

# GENEALOGY OF REPRODUCTION: THE GOVERNING OF WOMBS IN THE NATION OF VIETNAM

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## ABSTRACT

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In Vietnam, the governing of women's wombs has undergone multiple transformations that are contingent upon the particular disciplining power of the time. The technology of biopower is employed by the modern state to directly target and control human bodies as subjects of the state. It is centrally exercised over the human body, which disciplines and regulates them into social bodies. In the 19th century, the French colonial government advanced pronatalism as one of their main governing ideologies. Pronatalism encouraged women to procreate in order to increase the population (i.e. labor supply) at the same time that capitalism was beginning to emerge in the region. In opposition to this, the anti-colonial and socialist Vietnamese government disputed the colonial policy of pronatalism, instead encouraging family planning and birth control. This controversial ideology is significant in seeking to understand the tactics applied by the Democratic Republic of Vietnam against French colonial authorities and their stance on reproduction. Following this, communism would become the main ideology of Vietnam, further shifting the trajectory of governing reproduction, for instance in the case of the legalization of abortion. When the state is able to influence the population in these ways, women's wombs become part of the nation-building process, in which the state apparatus is able to manipulate the population according to the "needs of the nation." Consequently, women's bodies become marked with traces of bodily and reproductive governance. Applying the genealogical method, this article will investigate the history of reproduction in Vietnam from the French colonial era to the arrival of socialism. Therefore, the article aims to reveal the disciplining power that governs women's bodies as well as the power relations existent between them.

**Keywords:** Genealogy; politics of reproduction; women's reproduction; governing bodies

## 1. INTRODUCTION

For much of the modern history of Vietnam, the governing of women's reproduction has significantly influenced women's sexuality, family planning, and family ideology. In the late 19th century, Vietnam was colonized by the French government and ruled under the ideologies of colonialism, Christianity, and pronatalism. These ideologies were meant to benefit the colonial government by expanding its territory and developing the economy. Furthermore, in order to strengthen its empire, the colonial government implemented rules and knowledge relating to modern medical science and Christianity in order to discipline

the population, in particular women. Women's reproduction and sexuality became the focal points of governance by the French government, much of it originating from the modern health science of midwifery. The colonial government viewed the Vietnamese as "uncivilized" and in a "debased state," who needed to be educated on topics such as hygiene and sanitation in their everyday lives. Consequently, through the French colonial policies of pronatalism and modern midwifery, women were expected to learn these subjects, which were meant to assist them in procreation and increasing the population in order to serve French authorities (Lessard, 2002). Thus, modern midwifery and colonial discourse substantially transformed Vietnamese women's reproduction and abortion practices.

However, in 1945 Vietnam went through a power transition from a French colony to an independent socialist state. Reproduction shifted to another discourse, one based on national family planning and population control. This discourse focused on reducing the population by implementing modern medical knowledge and technologies. Consequently, women's reproduction became commoditized through the encouragement and use of modern medical technology. Nonetheless, during both regimes, women's bodies were disciplined in particular ways that would specifically meet the demands of the state and capitalism. Women's wombs would consequently become part of the state's apparatus, employed in order to control the population. This is one way in which the modern state constructed the nation within the conditions of national politics and the economy. Lynn Thomas has referred to this process as a "politics of the womb" (Thomas, 2003, as cited in Luangaramsri, 2020).

Accordingly, this article will investigate how women's reproduction has been governed in distinct ways by different regimes. In other words, the state's definition of reproduction as a means to reproducing the nation's population may be the most dominant, but is far from being its single form. Indeed, women have redefined reproduction as a reproductive strategy, which has allowed them to negotiate various patriarchal forms of domination.

## 2. METHODOLOGY AND CONCEPTUALIZATION

To uncover this disciplining power over women's bodies, this study employs Michel Foucault's genealogical method, which has proven useful in investigating the particular historical development of women's reproduction since the modern era. More specifically, the genealogical method can investigate how power can influence the sexuality and reproductive practices of individuals (Foucault, 1978). According to Foucault, the genealogical method is not an evolutionary analysis of a particular object, nor is it a demographic map of a particular population. Rather, it is an analysis of the historical development of various practices of subjugation within multiple hazardous games of domination. In this case, the genealogical method will consider the body through particular bodily discourses which have been dominant throughout Vietnamese society. Traces of these discourses remain on the body and can thus be historically analyzed. Therefore, the genealogical method attempts to expose the power relations that lay behind the disciplining of the body (Foucault, 1977; Winichakul, 1991).

In this sense, women's bodies are regulated through various techniques of power; power which is exercised through multiple institutions, knowledge, and discourses. This can be illustrated in the state's exercise of power over women's bodies, in which the topic of reproduction interacts with the state, women, family ideology and traditional sexuality. To approach this, the concept of biopower will be applied in order to investigate the techniques of power utilized by the modern state, which have sought to regulate women's bodies in their everyday lives (Foucault, 1997; 2003). Biopower was first mentioned by Michel Foucault in *The history of sexuality volume 1: The will to knowledge* (1978) and elaborated upon during his lectures at the Collège de France, namely the 1975–1976 "Society must be defended" (2003) and 1978–1979 "The birth of biopolitics" (1997). Biopower is the technology of power which governs human life: the vitality, mortality, illness and character of human beings. It is also referred to as "power over life," alluding to the transformation of the technique of power from "take life or let live" to "make live and let die." More specifically, technologies of biopower are exercised over the human body, which in effect discipline, regulate and mold them into social bodies. They are employed by the modern state to control human bodies as a form of population control.

However, as Foucault expressed, there are two types of biopower technologies. On the one hand, there are "disciplining technologies of the body," "anatomy-politics," or "man-as-body." These disciplining technologies are centered on the body and manipulate it as a source of particular forces. Bodies are employed to be docile when they are surveilled and normalized by institutions such as schools and hospitals (Foucault, 2003). On the other hand, there are "regulatory technologies of life," "biopolitics," or "man-as-species," which determine who is a citizen of the state. These technologies center upon life and endeavor to internalize particular characteristics within the population. These two poles of power center on the individual body and population, intervening in human life through power, knowledge, and discourses concerning sexuality,

reproduction, life, death, and race (Foucault, 2003; Rabinow & Rose, 2006; Luangaramsri, 2020). Women's bodies are therefore social bodies, through which the state deploys the discourses of sexuality, reproduction, and science in order to control the population. These concepts can assist in revealing how dominant regimes have regulated women's bodies and reproduction in Vietnam.

### 3. THE EMERGENCE OF THE MODERN MIDWIFE IN THE FRENCH COLONIAL ERA

During the French colonial era, there emerged three distinct stages of the governing of reproduction:

#### 3.1 French pronatalism: Governing reproduction and wombs

In the 1880s and 1890s, the French Third Republic acquired vast new territories in Africa and Southeast Asia. Colonial administrators intended to establish a strong French nation, overcome defeats, and have their colonies generate profits. Pronatalism was promoted to manipulate the colonized population and settle the French Union. The promotion of pronatalism did not refer to resolving any depopulation issue, rather it engaged with the doctrine of the Roman Catholic Church, which asserted a religious faith that emphasized morality and duty. Its ideas became rooted in the national ideology, which constructed and reconstructed civic/cultural nationalism as well as traditional gender roles that emphasized the sacrality of offspring and high birth rates. Feminists have argued that pronatalism was committed to a system of male-domination in regards to female issues such as breast-feeding, maternal health, and child care, issues which generally excluded any input from women. Eventually pronatalism led to legislation that banned contraceptives and instituted penalties for abortion. These legislative actions had a significant impact on individuals' family planning and decisions concerning childbirth (Andersen, 2015; King, 2002).

More specifically, the French colonial regime introduced various modern medical sciences such as reproductive health, midwifery, and female fertility (Marr, 1980; Nguyễn, 2016). Foucault (1978) argues that the modern state is distinct from previous regimes in that it governs people throughout their everyday practices. Even sexuality became under the control of state policy. These policies shaped people's opinions regarding sexual practices and whether or not to reproduce the population for the state. With this in mind, the French colonial regime can be said to be the first to control the Vietnamese population in regards to increasing the population. The French justified pronatalist policies by emphasizing the benefits of colonialism, Christianity, and economical development. Concerning the first rationale, French pronatalism can be viewed as a strategy of colonial territorialization which applied modern medical technology to control people's family lives and reproductive practices (Andersen, 2015; Read, 2012). Furthermore, birth was viewed as a fundamental component in the production of labor, which was required in order to continue the further development of economic capitalism. It can also be said that pronatalism was racist due to the highly exploitative practices conducted upon Vietnamese labor in order to continue colonial expansion. Lastly, pronatalism was associated with Christianity and French conservatism, which led to the prohibition of abortions (Read, 2012).

The French regime attempted to increase the Vietnamese population through the disciplining of people's marriages, sexuality, and reproduction. Consequently, abortions and contraceptives were outlawed during this time. These policies would later lead to Vietnam having to deal with overpopulation issues. As Nguyễn (2018) explained, the causes of Vietnam's overpopulation issues originated from French pronatalist policies that were meant to increase the labor supply in Vietnam. In other words, French authorities attempted to govern the Vietnamese population and increase the labor supply of the colony through the use of modern maternal technologies and a prohibition on abortions.

#### 3.2 Contradictions between modern and indigenous maternities

French colonialism can be situated in a process of fundamental social changes caused by the emergence of modernization and colonization in the region (Beresford, 1990). At this time, the French regime began to modernize the medical sciences in Vietnam. They asserted the French ideologies of Western midwifery, which led to the opening of midwifery schools in both Tonkin<sup>1</sup> and Cochinchina. Referred to as *écoles de sages-femmes*<sup>2</sup>, these schools were meant to train young Vietnamese midwives in a variety of subjects which included Western hygiene, maternal health and infant care. These schools were established in order to legitimize and spread the dominant ideas of the colonial medical bureaucracy (Nguyễn, 2010).

<sup>1</sup> At the time, Tonkin referred to Northern Vietnam, which was separated from Annam (Central Vietnam) and Cochinchina (Southern Vietnam) (Nguyễn, 2016).

<sup>2</sup> In 1918, the name of *écoles de sages-femmes* in Hanoi was changed to *École de médecine* (Nguyễn, 2016).

During this time, French colonial authorities began to introduce hygiene courses to *bà đỡ* (traditional Vietnamese midwives), due to their practices being perceived as “uneducated,” “unhealthy” and “primitive.” The *bà đỡ* practice of “the expulsion of the placenta” is one case in point, as it was thought of as inferior, inasmuch as it called for the application of pressure to the bottom of the uterus in cases of difficult childbirth. If the process failed, *bà đỡ* would place the woman’s hair or hand into her mouth in order to induce her to vomit and squeeze out the placenta and remaining blood. Furthermore, *bà đỡ* practices were said to cause “umbilical tetanus disease,” which Western science claimed resulted in high rates of mortality due to cutting the umbilical cord with a piece of broken glass. Consequently, French doctors perceived *bà đỡ* practices as unhygienic, and supported a widespread ban on them.

During this time, there were numerous debates concerning modern medical knowledge and traditional Vietnamese midwifery practices. Debates centered on cleanliness and the cultural and religious practices relating to Vietnamese childbirth. *Bà đỡ* knowledge included various subjects, including the roles of childbirth assistance, dietary advice, herbal medication, massage, fertility treatment, and spiritual roles. Contrary to Western medical knowledge, *bà đỡ* taught that cold metal tools were harmful and brought misfortune to children and families. As a result, *bà đỡ* practitioners tended to avoid metal objects that Westerners washed in cold water (Nguyễn, 2010). As could be expected, French modern maternity authorities disagreed with Vietnamese traditional midwifery practices and consequently established modern midwifery training centers that taught hygiene and obstetrics. One of the first of these was founded in March 1927 in French-governed Tokin, where a new medical program meant for rural communities was established which focused on healthcare, sanitation, childbirth and maternal services. Occasionally, Vietnamese women would attend *Hộ sinh*, or childbirth houses, which acted as accommodation for women who were concerned about childbirth rituals. In cases of difficult childbearing, *bà đỡ* would transfer the woman to state-run hospitals operated by Western-educated midwives and doctors. This relationship was not only medical, but reflected the power relationships between the colonizer and colonized (Nguyễn, 2010).

### 3.3 Repressive abortion and “premature birth”

Under French pronatalism, contraceptives and abortion were illegal and thus punishable offenses. In the 19th century, the colonial regime utilized Vietnamese women’s bodies and sexuality to procreate the population and increase the labor supply. Women who had pregnancy out of wedlock were condemned and perceived as *làm đĩ*<sup>3</sup> or *chửa hoang*<sup>4</sup> (Lê, 1895). Sex was deployed as taboo and abortion was outlawed. The scientific newspaper, *Báo Khoa Học*, announced that service providers and receivers of abortion would be punished accordingly: “...Anyone who has documented or sold abortion medicines, will be imprisoned (*phạt giam*) from between 6 months to 3 years, and fined from 100 to 3,000 quan<sup>5</sup>...” (Duyên-Hồng, 1933). Additionally, the newspaper mentioned “...Anyone who is a supporter of these acts will be imprisoned from 1 to 6 months, and fined 100 to 500 quan” (Duyên-Hồng, 1933). This is the clearest evidence that abortion during the French colonial era was prohibited by law.

In Vietnam, women’s practice of abortion could also be viewed as *sảo ra*, or a “premature birth” instigated through the use of folk medicines. In folklore, reproductive practices had prescribed particular types of medicine used for contraception and abortion, but which later became prohibited for pregnant women due to the French colonial authorities believing that they resulted in difficult pregnancies and miscarriages. The French regime listed various prohibited drugs that could result in miscarriage, such as *nguyên hoa* (daphne genkwa), *ngưu tất* (*achyranthes aspera*), *đại kích* (*euphorbia chamaesyce*), *quế* (cinnamon), *hồng hoa* (*tinctorius safflower*), and *rau răm* (Vietnamese cilantro) (Coughlin, 1965). Additionally, folk practices<sup>6</sup> explained that abortions could be performed under particular circumstances, such as in situations of unwanted pregnancy, imbalances of the vital forces of a woman’s body, and in cases in which physical violence had taken place after 3 months of pregnancy (Coughlin, 1965).

It is beneficial to consider the case of Thị Mai<sup>7</sup>, a native of Phuong Canh (Hà Đông) village, who was treated at the municipal dispensary of Hanoi for her abortion in 1895:

<sup>3</sup> *Làm đĩ* refers to prostitution or sex work and is generally derogatory in nature.

<sup>4</sup> *Chửa hoang* has been employed to condemn women who have committed premarital pregnancy.

<sup>5</sup> Vietnamese currency during early 20th century.

<sup>6</sup> Sino-Vietnamese medical knowledge also consisted of sophisticated categorizations of premature birth, for example: (1) *Trụy thai* or birth during 3 or 4 months of pregnancy; (2) *Tiêu sản* or *sảy* (miscarriage), occurring during 5 or 6 months of pregnancy; and (3) *Sinh thiếu tháng* (early birth), which takes place about 7 or 8 months of pregnancy.

<sup>7</sup> The names of the women mentioned in this section are all pseudonyms.

Name: Thi Mai, went to the hospital on Hang Can street to take medicine for a cough and got sick from June 3 until now. Suddenly on the nights of July 12th and 13th, she gave birth prematurely to a baby about 4 months old, at 3–4 in the morning. There was a woman named Thi Ha supporting for her premature birth.

Mr. Tom is a doctor who confirmed that Thi Mai, 4 months pregnant, was born early this night, living in Hang Can townhouse.

Hanoi, July 13, 1895. (Lê, 1895)

“Premature birth” can be understood as a way in which women negotiated with the law of the state and societal sexual norms. Referring to the case of Thi Mai, it was recorded that she was involved in two illegal acts, prostitution (*làm đĩ*) and abortion. The act of abortion can be understood as an act of breaking sexual norms although it was still practiced frequently in society. Foucault elaborates on this notion of repression in his work, *History of Sexuality*. The working of power is not repression, but rather a proliferation of forces that can be viewed as polymorphous techniques of power. In other words, abortion is the production of power rather than a power of prohibition and censorship. When abortion was forbidden, it would proliferate throughout society as a way of opposing the censoring power (Foucault, 1978). To reiterate, during the French colonial era, women’s reproduction was managed by the colonial regime through the encouragement of women to procreate and increase the labor supply; anything that would contradict this goal, such as abortions and contraceptives, were outlawed. This French ideal of reproduction is contrasted with the ideals of socialist Vietnam.

## 4. SOCIALIST VIETNAM: THE GOVERNANCE OF POPULATIONS AND WOMBS

### 4.1 The anti-natalism of socialist Vietnam and constructing the norm of birth control

In the early 20th century, a distinct discourse of women’s reproduction was deployed that encouraged people to reduce childbirth and use birth control. This was a result of Vietnam fighting for independence against the French and soon later, partaking in the early stages of nation building. During this time, the colonial regime had to confront an overpopulation crisis; characterized by a lack of hygiene, limited housing, and hazardous living conditions in overcrowded residential quarters. This soon led to topics such as fertility and birth control beginning to be debated among the public in the 1930s. Vietnamese intellectuals and the anti-natalist movement in general encouraged the reduction of childbirth; many of whom were influenced by the discourses of Nationalism, Confucianism, Malthusianism, and social Darwinism. The movement was connected to the nationalist imagination in which a specific agenda of nationalism and cultural reforms were highlighted. They were driven by strong eugenic concerns about racial degeneration, the Malthusian doctrine of the need to reduce the population, and social Darwinism, which were used to disseminate demographic and eugenic knowledge to the public (Marr, 1981; Nguyễn, 2018).

In northern Vietnam, resistance took a longer period, allowing traditional rulers to continue exercising substantial influence. Due to various social changes and the destruction of the economic basis of which traditional Vietnam had stood, the emergence of new forms of resistance in the 1920s and 1930s occurred under the leadership of communists (Marr, 1980). After the revolution and following the establishment of the Democratic Republic of Vietnam (DRV)<sup>8</sup>, the new regime changed its policy regarding the governance of the population. Vietnam revolutionaries supported contraceptives and legalized abortion to resolve the overpopulation crisis. In general, the tactics of the revolutionary government emphasized resistance against French pronatalist policies but also included an opposition to the procreation ideals of Confucianism. As mentioned previously, pronatalist policies were a colonial tactic to produce labor for the colonial regime, in which the Vietnamese population was highly exploited. As a consequence, the revolutionary government attempted to reconstruct particular knowledge, specifically concerning reproduction, marriage, childcare and colonialism. In summary, the Vietnamese anti-colonial regime restored Vietnamese nationalism through the reconstruction of knowledge concerning reproduction and the regulation of birth control. This resulted in a significant transformation of the ideas of sexuality and birth control in Vietnam (Read, 2012; Nguyễn, 2018).

At the same time, newspapers frequently published articles about hygiene, medicine, maternity, infant health, and women’s rights. In particular, newspapers such as *Khoa Học* and *Phụ Nữ Tân Văn* strongly criticized local authorities for their inadequate attention to the healthcare and welfare of the population. Most of these contributors belonged to the French-educated upper and middle classes, whose ideas reflected their hybrid

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<sup>8</sup> During 1945-1976 Vietnam went under the name of the Democratic Republic of Vietnam, until 1976, in which the name was changed to the Socialist Republic of Vietnam.

upbringing and intellectual traditions, and who emphasized the problems of overpopulation and the need for birth control and family planning (Nguyễn, 2018). This can be seen in the writings of Thạch Bàn, who wrote:

The objective of reproductive and sexual control (*sản dục hạn chế*) is to limit sexual activities and fertility in order to reduce childbirth. Bửu Đê explained the over-reproduction problem in Hậu Giang: a particular woman has given birth to too many children within 8 years, about six to seven pregnancies. Both the woman and her baby died during the seventh pregnancy. (Thạch, 1933)

Bửu-Đê, who was considered an expert on birth control, attempted to point out that the problems of overpopulation originated from the Vietnamese tradition of having many offspring. This would lead to various problems that affect the individual, family, society, and nation. He additionally explained that at the individual level, unplanned childbirth had negative effects on women's health, such as had occurred in the Hậu Giang case (Nguyễn, 2018). In regards to the family, society, and the nation, Bửu-Đê wrote:

If sexual relations and procreation are excessive, it is a great harm; for the individual, for the family, for the society and the race. Therefore, procreation should be moderated to maintain the parent's health and take good care of the children; for the family, society, and the nation. (Thạch, 1933)

According to the newspaper, high rates of childbirth cause health problems and lead to people becoming weak. The concepts of reproductive care and sexual control (*sản dục hạn chế*) emphasized limits on sexual relations and a reduction in procreation in order to better take care of the health of the family, and contribute towards the development of society and the nation. Under these conditions, reproduction became part of the nation-building process; sexual control being one factor that would lead to the construction of a stronger nation. This could also be traced back to the emergence of the nationalist movement in the 1920s, which aimed to empower the Vietnamese people and emancipate them from the shackles of imperialism. This would require that the Vietnamese people be healthy and robust in order to be free and prosperous (Nguyễn, 2018).

During this time, the birth control movement published many articles that situated the knowledge of physiology, psychology, and theosophy within reproductive discourse. The birth control method and fertilization were introduced to the public by Nurse B., who referred to the doctors Knaus, Ogino, and F. Morel in the *Khoa Học* newspaper. Nurse B. introduced the fertilization process and the birth control method through the calendar, which demonstrated how to predict fertility and non-pregnant cases by the length of time. In cases concerning the decision of pregnancy, the suitable period was shown to be 14 days before menstruation. If women are pregnant, the sperm will fertilize the embryo in the ovary. In contrast to this, non-pregnant periods are able to use the calendar for the birth control method by calculating the menstrual date (Y sỹ B., 1934; Nguyễn, 2018).

In addition to this, the *Khoa Học* newspaper printed articles by the birth control movement that encouraged sexual repression, or sexual abstinence in order to limit procreation. The newspaper released propaganda that associated having many children and sex with poverty and sickness. This would lead to familial degeneration, poverty and the degradation of society in general. Due to having an abundance of children, parents are less likely to be able to provide an education for them all, which would lead to the development of poor quality human capital, and children who would turn to crime. Therefore, in the *Khoa Học* newspaper, Bửu Đê proposed to avoid eroticism and suggested various ways to control human childbirth. Taboos, such as the consumption of pork, were set in place in order to limit sexual desire. Bửu Đê claimed that when pig's blood is inserted into the human body, it would result in sexual disease (Nguyễn, 2018). The writer also advised men:

To inhibit men's sexual desire; he should not read romance books and should not or avoid being with women. Due to the principles of Confucianism, men and women should avoid physical contact (*nam nữ thọ thọ bất thân*). They thought that when men go out of the home, they will meet women and undoubtedly acquire the erotic emotion. (H.V.T., 1933a)

Moreover, couples were advised to restrain their sexual desires by self-mastery and self-restraint. The writer proposed that human sexual desire was contingent on their mental strength. Couples should practice controlling their minds in order to reduce their sexual desires. The writer compared women's and men's relationships to petrol in a lamp: "Likewise, when sperm is used too much, like petrol, it will burn and extinguish quickly. Men should not use his sperm too much, otherwise, they may get sick" (H.V.T., 1933b). As a result, he suggested sexual control practices for the everyday life of the husband and wife:

Couples should meet once a month or after the wife has finished menstruation, and should have sexual intercourse one round, and clean her body before having a relationship. Those families who have already had children, they should be patient as well. It is the way for a happy family. (H.V.T., 1933b)

According to the *Khoa Học* newspaper, the birth control movement adopted the Confucian theosophy and constructed a birth control discourse to limit human reproduction. Set against pro-natal Confucianism and French Christianity, which both encouraged reproduction, the birth control movement associated Confucianism in terms of chastity, personal restraint, and self-discipline as potential methods for sexual austerity (Nguyễn, 2018). In particular, the birth control movement legitimized pregnancy and abortion through the application of natural law:

Although the scientist has discovered women's reproductive medicines, for pregnancy and abortion, it is still a risk for her health, against the natural law and illegal. It is also against human psychologies; therefore, we should attend to reproductive and sexual control in terms of justice, conscience, and the law. (Thạch, 1933)<sup>9</sup>

As soon as the writer advised birth control practices, sexual morality then became part of the consideration to control women's pregnancy and abortion. It would be legitimized by the law and conscience. At the same time, the disciplining of women's bodies began to emerge in the birth control discourse, normally emphasizing sexual repression and self-control.

However, in the *Phụ Nữ Tân Văn*, or the Women's Newspaper<sup>10</sup>, it was argued that birth control practices should be promoted, and suggested the sexual restriction teachings of Bửu Đê and Sanger. The Women's Newspaper published debates concerning the women's viewpoint of reproductive and sexual control. Firstly, it was argued that sexual abstention was unreasonable and not appropriate for modern society. The amount of sexual intercourse does not relate to the number of childbirths. When a woman and man become a couple, they cannot avoid sexual desire and should have sexual relations as is normal in a married life. Secondly, the power of raising children is dependent on their socio-economic status. Parents need to concern themselves with the family economy and societal risks<sup>11</sup> when they raise many children. Some poor families might not be able to provide enough for their children, such as providing them with a quality education. Before they handle social and economic problems, couples should first focus on the use of birth control (Lê, 1932).

The suggestion of reproductive control over women's bodies was considered both psychologically and physiologically: "On one hand, the most necessary thing is the husband and wife relationship. They have to care for their relationship. Birth control is suggested in order to limit sexual relations that would affect their happiness and the relations in the family. On the other hand, in the western world, the westerner can have sexual relations, while not planning to have children. Women and men still have sexual intercourse, but they limit their childbirth by the use of birth control and abortion. While sexual restrictions were suggested in Vietnam, it was in contrast with the naturalness and health of women and men. For abortion, women cannot decide because it commits a great moral crime and is illegal" (Bửu-Đê, 1932).

As a consequence, during the French colonial era, the movement called for Vietnamese cultural changes in terms of marriage, family building, and surveillance over procreative and sexual behaviors (Nguyễn, 2018). By constructing a discourse on birth control, women's bodies were disciplined through the knowledge of Western medical science and theology. The restriction of sexuality and women's reproduction was one factor of building nationalism as well as an ideology that can be used against French colonialism/pronatalism. As mentioned previously, the pronatalist policy, which was implemented in order to increase the labor supply, was highly exploitative of the Vietnamese people. This no doubt contributed towards the anti-colonialist sentiment and strengthened Vietnamese nationalism (Read, 2012; Nguyễn, 2018).

Vietnam's transition to socialism<sup>12</sup> began after it declared independence from the French in Hanoi on September 2nd, 1945. The independence movement was led by the nationalist Ho Chi Minh, who followed Marxism-Leninism and proclaimed the independence and unification of Vietnam under socialist principles. His ideology strongly criticized Confucianism, which was associated with feudal society, and French colonialism (Chesneaux & Tinker, 1969; Duiker, 1977). In particular, Ho Chi Minh bolstered support for anti-colonialism by initiating education and health campaigns, setting up a new family ideology, implementing marriage laws, and promoting gender equality (Bryant, 1998).

The socialist government endeavored to construct a new society where modern scientific methods, such as abortions and contraceptives, would be widely practiced. Although French modern medicalization was

<sup>9</sup> The fundamental ideology of the birth control movement is based on the Confucianism of H.V.T., Thạch, and Y sỹ B., which they applied against French pronatalism.

<sup>10</sup> The Women's newspaper was established the 20th century for the promotion of women's rights in education.

<sup>11</sup> This includes crime and the surveillance of children's sexuality in the family. The parent should take care of their children and control them under various taboos: for instance, young women and men should not marry under 16–18 years old (Bửu-Đê, 1932).

<sup>12</sup> From 1945–1976 Vietnam went under the name The Democratic Republic of Vietnam (Việt Nam Dân Chủ Cộng Hòa), until in 1976 it was changed to the Socialist Republic of Vietnam.

already highly prominent in the public healthcare system in Vietnam, the revolutionary government both adopted and rejected particular ideas. For example, soon after Vietnam declared independence, abortion was legalized in 1945 (Gammeltoft, 2002; Nguyễn, 1992; Raffin, 2008; Sjösten, 2014). The legalization of abortion was influenced by various conditions: firstly, under French colonial discourse, the Vietnamese were considered inferior to the Western man. Thus, political tactics against French colonialism were instigated using the contradictory concept of reproduction, such as encouraging birth control and legalizing abortion. This means that women's reproduction became part of the socialist government's ideology against French pronatalism. Secondly, multiple socialist countries already allowed abortion, the most significant being the Soviet Union. The Soviet Union legalized abortion in early 1920, much earlier than Vietnam. During this period, the idea of abortion was widespread among communist countries. Heather Bradford (2015) has elaborated on the connection between abortion and communism. Abortion in communist countries was the common method of birth control and a fundamental women's right. At this time there was a political conflict between liberalism and communism, in which liberalism perceived communism as atheist indoctrination. Liberalism attempted to discredit abortion because it was associated with communism. Meanwhile, abortion in Vietnam was legalized, but the society still condemned women who were born out of wedlock (Gammeltoft, 2002; Nguyen, 1992).

In the 1950s the socialist Vietnamese government constructed a new image of women in which they were to follow particular norms of marriage and family life. The National Assembly passed the "Law on Marriage and the Family" in order to destroy feudalism, and construct the ideal of "happy, democratic and egalitarian families." The law prohibited parents from forcing their children to marry early, and allowed women to divorce and remarry. The French rule of marriage was rejected due to its patriarchal tendencies, in particular that which placed the male at the head of the family (President of Vietnam, 1950). As a result, the idea of reproduction transformed; women's reproduction was reconstructed in the discourse of nation-building against French colonialism. Due to this new Vietnamese nationalism, the women's womb became the focal point of the state to limit childbirth and reduce the family size.

#### **4.2 Population control and family planning**

Alongside the legalization of abortion, the socialist government actively implemented gender equality between women and men in the 1946 Constitution. It would also push for and change the laws on marriage, family, and the use of modern medical knowledge to control people's fertility. In 1960, the government announced family planning policies which put forward regulations concerning abortion and menstruation, the reduction of family size, and the use of contraceptives in order to reduce the high rates of childbirth. In this sense, the state governed the population by controlling reproduction, and implementing laws that controlled marriage and family life; the clearest case being the prohibition of polygamy. During this time, the state promoted the "happy family" ideal, which consisted of small family sizes, developing "equality of life" in an economic sense, and the promotion of modern contraceptions (Johansson et al., 1998; Sjösten, 2014; Wisensale, 2000).

After Vietnam confronted the overpopulation problem that was caused by French pronatalist policy, the DRV adopted Malthusian ideology to manage population growth during the 1960s in the North, and later throughout the whole nation after its reunification in 1975. Malthusianism ideology was applied in order to legitimize family planning and reduce fertility and population growth rates in both the West and Southeast Asian countries alike (Jones, 1995). In Vietnam, family planning led to a reduction of the fertility rate from 6.1 children per woman in 1960, to 2.8 children. Moreover, the population growth rate decreased from 3.8 percent to 2.4 percent in 1975. However, the population growth rate still remained a serious problem due to the population of those under the age of 25 making up 57 percent of the total population (Gammeltoft, 1999; UNFPA & Ministry of Health-Vietnam, 2017). The general tenet of Malthusianism is that there is a race between an ever growing population, and their need for a limited supply of food, resources, and living spaces. Overpopulation and scarcity will eventually come into conflict and lead to social disharmony and chaos (Hirschman & Bonaparte, 2012). However, this is an incomplete and misleading interpretation of the relationship between population and social change. Rather, the impact of population growth should be understood within a broad perspective that includes conflicts between resources, obligations, and aspirations within households, communities, and society at large (Hirschman & Bonaparte, 2012).

According to the first decision of the population policy (216-CP in 26/12/1961) concerning women's childbirth and mothers' health, it is stipulated that officials should be aware of the number of childbirths, and the happiness of the families of state officers, soldiers, and people in general. Dinh Thi Can, the head of the Committee for the Protection of Mothers and Children, claimed that the most urgent issue is the increasing rates of childbirth. This has had negative impacts on the health of women, the happiness of the family and labor productivity (Phạm et al., 2013; Nguyễn, 2008; Vinh, 2014; Wisensale, 2000). In this context, abortion became the main birth control method of family planning, in which the Ministry of Health (MoH) would ensure that

abortion services would be provided to women upon request at public clinics by trained physicians and midwives (Sjösten, 2014).

Under the MoH, the family planning policy and population programme<sup>13</sup> greatly enhanced the control of the population and their reproductive capacities. The state Planning Committee set up targets for population growth, while the Institution for the Protection of Mothers and Children translated these broad targets into detailed family planning practices at the provincial and lower levels. The MoH would respond and propagate these methods and techniques of birth control, while also training family planning personnel. Furthermore, the Vietnam Women's Union would adopt the state population control targets and suggest birth control practices that contained elaborate details on family planning policies (Nguyễn, 1988).

The main principles of family planning were that (1) the ideal family size in the city and countryside should not exceed two children unless the first two children are daughters, in which case they can plan for another child. (2) The age of marriage and motherhood should be 20 years old in the city and in the countryside, in spite of the law that allows for marriage at 18 years old. The age of the mother for the first childbirth should be 22 years old, and 24 years old for men. (3) The spacing between childbirths should be lengthy, at least 3–5 years should pass before having the second childbirth, except in cases in which the woman's age is above 30, in which case the distance between childbirths can be 2–3 years. (4) The adoption of specific methods, such as Intra Uterine Devices (IUDs) for women's birth control, and condoms were readily available for cadres in the city. Additionally, female sterilization was introduced to the public, whereas male sterilization was non-existent (Goodkind, 1995; Nguyễn, 1988).

The Chinese one-child policy greatly influenced many countries such as Vietnam, Indonesia, and Singapore. In 1964, Vietnam adopted the two-to-three child norm in the northern region of Vietnam. Consequently, the fertility rate dropped from 6.1 children per woman to 4 children per woman after the Vietnam War ended in 1975 (Goodkind, 1995; Vũ, 1994, as cited in Phạm et al., 2013). The state implemented various tactics to influence the reproductive capabilities of the population, such as incentives that promoted birth control (*sinh đẻ có kế hoạch*), a national family planning campaign which included significant amounts of propaganda regarding two children leading to "family happiness" (*hạnh phúc gia đình*), popular music, such as "Hope you are like a one-child women," and printed brochures that included advice such as, "When someone calls you a one-child woman, my eyes become weary with longing my dear, but when someone calls you thin and faded for all the many children you have carried, rainy and sunlit days both become a burden and youth passes quickly, my dear..." (Goodkind, 1995).

The two children norm was strongly enforced in both the city and countryside. Women who gave birth to no more than two children, especially those who were government cadres, would be supported with maternity welfare. Vietnam policymakers also implemented a set of economic incentives so that individuals would comply with the fertility guidelines. In cases of cadre non-compliance, they would be penalized with salary deductions, while social pressure was forced upon non-cadres to not have over two children. Afterwards, the state applied the two-child policy as well as enforced various other social policies. However, these did not support maternity, nor nursery care for the third childbirth. Even though women cadres feared state punishment for having more than two children, some still had three children or more, preferring to have large families. They would resign from government cadre-ship in order to spend more time with their families. It should be noted however that the two children policy could be acceptable among some groups of women cadres as well (Goodkind, 1995).

It is clear that the two-child policy of the state is a response to the son-preference among married women in regards to fertility practices. Traditional culture continued to have a great influence on the ideal family type of Vietnamese families. To have a son would create a future pillar of the house, maintain the line of descent, and later become a leader of ancestral worship. The man is supposed to take on the important roles of the family, such as praying in the ancestral rituals and taking care of all family members. Women are considered less valuable and are given a lower social standing according to traditional family discourse. Therefore, many Vietnamese families would request for the wives to have at least a son. Women who were not able to provide the husband with a son could expect the husband to find a second wife (Gammeltoft & Nguyễn, 2007; Johansson et al., 1998). Therefore, having sex-selective abortions in secret in order to bear a son for the family is one strategy women take in order to better their position. In the same vein, choosing abortion can be a negotiating strategy for women that have to survive within a patrilineal family. Women could seek a sex-selective abortion to terminate female fetuses, especially when they had already had two daughters, in which case they would desire to have another child in order to possibly provide a son to the family. In other words, they may decide

<sup>13</sup> There were four different forms of organizational structure under the population programme: (a) Population and Birth Control Unit (1961–1983); (b) National Committee for Population and Family Planning (NCPFP) (1984–2002); (c) Viet Nam Commission for Population, Family and Children (2003–2006); and (d) General Office for Population and Family Planning (from 2007) (Phạm et al., 2013, p. 63).

to stop giving birth if they had already provided one or two sons. This can be seen in Thái Bình province, which strictly applied the two-child policy, and would lead to a conflict between the state's policy and the son-preference culture. Women who had still not given birth to any sons would be pressured by local authorities to maintain a two-child limit. The effects of the two-child norm have also extended to a sex ratio imbalance in contemporary Vietnam. In 2019, the birth rates of boys over girls was about 115.5 boys per 100 girls in the Red River Delta area, and 106.9 boys per 100 girls in the Mekong Delta (Johansson et al., 1998, p. 67; Sattayavinit, 2020).

Since the two-child policy was officially implemented in 1988, district and village-level branches have been established, which have implemented these population policies on the ground (Goodkind, 1995). Consequently, the fertility rate in Vietnam declined dramatically; the majority of women gave birth to only two children per family. Thus, the regulations were relaxed in 2003, which allowed families to have as many children as they wished. This was allowed until late 2008, when the government overturned the 2003 Population Ordinance. Families could now decide the time and spacing between childbirth, but were only allowed two children (Sjösten, 2014). As a result, this policy achieved to construct the ideal small-sized family norm. Currently, the reproduction of the power structure of the state under capitalism requires an increased and abundant source of labor. This has caused various changes in family planning policy, along with the control of women's wombs, one example being the policy to reduce the number of children among government cadres. In the past, there was an obligation to have no more than two children; however, presently having a third child is allowed, but depends on the rules of the place where the woman works and whether it will affect other co-workers. Additionally, state policy encouraged women to have children and marry early; more specifically, women should marry not over the age of 30 (Nguyễn & Nguyễn, 2020; Sattayavinit, 2020). This is due to the state attempting to maintain population growth in some areas where the number of births is declining. In other words, the state plans to increase the fertility rate by 10 percent in lower fertility areas where women generally give birth to fewer than 2 children, whereas in areas with high fertility rates, the state plans to decrease it by 10 percent because the female fertility average is 2.2 births per person (Prime Minister, 2020).

Over a span of 50 years, the government has regulated women's reproduction as part of its ideal of societal family planning. Encouraging "family happiness," the state campaign consisted of propaganda that emphasized a new norm of the Vietnamese family pattern, in which the ideal was a monogamous, small-sized family that practiced birth control and well-being (Sjösten, 2014). In this sense, family planning promoted the notion of "the happy family" in order to reduce the family size and develop an economic sense of the "equality of life" in the household. In this way, women's reproduction was controlled by the state regarding the number of children a woman could have, and would be conducted through the use of modern contraception such as IUDs. Consequently, women would support the state administration of the population through their reproductive practices, which were regulated by various laws, policies, and norms (Johansson et al., 1998; Wisensale, 2000; Sjösten, 2014).

## 5. POST-SOCIALISM: GOVERNING PEOPLE AND THE COMMODITIZATION OF REPRODUCTION

Under the contemporary era of neoliberal globalization, the global political-economic system has shifted towards privatization, in which the state has put the economic burden on their own citizens, such as paying for their own healthcare. In Vietnam, the *đổi mới* (renovation) era opened Vietnam up to Western capitalism and resulted in the restructuring of the nation into a post-socialist state. The Vietnamese socialist state began to shift their focus to the reformation of economic and political systems, as well as social reforms that targeted demography, gender relations, and reproductive and healthcare systems. In terms of the economic and political system, Vietnam adopted marketization policies, which changed the role of the state to that of linking domestic businesses with the global economy. This dramatically restructured Vietnamese society, liberalizing the agricultural sector, emphasizing the protection of private property rights, and redirecting production to exports. Marketization reduced the cost of state management, social welfare, and the burdens of having excess workers. Peter Evans has explained that states are "socially embedded," meaning that new forms of economic activity are shaped by the "historically determined character of the state apparatus and the nature of the social structure" (Evans, 1995, as cited in Werner, 2018, p. 30). In other words, the economical rationality of the market extends to other areas of state policy that ranges among family life, birth and death rates, fertility, and penal policy. It should be noted that women and families have also had to change their roles in order to accommodate this new market economy. Households and women were reconstructed as units of state resources that will serve the national economy, while women's bodies themselves became sites of contestation between the state's reproductive governance and women's negotiating power to reproduce or not the labor supply required under capitalism.

In the 1980s–1990s, *overpopulation* was still a hotly debated topic. Reproductive technologies such as IUDs and ultrasound screening continued to be promoted throughout society. These debates occurred alongside the arrival of economic capitalism, the clearest case being the institutionalization of market-based healthcare reforms in 1986. Vietnam gained international recognition when it reformed its healthcare system and decided to finance it by introducing user fees, legalizing private practices, and liberalizing pharmaceutical companies. Other major healthcare reforms occurred in 1989, when the MoH consulted with the World Bank to implement a new financial healthcare system. The changes implemented transformed a free and accessible healthcare system into a decentralized one in which the legalization of private medical practices came to organize both urban and rural areas. However, the reformed healthcare system has had to deal with the major problem of controlling the quality of medical care and improving its accessibility to more disenfranchised communities (Cameron, 2009). Furthermore, both the public and private health care sectors have not been able to become financially stable, in which case many practitioners have sought out additional income through increasing their services which tend to urge the over-use of medication, diagnostic tests, and reproductive technologies.

As a consequence, the reproductive technologies of ultrasound scanning and the use of IUDs have become a main component of state management. Reproductive technologies were commoditized in the markets and encouraged women to use them until it became “normal” and set as the “standard” for women who are becoming mothers. This can be seen in regulation number 1807/QĐ-BYT of the MoH, which advises the checking of women's pregnancies through ultrasound scanning in obstetrics and gynecology hospitals. Doctors will always suggest an ultrasound for women's pregnancy in order to check the fetus's health at least eight times during the pregnancy. Scanning should begin during five to eight weeks of pregnancy (Ministry of Health, 2020). For pregnant women, the technology of ultrasound scanning has been encouraged by the over-use of technologies that check the fetuses' health. This has led to the absorption of motherhood through the procurement of the ultrasound baby image. However, women have been able to demonstrate their agency by seeking out abortions which also employ ultrasounds in order to check the fetus and determine if abortion is a beneficial option. This can be seen in many cases regarding sex-selective abortion. The state encourages small-sized families and the use of ultrasound scanning in order to conform to son-preference culture. Women might seek an ultrasound to check the fetus's sex and later abort the female fetus in order to be able to have another son for their family in the future. In this context, women have begun to provide alternative reasons for checking the fetus's sex because sex-selective abortions have now become illegal<sup>14</sup> in Vietnam. For example, women who seek sex-selective abortions may provide the reason of a lack of economic means to raise their children, or for checking the fetus's capacity. In this way, women have used these reproductive strategies to negotiate with state regulations. (Gammeltoft & Nguyễn, 2007).

## 6. CONCLUSION

The genealogy of women's reproduction in the modern state of Vietnam has undergone dramatic transformations depending on the regime in power. This is referred to as biopower, which is the power over life to ‘make’ live and to ‘let’ die. Foucault (2003) explained that biopower is the technology of power which governs human life and the body. During the French colonial era, women's wombs were deployed in order to reproduce the population and increase the labor supply for the French pronatalist government. Abortion and birth control were outlawed, and sex was severely restricted in society. At this time, women contested these unfavorable circumstances by employing “premature birth” strategies as a method of abortion. When Vietnamese communism was established in the 20<sup>th</sup> century, reproduction was employed as a struggle against French pronatalism. The DRV government encouraged birth control and limited women's fertility in order to reduce the birth rate of the population. Later, the socialist state began to implement family planning in order to manage the population and set a new family norm: a small-sized family, free from the shackles of poverty. Lastly, the Post-Socialist era is characterized by its governance of the population according to the market ideals of capitalism. During this time, reproductive technologies were highly advocated for women to use throughout their everyday life (i.e. IUDs and ultrasound screenings). In effect, women and their wombs became reproduced through the state's technique of biopower, which responds to the demands of economic capitalism. However, women have also been able to contest these powers of domination through various reproductive strategies of everyday life. Ultimately, women's wombs have been regulated by the state's decision on whether or not to reproduce the population. Women's bodies therefore contain traces of reproductive history. As Foucault pointed out, genealogical analysis seeks to expose the power that disciplines the body to become docile. This

<sup>14</sup> According to decision 4128/QĐ-BYT, the law does not allow abortions of those more than twenty-two weeks of gestation (Chung, 2020).

has led us to better understand how women's bodies have been utilized as a means of governing the population (Foucault, 1978; Winichakul, 1991).

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