Part 1-CHAPTER 7

Older Persons and Long-term Care in Viet Nam

Phan Hong Van, Khuong Anh Tuan and Tran Thi Mai Oanh

June 2021

This chapter should be cited as:
Van, P.H., K.A. Tuan and T.T.M. Oanh (2021), 'Older Persons and Long-term Care in Viet Nam', in Komazawa, O. and Y. Saito (eds.), *Coping with Rapid Population Ageing in Asia*. Jakarta: ERIA, pp.45-56.

CHAPTER 7

Older Persons and Long-term Care in Viet Nam

Phan Hong Van, Khuong Anh Tuan, and Tran Thi Mai Oanh

Introduction

ThailViet Nam's population in 2017 was 93.7 million, with 64.9% living in rural areas (GSO, 2016a). The proportion of the population over the age of 60 reached 10% in 2011. Currently, 11.6% are over 60; that number will rise to 16.7% in 2029 and 21.37% in 2039 (GSO (1979, 1989, 1999, 2008); UNFPA, 2011).

Viet Nam is reforming its policies and systems to respond to a changing context. A long-term care (LTC) system for the elderly is still a new concept in Viet Nam. Long-term health care, social care, and elder care are understood differently by various stakeholders. This report aims to identify the characteristics of population ageing, care needs of older people, policy issues, long-term care models, and gaps and recommendations.

Methods

We used desk study, review of literature on ageing population and existing policies, models related to long-term care for older persons in Viet Nam, and secondary data analysis from data sets of national surveys (Vietnam Women's Union, 2012; GSO and UNFPA, 2016a; GSO, 2016a).

Main Findings

1. Characteristics of population ageing

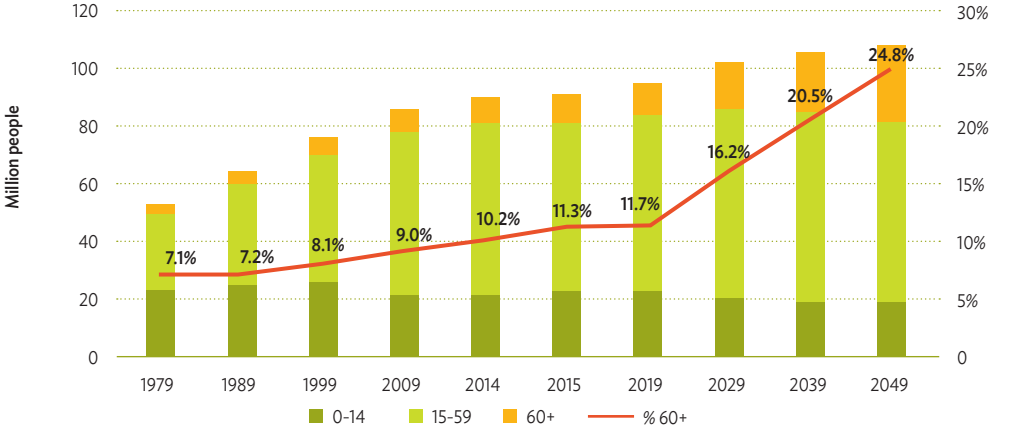
Viet Nam is one of the fastest ageing countries in the world

If 'ageing speed' is defined as the duration from the year when the percentage of older people aged 65 years or above reaches 7% to the year when this percentage reached 14%, Viet Nam's ageing speed will be only 27 years (2011–2037), similar to China – 27 years (2000–2027) and Japan – 26 years (1970–1996), and much faster than developed countries such as France – 115 years (1865–1980), Sweden – 85 years (1890–1975), Australia – 73 years (1938–2012), and the United States – 68 years (1944–2012) (Kinsella and Gist, 1995).

The proportion of elderly people has increased rapidly. Ageing occurs most rapidly in the oldest age group (80+)

In the past 35 years, Viet Nam's population has changed tremendously in size and age structure: the proportion of elderly has increased rapidly, with those aged 60 and over accounting for 6.9% in 1979 and 11.3% by 2015. Since 2012, Viet Nam has been aged, as those 60 and over made up 10.2% of the total population (GSO, 2012) and it will become very aged in 2038, when they make up 20.1% (GSO and UNFPA, 2016b). By 2049, older persons are estimated to account for about 25% (Figure 7.1).

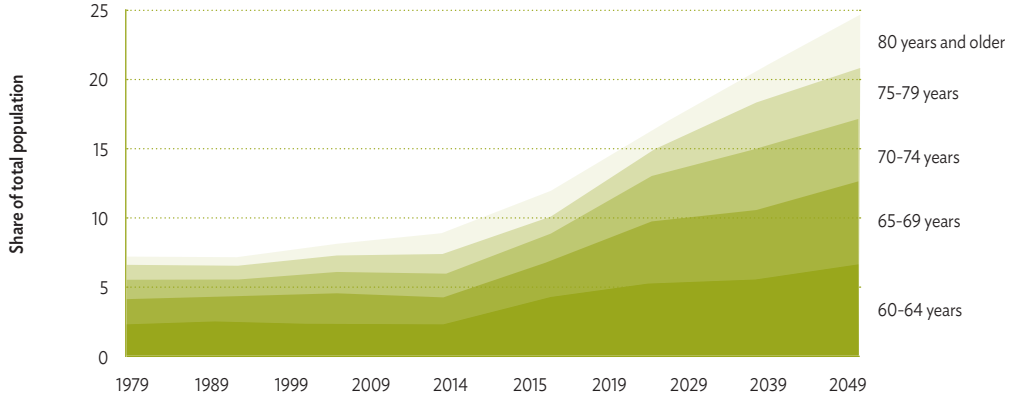
Figure 7.1. Viet Nam's Age Structure and the Proportion of Population Aged 60 and Older, 1979–2049



Source: GSO (1979, 1989, 1999, 2009); GSO (2016b); GSO (2016a); Viet Nam Ministry of Health – Health Partnership Group (2018).

The oldest group is increasing most rapidly: those aged 80 and over increased from 0.33 million (9% of the total elderly population aged 60 year or above in 1979 to 1.95 million in 2015 (18.8%) and are forecast to reach 4.3 million (15.9% of the total elderly population) by 2049 (GSO and UNFPA, 2016b) (Figure 7.2).

Figure 7.2. Age Structure Trends Amongst Older Age Groups, 1979–2049

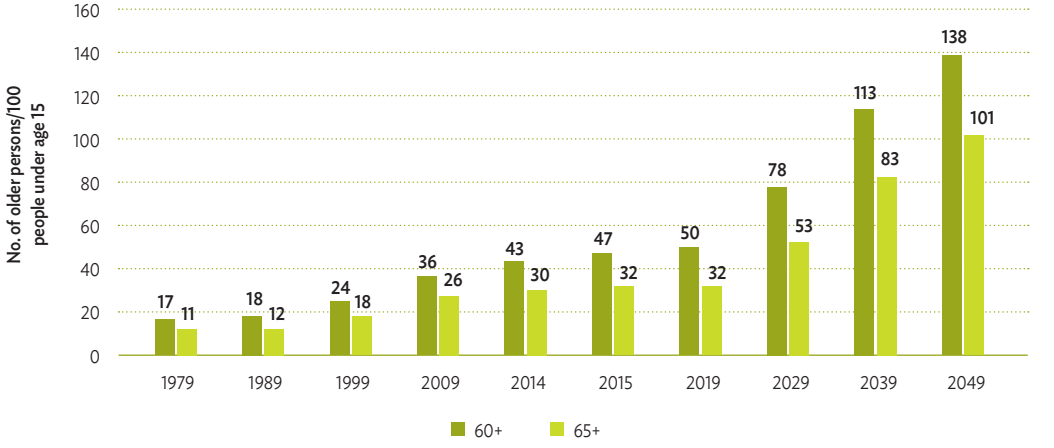


Source: GSO (1979, 1989, 1999, 2009); GSO and UNFPA (2016b).

The ageing index is increasing quickly, and the aged dependency ratio is increasing

The ageing index increased 2.8 times in 1979–2015, from 17 to 47 (Figure 7.3). By 2049, the ageing index will increase to 138, meaning there will be 138 persons aged 60 or over per hundred children aged under 15.

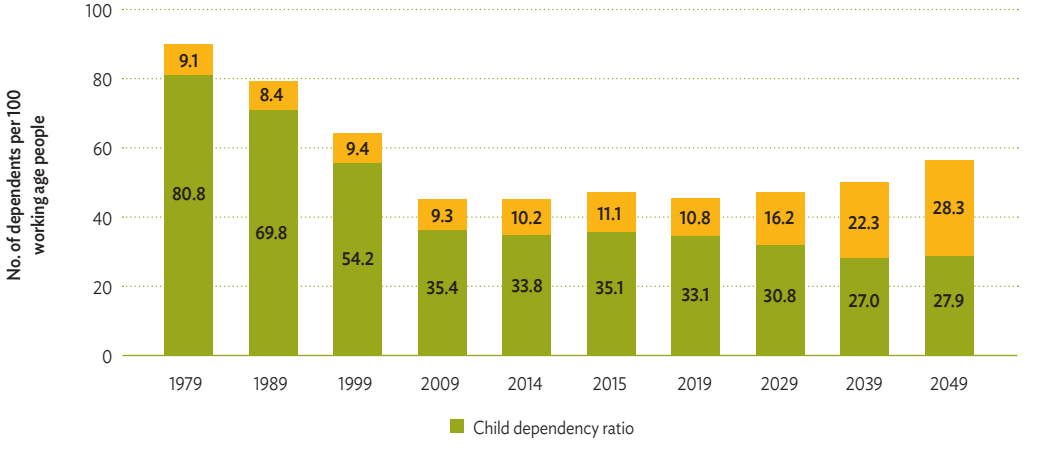
Figure 7.3. Ageing Index, 1979–2049



Sources: Viet Nam Ministry of Health (2018). GSO (1979, 1989, 1999, 2009); GSO (2015); GSO (2016a); GSO and UNFPA (2016b); Viet Nam Ministry of Health – Health Partnership Group (2018).

The recent rapid increase of the ageing index is mainly due to the decrease of the child dependency ratio. In 1979–2009, the aged dependency ratio remained stable at around 1 older person per 10 working-age people. However, it was 1 older person for every 9 working-age people in 2015, and is forecast to increase sharply in to 1 older person for every 6.2 working-age people in 2029 and 1 older person for every 3.5 working-age people in 2049 (Figure 7.4).

Figure 7.4. Dependency Ratio, 1979–2049



Source: Viet Nam Ministry of Health (2018).

Feminisation of ageing and increase in widowhood and older persons living alone

The proportion of females in the ageing population is increasing. In 2014, for every 100 women there were 79 men aged 60–69, 63 aged 70–79, and only 52 aged 80 and older (Table 7.1). By 2049, the number of men per 100 women is estimated to increase significantly in all age groups (Pham and Do, 2009).

Table 7.1. Sex Ratio By Age Group Amongst Older Persons, 1979–2049

Age group	Sex ratio (male/100 females)						
	1979	1989	1999	2009	2014	2029	2049
60–64	81.6	82.9	78.3	80.1	79.6	92.5	95.9
65–69	74.8	76.6	80.6	72.5	79.1	87.3	91.4
70–74	65.4	67.8	71.5	67.3	69.6	79.6	86.1
75–79	58.5	59.6	60.3	66.8	63.0	70.5	80.3
80+	45.8	46.9	48.3	49.9	52.1	48.5	63.2
60+	94.2	94.7	96.7	97.7	97.3	81.2	84.8

Source: GSO (1979); GSO and UNFPA (2016b). 1979–2014 data from GSO and UNFPA (2016b). 2015 data from GSO (2015). 2019–2049 projections from GSO and UNFPA (2016b).

The proportion of widows to widowers amongst the elderly 60+ is 36.1%. With increasing age, the proportion of widows to widowers is higher (19.4% aged 60–69 and 62% aged 80+) (Table 7.2).

Table 7.2. Marital Status of the Elderly (% by population)

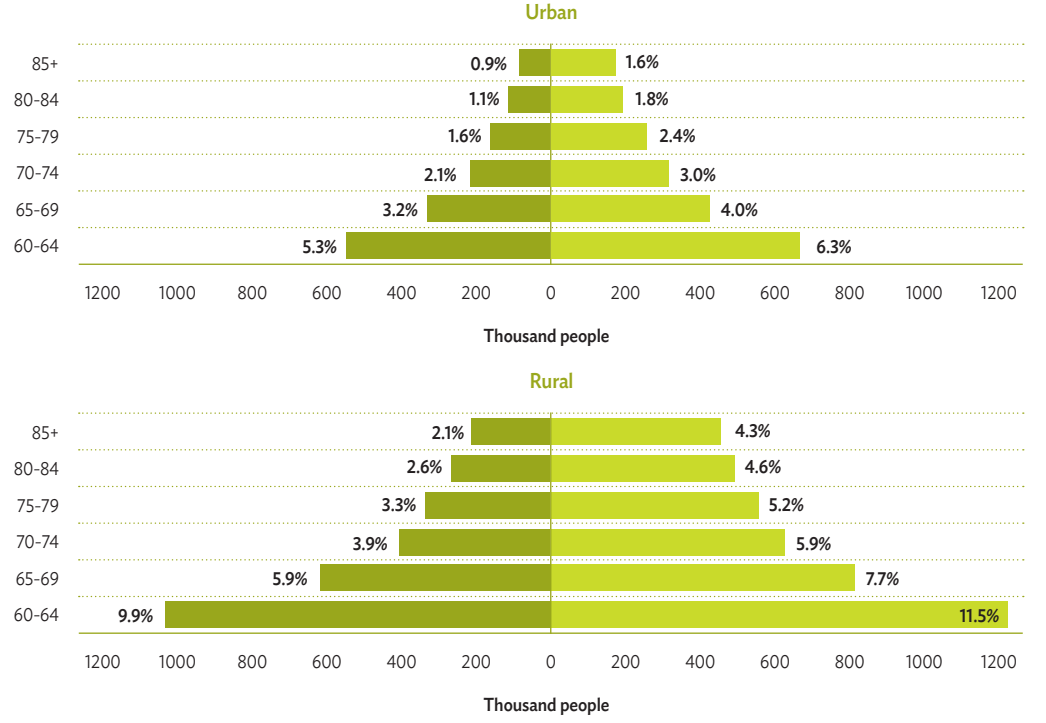
	Sex ratio (male/100 females)				Sex	
	60+	60–69	70–79	80+	Male	Female
Single	3.7	5.6	3.3	0.4	1.2	5.4
Married	58.9	72.7	54.9	37.1	84.3	42.1
Divorced	0.8	1.5	0.2	0.1	0.2	1.1
Separated	0.5	0.7	0.4	0.5	0.4	0.6
Widow to Widower	36.1	19.4	41.2	62.0	14.0	50.7
Total	100	100	100	100	100	100

Source: Vietnam Women's Union (2012).

Older persons mainly live in rural areas and this tendency increases with age

In 2015, about two-thirds of the elderly lived in rural areas. People aged 60–64 in urban areas accounted for 11.6% of the total elderly population whilst those in rural areas accounted for 21.4%, which means this age group accounts for 33% of the total elderly population (Figure 7.5). The next age group accounted for approximately 20% of the total elderly population. The number of older people falls by half between the 60–64 and the 70–74 age groups, likewise between the 70–74 and the 85 and older age groups. Thus, the 85 and older age group accounts for only 8.9% of the total elderly population. Whilst 35% of the 60–64 age group lives in urban areas, the figure for the 85 and older age group is only 28%.

Figure 7.5. Population Pyramid for Older Persons by Urban or Rural Residence, 2015



Source: Viet Nam Ministry of Health (2018).

The proportion of older persons living alone or living with their spouse is increasing

The proportion of older persons living with children was significantly reduced (80% in 1993 [UNFPA, 2011] and 69.5% in 2011 [Vietnam Women's Union, 2012]). The proportion of older persons living alone increased to 6.2% in 2011 and of those living with their spouse to 13.8% in 2011 (Table 7.3).

Table 7.3. Elderly People Living with Family Members and Others (% by population)

Living with	Total	Age group			Sex		Area	
		60–69	70–79	80+	Male	Female	Urban	Rural
Alone	6.2	6.0	10.6	14.3	2.0	9.3	3.4	7.6
Husband/Wife	13.8	16.8	16.2	10.7	17.8	10.9	9.7	15.9
Children	69.5	63.8	63.9	67.6	72.0	67.7	78.0	65.3
Grandchildren	5.9	8.5	6.6	6.5	4.4	7.0	5.1	6.3
Others	4.6	4.9	2.8	0.8	3.8	5.2	3.9	4.9
Total	100	100	100	100	100	100	100	100

Source: Vietnam Women's Union, 2012.

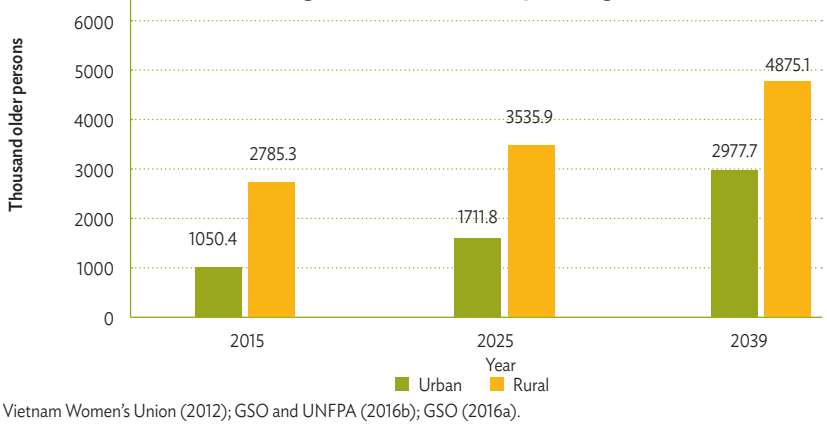
The percentage of older persons living with only grandchildren (but without children) is increasing: 7.1% in 2011 (Vietnam Women's Union, 2012). This can be explained by the impact of rural-to-urban migration of young people (second generation).

2. Care Needs of Older Persons

Older persons with difficulty in activities of daily living

The proportion of older persons with at least one difficulty in activities of daily living is 37.6% (Vietnam Women's Union, 2012). In 2015, nearly 4 million older persons had at least one difficulty in activities of daily living; that number is estimated to increase rapidly to about 5 million in 2025 and about 8 million in 2039 (Figure 7.6).

Figure 7.6. Projected Number of Older Persons with Difficulty in Performing Activities of Daily Living, 2015–2039

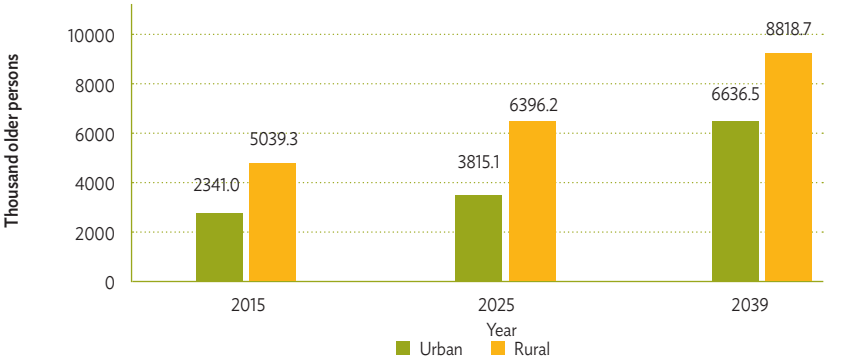


Source: Vietnam Women's Union (2012); GSO and UNFPA (2016b); GSO (2016a).

Older persons with difficulties moving

The proportion of older persons with at least one motor difficulty is 71.6%. In 2015, 7.4 million older persons needed LTC; that number is estimated to be about 10 million in 2025 and more than 15 million in 2039 (Figure 7.7).

Figure 7.7. Projected Number of Older Persons with Having at Least One Motor Difficulty, 2015–2039

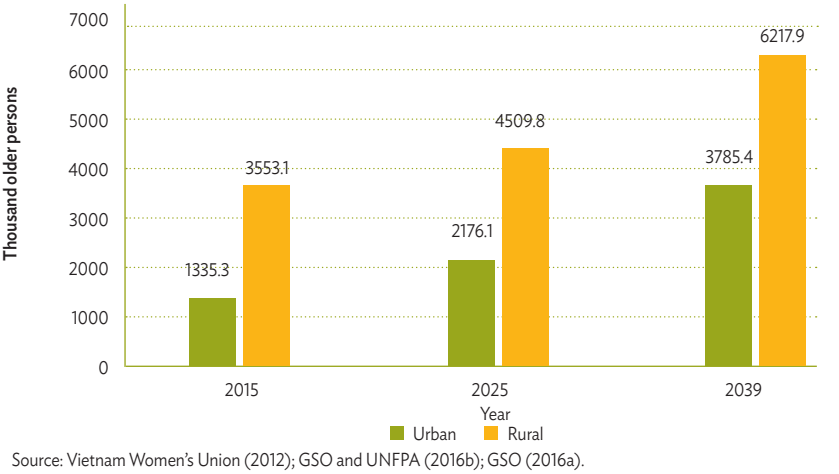


Source: Vietnam Women's Union (2012); GSO and UNFPA (2016b); GSO (2016a).

Older persons with very bad or bad memory

The proportion of older persons with very bad or bad memory is 48% (Vietnam Women's Union, 2012). In 2015, nearly 5 million needed LTC; that number is estimated to be nearly 7 million in 2025 and about 10 million in 2039 (Figure 7.8).

Figure 7.8. Projected Number of Older Persons with Very Bad or Bad Memory, 2015–2039



Source: Vietnam Women's Union (2012); GSO and UNFPA (2016b); GSO (2016a).

Although many older persons needed LTC in 2011, only 36% received help when they had difficulties with their activities of daily living (Vietnam Women's Union, 2012). The proportion of older persons who will not receive any support for difficulties in activities of daily living is estimated to remain high (27%). The LTC supply system needs to be improved.

3. Policy related to long-term care

General laws and health policies related to the elderly

Policies related to the elderly have been enacted, including those on health care for the general population and for the elderly. These policies emphasise the role of primary health care and health care services for the elderly, increasing access to quality healthcare services.

The government has social support and free health insurance cards for those 80 and older and for the vulnerable elderly (without caregivers, disabled, the poor). The government subsidises nearly 70% of the health insurance premiums for the near poor, including the elderly poor.

These policies also emphasise the role and responsibility of families, communities, and the whole society in caring for the elderly.

Specific laws and policies for the elderly

As it considers the elderly a priority group, the government has issued many policies to support them. The Elderly Law (2009) defines the rights and obligations of the elderly; the responsibility of the family, government, and society in supporting, caring for, and promoting the role of the elderly; and the organisational structure of the Viet Nam Elderly Association. The law also mentions the responsibility of the government to ensure subsidies and health insurance for those over 80 and for the vulnerable elderly (those without a caregiver, with disabilities, the poor); of the family and the whole of society to care for the elderly; and of the Ministry of Health to provide healthcare services to the elderly. The law emphasises establishing nursing homes for the elderly.

Policies on healthcare for the elderly include the National Agenda for the Elderly in 2012–2020 (Decision 1781 / QD-TTg). A Ministry of Finance circular prescribes the management and use of primary healthcare for elderly people in residential areas. A Ministry of Health circular provides for healthcare for the elderly in healthcare facilities and communities and for management of chronic diseases.

Policies to improve the availability and quality of healthcare services at the grassroots level

The government has also issued many policies to promote primary healthcare and healthcare at the grassroots level. These policies cover all aspects of healthcare, including strengthening organisational structures, human resources, pharmaceuticals, health financing, and healthcare delivery.

Policy on training in medical schools, geriatric training: *Gaps in policy content*

The healthcare policies for the elderly are generally comprehensive, but most are difficult to implement due to lack of funding and incentives and because penalties do not often result in effective implementation.

The following are also lacking:

- multisectoral coordination to ensure that all stakeholders are involved in policy implementation;
- monitoring and evaluation of policy implementation, resulting in limited policy effectiveness;
- attention to LTC and LTC policies; and
- human resources to provide LTC.

Viet Nam needs national medium- and long-term policies to build an LTC system.

4. Long-term care models

Most elderly care services are provided primarily by family members who are largely uneducated or supported by outsiders. Family-based care is increasingly decreasing and insufficient. Some people with complex care needs require support beyond what family members can provide.

No criteria regulate the formal care services although many people can afford them. High-quality services are available in some areas. The Ministry of Health and Ministry of Labour, Invalids, and Social Affairs has programmes that provide elements of LTC. Mass organisations and the private sector also provide LTC. However, there is no comprehensive LTC-based model or national integration of different services with a long-term perspective on human-centred care.

LTC service provision mainly supports family care provision with home-based services and residential homecare. The Intergenerational Self-Help Club model, which includes a multisectoral approach to community development, including health promotion and prevention activities, promotes volunteer-based home care. Paid home care is emerging as key for supporting older people without the means to pay for private care (Ministry of Health, 2016). Residential care is important for a small minority of people who cannot be safely or adequately cared for at home. Table 7.4 summarises key long-term care models.

Table 7.4. Care Models for the Elderly

Models	Care receivers	Caregivers	Services
1. Community and family-based model			
1. Home-based care provided by volunteers Started in 2003 through a regional project: Korea–ASEAN cooperation on home care for disadvantaged elderly people relying on volunteers. It was implemented with support from HelpAge Korea and with technical assistance from HelpAge International, and in collaboration with The Research Centre for Ageing Supportunder the Viet Nam Red Cross.	Elderly with difficulties in activities of daily living	Trained volunteers (>1700 volunteers)	Healthcare, help with activities of daily living (personal care)
2. Intergenerational self- care club Started in 2006 as part of a project by HelpAge International, with technical assistance and funding from international organisations (HelpAge, European Union, Korea International Cooperation Agency, UNFPA, Atlantic Philanthropies, UK Lottery).	Elderly	Engaged by people of many age groups, 60%–70% are elderly	Improvement of income Socio-cultural activities Healthcare and home and community care support
3. Counselling club and healthcare model for the elderly In 2011, the General Office of Population and Family Planning under the Ministry of Health conducted counselling and caring for older people in the community to improve their physical and mental health and quality of life, and to promote their role in society.	Elderly	Volunteers, Commune health station staff	Counseling and healthcare Socio-cultural activities, sports Support for the Association of the Elderly
2. Institutional care			
1. Social protection centres (13 belong to Ministry of Health and Ministry of Labour, Invalids, and Social Affairs)	Many groups, including the elderly	Health and social staff being trained	Basic daily and healthcare services
2. Private care centres for the elderly	The elderly with decreasing ability to perform activities of daily living, instrumental activities of daily living; and can afford to pay for services	Social staff, nurses being trained with technical support from public health facilities	Integrated care, close to long-term care

Gaps in long-term care models

- Primarily based on family; no consistent LTC training programme
- Nursing homes mostly located in big cities, mainly afforded by the better off
- Limited number of social protection centres, which do not meet all needs, operate inefficiently
- Based on household out-of-pocket payment; limited government budget and health insurance

Recommendations

(1) Develop an LTC system, including principles, values, and objectives.
(2) Take a rights-based approach and base LTC on active ageing and healthy ageing frameworks.

(3) Increase awareness of the need for LTC services and related issues amongst a wide range of stakeholders, including national and local authorities, older persons and their families, private sector mass organisations.
(4) Because LTC services are multidisciplinary, identify a high-level focal point to ensure coordination amongst stakeholders involved in developing LTC services.
(5) Build the LTC system on existing systems and programmes and utilise existing resources in the most efficient way possible. Implement existing policies and programmes adequately as these will support LTC development.

References

General Statistics Office of Viet Nam (GSO) (1979, 1989, 1999, 2008), Viet Nam National General Population Census. Hanoi: GSO.

General Statistics Office of Viet Nam (GSO) (2011), Population projections for Viet Nam 2009–2049. Hanoi: GSO. https://vietnam.unfpa.org/sites/default/files/pub-pdf/4_Population-Projections.pdf (accessed 8 February 2021).

General Statistics Office of Viet Nam (GSO) (2012), The 1/4/2012 time point population change and family planning survey: Design and Implementation. Hanoi: GSO. (Tổng cục Thống kê (2012), Điều tra biến động dân số và Kế Hoạch Hóa Gia Đình thời điểm 1/4/2012: Thiết kế và tổ chức thục hiện. Hà Nội: GSO).

General Statistics Office of Viet Nam (GSO) (2015), The 1/4/2014 Viet Nam intercensal population and housing survey: Major findings. Hanoi: GSO. (Tổng cục Thống kê (2015), Các kết quả chủ : Điều tra dân số và nhà ở giữa kỳ thời điểm 1/4/2014. Hà Nội: GSO).

General Statistics Office of Viet Nam (GSO) (2016a), Social and economic situation in 2017. https://www.gso.gov.vn/default_en.aspx?tabid=622&ItemID=18670 (accessed 21 February 2018).

General Statistics Office of Viet Nam (GSO) (2016b), The 1/4/2015 time-point population change and family planning survey: Major findings. Hanoi: GSO. (Tổng cục Thống kê (2016), Kết quả chủ : Điều tra biến động Dân số và Kế Hoạch Hóa Gia Đình thời điểm 1/4/2015. Hà Nội: GSO).

General Statistics Office of Viet Nam (GSO)– Ministry of Planning and Investment (2010), Viet Nam – Household Living Standards Survey 2010. Ha Noi: GSO.

General Statistics Office of Viet Nam (GSO) and the United Nations Population Fund (UNFPA) (2016a), The 2014 Viet Nam Intercensal Population and Housing Survey: Population sex-age structure and related socio-economic issues in Viet Nam. Hanoi: Vietnam News Agency Publishing House.

General Statistics Office of Viet Nam (GSO) and the United Nations Population Fund (UNFPA) (2016b), Viet Nam Population Projection 2014–2049. Hanoi: Vietnam News Agency Publishing House.

Kinsella, K. and Y.J. Gist (1995), Retirement and Pensions: A Comparative International Chartbook. Washington, DC: US Department of Commerce.

Pham, T. and T.K.H. Do (2009), Báo cáo tổng quan về chính sách người già thích ứng với thay đổi cơ cấu tuổi tại Việt Nam [Overview of the policy to adapt to the changing age structure in Viet Nam]. Hanoi: National Geriatric Hospital.

Viet Nam Ministry of Health – Health Partnership Group (2018), Joint annual health review 2016 Towards healthy aging in Viet Nam. Hanoi: Medical Publishing House.

Vietnam Women's Union (2012), Viet Nam Aging Survey, 2011: Key findings. Ha Noi: Women's Publishing House.