

A photograph of a street in Vietnam. In the foreground, a person wearing a traditional conical hat and a grey jacket is walking towards the camera, carrying a white plastic bag and a clear plastic bag. The street is paved and lined with buildings and trees. In the background, a person on a motorcycle is visible. The title text is overlaid on the image.

Informal Care and Support for the Elderly in Vietnam

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- Supervisory panel: Assoc. Prof. Heather Booth (Chair), Dr Iwu Utomo, Dr Philip Taylor

Outline

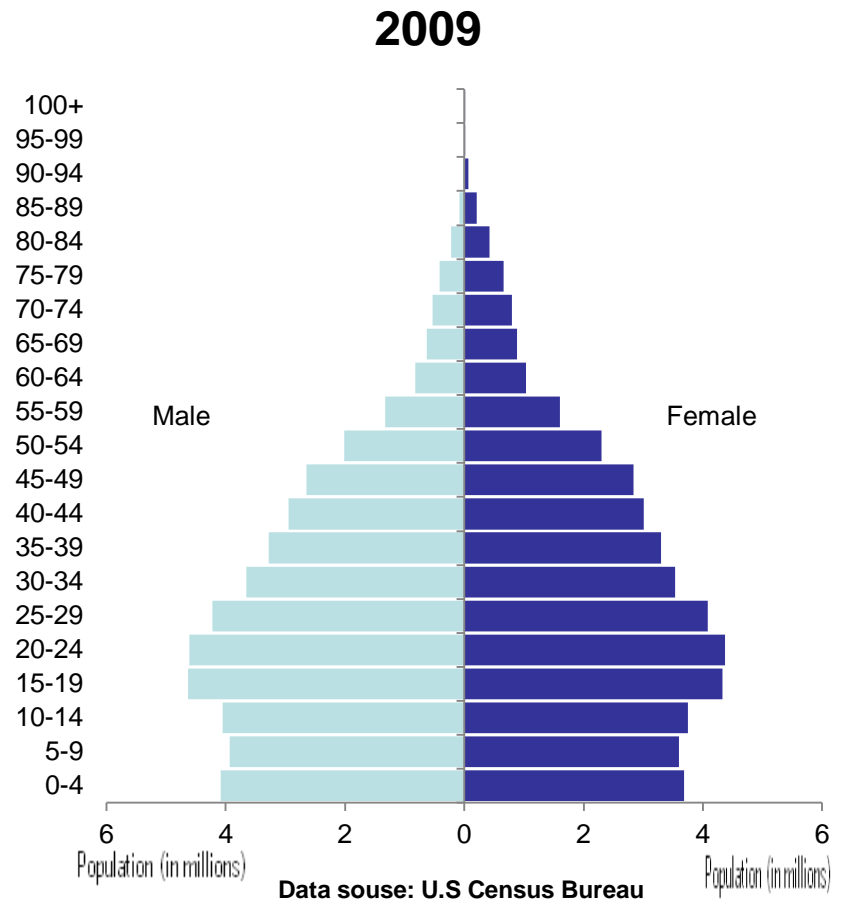
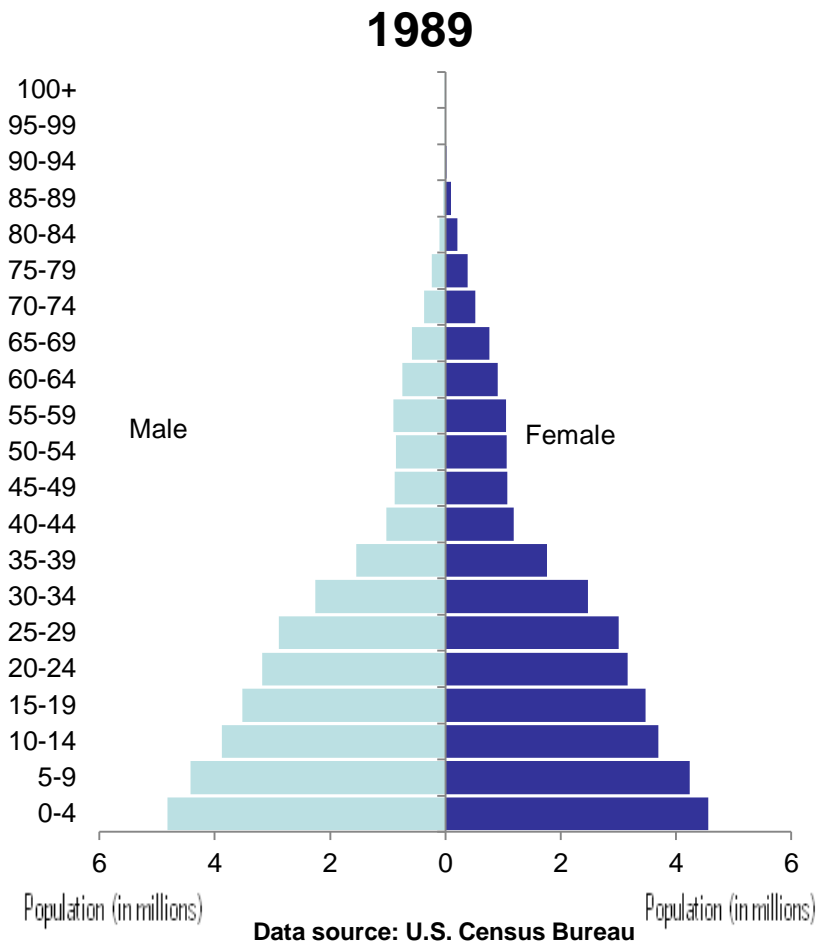
- Background
- Aims
- Living arrangement
- Physical support
- Material support
- Conclusions

Map of Vietnam in Asia

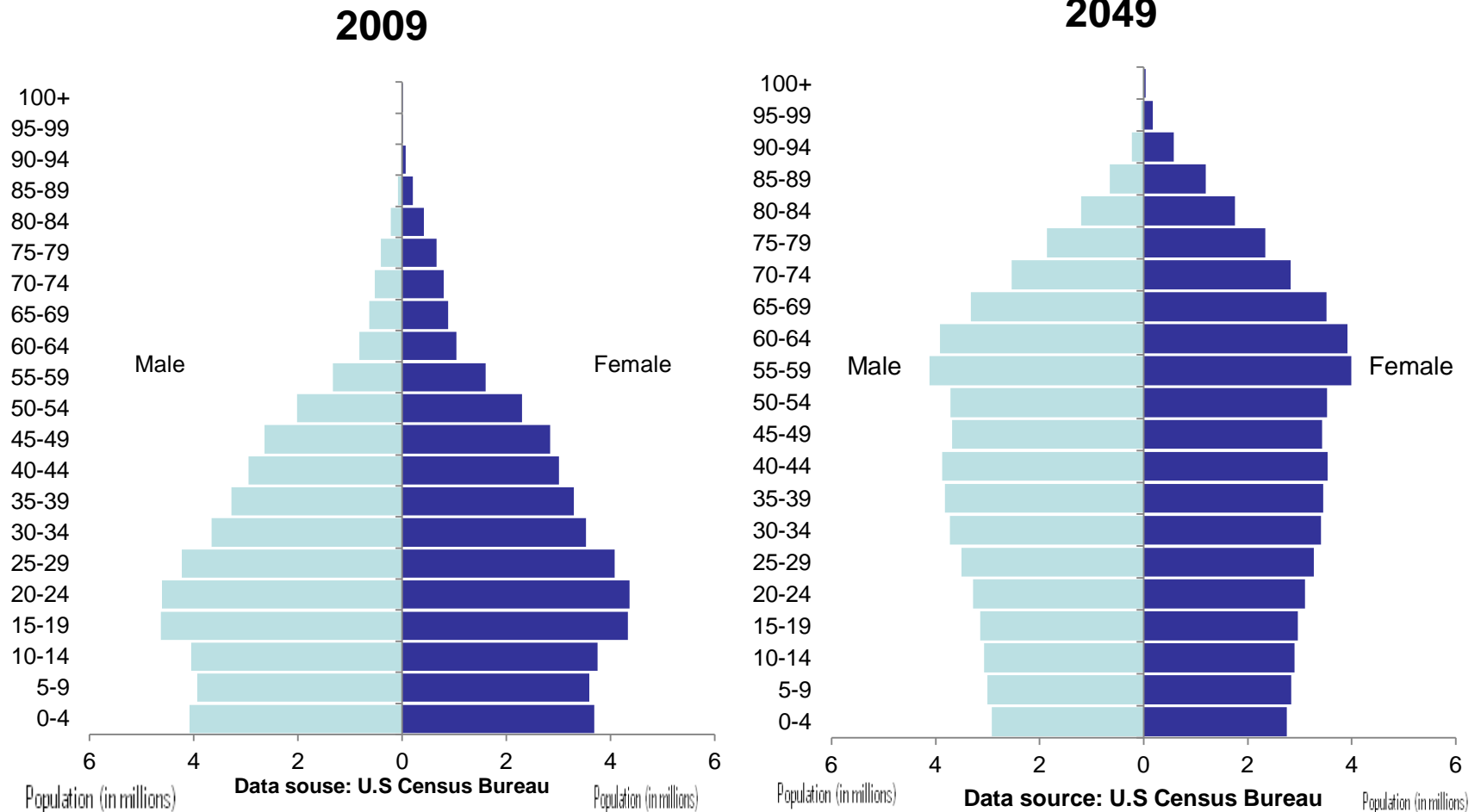


Source: <http://www.lonelyplanet.com/maps/asia/vietnam>

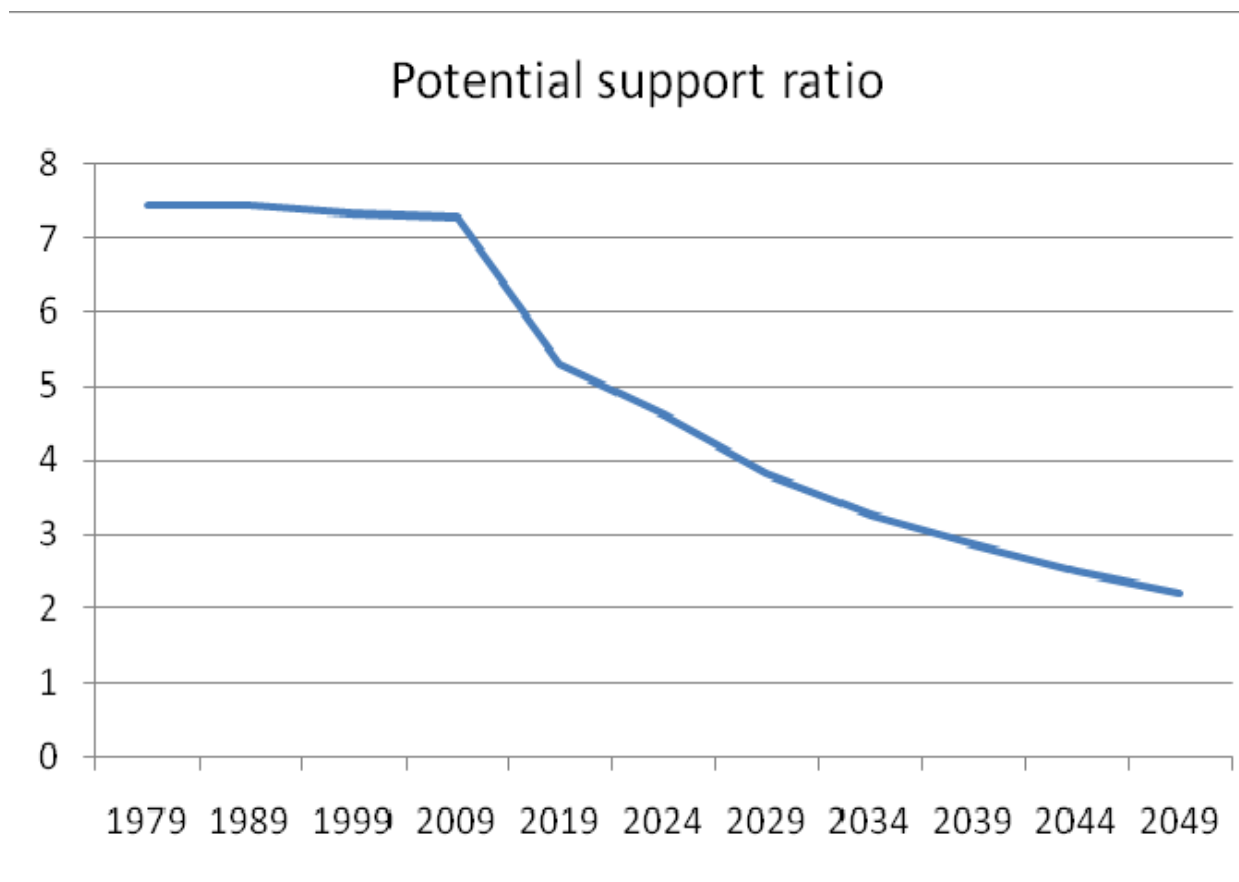
Population pyramids for Vietnam, 1989, 2009



Population pyramids for Vietnam, 2009, 2049



Potential support ratio (ratio of population 15-59 per population aged 60 or older), Vietnam: 1979-2049



Source: Population and Housing Census 1979, 1989, 1999 and 2009 and GSO (2010)

Cultural context: Normative standard of aged care in Vietnam

- Reliance on informal support systems through family and kinship members
- Traditional norm of filial piety
 - The traditional ‘ideal’ care type is to live with married children, especially with married son, surrounded by grandchildren, and receiving care from daughter-in-law
 - Practice of ancestor worship

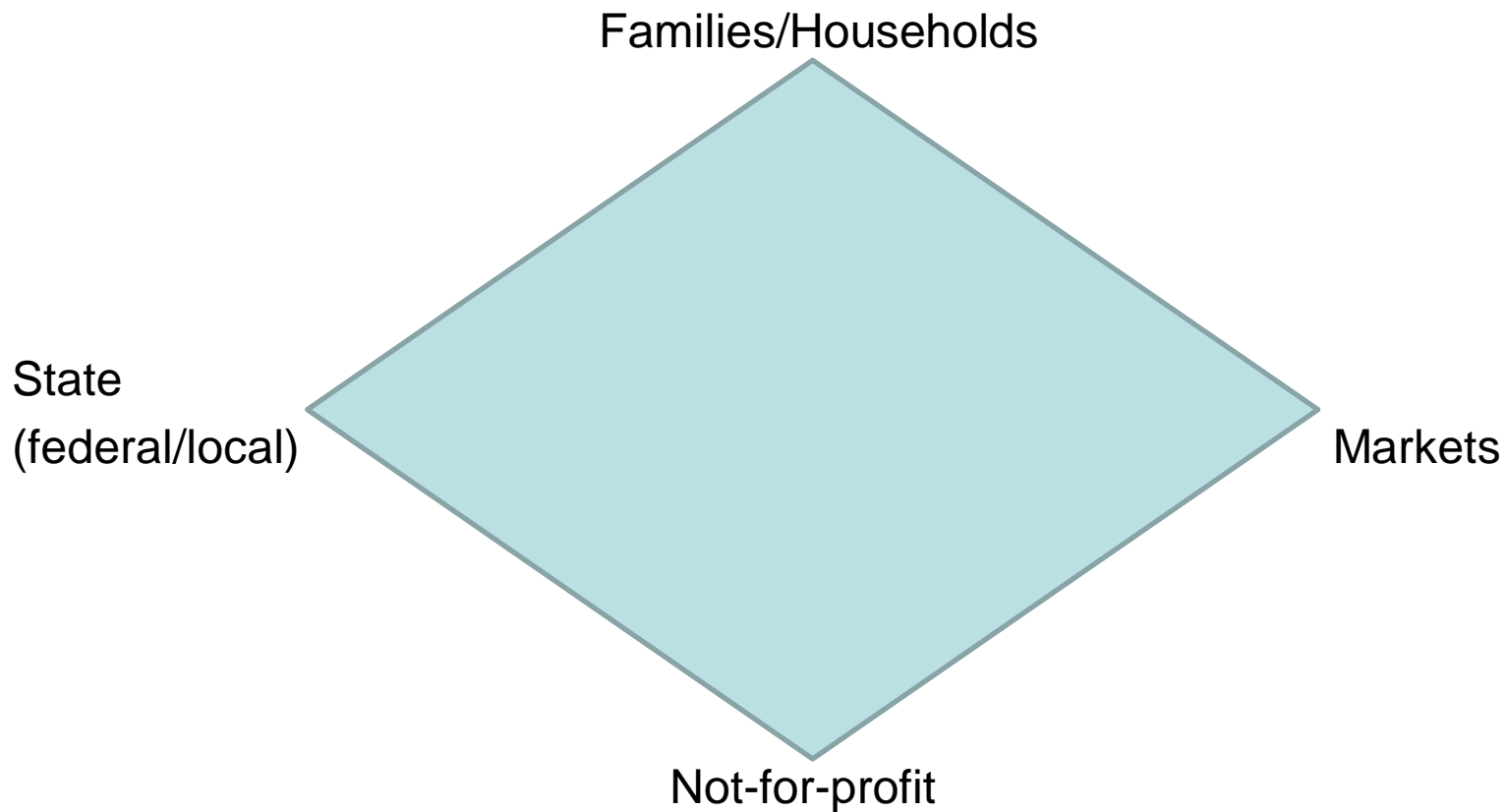
Socio-economic changes

- Urbanization & Migration
- Increased education
- Increased participation of women in the paid labor force
- Life style changes

Institutional change: The Reforms and welfare for the aged

- Socialist Market Economy(1980s)
 - Emphasizing the role of the family on caring for their elderly members
 - Encourage the role of private sector and local government
 - The state policies address only the most vulnerable groups (disabled, war veterans or those without immediate family to support)

‘Care Diamond’ (Razavi 2007: 21)



The current modes of aged care in Vietnam

- **Informal care by the family:** majority of the elderly in need of care receive care provided by their families
- **Welfare state institution:**
 - residential care for those elderly with no children, no income, and no relatives;
 - social allowances for people aged 80+ with no income, severe disability or war veterans
- **Private institutional care :** established in major urban areas; mostly for better better-off elders
- **Non-profit sector:** NGO, community, voluntary, charity

Rural and Urban residences



Rural



Urban

State residential aged care



Private residential aged care



Research problem

- Concerns have been voiced that economic transformation with urbanization and increasing migration might have have weaken the traditional family structure, which would leave more elderly without support from the family (Cowgill & Holmes 1972 cited in Driedger & Chappell, 1987; Mason, 1992; UN, 2002)
- Families are finding ways to adapt their traditional mode of aged care to changing socio-economic environment but it is not well understood

Aims of the study

- to describe the nature and extent of familial care and support for the elderly (person aged 60 and over) in the changing context in terms of:
 - Living arrangement
 - Physical support
 - Material support

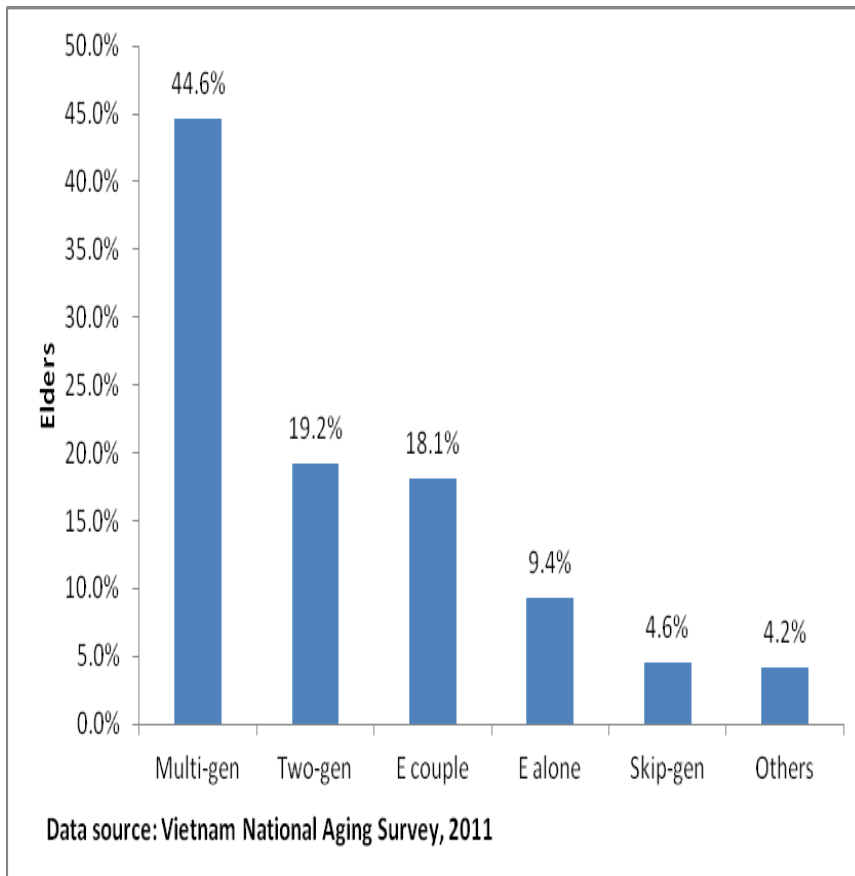
Data

- 2011 Vietnam National Aging Survey (VNAS 2011)
 - The first nationally representative survey on aging in Vietnam, conducted in 2011
 - One person aged 50 + per household was interviewed, giving a sample of 4,007
 - This study is limited to people aged 60 +, giving a sample of 2,789 elders

Sample characteristics

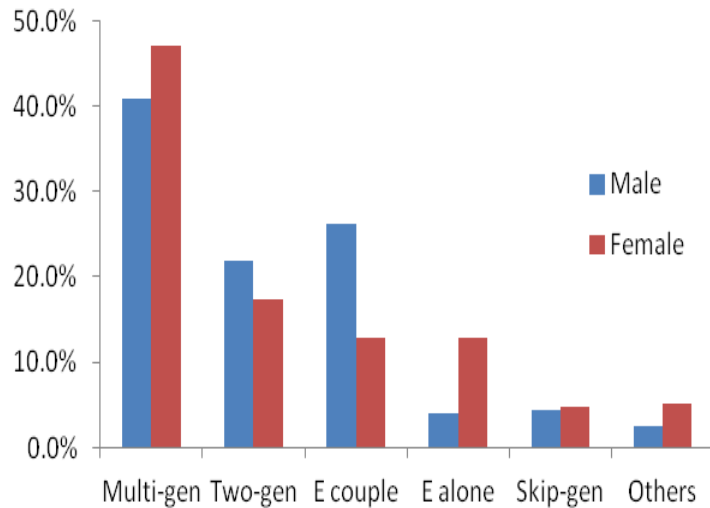
Age	Percentage
60-69	42.6
70-79	29.4
80-89	26.2
90+	1.8
Gender	
Male	39.7
Female	60.3
Marital status	
Married	57.8
Widowed	38.7
Unmarried (separated, divorced, never married)	3.5
Residence	
Urban	28.5
Rural	71.5
Education	
Some primary	53.9
Lower secondary	33.2
High school above	13.0
Total sample	2,789

Living arrangements of the elderly

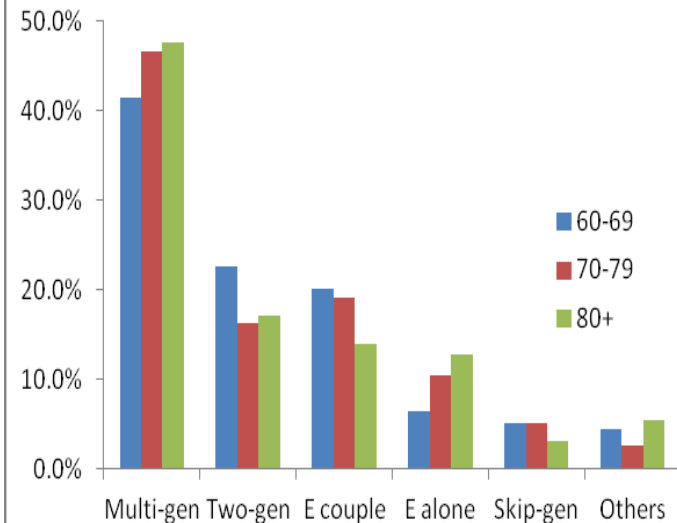


- Six mutually exclusive categories of generational household:
 - Multi-generation: elderly, child, & grandchild/parents
 - Two-generation :elderly & adult child (and others)
 - Alone: only elderly
 - Couple: elderly and their spouse only
 - Skip-generation: elder(s) & grandchild, with the absence of middle generation
 - Other arrangements: elder(s), relatives or non-relatives
- Multi-generation: traditional
- ‘Other’, skip-generation: adaptation

Living arrangements by sex of respondent



Living arrangements by age of respondent



- Different living arrangements: Age and Sex interrelated , partly result of females living longer

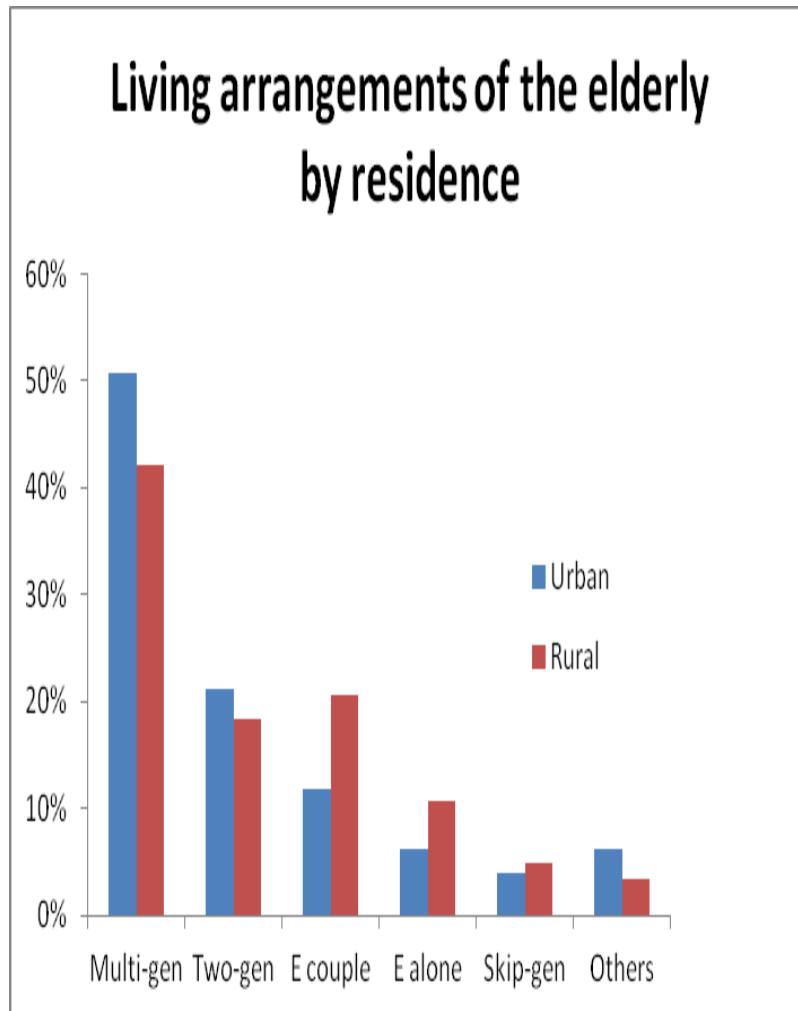
- Female are more likely than male to live in multi-generation, live alone, or with others

- Males are more likely than females to live with spouse, or with spouse and child in two-generation household

- Living in multi-generation household; living alone: increase with age

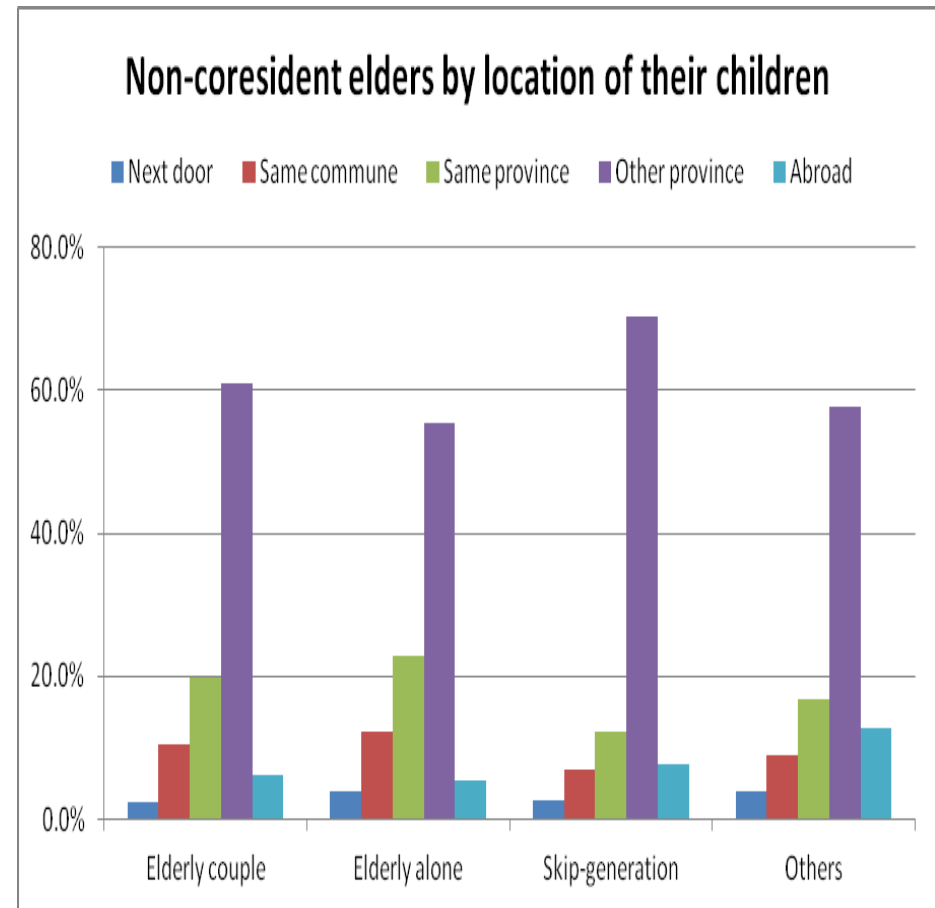
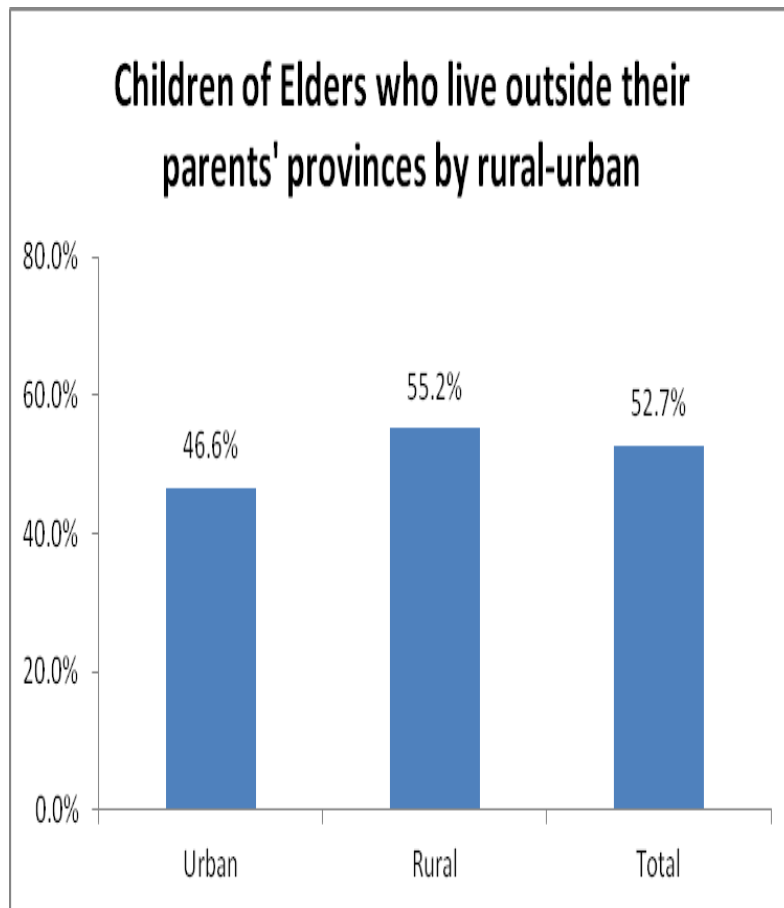
- Living in two-generation household ; with spouse : decrease with age

Rural- Urban differentials in living arrangements



- Urban elders are more likely than rural elders to co-reside with children in multi or two-generation
- Living alone , living with spouse, or with grandchild is more common in rural
- Urban elders are more likely to live with 'others'

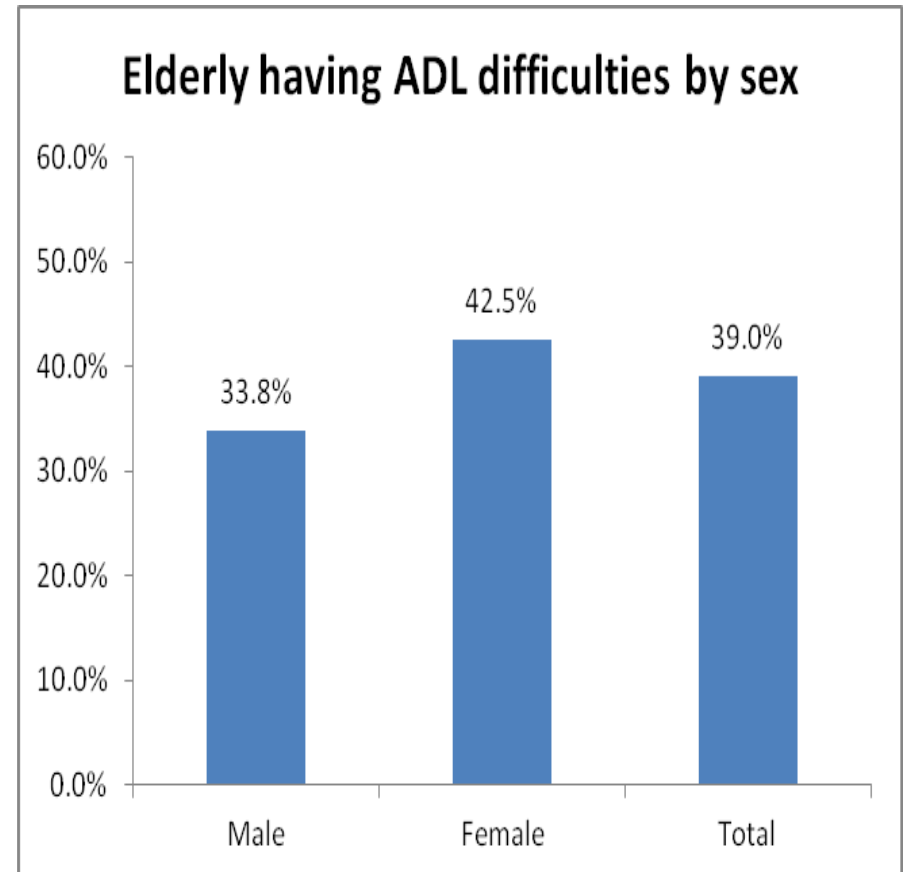
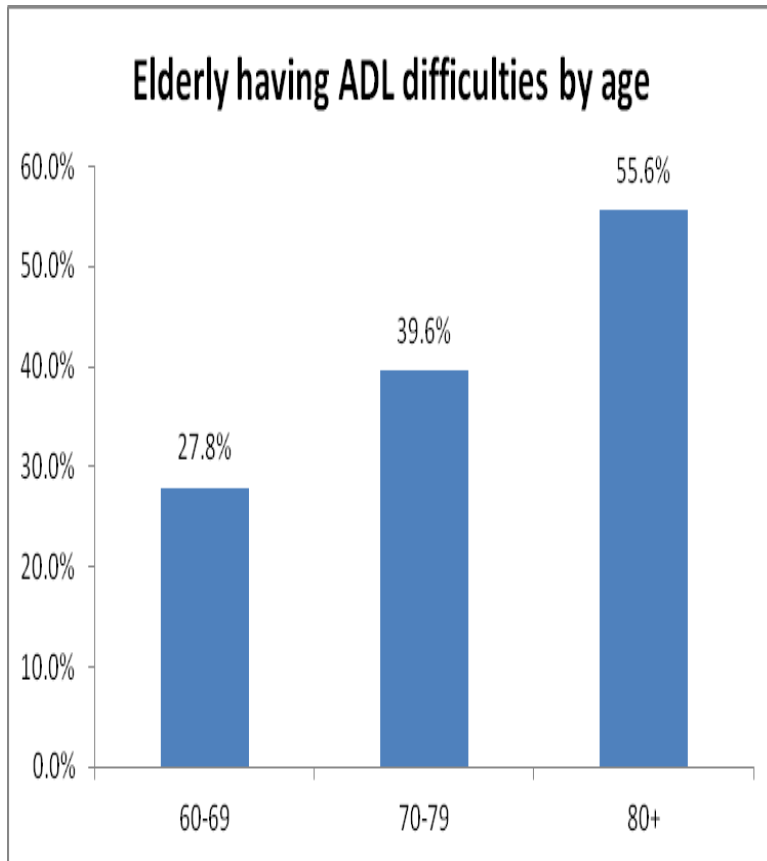
Influence of Migration on living arrangements



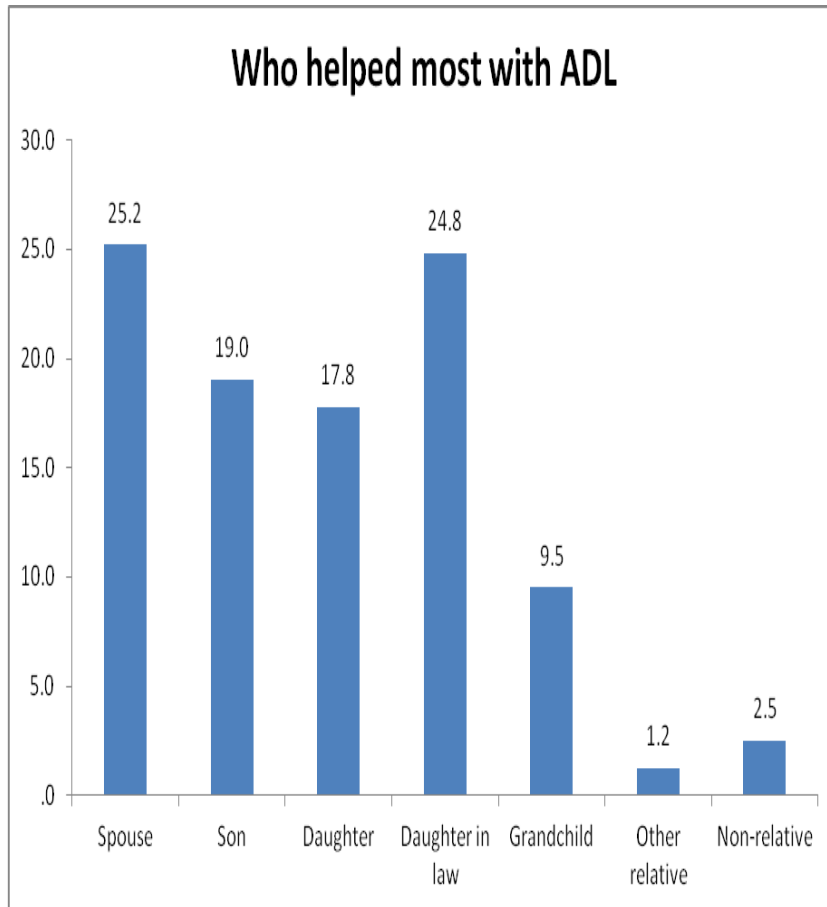
Physical Support: Activities of Daily Living Assistance

- Activities of daily living (ADL) assistance is for those elders having difficulties in any one of the following activities:
 - eating
 - getting dressed
 - bathing
 - getting up
 - or using toilet

Elderly needs for ADL assistance by age and sex

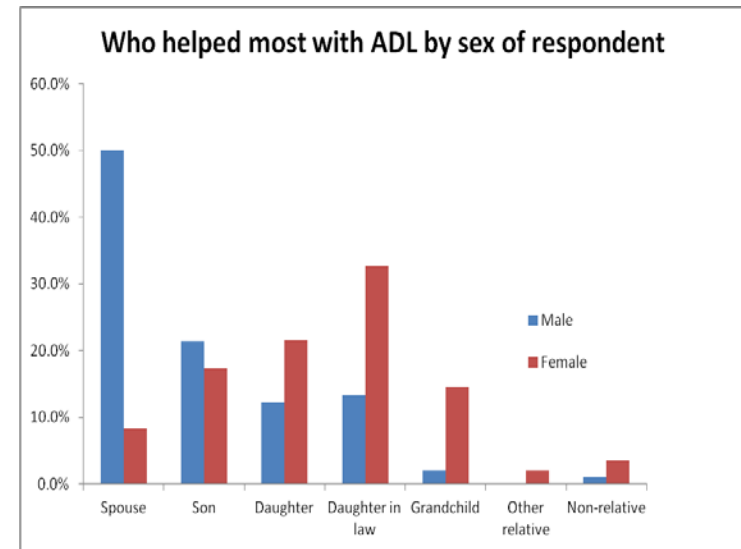
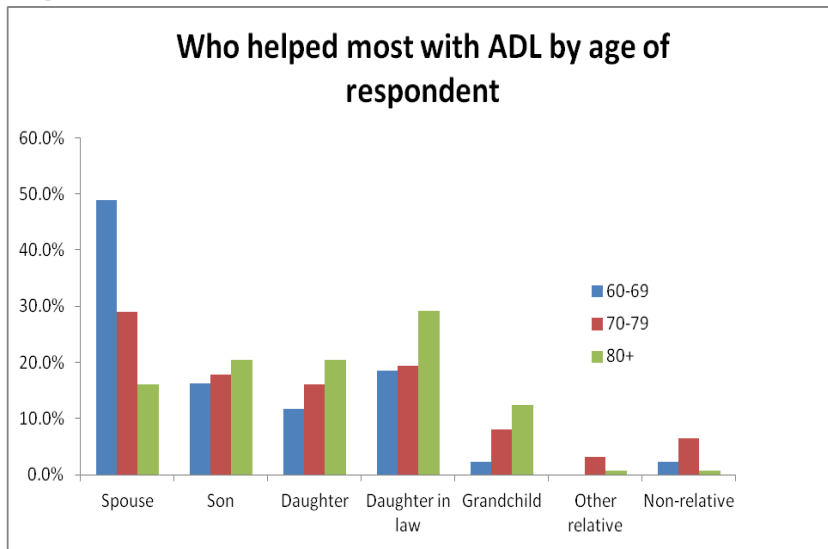


Addressing need for physical support



- Living arrangement context
- Daughter in-law is the primary caregiver
- Spouse is important
- Other relative/non-relative is minimal

ADL assistance-provider's relationship to respondent, by age and sex of respondent



-Age of respondent:

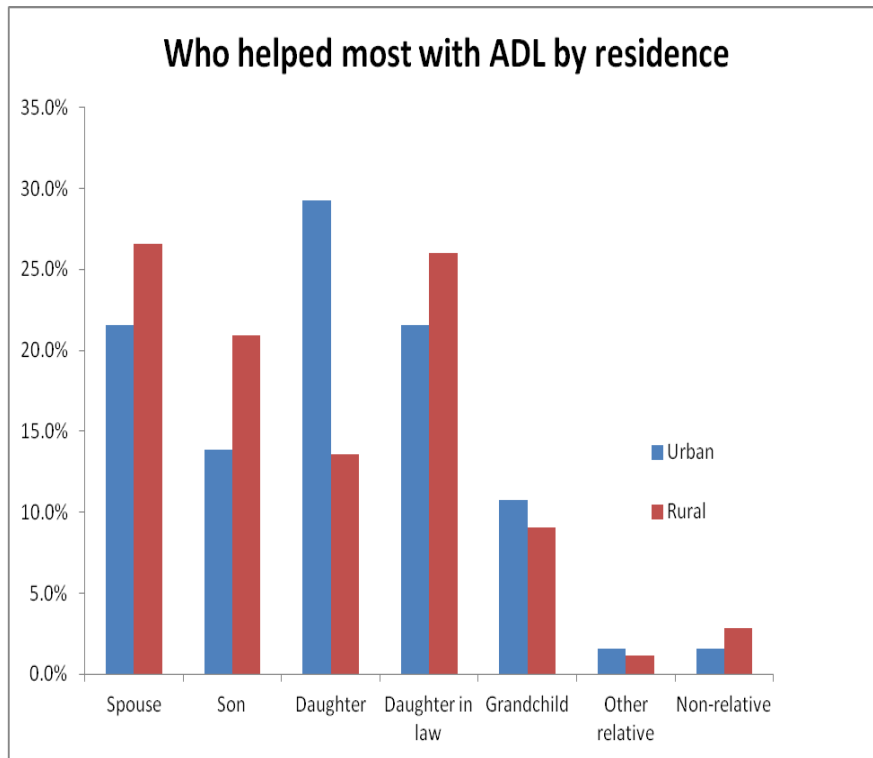
- Spousal care decreases with age

- Care provided by children, especially daughter-in-law, and grandchildren care increase with age of respondent

- Care provided by other relatives or non-relatives to respondents aged 70-79, esp. female respondents

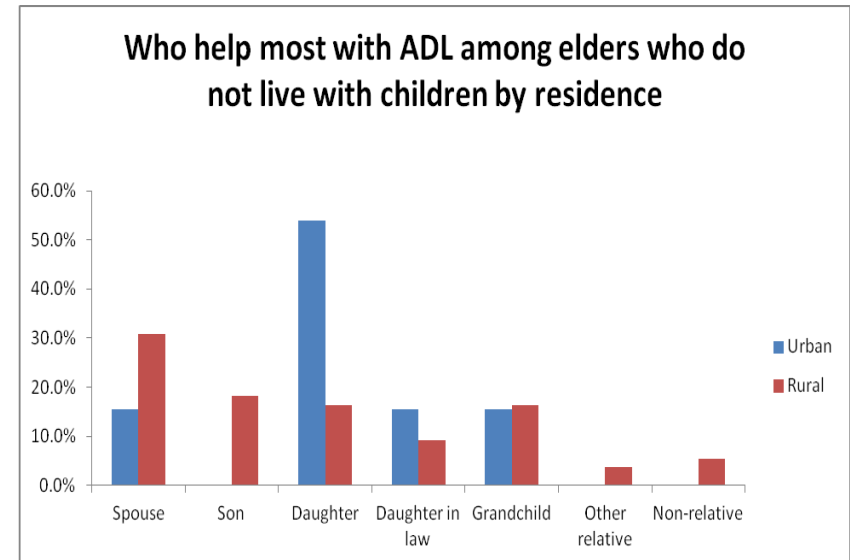
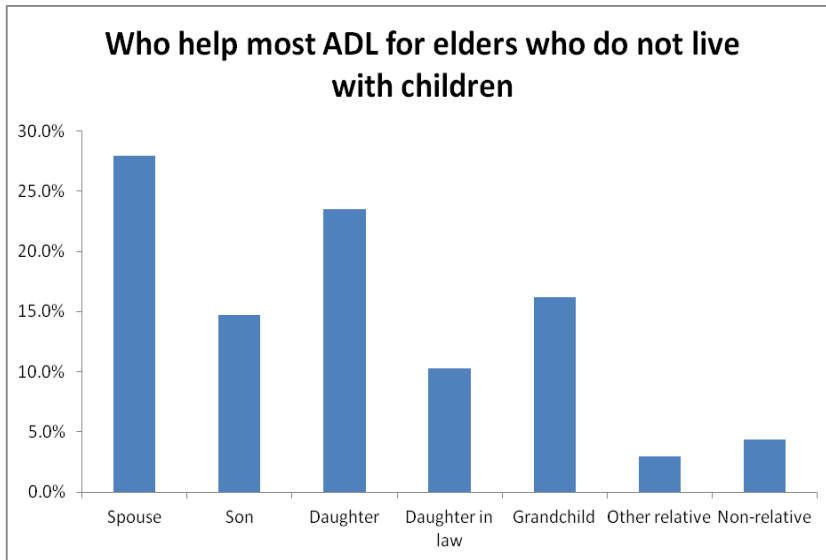
-Gender of respondent and gender of caregiver: males cared for by spouse or son; females cared for by their daughter-in-law, daughter, or grandchildren

Rural-urban differentials in ADL assistance



- Rural elders are more likely than urban elders to receive care from spouse and daughter in-law
- Urban elders: daughter is important caregiver
- Migration of children:
 - Rural elders cared by non-relative

Main provider of ADL assistance to elders who do not live with child(ren)

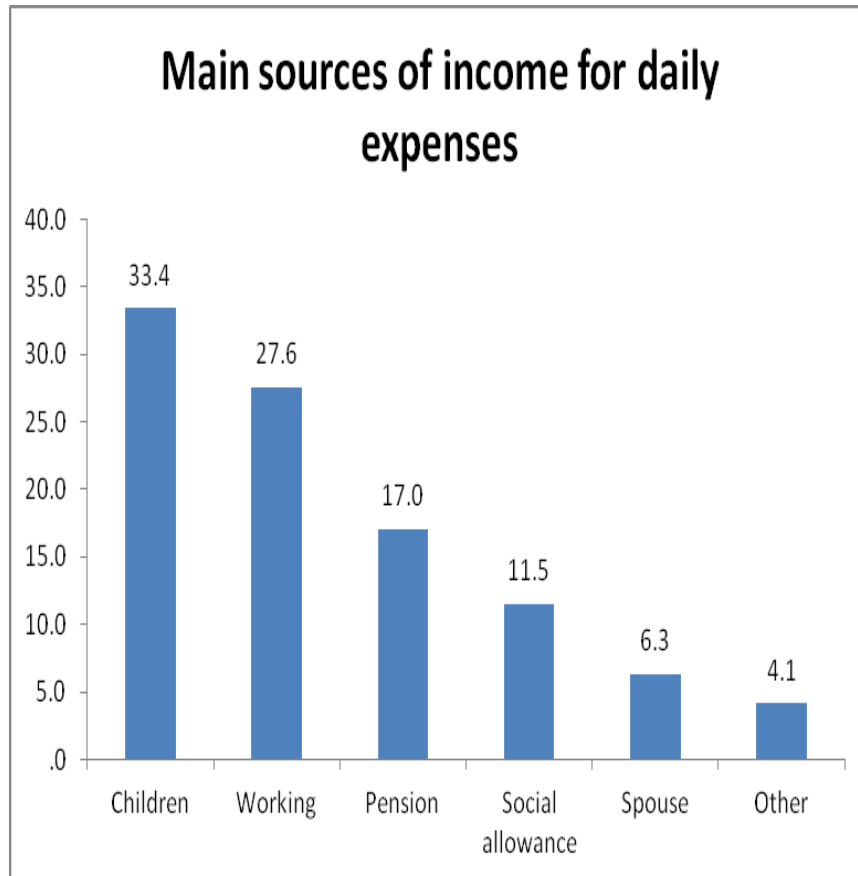


- Spouse and daughter are main caregiver for elders in needs of ADL assistance
- Urban elders: daughter is the primary caregiver
- Rural elders: spouse, son and grandchild provide assistance
- Other relative or non-relative provides ADL assistance for rural elders and no urban elders

Material support for the elderly

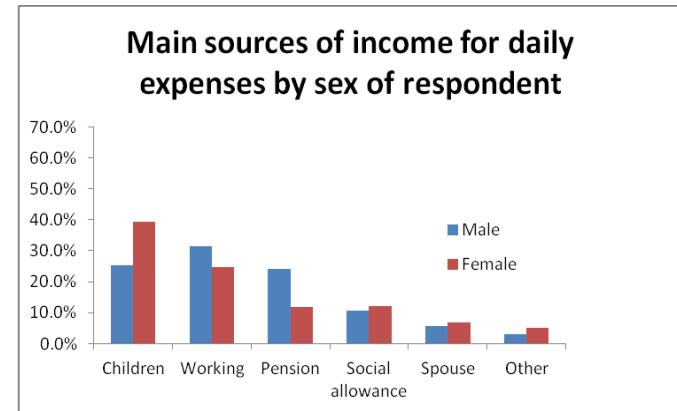
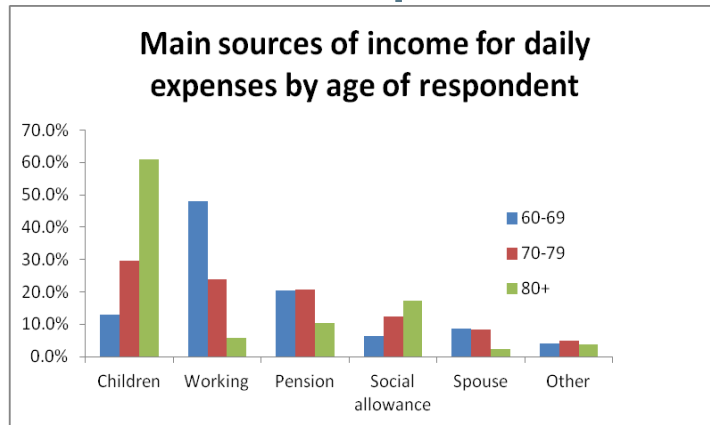
- Material support is measured by:
 - The most important source of income for daily expenses for the elderly
 - Who pays the most for the elders' medical expenses

Material support: main source of income for daily expenses



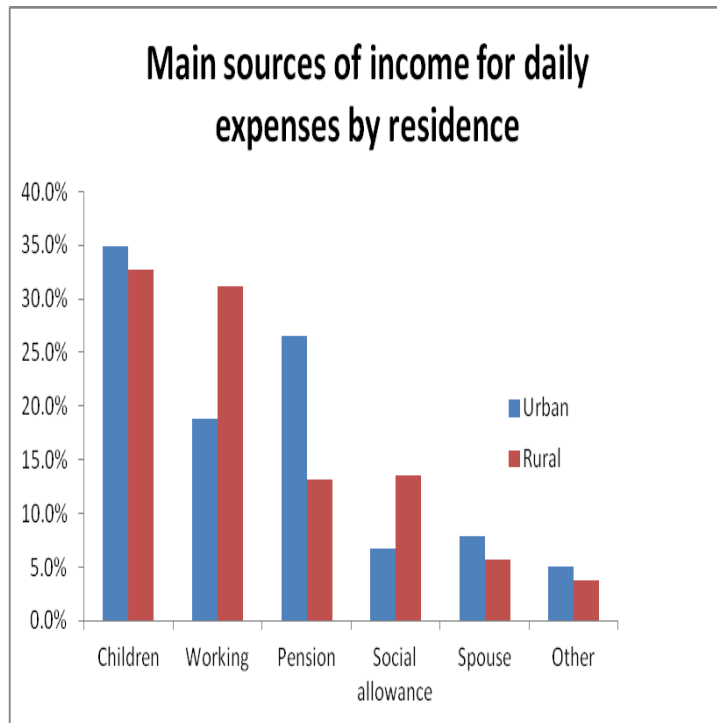
- Children and working are the most important source of financial support
- Formal support: pension and social allowance is secondary

Main source of income for daily expenses by age and sex of respondent



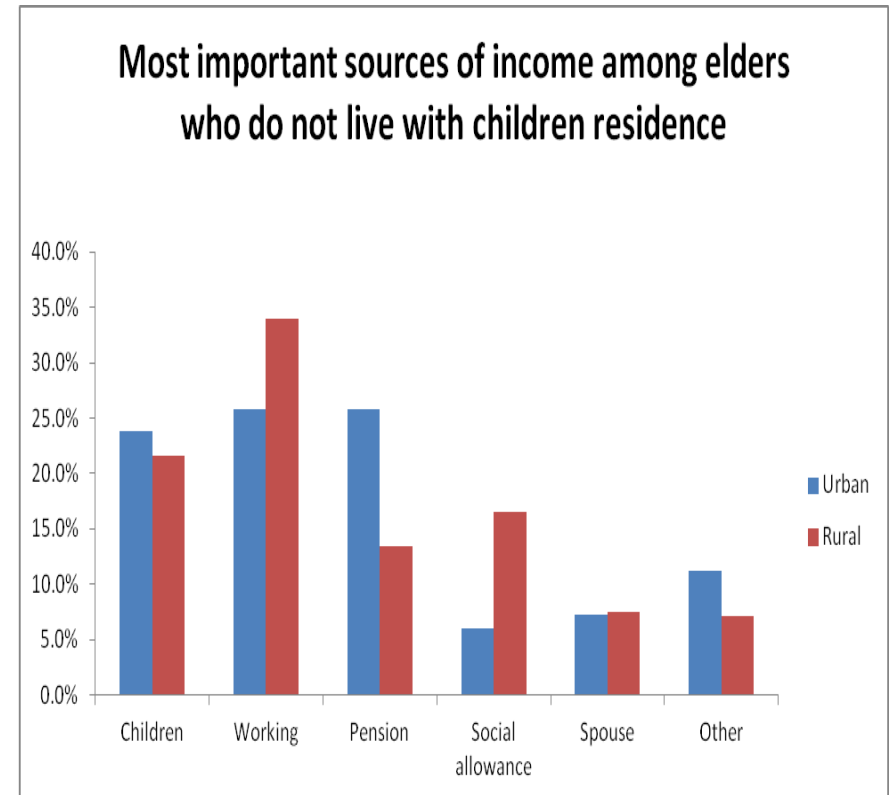
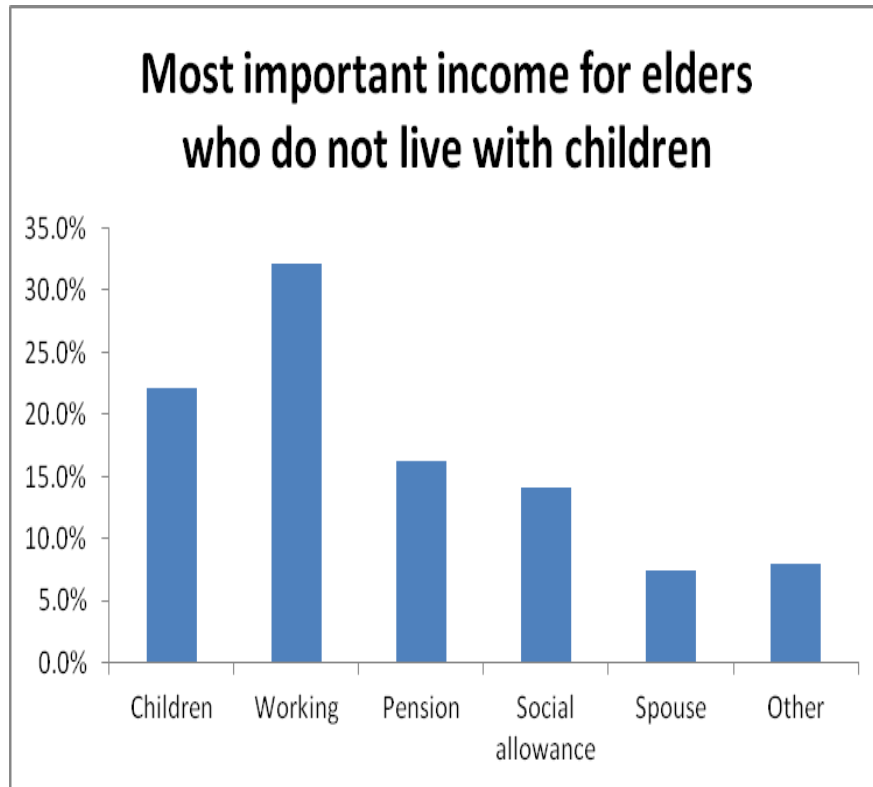
- Financial support from children increases with age of respondent and women are more likely than men to receive this support
- Social allowance increases with age of respondent ; women are more likely than men to receive this allowance
- More men than women work; thus, more men have pension
- Economic reform: outflows of elderly employees from state sector to non-state sector, which comprises household enterprises & employment in private firms (Friedman, 2001); Only state workers are eligible for pensions

Main source of income for daily expenses by residence of respondent

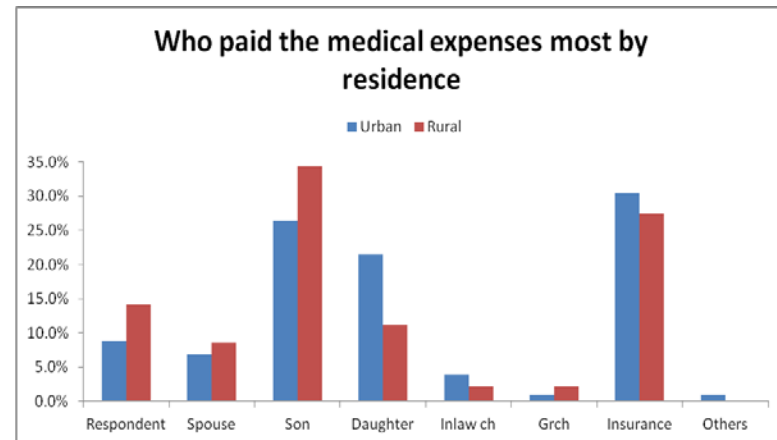
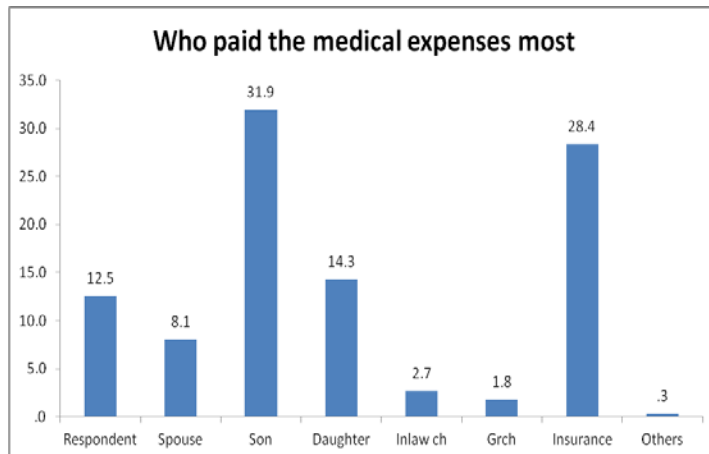


- Urban elders are more likely than rural elders to receive financial support for daily expenses from children
- Working is main source of income for more rural elders than urban elders, as rural elders work in agriculture
- Pension is more important source of income for urban elders than rural counterparts
- Social allowance is more important for rural elders than for urban elders

Most important sources of income for elders who do not live with children

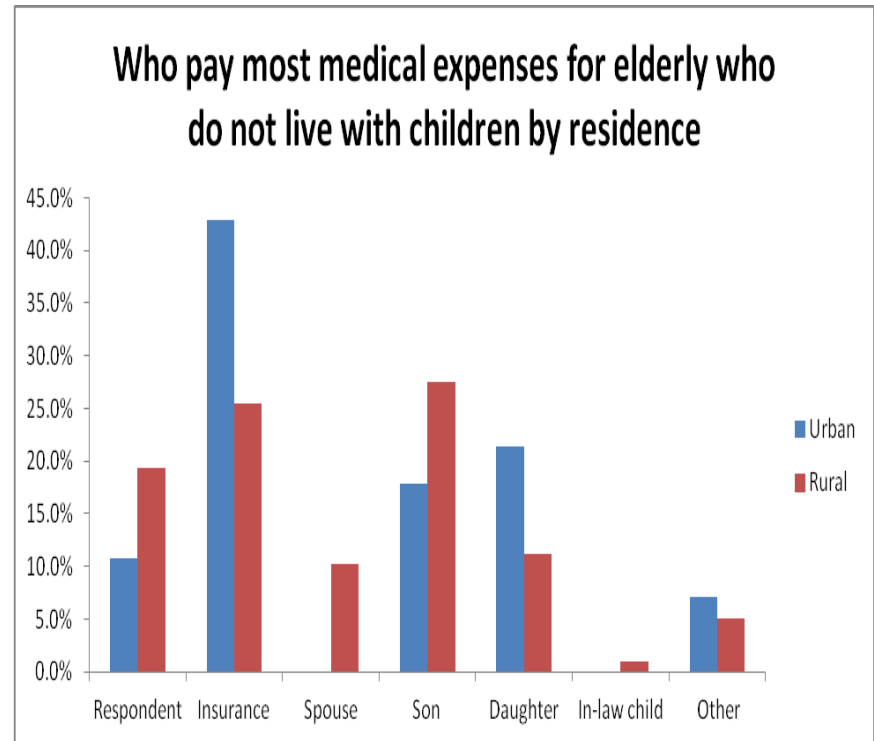
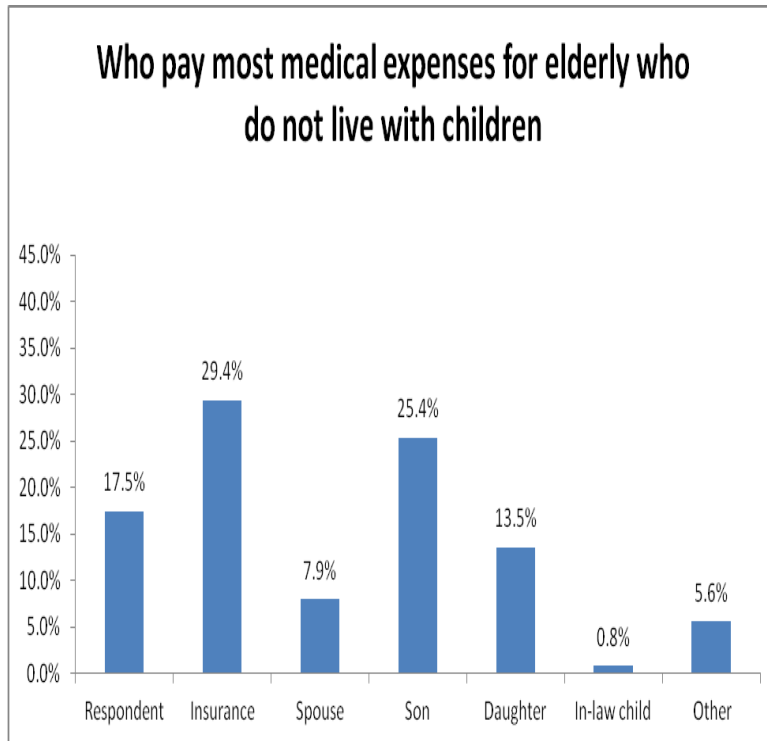


Material support: medical expenses support

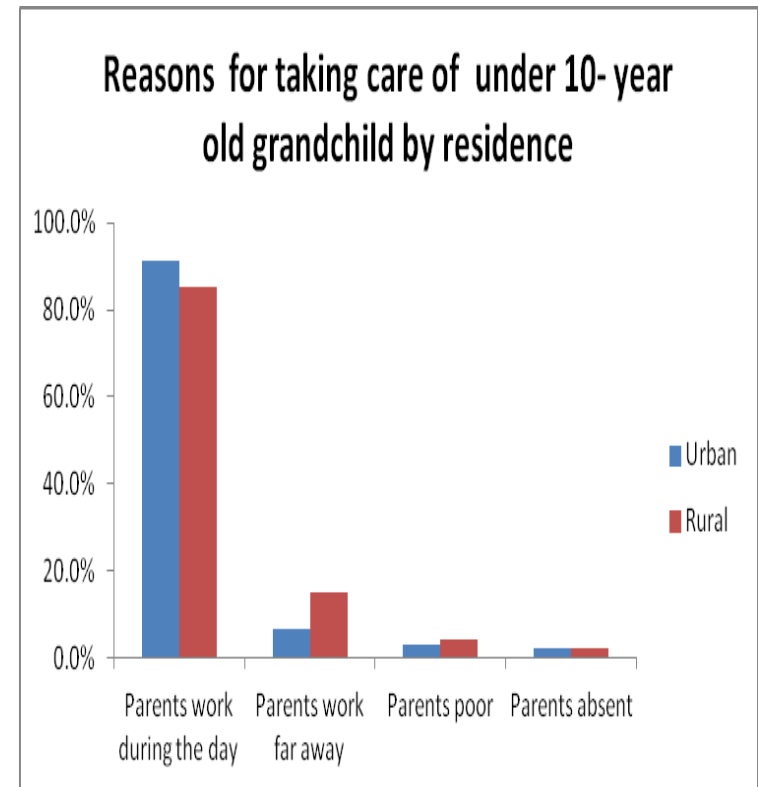
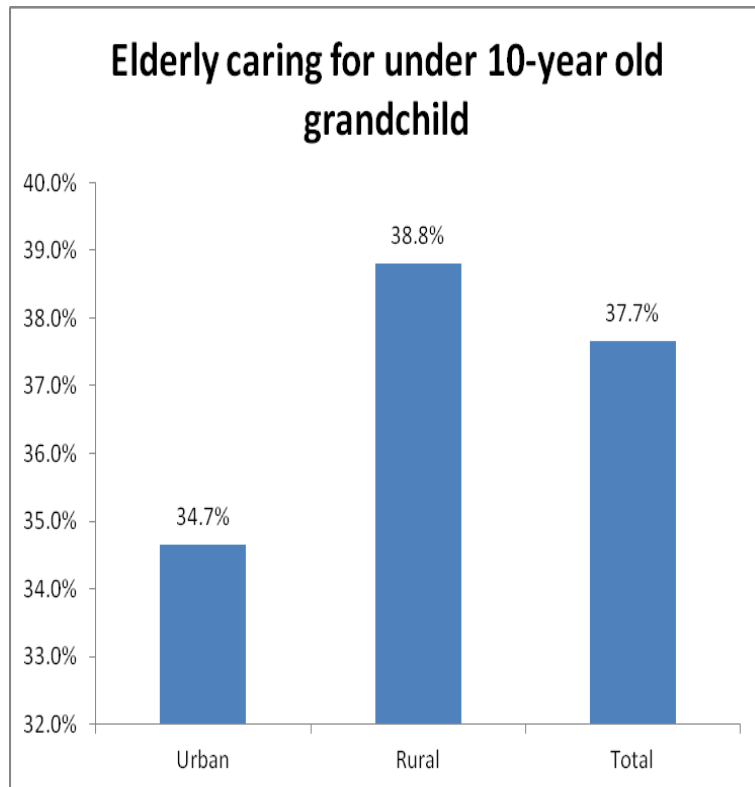


- Son is important, especially for rural elders;
- Daughters are more important source of medical expenses for urban elders than for rural elders
- More rural elders receive this support from grandchild than their urban counterparts
- More urban elders have insurance as they work more in state sector, have pension and health cover.

Material support for elders who do not live with children



Elderly taking care of under 10-year old grandchild



Conclusions

- Highlights the importance of familial support and care for the elderly but under the ‘renegotiation’ and ‘reinterpretation’ of familial obligations (Göransson, 2013)
- State support is supplemental to the family
- Forms of adaptation of familial support:
 - Support from non-coresident children
 - Spouse is an important source of support
 - Shared care among siblings: Daughter plays important role in physical and material support, especially for urban elders
 - Support from grandchild: More for female and rural elders
 - Support from non-relative is still minimal, more female and rural elders receive this support
 - Contribution of the elderly: grandchild care

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Thank you for your attention!

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