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Aging and Changing World Demographics

Beyond Fertility Targets: A New Path for Vietnam's Demographic Future



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EXECUTIVE SUMMARY

Vietnam has experienced significant demographic shifts in recent years, marked by delayed marriage and declining fertility rates. These trends have heightened government concerns about rapid population ageing, rising welfare pressures, and future labour shortages. Since 2020, Vietnam has responded through target-driven pronatalist policies in low-fertility regions, alongside intensified reproductive messaging that promotes earlier marriage and childbearing.

Based on an analysis of government policy documents and media coverage, this policy brief critically examines the design and implications of Vietnam's current pronatalist approach. Drawing on international experience, it shows that top-down, target-oriented fertility policies often produce coercive effects and unintended consequences, while delivering limited long-term demographic impact. In Vietnam, reliance on period-based fertility indicators, conditional incentives, and age-based messaging risks reinforcing gendered norms, marginalising diverse family forms, and shifting responsibility for demographic outcomes onto individuals - particularly women - without addressing underlying structural barriers.

The brief calls for a shift from persuasion and numerical targets toward enabling environments that support reproductive choice, gender equality, and care provision. Aligned with ICPD principles, the recommendations advance a more inclusive, rights-based, and sustainable response to demographic change.

INTRODUCTION

The world is experiencing a demographic transition with a growing number of countries reporting total fertility rate (TFR) below the replacement level of 2.1 children per woman. The number of countries adopting policies to boost fertility have increased from 19 (1986) to 55 (2019) (United Nations, 2021). 'Demographic anxieties' concerning fertility decline and population ageing, however, are strategically mobilised to legitimise the selective promotion or pressure of reproduction among specific populations, while simultaneously marginalising and penalising non-normative life choices (Zordo, Marre and Smietana, 2022; Hašková and Dudová, 2020). Experiences from multiple contexts illustrate the risks of top-down pronatalist interventions that solely prioritise numerical population targets over reproductive autonomy. For example, restrictive access to abortion and the withdrawal from state-subsidised family planning services in countries such as Iran and Turkey have led to rise of unsafe abortion practices (Asadisarvestani and Sobotka, 2023; O'Neil, Ramaswamy and Altuntas, 2024). Elsewhere, seemingly less harmful incentives - such as baby tax credit in Hungary - have benefited middle-class families while subtly excluding the often-poor Roma communities (Cook, Iarskaia-Smirnova and Kozlov, 2022). These policies raise concerns about coercive nature and unintended consequences for reinforcing patriarchal family norms and instrumentalising reproductive bodies in pursuit of national economic and demographic goals, while overlooking structural barriers to family-making and childbearing (Gietel-Basten, Rotkirch and Sobotka, 2022; Tan, 2024).

VIETNAM'S DEMOGRAPHIC TRANSITION AND PRONATALIST POLICIES

Vietnam - a Southeast Asian developing economy - is also navigating and responding to the joint 'problem' of declining fertility rate and rapid population ageing. Official data from the National Statistics Office (NSO) (2024) report a decline in TFR, from 2.12 in 2020 to 1.91 in 2024, occurring in parallel with a rising singulate mean age at first marriage. Population projections further indicate that Vietnam will transition into an aged society in 2036 (NSO, 2021).

Within this context, media narratives frequently convey alarmist messages about the perceived consequences of population ageing, including labour shortages and welfare burdens. These narratives are often accompanied by moralising discourses that place blame on younger generations, portrayed as lazy or selfish for prioritising personal aspirations over family formation and perceived civic duties.

In response to these demographic challenges, the Vietnamese government enacted Decision 588 (2020), the country's first explicitly pronatalist framework aimed at achieving the replacement-level fertility. Subsequent policy reforms have further consolidated the two-child norms, marking a policy shift away from the population control era of one-to-two-child regulations (1988–2003) (Pham et al., 2012).

In the revised Population Ordinance (2025b), the regulation limiting number of children was removed, instead, it reaffirms individuals' right to decide the timing and number of their children. However, this rights-based framing coexists uneasily with fertility campaigns that explicitly encourages marriage before 30 and having two children by 35, as stipulated in the Decision 588 and the subsequent guiding documents. National and municipal directives further task media outlets to expand coverage on the perceived consequences of fertility decline, small-size families, delayed marriage and postponed childbearing. Recently, Mr. Le Thanh Dung, Director of the Population Department, Ministry of Health (MOH), announced that the new reproduction propaganda slogan from 2026 would be "patriotism means having two children" (*yêu nước là sinh đủ hai con*) (Thien Lam, 2025).

The newly passed Population Law (2025a) which will take effect on 1 July 2026, introduces a range of explicit fertility-boosting measures. These include preferential access to social housing for individuals with two or more biological children; extended maternity leave and paternity leave[1] for those who have a second child; as well as cash incentives for women who have two children by 35. The Prime Minister (2026) set a target of increasing the TFR by an average of 2% per year, in pursuit of the replacement-level fertility rate. Yet these targets and measures - by incentivising higher order births and being exclusionary based on age and parity - prioritise targeted population outcomes rather than supporting universal needs and enabling conditions for childbearing. This brief argues that Vietnam's current policy trajectory risks reproducing the unintended consequences associated with target-driven and top-down approaches observed in other contexts, potentially hampering the nation's gender equality progress and undermining its commitment to ICPD[2] principles.

EXPLAINING RATIONALES BEHIND SELECTIVE AND EXCLUSIONARY PRONATALIST POLICIES

Reliance on a misinterpreted metric: the fallacy of TFR

The government's pronatalist strategy is primarily driven by anxiety over the declining TFR. However, TFR is a snapshot

1. For parents who have the second child and are covered by the social insurance (either compulsory or voluntary types), paid leave will be extended from 6 months to 7 months for mothers, and from 5 days to 10 days for fathers.

2. The Programme of Action of the International Conference on Population and Development in Cairo in 1994

in time that is highly sensitive to shifts in the timing of births (tempo effect); it does not accurately predict the total number of children women will have in their lifetimes. A temporary dip can be caused by people postponing births, not forgoing them altogether. Basing policy on TFR fluctuations can lead to overreactions to a perceived "crisis" that may be exaggerated (Sobotka and Lutz, 2011).

As Sobotka, Matysiak and Brzozowska (2019) argue, evaluating the effects of pronatalist policies presents significant methodological challenges, including the risk of misinterpreting conventional TFR measures and the difficulty of isolating the impacts of individual policies or policy packages. International evidence shows that financial incentives tend to influence birth timing rather than completed family size, resulting in temporary TFR increases - such as the case of Russian Federation's maternity capital that provide one-off benefits for second and higher-order births (Sobotka, Matysiak and Brzozowska, 2019).

Vietnam's pronatalist agenda similarly relies on period TFR. In 2025, Vietnam's TFR rose slightly to 1.93, and Mr. Le Thanh Dung attributed this increase to state interventions, stating that policies had "initially created reassurance for young couples to give birth" (Lê Nga, 2025). However, as noted above, TFR is an unstable and insufficient indicator for policy evaluation and agenda setting, particularly when used in isolation from cohort-based measures and broader structural conditions shaping reproductive decision-making. Overreliance on this metric risks creating the illusions of policy effectiveness, thereby reinforcing target-driven interventions rather than comprehensive, evidence-informed and rights-based responses.

Reinforcement of gendered age norms and overlooking structural barriers

Existing pronatalist policies place substantial emphasis on propaganda and communication aimed at raising awareness and behaviour changes. The intense focus on age milestones, amplified by alarmist medical warnings and media portrayals of regret, places disproportionate pressure on individuals regarding marriage and childbirth. As reproduction labour still places a heavy burden on women, such messaging further reinforces heteropatriarchal norms while missing opportunities to foster the positive participation of men. Even if well-intentioned, these campaigns may be viewed as intrusive and stigmatising by those who choose not to have children or unable to do so (Mertes et al., 2023; Tan, 2024). It also risks appearing coercive and may undermining intrinsive values of having children (Botev, 2015).

Public discourse and policy measures also pay insufficient attention to structural obstacles rooted in persistent gender inequality. Therefore, even supportive policies, such as extended parental leave, are unlikely to achieve their desired effect when not accompanied by comprehensive reforms that place gender equality at the centre of policy design (Gietel-Basten, 2019). These barriers include but are not limited to the lack of affordable and high-quality public childcare (Dang, Hiraga and Nguyen, 2022), workplace discrimination against pregnant women and working-mothers (Luong, Tian and Tran, 2024), and the enduring motherhood penalty for working mothers (Bhowmick, 2024). Disparities between maternity and paternity leave further underscore the strong emphasis on women as primary caregivers, reinforcing the unequal burden of care work on women.

Moreover, framing conditional support as an 'incentive' - such as prioritised access to social housing for two-child families - may inadvertently exert coercive pressure on women to compromise their reproductive preferences to secure material benefits for

their families (Evetovits, 2025), especially in situation marked by imbalanced power relations within households.

Finally, by targeting married, heterosexual couples as the normative subjects of reproduction, the current pronatalist framework marginalises, stigmatises and renders invisible a growing diversity of family-making pathways. Single parents and LGBTQI+ individuals, among others, are excluded from the policy's vision and support. This exclusionary approach is not only inequitable but also counterproductive, as it narrows the policy's reach and undermines its capacity to support all members of society.

SHIFTING THE PARADIGM - FROM CONDITIONAL INCENTIVES TO ENABLING ENVIRONMENTS

A sustainable response to demographic change requires a fundamental shift in how the 'problem' of low fertility is framed and moving beyond numerical targets and rigid fertility indicators. The core issue is not that individuals are making the "wrong" choices about when or whether to have children. Rather, low fertility is the consequences of broader structural constraints that limit people's ability to form and raise families (Gietel-Basten, 2019).

In Vietnam, a two-child family remains the preferred ideal for a majority of people (Nguyen and Nghiem, 2022). Therefore, low fertility rates may be both a result of the tempo effect as explained above, and potentially signal a gap between family size aspirations and lived realities (Sobotka, Matysiak and Brzozowska, 2019). This gap points to multiple, intersecting barriers that prevent individuals from achieving their reproductive preferences, especially initial barriers to marriage and childbearing (Chen, Gietel-Basten and Yip, 2020). Even with substantial public investment - as seen in Singapore, Japan, and South Korea - financial incentives have proven insufficient to offset the high economic, social, and opportunity costs of childbearing, particularly in contexts characterised by persistent gender inequality, precarious employment, and limited flexible work arrangements (Gietel-Basten, 2019). For instance, despite Singapore having introduced the comprehensive Marriage and Parenthood package in 2001, its TFR continued to decline substantially. Research points to the potential mistargeting of beneficiaries and highlight the greater need for work-care reconcilation (Tan, 2023; Chen, Gietel-Basten and Yip, 2020).

Against this backdrop, Vietnam's demographic response would benefit from shifting away from persuasion, conditional incentives, and age-based targeting. The current approach reflects a broken social contract: the state's rhetoric positions childbearing as a collective responsibility towards sustainable population growth yet fails to provide the structural conditions that would make such expectations reasonable. A renegotiated social contract must therefore shift the paradigm: redefining the underlying 'problem' and aligning interventions with people's actual needs. Rather than placing the burden of demographic recovery on individuals, the state must commit to creating enabling conditions that empower people to achieve their desired family size - when, and if, they feel ready to do so.

RECOMMENDATIONS

As the lead management agency responsible for drafting the forthcoming implementation framework for the Population Law (2025a), MOH should consider the following:

Reframe public communication strategies

MOH, in collaboration with relevant media agencies, should revise current propaganda and communication plans under the

Population Law and related programmes, to replace alarmist and moralised messaging around marriage and childbirth. Instead, communication strategies should challenge gender norms, promote meaningful participation of men and fathers in caregiving, as well as respecting diverse family-making pathways, including single-parent households and LGBTQI+ families.[3]

While age-related fertility decline and infertility are legitimate concerns, fertility awareness initiatives should be promoted through inclusive, positive and non-stigmatising.[4] Providing accurate, non-alarmist information grounded in reproductive autonomy empowers individuals to make informed choices. Such information should always be paired with details on available social and medical support, in line with human rights, dignity, and gender equality principles underpinning the ICPD framework.

3. See UNESCO (2012)'s framework.

4. See Martes et.al. (2023) for key recommendations.

Strengthen evidence, policy evaluation and knowledge translation

MOH should collaborate with NSO and research institutions to develop a more multidimensional understanding of fertility dynamics. This should include micro-level and qualitative evidence capturing the lived experiences, constraints, and support needs of individuals and couples who wish to have children. Given that period TFR is not a reliable indicator for policy success, MOH should adopt more holistic approach and broader social indicators to policy evaluation.

Academic and research institutions should play a stronger role in science communication by working across disciplines and in collaboration with policymakers and journalists to clarify the limitations of TFR metric and promote more nuanced interpretations of demographic change. Translating research findings into accessible, policy-relevant insights can foster a more informed, and constructive public debate, supporting evidence-based and rights-centred approaches.

Expand comprehensive support measures

To align with ICPD commitments, population policies should explicitly respect individual choice and autonomy, avoiding measures that imply coercion, moral judgement or penalties for non-conformity. Support mechanisms should be enabling and inclusive, not conditional or selective. MOH should consider replacing policies tying financial support to a woman's age at childbirth or parity, and transition towards universal support for parents at all ages, regardless of marital status or the number of children. MOH, in coordination with other ministries, should prioritise effectively reducing structural barriers to family formation and while respecting reproductive autonomy, rather than narrowly focusing on raising birth rates or achieving predefined demographic targets.

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