ What is exciting and different about this from previous similar mass programmes is the way the education strategy is being combined with a revolving credit scheme for women's income generating activities, aimed at families with malnourished children or children unable to attend school.

⁶⁷⁶25,000 is the figure cited in UNICEF (1995?) "*Facts For Life - a Progress Report*". See also Vuong Thi Hanh (1995) "Activities for Women's Equality and Development by Vietnam Women's Union", *Women of Vietnam* September 1995, p7.

⁶⁷⁷It includes information on safe motherhood, birth spacing, breastfeeding, child growth, oral rehydration, immunization, respiratory infections, malaria, home hygiene, and AIDS.

Chapter VII: Conclusion

I conclude this study with a final comment which highlights what I have learnt from studying the historical process of Vietnamese post-war policy changes as they led to the *doi moi* economic and political reforms, and from assessing the impact of those reforms. Whether a nation is socialist or capitalist is irrelevant when it comes to the social well-being of people. What is highly important is the scope of social sustainability a country's socio-economic and political system achieves in its overall purpose.

Overall, only a small proportion of the Vietnamese national budget is allocated to human development, compared to other priorities. Given that an estimated population total of 100 million is expected by the year 2015⁶⁷⁸, and that those under 15 presently make up 39%, the security of people's livelihoods will juxtapose even further with the demands on the country's overall resource needs. I have a concern that unless the avowed social welfare aims of the government are better integrated with the direction of economic policy, any gains in overall wealth will be at the expense of people's livelihoods, as illustrated by the change to the village economy following the reforms.

Given the evidence of my research, a major hurdle facing both the Vietnamese people and government is the maldistribution of resources and power imbalances, particularly between geographical regions. Here government co-ordination and management is a serious weakness. Within this context, resource waste is therefore accentuated, as the scarcity of basic social resources compounds the risk of failure to reach sustainable targets. These problems underline the lack of resources within the country and followup from government especially in infrastructure areas such as transport, communications and providing water and sanitation

As I have shown, within the health system, resourcing and treatment lean strongly on curative measures and national and provincial levels rather than those based on 'basic services' down to the communal levels. For this reason

⁶⁷⁸ UNICEF (1994) p9; figures estimated by Vietnam Census Bureau.

as well as others mentioned, ill-health at communal levels is compounded by delays in diagnosis, treatment, and referrals, as well as incorrect treatment diagnoses, a lack of transport and essentially required drugs. This translates into unnecessary death and suffering like the 35% maternal deaths in Vietnam which would admittedly be preventable by minimal health care and 53% possibly preventable. This fact is not only critical of the health delivery system but also points to the underlying administrative factors that are related to the socio-economic structure of the Vietnamese system itself. The recognition here is amalgamated by the fact that 'unmet rights and unmet needs' will primarily be those of women as well as disadvantaged children.

It has been an underlying theme of this analysis that for development to be effective and sustainable those who are intended to benefit the most must be brought into the process. Development policies need to recognise the diversity of human experience and that the strategies taken in development should be determined by those most likely to bear the risk of failure in this uncertain world.⁶⁷⁹

As Bradley asserts through his multi-directional concept regarding the inter-connection between health, development and the environment, it is desirable to prevent equity in economic development from being delegated entirely to the responsibility of the one sector and conveniently forgotten.⁶⁸⁰ Therefore, accountability is a crucial element, especially in a social environment as fragile as that in Vietnam.

In practice, Vietnamese development initiatives are failing to reach large segments of the poor because existing services in health, education and agricultural extension are modelled along industrialized-country lines.⁶⁸¹ For this reason women are being pushed to the margins, being excluded socially and economically as participants in development.

⁶⁷⁹Porter, D., Allen, B., & Thompson, G. (1991) *Development in Practice: Paved with Good Intentions*. London: Routledge, p 75.

⁶⁸⁰ Bradley, David (1994) "Health, Environment, and Tropical Development", in Cartledge, Bryan (ed.) *Health and the Environment*. Oxford: Oxford University Press, p128.

⁶⁸¹On "Basic Services" see UNICEF (1996) p 54

Co-operation and project agreements between government and aid agencies including NGO's are beginning to network together positively towards socially sustainable objective convergence at the village and community level. The critical question with which I leave this study is whether these initiatives will be used as models of social sustainability for the country as a whole.

What is apparent through this thesis is that Vietnamese flexibility in adapting imported ideologies to their own situation has resulted in a society which in many ways has incorporated principles only now being recognised as important to people-centred development, for example the centrality of grassroots and community (for example village and communal level health and education initiatives, and childcare provision) and the formal recognition of women as equal participants in society (shown in the laws on equality). The question posed by the reforms and the opening up of the economy to a more free-market approach is whether the Vietnamese will be able to retain and build on these principles to promote the wellbeing of the people overall, or will continue to allow the existing gaps between levels of wellbeing to widen.

Bibliography

- "A Lawless Tide", *Asiaweek* March 31, 1989, p62.
- "A Visit to the NZ Projects", *Vietnam Cambodia Laos Support Network (VCLSN) Newsletter* no.20, Mar 1995, p2.
- "ADAF projects approved 1994/5" *VCLSN Newsletter* no.20, Mar 1995, p3.
- Afshar, Haleh & Dennis, Carolyne (eds) (1992) *Women and Adjustment Policies in the Third World*. Basingstoke: Macmillan.
- Afshar, Haleh & Agarwal, Bina (1989) *Women, Poverty and Ideology in Asia*. London: Macmillan.
- Ahmed, Manzoor (1991) *Basic Education and National Development*. New York: UNICEF.
- An Khang and Nguyen Tran Duong (1981) "The Organisation and Planning of Scientific-Technical Development Programmes", *Vietnamese Studies* no. 67, pp 118-131.
- Arnold, Guy (1989) *The Third World Handbook*. London: Cassell Educational.
- Arnold, Keith (ed) (1990) *Special Report: Malaria In Vietnam*. (Reprinted article recording the recommendations for action and research from a symposium and workshop on the complications, management and prevention of malaria held February 21-24 1990, Ho Chi Minh City).
- Arnulf, Laurent (1992) "Requirements of Health and Information System in Ky Son District (Vietnam)", *Vietnamese Studies* New Series no. 34 (104), pp 50-53.
- Ashworth, Georgina (1992) "Politicising Gender and Structural Adjustment", in Afshar, Haleh & Dennis, Carolyne (eds) *Women and Adjustment Policies in the Third World*. Basingstoke: Macmillan, pp 233-252.
- Asian Development Bank (1995) *Report and Recommendation of the President to the Board of Directors on a Proposed Loan and Technical Assistance Grant to the Socialist Republic of Viet Nam for the Provincial Towns Water Supply and Sanitation Project*.

- Bach Quoc Tuyen *et al* (1983) "Genetic Effects of Herbicides and Defoliants Used in Massive Doses", *Vietnamese Studies* New Series no. 2 (72), pp 33-38.
- Bandarage, Asoka (1994) "Population and Development: Toward a Social Justice Agenda", *Monthly Review*, vol. 46 no.4, p.40.
- Beenstock, Michael (1980) *Health, Migration and Development*. Farnborough, U. K.: Gower Publishing.
- Bell, David E. & Reich, Michael R. (eds) (1988) *Health, Nutrition and Economic Crises: Approaches to Policy in the Third World*. Dover, Massachusetts: Auburn House.
- Bergman, Arlene Eisen (1975) (Revised edition). *Women of Viet Nam*. San Francisco: Peoples Press.
- Birou, Alain; Henry, Paul-Marc, and Schlegel, John P. (eds) (1977) *Towards a Re-definition of Development*. Oxford: Pergamon Press for OECD.
- Boserup, Ester (1970) *Woman's Role in Economic Development*. New York: St Martin's Press.
- Bradford, Colin I. (Jr) & Branson, William H. (eds) (1987) *Trade and Structural Change in Pacific Asia*. Chicago: University of Chicago Press.
- Bradley, David (1994) "Health, Environment, and Tropical Development", in Cartledge, Bryan (ed.) *Health and the Environment*. Oxford: Oxford University Press, pp126-149.
- Brazier, Chris (1992) *Vietnam: The Price of Peace*. Oxford: Oxfam.
- Brockington, F. (1985) *The Health of the Developing World*. Lewes, Sussex: The Book Guild Ltd.
- Bromley, Ray & Gerry, Chris (eds) (c.1979) *Casual Work and Poverty in Third World Cities*. Chichester: John Wiley & Sons.
- Brydon, Lynne and Chant, Sylvia (1989) *Women in the Third World : Gender Issues in Rural and Urban Areas*. Aldershot: Edward Elgar.
- Bui Chi Hieu (1990?) "Vietnamese Traditional Medicine for Primary Health Care in the Village". Ho Chi Minh City: University of Medicine & Pharmacy.

- Bui Thi Bon (1993) "Primary Health Care for Women in the Central Coastal Areas"; *Women of Vietnam* 4/1993, pp 5-6.
- Burbidge, John (Institute of Cultural Affairs International) (ed) (1988) *Approaches That Work in Rural Development*. Munich: K. G. Saur.
- "Can Women's Union Take Part in Preliminary Contraceptive Service Distribution", *Women of Vietnam* 3/1993, p15.
- Cartledge, Bryan (ed.) (1994) *Health and the Environment*. Oxford: Oxford University Press.
- Chaliand, Gerard (1969) *The Peasants of North Vietnam*. (translation) Harmondsworth: Penguin Books.
- Chambers, Robert and Conway, Gordon R. (1992) *Sustainable Rural Livelihoods: Practical Concepts for the 21st Century*. Brighton, Sussex: Institute of Development Studies (Discussion Paper 296).
- Chatterjee, Meera (1992) "Creating Demand for Safe Motherhood", *Choices* vol. 1 no. 2, p15.
- Chayanov, A. V. (1986) *The Theory of Peasant Economy*. (New edition with introduction by Teodor Shanin). University of Wisconsin Press.
- "Choray Hospital, Ho Chi Minh City, Vietnam, 1993".
- Chu Khac (1989) "A Sociological Survey: Equality of the Sexes in Rural Areas", *Vietnamese Studies* New Series no. 20 (90), pp135-139.
- Church, Peter (Asean Focus Group, Hong Kong)(ed.) (1995) *Focus on Southeast Asia*. St Leonards, New South Wales: Allen & Unwin.
- Cichon, Michael & Gillon, Colin (1993) "The Financing of Health Care in Developing Countries." *International Labour Review*, vol. 132, no. 2.
- "Clean Water for Rural Areas by Year 2000" *Vietnam Courier* no.31, April 3-9 1994, p5.
- Clements, C. and Eskin, F. (1982) "Health Care: A New Hierarchy of Needs." *New Zealand Health Review*, Vol 1, No. 4, pp 2-5.
- Cohen, Barbara (1990) *The Vietnam Guidebook*. New York: Harper & Row.

- Communist Party of Vietnam (1994) *Political Report of the Central Committee (7th Tenure) Mid-term National Conference*. Hanoi: The GIOI Publishers.
- Corrèze, Françoise (1981) "Amongst the Crippled and the Dust of Life", *Vietnamese Studies* no. 64, pp 104-129.
- Creese A. (1989) "Economic Issues in Health Services Development." *AERDD Bulletin* 25, February 1989.
- Culyer A., Maynard A., Williams A., (1991) "Alternative Systems of Health Care Provision: An Essay on Motes and Beams." In: Culyer, A. (ed.) (1991) *The Economics of Health, Vol II*. Aldershot, Hants: Elgar, pp131-150.
- Dahlen, Weronica (1992) "Rädda Barnen (Swedish Save the Children) and Vietnam", *Vietnamese Studies New Series* no. 34 (104), p167.
- Dang Nghiem Van, Chu Thai Son & Luu Hung (1984) *The Ethnic Minorities in Vietnam*. Hanoi: Foreign Languages Publishing House.
- Dang Phuong Kiet, Bui Duc Phong, Nguyen Ngoc Thang, & Do Van Nhiem (1982?) "Protection of Mothers and Newborn Infants", *Vietnamese Studies* no. 68, pp 31-65.
- Dang Phuong Kiet and Do Van Nhiem (1982?) "Stages of Development of the Health Movement", *Vietnamese Studies* no. 68, pp 7-30.
- Dang Phuong Kiet, Le Ngoc Nhuan, Pham Thanh Truoc, Nguyen Duc Hinh, and Do Van Nhiem (1982?) "Socio-Economic Conditions and Infantile Morbidity", *Vietnamese Studies* no. 68, pp166-183.
- Dang Phuong Kiet and Nguyen Duc Hinh (1982?) "Reduction of the Population Growth Rate", *Vietnamese Studies* no. 68, pp154 - 165.
- Dang Phuong Kiet (1992) "Data on Mother and Child Health in Two Rural Districts", *Vietnamese Studies New Series* no. 34 (104), pp 43-49.
- Dao Duy Anh (1989) "On Confucianism, Taoism, and Buddhism in Vietnam", *Vietnamese Studies New Series* no.24 (94), pp 25-48.
- Dao Duy Tung (1989) "On Renovation of Thinking", *Vietnamese Studies New Series* no. 20 (90), pp 21-32.
- Dao Hung (1989a) "The Fruits of Disinterested Assistance", *Vietnamese Studies New Series* no.24 (94), pp 93-98.

- Dao Hung (1989b) "Viet Customs and Habits in Childbirth, Childcare and Raising of Children", *Vietnamese Studies* New Series no.23 (93), pp 5-35.
- Dao The Tuan (1985) "In Search of a Model of Development for Vietnamese Agriculture", *Vietnamese Studies* New Series no. 9 (79), pp 33-48.
- Djukanovic, V. & Mach, E. P. (eds) (1975) *Alternative Approaches to Meeting Basic Health Needs in Developing Countries*. Geneva: World Health Organisation.
- Do Hoai Nam (1994) "State-run Enterprises in the Process of Economic Restructuring in Vietnam", in Vu Tuan Anh (ed.) *The Role of the State in Economic Development: Experiences of the Asian Countries*. Hanoi: Social Science Publishing House, pp 324-338.
- Do Hong Anh (1992) "Difficulties on the Road to Solving the Population Problem", *Vietnamese Studies* New Series no. 34 (104), pp109-122.
- Do Minh Cuong (1993) "Impact of Labour Market on Training", paper delivered to Vietnam Workshop on Training Policy Options for Economic Transition, Hanoi, November 15-19 1993.
- Do Xuan Mao (1993) "Human Resouce Development and Training Policies in Transitional Economy", paper delivered to Vietnam Workshop on Training Policy Options for Economic Transition, Hanoi, November 15-19 1993.
- Doan Van Han (1989) "The Viewpoint of Traditional Medicine on Childbirth", *Vietnamese Studies* New Series no. 23 (93), pp 83-116.
- Dorfman, Robert & Dorfman, Nancy S. (eds) (1993) *Economics of the Environment - Selected Readings* (3rd ed). New York: W.W. Norton & Company.
- Drakakis-Smith, David (1990) "Concepts of Development" in Dwyer, D. J. (ed) *South East Asian Development: Geographical Perspectives*. London: Longman Scientific & Technical, pp48-77.
- "Drug-Addiction (a Report)", *Vietnamese Studies* no. 66 (1981), pp 9-56.
- Duong Quoc Chinh (1981) "The Right to Life", *Vietnamese Studies* no. 64, pp 7-14.

- Duong Thi Cuong (1989) "Medical Care for Mothers and Newborns in Vietnam", *Vietnamese Studies* New Series no. 23 (93), pp 117-126.
- Duong Tu Ky and Ma Thi Huan (1982?) "Evaluation of the Effects and Influence of Intra-Uterine Devices", *Vietnamese Studies* no. 68, pp 146-153.
- Dwyer, D. J. (ed) (1990) *South East Asian Development: Geographical Perspectives*. London: Longman Scientific & Technical.
- Eisen, Arlene (1984) *Women and Revolution in Viet Nam*. London: Zed Books.
- Esteva, G. (1992) "Development", in Sachs, W. (ed) *The Development Dictionary: A Guide to Knowledge as Power*. London: Zed Books.
- Fahey, Stephanie (1994) "Vietnam: "Pivotal Year?"" in *Southeast Asian Affairs 1994*. Singapore: Institute of Southeast Asian Studies, pp 337-350.
- Fall, B. B. (1967) *Ho Chi Minh on Revolution*. London: Pall Mall Press.
- Far Eastern Economic Review (1994). *Asia 1995 Yearbook - A Review of the Events of 1994*. Hong Kong: Review Publishing Co.
- Fendall, N. R. E. (1972) "Medical Care in the Developing Nations" in Fry, J. & Farndale, W. A. J. *International Medical Care*. Oxford: Medical and Technical Publishing Co.
- Fitzgerald, Frances (1972) *Fire in the Lake*. New York: Atlantic - Little, Brown.
- "Focus on Vietnam", *Bangkok Post* April 12, 1994, p25.
- Focus Vietnam - A Teacher's Guide* (1983-) (USA; Coast to Coast Books)
- Forbes, D. K. (1984) *The Geography of Underdevelopment*. London: Croom Helm.
- Foucault, Michel (1973) *The Birth of the Clinic: An Archaeology of Medical Perception*. (Translation.) New York: Pantheon.
- "Franco-Vietnamese relations", *Vietnam Courier* no.31, April 3-9 1994, p3.
- Frank, A. G. (1966) "The Development of Underdevelopment", *Monthly Review* September 1966, pp 17-31.

- Frank, A. G. (1967) "Sociology of Development and Underdevelopment of Sociology", article reprinted 1971 by Pluto Press and reproduced in course notes for Massey University course 31.421, 1994.
- Frank, A. G. (1984) *Critique and Anti-Critique: Essays on Dependence and Reformism*. London: Macmillan.
- "From Saigon to Hanoi", *Asiaweek* March 31, 1989.
- Galli, Rosemary E., et al (1992) *Rethinking the Third World: Contributions Toward a New Conceptualization*. New York: Taylor & Francis.
- Gerassi, J. (1968) *North Vietnam: A Documentary*. London: George Allen & Unwin Ltd.
- Gerber, Françoise (1992) "Senegal: Early Progress, A Long Way to Go", *Choices* vol. 1 no. 2, pp 12-13.
- Gesler W., (1984) *Health Care in Developing Countries*. Washington: Resource Publications in Geography, AAG.
- Gibney, Frank Jr. "Vietnam: Back in Business", *Time International*, April 24 1995.
- Giddens, Anthony (1986) *Sociology, a Brief but Critical Introduction*. 2nd ed. London: Macmillan Education.
- "Glimpse of Vietnam's Economy", *Vietnamese Studies New Series* no. 28 (98), pp 5-20.
- Golin, Jonathan L. "Tiger By The Tail", *ABA Journal*, February 1995, pp 62-65.
- Goodenough, Stephanie (1977) *Values, Relevance and Ideology in Third World Geography*. Milton Keynes: The Open University Press.
- "Government Steps Up War on Prostitution and Drug Addiction", *Vietnam Courier* no. 31, April 3-9 1994.
- Green, Andrew (1992) *An Introduction to Health Planning in Developing Countries*. Oxford: Oxford University Press.
- "Growing Rice the IPM Way" *VCLSN Newsletter* no.20, Mar 1995, p3.
- Ha Van Tan (1989) "Reflections on Vietnamese History and Systems of Thought", *Vietnamese Studies New Series* no. 24 (94), pp 5-14.

- Hainsworth, Geoffrey B. (1993) "Human Resource Management" in Than, M. & Tan, J. (eds) *Vietnam's Dilemmas and Options*. Singapore: Institute of Southeast Asian Studies.
- Hanh Sam "The Capacity of Poor Women", *Women of Vietnam* 1/1993, pp15-16.
- Hanks, T. G. (1967) *Solid Waste/Disease Relationships: a literature survey*. Cincinnati: US Department of Health, Education & Welfare.
- Harrison, Paul (1979) *Inside the Third World.: the anatomy of poverty*. Harmondsworth: Penguin Books.
- Harland, B. (1993) "Whither East Asia." *The Pacific Review*, 6 (1) pp9-16.
- Harpham, Trudy (1994) "Cities and Health in the Third World", in Phillips, David R. & Verhasselt, Yola (eds) (1994) *Health and Development* London: Routledge, pp 111-121.
- Hawley, Christopher (1993) "The Vietnam/Cambodia Projects: The Lessons Learnt So Far" in Walsh, A. Crosbie (ed) *Development That Works! Lessons from Asia -Pacific*. Palmerston North: Amokura Publications, p D11.
- Hayslip, Le Ly (1993) *Heaven and Earth*. Australia: McPherson.
- Hebbel, Hollis C. (1993) "The Vietnamese Military's Changing Role" in *Southeast Asian Affairs*, 1993. Singapore: Institute of Southeast Asian Studies, pp 364-372.
- Heroes and Heroines of the Liberation Armed Forces of South Vietnam*. 1965. South Vietnam: Liberation Editions.
- Hetzel, B. (ed.) (1978) *Basic Health Care in Developing Countries: an Epidemiological Perspective*. Oxford: Oxford University Press.
- Hickey, Gerald C. (1964) *Village in Vietnam*. New Haven: Yale University Press.
- Hicks, Nigel (1992) "Discovering Ho Chi Minh City", *Silver Kris* vol. 19 no. 3, March 1992, pp19-24.
- Ho Chi Minh City 1990 Guide Book for Foreign Tourists and Business People*. Saigon Tourist Association.

- Hoai Trung "Programme of HCMC Women's Union to help poor women in production development" *Women of Vietnam* 1/1993, p14.
- Hoang Ha (1983) "The Ma Da Forest", *Vietnamese Studies* New Series no. 2 (72), pp 3-13.
- Hoang Dinh Cau (1983) "The Lasting Effects of Chemical Warfare on People's Health", *Vietnamese Studies* New Series no. 2 (72), pp 27-32.
- Hoang Nguyen (1985) "Vietnam and Southeast Asia", *Vietnamese Studies* New Series no. 9 (79), pp 5-32.
- Hoang Nguyen (1989) "The Law on Foreign Investment: Some Reflections", *Vietnamese Studies* New Series no. 24 (94), pp 137-142.
- Hoang Nguyen (1992) "UNICEF and Vietnamese Children", *Vietnamese Studies* New Series no. 34 (104), pp 23-42.
- Hoang Tuong Van (1989) "Women in Agriculture", *Vietnamese Studies* New Series no. 20 (90), pp 133-134.
- Hobsbawm E., (1991) "Out of the Ashes", in Blackburn R. (ed) *After the Fall: The Failure of Communism and the Future of Socialism*. London, New York: VERSO.
- Hoggard, Stuart "The New Constitution Enforces the Rule of Law Throughout Vietnam" *VietNam Today* May 1992, pp15-18.
- Hoskin, John & Hopkins, Allen W. (1992) *The Mekong; A River and its People*. London: New Holland Publishers Ltd.
- Houghton, Graham & Wakefield, Julia (1987) *Vietnam*. Australia: Macmillan.
- Houtart, Francois & Lemercinier, Genevieve (1984) *Hai Van: Life in a Vietnamese Commune*. London: Zed Books.
- Huu Ngoc (1990) "Ho Chi Minh and Western Cultural Values", *Vietnamese Studies* New Series no. 25 (95), pp 5-30.
- Huu Ngoc (1992) "Panorama of Vietnamese Traditional Medicine", *Vietnamese Studies* New Series no. 33 (103), pp 55-88.
- Huu Tho (1983) "Storming the Hills", *Vietnamese Studies* New Series no.2 (72), pp 149-160.

- Huu Tho (1988) "Agricultural Work Contract System in Ha Bac Province", *Vietnamese Studies* New Series no. 18 (88), pp 5- 21.
- Huynh, Frank and Stengel, Heike (1993) "Sustainable Development: Challenges to a Developing Country" in Than, Mya & Tan, Joseph L. H. (eds) *Vietnam's Dilemmas and Options*. Singapore: Institute of Southeast Asian Studies, pp259-284.
- "In the Countryside of North Vietnam", *Vietnamese Studies* New Series no. 18 (88), 1988, pp 122-124.
- "In the Solidarity Movement: Workshop on NGO assistance in Vietnam", *Asia News* no.60, Nov-Dec 1992, p24.
- "Industrial Enterprises: Striving for More Investments and Greater Productivity", *Vietnamese Studies* New Series no. 18 (88), 1988, pp 157-159.
- International Monetary Fund (1990) *Exchange Arrangements and Exchange Restrictions*.
- ISIS International Women's Information and Communication Service (1984) *Women in Development*. Philadelphia: New Society Publishers.
- Jackson, Ben (1990) *Poverty and the Planet: A Question of Survival*. Harmondsworth: Penguin Books.
- Jancar, Barbara Wolfe (1978) *Women Under Communism*. Baltimore: Johns Hopkins University Press.
- Janes, Craig R., Stall, Ron and Gifford, Sandra (eds) (1986) *Anthropology and Epidemiology* Dordrecht, Holland: D Reidel Publishing.
- "Japan Resumes Aid to Vietnam", *Asia News* no.60, Nov-Dec 1992, p28.
- "Japanese aid benefits kidney patients" *Vietnam Courier* no.31, April 3-9 1994, p3.
- Joekes, Susan P. (1987) *Women in the World Economy*. New York: Oxford University Press.
- Jones, Huw R. (1990) *Population Geography*. London: Paul Chapman Publishing.
- Jones, Kelvyn & Moon, Graham (1987) *Health, Disease and Society: an Introduction to Medical Geography*. London: Routledge & Kegan Paul.

- Kanweraryotin, Supapohn "The Time Is Ripe for the Japanese" *Bangkok Times* 12 April 1994, p3.
- Karnow, Stanley (1991) *Vietnam: A History*. (Revised and updated). New York: Penguin Books.
- Kasper, Wolfgang (1991) 'The Ten Commandments of Foreign Aid' in Bauer, P, Siwatibau, S and Kasper, W 'The Economics and Politics of South Pacific Development: An Outsider's View', *Aid and Development in the South Pacific*, Auckland: Centre for Independent Studies, p75.
- Kelly, Cath (ed.) (1991) *Freda Cook: A Tribute - Letters from Vietnam, 1961-1968*. Wellington: Freda Cook Memorial Fund.
- Kelly, Cath and Neave, Margaret "Health and Nutrition for Women and Children" *Vietnam & Cambodia Support Network Newsletter* December 1992.
- Kemf, Elizabeth (1990) *Month of Pure Light*. London: The Women's Press.
- Khanh Binh "Extending Family Planning Communication to Every Family", *Women of Vietnam* 1/1993, pp 7-8.
- Kim Phu Ha "Goal for Year 2000: No Starveling Household" (interview with Mrs Nguyen Thi Hang, Vice-Minister of Labour, War Invalids and Social Affairs) *Women of Vietnam* 4/1993, pp 8-9.
- Kimura, Tetsusaburo (1993) "Present Phase of Transition to Market Economy in Vietnam", in Than, Mya & Tan, Joseph L. H. (eds) *Vietnam's Dilemmas and Options*. Singapore: Institute of Southeast Asian Studies, pp 51-70.
- Knox, Paul & Agnew, John (1989) *The Geography of the World Economy*. London: Edward Arnold.
- Korten, David (1990) *Getting to the 21st Century: Voluntary Action and the Global Agenda*. West Hartford: Kumarian.
- Lam, Andrew "Dragon in a Basket", *Choices* June 1993 pp 4-8.
- Lam, N. V. (1993) "Some Reflections on Development Assistance and Transitional Economies, with Special Reference to Vietnam" in Than, Mya & Tan, Joseph L. H. (eds) *Vietnam's Dilemmas and Options*. Singapore: Institute of Southeast Asian Studies, pp 285-306.

- Lappé, Frances Moore & Schurman, Rachel (1989) *Taking Population Seriously*. London: Earthscan Publications.
- Le Bich Hanh "Anti-AIDS Work of Vietnam Women's Union", *Women of Vietnam* 1/1993, pp 5-7.
- Le Dang Doanh (1992a) "1991: The Vietnamese Economy Facing Difficulties", *Vietnamese Studies* New Series no. 33 (103), pp 99-102.
- Le Dang Doanh (1992b) *Economic Reform and Development in Vietnam*. Canberra: Research School of Pacific Studies, Australian National University. (Economics Division Working Paper: Southeast Asia 92/1).
- Le Dang Doanh (1993) "Our State and Management of the Market Economy", *Vietnamese Studies* New Series no. 37 (107), pp 95-99.
- Le Duc Hinh (1992) "Neurology and Child Psychology: Dreams and Projections", *Vietnamese Studies* New Series no. 34 (104), pp 123-134.
- Le Hien and To Lan (1981) "The Disabled in the Countryside", *Vietnamese Studies* no. 64, pp 90-103.
- Le Hoa (1990) "Scientific and Technological Activity Since National Reunification in 1975", *Vietnamese Studies* New Series no. 26 (96), pp 7-16.
- Le Hoai Nam (1989) "There are Tears in Hai Hau Salt", *Vietnamese Studies* New Series no. 24 (94), pp 99-104.
- Le Ngoc Van (1993) "Changes in the Role of the Vietnamese Family", *Vietnamese Studies* New Series no. 39 (109), pp 24-32.
- Le Quang Toan (1990) "Development of Pharmaceutical Industry", *Vietnamese Studies* New Series no. 28 (98), pp 53-64.
- Le The Trung (1992) *Vietnamese Experience in the Treatment of Burns*. Hanoi: The GIOI Publishers.
- Le Thi Nham Tuyet (1993) "'Demand for Children" in An Hiep village", *Vietnamese Studies* New Series no. 39 (109), pp 60-66.
- Le Thi Quy (1992) "About Women in Exceptional Difficult Situations in Informal Economic Sector in Hanoi", paper in *Women and Informal Sector*, proceedings of the Meeting of the International Network for

Research and Action on the Role of Women in the Informal Sector, Indonesia (Bogor), 2 - 5 November 1992. UNESCO.

- Le Thi Tuy (1987) "Family Planning Among the Young", *Vietnamese Studies* New Series no. 16 (86), pp166-170.
- Le Van Luyen (1992) "Information and Education in Children's Health Care Programmes", *Vietnamese Studies* New Series no. 34 (104), pp 54-64.
- Le Xuan Diem (1987) "Archaeology in South Vietnam Provinces Since 1975", *Vietnamese Studies* New Series no. 16 (86), pp 50-74.
- Leacock, Eleanor & Safa, Helen I. (eds) (1986) *Women's work : Development and the Division of Labour by Gender*. Massachusetts: Bergin & Garvey Publishers.
- Leahy, Margaret E. (1986) *Development Strategies and the Status of Women*. Boulder, Colorado: Lynne Rienner Publishers.
- Learmonth, Andrew (1978) *Patterns of Disease and Hunger*. Newton Abbot: David & Charles.
- Learmonth, Andrew (1988) *Disease Ecology : an introduction* . Oxford: Basil Blackwell.
- Lee, Gloria "'Doi Moi' yet to herald a new era in modern toilets" *Vietnam Investment Review* 11-17 April 1994, p27.
- Leipziger, D. M. (1992) *Awakening the Market: Vietnam's Economic Transition*. Washington D.C.: The World Bank.
- Lewis, Nancy D and Kieffer, Edie (1994) "The Health of Women: Beyond Maternal and Child Health", in Phillips, David R. & Verhasselt, Yola (eds) *Health and Development* London: Routledge, pp 122-137.
- Liljeström, Rita (1992) "Contributions to Research on the Family in Vietnam", *Vietnamese Studies* New Series no. 33 (103), pp 33-46.
- Lockhart, Greg (1991) "Vietnam: the Common Poverty". Centre for Asian Studies, University of Western Australia. Occasional Papers no. 3.
- Lovell, Catherine H. (1992) *Breaking the Cycle of Poverty: The BRAC Strategy*. West Hartford, Connecticut: Kumarian Press.
- Luu Mai Phuong "Border crossing prostitutes stimulate fear of AIDS", *Bangkok Post* 12 April 1994.

- Mabogunje, A. L. (1980) *The Development Process: A Spatial Perspective*. London: Hutchinson.
- "Macfund Established", *Vietnam Courier* no.31, April 3-9 1994, p3.
- McGee, T. G. (1976) *The Southeast Asian City*. London: G. Bell & Sons.
- McKee, David "Viet Nam - Building a Bilateral Aid Programme", *Development Cooperation* no.3, June 1994 (Development Cooperation Division, New Zealand Ministry of Foreign Affairs and Trade).
- McMichael, Joan K. (1976) *Health in the Third World: Studies from Vietnam*. Nottingham: Bertrand Russell Peace Foundation/Spokesman Books.
- McNiff, Jean (1988) *Action Research: Principles and Practice*. London: Routledge.
- Macrae, Maggie "Joint Ventures Shot Down by Communist Bureaucrats", *Asian Business Review* August 1995, pp 16-17.
- Maddocks, I. (1980) "The Improverishment of Community Life and the Need for Community Health." In Stanley, N. F. & Joske, R. A. (eds) *Changing Disease Patterns and Human Behaviour*. London: Academic Press, pp 623-644.
- Meier, Gerald M. (1964) *Leading Issues in Development Economics: Selected Materials and Commentary*. New York: Oxford University Press.
- "Men are Sharing Responsibility with their Partners in the Implementation of Family Planning", *Women of Vietnam* 3/1993, pp13-14.
- Miliband R. (1991) "Reflections on the Crisis of Communist Regimes", in Blackburn R. (ed) *After the Fall: The Failure of Communism and the Future of Socialism*. London, New York: VERSO.
- Momsen, Janet H. & Townsend, Janet (eds) (1987) *Geography of Gender in the Third World*. London: Hutchinson Education.
- Mooney, G. (1986) *Economics, Medicine and Health Care*. Sussex, UK: Harvester Press.
- "More than 500 Poor Women Get Loans from NARV", *Women of Vietnam* 4/1993, p9

- Morgan, M. T. (1993/4) *Environmental Health*. USA : Brown Communications Inc.
- Mytelka, Lynn K. (ed.) (1994) *South-South Co-operation in a Global Perspective*. Paris: OECD.
- New Zealand Official Development Assistance Programme (1993) *Guiding Principles and Policy Statements*. Wellington: Development Cooperation Division, Ministry of External Relations and Trade.
- Ngan Tam (1988) "How To Preserve Family Happiness", *Vietnamese Studies New Series* no. 18 (88), pp 46-56.
- Ngoc Ha (1989) "The Story of an Old Midwife", *Vietnamese Studies New Series* no. 23 (93), pp 137-144.
- Nguyen Bac Van (1993) "Literacy Comes to T'Rhy Women", *Women of Vietnam* 2.1993, pp 16-17.
- Nguyen Bich Vuong (1993) "Vietnam Women's Union's Activities in Early Half of 1993", *Women of Vietnam* 3/1993, pp 2-3.
- Nguyen Cong Thang (1987) "Ten Years of the Campaign for Rational Population Growth and Family Planning", *Vietnamese Studies New Series* no. 16 (86), pp 163-165.
- Nguyen Duy Hoa (1990) "Prevention of Blindness in Vietnam", *Vietnamese Studies New Series* no. 28 (98), pp 65-74.
- Nguyen Hue Chi (1993) "The Quynh Lam Pagoda or the Integration of Buddhist, Taoist and Confucian Thoughts under the Ly and Tran", *Vietnamese Studies New Series* no. 38 (108), pp 5-18.
- Nguyen Huu Dao (1987) "The Vietnamese Working Class in the 1945-85 Period", *Vietnamese Studies New Series* no. 16 (86), pp 5-26.
- Nguyen Huu Thuc (1989) "Thai Customs Concerning Childbirth", *Vietnamese Studies New Series* no. 23 (93), pp 79-82.
- Nguyen Khac Vien (1983) "South Vietnam : The Two Roads", *Vietnamese Studies New Series* no. 2 (72), pp 125-148.
- Nguyen Khac Vien (1984) "The Mekong Delta - A Socio-Historical Survey", *Vietnamese Studies New Series* no. 5 (75), pp 5-21.

- Nguyen Khac Vien (1989a) "On the Historical Role of Confucianism", *Vietnamese Studies* New Series no. 24 (94), pp 67-72.
- Nguyen Khac Vien (1989b) "Unwavering Orientation", *Vietnamese Studies* New Series no. 24 (94), pp 131-136.
- Nguyen Khac Vien (1992a) "Problems", *Vietnamese Studies* New Series no. 34 (104), pp 7-11.
- Nguyen Khac Vien (1992b) "Psychology - A Necessary Luxury", *Vietnamese Studies* New Series no. 34 (104), pp 12-22.
- Nguyen Khac Vien (1993a) "Children and Families in Present Vietnamese Society", *Vietnamese Studies* New Series no. 39 (109), pp 3-23.
- Nguyen Khac Vien (1993b) *Vietnam - A Long History*. (Revised ed.) Hanoi: The GIOI Publishers.
- Nguyen Kien (1989) "The Children", *Vietnamese Studies* New Series no. 23 (93) pp 153-167.
- Nguyen Nhu Kim (1981) "The Problems of Scientific-Technical Information in the Socialist Republic of Vietnam", *Vietnamese Studies* no. 67, pp 141-154.
- Nguyen Qui Hung (1981) "Reintegrating a Normal Existence", *Vietnamese Studies* no. 64, pp 15-22.
- Nguyen Quoc Tuan (1989) "Notes on the Birth and Upbringing of Children in the Central Highlands", *Vietnamese Studies* New Series no. 23 (93), pp 36-63.
- Nguyen Si Loc (1990) "International Cooperation in Science and Technology over the Past Decade [1979-89]", *Vietnamese Studies* New Series no. 26 (96), pp 84-92.
- Nguyen Tai Thu (1989) "The Roles Played by Confucianism, Taoism and Buddhism in the Shaping and Evolution of National Cultural and Spiritual Values", *Vietnamese Studies* New Series no. 24 (94), pp 49-54.
- Nguyen Thi Koa (1993) "The Single Mother", *Vietnamese Studies* New Series no. 39 (109), pp 44-59.
- Nguyen Thi Ngoc Phuong and Le Thi Diem Huong (1983) "Effects of Chemicals on Women in Two Localities of South Vietnam", *Vietnamese Studies* New Series no. 2 (72), pp 39-42.

- Nguyen Thi Thin (1989) "Three Generations of Mothers Under the Same Roof", *Vietnamese Studies* New Series no. 23 (93), pp 127-136.
- Nguyen Trinh (1994) "Export Processing Zones and Vietnam Economy" *Business Vietnam* vol 6 no.3, March 31-April 30, p15.
- Nguyen Trung Hieu (1989) "Visit to a Lepers' Village", *Vietnamese Studies* New Series no. 24 (94), pp 109-116.
- Nguyen Van Huy (1989) "Childbirth and Rearing in North Vietnam Among Ethnic Minorities", *Vietnamese Studies* New Series no. 23 (93), pp 64-78.
- Nguyen Van Linh (1989) "Renovating Economic Management", *Vietnamese Studies* New Series no. 20 (90), pp 5-20.
- Nguyen Van Thuyet (1994) "To Keep the Growth Rate of Economic Development", *Business Vietnam* vol 6 no.3, March 31-April 30, p21.
- Nguyen Van Tuat (1993) "Wealth Differentiation Among the Peasants of the Mekong Delta", *Vietnamese Studies* New Series no. 37 (107), pp 89-94.
- Nguyen Xuan Lai (1984) "Questions of Agrarian Structures and Agricultural Development in Southern Vietnam", *Vietnamese Studies* New Series no. 5 (75), pp 22-64.
- Nguyen Xuan Oanh (1989) "The Beginning of a Challenge", *Vietnamese Studies* New Series no. 24 (94), pp 123-136.
- Nguyen Yem (1988) "Contracted Work and Contracted Produce in Agricultural Cooperatives", *Vietnamese Studies* New Series no. 18 (88), pp 22-27.
- Nhu Hoan (1981) "Two Drug-addiction Treatment Centres in Ho Chi Minh City", *Vietnamese Studies* no. 66, pp 69-80.
- Nicolson, Paula & Ussher, Jane (eds) (1992) *The Psychology of Women's Health and Health Care*. London: Macmillan Press.
- Noble, Christina (1994) *Bridge Across My Sorrows*. London: John Murray.
- Noyelle, Thierry (1994) "Revamping World Trade: What's In It For The South?" *Choices* vol.3 no.2, pp 27-31.

- "Nutritional Problems in Vietnam - Present and Future", *Vietnamese Studies* New Series no. 9 (79), 1985, pp 77-81.
- Oakley, P. (1989) "Community Involvement in Health Development (CIH): Concept and Practice." *AERDD Bulletin* 25, February 1989.
- Omran, A. (1974) "Changing Patterns of Health and Disease during the Process of National Development" in Omran, A. (ed.) *Community Medicine in Developing Countries*. New York: Springer, pp 259-275.
- Østergaard, Lise (ed) (1992) *Gender and Development*. London: Routledge.
- Osteria, Trinidad S. (ed) (1981) *Women in Health Development*. Singapore: Institute of Southeast Asian Studies.
- Palma, Gabriel (1981) "Dependency and Development: A Critical Overview", in Seers, Dudley (ed) *Dependency Theory: A Critical Assessment*. London: Pinter, pp 20-78.
- Palmer, Ingrid (1992) "Gender Equity and Economic Efficiency in Adjustment Programmes" in Afshar, Haleh & Dennis, Carolyne (eds) *Women and Adjustment Policies in the Third World*. Basingstoke: Macmillan, pp 69-86.
- Perrings, Charles (1994) "Sustainable Livelihoods and Environmentally Sound Technology", *International Labour Review* vol.133, no. 3.
- Pham Huy Thong (1983) "The Dawn of Vietnamese Civilization: the Dong Son Archaeological Culture", *Vietnamese Studies* New Series no. 2 (72), pp 43-77.
- Pham Khue and Vo Phung (1982?) "Health Condition of Elderly People", *Vietnamese Studies* no. 68, pp 94-107.
- Pham Ngoc (1980) "Science and Technology in the Service of Agriculture, Forestry and Fishing", *Vietnamese Studies* no. 60, pp 171-209.
- Pham Song (1992) "The Health of Vietnamese Children: Situation and Measures for Improvement", *Vietnamese Studies* New Series no. 34 (104), pp 92-97.
- Pham Van Doan (1992) "On Mentally Handicapped Children in Hanoi", *Vietnamese Studies* New Series no. 34 (104), pp 83-91.

- Phan Dai Doan (1985) "Population Growth in the Vietnamese Countryside in the Course of History", *Vietnamese Studies* New Series no. 9 (79), pp 49-57.
- Phan Huy Le (1989a) "Tradition and Revolution", *Vietnamese Studies* New Series no. 24 (94), pp 81-92.
- Phan Huy Le (1989b) "Women and Higher Education", *Vietnamese Studies* New Series no. 20 (90), pp 143-149.
- Phan Nguyen Hong (1983) "The Ca Mau Mangrove Forest", *Vietnamese Studies* New Series no. 2 (72), pp 14-26.
- Phan Thanh Tram "A Seminar on the Needs of Poor Women in the Provinces of Central Viet Nam", *Women of Vietnam* 3/1993, p8.
- Phillips, David R. (1990) *Health and Health Care in the Third World*. Essex: Longman Scientific & Technical.
- Phillips, David R. & Verhasselt, Yola (eds) (1994) *Health and Development* London: Routledge.
- Popkin, Samuel L. (1979) *The Rational Peasant: The Political Economy of Rural Society in Vietnam*. Berkeley: University of California Press.
- Porter, D., Allen, B., & Thompson, G. (1991) *Development in Practice: Paved with Good Intentions*. London: Routledge.
- Price, Penny (1994) "Maternal and Child Health Care Strategies" in Phillips, David R. & Verhasselt, Yola (eds) *Health and Development* London: Routledge, pp138-155.
- "Queen of Capitalism", *Asiaweek*, March 31 1989, pp 60-62.
- Rahnema, M. (1992) "Participation", in Sachs, W. (ed) *The Development Dictionary: A Guide to Knowledge as Power*. London: Zed Books.
- "Resolution of the Political Bureau of the Central Committee of the Communist Party of Vietnam on Science and Technology (20 April 1981)", *Vietnamese Studies* no. 67, pp 7-43.
- "Resolution of the Political Bureau on Renewing and Strengthening Agitation Work Among Women in the Current Situation (12 July 1993)", *Women of Vietnam* 4/1993, pp2-4.

- "Returning refugee farmers training funded by ECIP" *Vietnam Investment Review* 11-17 April 1994, p22.
- Rimmer, P. J. & Forbes, D. K. (1982) "Underdevelopment Theory: A Geographical Review", *Australian Geographer*, 15 (4), pp 197-211.
- Rodda, Annabel (1991) *Women and the Environment*. London: Zed Books.
- Roughan, John (1992) "Development Can Work", in Walsh, A. Crosbie (ed) *Development That Works! Lessons from Asia -Pacific*. Palmerston North: Amokura Publications, pD1.
- Rostow, W. (1956) "Take-off into Self-sustained Growth". *The Economic Journal*, March 1956, pp 25-48.
- Russell Heng Hiang Khng (1993) "Vietnam 1992: Economic Growth and Political Caution", in *Southeast Asian Affairs 1993*. Singapore: Institute of Southeast Asian Studies, pp 353-363.
- Schwarz, Adam "Like Wildfire" *Far Eastern Economic Review* Dec 29, 1994, p1.
- Sengenberger, Werner (1993) "Local Development and International Economic Competition". *International Labour Review* vol.132 no.3, pp 313-330.
- Sheehan, S. (1967) *Ten Vietnamese*. London: Jonathan Cape.
- Shirley, Ian; Easton, Brian; Briar, Celia and Chatterjee, Srikanta (1990) *Unemployment in New Zealand*. Palmerston North: Dunmore Press.
- Short, J. R. (1982) *An Introduction to Political Geography*. London and Boston: Routledge & Kegan Paul.
- Simon, Julian L. (1981) *The Ultimate Resource*. Oxford: Martin Robertson.
- The Socialist Republic of Vietnam 1990*. Hanoi: Foreign Languages Publishing House.
- Socialist Republic of Vietnam (1993) *Vietnam: a Development Perspective*. Hanoi.
- Socialist Republic of Vietnam & UNICEF (1994) *Situation Analysis of Women and Children in Viet Nam*. Draft document. Hanoi.

- Sorkin, Alan L. (1976) *Health Economics in Developing Countries*. Lexington, Massachusetts: D. C. Heath & Co.
- Stewart, Frances (1992) "Can Adjustment Programmes Incorporate the Interests of Women?" in Afshar, Haleh & Dennis, Carlyne (eds) *Women and Adjustment Policies in the Third World*. Basingstoke: Macmillan, pp 13-45.
- Storey, Robert (1993) *Vietnam: A Travel Survival Kit*. 2nd edition. Victoria, Australia: Lonely Planet Publications.
- Streeten, Paul (1981) *First Things First: Meeting Basic Human Needs in Developing Countries*. New York: World Bank/Oxford University Press.
- Taylor, John G. and Turton, Andrew (eds) (1988) *Sociology of Developing Societies: Southeast Asia*. Hampshire (UK): Macmillan Education Ltd.
- Than, Mya & Tan, Joseph L. H. (eds) (1993) *Vietnam's Dilemmas and Options*. Singapore: Institute of Southeast Asian Studies.
- Thayer, Carlyle A. (1994) "Vietnam: Coping with China" in *Southeast Asian Affairs 1994*. Singapore: Institute of Southeast Asian Studies, pp 351-367.
- "The Growth of Vietnamese Women in the Past Forty Years", *Vietnamese Studies* New Series no.14 (84), 1986, pp 153-157.
- "The Marriage and Family Law", *Vietnamese Studies* New Series no. 18 (88), 1988, pp 28-45.
- "The NGO Group on Primary Health Care." *World Health*. March 1985.
- "The Rehabilitation of Social Outcasts (a report)", *Vietnamese Studies* no. 66 (1981), pp 57-68.
- Thien Huong (1987) "My Worry", *Vietnamese Studies* New Series no. 16 (86), pp 148-154.
- Thu Vien (1989) "The Spinners", *Vietnamese Studies* New Series no. 24 (94), pp 105-108.
- To Thuy Anh (1988) "Ho Chi Minh City is Changing", *Vietnamese Studies* New Series no. 18 (88), p125.

- Tran Dai Nghia (1980) "Thirty Years of Scientific and Technical Achievements in the Democratic Republic of Vietnam", *Vietnamese Studie* no. 60, pp 9-44.
- Tran Dan Tien (1989) *Ho Chi Minh the Founder of Independent Vietnam*. Hanoi: Foreign Languages Publishing House.
- Tran Dinh Huou (1989) "Vietnamese Thought: Some Characteristics", *Vietnamese Studies New Series* no. 24 (94), pp 55-66.
- Tran Nghia (1989) "A Few Points to Bear in Mind When Studying the History of Vietnamese Thought", *Vietnamese Studies New Series* no. 24 (94), pp 15-24.
- Truong Chinh (1989) "Reflections on the Spiritual Values of the Vietnamese", *Vietnamese Studies New Series* no. 24 (94), pp 73-80.
- Truong Huu Quynh (1987) "Agrarian Question and Peasant Movement in Vietnamese History", *Vietnamese Studies New Series* no. 16 (86), pp 27-49.
- Tweed, David and King, Annette (1993) "People Centred Development" in Walsh, A. Crosbie (ed) *Development That Works! Lessons from Asia -Pacific*. Palmerston North: Amokura Publications, pD2.
- "Twenty Years of Economic, Scientific and Technical Cooperation Between Vietnam and Cuba", *Vietnamese Studies New Series* no.25 (95), 1990, pp 137-140.
- Todaro, M. P. (1982) *Economics for a Developing World*. 2nd ed. Harlow, Essex: Longman.
- UNESCO (1963) *Women in the New Asia*. Paris: UNESCO.
- UNESCO, UNDP & Socialist Republic of Vietnam (1992) *Viet Nam: Education and Human Resources Sector Analysis*. Hanoi: UNESCO.
- UNICEF (1987) *Situation Analysis: Socialist Republic of Vietnam*. Hanoi: UNICEF.
- UNICEF (199-?) "*Facts For Life - a Progress Report*".
- UNICEF (1993?) "*Viet Nam: Profiles of Success*". Hanoi: UNICEF Vietnam.
- UNICEF (1994) *Viet Nam: Children and Women - A Situation Analysis*. Hanoi: UNICEF Vietnam.

- UNICEF (1995a) *The Progress of Nations 1995*. New York: UNICEF.
- UNICEF (1995b) "Viet Nam: Chance for a Child: Follow-Up Report on Mai of Viet Nam".
- UNICEF (1996) *The State of the World's Children 1996*. New York: Oxford University Press.
- "UNICEF grant for Tra Vinh education" *VCLSN Newsletter* no.20, Mar 1995, p6.
- United Nations (1985) *The Nairobi Forward-Looking Strategies for the Advancement of Women*. (Adopted by the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women, Nairobi, July 1985).
- United Nations Development Programme (1992) *Human Development Report 1992*. New York: Oxford University Press.
- United Nations Development Programme (1993a) *Briefing Note: Socialist Republic of Viet Nam*. Hanoi: UNDP.
- United Nations Development Programme (1993b) *Environment and Natural Resource Management - Strategy and Action Plan for UNDP Vietnam*. Hanoi: UNDP.
- United Nations Development Programme (1993c) *Human Development Report 1993*. New York: Oxford University Press.
- United Nations Development Programme (1994a) *Briefing Note: Socialist Republic of Viet Nam*. Hanoi: UNDP.
- United Nations Development Programme (1994b) *Human Development Report 1994*. New York: Oxford University Press.
- United Nations Economic and Social Commission for Asia and the Pacific (1985) *Poverty, Productivity and Participation*. Bangkok: United Nations.
- United Nations Economic and Social Council (1995) *Country Programme Recommendation: Viet Nam*. Edited advance copy of paper prepared for UNICEF Executive Board meeting 20-23 March 1995. Paper E/ICEF/1995/P/L.20.

- "US & Australian Vets' Grants to Schools" *VCLSN Newsletter* no.20, Mar 1995, p7.
- Viet Chung (1992) "The Juvenile Crime Problem", *Vietnamese Studies* New Series no. 34 (104), pp 98-108.
- Viet Chung (1993) "Role of the Family in Social Integration: Community and Other Trends", *Vietnamese Studies* New Series no. 39 (109), pp 33-43.
- "Vietnam 1986-1990", *Vietnamese Studies* New Series no. 14 (84), 1986, pp 5-30.
- "Vietnam Chronology [1992]", in *Indochina Chronology [1992]* published by Indochina Project, a programme of Vietnam Veterans of America Foundation, pp 3-12.
- Vietnam Ministry of Health & People's Committee of Baria-Vung Tau (1992) *Symposium and Workshop on the Treatment and Epidemiology of Malaria in the Provinces and Islands of Southern Vietnam and the Central Highlands*.
- "Vietnam Perspective 1991-2000", *Vietnamese Studies* New Series no. 33 (103), pp 89-98.
- "Vietnam Women's Union" (1991?) information pamphlet, Hanoi.
- "Vietnam Women's Union - On the Way to Equality"; interview with Dong Thi Tuen by *Connexions* in 1985, reprinted in Davies, Miranda (compiler) (1987) *Third World - Second Sex vol. 2*. London: Zed Books, pp127-130.
- Vietnamese Traditional Medicine* (1993). Hanoi: The GIOI Publishers.
- "Vietnam's Aims High in Child Care", *Vietnam News* no.962, April 7 1994, pp 1-2.
- Vo Dai Luoc (1994) *Vietnam's Industrial Development Policy in the Course of Renovation*. Hanoi: Social Science Publishing House.
- Vo Nhan Tri (1990) *Vietnam's Economic Policy since 1975*. Singapore: Institute of Southeast Asian Studies.
- Vo Nguyen Giap (1990) "Science Must Become a Driving Force Behind Socio-Economic Development", *Vietnamese Studies* New Series no. 26 (96), pp 17-30.

- Vo Quy (1990) "The Ecological Situation in Vietnam", *Vietnamese Studies* New Series no. 26 (96), pp 39-52.
- Vo Van Kiet (1993) *Vietnam in 1993 and Socio-economic Prospects for 1994-95*. Hanoi: The GIOI Publishers.
- Vu Cao Dam (1990) "Policy Measures to Promote Technology Utilization in Vietnam", *Vietnamese Studies* New Series no. 26 (96), pp 31-38.
- Vu Hai (1989) "Grassroots Medical Service in Cuu Long", *Vietnamese Studies* New Series no. 20 (90), pp 116-117.
- Vu Hai Hung (1992) "Some Data on the Children of Vietnam", *Vietnamese Studies* New Series no. 34 (104), pp 158-163.
- Vu Ngoc Binh (1990) "Literacy Work in Vietnam - Main Problem", *Vietnamese Studies* New Series no. 28 (98), pp 75-88.
- Vu Ngoc Binh (1992) "Vietnam and the UN Convention on the Rights of the Child", *Vietnamese Studies* New Series no. 34 (104), pp 135-137.
- Vu Oanh (1989) "Collective Farmers and the State of Agriculture at Present", *Vietnamese Studies* New Series no. 20 (90), pp 129-132.
- Vu Thi Chin (1992) "Nutritional Status of Young Children in Vietnam", *Vietnamese Studies* New Series no. 34 (104), pp 65-82.
- Vu Tuan Anh (ed) (1994) *The Role of the State in Economic Development: Experiences of the Asian Countries*. Hanoi: Social Science Publishing House.
- Vu Van Ngu (1982?) "Infestation with Intestinal Parasites among Children", *Vietnamese Studies* no. 68, pp 82-84.
- Vuong Gia Thuy (1976) *Getting to Know the Vietnamese and their Culture* New York: Frederick Ungar Publishing Co.
- Walsh, A. Crosbie (ed) (1993) *Development That Works! Lessons from Asia-Pacific*. Palmerston North: Amokura Publications. (Monograph no.3, Massey University Development Studies series; proceedings of New Zealand's first Development Studies conference, 1992).
- Warbey, W. (1972) *Ho Chi Minh*. London: Merlin Press.

- Waring, Marilyn (1988) *Counting for Nothing*. Wellington: Allen & Unwin New Zealand.
- Weisbrod, B., Andreano, R., Baldwin, R. *et al*, (1973) *Disease and Economic Development*. Madison: University of Wisconsin Press.
- Werner, David (1977) *Where There Is No Doctor: a village health care handbook*. Palo Alto: The Hesperian Foundation.
- "What They Think About Their Thirteen Years in "Re-Education Camps"", *Vietnamese Studies* New Series no. 20 (90), 1989, pp 118-128.
- White, Christine Pelzer (1988) "Socialist Transformation of Agriculture and Gender Relations: The Vietnamese Case" in Taylor, John G. and Turton, Andrew (eds) *Sociology of "Developing Societies" Southeast Asia*. London: Macmillan Education Ltd, pp 165-176.
- Wiegiersma, Nancy (1988) *Vietnam: Peasant Land, Peasant Revolution*. New York: St Martin's Press.
- Wilson, R. K. and Woods, C. S. (1982) *Patterns of World Economic Development*. Melbourne: Longman Cheshire.
- "Women's Project enters second phase", *VCLSN Newsletter* no.15 December 1993, p5.
- World Bank (1975) *Integrating Women into Development*. Washington DC: World Bank.
- World Health Organisation (WHO) (1993) *AIDS in the Western Pacific Region*. Manila: WHO Regional Office for the Western Pacific.
- Worley International & GMV Associates (1994) *Vietnam Solid Waste Management and Training*. Report prepared for New Zealand Ministry of Foreign Affairs and Trade, Asia Development Assistance Facility, in conjunction with Environmental Protection Centre, Ho Chi Minh City.
- Xuan Thu (1981) "The Drug Pusher", *Vietnamese Studies* no. 66, pp 89-94.
- "530,000 USD for Family Planning Programme", *Vietnam Courier* no.31, April 3-9 1994, p4.