ISBN 978-604-77-8453-0

SÁCH KHÔNG BÁN
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Country Report

VIETNAM

Independent semi-annual information on politics, economy and society of a country in transition

No1 | 2020

Vietnam as an Ageing Society

Phiên bản tiếng Việt từ trang 129

USH
Hanns Seidel Foundation
JUSTUS-LIEBIG-UNIVERSITÄT GIESSEN
NHÀ XUẤT BẢN THANH NIÊN

THANH NIEN PUBLISHING HOUSE

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Independent semi-annual information on politics, economy and society of a country in transitionVietnam as an ageing society.

Responsible for Publication:

Director - Chief editor: Le Thanh Ha

Editor: Nguyen Tien Thang

In cooperation with Hanns Seidel Foundation

Unit 703, Opera Business Center, 60 Ly Thai To, Hanoi, Vietnam

Cover design & Layout: Green Media Trading JSC.,

Print-run 200, format 20,8 x 29,5 cm, at Ha Phat printing JSC.,
Add: No.6 Ngoc Ha, Doi Can Ward, Ba Dinh District, Ha Noi City.

Publishing licence: 4467-2020/CXBIPH/10-114/TN

Printing & Deposting duty copies in 2020.

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The Hanns Seidel Foundation (HSF) is a German political foundation and was established in Munich (Germany) in 1967. Currently, HSF implements over 80 projects in 60 countries around the globe. HSF is committed to democracy, peace, and development. The work of HSF is based on a human ideal that includes free personality, development, and autonomy as well as social responsibility and solidarity. HSF has been involved in projects in Vietnam for three decades. Since the establishment of a representative office in Hanoi in 2011, HSF has been strengthening its cooperation with Vietnamese partners for a social, economic and institutional development that focuses specifically on social protection as well as on sustainable development and inclusive governance.

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Michael Siegner

Resident Representative of the Hanns Seidel Foundation in Vietnam

Foreword

While walking through the streets of Hanoi, it is almost impossible not to explore something new every week. Hardly any other country has been changing and developing as rapidly as Vietnam in the last decade. Since the so-called Doi Moi reform policy, initiated in 1986, Vietnam has experienced remarkable economic growth that has had a lasting effect on society. Together with the changes in the economic sphere came new challenges in the context of social protection and social security. The importance of traditional social safety nets connected to families and relatives has slowly declined. While living standards and economic opportunities have improved for the vast majority of the Vietnamese population, a myriad of challenges remain.

Against this background, the work of the Hanns Seidel Foundation (HSF) in Vietnam has been emphasizing the need for suitable policies enhancing social inclusion and social security. For over 10 years, HSF Vietnam has cooperated with various stakeholders on international best practices and policy recommendations in the context of social policy. This edited volume provides a new layer of HSF's engagement. While HSF will continuously work with think tanks and the stakeholders relevant for social policy, we are delighted to support a broader academic debate revolving around issues that are at the nexus of sustainable and equitable social development. This Country Report on Social Policy in Vietnam is the product of this support and I would like to thank the University of Social Science and Humanities Hanoi (USSH) and the Justus-Liebig University Gießen (JLU) for the excellent cooperation. This Country Report aims to produce academic but policy-oriented research on Social Policy in Vietnam, while targeting a broader audience of interested stakeholders through brief yet comprehensive introduction papers on timely topics that focus on the various challenges for an overall social security framework in Vietnam.

I would like to thank everyone who has been involved in the success of this volume. Here I would like to specifically thank PD Dr. Detlef Briesen of the JLU Gießen and Prof. Dr. Pham Quang Minh of the USSH for the overall coordination of the project. Further, I would like to thank Dr. Nguyen Thi Thuy Trang of the USSH for the constant support and all authors who contributed to the volume. Finally, a special thanks goes to Magdalena Knödler for all the work and energy that you put into this project.

Michael Siegner

Editorial

Detlef Briesen

Pham Quang Minh

Vietnam is a country in Southeast Asia that has undergone extensive political, social, and economic changes over the past three decades. The country has also found a new place as a regional middle power in foreign policy. However, this enormous rise from the group of the world's poorest countries to a new "tiger economy" is counterbalanced by a huge information deficit: Vietnam is still often identified abroad with its painful past, and at home, outdated communication structures still hinder a better level of information. We want to help remedy this deficit: For this reason, the University of Social Science and Humanities, Hanoi, Vietnam National University (USSH), and the Justus Liebig University of Giessen (JLU), Germany, are now publishing a country report on Vietnam twice a year, starting with this issue.

In future, our Country Report Vietnam will address important problem areas and fundamental questions of contemporary Vietnam in thematic issues, such as "Vietnam as an ageing society" in this first issue. Many non-insiders will be surprised to learn here that the general ageing process of the population, which one would rather expect to find in Europe or Japan, has long since reached Vietnam. It will pose considerable challenges for national social policy in the future. Hence, our country report is directed both to experts and to a broader audience, which is also generally more interested in Vietnam today. The Country Report will therefore be published here and in the future in two languages, English and Vietnamese, and in a third part will also contain selected information from the ongoing social monitoring as well as references to events and publications.

Our country report is independent, it is based on the scientific information obligations of the participating universities. This does not mean, however, that support from donors has not been or will not have to be obtained in the future. Especially for this issue, and two following ones on environmental policy and parliamentary government work, we would therefore like to thank the Hanns-Seidel-Foundation, Munich, Germany (HSS), for its generous support. In the future, other institutions may also become involved in our work if they appreciate our independence in the same exemplary way as Hanns-Seidel-Foundation.

Hanoi/Giessen in December 2020.

Detlef Briesen **Pham Quang Minh**

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BASIC ARTICLE:

Social Policy in Vietnam for an Ageing Population

● Detlef Briesen/Pham Quang Minh

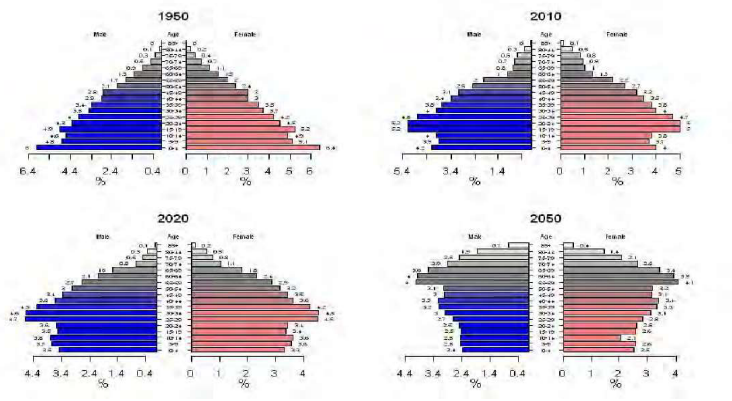
1. The Demographic Transition, a Challenge for Social Policy

The first issue of the Country Report deals with a central area of domestic policy, the state's contribution to social security for the population through an active social policy. In more detail, this issue of the Report examines a new socio-political challenge for Vietnam, the increasing number of senior citizens. There are only two data on this: While in 1979 just under 7% of Vietnam's population was 60 years and older, conservative estimates suggest that this figure will rise to 26% in 2049. This volume is devoted to a new problem for Vietnam. It is the result of rapid social change which has taken place in Vietnam over the last 30 years, particularly in three areas:

- Vietnam's economic performance has increased enormously since the mid-1980s. The country has developed considerably: from one of the poorest in the world to a member of what the World Bank calls the Low Middle Income Countries. Large sections of the population have benefited from this economic growth.
- Parallel to the increasing prosperity, the living conditions of the Vietnamese have changed significantly. Improvements in nutrition, housing and health care have led to the Vietnamese reaching a higher average age.
- At the same time, the family structure has changed; many families today have far fewer children. As a result, the relationship between the individual age groups or the composition of society in terms of the various age groups has changed: The percentage of young people has fallen, and the percentage of old people has increased rapidly.

In the future, it is expected that the relationship between age groups will change not only relative to each other but also in absolute terms. In not too distant future fewer and fewer young people will be facing a growing number of old people. Such a change can best be illustrated by comparing past, present and future so-called age pyramids.

Vietnam's Population Pyramid in 1950, 2010, 2020 and 2050[1]



Vietnam is thus in a process that international research refers to as demographic transition. This denotes a three-stage, demographic transition process that has taken place or is taking place according to the same pattern all over the world. The starting point for this development is Western Europe, from where the demographic transition first spread to other industrialised countries and has now reached East and South-East Asia.

1. The starting point of the demographic transition is the historical societies of Western Europe in the early 18th century. Until then, the population grew only very slowly, if at all. Although there were many more births than today, there were also much higher death rates, especially due to exorbitant mortality among infants and young children, infectious diseases even among the older population, and periodic famines. Hardly anyone became much older than 60 years.

2. In the second half of the 18th century, the population in Western Europe began to increase, initially because the marriage regulations of feudal society were no longer observed. It was only after 1850 that the general quality of life was improved through secured or better food, clothing, and housing and finally through medical care. This led above all to the fact that more children than before survived the critical period until the age of 6. As the birth rate remained high, the population began to grow. However, a higher age beyond the seventh decade of life was rarely reached.

3. After the Second World War, living conditions of people in the industrialised countries continued to improve. As a result, the average age of the population has now risen steadily. However, especially since the 1960s, fewer and fewer children have been born because of changes in women's understanding of their roles. Since then, this decline in births has led to ever higher proportions of ever older people in the total population. Depending on the country, not only is the total population stagnating, but in many cases a drastic shrinking of the population is to be expected.

This global demographic transition has now reached Vietnam, albeit with a significant historical lag, particularly in relation to Western Europe. In fact, for some years now, the demographic change has been taking place nowhere in South East Asia as rapidly as in Vietnam. Over the next 30 years it is therefore likely that the proportion of Vietnamese aged over 60 years or over 80 years will increase significantly. This transition from an on average young and growing population to an on average older and perhaps even declining population is an ambivalent process: It opens new opportunities, but also poses numerous challenges for Vietnam. New concepts are needed: to name but a few, for employment, pension system, social life, health care and nursing. It is therefore more than advisable that Vietnam develops an innovative social policy for an ageing society to a greater extent than in hitherto. This draws attention to the objectives and instruments of modern social policy and how an innovative policy coping with ageing can be integrated into the social policy activities in Vietnam to date.

To begin with, here in this basic article, essential information is therefore provided on the possibilities of state social policy in general and on its specific features in Vietnam. This information is of central importance for understanding a social policy which in future will have to focus more on the needs of older people, better: or for a society as a whole, which will have significantly different structures than those of today.

The Vietnamese population: Rapid growth of the "oldest old"

Age group (% total population)	1979	1989	1999	2009	2019	2029	2039	2049
60-64	2.28	2.40	2.31	2.26	4.29	5.28	5.80	7.04
65-69	1.90	1.90	2.20	1.81	2.78	4.56	5.21	6.14
70-74	1.34	1.40	1.58	1.65	1.67	3.36	4.30	4.89
75-79	0.90	0.80	1.09	1.40	1.16	1.91	3.28	3.87
80+	0.54	0.70	0.93	1.47	1.48	1.55	2.78	4.16
Total	**6.96**	**7.20**	**8.11**	**8.69**	**11.78**	**16.66**	**21.37**	**26.10**

Source: Population and Housing Census 1979, 1989, 1999, and 2009; GSO (2010)

2. Public Social Policy – Definitions and General Principles

State social policy, and especially its consequences for sub-sectors of society, are highly controversial in political discourse in many countries. There is no doubt that there are undesirable developments based on social policy measures. However, pure cost-benefit analyses, on which many critical contributions to the debate are based, do not accurately depict the most important social effects of social policy: For the main lines of the discussion on social policy, whether covert or overt, are ideologically oriented. The question is to what extent social conditions should be regulated by the market or the state. However, it is precisely in this alternative that there is a strong argument for state social policy, because its most important goal is to guarantee security. However, *security* is a central good that markets can neither provide nor, according to the ideas of the *market radicals*, should provide at all: Social security is an economic good that eludes the functional logic of markets.

Irrespective of all the criticism, which is partly justified, social policy is thus an important and highly relevant area of state action in terms of public policy. Its starting point is the use of certain political instruments to improve living conditions, i.e. the economic and social position of groups of people who are regarded as weak. Weakness is defined either in absolute terms, for example regarding life risks, or in relation to various population groups, for example as marginalised in respect of economic income or social standing. Weakness or disadvantage of individual population groups results in social inequality, a basic characteristic of human societies. Today, the main objective of state social policy is to reduce or balance this inequality. Its historical background is the fundamental economic, social, and political changes that took place worldwide since the late 18th century. Three factors were important for the emergence of public social policy in particular:

- Traditional forms of social solidarity – such as guilds, extended families, or charitable religious institutions – were destroyed or proved to be no longer effective enough.
- New social issues related to life risks and marginalisation were emerging, such as the industrial and colonial agricultural workforce in Western Europe and South-East Asia, today people in precarious employment and the chronically ill or urban poor and the population in remote areas.
- Modern state with its manifold tasks and extensive resources was established; the fact that social policy has become one of its most important tasks in many countries was due to a corresponding politicisation of the population. It politically asserted its claims to more comprehensive participation and services, in Western Europe against the authoritarian state, in Vietnam against the usurpation of state power by France.

State social policy is thus, on the one hand, a consequence of the emergence of modern states with industrial and service societies, and on the other hand a basic prerequisite for their existence. Social policy aims at more than just the sheer balance of life risks and disadvantages. For, as today's conditions in some countries show – without successful social policy, considerable social distortions are created:

- The existence of people without income or income opportunities, of children, senior citizens, the sick, disabled, and unemployed, is not secure.
- There is no social justice, because without social equalisation extreme differences in income and wealth develop.
- Without state regulation, market failure and gaps in provision occur, especially in private security systems against life risks.

The examples show that without state social policy, extreme social divisions endanger the social peace in a society. From a socio-political point of view, peace is a highly valuable good; in international terminology it is therefore considered one of the most important final or primary objectives of social policy. Other final goals include ensuring minimum social standards and enforcing social justice. In the Federal Republic of Germany, for example, the following final objectives have been defined to realise the societal model of the welfare state:

- Securing and increasing material freedom by securing individual employment opportunities, a system of social security and a policy of poverty reduction,
- implementation of social justice through initial and distributive justice,
- securing social peace by balancing social inequalities.

However, the primary objectives do not yet indicate how they can be achieved in practice. Therefore, another term widely used in research is that of (secondary) instrumental goals based on impact assumptions. Such instrumental goals include, for example

- Protection and restoration of health through worker protection and health insurance,
- creation, safeguarding and improvement of professional and earning capacity as a basis for self-responsible livelihood security through education and labour market policy,
- ensuring human dignity and the conditions for the free development of the personality through housing, youth, and old-age policy,
- social security against life risks by ensuring a humane minimum subsistence level,
- balancing differences in income and wealth through a policy of social redistribution, for example through education, family, wealth, and housing policy.

State social policy has a wide range of instruments at its disposal to achieve such instrumental goals. As a rule, they are legally based on laws and regulations. A distinction can be made in particular:

- regulatory social policy, i.e. the legally defined protection of employees, children, young people, mothers, and severely disabled persons,
- targeted state intervention in markets, especially in the labour and housing markets,
- measures to promote social balance, for example through education and property policy,
- the achievement of general socio-political objectives, by promoting low-income groups, those less well educated, families, women, and minorities,
- and particularly social security systems against life risks.

In general, the latter social security systems are the focus of state social policy. Social security systems against life risks are defined by an international convention, the International Labour Organisation (ILO) Convention No 102 on Social Security (Minimum Standards) of 1952,[2] which is considered to be the most important convention on social security as it is the only international instrument based on fundamental principles of social security and sets globally agreed minimum standards for all nine areas of protection against life risks. These areas are:

- medical care, sickness benefit, unemployment benefit, retirement pension, benefits in the event of accidents at work, for families, for pregnancy, for invalidity and for survivors.

A modern social policy seeks to achieve these instrumental objectives as a matter of priority, which encounters different difficulties from one country to another.

3. Social Policy in Vietnam since Doi Moi

This is also reflected in Vietnam's social policy. Until the end of the 1980s, the Socialist Republic of Vietnam faced considerable social challenges arising from the legacy of the colonial period, the Second World War and the three wars in Indochina. After almost 50 years of war, large parts of Vietnam were destroyed, and the population suffered socially, economically, healthily, and psychologically from the consequences of the fighting. However, with the gradual abandonment of economic policies modelled on those of the Eastern bloc, initiated by the so-called Doi Moi reforms of 1986, significant economic and social change began. It also brought about profound changes in social policy, moving away from addressing the needs of the population in war and post-war times to the challenges of a dynamic society in a process of rapid economic growth. Since the early 1990s, Vietnamese social policy has been concerned with nothing less than developing new concepts in a largely changed environment: from a war economy to international integration, from a socialist state economy to a so-called socialist market economy, from the social misery of the war and post-war period to the increased level of prosperity that has become more and more apparent, especially in the last decade. In view of such major challenges – changes in the labour market, changes in the social structure, the emergence of new social strata, the decline in the importance of the extended family – the Vietnamese government has become much more active in the area of socio-political reforms, especially since around 2010.

The basic approach to social policy in Vietnam today, as in other countries where proactive social policy exists, is characterised by a mixture of various final and instrumental objectives and social policy instruments. The most important principle is the move away from the concept of (emergency) care by the state towards, if possible, helping people to help themselves. As is widely accepted internationally, Vietnam's most important final socio-political goal is to enable the population to protect itself against life risks. The above-mentioned ILO agreement was the inspiration for this, although Vietnam has not yet signed this convention as of 05.09.2020. Nevertheless, the 5th Plenum of the XI Central Committee of the Communist Party of Vietnam expressed exactly this socio-political concept in its resolution *Some Social Policies for 2012–2020* – direct help where necessary, help to self-help whenever possible:

"Social security policy is a system of policies and programs implemented by the state and social forces to ensure minimum income and poverty reduction, health care and access to education and on the enjoyment of benefits for all members of society, by enhancing the capacity of individual, household and community self-sufficiency through the management and control of the risks due to unemployment, old age, illness, natural disasters, negative impact of market economy ... that lead to decrease or loss of income and reduced access to basic services."[3]

Taking up the terminology introduced above, it can be assumed that state social policy in Vietnam is in theory guided by the following primary objectives:[4]

- to safeguard fundamental rights and human development,
- to be both a goal and a driving force for economic growth and sustainable development,
- to ensure social justice and social consensus,
- to place particular emphasis on addressing the most pressing problems of the societal changes currently underway,
- be geared to the global objective of international integration.

Since the 2010s, attempts have been made to define these final goals more precisely through instrumental targets and to develop new social policy instruments for this purpose. The instrumental objectives of social policy are at the same time linked to general development policy objectives. This results from Vietnam's status as a middle-low-income country, i.e. a country which, in terms of its level of development, lies between the NICs and the developing countries. In this respect, instrumental goals are particularly noteworthy:

- Increasing employment opportunities, securing minimum income, and reducing poverty for workers at risk through individual and family support in the form of product development, credit support, job creation and the provision of labour market information.
- To expand opportunities for workers to participate in the social security policy system and to provide unemployment insurance if income is reduced or lost due to risk, illness, accident work, and old age.
- Providing regular assistance to people in special circumstances and emergency assistance to counter unforeseen or uncontrollable risks (crop failure, natural disasters, earthquakes, war, hunger, and poverty) through cash and in-kind benefits provided by the State.
- Better access to basic social services such as education, health, housing, clean water and improved environmental conditions and better information systems.[5]

Even if these underlying principles of social policy in Vietnam are not completely identical with the concepts of subsidiarity in the Federal Republic of Germany because of the divergences in the political systems, certain parallels can be seen in the approach. For these instrumental goals can be systematised even further. The concept of social policy in Vietnam is based on three priority areas: risk management, redistribution of income and measures to improve social cohesion. The focus in Vietnam is on dealing with risks,

- by preventing life risks and natural disasters,
- by limiting the consequences of such risks through welfare state and non-private sector approaches
- and finally, by overcoming life risks, such as poverty and age-related disadvantages, through welfare state measures.

In addition, there is still the instrumental objective of redistributing income in favour of disadvantaged groups, for example through social insurance schemes in the event of unemployment, illness, and old age. Finally, measures to improve social cohesion in the context of a dynamically developing market economy play a role which tends to increase social inequality in the country. For this reason, Vietnam's social policy over the last two decades has focused mainly on the following areas:

- Introduction of or reforms in social security, such as health, poverty, accidents at work and old age,
- labour market policy,
- and on assistance in emergency situations, for example as result of natural disasters, as well as for certain marginalised groups, especially those living in chronic poverty, i.e. above all social policy for the country's ethnic minorities.

The individual social reforms in Vietnam, especially since the 2010s, cannot be discussed in detail here. However, a broad range of instruments in the areas of the labour market, social insurance, food aid, school education, health care, housing, water supply and information technology should be mentioned. On the other hand, several social policy reform laws were adopted, in particular a series of amendments in the areas of disability (2010), labour (2012) and employment (2013), health insurance (2013) and social security (2014).[6]

Reforms for a more comprehensive social policy for Vietnam's older population are now on the political agenda. This is another reason why we have published this Country Report.

4. Conclusion: Social Policy for Vietnam as an Ageing Society

State social policy is an essential guarantee of a peaceful social order. Maintaining this order is a task which is constantly being faced by political actors in new ways: For the processes of social change that have not ended since the dawn of modernity are constantly generating new and different social challenges. A new challenge for Vietnam is the foreseeable ageing of the population within the framework of a process which international research calls demographic change. This raises the question of how the three fundamental final goals of an innovative social policy regarding the ageing population can be achieved in Vietnam:

- How can social security in old age be guaranteed? How can poverty in old age be successfully combated? How can the care of Vietnam's elderly people be ensured in the long term?
- How can social justice be maintained in the face of demographic transition? How can life opportunities and burdens be shared fairly between younger and older people?
- How can social inequalities between poorer and richer people, between urban and rural areas and between majorities and minorities be balanced?

At present, initial answers to these questions are already available in Vietnam. This first issue of the Country Report cannot therefore draw on well-established research, but rather takes a cautious look at a complex field of study that is new to Vietnam. The following articles therefore attempt to provide a more in-depth picture of Vietnam in those key areas that are intensively discussed in the international debate on the ageing society. These include:

- the exact course of the demographic transition,
- securing income, health care and care in old age,
- the institutions concerned with old people and the ageing of society,
- the change in ideas about ageing,
- the particular problems of the urban-rural divide and ethnic minorities,
- and the shift towards an innovative senior citizens' policy for Vietnamese society.

All these articles illuminate important aspects of a complex socio-political topic and can be read independently of each other.

[1] https://www.google.com/search?biw=1366&bih=657&tbm=isch&sa=1&ei=JRQoXNiaI83t-QbSho7YAg&q.

[2] https://www.ilo.org/secsoc/areas-of-work/legal-advice/WCMS_205340/lang--en/index.htm

[3] Central Committee of the Communist Party of Vietnam (2012). Resolution No. 15/NQ-TU, 01/6/2012 On some social policies for the period 2012-2020, Hanoi.

[4] Le Quoc Ly (ed.) (2010): Social Security Policy - Current Situation and Solutions. Hanoi. p.22.

[5] http://www.molisa.gov.vn/vi/Pages/chitiettin.aspx?IDNews=24185.

[6] http://vanban.chinhphu.vn/portal/page/portal/chinhphu/hethongvanban?class_id=1&_page=1&mode=detail&document_id=163542; http://vanban.chinhphu.vn/portal/page/portal/chinhphu/hethongvanban?class_id=1&_page=1&mode=detail&document_id=171410; http://vanban.chinhphu.vn/portal/page/portal/chinhphu/hethongvanban?class_id=1&_page=1&mode=detail&document_id=178127.

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Demographic Change in Vietnam

● **Nguyen Duc Vinh**

1. Introduction

Vietnam is a tropical country in Southeast Asia with a total area of 330,000 square kilometres which shares boundaries with China, Laos, and Cambodia. The country is composed of 58 provinces and 5 centrally-governed cities (Hanoi, Ho Chi Minh City, Can Tho, Da Nang and Hai Phong), which are grouped into 6 regions, including Northern Midlands and Mountains, Red River Delta, North Central and Central Coast, Central Highlands, Southeast, and Mekong River Delta. The total population of Vietnam in 1970 was about 43.4 million, with an annual growth rate of 2.6% and a fertility rate of more than 6 children per woman. Since the launch of economic and political reform (named Doi Moi) in 1986, Vietnam has achieved remarkable economic growth, transforming one of the world's poorest nations into a lower middle-income country. Between 2002 and 2018, for example, GDP per capita increased by 2.7 times. Poverty rates fell sharply from over 70 percent to below 6 percent, corresponding to the poverty escape of more than 45 million people.

Over the past five decades, especially since the national reunification in 1975, Vietnam has undergone a demographic transition with dramatic declines in both mortality and fertility and increasing migration. As fertility dropped much later than mortality, the total population of Vietnam increased sharply to 52.7 million at the Census 1979, and 96.2 million at the 2019 Census, ranking Vietnam the 15th most populous country in the world.[1] The population in Vietnam is more concentrated in the Southeast (with Ho Chi Minh City) and the Red River Delta (with Hanoi) than in other regions. The population density grew from 160 persons/km^2 in 1979 to 291 persons/km^2 in 2019, one of the highest population densities in the region. The regional population density in 2019 varies widely, from only 132 persons/km^2 in the Northern Midlands and Mountains to 761 persons/km^2 in the Southeast and 1064 persons/km^2 in the Red River Delta.[2] The age-sex structure of the population has markedly changed with falling proportion of children and increasing proportion of the elderly. Examining these demographic and economic changes would provide significant socio-economic policy implications. This chapter presents the main features of demographic change in Vietnam over the last 50 years and shows how Vietnam is gradually evolving from a young to an old society.

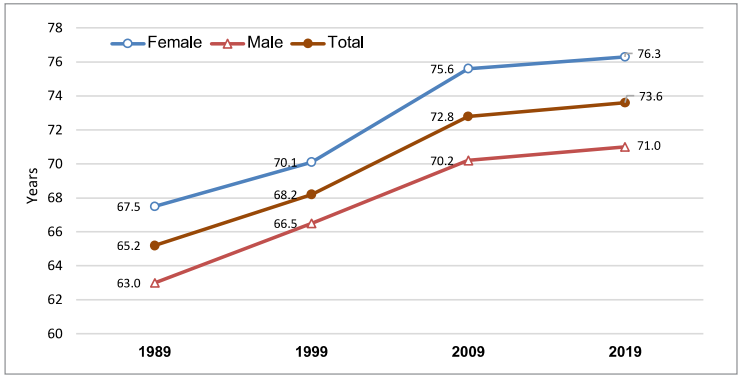
2. Main Features of Demographic Change

2.1 Mortality and Life Expectancy

In any population, mortality closely reflects the quality of life and the level of socio-economic development. In populations with high fertility, the decrease in mortality is one of the driving forces behind fertility decline. One of key indicators of mortality is the infant mortality rate (IMR), which is measured by the number of children who die before their first birthday per 1,000 live births in a given period, often 12 months. IMR reduction has been a target in every socio-economic development strategy of Vietnam in the last several decades.

In fact, with the improvement of primary health care, nutrition and living conditions, especially immunization for children, the infant mortality rate in Vietnam has dropped sharply from more than 55‰ in 1970 to 46‰ in 1989, 36.7‰ in 1999 and only 16‰ in 2009. In the last decade, however, the IMR declined with slower pace, to 14‰ in 2019. Therefore, it seems to be more challenging to meet the target of reducing IMR to less than 10‰ by 2030 according to Government's Decision No.662/QĐ-TTg dated 10 May 2017 on national action plan to implement the 2030 program for sustainable development. Besides, IMR is often quite different across regions and provinces. In 2019 for instance, IMR varies widely from 8.2 ‰ in urban areas to 16.7‰ in rural areas, from 8.1‰ in the Southeast to 23.4‰ in the Central Highlands, and from 7.2‰ in Dong Nai province to 39,6‰ in Lai Chau province.

Figure 1: Life expectancy at birth in Vietnam, 1989–2019



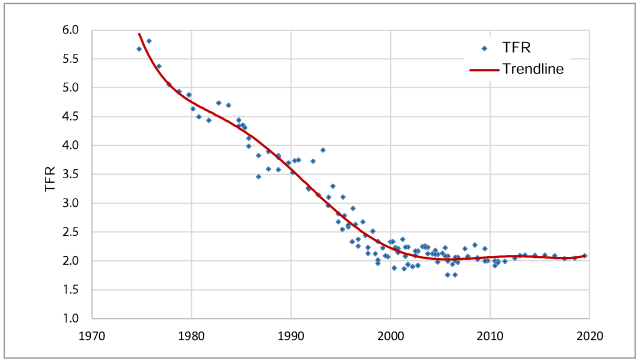
Source: GSO, 2020.

As mortality declined, the life expectancy at birth in Vietnam has significantly improved, from less than 60 years in 1970 to 72.8 years in 2009 and 73.6 years in 2019. According to United Nations (2019), the life expectancy at birth of Vietnam in the period 2015–2020 is far behind Singapore, slightly lower than those of Thailand, Malaysia and Brunei, but higher than all other countries in Southeast Asia. In 2018, among 193 members of the United Nations, Vietnam has life expectancy at birth ranking 77th despite having GDP per capita ranking 129th,[3] indicating that Vietnam's achievement in life expectancy outperformed its success in economic development. This achievement was primarily attributable to the improvement of primary health care, immunization, nutrition and living conditions, which are effective in prevention and treatment of infectious diseases. However, the slow increase of life expectancy in the period 2009–2019 suggests that further ascent of life expectancy to more than 80 years as in many developed countries seems to be very challenging because it requires more effective solutions for non-infectious diseases.

2.2 Fertility

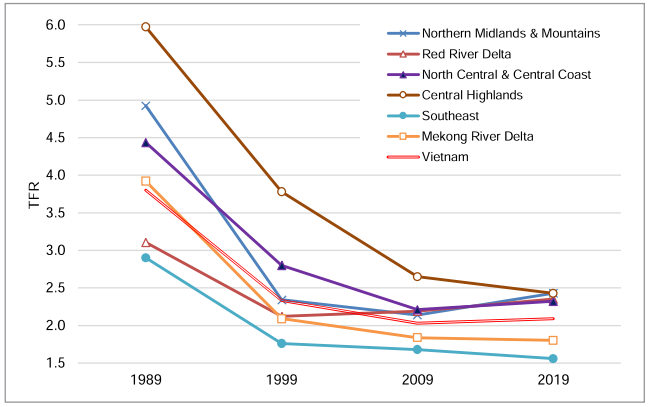
One of the most important demographic changes in Vietnam over the past several decades has been the decline in fertility, that was primarily attributable to the improvement of child survival, family planning programs, socio-economic development, or the process of modernization in general. The total fertility rate (TFR), or the average number of live births a woman would have in her lifetime given prevailing birth rates, dropped substantially from more than 6 births in 1970 to the replacement rate (2.1 births per woman) in 2005 and since then has been relatively stable around this level. The TFR at 2.1 children per woman is often considered as the optimal level because it leads to a stable population, while a higher TFR causes population growth and a lower TFR leads to declining and Ageing population. Global experience shows that, fertility remaining at the replacement level for more than a decade in Vietnam is a rare phenomenon as in many other countries, TFR continued to decline after reaching the replacement level.[4]

Figure 2: The decline of total fertility rate in Vietnam, 1975–2019



Source: United Nations (2019)

Figure 3: The decline of TFR in 7 regions, 1989–2019



Source: GSO, 2020.

Fertility rates have markedly declined in all regions, provinces, urban and rural areas but like the situation of mortality, there are wide regional disparities. Since 2005, the TFR in rural areas has been always significantly higher than that in urban areas and the difference in 2019 is more than 0.4. The total fertility rates in the Southeast and in the Mekong River Delta have been below the replacement level since 2005. In 2019, the TFRs were 1.83 in urban areas, 2.26 in rural areas, less than 2.0 in 21 provinces, between 2.0 and 2.5 in 30 provinces, and higher in 12 provinces. The province with the highest TFR is Ha Tinh (2.83), nearly double the TFR of Ho Chi Minh City (1.39)[5] A recent survey on fertility in several provinces of Vietnam shows that about two thirds of people in the sample intend to have 2 children, the other one third intend to have less than 2 children or more than 2 children.[6] The two-child family size has become popular but not a standard in the society. Thus, the replacement fertility rate maintained in Vietnam over the past 15 years is a combination of traditional, modern, and postmodern trends.

2.3 Migration and Urbanization

After the national reunification, about one million refugees/boat people left Vietnam in the period 1975–1989.[7] The Vietnamese government also sent some hundreds of thousands of people to Eastern Europe for contract labour in the 1980s. However, in the last two decades with impressive international integration and economic growth, international migration has significantly developed in both quantity and forms, including labour, study, marriage, business, and medical treatment. Net migration rate is defined by the mean number of immigrants minus the number of out-migrants per 100 thousand people in a given period. The United Nations (2019) estimated Vietnam's net migration rate at -3.2‰ in the period 1975–1980, about -1‰ in the period 1980–1995, -1.9‰ in the period 2005–2010 and -0.8‰ in the period 2015–2020. Four Southeast Asian countries with lower net migration rates in the period 2015–2020 are Timor Leste (-4.3‰), Cambodia (-1.9‰), Laos (-2.1‰) and Myanmar (-3‰). Vietnam's census data also revealed the shift of international immigrants from 65.9 thousand in 1984–1989 and 41 thousand in 2004–2009 to 229 thousand in 2014–2019.[8]

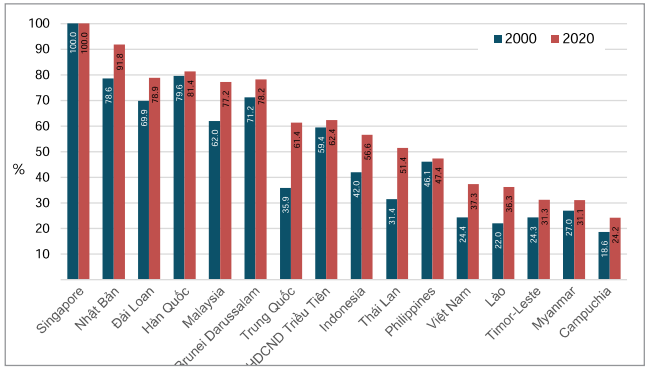
Table 1: Migration status of population in Vietnam through 4 censuses, 1989–2019

	1989	1999	2009	2019
Quantity (1000 persons):				
Intra-district migration	--	1342.6	1618.2	2418.5
Inter-district migration	1067.3	1137.8	1708.4	1199.0
Inter-provincial migration	1349.3	2001.4	3397.9	2816.1
International migration	65.9	70.4	41.0	229.0
Total	2482.5	4552.2	6765.5	6662.6
Population aged 5+	54297.6	69045.5	78452.9	88382
Percentage (%):				
Intra-district migration	--	1.9	2.0	2.7
Inter-district migration	2.0	1.7	2.2	1.4
Inter-provincial migration	2.5	2.9	4.3	3.2
International migration	0.1	0.1	0.1	0.2
Total	4.6	6.6	8.6	7.5
Population aged 15+	100.0	100.0	100.0	100.0

Source: (BCĐTĐTDS, 2019:101).

Internal migration is strongly related to the urbanization and industrialization in Vietnam. According to census data, the number of internal migrants (who lived in a different commune/ward in Vietnam 5 years preceding the census) increased from 4.48 million in 1999 to 6.72 million in 1999 and slightly declined to 6.43 million in 2019. These figures account for the migration rates of 6.5‰, 8.5‰ and 7.3‰ respectively. The major migration flows remain across the last three decades. In the period 2014–2019, they are the flows from Mekong River Delta (710 thousand), North Central & Central Coast (384 thousand) and Red River Delta (112 thousand) to the Southeast, and from the North Central & Central Coast (107 thousand) and the Northern Midlands & Mountains (209 thousand) to the Red River Delta. Most of the migrants are in the main working age (from 20 to 39). The main reasons for inter-provincial migration include *Finding or starting a new job* (55.5%), *Following family, moving to a new house* (20.3%), *Schooling* (12.8%) and *Marriage* (10.1%). In the period 1999–2009, migration growth in the context of a strong economic development motivated by the economic restructuring from agriculture to industry and services as well as the expansion of industrial and export processing zones. In the period 2009–2019, the implementation of target programs and socio-economic projects in localities, typically the program of new rural construction, has narrowed the economic gap between urban and rural areas, and within regions, thereby slightly reducing internal migration in this period.[9] Nevertheless, this argument needs more evidence to confirm.

Figure 4: The proportions of urban population in Vietnam and some other Countries/territories in Asia, 2000 and 2020



Source: United Nations (2019)

Internal migration in the period 2014–2019 contributed to the increase of 1.2 million people (or 3.5%) for total urban population, which are much lower than the corresponding figures in the period 2004–2009 (1.6 million people and 8.3%). Besides, administrative decisions of the government to change some rural areas to urban areas in the period 2014–2019 have contributed 1.4 million people, or 12.3% of total urban population in 2019. In general, the proportion of urban population in Vietnam increased gradually from 19.2%% in 1979 to 20.1% in 1989, 23.7% in 1999, 29.6% in 2009 and 34.4% in 2019. The urbanization in Vietnam will continues increasing in line with the process of economic development. However, current level of urbanization in Vietnam is not only very low in comparison to many others countries in the region, but also far below the target of 45% in 2020 set by the National Urban Development Program.[10] Among regions in 2019, the proportion of urban population is highest in the Southeast (64.8%), then the Red River Delta (35.9%) and lowest in the Northern Midlands & Mountains (18.2%). Provincial levels of urbanization vary extensively from less than 11% in Ben Tre and Thai Binh to more than 79% in Ho Chi Minh City, Binh Duong and Da Nang.

2.4 Population Structure and Ageing

Some important indicators on population structure and ageing are:

- Child dependency ratio indicates the number of children (aged 0–15 years) for every 100 people in working age (aged 15–64).
- Old-age dependency ratio indicates the number of elderly (aged 65+) for every 100 people in working ages (aged 15–64).
- Total dependency ratio is the sum of child dependency ratio and old-age dependency ratio, indicating the number of dependent people need to be supported by every 100 people in working ages.
- The ageing index indicates the number of elderly (aged 65+ years) for every 100 children aged 0–14 years.

The decline of fertility and mortality in the last five decades has substantially changed the age-sex structure of the population in Vietnam, which can be seen very clearly from the population pyramids in Figures 5. The age pyramid of the population in 1979 is typical for populations with high fertility and mortality, where the base was very wide, and the band width fell quickly across older age groups. After a decade, in 1989, the population pyramid has a large body and slightly narrowed base. Because the total fertility rate had fallen but the number of women in reproductive ages had expanded significantly, the number of births increase, and children aged 0–4 were more numerous than in the cohort aged 5–9. The population pyramid in 1999 reflects the demographic transition with rapid declines in both fertility and mortality. The base of the pyramid had narrowed substantially. The pyramid body narrows slowly because of the sharp decline in mortality as well as increases in life expectancy.

In 2009, the age pyramid corresponds to the post demographic transition with low fertility and low mortality and the initial signs of an ageing population. Fertility had fallen substantially in the 15 years before the census, narrowing all three bottom bands. Mortality also declined and the pyramid body is narrowing towards the base. In 2019, when the large cohort born in the period 1985–1994 entered the main reproductive age, the base of the population pyramid expanded slightly in the last two bands. The pyramid body was more narrowed than in 2009. The projected population pyramid in 2029 clearly reflects an ageing population with narrowed body and base, when the proportion of the elderly exceeds 12% of total population.

Figure 5: Vietnam population pyramids, 1979–2029

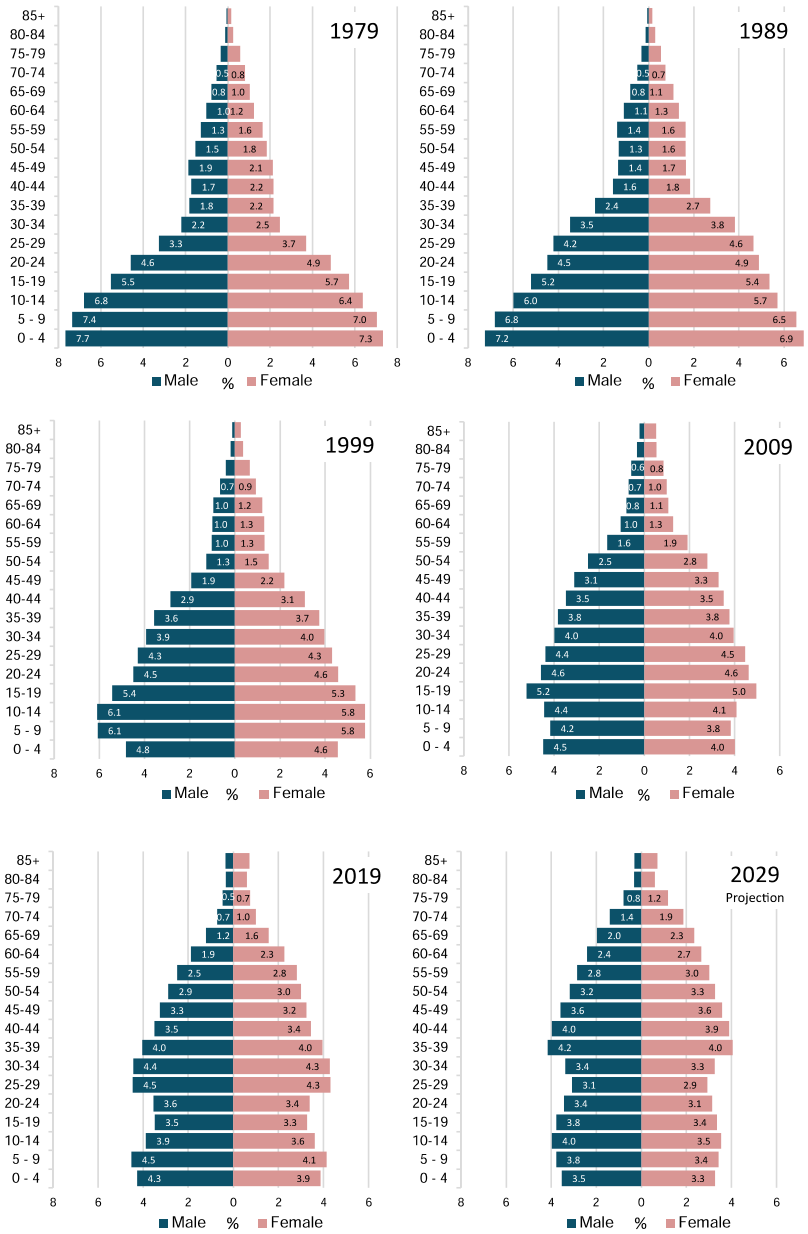
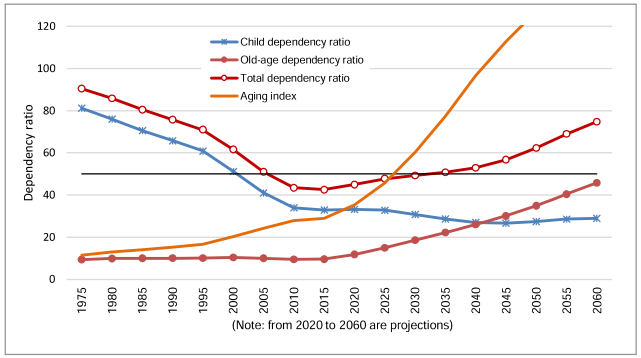


Figure 6: Dependency ratios and ageing index of the population in Vietnam, 1975–2060



Source: United Nations (2019)

Figure 6 presents the dependency ratios and ageing index of the population of Vietnam in the period 1975–2060 (from 2020 to 2060 is projected). The child dependency ratio of Vietnam declined rapidly in the period 1975–2010, but slowly in the period 2010–2045 and barely afterward. On the other hand, the old-aged dependency ratio remained at 10 before 2015, then increases rapidly to 15 in 2025, 26 in 2040 and nearly 46 in 2060. Correspondingly, the total dependency ratio dropped from more than 90 in 1975 to 50 in about 2005 and lowest at 42.5 in 2015. In the period from 2005 to about 2035, every two working-age persons were available to support one non-working-age person. That is the era of *golden population structure or demographic dividend*, which lasts only about 3 decades in Vietnam. After 2035 the total dependency ratio of Vietnam will increase quickly to 62.3 in 2050 and nearly 75 in 2060, indicating that for every 4 working-age persons there will be 3 non-working-age persons.

Figure 6 also shows that the ageing index of Vietnam has gradually increased since the 1970s but accelerated sharply since 2015. That means that the population of Vietnam has been in a process of rapid ageing and will become an aged population quickly. Vietnam is one of the countries with highest paces of population ageing. The duration needed to increase the proportion of elderly from 7% to 14% of total population in Vietnam will be only in two decades, shorter than in most other countries, such as Sweden (85 years), Australia (73 years), Poland (74 years), China (27 years), Japan (26 years), Thailand (22 years). It will be an enormous challenge for Vietnam with regard to its socio-economic development levels as well as capacity of adapting to ageing population.[11] Labour productivity in Vietnam is still low and most of the elderly still rely on family or relatives without social insurance. Thus, population ageing has become an urgent issue in Vietnam.

3. Conclusion

Over the past five decades, Vietnam has undergone a demographic transition with dramatic changes in mortality, migration and population structure. Vietnam has achieved remarkable improvement in life expectancy, which was primarily attributable to the improvement of primary health care, immunization, nutrition and living conditions, which are effective in prevention and treatment of infectious diseases. However, recent slow increase of life expectancy suggests that further ascent of life expectancy to more than 80 years seems to be very challenged because it requires more effective solutions for non-infectious diseases.

The decline of fertility to the replacement level is one of the most important demographic changes in Vietnam over the past several decades, that was primarily attributable to the improvement of child survival, family planning programs, socio-economic development, and the process of modernization. The total fertility rate remaining at the replacement level in the past 15 years without strong policy intervention is another success. However, fertility rate varies widely across regions and provinces, indicating that the fertility at the replacement level is not a result of a social norm but rather a combination of different trends. Value of children still remains strongly in the society but further process of modernization may generate more discouraging than encouraging factors on fertility. Therefore, it is necessary to have intervention policies too firmly maintain the replacement fertility rate before below-replacement fertility becomes a new social norm. Although the total fertility rate has declined to the replacement level, Vietnam's population is already extensive, leading to very high population density, especially in major cities. This situation generates enormous pressure on the environment as well as the goal of sustainable development.

In Vietnam, internal migration is strongly related to the urbanization and industrialization, which have been gradually developed over the last several decades. However, current level of urbanization in Vietnam is still very low in comparison to many others countries as well the target set by the National urban development program. In addition, internal migration declined slightly in recent years. The situation suggests further research on the relation between internal migration and urbanization in the context of economic development in Vietnam.

The decline of fertility and mortality the past five decades have substantially changed the age structure of the population in Vietnam, generating the demographic dividend and more importantly, a rapid population ageing, which occurs faster than in most other countries in the world. It will be a big challenge for Vietnam with regard to its socio-economic development levels as well as to its capacity of coping with the emerging problems of an ageing population.

[1] BCĐTĐTDS (Ban chỉ đạo Tổng điều tra dân số và nhà ở Trung ương) (2019): Kết quả Tổng điều tra dân số và nhà ở: Thời điểm 0 giờ ngày 01 tháng 4 năm 2019. Nxb Thống kê.

[2] BCĐTĐTDS (Ban chỉ đạo Tổng điều tra dân số và nhà ở Trung ương) (2019): Kết quả Tổng điều tra dân số và nhà ở: Thời điểm 0 giờ ngày 01 tháng 4 năm 2019. Nxb Thống kê.

[3] UNDP (2019): Human Development Report 2019. New York: United Nations Development Programme.

[4] United Nations (2019): World Population Prospects: The 2019 Revision, Volume I: Comprehensive Tables. Department of Economic and Social Affairs, Population Division, ST/ESA/SER.A/399.

[5] BCĐTĐTDS (Ban chỉ đạo Tổng điều tra dân số và nhà ở Trung ương) (2019): Kết quả Tổng điều tra dân số và nhà ở: Thời điểm 0 giờ ngày 01 tháng 4 năm 2019. Nxb Thống kê.

[6] Nguyen Duc Vinh (2020): 'Thực trạng và các yếu tố tác động đến dự định về số con tại một số tỉnh thành ở Việt Nam', Sociological Review, 2.

[7] Banister, J. (1993): Vietnam Population Dynamics and Prospects. Berkeley: University of California.

[8] BCĐTĐTDS (Ban chỉ đạo Tổng điều tra dân số và nhà ở Trung ương) (2019): Kết quả Tổng điều tra dân số và nhà ở: Thời điểm 0 giờ ngày 01 tháng 4 năm 2019. Nxb Thống kê.

[9] BCĐTĐTDS (Ban chỉ đạo Tổng điều tra dân số và nhà ở Trung ương) (2019): Kết quả Tổng điều tra dân số và nhà ở: Thời điểm 0 giờ ngày 01 tháng 4 năm 2019. Nxb Thống kê.

[10] Government (2012).

[11] UNFPA (2011): Già hóa dân số và người cao tuổi ở Việt Nam: Thực trạng, dự báo và một số khuyến nghị chính sách. Hà Nội: Quỹ Dân số Liên hợp quốc tại Việt Nam.

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Elderly People and the Pension in Vietnam

● Nguyen Tuan Anh/Nguyen Thi Kim Nhung

1. Introduction

The Vietnamese State pays great attention to social security for the elderly. This is concretized through many official documents. The Constitutions of the Democratic Republic of Vietnam and the Socialist Republic of Vietnam have provisions related to social security for the elderly. For example, Article 14 of the 1946 Constitution states that "Assistance is provided to those who are elderly or disabled and cannot work."[1] Article 32 of the 1959 Constitution clearly states: "Helping the elderly, the sick and the disabled. Expand social insurance, health insurance and social relief."[2] Article 64 of the 1992 Constitution emphasizes that "Children have the responsibility to respect and take care of their grandparents and parents" and Article 87 states: "The elderly are one of the population groups that the government and society have responsibility to help."[3] Article 37 of the 2013 Constitution states: "Elderly people are respected, cared for and their role is promoted by the State, family and society for their role in the cause of national construction and defence."[4]

Among the laws directly related to the elderly, the most important law is the Law on the elderly passed by the XII National Assembly of the Socialist Republic of Vietnam at its 6th session on November 23, 2009. This Law includes 6 chapters and 31 articles providing for the rights and obligations of elderly people; responsibilities of the family, the State and society in caring for and promoting the role of the elderly and Vietnam Association of the Elderly.[5] Along with the Law on the Elderly, many other laws such as the Civil Law, the Labour Law, the Marriage, and Family Law, along with decrees and circulars have created a fairly comprehensive network of policies on social security for the elderly in Vietnam.

Regarding pensions, since 1960 the government has designed a social insurance system for workers. The first document on the regulations on social insurance is Decree 218/CP dated December 27, 1961[6] on the Provisional regulation on social insurance regimes for civil servants and public employees, which replaces all previous regulations. After the first and systematic document on social insurance was issued in 1961, the Law on Social Insurance was enacted in 2006, and then many documents have been issued to stipulate regulations on social insurance. On September 26, 2006, the Law on Social Insurance was passed by the National Assembly and this law took effect on January 1, 2007.[7] After the Law on Social Insurance was passed, many other documents were also issued to implement the Law on Social Insurance. In the Social Insurance regimes, the retirement regime is a long-term social security scheme that plays an important role in the system of Social Insurance. Under the current regulations,[8] men aged 60 and over and women aged 55 and older can receive a pension when meeting the requirement of the duration of making social insurance payment.

In the current context in Vietnam, population ageing is taking place, therefore it is crucial to discuss pensions using different approaches. In fact, Vietnam has passed the period of golden population structure and started to enter the population ageing period in 2011. Population ageing comes with many problems of the elderly. Pension is one of the major problems, directly affecting the physical and mental well-being of the elderly today. Therefore, this article focuses on understanding the situation of retirement in Vietnam. The objective of the paper is to contribute to portraying the real situation of pension in Vietnam and identifying current problems facing current pensioners and non-pensioners. This has important implications for social security of the elderly in particular, and the country's socio-economic development in general.

2. Population Ageing and the Elderly in Vietnam

Article 2 of the Law on the Elderly, enacted by the National Assembly of Vietnam in 2009, stipulates that the elderly are citizens from full 60 years of age.[9] The data of the population censuses of 1979, 1989, 1999, 2009 show an increase in the number of elderly people in Vietnam as follows.

Table 1: Migration status of population in Vietnam through 4 censuses, 1989–2019

	Population (million people)				Percentage (%) of the whole population		
Year	Total	0–14	15–59	60+	0–14	15–59	60+
1979	53.74	23.40	26.63	3.71	41.80	51.30	6.90
1989	64.38	24.98	34.76	4.64	39.20	53.60	7.20
1999	76.33	25.56	44.58	6.19	33.00	58.90	8.10
2009	85.79	21.45	56.62	7.72	25.00	66.00	9.00

(Source: National population census in 1979, 1989, 1999, 2009 (UNFPA 2011)

The above data shows that after 30 years, from 1979 to 2009, the number of elderly people in Vietnam increased from 3.71 million in 1979 (accounting for 6.90% of the total population) to 7.72 million people in 2009 (accounting for 9.0% of the total population). According to the General Director of the General Department of Population, in 2011, the rate of people over 65 years old in Vietnam reached 7%; the rate of people aged 60 and over has reached 10%. Therefore, according to the UN convention, Vietnam has entered the ageing population period since 2011.[10] According to the ILO report in Hanoi, it is forecasted that the number of people over 60 years old in 2030 will be 18%, and by 2050 the number of people over 60 will be over 30% (International Labour Organization 2017). According to statistics of the National Population and Housing Census in 2019, the proportion of the population under 15 years old is 24.3%, from 15 years old to 64 years old is 68%; from 65 years and over is 7.7%.[11] Over the past twenty years (1999–2019), the variation in the proportion of the population by three age groups, including: under 15 years old, from 15 years old to 64 years old, and from 65 years old and over, is as follows:

Table 2: Proportion of population by age group 1999 – 2019

	1999	2009	2019
Proportion of population under 15 years old	33.1	24.5	24.3
Proportion of population from 15 years old to 64 years old	61.1	69.1	68.0
Proportion of population from 65 years old and above	5.8	6.4	7.4

(Source: Central Steering Committee for the Population and Housing Census 2019: 62)

The above data shows that in the past 20 years, the proportion of people over 65 years old in Vietnam has increased significantly, from 5.8% in 1999 to 7.4% in 2019. Although the proportion of the elderly has increased, currently, Vietnam is still in the period of golden population structure because for every two people of working age, there is one dependent person.[12] However, it has been predicted that by 2040, the period of golden population structure will end. In short, the increase in the number of elderly people in Vietnam is an issue that is worth paying attention to for the time being and in the future.[13]

Elderly people in Vietnam are facing many problems, from economic, physical, and mental health problems to other aspects of social life. One of these issues that deserves attention is the monthly income of the elderly. This is a factor contributing to or inhibiting the activities of improving the quality of life of the elderly. Regarding income, in Vietnam today, a large proportion of the elderly are still working to generate income. Specifically, nearly 46% of people between the ages of 60 and 64; nearly 30% of people aged 70 to 79 and about 10% of people aged 80 and over are still working.[14]
Another dimension of income is poverty. According to the assessment of the Ministry of Labour, Invalids and Social Affairs (based on the poverty criteria with an income of 1 million VND/person/month or less in rural areas and 1.3 million VND/person/month or less in urban areas)), the poverty rate of people over 65 years old is 16.1% (compared with the national near-poverty rate at 14.5%) and increases to 17.1% for people over 70 years old. Furthermore, among 65–69 year olds, 48% of women and 35% of men are no longer participating in the labour force, and this proportion rises to 91% of female and 85% of male for the group of people who are over 80 years old.[15]

It follows that Vietnam has entered the period of population ageing. In addition, a part of the elderly is still working to generate income, and a significant part of the elderly is poor. Therefore, in the next sections, we will discuss an overview of the current situation of retirement in Vietnam and issues related to retirement. In addition, the elderly group without pensions will also be mentioned.

3. Scale of Coverage of Pensions and Types of Pensions

First and foremost, about the size of pension coverage, one of the issues worth considering for the elderly today is that many older people do not have a monthly pension. The ILO report estimates that in 2017 only 7% of the population over 65 could access social insurance for retirement, and this figure does not include civil servants who retired before 1995 and received a pension from the state budget.[16] The 2019 annual report of the Institute of Labour Science and Social Affairs also shows that among more than 13.4 million elderly people nationwide (aged 60 and more), the number of people receiving monthly pensions and social insurance benefits from the state budget and the social insurance fund only accounts for about 23.52%. The number of people receiving regular social assistance accounts for about 12.05% (1.61 million people). Meanwhile, up to 64.42% of the elderly have neither pensions and nor other benefits.[17] The above data reflect several notable points. First, the scale of pension coverage among the elderly in Vietnam is limited. In other words, a large proportion of the elderly in Vietnam does not have pensions or regular state budget support. Second, a large proportion of the elderly without pensions may have to rely on children, family, relatives or continue to work to make a living. In fact, the material life of many elderly people in Vietnam (especially in rural areas) relies on their children and on their own work for a living.

Regarding the types of pensions, currently, Vietnam has three types as follows: pensions from the State budget, pensions from the Vietnam Social Insurance Fund; and pensions in the form of social pensions coming from the state budget.

The first is pension from the State budget. This is the pension of the elderly group who retired before 1995. Their pension is paid by the State budget.[18] According to the 2019 Annual Report of the Institute of Labour Science and Social Affairs, among more than 13.4 million elderly people nationwide (aged 60 and over), there are 711,540 people receiving pensions from the budget, accounting for 5.31%.[19] Thus, the proportion of the elderly receiving pensions from the State budget accounts for a small percentage among the elderly only.

Second is the pension from the Vietnam Social Insurance Fund. Those who have paid social insurance premiums for 20 years or more and reach the retirement age are entitled to a pension from the Vietnam Social Insurance Fund.[20] The report on the results of the monitoring and administration work in 2019 and orientation for 2020 of the Vietnam Social Insurance[21] does not separate the number of pensioners from the state budget, the number of people receiving a pension from the Vietnam Social Insurance Fund, and the number of people receiving monthly social insurance benefits. Therefore, if we include all three groups, the Vietnam Social Insurance report shows that in 2019, the whole country has about 3.1 million people enjoying monthly pensions and social insurance benefits.[22] In 2019, social insurance expenditure from the State budget was 46,360 billion VND and social insurance expenditure from the social insurance fund was 171,948 billion VND.[23] This data reflect some main points. Firstly, the number of people receiving pensions from social insurance is not much in the total number of elderly people. Second, the average amount that a person receives as monthly pension or social insurance benefit is not much. Basing on the above figures, we can calculate that the average amount that a person receives as pension or social insurance allowance per month is less than 6 million VND.

Third is the social retirement pension. Decree No. 6/2011 / ND-CP of the Government *Detailing and guiding the implementation of a number of articles of the Law on the Elderly* stipulates that beneficiaries of social pensions include:

- people from 60 to 79 years of age who are poor and live alone or with an elderly spouse and have no children or relatives to support;
- people aged 80 and over without a contribution-based pension.[24]

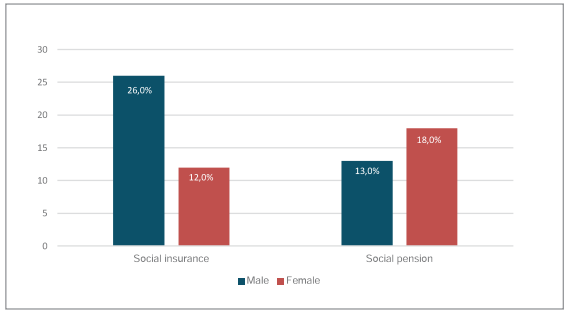
According to estimates by the Ministry of Labour, Invalids and Social Affairs, in 2018, the whole country had about 2.1 million people receiving social retirement pension.[25] If we look only into the group receiving social pensions aged 80 and more, currently, there are about 1.7 million elderly people in this social group enjoying a social pension with the rate of 270,000 VND/month.[26] It is noteworthy that some provinces with high budget surpluses may adjust the age of enjoying social retirement to 70–75 years old. In addition, the 60–79-year-old group living alone below the poverty line may also enjoy a higher level of social pension.[27]

In general, if compared with the near-poverty standard in the period 2016–2020 in Decision 59/2015 / QD-TTg on the promulgation of the multidimensional poverty line (1,000,000 VND/ month in rural areas and 1,300,000 VND/month in urban areas),[28] the income of the elderly is not high. Meanwhile, according to the General Statistics Office, the minimum standard of living for a person in 2020 is 2 million/month in urban areas and 1.5 million/month in rural areas.[29] In fact, the elderly may experience physical and mental health problems, so older age groups spend more on health care compared to other age groups. As a result, a part of the elderly, especially the group with little pension, may experience financial difficulties after retirement.

4. Social Structure of Pension Groups

This section discusses the social structure of pensioners in terms of gender, ethnicity, location of residence, and subgroup of rich and poor. First, in terms of gender, there is a difference in the proportion of men and women enjoying a monthly pension among the age group of 65 years and over. This difference is shown in the chart below.

Figure 1: Proportion of pension benefits by gender

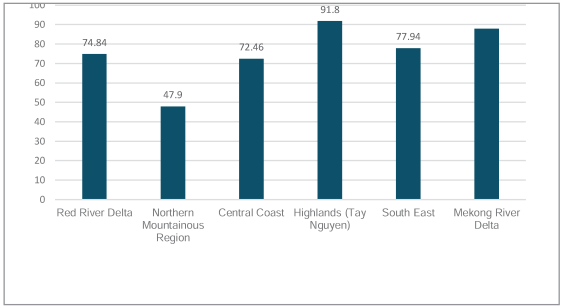


(Source: Kidd, Gelders and Tran Anh 2019: 11)

The above data shows that for the group receiving pension from the social insurance fund, the percentage of men over 65 years old with a pension is 26%. Meanwhile, the percentage of women over 65 years old enjoying pension from the social insurance fund is only 12%. Thus, for the group of people aged 65 and over, the rate of men receiving social insurance is more than twice the rate of women enjoying social insurance. For the elderly group enjoying social pension, the rate of female enjoying social pension is higher than the rate of male enjoying social pension. Specifically, in the male group, the percentage of people receiving social pension is only 13%; among female groups, the proportion of women enjoying social retirement is 18%.

Second, in terms of geography, the region with the lowest pension coverage is the Mekong River Delta (20%), and the Red River Delta has the highest coverage (44%). Seniors are more likely to enjoy pension in urban areas than in rural areas (46% compared to 27%).[30] If we only look at the group of elderly receiving social pension, the coverage of social pension for this target group has increased over the years ever since there were government's support policies. In particular, this rate was 62.99% in Hanoi and Ho Chi Minh City, 88.29% in other urban areas and 78.32% in rural areas.[31] The chart below reflects more specifically the regional social structure of the group of people over the age of 80 receiving social assistance.

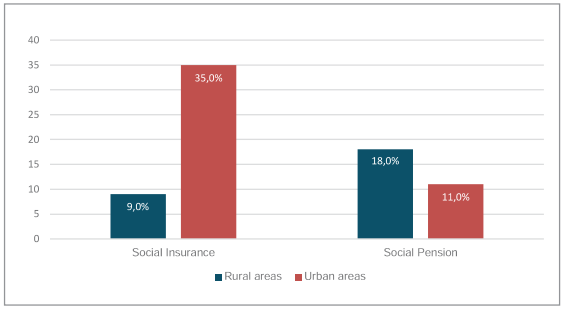
Figure 2: Proportion of people aged 80 and over enjoying social pensions by region



(Source: International Labor Organization and United Nations Population Fund 2014)

If classified by rural and urban criteria, the percentage of men and women enjoying social insurance and social pension benefits is as follows.

Figure 3: Proportion of elderly people enjoying retirement by rural and urban areas



(Kidd, Gelders and Tran Anh 2019: 11)

The above data shows that the proportion of elderly people in urban areas enjoying benefits from the social insurance fund is higher than the proportion of elderly people in rural areas (35% compared to 9%). In the meantime, the proportion of the rural elderly enjoying social pension is higher than that of the elderly in urban areas (18% compared to 11%). These data show that more urban workers join social insurance schemes than rural workers. Consequently, when the employees retire, the proportion of the urban elderly receiving benefits from the social insurance fund is higher than the rural elderly. Meanwhile, there are many disadvantaged groups in rural areas such as the poor, the near-poverty, and the elderly, especially people over 80 years old without income, because they worked mainly in agricultural production.

Third, in terms of living standards, the pension coverage varies between the poor and the rich. Specifically, only 20% of the 5% of the poorest elderly have a pension. Meanwhile, 69% of the richest 5% of the population has a pension.[32] Thus, a large proportion of the elderly belong to the group of rich pensioners; and conversely a large proportion of the poor does not have a pension at all. This clearly mirrors the widening gap in income and in social security between the rich and poor elderly groups.

Fourth, according to ethnicity criteria, the percentage of ethnic minorities receiving pension is still at a very modest level. Specifically, only 20% of the 65-year-old group and 51% of the over-80 group have a pension.[33] This suggests that a portion of the elderly belonging to an ethnic minority group may face difficulties due to lack of pensions. Therefore, policies should focus on supporting ethnic minority groups more and ensuring to shorten the regional gap in receiving pensions.

5. Conclusion

The above sections have presented an overview of the elderly group and the current retirement situation in Vietnam. In general, the elderly group and the current pension situation in Vietnam have some points worth noting as follows.

First, Vietnam is in the process of population ageing. The year 2011 is the time when Vietnam passed the stage of golden population structure and entered the population ageing stage. This historical process poses several problems for the country's socio-economic development in terms of improving the people's lives, for example improving the lives of workers in the context of population ageing. In particular, the pension for the elderly is a very important issue because income in old age is a fundamental factor determining the quality of life of many elderly people.

Second, currently Vietnam has three types of pensions: pensions from the Vietnam Social Insurance Fund, pensions from the state budget, and pensions in the form of allowance for people over 80 years old who do not receive the two before-mentioned types of pensions. The important point here is that in terms of the size of pension coverage, the data presented above indicate that the proportion of the elderly in Vietnam with a pension is limited. Specifically, about two-thirds of the elderly in Vietnam do not have a pension at all. As a result, the material lives of many of the elderly without pensions relies on support from children, family, or relatives. In addition, many elderly people without pensions must continue to work to make a living.

Third, regarding people over 80 years old who enjoy pensions in the form of social assistance, it is worth noting that the amount of subsidy for people over 80 years old is still extremely limited. Specifically, this subsidy is only about one fifth of the income of people classified as poor. Therefore, there is still a certain gap between the amount of social pension which people over 80 years old receive and their need to secure their lives.

Fourth, in terms of the social structure of the pension group, in terms of gender, the percentage of men enjoying social insurance is more than twice than that of women; the proportion of women enjoying social pension is higher than that of men enjoying social pension. In terms of residential areas, the region with the lowest pension coverage is the Mekong River Delta; the region with the highest pension coverage is the Red River Delta; and the proportion of elderly people enjoying retirement in urban areas is higher than in the countryside. In terms of the rich and poor differentiation, a large proportion of rich elderly belong to the group of pensioners and a large proportion of people in the poor group do not have pensions at all. According to ethnicity criteria, the proportion of ethnic minorities receiving pensions is limited.

[1] National Assembly (1946): The Constitution of the Democratic Republic of Vietnam (The National Assembly of the Democratic Republic of Vietnam passed on November 9, 1946). Office of the National Assembly of the Socialist Republic of Vietnam: Legal documents system (http://vietlaw.gov.vn/LAWNET/docView.do?docid=290&type=html&searchType=fulltextsearch&searchText=).

[2] National Assembly (1959): Constitution of the Democratic Republic of Vietnam. Office of the National Assembly of the Socialist Republic of Vietnam: Legal documents system (http://vietlaw.gov.vn/LAWNET/docView.do?docid=1011&type=html&searchType=fulltextsearch&searchText=).

[3] National Assembly (1992): Constitution of the Socialist Republic of Vietnam in 1992. Office of the National Assembly of the Socialist Republic of Vietnam: Legal documents system (http://vietlaw.gov.vn/LAWNET/docView.do?docid=2394&type=html&searchType=fulltextsearch&searchText=).

[4] National Assembly (2013): Constitution of the Socialist Republic of Vietnam. Office of the National Assembly of the Socialist Republic of Vietnam: Legal documents system (http://vietlaw.gov.vn/LAWNET/docView.do?docid=27597&type=html&searchType=fulltextsearch&searchText=).

[5] National Assembly (2009): Law on the Elderly. Vietnam National Committee on the Elderly (http://vnca.molisa.gov.vn/?page=document).

[6] Vietnam Government (1961): Decree promulgating provisional regulations on social insurance regimes for State workers and employees. Law Library (https://thuvienphapluat.vn/van-ban/bao-hiem/Nghi-dinh-218-CP-dieu-le-tam-thoi-ve-cac-che-do-bao-hiem-xa-women-with-workers-staff-from-Nha-Nuoc-21108.aspx).

[7] National Assembly (2006): Law on Social Insurance of the National Assembly of the Socialist Republic of Vietnam. Web portal of the Government of the Socialist Republic of Vietnam (http://vanban.chinhphu.vn/portal/page/portal/chinhphu/hethongvanban?class_id=1&_page=1&mode=detail&document_id=28955). The current Law on Social Insurance was enacted in 2014: National Assembly (2014): Law on Social Insurance. Law Library (https://thuvienphapluat.vn/van-ban/bao-hiem/Luat-Bao-hiem-xa-hoi-2014-259700.aspx).

[8] National Assembly (2012): Labour Code. Law Library (https://thuvienphapluat.vn/van-ban/Lao-dong-Tien-luong/Bo-Luat-lao-dong-2012-142187.aspx). National Assembly (2019): Labour Code. Law Library (https://thuvienphapluat.vn/van-ban/Lao-dong-Tien-luong/Bo-Luat-lao-dong-2019-333670.aspx).

[9] National Assembly (2009): Law on the Elderly. Vietnam National Committee on the Elderly (http://vnca.molisa.gov.vn/?page=document).

[10] Thuy Ha (2013): Taking initiative with population ageing. Online newspaper Government of the Socialist Republic of Vietnam (http://baodientu.chinhphu.vn/Doi-song/Chu-dong-voi-giai-doan-gia-hoa-dan-so/181955.vgp).

[11] Central Steering Committee for Population and Housing Census (2019): Results of the Population and Housing Census at 0:00, April 1, 2019. Hanoi: Statistical Publishing House. 62.

[12] Central Steering Committee for Population and Housing Census (2019): Results of the Population and Housing Census at 0:00, April 1, 2019. Hanoi: Statistical Publishing House. 62.

[13] Central Steering Committee for Population and Housing Census (2019): Results of the Population and Housing Census at 0:00, April 1, 2019. Hanoi: Statistical Publishing House. 62.

[14] Giang Thanh Long (2019): Increase the retirement age. Vnexpress.net (https://vnexpress.net/tang-tuoi-huu-3927141.html).

[15] Kidd, Stephen/Gelders, Bjorn/Tran Anh (2019): Potential impacts of social retirement in Vietnam. International Labour Organization (https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-hanoi/documents/publication/wcms_729368.pdf).

[16] Kidd, Stephen/Gelders, Bjorn/Tran Anh (2019): Potential impacts of social retirement in Vietnam. International Labour Organization (https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-hanoi/documents/publication/wcms_729368.pdf). 9-10.

[17] Institute of Labour Science and Social Affairs (2020): Labour and social trends in Vietnam: Annual Report 2019. Hanoi: Science and Technology Publishing House. 87.

[18] Vietnam Government (2016): Decree regulating pensions, disability benefits, monthly benefits and benefits for preschool teachers who worked before 1995. Law Library (https://thuvienphapluat.vn/van-ban/Lao-dong-Tien-luong/Nghi-dinh-55-2016-ND-CP-dieu-chinh-muc-luong-huu-tro-cap-mat-labor-labor-workers-workers-mam-non-314549.aspx).

[19] Institute of Labour Science and Social Affairs (2020): Labour and social trends in Vietnam: Annual Report 2019. Hanoi: Science and Technology Publishing House. 86–87.

[20] ILO Office in Vietnam (2019): Building a comprehensive pension system for Vietnam: Implementing Resolution 28 / NQ-TW. ILO office in Vietnam (https://www.ilo.org/hanoi/Whatwedo/Publications/WCMS_729375/lang--en/index.htm).

[21] Vietnam Social Insurance (2020): Report on the results of direction and administration in 2019, directions and tasks for 2020.

[22] Vietnam Social Insurance (2020): Report on the results of direction and administration in 2019, directions and tasks for 2020. 2.

[23] Vietnam Social Insurance (2020): Report on the results of direction and administration in 2019, directions and tasks for 2020. 2.

[24] Vietnam Government (2011): Decree No. 6/2011 / ND-CP of the Government: detailing and guiding the implementation of a number of articles of the Law on the Elderly. Web portal of the Government of the Socialist Republic of Vietnam (http://vanban.chinhphu.vn/portal/page/portal/chinhphu/hethongvanban?class_id=1&_page=1&mode=detail&document_id=98694).

[25] Kidd, Stephen/Gelders, Bjorn/Tran Anh (2019): Potential impacts of social retirement in Vietnam. International Labour Organization (https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-hanoi/documents/publication/wcms_729368.pdf). 10.

[26] Tran Hong Hanh (2019): Development of social pension funds in the context of population ageing in Vietnam. Finance Magazine (http://tapchitaichinh.vn/bao-hiem/phat-trien-quy-huu-tri-xa-hoi-trong-boi-canh-gia-hoa-dan-so-o-viet-nam-311994.html).

[27] Kidd, Stephen/Gelders, Bjorn/Tran Anh (2019): Potential impacts of social retirement in Vietnam. International Labour Organization (https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-hanoi/documents/publication/wcms_729368.pdf). 9.

[28] Vietnam Government (2015): Decision No. 59/2015 / QD-TTg of the Prime Minister: Promulgating multidimensional poverty standards applicable to the period 2016 - 2020. Web portal of the Government of the Socialist Republic of Vietnam (http://vanban.chinhphu.vn/portal/page/portal/chinhphu/hethongvanban?class_id=1&_page=1&mode=detail&document_id=182199).

[29] Giang Thanh Long/Do Thi Thu (2019): Social security policies for population ageing trends in Vietnam. Legislative studies (http://www.lapphap.vn/Pages/TinTuc/206834/Chinh-sach-an-sinh-xa-hoi-doi-voi-xu-huong-gia-hoa-dan-so-o-Viet-Nam.html).

[30] Kidd, Stephen/Gelders, Bjorn/Tran Anh (2019): Potential impacts of social retirement in Vietnam. International Labour Organization (https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-hanoi/documents/publication/wcms_729368.pdf). 11.

[31] International Labour Organization/United Nations Population Fund (2014): Security for people with income in Vietnam: Social pensions. ILO, UNIFA (https://vietnam.unfpa.org/sites/default/files/pub-pdf/ILO_UNFPA_Policy_Brief_Social_Pensions_Viet.pdf).

[32] Kidd, Stephen/Gelders, Bjorn/Tran Anh (2019): Potential impacts of social retirement in Vietnam. International Labor Organization (https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-hanoi/documents/publication/wcms_729368.pdf). 12.

[33] Kidd, Stephen/Gelders, Bjorn/Tran Anh (2019): Potential impacts of social retirement in Vietnam. International Labor Organization (https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-hanoi/documents/publication/wcms_729368.pdf). 11.

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Ageing and Health

Nguyen Thu Huong

1. Introduction

As an old Vietnamese saying goes *Khôn đâu tới trẻ, khỏe đâu tới già* (Young people are never wise, older people never strong), health in the elderly has been "historically conceptualized from a medical perspective and focused on the absence of disease and disease-related disability".[1] The World Health Organization Ottawa Charter for Health Promotion, for its part, defines health as a "resource for everyday life, not the objective of living," emphasising "social and personal resources, as well as physical capacities."[2] Access to health services is perceived to be important for maintaining health.

In Vietnam, people aged 60 and over account for 12.7% of the total population according to a National Survey on Population Change.[3] It is estimated that there are 12.22 million people of this age group in 2019.[4] By 2038, 20% of the entire population will be made up of the elderly and this ratio will increase to 25% by 2049. The average life expectancy for Vietnamese is 73.6 years (71 years for males and 76 years for females) according to the 2019 Vietnam Population and Housing Census. This underlines a gender imbalance (more elderly women than men), with rising widowhood and celibacy among the elderly. Ensuring sufficient health care services and social support provisions for the elderly population has become a challenge to Vietnam, which has now reached lower middle-income country status.

Earlier on, health care for the rapid ageing population was institutionalized by the National Action Plan on the Elderly for the 2012 – 2020 period (Decision No. 1781/QĐ-TTg/2012), serving as a mechanism to ensure the rights of the elderly to health. More lately, the National Proposal on Health Care for the Elderly up to 2030 has been approved by the Prime Minister's Decision No. 1579/QĐ-TTg/2020. The national proposal serves as the key policy framework for overall coordination of health services for the elderly, aiming to achieve the Sustainable Development Goals, and particularly Goal 3 *Good Health and Well-being*.

Based on a desk study of existing literature on ageing related issues in the country, this thematic brief aims to review key indicators that focus on health status and health care needs of the elderly. By highlighting health as a fundamental and holistic attribute that enables older people to achieve things that are important to them, this brief draws attention to the need of understanding health in older age in terms of dynamic change, rather than a static sense. Having recognized that functional status and health status are both highly related to the quality of life, and especially so for the elderly, this brief limits its analysis and recommendations to the four main areas. The next section discusses some key issues of general health in older people including the prevalence of non-communicable diseases, reproductive and sexual health as well abuse and violence against older people. Section 3 explores how health system responses to ageing. Section 4 focuses on health insurance coverage. The concluding section provides implications for developing policies and interventions that are responsive to the health care and medical needs of the elderly population.

2. Health Status of the Elderly

2.1 Prevalence of Non-Communicable Diseases

The four main non-communicable diseases (NCDs) – cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases – are the leading causes of premature mortality (between 30 and 70 years of age) worldwide. Therefore, the Sustainable Development Goals have cemented the importance of NCDs on the 2030 international agenda (Goal 3), aiming to reduce by one third premature mortality from non-communicable diseases in all countries.

It was estimated that NCDs accounted for about 79% of all deaths in Vietnam by 2019 (Nhân Dân Newspaper 25 October 2019). Morbidity among the older population can mainly be ascribed to NCDs which account for an estimated 87–89% of the disability-adjusted life years and 86–88% of deaths by age group.[5] Hypertension, diabetes, cancer and chronic obstructive pulmonary diseases (COPD) are the main NCDs.

Among elderly Vietnamese, the most common NCDs are cardiovascular disease, diabetes, kidney disease, and cancer.[6] A 2015 national survey on NCD risk factors completed by 3,758 participants across Vietnam[7] shows that the prevalence of hypertension, diabetes, chronic obstructive pulmonary disease (COPD) and asthma was 36.5% in the 60 to 64 age group, remarkably higher in men (35.6%) than women (28.5%).

Table 1: How NCD care varies by socioeconomic factors for older people

	NCD	Hypertensions	Diabetes
Sex			
Male	**35.6**	**77.3**	**32.4**
Female	**28.5**	**75.2**	**39.7**
Age group			
50–54	29.3	85.0	27.7
55–59	28.5	58.4	40.8
60–64	36.5	84.7	39.2
65–69	33.8	80.5	34.5
Education			
Primary	26.6	79.2	24.3
Secondary	24.4	75.8	46.1
High school	53.1	70.0	43.8
College/University	38.6	78.6	40.5
Wealth quintile			
Lowest	34.8	75.7	27.9
Second	28.0	80.2	18.1
Third	22.0	60.5	57.6
Fourth	35.8	78.5	38.6
Highest	36.5	77.7	48.0
Living area			
Urban	40.2	80.7	46.2
Rural	26.2	71.9	26.1
Ethnicity			
Kinh (population			
majority)	32.5	75.9	36.3
Other groups	24.3	80.9	32.2
Overall	**31.7**	**76.3**	**36.0**

Source: 2015 Vietnam National Survey on NCD risk factors, quoted in HelpAge International 2019:12

Hypertension

The same survey shows that the overall prevalence of hypertension increases with age, from 33.9% participants aged 50 to 54, to 48.7% among those aged 65 to 69. The rate was more common among older people in urban (43.2%) than in rural areas (38.6%). There was a noticeable difference in prevalence by gender, with more men (45.5%) than women (35.4%) suffering from the condition.

There are variations in hypertension control. Even though nearly half of the people aged 65 to 69 had hypertension, the proportion in whom this is controlled was 15.5%, hardly above the 13.5% seen for the younger group aged 50 to 54, where just over a third of the people had hypertension.[8]
The treatment rate was slightly lower in men (14.1%) than in women (14.7%), and significantly higher in urban versus rural areas (17.9% and 12.4% respectively).

Diabetes

It is estimated that in 2015, over 3.5 million Vietnamese adults were living with diabetes.[9] The prevalence of diabetes is especially high among the elderly. According to the results of the community diabetes screening programs during 2011–2013 with 5,602 men and 10,680 women in North Vietnam aged 30–69 years,[10] 12.8% of males and 10.9% of females over the age of 60 years had diabetes. Type 2 diabetes mellitus was the most common form of metabolic disorder and was disproportionally prevalent in different geographic regions throughout Vietnam.[11]

The data on NCD management for older people revealed in the 2015 national survey on risk factors also suggests variation in access to care for diabetes. There was a notable disparity in diabetic management between urban and rural dwellers (46.2% versus 26.1%). One possibility is that diagnosis and treatment are available only at district-level hospitals. From gender perspectives, the rates of access to medicines for the condition were lower among women aged 50 to 69, compared with of males (69.7% and 82.3% respectively). Notably, rural older women encounter various barriers to accessing needed health care given cultural, financial, awareness, and transportation barriers that they have to face.

Chronic obstructive pulmonary disease

It is estimated that nearly 10% of the population suffer from respiratory diseases, with 4.2% of people above 40 years old affected by chronic obstructive pulmonary disease (COPD) due to the high smoking rate and continued exposure to other risk factors.[12]

According to a research on COPD (n=1500; aged 23–72), the prevalence among adults in Northern Vietnam was 7.1% and was considerably higher among men than women.[13] In the same study, of 684 participants ages >50 years, 23.5% of men and 6.8% of women had COPD. Among smokers aged >60 years (all men), 47.8% had COPD. None of the women with COPD had been smokers. This finding indicates that increasing age and smoking, the latter among men only, are the most important determinants of COPD.

Another recent study among 302 COPD outpatients (with a mean age of 63.9 years) in Hanoi has found that COPD are often associated with muscle depletion that is caused by increased rate of protein degradation and decreased rate of protein synthesis.[14] More importantly, this becomes worse with ageing. Whereas recent nutrition guidelines for elderly recommend high energy and protein diets, most of the study participants (more than 80%) did not meet their energy and protein requirements. When the elderly are at risk of malnutrition, they double the likelihood of a hip fracture or institutionalization, and is an important predictor of weakness syndrome in older people.[155]

Asthma

Asthma is a disease characterized by chronic airway inflammation, leading to intermittent symptoms of wheeze, dyspnoea, cough and chest tightness in combination with variable expiratory airway obstruction. The prevalence of asthma in Vietnam among adults aged 21–70 years has been estimated at 3.9%–5.6%.[16] It is worth noting that asthma, with increasing age, becomes more difficult to differentiate adult onset asthma from other diagnoses such as COPD or Asthma-COPD overlap syndrome, leading to frequent under or misdiagnosis.[17] Moreover, it has been observed that the knowledge of asthma self-management of adult patients in Vietnam is low, and that this knowledge is correlated with education level.

2.2 Sexual and Reproductive Health and Rights

There are sexual and reproductive health and rights (SRHR) issues relevant to the older population, particularly older women. Studies in developing countries have found that as women grow older, they are at risk from symptoms associated with hormonal changes, gynaecological malignancies, osteoporosis, cervical and breast cancers, and various genitourinary conditions.[18] Older men, on the other hand, have reductions in their testosterone levels and sperm production gradually becomes lower. As a result of these low levels, they experience a decrease in lean body mass, body hair, skin alterations, erectile dysfunction, and increase in visceral fat and obesity.[19]

Moreover, continuing sexual activity has been proven a key element of Quality of Life for the elderly.[20] Available evidence suggests that more than 80% of men and 65% of women remain sexually active in old age.[21] Nevertheless, in many cultures, sexual activity is considered as inappropriate or indecent for older people. Standard health check-ups for older people often exclude screening for sexual and reproductive health issues. This oversight is increasingly worrisome given the rise in new HIV infections among adults aged 50 and older in recent years, with most transmissions stemming from individuals unaware of their HIV-positive status.[22]

There is paucity of data on sexual and reproductive health of the elderly in Vietnam. Sex-disaggregated data remain a far cry, consequently impeding the elderly's access to preventive services and care for sexually transmitted infections, as well SRHR research, policies, and programmes. In a qualitative study exploring quality of life among the elderly in three communes of Hải Dương province, the issue of sexual activity in older people was downplayed in in-depth interviews and focus-group discussions with local residents; if anything, this was considered more of an issue in urban areas.[23] Some research participants even considered issues related to sexual activity in the elderly as inappropriate, morally.

2.3 Abuse and Violence Against Older People

According to the latest report of UNFPA and Viet Nam National Committee on Ageing (VNCA), elder abuse can take many forms: verbal abuse (shouting, insults and use of bad language) or physical abuse (beating, pushing, slapping); or emotional abuse such as bullying, infringement of independence or privacy; financial neglect; inadequate attention to health care and diet; and extortion.[24]A 2017 World Health Organization study estimated that about 16% of people aged 60 years and older had been subjected to some form of abuse including sexual abuse, typically committed by people in a position of trust including health care providers and family members.[25] All types of elder abuse have a negative impact on the health and wellbeing of older people, yet data on its prevalence in Vietnam and effective interventions for addressing the abuse of elderly people are currently very limited.[26]

By law, the 2015 Penal Code (amended in 2017) has criminalized various forms of the elder abuse and mistreatment (Article 185). Similarly, the Law on the Elderly (No. 39/QH12/2009) illegalized violence, abuse, neglect and/or discrimination against the elderly (Article 9). In 2012, 11.6% of older people reported having ever experienced abuse from their offspring, and 38% subjected to humiliation and conflict over the past 12 months.[27] The latest national study on violence against women among the population aged 15 to 64 years in Vietnam indicates that women over the age of 44 experienced the highest lifetime prevalence of emotional violence.[28]

3. Health Service Provision

Since 2002 Vietnam has been one of the signatories of the Madrid International Plan of Action on Ageing, and has become the first country in Southeast Asia to establish a National Programme for the prevention and control of NCDs for 2002 – 2010 (Decision No. 77/QĐ-TTg/2002). The principle affirming older people's equal and universal access to health care has been mainstreamed in numerous key strategies, legislations, and policies. Notably, the 2013 National Constitution underscores the rights and dignity of older people (Article 37). The Law on the Elderly stipulates clearly that people aged 80 and over are prioritized for medical examination, instructing hospitals to organize gerontology departments, or set aside a number of beds for elderly patients (Article 12). At grassroots level, commune, ward, or township health stations to send health workers to conduct medical examination and treatment at places of residence of lonely and seriously ill elderly persons (Article 13). At national level, Ministry of Health has the mandate to formulate and organize the implementation on programme of prevention, examination treatment for heart diseases, diabetes, Alzheimer and other chronic diseases, reproductive health diseases affecting the elderly (Article 29).

Following the Elder Law, the Prime Minister's Decree No 13/NĐ-CP/2010 stipulated that disabled elderly are provided monthly cash benefit, as well as free health insurance. The National Programme of Actions on Ageing, period 2012–2020 (Decree No.1781/NĐ-CP/2012) went further to set the target of having 100 percent of sick elderly people to be examined and treated by 2015. Besides, the National Strategy on the Protection, Care and Improvement of the People's Health during 2011–2020 with the vision to 2030 (Decision No. 122/QĐ-TTg/2013) aimed to improve health care for the elderly. The National Strategy of Social Security (2011–2020) underlines the needs of building up comprehensive social security mechanisms, health care and social assistance for elderly to better address their economic, social risks and health. The Strategy of Population and Reproductive Health (2011–2020) focuses on some priorities, including strengthening elderly primary health care system. The Strategy for Family Development (2020 – vision 2030) focuses on strengthening interfamily relationships, household economy development, family data base, family research and assessment which includes attention to elderly matters in the family.[29] Recently, the Ministry of Health has issued the Decision No. 7618/2016 approving the national proposal on Healthcare for the Elderly for the period of 2017–2025. This national proposal serves as the key policy framework for overall coordination of health services for the elderly, aiming to achieve the Sustainable Development Goals, and particularly Goal 3 *Good Health and Well-being*.

Despite progressive record of promoting the older people's right to health, the biggest challenge has been on the implementation of legislation and policy. It is important to note that the current National Strategy for 2015–2025 targets the prevention and control of cancer, cardiovascular diseases, diabetes, chronic obstructive pulmonary disease, asthma and other NCDs. However, the targets on control of diabetes exclude older people aged 70 and older by focusing only on the population aged 30 to 69.[30] Information dissemination of policies and legislation on older people has not been made timely.[31] Moreover, there is no data that provide details of these health care programmes, the coverage of older person through these initiatives, the geographic reach of the services, and the range of services that are available including sexual and reproductive health services.[32] It has observed that primary health care is provided by health communes but only a small low proportion of the elderly has health insurance cards registered for medical examination and treatment. Poor transportation, shortage of equipment at medical facilities and the negative attitudes and behaviours of medical staff also discourage older persons from accessing health services. Disparities in health and health care are widening between socio-economic groups, as well as between rural and urban areas. In particular, the rural elderly have less access to health care than those in urban areas. Among disadvantaged groups, older people living alone, with lowest wealth and with social health insurance had highest probability of reporting at least one NCD for both urban and rural areas.[33]

Table 2: How in-patient experience at district hospitals varies by age

Age	Received daily check-ups (%)	Received explanation about diagnosis (%)	Received physician advice on what to do (%)	Treated with disrespect (%)	Confirmed facility was clean (%)	Confirmed facility had sufficient equipment (%)	Confirmed facility equipment functioned well (%)
50	97.8	94.4	94.8	1.8	93.6	95.1	96.6
50–54	100.0	93.1	94.8	3.4	96.6	92.0	89.8
55–59	97.7	97.7	97.7	0.0	97.7	92.7	92.1
60–64	100.0	93.5	95.7	4.3	97.8	93.2	92.1
65–69	98.0	98.0	93.9	0.0	98.0	94.7	97.1
70–74	97.8	95.7	93.5	4.3	97.8	100.0	100.0
75–79	97.4	94.9	97.4	2.6	89.7	93.3	100.0
80+	98.2	83.6	87.3	0.0	96.4	95.2	97.3
Overall	**98.1**	**94.0**	**94.5**	**1.9**	**94.7**	**94.8**	**96.0**

Source: World Bank Group/Vietnam Ministry of Health 2015, quoted in HelpAge International 2019: 22

4. Health Insurance Coverage

The Elder Law provides general eligibility criteria for people entitled to social patronage policies (e.g., health insurance and costs, monthly social relief allowances and payment of funeral and burial costs) including those who are over 80 years of age and who have no retirement pension, monthly social insurance allowance or monthly social allowance (Article 17). Notably, Vietnam enshrined universal social health insurance (SHI) coverage in the Decision No. 122/QĐ-TTg/2013, approving the National Strategy to protect, care, and improve public health during 2011–2020. The national SHI targets were set to obtain over 90% coverage by 2020 and 95% coverage by 2025. Since then health insurance development has become more intensified, covering 86.9% of the population in 2018. The proportion of women with medical insurance is slightly higher than that of men, 56.11% versus 52%.[34] In recent years, the provision of free health insurance for the poor and ethnic minorities contributed significantly to the willingness to seek help from healthcare services. There are existing mechanisms to ensure older people can access services without financial burden.

Nevertheless, under the Health Insurance Law, some health check-up services for early detection of non-symptomatic NCDs are not covered by health insurance.[35] This highlights inequality within the older population in relation to access to services. Older people are generally more likely to be excluded if they have low levels of education or income, live in rural areas, or belong to ethnic minority groups. Thus, chronic diseases normally are detected at an older age and a late stage of progression.[36]

Table 3: How social health insurance coverage varies by socioeconomic factors for older people

	2010 (%)	2012 (%)	2014 (%)
Sex			
Male	62.2	65.4	71.7
Female	59.0	64.0	72.6
Marital status			
Single	54.3	62.0	73.2
Married	59.2	62.3	70.1
Widow or widower	66.2	73.6	80.1
Divorced	44.8	59.3	60.8
Education			
Less than primary	57.0	62.1	69.3
Primary	55.9	58.2	66.3
Secondary	70.0	75.9	77.6
College/University	92.5	93.2	93.7
Wealth quintile			
Lowest	68.3	73.5	78.7
Second	51.8	58.7	65.1
Third	55.1	57.5	65.0
Fourth	59.5	63.4	71.3
Highest	66.5	69.9	79.6
Living area			
Urban	64.4	71.3	75.9
Rural	58.5	61.7	70.3
Overall	60.4	64.6	72.2

Source: Vietnam Living Standard Surveys, quoted in HelpAge International 2019: 8

In Vietnam, Community Health Centres (CHCs) have traditionally been responsible for the implementation of national target programmes tackling hypertension, diabetes, and cancer. As of 2014, about 80% of the CHCs were participating in the national insurance system, enabling sustainability, and widening participation. At some CHCs under the pilot of the Action Program (No. 1379/CTr-BYT/2017) on application of Family Doctor Principle at primary health care services in Hanoi, the number of out-patients (diabetes and hypertension) has been on the rise.[37] Nevertheless, the 2015 Vietnam District and Commune Health Facility Survey suggests that commune health stations are limited to being able to describe any medication beyond a few days required for acute care treatment and need to refer patients to the district hospital for diagnosis as well as on-going management of a chronic disease.[38]
These findings reflect the historical role of commune health stations, which have traditionally focused on maternal and child health and are less equipped, lack of well-trained personnel, inadequate sanitary conditions and have largely not been given the mandate, according to policy and regulations of the health sector, to address the growing profile of NCD.[39] Furthermore, most CHCs did not provide preventive services for early detection and management of long-term treatment of patients with NCDs (especially hypertension and diabetes) in the community. Available evidence suggests that rural elderly women with limited mobility are likely dependent on family members, male family members in particular, in relation to, accompaniment in travelling to the healthcare centres and in manageing healthcare.[40] Living at a distance from CHCs demotivated rural elderly women to access health care services as it involved time, money, transportation and accompaniment. Specifically, rural elderly women with a disability may find it difficult to travel to healthcare services especially when the transportation was not available and no accompany. Therefore, the issue of distance and transportation along with social exclusion is a vital determinant in using CHC, especially in remote and mountainous areas. This goes back to the vital role of rural road improvement on the increase of healthcare access among rural population, particularly older women.

5. Conclusion

In addressing the challenges of a rapid ageing population, especially the health of older people, the Government of Vietnam has adopted a holistic approach in various areas including public health insurance, free health care targeted at identified groups of the elderly, and social security. The contextual analysis of this thematic brief highlights inequalities within the older population regarding access to health insurance coverage, health services based on age, education, income, gender, and ethnicity. Notably, older women usually face social and economic inequalities and barriers of access to healthcare services. In addition, the sexual and reproductive health rights of older people are neglected and stigmatised due to stereotypes surrounding ageing. Data on violence on, neglect and abuse of older persons is scarce. The complexity of the challenge requires diverse and complementary responses. Ultimately, a strategic focus on the rights to health for the elderly is critical to achieve the goal of leaving no one behind in a growing nation to which the Government of Vietnam has made strong commitments.

[1] Giummarra, M. J./Haralambous, B./Moore, K./ Nankervis, J. (2007): The concept of health in older age: Views of older people and health professionals. In: Australian Health Review 31 (4), 642–650.642

[2] World Health Organization (1986): Ottawa Charter for Health Promotion. First International Conference on Health Promotion. Ottawa, Canada. 2.

[3] General Statistics Office of Vietnam (2018): Results of the National Survey on Population Change as of 01 April 2017. Hanoi: GSO.

[4] General Statistics Office of Vietnam (2019): Results of the 2019 Vietnam Population and Housing Census. Hanoi: GSO.

[5] UNFPA & Viet Nam National Committee on Ageing (2019): Towards a comprehensive national policy for an ageing Viet Nam. Hanoi: UNFPA.

[6] Nguyen Thi Thanh Huong et al. (2012): Exploring quality of life among the elderly in Hai Duong province, Vietnam: a rural–urban dialogue. In: Global Health Action 5:1, 18874, http://dx.doi.org/10.3402/gha.v5i0.18874. Le V Hoi/Nguyen TK Chuc/Lindholm, Lars (2011): Health-related quality of life, and its determinants, among older people in rural Vietnam. BMC Public Health 10:549 http://www.biomedcentral.com/1471-2458/10/549.

[7] HelpAge International (2019): Vietnam insights: the right to health and access to universal health coverage for older people. London: HelpAge International.

[8] HelpAge International (2019): Vietnam insights: the right to health and access to universal health coverage for older people. London: HelpAge International.13.

[9] Nguyen Thi Thu Huong et al. (2018): Health-related quality of life in elderly diabetic outpatients in Vietnam. In: Patient Preference and Adherence 12: 1347–1354.

[10] Pham, Ngoc Minh/Eggleston, Niels H. (2016): Prevalence and determinants of diabetes and prediabetes among Vietnamese adults. In: Diabetes Research and Clinical Practice 113: 116–124.

[11] Nguyen Thi Thu Huong et al. (2018): Health-related quality of life in elderly diabetic outpatients in Vietnam. In: Patient Preference and Adherence 12: 1347–1354.

[12] Nguyen Tu Son et al. (2018): Pharmacists' training to improve inhaler technique of patients with COPD in Vietnam. In: International Journal of COPD 13:1863–1872.

[13] Hoang Thi Lam/Ekerljung, Linda/ Nguyen Van Tuong/Ronmark, Eva/Larsson,Kjell/Lundback, Bo (2014): Prevalence of COPD by disease severity in men and women in northern Vietnam. In: COPD: Journal of Chronic Obstructive Pulmonary Disease 11 (5): 575–581.

[14] Nguyen Ha Thanh et al. (2019): Nutritional status, dietary intake, and health-related quality of life in outpatients with COPD. In: International Journal of COPD 14: 215–226.

[15] Nguyen Dang Thoai et al. (2020): Evaluation of malnutrition among elderly people above 75 years of age. In: Journal of Critical Reviews 7 (4): 74–77.

[16] Nguyen Tu Son et al. (2018): Pharmacists' training to improve inhaler technique of patients with COPD in Vietnam. In: International Journal of COPD 13:1863–1872.

[17] Enilari, O./ Sinha, S. (2019): The Global Impact of Asthma in Adult Populations. In: Annals of Global Health 85 (1): 2, 1–7. DOI: https://doi.org/10.5334/aogh.2412.

[18] Elias, Christopher/Sherris, Jacqueline (2003): Reproductive and sexual health of older women in developing countries. BMJ 327: 64-65 doi: https://doi.org/10.1136/bmj.327.7406.64

[19] Banke-Thomas, Aduragbemi/Comfort, Z. Olorunsaiye/Sanni, Yaya (2020): Leaving no one behind also includes taking the elderly along concerning their sexual and reproductive health and rights: a new focus for Reproductive Health. In: Reproductive Health 17 (101), 1–3.

[20] Nguyen Thi Thanh Huong et al. (2012): Exploring quality of life among the elderly in Hai Duong province, Vietnam: a rural–urban dialogue. In: Global Health Action 5:1, 18874, http://dx.doi.org/10.3402/gha.v5i0.18874.

[21] Banke-Thomas, Aduragbemi/Comfort, Z. Olorunsaiye/Sanni, Yaya (2020): Leaving no one behind also includes taking the elderly along concerning their sexual and reproductive health and rights: a new focus for Reproductive Health. In: Reproductive Health 17 (101), 1–3.

[22] Racherla, Sai Jyothirmai (2019): Older women's health and well-being in Asia and the Pacific region. Malaysia: Asian-Pacific Resource & Research Centre for Women.

[23] Nguyen Thi Thanh Huong et al. (2012): Exploring quality of life among the elderly in Hai Duong province, Vietnam: a rural–urban dialogue. In: Global Health Action 5:1, 18874, http://dx.doi.org/10.3402/gha.v5i0.18874.

[24] UNFPA & Viet Nam National Committee on Ageing (2019): Towards a comprehensive national policy for an ageing Viet Nam. Hanoi: UNFPA. 29.

[25] Banke-Thomas, Aduragbemi/Comfort, Z. Olorunsaiye/Sanni, Yaya (2020): "Leaving no one behind" also includes taking the elderly along concerning their sexual and reproductive health and rights: a new focus for Reproductive Health." In: Reproductive Health 17 (101), 1–3.

[26] Racherla, Sai Jyothirmai (2019): Older women's health and well-being in Asia and the Pacific region. Malaysia: Asian-Pacific Resource & Research Centre for Women. 18.

[27] UNFPA & Viet Nam National Committee on Ageing (2019): Towards a comprehensive national policy for an ageing Viet Nam. Hanoi: UNFPA. 30–31.

[28] MOLISA, GSO and UNFPA (2020): Results of the National Study on Violence against Women in Viet Nam 2019. In: Journey for Change. Hanoi: UNFPA.

[29] UNFPA & Viet Nam National Committee on Ageing (2019): Towards a comprehensive national policy for an ageing Viet Nam. Hanoi: UNFPA. 35.

[30] HelpAge International (2019): Vietnam insights: the right to health and access to universal health coverage for older people. London: HelpAge International.

[31] UNFPA & Viet Nam National Committee on Ageing (2019): Towards a comprehensive national policy for an ageing Viet Nam. Hanoi: UNFPA. 35.

[32] Racherla, Sai Jyothirmai (2019): Older women's health and well-being in Asia and the Pacific region. Malaysia: Asian-Pacific Resource & Research Centre for Women.

[33] Le Duc Dung/Leon-Gonzalez, Roberto/Thanh Long Giang/Anh Tuyet Nguyen (2020): Socio-economic-related health inequality in non-communicable diseases among older people in Viet Nam. Ageing & Society, 1–28. doi:10.1017/S0144686X19001843.

[34] Food and Agriculture Organization of the United Nations (2019): Country gender assessment of agriculture and the rural sector in Viet Nam.

[35] HelpAge International (2019): Vietnam insights: the right to health and access to universal health coverage for older people. London: HelpAge International.

[36] Le Duc Dung/Giang Thanh Long (2016): Gender differences in prevalence and associated factors of multi-morbidity among older persons in Vietnam. In: International Journal on Ageing in Developing Countries 1 (2): 113–132.

[37] UN Women (2020): Summary Report of the independent gender assessment of National Target Program on New Rural Development 2010–2020. Consultation Workshop 11 June 2020, Pan Pacific Hotel, Hanoi.

[38] World Bank (2016): Quality and Equity in Basic Health Care Servicesin Vietnam: Findings from the 2015 Vietnam District and Commune Health Facility Survey. Hanoi: World Bank.

[39] World Bank (2016): Quality and Equity in Basic Health Care Servicesin Vietnam: Findings from the 2015 Vietnam District and Commune Health Facility Survey. Hanoi: World Bank.

[40] UN Women (2020): Summary Report of the independent gender assessment of National Target Program on New Rural Development 2010–2020. Consultation Workshop 11 June 2020, Pan Pacific Hotel, Hanoi.

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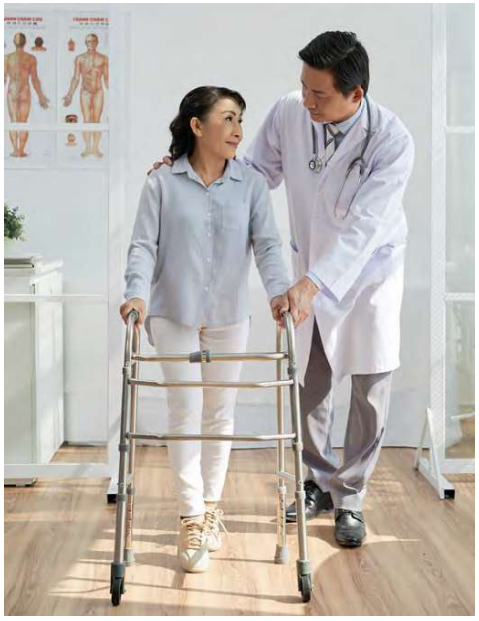
Social Care in Vietnam – a General Overview

Nguyen Thi Thai Lan

1. Introduction



The concept of social care is defined differently in the context of Vietnam. It sometimes is understood as social protection, as social assistance, or as social welfare services.[1] Hence, in this section, social care is a broad concept that covers the whole social service system for vulnerable people and people in need of social services.

The Doi Moi reforms introduced in the mid 1980s marked a turning point not only in restructuring the economy but also in the development of social policy and programs in Vietnam.[2] After 30 years of this reform, remarkable economic growth and poverty reduction have occurred, and services for vulnerable groups, including children and families, principally health and education, have evolved to the point that near universal access has been achieved.[3] However, the country social service system has been facing many difficulties and challenges resulted from the economic growth such as the raising number of vulnerable people, inequality in accessing to social services, widening gap between the rich and the poor.[4]

With the estimation of 28% of the total population needs social services, there is a high demand for the development of this system in Vietnam. Originally all the social protection services were provided by government, gradually there has been a participation of non-public sector in this sector, however, the current social service system cannot afford to the reality needs. This system has been challenged by the lack of indigenized service models, shortage of quantity and quality of social service workforce, limitation in infrastructure for a wider coverage of service users. This section presents different social elements that have significant impacts on the social services. In addition, it describes the current situation of service users and social service system. Finally, it analyses the challenges as well as the opportunities for the development of social service system in the locality.

2. Social Issues and Problems

Economic Growth and Poverty Reduction

Vietnam has made substantial progress in its human development and economic growth in the last thirty years. Vietnam's Human Development Index increased from 0.475 in 1990 to 0.693 in 2018, and is nearing the High Human Development threshold of 0.7,[5] while the country's annual economic growth rate averaged 6.2% in the period 2012-2017,[6] higher than for other ASEAN countries (5.3%). Vietnam has also been remarkably successful in reducing poverty, with a dramatic decrease in the poverty rate from 57% in 1990 to approximately 14% in 2014 (based on the income poverty line), or 11% in 2016 (multi-dimensional poverty line).[7] However, the multi-dimensional poverty level and the speed of reduction vary across regions. In addition, vulnerable groups continue to be left behind with a rising gap between the living standards of the "Kinh and Hoa" (majority groups) and the ethnic minority groups in spending and income level.[8]

Ageing

Vietnam is ranked in the group of countries with fast ageing population in the world, even more than many developing countries.[9] According to the General Statistics Office (2018), by 2038, the population aged 60 and over will be more than 21 million people, accounting for 20% of the total population. This figure will increase to 27 million, accounting for 25% of the total population until 2050. The quality of life of the elderly is low both physically and mentally. Hence, the number of persons in need of social care is huge, about 4 millions in 2019 and will be up to 10 million in 2035.[10]

Urbanisation and Migration

Vietnam is undergoing rapid urbanisation with 43% of the total population now living in urban areas. In the past ten years, the average annual growth rate of the urban population was 5%, which was six times faster than in rural areas. The country also faces a shrinking youth population, thus, increasing the pressure to enhance workforce productivity and to attract labour from the villages to meet demand in the industrialized centres. Internal migration has been the main reason for the increase in the urban labour force in Vietnam with an average annual increase of 2.5% in the period 2012-2017.[11]

Rising Inequality

Rising inequality threatens not only continued economic progress. Millions of vulnerable and disadvantaged people such as ethnic minorities, small-scale farmers, migrant workers and women are still living in poverty, lack access to information and are excluded from services and political decision-making. The GINI coefficient in Vietnam increased from 0.38 in 2005 to 0.44 in 2016, and is one of the largest increases amongst ASEAN member states.[12] Income disparity is widening between the 20% richest households and 20% of the poorest ones (9.8 times monthly income higher in 2016).[13]

Violence Against Women and Children

Most recently, a national study conducted by the Ministry of Labour, Invalids and Social Affairs (MOLISA), General Statistics Office (GSO) and UNFPA (2019), investigated violence against women in Vietnam within families, workplaces and other public spaces. The study found that 63% of ever-married/partnered Vietnamese women had experienced physical, sexual, psychological (including emotional and controlling behaviours) and/or economic violence during their lifetime, and 32% had experienced these types of violations in the last 12 months, of which emotional abuse was most prevalent (47%). Notably, an increase in those reporting they had experienced sexual violence during their lifetime was found between 2010 and 2019 (from 10% to 13%), including sexual abuse of girls under 15 years (4.4%). While there is a slight decrease in the overall rate of violence found in the 2010 and 2019 studies, the 2019 study reveals that violence against women and children has had severe impact on women's health, dignity, security, upward social mobility and economic productivity.[14]

New and Emerging Threats: Online Abuse, Climate Change, Pandemics

Globalisation has brought many benefits to Vietnam and at the same time, increased global connectedness is generating new and emerging threats to people's well-being in the form of online risks, and the impacts of climate change, global economic shocks, and health pandemics.

Although the Internet is bringing substantial benefits to children and young people, studies in Vietnam are also identifying negative consequences on adolescents' health, education, social interaction, mental and behavioural disorders.[15] A forum conducted by MOLISA and UNICEF East Asia - Pacific Region (2016) reported on the growing prevalence of child abuse in the internet environment with more than 10,000 online instances of child abuse found in the five-year period 2011-2015.[16] Vietnam is one of the twenty countries in the world predicted to be most heavily impacted by climate change, poor air quality and environmental pollution (UNDP 2019). In addition, climate changes also causes impacts on children's learning process, psychological well-being and school performance.[17] Vietnam's initial response to the Covid-19 pandemic has been rapid and effective, rating as one of the most successful interventions of any country.[18] Nevertheless, short- and long-term consequences have been found, such as disrupted education, loss of access to basic social services, impacts on mental health, increased domestic violence and a high risk of falling into poverty.

3. The Need of Social Care Services

The need of social care services is relatively high in Vietnam with an estimate of about 28 % of the total population need social services. They are 11.3 million elderly people, 6.2 million people with disabilities, 1.4 million children with special circumstances, about 9,6% of poor households, more than 180,000 people infected with HIV are detected, nearly 170,000 drug addicts, more than 15,000 sex workers, about 2.7 million social protection beneficiaries are eligible for monthly subsidies policy; 22% of families experienced violence and 21.1% of women experienced violence at different levels; households facing difficult circumstances due to natural disasters, floods, etc.[19]

3.1 The Social Care System

Social care services system consists of three service providing types:

i) institutional care: providing care, nurturing services and professional and specialized social work services at social support institutions;

ii) community -based social services: providing care, nurturing services, and professional and specialized social work services at communities; and

(iii) providing care at social homes, day-care, and other forms of care.[20]

Social care services include normal care services carried by social carers and carers at families and social support institutions; professional social work services served by social workers at multiple service providers at communities, schools, hospitals, courts, and social work centres.

Social service system originally is fully subsidised by the government and mainly carried out by the Ministry of Labour, Invalids and Social Affairs, Ministry of Health, Ministry of Education, and other related mass organizations. Recently with a new changing trend, there has been more active involvement of non-public sector such as private social support centres, local NGOs and INGOs. The current social service for vulnerable groups has been experienced at the rapid development during the period 2010 - 2020 after the government of Vietnam issued Decision 32 - a national project on the development of the social work profession. The social service delivery system has the participation of many government ministries, including the labour, invalids, and social sectors, medical, educational, judicial and spreading in political and social organizations as well as national and international NGOs. Social services cover many activities ranging from philanthropy, volunteering, to prevention, intervention, rehabilitation and development activities, especially their professional social work services such as counselling, working with individuals/case management, working with groups and community development.[21]

Social Care Services in Institutional Care Models (Social Protection/Support Centres)

Social protection/support institutions are public and non-public organizations classified into different categories of services providers. They are: general social protection institutions for all types of clients; social support institutions for elderly; social support institution for person with disabilities; social support institutions for mental health disorders; social support institutions for children, social work service centres and other social support types. Table below shows the figure of social service providers in the field of Labour, Invalids and Social Affairs.

Social service providers in the field of labor, invalids, and social affairs

Type of social service center	No
Social work service centers	25
Centers for mentally illness	31
Centers for lonely elderly	45
Centers for persons with disabilities	73
General social protection centers	102
Centers for vulnerable children	149
Centers for rehabilitation of drug abusers	105

Source: Department of Social protection, 2020; Department of Social Vices, 2019

Even though social services for vulnerable groups in the field of labour, invalids and social affairs have occupied the largest portion in providing social services, its coverage is still very limited. According the statistics from the Ministry of Labour, Invalids and Social Affairs, this system could only serve about 46,000 vulnerable people, including 12,000 orphans and abandoned children; about 6,000 poor and lonely elderly people; over 10,000 people with severe disabilities; over 1,000 people with mental illness; 1,500 people infected with HIV / AIDS and over 6,000 other people. This is because this system is challenged by the following difficulties: the openness of mechanism and policy for social service providers to provide their services for the wider vulnerable groups that are not covered in social protection policies; the incomplete legal framework of the social work profession which is seen as the main sources of social services; the limited service models that located at grassroots level where majority of service users can access; the shortage of infrastructures and facilities to provide professional and specialized services.[22]

Regarding to the quality of services, there are a number of factors that social service providers have to encounter in order to provide qualified professional services, such as the insufficient and unstable funding (especially with trial model of services); unclear regulations on service providers' positions, roles, functions, duties and responsibilities; lack of quantity and quality professional staff (skills, knowledge, not dedicated to the profession); not receiving timely and professional guidance and how to conduct the service delivery process; and the service users' unwillingness to actively participate in their problem solving process.[23]

Community-based Social Services

Community-based orthopaedic and rehabilitation model for children and persons with disabilities: This model has been implemented in accordance with the programs introduced by the Labour, Invalids and Social Affairs system. To date there are 32 community-based rehabilitation institutions established and operated with the participation of hundreds of wards and there are thousands of children receiving orthopaedic and rehabilitation services. This model combines the rehabilitation of children in inter-communal health facilities or rehabilitation centres and capacity building for mothers so that these mothers can provide self-rehabilitation care for their children.[24]

The model "temporary shelter" aiming at providing intervention and protection for women and children who are the victims of domestic violence also gets the interest from many local governments for implementation. This helps to ensure the safety for children and women subjected to violence in a state of emergency. The participating of wards in this model forms "temporary shelter homes" to support women and children who are victims of domestic violence can come and live in these homes. At these homes, they are protected by the local governments for their safety and emergence response. They then can receive appropriate intervene and support.

The model "peace house" that protects and cares for returned trafficked women and children conducted by the Women Association has been implemented. This has helped hundreds of returned trafficked children and women. When trafficked people return home, they are placed in the peace house and provided professional services such as counselling, psychosocial therapy and referred to health care, legal and other necessary services. This has supported them to integrate community confidently.

Counselling offices at communities, schools, hospitals: To present, there are 2,355 community counselling points (located at wards level), 4,203 counselling offices at school and hospitals established and put into operation but mostly in the south, especially in Ho Chi Minh City. These community counselling points generally have contributed very effectively in providing services in counselling, referral, and connecting timely services for clients. In recent years, the psychological counselling in schools also has grown stronger. This opens opportunities for the development of professional social work at schools.[25]

Home and Day Care and other Forms of Social Service Models

Social home model mainly serves lonely elderly, children with special circumstances, people with severe disabilities, and the mental disorder people. It is supported by the State in terms of financial support for nurture and care. In addition, the ward government also invests in infrastructure and management of the care services.

Day care services provide care services for elderly people, people with disabilities, the sick people at families and hospitals. It is conducted in form of care service contract by individual caregivers negotiate directly with the clients' families or through service providing institutions. These organizations will send their staff to provide care services based on the agreement. This model has appeared for decades in big cities such as Hanoi, Ho Chi Minh City, but the state is not interested in the management of services of social care.[26]

Psychosocial therapy centres for children with autism are conducted by private sector (at present, there are only one public institution newly formed under the Labour Invalids and Social Affairs). Thousands of children have received timely treatment and support. These facilities offer social work services for children with service charge but with cheap prices, not including accurate and full-service price; for poor children who need psychosocial treatment it is still free.

Child protection system have been pilot implemented in 2008 at 28 districts in 15 provinces/cities under the cooperation between the Ministry of Labour, Invalids and Social Affairs implemented and six international organizations (UNICEF Plan, Child Fund, World Vision and Save Children). To 2011 this model has become the national wide state child protection program. And to 2015 allprovinces and cities have built their child protection system. One of the most important content of this program is to develop and child protection service delivery system to ensure the safety of children at 3 levels: Preventive, early detection and intervention and integration intervention to community for abused children, children in special difficult circumstances. Thanks to this child protection system, the status of child abuse, violence and trafficking is on the stable and decreasing trend.

National Hot line counselling 111 has been established to provide online counselling and supports for disadvantaged children. In 2018 more than 27,000 111 calls received with issues related to children: child abuse, trafficked children, kidnapping, psychological counselling for children.[27]

4. Challenges

The implementation of social care policies has been achieved encouraging results in the recent years, but it still has some following limitations:

- First, legal framework and policies on the development of social care as well as social work are not completed and synchronized.
- Second, the operation of social care services in the community has not been paid adequate attention, thus the results achieved are quite modest and do not meet the needs.
- Third, the social care saervices at social support institutions are limited, are mainly conducted at the institution, and do not pay attention to promote community-based services.
- Fourth, there is a high rate of social support institutions that fail to meet regulations on minimum standards of environment, facilities, staff, and standards of care; the management of non-public social support institutions has not yet seriously carried out.
- Fifth, there is a lack of mechanisms to promote the non-public sector's participation in the provision of services.
- Sixth, there is a shortage of qualified social service staff who are professionally trained.

5. Conclusion

As a developing country in the Southern East Asia with 30 years of changing its economic paradigm, Vietnam has been achieving significant improvements in economy for the well-being of its people. However, a significant portion of its population (28%)need social care services and is facing many social challenges that leave it behind the development. Thus, the social care system plays an imperative role in support of people to attain their well-being via various appropriate and accessible services. Despite important achievements and efforts have been gained in the past few decades in the development of social care services, there is a high need for reviewing and improving this system in legal framework, developing appropriate and indigenous service models, expanding the coverage, and enhancing human workforce.

[1] Huu, N. H./Lan, N.T.T (2016): Assessment of social care system in Vietnam. Hanoi, Vietnam: UNICEF-Vietnam. Loan, L. H (2020): International experience for the development of social work and recommendations for the period 2021-2030. conference presentation at Consultation workshop on Development of National Project on Social work profession 2021-2030, Ho Chi Minh City November 4-5, 2020.

[2] Evans, K./Rorris, A. (1994): The Vietnam National Programme of Action: a Decentralisation Study, UNICEF Innocenti Occasional Papers, Number 2, Innocenti Research Centre, Florence. London, J. (2014): Welfare Regimes in China and Vietnam, Journal of Contemporary Asia, Vol. 44(1): 84–107.

[3] Diez, J. V. (2016): Vietnam 30 years after Doi Moi: achievements and challenges. In: Zeitschrift für Wirtschaftsgeographie, 60(3), 121-133. VASS/MOLISA/UNDP (2018): Báo cáo nghèo đa chiều ở Việt Nam: Giảm nghèo ở tất cả các chiều cạnh để đảm bảo cuộc sống có chất lượng cho mọi người. Hanoi. Vietnam. UNICEF (2020): Key demographic indicators. https://data.unicef.org/country/vnm/.

[4] Lan, N.T.T. (2015): Social work in Vietnam: International organisations and service professionalisation for disadvantaged children, PhD Thesis, UNSW Faculty of Arts and Social Sciences. OXFAM (2017): Even it up: How to tackle inequality in Vietnam. Labour and Social Publishing House. Hanoi. ILSSA/ILO (2018): Xu hướng lao động và xã hội Việt Nam 2012-2017.

[5] UNDP (2019): Human Development Report 2019: Inequalities in Human Development in the 21st century: Vietnam briefing note.

[6] ILSSA/ILO (2018): Xu hướng lao động và xã hội Việt Nam 2012-2017.

[7] The multi-dimensional approach to poverty includes income/expenditure combined with access to five basic social services: health, education, housing, clean water, access to information. UNDP (2019): Human Development Report 2019: Inequalities in Human Development in the 21st century: Vietnam briefing note.MOLISA/UNDP/VASS (2017): Báo cáo nghèo đa chiều ở Việt nam: Giảm nghèo ở tất cả các chiều cạnh để đảm bảo cuộc sống có chất lượng cho mọi người.

[8] MOLISA/UNDP/VASS (2017): Báo cáo nghèo đa chiều ở Việt nam: Giảm nghèo ở tất cả các chiều cạnh để đảm bảo cuộc sống có chất lượng cho mọi người.

[9] UNFPA (2016): Thông tin tóm tắt: Già hoá dân số nhanh chóng ở Việt Nam"Thách thức và cơ hội. https://vietnam.unfpa.org/sites/default/files/pub-pdf/PD_Factsheet_rapid%20population%20ageing%20in%20VNM_printed%20in%202016_Tieng%20Viet.pdf.

[10] Quynh, N. N (2020): Social care for elderly: The need and roles of the social work profession. conference presentation at Consultation workshop on Development of National Project on Social work profession 2021-2030, Ho Chi Minh City November 4-5, 2020.

[11] GSO (2019): Tổng điều tra dân số và nhà ở năm 2019: Tổ chức thực hiện và kết quả sơ bộ.

World Bank (2014): Vietnam Development report 2014: main report.ILSSA/ILO (2018): Xu hướng lao động và xã hội Việt Nam 2012-2017.

[12] ASEAN/UNICEF (2019): Children in ASEAN: 30 years of the Convention on the Rights of the Child, UNICEF.

[13] OXFAM (2017): Even it up: How to tackle inequality in Vietnam. Labour and Social Publishing House. Hanoi.

[14] MOLISA/GSO/UNFPA (2020): Results of the National Study on Violence against Women in Vietnam 2019 - Journey for Change.

[15] Linh, P. T. T (2017): Ảnh hưởng của mạng internet đối với giới trẻ: Cái nhìn từ phía khoa học thần kinh.
Duc, T. T. M./Thai, B. T. H (2013): Thanh thiếu niên chơi game bạo lực: Những phân tích về tâm lí-xã hội và một số giải pháp quản lí - giáo dục định hướng. VNU Journal of Science: Education Research, 29(1).

[16] MOLISA and UNICEF EAPRO 2016): Forum on policies on protecting children on Internet environment. Hanoi, 29th March, 2016.

[17] UNICEF (2018). Environment and climate change: Climate change and environmental degradation undermine the rights of every child. https://www.unicef.org/environment-and-climate-change

[18] Fleming, S. (2020): Vietnam shows how you can contain COVID-19 with limited resources. World Economic Forum (https://www.weforum.org/agenda/2020/03/vietnam-contain-covid-19-limited-resources/).

[19] MOLISA (2020): General report on Social Protection for 2019. Department of Social Protection.

[20] Huu, N. H./Lan, N.T.T (2016): Assessment of social care system in Vietnam. Hanoi, Vietnam: UNICEF-Vietnam.

[21] MOLISA/UNFPA (2020): Report on the assessment of social work services. Ministry of Labour, Invalids and Social Affairs, November 2020.

[22] MOLISA/UNFPA (2020): Report on the assessment of social work services. Ministry of Labour, Invalids and Social Affairs, November 2020.

[23] MOLISA/UNFPA (2020): Report on the assessment of social work services. Ministry of Labour, Invalids and Social Affairs, November 2020.

[24] Huu, N. H (2019): Report on the development of social work services. Ministry of Labour, Invalids and Social Affairs.

[25] Huu, N. H./Lan, N.T.T (2016): Assessment of social care system in Vietnam. Hanoi, Vietnam: UNICEF-Vietnam.

[26] Huu, N. H (2019): Report on the development of social work services. Ministry of Labour, Invalids and Social Affairs.

[27] Hotline 111 (2020): Introduction. Ministry of Labor, Invalids and Social Affairs. http://tongdai111.vn/sites/gioi-thieu.

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The Role of Social Organizations in Implementing Social Welfare Policies toward the Elderly in Vietnam

● Nguyen Huu Minh/Le Thuy Hang

1. Introduction

Social policy is understood as the institutionalization and demonstration of the State solutions in solving social problems related to each group or the whole population. In Vietnam, the implementation of social policy is in line with the principles and policies of the Communist Party of Vietnam, which aim at equity, social progress and comprehensive human development.[1] The Resolution of the 6th National Congress of the Communist Party of Vietnam (1986) affirms: "Social policy covers all aspects of human life: working and living conditions, education and culture, family relations, class relations, ethnic relations… which are in line with the principles of Party and State in terms of the unity between economic policies and social ones."[2]

The role of social policy is most clearly demonstrated through social welfare's policies and solutions. Social welfare is the interventions of the state and society through a system of mechanisms, policies and social insurance, health insurance, and social assistance in order to achieve sustainable development goals, reduce and avoid risks, and recover from shocks caused by natural disasters, wars/conflict, and social upheaval. Through social welfare policies, the State redistributes incomes and services to vulnerable groups and low-income families, which contributes to poverty reduction and reducing the risks of falling back into poverty in order to reduce social inequality. As such, social welfare is both economical and humane.

Over the past decade, Vietnamese society has experienced an increasingly ageing population. With the total population of over 96 million (2019), Vietnam has had more than 10% of people aged 60 years or above since 2012.[3] On the one hand, this phenomenon has reflected the increased living standards of people. On the other hand, it has raised new questions concerning solutions for meeting the needs of the elderly. Taking care of the elderly is one of the tasks of the State's social welfare policy.

There are four institutions involved in the elder care: state, social organizations, family, and market (or private healthcare organizations).[4] This paper focuses on analysing the participation of social organizations in caring for the elderly in Vietnam in the context of population ageing. However, in reality, the participation of social organizations is not separate from the system of the State's policies. In addition, many operations that belong to the State's policies are carried out with the participation of social organizations. Therefore, the paper will also take into account the principles and policies of the State. The paper is based on the analysis of national statistics and other studies.

2. Social Organization and the Implementation of Social Policy

Social organization is understood as a set of links including individuals in order to achieve specific yet non-profit purposes and identified as a component of social structure. In the current political system of Vietnam, each type of social organization plays a role in promoting the mastery of people as well as developing and protecting the country. In Vietnam, apart from the Communist Party, there are two kinds of social organizations, namely socio-political organizations, and other social organizations (including socio-professional organizations, community-based organizations, and other organizations).

Socio-political organizations (also known as mass organizations) consists of the Vietnam Fatherland Front, Vietnam Farmer's Union, Vietnam Women's Union, Vietnam Veteran's Union, the Ho Chi Minh Communist Youth Union, and Vietnam General Confederation of Labour. According to the 2013 Constitution,[5] the role of socio-political organization is "to represent and protect the lawful and legitimate rights and interests of their members." Article 9 of the 2013 Constitution defines: The Vietnam Fatherland Front is a political alliance and a voluntary union of the political organization, socio-political organizations and social organizations, and prominent individuals representing their classes, social strata, ethnicities or religions and overseas Vietnamese. According to the Decision No. 31/2011/ QD-TTg of the Prime Minister dated June 2nd, 2011,[6] mass organizations oversee the implementation of the regulations on social welfare, including receiving feedback from people; directly collecting information and documents to review, monitor and detect unlawful acts of companies, organizations, agencies, and individuals towards the implementation of the regulations on social welfare; and directly giving recommendations for the presidents of the People's Council, the People's Committee, and the authorized organizations.

Over the past two decades, socio-political organizations target their activities towards poverty reduction, charity, self-governance, and career guidance, which are highly appreciated by the people.[7] In addition to the implementation of the operations launched by the State, socio-political organizations have also run thousands of plans and credit programs for the poor, strengthening grassroots democracy, boosting economy, and struggling for gender equality, etc.[8] These socio-economic operations are performed in a flexible way which are suitable for the locals, which therefore produces positive results.[9] As the members of socio-political organizations or belong to the vulnerable groups, the elderly are also the beneficiaries of socio-political organizations.

Other social organizations share some common characteristics: "They are non-governmental, self-governing, self-managed, responsible for budget, and non-profit, and their members have the same professions, gender, age, and interests whose regulations are established to operate regularly in order to achieve certain goals. The machinery and operation of those organizations must be in line with the interests of people, the country, the socialism institution, and legal (for example, must have an operating permit)."[10]

Among many social organizations, the Vietnam Association of the Elderly represents the will, aspirations, lawful rights, and interests of the Vietnamese elderly. The Vietnam Association of the Elderly gathers the Vietnamese elderly into the Association in order to create an environment for the elderly to have a happy, healthy and helpful life, and contribute to the industrialization, modernization and integration of the country towards prosperity, democracy, equality, and civilization.

The Vietnam Association of the Elderly has a wide network throughout the country. It has branches in every commune and ward. The Association has actively participated in scores of social activities, such as the policy-making processes, the implementation of social welfare policies toward the elderly, and the development of clubs to improving the physical and mental health of the elderly.

In addition, the elder care is also carried out through self-governing organizations (community level), religious organizations, and other voluntary organizations in accordance with their interests or other characteristics (same-age, same professions, etc.). Depending on the organizations' characteristics and orientation, these organizations have various kinds of activity toward the eldercare.

Analyzing the role socio-political organizations as well as social organizations in ensuring social welfare for the elderly is to focus on their activities in caring for the elderly. In practice, activities for the elderly are often carried out at the community level with the coordination between social organizations.

3. Population Ageing and Meeting the Needs of the Elderly in Vietnam Nowadays

Population ageing, also known as the ageing population period, starts from the proportion of people aged 60 or older accounts for 10% of the total population and over. According to this measure, the Vietnamese population has reached the old-age threshold since 2012.[11] Moreover, ageing index, the ratio between the number of people aged 60 or above per 100 people aged 15 or under, increased from around 24.3 from 1999 to 35.5 in 2009 and 50.1 in 2016 in Vietnam. This shows that the ageing population period of Vietnam has taken place at a fast pace over the past decades.[12] The population ageing is a challenging problem for the eldercare since Vietnam does not have enough favourable conditions.

Along with the population ageing, there are some different demographic characteristics that have also had changes during the past decades and therefore affected the eldercare. First, it is the decline in fertility rate. The total fertility rate was 2.25 in 2001 and 2.09 in 2019. The family size is smaller, and the family structure is also becoming simpler on the basis of a nuclear family. The average numbers of family members were 4.6 in 1999 and 3.6 in 2019.[13] These trends have made an impact on the ability of family member in taking care of the elderly because there are fewer people at home.

There is a remarkable thing that many old people live without their partners. For the elderly, living with his or her partner has many positive meanings. The elderly who live without a partner, especially women, are more susceptible to injury (both physical and mental).[14] The 2017 statistics showed that the rate of male aged 60 and above living with a spouse was 86.4% but that number in female was only 48.5%.[15] In 2017, the rate of widow among the elderly was 44.2%, higher than that of widower with 11.6%. More and more old people live alone. In 2014, the proportion of the elderly living alone was 3.2% among people aged 60 and over, but only

16.4% among people aged 80 and over. Today, there is not an uncommon phenomenon that people aged 65 and above caring for their 90–95 years-old-parents in both rural and urban areas.[16]

According to the National Survey on the Vietnamese elderly in 2011, 65.4% of the elderly rated their health as weak and very weak.[17] According to a survey in Can Tho in 2017, 42% out of 1800 the elderly

rated their health as weak or very weak.[18] According to a study of the National Geriatric Hospital in 2015,[19] on average, an old person aged 80 or above suffered from 6.9 diseases, 28% of the elderly needed help with activities of daily living (personal hygiene, brushing teeth,…), and 90% needed assistance in other activities (buying and selling, cooking, cleaning the house, washing clothes,…). With the average income of 537,900/month mainly from the sources of social protection or pension, it is exceedingly difficult for the elderly to get other support services. The average number of years living with diseases in Vietnam is also relatively high in comparison with other countries, approximately 11 years in female and 8 years in male.[20]

The majority of the elderly in Vietnam was born and raised when the country was in times of war and subsidy period. After the country moves to a market-driven economy, these people face many economic difficulties because they neither have enough capital accumulation nor asset to live and look after their health when they get older. According to the 2016 data, the proportion of the elderly living in poverty was approximately 10%.[21] Therefore, it is required that the State, community, family, and market need to pay more attention to the eldercare.

Vietnam's economy has flourished in recent years thanks to the adoption of the DoiMoi policy (since 1986). GDP per capita was 1,168 USD in 2010, tripling than that in 2000. In 2017, the figure was estimated at 2,385 USD, an increase of 170 USD compared to 2016, and 2800 USD in 2019.[22] From a poor country, Vietnam is currently a lower-middle-income country. Thanks to economic growth, investment in social sectors, including health care, has been promoted. According to the data of the Ministry of Health and Health Partnership Group,[23] the state budget for health care was approximately 8.2% in 2014, which increased from 7.7% in 2010. In recent years, the budget for health care was around 6% in 2016 and 2017.[24]

However, the processes of economic and social development of Vietnam have faced many difficulties. The total amount of investment in social development in 2013 was 30.4%, the lowest number since 2000. This illustrates the challenges that Vietnam will face in achieving and balancing economic growth and social development, including the eldercare.[25]

4. The Policies of the Party and the State of Vietnam toward Eldercare

The role of the State toward the eldercare is demonstrated through laws, policies, institution building and the implementation of specific solutions regarding social welfare (social insurance, health insurance and social assistance) in order to ensure the great care for the elderly.

In terms of the institution, Vietnam has a National Committee on the Elderly established under Decision No. 141/2004/QD-TTg dated August 5th, 2004. This is an interdisciplinary organization, with the function of assisting the Prime Minister in directing, coordinating between ministries, branches, mass organizations, and local authorities to solve issues concerning the elderly's mechanisms and policies. At the provincial, city, and district level, there are Working Boards for the Elderly that are responsible for researching, proposing, and directing relevant organizations to implement policies related to the eldercare.[26]

The Party and State of Vietnam always respect the elderly and consider that "caring for the elderly in both material and spiritual life is the morality of the nation, and the responsibility of the Party, people and governments at every level."[27] Therefore, many policies toward the eldercare have been formulated. Clause 3, Article 37 of the 2013 Constitution recognizes the rights of the elderly for the first time: The elderly shall be respected and cared for by the State, family and society to promote their role in the cause of national construction and defence.[28]

The Law on the Elderly (2009) affirms that the family has the primary responsibility for taking care of the elderly. However, the Law also frames policies to support the helpless, poor elderly, those aged 80 and over, and those who do not have a monthly pension or social allowance or other measures imposed by the State and society in order to create favourable conditions for the elderly to study and participate in cultural, sports, entertaining, and tourism activities (Article 14, 16, 18).[29]

The Government has developed many specific policies regarding the care and the promotion of the role of the elderly. For example, under Clause 2, Article 6 of the Resolution 06/2011/ND-CP, there are many kinds of social allowance for the elderly. The elderly, who are eligible for 180,000VND/month, are aged 60–80, of poor households, having no caregiver or the caregiver also has a monthly allowance.[30] The elderly, who are eligible for 270,000VND/month, are aged 80 and above, of poor households, having no caregiver or the caregiver is also having a monthly allowance. The elderly aged 80 and above, having no monthly pension, social insurance, or social assistance, are eligible for 180,000VND/person/month. The elderly, cared in rest home under Clause 2, Article 18 of the Law on the Elderly, are eligible for 360,000VND/person/month.

Due to the lack of sheltered accommodation to receive all the elderly in need, the State also has mechanisms to support volunteers in communities to care for the elderly. According to this policy, under the Article 19 of the Law on the Elderly, the elderly, who are eligible to live in sheltered housing but have caregivers in the community, are entitled to receive 810,000VND/person/month. In addition, households and individuals caring for the elderly in community are entitled to receive 405,000VND/month if they do not have related rights and obligations.[31]

Moreover, the elderly aged 70 and above are entitled to receive gifts from the authorities and the association of the elderly on the occasion of longevity celebration. The elderly aged 60 and above are entitled to buy public transportation tickets with lower prices (at least 15% lower) and get discounts at cultural and historical sites or museums (at least 20% lower). Nursing homes for elders are encouraged and prioritized to be established.

Many of the afore-mentioned policies have come into effect. In 2019, the State used a budget of more than 17,517 billion VND to support the elderly (including monthly allowance and health insurance). An estimated 10,000 old people are being cared at old's people homes. Moreover, an estimated 1.4 million old people are entitled to receive allowance; more than 3.1 million old people are benefiting from pensions and social insurance schemes. Noticeably, today, some provinces and cities have raised the standards of social allowance which are higher than the prescribed regulations, such as BacNinh, QuangNinh, Ha Noi, Da Nang, Binh Duong, and Ho Chi Minh city.[32]

The State is also the main institution in caring for the elderly regarding health and social insurance schemes. The health care network for the elderly is being integrated into the health system from central to local levels. The National Geriatric Hospital is the final unit for medical examination and treatment. At the end of 2019, Vietnam had 97 central and provincial hospitals which had Geriatric Departments; 86 nursing homes; 1.7 million old people who were entitled to a social allowance under the Law on the Elderly; 1.9 million old people had access to health information; 3 million old people had health records; around 4 million old people had regular health check-ups; 96% old people had health insurance; and most hospitals prioritized the medical examination and treatment for the elderly aged 80 and above.[33] This demonstrates the considerable efforts of the State in bringing better eldercare, and the support have reduced the economic burden of families when it comes to the eldercare, especially for families with financial obstacles.

In terms of social aspects, there are two financial mechanisms for the elderly: social insurance scheme (pension included) and social assistance (pension not included). In 2016, only less than 20% of the elderly received a monthly pension, and the lowest rate of pension recipients was in the oldest group (14.4%). The average pension amount is 3.4 million VND (pensioners in the private sector) and 4.26 million VND (pensioners in the public sector). According to 2016 data, only 21.3% of employees participating in social insurance. With the current low rate of employees participating in social insurance, the elderly in the future will face more difficulties in their lives and will also create a great burden on the state budget.[34]

Social assistance is a state subsidy for the lone elderly, the elderly living in poor households, and the elderly aged 80 and over without having any kind of subsidy. In 2016, only 0.95% the elderly aged 60–79 and 16% the elderly aged 80 and above received a monthly allowance. Although the amount of social allowance for the elderly is around 38% and 30% compared to the rural and urban poverty line, respectively, but the elderly think that it is a good source of income. At the end of 2017, there was a total of 1.57 million old people receiving a monthly allowance and 1.4 million ones receiving an allowance for rendering meritorious services. Hence, an estimated 5 million old people aged 60–79 (not disabled or in poor households) have not yet received any kind of allowance from the State and faced many financial difficulties.[35]

The State's nursing homes currently mainly accept the poor and lone elderly. In 2018, the social protection system of Vietnam consisted of 413 facilities (195 public and 218 nonpublic), including 32 institutions for the eldercare, and institutions for other beneficiaries including the elderly (73 for the disabled, 102 complex facilities, 31 for mental health care, and 34 for social assistance centers). Sheltered accommodations have catered for approximately 42,000 beneficiaries, and provided social assistance for the thousands, in which the lone elderly made up for 10.3%.[36] Therefore, the social protection system of the State is inadequate to fulfil the needs of the elderly despite the low amount of material support for the elderly in those social protection facilities.[37]

In general, the implementation of the policies toward the elderly has helped improve their health and has mitigated financial and time pressure faced by families in caring for the elderly. However, the current policies for the elderly only focus on supporting a small proportion of the extremely difficult elderly, not including all the elderly in the country. The implementation of policies is not smooth. Many elderly people and their families do not know much about health care policies for the elderly, which impairs the effectiveness of those policies. The proportion the elderly participating in a health insurance scheme is high but the utilization rate is still low, in which the price of medical examination and treatment is often much higher than the health insurance coverage limit.38 In addition, the implementation of the Law on the Elderly has lacked the coordination and role division between organization; inadequacy; the slow dissemination of information related to the elderly; the priorities toward transportation service and tourism have not yet taken effect.[39]

5. Social Organizations Implementing Social Welfare Policies for the Elderly.

Among the socio-political organizations, Vietnam Farmer's Union, Vietnam Women's Union, and Vietnam Veteran's Union are three organizations that are closely related to the elderly due to the common characteristics of age. The participation of socio-political organizations is the foundation for the more specific activities toward the eldercare. The report of the Vietnam Association of the Elderly on 25 years of building and development (1995–2020) shows that as of November 2019, there were 680,000 old people nationwide participating in the activities of the State and local governments; more than 789,000 old people taking part in the operations of encouragement of learning, crime prevention, and reconciliation at local levels.[40] The participation of the elderly in socio-political organizations have stimulated the involvement of them in accessing the State's social policies.

Although socio-political organizations often care about the elderly in general and the elderly are members of these organizations in particular, in reality, the elderly seldom get the specialized care from these organizations. The organization, which is mainly responsible for implementing the State's policies toward the elderly through many operations, such as protecting the elderly, health care and rehabilitation, long-term care, and ensuring a good social environment for the elderly, is the Vietnam Association of the Elderly.[41]

The Vietnam Association of the Elderly plays an important role in the eldercare and the promotion of the role of the elderly. The proportion of the elderly joining in the Association is quite high (approximately more than 83% with 9.4 million members), but the activities for the elderly are not only dedicated to the members. The Association implements its activities and policies for the sake of all the elderly. The Association's coordinated programs with a number of ministries and branches have brought about practical results highly recognized by the Party committees and authorities at all levels. For instance, 63/63 provinces and central cities establish a fund for care and promotion of the role of the elderly at grassroots level, with 9,951 communes/wards/towns having funds, accounting for 89% of the total communes/wards/towns. The Central Committee of the Association deducted nearly 2.5 billion VND from the fund and gave 4,096 gifts for the disadvantaged elderly. From 2019 to the late 2019, the associations at all levels raised 487.8 billion VND (including in kind). Nearly 90,000 the lone and disadvantaged elderly were visited and gifted. In some local areas, the Association cooperated with unions to build charity houses for the disadvantaged elderly. The Association has also launched the Action Month for the Elderly since 2017.[42]

One of the important activities toward the elderly in the community is the Intergenerational self-help club (ISC) which is a community-based model. ISCs are established at communes and wards and are operated under the management of the association of the elderly or the women's union. The ISCs' board of directors have 5 members and some volunteers. The primary goals of ISCs are to promote the role of the elderly and care for the elderly. ISCs have 8 types of support, in which 3 types directly related to the long-term eldercare are home care, health care, and self-help service for those who are bedridden. ISCs have monthly activities with many rich and diverse contents to meet the needs of its members.

At the end of 2016, there were 1,064 ISCs operating in 18 provinces with more than 55,000 members. Due to the positive results for the health of the elderly, in 2016, the Prime Minister approved the Project on Replication of the Intergenerational self-help club model in the period of 2016–2020 (Decision No. 1533/QD-TTg dated 2016).[43] The project has been effectively run by the Central Committee of the Vietnam Association of the Elderly. At the end of 2019, 56/63 provinces and cities were approved by the People's Committees to run the project. There are currently 1,800 ISCs operating nationwide, which are the support for the disadvantaged elderly.[44]

One of the major today's difficulties in implementing ISCs' activities is the scarce financial resources to sustain those activities. The staff and volunteers of ISCs work mainly on the basis of enthusiasm and experience but lack professional skills, especially the eldercare's skills.[45]

The Associations of the Elderly at all levels have done particularly good jobs to improve the spiritual health of the elderly such as holding cultural and sports events. Nearly 3.1 million the elderly participated in sports competitions for the elderly organized by the Associations of the Elderly at all levels and local authorities. From 2017 to 2019, on average, there were 1.1 million old people celebrated their birthdays by the Associations of the Elderly each year.

The Central Committee of the Association of the Elderly also signed a program with the Ministry of Health on the eldercare, giving recommendations for the Committee of Social Affairs of the National Assembly, the Ministry of Labor – Invalids and Social Affairs on the reduction of the age of beneficiaries from 80 to 75, and the increase of social allowance; to contribute to policy-making process toward the eldercare.[46]

At the community level, ISCs have run various activities related to the eldercare. The movements of building cultural family with criteria, such as wealthy, harmonious, healthy, happy, exemplary grandparents/parents, etc. are widely created in local areas, making a significant contribution to strengthening family bonding and the eldercare.[47]

Community-based organizations such as mediation groups and the association of the Elderly also play an important role in taking care of the elderly. These community-based organizations have promptly intervened in family conflicts to protect the rights of elderly as well as maintain the solidarity in each family. In addition to clubs, these organizations have initiatives such as the creation of community houses for the elderly to have leisure activities during the day and going back home at night. However, today, the outside intervention in family conflicts and violences, especially against the elderly, still faces many obstacles, including from the community's awareness. Although relatives, authorities, and mass organizations as mediation teams, the Fatherland Front, Women's Union, and the Association of the Elderly try to dissuade children and help the elderly, in some cases, they could not help victims well when children refuse to comply. One of reasons is that some of them feel reluctant and consider those conflicts as family affairs.[48] This may limit the ability of the society to help elderly victims.

Social assistance centers for the elderly established by religious communities also contribute to ensuring the social welfare for the elderly. Religious organizations are often interested in caring for the lone elderly, such as the nursing homes and social protection activities. Examples of elderly assistance can be taken from the two major religions in Vietnam are Roman Catholic and Buddhism. Ngo Huu Thao (2018)[49] said that in the 2007–2012 period, the Buddhist Sangha of Vietnam had more than 20 elderly nursing homes, catering for more than 1,000 people. In 2015, these homes catered 1,459 people.

Some pagodas do not have any nursing home but still care for the lone elderly. The Buddhist Sangha has also raised funds and built houses for the Vietnamese heroic mother as well as, visited and supported the elderly in nursing homes, and supported the insurance funds. Similarly, Roman Catholics have many facilities to care for the elderly of the organizations and individuals of the Vietnamese Catholic Church that have been licensed by ministries and authorities to operate.[50]

Religious activities regarding the eldercare contribute to reducing the burden of the State budget spending in the care for the lone elderly. However, the participation of religions in the eldercare through social assistance facilities still face some challenges, as follows: the inadequacy and unevenness of management and caring skills in facilities, even some have not met the legal regulations and requirements; some social assistance institutions operate separately, lacking connection with authorized organizations and other institutions; limited funds; social workers are insufficient and not professionally trained for social works.[51]

6. Challenges to Social Organizations in Eldercare.

The afore-mentioned arguments illustrate that the State and social organizations need to do more to meet the needs of the elderly despite undeniable efforts. In the new context, there are many challenges facing social organizations in the eldercare. Although families still play a key role in taking care of the elderly due to statutory obligations, and in reality, families have been trying to fulfil its responsibilities toward the eldercare and maintaining the relationship between family members, there are many difficulties still existed. In the coming time, the proportion of the elderly living with their children may decrease due to changes in employment, migration, and thoughts of the elderly and the youth about how to arrange their lives when getting older.[52]

As the role of the family will be challenged in the context of market economy and the limited contribution of the State and social organizations, the participation of private sector toward the elder care will have a dramatic impact. Highly recognizing the importance of private organizations, the Communist Party of Vietnam affirmed: "All issues related to social policy must be solved in the spirit of promoting social participation. The State plays a pivotal role and encourages domestic and foreign citizens, businesses, and organizations to give a hand in addressing social issues."[53] At the working session of the National Committee of National Affairs of Vietnam (VNCA) on the eldercare and the promotion of the role of the elderly and setting goals and tasks for 2020 in 2019, the issues of attracting social capital into the eldercare and the encouragement of private sector were emphasized.[54]

The Health Care Program for the Elderly toward 2030 (Decision No. 1579/QD-TTg dated October 13th, 2020) set targets for the implementation of nursing homes on the basis of promoting the social participation in municipalities (target i). Another goal of the Program is to encourage the participation of private sector toward the gradual expansion from urban, more developed areas to the other ones. Simultaneously, it is needed to promote fair competition and improve the quality of service providers, including non-public sector.

In reality, private organizations for the eldercare have appeared over the past 2 decades and have been rapidly developing in recent times thanks to increased living standards and demand. According to the 2017 data, there were more than 20 private nursing homes mainly operating in urban areas and serving people having decent living standards.[55] In addition to catering services, these institutions also have various forms of activities to meet the needs of the elderly, such as improving physical and spiritual health, rehabilitation, and therapy. The great strength of these centers is that they have well-trained staff to care for the elderly. However, many people cannot afford the high cost of services.[56] According to the reports of some nursing homes in Hanoi (such as ThienDuc, Nhan Ai), the costs of caring for the elderly having high living standards at the centers range from 10 million to 10 million VND/month, much higher than the incomes of people with average living standards.[57] Many people do not like living in nursing homes because they think that this does not preserve family traditions.[58] The rate of expansion of nursing home networks

is slow because there are no incentives for the establishment of nursing home, such as planning, concessional loans, and tax reduction.[59]

Apart from private nursing homes, other private types of support such as domestic workers (via direct contact or job centers) have also play an important role in the eldercare. Domestic work has thrived in Vietnam over the past two decades. According to the Center for Forecast and Information of the National Labor Market, the number of domestic work-related jobs will increase from 157,000 people in 2008 to 350,000 by 2020.[60]

Caregivers can work at home or hospital, etc. This kind of care have the advantage that the cost is often lower than that of services provided at nursing homes, and is highly flexible, suitable for the diverse needs of families. However, the disadvantage of this kind of care is that workers are often inadequately trained for the eldercare and they do not know much about legal regulations. Additionally, compared with the average income of people, its cost is still quite high.[61]

Hence, despite the increasing participation of private organizations and domestic workers in the eldercare, there is still a long way to satisfy the needs of the elderly. In general, market-driven institutions have not been able to replace social institutions in the eldercare yet.

7. Conclusion

The aging Vietnamese society has posed many challenges to take care of the elderly. The positive socio-economic development in recent years has created favourable conditions for the care of the elderly. The State has specific policies and coordinates with social organizations to implement many activities to care for the elderly. The mental and physical elderly care levels have been gradually increasing. Living a happy, healthy, and productive life has become real for a large part of the elderly. However, in our country's difficult conditions, the efforts of the State and social organizations are not enough to fully meet the needs of the elderly.

In order to overcome the shortage, private organizations and individuals have been actively involved in the elderly care system. The increasing contribution of the market-based care network has reflected the consistent views of the Party and the State of Vietnam, such as promoting the social participation in the eldercare to better meet the needs of the elderly. However, given the generally low income of the elderly, the ability of the elderly and their families to pay for nursing centres at high prices will be very limited. It means the number of elderly people participating in nursing centres may not increase significantly in the near future.

Under the combined impact of the cultural, economic, and social factors, and policies mentioned above, there will be many changes in the elderly care system in Vietnam in the upcoming time. Together with the main responsibilities of the family as stipulated in the 2009 Law on the Elderly, it is essential to promote the contribution of market-driven institutions to the elderly care. However, the role of social organizations is extremely important to this issue and in the near future, market-based institutions cannot replace social organizations in the care system for the elderly in Vietnam. It also means that it is necessary to testing and developing new models, coordinating efforts between social organizations and families and market institutions to better serve the needs of the elderly in the new context.

In order to promote the efforts of the entire society to care for the elderly, on October 13, 2020, the Prime Minister signed Decision No. 1579/QD-TTg approving the Elderly Health Care Program toward 2030 with the overall goal is to care for and improve the health of the elderly to ensure adaptation to population ageing, contributing to the successful implementation of the Vietnam Population Strategy toward 2030.[62] The afore-mentioned decision of the Prime Minister has suggested political-social organizations, other social organizations, within their functions and duties, participating in the implementation of the Program; promoting dissemination and education in their own organizations; participating in developing policies and laws and supervising the implementation of healthcare for the elderly. Promoting the role of political-social organizations and other social organizations, while closely coordinating with market factors is an extremely important condition for the successful implementation of the Program, achieving better results in the eldercare in Vietnam.

[1] Nguyen Tiep/Pham Hong Trang/Nguyen Le Trang (2011): Social Policy (Textbook) of the Labour-Social Affairs University. Labor-Social Affairs Publisher. Hanoi.

[2] VCP (The Communist Party of Vietnam). (1986). Documents of the 6th National Party Congress. National Political Publishing House. Hanoi.

[3] VGSO (Viet Nam General Statistics Office) (2012): The key results of the survey on population change and family planning as of 1 April 2011. Statistical Publishing House. Hanoi.

[4] Ochiai, Emiko (2009): Care Diamonds and Welfare Regimes in East and South-East Asian Societies: Bridging Family and Welfare Sociology. In: International Journal of Japanese Sociology, 18(1): 60–78.

[5] VNA (2013): Constitution of the Socialist Republic of Vietnam 2013 (28 November 2013).

[6] VG (2011b): Decision of the Prime Minister, No. 31/2011/QĐ-TTg dated 2/6/2011, on Regulations on publicity, transparency, inspection and supervision of the implementation of the law on social security.

[7] ISEE (2015): People's awareness of charitable activities and fundraising capabilities of Vietnamese non-governmental organizations. Transportation Publisher. Hanoi.

[8] Markussen, Thomas/Tarp, Finn (2014): Political connections and land-related investment in rural Vietnam. In: Journal of Development Economics 110 (2014) 291–302.

[9] Nguyen Thanh Thuy. (2020). Role of the Socio-Political organizations at grassroot levels in ensuring social security for rural residents: Case study in two communes. Ph.D Dissertation of Sociology. Graduate Academy of Social Sciences. Hanoi, Viet Nam.

[10] Do Thi Ngoc Phuong (2016): The Role of Social Organizations and Recommendations. https://tcnn.vn/news/detail/34049/Vai_tro_cua_cac_to_chuc_xa_hoi_va_mot_vai_khuyen_nghiall.html.

[11] VGSO (Viet Nam General Statistics Office) (2012): The key results of the survey on population change and family planning as of 1 April 2011. Statistical Publishing House. Hanoi.

[12] VCPHCSC (Vietnam Central Population and Housing Census Steering Committee) (2010): The 2009 Vietnam Population and Housing Census: Major Findings. Statistical Publishing House. Hanoi. VGSO (2017): The key results of the survey on population change and family planning as of 1 April 2016. Statistical Publishing House. Hanoi.

[13] VGSO (2015): Intercensal Population and Housing Survey 1/4/2014: Major Findings. Hanoi. Statistical Publishing House, 9/2015. VCPHCSC (2019): The 2019 Vietnam Population and Housing Census: Major Findings. Hanoi: Statistical Publishing House.

[14] Pham Thang/Do ThiKhanhHy (2009): Policy on care for the elderly to adapt to changing age structure in Vietnam. Presented in the seminar The challenge of population aging in Vietnam. Hanoi. Ministry of Health and General Department of Population – Family Planning.

[15] VGSO (2018): Key results of the survey on population change and family planning as of 1 April 2017. Statistical Publishing House. Hanoi. 16 VNCA (Vietnam National Committee on Ageing) and UNFPA (2019): Toward a comprehensive national policy for an ageing in Vietnam.

[17] UNFPA (2011): Aging population and the elderly in Viet Nam. Current situation, forecasts and some policy recommendations. UNFPA.

[18] IFGS (2017): Findings of Survey of Perception and Attitude on Family of Can Tho People. Calculations are performed by the author himself.

[19] CGH (Central Geriatric Hospital) (2016): According to a survey by the Central Geriatric Hospital and Department of Medical Sciences Family, Hanoi Medical University, 2016 in Soc Son, Hanoi.

[20] Cited from MOH/HPG (Ministry of Health and Health Partnership Group) (2018): General Health Sector Review 2016 – Towards healthy aging in Vietnam. Medical Publishing House 2018. Hanoi.

[21] VNCA (Vietnam National Committee on Ageing) and UNFPA (2019): Toward a comprehensive national policy for an ageing in Vietnam.

[22] VG (2011a): The Prime Minister's Report to the National Assembly on the socio-economic situation in 2011, the socio-economic development plan for 2012 and 5 years from 2011 to 2015. PM Nguyen Xuan Phuc (2019): Opening Speech of Prime Minister at Government Conference with Local Officials 30/12/2019.

[23] MOH/HPG (Ministry of Health and Health Partnership Group) (2018): General Health Sector Review 2016 – Towards healthy aging in Vietnam. Medical Publishing House 2018. Hanoi.

[24] Nguyen Van (2017): Towards health care coverage for all people in 2025. From http://suckhoedoisong.vn/huong-toi-bao-phu-y-te-toan-dan-toi-nam-2025-n130581.html; April 19, 2017.

[25] VECNA (Vietnam Economic Committee of National Assembly) (2014): Macroeconomic Information. Quarter 1, 2014.

[26] MOH/HPG (Ministry of Health and Health Partnership Group) (2018): General Health Sector Review 2016 – Towards healthy aging in Vietnam. Medical Publishing House 2018. Hanoi. 64–65.

[27] VG (Socialist Republic of the Vietnam Government) (1996): Instruction 117/CP of the Prime Minister: Elderly Care and Support for Activities of the Vietnam Elderly Association. Hanoi, government internal circulation.

[28] VNA (2013): Constitution of the Socialist Republic of Vietnam 2013 (28 November 2013).

[29] VNA (Viet Nam National Assembly) (2009): Law of Elderly People.

[30] 01 USD was equivalent to about 20,600-20,800 VND at the time of May-July/2011.

[31] Figures in 2017, MOH/HPG (Ministry of Health and Health Partnership Group) (2018): General Health Sector Review 2016 – Towards healthy aging in Vietnam. Medical Publishing House 2018. Hanoi.

[32] Ngo Huong-Thanh Cong (2019): Actively take care of and promote the role of the elderly. https://baodansinh.vn/tich-cuc-cham-soc-phat-huy-vai-tro-cua-nguoi-cao-tuoi-201912191559112.htm.

[33] VNEA (Vietnam Elderly Association) (2020): Vietnam Elderly Association through 25 years of establishing and developing (10/5/1995–10/5/2020). https://www.ninhthuan.gov.vn/chinhquyen/prtc/Pages/Hoi-Nguoi-cao-tuoi-%2025-nam-xay-dung-va-phat-trien-(1051995---1052020).aspx.

[34] VNCA (Vietnam National Committee on Ageing) and UNFPA (2019): Toward a comprehensive national policy for an ageing in Vietnam.

[35] VNCA (Vietnam National Committee on Ageing) and UNFPA (2019): Toward a comprehensive national policy for an ageing in Vietnam.

[36] Ngo Huu Thao (2018): The social protection work of Buddhism and issues that need attention today. https://vbgh.vn/index.php?language=vi&nv=news&op=ban-tu-thien-xa-hoi/20-cong-tac-bao-tro-xa-hoi-cua-phat-giao-va-mot-so-van-de-dat-ra-hien-nay-168.html.

[37] MOH/HPG (Ministry of Health and Health Partnership Group) (2018): General Health Sector Review 2016 – Towards healthy aging in Vietnam. Medical Publishing House 2018. Hanoi.

[38] Vietnam Women Union, Vietnam Elderly Association, Institute of Medical-Sociology/Dongduong Research and Consultation Company (2012): Report on National Survey of Elderly People in Vietnam 2011. Hanoi: VWU, VEA, IMS and IMRD published. MOH/HPG (Ministry of Health and Health Partnership Group) (2018): General Health Sector Review 2016 – Towards healthy aging in Vietnam. Medical Publishing House 2018. Hanoi. Le Ngoc Lan (2017): Elderly People in the Vietnamese Family in the Context of Population Aging and Social Change. Doctoral Dissertation in Sociology. Graduate Academy of Social Sciences. Hanoi.

[39] VNCA (Vietnam National Committee on Ageing) and UNFPA (2019): Toward a comprehensive national policy for an ageing in Vietnam.

[40] VNEA (Vietnam Elderly Association) (2020): Vietnam Elderly Association through 25 years of establishing and developing (10/5/1995–10/5/2020). https://www.ninhthuan.gov.vn/chinhquyen/prtc/Pages/Hoi-Nguoi-cao-tuoi-%2025-nam-xay-dung-va-phat-trien-(1051995---1052020).aspx.

[41] MOH/HPG (Ministry of Health and Health Partnership Group) (2018): General Health Sector Review 2016 – Towards healthy aging in Vietnam. Medical Publishing House 2018. Hanoi.

[42] VNEA (Vietnam Elderly Association) (2020): Vietnam Elderly Association through 25 years of establishing and developing (10/5/1995–10/5/2020). https://www.ninhthuan.gov.vn/chinhquyen/prtc/Pages/Hoi-Nguoi-cao-tuoi-%2025-nam-xay-dung-va-phat-trien-(1051995---1052020).aspx.

[43] MOH/HPG (Ministry of Health and Health Partnership Group) (2018): General Health Sector Review 2016 – Towards healthy aging in Vietnam. Medical Publishing House 2018. Hanoi.

[44] VNEA (Vietnam Elderly Association) (2020): Vietnam Elderly Association through 25 years of establishing and developing (10/5/1995–10/5/2020). https://www.ninhthuan.gov.vn/chinhquyen/prtc/Pages/Hoi-Nguoi-cao-tuoi-%2025-nam-xay-dung-va-phat-trien-(1051995---1052020).aspx.

[45] MOH/HPG (Ministry of Health and Health Partnership Group) (2018): General Health Sector Review 2016 – Towards healthy aging in Vietnam. Medical Publishing House 2018. Hanoi.

[46] VNEA (Vietnam Elderly Association) (2020): Vietnam Elderly Association through 25 years of establishing and developing (10/5/1995–10/5/2020). https://www.ninhthuan.gov.vn/chinhquyen/prtc/Pages/Hoi-Nguoi-cao-tuoi-%2025-nam-xay-dung-va-phat-trien-(1051995---1052020).aspx.

[47] Nguyen Huu Minh (2018a): Elderly care in Viet Nam and policy issues that need attention. In: Sociological Review, No. 3 (143). 42–54.

[48] Tran Tuyet Anh (chief editor) (2015): Current domestic violence prevention and control activities in Vietnam. Social Science Publishing House. Hanoi. Nguyen Huu Minh (2018a): Elderly care in Viet Nam and policy issues that need attention. In: Sociological Review, No. 3 (143). 42–54.

[49] Ngo Huu Thao (2018): The social protection work of Buddhism and issues that need attention today. https://vbgh.vn/index.php?language=vi&nv=news&op=ban-tu-thien-xa-hoi/20-cong-tac-bao-tro-xa-hoi-cua-phat-giao-va-mot-so-van-de-dat-ra-hien-nay-168.html.

[50] Dao ThiDuom (2020): A few features of the current state and resources of Catholic in the fields of health, education, and social charity. http://btgcp.gov.vn/Plus.aspx/vi/News/38/0/262/0/15943/Vai_net_ve_hien_trang_nguon_luc_cua_Cong_giao_trong_cac_linh_vuc_y_te_giao_duc_tu_thien_xa_hoi.

[51] Le Ba Trinh (2017): Promoting a role of religions in Viet Nam in participating social work and social charity. Fatherland Front Review. http://tapchimattran.vn/nghien-cuu/phat-huy-vai-tro-cua-cac-ton-giao-o-viet-nam-tham-gia-cong-tac-xa-hoi-tu-thien-9743.html. 12/9/2017.

[52] IFGS (Institute for Family and Gender Studies) (2012): Overview of Vietnam family building in the period 2011–2020. Ministerial-level research project. Hanoi; Nguyen Huu Minh (2018a): Elderly care in Viet Nam and policy issues that need attention. In: Sociological Review, No. 3 (143). 42–54. VGSO/UNFPA (2016): 2015 National Internal Migration Survey: key results. News Agency Publishing House. Hanoi. DOLAB (Department of Overseas Labour, MOLISA) website (2019): Retrieved from http://www.dolab.gov.vn/.

[53] VCP (2007): Complete Documents of the Vietnamese Communist Party. Volume 55. National Political Publishing House. Hanoi. P. 398.

[54] Ngo Huong-Thanh Cong (2019): Actively take care of and promote the role of the elderly. https://baodansinh.vn/tich-cuc-cham-soc-phat-huy-vai-tro-cua-nguoi-cao-tuoi-201912191559112.htm.

[55] VNCA (Vietnam National Committee on Ageing) and UNFPA (2019): Toward a comprehensive national policy for an ageing in Vietnam.

[56] 2017 data showed that, expenses for these centers range from 400 to 1000 USD/person/month (VNCA and UNFPA, 2019)

[57] Nguyen Huu Minh (2018b): Information from Field Surveys of ThienDuc Elderly Care Center, and Nhan Ai Elderly Care Center in 2018.

[58] Le Ngoc Lan (2017): Elderly People in the Vietnamese Family in the Context of Population Aging and Social Change. Doctoral Dissertation in Sociology. Graduate Academy of Social Sciences. Hanoi.

[59] VNCA (Vietnam National Committee on Ageing) and UNFPA (2019): Toward a comprehensive national policy for an ageing in Vietnam.

[60] Cited from GFCD and Oxfam (2020). Main Findings Report: Assessment of implementation of labor legal regulations related to domestic worker management.

[61] MOLISA (Ministry of Labour – Invalids and Social Affairs)/ILO/Institute for Family and Gender Studies (2012): Decent works for domestic workers in Vietnam. Hanoi.

[62] Decision No. 1579/QD-TTg signed by the Prime Minister dated on October 13, 2020 approving the Elderly Health Care Program toward 2030

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Changing Images of Old Age

● **Nguyen Thi Thuy Hang/Dang Anh Dung**

1. Introduction

Vietnam officially entered the population ageing period in 2011 with 7% of the population over 65 years old, becoming one of the 10 countries with the fastest ageing rate in the world. "In 2017, the number of elderly people in Vietnam accounted for 11.9% of the total population. According to the General Statistics Office of Vietnam, by 2038 the population group aged 60 and over will account for about 20% of the total population."[1] The image of Vietnamese elderly is changing. So, what are those changes? The article will seek to answer the questions: What are the differences between the image of the elderly in the past and at present? Vietnam is a country strongly influenced by Confucianism. Are there any signs of changes in perceptions, attitudes, and behaviours of the elderly in Vietnam today, especially in cities like Hanoi, Da Nang, and Ho Chi Minh City? What are the problems posed by the changes of the image of the elderly in Vietnam? What are some reasons for the change in the image of the elderly in Vietnam? The authors conducted a small survey with the keywords *elderly and old people* on VnExpress, the most read Vietnamese newspaper, in one year (from October 2019 to October 2020) and found at least 142 articles on the subject. In this article, we analyse the changes in the image of the elderly in Vietnam today based on the data collected and the 142 articles mentioned above.

2. Changes in the Image of the Elderly

2.1. Change in Perception

The change in perception of the elderly can be considered in many aspects. In this article we focus on two main levels, namely family and society-state.

At the family level

First, it is necessary to review some traditional notions about the elderly. Vietnam has a tradition of respecting the elderly. From a very young age, children have been taught by their parents to *respect the elderly and you will live a long life* and *respect the older, be generous with the younger*. Respect for the elderly is ingrained in the consciousness of all members of family and society. The elderly are often perceived as those who have experience, prestige and great influence on the community, which is expressed through Vietnamese proverbs and folk songs such as *The older the ginger, the more spicy it is, The older, the more flexible, the more persistent*, and *If you wish good advice, consult an old man*. Therefore, the image of the elderly is often associated with the good, *the elderly is always right*, and the elderly never seem to be a bad person in a traditional society which is hierarchical and respectful.

In addition, filial piety (Hieu) is an outstanding tradition of Vietnamese culture. Filial piety comes from Confucianism and has existed in Vietnam for more than 2000 years. "There is rarely anything in Vietnamese culture that does not have a Confucian nature."[2] Hieu is a behavioural principle in family and society and a valuable standard for the evaluation of a person. Ca dao, Vietnamese proverbs have the saying *A father's goodness is higher than the mountain, a mother's goodness is deeper than the sea. One should always be respectful to parents thus fulfil your obligations as dutiful children*. The responsibility of children is to take care of and support their parents. That shows a high emotional attachment according to bloodline, preserving traditional cultural values, customs, and promoting the family ceremonies and religion. With the above-mentioned characteristics, when getting old, the elderly often have the desire to live together with their descendants. In the Vietnamese family from the past to present, the elderly have an important role to help preserve the family style. Elderly people are the ones who set a good example in building studious families and teaching their children and grandchildren. As for children and grandchildren, taking care of grandparents and parents is a duty and responsibility.

Currently, besides the traditional values such as *respect the older, be generous with the younger* and *trọng xỉ* (respect for the elderly), the new values such as the respect of personal *freedom, gender equality*, and *children's rights* are also increasingly concerned. This change, to a certain extent, has made the relationship between grandparents-parents-children not as favourable as before and increased generational conflicts." [3]
In addition, the changes in socio-economic conditions have been strongly affecting the structure and relationships among family members, especially those in big cities. Due to work pressure, children have little time

to take care of their parents, or due to inheritance issues, conflicts emerge, etc. This has had negative effects on the relationship among grandparents-parents-children. There are even cases of children abusing their parents.

While in European and American societies, due to economic conditions and cultural traditions, the elderly tend not to live with their children and grandchildren, but choose to stay in nursing centres, Vietnamese elderly tend to live together with their descendants. Therefore, in Vietnam the form of taking care of the elderly is mainly in the family, while taking care of the elderly in the community and in nursing centres is not common. There is even a perception that sending parents to nursing homes is filial impiety. But this concept has now significantly changed, and the elderly staying in retirement homes is a positive trend accepted by children, society and even the elderly themselves in terms of ethics, culture, health, and social norms.

At the level of social and State awareness

Respect the older, be generous with the younger and filial piety tradition were a popular social value and were recognized and promoted by feudal dynasties through historical periods. The Diên Hồng Conference in the 13th century was a typical example of the tradition of *respecting the elderly* and has helped disseminating the respective traditional role-model in Vietnam. However, in the traditional conception, the elderly were mainly perceived by society as the passive beneficiaries of socio-economic achievements. Today, social perceptions have changed, the elderly are seen with the conception of *the higher age the stronger mind*. The Party and State have increasingly introduced policies to meet the needs of the elderly to continue *devoting* to the development and protection of the nation.

While previously, the elderly, after a process of striving and working, were perceived as those who needed rest and care, this perception has now changed to some extent. Due to socio-economic achievements, the physical and mental health of the elderly in Vietnam is increasingly enhanced. Elderly people with rich knowledge and experience are considered as important resources for the country's development. Accordingly, today the elderly are divided into age-based cohorts – a categorisation that deals in a more differentiated way than before with how older people can contribute to the economy and society and, on the other hand, what kind of assistance they need:

- persons from 60 to 70 years old can still contribute,
- persons from 70–80 years can still do both, contribute to society but also enjoy retirement,
- persons over 80 years old are the ones that need care.

For the elderly, devoting to their family and society and continuing to do useful things in accordance with their abilities and age are positive activities, joy, and pride.

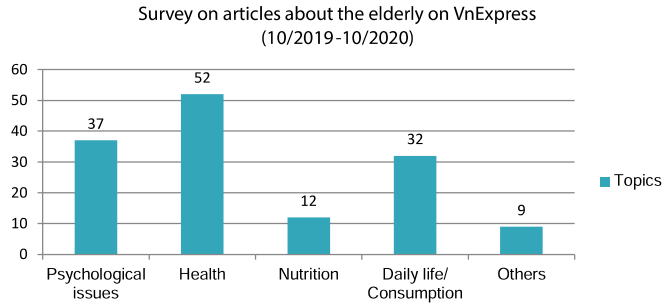
In the legal and policy aspect, the position and role of the elderly in Vietnam are increasingly recognized by the policy-making agencies. A series legal documents on the elderly have been enacted and many institutions have been established. The Vietnam Association of the Elderly was established in 1995. The National

Assembly Standing Committee promulgated the Ordinance on Elderly People in 2000. The Prime Minister issued Decision No. 141 in 2004 on the Establishment of the National Committee for the Elderly People; Decision No. 772 / QD-TTg (March 26, 2006) to set June 6 as the national day for the elderly in Vietnam. Especially, the Law on the Elderly promulgated in 2009 and taking effective from July 2010 has provided a solid foundation for the Association of the Elderly which focus on promoting the role and position of the elderly in the new period. On November 22, 2012, the Prime Minister issued Decision No. 1781 / QD-TTg approving the National Action Plan for the Elderly for the period 2012–2020. Clause 3, Article 37 of the 2013 Constitution affirms a progressive view on policies towards the elderly in terms of human rights and civil rights: "Elderly people are respected by the State, family and society and encouraged to promote their role in the cause of national construction and protection."[4]

Thus, in the current period, the awareness of the Party, the State and the society in general about the role of the elderly is clearer and clearer and has been concretized into objectives, contents and programs shown in legal documents of state agencies. This is an important, meaningful, and necessary preparation for the implementation of specific policies to promote the role of the elderly.

2.2. Change in Attitudes

Surveying 142 articles about *the elderly* and *older people* on VnExpress for one year (from October 2019 to October 2020), we found that perceptions of the elderly are changing, leading to obvious changes in their attitudes. Beside the articles written by journalists, there are many essays or pieces contributed by readers in the section *Opinions*, and the essays receiving the most comments are usually ones in the latter group. Classifying the articles about the elderly on VnExpress, we see articles focusing on the following topics:



From the above survey data, it can be seen that the elderly are most concerned with medical and health issues (37% of the related articles). Especially in 2020 with the spread of the Covid-19 epidemic, health care has become a more and more important content. The second most mentioned content is psychology of the elderly (26%). The third most discussed content is daily activities and consumption of the elderly (23%) with many changes in the living habits of the elderly that we will analyse later. Nutrition is also a concern for the elderly (8%). In addition, there is a number of articles on other topics, addressing some specific issues such as violence against the elderly, elderly crime, etc. (6%).

How has the psychology of the elderly been changing?

First of all, the change in perception has led to quite positive changes in the psychology of the elderly. One of the articles with a huge number of comments (86 comments) is "The young trust father, old hope for children mindset will be obsolete" (Ha Quang Hung, VnExpress, March 8, 2020). The author argued that it is necessary for the elderly to prepare for their future by balancing lifestyle, working, accumulating, and preparing insurance and not to become burden to future generations. There have been arguments between two streams of opinions which agree or disagree with the author's reasoning. Most of the opinions agree with the author's conception. Accordingly, either from the perspective of parenthood or from the perspective of young people, children should be filial to parents. Therefore, in general, the elderly are quite willing to accept the old age as written in the article "Prepare the emotional state to welcome old age" (VnExpress, March 6, 2020). It is stated that "suffering comes from the mind," while the most important thing in one's life is how many meaningful and useful works have been made.

Idler once stated, "Positive feeling of the elderly has been shown to be positively correlated with sense of well-being and happiness in the ageing process."[5] In a small survey with 100 elderly people, aged 55 to 90 with an average age of 68.25 in Hanoi and Thai Binh, researcher Le Van Hao pointed out that positive experiences of *getting old* of the elderly are *being able to teach their children and grandchildren what they know* (50.5%), *living happily, healthy and usefully* (29.3%) and the feeling of *completing responsibility* (more than 19%). "In other words, many elderly people consider themselves – in the ageing process – a precious resource and are ready to share with future generations."[6]

Besides, Vietnamese young people have a positive attitude towards the elderly. Le Van Hao also conducted a small survey with a limited number of 176 samples, including 50 elderly people and 126 young people and came to an interesting conclusion: "Both groups agreed with the duty of filial piety, where *respect* is ranked highest and *obedience* is ranked lowest. Although filial piety remains a strong concept for both generations, the level tends to decrease. It seems *that young people rely on their fathers, old people rely on their children* continues to be the principle dominating thoughts, attitudes and practices of many Vietnamese people in the present and in the future."[7]

However, the concept of filial piety is tending to change. Filial does not inevitably mean that the young are necessarily obedient to the elderly, not every word said by the elderly is the truth and not all elderly people are good. Now, both the young and the elderly have become more open in thinking and the level of filial piety tends to decrease through thinking, attitudes, and expectations for filial piety in both generations

Moreover, while in the traditional agricultural-based society, the elderly are considered a valuable source of experience in all aspects, in a modern society with the strong development of information technology, the advantage of the elderly does not seem to be outstanding. The elderly themselves are also aware of that change. In general, when asked whether *everything goes bad when your grandparents get older* or *when you get older, you are less useful*, the number of positive and negative responses are equal.[8] According to the traditional conception, the elderly may feel that they are losing their power. However, now the elderly are quite open about this issue. If in the past, the elderly often had the right to decide or "parents decide where their children stand," nowadays, young people are more and more active in making important decisions related to themselves such as career, marriage or lifestyle. The elderly also learn to listen to young people.

2.3. Behaviour Change

As a result of the change in perception and attitude, the behaviour of the elderly in Vietnam is also changing.

First, the number of the elderly living independently from their descendants tends to increase. According to the results of Vietnam Household Living Standard Survey (VHLSS), in the 1993–2010 period, the percentage of the elderly living alone increased from 3.47% to 6.81%, the proportion of the elderly living with husband or wife increased from 9.48% to 24.8%[9]. In 142 articles in VnExpress, many discuss the style of housing of older persons in contemporary Vietnam. In particular, the article "Risky investment when considering children as retirement property" (Khanh Hung, VnExpress, August 22, 2020) has raised two lessons for the elderly to learn: the first is to spend all property on raising and supporting children and grandchildren, the second is to divide property among the children, of which the child with the greatest share (usually the eldest son in the North or the youngest son in the South) will take care of the parents. The article has received 48 comments, most of them agree with the author's point of view that people should not neither let their children become a burden nor become a burden themselves.

Second, retirement homes will be a solution for the elderly in the future, especially in urban areas. "In the past, the elderly often lived with children and grandchildren in extended families and this has become a distinct identity of Vietnamese families."[10] However, in the future, a nursing home may become a choice for the elderly who do not want to live in the cramped urban space. "The idea that only unfortunate people must move to a nursing home is an outdated mindset" (Phan Huy Nhan, VnExpress, July 15, 2020) is the article that has attracted 23 comments. Among them, most readers agree with the author's point of view. The notion that people moving to retirement homes are those who do not have children or relatives to take care of them is no longer always true in the current Vietnamese social context. Investigating some basic characteristics of intensive care service (paid service) in Hanoi shows that "the elderly who use the services in intensive care centres often come from well-off families as the fee at these centres is relatively high compared to the current level of average income" and the majority of the elderly are from Hanoi but some come from other provinces. Therefore, it can be understood that "the need for intensive care centres is not only in big cities but in many provinces and cities nationwide."[11]

Third, the spiritual life of the elderly is now richer. The main activities for the elderly include: improving and strengthening health (diet, exercise and sports); participating in social or political activities (Veterans Association, Farmers Association, Women's Union, Fatherland Front, etc.); doing business and trade; participating in artistic and cultural activities, seminars, social and religious activities or recreational activities (playing chess, dancing, drinking beer with friends, etc.). Besides supporting their children to take care of their grandchildren, the elderly also continue working with the notion of being *old age but not old mind*. In particular, there have been some changes in the living and consumption habits of the elderly. On VnExpress there are articles such as "Elderly people should buy Accent or Yaris" to advise the elderly what type of car to buy, how to design the bathroom, and how to have a good nutrition.

2.4. A Change in the Image of the Elderly in Vietnam – Looking for Reasons

There is a widespread assumption that the image change of ageing in Vietnam could be influenced by Western culture. This may be partly true. But we believe that the most important factor for the changes lies in Vietnam itself – it is the comprehensive transformation in society, economy and living conditions.

Firstly, due to the changes in socio-economic conditions, the family life of the elderly has changed. The model of three or four generations under one roof is not the traditional, eternally valid family model in Vietnam, it has historically only prevailed for a short time. The nuclear family has always been the most wide-spread model, with just one or not more than two generations living together in one household. However, at present, the proportion of the elderly living with children has decreased sharply (from nearly 80% in 1992/93 to 62% in 2008), the elderly living alone has increased (from 3.47% in 1992/93 to 6.14% in 2008), the proportion of households with only two elderly couples has increased more than double (from 9.48% in 1992/93 to 21.47% in 2008), and the rate of the elderly living with grandchildren has increased more than double (from 0.68% in 1992/93 to 1.41% in 2008)[12]. This shows that parents, instead of living with their adult children, increasingly prefer independence but maintain close relationships with them. Income and property are the main factors for an independent live of senior persons, the ability to pay for their own living expenses or even to cover the costs of care. By contrast, households in which only the grandparents live together with their grandchildren are found almost exclusively in rural areas, where the middle generation often works in the city.

Secondly, the changing awareness of the society has led to a transformation of the image of the elderly. The parent-child relationship is more and more balanced because the next generation is increasingly qualified and has access to more knowledge. Young people still consider filial piety a cultural value of Vietnam that needs to be preserved, but the notion that the elderly is always right in all cases and young people must always obey is no longer valid. What has never happened before is that there have been some bad images of older people in the mass media, albeit uncommon, such as senior citizens sexually abusing children. But the elderly themselves can also become victims of physical and mental abuse. This depiction by the media is still a rare phenomenon compared to the prevailing image of the elderly which follows the traditional conception. And in reality, a large proportion of the elderly today have no pension and no economic preparation for their future. The economic pressure and the selfish lifestyle of the children have exposed a part of the elderly to loneliness and vulnerability.

This raises an urgent issue – need for social policies and laws to protect the elderly. Answers must be found to the problems posed by the increase in life expectancy and the growing number of elderly people in Vietnam. Therefore, in addition to the responsibility of family members, government attention is needed to improve policies and legal corridors so that older people can live more autonomously and happily and that they remain physically, mentally and in terms of their property intact.

2.5. The Changing Image of the Elderly and the Problems Posed

Population ageing has led to a change in the image of the elderly in Vietnam, which is posing major challenges for the country.

First, population ageing is causing new socio-economic challenges. The proportion of the working age population will decrease, the occupational structure will change, and the economic burden on young workers will also be higher. Population ageing is considered a logical trend if we have enough time to take advantage of the opportunities of the golden population period to promote and socio-economic growth and development. In Vietnam, the ageing issue is posing a challenge as it takes place rapidly in the context of a still low middle-income country. This is the biggest challenge because we are becoming old before getting rich.

Second, population ageing is putting pressure on the social security system. Although it has been built and focused on development, it must meet the needs of the senior situation in a situation where there is still no long-term care system. Unlike the population ageing which has been taking place in developed countries where the elderly are carefully prepared for their old age from a young age through the insurance system (most notably long-term care insurance), the elderly in Vietnam are almost unprepared. Due to the long period of wars for national self-determination, most of the older generation never had the chance to accumulate significant assets. Currently, up to 65% of the elderly live in rural areas and do not have any benefits from retirement schemes; among them, many still must make a living on their own or depend on their children. In addition, the elderly in Vietnam also face the burden of disease. According to statistics, only 7% of the elderly in Vietnam are in good health, while more than 90% have moderate and weak health (Vietnam's senior citizens have 2.7 diseases in average), and the cost of treatment for an elderly person is 7–8 times that of a child. The health and spiritual care for the elderly in our country has not yet developed, putting pressure on the social security system.

Third, regarding the adaptive policy to population ageing, Vietnam is not ready in both awareness and action to face with the ageing population. Although many policies such as social assistance policies, social insurance and health insurance policies have been promulgated and many national action programs have been launched to support the elderly, the effectiveness of implementation is not high. Policy building is sometimes still based on personal feelings and judgments of policy makers but not from the actual needs of beneficiaries; therefore, some policies issued are not suitable for elderly people.

Fourth, to adapt to the ageing population, in addition to the guarantees coming from the Party and State, the elderly themselves, as well as today's workforce, i.e. the future senior citizens, must be proactive for their coming retirement. Although it is generally accepted that it has become more important to provide for old age, there are a number of occupational groups where provision for old age still does not exist. Many people tend to retire early and receive one-time retirement. This in turn creates a financial burden on the health care and social security system.

All these consequences, if not properly resolved, will be a great challenge for the comprehensive development of Vietnam in the near future.

3. Conclusion

With its importance, population ageing has become one of the topics of concern in Vietnam. As analysed above, the population ageing process which is contemporarily taking place in Vietnam has led to a change in the image of the elderly. This change poses great challenges for the socio-economic development policy system in general and the social security system in particular. To solve the population ageing problem, first of all, it is necessary to raise awareness of policy makers and the whole society about the challenges related to population ageing. In addition, the Party and State need comprehensive solutions to mobilize all social resources to promote the role of the elderly in accordance with the level of socio-economic development in the period of integration.

[1] Trinh Thi Thu Huyen (2019): "The ageing trend in our country and the problems of health care and using elderly workers." In: Communist Review, September 11, 2019.

[2] Phan Ngoc (2002): Vietnamese cultural identity. Literature Publishing House. 193.

[3] Nguyen Huu Minh (2015): Vietnamese family after 30 years of DoiMoi. In: Vietnam Social Sciences, No. 11(96)-2015, 57.

[4] Constitution of the Socialist Republic of Vietnam (2020): National Political Publishing House. 37.

[5] Le Van Hao (2016): Perception of ageing in the elderly. In: Journal of Psychology, No. 12(213), 12-2016, 25.

[6] Le Van Hao (2016): Perception of ageing in the elderly. In: Journal of Psychology, No. 12(213), 12-2016, 29.

[7] Le Van Hao (2016): Duties and expectation of filial piety: current views of Hanoi youth and elderly. In: Journal of Psychology, No. 6(207), 6-2016, 16.

[8] Le Van Hao (2016): Perception of ageing in the elderly. In: Journal of Psychology, No. 12(213), 12-2016, 30.

[9] Giang Thanh Long/Bui Dai Thu (2012): Report on reviewing programs and models of caring and promoting the role of the elderly in Vietnam in the period 2002–2012.

[10] Nguyen Huu Minh (2015): Vietnamese family after 30 years of DoiMoi. In: Vietnam Social Sciences, No. 11(96)-2015, 57.

[11] Nguyen Ha Dong (2016): Some characteristics of elderly people using intensive care services in Hanoi. In: Journal of Family and Gender Studies, No. 4-2016, 23.

[12] United Nations Population Fund (UNFPA) (2011): Ageing population and the elderly in Vietnam: current situation, forecasts and some policy recommendations. 22.

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Ethnic Minorities and Social Policy in Vietnam

● Vu Dinh Muoi

1. Introduction

In Vietnam, officially beside Kinh (Viet) people – the majority ethnic group – there are 53 ethnic minorities, with around 14 million people, 3 million households, living in 51 provinces (cities), 548 districts, 5,266 communes.[1] Among them, only the Khmer, Hoa (Chinese Vietnamese) and part of the Cham reside mainly in lowlands, while most of the rest dwell in mountainous, remote and frontier areas which are considered rich in natural resources (forest, land, mineral, hydropower) and very important for the country in terms of geopolitics. Traditionally, their life was based on subsistence agriculture, in which slash and burn cultivation and the products of the forest played a crucial key role. This is best depicted by Condominas: "The eco-space supplies necessary natural resources to the people's life, and the existence of a group of people; eco-time pushes the rhythm of life to travel with changing seasons. Since Renovation or Open Door Policy (1986), under influences of market economy, State's policies and international integration, the life of ethnic minorities in Vietnam has changed dramatically in both positive and negative ways."[2]

Realizing the important role of the ethnic minorities for national defence and nation-state building, the Vietnamese state (better government) has paid a great attention to ethnic minorities. Ideologically, all policies toward ethnic minorities, the so-called ethnic policies base on the principle: Equality, unity, and mutual support for all ethnic groups in Vietnam for the goal of common progress. This principle has been stated consistently in the constitutions of Vietnam such as the constitutions from 1981, from 1992 and the amended constitution from 2014.[3] Given the fact that compared to the Kinh, most of ethnic minorities have worse socio-economic living conditions, especially since Renovation (1986), the State has launched and implemented numerous priority policies in order to enable the minorities to engage in national socio-economic mainstream, to improve living conditions and to reduce the gap of socio-economic development between ethnic majority and minorities. This is considered as the most important foundation for attempts of the State to integrate ethnic minorities into one united nation-state. These ethnic policies cover on a broad range of social, economic, and cultural, but the main focus is to alleviate hunger, reduce poverty and improve livelihoods. Therefore, most of ethnic policies have been under the framework of The National Targeted Program for Sustainable Poverty Reduction.

Recently, Vietnam has obtained great achievements in hunger alleviation and poverty reduction, and gradually improved living conditions of its people in general, but the unstable livelihoods and the poverty among the ethnic minorities still remain topical, attracting great concern nationally and internationally. Beside subjective and inherent reasons, shortcomings of State's policies also contribute to this situation. Although the system of social policies for ethnic minorities is comprehensive and covers on numerous aspects to make basic changes of their living conditions, many shortcomings still are to be observed. This section will discuss and outline the main achievements and shortcomings of the governments ethnic policies and some salient matters prevalent among ethnic minorities in Vietnam. In addition, several implications of ageing matters on ethnic minorities are discussed.

2. Social Policies for Ethnic Minorities in Vietnam

Recently a larger number of ethnic policies has been promulgated and implemented in Vietnam. According to scientific research, up to 2011, there were 182 separate ethnic policies launched by the Government, including 32 degrees and resolutions by the Government and 150 decisions by the Prime Minister. These policies regulated a broad range of socio-economic development matters such as building infrastructure, poverty reduction, land use rights, finance and credit, commerce, human resources, public functionary, administrational issues, culture, education, healthcare….[4] In general, these policies were carried out by three main approaches, including:

- some policies were carried out with a comprehensive or holistic approach that aimed to improve all living aspects of the poor household, from infrastructure, productive promotion and assistance, market connection, to job-training, labour market engagement, education and healthcare access. For example: the Program 135 for building infrastructure, socio-economic development of the most difficult communes and villages of the country or the Program 30A (under the resolution No. 30/A/2008/NQ-CP) for assisting, supporting rapid and sustainable poverty reduction of more than 60 most difficult district of the country;
- some policies with sectorial approach for aspect or field such as land use, clean water, housing, house for the poor, such as the Program 134; and
- (3) some policies with regional approach, focus on certain regions or geographic areas, such as Program for communes of Vietnam–Lao-Cambodia border areas (Decision 160/2007/QĐ-TTg), Generating Job Program for ethnic minority people in the Mekong delta (Decision 74/2008/QĐ-TTg), or the Program for socio-economic development of the Central Highland (Resolution No. 10/NQ-TW).[5]

In addition, there were some limited special policies that solely focus on particular case, such as a number of small programs and projects for ethnic minority groups with a very small population (under 10.000 people, at present there are 16 ethnic minority groups in Vietnam belong to this category).

At the moment, the Government is preparing the National Targets Program for Socio-economic Development in Ethnic Minorities' and Mountainous Areas, in the period 2021-2030, divided into two phases 2021-2015 and 2026-2030 with a supposed budget up to around 272,000 billion VND (11.3 billion USD).[6]

3. Achievements and Challenges

During the last decades, Vietnam has attracted international attention for considerable achievements of poverty reduction and improvements in living conditions of its people. According to United Nation Development Program (UNDP), in the limited socio-economic condition, as compared to other country with the same GDP, Vietnam has used effectively its own resource for improving and raising living conditions, general education and literacy, and life-expectancy of its population. About 30 million people in Vietnam were lifted out of poverty in the period from 1993 to 2008. However, the result of hunger alleviation and poverty reduction was not even among all social groups and geographical areas. The rate of poverty of ethnic minorities remained much higher than of the Kinh and Hoa. The most worried-some matter was that the number of poor households headed by ethnic minority people was increasing rapidly in relation to the general structure of poverty, from 17.7 percent in 1997 to 40.7 percent in 2008 and up to 56 percent in 2012. The rate of poverty among ethnic minority households in mountainous and remote areas was four times higher than in the national average. Many ethnic minority people were living in chronic impoverishment. Despite the general picture improved significantly, they remained poor or became faster impoverished in times of economic crisis. As a result, it is difficult to access basic social services.[7] A recent study with multi-dimensional approach reports that the living standards of ethnic minority households are falling behind the average of the country, especially in the Northern and Central Highlands. In these two regions, the poverty rate of ethnic minority households is around 70 percent.[8]

In addition, even achieved poverty reduction among ethnic minorities is by far from sustainable. The possible risk of falling back to poverty is high, in many areas, members of the minority groups are highly vulnerable to poverty due to prevailing risks of everyday life. Many minorities inhabit areas which are often affected by natural disasters storms, flooding etc. Since about 80 percent of poor people rely on agriculture, these disasters present a significant risk of falling back into poverty. Additionally, many ethnic minority households have incomes only slightly above the poverty line: it needs little to plunge them back into poverty. Furthermore, the poverty of ethnic minorities is also closely related to environmental degradation. Poverty could push them to overexploit the limited natural resources which are available by destroying the fundament of their living. In general, poverty is both the cause and the result of social inequality, the gap between the rich and the poor, differentiation of development between urban and rural areas, low land and highland, ethnic minorities, and the ethnic majority. Some international organizations have warned that the impoverished situation and the vulnerable livelihoods of ethnic minorities might lead to destabilize the socio-political order and public security in Vietnam.[9]

More than 20 years ago, Jamieson and others warned that ethnic minorities and mountainous areas of Vietnam would face with poverty, population growth pressure, environment degradation, and dependence economically of ethnic minorities' on outside system and their marginalized position as well.[10] This seems to be still pertinent to the context of ethnic minorities in Vietnam at present.

Recent research shows that there are many factors which lead to the poor conditions of ethnic minorities. Firstly, ethnic minorities mainly dwell in highland areas with difficult natural conditions, such as the mountainous landscape, harsh climate, poor infrastructure, and dispersed population distribution. Most minorities rely on agriculture and forestry.

At present, forest destruction is progressing rapidly, and this has a negative impact on the livelihoods of ethnic minorities. Much of the land they live on is also poorly suited for agricultural production. Moreover, the number of people from minorities continues to increase, both in absolute terms and as a percentage of the total population. Although the level of education among minorities has improved, it is still well below the national average: on average, out of ten people over the age of 15 belonging to an ethnic minority, four neither never went to school at all or did not even complete primary school. The competences of minorities for the labour market remain limited, as most of them only have skills for jobs in agriculture or the informal sector. Due to the lack of skills to use scientific and technological innovations productively, labour productivity remains low and labour is mainly limited to traditional agriculture. It is therefore difficult for people from minorities to find paid work in the formal sector, even for young people, as they often do not meet the requirements of employers, and there are few job opportunities in the formal economic sector in the minority areas. Poverty and precarious living conditions increasingly lead to minority members moving to urban areas and economic centres or becoming involved in cross-border activities.

Despite considerable investment in recent years, infrastructure and social services in minority areas are still inadequate. This makes it difficult for minorities to access and connect to the market. Moreover, because of their low income, people from minorities rarely have savings to reinvest or expand productive activities or even to change jobs. Other limiting factors are:

Language barriers, many people from minorities do not speak Vietnamese at all or not fluently, limited access to information, and prejudices of the majority population.

All these factors have so far prevented minorities in Vietnam from being fully integrated socially and economically into the Vietnamese society and from finding new ways to improve their lives. Furthermore, the minority population does not participate sufficiently in state institutions and administrations and in the formulation and development of policies affecting them. It is also important to recall the vulnerability of minorities, as mentioned above, to natural disasters, climate change, environmental pollution, agricultural insects, accidents, disease, and high dependency on fluctuations in the price of agricultural products and equipment. Other economic and social risks for minorities include public projects such as road construction, dams, mining, and the establishment of state or private farms or plantations in their settlement areas.[11]

Another important reason contributing to the current poverty situation and the unstable livelihoods of the above-mentioned ethnic minorities is the negative impact of government policies or of specific government programmes and projects.

In general, the state system of social policy for ethnic minorities is comprehensive and includes numerous offers to bring about fundamental changes; however, shortcomings remain at best.

- Firstly, there have been too many measures that overlap in terms of content, beneficiary groups or areas, which makes their implementation and evaluation difficult.
- Second, policies have not yet sufficiently exploited the endogenous potential of minorities and their settlement areas.
- Thirdly, government programmes follow a top-down approach, which also does not pay enough attention to the differences between the various ethnic groups and thus does not consider their specific skills and needs.
- Fourthly, many of the measures that were developed and implemented were not related to practice and therefore could not achieve the envisaged goals at all.
- Fifthly, there was overlap in management and a lack of effective cooperation between institutions close to the government in implementing measures for minorities.
- Sixthly, the implementation of the programmes was often ineffective due to insufficient preparation, evaluation, and prioritisation.
- Seventhly, many programmes were underfunded, the financial resources were spread too widely, or the support rate was too low, resulting in insufficient impact of the policy programmes. In addition, some measures were not at all or only with difficulty practically implementable but were not changed in time before they were discontinued.[12]

4. Implications for Ageing Among Ethnic Minorities

To limit the high population growth, the Vietnamese government introduced a number of family planning measures after the country's reunification, in particular the *two-child policy* based on a strategy of positive and negative incentives. Population planning was mainly targeted at the majority Kinh population, in particular civil servants, and members of the Communist Party. Ethnic minorities, on the other hand, had only been appealed to follow this population policy line, but this was hardly ever undertaken.

A recent study has shown that the age structure among ethnic minorities is as follows

- under 16 years 33.96%, 16 to 35 years 34.89%, 36 to 50 years 20.12%, over 50 years 11.03%.[13]

These data suggest that ethnic minorities are not being hit by a general ageing of the population. The main concern here is rather the quality of life of the relatively few elderly people.

As mentioned above, all age groups from ethnic minorities are exposed to high poverty and unstable livelihoods and are particularly threatened by the rapid socio-economic change in Vietnam. There is thus a danger that minority elders will increasingly lose their traditional responsibilities. In the past, they played an important role within their communities and were highly respected for their knowledge, skills and experience in many areas of traditional life, such as farming, hunting and gathering in the forests, community protection and management, ceremonies, conflict resolution and communication with the outside world. In the Central Highlands, for example, the council of elders of a village community took almost all important decisions. This traditional role, and the high social status that goes with it, has been increasingly undermined in recent decades by the state administrative system and

mass social organisations such as the Youth Union, Women's Union and Farmers' Union, and finally by new means of communication such as television, Internet and mobile phones. Today, the elderly have long since ceased to be as important to community life as they once were; if so, then mainly as magicians, sorcerers, traditional healers or in certain crafts.

Numerous studies show that, due to the poverty and insecure livelihoods of minorities, many young people are seeking a living as migrant workers in the urban centres of Vietnam or abroad. In such cases, it is the elderly who stay at home to look after their grandchildren and property. In this way, old people from minorities become economically dependent on succeeding generations, especially since many of them, unlike city dwellers, do not have their own old-age provision.

At an anthropological conference held recently in Hanoi on 11 November 2020, a researcher said that in ethnic minority villages, it is no longer the old people who are respected, but the young who understand computers, internet and mobile phones. Although the government has been paying attention to ethnic minority elders through some policies, such as Decision No 12/2018/QĐ-TTg on the criteria for the selection of respectable persons and the policy for respectable persons of ethnic minorities, the number of old people falling into this category is very small. The main purpose of this policy is to promote and mobilise these elderly people to contribute to the socio-economic development of their communities.

5. Conclusion

Since Doi Moi, Vietnam has achieved great success in the fight against hunger and poverty. However, the results of the reform process have not been the same for all ethnic groups and areas of Vietnam. Therefore, ethnic minorities are today still more affected by poverty than the majority population. The minorities currently have only limited access to basic social services. Moreover, the gains in poverty reduction that have also been achieved among the ethnic minorities are not sustainable. The risk of falling back below the poverty line is therefore extremely high among them.

There are a number of factors which have a cumulative effect on this situation: the more difficult living conditions in the remote minority areas, the poorer infrastructure there, environmental degradation, the low level of qualification, the low capital reserves for improving production or as savings in crisis situations. Furthermore, language barriers, limited access to information, public stereotypes of inferiority and lack of self-confidence prevent people from ethnic minorities from better participating in Vietnam's economy and society and thus from finding ways to improve their lives.

In addition to the subjective and inherent reasons mentioned above, shortcomings in state policies also contribute to this situation. Although the system of social policy for ethnic minorities is comprehensive and covers many aspects to bring about fundamental changes in their lives, many shortcomings remain.

In the context of the rapid socio-economic changes in Vietnam, ethnic minority elderly people are losing their traditional social roles and positions. As a result, they become socially more vulnerable and dependent on younger people.

[1] Le Son (2020): 273, 000 billion VND for development of ethnic minorities and mountainous areas. Availble at http://baochinhphu.vn/Tin-noi-bat/Du-kien-273000-ty-dong-phat-trien-vung-dong-bao-dan-toc-thieu-so-va-mien-nui/396712.vgp.

[2] Condominas, George (1997): Social space in Southeast Asia. Hanoi: Culture Publishing House. 22.

[3] Vuong, Xuan Tinh (2015): Overview of ethnic policies from 1980 up to present. In: Anthropological Review, No. 1&2, 17–27. 17.

[4] Vuong, Xuan Tinh (2015): Overview of ethnic policies from 1980 up to present. In: Anthropological Review, No. 1&2, 17–27. Dang et al. (2012): Research of checking, analysis ethnic policies and assisting policy framework of Committee of Ethnic Minorities Affairs (CEMA), Project of strengthening policy making and implementation. Hanoi: CEMA and UNDP.

[5] Nguyen, Thi Lan Huong (ed.) (2014): Social welfare for ethnic minorities in Vietnam. Hanoi: The Gioi Publishing House. 35–36.

[6] Le Son (2020): 273, 000 billion VND for development of ethnic minorities and mountainous areas. Availble at http://baochinhphu.vn/Tin-noi-bat/Du-kien-273000-ty-dong-phat-trien-vung-dong-bao-dan-toc-thieu-so-va-mien-nui/396712.vgp.

[7] VASS (2011): Giảm nghèo ở Việt Nam: Thành tựu và thách thức. Hanoi: Vietnam Academy of Social Sciences (VASS). 15.

[8] Molisa (2018): Report on multi-dimensional poverty: Poverty reduction in all aspects in order to measure a quality life for everyone. Hanoi: the report based on research collaboration between VASS and UNDP. 60–64.

[9] VASS (2011): Giảm nghèo ở Việt Nam: Thành tựu và thách thức. Hanoi: Vietnam Academy of Social Sciences (VASS). 16, 83. Nguyen, Thi Lan Huong (ed.) (2014): Social welfare for ethnic minorities in Vietnam. Hanoi: The Gioi Publishing House. 35–36.

[10] Jamieson N./Le Trong Cuc/Rambo, A. T. (eds.) (1998): Changes in the development of Vietnam upland region. Hanoi: Center for Natural Resources and Environment Study, Vietnam National University of Hanoi.

[11] Nguyen, Thi Lan Huong (ed.) (2014): Social welfare for ethnic minorities in Vietnam. Hanoi: The Gioi Publishing House. 16–30.

[12] Nguyen, Thi Lan Huong (ed.) (2014): Social welfare for ethnic minorities in Vietnam. Hanoi: The Gioi Publishing House. 35–42. Dang et al. (2012): Research of checking, analysis ethnic policies and assisting policy framework of Committee of Ethnic Minorities Affairs (CEMA), Project of strengthening policy making and implementation. Hanoi: CEMA and UNDP. 58–79.

[13] Department of Ethnic Minorities Education (2019): Population quality of ethnic minorities with a very small population proportion. Hanoi: Ministry of Education and Training, available at https://moet.gov.vn/giaoducquocdan/giao-duc-dan-toc/Pages/Default.aspx?ItemID=6334.

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Population Policy in Transition

● Luu Bich Ngoc

The milestone marking the formation of Vietnam's population policy dates back to the time when the State of Vietnam issued its first policy document on population-family planning (FP) in 1961. At that time, the fertility in Vietnam was at a remarkably high level (TFR: 6.1 children/woman). Up to now, the population policy has been adjusted through many stages corresponding to changes in the periods of population transition.

1. Between 1961 and 1975: Guidance to a planned childbirth in the context of war

This was the period when the country was divided into two regions, but a population and family planning program was only implemented in the North with the main contents issued by the Government in three important documents. These are: (1) Decision No. 216/CP of December 26, 1961 of the Government Council on childbirth with guidance; (2) Directive No. 99/TTg of October 16, 1963 of the Prime Minister on childbirth guidance; (3) Decision No. 94/CP of May 13, 1970 of the Government Council on the campaign of childbirth planning. From the beginning, all these documents have paid attention to the quantity and quality of the population with the goal: "For the health of mothers, for the happiness and harmony in the family and for taking good care of the children, the people's childbirth needs careful guidance".

The goal of the campaign at that time was to aim for a family with three children. The main targets of the campaign were women of reproductive age who have a large number of children, firstly female workers, government officials, females in the armed forces and rural women in the deltas having high population density. The scope of implementation of the campaign was mainly concentrated in urban and rural areas in the Red River Delta, rural areas in the North Central Coast, and workers in the mountainous midland provinces and districts.

The implementing agency was the Committee for the Advocacy of Planned Childbirth led by the Prime Minister, the standing agency was the Ministry of Health, and since 1970 the Committee for the Protection of Mothers and Children. Vietnam Women's Union and The Vietnam Trade Union were since then in charge of propaganda and communication functions.

The basic policy solutions of this period included the provision of family planning services (mainly intrauterine devices), propaganda, advocacy (main in forms of direct conversations, presentations, and posters) and policies to encourage women to use an intrauterine device. The State subsidizes the full cost of family planning services, but this budget is balanced in the total budget of the Ministry of Health or the Committee for the Protection of Mothers and Children, together with the local budget.

As a result, the crude birth rate (per 1,000 inhabitants) in the North decreased from 43.9‰ in 1960 to 33.2‰ in 1975, which was an average annual decrease of 0.71‰. The total fertility rate (per female) decreased from 6.39 children/woman in 1960 to 5.25 children/woman in 1975.[1]

2. Between 1975 and 1992: Further promotion of planned childbirth

After the reunification of the country, the population of Vietnam was approximately 48 million people, double the size of the population in 1955. During this period, population and family planning work was carried out nationwide with the tendency to further promote the campaign of planned childbirth through two directives of the Government: (1) Directive No. 265/CP dated 19/10/1978 of the Government Council on promoting the campaign of planned childbirth throughout the country; (2) Directive No. 29/HDBT dated 12/8/1981 of the Council of Ministers on promoting the campaign of planned childbirth for 5 years (1981–1985).

After a temporary pause, the planned childbirth campaign was again vigorously launched and deployed nationwide to prepare for an economic renaissance. Population and family planning work in this period was identified as a national policy in the cause of national development. The 4th Congress of the Communist Party of Vietnam has determined: *"All branches, all levels must attach importance to the campaign of childbirth planning, this work is of great importance, has political, economic and social significance, actively contributing to improving the lives of our people". Next, the 5th Party Congress affirmed: "(We) must decide and implement an appropriate population policy, in which an extremely important job that has strategic significance in the economy and society is continuing to promote the campaign of planned childbirth. All Party organizations and governments at all levels must pay great attention and directly take care of this matter".*

The objective of the population-family planning policy as specified at the Fourth Party Congress (1976) is to further promote the campaign of planned childbirth, resolutely reduce the annual population growth rate, and strive to attain the population growth rate at approximately over 2% in 1980. At the 5th Party Congress (1981), the goal of population and family planning work continued to be defined as: to reduce the average population growth rate of the country from 2.4% annually to 1.7% in 1985. The target group was extended to include all women of reproductive age and a large number of married men of childbearing age. The scope of implementation is extended to nationwide, both in urban and rural areas, with an emphasis on public employees, the armed forces, and the plains having high population density.

Due to awareness of the importance of mobilizing social forces to join the program Population and Family Planning, in 1984, the Committee for Population and Birth Planning was established at the central level with the participation of many branches, agencies and unions. The headquarter of the Commission was still located at the Ministry of Health. In 1991, this committee was renamed as the National Committee for Population and Family Planning. The committee model was deployed down to the level of provinces, cities and special zones directly under the Central Government. At the district level, there was a Population and Family Planning Department, and at the commune/ward level there is a key leader in charge and a specialized assisting agency.

The basic solutions for population policy in this period were the provision of family planning services (mainly the IUD), advocacy (expanded to the mass media, but the main form of advocacy was still direct communication) and stronger and broader incentives for women who delay their pregnancy and insert IUD. The state budget still subsidized the cost of family planning services, but was balanced in the total budget of the Ministry of Health. The United Nations Population Fund provided financial and technical assistance including contraception methods, a part of family planning service equipment, a number of advocacy activities, research, information and data collection and capacity support for population and family planning program management.

Despite the population policy was set out with the goal of lowering the population growth rate to less than 1.7% by 1990 and the population-family planning work was implemented nationwide, the target was not achieved. Although there was a Governmental Direction to participate in the campaign for planned childbirth, in reality, only the health sector, Women and Trade unions directly implemented the policies while other sectors mostly did not participate. The Party committees and authorities did not clearly see their responsibilities in the task of directing and leading this work, so they have delegated all the organization and implementation work to the health sector.

In the period immediately after the war ended, there was a trend of population growth to compensate for the loss in the war, especially in the southern provinces, where the population growth rate reached 3.2% according to the Survey dated February 5, 1976. Thereafter, wars on the Southwestern and Northern borders further deterred the movement of planned childbirth. As a result, the fertility rate decreased from 33.2‰ in 1975 to 31.0‰ in 1985 and 30.1‰ in 1992. The average number of children per woman of childbearing age (TFR) decreased from 5.25 children to 3.98 and 3.8 in the corresponding years.

It can be said that, over a period of 31 years, from 1961 to 1992 the population and family planning work in Vietnam had ups and downs, including constant changes in organizational apparatus to increase efficiency and to meet the socialization requirements. However, due to many objective and subjective reasons, the results of population-family planning work in 31 years from 1961 to 1992 were lower than the initially defined goals and much lower than in other countries that were also implementing population programs during that time.

By 1992, the population of Vietnam was 69.405 million with the crude birth rate at 30.04‰, and a total fertility rate at 3.8 children/woman. If the population growth trend is not contained, the population of Vietnam will reach a huge number of 160 to 170 million and then stabilize at this scale in the mid-21st century.[2]

3. Between 1993 and 2000: Active Promotion of Birth Reduction – Each Family Should Have only 1–2 Children

It was in this era when the population-family planning work had a comprehensive development and reached its peak in terms of content, method, budget, and organization of implementation. The awareness increased that the rapid population growth puts harsh pressure on the country and hinders its development. As a result, in January 1993, at the 4th Party Central Committee Meeting, Session VII, Central Committee a resolution on population-family planning was issued. This was an important policy document which guided population and family planning work in subsequent years. The resolution sets out specific goals: *"Each family has only one or two children, so that by 2015, each couple will have 2 children on average, towards stabilizing the population size in the middle of the 21st century. (We) make every effort to create a clear change right in the 90s of the twentieth century".* At the same time, the Central Resolution 4, Session VII has outlined five central points of view and a system of solutions to implement a population-family planning work. This resolution has created the right direction for population-family planning work in Vietnam in the coming years. Two years later, on March 6, 1995, the Secretariat of the Party Central Committee issued Directive 50/CT-TW on continuing to promote population-family planning work.

Central Resolution 4, Session VII also requested: "Strengthen the Committee for Population and Family Planning at all levels from central to grassroots levels. The standing agency of the Committee for Population and Family Planning at all levels is equipped with qualified staff, closely linked with all branches and levels in the management and implementation of the population-family planning program". As a result, the population planning system was deployed to villages, hamlets, and wards to bring education and communication about population-family planning and provide family planning services to the people. In fact, after that, the National Committee for Population and Family Planning was established to replace the Committee on Population and Birth Planning of the previous stage. The Government issued Decree 42/CP on June 21, 1993 on the functions, tasks, powers, organizational structure and working principles of the National Committee for Population and Family Planning, specified two functions for this institution, first for the governmental management of population-family planning and second for the coordination of the population-family planning program.

As it is responsible not only for state administration but also for the coordination of the population and family planning programme, the Committee's organisational model is not only *across all sectors* but also *across all trade unions and social organisations*. Therefore, in addition to its permanent department, the Committee has 19 ministries and mass and social organisations involved in its management or membership. For the first time in history, the full-time director of the National Committee for Population and Family Planning holds the position of minister and is a member of the government. Indicating the high ranking of this authority. Other members of the Committee are leading representatives of ministries, industries, mass organisations and social organisations working on a part-time basis. The permanent representatives of the Committee on Population and Family Planning at all levels are a team of specialists dedicated to the permanent service. The model of organisational structure for population and family planning work in Vietnam is at this stage an inter-ministerial model which was also common in other Asian and African countries. This model meets two basic requirements: it creates a specialised agency to ensure state administration in the field of population and family planning and, at the same time, it attempts to mobilise the entire society to participate in the programme.

In terms of state management, the Prime Minister issued Decision 270/TTg dated March 6, 1993 approving the *Strategy on Population and Family Palnning to 2000*.[3] The goal of the decision was to institutionalize targets, views, and solutions of the Central Resolution 4. This strategy should serve to raise awareness and raise the profile of party leaders and authorities at all levels of organisation. It did indeed create important conditions for successful population and family planning in the late 20th century.

Under the favourable conditions since then, including improved financial resources, population and family planning has progressed well and achieved important results: Social awareness has increased, and methods have improved. Many actors have played a decisive role in this – administrations from the central to the village level, social institutions and finally the population itself. The average population growth rate in the 10 years from 1989 to 1999 was 1.7%, decreasing by 0.4% compared to the period 1979–1989. The population size as of 1 July 2000 was 77.6 million people, 4.4 million people fewer than the target of 82 million people in 2000 in the Population Strategy. The average number of children per woman of reproductive age is 2.3 children, far exceeding the target of the Population Strategy set out in 2000 of 2.9 children.[3]

4. Central Goals Between 2000 and 2018: Replacement Fertility Rate and Qualitative Improvements

In the period from 2000 to 2018, Viet Nam's population policy continued to follow the direction outlined in the Central Resolution IV-Term 7. It has set up central goals like fertility control to achieve replacement fertility and qualitative improvements for the population. Legal documents were completed and adjusted to suit the actual situation. The Ordinance on Population was issued by the National Assembly and took effect on May 1, 2003. The Population Strategy for 2001–2010 period and the next Population and Reproductive Health Strategy for the period 2011–2020 were approved and implemented.

The 2003 Population Ordinance,[5] which is the most relevant legal document on population issued so far in Vietnam, contains regulations on the size, structure, distribution, and quality of the population and measures for the implementation and management of demographic policies. The provisions of the 2003 Ordinance are completely consistent with the principles of the Action Program of the Cairo International Conference on Population and Development in 1994. The 2003 Ordinance defines the following principles:

- Citizens have the rights: a) To be provided with information on population; b) To be provided with quality, convenient, safe, and confidential population services as prescribed by law; c) To select measures for reproductive health care, family planning and improvement of population quality; d) To select a place of residence in accordance with the law.
- Citizens have the following duties: a) Carry out family planning; building a family with few children, aiming to achieve prosperity, equality, progress, happiness and sustainability; b) Take appropriate measures to improve the physical, intellectual and mental heath of oneself and family members; c) To respect the interests of the State, society and community in adjusting population size, population structure, population distribution, and improving population quality; d) Comply with the provisions of this Ordinance and other law provisions related to population work (Chapter 1, Article 4: Citizens' rights and obligations regarding population work).
- Each couple/individual has the right to: a) Decide the time of giving birth, the number of children and the interval between births in accordance with their age, health status, the conditions of education work, income and child rearing of individuals and couples on an equal basis; b) Choose and use family planning methods (Chapter 2, Article 10: Rights and obligations of each couple and individuals in the implementation of family planning).
- The State provides policies and measures to eliminate all forms of gender discrimination, especially discrimination between girls and boys, and ensure women and men having the same rights and obligations in building a prosperous, equal, progressive, happy, and sustainable family.
- The State adopts a policy to encourage and maintain multi-generational families; expand social services to suit different forms of family, ensure that all family members enjoy their rights and fulfil their obligations.
- Agencies, organizations, and individuals have the responsibility to propagate, advise and help families improve their physical and spiritual life and build a prosperous, equal,progressive, happy, and sustainable life.
- Family members have the responsibility to support each other in implementing health care, reproductive health, family planning measures, and improve the material and spiritual life of each member (Chapter 3, Article 24: Building a prosperous, equal, progressive, happy and sustainable family).

At the time of its promulgation in 2003, the Ordinance did not clearly express the notion that Vietnam's population policy is not encouraging couples to have more than two children. Therefore, on December 27, 2008, the Standing Committee of the National Assembly passed Ordinance 15/2008/PL-UBTVQH12 which amends Article 10 of the Ordinance on Population (effective from February 1, 2009) as follows:

"Article 10: Rights and obligations of each couple and individual in implementing the population campaign, family planning and reproductive health care:

1. Decide the time to give birth and the period between births;
2. Have one or two children, except for special cases prescribed by the Government;
3. Protect health, take measures to prevent reproductive tract infections, sexually transmitted diseases, HIV/AIDS and fulfill other obligations related to reproductive health."

The Vietnamese Population Strategy for 2001–2010[6] is seen as an important part of the overall Socio-Economic Development Strategy for this entire period. The overall objective of the Population Strategy is "to create a family with few and healthy children and to work towards stabilising the population at a reasonable level in order to lead a prosperous and happy life. To improve the quality of the population, develop high-quality human resources to meet the needs of industrialisation and modernisation and contribute to the rapid and sustainable development of the country."The strategy sets out two specific targets: (1) Steadily maintaining the trend of fertility reduction to achieve the average replacement fertility rate nationwide by 2005, and in remote and poor areas by 2010 at the latest. This is to suit the population size, structure and distribution in the context of the socio-economic development in 2010; (2) Improving the quality of the population physically, intellectually, and mentally. Striving to achieve the human development index (HDI) at the average level of advanced countries by 2010.

Eight instrumental targets were proposed, representing the scope and direction of intervention actions. Programs and policy reforms that are considered necessary to achieve the set objectives include: (1) Enhanced leadership, organization and management; (2) Behavioral change communication and education; (3) Improved quality of reproductive healthcare/family planning and service delivery system; (4) Improved quality of information and data on population; (5) Raising people's knowledge, strengthening the role of the family and gender equality; (6) Promoting socialization, building and completing the system of policies on population and development; (7) Prioritizing fund mobilization; (8) Training and research.

Each target is then specified with several types of interventional activities. In general, the instrumental targets of the Population Strategy for the period 2001–2010 are transversal and multi-sectoral. The Strategic Document defines responsibilities for more than 10 different ministries; evidently, to coordinate activities involving several authorities is always a challenge. The 2001–2010 period is also the time when major changes occurred in the organizational structure. In 2003, the National Committee for Population and Family Planning was merged with the Committee for Child Care into the Committee for Population-Family-Children. In 2008, the Committee for Population-Family-Children was dissolved again and the General Department of Population and Family Planning was established under the Ministry of Health.

Due to both, the implementation of the Population Strategy for the period 2001–2010 and continuing and the continuing fertility decline, Vietnam achieved the goal of replacement fertility in 2005 – 10 years earlier than targetedby the 4th Central Resolution on population-family planning. However, the results were not stable, as Vietnam still faces great difficulties in solving demographic problems. Vietnam still has a relatively large population, the fertility rate is not yet really under control, there is not an equal number of male and female babies being born, a population surplus has developed, but the targets for the quality and distribution of the population have largely not yet been reached. Controlled migration also has negative effects. These are all challenges for the socio-economic development of the country as a whole and especially for the objective of improving the quality of life and promoting human development, now and in the future.

Therefore, the 2011–2020 Population and Reproductive Health Strategy[7] has been issued by the Prime Minister according to Decision No. 2013 / QD-TTg dated 14/11/2011. Five views on population policy are outlined in the Strategy:

- Firstly, the Vietnam Population and Reproductive Health Strategy for the period 2011–2020 is an important content of the country's socio-economic development strategy, contributing to the improvement of the quality of human resources and the quality of life for each person, each family and for the entire society;

- Secondly, synchronously solve population and reproductive health issues, focus on improving the quality of the population, improving the health of mothers and children, and promoting the advantages of the *golden population structure,* proactively adjust population growth and control the sex ratio at birth;

- Thirdly, the basic solution to implement population and reproductive health care is the effective combination of advocacy, education, communication to change behaviors, proactive, fair, equal provision of prevention services, resolute and effective sanctions against units and individuals operating services violating regulations on fetal sex diagnosis and selection;

- Fourthly, investment in population work and reproductive health care is investment in sustainable development, bringing direct economic, social, and environmental benefits. (We)increase investment from the State budget, actively take advantage of aid sources and mobilize the people's contributions; prioritize resources for remote, mountainous, coastal areas and islands;

- Fifthly, strengthen the leadership and direction of Party committees and authorities at all levels; improve the effectiveness of state management; mobilize the participation of the whole society; continue to consolidate the organizational structure system to effectively implement population and reproductive health care.

The strategy has set the overall goal of improving population quality, and reproductive health, maintaining a reasonably low fertility rate, and solving problems with population structure and distribution. This contributes to a successful strategy of the industrialization and modernization of Vietnam. The strategy's specific objectives include: Continue to reduce population growth; Improve health, reduce illness and mortality in children, significantly narrow differences in child health indicators across regions and areas; Improve maternal health, significantly narrow the difference in maternal health indicators between regions and areas; Achieve a sharp decrease in high sex ratio at birth; Maintain a reasonably low birth rate, fully meet the people's family planning needs, increase access to quality fertility services; Reduce abortion rate, basically eliminate unsafe abortion; Reduce reproductive tract infections, sexually transmitted infections; Proactively prevent, detect and treat early reproductive tract cancers, with a focus on reproductive tract cancer screening in women; Improve the reproductive health of adolescents and young people; Improve reproductive health for specific population groups (migrants, people with disabilities, HIV-infected people, ethnic people at risk of genetic degradation); Strengthen healthcare for the elderly; Promote population distribution in line with national socio-economic development orientations; Increase the integration of population factors into policy making and formulation of socio-economic and development plans at all levels and branches.

In order to successfully achieve these objectives, the Strategy offers six main instrumental goals for leadership, organization and management; communication, behavior change education; on population and reproductive health services; on continuing to develop and perfect a system of policies on population-reproductive health; on socialization, inter-agency coordination and international cooperation; on finance; on training, scientific research and data collection.

In general, compared to the Strategy in the previous period, the Strategy for Population and Reproductive Health for the period 2011–2020 has further concretized the objectives and measurement indicators. The latter are also designed on the basis of practicalevidence and feasibility. The 2011–2020 Strategy focuses on addressing *newly emerging population problems in this period and gives priority to vulnerable* groups.[8]

5. From 2018 until now: Shifting the policy focus from population - family planning to a Population and Development

For more than 10 years the fertility rate was kept low. Thus, the maintenance fertility was attained. Although at the same time the mortality rate continued to fall, a significant reduction in population growth was achieved. However, new challenges have arisen – there is a clear gender imbalance at birth and the quality of the population is limited, which has a direct impact on economic growth and human development. In addition, the quality of human resources is limited, and the large population exerts great pressure on the health and education systems and on the environment. Finally, migration has both positive and negative effects. On January 4, 2016, the Central Committee of the Party published the *Conclusion* 119-KL/TW to direct the population-family planning work of Vietnam in the upcoming period. It states that it is necessary to focus on "Strengthening communication, education and advocacy on population and development in the direction of focusing on improving the quality of population and development, and making it suitable for each target group's regional cultural characteristics. Strengthening education of knowledge and life skills for young people and adolescents on reproductive health care, sexual health, marriage and family in a suitable format." At the same time, Conclusion 119-KL/TW also clearly identifies that in the coming period, the population-family planning work of Vietnam "needs to shift the focus of population policy from family planning to population and development to address comprehensively all population issues including size, structure, distribution and quality improvement".

On October 25, 2017, the Central Committee of the Communist Party of Vietnam issued Resolution 21-NQ/TW on *Population work in the new situation*,[9] with the following guidelines: Population is the most important factor in the cause of national construction and defense. Population work is a strategic task, which is both urgent and long-term; and is the cause of the entire Party and all people. Continue to shift the population policy focus from family planning to population and development. Population work must focus comprehensively on all aspects including size, structure, distribution, especially population quality. The work should be put in an organic relationship with economic and social factors, national defense and security to ensure rapid and sustainable development.

The general goal set out is to "solve comprehensively and synchronously the problems of population size, structure, distribution and quality and put them in the interplay with socio-economic development. To firmly maintain the replacement fertility rate; bring the sex ratio at birth to natural equilibrium; make effective use of the golden population structure, adapt to population aging; distribute the population reasonably; improve the population quality, and contribute to rapid and sustainable national development".

Implementing Resolution 21-NQ/TW, on November 22, 2019, the Prime Minister issued Decision No. 1679/QD-TTg approving the *Population Strategy up to 2030*[10] with the guiding viewpoint of "Focusing every effort on shifting the main goal of population policy from family planning to implementation and achievement of comprehensive goals in terms of size, structure, distribution, especially population quality. The work must be placed in the organic relationship with economic, social, national defence and security factors". The overall objective for the population work in the new period is "To firmly maintain

the replacement fertility rate; bring the sex ratio at birth to natural equilibrium; make effective use of the golden population structure; adapt to population aging; rationally distribute population and improve population quality, and contribute to rapid and sustainable national development".

The eight specific objectives of the new strategy include: (1) Firmly maintain the replacement fertility rate, reduce the fertility gap between regions and target groups; (2) Protect and develop the population of ethnic minorities with fewer than 10,000 people, especially ethnic minorities with very few people at risk of racial decline; (3) Bring the sex ratio at birth to a natural balance, strive to maintain a reasonable age structure; (4) Improve the quality of the population; (5) Promote reasonable population distribution and ensure national defense and security; (6) Complete the construction and operation of the national database on population, promote the integration of population factors into the formulation and implementation of socio-economic development plans; (7) Maximize the advantages of the golden population structure, create a strong driving force for the country's rapid and sustainable development; (8) Adapt to population aging, promote healthcare for the elderly.

Seven groups of solutions based on an overall approach were identified to achieve the set objectives. Specifically, these include: (1) Strengthening the leadership and direction of the party committees and authorities at all levels, especially inter-agency coordination; (2) Renovating communication and mobilization about population and development issues; (3) Perfecting mechanisms, policies and laws on population, including speeding up the construction of the Population Law project to be submitted to the National Assembly in the direction of comprehensive and synchronous adjustment of contents on the scale, structure, distribution and quality of population, in accordance with the Constitution and international treaties to which Vietnam has signed or acceded; (4) Developing network and improve population service quality, reform the method of family planning service delivery in the direction of expanding and meeting the needs of each target group; (5) Promoting scientific research, perfecting the population data and information system, in particular, focusing on research clarifying the normative relationship between population dynamics and socio-economic development, environment and national defense and security assurance; (6) Ensuring resources for population work and (7) Strengthening the organizational structure and training towards perfecting functions and tasks, consolidating and reforming the system of public employees specializing in population work from central to local levels, meeting the requirements of comprehensive implementation of population work in the new situation.

[1] General Department of Population and Family Planning, United Nations Population Fund (2009). Population transition and socio-economic development. Hanoi, Vietnam, 402 pages.

[2] General Department of Population and Family Planning, United Nations Population Fund (2009). Population transition and socio-economic development. Hanoi, Vietnam, 402 pages.

[3] The Prime Minister (1993). Vietnam Strategy on Population and Family Planning to 2000. Policy document issued under Decision 270-TTg dated June 3, 1993, Hanoi, Vietnam.

[4] General Department of Population and Family Planning, United Nations Population Fund (2009). Population transition and socio-economic development. Hanoi, Vietnam, 402 pages.

[5] Committee for Population, Families, and Children (2003). The main contents of the Ordinance on Population. Labor-Social Publishing House, Hanoi, Vietnam, 299 pages.

[6] The Prime Minister (2000). Vietnam Strategy on Population in the period 2001-2010. Policy document issued under Decision 147/2000/QĐ-TTg dated December 22, 2000, Hanoi, Vietnam.

[7] The Prime Minister (2010). Vietnam Strategy on Population - Reproductive Health in the period 2011-2020. Policy document issued under Decision 2013//QĐ-TTg dated November 14, 2011, Hanoi, Vietnam

[8] UNFPA (2009). Population and Development in Vietnam: Towards a New Strategy 2011–2020. Hanoi, Vietnam, 94 pages.

[9] The Central Committee of the Communist Party of Vietnam (2017). Resolution of the 6th Conference of the XII Central Executive Committee on population work in the new situation (NQ21-NQ / TW). Hanoi, Vietnam.

[10] The Prime Minister (2019). Vietnam Population Strategy to 2030. Policy document issued under Decision 1679/QD-TTg dated November 22, 2019, Hanoi, Vietnam.

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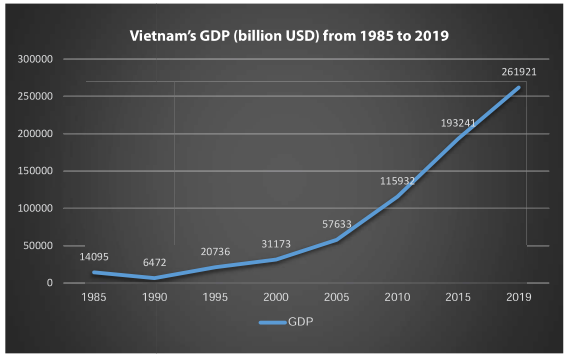
Monitoring, Publications and Events

● Nguyen Thi Thuy Trang

Starting with this first issue of the Country Report, we offer our readers information in various sections on the following areas: general trends in monitoring, topic of the respective issue, current publications and scientific projects, and basic indicators about Vietnam. This section will be further expanded in the following issues - among other things, there will also be the possibility to announce scientific events and present research projects.

1. General Information on Vietnam and its ageing population

The development of Vietnam since Doi Moi is remarkable. Political and economic reforms since 1986 have promoted economic development, rapidly turning Vietnam from one of the poorest countries in the world into a middle-income country. From 2002 to 2018, GDP per capita increased by 2.7 times, reaching over $2,700 in 2019, with more than 45 million people out of poverty. The poverty rate fell sharply from over 70% to below 6%. The majority of the remaining poor are ethnic minorities, accounting for 86%.[1]



Source: World Bank

In 2019, GDP increased by 7%, similar to the growth rate in 2018, being one of the countries with the highest growth rates in Southeast Asian region. In 2020, the Vietnamese economy was heavily influenced by the COVID-19 pandemic, but also exhibited considerable resilience. GDP growth is estimated to increase by 1.8% in the first half of the year, expected to reach 2.8% for the whole year. Vietnam is one of the few countries in the world that did not forecast an economic recession.[2]