

Vietnam

From Family Planning to HIV/AIDS in Vietnam: Shifting Priorities, Remaining Gaps

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Introduction

Story of a billboard

I have been standing in the middle of a busy crossroad in front of a bustling market in the center of Hanoi for almost 20 years. The people who gave birth to me were from the city's Propaganda Department. They built me with a large metal frame to make sure market goers notice me. My first outfit was the picture of a young couple and their two cute kids. The husband, a factory worker, wore his blue uniform, and the wife, a teacher, held a couple of schoolbooks. Their children, one boy and one girl, were healthy — even a little chubby — and they held beautiful flowers and toys. The family was standing beside a nice Honda motorbike, the dream of many families at the time, and a caption that read: “Stop at two if you want to raise your children properly.”

People passing by admired me and for a good few years I was very proud of myself. Then one day everything changed; someone put up a huge picture of a beautiful young woman on a building

just across the street from where I stand. The young woman was a famous singer and she was advertising the favorite make-up of the moment. I was so jealous because that picture attracted many more onlookers than my Honda “dream” couple. I even thought about joining one of the regular protests at the Propaganda Department. But before I could take action I was swamped by a multitude of competitors with more market brand names than I could count. It was alarming; the image of my happy couple was fading, the metal frame becoming rusty.

Just as I began to feel desperate some people from the Propaganda Department brought me a new, and very strange, outfit. It had words like “SIDA,” “prostitute,” “drugs,” and “social evils,” and ugly images of the angel of death and a large syringe. My new outfit attracted some attention at first but in general it didn’t excite onlookers. A few years later the people at the Propaganda Department stopped by again. This time they brought me a more colorful outfit. The acronyms “HIV” and “AIDS” have replaced “SIDA” and the ugly faces of death have been thrown out in favor of smiling faces and people hugging each other. My latest outfit also has foreign words, like “FHI” and “USAID,” which, I’m told, are the names of my new sponsors.

This story of a typical billboard in the streets of Hanoi, the capital of Vietnam, illustrates some of the key issues we explore in this paper. The changing faces of public billboards in any society give keen observers substantial insights into important aspects of social life. For a country like Vietnam, where the state controls the images displayed in public spaces, the changes also give observers insights into the interests of the state. As such, the story above tells us that in Vietnam family planning as a social and health priority during the 1980s and 1990s has given way to an increased focus on HIV/AIDS since 2000. This impression is strengthened when one takes the pulse of the public-health sector, with its huge community meetings organized by the government and donor agencies, and the efforts to involve various local organizations. The growth of HIV/AIDS awareness is not only remarkable in the public sphere but also in private life; in the early 1990s few in Vietnam had heard of HIV/AIDS (which was then known by the French acronym “SIDA”), now a decade later the acronyms “HIV” and “AIDS” have become all too familiar to the Vietnamese people.

In this paper we take the above observations as an entry point to assess whether there has been a shift in social and health priorities from family planning to HIV/AIDS, and, if so,

how and why this shift has occurred. Globally, both the disjunction between sexual and reproductive health and HIV/AIDS, and the fact that HIV/AIDS has taken over the political and funding agenda, are well noted. A recent editorial in the journal, *Reproductive Health Matters*, summed up this trend, noting that although HIV/AIDS has been with us for more than two decades, “now, suddenly, following rapid shifts in political leadership, priority setting, power brokering, and funding policies in international health and development circles, it is widely considered an unassailable fact that in the global ‘competition’ for resources and attention, sexual and reproductive health has less priority and has lost out to AIDS, as if addressing the one had no connection with addressing the other” (Berer, 2003, p. 7). Has this trend been realized in Vietnam? If so, what are some of the factors that have shaped this trend and which of its characteristics should Vietnam take into account moving forward?

Despite indications that the narrow focus on fertility control has given way to a broader agenda in reproductive health and rights and that HIV/AIDS has emerged as a new social and public health priority, our findings show family planning remains relevant to the various actors in the country as both a social and health priority. For one thing the state has not relinquished its interest in fertility control, which has been seen as crucial for its project of pushing Vietnam towards modernity. More importantly, we argue, this incomplete shift has signaled more continuity than discontinuity as some key issues that underlined family-planning programs have continued to haunt HIV/AIDS programs. We focus on two such issues in this paper: the lack of strong civil society organizations advocating for change other than those within the state and the donor community, and the control of women’s bodies and sexuality driven by the ever-shifting project of nation building sponsored by the state.

From family planning to HIV/AIDS: Has there been a shift in priority?

The emergence of HIV/AIDS as a new priority evidenced in media coverage

In this study we examine the coverage of family planning and HIV/AIDS over the past few decades in four national newspapers: *Nhan Dan* and *Phu Nu Viet Nam*, the two official newspapers of the Communist Party and the Women’s Union respectively, and *Thanh Nien*

and *Vietnam News*, two other newspapers with broad national audiences.¹ The analysis shows an upward trend in the coverage on HIV/AIDS and a corresponding downward trend in the coverage on family planning. In the case of *Nhan Dan* and *Phu Nu*, while articles on family planning appeared as early as 1963 and articles on HIV/AIDS understandably didn't appear until 1987 (for *Nhan Dan*) and 1988 (for *Phu Nu*), the number of articles on HIV/AIDS has now surpassed those on population and family planning. In the case of *Nhan Dan*, family planning dominated over HIV/AIDS until 2002 when the trend was reversed; by 2004 the ratio of articles on HIV/AIDS over those on family planning was one to six. Two exceptions to this trend in *Nhan Dan* were in 1995, when the Ordinance on HIV/AIDS was introduced and in 2003 when the Population Ordinance was approved. The downward trend in coverage on family planning in *Nhan Dan* started after the second national strategy on population was approved in 2000. For *Phu Nu* the reverse trend happened much earlier in 1997, and the ratio of articles on HIV/AIDS over those on family planning reached five to three by the year 2004. For both *Vietnam News* and *Thanh Nien*, the number of articles on HIV/AIDS has surpassed those on population and family ever since they were first published. One exception was in 1999, the year the National Committee for Population and Family Planning (NCPFP) was presented with the United Nations Population Award, when the ratio in *Vietnam News* was zero to nine.²

¹ We conducted quantitative content analysis through close reading and coding of articles that were printed over the past few decades. For the *Nhan Dan* and *Phu Nu Viet Nam* we conducted this analysis for selected years in the 1980s and from 1991 to 2004. For the 1980s, we selected one year before and one year after key events in family planning, including the establishment of the NCPFP in 1984 and the introduction of the one-to-two child policy in 1988, as we expected that there would be increased activities in media coverage at and around the time when these policies were introduced. For the *Vietnam News* and *Thanh Nien* we conducted the analysis from the period they were first published until 2004. We will present here the main results of this analysis.

² There should be a word of caution here in reading the upward trend in media coverage on HIV/AIDS. For both *Nhan Dan* and *Phu Nu*, while reporting on policies or implementation of policies accounted for the majority of articles on population and family planning (55% for *Nhan Dan* and 36% for *Phu Nu*), this is much less so in the case of HIV/AIDS (30% for *Nhan Dan* and 7% for *Phu Nu*). This corresponds to the domination of articles that reported on statistics or situation of HIV/AIDS (61% for *Nhan Dan* and 67% for *Phu Nu*). It is worth noting that some of the first policies on HIV/AIDS were introduced around the same time as major policies on family planning were implemented in earnest. These policies on HIV/AIDS, however, did not receive as much attention as the policies on family planning. Analysis of trends in the types of articles over the years further showed that although articles on the implementation of HIV/AIDS policies have increased in recent years, the total number of articles over the years has not matched up to those on family planning. For both *Vietnam News* and *Thanh Nien*, the numbers of articles reporting on statistics and situations have always been higher than those on implementation of policies, regardless of whether the topic is HIV/AIDS or family planning. The difference between *Nhan Dan* and *Phu Nu* versus *Vietnam News* and *Thanh Nien* might reflect the fact that the latter two were more into reporting news while the *Nhan Dan* and *Phu Nu*, fulfilling their function as the leading newspapers of the state and a state-led mass organization, are more into reporting on policies and policy implementation. Indeed, *Nhan Dan* and *Phu Nu* have been quite responsive to key changes in domestic policies. In the case of *Nhan Dan*, for example, the number of articles on family planning increased in 1987 and 1988 when the "one-to-two" child policy was introduced, in 1992, 1993 and 1994 when the Resolution No. 4 and the first national strategy on population were approved, in 1997 when the Prime Minister issued Directive 37/CT-TTg to accelerate the pace of family planning in Vietnam and approved Vietnam Population Day (December 26th), and in 2000 and 2003 when the second national strategy on population and the Population Ordinance were approved respectively. The coverage on HIV/AIDS in *Nhan Dan* increased significantly in 1995 when the Ordinance on HIV/AIDS was approved, in 1997 and 1998 when the government introduced Decision 1122/QĐ-TTg that determined the structure of HIV/AIDS bureaus from the national to the local levels, in 2001 after the establishment of the National Committee for Prevention and Control of HIV/AIDS, Drug Use and Prostitution, and jumped to the highest level in 2004 when the national strategy for HIV/AIDS was approved.

This upward trend in the ratio of coverage on HIV/AIDS over family planning must also be viewed against the downward trend in coverage of family planning.

Our analysis shows that although the number of articles on reproductive-health issues other than HIV/AIDS and family planning has increased, this upward trend has been slow compared to the rising coverage of HIV/AIDS. In the case of *Nhan Dan* and *Vietnam News*, the number of articles on reproductive health has never reached even half that of the number of articles on HIV/AIDS, and the number of articles on reproductive health was always lower than those on family planning. Both *Phu Nu* and *Thanh Nien* have done better as there were a few years when the ratio of articles on reproductive health over those on HIV/AIDS was upward of zero-to-five. In the case of *Phu Nu* this ratio reached one-to-two in 2000 before starting to fall in the years following. In *Thanh Nien*, coverage of reproductive health issues, especially teen pregnancy and abortion, has always been higher than the coverage of family planning. The higher level of coverage of reproductive health issues other than HIV/AIDS and family planning in *Phu Nu* and *Thanh Nien* might reflect the responsive nature of these two newspapers to the real needs of their readership.

Changing level of funding for family planning and HIV/AIDS

1) Data on funding for the population and family-planning program between 1999 and 2005 (table 1) show that both the investment per capita and the share of investment from the central government as a percentage of GDP have declined. Although the absolute value of funding from the central government appears to increase over the years, these increases have mainly made up for a corresponding reduction in international loans. Furthermore, the share of international grants, mainly from the United Nations Population Fund (UNFPA) and some other bilateral sources, has accounted for a relatively small percentage of investment in family planning. Although the total funding from UNFPA has been consistent over the past two four-year cycles of programs (at around US\$20 million each cycle), this funding has been increasingly shifted to other reproductive-health activities, including HIV/AIDS. Furthermore, since the mid-1990s international lenders like the World Bank and Asian Development Bank have surpassed UNFPA as the main donor in population and family planning (Reynolds et al., 2000).

**Table 1: Funding for population and family planning activities 1999–2005
(million VN\$)**

Sources of Funding	1999	2000	2001	2002	2003	2004	2005
Central government	245,000	255,000	236,000	267,000	290,000	320,000	400,000
% of GDP	0.61	0.58	0.49	0.50	0.47	0.45	n/a
Local governments	28,087	24,658	18,788	19,891	18,664	19,288	n/a
International loans	230,000	200,000	158,000	157,500	135,000	0	0
International grants	25,000	25,000	25,000	20,000	20,000	118,000	42,000
Total	528,087	504,658	437,788	464,391	465,728	462,458	442,000
Population (million)	76,597	77,635	78,911	79,720	80,755	81,785	-
Investment per capita (US\$)	0.49	0.45	0.38	0.38	0.37	0.36	-

Source: VCPFC

Notes: Investment per capita calculated at the average exchange rate of the corresponding year.

Percentage of GDP calculated on the basis of GDP at current price (World Bank 2006 Table 2.1).

Data on funding for HIV/AIDS is limited and there are many difficulties in calculating the level of expenditure. One reason is because the Ministry of Health does not have access to figures for international funding divested directly to local projects in more than 50 provinces of the 64 in Vietnam. Furthermore, many donors tend to give an overall total of grants disbursed without specifying amounts per country. However there is sufficient evidence to show that the amount of money invested in HIV/AIDS in Vietnam has risen sharply in the past few years. From 1995 to 2000, the central government's funding for HIV/AIDS activities increased from VND40 billion to VND60 billion, with an average of VND5 billion added each year (San et al., 2002). The level of investment in 2000 didn't change until 2004, when the government increased its investment to VND80 billion (approximately US\$5.1 million)

In terms of international donors, UNDP estimated that the total investment in the period 2002 to 2005 was around US\$70 million, almost four times higher than the investment from

the government during the same period (UNCT, 2004). This is reflected in the Ministry of Health's estimates, which show that per-capita investment from the government was about US\$.04 million in 2003 and US\$.06 million in 2004 and 2005, while per capita investment from both the government and international sources was US\$.14 million in 2003, rising to US\$.24 million in 2004 and 2005 (Vietnam, 2006). The increase in 2004 and 2005 can be attributed to several major new donors, including the Global Fund to Fight AIDS, Tuberculosis, and Malaria (US\$12 million for a two-year program), PEPFAR — the U.S President's Emergency Plan for AIDS Relief³ — (US\$17 million in 2004 and US\$27 million in 2005), the U.K. Department for International Development (DfID) and the Government of Norway (US\$24 million for a five-year program beginning in 2003), and the World Bank (US\$35 million USD for a five-year program starting in 2005). So far all international funding in HIV/AIDS has been in the form of grants.

During the period from 1996 to 2000, international funding only accounted for about 25 percent of the total financial resources compared to 60 percent central government funding (San et al., 2002). By 2003, however, HIV/AIDS funding from international donors had surpassed funding from the central government, and the increase in international funding was disproportionately higher than the increase in government investment. This is quite different from the case of family planning where, at least since 1999, funding from the central government has always been higher than international funding. This difference in funding trends for HIV/AIDS and family planning in Vietnam reflects the global situation where funding for HIV/AIDS has surpassed funding for population and family planning. The role of international donors in sharing the burden of HIV/AIDS funding is important to note in light of the following section where we examine the changing responses of the state towards HIV/AIDS.

The story of “population surge,” or the resurgence of interest in population control⁴

The evidence presented above seems to suggest that family planning and population control have been pushed to the background when it comes to the interests of the state. In fact, this

³ For other PEPFAR references, see also in this publication: Ramasubban, R., Culture, politics and discourses on sexuality: A history of resistance to the anti-sodomy law in India, p. 114; Beresford, B., Sember, R., & Schneider, H., Constitutional authority and its limitations: The politics of sexuality in South Africa, p. 238.

⁴ For other examples of population control ideology and strategy, see also in this publication: Girard, F., Negotiating sexual rights and sexual orientation at the UN, pp. 319-321; Ramasubban, R., Culture, politics and discourses on sexuality: A history of resistance to the anti-sodomy law in India, pp. 104-105; Cáceres, C., Cueto, M., & Palomino, N., Sexual and reproductive-rights policies in Peru: Unveiling false paradoxes, pp. 137-140.

is not the case. From mid-2004, a flurry of articles appeared in major newspapers reporting on what they called a “population surge” beginning in 2003 and continuing through the early months of 2004. These articles cited the higher population growth rate in 2003 (reportedly 1.47%) compared to the rates in 2002 (1.35%) and 2001(1.32%), and increased numbers of couples opting to have a third child. Worse still, according to these media reports, government officials and Communist Party members accounted for a significant percentage of those who had a third child in 2003 and 2004 and were, therefore, setting a bad example. One particular article in the newspaper *Lao Dong* sarcastically reported that the Vietnam Committee for Population, Family and Children (VCPFC) feared a “broken plan” (*vo ke hoach*), referring to the national policy of “two–children–per–couple.”⁵ *Vietnam News*, the main daily English newspaper in the country, featured an article headlined; “Population surge in 2004 could undermine decade of progress,”⁶ which reminded readers that the policy goal of lowering fertility rates by the end of the 1990s had been achieved. It should be noted that many media articles blamed the 2003 Population Ordinance, which approved the right of couples to choose the number of children they have, as the main cause of the “population surge.”

The response from the highest level of the state came in early 2005 in the form of a Political Bureau resolution on strengthening the implementation of policy on population and family planning.⁷ This resolution confirmed the goals of “achieving as soon as possible the fertility replacement rate, while gradually improving the quality of life of the population.” Furthermore, it reiterated the population target of two-child families and underscored the importance of ensuring all Vietnamese people understood that “stopping at two is the responsibility of each and every person to contribute to the cause of reducing the population burden for the country.” Among its solutions, the resolution proposed strengthening the leadership of the Party and government, including punishments for Party members and government officials who violated the demographic goals. The resolution also called for a revision of the

⁵ (2004, October 20). Ty le sinh con thu ba tang: Uy ban Dan So lo...vo ke hoach (High rise in third-child births: The Committee on Population fears of broken plan). *Lao Dong*.

⁶ (2004, October 28). Population surge in 2004 could undermine decade of progress. *Viet Nam News*.

⁷ Resolution of the Political Bureau on continuing to strengthen the implementation of policy on population and family planning (Resolution 47/NQ-TW).

Population Ordinance and other policy documents that were not “in line with the movement to mobilize for the population target of two children per couple.”

Compared with the swift and huge responses from the state, the media, and government officials, the responses from the donor community came more slowly. Two months after the Political Bureau’s Resolution came out, UNFPA published a booklet, *Vietnam Population Growth – What Does the Data Tell Us?* (UNFPA, 2005), in which it told readers the government of Vietnam was asking them to “support an independent review in order to determine the actual situation regarding the current trend of Vietnam’s population growth.” On the basis of existing government data, the booklet concluded that compared to 10 years ago significantly fewer mothers had opted to have a third child, which must mean that larger numbers of people had followed the stop-at-two population target and that “fertility decline is an incontrovertible fact.”

The booklet presented two reasons why the slight upturn in the population growth rate in 2003 should not be a cause for alarm; first, a bias in estimating death rates, which could contribute to an increase in the population growth rate, and, second, that since the increase amounted to one percentage point in a general trend of decline for both birth rates and population growth rates, it was too early to claim a serious threat to the overall fertility decline. In its conclusion the booklet also denied the claim that the Population Ordinance had caused the slight increase in the population growth rate in 2003, and sought to assure readers that Vietnam would reach its population targets if “the current downward trends in fertility and population growth rate are sustained.” This, it said, requires “now more than ever” the country’s population program “to be strengthened.”⁸ It is interesting that the term “family planning” is somehow omitted in this UNFPA booklet although the word “population” is never separated from family planning in Vietnam’s official responses.

From family planning to HIV/AIDS: Key actors in public health policy

The ebb and flow of family planning

It is impossible to understand the story of “population surge” without recalling the long his-

⁸ UNFPA News Brief. (2005, January 9). Vietnam’s population growth – What does the data tell us? Retrieved January 20, 2006, from <http://vietnam.unfpa.org/documents/CP5evaluation.doc>.

tory of family planning and population control in Vietnam. Early attempts by the communist government to regulate reproduction date back to 1961 when family planning was described as “birth under guidance.” This concern was in fact even more pronounced after the Reunification of North and South Vietnam, when economic prospects were severely affected both by the aftermath of the war and by mismanagement of the economy. This led the government to resurrect several policy measures that had been established earlier but were not pursued vigorously because of the war, and to accept assistance from UNFPA for the first cycle of programs in 1978. The looming economic crisis of the mid-1980s, which was one of the decisive factors for the government to embark on *Doi Moi* (economic “renovation,” which has had negative impacts in both the social and political spheres⁹), further accelerated the efforts to curb population growth.

In 1984 the government established the National Committee for Population and Birth with Plan (*Uy Ban Dan So va Sinh De Co Ke Hoach*) — which would later become the NCPFP — thereby elevating population concerns to a new level of importance. While some advocates acknowledge that the establishment of NCPFP was an important milestone, most consider the 1993 Central Committee endorsement of Resolution Number 4 on population and family planning as the turning point since it provided the clearest evidence of the “strong commitment of the Party,” (Nhan & Phuong, 2004). In the same year the government approved the first National Population and Family Planning strategy, to run through 2000.¹⁰ Annual funding from the government increased almost tenfold from 1992 to 1996 (from VN\$27 billion to VN\$260 billion), and funding from donors like UNFPA also increased in the fourth cycle of programs (1992-1996) to more than half of all the support in the previous three cycles (1978-1991) combined.

In the years following these political and financial inputs the programs quickly advanced to the extent that demographic goals set out in the strategy were achieved before the target date. By 1998 the total fertility rate had already fallen from around 4.0 in 1989 to 2.33,

⁹ To put these economic policies into a global context, see also in this publication: de Camargo, K. & Mattos, R., Looking for sex in all the wrong places: The silencing of sexuality in the World Bank’s public discourse, pp. 363-364 and 378-380. Local impacts are mentioned elsewhere in this publication: Beresford, B., Sember, R., & Schneider, H., Constitutional authority and its limitations: The politics of sexuality in South Africa, pp. 210-212; Cáceres, C., Cueto, M. & Palomino, N., Sexual and reproductive-rights policies in Peru: Unveiling false promises, pp. 145-146.

¹⁰ Decision of the Prime Minister on approval of the strategy for population and family planning to the year 2000 (Decision 270/TTg).

which is significantly lower than the target of 2.9 by 2000 in the population strategy. In fact early indications of the rapid fall of birth rates were recognized by the government as early as 1997 when it decided to push for an earlier achievement of the replacement fertility rate. While both the resolution and the first national strategy set 2015 as the deadline for this demographic goal, Directive 37/1997/TTg pushed this date forward to 2005.¹¹

In any event, in 1999 NCPFP received the United Nations Population Award for its role in making population control a major success in Vietnam. Significantly, this award also marked a time when population policy in Vietnam began turning away from an emphasis on family planning and demographics towards a more comprehensive agenda of reproductive health in line with the Programme of Action of the International Conference on Population and Development (ICPD). Despite its early endorsement of the ICPD PoA, Vietnam did not immediately embark on a revamping of its family planning program as the conference took place at the same time as the family planning program was just starting to pick up steam.¹² One long-term observer of the family planning program in Vietnam, Annika Johansson (1998) noted that it wasn't until 1998 that the first high-level national meeting was organized, under the auspices of the National Assembly, to discuss translation of the ICPD PoA into the Vietnamese context: "The proceedings of the conference give reason for optimism that a shift in policy towards reproductive health and rights was in process in Vietnam."

Various efforts were made to have ICPD recommendations included in policies and programs, including advocacy at the highest levels of government. Studies were published

¹¹ There are various views on this rapid decline in the fertility rate. Some considered the Party leadership and timely policies and programs initiated by the government as crucial factors (Nhan, V. Q., & Phuong, N. L., 2004). In *Dan So va Phat Trien o Viet Nam (Population and Development in Vietnam)*, (Gurby, P., Dung, N. H., & Huong, P. T., Eds., pp. 631-62, Hanoi: The Gioi Publisher) other critics called attention to harsh and even "forced" measures introduced in various localities, including heavy fines for couples who had more than two births (Goodkind, D. M., 1995, pp. 85-111; Scornet, C., 2001, 13: 101-34). Some have pointed to lesser-known factors, like rapid attitudinal changes to childbearing in the context of economic and political pressures as well as modernity aspirations (Gammeltoft, T., 1999b). As Daniel Goodkind points out, the fact that the 1988 institution of the one-to-two-child policy, however little political and financial backing that it received from the state at that time, overlapped with the introduction of economic reforms made it difficult to separate "the independent roles of population policy, economic development, and other factors in fomenting fertility decline in Vietnam" (Goodkind, D. M., 1995).

¹² In his speech to the Cairo meeting, Mai Ky confirmed that "the government of Vietnam is deeply conscious of the close link between population and development." However, the prevailing emphasis in most policy documents and program implementation in Vietnam at that time was on ways in which curbing population growth could contribute to development, especially economic growth, rather than the new emphasis on the contribution that development and equity could bring to various population and health issues.

to raise awareness of the broader issues of reproductive health including abortion, maternal mortality, reproductive tract infections, quality of reproductive-health services, lack of knowledge about reproductive health and rights among government officials at different levels, and the limitations of the existing family planning program in providing a broad spectrum of contraceptive choices.

UNFPA played a major role in supporting these efforts through its fifth cycle of programs (1997-2000), which supported a strategic shift from a strong emphasis on family planning and demographics towards provision of an overall reproductive-health package and relevant policies in line with ICPD (Reynolds et al., 2000). Besides UNFPA international NGOs such as Population Council and Pathfinder were also active in promoting the shift. Most of these international organizations implemented their activities through governmental agencies like NCPFC and the Ministry of Health, or through mass organizations like the Women's Union and the Youth Union. The fledgling community of local NGOs was involved to a limited extent in these efforts, mainly conducting a number of studies contracted out by government agencies or International NGOs.

These efforts culminated in various important policy documents, which signaled state approval for the shift from family planning to the broader concerns of reproductive health and rights. In 2000 the government approved the second national population strategy for the period 2001 to 2010. It explicitly acknowledged the need to move beyond a narrow focus on fertility control in order to take into account "population structure, quality of population, and population distribution that are parts of a direction towards the integration of population, reproductive health, and development."¹³ Demonstrating this commitment the national strategy offers various guidelines in its action plan including "behavioral-change" communication, improvements to quality of care in comprehensive reproductive health and family-planning services, and improvement of services in remote and under-served localities of the country. Gender equality and women's empowerment are mentioned as critical components for success.

In addition to this guiding national strategy other policy documents were also formulated and approved by the government during this period. These included the first ever national

¹³ Decision of the Prime Minister on ratifying the Vietnam population strategy for the period 2001-2010 (Decision 147/2000/QD-TTg).

strategy for reproductive health care (for the period 2001 to 2010), the national strategy for behavioral change communication in population and reproductive health, and, most significant of all, the Population Ordinance. Passed in 2003 by the National Assembly's Standing Committee, the Population Ordinance promotes and protects the rights of couples and individuals to "decide the timing, number, and spacing of births in accordance to their age, health, studies, employment and work, income, child-rearing conditions ... and on the basis of couple's equality."¹⁴ One year before the Ordinance was passed the NCPFC was merged into a new agency, the Vietnam Commission for Population, Family, and Children (VCPFC), which has assumed a broader agenda beyond population control.

Changing state responses to HIV/AIDS and the role of international donors

Since the first reported case of HIV in 1990 the state has responded swiftly to the threat of AIDS. As early as 1995 there was a policy response from the highest level of state power in the form of a Directive by the Communist Party Central Committee on strengthening leadership in the prevention and control of AIDS.¹⁵ In the same year, the National Assembly passed the Ordinance on HIV/AIDS Prevention and Control, and the government issued a decree detailing how it should be implemented.¹⁶ The National AIDS Committee was established in the early 1990s, initially under the Ministry of Health. It became a government department in 1994 with the authority to coordinate multisectoral responses to the epidemic. While these attempts in the early development of HIV/AIDS in Vietnam had many positive aspects, such as the recognition of the need for multisectoral responses and the emphasis on prevention, there were also many problems. One of these problems was the strong emphasis on linking HIV/AIDS prevention and eradication to control of drug use and prostitution, which have been labeled as "social evils" in Vietnam. In the party's directive, rank and file members were told: "It is necessary to combine effectively the tasks of HIV/AIDS prevention with those on prevention and control of social evils, primarily drug abuse, drug injection, and prostitution."

A number of policy documents on prevention and control of drug abuse and prostitution were enacted before or around the same time as the policy documents on HIV/AIDS were

¹⁴ Ordinance on Population, approved by the National Assembly Standing Committee (Ordinance 06/2003/PL-UBTVQH).

¹⁵ Directive on strengthening the leadership in the prevention and control of AIDS, issued by the Communist Party Central Committee Secretariat (Directive 52/CT-TW).

¹⁶ Decree of the Government on guiding the implementation of the Ordinance on Prevention and Control of HIV/AIDS (Decree 34/CP).

issued. Two infamous government decrees, dealing specially with drug abuse and prostitution, were issued in 1993,¹⁷ and another, giving instructions on how to abolish “social evils,” was issued a few months after the party’s directive.¹⁸ In 2000, the National AIDS Committee was merged with the National Committee for Prevention and Control of AIDS, Drug Use, and Prostitution. The emphasis on linking HIV/AIDS prevention to “social evils” in the early stage of the epidemic resulted from the prevailing belief of the state that “to prevent the spread of HIV, the fundamental and most effective method is for everybody to exercise a healthy, faithful lifestyle, and to stay away from evils such as prostitution and drug use,¹⁹” reflecting in part initial reports of the epidemiological characteristics of the epidemic, which were largely focused on drug users and female sex workers. More importantly, perhaps, it reflects the state’s anxiety on being confronted with whirlwind societal transformations during the years after *Doi Moi*. With few alternatives, the state resorted to what it knows best — the socialist approach to social issues such as drug abuse and prostitution.²⁰

The donor community²¹ has been, for good reasons, very vocal about the importance of de-linking HIV/AIDS from so-called “social evils” (Partners, Community of Concerned, 2002). Donors have rightly argued, for example, that this link leads people to believe they are not at risk and therefore need not practice safe sex, and undermines efforts to fight against HIV/AIDS stigma and discrimination. The emphasis on linking HIV/AIDS with “social evils” has increased police actions aimed at drug abuse and prostitution, thereby hampering HIV-prevention activities — for example, condoms and syringes have been used as evidence for illegal activities where they should have been used to promote safe behaviors. But the state has also taken on board some aspects of the international community’s awareness-building efforts. In 2004, for example, the president visited an HIV/AIDS clinic where he shook

¹⁷ Resolutions on prevention and control of prostitution and drugs, issued by the Government (Resolutions 05/CP and 06/CP, respectively).

¹⁸ Decree of the government on strengthening management of cultural activities and services and abolishment of serious social evils (Decree 87/CP).

¹⁹ Resolution of the Political Bureau on continuing to strengthen the implementation of policy on population and family planning (Resolution 47/NQ-TW).

²⁰ See Nguyen-Vo (1998) for an insightful analysis on changing approaches to governing prostitution in Vietnam throughout the socialist and *Doi Moi* era.

²¹ For more on the local influence of international donor policies, see also in this publication: Vianna, A. R. B., & Carrara, S., Sexual politics and sexual rights in Brazil: A case study, p. 40; Ramasubban, R., Culture, politics and discourses on sexuality: A history of resistance to the anti-sodomy law in India, pp. 102, 114; Cáceres, C., Cueto, M., & Palomino, N., Sexual and reproductive-rights policies in Peru: Unveiling false paradoxes, pp. 140-141; Beresford, B., Schneider, H., & Sember, R., Constitutional authority and its limitations: The politics of sexuality in South Africa, p. 238.

hands with patients and declared that HIV/AIDS is not a social evil.²² And, in late 2005, the vice-president, with National Assembly and Party department heads, met with people living with HIV/AIDS (PLWHA), one of the first organized groups in Vietnam, and hailed their important role, especially in the fight against stigma and discrimination.

It is interesting to note the state response to people living with HIV/AIDS in policy documents as well as in practice. Early policy documents emphasized protection of the “general population” at all costs, leading to an approach of keeping people living with HIV/AIDS as far away as possible from the “general population.” (For a critique of this concept, see Fordham, 2001). Although people living with HIV/AIDS were protected by law against discrimination in health-care settings and in their communities, they were “not permitted to work in some sectors [since they were assumed as] being able to easily transmit HIV/AIDS.”²³ PLWHA were also required to inform their spouses and if they declined, then their health worker was responsible for so doing.²⁴ Treatment for opportunistic infections is guaranteed to people living with HIV/AIDS, but this does not cover access to antiretroviral (ARV) therapy since the majority of government funding has been spent on prevention. Furthermore, people living with HIV/AIDS have been warned that any intentional action to infect others is strictly prohibited.

The donor community has challenged these assumptions and beliefs. Through local NGOs they have supported such activities as publication of studies on stigma and discrimination, newspaper writing contests on HIV/AIDS issues, and exhibitions of photos and paintings by people living with HIV/AIDS, which focus on the severe stigma and discrimination they suffer despite living responsible lives. Images of women who have been infected by their husbands and yet have risen up to fight stigma and discrimination are embodied in Pham Thi Hue, a woman living with HIV in the city of Hai Phong, who was one of *Time Magazine's* Asian Heroes in 2004.²⁵ A number of PLWHA groups have emerged throughout the country, initially with support from the donor community. Their work has moved from mainly providing support for each other to participating in various public activities like conferences,

²² HIV/AIDS Report. (2004, August 26). Vietnamese President calls on public to reduce stigma surrounding HIV/AIDS. *Kaiser Daily*.

²³ Ordinance on the prevention and control of AIDS, approved by National Assembly's Standing Committee, May 31, 1995.

²⁴ Ordinance on the prevention and control of AIDS, approved by National Assembly's Standing Committee, May 31, 1995.

²⁵ Time Asia. Pham Thi Hue: Making her voice heard. Retrieved December 20, 2005, from http://www.time.com/time/asia/2004/heroes/hpham_thi_hue.html.

education campaigns, and media interviews to share their views and experiences, and, to a limited extent, advocacy for recognition of their legal rights. Furthermore, the international community has introduced various new concepts such as “harm reduction,” “behavioral change communication,” GIPA (greater participation of people living with AIDS), and VCT (voluntary counseling and testing), which have offered the state new ways to approach the challenges of HIV/AIDS. Indeed, the first national strategy for HIV/AIDS prevention and control, approved in 2004 by the government, specifically names “harm reduction,” VCT and “behavioral change communication” among solutions to stem the rise of HIV/AIDS.

The strategy also addresses the need to improve care and support for people living with HIV/AIDS and promotes their greater participation in HIV/AIDS activities as a key solution. Greater attention has also been paid to improving the availability of ARV drugs, reflected in the national strategy as one of nine key actions and in a greater allocation of the government’s HIV/AIDS budget going to ARV in recent years (Long, 2004). Furthermore, in the national strategy, HIV/AIDS prevention and control activities are no longer linked with activities dealing with drug use and prostitution, but, rather, presented as key components of socio-economic development in Vietnam. These changes in the national strategy perhaps signal a shift from the approach to people living with HIV/AIDS as potential threats to the amorphous “general population” to one that addresses their issues, needs, and rights.

The role of civil society in policymaking

In the controversy about a “population surge” described above, the flow of opinions can be characterized as a two-way discussion between the state and its experts and the donor community. Missing from the debate are the voices of people who have opted for a third child and those of civil society calling attention to the fact that reverting to fertility control is not compatible with the state’s decision to embark on a course of reproductive health and rights. This is especially true as Vietnam is facing enormous challenges in reproductive health in the post-*Doi Moi* era. A recent review of reproductive health and rights in Vietnam notes the disproportionate share of women among contraceptive users and their over-reliance on the intrauterine device (IUD), against the lack of systematic efforts to improve the share of men and to diversify contraceptive choices.

The review also listed numerous challenges in improving the quality of reproductive-health services, including the impacts of structural adjustment reforms that have come with *Doi Moi*, limited access to services, especially among communities of ethnic minorities and people who live in rural and remote areas, and lack of sex education for youth despite rising numbers of young people seeking abortions. The high rate of abortion in general is another challenge, especially repeated abortions, which has raised concerns about the quality of abortion services as well as the overall reach of contraceptive services to those who need them the most.

Among other issues raised by the review: inequality in maternal mortality, with ethnic women and women living in remote areas at a greater disadvantage than women of the ethnic majority and those living in urban centers; high rates of reproductive tract infections (RTIs) among women due to their greater vulnerability to sexually transmitted diseases and HIV/AIDS; lack of understanding about the concept of reproductive rights at the community level where most policies have to be put into practice; a limited acceptance of individuality outside of connections and responsibilities towards family and community, which poses problems in introducing the concept of individual rights in reproductive health; and centuries-old (yet constantly reinforced) norms and values regarding gender roles that make it difficult to reinforce the concept of women's empowerment. Last, but not least, the review points out that the limited existence of advocates for change, outside of the state and the international community, is one of the greatest challenges to moving forward the reproductive rights agenda in Vietnam (Knudsen, 2006).

This lack of alternative voices in advocacy for reproductive health and rights can be attributed to two major factors. First, there exists no legal framework that allows the development of social movements as alternatives to those sponsored by the state in the form of mass organizations like the Women's Union. These mass organizations have many strengths — networks in all communities in Vietnam, a wide range of civic activities, and strong contributions to the advancement of various reproductive health issues — but they also have limitations that are not easy to overcome. In relation to advocacy for people living with HIV/AIDS, for instance, mass organizations are often viewed as carrying socially and politically sanctioned views on issues like drug use and sex work that makes it difficult for them to represent the

needs of many in these vulnerable communities. But there exists no legal framework for people such as those living with HIV/AIDS to form their own associations to advocate for their rights, leaving them little choice but to associate themselves with one of the mass organizations (which they do not consider as an appealing alternative), or with one of the growing pool of local non-governmental organizations. But there are many issues related to the nature of these local NGOs, which brings us to the second major factor contributing to the lack of alternative voices.

While local NGOs were unheard of before *Doi Moi*, the number of such organizations has exploded in the decade since the introduction of *Doi Moi*. The important factor that made this development possible was the introduction of two government decrees allowing for the establishment of “science and technology research associations” and “social and charity funds.” Another factor, (which might also be one of the reasons why the state issued the two decrees in the first place), was that these organizations have filled the gaps left by the state and its weakened public sectors, especially in providing research, training, and social services in response to a variety of social problems arising during the period after *Doi Moi*. The proliferation of NGOs was also due to increasing development aid and the lack of capacity of the state sector to absorb it effectively, leading some donors to insist on the inclusion of non-state actors (Lux & Straussman, 2004). There has been some speculation about the development of “civil society” but a number of authors have cautioned against the use of such a Western concept in the context of Vietnam. Lux and Straussman, for example, argue that these local NGOs are working in a “state-led civil society,” a strange concept at best to many Western observers. This concept, however, is apt in the context of Vietnam as it describes the current situation where many local NGOs are “[mediating] between the state and the citizenry but are not fully independent of the state, as found in liberal democracies.”

This description is reflected in the results of the first survey of NGOs in the country, which the author refers to as “issue-oriented organizations” (Wischermann, 2003). The survey showed that these organizations are mainly staffed with professionals with university degrees, many of whom identified themselves as academics/scholars, teachers, researchers, and social workers. Many of the founders once worked for the government and are now helping to fill the gaps left by the state. The majority of NGOs receive funding from international

donors and government agencies, either in the form of direct support or as fees for services provided. Funding from foreign donors tends to be higher than funding from the government, implying a higher degree of affinity to donors, at least in terms of financial support, than to the government. Funding from private donations accounts for a small percentage, with the least amount going to Hanoi-based (northern) organizations as compared to Ho Chi Minh City-based (southern) organizations.

The survey found other differences between these two geographic groups of organizations. Those in the north were more likely to have been established because their founders were interested in changes in state policies or practices, while those in the south were more likely to tackle urgent issues and needs among particular segments of the population. Hanoi-based organizations tend to work on research, dissemination of information, and consultancy services, and they generally identify problems in such terms as “lack of information” and “inadequacy of research or policies.” Ho Chi Minh City-based organizations, on the other hand, have focused their efforts on tackling concrete and urgent needs of specific target groups who have been marginalized by the state and the market in the process of *Doi Moi*.

The results of the above mentioned survey and the analysis of funding on family planning and HIV/AIDS makes it possible to speculate about the absence of local NGO voices in the debate on “population surge.” It might be that these organizations considered this whole incident simply as a temporary insurgence of state interests in fertility control that would die down once better statistics become available. It might also be that the leaders of those organizations agreed with the state and therefore saw no need to raise their voices, or that NGOs have shifted their interests to other issues emerging on the social and public health agenda, including HIV/AIDS, and now considered family planning as an outdated issue. In this latter case, one has to speculate about what will happen once HIV/AIDS becomes outdated in the social and public health agenda. Will these organizations continue to raise their voices on behalf of individuals and groups directly infected and affected by HIV/AIDS and who are not allowed to become advocates in their own right?

Without being disrespectful of the achievements of “local NGOs,” or their ability to maintain certain degrees of independence in their working relationships with both the state and

donors, we argue that it is important to raise the question of accountability. One of our key sources, who has been working in both the family planning and HIV/AIDS eras, pointed out that while most NGO founders are people of goodwill, there are few mechanisms in place to ensure that they are accountable to their communities, people who are usually of a lower social class than both founders and staff of local NGOs. Those mechanisms in place exist within the boundaries of state or donor-funded projects, which are usually short term and outcome oriented.

Women in state-led nation building: Continuity in family planning and HIV/AIDS eras

The state is among those actors most active in defining social limits in Vietnam. Throughout its history the socialist state has sought to define the images and meanings of womanhood, especially in the complex relations between women, the family, and the nation, for political and ideological ends (Pettus, 2003; Werner, 2004). But as Pettus shows in one of the most comprehensive treatments of this subject, the state's efforts to define womanhood has been fraught with contradictions, resulting primarily from the tension between aspiring to modernity (whether socialist or Western) and longing for Vietnamese traditions, both of which are embedded in the endless project of nation building. In the early days of Vietnam's establishment as an independent nation-state, the government launched mass education and hygiene campaigns with the aim of "enlightening" its citizens, primarily women and rural people who were considered to be the weakest and most "backward" elements of the colonial and class order. At the same time, the state continued to exalt women's "traditional" virtues of endurance, faithfulness, compassion and self-sacrifice as invaluable to the national cause of building a modern and industrialized nation. Therefore, while the Vietnamese woman provided a ready-made "emancipatory subject" (Pettus, 2003) for the newly established socialist order, her emancipation started with her subjugation to the new nation.

During the years of heightened socialist modernism the state continued to promote women's emancipation (*giai phong phu nu*) from the bonds of the feudal family structure — in terms of women's right to vote, freedom of marriage and divorce, and equal pay for equal labor, and women's participation in public spheres such as cooperatives and factories — as symbolic of the nation's progress towards socialist modernity. On the other hand, the state needed social-

ist women to continue to be virtuous, dutiful daughters, devoted wives and sacrificing mothers even as they were recast in new terms to serve the cause of building a socialist nation. Women were targets of the 1961 “Five Goods” campaign (*Cuoc van dong Nam Tot*), in which they were urged to simultaneously fulfill the goals of production and good budgeting, abide by state policies and laws, participate in management, advance their studies, and raise their families and educate their children. As the war against the United States accelerated, these tasks were reduced in the “Three Responsibilities” campaign (*Phong trao Ba Dam Dang*) and yet were not easier to achieve. While the men were off fighting, this new movement called for women to take charge of agricultural and industrial production, all family affairs, and direct national defense when necessary. The traditional virtues of women were translated into a heroic “war-time femininity” that could serve the nation in the fight against foreign invaders. Both the “Five Goods” and “Three Responsibilities” campaigns aimed to make women’s timeless virtues work for their new public responsibilities, thereby supplanting the traditional authority of the family with the new authority driven by ideological imperatives and the political goals of the socialist state. In other words, the socialist state “[replaced] one form of patriarchy with another” (Pettus, 2003).

In the years after *Doi Moi*, the state revitalized its project of building a modern nation with a new twist; now it was based on modern, prosperous, and happy families. Households have now replaced collective entities like cooperatives and state-owned factories as well as the battlefield, as the primary location for the new nation-building project of the state. The new subjects are directed to emulate the civility of Western modernism and the prosperity of the Western market economy, while at the same time being warned to guard against becoming culturally “Westernized.” The inherent contradiction in this new state project has created immense confusion and tension, both ideological and practical, in the society. Nevertheless, the “cultured family” (*gia dinh van hoa*) is being asked to combine “traditional values of filial piety, maternal devotion, and martial faithfulness with the rational, scientific standards of a modern nuclear household, namely proper nutrition, hygiene, economic discipline, birth control, ‘marital democracy,’ and good parenting” (Pettus, 2003).

At the helm of this new project are women who, since the beginning of *Doi Moi*, have returned in great numbers to the domestic sphere, fulfilling the traditional role of women as

caretakers in the newly defined modern domestic households. “Care taking” now extends beyond domestic chores and maintaining happiness within the family to generating income through women-centered trading activities in order to ensure that households are economically viable. The new campaign, labeled “Three Criteria” (*Ba Chi Tieu*), was launched in the late 1990s by the Women’s Union, and asks women to “study actively, work creatively, raise children well, and build prosperous, happy families,” (Anh, 2005). In this campaign, the “new woman” in post-*Doi Moi* embodies some of the values of her mother and grandmother, as extolled during the era of heightened socialist idealism, albeit in the context of serving their families as the way to build the modern nation. As Jane Werner points out, “Ironically, the idealized and essentialized “socialist woman” of the revolutionary era has been replaced with the essentialized model of woman *qua* mother of the development state.” She further argues that the state, in failing to sustain the socialist tradition of providing free social services such as health care, has benefited from relocating women back into the domestic sphere. Although this might be an unexpected outcome of the various economic and social policies introduced during *Doi Moi*, it is certain that, post-*Doi Moi*, the new standards of womanhood have been “substantially and substantively influenced by the state” (Werner, 2002).

Family planning is one of the areas where the state discourse on womanhood has played out most clearly. After *Doi Moi*, the emphasis on family planning shifted from building socialist subjects and the socialist nation to constructing small size, prosperous, and happy families as the foundation for a strong and modern nation. As Tine Gammeltoft (2001) points out, “While family-planning messages obviously aim at raising people’s awareness of the social and economic benefits of the small-sized family, they also, more indirectly, create and recreate specific definitions of the roles and positions of women vis-à-vis both family and nation.” Gammeltoft also notes, “In family planning rhetoric and slogans, such as ‘a happy family, a wealthy country’ (*gia dinh hanh phuc, dan nuoc phon vinh*), or ‘good for the country, beneficial for the family’ (*ich nuoc loin ha*), family and nation are presented as analogically related and interdependent entities, the welfare of one naturally benefiting the other.”

In this new endeavor of the post-*Doi Moi* state, women again play a key role since they bear the primary responsibility for the welfare of the family and therefore, by extension, the welfare of the nation. Women, therefore, have been the primary bearers of family planning in

Vietnam throughout the history of the program. This has been clearly reflected in the disproportionate share of women among contraceptive users, in the fact that the IUD has been the contraceptive of choice (Gammeltoft, 1999; Johansson et al., 1998a), and in the high rates of abortion (Goodkind, 1994; Johansson et al., 1996).

In interviews with our key sources, one common explanation for women's disproportionate responsibility for family planning is that in Vietnamese culture reproduction is seen as "women's business" (*cong viec cua phu nu*), and as having little to do with men, who take less responsibility for contraception than their wives and sexual partners. (For a different perspective of male involvement in family planning in Vietnam, see Johansson et al., 1998b). Although this cultural explanation might have some validity, we argue that it does not take into account the role of the state and its project of nation building. As shown earlier, the socialist state challenged the boundaries of "women's business" by bringing the private family into the larger family of the socialist nation, thereby turning "women's business" into a political category under the direct purview of the state. After *Doi Moi*, although the meshing of the private family and the nation has been more subtle and the notion of "women's business" more private, the state has continued to build the nation on such "women's business" as fertility regulation and women's role as the caretaker of the family. The state therefore has always been an important player in maintaining "women's business" as a domain of the state, relentlessly subjected to control and regulations. While in traditional Vietnam such "women's business" as reproduction (and, by extension, women's sexuality) was subjected to the authority of the patriarchal extended family, in modern Vietnam reproduction (and, again, by extension, women's sexuality) has been driven by the ever-shifting project of nation building led by the state.

It is ironic that while women as housewives and family caretakers have been at the front and center of family planning, they have been sidelined in the existing policies and programs on HIV/AIDS. In policy documents women are subsumed under general categories like "community," "general population," and "the family." Most efforts and resources have been focused on high-risk groups, including (largely male) injecting drug users, commercial sex workers (largely female) and, in recent months, "men who have sex with men." To be fair, the national strategy for HIV-prevention and control makes specific references to women and

the importance of gender equality in a number of places.²⁶ One of the specific objectives is “proper care and treatment” for all HIV-positive pregnant women. In the section on solutions, when referring to the importance of mobilizing potential within the family and community, the national strategy promotes the task of “raising awareness and ensuring equality for women so that women could participate actively in HIV/AIDS prevention and control.” In the context of “behavioral change” communication in the community, it specifies “raising gender awareness and gender analysis skills [among] decision makers and program managers, as well as implementing gender equality in HIV/AIDS prevention and control programs.” And, in the section on prevention of mother-to-child transmission, one of the strategies is to “raise awareness of women in reproductive age ranges about [their] HIV risks and the possibility of mother-to-child transmission.” Ample policy guidance, however, has not been translated sufficiently into action plans and/or program activities, which could have brought about major changes in turning around the epidemic.

Although concerns have been raised for some time about the epidemic becoming more widespread — reflected among other things, by increasing rates of HIV-infection among pregnant women — little has been done to prevent this scenario as far as the “general population,” especially women, is concerned. Studies in Vietnam have shown that women are vulnerable to HIV infections because their husbands and sexual partners have injected drugs and/or have had extramarital sex, and because women have little power to negotiate condom use (Go et al., 2002; Ha, 2005). Women are vulnerable not only when they are young and unmarried, or when they were married and at their “reproductive age,” as defined by the strategy, but also when they have experienced menopause (Huong & Duc, 2005). These studies have also shown that women with HIV/AIDS continue to be at risk to HIV super-infections because they do not have the power to negotiate their sexuality and bodies (Huong & Vinh, 2004).

In Thailand, a neighboring country with some successes in dealing with the epidemic, people are familiar with condoms thanks to extensive promotion in family planning education in the early 1970s (Ainsworth et al., 2003), so when the HIV/AIDS epidemic hit the country, condoms were reintroduced with little difficulty. Condoms were introduced much

²⁶ Decision of the Prime Minister on approval of the National Strategy on HIV/AIDS Prevention and Control in Vietnam until 2010 with a vision to 2020 (Decision 36/QĐ-TTg).

later in Vietnam, initially for family planning but then overwhelmingly in connection with HIV/AIDS prevention. Condom use was linked either with married couples (in family planning messages) or with “promiscuous sex” (in early HIV-prevention messages). Some efforts have been made recently to rectify this situation but it is an uphill battle to turn around the earlier images of condom usage. Although women in Vietnam, as in countries worldwide, are the ones who suffer most from the impacts of the epidemic on their families, little has been done to alleviate the burden of care and support that they have been providing for their ailing sons and husbands.

While women as housewives have not received sufficient attention in the policy documents and programmatic efforts on HIV/AIDS prevention, another group of women — “females who trade in sex” (*gai mai dam*) — has received special attention. It is important to note that female sex workers receive special attention not only for the sake of HIV/AIDS prevention, but also as a group that could threaten social stability. As already mentioned, various non-HIV policy documents have been produced for the purposes of prevention and control of commercial sex, including the national strategy for prevention and control of prostitution (2001–2005) and the 2003 Ordinance on preventing and combating prostitution. Although the Ordinance sanctioned penalties for the (overwhelmingly) male customers, including fines and notifying their employers, implementation has fallen short. One of the reasons for hesitancy in enforcing the law on male customers — including growing numbers of government cadres — has been the concern that the news could damage their families. On the other hand severe penalties, ranging from administrative detention to forced re-education, have been enforced against female sex workers.²⁷

In recent years public-health measures, like harm reduction, treatment of STDs for sex workers, HIV sentinel surveillance, and behavioral surveillance, have been introduced and hailed as better alternatives to punitive measures in terms of HIV/AIDS prevention and control. And, as the concern about a “generalized” epidemic has grown, female sex workers

²⁷ For more on HIV/AIDS policy effects on sex workers and other marginalized groups, including PLWHA and MSM, see also in this publication: Bahgat, H. & Afifi, W. Sexuality politics in Egypt, pp. 65-66; Ramasubban, R., Culture, politics, and discourses on sexuality: A history of resistance to the anti-sodomy law in India, pp. 97-100; Cáceres, C., Cueto, M. & Palomino, N. Sexual and reproductive-rights policies in Peru: unveiling false promises, pp. 151, 154-155; de Camargo, K. & Mattos, R. Looking for sex in all the wrong places: the silencing of sexuality in the World Bank’s public discourse, pp. 368-369.

have increasingly become the focus of public-health research and intervention. For example, research literature and the media cite growing numbers of female sex workers injecting drugs as the cause of rising infection rates among them (Tran et al., 2005). It would be hard not to get the implicit message that female sex workers have become an increasing threat to the so-called “general population” and therefore deserve special attention from both the administrative and public health points of view.

In her study on the changing patterns of the governance of prostitution in Vietnam, Nguyen-vo (2002, p. 144) shows the intertwining connections between the increasing public health attention to female sex workers — a new mode of the governance of prostitution in the post-*Doi Moi* era — and the promotion of middle-class heterosexual norms and behaviors aimed first and foremost at the growing legions of middle-class housewives. Nguyen-vo shows that during the socialist era, the state discourse portrayed prostitution as “no more than a vestige” of the past, whether it was French colonialism or American imperialism. The task of the socialist state, then, was to eradicate this unwanted product of the past – prohibiting prostitution and transforming female sex workers into “proletarian subjects” through re-education and compulsory labor in rehabilitation centers – with the goal of constructing a socialist nation that presented itself as a complete break from the inglorious past. In this context, the role of public health and medical professionals was mainly to treat female sex workers with STDs when they were in rehabilitation centers.

As *Doi Moi* accelerates the process of social and economic transformation, the number of female sex workers has reportedly been increasing. In this new context, Nguyen-vo (2002) argues, the state has found a new mode of governance in the use of public health and medical expertise. These professionals now prescribe prostitutes and their health risks (objectified through scientific research) as an imminent threat to the health of the nation. Public health and medical professionals certainly are not alone in this endeavor, as the explosion of media coverage of commercial sex work has helped to project the image of prostitutes as a threat to the public (Huynh et al., 2004). This professionally constructed image of a public threat allows public-health professionals and the state to prescribe further intervention measures against the bodies of female sex workers. Unlike in the socialist era, when the prostitute was treated as a “vessel of disease that ought to be cast out or eradicated,” now it is “the embed-

ded-ness of her body in the nation's body" that makes the latter so visible as an entity that needs to be protected at all costs (Nguyen-vo, 2002).

The fight against the "imminent threat" posed by largely lower-class prostitutes, however, does not just involve the state with its administrative measures, or public health and medical professionals with their more "humane and effective" interventions, but also the housewives of the expanding middle class with their new-found femininity and their bodies. As Nguyen-vo also shows, public health and medical discourse offers little but to urge "wives and potential wives of the middle classes to compete for their men's sexual interests against the lure of prostitutes." This is evidenced in the growing industry of self-help books and counseling centers that focus mainly on teaching middle-class housewives in urban areas about "bourgeois femininity" and "sexual necessities" that could help them to provide class-appropriate pleasure to their husbands. The socio-sexual order preferred and maintained by the state is constructed, therefore, first and foremost "within the [socially and politically sanctioned] hygienic confines of the conjugal bed" (Nguyen-vo, 2002).

To build on this original analysis of Nguyen-vo, it is possible to conclude that women as housewives are not completely out of the picture in the fight against HIV/AIDS. They remain crucial because they are the ones who maintain the image of the "happy and prosperous family" that, among other things, should be free from potentially devastating diseases like AIDS. They also remain crucial for the state because they are the ones who maintain the socio-sexual order deemed appropriate to its nation-building project. On the other hand, the category of "females who trade in sex" (*gai ban dam*) and the bodies of female sex workers are important for the state to construct in order to uphold the socio-sexual order that makes the maintenance of the "happy and prosperous family" an endless task for the housewives in post-*Doi Moi*. And yet, the vulnerabilities and risks of housewives have received little attention, which ironically could make the project of nation building crumble at any moment.

With the help of the public health and medical expertise that developed throughout the family-planning era and blossomed with the advent of HIV/AIDS, the post-*Doi Moi* state has furthered its technology of power to complement its arsenal of Leninist governing tools.

From family planning to HIV/AIDS, the state has completely realigned “private” matters such as intimacy, sexuality, and reproduction with its nation-building interests, and has made women’s sexuality and bodies a domain of the state. Despite the state’s endorsement of the discourse on women’s emancipation throughout the socialist era and of the new discourse of women’s empowerment in the era after *Doi Moi*, reproduction and women’s sexuality have not been autonomous, as they never were under the traditional structure of the patriarchal extended family. We would argue that this is the second continuity that exists as Vietnam moves from family planning to the HIV/AIDS era.

Conclusion: Moving forward on reproductive and sexual health and rights

In this paper we first showed that in the early decades of family planning in Vietnam policymakers were under immense pressure to ensure that population growth was kept in check and that economic development was not affected by what they considered as “overpopulation.” This led to the introduction of numerous policies where the emphasis on fertility control to achieve demographic targets was prominent. As these targets were largely achieved and as the state opened its policymaking processes to greater external influences, including donors and international treaties, policies introduced during the early years of this millennium have moved towards a more comprehensive agenda that takes into account the integration of population and development and reproductive health and rights.

During this development of population and family planning as a social and health priority, HIV/AIDS entered the picture in the early 1990s. As the number of HIV/AIDS cases rapidly increased, media coverage and donor funding for HIV/AIDS have increased disproportionately as compared to media coverage and funding for family planning. While the government responded quickly with HIV/AIDS policies aimed at halting the spread of the epidemic, these early policies were fraught with contentious issues. Such issues, we argue, resulted largely from the conflict between the perceived need to protect the imagined “general public” and the increasingly acknowledged importance of protecting the rights and interests of those who are infected and affected by the virus and disproportionately from the bottom ranks of the society.

This conflict reflects the larger difficulty for the state in striking a balance between what the state perceives and defines as in the interests of the society and the country, and the interests of individuals and groups with who these state-sponsored interests might be in conflict. In recent years, as the international community has played a larger role in HIV/AIDS funding and policymaking, new policies have been introduced that probably reflect the new perspective within the state that it is possible to strike a balance between these two demands. Similarly, the move towards a broader agenda of reproductive health and rights in population policies also reflects this new perspective. And yet there are many challenges in translating these policies into practice, including the specter of that public/private balance. The story of “population surge” mentioned above is one example of how this specter could return to haunt the state even when the state appears to have moved past it.

We have further showed that the lack of a strong civil society that could serve as advocates for change, rather than relying entirely on individuals within the state and the donor community, reflects continuity in the shift described earlier. In controversies like the story of “population surge,” the role of civil society is important in reminding the state and donors about their commitment towards change. Another aspect of continuity is the interest in controlling and regulating women’s bodies and sexuality to serve the ever-shifting project of nation building sponsored by the state. As long as women’s bodies and sexuality are subsumed under this project and therefore relegated as a domain of the state, women will continue to see their reproductive and sexual autonomy devalued as they once were under the patriarchal structure of the traditional extended family. These two aspects of continuity are not disconnected as success stories in the struggle for reproductive and sexual rights have shown that the power of one would translate into the success of the other (Parker et al., 2004; Petchesky, 2003).

In this paper we have chosen to examine family planning and HIV/AIDS because we held them not simply as two distinctive public-health programs, but rather as two paradigms in approaching and controlling reproductive and sexual health and rights. Family planning focuses primarily on controlling unprotected procreative sex, often within the context of heterosexual marriage. On the other hand, unsafe non-procreative sex, often outside the context of marriage, has been the primary concern for HIV/AIDS prevention. Literature on HIV/AIDS is replete with studies on the risk of unsafe non-procreative sex such as “commer-

cial” sex, teenage sex, and homosexual sex, while demographic studies have hardly moved beyond sex between legally registered heterosexual couples. Seen in this way, as Vietnam moves from one end of the continuum to another, the struggle to break this continuum and the underlying dynamics that have maintained it has added significance. In the context of national and global transformations, where diversity and heterogeneity is the norm, we believe that breaking this continuity will best benefit the development of Vietnam.

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