

# Chapter 14

## Discussion, Conclusions, and Recommendations

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## Discussions, Conclusions, and Recommendations

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The 2018 Longitudinal Study of Ageing and Health in Viet Nam (LSAHV) conducted by the Institute of Population, Health and Development (PHAD) is the first longitudinal study on the health of older persons (OPs) in Viet Nam. The baseline survey is a nationally representative survey of community-dwelling older adults aged 60 and above. Information was obtained from a sample of older persons and their caregivers/potential caregivers and their children. The survey gathered quite extensive information on the health status, health service utilisation, economic status, and social relations of the OPs in Viet Nam. Data from the LSAHV study provided important and essential information on the challenges of ageing in Viet Nam from the household to the national levels. Data from the study are important scientific evidence to help policymakers and leaders of national programmes design appropriate policies. In addition, they can rely on this scientific evidence to develop appropriate health interventions for the OPs in Viet Nam.

According to the World Population Prospects (UNDESA Population Division, 2017), the proportion of those aged 60 and above to the total population of Viet Nam exceeded 10% in 2018, making Viet Nam an ageing population. By 2030, the proportion will exceed 20%, turning Viet Nam into a high ageing society (UNDESA Population Division, 2017). The rapidly increasing share of the older population and low birth rates in many areas of Viet Nam are now putting the country at risk of not being able to concentrate on economic development and providing the necessary social support for older adults. This is because the ageing population is highly dependent on the support of the OPs' children, families, and the society.

In this chapter, we present the key findings from the LSAHV which may help policymakers formulate evidence-based policy to deal with rapidly increasing older

adults in the society. We would also like to discuss the current status of OPs in Viet Nam and make recommendations to improve their well-being.

## **The Older Persons in Viet Nam have Generally Low Educational Attainment; A Relatively High Proportion of Female Respondents are Still Working**

Results from the LSAHV baseline survey showed that only about 6.5% of the OPs had a college or university degree or higher, up to 28% had never been to school, and about one third finished primary school. The low education level of OPs can be explained by the fact that Viet Nam has only officially developed its education system for the entire population after it gained independence in 1945.

Marital status between male and female respondents differ significantly. Whilst 82.1% of male respondents are currently married, less than a half (47.7%) of female respondents are currently married. The majority of female respondents not currently married are widowed. This fact is partially reflected in the differences in living arrangements of male and female OPs. The proportion of those who are living alone amongst female OPs is more than twice as high as for male OPs. According to the 2019 census report (Central Population and Housing Census Steering Committee, 2020), women aged 60 live 2.4 years longer (20.7 years vs 18.3 years) than men of the same age. Women marry 4 years later than men (27.2 years old vs 23.1 years old) on average. As this pattern continues in the future, the proportion of widows amongst OPs stays high and the proportion of living alone in old age may increase.

The proportion of female respondents still working at the time of the survey was about the same as the male counterparts, that is, 38% for male respondents and 31% for female respondents. According to the statistics, the labour force participation rate for females aged 15 and above and age group 55–64 in Viet Nam is the highest amongst the neighbouring countries in Asia (International Labour Organization, 2020). The labour force participation rate for females aged 65 and over is also amongst the highest compared to other Asian countries. Do they enjoy working? Or are they working out of necessity? We need to conduct detailed analyses on reasons for those who are still working at the time of the baseline survey.

Sixty-seven percent of OPs live in rural areas. As age increases, the proportion of those living in rural areas increases. The difference in the lives of OPs in the rural vs urban areas should be an important aspect in understanding the well-being of OPs. However, we focused on differences in the lives of OPs between gender and age groups in this first LSAHV baseline report. We will look at differences by place of residence in our detailed analyses of the LSAHV data to understand the lives of OPs in today's Viet Nam.

### **Older Persons in Viet Nam seem to be Healthy in General, yet They Report having Diseases and Health Conditions**

In general, responses to the self-reported health status questions indicate that three-quarters of the older adults in Viet Nam considered themselves of average health or healthier. However, for those aged 80 and above, the proportion decreased to about half. At the same time, OPs reported having health conditions and diseases. In particular, arthritis, neuralgia, or rheumatism (45.8%), chronic back pain (30.3%), and high blood pressure (40.9%) are very common amongst the respondents. Almost half of OPs aged 70 and above reported having high blood pressure. The prevalence of digestive diseases (18.6%), cataract (12.3%), and heart diseases (12.2%) are relatively high. The prevalence rate for female respondents are higher compared to the prevalence rate for male respondents for most of the conditions and diseases reported in the baseline survey.

OPs in Viet Nam are often troubled with pain; for example, 30.3% reported suffering from chronic back pain. More female than male OPs are often troubled by chronic pain (42.6% vs 31.2%). Almost 60% of those who reported being troubled with pain said that the pain made it difficult for them to do usual activities. The location of the pain as reported by OPs include the back, head, shoulder, joints, and neck. OPs tend to accept having pain as something that comes with age or 'age normative' (Williamson and Schultz, 1992, 1995) However, there are reasons and causes that make OPs experience pain. This needs to be explored further. Moreover, pain in old age could also lead to health-related problems such as functional limitation, disability, sleep disorder, and depression (Molton and Terrill, 2014). The relationship between pain and sleep disorder was reported by Chen et al. (2019) using data from Asia. We should be able to contribute to the growing number of research on pain amongst older adults using the LSAHV data.

The self-reported health status of OPs mentioned above – as well as having conditions, diseases, and pain – give us a mixed picture of the health status of the survey respondents. Whilst 23.8% respondents said they are healthier than average and 47.7% reported they have average health, a significant proportion of OPs reported having conditions, diseases, and pain. Previous studies indicated that older adults may compare their experiences to those of more medically ill peers (Idler, 1993; Rakowski and Cryan, 1990) and thereby concluded that OPs are better off than others whom they know. Census report indicated that life expectancy increased between 2009 and 2019 but the amount of increase was much smaller compared to the increase observed between 1999 and 2009 (Central Population and Housing Census Steering Committee, 2020). There is a need to carefully investigate the relationship between perceived health status and actual health conditions of OPs in Viet Nam.

A similar pattern on the responses of men and women to having conditions and diseases was also observed regarding functioning health. Female respondents almost always reported a higher prevalence on negative categories of questions on functioning health, including activities of daily living, instrumental activities of daily living, Nagi functioning measures, and two International Classification of Functioning, Disability and Health (ICF)-based measures of functional health, the Global Activity Limitation Index, and Washington Group's Short Set of Questions on Disability. Having conditions and diseases, functioning loss, and disability are all predictors of mortality. Yet, females live 2.4 years longer, on average, at age 60, as mentioned before (Central Population and Housing Census Steering Committee, 2020). We are observing the male–female survival–health paradox, discrepancy between the health and survival of the sexes – men are physically stronger and have fewer disabilities, but have higher mortality at all ages compared with women (Oksuzyan et al., 2008). We hope that the LSAHV data will elucidate the causes of such paradox.

We also need to pay attention to OPs aged 80 and over in terms of functioning health. Whilst 7.2% of OPs aged 60–69 reported at least one ADL difficulty to perform, 40.6% of OPs aged 80 and above reported having difficulty performing at least one ADL. Only 2.4% of OPs aged 60–69 reported having difficulty in at least one instrumental activity of daily living (IADL) whereas 24.8% of OPs aged 80 and above reported difficulty in performing at least one IADL. These results indicated that, in Viet Nam, female respondents and OPs aged 80 and above face greater functioning problems and disability.

High blood pressure and cardiovascular disease are common amongst older adults worldwide. As expected, these are the two common diseases reported by OPs in Viet Nam. Specifically, 40.9% of OPs have high blood pressure. We will have an in-depth analysis about the prevalence and management of hypertension in OPs. Although the health force has covered the commune level, providing more health staff to cover a wider area is not enough to support and monitor a large number of hypertensive patients. An alternative is to use e-health and information technology (IT) applications to support patients with diabetes and hypertension. The use of these technologies must be studied and applied in Viet Nam.

Survey respondents are sleeping less than the ideal hours of sleep at night although majority of them (78.8%) said they feel rested upon waking up in the morning. Seven to eight hours of sleep is recommended to keep people healthy but OPs sleep only 5.4 hours at night on average. In addition, a large proportion of respondents reported sleep disorders despite being satisfied with the quality of their sleep. Based on a study conducted in Japan, sleep disorder may be a risk factor for depression (Yokoyama, et al., 2010). Thus, a similar study to examine sleep disorder in Viet Nam is important.

The LSAHV baseline survey also collected anthropometric measures. Based on the measured height and weight, we computed for body mass index (BMI). Obesity is becoming a major public health issue in both developed and developing countries. In Viet Nam, evidence is not enough yet to establish that obesity is an issue for older persons. However, being underweight may be an issue amongst survey respondents as shown in the recently published study for Japan (Sugawara and Saito, 2020). Those who are underweight as measured by the BMI tend to have a lower life and health expectancy. This should be an important focus of study in the coming years.

In terms of smoking, the proportion of current smokers amongst male respondents is 33.0% and for female respondents, 1.6%. The prevalence of smoking amongst the male adult population in Viet Nam (Van Minh et al., 2017) is extremely high compared to countries of the Organisation for Economic Co-operation and Development (OECD, 2019). This fact is reflected in the proportion of both current and former smokers amongst male respondents. Scientific findings from other countries and Viet Nam have proved that tobacco is the cause and a risk factor of cancer and heart disease. There should be policies to encourage the adult population to quit smoking. Such policy could improve the health status of current and future OPs in Viet Nam.

## Healthcare and Use of Healthcare Services of Older Persons in Viet Nam

In general, when medical attention is needed, OPs in Viet Nam are mainly examined and treated at district or provincial hospitals. Very few people have access to services at provincial specialised or central hospitals. This is understandable because nationwide, specialised hospitals are mainly based in Ha Noi and Ho Chi Minh City. In fact, only one geriatric hospital is based in Ha Noi. The Ministry of Health has already issued a directive (CV2248/2018/BYT-KCB) requiring all provincial general hospitals to establish a geriatric department; however, not all provincial hospitals have resources to train for geriatric specialties.

### Inpatient and Outpatient Care

About 22% of OPs experienced at least an overnight hospitalisation in the past 12 months at the time of survey. When respondents were asked about who paid for the cost of hospitalisation, 36.9% of male respondents answered they paid for it themselves and about the same proportion (32.9%) of male respondents answered their children paid mostly for it. For female respondents, 47.8% of them answered that their children paid mostly for the hospitalisation whilst 37.0% said they paid for it themselves. There are also clear differences across age groups of respondents. Amongst OPs aged 60–69, 29.0% identified their children as responsible for paying their hospitalisation expenses. Children assuming responsibility for their parents' healthcare became more apparent as their parents get older: 53.9% of OPs aged 70–79 and 64.6% of OPs aged 80 and over reported that their children paid the OPs' hospital bill.

About 28% of respondents visited the hospital for illness or accident without hospitalisation in the past 12 months. Eighty percent of them were treated at the commune health centres or district hospitals.

Amongst baseline survey respondents, 91.0% of them were covered by health insurance. Majority of them were covered by the insurance for merit people such as veterans, Vietnamese Heroic Mothers (who have had many children who were soldiers who died in the war), spouses of martyrs, and war invalids (37.5%) and the voluntary insurance (32.3%).

About 11% of OPs were covered by the health insurance for poor people. Although many OPs seemed to have benefited from health insurance for medical treatment, there were respondents who did not see a doctor when they felt ill because of economic reasons.

Although the proportion of OPs with any type of health insurance in Viet Nam is high (> 90%), mostly they are part of retirement benefit and meritorious insurance, followed by voluntary insurance. However, up to 35% said that the primary reason they do not see a doctor is not having enough money. This implies that other expenses besides healthcare costs that are covered by health insurance limit the access of OPs to health services.

### **When they become ill, Older Persons in Viet Nam are mainly Cared for by their Spouses or Children; Nursing Homes are not very Popular and Majority of Older Persons do not want to get in There**

For both short-term illnesses and long-term care, spouses, sons, and daughters are the most frequently mentioned family members who are OPs' caregivers. Although the proportion of those who answered daughter-in-law as caregiver is relatively small, this suggests that wives tend to assume the filial responsibility of their husbands by taking care of their parents-in-law. Whilst OPs may consider their son as a caregiver, the actual work of taking care of them may be done by their daughters-in-law. The involvement of social workers or neighbours and the support of others in caring for OPs is quite low. Although most OPs in Viet Nam are cared for by their family members at home, this trend may not be sustainable in the future. With the increasing number of OPs living alone or living with their partner only, as well as the decreasing number of children amongst Vietnamese families, the future generations of OPs may have to rely on outside of family members for their long-term care needs. The percentage of family members who were trained on basic care techniques for OPs is also quite low (<2%). This suggests the potential demand for caregivers' training, which can help families in ensuring proper care for older people.

In terms of long-term care, OPs would like their spouses, sons, and daughters to be their caregivers. The nursing home is their last recourse for long-term care. This implies that the majority of Vietnamese are still not familiar with the concept of a nursing home and do not like living in it, away from family and children. This can also

be due to the high cost of living in private retirement homes which is far beyond the affordability of the OPs. The cost of state-owned retirement homes managed by the Ministry of Labour and the Department of Labour, War Invalids and Social Affairs is cheaper and can be fully subsidised if the household is poor. However, the number of beds is limited and the waiting list is extremely long. Very few OPs can access and live in state-run retirement homes when they are alone or very poor.

Half of the respondents think it is a good idea to have homes for the aged because (i) the family is spared the burden, (ii) OPs are better cared for, (iii) OPs have the opportunity to get acquainted with other OPs, and (iv) those alone are taken care of. However, quite a large percentage of OPs (38%) are also against the idea of having a home for older adults because they feel ashamed to go to a nursing home, do not want to live with strangers and away from family, and because of the expensive costs.

### **Majority of Older Persons in Viet Nam are Satisfied with their Current Income, but They are still Working to Earn Income and Quite Dependent on Their Children for Money**

About one-third of the OPs in Viet Nam think that their income is enough to live on with still some money left, and about half of the OPs think their income is just enough for their expenses. Only less than 20% of survey respondents have difficulty in meeting everyday life expenses.

As mentioned earlier in this chapter, a sizeable proportion of the survey respondents are still working. This is reflected on the response to the question about their most important source of income. Income from work is ranked first by about 32% of respondents. Second to income from work is pension (more than 22%) whilst money from children is ranked third (21.4%). Interestingly, income from family business and support by welfare funds through the Social Protection Department of the Ministry of Labour, Invalids, and Social Affairs share the same proportion, 7.7%, and are ranked fourth.

When we look at the most important source of income by age group, a different picture emerged. For those aged 70–79, 28.6% of OPs reported pension as their most important source of income and it also ranked the first. This is followed by income from children (26%), and earning from work (22.0%).

One in ten OPs aged 80 and over still cited earning from work as their most important source of income. This however, is considered fourth amongst the list of main sources of income. For them, money from their children is the most important source of income (34.4%) followed by government subsidies (24.4%). About 20% of them also cited pension as the most important source of income. These indicate more dependence on support from children and the government as OPs get older.

Initial research results showed that 95% of OPs own some assets. Majority of OPs (85.5%) considered the house they are living in as an asset. About 15% have additional real estate properties and nearly half of them keep cash at home (46.5%). Less than 7% own a bank account.

## **Vietnamese Older Persons have a Close Relationship with Their Children**

More than 60% of OPs co-reside with one of their adult children. In addition, at least one of the children who are not living with OPs keeps a close contact with them. More than 85% of OPs have visited one of their children at least once in the past year, and more than 93% of them have called or written to one of their children. Similarly, more than 95% of their children visited them, called via phone, or wrote letters in the last year.

There were also intergenerational exchanges between the OPs and their co-residing and non-co-residing children. More than a quarter of OPs gave financial support to their co-residing child whilst 18.7% provided financial support to non-co-residing children. The proportion of OPs giving material and instrumental support to the co-residing child is higher than the non-co-residing children. In terms of emotional support, a similar proportion of OPs supported both co-residing and non-co-residing children.

More than 60% of OPs received financial support from both the co-residing and the non-co-residing children. Majority were receiving material, instrumental, and emotional support from both co-residing and non-co-residing children. Whilst it is good for OPs to receive support from their children, studies had also shown that a one-way flow of support is detrimental to the OPs' well-being (Thomas, 20010). It is important to keep intergenerational exchange, meaning OPs need to have a chance

to offer something to their children. We have to further examine the relationship between intergenerational exchange and OPs' general well-being.

### **Social Services for the Older Persons are Well Developed but Rarely Used; there is a need to Inform Older Persons of Such Services**

The government of Viet Nam has very clear policies to support the OPs, such as prioritising the use of health services, reducing and exempting public transport tickets or tickets to sightseeing places, free legal support for lonely OPs, personal income tax exemption for people over 65 years old, etc. However, the percentage of OPs who are aware of these policies is quite limited (less than 30%). OPs in big cities know and use these benefits more than OPs in rural areas. The government needs to disseminate such information to OPs in both urban and rural areas of the country.

### **Use of Information Technology is Relatively Low amongst Older Persons**

We asked OPs about the use of IT. Overall, 66.7% of male respondents and 52.2% of female respondents own a cell phone. The proportions for OPs aged 60–69, 70–79, and 80 and above are 72.2%, 50.0%, and 23.1%, respectively. The results clearly indicated the differences by age group but not by gender. However, there are differences by gender and by age group in Internet access although the proportion accessing the Internet is low: 17.5% of male respondents and 9.0% of female respondents reported they have Internet access. By age group, 17.0% of OPs aged 60–69, 8.8% of OPs aged 70–79, and only 2.8% of OPs aged 80 and above have access to Internet. The use of information and communication technology amongst OPs may reduce feelings of loneliness and social isolation. It can also be used as a venue to disseminate information necessary for OPs to know or is beneficial to them. Almost half of those who use IT reported that they do not rely on anyone for help. They taught themselves how to use the technology.

### **Policy Recommendations**

Based on the preliminary descriptive analyses of the LSAHV baseline data by gender and by age group, the following policy recommendations for OPs in Viet Nam can be made.

### *On Health-related Policy Recommendations*

According to the World Health Organization (WHO),<sup>1</sup> one in four men and one in five women in the world had hypertension in 2015. Hypertension or high blood pressure is a well-known risk factor of many diseases, such as cardiovascular and cerebrovascular diseases, currently two leading causes of death in Viet Nam (Center for Disease Control and Prevention, 2019). Studies on hypertension in Viet Nam, particularly amongst OPs, are scarce but the descriptive analyses showed a relatively higher prevalence rate of hypertension amongst OPs than the younger age groups (Tran et al., 2020; Do et al., 2015; Meriquari et al., 2019). Previous studies also indicated that the prevalence rate increases as age increases. Because population ageing is expected to continue in Viet Nam, the number of hypertensive OPs is expected to increase if the current prevalence rate of hypertension stays the same. If the prevalence rate increases with population ageing, the number of OPs with hypertension may surge in the future. This may in turn increase the prevalence of cardiovascular and cerebrovascular diseases and the number of deaths from these diseases. Because hypertension is preventable and treatable, the government may consider developing preventive measures against hypertension for middle-aged persons and OPs. In addition, it may be effective to develop a programme that will compel OPs to undergo regular health examinations for an early diagnosis of these diseases.

As mentioned earlier, life expectancy at birth had not improved much between 2009 and 2019. Improvement in life expectancy at age 60 was also minimal between the same period despite continued economic development, i.e. 0.2 years for males and 0.3 years for females (Central Population and Housing Census Steering Committee, 2010 and 2020). What this suggests is that OPs with hypertension may have been dying after developing diseases caused by the condition. Understanding the actual prevalence rate of high blood pressure amongst OPs and the association of hypertension to diseases and mortality is important. A detailed analysis of prevalence, awareness, treatment, and control of hypertension amongst OPs using the LSAHV baseline data and the results of the second wave of the LSAHV can contribute to our

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<sup>1</sup> <https://www.who.int/news-room/fact-sheets/detail/hypertension> (accessed 15 July 2020).

understanding of the link between high blood pressure and the risks of cardiovascular and cerebrovascular diseases.

Another reason for the relatively high prevalence of hypertension in Viet Nam is the high rate of smoking amongst men. Although the rate of smoking amongst women is very low, women may be at risk due to secondhand smoking. One of the government's preventive measures against hypertension is to reduce smoking, which is a cause of hypertension. For the national smoking prevention programme, there should be strategies that support smoking cessation of OPs, such as the use of behavioural psychosocial measures, support for the distance treatment of smoking combined with distance coaching, mailing medicines combined with counselling via telephone or online.

The descriptive analyses of the LSAHV baseline survey data also indicated that the proportion of OPs who were treated at medical facilities both as an inpatient and outpatient over the past 12 months is higher compared to neighbouring developing countries such as China (Li et al., 2019), Indonesia (Madyaningrum et al., 2018), and the Philippines (Natividad, 2019). The government of Viet Nam is well aware of the increase in demand for healthcare utilisation amongst OPs as indicated by the Ministry of Health's executive order CV2248/2018. According to this executive order, all general hospitals in the provinces must establish a geriatric ward in their provincial general hospitals and assign inpatient beds to this ward. As already mentioned, the number of OPs needed to be treated at medical facilities will increase even if the healthcare utilisation rate stays constant.

At the same time, the government needs to prepare for programmes to train geriatric specialists throughout the country and to upgrade the facilities of provincial hospitals.

In addition, the government and medical schools may introduce in class and in online training programmes on geriatric medicine to general medical education and retraining of generalists, internists, and those specialising in family medicine as part of the preparation for the coming aged society of Viet Nam. It is well known that OPs tend to have comorbid conditions and sometimes do not show peculiar symptoms of a particular disease such as chest pain for heart diseases.

Although it is not new and is not only in Viet Nam, there have been calls on the importance developing geriatric medicine (Drickamer et al., 2006; Schroeder-Mullen, 1998; Chiang, 1998).

### *On Social Support and Economic Well-being*

The government of Viet Nam is providing economic and social support to OPs as mentioned above. However, majority of OPs do not seem to receive information on such programmes. Only 27% of OPs are aware of the government's programme that provides privileges to senior citizens 60 years and above. The government needs to establish a method of sending information to OPs in the country. One way to achieve such goal is to develop a communication network through Internet in the country. Unfortunately, the use of IT by OPs is currently relatively low. By promoting the use of IT amongst OPs, useful information can reach OPs more efficiently. The same method may be also used to monitor the health condition of OPs, even those living in remote areas.

The LSAHV baseline results also suggested another policy recommendation on how to support the economic well-being of OPs in the future. As shown in this report, one-third of OPs above 60 years are still working. Almost 50% of those aged 60–69 are working at the time of the survey. The mandatory age of retirement in Viet Nam is 60 years for men and 55 years for women. Thirty percent of OPs considered earnings from their work as their most important source of income; another 30% said it is pension or subsidies from the government. Slightly more than 20% of OPs rely on their children. For those aged 80 and above, the proportion of OPs relying on their children increases to 33%. The government of Viet Nam has already decided to increase the retirement age for men to 62 years old and for women, to 60 years old. The country is probably moving towards the right direction. By increasing the retirement age, the contributions of those in the extended retirement ages will help increase the pension funds in Viet Nam. However, the government should monitor the changes in health status of those in the near-retirement ages. If the health status of those in the retirement ages is deteriorating, on average, increasing the retirement age may negatively impact on society as a whole.

In addition, Viet Nam will experience an unprecedented speed of ageing in the coming years because of the rapid decline in the total fertility rate between the 1970s to the 1990s (United Nations Department of Economic and Social Affairs, 2017).

What this suggests is that not only will the proportion of aged population increase but also the number of working age population in Viet Nam will decline. This in turn will negatively affect contributions to the pension funds by the working age population if the current contribution rate stays the same. Furthermore, current OPs have about four living children on average but future OPs may have only about two children on average. This means that the number of children supporting their ageing parents will be only half of what the current generation of OPs has. The current relationship between OPs and their children seems to be very strong, keeping their traditional values of filial piety. However, the government should not assume such traditional values to stay prevalent in society. Filial piety is a norm amongst Asian countries but such norm may not last forever. It was reported that filial piety amongst both children and older parents dramatically changed in the 1980s in Japan. Children no longer considered it necessary to support parents and parents started to value their independence and lowered their expectation of filial piety from their children (Ogawa et al., 2007). A similar report was also observed in the Republic of Korea (Harlan, 2014). Thus, the government must consider this attitude shift in designing programmes for OPs.

## Other Recommendations

Viet Nam is now sending their care workers to foreign countries such as Japan and Germany. However, there may be more need for such care workers in the country because of population ageing. The LSAHV baseline results indicated that the short- and long-term care of older parents are provided within the family. The availability of caregiving for older parents may become scarce because of the effect of declining total fertility rate over the last 20 years and increasing demand for labour in the market. It is about time to develop programmes that will provide public long-term care system and training of caregivers in the country. The speed of population ageing in Viet Nam is extremely fast and the government needs to prepare for increasing demand of care workers as a profession before it becomes too late.

The results of the descriptive analyses of the LSAHV baseline survey data by gender and by age group were shown in this report. The findings from the analyses provided information needed to understand the current health, economic, social, and overall well-being of older adults aged 60 and above in Viet Nam. The government is well aware of the challenge caused by the ageing of the population.

We hope that these findings will be useful in formulating evidence-based policymaking for OPs' health-related well-being by the government. We also hope that these findings will be used to help improve the well-being of OPs by practitioners and all relevant agencies in the country.

An in-depth analysis of the data obtained from LSAHV 2018 should be further conducted to gain more detailed information and a better understanding of the health and social conditions of the OPs in Viet Nam.

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