

# Chapter 9

## Activities, Social Isolation, and Information Technology

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## Activities, Social Isolation, and Information Technology

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Many studies reported the critical role of social support networks within the broader framework of successful ageing (Golden et al., 2009; Lubben and Gironde, 2003). It is suggested that social support networks foster amongst older persons (OPs) more active participation in social events and exchanges with various members of their community. On the other hand, social isolation resulting from inadequate social support leads to loneliness, depression, and vulnerability, and subsequently to other adverse health problems. For example, in a longitudinal sample of 1,149 older adults in the North Carolina Established Populations for Epidemiologic Studies of the Elderly, functional disability was strongly associated with increased depressive symptoms over a period of 6 years, even after adjusting for the baseline experience of negative life events, chronic conditions, and sociodemographic characteristics. Although assistance from family and friends was not a significant mediator, subjective support was still a significant buffer against the adverse impacts of disability on depressive symptoms (Yang, 2006).

Nowadays, a larger number of OPs live in relative degrees of social isolation (Baecker et al., 2014). There are lonely OPs at home or, when hospitalised, in rehabilitation facilities for a long time. They may suffer from chronic pain and may have physical or cognitive difficulties in mobility or communication. During those conditions, the use of technology and providing information will assist OPs in facing the difficulties of modern life more easily, trespassing the limits of their social and emotional isolation, thus achieving a more qualitative living (Keranen et al., 2017).

To have a deeper understanding of the life of OPs', this chapter explores their daily activities and the relationship between religiosity and their ageing. This chapter also provides information on the social isolation of Vietnamese OPs within the evolving digital technologies of the period.

## Activities of Older Persons

After retirement, many OPs choose to continue working; some of them enjoy attending physical activities and others choose to participate in charity jobs. How do OPs spend their time after retirement is normally related to their social roles and health status; it also gives a glimpse of their quality of life. Retired OPs usually have less economic burden as they have shifted their responsibilities as the main economic provider in the family to their children. Thus, they have greater liberty to choose activities they are interested in pursuing given their physiological condition.

### *Activities of Older Persons*

The LSAHV provided a list of activities, and respondents were asked how often they participate in those activities. Daily activities are classified as sedentary, physical, and social. Sedentary activities include listening to the radio, reading, and watching TV, whilst physical activities include physical exercises and gardening. The rest of the activities in the list are social activities such as hanging out with friends and neighbours, the primary intent of which is socialisation.

Table 9.1 shows that the most common activity OPs often participate in is watching TV (79.5%), with more males (85.4%) preferring to watch TV than females (75.1%). The percentages of OPs engaged in listening to radio, gardening, and hanging out with friends and neighbours are similar (32.4%, 35.0%, and 31.1%, respectively). About one in four OPs said they enjoy physical exercises. Physical exercises include walking, jogging, dancing, aerobics, and Zumba. A low proportion of OPs (13.6%) read newspapers, magazines, or books. This may be explained by the switch from paper to digital media for information amongst OPs.

**Table 9.1. Activities by Sex and Age**

Activities	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
% of older person who do the following activities daily:								
Listens to radio	37.8	28.4	n.s.	34.0	32.6	26.7	n.s.	32.4
Reads newspapers, magazines or books	21.5	7.7	**	16.2	12.8	5.9	*	13.6
Watches TV	85.4	75.1	*	86.0	78.0	59.1	**	79.5
Do physical exercises	29.2	23.1	n.s.	29.6	24.6	14.1	*	25.7
Gardening	37.0	33.5	n.s.	41.0	33.7	16.0	n.s.	35.0
Hangout with friends and neighbors	32.5	30.1	n.s.	34.8	29.8	20.2	**	31.1
% of older person who do the following activities at least once a month:								
Watches movies outside the house	0.7	0.5	n.s.	0.6	0.7	0.5	n.s.	0.6
Attend social activities	11.7	8.4	n.s.	11.8	8.0	5.8	n.s.	9.8
Gambling for leisure	3.7	1.0	*	2.4	2.2	1.4	n.s.	2.2
N	2,570	3,480		2,638	2,004	1,408		6,050

Sig = Statistical significance, \*  $p < 0.05$ , \*\*  $p < 0.01$ , n.s = not significant.

Source: Calculated by PHAD using original LSAHV data.

The activities that OPs often participate in differ by sex, depending on the categories of activities. In general, male OPs more actively participate in daily activities than female OPs. Especially, there is a significant gender difference in reading newspapers, magazines, or books (21.5% for males compared to 7.7% for females). As age increases, the proportion of OPs' participation in all daily activities decline. This is likely due to the age-related decline in OPs' physical condition. For example, the percentage of gardening is reduced from 41% at age 60–69 to 16% at age 80+.

Furthermore, respondents were asked if they participate in other activities such as watching movies outside the house, attending social activities, and gambling for leisure at least once a month. Not surprisingly, an extremely low percentage of OPs choose to watch movies outside the house (0.6%) and gamble for leisure (2.2%). The reasons might be the OPs' saving habit or their decline in mobility. Although social activities attracted the highest proportion of OPs, only 1 in 10 attends social activities at least once a month. Also, more male than female OPs engage in all activities. OPs' attendance in all activities declines with age.

### *Religiosity and Ageing*

Evidence proved the affiliations between religiosity and happiness (Tuyen et al., 2015). Especially, when people get older, religiosity tends to be more linked with

happiness (Brown and Tierney, 2009). Furthermore, religion and health are the two most important positive determinants of subjective well-being of OPs (Okun and Stock, 1987). Therefore, in this study, we explored the religious activities of OPs by sex and age. When asked about their religious activities, generally, Vietnamese OPs did not express high interest in participating in religious activities (Table 9.2). About one-third (34.9%) reported attending religious services at home with other family members. Less than 20% said they pray alone or privately in places other than a public place. Moreover, only 12.6% attend religious activities outside the home, and 11.3% choose to watch or listen to religious activities through TV or radio. The least common religious activity that OPs choose is reading the Bible or any religious materials (8.3%). More female than male OPs participate in the listed religious activities except to watch or listen to religious activities through TV or radio. Those aged 70–79 are more involved in religious activities than their older counterparts except performing religious activities at home with other family members. This phenomenon might be explained by the fact that those aged 70–79 have more free time and are in good health to participate in religious activities.

**Table 9.2. Religious Activities by Sex and Age**

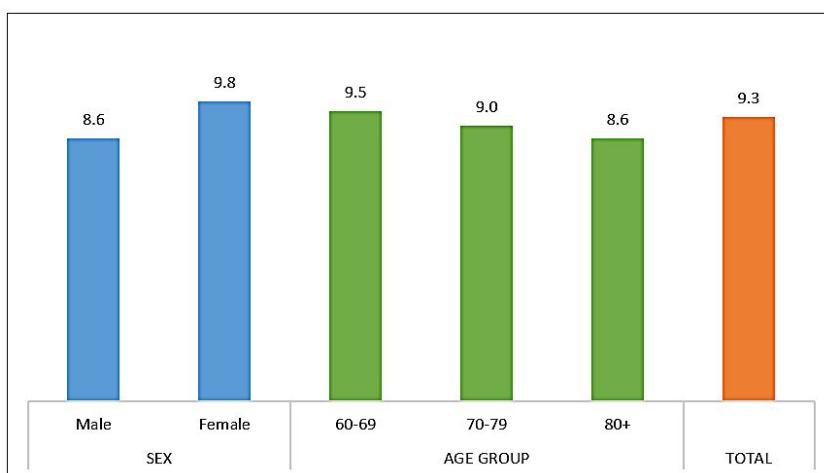
Religious Activities	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
% who performs the following activities:								
Attends religious services outside the home	6.1	8.4	n.s.	7.3	8.8	6.1	n.s.	7.5
Attends religious activities outside the home (prayer meeting, bible studies, etc.)	9.3	15.1	n.s.	13.3	14.2	8.0	*	12.6
Prays alone or privately in places other than a public place of worship	11.9	20.2	n.s.	17.4	18.2	11.6	n.s.	16.6
Performs religious activities at home with other family members	32.3	36.8	n.s.	36.0	35.4	30.0	n.s.	34.9
Watches or listens to religious activities through TV or radio	12.5	10.4	n.s.	11.3	12.7	9.2	n.s.	11.3
Reads the Bible or any religious materials	5.5	10.4	n.s.	8.3	8.9	7.1	n.s.	8.3
N	2,570	3,480		2,638	2,004	1,408		6,050
% who are currently members of any religious group or organisation								
	2.3	3.8	n.s.	3.0	4.2	2.2	n.s.	3.2
N	2,564	3,461		2,624	2,000	1,401		6,025
% who said religion is very important in their life								
	8.6	9.8	n.s.	9.5	9.0	8.6	n.s.	9.3
N	2,355	2,974		2,516	1,826	987		5,329

Sig = Statistical significance, \*  $p < 0.05$ , n.s. = not significant.

Source: Calculated by PHAD using original LSAHV data.

Less than 10% of OPs consider religion very important in their lives (Figure 9.1) and only 3.2% are currently members of religious groups or organisations (Table 9.2). Females and those aged 70–79 are more likely to be a member of religious organisations than their respective counterparts. More females than males indicated the importance of religion in their lives (Figure 9.1).

**Figure 9.1. Percentage of Vietnamese Older Persons Who Said Religion Is Very Important in their Lives by Sex and Age**



Source: Calculated by PHAD using original LSAHV data.

### *Membership in Organisations and Volunteerism*

Other social activities of OPs are with non-religious organisations. About 25% are members of any type of non-religious organisation (Table 9.3). More male OPs (26.1%) are interested in becoming members of non-religious organisations than female OPs (21.8%). Those aged 80 and above have the least proportion of membership in non-religious organisations (18.2%) whilst those aged 60–69 and 70–79 have a similar proportion (about 25%) of membership in non-religious organisations.

Within the non-religious organisations, organisations of retired OPs and veterans attracted the largest number of membership (85.6% of OPs). It is followed by community centres or social or recreational clubs (6.0%) and clan associations (3.6%). Oppositely, few OPs are members of political groups (1.2%) and business

professional or farm associations (1.6%). There is no clear pattern between male and female OPs in the type of non-religious organisations. More males than females are members of retired and veteran organisations, whilst more females than males are members of community centres or social or recreational clubs and clan associations. Significantly, more OPs aged 60–69 are members of community centres or social or recreational clubs (7.5%) than those aged 80+ (0.6%). None aged 80+ is a member of a business professional or farm association. In contrast, 94.2% of those aged 80+ are members of organisations of retired OPs. Overall, 9.8% of OPs are engaged in volunteer work in church or community, where females (12.2%) are more likely to engage in volunteer work than males (7.2%).

**Table 9.3. Membership in Organisations by Sex and Age**

Membership in Organisations	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
% who are members of any type of non religious organisations	26.1	21.8	n.s.	24.8	24.5	18.2	n.s.	23.6
<i>N</i>	2,563	3,465		2,626	1,998	1,404		6,028
Types of organisations								
Business professional or farm associations	1.8	1.4		2.3	0.6	0		1.6
Political groups	1.3	1.0		1.2	1.2	0.9		1.2
Community centers or social or recreational clubs	4.7	7.3	n.s.	7.5	5.3	0.6	n.s.	6.0
Clan associations	3.3	3.9		3.0	5.7	2.2		3.6
Organisations of retired older persons	89.4	82.2		83.4	86.6	94.2		85.6
% who are engaged in any volunteer work in church or community	7.2	12.2		9.4	13.9	3.9		9.8
<i>N</i>	602	694		598	451	247		1,296

Sig = Statistical significance, n.s. = not significant.

Source: Calculated by PHAD using original LSAHV data.

## Social Isolation

Decreasing economic resources, mobility impairment, and deaths of contemporaries increase the risk of social isolation and loneliness amongst OPs. Social isolation is an 'objective and quantifiable reflection of reduced social network size and paucity of social contacts' (Steptoe et al., 2013, p. 5797). Social isolation has two forms: social disconnectedness and perceived isolation (Cornwell and Waite, 2009).

Disconnectedness is due to the lack of contact with their social network, disinterest in social activities, and lack of participation in their social groups. Perceived isolation is associated with the sense of loneliness due to the feeling of an absence of support and companionship based on personal experience. Such feeling of loneliness may occur when there is a difference between the perceived and expected amount of support that the OPs receive from their families, especially their children.

### *Loneliness*

The LSAHV used the three-item loneliness scale of the University of California, Los Angeles to explore the loneliness of Vietnamese OPs (Chan et al., 2015; Hughes et al., 2004). The items include how often one feels a lack of companionship, how often one feels left out, and how often one feels isolated from others. The OPs themselves, not proxy respondents, were directly asked these questions.

The LSAHV data revealed that the majority of OPs (74.8%) rarely or never feel a lack of companionship (Table 9.4). However, about 2 in 10 expressed that they occasionally feel a lack of companionship. Only a small percentage think that they always or fairly often feel they do not have companionship (3.9%). Significantly, more male than female OPs never feel a lack of companionship (45.7% compared to 34.8%). The same proportion of male and female OPs rarely feel a lack of companionship. Otherwise, more females always, often, and occasionally feel a lack of companionship than male OPs. The feeling of a lack of companionship increases with age.

Furthermore, the percentage of OPs who never or rarely feel left out or isolated from others is higher (86.0% and 87.7%, respectively) than other categories. The proportion of those who always or often feel left out or isolated from others is extremely small (1.5% and 1.6%, respectively). The number of OPs who feel left out or isolated from others has a similar pattern, by age and sex, to those who feel a lack of companionship.

Overall, loneliness amongst Vietnamese OPs is low. All three indicators of loneliness suggested that more females than males experience loneliness, and this emotion increases with age.



**Table 9.4. Loneliness of Older Persons by Sex and Age**

Loneliness	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
Feels lack of companionship								
Always	0.7	0.8		0.7	0.5	1.4		0.7
Fairly often	2.3	3.9		2.7	3.5	5.0		3.2
Occasionally	16.1	25.3	*	18.8	24.8	26.0	n.s.	21.2
Rarely	35.3	35.2		36.1	32.2	36.7		35.2
Never	45.7	34.8		41.7	39.0	31.0		39.6
Feels left out								
Always	0.3	0.2		0.2	0.1	0.5		0.2
Fairly often	1.6	1.1		1.1	1.3	2.5		1.3
Occasionally	10.2	14.4	n.s.	9.9	15.5	19.6	n.s.	12.5
Rarely	29.7	32.1		30.8	30.5	33.2		31.1
Never	58.3	52.1		58.0	52.6	44.2		54.9
Feels isolated from others								
Always	0.1	0.2		0.1	0.0	0.4		0.1
Fairly often	1.3	1.6		1.2	2.1	1.6		1.5
Occasionally	9.7	11.3	n.s.	8.7	13.2	14.4	n.s.	10.6
Rarely	32.5	36.9		34.9	32.4	39.8		34.9
Never	56.4	50.4		55.1	52.2	43.7		52.8
<i>N</i>	2,353	2,971		2,514	1,825	985		5,324

Sig = Statistical significance, \*  $p < 0.05$ , n.s. = not significant.

Source: Calculated by PHAD using original LSAHV data.

### *Social Isolation from Relatives Not Living with the Older Persons*

The Lubben social network scale was revised and used to assess social isolation (Lubben and Gironda, 2003). The revised scale consists of three items on relatives (e.g. children, grandchildren, in-laws, siblings, nieces, nephews, cousins, uncles, and aunts) not living with the respondents. Respondents were asked whether they see or hear from these relatives at least once a month, whether they feel at ease with these relatives to talk about private matters, and whether they feel close to these relatives such that they could call on them for help. Again, OPs themselves, and not proxy respondents, were directly asked these questions.

When asked about their relationships with relatives not living with them, a small proportion of OPs expressed feelings that may be related to social isolation. Only 12.3% reported not seeing or hearing from any relatives for at least once a month, 15.5% said they do not feel at ease talking about private matters with any relatives, and 14.7% said they do not feel close enough to any relatives to call on them for help (Table 9.5).

**Table 9.5. Social Isolation from Relatives Not Coresiding with Older Person by Sex and Age**

Social Isolation	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
% who do not have any relatives to see or hear from at least once a month	11.7	12.9	n.s.	12.9	11.9	10.5	n.s.	12.3
% who do not have any relatives whom they feel at ease with that the older person can talk about private matters	13.9	16.8	n.s.	16.0	14.7	14.7	n.s.	15.5
% who do not have any relatives whom they feel close to such that the older person could call on them for help	14.1	15.2	n.s.	14.8	14.9	13.8	n.s.	14.7
<i>N</i>	2,353	2,970		2,512	1,825	986		5,323
% who never see or hear from relatives with whom older person have the most contact	5.8	5.8	n.s.	5.2	6.2	7.6	n.s.	5.8
% who never get consulted when one of the relatives has an important decision to make	7.0	8.6	n.s.	7.4	7.5	10.7	n.s.	7.9
% who never get to talk with any of the relatives when older person have an important decision to make	6.6	7.3	n.s.	6.2	7.8	9.5	n.s.	7.0
<i>N</i>	2,350	2,971		2,512	1,825	984		5,321
Satisfaction with the level of contact with relatives								
Very satisfied	17.4	12.2		15.6	12.6	13.1		14.5
Satisfied	76.1	78.8		78.2	77.1	75.8		77.6
Unsatisfied	4.5	6.7	n.s.	4.4	7.8	8.0	n.s.	5.7
Very unsatisfied	0.5	0.5		0.6	0.3	0.4		0.5
Not sure	1.5	1.9		1.3	2.2	2.7		1.7
<i>N</i>	2,352	2,972		2,515	1,825	984		5,324

Sig = Statistical significance, n.s. = not significant.

Source: Calculated by PHAD using original LSAHV data.

The proportion who reported not having contact with any relatives at least once a month decreases with age. In addition, more females than males do not feel at ease talking about private matters with any relatives, do not feel close enough to any relatives to call on them for help, and do not see and hear from any relatives at least once a month. The proportions for the three questions also slightly differ with age.

OPs were also asked about the frequency of contact for various reasons with relatives not living with them. Only 5.8% never saw or heard from relatives whom OPs have the most contact, suggesting that nearly all OP respondents have relatively active contact with their relatives. The percentage of males and females who reported having little contact with their relatives is the same (5.8%). The proportion of those who never see or hear from relatives with whom OPs have the most contact increases with age.

About 8% of OPs feel they never get consulted when one of their relatives has an important decision to make. Similarly, 7% said they never get to talk with any of their relatives when the OPs have an important decision to make. More female than male OPs said they never get consulted when a relative has an important decision to make, and they never get a chance to talk with relatives when the OPs have an important decision to make. Differentials also increased with age. Compared with their counterparts, those aged 80 and above feel left out when their relatives make major decisions.

OPs were also asked to rate their level of satisfaction with their contact with relatives. The majority (92.1%) are either very satisfied or satisfied. More males (93.5%) than females (91.0%) are satisfied with their level of contact with relatives. Few are unsatisfied (5.7%) or very unsatisfied (0.5%) with the level of contact with relatives. More female OPs are unsatisfied with the level of contact with relatives than male OPs; this proportion increases with age.

### *Social Isolation from Friends*

The OPs themselves were directly asked the same questions on social isolation in relation to their friends, including those who live in their neighbourhood. These questions were not asked of proxy respondents.

About 11% reported not seeing or hearing from any friends for at least once a month (Table 9.6). The proportion who reported this was higher for females and those aged 80 and over. About 17% of OPs do not feel at ease with talking about private matters with any friends. The proportion of those who feel this way is higher amongst females than males, and amongst those aged 80+ compared to younger groups. About 17% of OPs do not feel close enough to any friends to call on them for help. More males than females express this feeling, and the proportion of OPs who feel this way increases with age.

**Table 9.6. Social Isolation from Friends by Sex and Age**

Social Isolation	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
% who do not have any friends to see or hear from at least once a month	10.4	11.6	n.s.	11.0	10.8	12.0	n.s.	11.1
% who do not have any friends whom they feel at ease with that the older person can talk about private matters	16.3	18.2	n.s.	17.3	16.4	19.6	n.s.	17.4
% who do not have any friends whom they feel close to such that the older person could call on them for help	17.5	15.9	n.s.	16.6	15.3	19.2	n.s.	16.6
<i>N</i>	2,352	2,969		2,512	1,826	983		5,321
% who never see or hear from friends with whom older person have the most contact	7.9	9.8	n.s.	7.9	9.8	12.7	n.s.	9.0
% who never get consulted when one of the friends has an important decision to make	11.2	15.3	n.s.	11.9	15.5	17.5	n.s.	13.5
% who never get to talk with any of the friends when older person have an important decision to make	11.3	14.9	n.s.	11.7	15.2	17.0	n.s.	13.3
<i>N</i>	2,352	2,973		2,514	1,826	986		5,326
Satisfaction with the level of contact with friends								
Very satisfied	10.9	7.0		8.9	7.9	9.1		8.7
Satisfied	81.1	83.3		83.8	81.1	77.5		82.3
Unsatisfied	5.4	6.4	n.s.	4.5	8.1	9.0	n.s.	6.0
Very unsatisfied	1.2	0.6		0.9	0.6	1.0		0.8
Not sure	1.4	2.9		1.9	2.3	3.5		2.2
<i>N</i>	2,351	2,971		2,514	1,824	984		5,322

Sig = Statistical significance, n.s. = not significant.

Source: Calculated by PHAD using original LSAHV data.

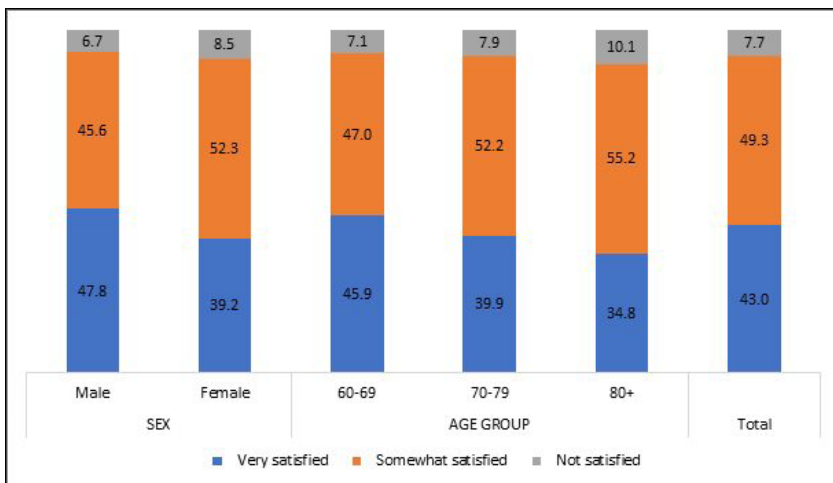
About 9% of OPs never see or hear from friends with whom they have the most contact; 13.5% feel they never get consulted when one of their friends has an important decision to make. Females and those aged 80+ registered the largest proportions in both instances. About 13% of OPs never get to talk with any of their friends when they have an essential decision to make. The proportion of those who feel this way is higher amongst females and those aged 80+.

The majority (91%) of OPs are satisfied or very satisfied with their overall level of contact with friends. Only 6.8% are either unsatisfied or very unsatisfied, with a slightly higher proportion amongst females than males (7.0% compared to 6.6%, respectively). The proportion of those unsatisfied or very unsatisfied with the level of contact with friends is the highest for those aged 80 or above. About 2% are not sure of how they feel regarding their level of contact with friends.

### Life Satisfaction

In the LSAHV, we asked OPs whether they are satisfied with their current life. The possible responses were ‘Yes, very satisfied’, ‘Yes, satisfied’, and ‘No, not satisfied.’ Figure 9.2 shows that the majority (about 92%) of OPs are satisfied and very satisfied with their lives. More male OPs than female OPs are very satisfied with their lives. Only 7.7% are unsatisfied, with a slightly higher proportion amongst females than males (8.5% compared to 6.7%). The proportion of those satisfied decreases with age, but the differences are not significant.

**Figure 9.2. Current Life Satisfaction by Sex and Age (%)**



Source: Calculated by PHAD using original LSAHV data.

In addition to life satisfaction, the LSAHV also investigated the extent to which OPs feel they can share worries or problems with their family, relatives, or friends. The results indicate that more than 90% OPs have family, relatives, or friends who are willing to listen to them a great deal, quite bit, or some (Table 9.7), whereas a small number of OPs reported that their relatives or friends have very little or no willingness at all to listen to them. A very small proportion (0.7%) of OPs do not share their worries or problems with others. There are no significant differences between sexes and age groups but more of those in the oldest age group feel that their family, relatives, or friends have little or no willingness to listen to them.

**Table 9.7. Life Satisfaction by Sex and Age**

Life Satisfaction	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
Current life satisfaction								
Very satisfied	47.8	39.2		45.9	39.9	34.8		43.0
Somewhat satisfied	45.6	52.3	n.s.	47.0	52.2	55.2	n.s.	49.3
Not satisfied	6.7	8.5		7.1	7.9	10.1		7.7
N	2,294	2,905		2,468	1,778	953		5,199
% who feel that their family, relatives, or friends are willing to listen when they need to talk about their worries or problems								
A great deal	12.6	11.2		13.1	10.0	9.0		11.8
Quite bit	49.3	45.7		50.2	43.2	40.7		47.3
Some	30.0	34.7	n.s.	29.5	38.3	37.1	n.s.	32.6
Very little	6.3	6.2		5.3	6.9	9.6		6.2
Not at all	1.2	1.6		1.6	0.9	2.0		1.5
Keep to myself	0.6	0.7		0.4	0.7	1.7		0.7
N	2,267	2,816		2,433	1,730	920		5,083

Sig = Statistical significance, n.s. = not significant.

Source: Calculated by PHAD using original LSAHV data.

## Use of Information Technology

To overcome loneliness and social isolation, older adults are encouraged to be more informed through the Internet, thematic television channels, magazines, and other modes of information technology (IT). These may involve the use of the simplest daily electrical appliances such as television, kitchen, vacuum cleaner, and dishwasher or more complex machines such as automated teller machines, personal computers, and mobile phones.

Advances in IT have led to the wide use of electronic communication, and development of varied digital tools for communication and information although the rapid changes in IT development have been a challenge for OPs to keep up. Studies show that communication with relatives and friends through the Internet reduces the isolation levels of senior digital migrants who grew up before the widespread use of digital technology (Pullum and Akyil, 2017).

The LSAHV data revealed that about 12.7% of OPs have access to the Internet (Table 9.8). They usually spend an average of 2.3 hours daily on the Internet. Males have significantly more access to the Internet than females (17.5% vs 9%), and also spend more time on the Internet than females (2.44 hours vs 2.19 hours). The proportion of OPs accessing the Internet decreases with age (17.0% for the 60–69 group, 8.8% for the 70–79 group, and only 2.8% for the 80+ group). The proportion of OPs who have a social networking account is 34.7%, which is commonly Facebook (30.9%) and Zalo (20.1%).

More than half of OPs (58.4%) have a cell phone. The proportion is higher amongst males than females (66.7% vs 52.2%). Subsequently, daily use of cell phones is also higher for males than females (1.65 hours vs 1.41 hours). The number of OPs who own a cell phone and the number of hours of cell phone use per day decrease with age.

Overall, tablets are not common amongst Vietnamese OPs (1.5%). More males than females own tablets (2.1% vs 1.1%), and tablet ownership decreases with age. Those aged 60–69 spend the most time, an average of 2.24 hours per day on a tablet compared to their counterparts. Additionally, only 2.3% own a laptop, with an average of 2.22 hours of use per day. More males than females own laptops (4.1% compared to 0.9%, respectively), and the proportion of laptop ownership is the highest amongst the youngest cohort (60–69 years).

The top four mentioned uses of IT gadgets are for calling friends and family (90.3%), watching movies and TV shows, and listening to music (25.8%); reading e-books, magazines, and online news (10%); and making voice or video calls (8.3%). Few OPs use IT gadgets for sending emails (2.1%), messaging (2.3%), and playing video or computer games (2.2%). Internet banking is the most uncommon mentioned use of IT gadgets (0.7%). More males than females use IT gadgets for all the mentioned uses of gadgets except for watching movies and TV shows. The proportion of those

who use IT gadgets to call friends and family decreases with age, but the proportion remains high for all age groups (the lowest proportion is 85.7% for the 80+ group).

**Table 9.8. Use of Information Technology by Sex and Age**

Information Technology	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
% who have access to internet	17.5	9.0	*	17.0	8.8	2.8	**	12.7
<i>N</i>	2,340	3,050		2,386	1,795	1,209		5,390
Mean number of hours of internet access per day	2.44	2.19	n.s.	2.33	2.4	2.1	n.s.	2.34
<i>N</i>	378	266		447	165	32		644
% with social networking account	33.4	36.7	n.s.	37.4	25.0	21.7	n.s.	34.7
<i>N</i>	428	317		491	203	51		745
Type of social networking account								
Facebook	29.1	33.6		33.4	21.1	21.6		30.9
Instagram	1.1	1.7		1.5	0.9	0.0		1.3
Youtube	8.2	4.8	n.s.	8.0	3.1	0.0	n.s.	6.9
Twitter	0.2	1.2		0.6	0.9	0.0		0.6
Zalo	18.4	22.8		21.6	15.7	9.1		20.1
Others (messenger, skype, viber, etc.)	0.2	0.6		0.2	0.9	0.0		0.3
<i>N</i>	431	321		495	205	52		752
% who owns a cellphone	66.7	52.2	**	72.2	50.0	23.1	***	58.4
<i>N</i>	2,565	3,465		2,623	2,002	1,405		6,030
Mean number of hours of cellphone use per day	1.65	1.41	***	1.66	1.34	1.37	***	1.53
<i>N</i>	1,156	1,114		1,332	719	219		2,270
% who owns a tablet	2.1	1.1	n.s.	2.2	0.8	0.3	n.s.	1.5
<i>N</i>	2,555	3,461		2,612	2,000	1,404		6,016
Mean number of hours of tablet use per day	1.89	2.47	n.s.	2.24	2.16	1.6	n.s.	2.17
<i>N</i>	40	37		53	19	5		77
% who owns a laptop	4.1	0.9	*	3.3	1.2	0.3	n.s.	2.3
<i>N</i>	2,563	3,462		2,619	2,000	1,406		6,025
Mean number of hours of laptop use per day	2.29	2.31	n.s.	2.30	1.74	2.86	n.s.	2.22
<i>N</i>	81	27		79	22	7		108
Use of gadgets								
Calling friends and family	90.1	89.9	n.s.	91.1	88.8	85.7	n.s.	90.3
Sending or receiving emails	3.0	1.2	n.s.	2.5	1.2	0.2	n.s.	2.1
Chat site messaging	2.9	1.8	n.s.	2.9	0.8	0.7	n.s.	2.3
Voice or video call using the internet	9.4	7.2	n.s.	9.3	6.3	3.7	n.s.	8.3
Playing video or computer games	2.0	2.3	n.s.	2.7	0.9	0.3	n.s.	2.2
Watching movies and TV shows, and listening to music	25.5	26.0	n.s.	28.4	19.7	16.4	n.s.	25.8
Read ebooks, magazines and online news	13.8	6.4	*	11.7	6.5	3.7	n.s.	10.0
Internet banking	0.9	0.4	n.s.	0.8	0.3	0.0	n.s.	0.7
Others	1.1	0.6	n.s.	1.0	0.5	0.0	n.s.	0.8
<i>N</i>	1,666	1,714		1,922	1,095	363		3,380



Information Technology	SEX			AGE GROUP			TOTAL
	Male	Female	Sig	60-69	70-79	80+	
Persons who help Older Persons with the use of these gadgets							
None	53.0	40.6		48.3	42.8	41.9	46.7
Spouse	11.7	14.0		13.5	11.6	9.4	12.9
Son	31.1	34.3		31.6	35.6	36.0	32.7
Daughter	12.6	19.1		15.5	15.8	21.5	15.9
Son-in-law	7.1	13.8		9.4	13.4	13.0	10.5
Daughter-in-law	2.7	3.6	*	2.7	3.0	8.5	n.s.
Grandchild	9.1	15.7		10.9	16.0	19.5	12.5
Brother	0.1	0.5		0.4	0.1	0.2	0.3
Sister	0.1	0.6		0.4	0.3	0.0	0.4
Other relatives	2.4	2.7		2.5	2.3	4.3	2.6
Friends	2.9	3.1		2.8	3.3	4.4	3.0
Others (neighbour, house help, etc.)	0.3	0.3		0.3	0.3	0.0	0.3
<i>N</i>	1,572	1,589		1,824	1,015	322	3,161

Sig = Statistical significance, \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$ , n.s. = not significant.  
Source: Calculated by PHAD using original LSAHV data.

Respondents were also asked who assists them in using IT gadgets. Surprisingly, almost half of OPs do not need any assistance. More males than females can use IT gadgets by themselves. The top four people who help OPs are their son (32.7%), daughter (15.9%), spouse (12.9%), and grandchild (12.5%). The assistance provided by a son or daughter or grandchild increases with the OP's age. Similarly, the assistance of a daughter-in-law increases significantly as the OP gets older. On the other hand, the assistance of spouse declines with the increase of the OP's age.

## Summary, Conclusions, and Recommendations

Vietnamese OPs have combined sedentary, physical, and nurturing lifestyles. Nearly 90% of households have TVs (as shown in chapter 3), and it is not surprising that 80% of OPs watch TV daily. However, there is no additional data on how many hours they actually spend on watching TV, with whom they watch TV, and what programmes they regularly view. The collection of this data in future studies can further help provide information on the overall quality of life of Vietnamese OPs.

The LSAHV data showed that two-thirds of the OPs perform physical exercise and gardening daily. These findings show that the OPs are aware of maintaining good health during their retirement age. One limitation of the LSAHV is that the information on the types of physical exercise that OPs are engaged in was not collected. As this information is useful to identify the types of physical exercise that can be incorporated in the physical exercise programmes for OPs, future studies should consider collecting this information.

Generally, OPs participate less frequently in social activities than their younger counterparts. Nevertheless, the LSAHV data revealed that less than 10% of OPs attend social activities at least once a month, and their attendance in social activities declines with age. This low participation rate in social activities has alerted their families and communities to encourage OPs to participate in more diversified social activities such as social dancing, Zumba, tree planting, walking and/or jogging as a group, games/competitions, visiting sick members, tours, and movie showings.

The LSAHV revealed that religion has less influence in the daily lives of Vietnamese OPs, as only 9.3% claim that religion is essential in their lives. The LSAHV results indicated extremely low proportions of OPs who participate in various religious activities, whether directly or indirectly, inside or outside the home, and in public or private places. Only 3.2% are currently members of any religious group or organisation.

Loneliness does not link directly to social isolation. People who live alone do not always feel lonely or isolated, whilst some people may feel lonely even though they are surrounded by their family and friends. Retirement, migration, and poor health and/or loss of mobility may be the contributing factors to both loneliness and isolation, which in turn lead to social network disruption (Wenger et al., 1996). Based on LSAHV findings, majority of Vietnamese OPs are not lonely. Only a small proportion feel a lack of companionship, feel left out, or feel isolated from others. This may be partly attributed to the companionship and assistance provided by family members when needed, and most OPs do not live alone. The levels of perceived social isolation from friends and relatives not residing with OPs are consistently low as their level of loneliness. On the other hand, OPs are satisfied with the quality and quantity of contact with friends and relatives not residing with them.

Advances in information and communication technology (ICT) have brought significant changes on the daily life of OPs. ICT facilitates OPs to reconnect with the outside world; strengthen their family relations, friendships, and social network; reduce isolation; and access health information. However, only a small proportion (12.7%) in the LSAHV have access to the Internet, and nearly half of those with Internet access have either Facebook and/or Zalo accounts. Those with Internet access spend an average of 2.3 hours daily on the Internet. Cell phone is the most commonly used IT gadget by OPs whilst tablets and laptops are not common. OPs mainly use IT gadgets to connect with family and friends through the assistance of their sons, daughters, spouses, or grandchildren, amongst others. Given the low number who have access to the Internet, there is a need to raise this number amongst Vietnamese OPs. This can be achieved by providing training programmes and workshops aimed at promoting the advantages of Internet connectivity and assisting OPs in the use of IT gadgets. Policymakers should work closely with Internet providers for a more affordable Internet access to OPs and consider subsidising the purchase of IT gadgets to attract more new OP users. Online social networking helps strengthen and expand OP social networks beyond their residential communities. However, the effects of online social networking on loneliness and social isolation need to be further studied.

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