Current Status and Policy Recommendations to Ensure Social Protection for Vietnamese Families

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Abstract: Vietnam is making every effort to enhance the quality of people's life and welfare. Over the past 30 years of \$\displaysiz in m\displaysiz is not process, the social protection system has been improved gradually. There exist, however, many challenges and inadequacies in the social protection system. The household-based access to social protection and gender mainstreaming remain limited, especially in the areas of vocational training and elderly care. Those who have participated in social insurance to receive retirement pensions in the future just make a low proportion. The quality of the healthcare services covered by the health insurances is not good enough. People still consider social protection to be a type of subsidy from the Government, which is not enthusiastic about issuing social protection policies. This paper focuses on the current status of social protection policies and suggests several possible policy responses, aiming at improving social protection for the Vietnamese families.

Keywords: Social protection, social insurance, vocational training, social assistance, family security policy, Vietnam.

Subject classification: Sociology

1. Introduction

Social protection is one of the important components in the national development strategies, which helps to stabilise the socio-political situation, regulate the stratification of living standards, narrow the gap between rich and poor, and create a consensus among different social groups.

Social protection not only refers to the economic dimension but also has profound significance in social and human aspects. An effective system of social protection will contribute an important part towards the national governance as well as community and family development. Based on the social protection policies, the State can redistribute incomes and social

services to the most vulnerable groups like low-income households, aiming at reducing poverty, preventing the risk of falling back into poverty, and gradually tackling social inequality.

The Social Protection Floor has been ratified by the United Nations, enabling all people to have at least a guaranteed minimum income (GMI) and access basic social services, to ensure the basic rights, promoting economic development, and protecting the environment. It is aimed at achieving the 17 Sustainable Development Goals (SDGs) with the active participation of the State institutions, private and voluntary organisations, enterprises, and all citizens [9]. In Vietnam, the issue of ensuring social protection has always been important policy for national sustainable development by the State and the Party. Resolution No.15-NQ/TW (of 11th Central Committee of Communist Party of Vietnam) dated 1 June 2012, focusing on several social policy issues during the 2012-2020 period, is a sound decision about improving social protection for all citizens, especially the poor, people who are in especially difficult situations, and people of ethnic minorities. In Decision No.622/QĐ-TTg promulgated in 2017 on a national action plan for the implementation of the 2030 Agenda for Sustainable Development, remarkably, the Prime Minister emphasises the importance of paying particular attention to and providing support for those, who are in difficult circumstances, such as the elderly, the poor, people with disabilities, ethnic minorities in remote areas, women, children, and other vulnerable people so that "no one is left behind" [8].

Despite different understandings of social protection in Vietnam, there is a general consensus that a social protection system is considered successful, only when it shows capable measures to shelter individuals and social groups from risks and damage caused by natural calamities as well as negative socio-economic impacts so that standards of living and essential needs for a means of living can be maintained. An advanced social protection system should be examined on the basis of the management model with three strategies, including risk prevention, risk mitigation, and risk overcoming [5]. Over several periods, the social protection system in Vietnam has been increasingly improved, consisting of the following groups of policies [7]:

- Policies on social insurances: Designed to provide support for those, who have taken part in the insurance system, so that they can minimise risks due to sickness, pregnancy, employment injury, unemployment, or old age, based on compensation for the amount of income they have lost due to the risks mentioned above:
- Policies on social assistance: Designed to provide regular or unscheduled (irregular) support for reducing and overcoming risks caused by a bad harvest, natural calamities, accidents, or conflicts etc.;
- Policy on employment creation: Designed to ensure a minimum income and poverty reduction, enabling people to be proactive in preventing risks when taking part in the labour markets so that they can get a good job and the minimum income to cover basic needs.

In addition to the social protection policies, the State has also promulgated a

number of social policies to strengthen the people's access to basic services (to a certain extent) such as education, healthcare, housing, farmland, clean water, information and communication. Those social services are closely related to the sustainable development goals, playing a significant role in eradicating poverty in all its forms. At the same time, those policies have overall social significance, ensuring that everyone can take part in and benefit from achievements of the economic growth.

This paper is a result of the research project titled "Social Protection Policies for Vietnamese Families in the Context of Modernisation and International Integration" coded KHXH-GD/16-19/06, a component of the Ministerial Science and Technology Focal Research Programme conducted by the Vietnam Academy of Social Sciences aim (VASS) with the of providing comprehensive assessments of Vietnamese families in the period of industrialisation, modernisation, and international integration. Besides analysing available data on social protection as well as findings of various research works, the author focused on the directions and policies on social insurance, employment, vocational training, and social assistance to point out the current status of social protection for the Vietnamese families. The paper, therefore, reviews and analyses the existing social protection policies, based on which several policy recommendations are proposed to enhance social protection for families and family members in Vietnam. The following part describes the familyrelated social protection policies, which are being implemented at present. First of all, it is the social insurance policy, a key component of the social protection system.

2. Existing policies on social protection for the Vietnamese families

During the transition from the model of social welfare based on the centrally planned subsidised economy to the model of social welfare corresponding to the socialist-oriented market economy Vietnam, social protection was not fully improved to meet practical demands in society. This reflects the modest coverage of social insurance and unemployment insurance; benefits were low; access to social protection limited was and unreachable by some social groups; and, resources mobilised for the implementation of the social protection policies were small, mainly relying on scanty funding from public budget. Meanwhile, people did not pay attention to self-improvement. The role played by relevant institutions became more and more ineffective in ensuring the Families. traditional social protection. villages, and communities were no longer useful institutions to protect and care for their members, leading to new challenges and difficulties to the current social protection policies.

2.1. Policies on social insurance and healthcare insurance

Social insurance guarantees the replacement or the compensation of an income that labourers have lost due to sickness, pregnancy, employment injury, unemployment, retirement, or death, based on the contributions they have made to the social insurance fund sponsored by the State. At present, the social insurance in Vietnam includes the following types: (1) Mandatory insurance rendered to the situation of sickness, pregnancy, employment injury, retirement, and death; (2) Voluntary social insurance rendered to the situation of retirement and death; and, (3) Unemployment insurance consists of unemployment benefits, occupational training support, and jobseeking support.

According to a report of the Vietnam Social Security (VSS), by the end of 2017, the number of people participating in social insurance remained small. It was 13.9 million, accounting for 29% of the total number of people at the labour age in Vietnam. Moreover, most of those labourers took out mandatory social insurance (13.6 million), and very few took out voluntary one (0.3 million) [4]. The proportion of insurance participants has increased mainly in the groups of people working for the State. It means that common people are not enthusiastic about the insurance programmes, which still have many shortcomings and lack necessary attractiveness. The number of insurance participants applying for an onetime insurance payment has been increasing rapidly, by roughly 700 thousand each year. This means that they leave the insurance system and will not receive a retirement pension. Those are mainly the labourers dismissed from enterprises, but they find it difficult to get a new job in other enterprises and to continue paying monthly premiums. These people, consequently, decide to receive an one-time insurance payment. In addition, some enterprises have deliberately delayed or avoided paying for their workers' mandatory insurance, resulting in accumulated insurance debt of several trillion VND. In the closing report of the 7th plenary session of the 11th Central Committee of the Communist Party of Vietnam, mentioning the social insurance policy, General Secretary Nguyen Phu Trong emphasised the necessity of having innovative measures to develop and expand the people's participation in social insurance, as it remained lower than the potentiality [3, p.4]. Social insurance policies enable labourers, who do different jobs, work in different economic sectors, and live in different areas, to participate in the social insurance programme. The funding of the social insurance programme is mainly based on financial contributions made by labourers and their employers. It also receives some financial support from the State budget and runs under the supervision and sponsorship of the Government.

Health insurance is an important part of social insurance and a major component of social protection [1]. Health insurance is compulsory under the law, aimed at providing health care and preventing and sharing the risk when a person encounters sickness or injury. The situation of the health insurance system in Vietnam, however, does not look more optimistic, although the proportion of people participating in the health insurance programme is relatively high (nearly 81 million people, making up 86.4% of the whole population). The reason is that most of the people, who have health insurance, are those who get a healthcare subsidy from the Government. Noticeably, the quality of medical examination and treatment provided through the health insurance programme has not satisfied the demand and expectation of the people. The regulation on householdbased health insurance plans shows many shortcomings, though the amended Law on Health Insurance has been promulgated. At first sight, the regulation on household-based insurance plans seems to be reasonable, but implementation has caused many difficulties for people in practice. The fact that household members are recognised on the basis of the household register of permanent residence (Vietnamese: hô khẩu). It is quite inappropriate and does not show the actual residence status. The law regulates that a person can buy health insurance only when he or she is named in a household register of a permanent residence, it excludes those who do not have a permanent residence and those who are not named in the household register of any permanent residence. Thus, the household-based health insurance, attached too closely with the register of permanent residence, has resulted in difficulties for the labourers working at enterprises. Those labourers are not provided with new health insurance numbers (i.e. they are not allowed to buy new health insurance plans), because they were provided with health insurance numbers at the households in the local areas. where they have their permanent residence. The people's trust in the quality of health insurance is fading gradually, leading to an erroneous consciousness of social protection. Obviously the existing health insurance policy does not demonstrate the risk-sharing among all participants. The quality of the medical examination and treatment service, of which expenses are covered by health insurance, is not reliable enough to persuade people to use the services, resulting in a waste of resources and making the health insurance programme ineffective.

Due to the limited management facilities and qualifications as well as the shortcomings of the current policies, social insurance and health insurance, representing the most important components of social protection, have not met the demands of the society. Herein, the question is how social insurance and health insurance policies should be designed in order to be effective and appropriate to meet the sustainable development goals until 2030.

2.2. Labour market policies

Within the framework of social protection, the labour market policies include: policy on labour market development; policy on preferential loans for development of trade, production and job creation; policy on vocational training support; and, policy on sending labourers abroad under contract (commonly called the labour export policy). One of the objectives of those policies is to provide support for labourers so that they have more opportunities to get jobs, take part in the labour market, and earn at least a minimum income. Beneficiaries of those policies include young workers, who start to take part in the labour market; the unemployed; and, those who are in need of getting better jobs.

Trained female labourers or female workers, who have had vocational training, just make up a small proportion of all female labourers in Vietnam. Meanwhile, proportion untrained female of labourers amounted for 81.6% in 2016, higher than the corresponding figure of male labourers (76.7%). This figure is directly proportional to age, reaching 92.3% in the age group of 55 to 59 [6]. It demonstrates that female workers have much fewer opportunities to take part in the skilled labour market, get a stable job, or earn a proper income. However, the proportion of underemployed female workers² is lower than that of male ones in both urban and rural areas. The reason is that female workers are often ready to accept several jobs simultaneously to get more earnings.

Furthermore, female workers are less selective about jobs than male counterparts. They agree to take a low-paid job offered to them, in order to earn extra income; whereas, male labourers rarely accept such jobs [7]. In reality, the policies on providing support for participation in the labour market have not been considerably improved. They have not met practical especially those of female demands, labourers and therefore have made gender inequalities severer. As a result, a part of female labourers, especially those who are poor, have low levels of education, have not experienced vocational training, or live in rural areas, find it most difficult to access and benefit from the policies.

2.3. Policies on vocational training and support provision for post-training job seekers

Since the Law on Vocational Training came into effect in 2006, many important policies related to vocational training and support provision for post-training job seekers have been promulgated, aimed at concretising the Law on Vocational Training in practice and enhancing human resources. Instead of providing direct support for households as a whole, the policies address the provision of vocational training for individuals, who are household members such as female, young, and male members. Some policies give priority to only female workers. Especially, there was a project (Project No. 205)

focused on helping women to learn working skills and creating jobs during the period from 2011 to 2015. Like the labour market policies, however, the policies vocational training have not been conflated fully and effectively with gender equality. Female labourers are not provided with favourable conditions by the policies. Most of them, particularly rural women, ethnic minority women, and women aged 35 or over, do not have an opportunity to take part in long-term regular courses or benefit from the vocational training policies and programs [7]. A large number of programmes and projects within the social protection framework provided only short-term vocational training courses (less than three months). In some areas, they were even carried out in the form of peripatetic training. Those types of training just focused on some jobs, which did not require the skills in using machines or equipment; for example, seamstressing, embroidering, weaving, cooking, beauty caring, farming, and animal breeding. As the courses were held for a short duration with very little practice and the trainees could not get jobs to do after the courses, the vocational training was not as effective as expected.

From the perspective of social protection, the regulations on the enrolment in long-term vocational training courses are seen as an obstacle to those who want to take the vocational training. Some policies and mechanisms related to the provision of support for vocational trainees are no longer appropriate. They are not successful in encouraging women, particularly rural women, ethnic minority women and those in remote areas, to take vocational training. Specifically, the support for accommodation

expenses during the training periods is too little to attract people to vocational training programs. The policies on preferential loans sometimes overlap each other and are not implemented in combination with other policies, such as the policy on providing support for vocational training and the policy on providing support for production and consumption. The regulations on the maximum amount, the duration, and the conditions of loans are not appropriate to the requirements of production and trade as well as local and occupational characteristics. In addition, the activities of disseminating information and giving advice on vocational training have not been developed at the grassroots level (in villages/communes). Those who undertake the disseminating and advising activities are not qualified enough for the jobs, especially in rural, remote, and ethnic minority areas. It is easy to realise the shortage of policies encouraging enterprises to provide vocational training or set up production groups at the local areas, aimed at helping labourers save money from travelling and have a job to do after the training.

2.4. Policies on social assistance

Social assistance policies are often implemented regularly or irregularly, from which elderly people benefit the most at present. The old-age allowance is given on a monthly basis to the elderly in poor households, who are neither cared for nor supported by anyone. It is also given to the elderly aged 80 or above, who have neither a monthly retirement pension nor social

insurance. In reality, however, the rural elderly find it difficult to benefit from the healthcare service, although they make up the majority. In many local areas, a large number of elderly people are living lonely without being cared by others, since their children have left the home village for a faraway place to work or get married and settle down. Due to a growing tendency of young people to migrate to urban or industrial areas, it is more difficult to care for the elderly left behind. Meanwhile, there are still many inadequacies in caring for the elderly. The awareness of the population ageing and its impacts on socio-economic development remains limited. authorities have not paid proper attention to population ageing. The elderly themselves have not realised the need for being cared for and protected; even, some of them have not made any necessary preparations for old age at all. The spiritual life of the elderly mainly relies on some social associations (such as the Association of the Elderly and the Association of Life Protection), which have very few activities and a very limited fund [2, pp.4-12].

Population ageing has not been concerned appropriately in the social consciousness of the local governments at different levels, though it is an obvious trend at present. As the population is ageing, many difficulties and challenges arise, resulting in great pressure on the systems of healthcare, social insurance, retirement pensions, and other social services. The population ageing started to accelerate in the first decade of the 21st century with the highest growth rate of the elderly. Vietnam is, therefore, encountering

three big problems related to the population ageing and a growing quantity as well as a growing proportion of the elderly. The number of elderly people has been increasingly rising. A large number of the elderly are living below or marginally above the poverty line. Most of the elderly have poor health. The number of the elderly living lonely is rising, as the support from family members and relatives is being narrowed. A majority of the elderly are living and doing farming in rural areas. As shown in reality, very few elderly living in the countryside have a retirement pension or receive a regular allowance; they still have to work to earn a living or rely on support from other family members. The elderly, who are still working to earn a living mainly in agriculture, account for roughly 40% of all the elderly in Vietnam. The total number of the elderly, who have voluntary health insurance, is just 1.1 million, making up 15% [11]. The elderly, who are living in rural, remote, mountainous, border or island areas, comprise a large proportion of all the elderly, but they can hardly get access to healthcare services and policies.

It is necessary to have a system of social policies, protection which are more appropriate to the demands and characteristics of the population-ageing society in the context of the market economy in Vietnam and international changes. Social protection services, particularly the systems retirement pensions, insurances, and elderly care, require considerable resources and long-term visions. Social protection for the elderly must be considered in the context of the family relationship and the material and spiritual care from their family members.

3. Several recommendations and conclusions

Under the impacts of industrialisation, migration, and international integration in addition to a low birth rate and a fast population ageing, the Vietnamese families are not only getting increasingly smaller in size but the family relations, specifically the relations between different generations and members, are becoming looser and looser. The family cohesion is no longer as tight as before [1, pp.4-12]. The impressive economic growth during the entire past decade is considered an opportunity to improve the welfare of Vietnamese families. There is, however, a big gap in the access to resources between different groups of people, particularly between the rich and the poor. Especially, gender inequality remains serious. The existing social protection policies are not adequate to meet the demands of families and build trust among people. The transparency and effectiveness are vague. It is quite common implemented that policies are like subsidisations. As a result, many people receive support from the Government as a subsidy, which does not match their demands or expectations [12].

Drastic socio-economic changes and macro-instabilities have caused severe impacts on the performance of social protection as well as the employment and living conditions of people. The services of job creation and vocational training have not yet met the people's demands. They have not focused on improving the social protection of families by providing support to access the labour market. Especially, gender equality has not been ensured. The number of university graduates who cannot

get a job has amounted to hundred thousand. Regarding the vocational training programmes for rural areas, the trainees cannot get an appropriate job to increase their income as expected. Most of them have no choice but return to agricultural work that they used to do before taking part in the vocational training [12].

The Party and the State have promulgated sound guidelines and policies on social protection. These policies, however, have not been implemented effectively in practice. The apparatus and financial resources for the implementation of the policies were not built transparently and appropriately. It was sometimes carried out as a campaign, making the effectiveness of the policies limited. Although the social protection system has step by step been developed in terms of coverage, beneficiaries, and amounts benefit, the social protection policies for Vietnamese families have not yet met the requirements of sustainability and demands of the people. Except for a small number of preferential policies, such as the policies for those families credited with contributions to the revolution, the policies on provision of healthcare support for poor households and ethnic minority households, the existing social protection policies mainly focus on providing support for specific groups of including people, the elderly, women, children. and the disabled. Gender mainstreaming has not been implemented properly in social protection policies. Women and girls remain disadvantaged in families, particularly in poor and ethnic minority families [11]. The growth in the quantity and proportion of the elderly requires appropriate social protection policies in order to cope with today's demographic changes [10].

Interventions in social protection policies should concentrate on minimising the vulnerability of families, managing risks, and improving the protection of family members before instabilities in life. It is quite popular that people "manage social protection separately on their own", which cannot ensure sustainability since families are facing many more risks and greater vulnerability at present. Besides, the activities that provide support for the elderly, lonely old people, poor households, households credited with contributions to the revolution, ethnic minority households, and the disabled, etc. are seen by the people as a subsidy from the Government, instead of realising them as part of the social protection programmes. It is, therefore, necessary to take into account the following recommendations:

Firstly, the regulation on buying health insurance on the basis of the household register of permanent residence should be eliminated, as it causes obstacles to the participation in health insurance, especially for low-income households. The coverage of social insurance remains limited and does not seem to be improved soon. Getting access to high-quality healthcare services via health insurance is difficult. Thus, it is essential to set up a mechanism for effective coordination between different types of insurances, aimed at providing comprehensive insurance services to people.

Secondly, it is necessary to strengthen propaganda to enhance the people's awareness of social protection and relevant policies. Family members should be supported to understand the social protection programmes correctly so that they no longer realise social protection as a subsidy from the Government.

Social protection policies should consider the context of market economic development, the gap between the rich and the poor, and the international changes that are hardly predictable. Social protection is a pillar for sustainable development and the basis for and obtaining performing sustainable development goals, as the commitments of the Vietnamese Government with the international community [9].

Thirdly, it is necessary to develop advisory services related to vocational training and employment promotion, providing free of charge services for poor, ethnic minority, low-educated, and migrant women. mechanism for close coordination between organisations, agencies related to vocational training at the central and local levels (including the State labour management agencies, local governments, vocational training establishments, enterprises, socio-political organisations) must be set up. Specific services, such as vocational training, employment promotion, labour export and so on should be addressed to families as the main participant and beneficiary.

Fourthly, support and care for the elderly should be considered as one of the important components in social protection policy-making. In reality, the population trend continues to cause more challenges and greater pressure on the systems of healthcare, social insurance, retirement pensions, and elderly care in Vietnam. Consequently, social protection policies should be more appropriate to Vietnamese families as well as the demands and characteristics of the ageing population. For the elderly, social protection policies should directly development focus on the requirements of families, due to the role and

close relations of the family members with the elderly. This is an effective measure to cope with the population ageing which is taking place rapidly in Vietnam at present.

Notes

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² The underemployed consist of those who work less than 35 hours a week and expect to have extra work to do.

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