

**Agency in the Face of Opposition:
Women's Decision-making and Son Preference in Vietnam**

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Abstract

Vietnam is an interesting setting in which to study relationships between gender and fertility decision-making. Strong patrilineal traditions, in which having a son to carry on the family line is extremely important, coexist with egalitarian socialist ideology and state policies discouraging couples from having more than two children. This paper analyzes recent survey data to investigate the effects of women's agency in social and economic spheres of life, and their attitudes regarding gender equality, in predicting their stated propensity to use contraception or have an abortion in face of strong pressure from close relatives to bear an additional child in the hope of having a son. The results reveal that some aspects of social and economic empowerment as well as gender attitudes have an effect on a woman's perceived ability to use contraception in the face of strong son preference. In contrast, economic empowerment and reproductive health experiences have significant effects on the decision to have an abortion. Background characteristics, including age, education, and being non-Catholic, have positive associations with both outcomes.

INTRODUCTION

Women's "empowerment," autonomy or the ability to exercise agency has long been assumed to play a role in reproductive health. Outcomes of women's agency that have been studied include fertility and contraceptive decisions (Mason and Smith 2000, Schuler et al. 1997), infant and child health and mortality (Basu and Basu 1991, Kishor 1993) and the use of maternal and child health services (Beegle et al. 2001). The body of literature examining relationships between women's agency and these various outcomes has provided suggestive but not definitive evidence. Taken as a whole, these studies suggest that the importance of women's agency in determining fertility and other reproductive health-related outcomes varies greatly by context (Malhotra et al. 2002, Kabeer 2001, Jejeebhoy and Sathar 2001).

In Vietnam, socialist ideals of equality of men and women coexist with traditional Confucian attitudes about gender that place girls and women in subordinate positions to fathers, husbands, and sons. Traditional Confucian ideals place the major responsibility for ensuring family harmony upon women, which translates into expectations that wives should be passive and hard-working and quietly comply with husbands' and in-laws' wishes. The socialist ideology promoted since mid-century labeled such ideas as "backwards" and "feudal" and has emphasized the equality of men and women. Legislation guaranteed equal rights for men and women in family and society, and more recent policies emphasize aspects of reproductive health and rights (Ministry of Health 2000). In addition to changing gender norms, the economic landscape in Vietnam has undergone great transformation in recent years. The economic restructuring program *doi moi* initiated in 1986 dismantled collective welfare systems of the socialist era in favor of market-oriented reforms. This has placed more responsibility for providing finances on individual families, and women are responsible for ensuring family finances are well spent.

Within the Vietnamese context of changing gender norms and heightened economic difficulties, women face opposing pressures with respect to children and sex composition. On the one hand, son preference remains strong in Vietnam due to social and economic reasons (Haughton and Haughton 1995). Many women continue to face pressure from husbands and in-laws to bear sons to carry on the family line. In addition, sons are still considered to be parents' principal

source of support in old age. On the other hand, Vietnam has a policy that stresses the ideal of no more than two children (Knodel et al. 1995, Zhang and Locke 2001), and women are pressured by state, health service providers, and organizations such as the local Women's Unions to ensure a "happy family." The happy family ideal promoted by the state is a prosperous, conflict-free family consisting of one or two well-educated and healthy children, regardless of sex.

Due to a combination of economic conditions and policy and program directives, Vietnam has witnessed a dramatic decline in fertility levels in the last several decades (Allman et al. 1991). The TFR has dropped from over 6 in the early 1970s to 1.3 in 1997 (Allman et al. 1991, PRB 2003). High levels of contraceptive use, particularly the IUD, and abortion have facilitated this trend. 78.5% of currently married women in Vietnam are using contraception and 90.5% had ever used contraception (National Committee 2002). The total abortion rate has been among the highest in the world, estimated at 2.5 in 1992 (Goodkind 1994) and 1.3 in 1997 (PRB 2003). The abortion ratio (or number of abortions per all pregnancies) is estimated to be 0.62 among women ages 15-49 (National Committee 2002). Thus, contraceptive use and abortion are common experiences among women in Vietnam, and the pressures of son preference may be heightened in a context of near-replacement level fertility.

This paper investigates what enables women in Vietnam to exercise decisions about their reproductive health and their family's welfare. We analyze data from a recent survey to look at women's own perceptions of their ability to use contraception and have an abortion in the face of opposition from husbands and family members who wish for a boy child. In these analyses we use measures of women's social and economic empowerment, an index of attitudes toward gender roles, and women's reproductive experiences to investigate the determinants of women's perceived ability to make decisions about contraceptive use and abortion.

METHODS

Data

The data for this paper come from a study of the relationships between gender and sexual and reproductive health in coastal Cua Lo district of Nghe An province in north central Vietnam. A survey of 465 women aged 18-35 was undertaken in February 2002. The research team used residents list obtained from local government offices to draw a random sample proportionate to size in seven communes. Principles of informed consent and confidentiality were followed.

Variables

This section describes the dependent and independent variables we use in our analysis. The independent variables measure aspects of women's empowerment and gender attitudes that we hypothesize may have an effect on decision-making. We also analyze factors associated with women's reproductive experiences and background characteristics.

Dependent variables

Two survey questions inquired about women's perceived ability to exercise agency in fertility decision-making in the face of strong son preference. Respondents were given hypothetical situations and asked if they would use contraception or undertake an abortion in opposition to their husbands' and in-laws' desires for a son. The survey questions read:

- "Suppose you have 2 children and both are girls. Your husband and his family want to have one son very much, but you think that 2 children are enough. Would you use a contraceptive method, knowing that your husband still wants more children?"
- "Suppose you have 2 children and both are girls. Your husband and his family want to have one son very much, but you think that 2 children are enough. If you got pregnant, would you have an abortion, knowing that your husband still wants more children?"¹

We construct dichotomous variables for these two outcomes (1=yes, 0=no).

¹ As noted, the use of contraception and experience of abortion are common among women in Vietnam. Our two survey questions do not mean to measure women's perceived ability to use contraception or have an abortion; nor do they attempt to measure women's own preference for sons. We constructed the survey questions to measure women's perceived ability to use these two accepted means of fertility regulation in the face of strong son preference from husbands and relatives.

Women's empowerment

Our indicators of empowerment were constructed in order to measure women's agency with respect to her husband and family in Vietnam. We are interested in the effects of women's social and economic empowerment on their perceptions of decision-making. We operationalize social empowerment in the Vietnamese context in two ways. First, we measure women's participation in community organizations. There are various organizations for women in our study areas, including the Women's Union, which serve as conduits for information about state population policies and family health information, as well as providing women with resources and training opportunities to improve their ability to generate income. We expect that women who participate in these organizations will be exposed to information to make informed choices about family size, and that they may also become more self-confident in exercising agency. We construct a dichotomous variable for membership in community organizations (1=yes, 0=no).

Second, we measure the degree to which women represent their families in the community. There are frequent events in Vietnamese communes, such as weddings, funerals of village members, and community festivals, where decisions are made about commune issues, and each family designates someone as their representative. Traditionally, the male household head usually represented the family at these events, however, women are increasingly playing this role. We expect a woman's representation of her family in a public gathering such as this demonstrates her position in the family and her ability to make decisions for it. It shows that the family considers her to be skillful in social interactions as well as trustworthy enough to make decisions on the family's behalf. We construct a categorical variable that indicates the proportion of events in the last year a woman reported representing her family: 0=never or few; 1= half or less; and 2=more than half.

With respect to economic empowerment, we measure both women's relative contribution to the household income and her perception of the importance of her contribution for the family's welfare. We hypothesize that the greater woman's contribution to the family and her belief in the importance of her contribution, the greater her perceived ability to challenge family desires regarding son preference will be. In Vietnam, the primary stated rationale for limiting family size is economic: "Too many children would be the death of us. Now I only wish that our economy

was better to be equal to my friends” (Johansson et al., 1998). We expect that women whose families depend on them for economic support will be in a stronger position than other women to make decisions related to the economic welfare of the family, including decisions regarding the number of children. We construct a dichotomous variable indicating if a woman’s reported economic contribution to her family is one-third the total household income or greater versus less than one-third, including earning no income. With respect to the importance of her income contribution, we code a dichotomous variable 1 if she reported her income was important or very important, and 0 if she reported somewhat or not important, or she made no income.

Gender attitudes

We also investigate the relationship between gender attitudes and our two outcome variables. We expect that women with more equitable gender attitudes will be more likely to concur with the state doctrine of equality between the sexes and feel they have the right to make decisions regarding their own reproductive health and the welfare of their families. We construct an index of 6 survey questions that encompass attitudes toward gender equity in the family and society. The questions pertaining to gender attitudes were based on a previous qualitative study conducted in the region, and also drew on other surveys (Tu Anh et al. 2002, Frontiers and Horizons 2003; Gammeltoft 1999, Rydstrom 1998).

The 6 survey statements include:

- Men are more capable than women in general.
- The husband’s opinion is more important than the wife’s opinion in general.
- It is best for everyone if the man is the breadwinner and the woman takes care of the home and family.
- Men’s work is more important than women’s work in general.
- The husband should have the final say in all family matters.
- People said that “a weak buffalo is stronger than a strong cow” therefore it is very important to keep the husband healthy, the wife's health is less important.

For each statement, respondents were asked whether they agreed or disagreed, and disagreement with the statement reflects gender equitable attitudes. The index was created with 1 point for

each question answered in an equitable manner, with the index ranging from 0 to 6. Cronbach's alpha is 0.63.

Reproductive experiences

We believe that women's perceived ability to make fertility-related decisions are influenced by their prior reproductive experiences. We hypothesize that women who have had an unwanted pregnancy may be more willing to use contraception or have an abortion for a future unwanted pregnancy. Similarly, the number sons a woman has may influence her desire for another one and her decision about contraception or abortion. We construct a dichotomous variable for ever had an unwanted pregnancy (1=yes, 0=no) and a continuous variable for number of sons.

Control variables

As a Vietnamese proverb says: "Manh vi gao, bao vi tien" – meaning that you are stronger when you have enough rice and you are more confident if you have enough money. We hypothesize that older women, women with higher levels of education, and those with relatively high economic status of the household will have a greater degree of social and economic empowerment, more equitable gender attitudes, and therefore greater ability to make reproductive decisions. We include age as a continuous variable in the analysis. We divide education into three categories: 0=primary, 1=some secondary, 2=higher secondary or post-secondary (all women in the sample had at least some primary education). Economic status of the household is coded 1 for high and 0 for low.²

We also control for religion, which may have an effect on the use of contraception and abortion. According to lay Buddhist ethics in Vietnam, abortion was traditionally seen as a severe sin and the pregnant woman and her family had an obligation to protect the life of the unborn fetus regardless of how the pregnancy had occurred (Johansson 1998). The Catholic religion also condemns abortion as well as contraception. We construct a variable for religion coded 1 for Catholic and 0 for all other religions or no religious affiliation.

² Economic status of the households is determined by the rating of the Ministry of Labor, Invalids, and Social Affairs. Only 3% of households in our sample were considered to be very poor and only 1% were designated as rich. Therefore we combined the categories poor/average (labeled "low") and well-off/rich (labeled "high").

Statistical analysis

We first present descriptive statistics and cross tabulations using chi square tests of significance. Next, we run logistic regressions testing for the effects of social and economic empowerment, gender attitudes, reproductive experiences, and control variables on the likelihood of a woman's perception of her ability to use contraception or have an abortion in the face of strong son preference. We include all the independent variables in each regression in order to examine if the effects of our categories of independent variables differ by our two chosen outcomes.

FINDINGS

Table 1 reports characteristics of our sample of respondents in the first column. The study revealed that 60.9% of women reported that they would use contraception in the face of strong son preference. Only 25.8% of women said that they would have an abortion in such a situation. Thus, women appear more able to exercise agency in the use of contraceptives than in deciding to obtain an abortion.

Women in our sample have relatively high education levels, with over three-quarters with at least some secondary education. Most households fall in the category of low economic status (61.5%). The sample consists of 86.5% of non-religion, 12.9% of Catholic people and only 3 cases of Buddhist (0.6%)³.

With the development of social organizations including the Women's Union, the Youth's Union, and the Peasant Association, most women in our study (70.5%) are a member of at least one social organization. The large majority of women represented the family in community events, with approximately one-third representing the family in more than half of the events. 65.4% of

³ Vietnam is known as a country where Buddhist religion is very common. However, this study used a definition of a Buddhist as follows: the person should be either a monk or has attended a formal ceremony of acceptance in a pagoda. The ceremony is called Tam Qui (Phat, Phap, Tang) meaning three followings: following Buddha, following Buddhist theory, and following Buddhist monks. After the formal ceremony, the person should practice 5 rules: no killing, no drinking alcohol, no lying, so stealing/robbing, and no sexual relations outside marriage.

women reported that they contribute one-third or more to family income (8.2% of women earned no income). 62.2% designated their contribution to be important or very important.⁴

Despite women's relatively high levels of social and economic empowerment, women still maintain traditional gender attitudes. Almost one-half of women answered all the gender attitude questions with inequitable responses (gender index score=0).

With respect to reproductive experiences, 15.3% of women ever had unwanted pregnancy, and over three-quarters already had at least one son.

Table 1 also presents cross-tabulations with chi-square tests of significance. On the whole, most aspects of women's social and economic empowerment as well as gender attitudes and reproductive experiences are significantly related to their perceived decision-making ability regarding contraception and abortion. We now turn to the results of our multivariate analysis to further analyze the effects of our independent variables.

Multivariate analysis

Decision-making ability regarding contraceptive use

The woman's age is positively related to the perceived ability to use contraception in the face of strong son preference, and the association is marginally significant. Education is positively and significantly related to use of contraception. Women with secondary education or higher are approximately two times more likely to have this decision-making ability than women with primary education. The effect of economic status of the household is insignificant. Religion is significantly related to perceived ability to use contraception. Catholic women are half as likely to report the ability to use contraception in response to strong son preference than are non-Catholics.

With respect to the social empowerment variables, the effect of membership in community organizations is insignificant. In contrast, the effect of representing one's family at community event is positive and significant. Those who represent their families at the greatest number of

⁴ Not all the women who contributed more than one-third of total income to the household believe that their income contribution was important or very important. The correlation between these two variables is 0.37.

community events are 1.7 times more likely to report the ability to use contraception in the face of son preference than those who represent their families at few or no events. Regarding the economic empowerment variables, the woman's perception of the importance of her income is marginally significant. Those who believe their contribution is very important or important are 50% more likely to report contraceptive use decision-making ability than those who deem their contribution to be less important. The variable pertaining to the woman's contribution to household income is not significant.

The gender attitude index is positive and significant. For each point higher on the index, a woman is 36% more likely to perceive she has the ability to use contraception in the face of strong son preference. Reproductive health experiences are not significantly related to perceived contraception decision-making ability.

Decision-making ability regarding abortion

The model predicting women's decision-making ability regarding abortion shows similar effects of the background control variables as the previous analysis. Woman's age has a positive and marginally significant effect on this perceived ability to have an abortion in the face of strong son preference. Woman's education is positively and significantly related to this perceived ability. Women with some secondary education are 2.3 times more likely to report this decision-making ability than women with only primary education. The effect of economic status of the household remains insignificant. The effect of religion is significant. Catholic women are 77% less likely to have an abortion in response to strong son preference than are those of other religions.

The woman's perception of the importance of her income is significantly related to decision-making ability with respect to abortion, as it was with respect to contraceptive use. However, the effect for abortion is greater. Those who believe their contribution is important are 2.6 times more likely to perceive they have this decision-making ability. The variable pertaining to the woman's contribution to household income is not significant. In contrast to the model for contraceptive decision-making, the effects for social empowerment and gender attitudes are insignificant.

The experience of unwanted pregnancy is significantly associated with abortion decision-making: those with a prior unwanted pregnancy are 1.7 times more likely to have a positive perception of their ability to have an abortion in the face of strong son preference.⁵ The number of sons is not significantly associated with abortion decision-making.⁶

In sum, not all the hypothesized variables are significant in our analysis, but aspects of social and economic empowerment as well as gender attitudes and background characteristics do have an effect on a woman's perceived ability to use contraception in the face of strong son preference. Economic empowerment, reproductive health experiences, and background characteristics have significant effects on the decision to have an abortion, however, social empowerment and gender attitudes do not.

DISCUSSION AND CONCLUSION

In the face of strong son preference, the determinants we have analyzed have different effects on women's perceived ability to make decisions about the use of contraception and having an abortion. This could be explained by the fact that contraception is perceived not only as a family matter but also a public concern. Therefore, some determinants, such as social empowerment and gender attitudes, which are more related to the perception of a women's individual reproductive responsibility, should have a stronger relationship with the ability to make decisions about contraceptive use than those about abortion. Despite the current emphasis on and increase in male family planning methods (mostly the condom), the regulation of fertility in Vietnam has been known as a highly feminized matter, depending heavily on the use of the IUD and the pill

⁵ We included 2 additional reproductive experience variables in both of our analyses: ever use of contraception and ever being hit by a husband. These variables had no significant relationship with decision-making ability in either the cross-tabulations or the logistic regression analysis nor did they significantly alter the relationship between the outcomes and other independent variables.

⁶ We substituted two alternative variables for the number of sons in both models, but their effects were insignificant: a categorical variable for having at least one son versus no sons and another categorical variable for having two or more sons versus one or none. These results suggest that having any sons or the exact number of sons does not influence a woman's perceived ability to use contraception or have an abortion in the face of hypothetical strong son preference.

(Johansson 1998, Gammeltoft 1999). As a result, women often consider the use of contraception as their responsibility and, to some extent, their right as well. Respondents from a related analysis of the qualitative data from our study voiced this opinion: “Practicing contraception mainly depends on women. We have to take care our health and life. As for men – they don’t have much responsibility in this matter” (Mai et al. 2002).

In contrast, abortion is seen as a matter that is important to the family’s well-being, and husbands are deeply involved (Johansson 1998). In this situation, it seems that social empowerment and gender equitable attitudes are no longer contributing factors to women’s agency in terms of abortion decision-making. Instead, a woman’s experience with unwanted pregnancy and her belief on the importance of her economic contribution become more important factors.

In this study, being a member of an organization is not a good predictor of fertility decision-making compared to representing the family in community events. As mentioned earlier, we expect that women who participate in these organizations will be exposed to information to make informed choices about family size. However, this exposure depends very much on the activities and capacity of such organizations in the locality. Thus, the sensitivity of this indicator may be influenced by the variability across locations. In addition, mere membership in an organization may not enhance women’s empowerment.

In much of the literature on women’s empowerment, access to resources is usually considered an important factor that influences the ability of women to make decisions within the household. However, it is interesting that neither the economic status of the household nor the income contribution of women have a significant association with women’s perceived ability to make decisions about contraception and having an abortion. Rather, a woman’s belief about the importance of her income contribution is positively and significantly related to her perceived ability to make decisions, both for contraceptive use and abortion. In most Vietnamese families, wives keep all the money earned from the members of the family. This could be a factor that diminishes the impact of economic status and income contribution; in this case, the value that women place on their own contribution becomes a better determinant of decision-making ability.

RECOMMENDATIONS

In order to enhance women's agency to improve their reproductive health and ensure their reproductive rights, interventions should emphasize gender issues in addition to education and income-generation programmes. Apart from participating in social activities and economic development, women should have a chance to learn how to value themselves, especially value their contribution to the family's well-being. The promotion on women's empowerment should not only focus on women's participation in social organizations on their role as decision-makers for their families in the broader community context.

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Table 1. Overall distribution and percentage of women who could use contraception or have an abortion in the face of strong son preference, N=465

	N (%)	% would use contraception	% would have abortion
Dependent variables			
Could use contraception			
No	182 (39.1)		
Yes	283 (60.9)		
Could have an abortion			
No	345 (74.2)		
Yes	120 (25.8)		
Background characteristics			
Age			
18-24	69 (14.8)	47.8 *	15.9 *
25-29	182 (39.2)	62.1	23.6
30-35	214 (46.0)	64.0	30.8
Education			
Primary	108 (23.2)	42.6 ***	12.0 **
Some secondary	294 (63.2)	64.6	29.3
Higher secondary and post-secondary	63 (13.6)	74.6	33.3
Economic status of household			
Low	283 (61.5)	57.2 +	23.0 +
High	177 (38.6)	65.5	29.9
Religion			
Buddhist and others	405 (87.1)	64.2 ***	28.6 ***
Catholic	60 (12.9)	38.3	6.7
Social empowerment			
Member of an organization			
No	137 (29.5)	52.5 *	22.6
Yes	328 (70.5)	64.3	27.1
Number of community events representing family			
Never or few	93 (20.0)	50.5 **	19.4 +
Half or less	228 (49.0)	57.9	24.6
More than half	144 (31.0)	72.2	31.9
Economic empowerment			
Income contribution			
Less than one-third	161 (34.6)	54.7 *	24.8
One-third or more	304 (65.4)	64.1	26.3
Importance of income contribution			
Somewhat, not important, no income	176 (37.8)	52.2 **	15.2 ***
Very important, important	289 (62.2)	66.8	32.2
Gender attitudes			
Gender attitude index			
0	211 (45.4)	55.0 ***	23.7
1	139 (29.9)	55.4	23.7
2-6	115 (24.7)	78.3	32.2
Reproductive experiences			
Ever had unwanted pregnancy			
Yes	71 (15.3)	70.9 +	39.4 ***
No	394 (84.7)	59.1	23.4
Number of sons			
0	130 (28.0)	55.4	23.1
1+	335 (78.0)	63.0	26.9

***p<0.000; **p<0.01; *p<0.05; +p<0.10; chi-square tests

Table 2. Odds ratios from logistic regression analyses examining the effect of women's social and economic empowerment, gender attitudes, reproductive experiences and other selected characteristics on the likelihood of using contraception or having an abortion in the face of strong son preference, N=465

	Contraceptive use		Abortion	
Background characteristics				
Age	1.06	+	1.07	+
Education				
Primary (ref)	1.00		1.00	
Some secondary	1.77	**	2.27	**
Higher secondary and post-secondary	1.81	*	1.83	
Economic status of household				
Low (ref)	1.00		1.00	
High	0.99		1.08	
Religion				
Not Catholic people (ref)	1.00		1.00	
Catholic people	0.51	*	0.23	**
Social empowerment				
Member of an organization				
No (ref)	1.00		1.00	
Yes	1.4		0.98	
Number of community events representing family				
Never or few (ref)	1.00		1.00	
Half or less	1.11		1.21	
More than half	1.70	*	1.39	
Economic empowerment				
Income contribution				
Less than one-third (ref)	1.00		1.00	
One-third or more	1.03		0.65	
Importance of income contribution				
Somewhat, not important, no income (ref)	1.00		1.00	
Very important, important	1.5	+	2.6	***
Gender attitudes				
Gender attitude index	1.36	***	1.12	
Reproductive experiences				
Ever had unwanted pregnancy				
Yes (ref)	1.00		1.00	
No	1.42		1.74	*
Number of sons	0.97		0.98	

***p<0.000; **p<0.01; *p<0.05; +p<0.10