Executive Summary

The 2018 Longitudinal Study of Ageing and Health in Viet Nam (LSAHV) is the first nationally representative longitudinal study of ageing in Viet Nam. The study aims to (i) investigate the health status and well-being of older persons (OPs) and their possible correlates, and (ii) assess the determinants of health status and transitions in health status and overall well-being. The LSAHV is part of a comparative study of ageing and health in Viet Nam and the Philippines and is funded by the Economic Research Institute for ASEAN and East Asia (ERIA). The Institute of Population, Health and Development (PHAD) is the implementing agency in Viet Nam.

A total of 6,050 OPs aged 60 and above were interviewed for the baseline survey, with a response rate of 96%. The survey employed a multistage sampling design for data collection. Provinces were the primary, villages secondary, and OPs the ultimate sampling units. The survey oversampled those aged 70–79 with a factor of two and those aged 80 and above with a factor of three. Data collection started in late 2018 and was completed in May 2019. The interviews were conducted using tablets. The follow-up survey is scheduled for 2020.

The analyses were conducted on various dimensions of health and well-being with respect to age and sex of OPs. This report provides OPs', their caregivers', and adult children's perception of OPs' health and well-being. Using LSAHV data, we can compare Viet Nam and other ageing societies to gain understanding on health status of OPs.

Older Persons in Viet Nam

Female OPs (57.2%) outnumber males. The overall mean age of OPs is 70.6 years: 70.2 for males and 70.8 for females. More males (82.1%) than females (47.7%) are married or living in. OPs have a relatively low educational profile: 20.8% have no schooling and 35.7% have an elementary education. Only 6.5% have a college education. The educational profile improved across age cohorts: OPs with at least a high school education rose from 3.4% for the oldest cohort (aged 80+) to 11.4% for the youngest cohort (60–69). About one-third (33.8%) continue to be economically productive.

The most common living arrangement is co-residence with at least one child (61.3%) and is more common amongst females (62.6%) than males (59.6%). Most OPs have been living in their current residence for at least 5 years (54.7%) or since birth (40.5%). Most OPs (61.1%) perceive rural areas as ideal places to live.

Only 11.8% of OPs have a surviving father or mother; 9.5% have surviving mothers and only 3.6% have surviving fathers. OPs have an average of five siblings, of whom about four are still alive. Nearly all OPs have children (97%); on average, they have four, of whom about four are still alive. About one-fifth of OPs experienced at least one child mortality. Two percent of OPs have an average of two adopted children or stepchildren. At least 91.1% of OPs reported having at least one grandchild from their biological children, stepchildren, and adopted children. They became grandparents at about 51 years. Less than one-fifth of OPs (19.1%) are involved in the partial or full care of any of their grandchildren. No sex difference was reported in the care of grandchildren (female: 19.3%; males: 18.9%).

Self-assessed Health

Overall, OPs perceive themselves as healthier now than in the past. Most (51.1%) consider themselves to have been healthier than average from birth to 16 years but see their current health as average (47.7%). More females than males rate themselves as of average health or unhealthy in the past and now. OPs reported poorer health with increasing age.

Diagnosed Illness

We asked OPs about two groups of diseases. Group-1 diseases are not life-threatening and OPs recognise them. Group-2 diseases require a medical diagnosis. The most common group-1 diseases are arthritis, neuralgia, or rheumatism (45.8%), and chronic back pain (30.3%). More females than males have group-1 diseases. The most common group-2 diseases are high blood pressure (40.9%) and digestive illness (18.6%). Cerebrovascular disease, respiratory disease, renal or urinary tract ailments, tuberculosis, liver or gallbladder disease, and cancer are more prevalent amongst males, while diabetes, digestive illness, osteoporosis, glaucoma, and slipped disc are more prevalent amongst females. Older age is significantly related to high blood pressure and respiratory illness.

About 10% of OPs have had a heart attack. The mean age at the time of the heart attack was significantly higher for older age groups. Of OPs who have had a heart attack, 70.5% are using medication for their heart condition.

Oral Health

About 5% of OPs do not have any natural teeth. The average number of teeth is 22, with an average of 10 pairs of functional teeth; Seventeen percent of OPs have dentures; most (92.4%) use them for eating and are satisfied with them. More females than males use dentures. Older age is significantly related to a higher prevalence of no teeth, a lower number of natural teeth, and a lower number of paired teeth.

Sleep, Pain, Falls, and Incontinence

On average, OPs sleep 5.4 hours per night (males: 5.5; females: 5.2). Although over half of OPs (56.5%) are satisfied with their sleep, about one in four say that most of the time they have trouble falling asleep, wake up during the night, or wake up too early, unable to return to sleep. About 8% reported using sleep medications or treatment.

More than 30% of OPs are troubled with pain. Amongst them, 68.4% reported moderate and 7.7% severe pain. About 60% of OPs have difficulty performing their usual activities because of pain. The most frequent location of pain is the back and the least frequent the neck. More females than males experience significant pain.

About 8% of OPs reported that they had fallen in the previous 12 months. The average number of falls was 3.7 times and 37.6% of OPs who had fallen were injured seriously enough to need medical attention.

Most OPs (94.6%) reported no loss of control. Amongst those who had incontinence, the frequency of sometimes, often and very often was high.

Health Risk Behaviours

About 15% of OPs smoke on average 12 cigarettes per day. More males (33.0%) smoke than females (1.6%), with no age difference. The younger age group, however, smoked significantly more cigarettes per day (60–69: 13) than the older age group (80+: 9). About 22% of OPs drink, over a third occasionally (35.1%). Male drinkers

(47.2%) significantly outnumber females (2.8%). Younger drinkers (60–69: 26.6%) outnumber older drinkers (80+: 10.0%).

Anthropometric Measures

Body mass index (BMI) differs significantly across age groups: more younger OPs are obese (≥30 kilograms [kg]/square metre [m2]) or overweight (25–29.9 kg/m2) and more older OPs are underweight (<18.5 kg/m2). The average waist circumference of OPs is 84.5 centimetres, which significantly declines as they age. Mean grip strength is 24.1 kg for males and 16.3 kg for females. Older age is significantly related to decrease in grip strength. Male OPs significantly hold longer for the semi-tandem tests than female OPs, but not for the side-by-side and tandem tests in the balance test. Older age is significantly related to poor performance in all three balance stances. Females have a slower average gait (14.7 seconds) than males (12.6 seconds). Older age is significantly related to slower gait.

Functional Health

About 15% of OPs have at least one activity of daily living (ADL) difficulty. The most common ADL difficulty is going outside (leaving the house) (males: 9.7%; females: 13.1%). The least common ADL difficulty is eating (males: 3.0%; females: 4.0%). More females than males have at least one ADL difficulty; females have a higher average number of ADL difficulties, increasing with age. More OPs have more instrumental activity of daily living (IADL) difficulties (29.5%) than ADL difficulties (15.0%). The most common IADL difficulty is using the telephone (males: 12.8%; females: 20.1%). Significantly more females than males have at least one IADL difficulty (33.7% vs. 23.9%). More OPs 80+ (61.7%) experience at least one IADL difficulty, followed by those 70–79 (34.4%) and 60–69 (18.2%).

We used the Washington Group Short Set of Questions on Disability (WG-SS) and found that 64.4% of OPs have at least one difficulty amongst the six activities (males: 59.1%; females: 68.3%). For males, the most common difficulty is remembering or concentrating (40.6%). About half the females have at least some difficulty walking or climbing steps (51.6%) and remembering or concentrating (52.1%). The proportion of OPs having difficulty in all six activities increases with age.

The Global Activity Limitation Index (GALI) is a one-item measure of functional status. Most OPs (46.8%) report being limited but not severely in their usual activities because of a health problem. About 13% perceive themselves as severely limited; the proportion increases with age (60–69: 6.9%; 70–79: 12.7%; 80+: 33.7%).

Being bedridden in the past 2 weeks was used to assess short-term immobility. About 2% of OPs were bedridden in the previous 2 weeks. The proportion of bedridden OPs increased from 1.2% amongst those 60–69 years to 2.7% amongst those 70–79 and 7.1% amongst those 80+.

The Nagi functional measures were used to assess functional health. About 64% of OPs have difficulty with at least 1 of the 10 activities, with significantly more females than males having difficulty (70.6% vs. 54.1%). The most common activity with difficulty is standing (without sitting) for 2 hours (50.2%) (males: 41.1%; females: 57.0%). The percentage of OPs with at least one difficulty increases to 86.8% amongst those 80+, from 54.2% amongst those 60–69 and 69.8% amongst those 70–79.

Formal Care and Unmet Need for Health Service

Most OPs prefer to utilise public facilities (94%) than private facilities (5%) for inpatient care. A total of 21.9% of all OPs availed themselves of inpatient care in the past 12 months and the percentage increases with age. The average number of times all OPs stayed in a facility was 2.3 in the previous year. Their hospital expenses were mainly paid by their children (42%), followed by themselves (37%) and their spouse (14%). Most hospitalised OPs (92%) are covered by the national insurance system, either as members (90.2%) or as dependents of members (1.4%).

The utilisation pattern of outpatient care is similar to that of inpatient care: OPs prefer public facilities (87%) rather than private facilities (13%). About 30% of OPs received medical care for an illness or accident in the previous 12 months without staying overnight in a medical facility; the percentage is slightly higher for women (29.7%) than men (26.6%). The outpatient utilisation percentage increases with age. Generally, about 70% of those who used outpatient care were seen by a physician.

About 13% of OPs did not go to a doctor for medical care when they felt ill in the previous 12 months. Lack of financial resources (35.7%) is the most common reason for not seeking medical care.

Health Insurance and Medicines

Most OPs (91%) have health insurance. The national health insurance system is free for the poor (11.3%); ethnic minorities (11.3%); and '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%). About 32% of OPs are covered by voluntary health insurance.

Informal Care and Long-term Care

When OPs fall sick, they are cared for by their spouse (40.8%), a son (30.7%), or a daughter (13.1%). Men (61.1%) tend to cite their spouse, while women (36.1%) are more likely to report their son as their primary caregiver. The percentage of OPs cared for by a spouse decreases with age and the percentage cared for by a son increases with age.

About 20.4% of OPs receive care because of a continuing health condition and are under long-term care (LTC). The three most common LTC givers are the spouse (44.9%), a son (31.0%), and a daughter (13.7%), while the extended family – grandchild, daughter-in-law, and sibling – provides 9.8% LTC. Should they develop dementia or become bedridden or an invalid, OPs said they would prefer to be cared for by a son (38%), spouse (34%), or daughter (17%).

Economic Well-being

The three most commonly cited income sources of OPs are children living in the country (38.5%), earnings from work (37.3%), and pension (23.8%); 15.9% of OPs receive government subsidies and 10.8% earn from family business. About 28% of OPs had an annual household income in the previous 12 months of VND10 million to VND50 million (about US$430–US$2,145); 11.4% have an annual household income of less than VND2 million (about US$86). Only a small proportion (6.2%) are in the highest annual household income category of more than VND100 million (about US$4300 USD).

Most OPs (94.7%) have at least one asset. The most common nonfinancial assets owned by OPs are the house where the OP resides (85.5%), followed by appliances (55.7%) and motor vehicles (40.1%). About half of OPs (46.5%) have cash in hand but only a small proportion (6.9%) have bank savings; 15% of OPs own other real estate

and 11.6% have jewellery. The percentages of house, jewellery, appliances, and motor vehicles decline significantly as the OPs age.

A small proportion (5.6%) of OPs have liabilities. The percentages of OPs with liabilities decline as OPs age (60–69: 8.0%; 70–79: 3.3%; and 80+: 0.7%). The most mentioned liability is a bank loan (84.1%), followed by a personal loan (11.8%) and government loan (2.4%).

OPs' overall economic well-being is average, measured objectively and subjectively; 31.9% have enough money with some left over, while nearly half (49.9%) have a household income that is just enough to pay expenses with no difficulty. A small proportion (10.3%) have some difficulty meeting household expenses, while only 4.4% have considerable trouble doing so. More than half of OPs grew up in financially average (54.0%) and well-off families (2.8%), while about 42.1% grew up in poor families.

Generativity, Attitudes, and Beliefs

The LSAHV is the first to study generativity of Vietnamese OPs. The study used the simplified version of the Loyola Generativity Scale to measure generative concern. OPs scored themselves highest on being needed by other people and having important skills to pass along to others. They also think they have a good influence on the lives of others, feel that many people rely on them for advice, and are keen to teach or impart knowledge to other people. OPs scored themselves the lowest on making unique contributions to society: 1 in 4 think they do not have important skills that can be passed on to others, and more than half (51.6%) said others would never say they have made valuable contributions to society.

Most OPs continue to maintain traditional beliefs such as children being obliged to care for their ageing parents to repay them for their sacrifices. Almost all OPs (98.4%) think their children must support and care for them; 75.7% think that parents have the duty to do their utmost for their children even at the expense of their own well-being. Many OPs still believe in traditional gender roles; more than half (53.7%) are keen to live with their sons rather than their daughters. OPs are open to falling in love or (re) marrying after their 60s.

Although OPs prefer to co-reside with a son, about half think it a good idea to live with their children in rotation. OPs perceive themselves as capable of looking after themselves: 13.5% prefer to live independently and 24.7% by themselves but near one or more children.

Leisure Activities, Religiosity, and Volunteerism

OPs often participate in sedentary activities such as watching TV (79.5%), listening to the radio (32.4%), and reading (13.5%), and in physical activities such as gardening (35.0%) and physical exercise (25.7%). OPs' social activities are mostly hanging out with friends and neighbours (31.1%).

In general, OPs are not highly interested in participating in religious activities. Only 12.6% reported attending religious activities outside the home and less than 10% consider religion very important. About 25% are members of a nonreligious organisation. Organisations of retired OPs attracted the most OPs (85.6%). Overall, 9.8% engage in volunteer work in church or the community, with females (12.2%) more likely to do so than males (7.2%).

Loneliness, Social Isolation, and Life Satification

Most OPs are not lonely: 74.8% never or rarely feel a lack of companionship, 86.0% do not feel left out, and 87.7% do not feel isolated from others. Only a small proportion feel a lack of companionship (3.9%), left out (1.5%), and isolated from others (1.6%).

We used the revised Lubben social network scale to assess social isolation. Levels of perceived social isolation from friends and relatives not residing with the OPs are as low as the OPs' level of loneliness. OPs are satisfied with the quality and quantity of contact with friends and relatives not residing with them.

Use of Information Technology

A small proportion (12.7%) of OPs have access to and spend an average of 2.3 hours daily on the Internet. The cell phone is the most commonly used information technology (IT) gadget (58.4%), while tablets (1.5%) and laptops (2.3%) are not common; 90.3% use IT gadgets mainly to connect with family and friends and 46.7% do not need any assistance. Those needing assistance in using an IT gadget receive it mainly from family members (son, daughter, spouse, or grandchild).

Services for Older People

OPs have a low level of awareness of government programmes that provide privileges to senior citizens. Although 85.5% of OPs own a senior citizen ID card, which helps them receive privileges, only 27.0% are aware of them. The most frequently used privileges used by OPs are medical priority service (43.0%), discounts on transportation (42.5%), legal aid to OPs (27.1%), assistance for poor OPs (26.5%), income tax exemption (25.5%), and the longevity-wishing ceremony for OPs 90 or over (23.0%).

About half the OPs think it is a good idea to have homes for the aged. In Viet Nam, many generations live in one household, and the children and grandchildren are responsible for caring for the OPs. Most OPs (67.3%) think that living in a home for the aged is beneficial for OPs who do not have anyone to care for them. They said that such facilities would reduce the OPs' family caregiving burden (58.3%), take better care of their health (54.2%), and give them a better chance to socialise with their peers (52.0%). More than two-thirds (69.7%), however, prefer not to live in a care facility even it is near their current residence.

Family Support and Intergenerational Exchanges

The OPs are not only recipients but also providers of all forms of support: 85.8% visited and 95.0% were visited by at least one of their non-co-resident children in the 12 months before the survey; most (93.1%) contacted their non-co-resident offspring through letters, telephone calls, or text messages; 96.4% received such communication from their children. This high frequency of social contact between OPs and non-co-resident children suggests their close relationship.

Most OPs (about 78%) provide emotional support to their children regardless of the residence of children. Co-resident children receive more support from OPs than non-co-resident children: material (30.8% vs. 19.5%), financial (27.2% vs. 18.7%), and instrumental (26.2% vs. 10.3%)

About 85% of OPs receive emotional support and 60% monetary assistance from their children regardless of the children's residence. OPs received more support from co-resident than non-co-resident children – material (71.8% vs. 61.0%) and instrumental (56.6% vs. 30.4%).

About 25.2% of OPs intend to rely on their children for financial support. More than 90% are satisfied with the level of contact they have with their children and the level of assistance they receive from them.

Potential and Primary Caregivers

A total of 3,619 primary (73.2%) and potential (26.8%) caregivers participated in the LSAHV. Slightly more primary caregivers provide care to male (75.2%) than female OPs (71.6%). The proportion of OPs with primary caregivers increases with the OPs' age.

The percentage of male and female caregivers (48% vs. 52%) is almost equal, with 65% of female OPs cared for by males and 72% of male OPs cared for by females. The mean age for male caregivers is 55.6 years and for female caregivers 49.8. Most primary caregivers are married (82.9%) and have an elementary or high school education (64.9%). About 70% of caregivers are working, whilst 28.8% have stopped working completely. Less than 2% of primary caregivers have caregiver training. Most caregivers are the OPs' children (44.4%) or spouse (43.2%), and 9 in 10 live with the OPs. About two-thirds of primary caregivers consider themselves of average health.

A quarter of primary caregivers reported that the OP they were caring for has difficulty performing at least one activity of daily living (ADL) and 82.7% said the OP needs assistance in performing at least one ADL. Primary caregivers mostly assist OPs with household tasks (49.5%), followed by moving around and going out (20.3%), and personal care (17.6%). Most primary caregivers volunteered for the job (86.6%), whilst 10.0% became the primary caregiver because they are the only ones available. About 60% of them gain satisfaction from performing their care tasks, and 25.7% receive support from family members, friends, and others in performing their care tasks.

Of those who responded to the caregiver survey, 26.8% considered themselves potential caregivers. More than half the potential caregivers are males (56%). The mean age of potential caregivers is 48.0 years old. Six in ten female OPs have male potential caregivers, whilst more than half of male OPs mentioned a female potential caregiver. Like primary caregivers, most potential caregivers are married (76.7%) and with at least an elementary or high school education (71.9%). Three in four are working and less than 1% have caregiver training. Care for the OPs is expected mainly of adult children (56.3%) and the spouse (29.1%). Most potential caregivers reside with the OPs (77.6%), whilst 11.5% live next door and 4.2% live in the same commune.

About 65% of potential caregivers rated their health as average. They overwhelmingly (97.0%) reported that they are willing to become the OP's caregivers.

Adult Children of Older People

We interviewed 2,898 adult children of OPs, with slightly more males (56.2%) than females (43.8%). They are most likely to be living with their parents (73.0%) or living next door (12.8%). Generally, they have very good relationships with their parents and only about 10% reported not-so-good or poor relationships. The results show a disproportional exchange of support, with the flow of support from adult children to their parents exceeding the reverse flow. Only 16.9% of adult children received financial support from their parents in the month before the interview, whilst 52.9% of OPs received financial support from their children.

Most adult children perceive their parents as capable of living independently even with medical conditions. About 44% reported that their parents are still functional and 39.8% said their parents have medical conditions but are functional. Only 7.3% perceived their parents as having medical conditions and needing the assistance of a caregiver. Adult children and other family members are the main care providers of OPs who require assistance. Adult children reported that their mothers suffered greater deterioration than their fathers in the previous 2 years.

Almost all the interviewed adult children (98.1%) expressed positive views regarding filial expectations. They said they would care for their ageing parents and most agree (87.4%) that parents have a duty to do their best for their children even at the expense of their own well-being. Traditional beliefs on gender roles remain amongst children of OPs. About 57% agree with the traditional division of labour and only less than half (43.6%) agree that co-residence with a daughter is more suitable for ageing parents than with a son.

Conclusions

The results of the descriptive analyses of the LSAHV baseline survey data by gender and by age group are shown in this report. The findings from the analyses provide information needed to understand the current health, economic, social, and overall well-being of those aged 60 and above in Viet Nam. The government is well aware of the challenge of population ageing. We hope that these findings are useful for evidence-based policymaking to improve OPs' health and that practitioners and all relevant agencies will use them to help improve OPs' well-being.