

Chapter 1

The Impact of Modernization on the Basic Functions of Traditional Vietnamese Family

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Abstract

This paper is a commissioned manuscript. Based on analyses of local materials, this paper reveals us how modernization influences the Vietnamese traditional family in the period of interest.

Key word: modernization, basic functions of traditional Vietnamese family

1. Introducton

The processes of industrialization, modernization, and international integration that have occurred in Vietnam over the past decade have had a profound impact on all aspects of family life in all regions of the country. Concerns have, therefore, been raised that the basic functions of traditional family in Vietnam, such as (1) reproductive functions and the provision of healthcare for family members, (2) functional and economic production by the family unit, (2) functional, educational, and personal socialization in the family, and (4) functions satisfying the emotional needs of family members, among others, are in profound transition. An overarching perspective shows that this transition in traditional Vietnamese

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family functions is occurring in two different directions. On one hand, the traditional functions of such families need to be strengthened and improved in order to adapt better to the needs of modern family life. On the other hand, the fundamental values of the traditional family have been profoundly impacted, with the functional significance of family life in Vietnam degraded and even dissolved in some cases. It has to be said that this transition is putting the lives of families in Vietnam in all areas, from rural to urban and from the plains to mountainous areas, at some risk as they face new difficulties and challenges, such as the problems of abortion because of gender selection at birth, lack of provision of good healthcare for the elderly and children, job shortages, domestic violence and conflicts, and increase in the rate and absolute number of divorces, among other things. These problems are causing difficulties and confusion in the organization of family life and consequently have many implications for families and the society of contemporary Vietnam.

2. Research questions and concepts

The following research questions were posed: In the context of Vietnam, how has the accelerated process of social modernization and international integration affected the basic functions of families in Vietnam? Second, how has the transformation of family functions, such as reproductive functions, healthcare, manufacturing, the economy, education, and socialization affected the emotional satisfaction of individuals, families, and Vietnamese society today?

Two concepts related to the research content: Modernization and basic functions of the family.

Modernization: Modernization “is understood as a process that can be triggered in several ways; however, the most common process is the one triggered by changes in technology and values. The result of this process is the proliferation of institutions: the simple structure of the traditional society is transformed into the complex structure of modern society” (Marshall, 2010: 229).

Thus, modernization is always associated with the process of industrialization in society. Berger identified four general characteristics of modernization: (1) decline of communities

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and traditional societies that are small, (2) increase in personal choices, also called the personalization process, (3) increase in diversification of the types of religion or beliefs, and (4) improvement in the perceptions of the future and time (Macionis & Plummer, 1997).

Four basic functions of the family are the sexual, reproductive, economic, and educational functions. According to Pham (cited in Murdock, 2003: 207), these functions are vital to society because, for example, there would be no society members without the reproductive function, and supplies, cooking and life would no longer exist without the economic function [...].

Based on these two concepts, this study is concerned with and utilize concept of modernization that includes elements of industrialization. The functions of the family are classified into four groups:

1. Reproductive function– healthcare
2. Production function–economic
3. Educational function – socialization
4. Satisfying emotional needs function–spirit

However, this article also focuses on some aspects of modernization that are technological changes in life: institutions, social policy (economic development and population and family planning), and the development of social services, among other things. These are considered in relation to the changes in the basic functions of traditional Vietnamese families.

3. Data sources and methodology

Sources: The study is based on secondary data, including research results, magazine articles, and other press materials published over the last three decades that discuss family issues. The period from 1986 up until now has been the time during which Vietnam has accelerated the process of industrialization and modernization.

Research Methodology: The research used several methodologies, including implementing research using resources available in the Library of the Institute of Sociology and the Institute of Family and Gender; classifying, reading, and reviewing research results; and searching through data published in electronic journals in Vietnam. Limitation of this study is the lack of consideration of some aspects of the modernization and industrialization processes in Vietnam that affect the basic functions of the traditional family. This study both identifies

and analyzes not only the successful functional aspects of the family but also the difficulties and new challenges confronting family life. It also considers issues surrounding the sustainable development of the traditional Vietnamese family in the context of industrialization, modernization, and international integration.

4. Analysis of results

The article now focuses on providing evidence and analyzing the relationship between industrialization and modernization on the one hand and the transformation of the basic functions of traditional families in Vietnam on the other. First, it clarifies the relationships among industrialization, modernization, and the reproductive function of healthcare in traditional Vietnamese families.

(1) Reproductive function –Family healthcare

According to Mai (cited in Murdock, 2003: 207), sociologists have shown that the reproductive function of healthcare is an important family function. Sociologists see this as a “dual” function of the family that concerns not only birth (human reproduction) but also the care and nurturing of family members, particularly in terms of providing healthcare, which is very important for children and the elderly.

In Vietnam, the reproductive function, i.e., providing healthcare for each member in the family is a very basic function of the family, both in terms of society and within the family itself. The country’s development, particularly the modernization of the system of social services in recent years, mainly in urban and industrial areas, has led to changes in the birth and family healthcare functions of the family when compared with the period before the August 1945 revolution.

When considering the reproductive function of the traditional Vietnamese family, certain characteristics can be found, such as the early age of marriage and first births of mothers (14–15 years old). In addition, the gap between births is often short—around 1 or 2 years. According to Pham (2003: 131), cultural studies have confirmed that encouraging childbirth is a traditional Vietnamese notion. Indeed, a traditional Vietnamese saying goes, “God never sends mouths but he sends meat, or the children are the most abundant source of wealth.” Another proverb states, “The more children there are in a family, the more fortune comes.”

Minoru Teramoto, Nguyen Duc Chien, Misaki Iwai, Bui The Cuong. *The Vietnamese Family During the Period of Promoting Industrialization, Modernization and International Integration*. Chiba: IDE-JETRO, 2017.

Therefore, the number of people in the traditional Vietnamese family is often high. On average, a family has around 5–6 children and sometimes even as many as 12. The social reason for this tendency toward large families is the perception of children as sources of wealth, physical strength, and family spirit. First, children are considered to be a labor force that can contribute greatly to the family economy. Second, children can contribute to the welfare and well-being of families. Third, children are also the ones who take care of their parents when the latter grow older. Fourth, sons are valued as heirs to continue the family line and family succession. The birth of a son is of great significance and decides the success of married couple's life (Hoang, 2016: 118)

The reproductive function of Vietnamese families has been affected by the population boom that occurred in the 1960s and 1970s. Particularly after Vietnam gained peace and was reunified in 1975, the pressure of population growth on economic and social development forced the Vietnamese government to introduce an intervention policy to reduce this rapid growth. In 1961, Vietnam implemented programs on population and family planning. Thereafter, in the early 1980s, along with the implementation of policy reforms, Vietnam promulgated and released a series of policy documents on population (such as Decision No. 162/ HDBT issued on October 18, 1988, by the Minister of the Council on Population Policy—Family Planning), including regulations regarding the age for giving birth for the first time, gap between births, and for every couple to have only two children and establishing the national committee for population and family planning, among other things. Besides, the government launched a movement for family planning and implemented targets, such as “a family with few and healthy children, striving to become the model of a steady population at a reasonable level in order to have a prosperous and happy life.” In parallel, marriage and family law was set up, along with the establishment of provisions for women's (18 years and older) and men's (20 years and older) minimum age of marriage, to help encourage 5-year-break between the first and second births. We can say that the modernization of the system of policies and laws has changed the Vietnamese people's minds regarding notions of reproduction. In practice, the fertility of Vietnamese families has decreased markedly over the years. According to a study conducted 10 years ago, the average number of children per couple in the North was 3.06, while for families in the city, it was 2.33 (Do et al., 2002: 136–141). A study published recently also said that along with the process of demographic transition, fertility in Vietnam has fallen sharply during the decades after reunification. The total fertility rate (TFR) nationwide fell from about 4.5 children in the

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early 1980s to 2.3 children in 1999, reached the replacement fertility rate (2.1), and has remained quite stable at this level since around 2005 through to the present. The model family with two children has become common in Vietnam, except for ethnic minority communities and less-developed provinces. The fertility has declined over the past two decades in Vietnam mainly because of couples in rural areas opting not to have a third child (General Statistics Office of Vietnam- GSOV & UNFPA, 2016). Other changes recorded are the age at marriage and the mother's age at the first birth, which have improved remarkably, stretching the gap between the first and subsequent births.

It can be seen that industrialization and modernization have brought many changes to the reproductive function of the traditional family in Vietnam. The birth rate in Vietnam used to be high, much higher than the replacement rate; however, it has now fallen sharply, and for many years, it has remained at the replacement fertility level (2.1 children per woman). This is considered to be a good achievement by Vietnam in the implementation of its population and family planning policies with a view to contribute to the stabilization of the population and to the rapid, sustainable development of the economy and society.

However, with regard to the reproductive function, some further issues are attracting the attention of Vietnamese society, which are the phenomena of same-sex marriage and surrogacy, with weighty matters hiding under the latter phenomenon, such as the potential for trafficking in babies. Many articles have recently commented on abortion problems existing openly in society, including the participation of all people working in the health sector (vietnamnet, 2016). The serious problem of selection that is based on the gender of the baby also exists. The state policy of restricting the number of children and respect for ideologies that value boys above girls and the desire to continue the family line with the birth of a son are the main causes of this problem. Mai (2002: 242) argued that due to the importance of continuing their blood line, most families hope to give birth to a son. Families' desire to have a son is so strong that people risk defying the limits prescribed by official regulations on family planning. In general, the Red River Delta area has the country's highest gender-difference ratio at birth. According to data from the General Statistics Office, the Bac Giang province, Bac Ninh province, and Hung Yen province have the highest gender differenceratios at birth, followed by Hai Duong province, Vinh Phuc province, Hanoi, and Quang Ninh province, particularly the group of Thai Nguyen province, Phu Tho province, Hoa Binh province, Thanh Hoa province, Nghe An province, Ha Tinh province, and the lowest is in the southwest and northwest (GSO, 2011: 21)

The modernization of medical equipment in recent years, particularly in terms of the examination and diagnosis of the fetus's status has inadvertently created conditions that are ripe for the selection of the baby's gender and the consequent gender ratio at birth. Fetal ultrasound has led to many new problems in social life, such as indiscriminate abortion. Many statistics show that the proportion of abortions has surged among young people in Vietnam. The "rate of legal abortion in pregnant women is 2.5%, Vietnam has the highest abortion rate in the world" (Henshaw et al., 1999, cited in Gammeltoft, 2006: 2). Moreover, the problem puts Vietnam at increased risk of gender imbalance in the coming decades, which has Vietnamese authorities worried. Based on relatively recent population census data, Luu (2011: 3) stated: "a serious risk to the gender composition of Vietnam in the future is the imbalance in the gender composition of the infant...Based on the data of recent population censuses, this author pointed out that the sex ratio at birth was 105 in the 1979 census, in the 1989 census was 106, in the 1999 census was 107, and in the 2009 census, it had risen to the threshold of 'abnormal'—110.6." According to the 2012 report by the General Population Family Planning, the level of gender imbalance was 112.3 (Duong, 2012: 3).

Recent data sources have continued to indicate differences in this gender imbalance at birth across regions: out of six regions (Northern Midlands and Mountainous, Red River Delta, North Central and Central Coast, Central Highlands, Southeast, and Mekong Delta), the Red River Delta region has the highest gender ratio at birth (115.4), which is higher than the national average (110.6) and much higher than that in the Central Highlands (105.6) (GSO, 2011: 19). It can be said that changes in the gender ratio at birth coupled with those in the recent aging process of its population have forced Vietnam to face some volatile and unpredictable challenges.

In addition, the function of caring for the health of family members has changed because of the development and rapid modernization of the social service system, including services such as food, housemaids, private medical care, counseling, healthcare, care for the elderly, and holiday resort facilities, among other things, which are growing very robustly in the large cities, suburban areas, satellite areas, and industrial areas. These changes have brought about fundamental improvements in healthcare quality and met people's needs. The physical and mental well-being of the people has improved markedly. A study on the most recent Vietnamese generation has shown that physical health indicators such as height and weight have improved significantly. According to the World Health Organization, life expectancy in Vietnam in the past decade has continued to increase. In 1960, the average life expectancy of

Minoru Teramoto, Nguyen Duc Chien, Misaki Iwai, Bui The Cuong. *The Vietnamese Family During the Period of Promoting Industrialization, Modernization and International Integration*. Chiba: IDE-JETRO, 2017.

Vietnamese citizens was only 40 years (compared with the global average of 48 years); however, now Vietnamese life expectancy has increased to 73.2 years (people over age 65 account for nearly 7% of the population). This exceeds the average global life expectancy (69 years). Forecasts predict that the average life expectancy of a Vietnamese citizen will increase to 80.4 years by 2050 (Dantri, 2016).

However, some healthcare problems in Vietnam today are caused by low-quality social services. Newspapers in Vietnam have lately provided a great deal of information related to the quality of Vietnam's social services, for example, the 2014 case of "Cat Tuong," a beauty salon, where a plastic surgeon performed a procedure on a customer that led to the customer's death. Another example is that of a doctor who, in July 2016, operated on the patient's wrong foot in a Vietnamese-German hospital in Hanoi. In addition, the press has also reported on cases of food poisoning relating to catering services. The reality of the quality of social services has had a negative impact on the efficiency of people's healthcare, which in turn has decreased the people's belief in the developed and modernized social service system. This problem, in turn, poses new challenges.

Another problem that is also related to social services is in the context of industrialization. Many families depend on social services; however, these services are not guaranteed. This has an adverse impact on the physical and mental well-being of family members. A study on urban families indicated that the majority of families in which both spouses work and are involved in society do not have time to do housework or care for family members, particularly the elderly and children. Thus, they hire maids, who usually come from rural areas. The specific tasks that these maids perform for urban families are grocery shopping, cooking, dishwashing, housecleaning, doing the laundry, ironing, and taking care of the baby or sick and elderly people, among other assorted menial tasks (Nguyen, 2008: 14). In rural areas, many families are becoming accustomed to not having enough members, even for several days, because a spouse or adult children works away from home (Nguyen, 2016). The family members, particularly the parents, are concerned regarding meeting daily needs and making money. They entrust the care of their children, the elderly, and other family members to the social welfare system, which is causing much disturbance to family life and adversely affecting the emotional, psychological, and physical health of children and the elderly.

A further social problem that persists in Vietnamese family life is family violence. Le (2016: 1) shows that different forms of emotional abuse, general violence, and sexual

violence remain widespread in society. Violence occurs more often in remote rural areas where the economic conditions are difficult and so is getting information.

In rural areas, the family's healthcare functions have changed less than they have in urban areas. The results of a survey conducted in rural areas showed that in the Red River Delta region, "93.6% of households have maintained the common traditions of cooking at home in the morning, and 96.6% to 99.1% for afternoon and evening cooking." (Do et al., 2002: 151–155). However, other results showed that the healthcare functions of rural families are also threatened by the process of industrialization, which has led to an exodus of parents in search of jobs to cities, including overseas emigration. They leave small children and the elderly behind in rural areas. Of course, consequently, the elderly and the children face increased difficulties. In rural areas, coastal urban areas, and industrial zones, family life has also begun to face new difficulties. Having taken up work in factories, many families do not have any time to prepare breakfast or lunch together, and having worked all day for a corporate establishment, family members may only rarely manage to have dinner together. It may take weeks or months before they have the opportunity to eat together (Nguyen, 2016).

A new social problem is that of the small family size; the number of family generations living together in Vietnam has declined to only two. This also creates problems in the care of older people. Some grandparents do not live with their children and grandchildren, and so they must take care of themselves. According to Nguyen et al. (2015), in the rural Red River Delta region, majority of households in the sample surveyed were nuclear families. It can be said that, with the country promoting industrialization, the trend of the nuclear family in Vietnam will increase in the coming decades.

A survey of Vietnamese households conducted in 2006 showed that up to 50.1% of the respondents agreed with perspective that "parents who are healthy, and where there are economic arrangements will tend to live separately from their children who are married. The percentage of parents who live separately from their children who are married in the city area is higher than that of those in rural areas (53.3% versus 47.7%)" (Le, 2009: 120). This trend is pushing the elderly into situations of loneliness and inadequate support by their children. A study by Le (2015) identified that the elderly live mostly away from their children. The vulnerable elderly people in rural and urban areas face many difficulties in daily life besides issues regarding health and disease. Many elderly people who are also poor still have to work every day. They may live in deprived areas and have no opportunities to participate in social activities in the community.

Another problem confronted by rural families in the present context is that most are not good at accessing the modern healthcare system because of financial constraints. Evidence from some survey results confirms that traveling for medical reasons is quite arbitrary and that families often simply wait before seeking treatment for diseases or opting for new end-stage health examinations (Do et al., 2002: 151–155; Nguyen, 2008). Issues related to environmental pollution and the workplace environment also affect the healthcare functions of families in both urban and rural populations more markedly (Nguyen, 2015).

In summary, the evidence shows that the process of modernizing the system of policies and laws regarding birth, marriage, and family in Vietnam over the past decades has had a strong impact on the reproductive and healthcare functions of families in Vietnam. The general awareness and reproductive behavior of Vietnamese citizens have become increasingly advanced, with the population now tending to marry at the age prescribed by law, have fewer children, and take a reasonable break between births. Besides, the modernization of both the health system and equipment in private and state hospitals has improved the quality of reproductive healthcare.

The healthcare functions of the family have also been subject to many changes. Rising incomes, improved living conditions, and the modernization of the system of social services has contributed to more advanced healthcare opportunities than those formerly provided by family members. However, many new social problems have arisen with regard to the reproductive function: family healthcare is improving in Vietnam, and there is some social concern regarding issues such as same-sex marriage, gender selection at birth, abortion, and the abduction and trafficking of children. Some families still live hard lives, and the quality of the social service system is not high. There are problems with people delaying marriage or not getting married at all with the population aging rapidly and with the ongoing problems concerning domestic violence, among other things, all of which significantly affect personal life and family relationships in rural and urban areas. These problems pose difficulties and challenges to the reproductive function and healthcare of families in Vietnam in the context of transformation and international integration.

(2) Production function–family economics

The family is also considered to be an economic unit that engages unrelated activities, such as the production and consumption of products. In Vietnam, this is a very important function of the family as it ensures that family members contribute to the family's economic activities

Minoru Teramoto, Nguyen Duc Chien, Misaki Iwai, Bui The Cuong. *The Vietnamese Family During the Period of Promoting Industrialization, Modernization and International Integration*. Chiba: IDE-JETRO, 2017.

and consumption of products produced by society. Social development, along with the process of modernization, has made the production function of family economics in Vietnam steadily change over time.

The economic activities of the traditional Vietnamese family (in the period before the August Revolution of 1945) were conducted primarily in the agricultural sector. A couple would participate in work within the family; however, the division of labor between husbands and wives was quite succinctly summed up in the folk proverb: "On dry shallow, depth under contract; husband plow, wife transplant, buffalo harrow," which implies that any hard work requiring intensive effort was undertaken by the husband, and any meticulous work requiring patience and dexterity was done by the wife. A further characteristic of this period was the family products created primarily to serve the needs of domestic consumers with little opportunity to exchange or sell them at the market.

In the era when Vietnam implemented a planned economy, the family no longer existed as an independent economic unit. The cooperative was the economic unit that organized and managed all its employees' jobs in local production, while the family members, also called members, were only workers subject to the cooperative's assignment of duties. In terms of consumption, the family was only a consumer, while the sale and exchange of products with the outside world was managed by the cooperatives. At the beginning of this period, there were many factories and enterprises, which attracted a young migrating labor force of rural families, thus serving the objectives of a rapidly industrializing country. This process led to the emergence of a new type of family where in the couple worked in factories and participated in economic activity outside the home. Thus, a majority of families in this period served as functional units of consumption.

In 1986, the Innovation Policy was promulgated (particularly the "10 Years' Contract" in 1988), which led to households in rural areas achieving autonomy in production and business while continuing to act as units of production and consumption. In the current context of Vietnam promoting industrialization, both modernization and international integration have caused profound changes in the economic functions of the family. Recent studies indicate that as a unit of economic activity outside agriculture, rural households derive more income from craftsmanship, small businesses, services, and employment, among other things (Nguyen, 2015). This fact has improved the economic life and material possessions of rural families when compared with those in the previous period. According to data from a recent

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survey, the percentage of affluent households in the Red River Delta is 2.8%; 46.2% are good; 45.5% are average, 5.1% are poor, and only 0.3% are hungry. The same survey goes on to reveal that wife's contribution to the family is the biggest (representing 65.8%), but in respect of supplying money, husband's contribution is the biggest (65.2%) (Mai, 2004: 16). The concern is that not only diversification of production and business occurring but also a process of restructuring professions, professional positions, and social roles of the individual and families is taking place in rural communities (Nguyen, 2016 (b)).

However, in the context of industrialization and structural transformation, the challenges faced by families in rural Vietnam pertain to orientation and finding jobs for family members. According to survey data on the Hai Van commune, Hai Hau district, Nam Dinh province, in 2003, "the percentage of family members that have temporary jobs for a full year is 16.4%, while the number of family members that are labor surplus and unemployed comes to 74.9%. The surplus employment and labor shortage is only 8.7%" (Institute of Sociology, 2003: 2). An increasingly difficult issue is the lack of jobs even for educated individuals. According to figures published in the electronic journal vnexpress.net (2016), nearly 178,000 people with bachelor and master's degrees are unemployed. The newsletter of the Institute of Labor Science and Social Affairs reported updated labor market figures for the first quarter of 2015 and stated that the unemployment rate was increasing. In those first three months of 2015, the country had more than 1.1 million unemployed people, an increase of 114,000 people compared with the first three months of 2014. The number of unemployed graduates rose from 162,000 to nearly 178,000. The number of unemployed college graduates rose from 79,000 to more than 100,000, and the number of unemployed workers who did not have degrees increased from nearly 630,000 to 726,000.

It can be seen that surplus labor, underemployment, and the economic difficulties faced by families in both rural and urban areas are triggers for a mass exodus of people from the countryside to the cities in the hope of obtaining jobs. Some families in urban and rural areas are desperately looking for jobs for their children, sometimes at all costs, which can mean borrowing money, remortgaging their property, or working abroad. Unemployment and underemployment of children in the family also causes an increase in social ills in Vietnam, such as theft, murder, robbery, and disguised prostitution, among other things. The results of recent studies show that theft, drug addiction, prostitution, and social upheaval are more prevalent among the youth because after leaving school without a steady job, young people

will have to seek an income to live on—by negative means if no positive ones are available (Dang, 2009: 63).

Other emerging problems in the economic activities of rural families are the social ill of child labor rearing its head, contribution of the elderly to the family economy, status of production, focus of businesses on economic interests in disregard of the law, unhealthy working conditions in the manufacturing sector that are hazardous to people's health and/or cause environmental pollution, and labor exploitation of employees, among other things. The biggest concerns are the problems surrounding domestic violence and the use of child labor. This fact is a topic of raging debate in the mass media. For example, the mass media reports public indignation in some cases of child labor and violence. For instance, a girl became a victim of violence by a noodle seller (wife and husband) on Nguyen Trai Street, Thanh Xuan district, Hanoi, for more than 10 years (tuoitreonline, 2013). The results of a national survey of Vietnamese families conducted by the Ministry of Culture, Sports and Tourism, General Statistics Office, UNICEF, and Institute for Family and Gender Studies (2006: 30) indicated that 21.2% of couples said that they had experienced at least one incident of domestic violence in the previous 12 months; the question included all forms of violence, both physical and psychological. Families that focus overly rigidly on economic development might exploit family labor, including engaging children and elderly people in economic activities, and would not be interested in other social functions such as education and healthcare for these members. This leads to a paradox of economic development that is rich but does not guarantee an education, with children malingering and beset by social ills, particularly young teenagers and preteens.

In sum, the above mentioned evidence and analysis continue to reflect the impact of industrialization and modernization on the economic function of the traditional Vietnamese family today. It can be said that the reforms introduced by the government created new opportunities for the development of the household economy and that the diversification of industries has created jobs, which has led to occupational restructuring, including changes in the occupational and social statuses of individuals. It has also contributed to the rising household incomes and living standards. However, families in Vietnam today also face many social problems, such as the orientation, organization, and arrangement of labor and employment for family members. Vietnam's economy has not prospered sufficiently to create enough jobs for all its workers. Other problems related to the economic function of the family, such as an over emphasis on manufacturing and the economic benefits of trading and the

implementation and over exploitation of family resources, such as (1) the use of children and the elderly as labor and (2) unhealthy production and business practices, which lead to poor results for people, society, and the environment. The lack of jobs is a cause of increased negativity and social ills. This also poses new challenges to the management and development of the country.

(3) Educational function– individuals’ socialization in the family

Sociology considers that the family provides the first educational environment in the process of human socialization from birth. Therefore, the family plays a key role in providing attitudes, beliefs, values, and social standards to its members. Families teach children ways in which to perceive social roles and recognize and act as members of both the family and society. Currently, the development of society has led to changes in the education system in society, affecting the function of education and individuals’ socialization in the family.

According to the literature, the traditional Vietnamese family is often large—a type of extended family with several generations living together. Mai Van Hai called it a family type of “three, four great copper lines,” also known as an extended family. Researchers such as Tran Dinh Huou, when discussing the traditional family in Vietnam, noted: “the Vietnam family structure is not only immigrant families for generations, but also the nuclear family. That is a kind of extended nuclear family” (Tran, 1996: 25). Do (1991) called this type of family a “half nuclear family.” The family traditionally plays an important role in educating its members, particularly children. The family not only educates by socializing the individual and teaching morals and family rules but also teaches its members life skills and career orientation. In each family, older members such as grandparents, parents, and siblings play a large role in educating and conveying the values of the family and society to the younger members. In fact, the family educates not only children in their socialization but also other family members. Therefore, the complete socialization process of each member of the family begins at birth and continues until death.

Since the government established its family planning policy in 1988, the number of members in the traditional Vietnamese family has tended to decrease and the family structure has become that of a nuclear family. This is reflected in the results of an investigative study conducted by the Committee for Population, Family and Children in 1994, which indicated: “the proportion of nuclear families is 66.6%” (Mai, 2004: 12). According to a survey in 2002 by the National Research Institute for Family and Gender, “the average number of family

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members in the Red River Delta is 4.3 persons” (Mai, 2004: 12). The results of a survey of Vietnamese families and women in the era of industrialization and modernization showed that “81% were two-generation families” (Le et al., 2002: 28). The findings of research conducted into the family structure in the Delta region indicated that “the nuclear family type is popular, accounting for 83.2%, while only 16.8% are extended families” (Vu, 2006: 15). Another published study recently affirmed: “most homes today are nuclear families” (Nguyen, 2016: 1).

Currently, the educational function, which includes the socialization of the individual in the family, tends to gradually be transferred out of society. Families mostly assume the mantle of morality training and providing education and knowledge regarding the skills and jobs available in society. Vietnam is implementing a policy of combining school, society, and the family in educating children. For example, when entering primary school, children have to spend more time at school and boarding schools have more classes, resulting in children being more exposed to their teachers and friends rather than parents or other family members. Moreover, related to the educational function of the family, a change is taking place in the control of the sexual function for young people, which has been weakened. In traditional societies, a girl’s virginity has great value. However, the increase in the number of young people having sex and cohabitating before getting married indicates a gradual loss of control over sexual activities of young people. The results of a household survey showed that in Vietnam in 2006, “21% of those polled agreed with the concept of men being able to have sex with the person they will definitely marry; 19.8% agreed that women can have sex with the person they will definitely marry” (Le, 2009: 123). Nguyen’s (2011) study—“Male and female students living together before marriage of nowadays”—showed the relationship status, attitudes toward premarital sex, and abortion issues among students.

As with the economic function of the family, this study has discussed how families now are focused uneconomic survival. Many parents do not have the time to address the moral education of their children or their studies. Conversely, due to changing family structures that mean that most families are now nuclear-family units, with the grandparents’ generation tending not to live in the family home, the elderly generation is no longer so influential in the education of offspring. This is one of the reasons behind the increasing number of spoiled children who are not polite to adults, engage in truancy, or run away from home, which may lead them into becoming victims of social ills. This situation has also been given coverage in some newspapers; for example, an article titled “Alarm juvenile crime” stated that a majority

Minoru Teramoto, Nguyen Duc Chien, Misaki Iwai, Bui The Cuong. *The Vietnamese Family During the Period of Promoting Industrialization, Modernization and International Integration*. Chiba: IDE-JETRO, 2017.

of offenders blame family rifts and parents who do not care for their children, with a further list of possible causes such as being abandoned as a child, premature births, poverty or dependence on donations, and a family history of addiction, gambling, alcoholism, among other things, or the parents prioritizing money over everything else (nld, 2016).

The issue of education of the family is a drawback: Many families in rural areas experience difficulties in helping their children with their studies. Many parents also lack sufficient knowledge to teach their children. Imparting life skills and gender education to adolescents is also quite new and makes many families feel awkward. This leads to the following type of situation: “when you are young, you see no need for education, until you're older; you find it hard to say” (Do et al., 2002: 155–156). Meanwhile, at school, learning programs have many short comings. Dang Nguyen Anh said: “the content of educational programs, especially in the current general education system showed the full terms of mentality, even an over load of knowledge, but the other qualities were fuzzy, not even at a level to be expressed as life skills and presentation skills which are essential for the modern world...What a pity that schools that focus on only literacy offer virtually no skills training, nor teaching for society. Families pay more attention to foster care”(Dang, 2009: 70).

An additional issue that has emerged is that functional education is socially shared. Consequent to the removal of state subsidies in education, poorer students find it increasingly difficult to access higher education. Recent research findings show that wealthy and well-off family groups make appropriate investments that enable their children to attend higher education institutions such as university or go abroad to study. Even though the state has supported policies exempting them from paying tuition fees, poor family groups still cannot afford to invest in their children’s studies; hence, children from these groups usually have to leave school early (Nguyen, 2008).

Overall, the process of development and modernization in Vietnam has created an opportunity for families to socially share the functions of education, helping families to perform personal socialization, particularly for the young in terms of their knowledge, skills, and careers. However, in the current context of shrinking family sizes, parents ‘need to work hard for a living, and the limited knowledge of some parents, family can no longer necessarily provide a good education cum socialization background to members. Besides sharing and transferring some functions, many problems with curricula and school management, among other things are being confronted. This development has led to many

Minoru Teramoto, Nguyen Duc Chien, Misaki Iwai, Bui The Cuong. *The Vietnamese Family During the Period of Promoting Industrialization, Modernization and International Integration*. Chiba: IDE-JETRO, 2017.

social problems, such as spoiled children and a rise in social deviancy. Consequently, vulnerable groups in society today have great difficulty in accessing education services.

(4) Emotional needs function –spiritual

As traditional societies tend to lack social and recreational services, the family plays a major role in satisfying the intellectual and emotional needs of family members. Therefore, the relationships and bonds between them are very close.

Since Vietnam implemented its Innovation Policy in 1986, and particularly from 1995 up to now, closer ties with the rest of the world have led to the introduction of a new family life culture. In addition, the explosion of mass media and entertainment outlets, along with the expansion of educational opportunities and the culture of working outside the home, has created opportunities for individuals to build new social relationships (with friends and colleagues through engaging in voluntary groups and in the pursuit of hobbies). A study of household social networking in two Red River Delta region communities by Nguyen Duc Chien showed the existence of diverse types of groups, wards, and informal associations in rural communities. Statistics for the Ninh Hiep commune indicate that there are 47 groups, while in the Lien Bao commune there are 36 voluntary associations and interest groups. Out of 600 representatives who were asked to take part in the survey in the two communes, only one answered that they did not participate in any group or any voluntary association. By contrast, half of the respondents (51.1%) said that they participated in 5 to 10 groups. Interestingly, 40.9% of the respondents replied that they were members of 11 to 15 groups, and 8% said that they belonged to 15 groups (Nguyen, 2016: 154). These groups have stepped in to fulfill the functional and emotional roles of the family, which no longer has the important function it used to have previously.

A survey on the status of cultural and spiritual life by the Ministry of Culture, Sports and Tourism showed that “the cultural enjoyment of the people today is quite diverse, including listening to the radio, watching television, listening to music, watching videos, reading books, visiting or chatting with friends, gardening, playing games and sports, visiting local cultural temple, playing chess, drinking, singing karaoke, dancing at discos, etc.” (Nguyen, 2000: 1). Research results published recently by Nguyen Tuan Minh showed: “the people’s activities in the last 12 months were mostly watching TV (99.7%) and talking with friends and neighbors (99.7%). Reading books and newspapers accounted for 65.2%, visiting shrines/temples/churches was 62.6%, eating out with friends was 55.3%, going away was

Minoru Teramoto, Nguyen Duc Chien, Misaki Iwai, Bui The Cuong. *The Vietnamese Family During the Period of Promoting Industrialization, Modernization and International Integration*. Chiba: IDE-JETRO, 2017.

46.0%, and going to the cinema/the theater/concerts/karaoke singing was 18.9%” (2011: 75). Due to the living conditions, with work locations being away from home, and in pursuit of further studies, many family members have had to live away from home, meaning that they are unable to meet other members in person and receive emotional support in their daily life. According to the results of the study by Nguyen (2016 (b)), in modern villages, many family members work and study in big cities but can only keep in touch with one another on a weekly basis via telephone and meet in person about once every six months or, in some cases, only once a year on the occasion of the Tet holiday.

In urban areas, the environment is also creating numerous relationships and entertainment spaces, attracting new people. In the study by Dinh Thi Van Chi (2001) (cited in Nguyen Tuan Minh, 2011: 171) described the transformation in the recreational needs of young people in Hanoi as follows: “Along with the diversification of entertainment forms, the old forms are also being substituted by the new ones.” According to Ngo Thi Cham et al. (2016), Facebook contributes the most to the satisfaction of students’ emotional needs. The high-test biggest group used Facebook more than 10 hours a day. The process of modernization and the concomitant expansion of jobs, rapid development of entertainment services, and growth of information technology have attracted many people, particularly the young, to activities beyond the family. This fact has also led to many new social problems, such as the use of the internet resulting in a virtual lifestyle, social deviancy, and racketeering excesses and cultural movements for a more pragmatic lifestyle and individualism in society, among other things. It is no coincidence that intergenerational conflicts have given rise to family violence and conflict between spouses, causing divorce to increase in Vietnam in recent years.

In sum, the process of social modernization and the development of recreation services, along with the emergence of mass media and information technology, have created an opportunity for improving the spiritual life of the family and to communicate indirectly with relatives, friends, and coworkers through social media, such as the mobile phone and the Internet. However, these developments have also affected forms of emotional satisfaction: traditional family visits between different clans and the free time spent in the community have become less common. Some unhealthy cultural and spiritual developments have also been absorbed by some individuals, particularly younger groups. These new social problems are related to an increased range of options available to satisfy emotional and spiritual needs through the “virtual lifestyle of the young group”: overly amorous play, lazy people, social

evils, more pragmatic lifestyles, and insensitivity to social relations, all of which have had an adverse effect on the stability and sustainable development of traditional Vietnamese families.

5. Conclusion

The analysis and evidence presented in the main sections of this report have revealed the impact of the processes of modernization and industrialization on the basic functions of traditional families in Vietnam. The process of modernization has brought both progressive and negative changes to Vietnamese families.

With regard to the family's reproductive and healthcare functions, the evidence and its analysis indicate that the rapid changes that have taken place in society; have led to a more stable population. Healthcare and people's lives have been significantly improved, and the population today is generally better educated and more qualified. Changes in living and working conditions as well as in the provision of social services have contributed to improved healthcare for family members. Conversely, the process of change has also caused new social problems, which have had a negative effect on family life and society. Both urban and rural families are facing many problems and challenges related to the reproductive and healthcare functions of the family.

As for the production and family economics functions, it can be observed that since the implementation of the reform policy, traditional Vietnamese families have had the opportunity to develop their production activities and family businesses. Enabling family members to become involved in the production function and, thereby, contribute to the family income has improved their living conditions and the quality of family life. However, many new social problems are emerging, particularly to rural families, which are caused by the pressure of population growth and the processes of urbanization and industrialization. This has hindered the pace of economic development and led to job restructuring and a shortage of jobs due to which exploitative practices such as child labor and elderly labor have gained ground. Families have sometimes become overly concerned with making profit, with negative consequences for Vietnamese families and society.

With regard to the educational and individual socialization functions, the development of the national education system has forced the family to gradually transfer the education function to society, particularly comprehensive educational responsibilities, as education has

Minoru Teramoto, Nguyen Duc Chien, Misaki Iwai, Bui The Cuong. *The Vietnamese Family During the Period of Promoting Industrialization, Modernization and International Integration*. Chiba: IDE-JETRO, 2017.

not been guaranteed. In addition, the family's predominance in the socialization of individuals is waning. In fact, family members, particularly the young generation, can lack life skills, vocational skills, culture, lifestyle, and courage and find it difficult to adapt to modern life. This is also the cause of increased socially deviant behavior in modern Vietnamese society.

Considering the satisfaction of people's spiritual needs, the emotional base of the family is changing rapidly due to the development of science, technology, and entertainment services. The introduction of mass, uncontrolled entertainment and unhealthy forms of cultural entertainment has affected culture and lifestyles, particularly those of the youth. The satisfaction of emotional needs is also strongly affected by social change. Both women and men working outside the home cause distance between family members, generational conflict, the lack of close-knit care, and increased incidence of divorce.

In short, the basic functions of traditional Vietnamese families are changing because of the social impact of factors attributable to modernization. Basic family functions such as production, economics, education, socialization, meeting emotional and spiritual needs, and caring for family members have all tended to decline because of social modernization, development of social services, and tremendous progress in science and technology, among other things. Many emerging social problems also relate to family functions, such as same-sex marriage, birth gender selection, kidnapping and trafficking of children, poor care for the elderly and children, the lack of jobs, producing and trading for profit, virtual lifestyles, social deviancy, conflict, violence, and divorce, which exist in the entire socioeconomic system. These are considered to be big social issues that pose many challenges for the sustainable development of Vietnamese society in the context of international integration.

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