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Migration and Care Institutions in Market Socialist Vietnam: Conditionality, Commodification and Moral Authority

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ABSTRACT *Since socialist Vietnam embraced a market economy in the mid-1980s, high population mobility has engendered shifting forms of insecurity in rural livelihoods and family lives. This article discusses how migrant households in a Red River Delta rural district draw on institutions of care beyond family and kinship to deal with such insecurity. These institutions simultaneously respond to local people's changing needs and aspirations, and attempt to exert social and moral control. I show the increasing conditionality and commodification in the entitlements they provide and the differential ability of migrant households in accessing them. These rationalities are constitutive of the changing ways in which the institutions exert moral authority.*

Introduction

The sudden death of a 33-year-old woman in Spring District¹ was one of the most tragic events that took place during my fieldwork in 2011–2012. Thanh, mother of two children, had been working in Hanoi as a junk trader for years until she fell from the stairs of a house under construction, having bought some used material from the owner of the house. Severe head injury led to her death four days later, ending her emergency treatment at a daily cost of 10 million VND² (about 500 USD). Almost every household in the village made a funeral gift of 100–200,000 VND; as my host said to me, ‘now that they are in such dire circumstances, we must come to lend³ them some money so that they can cover the costs’. Days after Thanh’s funeral, there was a village meeting to assess which households can be formally classified as poor to receive state support and subsidies for the coming year. A strong case was made for her surviving husband and children by the village head and Mr Hoa, a wealthy elderly man, that hard times were awaiting them now that the father had to raise his children single-handedly, with mounting debts from the hospital and funeral costs. At the meeting, two female guests were introduced by the village head as salespersons for the life insurance company Prudential, who presented the company’s policies. Later I learned that the village head, an uncle of Thanh’s husband, had approached them to explore the possibilities of signing Thanh up for a policy after her accident. What happened to Thanh and her family was not a common occurrence. It is, however, indicative of the insecurity of migrant livelihoods and family life in the post-reform economy. Their responses to the sudden turn of misfortune are also typical of how rural households draw on a variety of local institutions and kinship-based networks of support to deal with them.

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Following four decades of state socialism, Vietnam officially embraced a market economy in the mid-1980s, retaining its one-party political system and certain features of the socialist state, a system now commonly referred to as market socialism. Since the reform (*đổi mới*), millions of peasants like Thanh migrated from rural to urban areas to engage in urban employment. As elsewhere, labour migration is not only a response to shifts in post-reform social provisions, but has itself become an institution through which rural people seek to secure their livelihoods and care (Nguyen & Locke, 2014). The increasing normalisation of mobility requires rural households' continuing adaptation, as shown in recent studies on internal migration (Locke, Nguyen & Nguyen, 2014; Resurreccion & Hà, 2007; Thao & Agergaard, 2012). While these studies highlight rural migrants' lack of access to urban services and entitlements, they overlook the relationship between migrant households and rurally based institutions, tending to assume that care is confined to family and kinship. Although kin relations are central to household care organisation (Nguyen, 2014), this article demonstrates that migrant households also draw on institutions beyond family and kinship to meet their care needs and deal with the insecurity of mobile household reproduction.

As in China, care and welfare in Vietnam have been significantly reconfigured since reform (Nguyen & Chen, 2014). This changing institutional context, while differing from state socialist welfare, does not support the common thesis of state withdrawal. Rather, it suggests the state's shifting governing approach, competing claims for moral authority by diverse welfare actors, and new local conceptions of needs and aspirations. Although some emerged after the reform, most of the institutions are not new, yet their post-reform practices reveal an emerging hybridity between socialist legacies and market logics. As we shall see, the care provided by state, market and civic institutions is increasingly conditional and commodified. Conditionality and commodification are often premised on moral ideas of the self, the family and the community that both dwell on the socialist ethos of social cohesion and the neo-liberal emphasis on self-responsibility (O'Malley, 2004). I argue that these moral justifications help these institutions to exert moral authority in the new economy, as their operations are entangled through kinship networks and familial discourses to produce differentiated forms of care provision.

This article is primarily based on ethnographic data collected between July 2011 and July 2012 in two neighbouring communes of Spring District,⁴ which I shall call Red Spring and Green Spring. Spring District is situated in Vietnam's Red River Delta, about 130 km from the capital city of Hanoi. The district has 19 communes with a total population of 180,000. Red Spring is the largest commune with 19,000 inhabitants, and Green Spring has more than 7,000. Red Spring is home to a number of important regional Catholic churches and famous Buddhist pagodas; about a fifth of its population is Catholic. The population of Green Spring is primarily Buddhist. During the fieldwork, I stayed with one household in each commune and interacted with neighbours, relatives and local cadres. In Hanoi, I visited people from the district in their lodgings or work places. Travelling between the district and Hanoi, I also talked to numerous migrants on the buses operating between the two sites.

The household is the unit of analysis for several reasons. Despite the differential power positions and interests of members (Nguyen, 2014), it remains a locus of joint actions and mutual support, especially in times of need. Household members are bound by moral and legal obligations to provide care for each other, and the project of sustaining household reproduction is a shared undertaking, albeit often with varying outcomes for its members. Furthermore, focusing on the household as analysis category is useful for examining contexts of rapid social change with a high degree of informality and insecurity (Wallace, 2002) such as post-*đổi mới* Vietnam. It is also suitable to the country's institutional setting in which entitlements are distributed to households rather than to individuals. Before dwelling on the analysis, I briefly discuss the linkage between care, social security and migration, emphasising the multifaceted nature of household care organisation, especially in times of high mobility.

Care, Migration, and (In)Security

In this article, care is understood as the labour, resources and relationships needed to ensure ‘the mental, emotional and physical well-being of individuals’ (Parreñas, 2005, p. 12). There is growing recognition that care is not restricted to the home and caring institutions; it cuts across public and private spaces and a multilayer of institutions including the family, the market, the community and the state (Kofman & Raghuram, 2009; Williams, 2010). Anthropological studies of post/late-socialist contexts view care as part of social security (Benda-Beckmann, Benda-Beckmann, & Marks, 2000; Kay, 2011; Read & Thelen, 2007), which encompasses purposive actions by individuals and groups to deal with insecurity based on resources and relationships available to them. Social security relations, they emphasise, are multiple, cross-cutting and constantly negotiated based on moral and legal principles of need and obligation. As part of such relations, care ‘consists of practices that address socially constructed needs’ (Read & Thelen, 2007, p. 7) with a giving and a receiving side (Benda-Beckmann et al., 2000). Equally important is the linkage between the interpersonal and emotional aspects of care and changing state policies and ideologies (Kay, 2012; Read & Thelen, 2007).

The care and migration literature has extensively analysed transnational movements of women from poor countries into care work in wealthier countries and migrant labourers’ negotiations with caring roles (Carling et al., 2012; Dreby, 2006; Parreñas, 2005). The privileging of the nuclear family and kinship in this literature has, however, obscured the multifaceted process of care organisation beyond kin-based networks, a process as complex for internal as for transnational migration. As a study on internal migration in Malawi (Rohregger, 2006) suggests, migrant households draw on a shifting mix of social relations, networks and institutions in both the city and the country for their livelihoods and care. These include family, kinship and friendship, on the one hand, and state and non-state providers of care, including religious networks, on the other, all of which are simultaneously sites of power struggles and support.

Also little explored so far are the ways in which labour migration constitutes simultaneously a mechanism of ensuring social security and a risk-producing venture that has repercussions for household livelihoods and family life. Historically, insecurity is inherent in the human condition across cultures, social classes and times (Arendt, 1998; Benda-Beckmann et al., 2000), only shifting in forms and intensity depending on contexts. With wars, state intrusion into private life, political repression and poverty, pre-*mới đời* Vietnam hardly represented a period of security. Yet changing material aspirations and rising social inequalities mean that the former political fear of standing out in an egalitarian society has been replaced by the dread of losing out in a consumer society dominated by logics of the market. Meanwhile, the greater privatisation of social services previously provided as citizen entitlements has generated an insecurity of access for many. Migrant labour, often attracted into the growing urban service sector and industrial centres, is increasingly subjected to precarious conditions of life and work, which are underpinned by their marginal urban citizenship (Nguyen & Locke, 2014). For migrant households in Spring District, the insecurity is accentuated by their engagement in the risky urban waste trade (Nguyen, *in press*). As we shall see, their recourse to rurally based institutions of care is often both an effect and an essential part of household strategies to deal with the insecurity of migrant livelihoods. These strategies indicate pragmatism while reproducing moral ideas that both facilitate the state’s developmental agenda and its attempt to sustain moral authority.

Migrant Livelihoods and Care in Spring District

Due to high population density, labour migration has been an enduring feature of local livelihoods since colonial times (1884–1945). This continued, albeit on a smaller scale, during state socialism, despite the state’s strict regulation of population mobility (Hardy, 2005). The two successive wars during this period also meant that many adult men and women were mobilised for extended periods. In Spring District, there are now two distinct flows of migrants, for waged labour and for higher education. The educational migrants largely originate from the township centres, where local officials

and cadres are concentrated; most of them aim to find professional opportunities in Hanoi or return to work as government officials in the district.

Labour migrants from the district, the focus of this article, are predominantly engaged in waste trading. Out of a niche that had historical roots in the waste trade dating to the colonial times, people from the district have helped to develop an extensive recycling trade employing tens of thousands of people in major cities (DiGregorio, 1994; Mitchell, 2008). The trade is now also practised as part of rural networks from other localities within and beyond the Red River Delta. Local people mainly work as itinerant junk traders, buying recyclable wastes from households, or operators of urban waste depots. Itinerant junk trading is an individual activity predominantly performed by women, whereas running a waste depot requires the pooling of labour, often by married couples (Nguyen, *in press*). These different forms of waste work are central to household patterns of migration and care. Either the woman leaves to work as an itinerant junk trader and her husband stays home or the married couple migrates together to operate an urban waste depot, leaving their children with grandparents or other relatives. Aside from shifting labour market conditions, such arrangements arise out of intra-household negotiations embedded in power relations between genders and generations and members' changing care needs throughout their lifecycle (Nguyen, 2014).

Yet the need to reproduce the household across locations is also due to the precariousness of migrant livelihoods. While the urban waste trade has enabled local people to make a living and to accumulate wealth (Mitchell, 2009; Nguyen, *in press*), it is highly risky due to price fluctuations. Meanwhile, urban waste work typically involves makeshift housing, unstable rental tenure and health risks (Mitchell, 2008, 2009; Nguyen, *in press*). These are foregrounded by a construction of labour migrants as unwelcome outsiders in the city (Karis, 2013; Nguyen, *in press*), partly infused by the formal citizenship categorisation through the household registration system (*hộ khẩu*). Accordingly, individuals must be registered as members of a household at a particular location as the legal basis for their access to political, civil and social entitlements. Without urban household registration, migrants cannot obtain birth, marriage or death certificates, nor can they legally own a property or directly use public health and education services in the city. Recent reforms of the household registration have relaxed the conditions for urban registration, which, however, still requires significant financial resources or documented long-term residence (Le, Tran, & Nguyen, 2011). Migrant access to urban services and utilities remains restricted, albeit more so in Hanoi, especially through the introduction of the Capital City Law in 2012, than in Ho Chi Minh City (UN, 2014). Labour migrants from Spring District must therefore continually adjust their migration patterns in order to make use of rurally based institutions to meet the shifting needs of members living in different locations. Before delving into these dynamics, I discuss the ways in which the post-*đổi mới* state has redefined its welfare function and the changing ways in which it wields moral authority.

Changing Landscape of Care and Social Security in Vietnam

Until the 1980s, the socialist state sought to coordinate productive and reproductive activities of the household through rural agricultural cooperatives and urban work units based on which most rural and urban people could access public services. Although rural and urban access was uneven (London, 2011), universal education and health care were seen as major achievements of the socialist state (Truong, 2007). Apart from national independence, the moral authority of the party-state rested on being a caring state that brings social equality and welfare to its citizens as improvements to their life under feudalism and colonialism. With the dissolution of collective units following *đổi mới*, the household has resumed its autonomy in production and its position as the main locus of 'reproduction, consumption, and inheritance' (Werner, 2009, p. 12). Care and social security are now primarily the household's responsibilities (Barbieri & Bélanger, 2009; Truong, 2007).

Yet, rather than withdrawing from social provision, the Vietnamese state has also been rolling out new forms of welfare (Mai, 2010), as does the state in other post/late-socialist countries

(Jäppinen, Kulmala, & Saarinen, 2011; Read & Thelen, 2007). Given increasing social discontents with the post-reform insecurity and dispossession (Jacobs, 2008; Taylor, 2014), it is ever more imperative for the state to demonstrate care for citizens' wellbeing and recognise their contributions to the nation. To replace universal welfare, anti-poverty programmes target the poorest, especially in rural and remote areas, and disadvantaged groups such as orphans, childless elderly people or disabled people. The legacies of past wars continue to be on the welfare agenda, for example, through direct and indirect transfers to war invalids, family members of war martyrs, or those who fought in regions sprayed with Agent Orange.⁵ Direct transfers range from 800,000 to 2,000,000 VND, while indirect transfers include tuition fees, health insurance subsidies and other social benefits. Between 5 and 7 per cent of the population are beneficiaries of these war-related transfers (Evans et al., 2006).

In the meantime, education and health care are increasingly commercialised and privatised, with divisive effects between the rich and the poor, rural and urban areas (Deolalikar, 2009; London, 2006). Public hospitals have been raising their fees continuously in recent years. Although state spending on education has increased in the last decade, a wide range of private schooling options has emerged (London, 2011), while fees and contributions proliferate at all levels. Costs of education and health care now figure among the most significant household expenditures, especially in rural areas (Deolalikar, 2009; London, 2011). Pre-school education has been reincorporated into the formal educational system; yet, since public spending in pre-school education is marginal (London, 2011), most public kindergartens operate on a user-fee basis with predominantly contract staff. Private childcare has become common, with services ranging from neighbourhood nursery groups to kindergartens and nurseries with diverse qualities, especially in urban areas. Meanwhile, major international insurance companies such as Prudential or Manulife have licensed branches in Vietnam, competing with local companies such as Bao Viet, offering a range of insurances and, most recently, private pension.

In the official discourse, welfare is to be 'socialised'. 'Socialisation' is a literal translation of the Vietnamese term *xã hội hóa*. Similar to the term 'equitisation' (*cổ phần hóa*) in the restructuring of state enterprises, the euphemism wards off the contradictions between socialist ideologies of social cohesion and growing privatisation. The term is also meant to emphasise the participation of a wide spectrum of social actors in care and welfare provision. Following *đổi mới*, religious and voluntary institutions have been participating in philanthropy to a greater degree (Dang, Kim, Nghiem, Nguyen, & Phi, 2011; Sidel, 1997). In rural areas, local associations, such as same-school, same-age or elderly Buddhist women groups, have become more active in mobilising for social activities and support (Luong, 2005). State-sponsored mass organisations such as the Women's Union, whose roles had mainly been political mobilisation, are now more involved in providing such services as micro credit (Truong, 2007). Local non-governmental organisations have also been emerging alongside international NGOs. Yet, while those providing welfare to the needy or peer-to-peer support are encouraged, rights-based and political reform initiatives remain little tolerated (Bui, 2013). Rather than contradicting each other, the discourse of *socialisation* and such selective endorsement of welfare-producing civic organisations operate seamlessly as part of the post-reform governing approach referred to as 'socialism from afar' (Ong & Zhang, 2008). This approach simultaneously allows private choice and retains the political hold of the party-state (Ong & Zhang, 2008; Schwenkel & Leshkovich, 2012), while promoting self-reliance, voluntarism and community processes as the moral basis for care provision.

As we shall see, how migrant households in Spring District draw on local institutions of care suggests pragmatic choices that are shaped by the insecurity of migrant livelihoods and such governing logics under market socialism. Yet their everyday practices also reconstitute the moral authority of these institutions, which do not merely provide 'access to material resources that makes people feel secure, but a network of social relations to which they can appeal in times of crisis and need' (Read & Thelen, 2007, p. 6). They simultaneously foster belonging and sociality and create new forms of social division, reinforcing the inferior citizen status of rural migrants.

The Care of the State: Place-Based and Means-Tested Provision, Community Processes and Practices of Belonging

As elsewhere in rural Vietnam, households in Spring District can access a range of locally available care entitlements and services provided by the state or state-sponsored organisations. Yet, this access, apart from official means-tested criteria or user-fees, is determined by daily negotiations that are shaped by labour migration. In most cases, it is tied to people's rural household registration. While this might be not an issue for better-off households, it is necessary for many to maintain an active presence in the countryside.

Child Care and Schooling

Sim and Thuc are a Catholic couple from Red Spring who share with two other female villagers a makeshift lodging close to a Catholic church in central Hanoi, where most of their fellow villagers reside. Both husband and wife are itinerant junk traders (Nguyen, *in press*). They have two children aged four and six living in the country with Sim's parents, who are also responsible for the two children of Sim's brother. To bring their children to the city is out of the question for them, given their makeshift accommodation and the potential costs of finding either public or affordable private child-care and schooling in central Hanoi. The grandmother, Duong, the main caregiver to the children, commented that her children were lucky to be able to leave their children with her. Yet this arrangement would not be possible without the local nursery and the school; the children go to school or kindergarten from 7 am to 5 pm, Monday to Saturday. The teachers also offer after-school care at a small cost. Duong said she dreaded the weekends and the school holidays, when all the children stay home and require greater attention; providing meals for the children and coordinating their daily hygiene needs were already exhausting for her.

The Red Spring kindergarten, where one of her grandchildren goes, is crowded; there are 30 to 35 children per teacher. It costs 200,000 VND per month, which the parents pay for alongside food, clothing and other costs. This is a small sum compared to the costs of the low-quality private childcare available to migrants in Hanoi, which is easily five or six times higher for worse conditions. The rural nurseries are more spacious, having a safer surrounding environment, and the teachers are trained, in contrast to the untrained child-minders in urban childcare facilities for migrants. School tuition is supposedly free for primary education, but there are non-tuition costs such as material and 'school construction' contributions, which amount to the same as paying for a child in kindergarten. Although it constitutes a significant household expenditure, the payment compares favourably to securing a private school or a place in a public school in Hanoi, which requires large sums of bribes without the proper household registration. In Duong's words, the parents could be 'reassured' leaving their children with the grandparents thanks to the availability of local childcare and schooling.

Yet, in Sim's and Thuc's plan, one of them will return when their children reach adolescence. Whilst smaller children are supposedly 'easily manageable' with less-complicated needs, children from 10 onwards are perceived as 'difficult to educate'; grandparents are supposedly not disciplining and savvy enough to supervise them. The presence of at least one parent is therefore desirable, especially given the prevalence of the so-called 'social evils' such as computer games and drug use, two of the biggest parental worries. Not every parent can return when such needs arise, either because they operate an urban waste depot that requires the presence of both husband and wife, or because the household cannot afford to lose one income. The absence of parents for teenage children is strongly criticised by local people, especially teachers and school managers, who commonly blame such absence for adolescent problems. Yet migrant parents maintain regular contact with the class teachers and school management through mobile phones. The kindergartens and the schools also reach out to migrant parents in addition to face-to-face contact with the substitute carers; parents are informed of important issues. Most migrant parents strive to cultivate a good relationship with class teachers through visits and gifts on important events such as the Teachers' Day or the Lunar New Year.

Migrant couples who operate urban waste depots are more likely to bring their children along, often after the latter have lived their early years in the countryside. Should they continue with higher secondary education (Grade 10–12),⁶ they often have to return to the district after finishing lower secondary school (ending with Grade 9). Whilst there exist more urban schooling options for migrant children until Grade 9, including private schools and public schools in less-central districts, their possibilities are limited at the higher secondary level. Urban public secondary schools are only accessible to those with local urban household registration. Private secondary schools in the city, meanwhile, are either more expensive or have lower performance standards than rural public schools. While some better-off households are able to move their household registration to Hanoi so that their children can pursue secondary education there, it is necessary for most migrant children to return to the district for secondary schooling. In Green Spring commune, where more households operate urban waste depots, the number of students at the secondary school far exceeds that in the lower-level schools because of these returnees. Whether the children go to school locally or elsewhere, the district education bureau keeps track of their progress for reporting purposes as long as their household is still registered in the district.

Despite the recent reforms that allow for some inclusion of migrant children in urban facilities, access to urban public childcare and school remains significantly dependent on the household registration, or, in other words, conditional upon their citizen status. How migrant households in Spring District secure care and schooling for their children highlight the consequences of a continuing exclusionary urban citizenship and the insecurity of their migrant livelihoods. The following section discusses another form of state care that migrant households draw on to deal with such insecurity, which is also highly conditional.

Means-Tested Benefit: the Poor Household Status

As mentioned, Thanh's surviving household was easily voted eligible for the Poor Household Status for the coming year at the village meeting. In the same meeting, another case was put forward without success. Mien's husband had been hospitalised two weeks before, diagnosed with a severe liver problem which everybody attributed to his excessive drinking. Mien had had to disrupt her junk trading work in Hanoi to return and take care of her husband. Without a health insurance, his treatment had cost them a significant chunk of their savings. Whenever I met Mien during those days, she would complain how depressing it was that she was stuck at home without earning any income, and that her husband's conditions would never be back to normal. Mien had tried to lobby with the village head, visiting him with a gift of fruits and cookies; the Poor Household Status, among other benefits, would help cover a large part of their formal medical expenses through the free health insurance. In the other villagers' opinions, however, her household's circumstances were not comparable to Thanh's: Mien could still carry on her migrant work while their eldest son was 'doing good business' (*làm ăn đàng*) in Hanoi and should be able to support his parents. More importantly, his health problem was self-inflicted rather than a misfortune, and thus deserved less sympathy; Mien's household's situation thus was not perceived as deserving, despite her personal disagreement with the evaluation.

To be officially counted among the poorest in the village used to be source of stigma; nowadays it has become a desirable entitlement for low-income households that comes with benefits such as free health insurance, low-interest loans or housing support. The set quota defined by the local government means that there is often a hidden process of competition among the relatively less-well-off families. In the village, few households can be classified as poor according to the government's low benchmark,⁷ although cases of sudden illnesses like Mien's husband or accidents like Thanh's can plunge the households into a financial crisis due to the medical costs. Eligible households must fulfil certain criteria of deservingness, based first of all on the intensity of their economic difficulties and shared understanding of needs. For example, the few elderly people without children are given priority, whereas poorer households with many children are not considered, since their poverty is deemed to be their fault (in line with the state's population-planning rhetoric).⁸ Furthermore,

successful applicants need the support of prestigious villagers and – most importantly – of local leaders such as the village head or the local party head.

Thanh's household had both the backing of relatives, who were local leaders, and of other villagers because its circumstances had been induced by her migrant work, whose precarious nature is highlighted through her accident. Village conversations for days had been focused on the event, unanimously constructing Thanh as a female martyr who had sacrificed her life for her children and family. People had been circulating stories about her not having had breakfast to save money and how she had long desired to buy herself an *áo dài* (the traditional female costume) to wear at weddings but had never done so. All these elements struck a cord with the villagers, especially the women, many of whom were or had been migrant waste traders themselves. A respected elderly pensioner, Mr Hoa, who had spoken up in support of Thanh's case in the village meeting, later said to me: 'You are witnessing a prime example of the negative impacts of migration.' In his speech on that day, he hinted that Thanh's death represents the price that the village had to pay for his fellow villagers' ventures into risky frontiers. In his opinion, Thanh had not only made sacrifices for her family, but her sacrifices also exemplify those of the whole village, which therefore should help her surviving family.

Through such village negotiations, the poor household status is no longer merely a means-tested state benefit; it has been transformed into a token of care by the village towards its needy members, of which the latter have to prove their deservingness. Those who receive the benefit thus are not only beneficiaries of the state, but also indebted to others in the village. Rather than appearing imposed from the top down, the conditionality becomes imbued with the meanings of reciprocal relationships. For the migrants, whose urban citizen status is marginal, their participation in such negotiations is a confirmation of their rural citizenship, which is embedded in kinship and neighbourhood relations. Its symbolic dimension is as important as the transfer of financial benefits. For outspoken villagers such as Mr Hoa and the village head, who are wealthy and influential, it is a chance to solidify their social status through their patronage of the needy. The transfer thus simultaneously reconfirms the moral authority of the state as being caring and responsive, despite its abandonment of universal welfare goals, and helps to strengthen existing moral economic ties within the rural village. Such symbolic and political dimensions of care are further illustrated in the practices of local mass organisations.

Mass Organisations: the State in the Community

Mass organisations were created in socialist countries for purposes of popular mobilisation. While such organisations remain instruments of the party-state, they have over time become part of the complex village relations characteristic of northern Vietnamese villages. They constitute important venues for sociality and community care that villagers actively maintain during migration.

At Thanh's funeral, one could hear announcements for the arrival of the representatives of the Women's Union, the Youth Union (some of whose members had been helping with organising the funeral), the Elderly Association, the Veteran's Association and other local mass organisations. Each group came with a *bức trường* (an embroidered funeral flag) and 100,000 VND. Later I learnt that the standard funeral package had previously included a garland plus the same amount of money, but because of the increasing price of fresh flowers, they had settled for the less-expensive funeral flag, taking into account the fixed amount to be paid out for such an occasion. When Mien's husband returned from the hospital, he also received visits by representatives of mass organisations, including the Veteran's Association, of which he was a member. They brought him a standard get-well gift comprising one kilogramme of sugar and one can of condensed milk, desirable get-well gifts in the centrally planned period, when they were highly valued and thought to be recuperative due to scarcity. This gifting practice has long disappeared in urban areas but remains common in Spring District; although now readily available, they still carry the previous meanings as gifts. The families of the ill persons thus often receive more sugar bags and milk cans than they can ever use, having to sell them to the village grocery. It has also become acceptable that the visitors give the cash equivalent of the gift to the host.

As elsewhere, visiting an ill person expresses care and respect for the person, recognising him or her as part of a community or a social relationship. In Vietnam, failure to do so may even damage existing relationships. The visits of the mass associations, however, are not merely a matter of maintaining relationships – their visits represent a token of care by the state. Unlike the Poor Household Status, the standard gifts from mass organisations have little financial significance; important are their symbolic meanings. Most of the organisations operate on a member-fee basis, with members paying annual fees and contributions for special events. Their leaders receive a small state allowance but work primarily as volunteers. In recent years, most organisations, except for the Elderly Association and the Veteran's Association, have few members attending their regular meetings because of migration. Yet, most labour migrants duly contribute their membership fees, even when they are absent for long periods, and make a point of returning for yearly gatherings. The mass organisations, remaining active in their state-assigned roles, are thus also part of the web of social relations through which people seek belonging and communal care, especially for their mobile livelihoods. Conversely, since these organisations are deeply embedded in village relations, they remain effective instruments for state governance, especially in shaping the rural citizen attached to their home city despite their labour mobility. As the next section reveals, such attachment and loyalty to the home place are further fostered by the practices of local religious institutions, which exert considerable discipline and control over their members as they provide care.

The Care of God and Buddha: Local Religious Institutions, Livelihoods Insecurity and Moral Anxiety

Religious institutions provide the spiritual care that local people increasingly seek for their mobile livelihoods and changing material aspirations. This section discusses how local churches and pagodas promote their ritual services while exerting moral authority over the mobile populace. The Buddhist pagoda is located in Green Spring commune, which is predominantly Buddhist, and the Catholic churches are in Red Spring commune, where Catholics and Buddhists co-reside.⁹

The head monk in charge of the pagoda (the Venerable) jokingly made the following statement in our meeting: 'In this commune, 5 per cent of the population are Party members; the other 95 per cent are under my control.' The Venerable has a good local standing on account of his rank and his official role in the central Buddhist Order. People see him for all important life matters, such as children's school performance, business, birth, sickness, marriage, death or the drug addiction of a family member. Most migrants return to visit the pagoda regularly. They often come carrying trays loaded with offerings of wine, beer cans, sweets and cakes, rice and chicken to pray for protection and luck for their newly opened waste depots or newly purchased transport vehicles. Many bring their vehicles to the pagoda for the Venerable to perform a blessing ritual. The Venerable commented that since they 'started to go out', local people have had greater demand for such rituals.

The Venerable seems adept at capitalising on this need for the wealth of his pagoda. The pagoda offers a standard ritual for each lifecycle event. For instance, after the birth of a child, the family may have a *bán khoán* ceremony (selling/handing over) to be conducted by the Venerable. *Bán khoán* is a folklorist practice incorporated into Buddhist pagodas, where deified personas are worshipped alongside Buddhist figures. Such deities are supposedly protectors of children, having the power to rectify the ills caused by supernatural forces. It is commonly believed that young children's problems with health, behaviour and even school performance arise from their exposure to evil spirits or offended gods due to their date of birth. Such children are considered 'difficult to raise' (*khó nuôi*) and should be ritually 'handed over' to the pagoda through the *bán khoán* ceremony so that they receive protection. In the district, many consider doing this even when the children do not display any obvious problems. Fifty-seven-year-old Vân, who had had the ceremonies arranged for her three-year old grandson, said to me, 'sacredness arises when one worships, peacefulness is assured when one observes the ritual'.¹⁰ She believes that once the boy is 'handed over' to the pagoda, the protection will also extend to his family's waste trading activities:

My children are traders (*người làm ăn*) and they rely on luck to have a smooth business. If the age of the children does not match the age of the parents, all sorts of bad fortunes and ill health will befall us.¹¹ Since my grandson's age is not in harmony with his parents', I told my children that it was necessary to obtain the protection of the deities (*các ngài che chở*.)

Other lifecycle services offered by the pagoda include a ritual to 'bring the soul of the deceased to the pagoda' (*đưa vào chùa*) to seek protection, which takes place 49 days after the person dies. Another service on offer is the marriage ceremony (*lễ giá thú cầu hôn, lễ hằng thuận*), which used to be uncommon but has recently become popular in urban areas. Such ceremonies have been positively portrayed in the media as an indication of greater interest in the spiritual union between the married couple, which is supposed to guard them against the likelihood of divorce.¹² The ceremony has been performed by the Venerable for a number of couples in the commune, who would have this in addition to their regular weddings.

While these ritual services are not entirely new, their monetary costs are. Donations for such ceremonies used to be voluntary (*tùy tâm*); nowadays, there is a price tag for each, which increases according to the prices of market goods and services (*theo thời giá*). For example, a full *bán khoán* ceremony is priced at 7 million VND (350 USD), including offerings of food, drinks and cash donation. Therefore, only wealthy families can afford the costs single-handedly; others seek to share the ceremony for several children of similar age. Given the increasing popularity of these rituals, the pagoda's revenues are significant, not including irregular donations by successful migrant traders. Apart from individualised services, there are annual Buddhist festivities that draw large numbers of people; migrants tend to return for such events. Regular gatherings, often on the first and the 15th day of the lunar month, in which people pool money for a festive meal, are well attended by the local elderly, especially elderly women, for whom they are an important source of sociality. Local people often complain about the costs of pagoda services; some are critical of the Venerable's business-mindedness. However, the pagoda remains important, not only as a religious but also a social institution through which they seek protection, sociality and recognition.

As influential as his pagoda is, however, the Venerable openly admires the Catholic churches for their hold on the congregation, as he said:

The Catholics control people better than the communist party. At birth, people are already signed up to the church through the baptism; then they have to learn and study the teachings of the church all their lives. They have to confess all their sins to the priest and follow their priest's guidance. The Catholic Church has an easy time collecting donations for any major projects even when the people are not so wealthy.

While this comment reveals his personal interest in moral control over the pagoda-goers, it portrays to some extent the more institutionalised operations of the Catholic Church. Although the Vatican's appointment of Catholic bishops must be approved by the Vietnamese state, the Church is relatively autonomous (Hansen, 2005). Unlike the pagoda whose main income originates from donations and payments by pagoda-goers, the local churches derive their financial means from various sources. Apart from contributions by local Catholics, they benefit from donations by overseas Catholics and revenues from businesses such as drug stores and a bottled water facility.

The nuns and deacons in the local churches I interviewed all pointed out that the Church has a structure of mass mobilisation parallel to that of the state. For instance, there are similar church associations for small children, young people, women and elderly people through which different age groups can be organised for religious activities and practical support. When a donation is to be made to support common local causes, for instance, Catholic households are often approached by both the mass organisations and the church associations. The Church has a standardised system of religious teaching, and school children are sent to church classes every weekend, which, according to Sim and Thuc, have the double benefit of religious education and childcare. Donations for church services are not as itemised as at the pagoda, but they constitute a significant expenditure for a Catholic household.

Apart from an orphanage, some churches offer child care services and basic health clinics, which are free to local residents (except for food and medicine costs; Catholic households pay a small fee). Non-Catholics use these church-provided services in a pragmatic manner; migrants like my female host sometimes return from Hanoi to visit the church's clinic for their basic health problems. Her brother, who looks after four grandchildren, sent one of them to a Catholic nursery run by resident nuns. For him, it was a convenient and low-cost option until the child goes to school; the Catholic nursery is closer than the commune's kindergarten, requiring less time for dropping off and picking up.

While the local churches' out-reach services to non-Catholics may have to do with local prestige and competition for moral authority, the care for their congregation goes hand in hand with control, especially over the latter's migration. According to Catholic informants, labour migration, especially by married women, was in the early 1990s not favoured by the priests, whose disapproval, however, has not prevented people from migrating for urban work. Nevertheless, young people in marriage age who migrate need a referral letter from the local priest to register with a church at their destination to continue their pre-marital religious education, which the Catholic informants sometimes compare to the official household registration (*hộ khẩu*). Migrant Catholics are supposed to attend services in the urban churches and confess to the priests there; therefore, most of them live in the vicinity of the urban churches. The church I visited in Hanoi has a Committee for Migrant Catholics, which organises religious activities and services for the migrants out of a concern that migration might erode the faith of individuals (it does not provide any child care or health care, though). In a service for migrants I attended, the priest expressed grave concerns about the declining attendance by migrant Catholics in these services, urging them to pay more attention to their faith.

In differing manners, the local Buddhist pagoda and Catholic churches seek to exercise moral control and authority on their followers and others, as they offer the care and protection that the latter seek for their migrant livelihoods and family lives. The commodification of ritual services provided by the pagoda is internal to changing material aspirations and a greater need for protection against the uncertainty of migrant livelihoods. The child- and health-care services of the Catholic Church, tied to religious education, are as necessary for the migrant Catholics to organise household care as it is for the church to maintain the faith of their congregation and their local prestige.

Care for Sale: the Entanglements of the State and the Market

While the care provided by religious and other institutions is subjected to market forces, market options are also not purely for profit. As we shall see, they are embedded in state institutions and social relations, also seeking to sustain their operation through moral discourses of trust and care. At times, they emerge from the hidden commercialisation of public services such as health care or education; at other times, state institutions and agents facilitate the functioning of market actors for their mutual benefits and efficacy. As consumers of these services, migrant households partake in the multiple entanglements between the market, the state and social relationships.

During my fieldwork, life insurance salespersons had been frequenting the villages. Life insurance companies are clearly aware of the potential for new customers in the district, where the migrant waste trade has generated varying levels of wealth accumulation but is a risky business that can cause people to incur sudden losses (Nguyen, [in press](#)). With premiums ranging from 3 to 20 million VND per year, the companies can potentially target a wide range of migrant households with different incomes. Their promotion methods include organising village workshops with the help of local leaders, who are invited to attend training workshops at the companies' headquarters, and sending agents to talk to individual households. The sales agents recruited by insurance companies tend to be women based in the rural areas, such as former Women Union cadres, who operate based on their rural networks.

Thanh's accident and her ensuing death were thus good marketing opportunities for the Prudential salespersons, who presented themselves as agents of a caring institution that has understanding for such a tragic loss of life. Neatly dressed and eloquent, the two women expressed their sympathy to the family, saying that they had explored all options as to whether they could help them, for example by

backdating a policy, unfortunately without success. Then they made a persuasive presentation of the life insurance policies offered by the company, stating that if Thanh had previously signed a contract, her family would have received compensation that significantly offset her medical costs. By drawing on the risks of migrant livelihoods, these agents effectively invoked the insecurity that potentially creates a perceived need for what they were selling. Their introduction aroused much interest among the villagers and the topic came up frequently in village conversations afterwards. Many were sceptical of life insurance, especially regarding the requirement of regular payments over a long period. Yet I also learnt that a wealthy household in the village had bought a policy, which suggests that it is likely to become an option for better-off households.

While life insurance remains a costly commodity marketed by private companies that only higher-income households consider, basic health insurance offered by the state has wider relevance. The government plans to implement a universal health insurance system, which covers 68 per cent of the population in 2013.¹³ The annual payments are covered by the employers, the state or the insured themselves, depending on their income and employment status. In rural areas, except for members of officially recognised poor households, children below the age of six, and beneficiaries of state welfare, who are entitled to free health insurance, people are supposed to pay for the insurance as a voluntary policy, which currently costs about 500,000 VND (about 25 USD) per person yearly. The basic coverage of the insurance reduces the formal health costs significantly, especially when one has to use them for extensive treatments. The yearly premium may not be significant for better-off households, but lower-income ones are reluctant to pay. In a richer village, almost all the households have bought the health insurance, whereas in the poorer village where I stayed, fewer have done so. My hosts would rather save the money, buying cheap medication for self-treatment, and go to the church clinics if necessary. That said, as soon as a severe chronic health problem is identified, they seek ways to purchase the voluntary health insurance.

The reluctance to buy voluntary health insurance also stems from a mistrust in the public health system, which has differential quality and requires under-the-table payments (Ekman, Nguyen, Ha, & Axelson, 2008). Most public hospitals operate extra services for those who can afford them, such as private or semi-private rooms with better doctor consultation than the overcrowded wards common in urban hospitals. When Mien's husband came back from the provincial hospital, he told us many stories about the bribes he and other in-patients had to pay in order to be properly treated. In his case, the bribes had more than doubled the formal costs. The moonlighting of doctors from public hospitals is another way in which the public health services have become commercialised. Since their services are more personalised and trust-based, local people tend to see them for their health issues before considering institutional treatment. For more serious problems, those who can afford it go to a private hospital, preferring it to the public hospitals for its efficient and more straightforward services, which do not require them to cultivate relationships (*quan hệ*) with the hospital staff. Meanwhile, doctors of the private hospitals tend to work part-time in addition to being full-time employed in state hospitals. Such practices suggest highly fluid boundaries between what is formal and informal, legal and illegal, public and private provision of care.

Conclusions

Migrant households in Spring District pragmatically draw on a mix of care services, resources and entitlements provided by the state, the market and social institutions to deal with the insecurity of their migrant livelihoods. Their practices concurrently foster their belonging and membership to the rural village and reinforce existing unequal power relations within it and beyond. Meanwhile, the operations of these institutions of care do not merely indicate 'reconfigurations of public and private' (Read & Thelen, 2007, p. 3) in market socialist Vietnam. They also betray a governing approach aimed at producing subjects and communities who are self-governed and responsible for their own wellbeing (Kaya, 2012; O'Malley, 2004).

Abandoning the socialist principle of universal provision, institutions of care in post-reform Vietnam largely operate on the basis of commodification or conditionality. These changing principles of care provision are often disguised through moral discourses and community processes as the institutions work through local networks of social relations. Market actors such as the life insurance companies, while being primarily interested in profit, operate based on their locally embedded agents' ability to market themselves as caring institutions that people can trust. While offering the spiritual care that migrant households seek for their mobile livelihoods, religious institutions do not shy away from demanding proper payments for their services, alongside their effort to exert discipline and control. Social services are accessible only insofar as people look for them in the place of their household registration and/or if they pay the proper fees. State social protection entitlements, limited to the neediest and tightly capped to create local competition while being negotiable through community processes, turn means-tested criteria into discussion of deservingness. In short, the commercial and technical are transformed into the moral, thereby constructing the ideal subjects for market socialist governance. As such, conditionality and commodification are constitutive of the moral authority that state, market and social institutions of care seek to exercise in the new economy as they provide forms of care with increasingly differential access.

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Notes

1. All names in the paper are anonymised.
2. The exchange rate at the time of writing is 21,000 VND to the US dollar.
3. He is referring to the common understanding that some form of future reciprocity is expected.
4. The commune is the lowest formal administrative unit in a hierarchy comprising the national, provincial, district and commune levels. The commune is further divided into villages or hamlets whose governance structure is semi-formal, with the village leaders mostly working on a primarily voluntary basis.
5. A defoliant used by the US military throughout the 1960s to expose North Vietnamese forces, potentially causing severe health problems, including birth defects.
6. About 60–70 per cent of school children make it to the higher secondary level, after a relatively difficult entrance exam.
7. According to informants of my previous research from poorer localities, there are more conflictual negotiations over, and abuses of, the Poor Household Status; for example, local leaders giving preferential treatment to their own relatives. In this commune, where migrant livelihoods have increased the average local income, fewer households qualify under the official criteria of having a monthly per capita income below 400,000 VND and having a temporary house.
8. The official population-planning policy in Vietnam set the limit of two children per family. Unlike China's strict implementation of the one-child policy, Vietnam's enforcement of the two-child policy has been more flexible.
9. While Buddhism within Vietnam is organised through the state-sanctioned Vietnamese Buddhist Order, its membership is less institutionalised than that of the Catholic Church. People who go to Buddhist pagodas do not necessarily classify themselves as having a formal religious faith, as do the Catholics.
10. *Có thờ có thiêng, có kiêng có lành*, Vietnamese proverb.
11. According to traditional beliefs, the destinies of the children and parents (as those of husband and wife) are consequentially interrelated, and this interrelation is shaped by whether their years of birth match each other or not.
12. See coverage of the Buddhist marriage ceremony at <http://afamily.vn/doi-song/doc-dao-le-cuoi-cua-13-voi-uyen-uong-theo-nghi-thuc-nha-phat-20130910054888.chn>; <http://vov.vn/MEDIA/Anh/Le-Hang-thuan-chuc-phuc-cho-cac-voi-chong-tre/280310.vov> (accessed 21 February 2014).

13. After four years of implementing the health insurance law, there are many adjustments to be made (Sau 4 năm thực hiện Luật Bảo hiểm y tế: Nhiều nội dung cần được điều chỉnh), available at the website of the National Assembly: http://duthaonline.quochoi.vn/DuThao/Lists/TT_TINLAPPHAP/View_Detail.aspx?ItemID=1352 (accessed 4 February 2015).

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