Chapter **11**

Family Support and Intergenerational Exchanges

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Family Support and Intergenerational Exchanges

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Families in Viet Nam are classified into two: the traditional patriarchal family and the modern nuclear family. In traditional patriarchal families, several generations live in one house and are typical in rural areas. In modern nuclear families, only parents and children live together, usually in urban areas. Associated with each type of family is a typical characteristic of the relationship between the old parents and co-resident and non-co-resident adult children. These relationships between parents and adult children are particularly important in successful ageing (Cheng et al., 2015).

In the traditional family system, children serve as a crucial safety net that strengthens the well-being of older persons (OPs) when the OPs face any functional decline associated with ageing. This phenomenon is explained by filial piety. Children take responsibility for their ageing parents under moral and legal obligation (Hashimoto and Ikels, 2006). However, many studies proved that Vietnamese OPs are also active providers of support not only to their children but also to their grandchildren (Knodel et al., 2000). These mutual economic, social, and emotional support are especially manifested in co-residence with their children. In this respect, the quality of the relationship between parent and child is a significant predictor of psychological well-being of the OP (Umberson, 1992). Questions were raised about the mutual relationship between non-co-resident children with their old parents, which appears in the modern nuclear families. Is the mutual relationship between OPs and non-coresident children similar to that of the OPs and co-resident children?

Furthermore, the recent demographic trends have paved the gradual decline of the traditional values of filial piety and the increasing number of modern nuclear families.

We do not know if this mutual support between old parents and adult children still persists or whether it has changed in recent years. Hence, this chapter assesses the extent of current support transfers that take place between elderly parents and their co-resident and non-co-resident children. The chapter also examines attitudes towards family support, particularly the expectation and satisfaction of OPs on the financial and other support provided by their children.

The questionnaire of the Longitudinal Study of Ageing and Health in Viet Nam (LSAHV) provided an elaborate matrix containing child-specific information on the exchanges of support and social contact between OPs and their co-resident and non-co-resident children in the 12 months before the survey. The survey asked for information on four types of assistance: financial support, material support (e.g. food, clothes, and medicine); instrumental support (e.g. bathing and going to the toilet); and emotional support (e.g. companionship and consultation or advice for troubles). Questions on social contact asked for the frequency of visits and communication through letters, telephone calls, or text messages between OPs and their non-co-resident children.

Social Contact

Table 11.1 shows the patterns of social contact between OPs and their non-coresident children. This data helps to know the number of OPs who visited or was visited, wrote/called/texted to or received a letter/call/text from at least one child in the past 12 months. There were 85.8% of OPs who visited and 95.0% who were visited by at least one of their non-co-resident children in the 12 months before the survey. Most OPs (93.1%) contacted their non-co-resident offspring through letters, telephone calls, or text messages whilst 96.4% received such communication from their children. This high frequency of social contact between OPs and non-coresident proved the close relationship between them even if they do not live together.

Although there are no significant sex differences in the social exchanges between OPs and their non-co-resident children, male OPs are more likely to contact their non-co-resident children than female OPs. Similarly, communication initiated by non-co-resident children is slightly more towards their fathers than their mothers. As expected, when OPs get older, the proportion of OPs who visited and wrote, called, or texted their non-co-resident declines.

Table 11.1. Social Contact Between Older Persons and Non-co-resident Children in the Past 12 Months by Sex and Age

Social Contact		SEX			AGE GROUP			
	Male	Female	Sig	60-69	70-79	80+	Sig	TOTAL
% who visited at least one child	86.2	85,5	n.s.	87.9	86.9	77.6	n.s.	85.8
% who wrote, called or texted at least one child	94.0	92.4	n.s.	96.4	91.3	84.8	**	93.1
% who was visited by at least one child	95.3	94.7	n.s.	94.3	96.6	94.7	n.s.	95.0
% who received letters, calls, or text messages from at least once child	96.7	96.1	n.s.	98.2	95.3	92.0	n.s.	96.4
Ν	2,255	2,902		2,136	1,769	1,252		5,157

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

Provision of Assistance

In addition to social contact, ageing parents also provide various types of support to their children. Table 11.2 shows four different types of assistance – financial, material, instrumental, and emotional support – that OPs give to their co-resident and non-co-resident children. Based on the data, the most common assistance provided by OPs is emotional support (about 78%). It does not matter whether the children live or do not live with their elderly parents. This kind of support declines with age. For example, the emotional support provided by the 60–69 group to their co-resident children and non-co-resident children is 80.7% and 80.9%, respectively, whilst the percentage decreases to 69.4% and 70.6%, respectively, for 80+ OP group.

Table 11.2 shows that 27.2% of OPs financially assisted their co-resident child whilst only 18.7% did the same to their non-co-resident child. This clearly shows that a co-resident child received more financial support from their elderly parents than a non-co-resident child. However, the amount was not provided. It makes sense for a co-resident child to receive more financial support because the OP is aware of said child's financial difficulty. Also, as expected, this kind of support declines with age as the income of OPs declines with age. In two cases, male OPs gave more support to their children than female OPs. However, the differences are not significant. For instance, 29% of male OPs financially supported their co-resident child compared to only 25.8% for female OPs.

Table 11.2. Assistance Provided by Older Persons to Co-resident and Non-co-resident Children in the Past 12 Months by Sex and Age

Assistance Provided by OP	SEX			AGE GROUP				TOTAL
Assistance Hovided by Of	Male	Female	Sig	60-69	70-79	80+	Sig	TOTAL
To any coresident child								
% who gave financial support	29.0	25.8	n.s.	28.8	27.2	21.7	n.s.	27.2
% who gave material support	32.6	29.5	n.s.	34.6	30.2	19.0	n.s.	30.8
% who gave instrumental support	28.2	24.8	n.s.	29.4	24.8	17.4	n.s.	26.2
% who gave emotional support	77.1	77.6	n.s.	80.7	75.2	69.4	n.s.	77.4
Ν	1,188	1,706		1,206	980	708		2,894
To any noncoresident child								
% who gave financial support	20.0	17.6	n.s.	20.8	16.1	15.4	n.s.	18.7
% who gave material support	20.9	18.5	n.s.	22.3	15.2	16.7	*	19.5
% who gave instrumental support	10.0	10.5	n.s.	12.1	7.9	7.8	n.s.	10.3
% who gave emotional support	78.3	77.3	n.s.	80.9	75.6	70.6	n.s.	77.7
N	2,254	2,899		2,134	1,768	1,251		5,153

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

The third kind of support that OPs provided their children is material support. A co-resident child received this type of support from 30.8% of OPs, whilst only 19.5% of OPs gave material support to any of their non-co-resident children. Because the OPs and child live together, they share necessities such as food, clothes, medicines, etc. Hence, the percentage of OPs who provided this support to their co-resident child is much higher than those who provided to their non-co-resident child. Similar to financial support, more male than female OPs provided material support to their children. This support decreases when OPs get older.

Lastly, 26.2% of OPs provided instrumental support to children living with them, which is not surprising given the expected healthier condition of adult children compared to the ageing respondents. In contrast, only 10.3% of OPs did the same thing to their non-co-resident children. The differential patterns with sex and age are similar to the cases of financial and material support regardless of living arrangement.

Receipt of Assistance

Consistent with earlier studies, the LSAHV data showed that Vietnamese OPs not only provide support to but also receive support from their children (Table 11.3).

About three in five OPs received monetary assistance from their children in the 12 months before the survey regardless of residence (65.4% from co-resident children and 61.6% from non-co-resident children). About 71% of OPs received material support from their co-resident children whilst 61% received material support from their non-co-resident children. The level of instrumental support received by OPs is much lower than material support, with 56.6% of OPs receiving instrumental support from their co-resident children and 30.4% receiving it from their non-co-resident children and 30.4% receiving it from their non-co-resident children. The results indicated that 84.4% and 84.7% of OPs receive emotional support from their co-resident and non-co-resident children.

Assistance Received by OP		SEX			AGE GROUP			
	Male	Female	Sig	60-69	70-79	80+	Sig	TOTAL
From any coresident child								
% who received financial support	60.1	69.5	n.s.	62.0	67.8	73.6	n.s.	65.4
% who received material support	67.2	75.2	n.s.	67.2	75.1	82.5	n.s.	71.8
% who received instrumental support	50.2	61.5	n.s.	50.9	60.5	70.5	n.s.	56.6
% who received emotional support	84.1	84.6	n.s.	82.3	86.4	88.6	n.s.	84.4
N	1,188	1,706		1,206	980	708		2,894
From any noncoresident child								
% who received financial support	58.5	64.0	n.s.	57.7	63.0	72.4	n.s.	61.6
% who received material support	58.2	63.2	n.s.	57.3	61.5	72.2	n.s.	61.0
% who received instrumental support	28.0	32.3	n.s.	28.2	30.2	38.1	n.s.	30.4
% who received emotional support	84.8	84.6	n.s.	84.7	82.6	87.5	n.s.	84.7
Ν	2,254	2,899		2,134	1,768	1,251		5,153

Table 11.3. Assistance Received by Older Person from Co-resident and
Non-co-resident Children in the Past 12 Months by Sex and Age

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

Source: Calculated by PHAD using original LSAHV data.

Overall, OPs received more support from co-resident children than non-co-resident regardless of the type of support. The pattern of support received is similar to those provided by OPs. Female OPs are more likely than male OPs to receive all types of support from their children regardless of living arrangement. In terms of age, children support the oldest cohort more compared to the youngest cohort, regardless of living arrangement. As expected, the oldest OPs receive more support from children as their physiological condition declines with age.

OPs are more likely to be recipients than providers of financial, material, instrumental, and emotional support for both co-resident and non-co-resident children when comparing the intergenerational flows of support (Figures 11.1 and 11.2). In terms of social contact, children initiate more social contact than OPs (Figure 11.2).





Source: Calculated by PHAD using original LSAHV data.



Figure 11.2. Social Contact and Exchange of Assistance between Older Person and Non-co-resident Children (%)

Source: Calculated by PHAD using original LSAHV data.

Exchange of Financial Support

During discussions on the mutual financial support amongst OPs and children, the question of how much money they support each other was raised. Table 11.4 provides a closer look at the financial exchanges between OPs and their children. About 6% of OPs reported giving a large sum of money to any of their children in the past 12 months. This money was intended to support the child's business, medical expenses, travel abroad, and other special purposes such as payment for wedding expenses or purchase of a house. Although there are no significant gender and age disparities in the percentage of OPs who gave their children a large amount of money, the percentage decreases with age. The amount given by parents ranges from 1 million Vietnamese dong (VND) to VND 3 million (from US\$43 to US\$129), with a median of VND 1.8 million or about US\$78.

Exchange of	SEX			TOTAL				
Financial Support	Male	Female	Sig	60-69	70-79	80+	Sig	TOTAL
% who gave a large								
amount to any child in								
the past 12 months to								
start a business, special	6.2	5.7	n.s.	6.7	5.0	4.6	n.s.	5.9
medical expense, travel								
abroad, or some other								
special purpose								
N	2,455	3,240		2,452	1,906	1,337		5,695
Median amount given	3,000,000	1,000,000	*	2,000,000	1,000,000	1,000,000	*	1,800,000
to any of the children	3,000,000	1,000,000		2,000,000	1,000,000	1,000,000		1,000,000
N	102	146		121	78	49		248
% who received								
monthly financial	33.2	37.3	n.s.	32.8	38.7	40.2	n.s.	35.5
support from any of the	33.2	37.3	11.5.	32.0	30.7	40.2	11.5.	32.2
children								
N	2,449	3,236		2,445	1,905	1,335		5,685
Median amount of								
financial support	1000000	1		1100.000	1	1	***	
received monthly from	1,000,000	1,000,000	n.s.	1,100,000	1,000,000	1,000,000		1,000,000
any of the children								
Ν	511	735		488	450	308		1,246

Table 11.4. Exchange of Financial Support Between Older Personsand Children by Sex and Age

Sig = Statistical significance, * p < 0.05, *** p < 0.001, n.s. = not significant. Source: Calculated by PHAD using original LSAHV data. Conversely, 35.5% of OPs receive monthly financial assistance from their children; mothers are more financially dependent on their children compared to fathers (37.3% vs 33.2%, respectively).

Attitudes towards Family Support

What are the attitudes of OPs towards family support? Are they satisfied with the frequency of contact with, or assistance given by, their children? The data in Table 11.5 gives the answers to those questions. It reveals that a quarter of OPs (25.2%) intend to rely on their children for financial support. This number is much smaller than the proportion who receive monthly financial support from any of the children (35.5% as shown in Table 11.4). More females (29.5%) than males (19.9%) plan to rely on their children for financial support. As expected, the number of OPs who plan to rely on their children increases with age. The percentage of OPs who plan to be economically dependent on their children rises from 21% in the youngest cohort to 39.9% in the oldest cohort.

Attitudes toward Family		SEX			AGE GROUP				
Support	Male	Female	Sig	60-69	70-79	80+	Sig	TOTAL	
% who plan to rely on children for					e0 e				
financial support	19.9	29.5	n.s.	21.0	28.1	39.9	n.s.	25.2	
Ν	2,175	2,660		2,301	1,661	873		4,835	
Satisfaction with level of contact with									
children									
Very satisfied	63.9	62.4		65.4	59.8	58.0		63.1	
Satisfied but can be improved	33.2	35.2	n.s.	32.1	38.4	37.3	n.s.	34.3	
Not satisfied	2.9	2.4		2.5	1.8	4.7		2.6	
Satisfaction with level of assistance									
given by children									
Very satisfied	59.7	58.2		59.3	58.3	57.6		58.9	
Satisfied but can be improved	34.3	34.0		32.9	35.8	36.7		34.1	
Not satisfied	2.4	3.1	n.s.	2.8	2.3	3.9	n.s.	2.8	
Not getting any assistance from any child	3.6	4.7		5.0	3.6	1.8		4.2	
Ν	2,092	2,585		2,209	1,616	852		4,677	

Table 11.5. Attitudes Toward Family Support of Older Personby Sex and Age

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

Source: Calculated by PHAD using original LSAHV data.

142

More than 95% of OPs are delighted (63.1% are very satisfied and 34.3% are satisfied) with the level of contact they have with their children; only 2.6% said they are not satisfied. There are notable age differentials, with OPs aged 80+ registering the highest proportion who are not satisfied (4.7%) with the current social set-up.

When asked about their satisfaction with the level of assistance they receive from their children, 58.9% of OPs reported being very satisfied, 34.1% are satisfied, and only 2.8% are not satisfied. It is worth noting that 4.2% of OPs do not get any form of assistance at all from their children. Slightly more females (3.1%) than males (2.4%) expressed dissatisfaction whilst those aged 60–69 registered the highest proportion (59.3%) who are very satisfied.

Summary, Conclusions, and Recommendations

The LSAHV data revealed that Vietnamese OPs are not only recipients but also providers of all forms of support examined in the study. The findings are consistent with those of earlier studies that documented the high involvement of Vietnamese OPs in various forms of exchanges of support with their children. This chapter also shows that OPs' dependency on children increases, and the support given by OPs to children decreases with age.

In general, OPs remain supportive to their children despite their advanced age and limited resources. Comparing provision and receipt of support, ageing parents tend to be dependent on their children economically (financial and material support) and, to a lesser extent, in the conduct of daily activities (instrumental support). In return, they are more commonly relied upon for companionship and consultation (emotional support) as they have longer and richer life experiences. These provide evidence that intergenerational exchange of resources is a reciprocal process.

A high level of mutual support exchanges between OPs and their co-resident children was observed in the current study. This is probably due to the traditional family system in Viet Nam where ageing parents live with their children, which appears to benefit both parties. A similar trend is also observed between elderly parents and their non-co-resident children, and that mutual support exchanges are independent of living arrangement. This implies that Vietnamese OPs still practice traditional beliefs that adult children are responsible for their elderly parents and that OPs are aware of their duty to provide the best to their children. This also suggests that traditional values of filial piety still remain strong in Viet Nam.

Basically, mothers are more likely to receive assistance from their children, whereas fathers are more likely to provide support to their children. The disadvantaged situation of female OPs in terms of employment (see chapter 3) and their limited personal resources (see chapter 7) are also reflected in intergenerational exchanges of support.

In terms of age, elderly parents tend to be recipients of support compared to the younger cohort of OPs, whilst the latter have a higher propensity to be providers of support than the former, particularly in helping co-resident children.

Despite the traditional beliefs that adult children are obliged to take care of their elderly parents, a large majority of Vietnamese OPs desire financial independence. Policymakers should consider measures aimed at easing the reliance of OPs on their children for old-age support. This may include expanding job opportunities beyond retirement (particularly for women); increasing old-age pension; and providing higher subsidies and discounts on medicines, groceries, and transportation fares. Further understanding of the underlying factors associated with intergenerational support exchanges could help reduce dependency of Vietnamese OPs.

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