Characteristics of Population Ageing Process in Vietnam and Issue of Caring for the Elderly

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Abstract: The paper analyses some demographic and socio-economic characteristics associated with the current population ageing process in Vietnam and the needs for care for the elderly. Improved education and living standards allow families to take better care of the elderly. However, for many elderly people, accumulated assets are still not enough to take care of their lives. The proportion of elderly people increases coupled with a decreased rate of fertility, smaller household sizes, and limited level of financial accumulation, etc., has increased the demand for care for the elderly, while social services on this issue are limited with the family continuing to be the main institution of providing care for the elderly. From the analysis results, the article proposes several policy aspects that need to be considered regarding the care for the elderly, from the perspective of the role of the state, the community, the family, relatives, and the market.

Keywords: Ageing population, care for the elderly, family and social policies.

Subject classification: Sociology

1. Introduction

Population ageing or the "ageing population" period is calculated to happen when the proportion of people aged 60 or older accounts for 10% or more of the total population. It is the result of demographic transition when both mortality and fertility levels decline, reducing the proportion of children under 15 and increasing the proportion of elderly people. For the past few decades, along with great socio-economic changes, Vietnam has been undergoing a strong population ageing process. On the one hand, this process reflects the improved quality of life of the people, but on the other hand, it raises new issues of taking care of the elderly that need due attention as this portion of people occupies a growing part of the population. With statistical data and sociological surveys, this paper focuses on analysing the socio-demographic aspects of population ageing process as well as the operational status of the four basic

institutions: the state, the community, the family and the relatives for the care for the elderly in Vietnam. On that basis, the paper suggests some policy issues that need attention for the elderly in the current period.

2. Population ageing in Vietnam

Over the years, the average life expectancy of Vietnamese people has increased considerably. The average life expectancy of Vietnamese people from 63 years for men and 67.5 years for women in 1989 increased gradually to 70.8 for men and 76.1 for women in 2016 [28], [31], [36].

In association with the increase in average life expectancy, the proportion of elderly people also increases. According to the 2009 Population and Housing Census, the proportion of elderly people (60 years of age or older) in Vietnam increased from 7.1% in 1979 to 7.2% in 1989, and 8% in 1999 to nearly 9% in 2009. By 2012, this percentage reached 10.2% and in 2016 it was 11.9% [3], [31], [36]. As such, Vietnam's population has reached the threshold of an ageing population since 2012.

Another important indicator of population ageing is the ageing index, which is calculated as the ratio of the number of people aged 60 and older to 100 people under the age of 15. The population ageing index in Vietnam increased from about 18.2 in 1989 to 24.3 in 1999, 35.5 in 2009, and 50.1 in 2016, higher than the average for Southeast Asia [11]. This shows that the population ageing in Vietnam was very rapid in the last three decades [3], [28], [36]. According to calculations, the time for the portion of the Vietnamese population aged 65 and older to increase from 7% to 14% of the total population is much shorter than that of many countries: for France it is 115 years, for the US it is 69 years, for Japan and China it is 26 years, while for Vietnam it is only 20 years. This is a serious challenge for the care for the elderly in Vietnam, while the level of socio-economic development is not high yet [40].

The difference between average life expectancy and healthy life expectancy, i.e. the average number of years living with illnesses, is a very important indicator when considering the issue of ageing. The goals of countries are not only to increase average life expectancy, but more importantly to increase a healthy life expectancy, meaning a long life but a healthy life. However, according to the WHO's data, the average number of years living with illnesses in Vietnam is relatively high compared to that of other countries. In Vietnam, women's average number of years living with illnesses is 11 years and for men it is about eight years [11].

The population ageing trend in Vietnam places new care needs on the elderly that are to be met. The elderly people's care needs vary by region of residence and population group. According to data from the 2006 Vietnam Family Survey, the National Survey of the Elderly and the recent censuses show that the dependency ratio in urban areas is lower than that in rural areas, and that the dependency ratio in areas with average living standards or higher is lower than that in poor regions. Similarly, the dependency ratio for households with better living standards is lower than that for poor households [8], [33], [36].

3. Some socio-demographic characteristics associated with caring for elderly in Vietnam

Along with the ageing population, a number of other demographic characteristics also changed over the past decades and have potential effects on the care of the elderly. The total fertility rate in Vietnam keeps declining. It was 2.25 in 2001 and close to the replacement fertility rate with 2.03 children in 2009. In 2012, the figure was 2.05, and in 2016, it was 2.09. There are significant differences between fertility rates in urban and rural areas. In 2009, the total fertility rate in urban areas was 1.81 children and in rural areas it was 2.14 children. The corresponding figures for 2012 were 1.80 and 2.17; for 2014 - 1.85 and 2.21; and for 2016 they were 1.86 and 2.21 [33], [36]. The smaller number of children implies that the ability to care for the elderly of family members will be more inhibited in the current period and the coming years.

The results of the population censuses and national sample surveys (such as the annual Population Change Survey, the Household Living Standard Survey) in the past few decades also show that the family size is smaller and the structure of the family is also becoming more and more simplified towards a nucleus family, meaning that the family consists of only the spouses and their immature children. The average number of people in the household was 3.6 in 2016; 3.7 in 2012; 3.8 in 2009; 4.6 in 1999, 4.8 in 1989 and 5.2 in 1979. The family size in urban areas is smaller than in rural areas (3.6 members in urban areas and 3.7 members in rural areas in 2016) [3], [28], [31], [33], [36]. Results of the 2014 Living Standards Survey also indicate that the average household size of poor households is often bigger than that of rich households, and the average household size of mountainous households is bigger than that of plain households [34]. A decreasing family size affects the ability of family members to take care of the elderly due to having fewer people at home.

The reduction in household sizes has a positive impact on daily life in general, including the increased ability to provide material support and the improved mental health. In terms of material support, average income and average expenditure per person increase as family size decreases. On the contrary, some negative consequences are also evident, for example, the increased livelihoods of the elderly living alone.

Marital status is important for the lives of the elderly because for them, living with a spouse is highly meaningful as a Vietnamese proverb goes "Children take care of their father not as well as their mother take care of him". The common feature today is that the majority of the elderly live with their spouses, but there is a fundamental difference between men and women in this regard. Data from the 2009 Population and Housing Census shows that 84.9% of men aged 60 and older live with their wives, but only 44.1% of women aged 60 and older live with their husbands at the time of the survey [3]. The corresponding proportions in 2014 were

85.8% and 47%, while in 2016 they were 86.2% and 48% [33], [36].

Among elderly people who did not live with their spouses at the time of the survey, the majorities were widowed and the proportion of widowed women was significantly higher than that of men. According to the 2009 Population and Housing Census data, the proportion of men aged 60 and older who were widowed at the time of the survey was 13.8% (the proportion of men aged 60-64 was 4.47%; for those aged 65-69 it was 7.64%; for those aged 70-74 it was 12.64%, and for those aged 75 and older it was 27.36%), and the proportion of women aged 60 and older who were widowed at the time of the survey was 52.6% (the proportions corresponding to the age groups were 30.55%; 42.04%; 52.43% and 73.22%) [3], [29]. The results of the mid-term census in 2014 showed that the proportion of men aged 60 and older who were widowed was 12.6%, while for women, 47.6% of women aged 60 and older were widowed. The corresponding figures for the 2016 Mid-term Census showed that the proportion of men aged 60 and older who were widowed was 11.9% and that of women aged 60 and older who were widowed was 45.0% [31], [33], [36].

In Vietnam, divorce is not common. However, in recent years the rate of divorces has increased. The census data shows that the proportions of the population aged 15 and older who divorced (at the time of the survey) were 0.5% in 1989, 0.8% in 1999, 1.0% in 2009, 1.5% in 2014 and 1.8% in 2016. The trend of the growing divorce rate is reflected in both urban and rural areas, as well as for men and women, but higher for women and in urban areas. For the elderly, the divorce rate also tends to increase. As of 1 April 2014, the divorce rates for men and women aged 60 and older were 0.6% and 1.2%, while in 2016 they were 0.6% and 1.8% respectively [33], [36].

The above figures show that, in general, the elderly men often live with their wives while a significant proportion of the elderly women do not live with their husbands. That creates the risk of possible injuries in life due to the lack of one of the two, especially for women because women are often more vulnerable to socio-economic shocks [26 with reference to 40]. This requires policies to provide care for the elderly and to pay attention to this trend.

The next issue to consider is whether the elderly live with their children or not. Data from the population living standard surveys shows that the percentage of elderly people living with children was still very high but tends to decrease (from nearly 80% in 1992/1993 to 62% in 2008) [40]. The proportion of elderly people living alone increased from 3.47% in 1992/1993 to 6.14% in 2008. The majorities of elderly people living alone were in rural areas and were women. In addition, the proportion of households with only married elderly people increased, more than doubled, in the period of 1992/1993 - 2008. According to the results of the 2017 Awareness and Attitude of Family Survey in Can Tho city with 1,205 households [45], out of 189

elderly respondents, 16.9% said only married elderly couples lived together. Similarly, out of 268 respondents whose elderly parents were still alive, 15.3% of the elderly parents lived alone or together as married couples. In the context of limited social security, such a living arrangement is a great difficulty for care for the elderly [40].

For those elderly people who do not live with their children, the living distance between parents and children is a matter of great concern for the care for the elderly, both physically and mentally. There is a difference between urban and rural areas in this regard. In rural areas, children who do not live with their parents after getting married are easily able to contact their parents due to their proximity. However, this is more difficult in the urban environment due to the lack of land, especially before the 1986 *đổi mới*. Since *đổi mới*, there have been more and more opportunities for urban residents to find suitable homes close to their parents' houses. So, parents and children can easily help each other. However, the proportion of children living separately but close to their parents' residence in urban areas is still lower than those living in rural areas. The 2010 Perception and Attitude towards Family Survey in Hanoi found that 196 elderly people (aged 60 and older) with 549 married children were not living under the same roof, 41.9% of these children were living within 15 minutes' walk from their elderly parents' houses and 26% within a 15-30 minute's drive. The corresponding proportions in urban areas were 27.9% and 36.1%, and in rural areas they were 48.9% and 21% [43]. Survey data in Can Tho city in 2017 showed that among 168 elderly people with 507 married children who currently were not living under the same roof, 32.1% of their children were living within 15 minutes' walk and 18.9% within a 15-30 minutes' ride from their elderly parents' residence. The corresponding proportions in urban areas were 31.4% and 18.8%, while in rural areas they were 32.9% and 19.0% respectively [45].

The desire to have a son is closely related to the care of the elderly because the son is expected to live with and care for his parents later on, ensuring that the elderly have a well-being in old age ("Young children rely on their father, the elderly rely on their children", as a Vietnamese saying goes). The fact that the desire to have a son is strongly expressed in Vietnamese society through the sex ratio at birth indicator[2] has increased beyond normal levels since 2006 to present. According to the results of the 2006 Population Change Survey, the sex ratio at birth in Vietnam was 109.8 boys for every 100 girls born. In 2007 and 2008, the ratios were 111.6 and 112.1 respectively. That trend continued with 112.3 in 2012, 112.2 in 2016 and 114.8 in 2018 [38, p.47]. The Red River Delta was the region with the highest sex ratio at birth in the country, with 115.3 in 2009, 120.9 in 2012 and 118 in 2014 [31], [33], [36]. In addition to the reason for the desire to have a son, the policy of each married couple having just one to two children, the development of

new technologies that allow for sex selection of the fetuses (by means of ultrasound and abortion) at the parents' desire, coupled with inadequate management of medical advances, were a number of important causes of this situation [44]. An excessive increase in the sex ratio at birth will affect people's ability to get married and the care of the elderly in the future.

According to the 2006 Vietnam Family Survey, the proportion of households having the elderly aged 60 and older was 32.6%, corresponding to 35.7% in urban areas and 31.4% in rural areas [8]. The 2017 Household Survey, with a sample of 2,000 households, showed that overall 27.1% of households having elderly aged 60 and older, 32.8% in urban areas and 25.4% in rural areas [27]. Based on the data from the Ministry of Labour, War Invalids, and Social Affairs in 2006, one-third of the elderly were poor or near poor and were facing difficulties in their material life, especially those living in rural and mountainous areas. More than 100,000 elderly people were living in makeshift houses and many did not have enough warm clothes to wear in the winter. The situation of parents and grandparents were ill treated or cared for by their children and grandchildren still existed [4]. The 2017 Family Survey showed that 12.5% of the total number of households having elderly people was poor households, and at the same time 11.8% of the total number of elderly people was living in poor households [27].

A 2006 report of the Ministry of Health confirmed that about 95% of the elderly people were suffering from diseases and illnesses and that the average elderly person was infected with 2.69 diseases, mostly chronic and not communicable and infectious diseases. The proportion of the elderly with good health was only about 5 - 7%, those having poor health accounting for 23%, and the rest were living with an average health level [41]. The 2011 Vietnam Elderly Survey, with a nationally representative sample size, showed that 65.4% of the elderly self-assessed their health as weak and very weak; 29.8% rated it as normal and only 4.8% rated it as good and very good [40]. This shows a very high demand for healthcare for the elderly in Vietnam today.

The majority of the elderly people in Vietnam were born and raised in the context of war and got matured in the period of the subsidised economy. When the country shifted to a market-driven economy, those people had to face numerous economic difficulties because they either did not have accumulated wealth or their wealth was inadequate for them to lead a decent life and to support their health in old age.

4. Socio-economic change associated with taking care of the elderly

Thanks to the implementation of *đổi mới*, or renovation, policies (started in 1986), the Vietnamese economy has experienced strong growth. The average annual GDP growth rate was about 7.26% in the 2001-2010 period, 5.9% in 2011 and it was estimated that for the whole year 2017 it would reach 6.8% [15], [12], [35]. GDP per capita was USD 1,168 in 2010, a three-fold

increase compared to that of 2000. In 2017, GDP per capita was estimated at 2,385 USD, an increase of USD 170 compared to that of 2016. With these new developments, Vietnam has graduated from a poor country to a lower middle-income country. As a result of economic growth, investment in social sectors, including healthcare, has increased. According to data from the Ministry of Health and the Health Partnership Group [9, p.49], the share of state budget spending on health in 2014 was estimated at 8.2%, an increase compared to 7.7% in 2010. State budget spending on health in the period of 2011-2015 increased over the years with a higher rate than the increase in state budget spending (except for 2011, there was a negative growth rate after deducting the GDP deflator).

However, social and economic development processes in Vietnam still face many difficulties. Total investment for the social development sector in 2013 was only 30.4%, the lowest since 2000. This shows that Vietnam will continue to face many challenges to achieve and maintain a balance between economic growth and social development, including care for the elderly [42].

The process of urbanisation is taking place rapidly in Vietnam. The proportion of urban population has increased from 19.2% in 1979 to 19.4% in 1989, 23.7% in 1999, 29.6% in 2009 and 35.1% in 2017 [35]. There are important differences between urban and rural populations. First of all, living standards, clearly demonstrated in housing conditions and living amenities such as electricity and clean water supply. The education level and job qualification of the people are also higher in urban areas. All of these factors have contributed to creating different lifestyles among urban and rural populations [19], [30]. The proliferation of nucleus families, diminished kinship, the diversity of economic activities that generate extra-family income and higher education level in urban areas have affected the way urban people think about family in general, including care for the elderly. The development of domestic assistance services has made it easier for residents to look after family members. Many people live far away from their parents, have higher incomes and fewer children, so having someone to take care of their elderly parents is also easier for them.

Migration also affects care for the elderly. For the past decade, migration has increased rapidly. The inter-provincial migrating population increased from 2 million in 1999 to 3.4 million in 2009 and 2.6 million in 2014 [33]. The trend of feminisation of migration is evident. Women make up more than half of the migrating population in almost all forms of migration, especially in rural-urban migration. An analysis of the age structure of migration flows across the three censuses (1989-2009) and the 2015 Internal Migration Survey also shows that migrants, especially women, tend to be younger. This implies that destinations for migrants have more young workers, while the departure areas are increasingly facing the ageing population and the needs of this age group [30], [39]. This creates difficulties for the elderly and children's care system which traditionally is addressed by women.

Another dimension of migration is international labour export. From 1990 to 2009, about 500,000 people were sent to work in over 40 countries and territories, of whom one-third were female workers [Department of Overseas Labour Management - reference is made to 14]. In the period of 2012-2016, about 520,000 people went to work abroad as exported labour [7]. In 2018, 142,860 people were sent to work abroad [5]. That creates a separation of families. Those family members who can work must go, so only old people and young children are left in many villages and communes.

Along with economic development, the education level of the population is constantly improving. In 2009, the literacy rate for men was 96% and for women 92%, compared to the 1989 rates of 93% and 84% respectively. In general, gender inequality in basic education is almost eliminated. In 2014, among the population aged five and over, 24.5% completed lower secondary schooling and 25.4% completed upper secondary schooling and higher. The corresponding figures for 2016 were 24.8% and 26.4%, for 2017 were 24.9% and 26.8%. The education level of urban residents is higher than that of those living in rural areas [3], [28], [33], [36], [37]. The improved education level gives residents access to healthcare knowledge, especially access to care for the elderly.

Non-farming employment opportunities are also growing, creating favourable conditions for residents to find jobs outside the family, especially for women in rural areas. In 2009, 76.5% of the population aged 15 and over joined the labour force, with 81.8% men and 71.4% women, 80.6% rural residents and 67.1% urban residents, then in 2014 78% of the total population aged 15 and over joined the labour force; 82.6% men and 73.6% women; 81.7% rural residents and 70.5% urban residents [32]. The increasing participation of women in the labour force has a dual impact on the care for elderly. On the one hand, the participation in income-generating labour will help increase the financial accumulation of the family and the women themselves, thereby providing better material conditions to care for the elderly at present as well as to ensure social security for them when they get old in the future. From another perspective, the traditional family care system in Vietnam is inherently based on women, in a new context, the fact that they work outside the home makes it difficult for the elderly care system to adapt.

5. Some issues that are raised on caring for the elderly and need attention

Care for the elderly is impacted by many different factors. According to Ochiai [46], the care of the elderly is related to the functioning of four institutions (the diamond model), namely the state, the community, the family and relatives, and the market. The impact of the state factor is reflected in the policies and laws on the care for the elderly as well as specific movements and activities that organise the lives of the elderly. Improving living standards and education levels of the people, urbanising, and expanding

employment opportunities outside the family as part of state performance also exert a significant impact on the mode and extent of caring for the elderly. From a social and community perspective, activities are organised by the community, such as the organisation of clubs, recreational groups, and other forms of care performed by the community and society. In terms of the market factor, there are two popular forms of care, namely concentrated fostering of elderly people in nursing homes and elderly care at home. The ultimate form of care comes from the family with material and mental care activities.

- The State

With regard to the State, during the *đổi mới* period, the State has issued many policies related to the elderly to address the challenges of the ageing population, such as enhancing the role of family in caring for the elderly, promoting the role of the elderly, promoting the health and well-being of the elderly, and ensuring a favourable environment for the elderly[3]. Most recently, the Project on Healthcare for the Elderly in the Period of 2017-2025 launched with the signature of the Minister of Health on 30 December 2016, which has set the goal to meet the needs of healthcare for the elderly, adaptable to the period of ageing population, with many practical activities from the State, the community, the family, and the market. However, current policies for the elderly only focus on supporting a small portion of particularly difficult elderly people, such as lonely, poor, and helpless elderly people or those who have no income. Those policies have not covered all the elderly people in the country, many of whom are facing difficulties due to old age and social inequality. Most of the elderly in Vietnam still live mainly on their own labour or rely on the help of family, relatives, and descendants.

Policies on health insurance are also still limited. According to the results of the 2011 National Survey of the Elderly, the elderly in Vietnam lack access to health services. The proportion of the elderly having a health insurance is low. About 26.1% of the elderly do not have any form of health insurance; and 51.1% of the elderly cannot afford to pay for medical treatment themselves. The proportion of the elderly who are covered by health insurance is only about 15% [16].

The results of the 2011 National Survey of the Elderly also indicate that many elderly people did not know their rights. More than 50% of the elderly people interviewed only knew about their entitlement to benefits and longevity honouring programs. Understanding of other benefits such as the right to priority in health services, discounted prices of public services, legal assistance, income tax exemption, low-interest loans, was still very limited [18].

- The community

Thoroughly grasping the Party's guiding views and state policies, at the community level, many activities for care of the elderly have been implemented. The movement to build a "cultural family" with criteria such as a prosperous, harmonious, progressive, healthy, and happy family, well carried out the obligations of citizens

to build a cultural family and a cultural village; building happy family clubs, exemplary adult and dutiful children clubs, family economic development clubs, and clubs for women not giving birth to a third child; various forms of practical and plentiful dissemination such as launching "exemplary grandparents and parents with dutiful children", "lighting up love in every family", "for one warm roof of home without violence", etc., widely organised in localities, have contributed significantly to strengthening the family and caring for the elderly.

Community-based organisations such as mediation groups and the association of the elderly also play an important role in caring for the elderly. These community-based organisations intervened on a timely basis in family conflicts to protect the rights of the elderly as well as to preserve the unity and solidarity in each family. At the same time, community-based organisations also have many initiatives to protect the elderly better. In addition to club forms, these organisations have initiatives such as establishing community-based houses for the elderly to come for daytime leisure activities.

However, intervention from outside the family in contradictions, conflicts, and especially violence against elderly people is still facing many obstacles, especially with regards to the awareness of the community itself. Although relatives, authorities, and mass organisations such as the mediation group, the Fatherland Front and the Women's Union seek to persuade their children and help elderly people, in some cases where children do not listen to them, they cannot have any other ways to help the victims because they still have the mentality of preservation and consider this to be the family's private business [1]. This may limit the society's intervening capability to assist the elderly victims.

- The family

Regarding family and kinship relations, empirical evidence confirms the close relationship between the elderly and their descendants in families [14]. The elderly continue to play an important role and status in the family, and the family also plays a particularly important role for the elderly. This is reflected in the mutual support between grandparents, parents, children, and grandchildren, both from material and non-material aspects, support and care when the elderly are sick, sharing the burden of housework, and taking care of the grandchildren. In the current period, families are trying to fulfill their responsibilities in supporting and caring for the elderly and maintaining harmonious relationships between the elderly and their descendants. It also means that a significant proportion of older people have no choice but to depend on their children and grandchildren when they cannot continue to care for themselves or cannot afford to pay for their own healthcare and medical services.

However, the life of the descendants' family is still very hard. As mentioned above, a portion of the elderly live in poor households, so it is difficult to care for elderly parents in the household, in the context of scarce State supportive policies. In addition, a portion of descendants are

only interested in the material life of the elderly, while the non-material life is neglected. The main reason is that children and grandchildren lack time, are not willing to listen; and there is a lack of mutual concern [41].

It should be emphasised that, in the context of the process of industrialisation and modernisation, and especially under the impact of globalisation, the paradigm of family values in Vietnam is changing greatly. In addition to traditional values such as "respect the senior, give up what is one's due to the junior", "respect for the elderly", new values such as respect for "individual freedom", "gender equality", "children's rights" are also increasingly being affirmed. This change, to a certain extent, makes the relationship between grandparents, parents, and children/ grandchildren no longer favourable and agreeable as in the past and increases conflicts and generation-based conflicts. The 2006 Vietnam Family Survey said that about one-tenth of the opinions from households with three generations of cohabiting acknowledged that there were differences in the way of living and management of money and spending money, ways of doing business and developing the family economy, as well as on methods of educating children and grandchildren [8]. The 2017 Family Survey data showed similar results: Among households living together with elderly people, about 20% of families had difficulties caring for elderly people, and 10% faced generation-based conflicts [27].

In the future, the proportion of elderly people living with their children and grandchildren may decrease due to changes in employment, changes in perceptions and mindset of younger generations, and the older generations themselves in arranging their lives when they get old. It also means that the elderly may face more difficulties in providing for their own health and self-care, and therefore require additional help and support from the government, the community, and social organisations.

Caring for the elderly and enriching the values in the relationship between the elderly and their descendants in families depends largely on raising the awareness of individuals (descendants and the elderly) about piousness and dutifulness. Therefore, the maintenance and expansion of educational opportunities to point out changes in family relationships during the industrialisation process, as well as to establish democratic, progressive, and happy family relationships, become increasingly pressing issues.

- The market

From the market approach, the construction of elderly care centres for many target groups is crucial. The development of various types of elderly care services in the community is becoming a new trend and form to share the burden and responsibilities between the State and the family. Private care centres for the elderly have been around for nearly two decades and have grown at a rapid pace in thanks to the improved living standards and increased demands. These centres are mainly in urban areas and serve people with good living standards. In addition to basic biological needs, the facilities have a

variety of other activities to serve the elderly, such as medical care, non-material life, rehabilitation, and therapies. The main strength of these centres is that there are teams of well-trained staff taking care of the elderly. However, the limitation of elderly care centres is that the service costs are relatively high for many people. Reports from some elderly care centres in Hanoi (such as Thien Duc, Nhan Ai) show that the cost of caring for elderly people at the centre for some high-standard subjects ranges from VND 10 million to VND 15 million per month, much higher than the income of people with average living standards [20].

In addition, domestic workers also have an important role in caring for the elderly. There are many types of domestic elderly care workers, like maids, who are taking care of patients in hospitals. These types of care have the advantage that the cost is usually lower than the cost of care at an elderly care centre. However, the disadvantage of this type of care is that domestic workers are often not well-trained [6].

6. Conclusion

Socio-economic changes over the past some decades have created favourable conditions for the care for the elderly, while also posing new challenges. Education and living standards are enhanced and employment opportunities are expanded, which allows families to provide better care. Industrialisation and urbanisation have changed perceptions and behaviours of care, for example, writing letters, emails and phone calls instead of direct visits to show emotional care. The increasingly strong migration of job seekers on the one hand enhances the living standards of the population, thereby facilitating a more adequate care for material life. But on the other hand, it also reduces direct communication that is part of the emotional life. The trend of feminisation in migration makes a large portion of women, who often provide care services, must leave their homes to seek income, leaving the elderly and children in their village. Instead of being cared for, many elderly people become the main persons responsible for taking care of the grandchildren. Smaller family sizes may make it easier to care for children but make it difficult to care for the elderly. The Vietnamese society is in the process of ageing, and the demand for care for the elderly increases and social services on this issue are limited while the family continues to be the main institution in caring for the elderly.

In recent years, laws and policies of the State have set out specific solutions to ensure the care for the elderly. However, the results from implementing these policies have not created fundamental changes in the nature and form of care in Vietnam. Further in-depth studies are needed on the systems of social protection, pension insurance, and health insurance for the elderly, as well as to encourage employers to create jobs and appropriate work environments for elderly workers, suitable with the capacity and health of the elderly. Meanwhile, institutions such as the

community, the family, and the market have contributed positively to the elderly care system, and the role of these institutions has become increasingly important. Therefore, this requires an even greater contribution of these institutions.

Under the combined impact of the above-mentioned cultural, economic, social, and political factors, there will be many changes in the elderly care system in Vietnam in the near future. A full understanding of the socio-economic-cultural context and the policy system outlined above will be the basis for further in-depth analysis of the current elderly care framework.

Notes

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[2] The sex ratio at birth is determined by the number of boys out of every 100 girls born for a given period, usually a calendar year. This ratio is normally 104 - 106/100 and is generally stable over time and space between continents, countries, regions and ethnic races.

[3] For example, it is clearly stated in Clause 3, Article 37, of the 2013 Constitution of the Socialist Republic of Vietnam that: "Elderly people are respected, cared for and their role in the cause of national construction and defence is promoted by the State, families and society" [24]; the Law on Marriage and Family of 2000 and 2014 [18], [21] include specific provisions on care for the elderly; the 2009 Criminal Code [22] stipulates on the offences of maltreatment, mistreatment of [one's] grandparents, parents, spouses, children, grandchildren, and people who have brought up him/her, with Article 152 stipulating on the offence of refusing or evading the obligations of providing [financial] support to the person one is obliged to support as prescribed by law; the Law on the Elderly of 2009 [23] defines the measures that the State and society need to take to create favourable conditions for the elderly to study, research and participate in cultural and sport activities, entertainment, travel, etc.

References

[1] Trần Tuyết Ánh (chủ biên), Nguyễn Hữu Minh, Phạm Quốc Nhật, Trần Thị Hồng, Lỗ Việt Phương, Hà Thị Minh Khương (2015), *Hoạt động phòng, chống bạo lực gia đình ở Việt Nam hiện nay*, Nxb Khoa học xã hội, Hà Nội. [Tran Tuyet Anh (chief author), Nguyen Huu Minh, Pham Quoc Nhat, Tran Thi Hong, Lo Viet Phuong, Ha Thi Minh Khuong (2015), *Domestic Violence Prevention and Control Activities in Vietnam Today*, Social Sciences Publishing House, Hanoi].

[2] Ban chỉ đạo Tổng điều tra Dân số và Nhà ở Trung ương (2000), *Tổng điều tra Dân số và Nhà ở 1999: Kết quả điều tra mẫu*, Nxb Thống kê, Hà Nội. [Central Population and Housing Census Steering Committee (2000), *1999 Population and Housing Census: Sample Survey Results*, Statistical Publishing House, Hanoi].

[3] Ban chỉ đạo Tổng điều tra Dân số và Nhà ở Trung ương (2010), *Tổng điều tra Dân số và Nhà ở 2009: Những phát hiện chủ yếu*, Nxb Thống kê, Hà Nội. [Central Population and Housing Census Steering Committee (2010), *2009 Population and Housing Census: Major Findings*, Statistical Publishing House, Hanoi].

[4] Bộ Lao động - Thương binh và Xã hội (2006), *Báo cáo việc thực hiện "Pháp lệnh Người cao*

tuổi" tại Kỳ họp Thứ 9, Quốc hội Khóa XI, Hà Nội. [Ministry of Labour, War Invalids and Social Affairs (2006), *Report on Implementation of "Ordinance on the Elderly"* at the 9th Session, National Assembly, 11th tenure, Hanoi].

[5] Bộ Lao động - Thương binh và Xã hội, Cục Quản lý lao động ngoài nước (2018), *Số liệu hàng năm về lao động nước ngoài*, Cổng thông tin điện tử của Cục Quản lý lao động ngoài nước. [Ministry of Labour, War Invalids, and Social Affairs, Department of Overseas Labour Management (2018), *Annual Data on Foreign Workers*, Web Portal of Department of Overseas Labour Management].

[6] Bộ Lao động - Thương binh và Xã hội, ILO và Viện Nghiên cứu Gia đình và Giới (2012), *Việc làm bền vững đối với lao động giúp việc gia đình tại Việt Nam*, Hà Nội. [Ministry of Labour, War Invalids and Social Affairs, ILO and the Institute for Family and Gender Studies (2012), *Sustainable Jobs for Domestic Workers in Vietnam*, Hanoi].

[7] Bộ Ngoại giao, Cục Lãnh sự và IOM (2017), *Hồ sơ di cư Việt Nam 2016*, Hà Nội. [Ministry of Foreign Affairs, Consular Department and IOM (2017), *Vietnam Migration Profile 2016*, Hanoi].

[8] Bộ Văn hóa, Thể thao và Du lịch, Tổng cục Thống kê, Viện Nghiên cứu Gia đình và Giới và UNICEF (2008), *Kết quả Điều tra Gia đình Việt Nam năm 2006*, Hà Nội. [Ministry of Culture, Sports and Tourism, General Statistics Office, Institute for Family and Gender Studies and UNICEF (2008), *Results of the Vietnam Family Survey 2006*, Hanoi].

[9] Bộ Y tế (2016), *Quyết định số 7618/QĐ-BYT về việc phê duyệt Đề án chăm sóc sức khỏe người cao tuổi giai đoạn 2017 - 2025 của Bộ trưởng Bộ Y tế*, ngày 30 tháng 12 năm 2016, Hà Nội. [Ministry of Health (2016), *Decision No.7618/QD-BYT on approving "Healthcare for the Elderly" Scheme for Period of 2017-2025 by Minister of Health*, dated 30 December 2016, Hanoi].

[10] Bộ Y tế và Nhóm đối tác Y tế (2016), *Báo cáo chung tổng quan ngành y tế năm 2015 - Tăng cường y tế cơ sở hướng tới bao phủ chăm sóc sức khỏe toàn dân*, Nxb Y học, Hà Nội. [Ministry of Health and Health Partnership Group (2016), *General Health Sector Review 2015 - Strengthening Grassroots Healthcare towards Universal Healthcare Coverage*, Medical Publishing House, Hanoi].

[11] Bộ Y tế và Nhóm đối tác Y tế (2018), *Báo cáo chung tổng quan ngành y tế năm 2016 - Hướng tới mục tiêu già hoá khoẻ mạnh ở Việt Nam*, Nxb Y học, Hà Nội. [Ministry of Health and Health Partnership Group (2018), *General Health Sector Review 2016 - Towards Healthy Ageing in Vietnam*, Medical Publishing House, Hanoi].

[12] Chính phủ Việt Nam (2011), *Báo cáo của Thủ tướng Chính phủ trước Quốc hội về tình hình kinh tế - xã hội năm 2011, Kế hoạch phát triển kinh tế - xã hội năm 2012 và 5 năm 2011 - 2015*, Hà Nội. [Government of Vietnam (2011), *Prime Minister's Report to National Assembly on Socio-economic Situation in 2011, Socio-economic Development Plan for 2012 and Five Years from 2011 to 2015*, Hanoi].

[13] Chính phủ Việt Nam (2017), *Báo cáo Chính phủ trước Quốc hội*, ngày 22 tháng 10, Hà Nội. [Government of Vietnam (2017), *Government's Report to National Assembly*, 22 October 2017, Hanoi].

[14] Phan Lương Cừ (2010), *Luật về Người lao động Việt Nam đi làm việc ở nước ngoài và những vấn đề đặt ra trong việc thực hiện luật*,

Hội thảo tọa đàm chuyên gia, Ủy ban Về các vấn đề xã hội của Quốc hội, Hà Nội. [Phan Luong Cu (2010), *Law on Vietnamese Guest Workers and Issues Raised from Its Implementation*, Workshop of Experts, the Committee on Social Affairs of the National Assembly, Hanoi].

[15] Đảng Cộng sản Việt Nam (2011), *Văn kiện Đại hội Đảng toàn quốc lần thứ XI*, Nxb Chính trị Quốc gia - Sự thật, Hà Nội. [Communist Party of Vietnam (2011), *Documents of the 11th National Party Congress*, National Political Publishing House, Hanoi].

[16] Hội Liên hiệp Phụ nữ Việt Nam, Hội Người cao tuổi, Viện Y - Xã hội học và Công ty tư vấn và nghiên cứu Đông Dương (2012), *Báo cáo Điều tra Quốc gia về Người cao tuổi Việt Nam năm 2011*, Hà Nội. [Vietnam Women's Union, Association of the Elderly, Institute of Social and Medical Studies and Indochina Research and Consulting Company (2012), *2011 Report on National Survey of the Elderly People in Vietnam*, Hanoi].

[17] Lê Ngọc Lân (2017), *Người cao tuổi trong gia đình Việt Nam trong bối cảnh già hóa dân số và biến đổi xã hộ*i, Luận án Tiến sỹ Xã hội học, Học viện Khoa học xã hội, Hà Nội. [Le Ngoc Lan (2017), *Elderly People in the Vietnamese Family in the Context of Population Ageing and Social Change*, Doctoral Dissertation in Sociology, Graduate Academy of Social Sciences, Hanoi].

[18] Giang Thanh Long, Bùi Đại Thụ (2012), *Báo cáo trình bày tại lễ Công bố Báo cáo Điều tra Quốc gia về Người cao tuổi Việt Nam*, Hà Nội. [Giang Thanh Long, Bui Dai Thu (2012), *Paper Presented at Launching Ceremony of Report on National Survey on Vietnamese Elderly People*, Hanoi].

[19] Nguyễn Hữu Minh (2000), "Các yếu tố tác động đến khuôn mẫu tuổi kết hôn của dân cư Đồng bằng sông Hồng", Tạp chí *Xã hội học*, số 4(72), tr.21-32. [Nguyen Huu Minh (2000), "Factors Affecting Marriage Age Pattern of People in Red River Delta", *Journal of Sociology*, No. 4 (72), pp.21-32].

[20] Nguyễn Hữu Minh (2018), *Tư liệu thực tế khảo sát tại Trung tâm chăm sóc người cao tuổi bách niên Thiên Đức, Trung tâm chăm sóc người cao tuổi Nhân Ái năm 2018*, Hà Nội. [Nguyen Huu Minh (2018), *Findings from Field Surveys of Thien Duc Elderly Care Centre, and Nhan Ai Elderly Care Centre in 2018*, Hanoi].

[21] Quốc hội Việt Nam (2000), *Luật Hôn nhân và Gia đình 2000*, Hà Nội. [National Assembly of Vietnam (2000*), Law on Marriage and Family 2000*, Hanoi].

[22] Quốc hội Việt Nam (2009), *Luật Hình sự 2009*, Hà Nội. [National Assembly of Vietnam (2009), *Criminal Code 2009*, Hanoi].

[23] Quốc hội Việt Nam (2009b), *Luật người cao tuổi*, Hà Nội. [National Assembly of Vietnam (2009b), *Law on the Elderly*, Hanoi].

[24] Quốc hội Việt Nam (2013), *Hiến pháp năm 2013*, Hà Nội. [National Assembly of Vietnam (2013), *Constitution of the Socialist Republic of Vietnam of 2013*, Hanoi].

[25] Quốc hội Việt Nam (2014), *Luật Hôn nhân và Gia đình 2014*, Hà Nội. [National Assembly of Vietnam (2000), *Law on Marriage and Family of 2014*, Hanoi].

[26] Phạm Thắng, Đỗ Thị Khánh Hỷ (2009), "Chính sách chăm sóc người cao tuổi thích ứng với thay đổi cơ cấu tuổi tại Việt Nam", *Hội thảo "Thách thức về già hóa dân số ở Việt Nam"*, Hà Nội. [Pham Thang, Do Thi Khanh Hy (2009),

"Policy on Care for the Elderly to Adapt to Changing Age Structure in Vietnam", *Workshops of "Challenge of Population Ageing in Vietnam"*, Hanoi].

[27] Nguyễn Xuân Thắng (2019), *Xu hướng biến đổi của đặc điểm gia đình Việt Nam trong quá trình hội nhập quốc tế*, Báo cáo đề tài cấp Bộ thuộc Viện Hàn lâm Khoa học xã hội Việt Nam, Hà Nội. [Nguyen Xuan Thang (2019), *Changing Trend of Vietnamese Family Characteristics in the Process of International Integration*, Ministerial-level research project of Vietnam Academy of Social Sciences, Hanoi].

[28] Tổng cục Thống kê (1991), *Phân tích kết quả điều tra mẫu: Tổng Điều tra Dân số năm 1989*, Nxb Thống kê, Hà Nội. [General Statistics Office (1991), *Analysis of Sample Survey Results: The 1989 Population Census*, Statistics Publishing House, Hanoi].

[29] Tổng cục Thống kê (2011a), "Cấu trúc tuổi - giới tính và tình trạng hôn nhân của dân số Việt Nam", *Tổng điều tra Dân số và Nhà ở Việt Nam năm 2009*, Hà Nội. [General Statistics Office (2011a), "Age-sex Structure and Marital Status of Vietnamese Population", *2009 Vietnam Population and Housing Census*, Hanoi].

[30] Tổng cục Thống kê (2011b), "Di cư và Đô thị hóa ở Việt Nam: Thực trạng, Xu hướng và Những khác biệt", *Tổng điều tra Dân số và Nhà ở Việt Nam năm 2009*, Hà Nội. [General Statistics Office (2011b), "Migration and Urbanisation in Vietnam: Current Situation, Trends and Differences", *2009 Vietnam Population and Housing Census*, Hanoi].

[31] Tổng cục Thống kê (2012), *Điều tra Biến động dân số và Kế hoạch hóa gia đình ngày 1 tháng 4 năm 2011: Các kết quả chủ yếu*, Hà Nội. [General Statistics Office (2012), *Population Change and Family Planning Survey as of 1 April 2011: Key Results*, Hanoi].

[32] Tổng cục Thống kê (2014), *Báo cáo Điều tra Lao động Việc làm, Quý 4 năm 2014*, Hà Nội. [General Statistics Office (2014), *Labour and Employment Survey Report, Quarter 4 of 2014*, Hanoi].

[33] Tổng cục Thống kê (2015), *Điều tra Dân số và Nhà ở giữa kỳ thời điểm ngày 1 tháng 4 năm 2011: Các kết quả chủ yếu*, Hà Nội. [General Statistics Office (2015), *Mid-term Population and Housing Census as of 1 April 2014: Key Results*, Hanoi].

[34] Tổng cục Thống kê (2016), *Kết quả Khảo sát mức sống dân cư Việt Nam 2014*, Nxb Thống kê, Hà Nội. [General Statistics Office (2016), *Results of the Vietnam Living Standards Survey 2014*, Statistical Publishing House, Hanoi].

[35] Tổng cục Thống kê (2017a), *Báo cáo Kinh tế - xã hội của Tổng cục Thống kê 2017*, Hà Nội. [General Statistics Office (2017a), *Socio-Economic Report of General Statistics Office 2017*, Hanoi].

[36] Tổng cục Thống kê (2017b), *Kết quả chủ yếu điều tra biến động dân số và kế hoạch hóa gia đình thời điểm ngày 1 tháng 4 năm 2016*, Nxb Thống kê, Hà Nội. [General Statistics Office (2017b), *Key Results of Survey on Population Change and Family Planning as of 1 April 2016*, Statistical Publishing House, Hanoi].

[37] Tổng cục Thống kê (2018), *Kết quả chủ yếu điều tra biến động dân số và kế hoạch hóa gia đình thời điểm ngày 1 tháng 4 năm 2017*, Nxb Thống kê, Hà Nội. [General Statistics Office (2018), *Key Results of the Survey on Population Change and Family Planning as of 1 April 2017*, Statistical Publishing House, Hanoi].

[38] Tổng cục Thống kê (2018), *Niên giám thống kê tóm tắt năm 2018*, Nxb Thống kê, Hà Nội.

[General Statistics Office (2018), *Statistical Summary Book of Vietnam 2018*, Statistical Publishing House, Hanoi].

[39] Tổng cục Thống kê và UNFPA (2016), *Điều tra di cư nội địa quốc gia 2015: các kết quả chủ yếu*, Nxb Thông tấn, Hà Nội. [General Statistics Office and UNFPA (2016), *2015 National Internal Migration Survey: Key Results*, News Agency Publishing House, Hanoi].

[40] UNFPA (2011), *Già hoá dân số và người cao tuổi ở Việt Nam, Thực trạng, dự báo và một số khuyến nghị chính sách*, Hà Nội. [UNFPA (2011), *Ageing Population and the Elderly in Vietnam, Current Situation, Forecasts and Some Policy Recommendations*, Hanoi].

[41] Ủy ban Về các vấn đề xã hội của Quốc hội (2006), *Báo cáo giám sát việc thực hiện các chính sách và luật về người cao tuổi*, Hà Nội. [Committee on Social Affairs of the National Assembly (2006), *Report on Oversight of Implementation of Policies and Laws on the Elderly*, Hanoi].

[42] Ủy ban Kinh tế của Quốc hội (2014), *Thông tin kinh tế vĩ mô, Quý 1 năm 2014*, Hà Nội [Committee on Economic Affairs of the National Assembly (2014), *Macroeconomic Information, Quarter 1 of 2014*, Hanoi].

[43] Viện Nghiên cứu Gia đình và Giới (2011), *Số liệu Điều tra Nhận thức và Thái độ về gia đình của người dân Hà Nội*, Hà Nội. [Institute for Family and Gender Studies (2011), *Findings of Survey of Awareness and Attitude on Family of Hanoi People*, Hanoi].

[44] Viện Nghiên cứu Gia đình và Giới (2012), *Tổng quan về xây dựng gia đình Việt Nam giai đoạn 2011-2020*, Báo cáo đề tài cấp Bộ, Hà Nội. [Institute for Family and Gender Studies (2012), *Overview of Building the Vietnamese Family in Period of 2011-2020*, Ministerial-level research project, Hanoi].

[45] Viện Nghiên cứu Gia đình và Giới (2017), *Số liệu Điều tra Nhận thức và Thái độ về gia đình của người dân Cần Thơ*, Hà Nội. [Institute for Family and Gender Studies (2017), *Findings of Survey of Awareness and Attitude on Family of Can Tho People*, Hanoi].

[46] Ochiai, Emiko (2009), "Care Diamonds and Welfare Regimes in East and Southeast Asian Societies: Bridging Family and Welfare Sociology", *International Journal of Japanese Sociology*, No. 18(1), pp. 60-78.