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**SHARING RESPONSES ON THE GROUND—  
AGING SOCIETY AND THE SURROUNDING  
CHALLENGES IN ASIA**

**ELDERLY CARE IN AGEING SOCIETY OF  
VIETNAM**

**Dr. Tran Thi Minh Thi, Sociologist**

**Deputy Director, Institute for Family and Gender Studies**

**Vietnam Academy of Social Sciences**

# Outline

- Country background
- Theoretical framework
- Care for the elderly among state, family, community and market
- Conclusions

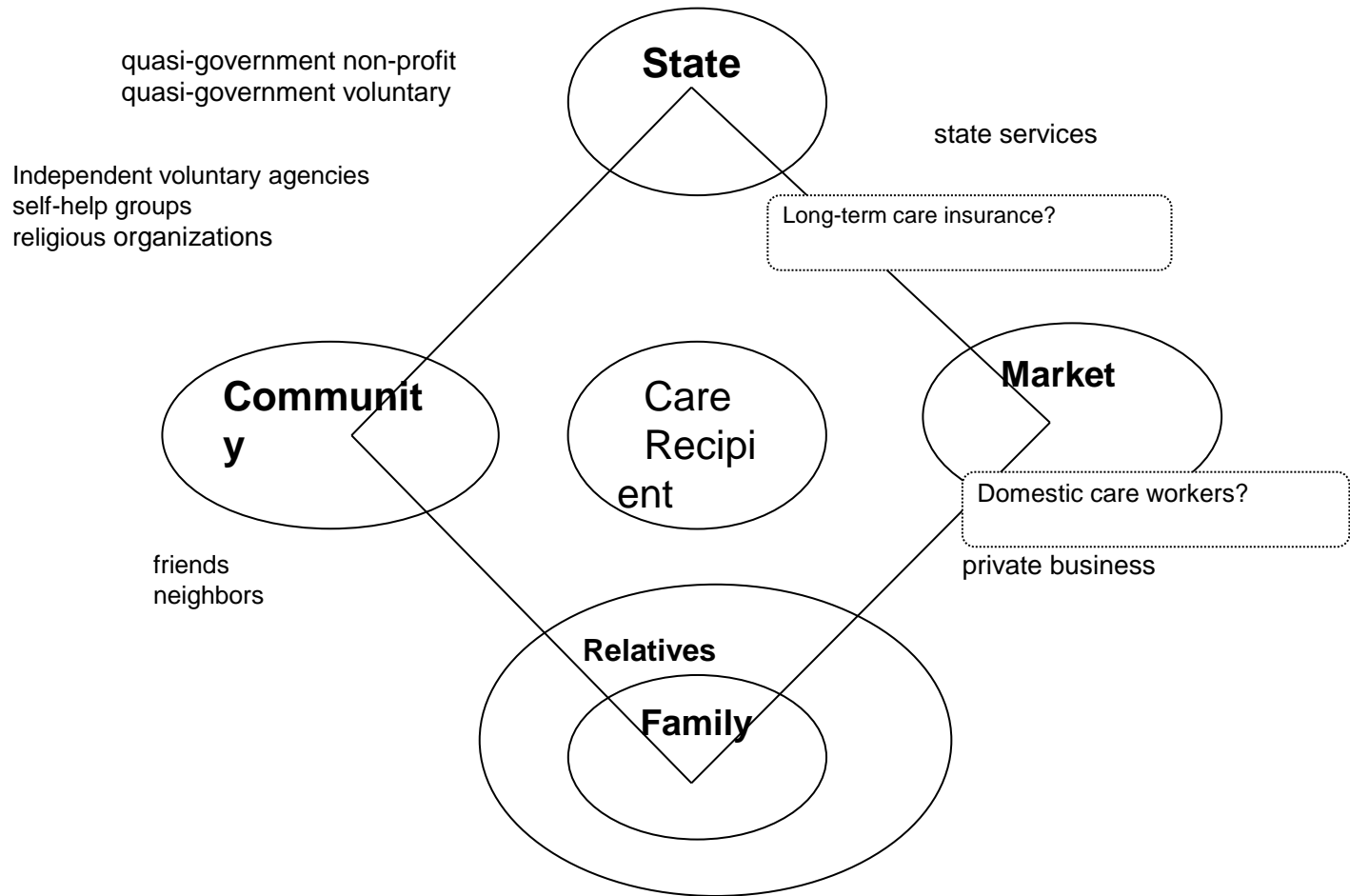
# Country background

- Vietnam follows socialist-oriented market economy: unique natures
- Open door and international integration: new values
- Changing economy: Rapid economic development with undeniable active contribution of women in the workforce. (MICs, increasing GDP per capita)
- Industrialization and modernization: individual freedom, education expansion, international integration, mass media
- Changes in family size, functions and relationship
- Migration and care issues
- Ageing very fast (10.6% of elderly population)
- Confucian and filial piety
- Change in gender roles

# Country background

- Market economy in 1986 and open policy in early 1990s
- Population: 93.728.700( GSO, 2015)
- No of households: 13,170,000
- GDP per capita: USD 2,300 as of 2015.
- Growth rate GDP: 5,25%
- MIC in 2012
- Human Development Index (HDI): 0,665 (2013)
- Index of income inequality distribution (GINI index): 0,424
- Poverty gap index: 4,465
- Child per women: 2.09 but diversified by regions and class
- Life expectancy at birth: 73.2
- The inflows and outflows of migration

# Theoretical aspects: Care diamond



# Role of Norms, Obligations and Social Identities about elderly care

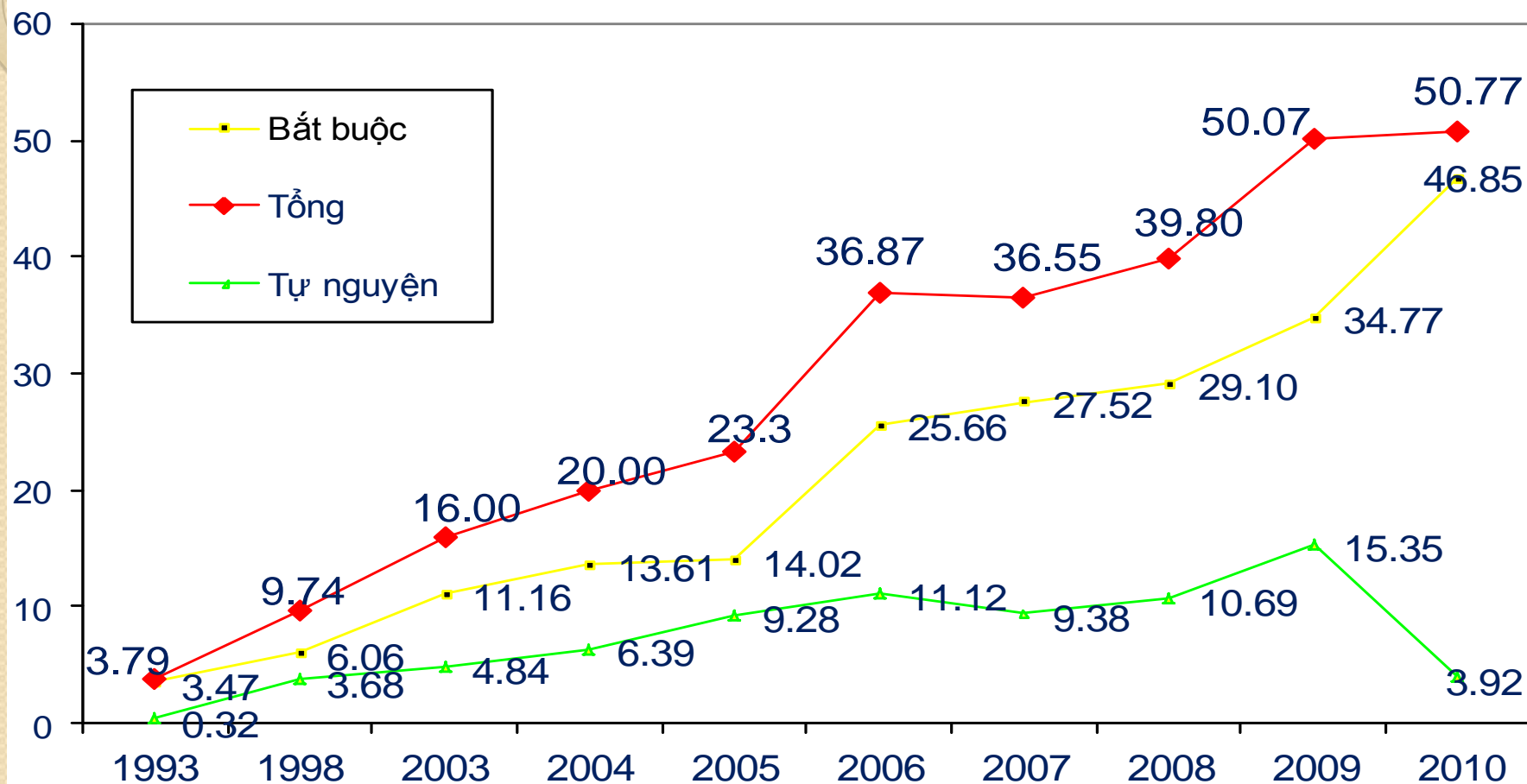
- Filial obligation norms refer to the expectations on adult children to provide support for their ageing parents (Chow,2006)
- It is the moral obligation for the grown children to take care of their old parents in Confucianism, is the root of all morals and social values
- In the context of social transformation and modernization, the significance of the family support model is challenged and undermined to some extent: migration, women participation in the labour force, more democracy relationship in family, living arrangement, provision of care service
- The way of feeling, thinking and behaving when taking care of the elderly is changing
- Long-term care as a way of demonstrating filial piety (Chang & Schneider, 2010).

## Roles of the State in elderly care: Social Insurance

- Mostly for retirement population
- Start to open to the informal sector via voluntary insurance system but very new and limited
- In 2013, Vietnam have 9,4 million elderly people, account for 10,5% of population, of which, 2,03 million are receiving pension, 21,5% of the total elderly population
- Inequality between the public sector retirees (higher benefits) and private one, even the same level and period of contribution
- Contributions and benefits unbalanced.



# Roles of the State in elderly care: Health Insurance

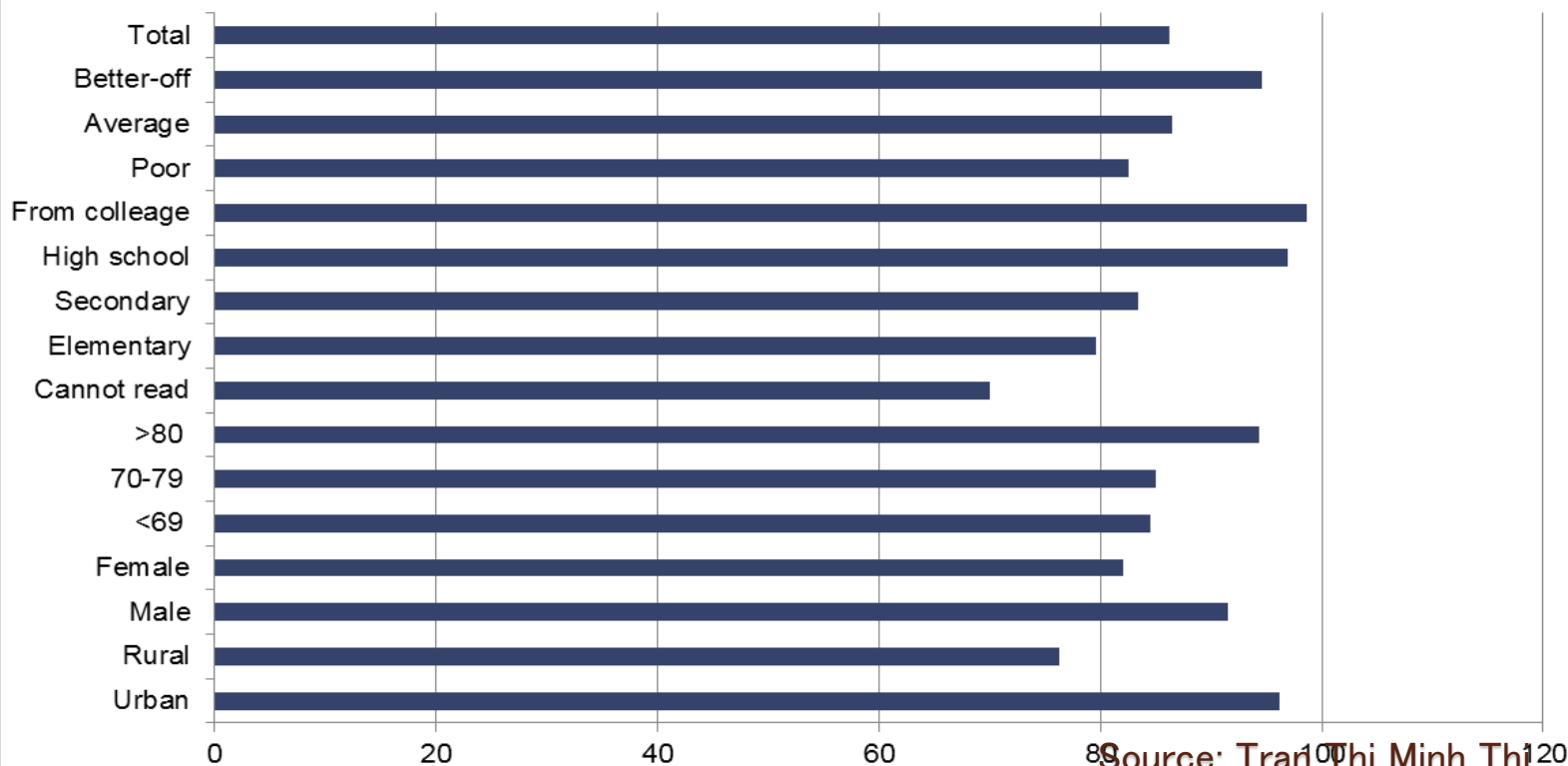




# Roles of the State in elderly care: Health Insurance

- Free health insurance for elderly: poor, ethnic group, received social allowance

**Proportion of elderly population have health insurance**



Source: Tran Thi Minh Thi, 2016

# Roles of the State: Social allowances

- About 1,506 million elderly, 16,1% of total elderly population are receiving monthly social allowances
- Both social allowances and pension: 37% of elderly people are receiving some typologies of monthly support
- Decree No. 06/2011/NĐ-CP :
  - 180,000 VND/month for the poor elderly from 60–80;
  - 270,000 VND/month for the poor elderly from 80;
  - 180,000 VND/month for all elderly aged from 80;
  - 360,000 VND/month for the elderly in social welfare institutions.
- Low and ineffective allowances because costs of living and health care are much higher
- Other remaining 63% of elderly people are relying on family and self support

## Public care services

- Public health care of the health system, such as Geriatric Units in central and provincial hospitals. In 2014, 59/63 provincial hospitals have established Department of Gerontology.
- The Social Protection Center, which include social protection centers in the provinces, the staying resort for the elderly. Target lonely, helpless, disabled elderly.
- Currently there are 182 social protection center providing support for about 41, 423 elderly who have no dependents.
- Free for these vulnerable elderly but poor facilities, low stipend and over crowded

# Care services by private sector

- The market plays the increasing role in care in the family by supplying domestic workers
- Care centers for the elderly mostly in big cities
- High fees (150 USD to 1000 USD per month)
- Diversifies in care services:
  - Short care
  - Day care
  - Care after stroke
  - Rehabilitation
  - Home care
- Some known centers: Thien Duc, Nhan Ai, Tuyet Thai, Orihome, Dien Hong, Phu Dong
- <http://duonglaothienduc.com>
- <http://duonglaodienhong.vn>
- Domestic workers: elderly care worker, patient care worker with different rates basing on the experiences and skills of the domestic worker herself
- The demand is over the supply currently





# Elderly Care in Family

- Traditionally, family is structured with rigid hierarchy in term of age and sex. Family is significant for the elderly care. Women play the most important role in domestic works while men are more likely to act outside home in societies and participated in some family chores as the supporting person.
- Modernization, social change and economic forces are changing this family structures. Many functions of the traditional family have been taken over by social institutions. this decline of the traditional familyto be an unavoidable outcome of modernisation and the modern economy.
- Women (the traditional caregivers)has been undermined by their massive participation in the labour market.

# Elderly Care in Family : Migration and elderly care

- Women go abroad to work, functions and relations of their home families change
- Changes in gender roles in which men find themselves doing tasks that previously confine to women only, such as cooking, washing, child rearing etc.
- At the same time, increased economic contribution of women who migrate significantly improve their economic status in family and community



# Elderly Care in Family

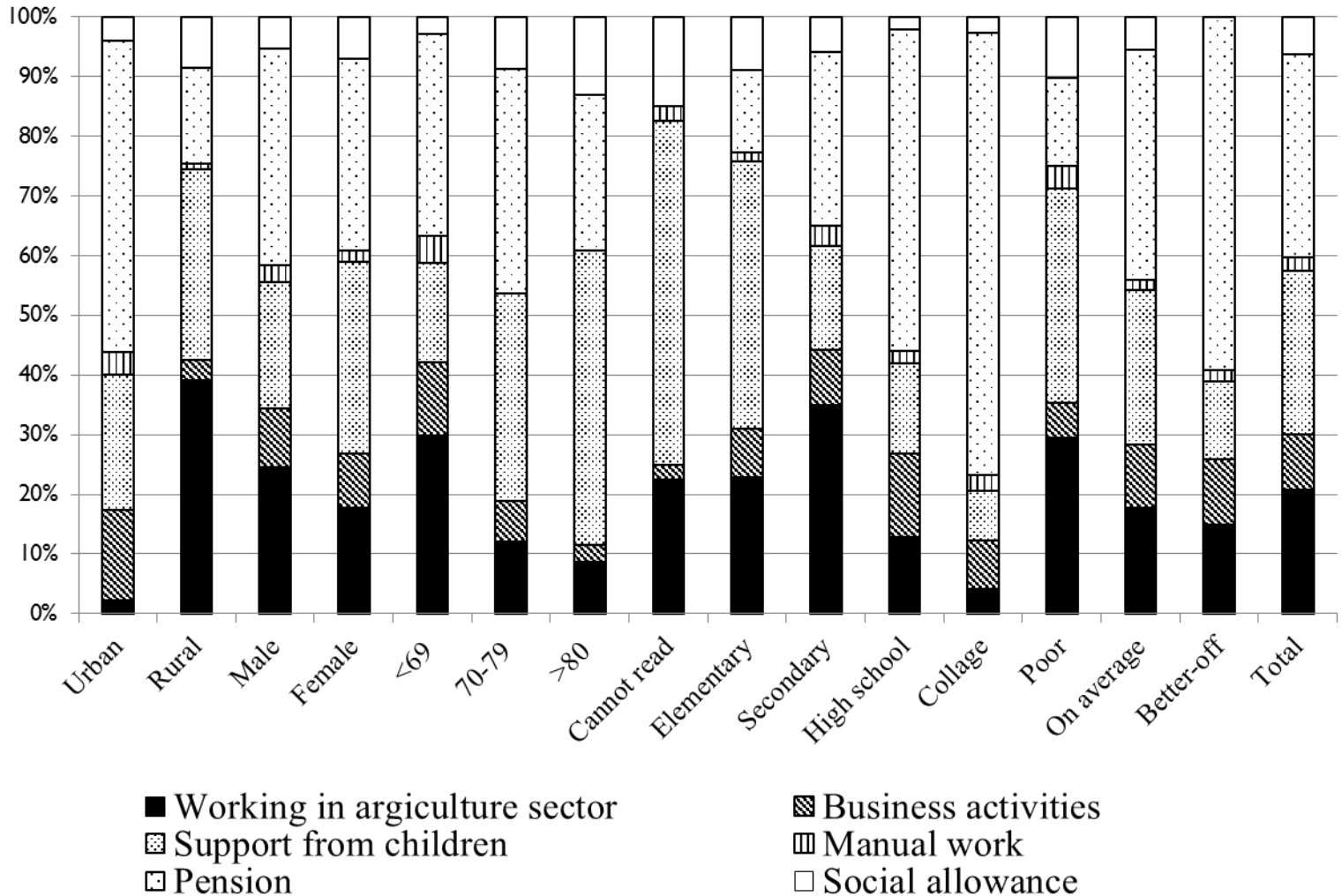
Table 9. Living arrangements of the elderly in Viet Nam (Source: VHLSS 1992/93-2008; NAFOSTED 2015)

Year	1992/9 3	1997/98	2002	2004	2006	2008	2015
With children	79.73	74.48	74.27	70.65	63.74	62.61	47.9
Living alone	3.47	4.93	5.29	5.62	5.91	6.14	10.8
Only elderly couple	9.48	12.73	12.48	14.41	20.88	21.47	37.7
With grandchildren	0.68	0.74	0.82	1.09	1.16	1.41	2.3
Other	6.64	7.12	7.14	8.23	8.31	8.37	2.3
Total	100	100	100	100	100	100	100.0

Source: Tran Thi Minh Thi,  
2016

# Elderly Care in Family

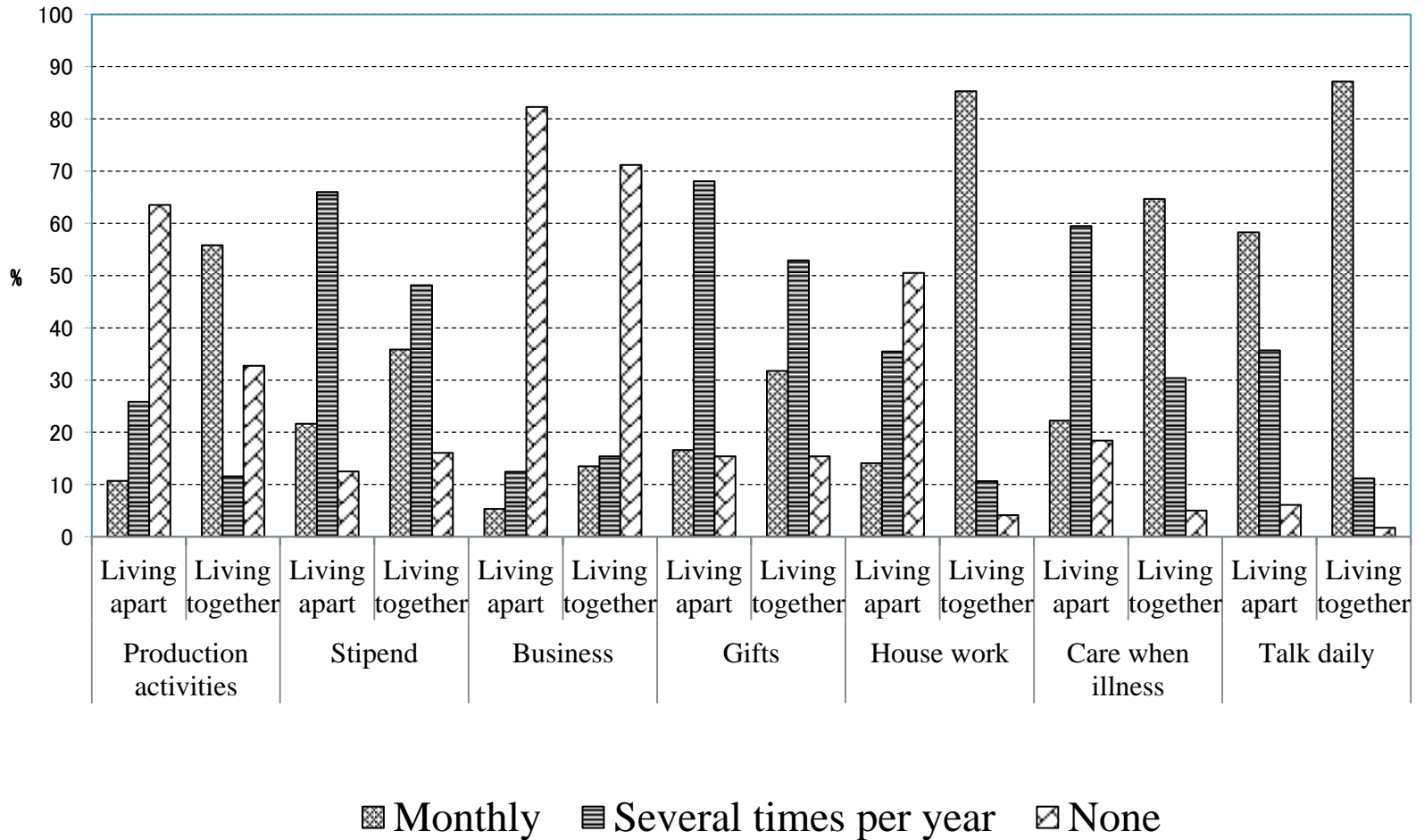
Sources of living of the elders



Source: Tran Thi Minh Thi, 2016

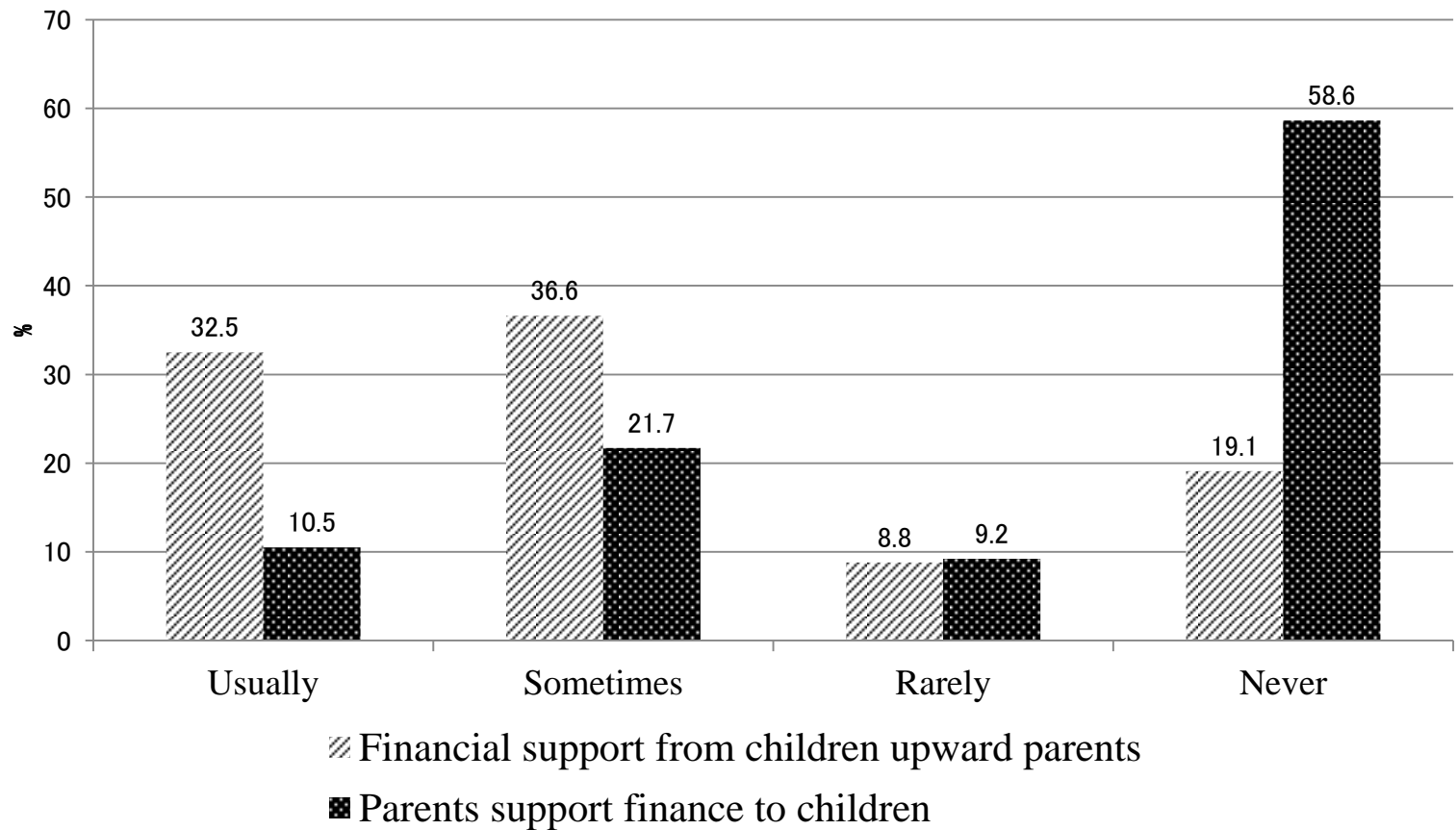
# Elderly Care in Family

Typologies of support from children upward their parents



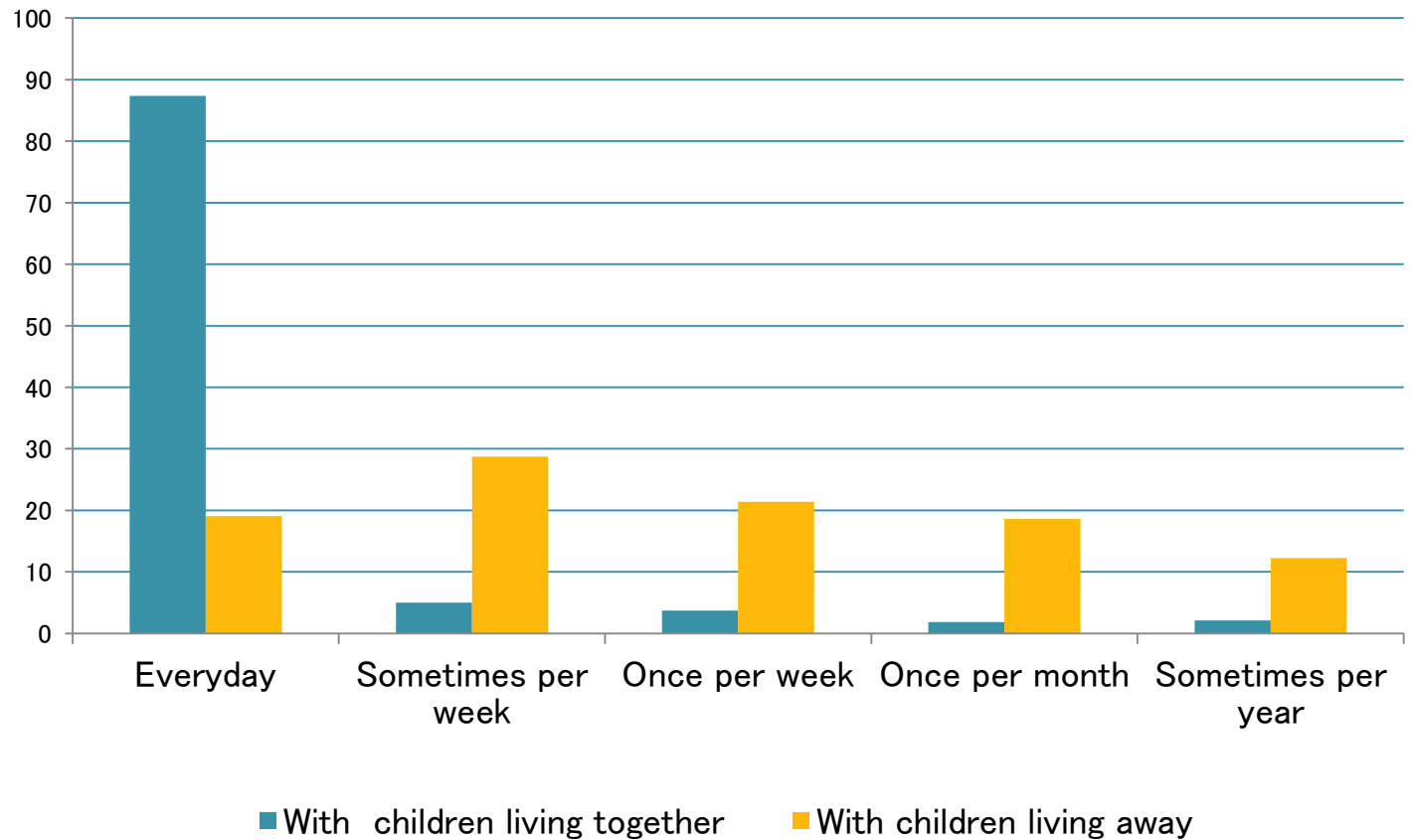
# Elderly Care in Family

Typologies of financial support between children and elderly



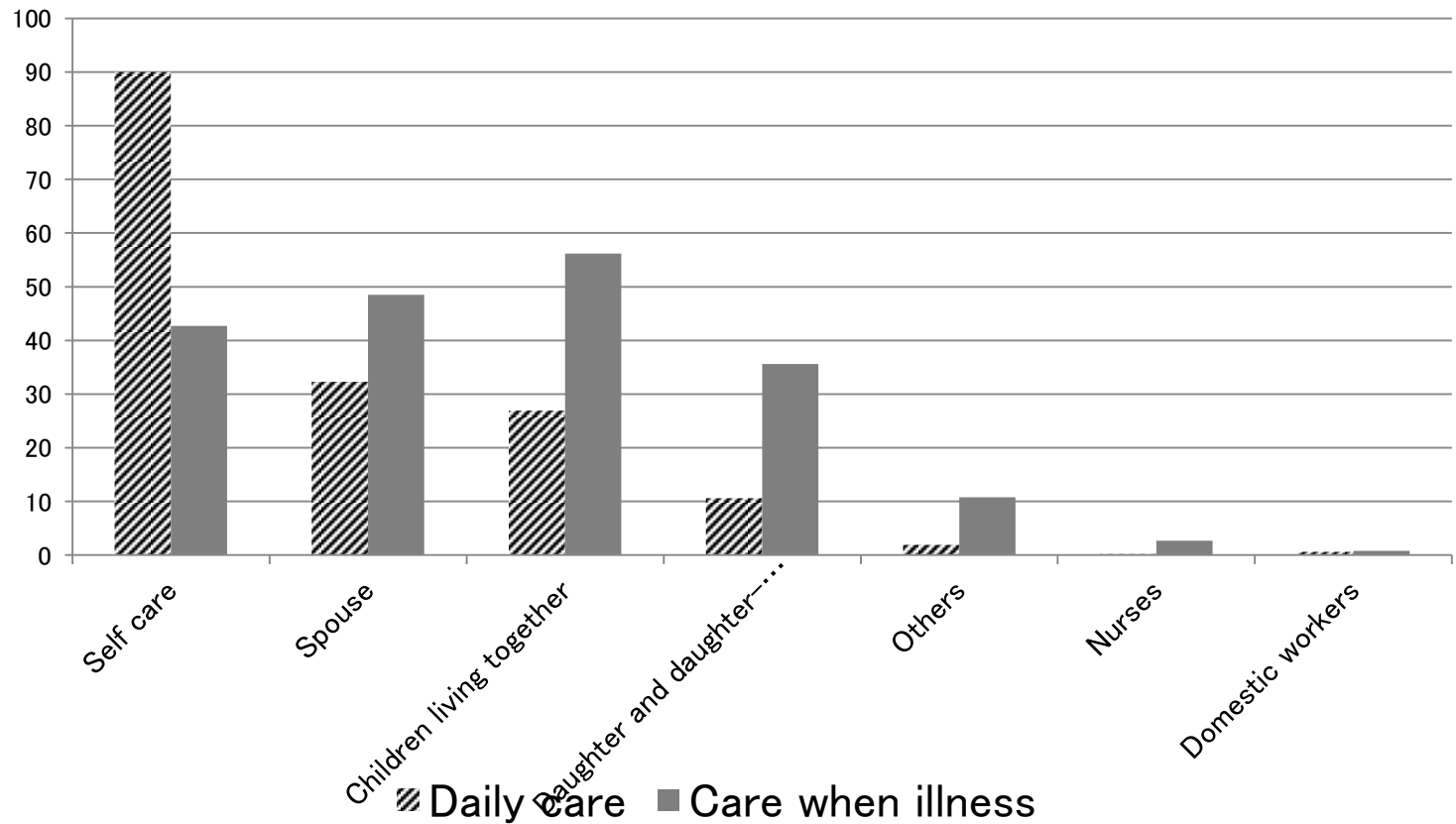
# Elderly Care in Family

## Frequency of contact between elderly and children



# Elderly Care in Family

Care provider for the elderly



## Elderly Care in Family: Active economic contribution and self care of the elderly

- One of contribution to the elderly is grandchild care.
- 42,1% of the elderly says that they regard the grandchild care as the main job
- 43% of the elderly are still working in different sectors.
- higher for the elderly living in the rural areas than that for their urban counterparts.
- working in the field of agricultural sector and receiving only minimal and unstable income.

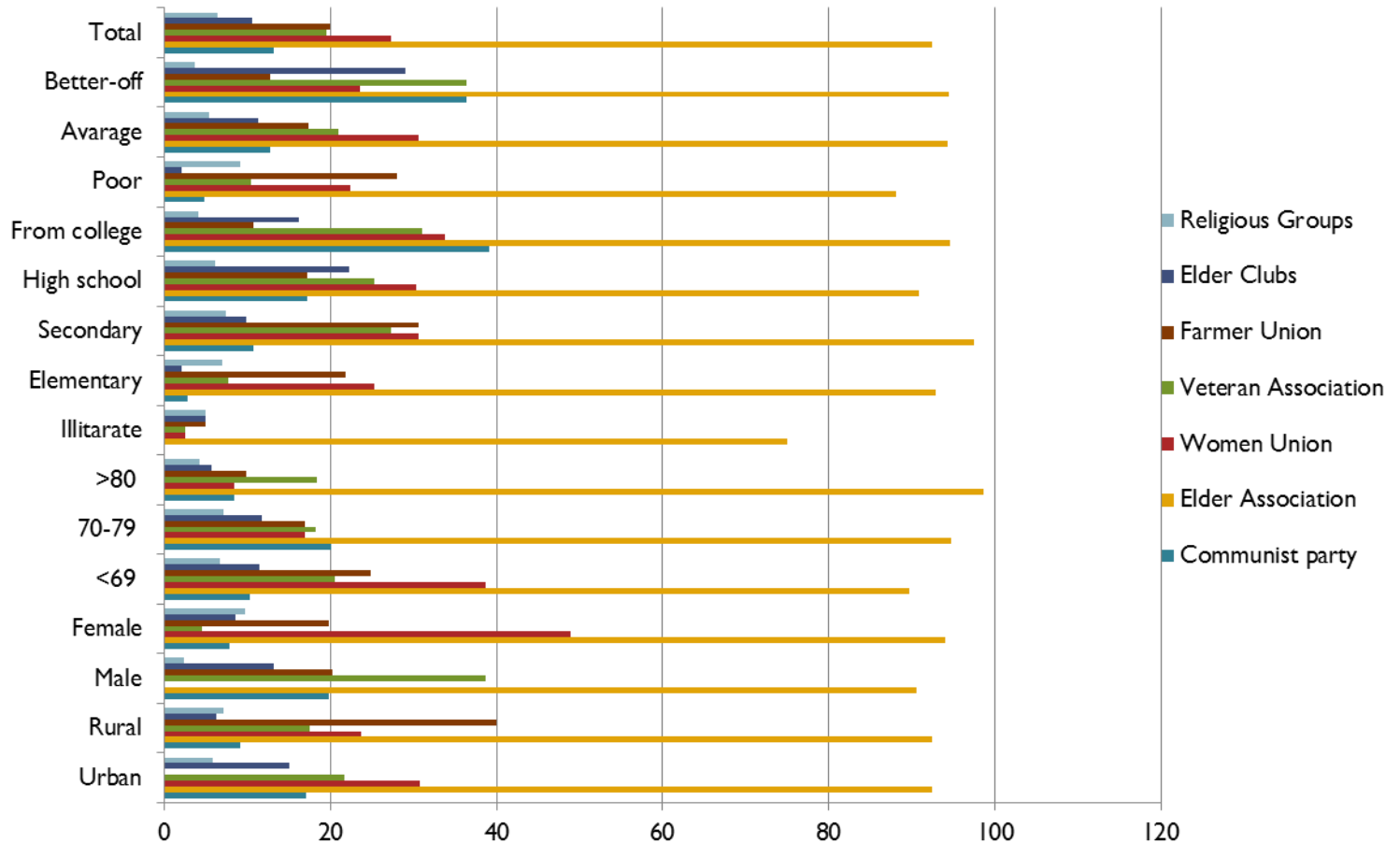


# Care by community

- “Community care” relates to the help provided to older people in their own homes or within their communities rather than in hospitals or in long-term care institutions.
- Community plays the vital role in the elderly care due to traditional values and norms of Vietnam, which based on the agricultural culture.
- The care providers are usually neighbors and family’ s friends
- The activities include communication, medical treatment for the elderly, encouraging nourishing movements, elderly clubs, interventions, consultancy

# Care by community

Typologies of community-based participation of the elders



## Care by community

- Forms: informal networks and formal networks
- Intergenerational clubs for the left behind elderly and children by Women Union
- Religious group, group of the retired, group of childcare, group of lonely elderly, interfamily group, intergenerational group, poetry group, chess group, etc
- Clubs for the Left-behind elderly by the project D15—N—0010 in Quang Ngai and Ha Tinh provinces
- Care for the spiritual well-being and daily support for the elderly
- Aging-in-place

# Some discussion

- High social acceptance of filial piety regarding elder care as responsibility of family
- High proactive attitude toward self care and working from the elderly
- Increasing social attention to elderly care
- Social concerns currently given more to child care and
- elder care is a shared responsibility between the public and private spheres. But the balance differs between countries, depending upon three factors: family norms and preferences for care; family culture















## Further responses

- Strengthening social engagement in elderly care in changing economic and family structure in Asia: Policy and practical dialogues between local communities in Vietnam and Japan (D16-N-0113)

# Our goals

- 1) Survey and analyze characteristics and issues of elderly care in project sites in Vietnam and Japan; their challenges and difficulties;
- 2) Examine and analyze roles and issues of family, community, private and public social services and policy in provision of support the elderly and gaps;
- 3) Field visits to identify and promote potential and efficient practices of elderly care and elderly expectation of methods and types of support;
- 3) Subsequently, develop grassroots policy actions to promote well-being of the elderly in family and community and to expand the supply of care services and “socialize” the family care burden,
- 4) Advocate, and disseminate the policy publications to local policy makers and community workers in Vietnam and Japan;
- 5) Experience sharing for mutual learning for social practitioners in Vietnam and Japan.

# What Vietnam can learn?

- Vietnam counterpart can learn how community communication is important for elderly care and how the interaction of community with family, market and public sectors during restructure process after disasters.
- Quang Ngai and Ha Tinh provinces in Vietnam were supported to construct a pilot support model for the left-behind elderly in rural communities in 2016. It is very useful to gain deeper understanding of care provision for the elderly and share policy and practical lessons to Japanese counterparts for mutual understanding of care from institutional, social and cultural perspectives.
- There are differences and similarities in the organizational structures for local welfare system in both country: ways to secure budgets (especially, about the status of social welfare service corporation) and cultural diversifies such as the circular notice (kairanban) system in communities in Japan, the status and the role of community center (kominkan) in Japan, etc.

# What Japan can learn?

- Some of the elderly live alone due to their own choice, and some want to live with their children and grandchildren. The aspiration of each particular person needs to be understood
- The State is always not able to meet the specific needs of each individual, therefore, communities and families need to closely work together to make the best possible plan for each case
- Japan village has lost the characteristics of collectivism and autonomy, and are in an effort to restore unity through all kinds of movements, such as the "Moyai Naoshi" movement in Minamata as we know.
- Hope that Vietnam continues to maintain the strengths of its community culture and at the same time, learn from Japanese local experiences to further enhance the strengths of Vietnam village community.
- In contrast, Japan also needs to learn and study Vietnam village culture to improve local community programs.











**Thank you for your attention!**