

Chapter 1

Introduction

Nguyen Cong Vu, Mai Thi Tran, and Linh Thuy Dang

December 2020

This chapter should be cited as

Vu, N.C., M.T. Tran, and L.T. Dang (2020), 'Introduction, in Vu, N.C., M.T. Tran, L.T. Dang, C.L. Chei, and Y. Saito (eds.), *Ageing and Health in Viet Nam*, Jakarta: ERIA, pp.1-8.

Introduction

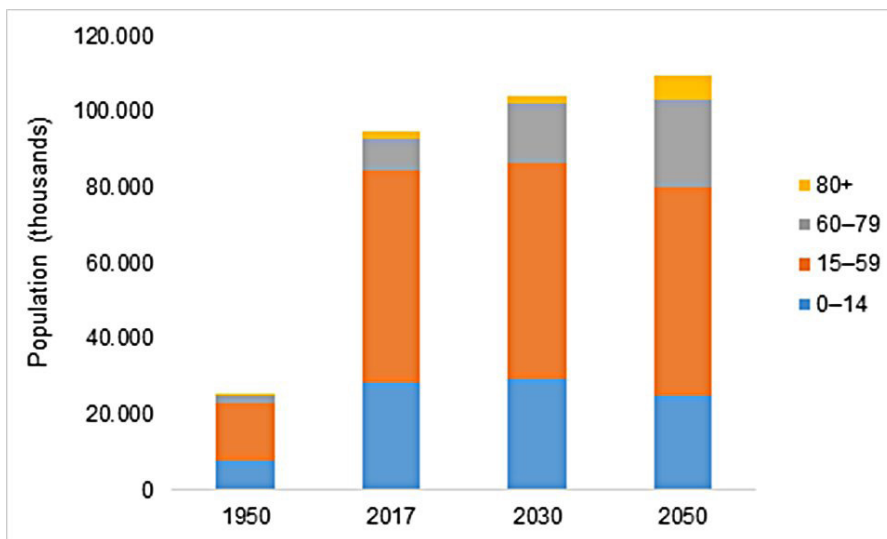
Nguyen Cong Vu, Mai Thi Tran, and Linh Thuy Dang

The world's population is ageing (UNDESA Population Division, 2017). Most countries face a growing number and proportion of older persons (OPs). In Viet Nam, the number of OPs (aged 60 and over) has grown rapidly and is projected to continue growing in the coming decades. In 2017, the number of OPs in Viet Nam reached 11% of the population (about 10.6 million people) and is expected to reach 17.5% in 2030 (about 18.6 million) and 28% in 2050 (about 32 million) (Figure 1.1) (UNDESA Population Division 2017).

Population ageing and the well-being of OPs are major emerging challenges for families, communities, and governments. In response, international organisations have issued global frameworks and agreements on ageing, such as the Political Declaration and Madrid Plan of Action on Ageing (United Nations, 2002) and the World Health Assemblies on Strengthening Active and Healthy Ageing (World Health Organization, 2005). The 2030 Agenda for Sustainable Development sets out a universal plan of action that seeks to ensure development for all segments of society, especially the most vulnerable, including OPs (UNDESA Population Division, 2015). The 20th Association of Southeast Asian Nations (ASEAN) Plus Three Statement on Active Ageing (ASEAN, 2016) reasserted the commitment of the member countries to promote active ageing. ASEAN aims to develop a regional plan of action to implement the Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN (ASEAN, 2015). These plans are compatible with Viet Nam's policies. The government has been giving serious attention to ageing issues. For instance, legal frameworks and government regulations are in place to guarantee the rights of OPs and ensure their well-being. In 2009, the government enacted the Law on the Elderly (No. 39/2009/QH12), followed by government regulations on policies on OPs (e.g. No. 06/2011/NĐ-CP) and a Ministry of Health decree (No. 35/2011/TT-BYT).

The Prime Minister approved the Decision No. 1781/QD-TTg, 2012–2020. It aims to improve the quality of care for OPs, socially mobilise care activities, and give OPs a role in accordance with the country’s actual and potential socioeconomic development. In 2013, the Ministry of Health included the indicator ‘number of beds for elderly patients’ to assess the quality of hospital services. In 2018, the ministry published circular 2248/BYT-KCB on standardising geriatric departments at provincial hospitals to meet growing demand to protect the health of the elderly.

Figure 1.1. Population by Age Group, Viet Nam



Source: UNDESA Population Division (POP/DB/PD/WPA/2017).

In 2011, the first national survey on ageing was conducted in Viet Nam. The Vietnam Aging Survey (VNAS 2011) (VWU, 2012) provided in-depth information on the socioeconomic and health profile of the OPs across various areas and regions. The design and questionnaires considered cultural differences between regions and ethnic groups. Whilst the contribution of the VNAS 2011 is significant, some aspects of ageing cannot be understood using cross-sectional design, i.e. changes in health status and identifying potential causes of such changes.

To gain deeper understanding of ageing process, a longitudinal design is needed to follow the same group of survey respondents through time (Birren and Schaie, 2001; Fozard et al., 1990) and enable researchers to observe changes in the target

population at both the group and individual levels. Longitudinal studies are becoming common in ageing societies although they are more expensive than cross-sectional studies to conduct. The longitudinal ageing studies have helped analyse the many issues related to old-age health, such as cognitive function, socioeconomic status, health status and physical performance, morbidity and mortality predictors, healthcare costs, and genetics (Stanziano et al., 2010). Longitudinal data have been widely used to understand health transitions such as the timing of the emergence of various health problems, progression of diseases, loss of functioning, cognitive decline, and factors that determine these life trajectories (National Academies of Sciences, Engineering, and Medicine, 2018; Newsom et al., 2013).

Unlike other Asian countries, Viet Nam has no longitudinal data on OPs (Table 1.1). Scientific data infrastructure that allows tracking of OPs' health status and healthcare is also lacking and is needed to formulate policies to adapt to OPs' conditions over time.

Table 1.1. Countries with or without Longitudinal Surveys on Ageing: ASEAN, China, India, Japan, and Republic of Korea

With Longitudinal Surveys on Ageing		Without Longitudinal Surveys on Ageing	
Country	% of the Population 60+ Years	Country	% of the Population 60+ Years
Japan	32.8	Viet Nam	10.3
Rep. of Korea	18.4	Myanmar	8.9
Singapore	17.9	Philippines	7.3
Thailand	15.6	Brunei	7.1
China	15.4	Cambodia	6.8
Malaysia	9.1	Lao People's Democratic Republic	6.1
India	8.9		
Indonesia*	8.1		

*The Indonesian Family Life Survey is not specific to the ageing population but covers a wide range of ages.

Source: Saito (2018), Teerawichitchainan and Knodel (2015), UNDESA Population Division (2017).

The Longitudinal Study of Ageing and Health in Viet Nam (LSAHV) is expected to establish baseline data and succeeding data on OPs. Data from the LSAHV will allow a comparison between Viet Nam and other ASEAN and ageing societies to gain understanding on health status of OPs. Comparing ageing studies will help each country learn about the successes and failures of policies and programmes for OPs (Smith, 2012).

Outline of the Report

The LSAHV collected vibrant, multidisciplinary data from interviews with multiple actors, including OPs and their caregivers, children, and household members. The household members were usually responsible adults, often household heads. Based on the survey, this report provides an updated description of OPs, especially their health and well-being. All data presented in this report are from the perspective of OPs and their caregivers and children. The analyses were conducted on the various dimensions of health and well-being with respect to age and sex of OPs. Age is a critical factor because it is the primary driver of biological maturation, whilst a person's sex has been considered a source of significant variation amongst major demographic processes such as mortality (Lutz et al., 2014).

The LSAHV and the Longitudinal Study of Ageing and Health in the Philippines (LSAHP) are funded by the Economic Research Institute for ASEAN and East Asia. The format and, to some extent, content of the Viet Nam report are similar to the LSAHP baseline report (Cruz et al., 2019). The study design details are in chapter 2.

The report has 14 chapters on core issues in population ageing. Each ends with a summary of findings, discussion, and policy recommendations. The detailed sampling design and procedure, and a description of the proxy respondents are in Annexes A and B.

Chapter 1 provides the background of the study followed by Chapter 2 which describes the baseline survey design, field data collection, data management and analysis, limitation of the LSAHV, and an outline of further steps in the longitudinal study. Chapter 3 discusses the demography of ageing in Viet Nam, the characteristics of OPs, their household composition, and information about their family.

The next three chapters focus on health. Chapter 4 deals with the dimensions of general health: self-assessed health, diagnosed illnesses, oral health, sleep, the experience of pain, falls, and lifestyle practices such as smoking and drinking. Chapter 5 focuses on multiple disability measures, including the Global Activity Limitation Index (GALI), Washington Group's Short Set of Questions on Disability, Nagi functioning measures, activities of daily living, and instrumental activities of daily living. Chapter 6 covers healthcare and healthcare utilisation.

Chapter 7 presents findings on the OPs' economic status as measured using source of income, most important source of income, income level, assets and liabilities, and self-assessed economic well-being.

Chapter 8 provides information about OPs' generativity, attitudes, and beliefs. Chapter 9 tackles activities, social isolation, and use of information and communication technology; and introduces the essential components of OPs' well-being, including leisure activities they enjoy, their involvement in religious activities, and their membership in religious and other organisations.

Chapter 10 discusses OPs' knowledge of and access to privileges such as discounts for senior citizens and social pension schemes for indigent senior citizens. The chapter provides OPs' attitudes towards nursing home as well.

Chapter 11 explores family support as indicated by intergenerational exchanges of financial, emotional, and material support. The chapter examines the OPs' social contact with co-resident and non-co-resident children and their level of satisfaction with the contact and support derived from their children. The chapter discusses OPs' attitudes towards reliance on children for financial support.

Chapter 12 explores the level and nature of informal care provision for OPs. The chapter provides details on the profile of caregivers, their relationship and living arrangement with the OPs, their self-assessed health, and their views on the difficulty of their roles as caregivers. The chapter discusses caregivers' assessment of OPs' functional health status and OPs' level of difficulty in performing activities of daily living.

Based on the Adult Child Questionnaire, chapter 13 examines OPs' children's relationship, living arrangements, and exchange of support with OPs; and provides

adult children's perception of their parents' health status and their attitudes and beliefs on the issues their parent respondents were asked about. The perspectives of the children and caregivers will be useful in cross-validating data collected from OPs on the same issues. Finally, chapter 14 discusses the main findings of the study and recommends policies and programme implication.

References

- Association of Southeast Asian Nations (ASEAN) (2015), 'Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN', in 27th ASEAN Summit. Kuala Lumpur: ASEAN. https://www.asean.org/storage/images/2015/November/27th-summit/ASCC_documents/Kuala%20Lumpur%20Declaration%20on%20Ageing%20-%20Empowering%20Older%20Persons%20in%20ASEANAdopted.pdf (accessed 17 October 2019).
- ASEAN (2016), 'ASEAN Plus Three Statement on Active Ageing', in 19th ASEAN Plus Three Summit. Vientiane: ASEAN. <https://asean.org/storage/2016/09/Final-Draft-APT-Statement-on-Active-Ageing.pdf> (accessed 17 October 2019).
- Birren, J.E. and K.W. Schaie (eds.) (2001), *Handbook of the Psychology of Aging*, 5th edition. San Diego, CA: Academic Press.
- Commission on Population and Development Board Resolution Number 03, Series of 2019. Approving the Creation of an Inter-Agency Technical Working Group on Active and Healthy Ageing and Development (IATWG on AHAD), and for Other Purposes.
- Congress of Viet Nam (2009), *Luật Người Cao Tuổi* [The Law on the Elderly]. Law No. 39/2009/QH12.
- Crimmins, E.M. and T. Seeman (2000), 'Integrating Biology into Demographic Research on Health and Aging', in C. E. Finch, J. W. Vaupel, and K. Kinsella (eds.) *Cells and Surveys: Should Biological Measures Be Included in Social Science Research?* Washington, DC: National Academy Press, pp.9–41.
- Cruz, G.T., C.J.P. Cruz, and Y. Saito (eds.) (2019), *Ageing and Health in the Philippines*. Jakarta: Economic Research Institute for ASEAN and East Asia.
- Dumpit, K. (2019). *Talking Points on the Work of NHRIs and GANHRI WG on Ageing*. Presentation. New York City, USA.
- Fozard, J.L., E.J. Metter, and L.J. Brant (1990), 'Next steps in Describing Aging and Disease in Longitudinal Studies', *Journal of Gerontology*, 45(4), pp.116–27.

- Government of Viet Nam (2011), Decree about Detailing and Guiding a Number of Articles of the Law on the Elderly. Decree No. 06/2011/NĐ-CP.
- Lutz, W., W.P. Butz, and S. KC (2014), *World Population & Human Capital in the Twenty-first Century: Executive Summary*. Laxenburg, Austria: International Institute for Applied Systems Analysis.
- Ministry of Health (Viet Nam) (2011), *Hướng dẫn thực hiện chăm sóc sức khỏe người cao tuổi* [Circular on Implementation of Healthcare for the Elderly]. Circular No. 35/2011/TT-BYT.
- Ministry of Health (Viet Nam) (2018), *Thành lập khoa Lão và chăm sóc sức khỏe cho người cao tuổi* [Official Letter on Establishment of Geriatrics Departments and Health Care for the Elderly]. Official Letter No. 2248/BYT-KCB.
- National Academies of Sciences, Engineering, and Medicine (2018), *Future Directions for the Demography of Aging: Proceedings of a Workshop*. Washington, DC: The National Academies Press. doi:10.17226/25064 (accessed 17 October 2019).
- Newsom, J.T., R.N. Jones, and S.M. Hofer (eds.) (2011), *Longitudinal Data Analysis: A Practical Guide for Researchers in Aging, Health, and Social Sciences*. New York: Routledge.
- Panel Study of Income Dynamics (PSID) (n.d.), Retrieved from the PSID website: <https://psidonline.isr.umich.edu/> (accessed 17 October 2019).
- Saito, Y. (2018), *Inter-country Longitudinal Study on Aging and Health*. Presentation. First Longitudinal Study of Aging and Health in the Philippines (LSHAP) Advisory Council meeting, Quezon City, Philippines, 20 July.
- Smith, J.P. (2012), 'Preparing for Population Ageing in Asia: Strengthening the Infrastructure for Science and Policy', in J. P. Smith and M. Majmundar (eds.) *Ageing in Asia: Findings from New and Emerging Data Initiatives*. Washington, DC: National Academy Press, pp.17–35.
- Stanziano, D.C., M. Whitehurst, P. Graham, and B.A. Roos (2010), 'A Review of Selected Longitudinal Studies on Aging: Past Findings and Future Directions', *Journal of the American Geriatrics Society*, 58 Suppl 2, pp.S292–7.
- Teerawichitchainan, B. and J. Knodel (2015), *Data Mapping on Ageing in Asia and the Pacific: Analytical Report*. <http://ageingasia.org/data-mapping/> (accessed 17 October 2019).
- The Prime Minister (Viet Nam) (2012), *National Action Plan for the Elderly in Vietnam from 2012 to 2020*. Decision No. 1781/QĐ-TTg.

Tran T.B.N., G.A. Barysheva, and L.S. Shpekht (2018), 'The Care of Elderly People in Vietnam', The European Proceedings of Social and Behavioural Sciences, eISSN: 2357-1330.

United Nations (2002), 'Political Declaration and Madrid Plan of Action on Ageing', in Second World Assembly on Ageing. Madrid: United Nations. <https://www.un.org/esa/socdev/documents/ageing/MIPAA/political-declaration-en.pdf> (accessed 17 October 2019)

United Nations Department of Economic and Social Affairs (UNDESA), Population Division (2017). <https://population.un.org/wpp/> (accessed 20 September 2019).

Vietnam Women Union (VWU) (2012). *Vietnam Aging Survey (VNAS) 2011: Key Findings*. Women Publishing House.