

THE ACCESSIBILITY TO SOCIAL WELFARE OF WORKERS IN BINH DUONG'S INDUSTRIAL PARKS

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(Received: 20/04/2014; Revised: 02/06/2014; Accepted: 28/7/2014)

ABSTRACT

The paper focuses on the analysis of data from a survey on the responsibility of the government and private sector in covering social welfare of the workers currently working in industrial parks in Binh Duong Province. It also acknowledges the interaction between these two establishments in the process of socialization and considers social welfare a fundamental right of each citizen. Social welfare has become services, which citizens have to pay for, even with high price. A perfect social welfare system has to prove the responsibility of each individual in maintaining the quality of community's life. Nonetheless, the "commoditization" process has been turning social welfare into burdens on the shoulder of workers with low income.

Keywords: *Manual laborers, social welfare, socialization.*

1. Introduction

After the Sixth Party Conference (1986), Vietnam has achieved many great accomplishments. Many quality of life indexes (literacy, longevity, etc.) have increased dramatically, along with improved accessibility to social welfare. This change has elevated Vietnam into one of many examples of development and demonstrates the effective use aid from the UN's development program (Trần Hải Hạc, 2008). In terms of social welfare delivery, many reports have shown that "till now, the coverage of social welfare system is expanding, offering better services. In 1996, 3.2 million people joined compulsory social insurance; this number rose to 8.2 million in 2007, 2.6 times as much as the previous number, constituting 67% of the total number in this section. In 2006-2007 alone, there were approximately 2.866 million families with economic difficulty receiving special loans, 1.33 million receiving business instructional courses, 15 millions individuals

with medical insurance cards, 5 million students in need receiving financial support, 230 thousand families receiving accommodation support." (Nguyễn Hữu Dũng, 2008).

Nonetheless, when we mention to workers' life in Binh Duong, as well as in big cities in Vietnam it is hard, even for former workers in Vietnam, to fully recognize the problems current workers have to face. While in the past, Vietnamese workers have "back-ups" in the form of family and land, current workers have to leave their hometown to go work in Industrial Zones (IZs) without full support and however, what they receive is just the poor life of urban citizens (Nguyễn Đức Lộc, 2010). They are "the social class totally depending on their labor to make a living, detached from any kind of profit. The happiness and sorrow, life and death of such people are dependent on the labor inquiry of the society, or the upward or downward way the market has followed, or the fluctuation of

the unstoppable competition” (Marx and Engels, 1994: 4)

When a nation enters the stage of urbanization and modernization, attention is brought not only to development indices but also to the social consequences arising and growing from those numbers, which directly affect human life. In European and American industrialized countries and several developing countries in Asia, with advances many years ahead of Vietnam, issues with possible social consequences have always been researched and laws of the society are created.

Chicago school sociologists and social anthropologists in England and France, have conducted extensive research on the life of different classes in developing and developed urban areas of various countries. Especially, many sociology-oriented and urban anthropologist-oriented studies are carried out in Japan, Philippines, Indonesia, Thailand, India, etc., most of which are in English and have been published in Vietnam. In these studies, the authors tend to focus on gender, analyzing women’s lives in factories and class, as well as injustice (Hsiung Ping-Chun, 1996; A.Ong, 1987; Mary Beth Mills, 1999).

Nghiem Lien Huong (2007) focused on the studies about migration of workers from villages to foreign authors. These highlight that migration can be considered a characteristic of capitalist society, driving women away from their families and forcing them to work in city factories. When it comes to Asian female workers, anthropologists have connected industrialization and households. This connection has been implied to be the driving force of migration. These studies also aim to view them in correlation to city dwellers, coworkers, managers and even male migrating workers. They seek to analyze the motivation behind migration and migration’s benefits to female workers, highlighting the rural traits in city life (Nghiem Lien Huong, 2007).

In addition, many studies in Vietnam have been conducted to examine the migration of workers from rural areas to urban ones. The

studies use an anthropological method to vividly describe the process of identifying the rural root of female migrant workers in the cities, in terms of their relationship with their families, neighbors, coworkers, city dwellers, managers and factories owners. Their inferior status, which is being shoved to the edge of the development process, reflects not only the gap between villages and cities, but also between the rich and the poor, and between city men and women. These studies revolve around worker’s life in correlation of the fast process, bringing about social consequences, to which workers are the most vulnerable. (Nghiem Lien Huong, 2007)

Due attention should also be given to research and dissertations concerning social welfare and social welfare services. Lochak (1986) drew some line between the concept of “public” and “private”. He thought that the terms *public* and *private* themselves are vague and ambiguous. The term *public* (equivalent to the Vietnamese words of “chung”, “công”, “công cộng” or “công khai”) have two meanings: (*sens "fonctionnel" speaking*) – anything related to the community; and (*sens "organique" ou statutaire speaking*) – anything related to the government and its institutional parts. And the term *private* (equivalent to the Vietnamese words of “tư”, “tư nhân” or “riêng tư”) is often defined contrastively, through referring to its antonym: anything not public, not concerning other individuals, or of non-political origin, independent from the government. Lochak believed that thanks to the process of community institutionalization (into government offices), it is easier for us to recognize what belongs to the government rather than what does not. Therefore, it comes as no surprise when the government became the reflecting point to define “public” in an affirmative fashion, and “private” in a negative manner (Trần Hữu Quang, 2009: 15). In the scope of this paper, the concept “private” is understood as any non-governmental activity/area outside. In the picture of social welfare, the term “private” or “privatization” is attached to the policy of “socialization” public sections after the Party’s Sixth

Conference (December 1986).

The process of “socializing” social welfare has brought changes to many areas. Reality has shown us that it is hard for the government to fulfil its duties in delivering social welfare successfully, especially to those who work in industrial parks. Therefore, the existence of the private sector to help deliver social welfare to those in need is inevitable. Though this policy has proved itself useful, it still possesses some risks. The general report on the development of Vietnam in 2019 of UNDP, while discussing the burden of medical fees, stated: “One of the potential effects of transferring the power to act independently and “socialize” is the increase of service fees that clients have to pay, and this can limit the accessibility to those services of the citizens, especially those with limited income. As companies in the public sector have to rely more on their own income from their services and profit-based service providers increase, financial tension falls on the shoulder of the users. As the first official document identifying the financial independence of public service providers (Decree 10) was published in 2002, which resulted in changes in their independence and socialization, the year 2002 can be considered a valid milestone in the process of understanding the financial burden of the service users.

After the Party’s Sixth Conference (December 1986), Vietnam officially employed market-based economy model, gradually eradicating the subsidy-based which had slowed the economic growth down. Since then, the newly open policy in diplomacy has been fully implemented, particularly those aiming to attract business investment in Vietnam by providing many special treatment concerning taxes and laws. The appearance of foreign corporations in Vietnam has contributed to the development of the economy and created many job vacancies for workers. Besides, similar treatments have been given to local companies to promote production, increasing Vietnam’s GDP index. A great labor force and low cost are factors attracting business investments. Nonetheless,

workers’ life in the companies is not well cared for, beside the basic needs as required by the government (addressing the minimum wage and insurance for workers). Some companies do not fulfil the duties of paying medical insurance for their workers properly. It is possible to say what the workers receive is not equivalent to their contribution.

This paper reflects my research into the lives of workers at industrial zones (IZs) in Binh Duong which we carried out between 2011 and 2013 in order to collect quantitative information via a questionnaire and qualitative information (secondary data collection and observation). There were 800 sampling units chosen, equally distributed across the four research areas and including a large number of workers. These units encompassed the following areas: Di An Town (200 units), Thuan An Town (200 units), Ben Cat District (200 units) and Tan Uyen District (200 units). Each town or district chosen covered two zones, one nearby an IZ and another on the periphery of an IZ. In each zone, we chose two wards with 50 workers (among the total number) randomly selected from each with the help of the local government. The local government provided a list of workers boarding in the area. My reason for using this selection method is because each area has unique traits, but it is typical of the IZ format in Binh Duong, both in terms of its area and history. With the process carried out simultaneously in all four areas, I was able to compare and contrast the data in order to provide a panorama of the current living conditions of the workers in Binh Duong.

In this paper, we use the research results to present my findings on the role of social welfare and responsibility of government and companies in the study workers’ lives in the IZs of Binh Duong Province.

2. Social welfare and responsibility

Workers are eligible for certain social welfare services, depending on the policy of their companies. Some companies have sought ways to “bend the rules” in order to diminish the budget for social welfare support,

henceforth increasing the profit for the employers. Some companies avoid paying medical insurance for their workers. This issue is common in companies in the private sector and those with foreign investments.

From the survey data, it can be seen that: 42.8% private companies do not pay for medical insurance, 37.1% for accident insurance and 7.5% for social insurance. For those with foreign investments, 41.4% ignore medical insurance, 44% accident insurance and 9.1% social insurance. The reasons for this phenomenon, especially in case of medical insurance are "without official contract" (6,8%), "the employers refuse to pay" (4,3%), and "new to the job" (3,8%).

Meanwhile, most of the workers taking part in the survey are working in companies with foreign investments. To be more specific: these companies constitute of 63.6%, next spot belongs to private companies with 17.3%, co-operations 9.9%, public companies 4,6%.

In the area of social welfare, medical insurance policy is one of the milestones in the development of Vietnamese government in the awareness of and action for workers' health. Maintaining the sustainable growth of this policy is the most important duty of the social welfare system. The law on medical insurance in 1998 indicated in detail that medical insurance is a part of "social policy", and

voluntary medical insurance "is to implement social policy in medical treatment, not for profit cause; therefore, the rules for insurance business is not applicable in this case". The rule in 2005 added that medical insurance "is of social cause, not profit cause, aiming to create equality and efficiency in medical examination and treatment applicable to all citizens of the country" (Clause 1, Code on Medical Insurance, 16/5/2005).

However, the survey data showed that an average worker family spends 167.170 VND/month for medical expenses, 2.004.004 VND/year, rather high when compared to their income. The comparison of medical expenses among the four areas showed that workers in Tân Uyên District spend the highest amount (211.050 VND/month), the next spots belong to those in Dĩ An Town (169.930 VND/month), Bến Cát District (140.000 VND/month) and Thuận An Town (139.720 VND/month). Besides, there is a difference between two groups of areas: (1) Tân Uyên District and Thuận An Town, and (2) Bến Cát District and Tân Uyên District. To be specific, the average medical expense of workers in Tân Uyên District is higher than that of workers in Thuận An Town ($p=0,052$). Workers in Tân Uyên District also spent more on medical expense than those in Bến Cát District ($p=0,054$).

Table 1. Average income per individual, filtered by their living location

Average income per individual

Unit: VNĐ

Current living location	Average no.	N	Standard deviation	Total	Minimum	Maximum
Dĩ An Town	3462,88	200	1140,554	692576	1167	9593
Thuận An Town	3250,64	200	935,644	650129	800	6720
Bến Cát District	3281,03	200	1138,118	656207	950	10200
Tân Uyên District	3391,84	200	2000,091	678368	1300	27825
Total	3346,60	800	1366,842	2677280	800	27825

(Source: Study quantitative data - October 2011)

Our survey in four locations showed the differences in the accessibility to clinical institutions, particularly the line between two groups: district and town. While workers in

Bến Cát and Tân Uyên tend to rely on local clinical centers and private hospitals, those in Thuận An and Dĩ An turn to city/province hospitals.

Table 2. Workers' treatment location, filtered by their living location

(unit: %)

Clinical venues workers choose to require medical attention	Workers' working area				Total
	Dĩ An Town	Thuận An Town	Bến Cát District	Tân Uyên District	
Clinical centers within neighborhood	1% 2	3% 6	5,5% 11	5% 10	3,6% 29
Local clinical centers	17,5% 35	17,6% 35	18,5% 37	32,2% 64	21,4% 171
Private hospitals	16,5% 33	14,1% 28	55% 110	17,6% 35	25,8% 206
City/Province hospitals	33% 66	29,6% 59	5,5% 11	4% 8	18% 144
Private clinics	12,5% 25	14,1% 28	7% 14	12,6% 25	11,5% 92
Charity organization (pagoda, church...)	–	0,5% 1	0,5% 1	–	0,3% 2
Home treatment	16,5% 33	14,1% 28	3% 6	21,1% 42	13,7% 109
Company's medical room	1,5% 3	6% 12	2,5% 5		2,5% 20
Others	1,5% 3	1% 2	2,5% 5	7,5% 15	3,1% 25
Total	100% 200	100% 199	100% 200	100% 199	100% 798

($P = 0,00$, $df = 24$)

Source: Study quantitative data - October 2011

It can be seen that this difference in medical choice is related to the developing circumstance of each location. Dĩ An and Thuận An are early populated with industrial zones, so it is easy for large medical institutions to be established. Moreover, these two towns border Ho Chi Minh City; therefore, their workers have many chances to reach large hospitals. In Ho Chi Minh City alone “up to August 2007 there are 12.467 private clinics, including 78 polydepartment

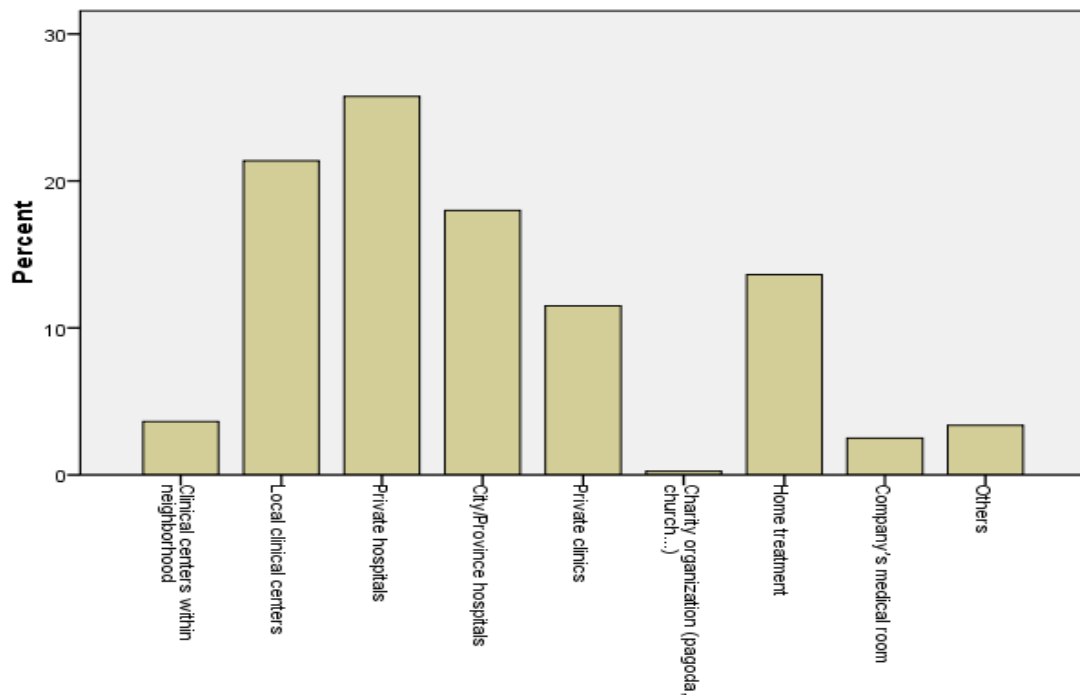
institutions, 26 private hospitals, with 18.243 boarding beds. Compared to the whole nation, this is a significant growth in terms of quantity and quality.” (Thu An, 2007). Meanwhile, according to recent statistic, Tân Uyên District only has “01 type-III hospitals with 80 beds; 02 local clinics with 24 beds and 22 ward clinics with 110 beds, henceforth 5 beds /institution. The whole district has medical centers with 214 beds in total; henceforth 12,6 beds/10000 citizens (below the average

number of the province: 21,2 beds/10000 citizens). (Tân Uyên District's People Committee, General Plans for Economic-Social Development of Tân Uyên District in 2010-2020 period). Therefore, its citizens have

few chances to access big medical centers.

When it comes to the type of medical treatment workers come to, the result is as followed:

Table3. The clinic you mainly visit



Source: Study quantitative data - October 2011

The diversity of clinical agencies is due to the overload of public hospitals. In 1989, Ministry of Health issued "Regulation on Private Clinical Institutions". In 1996, Ministry of Health encouraged public hospitals to open up some service-based sections, such as: overtime section, high-quality chamber, Caesarean birth system on demand. This expansion of medical service has benefited citizens a lot, especially workers.

The ones that attract the most workers are private hospitals (25,8%), local clinical centers (21,4%), city hospitals (18%), home treatment (13,6%), private clinics (11,5%). That is to say, the first choice of migrant worker families is private hospitals and then local clinical centers. The reasons for that phenomenon are: nearby location (57%), time suitability (33,3%), simple registration system (27,4%), friendliness (27,3%), effective

treatment (24,8%), reasonable fee (21%) and bureaucracy (19%).

The current health care model of companies in Binh Dương highlights the "socialization" trend in health care for workers. The research pointed out that the private sector has been mainly responsible for this task. Structurally speaking, in Binh Dương there are various medical centers on many levels. In the current circumstance, it is hard for the government to be fully in charge of medical care. In this study, the private sector has proved its efficiency in "socialization". Another point worth noticing is the role of the companies in medical care is rather invisible. Very few companies build their own medical centers; even if they do, those centers are only able to handle basic cases. If the situation gets serious, workers still have to turn to public and private hospitals.

In terms of schools for workers' children, the study shows that 47,7% of total number of workers is sending their children back to their hometown to be schooled; only 4,7% are studying in private schools. It is to be pointed out that most schools in basic education (elementary and junior high school) belong to the public sector. The compulsory education policy has great effects on national strategies; according to this policy, the government is responsible to ensure that every child has the chance to go to school, particularly elementary and junior high school. The 2006 -2010 period's midterm report showed that in Binh Duong "7/7 districts have realized this policy, with 15 wards achieving the result in junior high school level" (General Statistics Office, 2009:365).

At pre-school level, the study shows that most workers choose to send their children home (34.1%) or keep them home with friends acting as nannies (34.7%). 20% of them send their children to private kindergartens, 6.5% to family groups. Only 4.1% are sent to public kindergartens. Furthermore, it is observed that no worker family sends their children to kindergartens built by their companies. Our survey displayed the situation of using educational policy of migrant workers. Despite great investment from the government, these policies are not actually familiar to workers. In other words, the three prominent forms of pre-school education are relatives, families and private kindergartens.

The existence of private pre-school child care agencies plays a big role in assisting workers' families. According the statistic from Binh Duong Department of Education and Training: "the population of local newborns increases by approximately 5.000 per annum. Due to that dramatic growth, public schools can by no means provide enough vacancies for those children; they can only focus on the care of the 5-year-olds. Currently, within the province, there are 265 legally justified public and private kindergartens and 157 private ones without license, including family establishments." (Ngoc Thanh, 2011).

Private kindergartens, both officially and unofficially registered, are assisting workers a great deal. Nonetheless, this rapid growth without adequate local government monitoring has caused problems for the educational system.

As shown in our survey, no children of the workers are sent to their companies' kindergartens, showing that the companies are still not involved in this sector. Many corporations in Vietnam have received special treatment but barely pay attention to taking care of workers' lives. Meanwhile in Korea, the government has issued specific rules about companies welfare policy for its workers. Many married Korean women going to work has resulted in the growth of company owned kindergartens in need of female labor. This kind of establishment is called "kindergartens in the workplace". The laws about Pre-school education: "the administrators of corporations must establish their own kindergartens within the workplace to take care of workers' children". In the implementing process of this law, it is crucial that the companies must be fully aware of the need to provide pre-school support through the main method called "employers' pre-school support". Besides, they must provide financial support for their workers in case a kindergarten cannot be established. The required financial support is at least 50% of the pre-school enrolment fee, as indicated by the government" (Lee Kyesun, 2008:77).

As stated above, the choice of where to send their children depends on their living and working conditions. Most people choose one place because of its flexible pick up time (18.4%), and then great care (18%). Besides, an array of reasons concerning the agency's working system such as accessibility (12.4%), simple registration system (10%), not being age-restricted (9.2%), low fee (8.8%) prove that the registration system and fee are great concerns too. Many private agencies have flexible pick up time in accordance with workers' working time, so they are not distracted by their worry of their children.

The proportion of workers receiving social welfare services is not high. Migrant workers in Bình Dương contribute a lot to the development of the local economy but they have not received worthy treatment. Many cities and provinces are attracting investment and not paying adequate attention to form regulations concerning social welfare for workers. In terms of education, the crucial mission is to ensure the workers' children have a place to study.

During recent years, education has always been put on top of Vietnam's priority list. Many researches have proved that this sector is both internally and externally useful, being beneficial to the society in many ways. With education, the citizens are equipped with knowledge and skills, not only to earn their own living but also to contribute to the development of the country. Therefore, education is of public benefit and its products are public assets. The cutting edge for development nowadays is not natural resources or capital, it is human resources. Humans, with their intelligence, are bringing

advantages to economic systems.

These factors indicate the significance of education and the government's role in maintaining the providing of social welfare for its citizens. Nonetheless, the analysis of the data concerning the literacy of migrant workers' children reflects the not-so-significant role of the government. Very few of those workers have access to public schools. Instead, private establishments and relative networks are mainly responsible for taking care of the children. However, this "privatization" trend is forcing these families to pay more.

Besides, our survey showed that most workers in Bình Dương are staying in boarding houses (94.1%) while only 2.5% of them are provided with company apartments. It can be concluded that the social welfare policies related to workers' accommodation are not fully accessible. Meanwhile, the government has issued the goal of attempting to provide accommodation for 50% of workers in industrial parks who are in need, according to Resolution 66/2009/QĐ-TTg.

Table 4. Manual workers' living location

Family's current living location		The area				Total
		Dĩ An Town	Thuận An Town	Bến Cát District	Tân Uyên District	
Relatives' houses	Count	1	0	3	1	5
	% col.	0,5%	0,0%	1,5%	0,5%	0,6%
Own houses	Count	17	1	3	1	22
	% col.	8,5%	0,5%	1,5%	0,5%	2,8%
Boarding houses	Count	182	198	191	181	752
	% col.	91,0%	99,0%	95,5%	91,0%	94,1%
Company's apartment (free)	Count	0	1	3	16	20
	% col.	0,0%	0,5%	1,5%	8,0%	2,5%
Total	Count	200	200	200	199	799
	% col.	100,0%	100,0%	100,0%	100,0%	100,0%

($p=0,00$, $df=9$)

Source: Study quantitative data - October 2011

The analysis of recent workers' living location shows the differences among these four locations. In terms of boarding houses, Thuận An town holds the largest percentage (99%) and Tân Uyên District and Thuận An Town hold the least (91%). In the company's apartment section, Tân Uyên District is at the top of the list (8%) and not one single worker in Thuận An Town has access to this kind of accommodation. We can see that private companies still play a big role in providing accommodation for their workers.

The analysis of data on the efficiency of social welfare models for Bình Dương's workers shows that the result is not equivalent to the gravity of social welfare, being a basic right for every citizen. The recent trend in social welfare systems (especially in education and medicine) reflects the frequent and strong growth in social service "commoditization" process. Social welfare is becoming the kind of service that people have to pay for, with a high price for high quality. A perfect social welfare system has to raise people's awareness in maintaining high quality of life for themselves and others. Likewise, when joining this fund, everyone has equal rights when accessing this service. However, the "commoditization" process has been turning this service into a financial burden placed on the shoulders of workers with low income.

Generally speaking, during the past 30 years, Vietnam has achieved many great accomplishments in implementing its social welfare policy. However, when it comes to specific sectors or individuals, some rules are still inaccessible to manual laborers, especially those currently working in industrial zones. Consequences of the economic crisis over the last three years have been putting forward some problems concerning social welfare for migrating workers in need of solutions, particularly the economically-disadvantaged ones. The report of the General Statistics Office of Vietnam (2005) confirmed that "in practice, migrant workers have been contributing greatly to the country's economic development and stabilisation" (General Statistics Office of Vietnam, 2005).

Nonetheless, the above-mentioned contributors seem to have received insufficient support from their working and living location. A recent study has shown that "living conditions and social welfare are among the most aching issues related to migrant workers in our cities and industrial zones" (Đặng Nguyên Anh, Nguyễn Thanh Liêm, 2006:35-44). Migrating citizens do not often hold financial security as well as city dwellers, mostly due to the lower quality service they receive. That being said, household registration, not economic-social conditions, is the main affect of the level and quality of service (World Bank, 2005). This obstacle prevents them from access to basic service. This issue, along with others, is driving the migrants to the edge of being abused (World Bank, 2005). Labor strike, job indifference, high turnover, etc. are taking place all over the local industrial parks, stemming from the unsolved problem of violating worker's rights. As long as business owners focus solely on profit and ignore the benefit of the workers, the so-claimed development, reflected through impressive statistics, is just tip of an iceberg named "economic development" in Vietnam.

3. Conclusion

The difficult lives of the workers in this study highlight the instability faced by the vast workforces in Vietnam's IZs. Workers there are confronted with even more challenges when they get married and have children. These additional family members are both a joy and a concern to the couples as higher food and health care costs as well as school fees increase. Their limited salaries can hardly cover such costs, meaning they have to work extra hard and long to maintain a stable family life. Meanwhile, the public social welfare service, with its new focus on socializing services, places a further weight on their shoulders. To keep living their lives, they have no other way but to rely on their social capital (relatives and friends). When carrying out an in-depth analysis of this situation, we need to be aware that since 'Renovation' (*Doi Moi*), Vietnam has implemented a more open economic policy, one that encourages foreign

investment. As a result, industrial zones have blossomed. However, when assessing workers' levels of access to social welfare services in detail, one realizes that there is significant inequality in place in terms of rights.

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