

Dang Thanh Nhan

## The Role of the Family in Daily Care for the Elderly in Changing Rural Vietnam

**Abstract:** This paper use datasets on the elderly in four provinces, including 307 elderly in Ha Tinh, Quang Ngai in 2017, 407 elderly in Ninh Binh and Tien Giang in 2016 of the project “Strengthening Social Engagement in Elderly Care in Changing Economic and Family Structure in Asia: Policy and Practical Dialogues between Local Communities in Vietnam and Japan.” This paper aims to evaluate roles of family members, especially of women in caring for the elderly and to explore the difficulties posed for contemporary families in relation to the roles of the community and the state. In particular, the paper will identify the forces influencing the way that each family member provides care for their elderly in the social and culture context of Vietnam. Our findings showed that families play a very important role in elderly care and that women still play crucial roles in caring for the elderly regardless of circumstances. The family is the most important support for the elderly in Vietnam during illness (spouses and children). Family economic condition, health status, illness, gender, age, and working status have significant impacts on the health of the elderly. It is noted that taking care of the material life for the elderly is one of the burdens that the family faces, which raised need for a more comprehensive system of social security and social services for the elderly especially in the rural areas in the context of increasing migration and recent changes in family structure and functions.

**Keywords:** family, elder, daily care, rural areas, Vietnam.

### 1. Introduction

The achievements of economic, social and health development in recent years as well as the low fertility rate have remarkably increased people’s life expectancy. However, people have to face many accompanying challenges for an ageing population such as the elderly people’s quality of life, the length of healthy life

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expectancy, the security of income and care sources in the rapidly changing social context.

It can be said that caring for all their members is one of the primary functions of families in almost cultures, particularly in Vietnamese culture, which has always highly rated filial norms and respect the elderly. In the traditional Vietnamese family, elderly care is the children's obligation and one of the crucial moral norms. However, the rapid changes in the modern Vietnamese society, particularly in family relations, are leading to a decline in the traditional intergenerational relationships while the majority of the elderly live in rural areas and do not have a secure income without labour. Meanwhile, community care providers and social protection have not been able to meet the demand for care for the elderly. Thus it is necessary to assess the roles of family members in caring for older parents in rural areas in contemporary Vietnam and explore the challenges that families face in order to carry out these roles.

## **2. Data, analytical strategy and theoretical approach**

### **2.1. Data**

The paper draws on the data on 307 participants from the survey "Strengthening Social Engagement in Elderly Care in Changing Economic and Family Structure in Asia: Policy and Practical Dialogues Between Local Communities in Vietnam and Japan" carried out in Ha Tinh and Quang Binh provinces in 2017 and the data from the survey "Elderly Care in the Vietnam Transition Society: Policies and Structural Dimensions" with the sampling of 480 older adults in Ninh Binh and Tien Giang provinces in 2016. In addition, we also interviewed some elderly people, their family members, community care providers and the representatives of local government to gain a better understanding of the family's roles in elderly care in relation to other local care providers.

### **2.2. Analytical strategy**

The paper explores basic descriptions, bivariate analysis and logistic multiple regression analysis by using SPSS 20.0 to assess the role of family members in caring for older people in rural areas.

#### *2.2.1. Dependent variables*

- The various types of support that older parents receive from their adult children include material and emotional support and unpaid care work. These variables

are recoded as dummy variables coded 1 for yes (frequently or sometimes receiving support) and 0 for no (rarely or never receiving support).

- Family members involved in caring for the elderly comprise adult children and partners. These two variables are recoded as dummy variables scored 1 for yes (the adult children/partner care for the elderly) and 0 for no (the children/partner do not care for the elderly).

### 2.2.2. *Independent variables*

Independent variables include the demographic characteristics and economic conditions of the elderly (such as gender, age cohorts, educational attainment, employment, health status, chronic disease/disability status, income sources, living conditions, savings and areas of residence), characteristics of daily carers and care providers when the elderly are ill, and the level of support from the state and community for the elderly.

## 3. **Theoretical approach**

### 3.1. Social role theory

The social role is a key concept in the sociological theory. This term emphasises the social expectations associated with certain positions or status in the social institutions and analyses the functioning of those expectations. An individual's social roles are identified according to their social positions. To successfully fulfil these social roles, each individual or social group must perform certain functions. Generally, social role is the requirements of the society for social positions. These requirements are often specified based on social norms, which vary from society to society (Bilton et al. 1993). Social roles are therefore both the results of social interaction process and expected behaviour patterns that are correspondingly regulated and imposed on specific positions. To study the family's roles in caring for the elderly it helps to examine the importance of family members, particularly women, in elderly care in the context of a society experiencing many changes. Gender roles are one important aspect which is often analysed in the research on the family's roles in caring for the older adults. Gender roles are standard behaviours or specific duties which are ascribed to men or women. This approach shows the differences between men and women, sons and daughters in caring for older parents.

### 3.2. Social exchange theory

Social exchange theory was developed by George C. Homans (1961) and Peter M. Blau (1964). P.M. Blau (1964) argued that each actor has certain resources to exchange in social interactions. These include material and non-material resources. Intergenerational relationships are defined as any form of exchange between different generations. There are six dimensions of mutual dependence in different generations, comprising structural, associative, affective, consensual, normative and functional aspects. Structural interdependence means that the structure determines the interactions within the family. It is measured by geographic distance and housing proximity between generations. Other indicators, such as kinship relations, parents, children, siblings, age, gender, marital status, health and employment are also important impact factors for structural interdependence. Associative interdependence measures the degree and forms of generational interactions, including face to face interactions, mobile phone, e-mail or other forms of contact). Thus the degree and frequency of meeting or connections play an important role. The affective aspect of the mutual dependence is the closeness or conflict over affection, which is the measurement of the quality of relationships among generations or between parents and children. Consensual interdependence is related to the degree of consent between generations on values and beliefs. The normative dimension is measured by the degree of fulfilment of the obligations of parents and children or actors in relationships. Mutual dependence includes all financial, material or emotional support between parents and children (Hillcoat-Nelletamby 2006). With regard to the social aspect, it is obvious that the decline in economic, political and social activities of the older adults goes together with the increasing dependence on other members in family and society to meet their basic needs.

### 3.3. Some related concepts

**Social role:** The social role includes expected or required actions, behaviours and attitude patterns which are associated with a particular position. According to the “Dictionary of Sociology” (*Wörterbuch der Soziologie*) “role is the collection of expectations corresponding to the individuals’ behaviors in different social positions in a specific society... in this level, each specific position is a combination or group of expectations on individuals’ behaviors” (Endruweit and Trommsdorff 2002).

**The elderly:** The paper uses the definition of Vietnam Law on the Elderly (MJ 2009) in which the elderly includes people aged 60 and over.

**Family:** In this paper, a family is defined as a “group of people gathered by marriage, blood relations or adoption relationships, giving rise to rights and

obligations among themselves” (MJ 2014). As a result, a family can have one or more generations.

### 3.4. Literature Review

Families are formed from intergenerational connections and family life is essentially a relationship among generations. The concern of strengthening intergenerational relations is increasing as the size of families has changed.

#### 3.4.1. *Family is the primary source of elderly care*

Studies have indicated that family structure now has changed but that in general children are still the primary source of care for parents and the special feature of relationships between generations. Research in Canada has shown that families are the most important source of emotional, material and communicative support and provision for the elderly (Ulyssee 1997).

Japan is a country with a tradition of respect for family values and filial piety. However, with important social and economic changes after the end of World War II, the Japanese family has also undergone many changes. The proportion of older people living with their descendants has decreased significantly. Members of the family increasingly participate in the labour market. The elderly are also less dependent on children in terms of economics and care. The viewpoint of older people's dependence on family care began to change in the late 1980s and is continuing to change today. One of the important factors driving this transformation is the development of government retirement and healthcare programmes (Yamato 2006). Hoang Thu Cuc (2015) showed that Vietnamese older people who have many socio-economic resources, such as high education, home ownership and land, tend to live more independently of their children in comparison with other older people (Hoang Thu Cuc 2015).

Families are often regarded as older people's main source of social security and primary care in Vietnam and other Asian countries. Support between generations is usually bi-directional, from children to parents and vice versa, in which care from children for elderly parents is essential (Lee, Parish and Willis 1994; Knodel et al. 2000). However, there are also some concerns about the impact of economic transition, increased urbanisation and migration, which may undermine the traditional family structure, meaning that many older people will not receive the necessary support and care from the family (UN 2005).

In Singapore, about 80% of older people live with at least one child. The government emphasises the role of the family in caring for the elderly and believes

that the family is the ideal place to care for older people (Chan 2001). Research in India shows that there is still a significant proportion of older people living with children. The gap between generations is becoming significant due to changes in the lifestyle, globalisation, and migration of young people. Elderly people who have financial resources, help care for the family and contribute to the family economy often receive better care and treatment, and conversely if the elderly have no such contributions, they often receive poor care and are treated inappropriately (Sebastian and Raut 2009).

Older people in developing countries receive more financial and physical support from their children and provide less support to them than those in developed countries. However, in developing countries, older parents assist children in non-material ways, such as looking after the house, caring and educating their grandchildren while their adult children work or migrate to another area for jobs. Research by Kevin Kinsella and He Wan (2009) shows that among older parents living with their children, 23% of those in Taiwan and 38% in the Philippines cared for their grandchildren, as did 32% in Thailand and 70% in Singapore. Research in northern European countries also shows that older women often help their children care for the grandchildren, so that their children can go to work and perform other family duties (Kinsella and Wan 2009).

Care for older people is not only a responsibility but also a moral spirit of the Vietnamese family. The elderly are often the receivers of their children's support, especially in rural areas. While they remain healthy, older people are also a very important resource in helping and supporting children and grandchildren in the family (Le Ngoc Lan 2016; Trinh Duy Luan and Tran Thi Minh Thi 2017).

#### *3.4.2. The relationship between older people's health and living with their children and grandchildren*

Studies have shown that living with children is an important factor determining material mutual support between generations. A study in Latin America and the Caribbean showed that the relationship between living arrangements and the probability of receiving material support (UN 2005). Accordingly, older people are more likely to receive help in household chores from children who live together than from people who do not live with children. In fact, the separation between older parents and their children results from their children's migration, posing challenges for the material support of older people who are left behind, especially in rural areas (Knodel and Chayovan 2009). Older people's quality of life is affected when multi-generational households and the conception of filial piety is reduced (Chen and Silverstein 2000; Silverstein, Cong and Li 2006).

Research in Malaysia showed that older people who live with at least one child will have better health than those who do not live with their children (DaVanzo and Chan 1994). In addition, studies have shown that older parents who live in multi-generational families are more satisfied with life. Merrill Silverstein et al. (2006) showed that living in families with many generations encourages a positive mood among older people, they will be more satisfied with life and have lower levels of depression than those who do not. Support from family members, especially children, is important to older people's physical and mental health (Chen and Silverstein 2000). In China, living in multi-generational households has shown benefits for the psychological life of the elderly, because generations can easily help each other when they live together and it is also consistent with the spirit of filial piety (Silverstein, Cong and Li 2006). Similar findings are also seen in studies in other Asian countries such as Myanmar, Thailand and Vietnam (Teerawichitchainan, Pothisiri and Long 2015; Yamada and Teerawichitch 2015).

In Vietnam, the proportion of older people living with children has decreased in recent years, partly due to increased rural-to-urban migration and the export of labour (UNFPA 2011). Le Ngoc Lan (2016) showed that neither the elderly nor their descendants think that living together is the best model, although they know that it will bring certain benefits to both sides, as this model contains favourable conditions to support each other when needed. A number of reasons are given to explain the changes in this cohabitation model, such as that parents and children cannot live close to each other because children have migrated for work, or because of differences in needs and daily living habits may be the cause of conflicts and ambivalence in daily life (Le Ngoc Lan 2016). Changes in living-arrangement models also pose many challenges in caring for older people in the "skipped generation" households.

#### *3.4.3. The tendency to feminisation of caring for older people in family*

Research by Pierre-Joseph Ulyssee (1997) showed that caring for elderly parents is mostly handled by women. Of those who help elderly parents, 64% are daughters. Men mainly provide care by contributing financial and material support, while women provide direct care in daily activities.

Asian societies influenced by Confucianism with patriarchal cultures such as China, Japan, Korea, and Taiwan often see sons as the major persons in providing support for older parents (Lin and Yi 2013). However, research by Yean-Ju Lee et al. (1994) in Taiwan showed that daughters with higher education and higher incomes make significant financial contributions to their older parents, especially paying for medical expenses (Lee, Parish and Willis 1994). Another study in China also

showed that daughters provide better healthcare support for older parents than sons (Zeng et al. 2015).

Studies in Myanmar, Vietnam and Thailand showed the important role of daughters in caring for parents, which may partly be due to older people's living arrangements, particularly those who are living alone or living near their children (Teerawichitchainan, Knodel and Pothisiri 2015). Thus their daughters can visit and help with daily activities. However, there is no evidence in the case of the sons who live close to their parents.

A study on intergenerational support in Vietnam indicated that there is no difference in the likelihood of a son or daughter providing material and social support, although, in fact, sons are more likely than daughters to provide financial support, pay visits and contact their older parents more often (Knodel et al. 2000). The daughter's role is increasing in physical care for parents while traditionally, daughters-in-law are expected to be the primary caregivers for elderly parents. This can be explained by the fact that the status of women in the family has improved with their higher education level and higher rate of participation in the labour force (Pham Van Bich 1998), which changed gender roles in elderly care so that women have less time to care for their parents-in-law. Moreover, the relationship between mothers-in-law and daughters-in-law can make care between them more difficult. In this situation, daughters-in-law with more autonomy in the family will be less likely to support their parents-in-law.

Hoang Thu Cuc's study (2015) in Vietnam shows that sons and daughters both play important roles in caring for older parents by contributing to their medical expenses. Since *Doi Moi* ("renewal", the transition to a socialist market economy initiated in 1986), medical costs have no longer been subsidised and have increased significantly in recent years, so children's support for older people is very important. In urban areas, daughters are shown to be more likely than sons to pay for older parents' medical expenses, while sons in rural areas are more likely than daughters to help with these.

Based on the results of a qualitative study conducted in nine provinces in 2000-2001, Bui The Cuong et al. (2003) showed that children are the first providers of care when older parents are sick. According to Le Van Nhan and Nguyen The Hue (2004), older people mainly rely on support from their descendants, accounting for 62.5% of the respondents. Older people who live in urban areas receive more care support from their children than those in rural areas, accounting for 70.5% compared to 54.4% respectively (Le Van Nhan and Nguyen The Hue 2004). Results from the 2006 Vietnam Family Survey also showed that when older parents are sick, 62.6% of children visit to provide care and daughters visit their older parents more frequently than sons (64.4% compared to 60.1% respectively).

Those in the older age group tend to provide more care for their parents than the younger age group (62.8-65.4%).

#### *3.4.4. The relationship between older people's sources of living and family care*

In developed countries, although the process of population ageing is slower, they still face related problems due to the increasing number of older people and the lower proportion of workers, which creates additional burdens for the state on financial resources for older people through the social insurance system. Pensions, in particular, have become a great concern because, in many countries, they are derived from income tax. In Japan, it is estimated that employees must set aside at least 35% of their income in order to cover the cost of care in old age (Bloom, Canning and Sevilla 2001).

Support by children is seen as an important form of insurance for older people, in which levels of children's support are closely linked to their income status, occupational position and older people's health (Lee, Parish and Willis 1994; Lillard and Willis 1997; Zimmer and Kwong 2003). Research in the Philippines showed that older women (widowed, aged and in poor health) have the greatest demand for support from their children compared to other groups of older people (Lillard and Willis 1997). In China, if older people have pensions, they will receive less financial support from their children than those without pensions (Zheng et al. 2012).

Research by Jed Friedman et al. (2003) on older people in Vietnam showed that pensions are one of the main income sources for older people and that this varies by gender and areas of residence. Specifically, the proportion of men with pensions is higher than for women. Unmarried women are more dependent on social assistance than men (Friedman et al. 2003). More older people in the north receive pensions and social allowances than those who live in the south. These differences are due to the fact that the north was influenced by the planned economy and the dominance of the state sector for longer than the south (Friedman et al. 2003).

Vietnam is an agricultural country with the majority of the population living in rural areas and working in the informal sector. Social protection programmes are weak with poor coverage and quality of support (Le Bach Duong et al. 2005). Traditional social security depends on family and community, which is facing new challenges in the context of transforming society in which traditional values and norms, family structure and communities are also undergoing dramatic changes. This means that much of the population in rural Vietnam do not have old-age pensions and depend on their families and children. The family therefore plays a crucial role in providing support for older people (Nguyen Dinh Cu 2009; Trinh Duy Luan and Tran Thi Minh Thi 2017).

The above studies have provided rich evidence on the family's role in elderly care. Although there have been changes in family structure in many parts of the world, families, particularly adult children, remain the primary source of care for older people. Within the family relationship, older people and their children play the roles both of receivers and providers of financial, physical, emotional and care support at different levels. Older people receive support from children and grandchildren, and they also participate significantly in providing care for grandchildren in skipped-generation households when their adult children work away from home, especially in rural areas. Sons and daughters both care for their parents, but daughters play a major role in providing care and material support for parents in urban areas. There has been a shift in the form of care in that daughters increasingly assume the role of caring for parents, which is expected to be provided by daughters-in-law. This relationship comes from two sides: adult children provide support their parents and vice versa, parents also provide support for their children through physical and emotional care, because many older people still participate in the labour market and can still support their adult children when needed.

#### **4. Results**

In Vietnam, the family has played a key role in elderly care for various economic, cultural, and social reasons. There are several dimensions regarding elderly care, however, this paper focuses on material and spiritual support and assistance in household chores as well as daily activities.

##### **4.1. Material support**

The study in Ninh Binh and Tien Giang in 2016 shows that 71.2% of the elderly interviewed received financial support from their children, with 31.7% and 38.5% of them receiving it regularly or occasionally respectively. This indicates that adult children are the main source of material support for elderly parents.

On the other hand, parents' financial support for their children is significantly lower, which is similar to some of the above-mentioned international research results and especially studies in Vietnam in recent years (Le Ngoc Lan 2016; Le Ngoc Van 2011).

The survey in two communes, Thach Chau and Pho Cuong (Ha Tinh and Quang Ngai province), shows a remarkable proportion the elderly without an income (70%); 56.4% said that they lived on the financial support from their children. For those unable to generate income to ensure their daily life, families play the critical role in paying for medical services and physical healthcare.

**Table 1.** The level of intergenerational support: parents and children (%)

| Frequency | From Children to Parents |         |                                       | From Parents to Children |         |                                       |
|-----------|--------------------------|---------|---------------------------------------|--------------------------|---------|---------------------------------------|
|           | Money                    | Talking | Household chores and daily activities | Money                    | Talking | Household chores and daily activities |
| Regularly | 31.7                     | 52.5    | 43.3                                  | 10.2                     | 46.0    | 42.7                                  |
| Sometimes | 38.5                     | 36.0    | 26.5                                  | 21.0                     | 42.5    | 21.3                                  |
| Rarely    | 8.5                      | 6.9     | 8.8                                   | 9.0                      | 6.0     | 4.8                                   |
| Never     | 18.5                     | 1.9     | 18.5                                  | 56.9                     | 2.5     | 28.3                                  |

Source: Own study in Ninh Binh and Tien Giang communes in 2016.

**Table 2.** The level of intergenerational support: parents and children (%)

| Frequency | From Children to Parents |         |                                       | From Parents to Children |         |                                       |
|-----------|--------------------------|---------|---------------------------------------|--------------------------|---------|---------------------------------------|
|           | Money                    | Talking | Household chores and daily activities | Money                    | Talking | Household chores and daily activities |
| Regularly | 15.7                     | 47.4    | 23.5                                  | 4.6                      | 47.5    | 23.5                                  |
| Sometimes | 54.9                     | 44.8    | 38.6                                  | 37.3                     | 45.9    | 38.2                                  |
| Rarely    | 15.4                     | 5.9     | 20.9                                  | 21.6                     | 3.9     | 12.7                                  |
| Never     | 14.1                     | 2.0     | 17.0                                  | 36.6                     | 2.6     | 25.5                                  |

Source: Own study in Ha Tinh and Quang Ngai communes in 2017.

Previous findings suggest that filial piety plays an important role in the relationship between parents and their adult children. Intergenerational assistance is the ethical norm of Asian families, which is often called “reciprocity”. This reflects the reciprocal support between parents and children indicated in the arguments of the theory of social exchange by G.C. Homans (1961) and P.M. Blau (1964), that there is always mutual support and dependence among generations within family. Older parents thereby support their children in child care and in return their children are responsible for financial support for their parents (Frankenberg et al. 2002; Lee, Parish and Willis 1994; Lillard and Willis 1997).

Material support from children to their parents is expressed in many different forms depending on the conditions and circumstances of each family. It may be support either in money or in kind, such as gifts, clothes, medicine, either meal preparation or purchasing equipment to improve the living standard of their older parents.

“Our children go to the big city for work and come back every two to three months; we look after all the grandchildren. Their parents take turns to come back, either to bring money or send by post. Sometimes they buy a fan or food for us, or fix the bathroom” (IDI, female, 71 years old, Ha Tinh, 2017).

**Table 3.** Logistic multiple regression model for adult children’s financial support for elderly parents

|                          | The elderly receiving financial support<br>from descendants | N = 460 |
|--------------------------|---|---------|
| Cox&Snell R square       | 0.14***   |         |
| Nagelkerke R Square      | 0.20  |         |
| Region                   |   |         |
| North                    | 0.24***   | 234     |
| South                    | 1.00  | 226     |
| Area                     |   |         |
| Rural                    | 1.10  | 230     |
| Urban                    | 1.00  | 230     |
| Gender                   |   |         |
| Male                     | 0.53**  | 209     |
| Female                   | 1.00  | 251     |
| Age                      |   |         |
| 60–69                    | 0.44**  | 237     |
| 70–79                    | 0.67  | 152     |
| > 80                     | 1.00  | 71      |
| Education of the elderly |   |         |
| Illiteracy               | 1.07  | 40      |
| Primary school           | 1.44  | 138     |
| Secondary school         | 2.02*   | 118     |
| College                  | 1.35  | 94      |
| Above college            | 1.00  | 70      |
| Living standard          |   |         |
| Below average            | 1.09  | 134     |
| Average                  | 0.79  | 276     |
| Above average            | 1.00  | 50      |
| Children                 |   |         |
| Without son              | 1.11  | 52      |

**Table 3** – continued

|  | The elderly receiving financial support<br>from descendants | N = 460 |
|--|---|---------|
| With son                               | 1.00  | 408     |
| Without daughter                       | 0.99  | 55      |
| With daughter                          | 1.00  | 405     |
| Generation                             |   |         |
| 1 generation                           | 1.14  | 157     |
| 2 generations                          | 0.59  | 88      |
| 3 generations                          | 0.69  | 208     |
| 4 generations                          | 1.00  | 7       |
| Number of children                     |   |         |
| No child                               | 0.00  | 5       |
| 1 child                                | 0.36*   | 30      |
| 2 children                             | 0.46*   | 75      |
| 3–4 children                           | 0.79  | 197     |
| More than 5 children                   | 1.00  | 153     |
| Living arrangements                    |   |         |
| Alone                                  | 0.58  | 44      |
| Living with a spouse                   | 1.45  | 178     |
| Living with children and grandchildren | 1.74  | 231     |
| Living with others                     | 1.00  | 7       |

Statistical significance: \*  $p < 0.1$ ; \*\*  $p < 0.05$ ; \*\*\*  $p < 0.01$

Source: Own study in Ninh Binh and Tien Giang communes in 2016.

When it comes to the support from children for their elderly parents in terms of material and money, the results in Table 3 show that factors including region, gender, age, education and number of children have significant impacts on the extent to which the elderly receive support from adult children. Specifically, the elderly in the south tend to receive more material and financial support from their children compared to those in the north. This phenomenon has been pointed out by some other studies, that the north was under the influence of a planned economy for longer than the south; moreover, the proportion of the elderly in the rural north receiving retirement pensions and allowances is higher than the south. This indicates a greater level of autonomy for the northern old people, followed by a lower level of dependence on children's support. In addition, age is also one of the factors related to the level of support children provide to their parents. The older the parents become, the more material and financial support they receive from their children.

The proportion of women receiving support is higher than men, which reflects the fact that, in Vietnamese society, women are still considered to be the “key holders”, namely, the controller of expenditure and family care expenses, and in some cases when they are unable to secure their livelihood or when their children work away from home, then the woman/grandmother would hold the monthly finances to cover household expenses.

#### 4.2. Spiritual support and healthcare for the elderly

In addition to material and financial support, spiritual support is equally important for the elderly. With abundant living experience, the elderly have a great desire to talk, share and express their thoughts. Frequent conversation, taking care of and listening to the elderly are essential and significantly affect the quality of life as well as psychological and mental health of the elderly, which has also been shown in previous studies. Analysis of the results of these studies (see Tables 1 and 2) shows that a total of 90% of the elderly interviewed received some form of attention, talk, and sharing from their children; 52.5% of the elderly in Ninh Binh and Tien Giang frequently received attention from their children; 47.4% of the elderly in Ha Tinh and Quang Ngai frequently received such mental support.

**Table 4.** Logistic multiple regression model for adult children’s spiritual support for elderly parents

|                     | Sharing and talking with descendents | N = 460 |
|---------------------|--------------------------------------|---------|
| Nagelkerke R Square | 0.229                                |         |
| Region              |                                      |         |
| North               | 0.31**                               | 234     |
| South               | Ref                                  | 226     |
| Area                |                                      |         |
| Rural               | 2.04*                                | 230     |
| Urban               | Ref                                  | 230     |
| Gender              |                                      |         |
| Male                | 0.47*                                | 209     |
| Female              | 1                                    | 251     |
| Age                 |                                      |         |
| 60–69               | 1.25                                 | 237     |
| 70–79               | 0.79                                 | 152     |
| > 80                | Ref                                  |         |

**Table 4** – continued

|  | Sharing and talking with descendants | N = 460 |
|--|--------------------------------------|---------|
| Primary school                         | 0.22*                                | 138     |
| Secondary school                       | 0.24*                                | 118     |
| College                                | 0.16**                               | 94      |
| Above college                          | Ref                                  |         |
| Living standard                        |                                      |         |
| Below average                          | 0.27                                 | 134     |
| Average                                | 0.60                                 | 276     |
| Above average                          | Ref                                  |         |
| Children                               |                                      |         |
| Without son                            | 0.77                                 | 52      |
| With son                               | 1.00                                 | 408     |
| Without daughter                       | 0.94                                 | 55      |
| With daughter                          | Ref                                  |         |
| Number of children                     |                                      |         |
| No child                               | 1.45                                 | 5       |
| 1 child                                | 0.64                                 | 30      |
| 2 children                             | 0.58                                 | 75      |
| 3–4 children                           | 1.12                                 | 197     |
| More than 5 children                   | Ref                                  |         |
| Living arrangements                    |                                      |         |
| Alone                                  | 0.90                                 | 44      |
| Living with a spouse                   | 2.13                                 | 178     |
| Living with children and grandchildren | 3.81                                 | 231     |
| Living with others                     | Ref                                  |         |

Statistical significance: \*  $p < 0.1$ ; \*\*  $p < 0.05$ ; \*\*\*  $p < 0.01$

Source: Own study in Ninh Binh and Tien Giang communes in 2016.

Research results (Table 4) show that the elderly in rural areas and elderly women receive spiritual support such as sharing and talking more regularly than those in urban areas and more than elderly men. Daughters tend to spend more time caring for and talking to older parents compared to sons. Old people living in the same house as their children receive more interaction and conversation with their children than those who live apart. In addition, spouses are also a source

of encouragement and care for the elderly not only in physical and healthcare but also in mental and emotional support. The number of children is also a significant factor affecting the level of mental care of the elderly. The analytical data shows that elderly people with more than 3–4 children receive much more frequent attention and conversation from children compared to those with only 1–2 children (regression coefficient regarding the level of receiving spiritual support from children of those with 3–4 children is 1.12 compared to 0.58 of those with two children).

In order to assess the role of families in elderly healthcare, the paper examines the level of elderly care by adult children, spouses and the elderly themselves in the logistic regression model of factors affecting elderly healthcare in the family.

The elderly are often the beneficiaries of the material assistance relationship rather than the providers, especially with those living in rural areas. Elderly care in the family is mainly based on family members such as living partners and children. The spousal relationship is one of the basic relationships with an essential role in human life. Marital status and quality are factors that directly affect the quality of life of the elderly. The spouse is the first and an important person in taking care of daily activities and in case of sickness. Survey data shows that 65.4% of the elderly are married; 34.6% are divorced, separated / widowed; 50.8% of the elderly live with partners; 28.5% live with children and 20.7% live alone. 72.9% of men live with their partners, compared to 33.7% of women. The older the age, the lower is the rate of living with partners, and the more dependent on children the elderly become, since their partners are weaker or have passed away. Besides husbands and wives, children remain the primary carers for the elderly. 28.5% of the elderly live with their descendants; elderly women tend to live with their children more than men – 34.3% to 21.1%, respectively. So, what factors affect the role of family members in elderly healthcare?

Research results (Table 5) indicate that the elderly men receive significantly higher care both in their daily lives and when they are sick than women do, with a difference of 6.2%.

The elderly care level of family members increases with the age of elderly parents, namely, a decline in self-care and spousal care leads to an increase in the children's role. The older the age, the more dramatically the frequency of material support from children increases.

The elderly with low education receive less support from their children and their spouses, especially when they are sick. There is a significant disparity in terms of self-care when sick between the elderly group with primary education and those with college education or higher (with a difference of 13.0). This reflects the fact that the elderly with lower education are more likely to have poorer economic

conditions and their children are less likely to have the material conditions and time to care for their parents.

The elderly with chronic diseases and poor health receive more healthcare, financial support and assistance in household chores from their children and partners in their daily lives as well as when they suffer from physical illnesses. However, there is a paradox that the level of daily self-care is higher among the elderly who suffer from chronic diseases. This may be because of the reality that chronic diseases last for many years and are common among the elderly, especially in rural Vietnam. The elderly often live with chronic diseases and they are the ones who understand their condition and know how to adapt and take care of the disease, so they are the main carers except during serious illnesses.

In assessing the impact of living standards on the role of family members in elderly care, indicators such as the elderly's self-assessment of their household's living standard, the elderly's main sources of income, employment status, savings have been included in the logistic regression model. Analysis of the results shows that, in terms of illness care, the group with poor living standards receive more care from their children and partners compared to those with higher living standards (Table 5). However, this is not the case with daily care for the elderly, where the elderly group with poor living standards receive less care from their children and partners. Difficult economic conditions probably mean that family members can care for the elderly only when they are sick, while elderly people can care for themselves in daily activities when they remain healthy enough. This is also reflected in some in-depth interviews with elderly people in rural areas.

"As long as I have good health, then I need to be self-reliant, try to do everyday activities. The children have their own jobs, they go to work while their children go to school. They need to feel comfortable when going outside to earn money, because they have many other things to worry about". (IDI, female, 66 years old, Ha Tinh, 2017).

Caring for members, especially for the elderly, is one of the important functions of the family. Elderly care comes from emotional attachment and social norms that make family members responsible for each other. It is not only dominated by emotional and moral factors, but also influenced by exchange relationships. In many cases, the elderly provide financial support for their children, and children deliver care in return, or vice versa, parents receive financial support and provide housework assistance or care for their grandchildren.

A number of other factors related to the role of the state, community and unions are also included when developing variables for the logistic regression model with the aim of clarifying their effects on role of family in elderly care such as: whether the elderly could benefit from elderly care policies and the availability of services

**Table 5.** Logistic multiple regression model for factors affecting the role of family members in elderly healthcare

| Factors                      | Illness care              |                          |                           |                          |
|------------------------------|---------------------------|--------------------------|---------------------------|--------------------------|
|                              | Daily care                |                          | Illness care              |                          |
|                              | Model 1: Care by children | Model 2: Care by spouses | Model 3: Care by children | Model 4: Care by spouses |
| N                            | 307                       | 307                      | 307                       | 307                      |
| Cox & Snell R square         |                           |                          |                           |                          |
| Gender of the elderly (Q1)   |                           |                          |                           |                          |
| Male                         | 0.7                       | 6.2***                   | 0.4                       | 10.1***                  |
| Female                       | Ref                       |                          |                           |                          |
| Living arrangements          |                           |                          |                           |                          |
| Living alone                 | 0.2**                     | 0.1**                    | 0.6                       | 0.1***                   |
| Living with a spouse         | 0.4*                      | 7.2***                   | 0.9                       | 7.7***                   |
| Living with children         | Ref                       |                          |                           |                          |
| Household living standard    |                           |                          |                           |                          |
| Poor                         | 0.7                       | 0.3*                     | 2.0                       | 0.1***                   |
| From and above average       | Ref                       |                          |                           |                          |
| Number of children           |                           |                          |                           |                          |
| 2 and less                   | 1.5                       | 0.6                      | 0.6                       | 0.9                      |
| 3-4                          | 1.3                       | 1.2                      | 4.1**                     | 1.1                      |
| 5 and more                   | Ref                       |                          |                           |                          |
| Age                          |                           |                          |                           |                          |
| < 70                         | 0.7                       | 2.9                      | 0.4                       | 6.6**                    |
| 70-79                        | 0.8                       | 1.5                      | 0.3                       | 2.2                      |
| > = 80                       | Ref                       |                          |                           |                          |
| Education                    |                           |                          |                           |                          |
| < = primary school           | 0.5                       | 2.3                      | 0.5                       | 0.4                      |
| Secondary school             | 0.6                       | 1.5                      | 0.6                       | 0.3                      |
| > = college                  | Ref                       |                          |                           |                          |
| Marital status               |                           |                          |                           |                          |
| Married                      | 0.9                       |                          | 1.1                       |                          |
| Separated, divorced, widowed | Ref                       |                          |                           |                          |
| Chronic diseases             |                           |                          |                           |                          |
| Yes                          | 1.1                       | 1.2                      | 1.7                       | 1.4                      |
| No                           | Ref                       |                          |                           |                          |

Table 5 – continued

| Factors   | Daily care                |                          | Illness care              |                          |
|---|---------------------------|--------------------------|---------------------------|--------------------------|
|   | Model 1: Care by children | Model 2: Care by spouses | Model 3: Care by children | Model 4: Care by spouses |
| Physical health   |                           |                          |                           |                          |
| In good health, able to do all work                             | 0.7                       | 0.4                      | 1.3                       | 0.8                      |
| Able to do most of all work                                     | 0.8                       | 0.9                      | 1.9                       | 0.7                      |
| Need assistance   | Ref                       |                          |                           |                          |
| The elderly's main sources of income group                      |                           |                          |                           |                          |
| Pensions, subsidies – Comparative                               | 0.8                       | 1.2                      | 1.2                       | 0.8                      |
| Do paid jobs  | 0.8                       | 3.6*                     | 1.3                       | 3.8*                     |
| Provided by descendants   | Ref                       |                          |                           |                          |
| Frequently receive material support from children               |                           |                          |                           |                          |
| Yes   | 0.8                       | 0.8                      | 2.2                       | 0.8                      |
| No  | Ref                       |                          |                           |                          |
| Frequently receive spiritual support from children              |                           |                          |                           |                          |
| Yes   | 0.8                       | 1.9                      | 0.6                       | 0.8                      |
| No  | Ref                       |                          |                           |                          |
| Frequently receive assistance in household chores from children |                           |                          |                           |                          |
| Yes   | 2.8**                     | 0.5                      | 11.9*                     | 0.5                      |
| No  | Ref                       |                          |                           |                          |
| Have savings  |                           |                          |                           |                          |
| Yes   | 1.2                       | 0.9                      | 1.9                       | 1.1                      |
| No  | Ref                       |                          |                           |                          |
| Employment status   |                           |                          |                           |                          |
| Full time   | 2.6*                      | 1.5                      | 0.9                       |                          |
| Part time   | 1.3                       | 1.2                      | 1.7                       |                          |
| Unemployed  | Ref                       |                          |                           |                          |
| Whether the total income of the elderly guarantees their living |                           |                          |                           |                          |
| Yes   | 1.3                       | 0.3**                    | 1.5                       |                          |
| No  | Ref                       |                          |                           |                          |

Statistical significance: \* p < 0.05; \*\* p < 0.01; \*\*\* p < 0.001

Source: Own study in Ha Tinh and Quang Ngai communes in 2017.

and social organisations in care support for elderly. However, the analysis results show no correlation between these factors and the role of family in elderly care, which indicates that families still play a key role in elderly care in rural Vietnam.

#### 4.3. Support in housework and daily activities for the elderly

Increasing age goes together with a rise in elderly people's difficulties in self-care and performing daily activities. Old age also means a decline in physical and mental health. In the context of rural areas in Vietnam, where social services and the government's social protection system are unable to meet the increasing demands of the ageing population, the family is the primary protection provider for support and caring for the elderly. The study in Ninh Binh and Tien Giang provinces shows that more than 90% of respondents perform daily care activities themselves. They only depend on children and partners' support in daily care activities when they become ill, especially seriously ill. Despite living with their sons, the main carers for older parents are their daughters, daughters-in-law or wives.

**Table 6.** The logistic multiple regression model for children's unpaid care work

|                          | Children's unpaid care work | N = 459 |
|--------------------------|-----------------------------|---------|
| Cox&Snell R square       | 0.320                       |         |
| Nagelkerke R Square      | 0.459                       |         |
| Region                   |                             |         |
| North                    | 3.14***                     | 234     |
| South                    | 1.00                        | 225     |
| Area                     |                             |         |
| Rural                    | 1.12                        | 230     |
| Urban                    | 1.00                        | 229     |
| Gender                   |                             |         |
| Male                     | 0.98                        | 209     |
| Female                   | 1.00                        | 250     |
| Age                      |                             |         |
| 60–69                    | 0.63                        | 237     |
| 70–79                    | 1.09                        | 151     |
| > 80                     | 1.00                        | 71      |
| Education of the elderly |                             |         |
| Illiteracy               | 0.19                        | 40      |

**Table 6** – continued

|  | Children's unpaid care work | N = 459 |
|--|-----------------------------|---------|
| Primary school                         | 0.86                        | 137     |
| Secondary school                       | 0.72                        | 118     |
| College                                | 0.57                        | 94      |
| Above college                          | 1.00                        | 70      |
| Living standard                        |                             |         |
| Below average                          | 0.69                        | 133     |
| Average                                | 0.71                        | 276     |
| Above average                          | 1.00                        | 50      |
| Children                               |                             |         |
| Without son                            | 1.48                        | 52      |
| With son                               | 1.00                        | 407     |
| Without daughter                       | 1.29                        | 55      |
| With daughter                          | 1.00                        |         |
| Number of children                     |                             |         |
| No child                               | 0.00                        | 5       |
| 1 child                                | 0.24**                      | 30      |
| 2 children                             | 0.49*                       | 74      |
| 3–4 children                           | 0.69                        | 197     |
| More than 5 children                   | 1.00                        | 153     |
| Living arrangement                     |                             |         |
| Alone                                  | 1.58                        | 44      |
| Living with a spouse                   | 1.27                        | 178     |
| Living with children and grandchildren | 4.05                        | 230     |
| Living with others                     | 1.00                        |         |

Statistical Significance: \*  $p < 0.1$ ; \*\*  $p < 0.05$ ; \*\*\*  $p < 0.01$

Source: Own study in Ninh Binh and Tien Giang communes in 2016.

Table 6 demonstrates that the elderly in the north tend to receive more unpaid care work than those in the south (a difference of 3.14 and 1.0 respectively). The more children elderly parents have, the more support they get. Older people living with children are more likely to receive unpaid care work than those living alone or with a partner.

The data of the two surveys shows that for the majority of care, including material and mental aspects, older parents are heavily dependent on their family members. It is worth noting the role of women in daily care and when the elderly are ill. Elderly people with fewer resources (old age, bad health, low educational attainment, living in rural areas) tend to be more dependent on children's support. The number of living children and living with children are factors that increase the possibility of receiving material, emotional and unpaid care work from them. This result provides more evidence for the statement of the social exchange theory that different generations in the family have a mutual functional dependence through material and emotional support as well as social interdependence. This type of interdependence means that the fewer economic, social and political activities the elderly are involved in, the more dependent they are on other family members and society to satisfy their basic needs.

## 5. Discussion and conclusion

Family is an important institution for every individual including the older adults. For them, family is the most crucial support for securing income resources, mental care and helping in domestic chores and daily activities. To be more specific, adult children, including daughters and daughters-in-law and partners, mostly the wife, are the main carers when older people become ill. Households' economic conditions, health status, chronic disease status, gender, age cohorts and employment status have a significant impact on healthcare for the older parents in the family.

Material care for the older parents is one of the challenges families are facing. In recent years, the impacts of socio-economic changes have given rise to changes in family structure, size, culture etc., which substantially affect the elderly. Modern life makes family members care less about each other. The lack of children's care and ideological conflicts between generations etc. lead to elderly people's feelings of isolation, neglect and have a negative influence on their health, including physical health. Elderly people's health depends not only on their internal strength but also on the social environment, especially the cultural and emotional environment, for which the family is the most crucial.

In the context of the rapidly ageing population, the need for a social security system for the elderly to share the care burden with the family and to ensure the material and spiritual life for the elderly has emerged. In parallel, there is a need to promote health improvement for the elderly to help them to be able to do appropriate jobs (paid work and/or household tasks) to reduce the burden and pressure for family and society as well as to improve themselves.

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## Rola rodziny w codziennej trosce o osoby starsze w świetle zmieniającej się sytuacji na obszarach wiejskich w Wietnamie

**Streszczenie:** W artykule wykorzystano zbiory danych dotyczące osób starszych z czterech prowincji; są to dane z roku 2017 dla prowincji Ha Tinh i Quang Ngai (307 osób) oraz dane z roku 2016 dla prowincji Ninh Binh i Tien Giang (407 osób), zebrane w ramach projektu „Wzmacnianie społecznego zaangażowania w pomoc osobom starszym w obliczu zmieniającej się struktury ekonomicznej i rodzinnej w Azji: Polityka i praktyczne dialogi między społecznościami lokalnymi w Wietnamie i Japonii”. Artykuł stanowi próbę oceny roli członków rodziny, zwłaszcza kobiet, w opiece nad osobami starszymi oraz analizy trudności, z jakimi muszą zmierzyć się dzisiejsze rodziny, w odniesieniu do roli społeczności i państwa. Artykuł w szczególności definiuje uwarunkowania społeczno-kulturowe, mające wpływ na to, w jaki sposób każdy członek rodziny troszczy się o swoich seniorów. Wyniki badań wskazują, że rodziny odgrywają bardzo ważną rolę w trosce o osoby starsze, oraz że rola kobiet w tym względzie jest nadal kluczowa, bez względu na okoliczności. Rodzina jest najważniejszym wsparciem dla osób starszych w Wietnamie podczas choroby. Sytuacja ekonomiczna rodziny, stan zdrowia, choroba, płeć, wiek i zatrudnienie mają znaczący wpływ na samopoczucie osób starszych. Zauważono, że troska o byt osób starszych jest jednym z ciężarów, jakie musi unieść rodzina, co w kontekście rosnącej migracji i ostatnich zmian strukturalnych i funkcjonalnych w rodzinie powoduje potrzebę stworzenia bardziej wszechstronnego systemu zabezpieczenia społecznego i usług socjalnych dla osób starszych, w tym zwłaszcza na obszarach wiejskich.

**Słowa kluczowe:** rodzina, osoby starsze, dzienna pomoc, obszary wiejskie, Wietnam.