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The Institutional Context Influencing Rural-Urban Migration Choices and Strategies for Young Married Women and Men in Vietnam

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Abstract

This report draws together secondary data and informed opinion relating to the wider context in which young married rural-urban migrants must craft strategies for managing their reproductive and family lives. In contrast to long standing patterns of male migration, the increasing numbers of migrants and the emergence of new forms of migration mean that young married women are increasingly moving for work too. The report outlines the wider situation in which these dynamics are occurring: the growing inequalities in the context of *doi moi*, the declining barrier that household registration poses to mobility, and the changing opportunities for work in the city. It also reviews changing gender relations in Vietnam with particular attention to changes in marriage and marital relations, in sexuality and fertility and in parenting. Finally it explores how changes in social entitlements in Vietnam may affect these migrants with special attention to maternal health, child health and children's education. The report concludes that migrants with young families and new marriages face a plethora of barriers and opportunities that they must negotiate and that the strategies they formulate are dynamic and involve complex trade-offs.

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Introduction

Rural-urban migration is a core livelihood strategy for many poor people in post-socialist Vietnam and its significance is growing rapidly. This research is concerned with married women and men with young children who migrate to Hanoi and Ho Chi Minh City from rural areas for work. Its focus is on what rural-urban migration means for this particular sub-group with respect to their reproductive lives and their personal and family wellbeing. This topic has been neglected by migration research in general but is important not only to understand the implication of migration for individual men and women but also to understand the impact it has on their families both now and in the longer term. This research is particularly important in Vietnam at this time when the state is withdrawing from social sector investments and support but continues to champion high expectations for the role of the family in society.

This research report brings together existing secondary data and key informant interviews with Vietnamese researchers and local authorities and local professionals who are familiar with migrants in Hanoi and Ho Chi Minh City. It also draws selectively on an earlier paper by Locke and Zhang (2006). It represents the first output of an ESRC-DFID funded research project called 'Linking Migration, Reproduction and Wellbeing: Exploring the Reproductive Strategies of Low-Income Rural-Urban Migrants in Vietnam' (RES-167-25-0327). Its purpose is to contextualise primary data from 80 life histories of migrant men and women. It attempts to characterise the general institutional setting that migrants face in urban Vietnam and to delineate the differences between the two research sites in Hanoi and Ho Chi Minh City.

Section 1 begins by describing how the process of renovation, known as *doi moi*, has been accompanied by growing rural-urban migration and growing inequalities, including between rural-urban and migrant and non-migrant (1.1), then looks in greater detail at the changes over time in the operation of the household registration system and the regulation of migrants (1.2), and ends by examining the productive work choices and constraints that migrant face in Hanoi and Ho Chi Minh City (1.3). Section 2 addresses changing gender relations in Vietnam (2.1) dealing with changes in marriage and marital relations (2.2), sexuality and child-bearing (2.3), and changes in parenting (2.4). Section 3 addresses changing social entitlements in Vietnam that impact on wellbeing including entitlements to maternal health (3.1), entitlements to child health (3.2) and entitlements to children's education (3.3). Section 4 offers a brief conclusion.

In many cases secondary data and informed opinion is patchy, contradictory, and confused. There are few disaggregated figures for migrants and non-migrants and it has not been possible to obtain primary data from the 2004 Migration Survey which has potential for reanalysis by marital status, residential arrangements and child bearing status. In some cases aggregate rural and urban differences (that are not differentiated by migration status) are presented simply to give an account of the different contexts in which migrants are moving. The focus is centrally on the Kinh as they comprise a clear majority of rural-urban migrants and are the focus of this study.

1. Renovation, Household Registration and New Economic Opportunities

In Vietnam, the social and economic changes associated with the renovation process, doi moi, have dramatically accelerated new forms of migration. Until recently the Vietnamese State has been extremely concerned about 'uncontrolled' migration leading to an escalation of 'social evils' and bigger family sizes. As a result migrants face widespread prejudice and a number of institutional barriers that discourage migration, settlement and accompanying dependents. Amongst these barriers the household registration system has historically been foremost although now it is relaxed and increasingly overtaken in significance by economic barriers as the divide between rural and urban grows. The common and long-standing pattern whereby male married migrants leave their wives and children behind in rural areas was a response to these pressures. However, there is growing evidence that an increasing proportion of female migrants are married and that there exists a range of alternative and shifting strategies for migrants attempting to manage married life and child-rearing. This section documents the growth and make-up of new forms of migration under doi moi and in the context of increasing inequalities (1.1); the historical role of the household registration system and its current relaxation (1.2); and the new economic opportunities that migrants seek to access in Hanoi and Ho Chi Minh City.

1.1 Doi Moi, Migration and Growing Inequalities

Since the late 1980s Vietnam has undertaken far-reaching macro-economic and social sector reform commonly known as doi moi. Initially high growth rates with positive responses from the agricultural sector and substantial rolling back of state employment has two decades later given way to concerns about an 'overheated economy'. In the 1990s Vietnam was one of the ten fastest growing economies worldwide with an average real GDP growth of 8.4% per year between 1992-1998 (Glewwe et al 2004:358). Although absolute poverty has certainly been reduced, there is evidence that inequality, (JDR 2008) relative poverty and social stratification have increased[5] and "funding for human security has been problematic since the reforms" (Summerfield 1997:204).

The incidence of rural poverty has declined from over 65% in 1993 to around 45% in 1998 of people living below the international poverty line[6] (CIE 2002:16) and in 2006 to 16% of the population below the international poverty line (JDR 2008:3). The incidence of urban poverty has similarly declined from around 25% in 1993 to around 9 % in 1998 below the international poverty line and in terms of food poverty line to only 3% in 2004 (ibid). However, in 2004 the poorest 20% accounted for only 9% share of income or expenditures whilst the richest 20% accounted for 44.3% with a Gini coefficient of 34.4 (UNDP 2007: table 15). It is generally considered that Vietnam's impressive gains in poverty reduction are somewhat fragile as a large

[5] The CPRSG (GoV 2002) claims that the gap between rich and poor and between regions has been narrowed, however, the VDR (JDR 2008) suggests that there has been an increase in inequality between rich and poor, although modest in relation to other rapidly growing economies, and that convergence between regions as a whole is improving as growth in areas like the Red River Delta slows down.

[6] The GSO approach, or the 'international poverty line', is the most useful measure for Vietnam and delineates a food poverty line as well as a poverty line that allows for a minimum of non-food expenditures. For 1998 these were 1,286,833 VND per cap per annum and 1,789,871 VND per capita per annum respectively (CIE 2002:3) whilst the food poverty line for 2004 was 124,000 VND per capital per month for rural areas and 163,000 VND per capita per month for urban areas. Although the MOLISA poverty line can be critiqued in many respects, offering a relative measure that it influenced by political considerations, it gives some indication of rural and urban differences. CIE report that this is defined as the official or national poverty line and is set at 150,000 VND/month/cap for urban areas and 100,000 VND for lowland and 80,000 VND for remote rural areas although they do not specify for which year (CIE 2002: 3). The Human Development Report reports that 28.9% were living below the national poverty line (UNDP 2007: table 3).

proportion of those who have crossed the poverty line may well be pushed down again by a relatively small deterioration in their standards of living (GoV 2000:iv-v). This consideration is particularly pertinent at a time of economic slowdown and rising food prices nationally and worldwide.

Growing differentials between and within rural and urban areas and between different economic sectors are creating spatial inequalities in incomes, opportunities and general development. The simultaneous decline of state control over people's movements has lead to rapidly increasing number of people moving, especially from rural to urban areas, in response to these inequalities (Guest 1998; Summerfield 1997). Although the level of migration is relatively modest in Vietnam in comparison to surrounding countries, it is large compared to pre-1986 and migration to urban areas and has accelerated during the 1990s (Guest 1998). In contrast with earlier flows, migration in the 1990s was highly diversified including people with little education coming for low paid work and those with more education coming for private sector work and those who continue to come to work in the state sector (Guest 1998).

It has been generally understood that "employment strategies to improve the family's wellbeing have resulted in increased rural-urban migration by men and young men, while middle-aged, married women remain in the countryside taking care of the farms and children" (Summerfield 1997: p201). However, the aggregate flows of 'new' migrants mask changing patterns in the character of migration, gender differences in migrant flows and considerable micro-level diversity. Although males decisively outnumbered females in inter-provincial migration[7] in 1989 (Dang et al. 1997) by 2004 women dominated flows of migrants to both cities and the Northern Economic and Southern Industrial Zones (GSO 2005).

In Vietnam, migration to the (rural) Central Highlands is labelled as 'family migration' in contrast to rural-urban migration which is perceived as for young single women, particularly to the NEZ and SIZs, and for men throughout their lifetimes (GSO 2005:31; Guest 1998). However, recent data estimates[8] suggest that 59% of female migrants in contrast to 54% of male migrants to Hanoi were currently married, as were 46% of women and men migrating to Ho Chi Minh City (see table 1) (GSO 2005). So although migrants are less likely than urban residents to be married, a majority of male migrants are married as are a majority of female migrants to Hanoi and approaching half of female migrants to Ho Chi Minh City. Even in the specialised industrial zones, long characterised as a magnet for unmarried women, over 40% of women migrants are married. Around 30% of women migrants, like men migrants, have already married when they first move (GSO 2006c).

[7] Marriage is commonly partilocal in Vietnam and all migration statistics for Vietnam deliberately exclude intra-provincial migration on the grounds that this represents marriage migration.

[8] The 2004 Migration Survey questioned 999 migrants in Hanoi and 1001 in Ho Chi Minh as well as around 1,000 migrants in three receiving locations (the Northern Economic Zone (NEZ) and the Southern Industrial Zone (SIZ) and the Central Highlands) and similar numbers of non-migrants in each destination. The sampling strategy means that the survey findings are reasonably representative of migrants within each destination area. There is a bias in the case of non-migrants towards those living in areas with high concentrations of migrants, However, we make relatively little use of the figures for non-migrants.

Table 1: Proportion of Married Male and Female Migrants (and Non-Migrants) by Area (GSO 2005: 31-32)

% Currently Married	Hanoi	Ho Chi Minh	Northern Economic Zone	Southern Industrial Zone	Central Highlands
Male migrants (Male non-migrants)	54 (78)	46 (75)	50 (84)	58 (77)	76 (90)
Female migrants (Female non-migrants)	59 (78)	46 (70)	44 (84)	48 (72)	86 (84)
Total (N=5009)	56 (78)	46 (72)	46 (85)	52 (74)	81 (88)

Moreover, considerable proportions of migrants are living in 'nuclear households'[9]: 51% of men and women migrants to Hanoi and 37% of men and 40% of women to Ho Chi Minh City. Whilst older married women migrants were using contraceptives at similar rates to urban residents, younger married migrant women were less likely to use contraceptives than their urban counterparts (ibid). This group could not therefore be seen simply as newly weds who were delaying childbirth to maximise their earning potential. The slightly later age at marriage for young migrant women as compared to their urban counterparts rather suggests that their apparently greater current propensity to want to conceive a child may possibly reflecting a desire to 'catch-up' after their slight delay in getting married (ibid). Although there are no definite statistics on how many of these married migrants were accompanied by children, it is estimated that in 2004 at least 37% of migrants to Hanoi were accompanied by school age children as were at least 20% of men and 16% of women migrating to Ho Chi Minh City[10] (GSO 2005). This questions the assumption that the reproductive responsibilities of married women mean that they are necessarily 'tied to the bamboo grove' (Kabeer and Thi Van Anh 2002) and raises many questions about how poor migrants are managing their reproductive lives.

Whilst the majority of migrants to Hanoi come from the nearby Red River Delta (over 70%) and surrounding provinces in the North, migrants to Ho Chi Minh City come from a wider range of origins, often having travelled long distances (GSO 2005). Around 28% of migrants to Ho Chi Minh City come from the nearby Mekong Delta, 15% from the Southeast, 11% from the Central Coast, 18% from the Northern Central region and another 18% from the Red River Delta (GSO 2005:38). Ho Chi Minh is Vietnam's largest city and a focus for much inwards foreign investment. In 1998 it was estimated that Ho Chi Minh receives around 70,000-100,000 migrants annually as compared to around 22,000 annually for Hanoi (Guest 1998:5).

The primary research for this project will focus on selected wards amongst those which have the highest concentration of migrants in each city. Within Ho Chi Minh City, the primary research is focused on ward 6 and ward 17 of Go Vap district. Around 40% of people in Go Vap district were registered as temporary migrants of which around 24% were KT3 and 16% were KT4 in the Population Interval Survey of 2004 (GSO 2005b). Some districts in Ho Chi Minh City had higher migrant population according to this survey, namely District 12 (47%), Thu Duc District (48%) and Tan Phu district (46%)[11] Binh Tan (53%), however, according to the local authorities, 52.4%

[9] There is a lack of clarity of how precisely a 'nuclear family' was defined in the 2004 Migration Survey although it is characterised in contract to 'extended households' and households of non-related people. Although it is necessary to treat this figure with caution it does seem to suggest that it denote the presence of spouse. These figures are not however restricted to married migrants.

[10] These figures are derived from those presented in the 2004 Migration Survey reporting that their children's education was better, worse or the same in the destination area. They are therefore minimums since it is not possible to infer whether those who answered 'don't know' had children of school age accompanying them.

[11] There are large discrepancies in the figures published in the preliminary findings and from the final GSO report. These may be accounted for by boundary changes as the administration accommodates to the city's

of people in ward 6 are migrants as are 48.24% of people in ward 17 in 2007 (Women's Union Officer Go Vap, pc 2008). These wards are then representative of areas in the city with a high proportion of migrants, although they were not to our knowledge included in the 2004 Migration Survey. Within Hanoi, the research is focused on Phuc Xa ward of Ba Dinh district and Ocho Dua Commune in Dong Da District. These wards were selected for sampling in the 2004 Migration Survey on the grounds that they were amongst those wards with the highest concentration of migrants in Hanoi[12].

1.2 The Household Registration System and Regulation of Migrants

Pre-1986 movements were strictly controlled using the household registration system. Renovation has seen the progressive relaxation of these institutional controls to a far greater degree than in neighbouring China, but they are not yet completely moribund. As a result migration remains stratified in terms of qualifications for residency and related social entitlements. Whereas state-sanctioned migrants, and increasingly wealthy migrants too, may obtain or purchase 'permanent' urban household registration, 'free' migrants with work or business permits or permits to be absence from their home authorities are only eligible for 'temporary' residence permits at destination. Others who lack the necessary paperwork from their home authorities or who see no benefit in temporary registration remain unregistered.

Today, there are two categories of temporary registration: either KT4 registration which permits migrants to live in the city for 6 months or less or KT3 which permits migrants to live in the city for 6 months or more (GSO 2005). Migrants can apply to become permanent urban residents (KT1 or KT2[13]) when they meet certain criteria, but in practice only better educated and higher earning migrants are likely to be able to do so. The 2004 Migration Survey found that the main reason migrants did not register for permanent residency was because they had no permission to do so either because they had (i) no permission from their place of origin (ii) no permanent job in place of destination and (iii) did not own a house (with legal documentation) in place of destination (GSO 2005:71). In order to qualify for even KT3 registration, temporary migrants need to show that they have an established and legal living accommodation (either through ownership or formal tenancy agreement). Requirements for permanent registration in the big cities were simplified in 2005 such that those who had been resident for three years in the city with legal housing were eligible to apply irrespective of having a contract for a permanent job (PCSA 2005:27). Whilst 80% of migrants in Vietnam have some form of temporary registration, less than 5% have permanent registration where they work because they don't meet the requirements (GSO 2005:4). Those without registration are more likely to be found in the Northeast Economic Zone and in Hanoi. Table 2 shows the percentage of migrants with different kinds of registration. Significantly more migrants are on KT4 registration in Ho Chi Minh City than in Hanoi and negligible proportions have acquired permanent registration whilst nearly 5% of migrants in Hanoi are unregistered as compared with only 1.4% in HCM[14].

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expansion. The only additional district that appears initially to have more migrants than Go Vap is Binh Tan which is initially reported as having 53% migrants and later as having only 35%.

[12] The two-stage sample first selected those districts with the highest number of migrants and then within those districts selected the wards with highest numbers of migrants. The third sample site in Hanoi is 2004 was Bode Commune in Long Bien District where there is a large junk market.

[13] KT1 registration is restricted to people working for the People's Committee or for a Central Department.

[14] There is little difference in this distribution by sex.

Table 2: Migrants by Registration Status and Age in 2004 (GSO 2005:39)

	Hanoi migrants	HCM migrants
KT0	4.5%	1.4%
KT4	35.8%	86.4%
KT3	49.9%	11.2%
KT2	4.5%	0.5%
KT1	5.3%	0.5%

Although far less significant than in the Chinese case, there have been "ongoing concerns [in Vietnam] that the registration system restricts migrants from accessing services in their places of destination" (GSO 2005:10). Indeed, the social rights of migrants have been largely neglected by the state as well as researchers until recently. At an early stage of reforms, official and popular perceptions of migrants were predominantly negative in part due to the legacy of tight control over population mobility and in part due to deep-rooted rural-urban bias (Guest 1998; GoV 2001). The government has been concerned about the number of migrants and about their "perceived lack of control of the migration process and a feeling that this has contributed to social problems such as increased crime and other social evils" (Guest 1998:6). In the 1990's official responses to these problems included tightening up the provision of residence permits and proposals to forcibly remove people from urban areas (Guest 1998). Kabeer and Thi Van Anh (2002:10) note that central policy responses also included encouraging the rural population to "leave the rice fields, but not the countryside" and that urban congestion "and associated problems of drugs, prostitution, and other social evils are a major concern for policy makers." (Allen et al 1996 cited Kabeer and Thi Van Anh 2002:110). In this context the retention of household registration system represents a desire to ensure some level of administrative control over people's mobility, and to discourage migrants from settling in urban areas. In particular, an individual's household registration mediates their and their children's access to social entitlements and in this way the registration system also functioned to discourage migrants from bringing their dependents with them to the city. The institutional distinction between residents and non-residents has also been used to safeguard urban resident's privileged access to formal employment (Guest 1998) and to ownership of vehicles including motorbikes (PCSA 2005:27-28) in addition to social services such as health and education.

However, by 2001 the government felt that the positive benefits of migration were 'outweighed' by negative ones associated with "uninhibited migration" (GoV 2001:17) and by 2002 it announced its intention to ease migrants access to social services and better employment by reviewing labour migration policy and the household registration system with a view to ease migrants search for better employment and its intention to create access to urban social services including for unregistered migrants (GoV 2002:137). It also articulated a commitment to make sure that there was no discrimination between the urban poor and the migrant poor (GSO 2002). Although, the Vietnamese government has relaxed the household registration system in certain respects (see below) and has devoted resources to investigating the situation of migrants (GSO 2005), prejudice and discrimination remain widespread.

The official view today is that there are no institutional barriers presented by the household registration system for migrants. The reality is different for two reasons: firstly, registration for migrants is dependent on having the right papers, both an ID card and a temporary leave certificate. Both are issued by home commune and resolving problems with these documents have to be resolved at the commune level, raising additional difficulties for migrants from more distant locations. The PCSA noted that for migrants that "although their body in the city and far from their village but their fundamental rights and duties still are at the home village because their permenant registration in village" (sic.) (2005:76). Secondly, and more significantly, the spatial

inequalities between home and destination areas that migrants have to bridge mean that economic barriers are increasingly doing the same work in the 'new' liberalised economy that the registration system did in the past. Guest (1998) notes that the registration systems functions to create a segregated labour market in the cities and as a result migrants simply "can't afford to bring their families with them" (Kim Hoa, pc 2008). The household registration system was part of a centrally planned economy that privileged the urban and renovation has magnified this inequality creating for instance growing private health and education services in urban areas in which rural migrants as well as the urban poor are out-priced. Both paperwork problems and economic inequality undoubtedly impact on the urban poor too, but the spatial structuring place the migrant poor in a rather specific relation to these barriers.

Today in HCMC and in Hanoi it is the migrants' own responsibility to sort out their household registration, not their employers, although guest house owners frequently do this for them. This latter practice is particularly common in Hanoi making temporary registration easier here than in Ho Chi Minh where the authorities are stricter (Nguyen Thi Thanh Tam, pc 2008). To get KT4 registration they or their landlord must go to the local official and show their ID card, their temporary leave certificate (issues by their home commune). There are no fees involved, it is 'very easy' but brings them no benefits so as a result many do not bother and remain unregistered, known locally at 'KT0'. In fact, migrants may often be asked when registering to contribute to local collective funds for services, like rubbish collection or other good works, creating a disincentive. However where migrants have brought school age children with them, getting registered is very important because it is related to school entry (see section 3.3 below).

In 2004 institutional barriers for migrants were more strictly enforced in Ho Chi Minh City and were characterised as being lower and more relaxed in Hanoi and the impact of this situation was reflected in various findings of the 2004 Migration Survey (GSO 2005). Although in theory migrants with KT4 are those who have arrived more recently and those with KT3 have been living in the city longer, the 2004 Migration Survey tells a different story. Table 3 and 4 below show that over 20% of migrants to Hanoi and nearly 80% of migrants to HCMC who have lived there for over 4 years are still on KT4 registration. In practice, registration status says more about the working and living conditions of migrants than about their length of stay in the city. As the 2004 Migration Survey notes "temporary labourers do not have stable jobs and move from place t place, thus they are not permitted to register" whilst those who have obtained KT3 registration "have their own housing and stable employment so that they are qualified for KT3" (GSO 2005:40).

While 6% of migrants to Hanoi and less than 1% of migrants to Ho Chi Minh City have permanently changed their household registration to the destination area, nearly half of migrants to Hanoi and nearly 30% of migrants to Ho Chi Minh City say that they intend to stay permanently in the city (GSO 2005: table 3.14). In addition further large proportions of migrants in each city say that they are presently undecided about whether they will stay permenantly, indicating that if things go well for them they may be prospective urban settlers (GSO 2005: table 3.14). The relatively small percentage of migrants on KT1 in Ho Chi Minh reflects the fact that at the time of the survey in 2004 the HCMC authorities' policy was not to issue permanent residential permits to migrants (GSO 2005:39).

Table 3: Length of Stay of Migrants to Hanoi by Registration Status (GSO 2005:41-42)

Hanoi	KT0	KT4	KT3	KT1/KT2	Total
Under 1 year	12.3	53.3	29.2	5.2	100% (N=195)
1 year to under 2	0.6	59.8	34.1	5.4	100% (N=164)
2 years to under 3	5.7	33.5	48.9	12.0	100% (N=176)
3 years to under 4	4.0	30.5	53.4	12.1	100% (N=174)
4 years to under 5	2.8	21.4	59.0	16.9	100% (N=290
Total Number	50	376	463	110	999

Table 4 Length of Stay of Migrants to Ho Chi Minh City by Registration Status (GSO 2005:42-43)

Ho Chi Minh	KT0	KT4	KT3	KT1/KT2	Total
Under 1 year	3.5	92.3	2.8	1.4	100% (N=142)
1 year to under 2	1.0	91.4	5.6	2.0	100% (N=197)
2 years to under 3	1.9	85.1	10.2	2.8	100% (N=215)
3 years to under 4	1.9	83.1	12.7	2.3	100% (N=213)
4 years to under 5	1.3	79..5	18.4	0.9	100% (N=234)
Total number	18	857	107	19	1001

Recent years appear to have seen some reversal of this situation as the Hanoi authorities have articulated more negative views of 'free' migrants, the kinds of informal work they do and the kinds of places where they live in the city, whilst authorities, particularly in Ho Chi Minh have relaxed some aspects of their registration policy. There is no longer any requirement for a labour contract to be shown to gain temporary registration of over 6 months (KT3) in either Hanoi or HCMC and in practice this formal requirement was regularly circumvented in Hanoi at least. Nguyen Thi Hoa (pc, 2008) feels that the application of the regulation in HCMC is more 'open' than in Hanoi currently. As of 1st July 2007 a new residential law came into force in Vietnam that to get KT1 you need only to have lived in the city for at least a year in legal housing (so in other words, to have been registered as KT3 for a full year) (Nguyen Thi Ngan Hoa, pc 2008). However in Hanoi, the People's Committee has since early 2007 been making more rigorous attempts to discourage rural migrants (Nguyen Thi Thanh Tam, pc 2008a). The authorities are very conscious of Hanoi's status as a capital city and are concerned about lifestyle in the city, fearing that every house may become a restaurant, and about hygiene, disease and sanitation. These concerns have been reflected in discussions in the media, especially the newspapers, and in a series of regulations relating to informal economic activities on the street that hit migrant and urban poor alike (see section 1.3 below). Most researchers and indeed many city residents don't agree with the authorities, although there are tensions over housing and employment between migrants and residents. Kim Hoa notes that the density of living is very high and the fact that migrants will work hard for low pay presents problems for urban residents with greater aspirations (pc 2008). Nguyen Thi Thanh Tam reports (pc 2008a) that generally the local authorities in Phuc Xa, the research site in Hanoi, support migrants although negative attitudes may persist towards *male* migrants (drugs, gambling and security concerns). The market in Phuc Xa needs a lot of migrant labour and it is obvious to all that they are essential to the local economy. Many police officers in both cities say that migrants and their movements need to be registered so that they can identify criminals (Nguyen Thi Ngan Hoa, pc 2008) but stress that they have the same expectations in this respect of residents.

The situation is currently ambiguous with contradictory views on the relative barriers facing migrants. National policies, local authorities' regulations and their discretionary implementation of them make a great deal of difference in the real impact of these institutional constraints. However, the current environment is characterised by less control of migration. There is no longer any fining, or sending back to the rural areas of unregistered migrants, and many public officials now recognise that migrants contribute a lot to the economic success of Vietnam and that it is anyway probably impossible and undesirable to stop migration. Current efforts to control

migration are aimed at managing the urban environment. Moreover, pilot interviews suggest that migrants themselves are often uncertain about their category of registration: some maintain they are unregistered by the local officers say they do have temporary registrations; many are unclear about whether their registration is KT4 or KT3 and make little distinction between these two temporary categories. This supports the view that registration itself is increasingly less significant than in the past.

1.3 Productive Work Choices and Constraints

Migration to the urban areas is driven by the growing inequalities in productive work and income generation opportunities in the countryside and the cities. Whilst couples generally try to live together in one place if they can afford to and if there are sufficient economic opportunities in their village (Kim Hoa, pc 2008), in many situations rural families need the access that migration brings to much better income. How families handle this depends on various factors including their life stage and their aspirations: some aspire to settle; some just come for the income and plan for eventual return to the village; others wait and see how they fare in the city (Tran Thi Van Anh pc 2008). In general, younger migrants have more opportunities to migrate together with their families as there are now many opportunities for both young men and women in the cities. However, middle aged men and women have fewer opportunities for work once they reach their 40s (ibid).

For many migrant women to Hanoi, their income is insufficient to raise the whole family in the city so they leave their family in the village (Tran Thi Van Anh, pc 2008). These women have no plan to bring their families, keep their living expenses low and live in very poor conditions and as such are easily recognisable in the city and are to be found in areas where guest house accommodation is concentrated (ibid). Bringing the whole family requires more resources and involves more risks such that bringing the family to settle for some time is a major undertaking and is rare in Hanoi (ibid). Consequently, for these women, the village is also where they see their main source of livelihood over the longer term (ibid).

However, patterns of migration are changing quite rapidly and are also shaped by specific streams of migration from particular locations. This was evident in one northern commune (20kms from Hanoi) which 5 years ago sent predominantly single men and women to work in the south as rubbish collectors, domestic workers, and industrial workers but by 2007 reported significantly more family movements than in the past (Nguyen Thi Thanh Tam, pc 2008a). Whereas before only one family member would migrate, but now some young couples migrate for long periods and may extend their use of contraception to accommodate this. They may often have their first child and then delay their second child whilst they migrate long distances to the south for work (ibid).

Overall work participation rates are high and similar for male migrants and non-migrants in Hanoi and Ho Chi Minh (GSO 2005:79). However, there are large differences in female work participation rates with 83% of female migrants to Hanoi and 87% of female migrants to Ho Chi Minh engaged in productive work as compared to 70% and of non-migrant women in these cities (GSO 2005:79). Notably, amongst women aged 30-44 years these differences are even larger with around 90% of migrant women engaged in productive work as compared to 81% of non-migrant women in Hanoi and 74% in Ho Chi Minh (ibid:81). Whilst nearly a quarter of non-migrant women were solely engaged in household work as compared to only 10% of migrant women in these cities (ibid). The 2004 survey showed that the "concern that is often expressed about temporary migrants swelling the ranks of the unemployed in urban areas is misplaced" (GSO 2005:80).

The economic opportunities available to migrant men and women are segregated by gender and education. Whilst some work in the formal sector (public or private) under contract, the majority work in the informal sector ranging from employees of small or family run businesses to self-employed semi-skilled workers to porters, street hawkers, and rubbish collectors. Migrants are more likely than non-migrants to enter occupations in expanding sectors of the economy and are an important source of labour for rapid economic growth, particularly the female labour force in large cities (GSO 2005:81,85). This is reflected clearly in the proportion of women migrants working for foreign and private companies. 42% of women migrants to Ho Chi Minh worked for foreign companies (as compared to 24% of non-migrant women)[15] and a fifth of women migrants to both Hanoi and Ho Chi Minh are employed in private companies (as compared to around 12% of non-migrant women) (GSO 2005:85). The industrial labour force depends largely on workers who have short-term household registration[16] and the majority of workers without registration or with KT4 registration are either self-employed, family labour or work for small companies or for foreign companies (GSO 2005: 87). People with paid employment are supposed to have labour contracts. Over 83% of migrants to Hanoi have labour contracts as do 80% of female migrants to Ho Chi Minh but only 58% of male migrants to Ho Chi Minh (GSO 2005:88). Men and particularly male migrants are more likely to be working without a contract in Ho Chi Minh. Nevertheless, migrant's employment is often short-lived, contracts where they exist are often short term, they are easily fired, most live in shanty accommodation and they are vulnerable to exploitation by urban employers, and harassment by local policy/authorities. Larger private companies commonly give just 4 months maternity leave, the statutory minimum, (Khuat Thu Huong, pc 2008) and item 111 of the Labour Law prohibits employers from firing pregnant women (Nguyen Thi Ngan Hoa, pc 2008). However, many workers are not formally contracted or have short-term contracts and enforcement of maternity provisions may be patchy particularly in smaller firms. It is also unlikely that many will hire a pregnant woman knowingly. There is some evidence to support the suggestions that women may consequently delay childbirth to keep their jobs: in 1998 in Ho Chi Minh in a study of pre-marital sexuality, Khuat Thu Huong found that many women got abortions when they worked in the factory and that even married women got abortions to avoid being fired for being pregnant (pc 2008).

Occupational choices are influenced by the migrants' contacts, educational qualifications and starting capital. These inequalities are reflected in migrant earnings which are lower than non-migrant earnings at each age group and for both sexes, with the greatest differences in the older age groups (see table 5). Small and medium enterprises don't ask for higher education and accept those with lower secondary education but foreign owned factories ask for workers who have completed secondary education. However the practices vary by sector, for instance fewer qualifications are required to work in the garment sector and more for the electronics sector (Huynh Thi Ngoc Tuyet, pc 2008). The informal sector is attractive because of the absence of barriers to entry and it is in this sector that the majority of low-income migrants are concentrated. Street traders need only a very small operating capital, but working as a motorcycle taxi needs considerable up front investment. For instance, in Go Vap women need only around 200,000 – 3000,000 dong for trading rice noodles or candy or selling cakes. You can also sell lottery tickets without any up front investment on 'sale or return' but you make more profit it you do have the capital to buy the tickets up front. Traders rely on moneylenders who offer high rates of interest (Huynh Thi Ngoc Tuyet, pc 2008).

[15] Only 4% of migrant women and 1% of non-migrant women in Hanoi worked for foreign companies reflecting their much lower presence in this city (GSO 2005:86).
[16] From all the 2004 Migration Survey's study sites, 45% of female migrants with KT4 registration worked for foreign companies (GSO 2005:87).

Table 5: Mean earnings per month of migrants and non-migrants by sex and age (GSO 2005: Table 5.10)

Thousands of VND	15-29 years		30-44 years		45-59 years		All ages	
	Migrant	Non	Migrant	Non	Migrant	Non	Migrant	Non
Hanoi								
Men	1,175	1,362	1,502	1,454	1,844	1,355	1,364	1,410
Women	881	1,049	1,100	1,288	980	1,009	958	1,147
All	1,004	1,189	1,280	1,376	1,416	1,165	1,136	1,276
Ho Chi Minh City								
Men	1,152	1,407	1,421	1,807	1,300	2,154	1,228	1,713
Women	870	1,067	1,201	1,367	720	1,600	939	1,264
All	985	1,217	1,304	1,604	1,100	1,894	1,064	1,489

However, informal occupations are often subject to regulation and harassment. Since 2007 migrants have been forbidden from using handcarts for transporting materials around Hanoi but migrant porters can't afford mini-vans despite being given time to make these investments and in some places made low interest credit available too (Nguyen Thi Thanh Tam, pc 2008a). In Ho Chi Minh the use of handcarts was also forbidden but the city authorities relented 2 months later because of public opinion (ibid). As of the 1/7/2008 it is forbidden for migrants to sell or have their stands in 62 designated streets in Hanoi (Lao Dong [trade union newspaper] 12/3/08:1). Notices were put up in May warning that migrants will be fined heavily if they violate the rules. The 62 streets are all famous and highly suitable places for migrant to do their selling. In July 2008 as many as 50% of 'free' migrants have returned at least temporarily to their villages because of the new directive (Nguyen Thi Thanh Tam, pc 2008b). The local authorities in Hanoi also want to make a fixed market place for migrants. The Department of Health (DoH) wants each street seller to have a health certificate and hygiene certificate but women don't know how to get these. Environmental policemen in Ho Chi Minh and Hanoi who are employed by the ministry and paid by the government can ask to see these certificates and impose fines if they are not in order. The Security Group (luc luong dan phong) that exists in every commune (and whose job includes organising young people and encouraging them to avoid problems to promote peace and good behaviour) can also check on certificates. One migrant street seller told Ngueyn Thi Thanh Tam that she may have to give up her work because of this regulation but she need the income to look after her 3 children (pc 2008). In these ways government and local authorities can put difficult conditions on informal occupations which migrants, and many urban poor, can not meet.

The large growth in domestic service in the cities is largely staffed by migrant women workers. This group is particularly difficult to research for complex reasons. Domestic work in the home is stigmatised, to some extent as a result of the socialist paradigm, and poorly investigated as neither the house owner nor the servant want to talk (Nguyen Thi Nguyet Minh 2008). Domestic servants are relatively isolated, and if others in the village don't know what work they are doing they hide it, especially if they are single, but even if they are married (Lan Anh Hoang, 2008).

A key motivation for many low-income migrants is to remit money back to their rural homes. As table 6 shows, 62% of male and female migrant to Hanoi remitted money home, as did 56% of male and 66% of female migrants in Ho Chi Minh (GSO 2005:75). The value of women's remittances was less than that of men's in Hanoi (over 40% of women's remittances were less than 1 million VND over the past year in 2004 as compared to 27% of men's), even though both men and women who did remit from Hanoi sent an average of 10% of their annual incomes (GSO 2005: 76). In Ho Chi Minh, however, around 22% of both women's and men's remittances were less than 1 million VND, with men remitters sending on average 12% of their annual incomes

home as compared to female remitters who sent an average of 17% of their annual incomes home (ibid).

Table 6: Distribution of remittances from migrants in last 12 months (GSO 2005: 75)

Value of remittances	Hanoi		Ho Chi Minh	
	% Men	% Women	% Men	%Women
<500,000 VND	8.0	14.8	11.9	8.0
500,000 -999,999 VND	19.9	27.7	10.6	13.7
1,000,000 – 5,999,999 VND	64.4	53.9	66.0	72.5
6,000,000 -11,99,999 VND	6.9	3.1	10.6	4.4
>11,999,999 VND	0.8	0.6	0.9	1.3
Total	100 (N=419)	100 (N=580)	100 (N=419)	100 (N=582)

Communications are generally good and in northern Vietnam most rural areas now having public telephone lines and 20% of rural households having private telephone land lines. The culture house or post house in the village has a public telephone and internet and papers and people pay very little to use this. Migrants leave a message at the public phone that they will ring at a certain time or make similar arrangements with neighbours with private landlines (Nguyen Thi Thanh Tam, pc 2008). The situation in the South is different with some migrants have mobile telephones which they can get very cheaply for around 200,000 dong and for which call charges are decreasing (ibid). In addition, migrants in both cities often live in a shared room with 15 or 20 others from the same commune so they can easily send letters or money or news or even carry food and other things back again from the rural area. In Hanoi, migrants generally keep their savings themselves and carry them back or send them back with relatives, friends or fellow villagers – they do not send them through the post office (Nguyen Thi Thanh Tam, pc 2008). The local authorities say that they don't know exactly how much but they can see the investments that people make in the rural areas (ibid). But if the migrants travel further away and stay away longer, as many in Ho Chi Minh do, then they will use the post office or send money with a friend or relative. Once the money is home, they may save some, especially if a baby is on the way, in the form of either a savings bond or by converting it to gold to preserve its value against inflation (Nguyen Thi Thanh Tam, pc 2008). The evidence confirms the general opinion that the longer term economic security of migrants remains very closely connected to their rural homes.

2. Changing Gender and Family Relations

Whilst there is very little information is available on migrants specifically, there is more generalised information on changing gender and family relations in Vietnam that can provide a useful context for interpreting the life experiences of migrants. Some of this broader work refers in passing to the specific situations of migrants or their families. This section begins by looking at changing gender relations (2.1) then looks at changes in marriage and marital relations (2.2) before moving on to sexuality and fertility (2.3) and ends by looking at gendered relations around parenting (2.3). The role of the family in Vietnamese society is pre-eminent and as such reproduction and women's roles in reproduction are seen as central to the social order.

2.1 Changing Gender Relations

This is not the place for a full historical account of gender in Vietnam, but it is relevant to note that whilst Vietnam's historical gender relations are often portrayed as being heavily influenced by Confucianism, this has always been truer for relatively elite families than it is for ordinary rural Kinh. Nevertheless socialism and the experience of war, particularly in the North, brought major changes to gender relations within and beyond the family with a strong emphasis on gender

equality. Within the work place, this was evident in the rise of women to senior positions, the development of worker's rights, including particularly maternity rights, and in state and community responsibility for caring, for children in particular, and for health and education, and politically in the creation of the Vietnam Women's Union (VWU). During the war, women played active combat roles and many men were absent and never returned leaving women to run their families single-handed and requiring them to take significant local leadership roles in their communities. The socialist state also targeted the family and its attempts to broadly modernise the family explicitly included introducing principles of gender equality into marriage and the raising of children. Whilst the 'traditional family' proved more resilient than the communist party may have expected in many respects, the moral economy of the family today remains influenced by socialist principles of gender equality in some important respects (see 2.2).

However, informed opinion generally regards the *doi moi* period as one of retrogressive, or at the very least ambiguous, shifts in gender relations. This is in part because of the restructuring of the social sector which has led families who can command sufficient incomes from new economic opportunities to commoditise caring (by paying for domestic staff, child care and nannies), others who do not must find ways to provide this care themselves. The restructuring of health and education has had similar impacts (see section 3 below). At the same time the reduced regulation of the labour market has meant that fewer people are working in situations where they are properly contracted and enjoy worker's rights and benefits (section 1.3 above). In Vietnam, the UNDP notes that, despite the institutional legacy of the Communist Party, under *doi moi* "women are losing some of these rights… [including] …labour laws, extensive access to maternity benefits and child-care centres, access to education and employment and legalised abortions " (UNDP 2000:9).

The state has stepped back from close intervention in the family but "the demarcation between the public and private spheres" remains "blurred" because of the combination of Confucian heritage[17] and the modern Vietnamese state's expectations of citizen participation (Rydstrom and Drummond 2004:9). There remain strong and gendered expectations about the role of the family in building the nation and this resonates with the space created by *doi moi* for a resurgence of traditional practice with respect to family rituals around ancestor worship. These practices are closely connected with underlying notions about family relations and filial piety that are strongly gendered. At the same time, globalisation and commercialisation have not only created greater spatial inequalities, they have also promoted a 'new' sexualised femininity. Partly in response to the rapid changes that Vietnam is experiencing, many commentators have also noted "a nostalgia regarding the family, which is usually referred to as a state of 'happy and harmonious family life' (*gia dinh hanh phuc hoa thuan*)." (Rydstrom and Drummond 2004: 9). Indeed, Drummond's (2004) investigation of the modern Vietnamese womanhood suggests that there is considerable convergence between party messages and those in popular women's magazines and that both are conservative, emphasising a view of women's social roles that emphasises their domestic responsibilities. She points out that whilst emulation and social mobilisation campaigns in Vietnam early in the socialist period (from the 1940s) emphasised individual's productive roles and their allegiance to state rather than family, in the later socialist period (from the 1960s) these campaigns focused upon the family and increasingly from the 1980s and 1990s on women's roles within the family, particularly "as 'traditional' nurturers, educators and regulators of harmony"(Drummond 2004: 167).

[17] Confucian doctrine sees the subjects and the ruler as analogous to the household and the household head with no demarcation between political relations and family relations such that "*nha* [the household/family] is seen as the foundation of the country" (Tuong Lai 1991:5 cited by Rydstrom and Drummond 2004:7).

Confucian doctrine promotes a strict hierarchy of relationships between younger and older, between present generations and previous generations, and between women and men. The emphasis is on order and harmony such that respect, obedience and fulfilling one's obligations are central values. As such exercising filial piety and the rituals involved in ancestor worship play a defining role in family relationships. The Four Virtues expected of women (tu duc) are to be skilful in her work, modest in her appearance, soft-spoken in her language, and principled (honest and loyal) in her behaviour (Rydstrom and Drummond 2004:8). Women are expected to be obedient to their husbands but are often referred to as the 'minister for the interior' recognising their major responsibilities for the domestic sphere (ibid:9). The impact of the initially socialist two-child policy in the context of these values has appeared to magnify son preference (Pham Van Bich 1999). However, contemporary evidence suggests that there are some contradictory currents. For instance, the ritual importance of the first son in marking the death anniversary of ancestors is usually cited as a key foundation upholding son preference, but notes that "[n]owadays in families having no sons, the first born daughter also undertakes" the responsibility of organising the death ceremony (Le Thi 2004:75).

Whilst women in Vietnam have always played important productive roles within their families, including managing household budgets, they continue to shoulder the majority of domestic work and the key responsibility for caring for other family members, especially children and their elderly in-laws. Whilst the socialist inspired belief that spouses should be equal has made substantial in-roads, many still believe that husbands are to be obeyed and are the ultimate decision-makers in their homes. As Santillan et al (2004:543) note, "the pervasiveness of state ideology in everyday life" is manifest in many contradictory statements about gender relations in Vietnam: whilst these represent difficulties for social science research they "often seemed to reflect genuine ambivalence about gender norms". However, the importance of reproduction in Vietnam and its centrality to family relations is linked to the close control of women's sexuality and it is in this area of sexuality, sexualised gender identities, fertility and conjugal roles that gender relations appear to be most strongly marked reinforcing patriarchal norms and double-standards (explored further below).

2.2 Marriage and Marital Relations

Marriage in Vietnam was traditionally arranged but today couples mostly choose their own spouse but still require or mostly prefer parental approval for their marriage. Whilst most spouses know each other before marriage, it would not be strictly correct to describe these as 'love' marriages: a range of circumstances pertain whereby some are 'in love', others simply 'like' each other and others feel confident that their chosen partner will make a suitable spouse. Most will not persist with a relationship that their parents disapprove of, indicating that marriage remains a relationship with strong significance for lineage. Others who have failed to find a suitable partner or who are perhaps getting a little old for marriage, may use the services of a match-maker to help them find an appropriate spouse. Marriage remains pretty much a universally desirable goal for lineage as well as individuals (Pham Van Bich 1999) and there are very clear expectations on when it should occur that are gendered and vary somewhat between north and south. Women in the south generally marry in their mid-20s and have children quickly, whilst men marry in their late 20s or early 30s. Women in the north, particularly in the Red River Delta are under pressure to marry before 25 years, whereas anytime before 30 years is acceptable in the south (Khuat Thu

Huong, pc 2008). (Although some young couples try cohabiting for a trial period (*song thu*) in the big cities, this is much rarer in north as opposed to south Vietnam[18].)

Marriage is virilocal, new couples usually live with husband's parents, and parental support is essential as couples try to develop the material security for independent living. The new couple may later adopt separate living arrangements under same roof, before moving out to their own house, often in same compound, although oldest sons or in other cases youngest sons will remain with their parents to care for them when they grow old. However, the general historical tendency evident in Vietnam of a shift from extended (three or four generation) households toward nuclear households, has been interpreted in part as a desire by younger couples to distance themselves to some extent from husband's parents control over their daily lives. Whilst marital intimacy and expectations of it are changing, conjugal intimacy is generally low within couples (Pham Van Bich, 1999). There remains a strong family pressure to have the first child, and particularly to have a son, particularly from parents-in-law. This is because marriage remains focused on intergenerational continuity rather than on the individuals making up the couple (ibid).

Since marriage is primarily about intergenerational continuity, spouses focus first on their duty to parents and then to their children, rather than to their conjugal partner. Filial piety and ancestor worship are central to marriage relations and in this way many people living and dead have interests in the marriage beside the couple concerned (Pham Van Bich 1999). As a result, a wife's first duty when she gets married remains to her mother-in-law and is orientated to producing children, particularly a male child for the lineage (ibid). However, a key shift in the 20th century as being the move towards women making independent incomes: they were always expected as wives, daughter-in-laws and mothers in Vietnam to do productive work, but by the end of the 20th Century they were able to do this work outside the home, off the family farm, independently within the growing labour market (ibid). Although the pressure for the first child remains extremely strong, contraception is also helping give women and couples the power to delay their second child (ibid).

Divorce has traditionally been extremely gender inequitable and key reforms of marriage have largely remedied this situation (Le Thi, 2004). Nevertheless, divorced women will often not marry again and whilst husbands may pay regular amounts for upkeep of children, and maintain a relationship with their child, many in practice don't do this. Divorced men may easily marry again, often taking a young wife again in her early to mid 20s. The stigma for divorce remains strong although somewhat weaker in the south than the north. In the north, stigma is strong enough to deter a man who remarries bringing his new wife back to the village (Nguyen Thi Thanh Tam, pc 2008a).

As a result of the nature of marriage in Vietnam, normative ideals for newly married women are not primarily orientated around their identity as 'wife' but around their identity as 'daughter-in-law' whether or not they live with their in-laws (Werner 2004: 27)[19]. She is expected to be dutiful towards her in-laws and to be a good mother. Above all, women are expected 'endure' and

[18] In general, north Vietnam is perceived as being more conservative and unmarried couples fear a visit from the Women's Union or from the Population Officer who will ask to see their marriage certificate (Nguyen Thi Thanh Tam, pc 2008a).

[19] Werner notes that for North Vietnam "virtually all women become 'daughters-in-law' (con dau) at the time of their marriage and refer to themselves as such, even if they do not reside with their husband's parents…When a woman's son(s) marry and bring home a daughter-in-law, she assumes the identity of a 'mother-in-law' (me chong). Middle-aged women then truly become a 'wife', having reached a kind of social parity with their husbands." (2004:27).

Gammeltoft points to images of women as 'faithful, heroic and resourceful' (2001:265) whilst acknowledging that their husbands are the 'pillar of the house' (tru cot) (Rydstrom 2004:80). Feminine ways are associated with being 'cool' and gentle and masculine ways are associated with being 'hot' (Rydstrom 2004: 76, 78). Santillan et al (2004:546) note that "women are held responsible for maintaining harmony in the family and are often blamed in cases of familial conflict (Le Thi Phuong Mai 1998)". In line with socialist ideology, Santillan et al (2004: 543) report that "many said [of the rights of husbands and wives in the family] that men and women were equal but that women's equality should be 'limited'." Within marriage Resurreccion and Khanh note that with *doi moi* "[t]raditional norms of domesticity have come to replace former socialist ethics" with a resurgent emphasis on the male-centered family and women's obedience to fathers, husbands and then sons (2007:212). It is important to note though that whilst these gendered norms and women's "primary responsibility for child care and domestic chores place a gender-specific form of constraint" on women that "women have traditionally played a key role in household production, marketing and financial management in Vietnam, and they continue to do so" (Kabeer and Tran Thi Van Anh 2003:148).

'Visiting marriage', where couples live apart except for visits to the marital home, has long history in Vietnam (Pham Van Bich 1999) in which men have migrated for work and war. Tran Thi Van Anh confirms that the perception of men being away from their families is very different in Vietnam as a result (pc 2008). Earlier male rural-urban migration was controlled by the government for work and men were sent to the city as government workers and labourers whilst women and children were required to remain in the rural areas. New forms of migration in Vietnam, particularly the emergence of female labour migration, have sparked some considerable debate in Vietnam, as elsewhere, on the impact of migration on gender relations, including within marriage and the family. Much of this attention has been focused on the impact of men's and women's migration on those 'left-behind' in rural areas and there is almost no secondary data on the strategies of young married migrants although there is some quantitative evidence that these strategies are changing.

Contrary to previous assumptions, it is not only young single women who migrate and then return to the village upon marriage to raise their young families: young married women in their peak child-bearing years are also on the move. The 2004 Migration Survey found that 33% of all women who were married at first move as opposed to 67% who were not[20]. Nor are all married men who migrate leaving their wives and children back home: some migrate with their wives, others with their children too, and still others have wives who migrate separately from them. For some of these migrants their strategies may be relatively stable over surprisingly long periods with separation from children and spouse an aspect of their chronic mobility. For others, their migration strategies may shift over time depending on a wide range of factors.

Nevertheless, the 2004 Migration Survey found that 66% of women migrants first migrated before they were married (GSO 2006a:34)[21] and whilst some of these unmarried female migrants will find husbands in the city, others return home as the time for getting married approaches, fearing that if they delay for too long, they will be unable to marry. Whilst men often continue to migrate after marriage, the norm, certainly in earlier times and to a lesser degree still today, is for husbands to migrate leaving wives and children at home. Although there is now less of a push for men to perform their breadwinner roles, men still see it as natural to go (Tran Thi Van Anh, pc 2008). Whilst some see male migration as opening up opportunities for progressive changes in

[20] These figures relate to all women surveyed, not just those in Hanoi and Ho Chi Minh, so results must be treated with caution because of sampling strategy. There are no disaggregated figures publically available.
[21] This statistic is for all the 2004 Migration Survey sites and not just Hanoi and Ho Chi Minh.

gender relations others point to the ambiguities around wives being left-behind and around the behaviour of absent husbands. Kabeer and Tran Thi Van Anh point to the burden that male migration puts on left-behind wives who must manage the family farm alone, alongside their reproductive duties. Their difficulties are compounded by their unclear entitlements regarding the use or transfer of land and access to credit (dependent on land title) and by the fact that women are often overlooked by the extension services (2002) When women are left behind, wives often worry that they husband will be easily affected by city lifestyle, that he won't save money, that he may go to see pornographic films, that he may be corrupted, or may go to sex workers if they are missing their wives and may get diseases (Tran Thi Van Anh, pc 2008). Kim Hoa (pc 2008) also notes that "the emotional family life is interrupted in some cases if the husband is affected by the city lifestyle: he may get married to another woman, or use sex workers, or bring home an STD."

Added to this clear rhetoric on the danger of men's migration and its undesirability, is a complementary discourse justifying sending women rather than men to work in the city on a number of grounds. Tran Thi Van Anh notes women's views that their husbands can't work as much as they can, even though men's wages are generally higher, because men tend to spend more and there is a risk that they will womanise or get involved in other 'social evils' (pc 2008). Migrant women junk collectors from Nam Dinh Province in Resurreccion and Khanh's study also reported that women are better migrants as they are not so vulnerable to vices and not able or motivated to save as much as women (2007:216). Another barrier to men going is that men's informal work in the city often requires an initial capital investment: for example to be a *xe om* (motorbike taxi) you need a motorbike, to be a construction worker you need relatives or contacts to get taken into a team and to be physically strong. However, women can do many different things in the city, with or without physical strength or much capital (for instance being a nanny) (Tran Thi Van Anh, pc 2008). Wives, particularly in the north, have always had a high participation work rate, mostly doing work around the village, but lately women have seen the earnings that others have brought from the city and if their husband can't go, then they go themselves (ibid).

Some women who are 'left-behind' would like to live with their husbands in the city, but one of them usually needs to stay in the village to manage the farm and to fulfil their filial obligations to his parents (Kim Hoa, pc 2008). The couple and their close relatives will discuss who should migrate for work in terms of whose migration will bring the most benefits for the family (ibid). Whilst couples do discuss the pros and cons of husband and/or wife migrating for work, a key factor determining who actually goes is often the particular streams of migration from their village rather then whether they have small children or not (ibid). Where there are established streams of migrants, there is confidence about getting work, earning money and making the necessary contacts as well as security about accommodation and life style through links with fellow villagers. This migration by women is often justified by the argument that women share living accommodation and feel confident about living with other women from their place (ibid). Indeed, Kim Hoa notes that if a man lets his wife go, then he won't blame her or worry about her but maybe says 'why don't you come back regularly?' if she is gone too long (pc 2008). In Resurreccion and Khanh's study, 60% of migrating wives reported going home every 1 or 2 months to see the family (2007: 218). In addition, they know what is going on because she is sharing a room with other villagers (Kim Hoa, pc 2008). The growing frequency of women's migration is underscored in the north by Kim Hoa who goes so far as to say that "almost all women come to Hanoi" at some point for work (pc 2008) indicating the increasingly normative nature of women's migration.

Woman migrants are commonly seen as having more opportunities to negotiate with men and that their remittances mean that they will be more involved in decision-making (Kim Hoa, pc 2008).

However the common justifications for their migration betray concerns about control over women's sexuality and their protection. Indeed, contemporary micro-level research in the Red River Delta found clear evidence of conservative rural gender norms that supported male migration but that constructed female migration, especially that of wives, as undesirable (Lan Anh Hoang 2008). Resurreccion and Khanh found in the Red River Delta that "female migration destabilises conventional gender roles as left-behind husbands take up social reproductive work that is partially relieved by wives' frequent home visits" but that "involving women's traditional obligations, left-behind husbands continue to 'feel like men' underscoring the resilience of conventional gendered norms on work, even where men actually take up women's work in their wives' absence" (2007:211). Where husbands are left-behind by wives, Tran Thi Van Anh notes that they may feel they are losing power and the attention of those around them and their masculinity may feel threatened (pc 2008). She adds that husbands may also misuse remittances as the pressure of taking on new roles at home drives him to perform masculinity more explicitly: there is almost no support for left-behind husbands facing difficulties, for instance there is no club for men, but there are several organisations for women (ibid). Resurreccion and Khanh also report that there is considerable anxiety and uncertainty around the performance of social reproductive tasks entrusted to men in their wives' absence (2007). There is then very little generational precedent for husband being left-behind in rural places and as a result it is easier for women to manage being left-behind (Tran Thi Van Anh, pc 2008).

Whilst some felt that not many migrants came to the city as couples (Tran Hung Minh, pc 2008), others said that couples were more likely to come to the city for work when they were young, either before child-bearing or between the first and second child (Kim Hoa, pc 2008). Kim Hoa (ibid) notes that normally when a couple gets married, they will have the first child as quickly as possible and leave it with their parents whilst the couple go to the city and work hard to earn money. Although some women are "sent back to the countryside" upon marriage, the movement to Hanoi is very strong now (ibid). Migrant couples often use contraception to delay the second child whilst they accumulate enough resources to build their own house (Pham Van Bich, 1999). The 2004 Migration Survey found that 81% of ever-married migrant women had at least one child at first move, and of those with no children at first move, a further 66% had gone on to have a child(ren) after moving as had 35% of those with only one child already (2006d:38)[22]. Whilst some couples come when they are young to live together – with the women often working as food sellers or domestic workers whilst men do heavy construction work or carpentry – others migrate together but don't live together as it is cheaper to live in shared accommodation or because the husband is required to stay with his work group, as in the case of some construction workers who live on site in make-shift tents (Kim Hoa, pc 2008). If these couples who live apart in the city want to have sex, they borrow a room for a night or an afternoon and have sex quickly or wait until they visit their rural home (ibid).

The increasing frequency and duration of migration has also been associated with marital disruption. Summerfield, speaking of Vietnam and China, notes that "While many of the [migrant] family members send money home and maintain their ties with the rural areas, growing numbers of men either divorce or illegally start a second family in the city. Migration… is now contributing to a small but growing trend for families to break up; even as part of a working strategy to improve family wealth, migration… introduces new strains on all family members"(1997:206). The 2004 Migration Survey suggests that the experience of marital disruption for migrants is strongly gendered: not only do 2% of women migrants have disrupted

[22] These figures refer to all woman surveyed, not just those in Hanoi and Ho Chi Minh. Results must be treated with caution because of the sampling strategy and there are no disaggregated figures publically available.

marriages at first move and those who are single marry more quickly and are more likely to experience marital disruption than their male counterparts (GSO 2006c). It is possible that migration offers female divorcees a means of escaping criticism in the village.

Clearly the strains of managing divided families do not always end in divorce. Tran Thi Van Anh stresses that the length or husband's migration and the frequency with which they get in touch and visit home are indicators of "how much they maintain their roles as fathers and husbands" (pc 2008). Male migrants are generally good now in getting in contact by telephone or via messages and men may often come back to the house more often than women (Kim Hoa, pc 2008). The normative belief is that women get sick easily when they travel by car so avoid doing this and that it is easier for men to travel as 'they are strong enough' and can take transport at any time of the day. Women often go in groups, so often wait for another woman to come with them and may also be more reluctant to spend so much money on the trip (Tran Thi Van Anh, pc 2008). Visiting home not only involves time off work, there is an expectation that the migrant will bring money and presents with them so some prefer simply to send money (Tran Thi Van Anh, pc 2008).

The distance over which migrants have travelled obviously affects the frequency of their visits home, for example, Khuat Thu Huong (pc 2008) reports that construction workers from the south in Hanoi do not go home very often. However annual visits for Tet and for husband's parents death anniversaries are considered important, especially in the north. Nguyen Thi Thanh Tam points out that migration to Hanoi is more seasonal in character than to Ho Chi Minh and so sometimes in Hanoi the husband migrates and the wife (rather than the husband) visits, staying for 3 or 4 nights at a time before going home again (pc 2008a). Migrants to Hanoi predominantly come from surrounding provinces and depending on whether their place is nearby or quite distant they can visit every few months. Those to Ho Chi Minh come from all over the country and face more costly and lengthy journey's home, often making it impractical to visit except at Tet festival or in other cases less frequently. In addition, ties to family seem stronger in the north, and distance of migration aside, there is a stronger normative expectation that migrants will keep close ties with their family. Family is 'tighter' in north and the need to do one's duty by coming back for events like the death anniversary of a parent or the village festival is stronger. These things remain significant in the south but are observed in a more relaxed way (Khuat Thu Huong, pc 2008).

Strategies for migration are dynamic within individual marriages. As Nguyen Thi Thanh Tam points out if couples find a good source of earning money in the city they keep migrating and may even take their family along too, but if for some reason, like the husband's mother dies leaving their children without a carer in the village, then they may stop migrating (pc 2008a). Indeed, men often stop migrating when they get to a stage where they can't earn so much in the city because they feel that it is no longer worth it, whilst some wives come to the city "to collect their husband", others replace him as the migrant worker and "send him home" (ibid).

2.3 Sexuality and Child Bearing

The gendered construction of sexuality in Vietnam is highly unequal and derives not only from traditional beliefs but also state ideologies about gender, sexuality and fertility. There is considerable anxiety about women's pre-marital sexuality which is traditionally closely controlled. This anxiety is manifest in recent concerns that increasing globalisation and Westernisation as a result of *doi moi* have encouraged a dramatic increase in pre-marital sexuality particularly in urban areas. Despite the concerns about the rise of 'social evils' associated with transition, urbanisation and migration, there is no compelling evidence that adolescents in Vietnam are adopting 'risky' behaviours that will lead to increasing abortion, STD and HIV

infections. National rates of premarital sex, abortion and HIV infection are relatively low and young men (15-19 years) in Ho Chi Minh report rates of pre-marital sex (11%) approaching those in comparable countries. Nationally women's reports of pre-marital sex with their future husbands range from 20% for 18 years olds to 50% for 22 year olds (Mensch et al, 2003:254). Pre-marital sex with future husbands, known as 'eating rice before the bell', falls outside of the ideals of gendered sexuality but is increasingly a reality that only gains public attention where the courtship disintegrates, the engagement is broken-off, reputations are damaged and unintended pregnancies result. So although pre-marital sexual activity may be increasing, the 'risky' nature of these sexual contacts derives at least in part from the exclusion of unmarried women and men from family planning efforts and the over-association of condoms with HIV/AIDS (Belanger and Hong, 1999). However, changing courtship behaviours in the context of the increasing influence of norms of sexualised feminity in the cities at least, definitely puts additional pressure on young women to take sweethearts and engage in pre-marital sex in the belief that marriage will follow. At the same time, double standards continue to put them at risk of abandonment by boyfriends, the need for abortion and stigma for engaging in pre-marital sex or becoming an unmarried mother.

Within marriage and within society in general, discussion of family planning is common place but sexual issues are not. Santillan et al report that "Women are expected to be modest and restrained in their desires, and sex is considered to be a wife's duty" (2004:544). In addition to these traditional expectations that make it difficult for women to refuse or request sex, there are common beliefs that excessive sex causes weakness and poor health (ibid). Rydstrom and Drummond (2004:9) point to the importance of gendered state ideology in shaping everyday expressions of sexuality: "The emphasis on women's reproductive role connects a continuous process of reconstitution of the Vietnamese nation state with the construction of women/girls, in terms of motherhood." As a result, they argue, female sexuality is subtly controlled by the state, whilst male sexuality pervades various social spaces profoundly (Rydstrom and Drummond 2004:10). Double standards about pre-marital sexuality extend to marital fidelity which is strictly required of women but for which there are low expectations from men. These expectations are reflected in perceptions of city men and women amongst migrants in yet-to-be-published work on migrants' sexual lives (Kim Huong pc 2008). Preliminary findings indicate that migrant men find city women more 'sexy' but don't want their wives to behave like them. Migrant women on the other hand, see city men as more gallant, more educated and do wish that their husband would behave like them.

Unsurprisingly then, women are more concerned than men about the implications of their spouse's migration for their sexual relations (Nguyen Thi Thanh Tam, pc 2008a). Women feel that they can manage for a long time without sex but they fear that their husbands who go to the city will easily have another relationship. In contrast, they feel secure that husbands left at home can't have affairs (because of the surveillance of other community members). Women who are left behind worry therefore about husbands in the city: their husbands won't know if they have acquired HIV or not and they can't ask their husbands to use a condom before having sex and just have to accept this risk. Women's Organisations in sending areas, like Thai Binh, have expressed this as a major concern for left-behind women (ibid). This reflects a common assumption in Vietnam that migrant men are more vulnerable to HIV than non-migrants. However, it is perhaps significant, that migrants appear to have lower risk behaviour than urban residents with respect to the use of alcohol and tobacco (GSO 2005) although it is often presumed that 'being away from home' that migrants may indulge more in such behaviour. Kim Huong agrees that migrant men are more vulnerable to HIV than their *rural* non-migrant counterparts but that they are not necessarily any more vulnerable than male urban residents, barring a few chronically mobile groups like truck drivers (pc, 2008).

Population policy in Vietnam seeks to limit childbearing but has never been as strict as in China, with a two rather than a one child policy (Summerfield 1997:203). The two child policy has also been more loosely implemented in Vietnam with wide variations in adherence. However malpractices have been reported (Banister 1993; Johansson 1998), and dramatic spatial variations in abortion rates particularly in rural areas are thought to reflect political will to implement the policy (ibid). In 1998 families who did not observe the two child limit were prohibited from moving into urban areas and industrial zones (Banister 1993:82). However, Vietnam has since strengthened its official line that all family planning decisions are voluntary (GoV 2002; UNFPA 2004). Nevertheless, the state reserves the right to 'adjust the fertility level' and 'distribute the population appropriately' through various mechanisms including the use of incentives and privileges and the requirement that state organisations, businesses and services all develop and report on population plans (GSO Population Ordinance 2002: Articles 14.1, 16.1).

In the past, local authorities could ask women to go to the family planning services, but now they can only 'encourage' them through serious persuasion. In the past you might have been fined by local officers if you had more than two children, but this no longer happens (Nguyen Thi Ngan Hoa, pc 2008). However, the neighbourhood group head "knows everything" and will report pregnancies to the local officer. Births have to be registered in the local community so they are generally known about, although this may not be the case where migrants are concerned (ibid). The registration of a birth requires both mother's marriage certificate and her residential registration documents which can create problems for migrants: the PSA review of urban migration policy found that many newborn children [of immigrants] may not obtain birth certificates since the residence of the mother cannot be identified" (2005:29). Family planning decisions remain strongly influenced by both husband's close relatives, particularly mother and father, as well as by the state. Couples who have more than three children are seen to be "breaking the plan" and this may threaten their job security and promotions if they are government employees (Santillan et al 2004:543). However male heirs play a vital role in continuing lineage and so the desire to produce a son and influence from in-laws pressures women with only daughters to try again for a boy. Santillan et al (2004:544) note that "the burden of contraception falls primarily upon women in Vietnam, where rates of IUD use, as well as induced abortion, are among the highest in the world (Henshaw et al. 1999)". Aside from problems with provider bias towards IUD, and assumptions about who family planning is appropriate for, several authors have noted that traditional gender norms encourage women to 'endure' severe side-effects "rather than calling attention to problems that may disrupt family harmony" (Santillan et al 2004:544 citing Gammeltoft 1999 and Tran Hung Minh et al 1999).

There are some difference between north and south, and between Hanoi and Ho Chi Minh, with respect to cultural pressures and gendered expectations of child-bearing that may affect family strategies for migration. Kim Huong (pc 2008) notes that the pressure for a first child after marriage – within the first 2 years – is very strong in the north but less so in the south. She speculates that this may create greater expectations in the north that those who are just married should be at home in the husband's house and 'ready' for child-bearing. The 2004 Migration Survey reported that 18% of ever-married migrant women [N=1613] had no children at the time of their first move, but that 31% already had one child, 30% already had 2 children and a further 20% had 3 or more children at first move[23](2006d:38). These figures must be treated with caution for a number of reasons, but they may indicate that, as Hoy (ref) found in China, successful

[23] All women surveyed, not just Hanoi and Ho Chi Minh. Results must be treated with caution because of sampling strategy. No disaggregated figures available.

reproduction, particularly the production of a son, makes it easier for a married woman to migrate because they are perceived as having fulfilled their obligations to their mothers-in-law.

Migrant's choices about where to deliver their babies are related in part to the distance over which they have travelled: many migrants to Ho Chi Minh are long distant so more of these women migrants give birth in the city than those in Hanoi, most of whom come from nearby provinces (Nguyen Thi Thanh Tam, pc 2008a) . For instance a migrant to Hanoi from Ha Nam Dinh, only 150 kms inside Thai Binh Province, will go back to the village to give birth largely because it costs more to have their baby in Hanoi but also because they will have the support of the family there (ibid). 'Free migrants' may well stay home for 6 months or a year and then come back to work when they are ready – not being 'workers' (formal employees) they are not tied by the formal provisions of maternity leave entitlements (ibid). Whilst 'free migrants' are rarely found amongst migrants remaining in Hanoi to give birth, those who are 'workers' may be able to use the factory service or may have insurance and may be more able to choose to deliver in the city (ibid). Nguyen Thi Thanh Tam reports that migrant women do generally feel that is it safer to give birth in Hanoi than at home but even those who can afford it, mostly formal employees, will often return home after about a month to ask their parents to look after their children as they often only have 2 months leave (pc 2008a). Sometimes grandparents come to the city to look after the new child once maternity leave has ended and in other cases the child and grandparents stay in the village. Formal maternity leave in Vietnam is for 4 months and government guidelines suggest that babies should be breastfed for 4 months[24]. However, it is often the case in private factories and small businesses that women are only given 2 months leave which cuts short the breastfeeding period.

It is believed that women when giving birth and for the surrounding period are not clean and her husband will keep his distance (Kim Huong, pc 2008). However, where a woman has returned to the village for child birth, her husband will come back for the birth itself to know what happens to wife and child and may help in an emergency (ibid). The birth is an important spiritual event for him and he must be there even if he only gets word soon after the birth (ibid). If nobody else is home with his wife he may stay for a week or two before returning to the city again for work. Kim Huong (pc 2008) notes that it is common practice that the first child is usually born at woman's natal home. If husband insists she stays with in-laws then she will do until her child is about 1 month old and then will go to her own family for a couple of months. First time mothers are seen as inexperienced and as needing more care and deserving of pampering so it would be hard to be at her in-laws – she might be shy and find it hard to ask for what she would like or need – she will be freer with her mother (ibid).

2.4 Parenting

Parenting in Vietnam is closely tied up with responsibility to bring up child to be morally upright. The moral socialisation of children was a strong theme in traditional familialism and in socialism, albeit with rather different emphases. *Doi moi* has, according to some, brought a return to familialism but whilst this is in some sense true, it is undoubtedly the case that parent-child relationships are being reinterpreted in the context of the rapid changes that society and economy are experiencing. Amongst those changes that are most significant are evidence of some lessening of filial piety expectations, particularly with respect to daughters but not daughters-in-law (Ngo Thi Ngan Binh 2004), and a strong emphasis on the importance of formal education, and the

[24] Current advice from the World Health Organisation (WHO) is that babies should be exclusively breast fed up to 6 months.

impact of the shift to a two child norm on family life[25]. However, children remain bound by expectations of filial piety towards parents and grandparents and son preference remains strong and it is thought that some elements have been worsened by lower fertility.

Parenting is strongly gendered with normatively distinctive roles for fathers and mothers and sons and daughters. Khuat Thu Huong stresses that it is a common belief that fathers play an important role in educating children, especially sons, and especially with respect to orientation to occupation and the transition to becoming a man (pc 2008). The man is seen as the 'pillar' in the family – must be there to keep the home firm and to be an example for his son. If he is away it is possible that home is empty or weakened without him and his son may not follow him (ibid). This fathering role is especially significant then during adolescence since the father is seen as providing discipline to the family and fathers are seen to be stricter with adolescent girls than mothers (ibid). The mother's role in socialising adolescent girls is also very important: her mother has to teach her how to behave appropriately and how to become a wife and mother soon (ibid). It may be dangerous for a daughter if the mother is not there, she needs to share with her and the mother needs to supervise the daughter: the mother is responsible for good manners and for bringing her daughter up to be a good girl (ibid). As a result, Kim Thu Huong anticipates that migrant strategies for managing parenting will involve struggles over family roles (pc 2008). The implications of social norms around parenting are that the mother *must* be with the infant under 2 or 3 years, but can be away from 3 years until 14 or 15 years when again she should be there. The father is not so important during infancy, as he doesn't know how to care for the infant so he is not needed, but is again more critical during the years of schooling and adolescence (ibid).

Whilst the Young Lives Project[26] sample is not strictly representative, it suggests that 99% of young children (one year olds and eight year olds) live with their biological mother, 97% with both parents[27] and 87% saw their father every day (Tran Tuan et al 2003:x). However, the Young Lives Project found that around a third of one-year olds are cared for by individuals not in the household and that this varies little by location or socio-economic group (Tran Tuan et al. 2003:26). This reflects the caring of children within a broader network of family relations and in other institutional settings, such as crèches (confirm from the report). However, despite the involvement of other carers, "[m]ost children receive daily care from their biological parents; in fact, children from poorer socio-economic conditions see their parents daily at a higher rate than children from the better off group." Interestingly only 9 of their 2,000 one-year olds had male primary care givers (Tran Tuan et al.2003:21) confirming that the vast majority of care for young children is provided by women. Significantly, in view of the increase in migration, especially female migration, "[t]he model of the child caregiver being the grandmother is rare, not only in urban areas (1.5%) but also in rural areas (0.7%)." (Tran Tuan et al. 2003:46). Grandparents are not, as is often assumed, the most used substitute carer in place of the mother.

Whilst improved child wellbeing is reflected in the fact that 90% of households in the Young Live's sample had no history of child death, relatively high levels (20%) of care giver mental ill-

[25] Evident in the Young Lives Project's findings that 44% of very young children (6 months – 17.9 months) did not have a sibling (Tran Tuan et al. 2003:x).
[26] The Young Lives Project is an international study. In Vietnam the caregivers of 2,000 index children between 6 months and 17.9 months and a further 1,000 eight year olds were interviewed. The children are predominantly rural (80%) but there are issues around the sampling strategy that imply its results should be treated with caution.
[27] Of the caregivers, 51/2,000 have no partner and 17/2,000 have a partner outside the household. (Tran Tuan et al. 2003:21).

health were found (Tran Tuan et al. 2003:25). In other contexts good mental health on the part of the caregiver is associated with improved child wellbeing: this may tentatively suggest that parenting young children is particularly stressful in Vietnam currently, despite improvements in child wellbeing, or that young children in Vietnam are for some reason less impacted on by poor caregiver mental health than in other settings, perhaps because of close family networks or institutional childcare options. Jones et al (2007:17) reporting on the impact of trade liberalisation on child wellbeing in two communes in Ben Tre province involved in shrimp farming, note that "care-givers increasing productive work burden was found to impact the quantity and quality of care time they could offer their children. Greater absence from the home meant that parents were less able to supervise their children's school attendance and after-school activities…A more subjective but equally troubling impact of new work pressure was a sense of growing family disunity. This was being exacerbated by the increasing numbers of male family members leaving rural villages to take advantage of income-generating opportunities in new economic zones and large urban cities (especially Ho Chi Minh City). Children themselves complained that they had too little time with their parents, including a lack of help with their homework."

Approaching a fifth of households of one-year olds in the Young Lives Survey who had experienced shocks in the last three years[28], mentioned birth or the addition of a new household member as a shock and this was more likely to be in a urban rather than a rural setting (Country Report 2003:30). Coping strategies employed to deal with this particular kind of shock included doing nothing, using credit (20%), getting help from friends and relatives (12%), using savings (6%) or selling something (2%), eating less (6%) or buying less (8%), starting work or working more (40%), and taking children out of school[29] (Tran Tuan et al. 2003: 33-35). This suggests that the birth of a child represents a 'shock' to some families and not to others, but it tells us rather little about *why* the birth was a shock or *how* some families were able to cope better than others with this event. It may be suggestive that 24% experiencing the shock of a birth or the additional of a new member of the family were urban and 21% were better off, as compared to only 9% who were rural and 9% were poorer households (check these figures don't add up. p. 30). However the numbers involved are too small for these findings to be considered robust.

The gendered impact of reform combined with migration has created an urban market for domestic labour to service more highly paid women in which many women migrants find employment. However, many migrant women must make difficult choices and craft complex strategies to manage rearing their own children (see section 4 below).

The common pattern in Hanoi for married women who migrate, is to resume migration once their child is deemed old enough to be left behind. Few choose to migrate before their baby is around 1 year old when breastfeeding is most important (Nguyen Thi Thanh Tam, pc 2008a). It is more likely that mothers will stay in the village until their first child is 3 or 4 years of age and even then they may migrate only seasonally as most will by this stage be having a second child (Khuat Thu Huong, pc 2008). In other words, women will take a break from migrating, often called a 'maternity leave', with the exception of those doing factory work with long term contracts who have to return to work within 2 to 4 months allowed by their formal maternity leave (ibid). Most leave their children at home with relatives and rent a room with 10 or 20 people from the same village or commune (not necessarily related). A few may come with their child and rent a very poor house but often can't afford to send their children to school in the city. Fees for school are very high, even for public schools, so the child goes with them whilst they work (ibid). It is

[28] 73% of all the households had experienced some sort of shock in the last 3 years (ibid).
[29] Accounting in fact for 50% of the instances where children were removed from school to cope with a shock (ibid:34).

common in Hanoi, and occurs to a lesser extent in Ho Chi Minh, for groups of rural women to come to the city to do manual work and then go home every month or two weeks to take back some money and to 'take care' of the children (Van Anh, pc 2008). It appears to be more common for migrant couples to bring children with them to Ho Chi Minh and this may reflect the fact that families have often migrated over longer distances, for longer durations, that visits home are less practical, that ties with families are looser and that options for education in the village are more varied and less desirable than in the Red River Delta (the main sending area for migrants to Hanoi)[30].

The impact of parental absence for children is different in rural and urban areas. In the city there are many temptations but in the rural areas children often live with grandparents and parents are always busy, even if they do not migrate. So parent's migration may affect rural children, but not so much as it would urban children. Parents send back money and so they are better off than if they could not afford to feed their children (Kim Hoa, pc 2008). However, there is an affect on the emotional life of the child, so normally couples don't leave behind small infants but wait until their child is at least 3 years old and 'can' go to kindergarten (ibid). If a mother leaves her child behind to earn money, some report that villagers still think that she is a good mother (ibid). Land for agriculture is very small and there is only around 10,000 metres squared for rice cultivation per family (enough for one person), so if there is a chance that one of the parents can go to the city, they must take it and nobody considers this to be a problem (ibid). However Lan Anh Hoang's research in a sending area of the Red River Delta indicated that views in the village about women's migration are more traditional when researched from a rural perspective (2008). There is a long history of men migrating and so for absent fathering, nevertheless there are some anxieties about the father's role in educating his children and especially his sons which do not apply to mothers (Khuat Thu Huong, pc 2008).Resurreccion and Khanh (2007) report that there is also considerable anxiety over the performance of parenting roles entrusted to left-behind fathers whilst mother's migrate.

Family strategies and the impact they have on family well-being of migration also depend on the age of their children and the kind of work the migrants are doing (Huynh Thi Ngoc Tuyet, pc 2008). For instance, it is very hard for domestic workers in Ho Chi Minh to bring their children with them if they are living in their employer's house, although some employers do allow this (ibid). Many however leave their children behind in their rural homes with aunts or uncles, particularly if they are very small (under 4 years of age), but once children are 5 or 6 years old, they may bring them to the city and send them to school. Some migrant women and couples rent a room and sell things from their room and keep the children with them (ibid). If the mother works hard on the street though, they can't bring the children too, but once children are 7 or 8 years old though they can help their mother or work independently, and often covertly. There is a gender division of labour for children, for instance young boys may sell Chinese noodles at night but young girls won't sell lottery tickets after 8 pm and many will only sell in groups after about 5pm to keep safe. These working children are often going to school too (ibid).

[30] The 2004 Survey indicated that at least 37% of migrants to Hanoi had school age children living with them as did 20% of male and 16% of female migrants to Ho Chi Minh (GSO 2005) but there are some limitations to the survey's approach to this issue which mean these figures need to be treated with some caution. However, its findings seems to contrast with those given anecdotally by many of our key informants who told us that children were more likely to accompany parents to Ho Chi Minh rather than Hanoi.

3. Changing Social Entitlements in Vietnam

Despite *doi moi*, the Vietnamese state remains strongly committed to developing a socialist market-orientated economy that addresses poverty and inequality. Despite reform of the public sector, expenditure for social services has been increasing in Vietnam although the bulk of the increase (80%) is for recurrent expenditures. Social sector reform, particularly cost-recovery policies have had a big impact on family wellbeing and, as Summerfield has remarked for both Vietnam and China, "the family becomes more important as state welfare subsidies are withdrawn" (1997:213). This section considers in particular entitlements to maternal health (3.1), child health (3.2), child education (3.3), and finally housing (3.4), as those most pertinent to migrants with young families.

The growth of the private sector, the rolling back of the state sector and the introduction of user fees has played out rather differently in rural and urban areas, in northern and southern Vietnam, and in the sectors of health and education in Vietnam. Whilst there are problems with over-crowding and under-supply of services in urban areas, in general they are increasingly well provided for and offer, cost-permitting, a range of choices. In contrast, in rural areas provision remains predominantly public, offering few choices, introducing new barriers in the shape of user fees and often lacking in quality. Whilst public education remains highly valued in urban areas despite the growing market for education, private health care is generally preferred over public health care in urban areas and the growth of private pharmacies has dramatically increased self-medication. Southern Vietnam responded more quickly to stimulus for liberalisation so greater proliferation of private services here than in northern Vietnam. The 2004 Migration Survey offers some selective information on the situation of migrants which is reviewed below. Thi Van Anh notes that "change is proceeding so fast in Vietnam that institutional supports lag behind" and that "there is considerable evidence of differential access to education and childcare between migrants and non-migrants" (pc 2008). She regards this as "not just a question of facilities, but also to do with attitudinal factors: the way people look at you and your children's chances to be like other children" (ibid).

Low-income migrants are generally felt to be priced out of the urban market for social services, as indeed may be many of the urban poor, but it is hard to evidence this[31]. Most migrants interviewed by the 2004 Migration Survey who had not visited a health facility for treatment in their last illness said that their illness was 'not too serious'. However, 7.7% of Hanoi migrants said that it was 'too expensive' as compared to just 1.1% of Hanoi non-migrants as did 12.1% of Ho Chi Minh migrants as compared to 6.7% of Ho Chi Minh non-migrants (GSO 2006b:69). There are however few differences evident in the 2004 Migration Survey between migrants and non-migrants in their choices of health facility, with government hospitals being preferred by approximately two-thirds (see table 7 below).

Table 7: Health facility used for treatment of last illness by Migrant status (GSO 2006b:72)

	Hanoi		**Ho Chi Minh**	
	% Migrant	% Non	% Migrant	% Non
Government hospital	62.9	68.3	64.1	66.3
CHS or other public facility	35.3	22.7	16.6	19.1
Private doctor or hospital or clinic	12.5	19.3	28.2	28.8
Other	0.4	0.6	1.3	1.2
Total (N)	100% (232)	100%(331)	100%(320)	100%(344)

[31] Unfortunately the 2004 Migration Survey findings are not consistently disaggregated by income groupings, making it difficult to arrive at afirm conclusions on this point.

During the 1990s the growth of the Vietnam Health Insurance (VHI) programme which offers compulsory cover for some sections of the population and voluntary cover for others has had a big impact. It adds complexity to the interpretation of health care behaviours since having insurance diverts users away from private services including pharmacies back to the public system (Trivedi 2004:421). Whilst rising incomes increases the ability to access private facilities, having health insurance pulls people back to the public services and there is so far no evidence that health insurance has a substantial impact on total out-of-pocket expenses for health care (Trivedi 2004:421). Although the public system deteriorated dramatically in the early 1990s as a result of liberalisation, the declining state health budget and the loss of health workers to the private sector, the public health system has improved more recently as growth was sustained, and a commitment made to spend 6% of GDP on healthcare and to prioritise the rural healthcare system in the 2004 State Budget Law (Adam 2005 cited Jones et al 2007:6).

There is overall little difference between migrants and non-migrants in Hanoi in their likelihood of having insurance (around 50% in each case) but in Ho Chi Minh, migrants are more likely (41%) to have health insurance than non-migrants (32%) (see table 8) (GSO 2006b:81). Whilst male migrants are more likely that female migrants in Hanoi to be insured (53.2% as compared to 45.7%) the reverse is true in Ho Chi Minh (31.5% as compared to 47.4% of women) (ibid) [32]. This reflects the higher proportion of women employed in large industrial companies in Ho Chi Minh that provide social insurance as compared to Hanoi. Around 40% of migrants and non-migrant men and women felt that there was 'no need' for health insurance, with other problems being lack of knowledge about health insurance, where to get it and problems paying for it again fairly even across all these populations) (GSO 2006b:82-83).

Table 8: Specific Source of Payment for most recent health care by migration status and sex (Source: GSO 2006b:75)

	Female		**Male**		All migrant	All non-migrants
Hanoi	% Migrant	% Non	% Migrant	% Non		
Health insurance	41.8	33.5	59.7	34.3	47.0	33.8
Free health check	1.2	1.0	1.5	1.5	1.3	1.2
Paid oneself	71.5	79.9	77.6	76.6	73.3	78.5
Relative paid	29.7	30.4	14.9	21.9	25.4	26.9
Business/office/owner	2.4	1.0	3.0	1.5	2.6	1.2
Other	0.6	0.0	0.0	1.5	0.4	0.6
Total (N)	100% (165)	100%(194)	100%(67)	100%(137)	100%(232)	100%(331)
	Female		**Male**		All migrants	All non-migrants
Ho Chi Minh	% Migrant	% Non	% Migrant	% Non		
Health insurance	26.4	17.2	21.0	20.0	24.4	18.3
Free health check	1.0	2.0	0.8	1.4	0.9	1.7
Paid oneself	72.6	80.9	67.2	73.6	70.6	77.9
Relative paid	26.9	26.5	26.9	21.4	26.9	24.4
From business/office/owner	3.0	0.5	2.5	4.3	2.8	2.0
Other	0.5	0.5	0.8	0.0	0.6	0.3
N	100%(201)	100%(204)	100%(119)	100%(140)	100%(320)	100%(344)

Many migrants spend as little as possible in the city (table 9 below shows their mean consumption as compared to urban residents) whilst they try to save money that is often remitted home (see table 6 above, section 1.3).

[32] Note that these statistics are for all migrants and not just low-income migrants. Most low-income migrants work in the informal sector and are therefore less likely to have insurance.

Table 9: Mean consumption[33] of migrants and non-migrants in Hanoi and Ho Chi Minh (GSO 2005)

Mean consumption per person per month (p.24-25)	Hanoi		HCM	
	% Migrants	% Non-migrants	% Migrants	% Non-migrants
Less than 700,000 dong	30.9	7.9	50.4	24.5
700,000 dong or more	69.2	92.1	49.7	75.5

Despite reforms, their registration status may raise further subtle challenges to claiming their social entitlements in the city (discussed below). For this and other reasons, most migrants source maternal health interventions, children's education and children's health interventions predominantly in their rural place of origin. Evidence from the 2004 Migration Survey on the use of remittances confirms their importance in securing everyday rural consumption, health, education, expenses for funerals and weddings, and investment in housing (see table 10 below). Comparing these patterns, health expenditures and expenditures on funerals and weddings are relatively greater in the use of remittances from Hanoi whilst productive investments and investments in education are somewhat greater from remittances from Ho Chi Minh. There is very little variation by sex, except with respect to women migrants in Ho Chi Minh's greater investment in education and savings, seemingly qualifying the strength of the received wisdom that women are more likely to invest remittances in consumptions and social investment[34]. Interestingly, only 26.9% of Hanoi migrants felt that the health of their family members was better after their migration as did 23.1% of Ho Chi Minh migrants and older migrants were more likely to feel that their migration had benefited the health of family members than younger migrants (GSO 2006:b:22).

Table 10: Percentage of remitting migrants using remittances for specific purposes (GSO 2005:76-77)

	Hanoi		HCM	
	% Men	% Women	% Men	% Women
Everyday consumption	63.2	62.6	71.9	66.8
Health	50.2	56.4	25.1	22.5
Education	16.9	16.8	20.0	28.0
Funerals and weddings	28.4	26.8	13.2	13.5
Housing	2.7	1.4	8.9	6.5
Productive Investments	7.3	3.4	17.0	15.4
Saving/lending//buying valuables	8.0	8.1	8.6	14.8
Paying a debt	3.1	3.6	6.8	7.0

Throughout Vietnam high user fees have constrained the access of poor children and poor families to health treatment and despite the absence of tuition fees, financial barriers remain very significant for families trying to educate their children (in the form of maintenance charges, uniform costs, transport costs, costs of learning materials). Although the Hunger Eradication Programme (HEPR) of 1998 includes some provision for free health cards for poor families and exemption from educational related costs, the supply of these subsidised credits is bureaucratically determined, rather than being based on needs, and have in many cases been diverted to better-off people. The Young Lives Report also notes that "as the HEPR is a national programme, only those people who are poor and who have legal registration status are eligible to access to programme, thereby excluding poor migrant families and their children (Save the Children UK, 2002)" (Young Lives Country Report 2003:8).

[33] Excludes remittances to rural areas.

[34] However, the report on Migration and Health (GSO 2006:b: 21) gives different and much lower figures stating that 33.3% of migrants to Hanoi send money back for health purposes as compared to only 14.6% of HCM migrants, but confirms that there is no difference depending on sex of the migrant. It is perhaps possible that the statistics here relate to the proportion of migrants remittances used for health purposes rather than the proportion of migrants listing health as amongst the uses that their remittances are put to.

3.1 Entitlements to Maternal Health

There is no disaggregated evidence of migrants' access to maternal health care but it is possible to outline the situations in rural and urban Vietnam. This provides a picture of the broader context in which migrants make choices about and experience maternal health care although it falls short of capturing their individual experiences. It is also possible to more specifically highlight the situation in the Red River Delta, from which most migrants to Hanoi originate (70%), and the Mekong River Delta, which is the most important (28%) of several sending areas[35] for Ho Chi Minh. Although the delivery of maternal health care is generally considered good in Vietnam, there are severe inequalities between different populations. There are large rural-urban differences, regional differences and differences across socio-economic groups in access to antenatal care, in delivery care and post-partum care.

Whilst use of antenatal care has increased its intensity of use is varied, the Young Lives Country Report asserts that "from an inadequate base to start with, antenatal care is becoming even more inequitable in terms of both quality and quantity." (2003:6). Wagstaff and Nguyen show that over the 1990s (between 1993 and 1998) the mothers of the poorest 60% of Vietnamese children "slipped backwards" and were less educated than their predecessor's mothers, and less likely to be delivered by trained birth attendants and in medical facilities (2004:343). In 1993 mothers in the bottom quartile of the population in Vietnam had an average of 5.8 years of schooling, 62.7% of their births were attended by trained medical person and 43.1% took place in a medical facility. By 1998, mothers in the bottom quartile had on average 5.4 years of schooling, only 57.3% had their delivery attended by a trained person and 33.3% gave birth in a medical facility (Wagstaff and Nguyen 2004:343). However, the 2002 Vietnam Demographic and Health Survey (VDHS) offers a contrasting picture of improving health care over time in which inequalities, whilst they exist, are claimed to be narrowing over the period from the late 1990s to the early 2000s. The VHDS does not however disaggregate by wealth differences, restricting itself to rural-urban, regional and educational comparisons, so it is not possible to trace what has happened different income groups over the late 1990s and early 2000s. Nevertheless, the VDHS 2002 in comparison with the VDHS 1997 shows that the uptake of antenatal care has increased dramatically from 71% for 1995-7 to 86% for 2000-2 (CPFC 2003:85): 46% of pregnant women now receive antenatal care from a doctor (as compared to just 25% earlier) and 40% (as compared to 46%) receive antenatal care from a nurse or midwife, and the proportion receiving no antenatal care has declined from 28% to 13% (ibid).

There are however substantial rural-urban differences (see table 11) with urban women more likely to receive antenatal care from trained medical staff than rural women (96% versus 84%) and are more likely to get that care from a doctor as opposed to a nurse or a midwife. There are also large regional differences with antenatal coverage highest in the Red River Delta (at 98%) and lowest in the Central Highlands and Northern Uplands (where a quarter of women had no antenatal care). 83.4% of pregnant women in the Mekong Delta received antenatal care, broadly comparable with the situation in the Central coastal region and slightly lower than in the Southeast or North Central region (CPFC 2003:86). Education differences are also marked with 48% of those with no education getting no antenatal care as compared to 10% of those who have completed primary school and 4% of those who have completed lower secondary school (CPFC 2003:86). In Vietnam as a whole, younger women and women having a first birth are more likely to seek antenatal care than older or higher parity women.

[35] The other significant areas being the Red River Delta, the Central Northern Region, the Southeast and the Central Coast (see section 1.1 above).

The median number of antenatal consultations for those who did have antenatal was 2.5 visits (CPFC 2003:87). The VHDS notes that this is far below the recommended 12 or 13 visits, although this recommendation seems excessive and the WHO recommends that for 'normal' pregnancies that 4 ANC visits is optimum (Abou-Zahr and Wardlow 2003). Those who do not receive any antenatal care miss out on preventative measures that are important for protecting the health of mother and child (CPFC 2003:88). Coverage for tetanus toxoid injections closely mirror that for antenatal coverage, with 17% of rural mothers and only 6% of urban mothers missing out (ibid). A surprising fifth of mothers in the Mekong Delta did not receive any TT injections, nearly as many as in the Central Highlands (23%) and the Northern Uplands (27%) (ibid).

Table 11 Rural-Urban and Regional Inequalities in Maternal Health Care (CPFC 2003:86, 88, 89, 91)

	Urban	Rural	Red River Delta	Mekong Delta
Antenatal Care				
Doctor	85.2%	38.3%	47.0%	51.2%
Nurse or Midwife	10.8%	46.1%	50.7%	32.2%
TBA	0.9%	0.2%	0.0%	1.4%
No-one	3.1%	15.3%	2.3%	15.2%
TT injections[36]				
None	6.4%	16.7%	2.9%	20.0%
One	10.9%	15.0%	16.0%	12.2%
Two or More	81.6%	68.1%	81.1%	67.1%
Place of Delivery				
Health facility	99.2%	74.1%	98.7%	92.4%
At home	0.7%	25.6%	1.3%	6.8%
Assistance at delivery				
Doctor	92.3%	40.8%	62.8%	53.5%
Nurse or midwife	6.7%	41.4%	37.2%	36.4%
TBA	0.5%	6.3%	0.0%	9.6%
Relative or other	0.5%	11.4%	0.0%	0.4%

In terms of delivery, 79% of births nationally take place in a health facility, an increase from 62% recorded in 1997. Table 11 shows that there are large rural-urban differences, although these have narrowed since 1997 (CPFC 2003:90) and large regional differences with the Red River Delta and the Mekong Delta, along with the Southeast region showing over 90% of births taking place in health facilities. This drops to under 75% in Central Coast, North Central, to only 63% in the Central Highlands and to 44% in the Northern Uplands. These differences are also found in assistance at delivery with more women attended by a doctor in the Southeast (69%) and the Red River Delta (63%) than in the Mekong Delta or Central Highlands (both 54%). Less than half of women are attended at delivery by a doctor in the Central Coast (49%), North Central (39%) and less than a third are in the Northern Uplands (at a mere 28%) (CPFC 2003:91). The national surgical delivery (Caesarean) rate[37] is 8.3% (MoH 2003:16) but peaks in urban areas at 22.9% and is also higher in the Red River Delta (17%) and the Southeast (14%), falling to just over 9% in the Mekong Delta and Central Coast (CPFC 2003:92). Around 10% of births are reported by mothers as being very small or smaller than average and nearly 6% of rural birth weights are under 2.5 kgs as compared to nearly 4% of urban births. Lower birth weights are generally associated with young and old maternal age at birth and regionally appear more prevalent in the Central Highlands and the Northern Uplands (CPFC 2003:92).

Overall 80-85% of women in Vietnam like within 5 kms of a facilty offering antenatal and delivery care. Although there are differences between urban areas, where almost all women live

[36] Two tetanus toxoid injections are recommended for full protection but if a woman has been vaccinated in a previous pregnancy then she may require only one dose for the current pregnancy (CPFC 2003:87).
[37] This should ideally be around 5% nationally.

within 5kms, and rural areas where 20% of women live more than 5kms away from such facilities, physical proximity is not considered to be a major problem in Vietnam (CPFC 2003:119-120).

Reliable data on maternal mortality, particularly over time, are hard to find. The most recent survey though has estimated that maternal mortality is around 165 per 100,000 live births (with variation of 124 – 206) (MoH 2003:17). This research presents no specific findings for Hanoi or Ho Chi Minh but does show big differentials between the mountainous regions (at 269/100,000 live births in 2001) and the delta regions (at 81/100,000 live births in 2001). In national terms, both the delta regions have relatively low maternal mortality for Vietnam, but table 12 below shows that the Red River Delta has comparatively lower maternal mortality than the Mekong Delta.

Table 12: Maternal Mortality in Kien Giang (Mekong River Delta) and Ha Tay (Red River Delta) (MoH 2003:17)

2001	Kien Giang	Ha Tay
Maternal mortality ratio	143/100,000 live births	46/100,000 live births
Maternal mortality rate	5.8/100,000 women 15-49 years	3.5/100,000 women 15-49 years
Lifetime risk of maternal mortality	1 in 332	1 in 1086

In 2002, the Ministry of Health reported that 73% of women nationally received post-partum care and perinatal mortality was estimated at 22.2% for Vietnam in 2001. An Giang (representative of the Mekong delta) had an unexpectedly high perinatal rate of 22.1% as compared to Thai Binh (representative of the Red River delta) with 17.7% (MoH 2003:18). Indirect causes of maternal deaths are a disproportionate contributor to mortality in the Mekong Delta and Eastern South and maternal health policy has signalled the need to target malaria, anaemia, malnutrition and other infections in this region (MoH 2003:30). Whilst the indicators for the Red River Delta are comparatively good, problems include an increasingly heavy load of reproductive health care due to high population density, a problematically high abortion rate, need to address abortion complications, and growing problems with STDs including HIV/AIDS (MoH 2003:30). The MoH notes that despite the fact that urban and city areas in Vietnam boast the best indicators, that they experience "particular problems for mother and infant health": namely, high abortion rates, high and growing rate of infections from abortions amongst adolescents, mother-to-child transmission of HIV and high Caesarean section rate without right indications (MoH 2003:30).

Differentials between maternal health care status in urban areas and Red River Delta is less than between urban areas and the Mekong Delta, the Southeast, the Central coast and Central North and greatest for those coming from the Central Highlands and the Northern Uplands. This suggests that the maternal health 'gap' between urban and rural places of residence is likely to be greater for the majority of migrants to Ho Chi Minh, 28% of whom come from the nearby Mekong Delta and a further 39% from other non-mountainous provinces, than for the majority of migrants to Hanoi (70% of whom tend to come from the nearby Red River Delta). Whilst the 18% of migrants to Ho Chi Minh who come from the Red River Delta will also share this lower maternal health 'gap', their maternal health care choices may be different from Hanoi migrants due to the much greater distance involved.

Migrant choices about maternal health care are also powerfully influenced by perceptions of cost, quality, inter-personal relations with providers, as well as by concerns about cultural expectations that childbirth should occur in the mother-in-laws home and considerations about the availability of relatives to support and guide the new mother. There is little information available about the latter factors, but some information on relative costs, perceived quality and inter-personal relations with staff. Every rural commune has a health centre or clinic where you can get a basic examination for free (Nguyen Thi Ngan Hoa, pc 2008) and where you will end up paying around

3,000 – 5,000 VND for each ANC visit for medicines (Nguyen Thi Thanh Tam , pc 2008a) and then around 100,000- 200,000 VND for delivery and 'out-of-pocket' expenses (ibid). This confirms the findings reported by the MoH (2003:19) that more than half of maternal health clients do not pay for pre-natal consultations but that 80% had to pay for delivery and that for about 60% of these clients delivery cost in excess of 100,000 VND. The availability of quality care though is problematic, with the MoH reporting that while 63% of district hospitals could provide comprehensive obstetric services only 14.3% of health facilities at district and provincial levels were capable of providing emergency obstetric services (EOC) (2003:20).

Urban communes all have a Commune Health Station (CHS) that is also equipped for delivery but which cannot offer EOC. All pregnant women can get a 'free' check[38] at the CHS if they are registered as temporarily resident and they will subsequently get followed up. However, if they are not registered they will need to pay a fee for this check and will not get followed-up (Tran Hung Minh, pc 2008). However, in practice few women in urban areas choose to have their babies at the CHS, preferring instead to go to the district hospital. Maternal health care (MHC) costs a little more at this level but the quality of doctors is better and there is usually a special clinic for mothers and women providing tests, checks and antenatal care. The government also still subsidises basic MHC in urban areas but there are additional user fees which both migrants and non-migrants have to pay (Tran Hung Minh, pc 2008). At the public hospitals there is a standard fee for normal service and normal delivery (up to 1 million VND) but for superior service or for more complex deliveries where additional treatment is needed, then you pay more (up to 2 million VND) (ibid). A Caesarean section costs around 100 US$ currently (ibid).

The way in which these urban services are accessed have different cost implications to which registration status is pertinent. Permanent residents who are not government workers can be referred from their CHS to the district hospital, where EOC is provided, for ANC and delivery. If you need a refund from your health insurance (see below) then you must go through this route. Migrants can also access CHS if they have temporary registration in that commune. In practice CHS are not well equipped: they have little space, no bed for doing check-ups and limited capacity and as a result many urban residents prefer to go direct to the public hospital. CHS tend to focus on national health campaigns and compete with one another over limited clients and as such migrants are welcomed for ANC and for immunisation (Tran Hung Minh, pc 2008). Although where the CHS is far from a public hospital, people are poor and the staff active, then the CHS may be better utilised. Tran Hung Minh notes the large variations in the performance and activity levels of CHS and says that "empty CHS make space for migrants to jump in" (pc 2008). District hospitals, which all provide EOC, offer two levels of fees, one for those who are referred from their CHS and one for those who pay privately and go direct to the hospital without being referred.

Whilst public hospitals are preferred and are most people's first port of call, private health facilities have been growing in number, especially in the south. Large private hospitals are very expensive and beyond the reach of even professionals, but smaller private hospitals and clinics are accessible and although their costs are higher than the public hospitals, they are believed to offer a faster service that is qualitatively better, particularly with respect to staff behaviour (Tran Hung Minh, pc 2008). Since 2008 everyone can insure their health for 300,000 – 500,000 VND a year, depending on the percentage of costs you want to cover, with further reductions if the whole family buys health insurance. If you have health insurance, then you may be able to claim up to 80% of your costs back. Women employees working in the formal sector hold health insurance

[38] Whilst there will be no service fee, there will still be fees for some medicines, unless they are covered under national health campaigns.

and some employers provide husbands with insurance for their family members in the formal sector. Low-income women migrants who are working in the informal sector are however unlikely to have insurance (Nguyen Thi Ngan Hoa, pc 2008). In the past, public insurance was only available for workers and government employees, but now it is open to all who which to contribute. Although within the reach of the middle classes the level of contributions required are problematic for the poor, payments being around 200,000 – 400,000 VND a month and with varying percentages of medicine costs left uncovered. Many rural people don't see the benefit of health insurance and few female migrants buy it, preferring instead to save money (ibid). In addition, very poor families can get a certificate from the local authorities that will entitle them to free care 'through the system' (in other words they need referral from the CHC level to the hospital, except in the case of emergency). Those who do not have a certificate or insurance but who face an emergency situation just go to the hospital where they must receive treatment by law. Afterwards they must pay for this treatment if they can, but hospital managers can make a discretionary decision to exempt them and many big hospitals keep funds especially to help in these cases, whilst others may ask for support from charitable organisations who may make an appeal on their behalf (Tran Hung Minh, pc 2008).

In general then, medicines are cheaper and examinations mainly free in rural areas, whilst in the city both must be paid for, cost relatively more, and where more sophisticated tests and interventions may be prescribed. Therefore many low income migrants go home to prepare for birth where they also have parents and relatives to help them and the cost of delivery is lower. However this depends on location and if it is too far to travel they may stay in the city and select the district hospital as the place to give birth (Tran Hung Minh, pc 2008). Whilst families may set aside some money for the birth, depending on whether it is a first or a second child, most expect a normal delivery and the costs associated with complications can be crippling (ibid).

3.2 Entitlements to Child Health

The infant mortality rate (IMR) appears to have declined dramatically across the 1990s (from 36 to 30 to 18 deaths per thousand live births from 1998-2 to 1993-8 to 1998-2002[39]) (CPFC 2003:78) but the Young Lives Project asserts that the gap between poor and non-poor has widened over this period. The poor IMR only improved from 39.4 to 33.6 deaths per 1,000 live births whilst the non-poor IMR improved from 34.4 to 24.5 per thousand (ADB 2001:23 cited Tran Tuan et al 2003:5). This finding is confirmed by Wagstaff and Nguyen (2004) who find for the 1990s that new gaps have emerged in child survival prospects between poor and less poor children. They say "under the recent years of *Doi Moi*, reductions in child mortality have not been spread evenly, being heavily concentrated among the better-off. Poorer Vietnamese children do not appear to have seen any appreciable improvement in their survival prospects"(ibid:323).

Certainly there remain substantial differences between rural and urban populations and between regions[40] (see table 13). In contrast to the data on maternal health, infant health status in the Red River Delta and the Mekong Delta seem more closely comparable and falls behind the Southeast and Central Coast. Infant mortality is not higher for girls than for boys but children born to younger mothers (under 20 years) have notably higher mortality (under 5 mortality rate of 48/1,000 live births) as do higher order births (4-6) (at 21 deaths/1,000 live births) (CPFC

[39] Although the data appear to be good and have been tested for likely errors, some caution is warranted regarding these figures as the sampling errors are potentially large for such low mortality figures (around 9 to 27) (CPFC 2003:79). A second reason for caution is the absence of evidence of success in child survival programmes over this period that might explain such a dramatic decline (CPFC 2003:78).

[40] Some caution is required over the regional rates due to the high level of sampling errors (CPFC 2003:79)

2003:81). Children born after a birth interval of less than two years also suffer much higher mortality (51 deaths/1,000 live births) (CPFC 2003:82).

Table 13: Infant and Child mortality[41](CPFC 2003:80)

	Neonatal mortality rate	Postneonatal mortality rate	Infant mortality rate	Child mortality rate	Under 5 mortality rate
Urban	9.0	3.1	12.1	4.1	16.2
Rural	18.9	8.1	26.9	8.9	35.6
Region					
Red River Delta	15.9	4.7	20.5	5.9	26.3
Mekong Delta	16.0	6.3	22.3	8.8	30.9
Central Coast	6.1	7.1	13.1	2.8	15.9
South East	9.2	2.1	11.3	11.6	22.8
North Central	17.8	13.1	30.9	5.5	36.3
Central Highlands	15.3	7.3	22.7	18.6	40.9
Northern Uplands	31.6	9.2	40.9	11.4	51.8
Education					
None	53.0	5.6	58.6	8.1	66.2
Some primary	14.7	9.9	24.5	11.5	35.7
Completed primary	8.9	9.1	17.9	8.9	26.7
Completed lower secondary	19.8	7.1	26.9	6.5	33.3
Completed upper secondary	10.8	2.4	13.2	5.9	19.0
Total	17.5	7.4	24.8	8.2	32.9

Child health status also reflects these inequalities (see table 14). Knowledge of diarrhoea care is quite widespread although again unequal with 83% of urban mothers knowing about ORS and 92% knowing that children should drink more as compared to 67% and 72% of rural mothers respectively (CPFC 2003:99). Whilst urban children live close to health facilities (the median being less than one km), rural children live a median distance of 1.9 kms from a facility providing immunisation, 2.1 kms from one providing ORS and 2.3 from one being able to treat a cough (CPFC 2003:120). As with proximity to maternal health facilities, proximity to child health facilities is not a major problem in Vietnam (ibid).

[41] The neo-natal rate is the probability of dying in the first month of life, the post-neo-natal rate is the difference between the first month and first birthday, the infant mortality rate, the infant mortality rate is the probability of dying before first birthday, the child mortality rate is the probability of dying between first birthday and fifth birthday, the under-5 mortality rate is the probability of dying before fifth birthday.

Table 14: Childhood Illness by Region

% children under 3 years with symptoms in 2 weeks preceding the survey	% with fever	% with symptoms for ARI[42]	% with diarrhoea	% mothers know about ORS	% mothers know child should drink more with diarrhoea
Urban	19.8	14.0	3.5	83.4	91.7
Rural	28.1	20.7	13.0	67.1	72.3
Regions					
Red River Delta	25.4	17.8	7.8	82.5	90.2
Mekong Delta	24.2	16.1	8.4	73.4	70.1
Central Coast	27.4	21.8	18.6	66.9	85.5
South East	23.9	13.4	5.2	65.8	85.8
North Central	19.4	16.7	8.9	74.8	57.6
Central Highlands	49.3	21.0	15.3	45.3	74.8
Northern Uplands	29.9	27.7	16.2	60.5	63.8
Total	26.6	19.5	11.3	70.1	75.8

Breastfeeding is very common in Vietnam with 98% of children breastfed for some period of time with small differentials between sub-groups (CPFC 2003:101). The initiation and duration of breastfeeding are important for mothers' and infant's health with early initiation recommended and exclusive breastfeeding for 4-6 months. Over 80% of babies are put to the breast within one day of birth but only 30% of infants up to one month old are being exclusively breastfed and for children between 2 and 3 months this drops further to just 12% (ibid). This reflects a trend in comparison to the VDHS 1997 towards earlier supplementation of breast milk with foods as well as water (CPFC 2003:104) with 51% of infants aged 2-3 months receiving food supplements as well as breast milk (CPFC 2003:103). This phenomenon is also more marked amongst urban populations where the median duration of full breastfeeding (exclusive breastfeeding and breastfeeding supplemented only by water) is 0.8 months as compared with 2.4 months in rural areas (ibid:105). Both the Red River Delta and the Mekong River Delta approximate to the rural median at 2.1 and 2.9 months respectively whilst the South East falls much closer to the urban median at 1.3 months (CPFC 2003:105). By the time they are 6 months old, only 9% of babies are not breastfeeding at all and by 12 months old this has risen to 14%. It is only at 18 months that the proportion of babies that are not breastfeeding increases over 50% (CPFC 2003:103). By two years, nearly 90% are not breastfeeding any longer (ibid).

Early nutrition represents a fairly long standing conundrum in Vietnam. Whilst the country's HDI is relatively good in comparison with other less developed countries, its malnutrition rate is unexpected and has been the subject of investigation (Tran Tuan et al 2003:6 citing Koch and Linh 2000, Koch and Linh 2002, and Neefjes 2001). In 1993, 50% of children under 5 years were stunted (low height for age) in Vietnam (33% in urban areas and 53% in rural areas) and despite rapid economic growth and some improvements in child nutrition, there remains a very high level of child malnutrition (Glewwe et al 2004:351, 357). In 1998 this was estimated as being 34% nationally (18% in urban areas and 38% in rural areas) (Glewwe et al 2004:351)[43] . Glewwe et al's calculations using the Vietnam Living Standards Survey (VLSS) data show that malnutrition is worst and similar in the poorest two quintiles but improves steadily across the upper three quintiles and that the 1990s saw improvements in malnutrition rates in all quintiles (2004:359). Their analysis suggests that whilst economic growth may have contributed to reductions in child

[42] Acute respiratory infection (ARI) is a leading cause of child mortality and its key symptoms are cough and rapid breathing (CPFC 2003:96).
[43] These authors use the VLSS from 1993 and 1998.

malnutrition that this contribution was small and that other factors are at play that are not yet fully understood but which they speculate may include parental knowledge about child health, sanitation, diarrhoea treatment, and proximity of health services (ibid:387-8). Inadequate dietary intake and/or illness contribute to short-term and long-term malnutrition and for very young children (in the first few years of life) the most important factor is the incidence of diarrhoea (Glewwe et al 2004:353).

Malnutrition is more prevalent in rural areas than urban areas (25% of rural one year olds are underweight and 18% stunted as compared to 12% and 6% respectively of urban one year olds) (Tran Tuan et al 2003:22). For 8 year olds, 31% of rural children were underweight and 30% were stunted as compared to 18% underweight and 18% stunted in urban areas (Young Lives Country Report 2003:38). The continuing high rates of malnutrition are attributed to "inadequate household livelihoods (household income and food security), caretaker behaviour and education (breastfeeding and weaning practices, balanced diets, etc) and inadequate household water supply and sanitation appear to be underlying reasons for high malnutrition rates" (Tran Tuan et al 2003:6). Wagstaff and Nguyen refer to the need to reverse the "poor's backward moves along the survival demand curve (especially in relation to women's education and birth-related health services)" to improve child health among the poor (2004:342).

Immunisation of children is high in Vietnam, and the VDHS 2002 found that 66.7% of children who were 12-23 months old at the time of the survey had received all their appropriate vaccinations (CPFC 2003:94). Although only 40% of their mothers could produce health cards showing these vaccinations, this is a big improvement on the 13% who could do so in 1997 (CPFC 2003:93). There are big differences across rural and urban areas and between regions: 87% of urban mothers reported that their children were fully vaccinated as compared to 62% of rural mothers. In the Red River Delta 88% of children were reported as fully vaccinated as compared to just 61% in the Mekong Delta, 76% in Central Coast and South East, and 56% in North Central and falling to only 45% in the Northern Uplands (CPFC 2003:95)[44]. Any child of the correct age who is presented at any health station will be vaccinated. Immunisation is a national public health campaign that operates at CHS level. Unregistered migrant children are not however on the list of children that the CHS will actively target for motivation to come and be vaccinated. However, the 2004 Migration Survey reported much higher levels of vaccination with 94% of Hanoi migrants, 96% of Hanoi residents, 91% Ho Chi Minh migrants, and 95% of Ho Chi Minh residents all able to show vaccinations cards for their children under 5 years (GSO 2006b:57).

Whilst many of the problems of provision affecting MHC are also pertinent for child health, children under 6 years benefit nationally from free treatment at public hospitals but must be referred for treatment from the CHS of the commune in which they live. Whilst no registration documents need to be shown this means that unregistered migrants have to go through their rural home commune for referral to district hospitals (Nguyen Thi Ngan Hoa, pc 2008; Nguyen Thi Thanh Tam, pc 2008a). This represents a major concern for the health rights of migrants. Furthermore, a birth certificate must be produced, creating difficulties for those who have problems with their paperwork. In order for children to attend school (at 6 years) you must purchase insurance which covers amongst other things their health (see below) unless you have managed to qualify as a poor family for a 'health card'.

Health provision has diversified since *doi moi* and public health care involves long waits and widely perceived problems of quality of care, particularly with respect to inter-personal relations

[44] All figures for children aged 12-23 months at time of survey only.

a factor that heavily influences user behaviour. Users also typically resent having to pay a series of 'extra' fees ('out-of-pocket' expenses) to receive care from each doctor and nurse. In addition there is discrimination within the public health care system on the basis of health insurance since health providers get bigger fees for treatment from health insurance schemes than they do from individual fee payers without insurance cover. Private health care is generally preferred because it is seen as offering the best quality. The fees in the private sector may be higher but it offers better inter-personal relations, quicker and more polite service. There are relatively few NGO/donor providers but in some rural or remote areas these may be important. In practice it is very easy to buy drugs over the counter in Vietnam and so many people self-treat themselves and their children for more minor ailments.

3.3 Entitlements to Children's Education

In 1991 primary education was opened up to the private sector by the end of the 1990's Vietnam's goals of universal primary education were widely seen as being in jeopardy (Henaff et al 2007). The 2000's have seen new investment and policy efforts to redress the situation but despite this there remain serious problems of equity and standards in education. The National Education For All (EFA) Action Plan 2003-2015 has four key priorities of which two are Early Child Care and Education (ECCE) and Primary Education (UNESCO 2006). Both are highly relevant for low income migrants who have at least one child under 8 years old. Primary education is compulsory in Vietnam from aged 6 years and in the 2000s there has strong promotion of pre-school education for children aged 5 years as well as efforts to encourage the expansion and quality of early years education and child-care for children from 3-5 years and below 3 years respectively. The increasing budgets during the 2000's have largely been absorbed by necessary increases in teacher's salaries and whilst efforts to improve equity in education have had a major impact in remote areas and for ethnic minorities, little attention has been paid to other poor or marginalised groups within the majority Kinh population and in less remote areas.

The priority given to early childhood education is manifest in the 2002 regulation that 10% of the national education budget be spent on ECCE , in Vietnam's first National Early Childhood Development Policy (2006-2015) as well as in the 2005 Education Law (UNESCO 2006). However, achievements lag behind commitments and only 18 out of 64 cities and provinces have been able to achieve the 10% investment pledge, the growing demand for services has outstripped the supply of teachers, there are problems with the quality of teaching and private provision has burgeoned (ibid: 3,5,7). Since 1986 pre-school education is said to have become generally less accessible, but it is difficult to evidence this clearly. Nationally 41% of children aged 3 months to 6 years were enrolled in ECCE in 2003/4 (UNESCO 2006:8). In the first half of the 2000s, the average annual rate of increase of ECCE enrolment was 2.3% overall and 2.8% amongst 5 year olds enrolling for pre-school education (UNESCO 2006:8).

Although state-run kindergartens for 3-5 year olds remain the most numerous and are well established in most parts of the country, with the exception of the central and southern regions, ECCE has seen a rapid expansion of non-state provision. Privately owned and operated crèches, included home-based carers, and kindergartens, have expanded rapidly, doubling their coverage from 1994-1996 from 33% to 62.5% (UNESCO 2006:5). These are found mainly in urban and advantaged areas, are financed mostly through fees, and are required to be registered by law (ibid). In addition to the state-run kindergartens and private crèches and kindergartens, community-owned and operated crèches and kindergartens have been established mainly in rural villages (ibid). Whilst some of these receive state subsidies, the vast majority are now run purely on parental contributions and they are also required to be registered (ibid). The clear majority of care for the under 3s is now provided by non-state organisations as is just over half of

kindergarten care (see table 15). ECCE is not equally available across Vietnam with inequalities between rural and urban areas, between community, public and private sectors and with important regional inequalities. The Red River Delta has the highest enrolment of any region nationally whilst the Mekong Delta has the lowest (see table).

Table 15: ECCE Enrolment and Provision (UNESCO 2006:2,8)

	% children enrolled	% enrolled attending non-public services	% teachers operating in the private sector	% enrolled in the Red River Delta	% enrolled in the Mekong Delta
Under 3s	16%	75%	73%	36.8%	5.3%
3-4 year olds	62.6%	55.2%*	60%	82.5%	49.5%
5 year olds	92%				

*3-5 year olds combined.

In the urban areas, public and private kindergartens are available from around 6 months for some children. Before 1986, pre-school education required a nominal fee but since full fees have been payable. Many migrants according to Huynh Thi Ngoc Tuyet (pc 2008) can not afford urban pre-schools: there is now very little public provision of pre-school education and private fees are relatively high. Kindergartens in Hanoi cost around 300,000-400,000 VND for fees with an extra 200,000-300,000 VND for food charges (Nguyen Thi Thanh Tam, pc 2008a). Private kindergarten's are cheaper but their conditions are very poor (in HCMC a private kindergarten is around 400,000- 500,000 VND a month and in Hanoi around 600,000 VND a month) (Nguyen Thi Thanh Tam, pc 2008a). Home-based carers are another option but there is a wide range of quality on offer, with the better home-based carers charging over 1M VND a month (ibid). Whilst private home-based care is generally cheaper in Ho Chi Minh than Hanoi[45], this depends on the category of care and in Hanoi home-based care is in very short supply and hard to find.

Alongside a very severe undersupply of public pre-school places in urban areas, there are also problems of standards and beating in private pre-schools that were dramatically exposed in the media in 2007 and Save the Children Fund (SCF) have subsequently set up a small action research project trying to increase the standard of pre-schooling in Binh Chang district to meet the standards set by Ho Chi Minh (Huynh Thi Ngoc Tuyet, pc 2008). Home-based care is also available privately in Ho Chi Minh and more migrants use this. However, carers have no training, no skills and are unregistered, beyond the control of the government. Home-based care is not cheaper but it is easier to access and generally available closer to their accommodation.

Pre-school options in rural areas are largely confined to community-owned and operated crèches and kindergartens and state run kindergartens. Since 2005 the government claims that every commune nationally is running 'commune classes' providing ECCE (UNESCO 2006:8). However, nationally 24% of teachers are under-trained or untrained and most of these are to be found in rural areas (UNESCO 2006:7).

In the 1990s school enrolment dropped and drop-outs increased as the education budget shrank and the quality of education declined but more recently increasing public[46] as well as private investment in education has improved the situation (Jones et al 2007:5). School drop out rates have declined from 27.7% to 12.4% between 1993-2002 (Vo and Trinh 2004 cited Jones et al 2007:5). At the same time, net enrolment to primary schools has increased from 87% to 91%

[45] Although the cost of living is generally higher in Hanoi than in Ho Chi Minh.
[46] The budget for education rose from 15% of the state budget to 19.3% between 2000 and 2007 (Clarke 2006:4 cited Henaff et al 2007:5).

between 1993 and 2002 (VHLLS 2002 cited Tran Thu Ha et al. 2005). In 2003/4, 93.4% of 6 year olds were enrolled in primary school (UNESCO 2006:3) and the net enrolment rate for primary education was reported as 98% (Henaff et al 2007). The Young Lives Project found that 99% of children aged 8 attended school (Young Lives Country Report 2003:39). However, the standard school day and school year in Vietnam is relatively short by international standards[47] and there are problems with teaching quality too (Tran Thu Ha et al. 2005). As a result, most primary students get little over half the international norm of annual teaching time (WB and ADB 2002 cited Tran Thu Ha et al 2005:2). The Young Lives Country Report emphasises that "[t]he fact that under half of the 'poorest' children were able to write to the level expected for their age matches with a recent study that emphasises that although enrolment rates are high, the quality of primary education needs attention, particularly in poor areas (World Bank & ADB, 2002)." (Tran Thu Ha et al 2005:43).

Although all communes now have at least one primary school, regional disparities are clearly evident in children's entitlements to education (see table 16). The best regional primary enrolment rates are found in the Red River Delta and the Mekong Delta has the second lowest regional rates for Vietnam. At secondary level this pattern is stronger and the disparities greater with the Red River Delta again holding the highest regional net enrolment rates for lower secondary school at around 90% and with the Mekong Delta holding the lowest at less than 60% (Tran Thu Ha et al 2005:3-4). Interestingly the Young Lives Project found that 17% of rural 8 year olds and 6% of urban ones had already worked for money or goods, with almost all reporting that they liked to work (even though their earnings were used to increase family income) and most saying that it did not interrupt their school work[48] (Tran Tuan et al 2003:40).

Table 16: Regional Differences in Children's Education (Tran Thu Ha et al 2005:3)

	Net Primary Enrolment Rate 2000
Urban	97.4%
Rural	92.7%
Red River Delta	98.8%
North Central Coast	97.0%
Southeast	96.4%
South Central Coast	96.0%
Central Highlands	92.3%
North East	90.4%
Mekong Delta	87.8%
North West	79.6%

In terms of income inequalities, poverty remains a major obstacle to universal primary and lower secondary education. It is only at secondary level that differences in enrolment between the poor and the non-poor are significant and large: the VLSS 1997-8 reported that only 47% of children from the lowest income quintile were enrolled for lower secondary school, as compared to over 90% of top two quintiles (Tran Thu Ha et al 2005:5). Moreover, the achievement of poorer pupils in primary school is notably lower than that of pupils from better off quintiles (see above). Mobilisation in favour of education is consistently strong at all levels in Vietnam and includes commune level surveillance of drop outs and potential drop-outs and encouragement to return to either formal education or 'universalisation classes'. Universalisation classes are held in the evenings and are entirely free, including free learning materials, and have the same teachers and learning goals as regular classes (Henaff et al 2007). However, the 'safety net' that is in theory

[47] The school year is only 33 weeks and only 20% of Vietnamese children receive a full day of schooling (5 or 6 hours).
[48] Only 5% reported missing school because of work (ibid).

offered by universalisation classes is problematic for several reasons: it does not address the fundamental reasons that children drop out of school, namely low academic achievement and poverty (Henaff et al 2007:9). Despite the absence of fees at primary level and attempts to reduce additional fees, the cost of schooling remains high for poor and large families (Henaff et al 2007:9). Although the numbers of children at school covered by exemptions from fees and contributions is growing, the poor feel they get no help to keep their children in school and universalisation classes[49] can not effectively substitute for regular school attendance. Children get shorter hours, at the end of their working day, and have no time and poor conditions for studying at home, meaning that their chances of progressing to higher levels of education are almost non-existent (Henaff et al 2007:9). Whilst the gender parity index is comparatively high in Vietnam, there has been little improvement over the past decade (0.94 at primary level and 0.91 at lower secondary level in 2000/1 and 0.93 at primary and 0.94 at lower secondary in 20004/5) (Henaff et al 2007: 10, 21). Henaff et al note that "among disadvantaged children, the gap between boys and girls in terms of educational achievement is very high" (2007:16).

There are no specific provisions in the public preliminary education system in Vietnam for migrant children, but many researchers have highlighted the undersupply of preliminary schools[50] in Ho Chi Minh and Hanoi and noted that this is particularly acute in the suburbs, where many of the migrants live (Nguyen Thi Ngan Hoa, pc 2008). Since 1986 educational provision has expanded into the private sector. Whilst public elementary provision remains subsidised under *doi moi*, with the aim of providing education for all, the absence of tuition fees does not mean that elementary schooling is free. Cost recovery from 1992 (Tran Thu Ha et al 2005:2-3) means that public schools charge a range of non-tuition fees, such as entry fees, building fees, maintenance charges, and so on, but despite this public school fees remain lower than their private equivalents. Nevertheless "recent reports reveal that poor people have become marginalised due to their inability to pay user fees. The right to education of many poor children has been denied because their parents are unable to afford to send them to school (Neefjes 2002; Tuan et al 2003)" (Tran Thu Ha et al 2005:3).

Low income migrants are amongst those groups that struggle with paying fees. Those with permanent household registration (KT1 and KT2) in the designated catchment area[51] are guaranteed a public elementary school place, however public elementary schools are not obligated to provide places to children from households with only KT3 or KT4 registration[52] in the designated catchment area if they are already full. There is substantial pressure on public elementary school places despite the proliferation of private education. This is largely because the quality of public education is perceived as better and there is an overall undersupply of preliminary education. This pressure is worse in some schools than others, in part because of simply numerical imbalance between supply and demand, but also because certain very good schools are desired by urban residents even if they fall outside of their designated area. As such, urban residents are willing to pay higher fees for their children to attend these schools.

[49] There are no general statistics on attendance at universalisation classes but in Khanh Hoa province 3% of primary pupils are enrolled in these classes as are 6.4% of secondary pupils (Henaff et al 2007:9).
[50] Preliminary education serves 6 – 10 year olds and some attend pre-school for 1.5 to 2 years (ie. 4 - 5 years). The school year runs September to May. Pre-1986 all pre-schooling was provided by the local authorities for a very small fee but now people have to make a larger contribution even though it remains subsidised by the local authority in specific ways (for instance through the provision of land).
[51] Designated by the local authorities.
[52] The registration status of the child follows that of the mother or the father and this is unchanged since 1986 (Nguyen Thi Ngan Hoa, pc 2008).

So whilst there is no official policy of student selection, in practice the need to ration places can be used by schools to discriminate between pupils and this is reflected in variable fees[53]. For migrants with temporary registration, these school fees can represent a substantial problem as they tend to be doing low-paid informal sector work. School bosses frequently require higher fees from migrants for places than urban residents and parents accept that this is the way things work (Nguyen Thi Ngan Hoa, pc 2008). KT3 or KT4 migrants or urban residents from a different commune, must pay around 500,000 -600,000 VND for 'first entry' to public elementary school (Nguyen Thi Thanh Tam, pc 2008a). Consequently, it is very hard for migrants to enrol their children in public school both in terms of obtaining a place and paying for it (Huynh Thi Ngoc Tuyet, pc 2008). If migrants are not registered, it is difficult for their children to go to school at all in the city. In theory they could send their children to private schools, however the fees for these schools are high and beyond the reach of low income migrants. Henaff et al also note that universalisation policies have paid little attention so far to children with inadequate registration and say there is a need to promote registration at birth and lifting barriers on shifting residential registration (2007:16). There is no phenomenon of migrants setting up their own schools in urban areas, as has happened in some places in China where migrants have found themselves living in newly urbanised areas and too far from existing schools (Tran Hung Minh, pc 2008).

Whilst the government also seeks to improve the quality of primary education, including its resource utilisation and effective management, over-full public schools and the expansion of private education have led to the growth of extra classes (Tran Thu Ha et al, 2005:2-3). Over-full public elementary schools may operate two or three shifts and run supplementary classes in the evenings but their quality is often lower than the formal day-time classes and they often involve mixed age groups of children. In addition to these legal 'extra classes' many teachers register for home-based care and run private classes from there although this was ruled as illegal in 1993 (Tran Thu Ha et al, 2005). Extra classes may be used to catch up those who have fallen behind, provide some education for those excluded from formal provision and at enable bright pupils to do even better. Whilst other countries have also seen a growth in extra classes, the trend is said to be exaggerated in Vietnam, and other East Asian countries, by population policies limiting family size (encouraging parents to invest more in each child) and by a cultural emphasis on educational qualifications and success (Tran Thu Ha et al, 2005:2-3). Teachers have been accused of manipulating demand for extra classes and there is little evidence that extra classes improve student performance (ibid).

During the 1990s the returns to primary and lower secondary education fell whilst the returns to upper secondary and higher education grew, so that completing primary and subsequently secondary education is becoming increasingly important for the poor to get access to opportunities to change their living standards in the future (Nguyen Nga Nguyet , 2004:464). Although there is more pressure to take extra classes in urban areas and for wealthy parents, the Young Lives Project reports that rural parents too feel under pressure to pay for them to "please teachers and avoid problems for their children" (World Bank, 2003:64 cited Tran Thu Ha et al, 2005:6). Further, "daughters (and some sons) of working mothers often took care of their younger siblings and meal preparation after school. Although this did not lead to school dropouts, many children complained that they did not have enough time for homework and to study, which in turn was taking a toll on their educational performance and enthusiasm." (Jones et al, 2007:17).

[53] These fees for preliminary school are 'entry' fees and 'maintenance fees' and other kinds of fees not designated as basic 'tuition' fees – but may include fees for legal extra lessons, for pioneer activities - but for pre-school they include tuition fees too.

The 2004 Migration Survey found that there were large differences between migrants in Hanoi and Ho Chi Minh in terms of their children's entitlements to schooling. Whilst 2% of migrants (and non-migrants) in Hanoi had school age children living with them and not attending school, 19% of Ho Chi Minh migrants (as compared to 9% of Ho Chi Minh non-migrants) had school age children living with them and not attending school (GSO, 2005:102)[54]. The main reason for non attendance is interpreted in the 2004 Migration Survey is economic, however the survey has some significant limitations in its probing of the impact of migration on children's education[55].

3.4 Entitlements to Housing

Access to housing is a very important aspect of migrant experience in Ho Chi Minh and Hanoi but is complex. Whilst some low-income migrants with relatives, the majority of 'free' migrants live in rented rooms in guest houses or rent very simply one-room houses from landlords. These kinds of housing are usually crowded, often poorly constructed being very hot in summer and sometimes leaking when it rains, often situated off very narrow alley ways. Rented rooms are usually shared with at least 4 or 5 other migrants and guest houses offer a shared bathroom and sometimes shared cooking areas. Rented houses usually include a place for cooking in the main room and have a simple separate bathroom. Low-income migrants who come alone or who have left children behind in rural areas typically save as much money as possible to send back home and are therefore unwilling to invest more than necessary in rental in the destination area. Their priorities might include living with fellow villagers and being secure in the city. Only a small percentage of migrants use their remittances to invest in improvements to their rural homes (see table 10 above which shows that 2.7% of male and 1.4% of female migrants to Hanoi and 8.9% of male and 6.5% of female migrants to Ho Chi Minh say that their remittances are used in part for housing). For even low-income migrants who are coming with spouses and certainly for those bringing children, their priorities will be somewhat different but their options may still be very limited.

Whilst the 2004 Migration Survey provides some data on housing, it does not disaggregate by income groups (see table 17). The data shows that migrants are much more likely to live in rental accommodation than non-migrants and that this difference is much greater in Ho Chi Minh than Hanoi reflecting the city authorities hard-line on ownership by non-residents. Over 80% of all migrants to Ho Chi Minh live in rented accommodation as compared to just under 50% in Hanoi. Permanent housing seems overall much higher in Hanoi, but in which migrants are relatively disadvantaged in access although just over half did live in permanent housing. The 17% of Ho Chi Minh migrants and over 50% of Hanoi migrants who live in self-owned accommodation are most likely not low-income migrants, although the presentation of the data does not allow us to confirm this. Just over 50% of migrants in Hanoi lived in housing with a permanent structure as compared to only 12% of migrants in Ho Chi Minh: here, over 80% lived in housing which was semi-permanent. In Hanoi 20% of migrants live with people to whom they are not related, in other words in guest house or dormitory accommodation, unlike non-migrants in Hanoi none of

[54] The 2004 Survey indicated that at least 37% of migrants to Hanoi had school age children living with them as did 20% of male and 16% of female migrants to Ho Chi Minh (GSO 2005) but there are some limitations to the survey's approach to this issue which mean these figures need to be treated with some caution. However, its findings seems to contract with those given anecdotally by many of our key informants who told us that children were more likely to accompany parents to Ho Chi Minh rather than Hanoi.

[55] These include high non-response rates and lack of clarity about where the children were schooling as well as the aggregation of all sites in the regression analysis. For this reason, we only cite the disaggregated figures for Hanoi and Ho Chi Minh and for the question relating to non school attendance.

whom live in this way. In Ho Chi Minh a lower 13% of migrants live with people they are not related to in guest house or dormitory accommodation in comparison to a small 2% of non-migrants (GSO 2005:27).

Table 17: Migrant and Non-Migrant Housing in Hanoi and Ho Chi Minh (GSO 2005:22)

Housing	Hanoi		HCMC	
	% Migrants	% Non-migrants	% Migrants	% Non-migrants
Structure				
Permanent housing	52.0	78.4	11.7	28.2
Semi-permanent	31.0	17.0	81.0	70.2
Simple house	12.5	2.9	5.7	1.4
Wood frame, leaf roof	4.4	1.7	1.5	0.2
Ownership				
Self-owned	52.0	96.2	17.5	70.8
Private rental	46.5	12.0	81.6	28.9
Other	1.4	1.8	0.9	0.3

'Free' migrants usually rent night by night, with their accommodation costs rising from around 1,000 VND or 2,000 VND in 2000 to around 4,000 – 6,000 VND per night, and in some places as high as 10,000 VND per night per person in Hanoi in 2008 (Nguyen Thi Thanh Tam, pc 2008a). As many as 10 people may share a room that is 20 square metres (ibid). Some rent shared rooms by the month, paying around 600,000 – 800,000 VND a month in total and then sharing between 2 -5 people (ibid). Those who rent by the month are usually not 'free' migrants working in the informal sector but company workers or those who have found more secure and substantial incomes in the informal sector (ibid). Generally, the rent includes light, water and a narrow toilet. Others rent small rooms as a couple or a family by the month and go home each year for Tet.

Differences in terms of household amenities between migrants and non-migrants are largely related to differences in housing arrangements (see table 18). In Hanoi just over half of migrants and non-migrants have drinking water piped into their residence but a greater proportion of migrants than non-migrants without this facility have to access their water from a public well, tap or surface source as opposed to a private well or private surface source of water. In Ho Chi Minh access to piped water within the home is highly restricted and available to only 6% of non-migrants and 2% of migrants. Whilst over 80% of non-migrants in Ho Chi Minh access their drinking water from a private well or private surface source with 12% using public sources, only 76% of migrants have private sources with 21% relying on public sources. There are also inequalities in access to private or shared flush toilets but with greater differences found in Hanoi than in Ho Chi Minh between migrant and non-migrant populations: Around 30% of migrants in both cities used shared flush toilets, only 7% of non-migrants in Hanoi as compared to 19% of non-migrants in Ho Chi Minh (see table 18).

Table 18: Drinking water, Cooking Energy and Toilets in Hanoi and Ho Chi Minh (GSO 2005:22-23)

Ammenities		Hanoi		HCMC	
		% Migrants	% Non-migrants	% Migrants	% Non-migrants
Electricity		100	100	99.9	100
Main Source of Drinking Water	Drinking water piped into residence	51.4	52.2	2.3	5.8
	Drinking water from private well/surface	35.4	44.2	76.1	82.0
	Drinking water from public well/surface	7.8	2.1	19.6	9.2
	Drinking water piped to public tap	3.3	1.1	1.3	2.8
	Other source drinking water	1.8	0.4	0.6	0.3
Kinds of energy used for cooking	Cook using electricity	87.1	95.7	79.6	88.2
	Cook using gas	66.8	83.5	58.6	84.4
	Cook using kerosene	14.4	3.0	47.2	20.7
	Cook using Coal	26.8	50.8	1.2	1.9
	Cook using wood, straw or other source	12.9	10.1	3.5	2.3
Kind of toilet facility	Flush own toilet	69.2	91.3	61.1	76.1
	Flush shared toilet	28.1	6.7	32.8	18.7
	Improved pit latrine	2.0	1.4	5.4	4.9
	Traditional pit latrine	0.5	0.2	0.2	0.1
	Others	0.3	0.4	0.5	0.2

Unsurprisingly, migrants own fewer assets than non-migrants, but nevertheless far more than half in Hanoi own TV (71%), Telephone (58%), and motorcycles (69%) whereas only about half in Ho Chi Minh own a TV (53%) and a motorcycle (50%) (see table 19). Motorcycle licensing for migrants is restricted by household registration requirements and this disparity is most significant given how economically useful motorcycles are.

Table 19: Migrant and Non-Migrant Possessions (GSO 2005:23)

Possessions	Hanoi		HCMC	
	% Migrants	% Non-migrants	% Migrants	% Non-migrants
Radio	49.7	57.2	37.9	49.0
TV	71.0	98.8	52.5	86.8
Telephone	58.4	82.5	19.8	58.7
Refrigerator	46.5	79.2	12.3	47.5
Sewing Machine	7.7	13.3	11.0	26.0
Washing Machine	24.3	35.5	4.6	21.4
Motorcycle	68.8	86.8	50.2	85.6

Some regulations are designed to protect migrants, and these include the housing regulations that seek to ensure minimum standards for migrants. However renting rooms to migrants is a very good business for urban residents and these are not accepted by landlords who seek to maximise their own profit (Nguyen Thi Thanh Tam, pc 2008a). Where migrants live in rented accommodation then their landlord is supposed to register this with the local authorities and indeed landlords often 'take care' of registration for their rentees (Nguyen Thi Thanh Tam, pc 2008a). Local authorities may check who is living in rented properties and fine (landlords or migrants) where migrant rentees are unregistered. However, it is possible to live for a long time without being registered and indeed many migrants live with relatives and have no need for registration. Nguyen Thi Ngan Hoa (pc 2008) also reports that if a landlord wants to sell his property he has to get permission to do so from all those registered as living permanently (KT1 or KT2) in that property and that this therefore acts a disincentive to register residents. There is a

clear spatial distribution of 'legal' housing with more illegal housing in the suburbs in which migrants are concentrated.

A key factor for some migrants is that you need housing in order to shift to permanent urban household registration. In order to qualify for KT1 you must now meet two criteria: you must have lived for one year in the city and you must live in 'legal' accommodation (either as the owner or as a certified member of a household or as a renter). 'Legal' accommodation comprises owning a house or living in a house that has certificates to show its legality – either a pink or red certificate is needed – and shows that the owner has the right to buy and sell that land. Many KT3 migrants, and even those who are KT4 or unregistered, do surprisingly buy land or houses (in Ho Chi Minh according to Nguyen Thi Ngan Hoa (p. 2008) and in Hanoi (GSO 2005:22)), but many can only afford land or houses that do not already have certificate and therefore few can upgrade to KT1 as these are not designated as 'legal'. Moreover, in 2005 the PSA reports that the "Hanoi People's Committee regulates that only people who have Hanoi residential permanent registration are allowed to participate in housing transactions" although Decree 108/CP has allowed migrants to participate in "project land bids and later they may be allowed to purchase houses of the city" (2005:71-72).

4. Conclusions: Barriers, Opportunities and Trade-offs

In conclusion, the changing institutional context that migrants face in organising their family lives around their economic migration is complex. Doi moi has enabled migrants to take advantage of growing economic opportunities but this has been accompanied by dramatic increases in inequality and growing differentiation between rich and poor, rural and urban and men and women. Whereas early migration patterns were male dominated, women now outnumber men in migration to the large cities and married women in their peak-child-bearing years are increasingly represented in this labour force and a significant proportion of married men and women migrants are bringing school age children with them to the cities. Despite relaxation the household registration system continues to reproduce inequality between rural and urban areas and between migrants and residents in the big cities. Increasingly though economic barriers are ensuring that it remains difficult for migrants to bring their families to the cities, that they are discouraged from settling and that they can achieve parity with urban residents. Migrants enter a highly segregated labour market in which they are often disadvantaged in comparison to urban residents and where opportunities are gendered in various ways. In both cities there are many low-income opportunities for women workers in particular but even those with labour contracts face considerable insecurity and harsh working conditions. While male migrants earn more than women and remit more value than women, both male and female low-income migrants are orientated to reducing their living costs in the city so that they can remit or save money**.**

Renovation has been associated with ambiguous changes in gender relations. Women have lost some of the rights to gender equality that were enshrined under the Communist Party and more traditional ideals of women's roles within the family have resumed prominence. Similarly, there are new opportunities for conjugal intimacy between husbands and wives at the same time as there are new pressures on marriage. Despite a long history of visiting marriage, there are few generational precedents for the migration of wives. Nevertheless, it is clear that young couples are developing a much wider range of strategies to deal with family life in the context of chronic migration. The strategies of young couples around migration are influenced by gender norms and gender power relations within the family, society and the labour market and reflect tensions and trade-offs that individuals and their families make. Migration introduces strains into the couple's sexual relations with anxieties about sexual fidelity particularly of absent husbands. Migrant families have to strategies around child-bearing and child-rearing: whilst pressure for the first

child remains strong, there is some leeway to defer the second child for economic migration. Most female migrants return to the village for child-bearing and early child-rearing, but thereafter children may be left-behind or in other cases accompany parents to the city. Parenting norms prioritise mother's role in caring for infants but create more room for alternative carers during primary schooling. Whilst fathers may be absent during infancy and early schooling, they too are subject to strong expectations of playing important parenting roles particularly with respect to children's education, adolescents' discipline, son's socialisation and children's career choices.

The growing marketisation of social entitlements has generated growing gaps between the poor and the non-poor and between rural and urban settings. Low-income migrants have to bridge these gaps with their strategies for managing their conjugal and parenting roles. Urban health and education services are better quality than rural services but are increasingly privatised and cost more. At the same time, rural services remain predominantly public but there are new barriers to access in the form of user fees whilst old problems of quality persist. Notably, the 'gaps' that exist between sending areas and Hanoi and Ho Chi Minh varies dramatically, with the 'gap' between the Red River Delta and Hanoi being relatively small as compared to that between the Mekong Delta and some other provinces and Ho Chi Minh being relatively large on some indicators (such as those pertaining to children's education and maternal health). It is thought that the majority of migrants will return to their villages to deliver their children and their ANC may be relatively low and discontinuous. The remnants of the household registration system continue to mediate access to urban health and education services: the children of temporary migrants have no right of entry to schools in their commune and pay larger fees for first entry than residents. In a context of a dramatic undersupply of schools and pressure on places this creates many difficulties. These are evident in the fifth of Ho Chi Minh migrants with school age children living with them who did not send them to school. Housing conditions are extremely poor for migrants and guest house accommodation is unsuitable for family life but is very cheap enabling migrants to maximise remittances. Revealingly over 60% of migrants to Hanoi and Ho Chi Minh who sent remittances said that they were (in part at least) to deal with everyday expenditures with other major uses including health, education and funerals and weddings.

Piecemeal and anecdotal evidence shows that migrants are negotiating their barriers and opportunities in various ways and that their strategies are dynamic over time. Many of these strategies involve trade-offs to maximise the earning/saving potential of the migrant and safeguard the future of children, whilst compromising on ideals for marital and parent-child relations.

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Appendix I:
Note on Data on Ho Chi Minh and Hanoi from the 2004 Migration Survey

This survey covered around 1,000 respondents in each city. It should be noted that the survey category 'migrants' probably over-represents temporary migrants and those who have come more recently (because it defines those who have stayed over 5 years as 'non-migrant'). The category 'non-migrants' may also be biased in that it over-represents those who live in areas characterised by a high number of migrants.

Table 20: Sample Characteristics of the 2004 Migration Survey (GSO 2005:27)

Sample characteristics)		Hanoi		Ho Chi Minh	
		% Migrants	% Non-migrants	% Migrants	% Non-migrants
Male		419	438	419	431
Female		580	565	582	573
Nuclear households	Men	51.8	64.4	37.0	58.7
	Women	51.4	67.4	40.4	56.7
	Total	51.6	66.1	39.0	57.6
Extended households	Men	28.6	35.6	49.6	39.4
	Women	28.4	32.6	46.4	38.7
	Total	28.5	33.9	47.8	39.0
Non-related	Men	19.6	0.0	13.4	1.9
	Women	20.2	0.0	13.2	4.5
	Total	19.9	0.0	13.3	3.4

Migrants and non-migrants were randomly selected from lists of household members. Therefore, the numbers of men and women can be used to estimate the proportion of migrants in that place who were male and female. The data on household composition is interesting. The key differences between migrant and non-migrant households are larger numbers living in non-related households amongst the migrants in both cities. Hanoi seems generally to have slightly greater propensity towards nuclear households than Ho Chi Minh and migrants are slightly under-represented in both nuclear and extended households with no obvious differences according to sex.

Appendix 2:
Occupational Profile of Migrants and Non-Migrants in Hanoi and Ho Chi Minh

In Hanoi, around 18% of migrants and non-migrant men and women work as professionals reflecting transfer by work units to the capital city and university graduates who have stayed on to find employment(see table 21). In Ho Chi Minh only 3.5% of non-migrants men work as professionals and less than half this percentage of migrant men and non-migrant women and less than 1% of migrant women do the same (GSO 2005:83-84). In Hanoi, similar percentages of migrants and non-migrants work as plant and machine operators but relatively more migrants work in craft and related trades than non-migrants and relatively fewer migrants and than non-migrants work in elementary occupations (ibid). In Ho Chi Minh similar proportions of migrants and non-migrant men work in elementary occupations, whilst relatively more migrant than non-migrant men work in crafts and related trades and relatively fewer migrant men and than non-migrant men work as plant and machine operators (GSO 2005:83). Proportionately more women migrants to Ho Chi Minh work in crafts and related trades than non-migrants (57% as compared to 40%) and relatively fewer in elementary occupations (31% as compared to 44%) (ibid).

Table 21: Occupation of Migrants and Non-Migrants in Hanoi and Ho Chi Minh (GSO 2005:83-84)

%	Hanoi				Ho Chi Minh			
	Male		Female		Male		Female	
	migrants	non	migrants	non	migrants	non	migrants	non
Armed Forces	1.3	2.1	0.0	1.5	0.0	0.7	0.0	0.0
Administrators	2.4	2.9	0.2	0.3	0.3	1.0	0.2	0.5
Professional	18.2	17.5	17.1	17.7	1.6	3.5	0.8	1.3
Technicians and associate professionals	5.9	3.7	5.6	5.6	1.3	1.2	0.4	2.5
Clerks	3.2	2.4	6.0	7.3	2.3	3.5	4.3	3.8
Services, shop, market sales workers	5.4	6.1	7.3	6.8	2.3	3.7	0.4	2.8
Skilled agricultural and fishery workers	0.0	0.3	0.0	0.0	0.3	0.2	0.0	0.3
Craft and related trades	31.4	24.6	18.5	10.6	47.9	34.2	56.9	39.4
Plant and machine operators	13.1	11.4	9.4	6.6	7.8	15.5	5.9	6.0
Elementary occupations	19.0	29.1	35.8	43.5	36.2	36.4	30.9	43.5
Total	100(373)	100(378)	100(480)	100(395)	100(384)	100(401)	100(508)	100(398)