

# Chapter 10

## Services for Older Persons

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## Services for Older Persons

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Caring for Vietnamese older persons (OPs) has always been the priority of the Communist Party of Viet Nam and the government of Viet Nam. The 1946, 1959, and 1992 constitutions clearly addressed the responsibilities of government, children, grandchildren, and everyone to OPs. The government took serious action to support OPs by issuing the Law on the Elderly on 23 November 2009. This law remains the highest level of legal document to cover issues related to OPs. It includes 6 chapters and 31 articles that define the rights and obligations of individuals and organisations in caring for and supporting OPs.

Besides this law are many approved policies to ensure the economic well-being, social life, health, and healthcare of OPs. For example, the labour law defines the retirement age for OPs; the marital act states that children and grandchildren aged 18+ have to respect and take care of OPs in the household. The Prime Minister also approved the National Action Plan for the Elderly in Viet Nam from 2012 to 2020 (issued following Decision No. 1781/QĐ-TTg in 2012). This plan emphasised improving social insurance, health insurance, and pension for OPs. Consequently, this plan solved the risk on the welfare and healthcare for OPs. Furthermore, the Ministry of Health in 2013 included the indicator ‘the number of beds for elderly patients’ in the list of criteria for assessing the quality of hospital services. The ministry published Circular No. 2248/BYT-KCB in 2018 on the establishment of geriatrics departments and healthcare for OPs in provincial hospitals to meet the growing demand for protection of the health of OPs in accordance with the Law on the Elderly of 2009 (No. 39/2009/QH12).

One priority area for OPs is decision-making. OPs can contribute to the process of policymaking and implementation of programmes on economic and social progress. To complete these goals, the National Committee on Ageing was established in 2005. This organisation is represented in the National Assembly and has set up 10,000 associations for OPs in communities as well. Statistics show that, since 2007, the government has provided pension and free healthcare for OPs over age 85, and then reduced the beneficiaries' ages to 80+ in 2012.

Another milestone in caring for OPs is expressed in the revised Constitution of 2013. In this revision, the OPs' right to healthcare was specified in more detail. It stated the need to develop a social security system to assist OPs.

Despite the efforts of the government, the Ministry of Health and other organisations have been bringing good health services, social health insurance, money assistance, payment for funeral and burial services, etc. to OPs. However, some services still need to be improved. One of these is the homes for the aged. Whilst such homes are common in Western countries, they are still not popular in Viet Nam. The most significant reason is that the family continues to be the primary provider of support for its members in all stages of the life cycle. Taking care of OPs in the household is not only the traditional culture in Vietnamese families but also the obligation defined by law. Moreover, a stigma is attached when OPs are institutionalised in home-care facilities. This is because intergenerational family solidarity remains strong and co-residence with family members is still the most common living arrangement for many OPs. Accordingly, the dependency of the co-residence paradigm holds true and is based on the widespread expectation that children will take care of OPs. The other reason for the rareness of homes for the aged is that the cost of their services is usually higher than the average income of OPs.

Whilst the family continues to be the primary care provider of OPs, changes in social and cultural norms are posing different challenges to the traditional structure of the Vietnamese family. These changes have also gradually weakened the traditional old-age support mechanism needed by OPs. These challenges have been amplified by the rise in the number of OPs who need long-term care. This fact leads to the question of how OPs perceive the idea of homes for the aged. Thus, in the 2018 Longitudinal Study of Ageing and Health in Viet Nam (LSAHV), OP respondents who passed the cognitive impairment tests were asked the following questions: Do Vietnamese OPs

think it is a good idea to have homes for the aged? If there were homes for the aged near the OP’s current residence, would the OP ever want to live in such a place? Healthcare and other services for OPs, such as free medications against certain diseases, are discussed in chapter 6 of this publication. This chapter will provide an initial analysis of the LSAHV baseline data on Vietnamese OPs’ awareness and use of services for OPs as well as their attitudes towards homes for the aged, by sex and age group.

### Government Privileges for Older Persons

Despite the effort to improve OPs’ awareness of their rights, few OPs know about the government’s programmes for them. Based on the survey of 6,050 respondents, the 2018 LSAHV indicated that the proportion who are aware of the different privileges provided for them by the government remains low at 27%, with more males than females being aware of such privileges (Table 10.1). Although there is no clear pattern in terms of age, OPs in the youngest cohort are slightly more aware of these privileges than their older counterparts.

**Table 10.1. Awareness and Use of Services by Sex and Age**

Awareness and Use of Services	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
% who have heard about the government’s program that provides privileges to senior citizens 60 years and above	31.8	23.4	**	27.7	25.7	26.8	n.s.	27.0
<i>N</i>	2,570	3,480		2,638	2,004	1,408		6,050
% with a senior citizen ID card	87.1	83.9	n.s.	87.5	83.2	81.8	n.s.	85.5
<i>N</i>	811	804		717	538	360		1,615
% who have availed of the following privileges:								
Priority to use medical services	41.2	44.8	n.s.	35.6	39.2	76.6	n.s.	43.0
Discount from establishments for public transportation services, sightseeing	41.7	43.3	n.s.	40.6	45.1	45.9	n.s.	42.5
Legal aid to OPs	27.0	27.3	n.s.	26.2	25.3	33.6	n.s.	27.1
Assistance for poor OPs or those without family support	24.3	28.7	n.s.	24.3	28.0	32.7	n.s.	26.5
Funeral service for poor OPs or those without family	21.0	22.4	n.s.	21.5	20.4	24.3	n.s.	21.7
Income tax exemption for person aged 65 and above	25.2	25.8	n.s.	23.4	26.7	31.9	n.s.	25.5
Priority loan (low interest)	17.1	17.1	n.s.	16.4	18.2	18.3	n.s.	17.1

Awareness and Use of Services	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
Longevity-wishing ceremony (90+)	21.1	25.0	n.s.	19.2	22.5	38.1	n.s.	23.0
Re-participation in social activities	19.7	22.8	n.s.	21.8	20.2	20.7	n.s.	21.2
<i>N</i>	686	642		603	439	286		1,328
% who have used the following privileges: Longevity-wishing ceremony (90+)	42.6	56.9	n.s.	-	-	-		49.1
<i>N</i>	25	29		-	-	-		54
% who are recipients of the monthly social pension given by the Department of Social Welfare and Development	25.3	21.9	n.s.	15.5	19.4	56.4	**	23.4
<i>N</i>	2,570	3,480		2,638	2,004	1,408		6,050

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

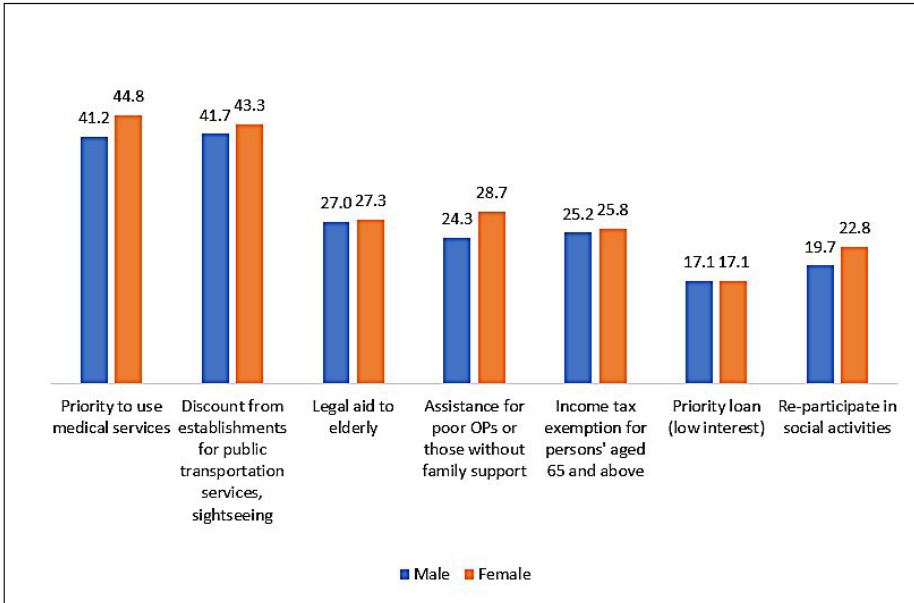
Source: Calculated by PHAD using original LSAHV data.

Amongst OPs who are aware of their privileges, 85.5% own a senior citizen ID card. More males than females have a senior citizen ID card. Furthermore, more OPs in the youngest cohort have a senior citizen ID card compared to those in the oldest cohort (87.5% compared to 81.8%).

Figure 10.1 reveals that the most frequently used privileges of OPs are the priority to use medical services and the discounts on transportation, legal aid, assistance to poor OPs, income tax exemption, longevity-wishing ceremony for those aged 90+, in this order. The least commonly used privilege is the priority loan with low interest. That means OPs do not want to risk in investments. Female OPs use the privileges more than the males (Figure 10.1). However, there is no clear difference in pattern between males and females in using the privileges.

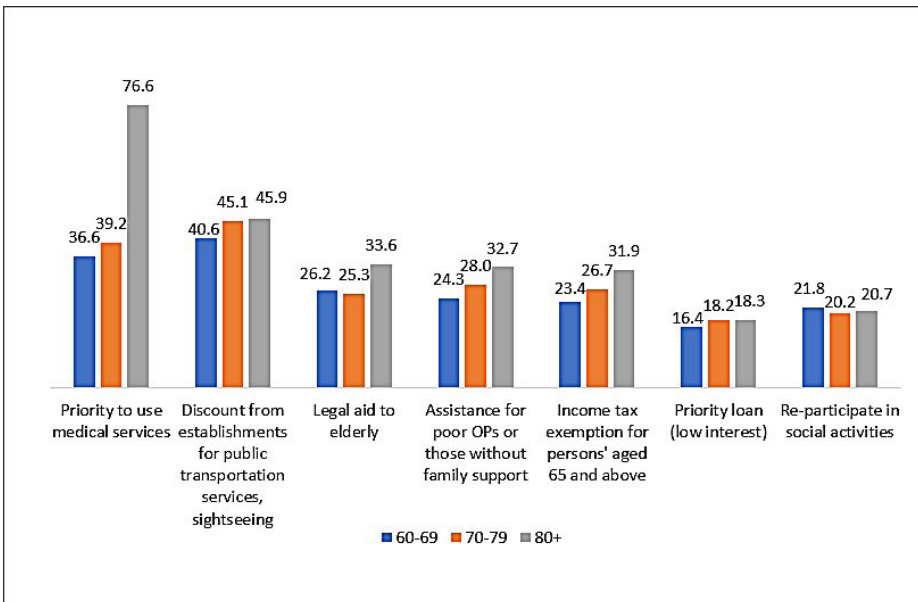
On the other hand, Figure 10.2 shows the use of different privileges by age group. Whilst there is no clear age pattern for most of the services used, a higher proportion of those aged 80 and above relative to those in their 60s take advantage of the priority to use the medical services in government health facilities. The data clearly shows that the percentage of the oldest OP group using the priority medical services is more than two times that of the youngest OP group (76.6% compared to 35.6%).

**Figure 10.1. Use of Privileges by Sex (%)**



Source: Calculated by PHAD using original LSAHV data.

**Figure 10.2. Use of Privileges by Age Group (%)**



Source: Calculated by PHAD using original LSAHV data.

One interesting thing from Table 10.1 is that the number of female OPs using the privileges on longevity-wishing ceremony for the 90+ group is more than the male OPs. From this statistical data can be inferred that women live longer and have a greater lifespan than men. The 2018 LSAHV also asked about the proportion of indigent OPs who receive the monthly social pension given by the Department of Social Welfare and Development. Only 23.4% of OPs are recipients of the monthly social pension, with significantly more recipients amongst those aged 80 and above (56.4%). There is no difference between male and female OPs in terms of receiving the monthly social pension.

### Attitudes towards Homes for the Aged

Table 10.2 shows that half of the OPs think it is a good idea to have homes for the aged. This verifies the bonding in Vietnamese families. Many generations live in one household, and the children and grandchildren have the responsibility to take care of the OPs. Amongst those who think it is a good idea to have homes for the aged, the majority believe such facilities are beneficial for those who have no one to take care of the OPs (67.3%). Other reasons cited were that the OP's family would be spared from the burden of caring for the OP (58.3%), that the OP's health would be better taken care of in such a facility (54.2%), and the OP also has a better chance to socialise and enjoy with those of the same age (52%).

Amongst the 38.5% of OPs who think it is not a good idea to have homes for the aged, the following reasons were cited: the family should take care of the OP (70.1%); the OP will miss family (45.7%); the OP would not want to live with strangers (23.7%); and the high cost in the home for the aged (12.9%). Surprisingly, only a low percentage of OPs think that placing the OP in a nursing home is shameful for the family (8.4%). A slightly higher proportion of females said that being in a nursing home would bring shame to the family (9.0% compared to 7.4% of male OP respondents).

Amongst 11.8% of OPs who answered 'Depends' when asked if it is a good idea to have homes for the aged, 64.3% think having homes for the aged is a good idea if the OP is abandoned; 63.9%, if children do not want to take care of their OP parents; 56.4%, if the OP has no children or grandchildren; 48.6%, if the children do not treat their elderly parents well; and 40.2%, if the conditions and treatment in the home for the aged are good.

**Table 10.2. Attitudes Towards Homes for the Aged by Sex and Age**

Attitudes	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
% who think it's a good idea to have homes for the aged								
Yes	51.9	48.0		51.1	48.3	46.6		49.7
No	35.4	40.9	n.s.	36.1	41.4	43.2	n.s.	38.5
Depends	12.7	11.1		12.8	10.4	10.4		11.8
<i>N</i>	2,308	3,022		2,394	1,780	1,156		5,330
Amongst those who think it's a good idea to have Homes for Aged								
Spare the family from burden of caring for the older person	60.2	56.8	n.s.	60.1	55.7	55.2	n.s.	58.3
Health will be better taken care of	56.9	52.0	n.s.	53.7	55.3	54.6	n.s.	54.2
Better chance to socialise with people of same age	57.5	47.5	n.s.	53.6	47.3	53.2	n.s.	52.0
Beneficial for those who have no one to care for them	69.5	65.5	n.s.	66.8	70.5	64.4	n.s.	67.3
Others (better facilities, life is easier, etc.)	1.4	1.3	n.s.	1.4	0.8	1.9	n.s.	1.3
<i>N</i>	1,187	1,481		1,262	885	521		2,668
Amongst those who think it is not a good idea to have homes for the aged								
The family should take care of the older person	73.2	68.0	n.s.	72.1	68.6	66.1	n.s.	70.1
OP will miss family	44.0	46.8	n.s.	46.1	43.0	48.3	n.s.	45.7
OP will not want to live with strangers	23.4	23.8	n.s.	24.6	23.2	21.2	n.s.	23.7
Expensive	11.9	13.6	n.s.	13.6	14.0	9.2	n.s.	12.9
Shameful for the family	7.4	9.0	n.s.	8.9	7.5	7.7	n.s.	8.4
Others (feels like in prison, will be sickly there, etc.)	2.4	2.6	n.s.	1.8	4.6	1.6	n.s.	2.6
<i>N</i>	838	1,213		835	689	527		2,051
Amongst those answered 'it depends' whether homes for the aged is a good idea								
If OP is abandoned	63.4	65.2	n.s.	63.4	65.1	67.7	n.s.	64.3
If children do not want to care of their elderly parents	61.3	66.2	n.s.	60.2	71.1	70.0	n.s.	63.9
If children do not treat their elderly parents well	44.9	51.9	n.s.	45.4	56.0	52.0	n.s.	48.6
If OP has no children or grandchildren	59.4	53.8	n.s.	59.2	49.9	53.4	n.s.	56.4
If the conditions and treatment in the home for the aged is good	39.7	40.7	n.s.	40.2	39.3	41.8	n.s.	40.2
Others (not sure what is there, if it becomes a law, etc.)	0.8	1.4	n.s.	1.3	1.2	0.0	n.s.	1.1
<i>N</i>	283	328		297	206	108	n.s.	611
Desire to live in a home for the aged if near the current residence								
Yes	18.6	17.0		17.5	17.6	18.7		17.7
No	68.4	70.7	n.s.	69.7	69.9	69.1	n.s.	69.7
It depends	13.1	12.3		12.8	12.5	12.2		12.6
<i>N</i>	2,248	2,833		2,399	1,754	928		5,081



Attitudes	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
If desire to live in a home for the aged is conditional, it depends on the following:								
If OP is abandoned	49.3	37.2	n.s.	44.8	34.2	46.9	n.s.	42.7
If children do not want to care of their elderly parents	58.5	56.6	n.s.	59.7	56.0	49.6	n.s.	57.5
If children do not treat their elderly parents well	43.2	37.8	n.s.	43.6	33.5	36.0	n.s.	40.2
If OP has no children or grandchildren	47.5	36.0	n.s.	44.3	37.4	33.8	n.s.	41.3
If the conditions and treatment in the home for the aged is good	35.5	34.5	n.s.	36.1	34.4	30.2	n.s.	34.9
Others (if near home, if older person is no longer comfortable living with family, etc.)	1.4	1.8	n.s.	1.2	1.6	3.4	n.s.	1.6
<i>N</i>	373	447		410	263	147		820
% who want to live in a home for the aged now if it is near their current residence								
Yes	43.0	44.5		45.7	44.8	37.8		43.9
No	30.8	29.5	n.s.	25.2	31.3	41.6	n.s.	30.1
It depends	26.2	26.0		29.1	23.8	20.6		26.1
<i>N</i>	826	1,141		822	615	530		1,967
If desire to live in a home for the aged now is conditional, it depends on the following:								
If OP is weak and sickly	22.8	26.0	n.s.	25.8	20.5	26.1	n.s.	24.7
If OP has no place to live/abandoned	46.0	42.6	n.s.	47.8	42.0	35.7	n.s.	44.0
If children do not want to care of their elderly parents/if older person becomes a burden	48.6	49.5	n.s.	49.4	56.8	40.2	n.s.	49.1
If children do not treat their elderly parents well	31.9	34.4	n.s.	37.0	29.3	27.7	n.s.	33.4
If older person has no children or grandchildren	34.1	30.9	n.s.	35.1	34.2	21.9	n.s.	32.2
If the conditions and treatment in the home for the aged is good	34.5	34.0	n.s.	38.7	35.2	20.9	n.s.	34.2
If children will allow	11.0	9.0	n.s.	12.6	7.5	4.7	n.s.	9.8
Others (if no one cares, if many older persons will also live there, etc.)	0.9	4.0	n.s.	4.0	0.6	1.5	n.s.	2.7
<i>N</i>	277	394		302	190	179		671

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

Source: Calculated by PHAD using original LSAHV data.

Even though most OPs think having homes for the aged is a good idea, more than two thirds (69.7%) do not want to live in a care facility. For those whose desire to live in a home for the aged is conditional, the following reasons were cited: if children do not want to take care of their OP parents (57.5%), if the OP is abandoned (42.7%), if the OP has no children or grandchildren (41.3%), if children do not treat their OP parents well (40.2%), and if the conditions and treatment in the home for the aged are good (34.9%). Only 1.6% will conditionally live in a facility if the home for the aged is near home and if the OP is no longer comfortable living with family.

When OP respondents were asked whether they would want to live in a home for the aged now if it is near their current residence, 43.9% responded yes. Those who said their desire to reside in such a facility now is conditional cited the following reasons: if children do not want to take care of their parents or if the OP becomes a burden (49.1%), if the OP has no place to live/is abandoned (44.0%), if the conditions and treatment in the home for aged are good (34.2%), and if children do not treat their OP parents well (33.4%). Only 1 in 10 said if children will allow them to live in a home for the aged. This means OPs still have a critical role in the household and can decide by themselves.

## Summary, Conclusions, and Recommendations

The study demonstrated a low level of awareness amongst Vietnamese OPs of the government's programmes that provide privileges to senior citizens. Awareness of their privileges corresponds to the use of services. The percentage with a senior citizen ID card is higher for male OPs and those belonging to the youngest cohort. Due to the low level of awareness, the government should have more programmes to increase OPs' awareness of their privileges. The government, via communication at different levels, can provide information and more details regarding policies and programmes to assist and support OPs.

The findings also revealed that OPs have started to think of living in a home for the aged. There is a greater proportion towards institutional living, particularly amongst the male OPs and those in the younger cohort (60–69). Most OPs think that living in a home for the aged is beneficial for those who do not have anyone to care for them. They believe that the OPs' health will be better taken care of under such a set-up.

The minority who do not approve of this living arrangement believe that family members should take care of their OPs as the OPs will miss their family if they live with strangers. Few OPs perceive this practice as shameful, implying that a cognitive change is happening amongst Vietnamese families. The change in social and cultural norms about homes for the aged corresponds to the expected rise in illnesses that will require long-term care and the busy lifestyle of young families. The long-term care for OPs in nursing homes will need support from the government and organisations in arranging living spaces, and financial and mental assistance.

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