

AGEING AND INTERGENERATIONAL RELATIONSHIPS IN VIETNAM

Thai Quang Trinh

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I certify that the ideas, results, analyses, and conclusions reported in this thesis are entirely my own effort, except where otherwise acknowledged. I also certify that the work is original and has not been previously submitted for any other award, except where otherwise acknowledged.

A handwritten signature in blue ink, appearing to be 'Utaf', written over a horizontal line.

Signature of Candidate _____

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Abstract

This thesis investigates the intergenerational relationships of people aged 60 and over in the context of rapid population ageing and social change in Vietnam. The country is experiencing significant economic development and rising incomes while maintaining strongly embedded Confucian values and norms on family relationships, including respect for older people and filial piety. These relationships have been affected by the social disruptions of war, and continue to change with modernisation, urbanisation and other social processes that have contributed to modifying traditional norms and values for intergenerational relationships. Changing forms of the family, notable declines in multi-generational households and the rise of the modified extended family have been extensive over recent decades. This thesis aims to examine the variations and changes in living arrangements and intergenerational support exchange, social relationships (association, affection and consensus) and the life satisfaction of older people.

The thesis applies concepts in sociology and multidisciplinary gerontology to a comprehensive set of secondary data that inform different aspects of the thesis topic. These include the Vietnam National Ageing Survey 2011 (VNAS 2011) (n = 2,789), the Vietnam Family Survey 2006 (VFS 2006) (n = 13,689), the WHO-SAGE INDEPTH survey 2006–2007 (WSI 2007) (n = 5,030) and the Regional Ageing Survey 1996–1997 (RAS 1996 – 1997) (n = 1,770). VNAS 2011 was used as the primary data source for the thesis as it was the first nation-wide survey on older people in Vietnam.

To examine the living arrangements of older people, VNAS 2011 and RAS 1996–1997 have been analysed to investigate determinants and consequences of living arrangements. A majority of older people were found to be living in multi-generational households in 2011 (45%), but the proportion had declined from 56% in 1996–1997. Conversely, the proportions living alone or living only with a spouse have been rising. These findings reflect declining family size along with growing ‘independence’ among older people as they gain more economic resources and better health. No longer married older people are seen more in multi-generational households, living only with children or living alone than those who are married. Older people living alone or only with a spouse were found more in rural than urban areas. Multi-generational households were reported more in cities, which may be because of housing constraints in these areas. Changes in cultural preferences for

living arrangements have been enabled by rising resources of the older and middle generations.

The investigation provides support for an intergenerational exchange interpretation as a strong association was found between older people's resources and vulnerabilities and support exchange with their children. As per traditional patrilineal norms, eldest adult sons were expected to continue living in their ageing parents' households after marriage while they and their wife provide financial and practical support. Older people who have more resources were found to receive more financial support, but they receive less assistance in care and housework from adult children than older people who have fewer resources. Older people who have more resources also provided more assistance to adult children by doing housework and providing grandparenting, especially among those who live in multi-generational households.

Social relationships between generations were reported to be changing rather than weakening. Adult children, regardless of their gender, were reported to pay more direct visits to older parents when they live nearby. When they live far apart, the distance was overcome by remittances and telephone communication as well as occasional visits. Daughters were found to be more frequently in their contact with parents than sons when living in separate households. The findings suggest a gender-basis for emotional relationships between generations within families.

This thesis found that life satisfaction in later life is best predicted by older people's health, economic status and living conditions as well as the social relationships among generations. The thesis also provides evidence on the ongoing importance of affectual solidarity between generations and the importance to older people's life satisfaction of feeling respected by younger generations and participating in making important decisions in the family.

This study is one of the first comprehensive studies of intergenerational relations in Vietnam. It suggests the value of an intergenerational approach for policy development towards older people and family relationships as well as the value of an age-friendly environment for older people, particularly for those who are vulnerable. Caution is required in applying the research findings to future generations of older people, who would have had different life experiences.

Abbreviations

CDR	Crude Death Rate
DRV	Democratic Republic of Vietnam
EQ-5D	EuroQol – 5 Dimensions
FAS	Swedish Council for Working Life and Social Research
GDP	Gross Domestic Product
GSO	General Statistic Office
HRQOL	Health related quality of life
IER	Institute for Economic Research
IFGS	Institute for Family and Gender Studies
IOS	Institute of Sociology
IRC	Indochina Research and Consulting
ISMS	Institute of Social and Medical Studies
MGHs	Multigenerational households
MOCST	Ministry of Culture, Sport and Tourism
MOH	Ministry of Health
NIA	US National Institute on Ageing
PCA	Principal Component Analysis
PHS	Population and Household Survey
RAS	Regional Ageing Survey
SES	Socio-economic Status
TFR	Total Fertility Rate
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
VASS	Vietnam Academy of Social Sciences
VLSS	Vietnam Living Standard Survey
VHLSS	Vietnam Household Living Standard Survey
VFS	Vietnam Family Survey
VNAS	Vietnam National Ageing Survey
VNHS	Vietnam National Health Survey
WB	World Bank
WHOQOL-BREF	World Health Organization Quality of Life Instruments
WSI	WHO SAGE – INDEPTH survey

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Chapter 1 Introduction

This chapter provides background information on Vietnam—its historical context, socio-economic characteristics, demographic transformation and family structure. The first section captures a general view of Vietnamese society over its history and discusses social events and processes that influence older people’s lives and family relationships at each stage of the country’s history. Vietnamese older people today grew up in and survived through different periods, and their family relationships, including intergenerational relationships, have been changed and shaped with the country’s history.

The second section of this chapter provides demographic information on Vietnam; particularly as regards the ageing process, including population growth, demographic bonus, population ageing and characteristics. This information is the foundation for later analyses on Vietnamese older people’s intergenerational relationships in the social change context. Thesis objectives, research questions and thesis structure are also described in detail at the end of this chapter.

1.1 Vietnam in Historical and Social Context

Vietnam is a country in Southeast Asia, strongly influenced by Confucianism, imported from China during the 1,000 years of Chinese domination. The core values of Confucian philosophy are filial piety, humaneness and rituals, which rule family relationships encompassing child–parent and husband–wife, and label individuals’ roles and positions according to specific social norms. For example, the roles of women are considered secondary in the family, bearing ‘three obediences, four virtues’, while men are the main pillars. These cultural norms and values broadly influence older people’s lives and their relationships in modern Vietnamese society, as discussed in later chapters of this thesis.

Vietnam also has a long history of wars defending the country, making it a ‘war-ravaged’ country. Vietnam has successfully fought four wars from 1946 to 1989, against the Chinese, French and Americans and the war in Cambodia (Luong, 2003). This section discusses the historical and socio-economic context of Vietnam from 1945 to the present, to show how Vietnamese society has and is changing and the changes that have played critical roles in influencing the intergenerational relationships of Vietnamese older people. This section is divided into four eras: (1) 1945–1954 (the Indochina war), (2) 1954–1975 (the American war), (3) 1975–1986 (reunion and rebuilding) and (4) 1986 to the present

(renovation (Doi Moi) and development). Each of these eras is associated with specific development processes, transitions and social change in Vietnam, which influence different cohorts of older people in terms of their lives and intergenerational relationships.

1.1.1 1945–1954: The French war

Vietnamese society experienced social change as the result of French colonisation before this period. The French brought Western values that to a certain extent undermined Vietnamese traditions, especially among wealthy people living in cities, who soon sought a French education. This created a generation of Vietnamese who were fluent in French and French culture, adopted Western values and followed a Western lifestyle (such as individualism and sexual equality). This contravened traditional values in Vietnam, where families play the central role in a person's life and men and sons were accorded higher priority than women and daughters in the patriarchal social system. Family ties in this period were also 'decentred', especially after the August Revolution, 'when land reform, cooperativisation, and collectivisation dismantled the physical basis of family and ancestral ties' (Pelley, 2002, pp. 157-158). Personal relationships were replaced by individual–nation relationships. For this reason, interpersonal and intergenerational family relations at this historical stage were not stressed, and this continued through the next phase of national defence as the result of rising nationalism and patriotism.

This period is also called the French War era (Nguyen & Pham, 2006; Nguyen, 2006; Tran, Nguyen, & Nguyen, 2002), starting with the significant August Revolution, the independence declaration of Vietnam and the establishment of a new government, the Democratic Republic of Vietnam (DRV) on 2 September 1945. This revolution played a critical role in the abolition of feudalism, as the last Vietnamese emperor, Bao Dai, abdicated, bringing about considerable change in the political system and other social facets in Vietnam. Although feudalism no longer exists, social structure, norms and values associated with feudal society remained and only slowly changed, especially in rural areas. In 1954, the French were defeated by the DRV in the final battle of Dien Bien Phu, marking the end of the French War period (Bradley, 2009).

One of the most severe social tragedies in this period was the 1945 famine, which caused two million deaths according to the DRV government (Bryant, 1998). At this time, more than 90% of the population was living in rural areas, but up to 60% of farmers did not have

land for cultivation (Boothroyd & Pham, 2000). The famine was most intense in North Vietnam in March 1945 (32 provinces, mainly rural areas), as the result of Japanese and French policies on rice collection to prepare for war, along with natural disasters and loss of crops in many provinces. An additional cause was the high population in Red River Delta,¹ accounting for 36% of the Indochinese population but only 2% of the farmland (Thrift & Forbes, 1986).

Figure 1.1. Famine victims in Giap Bat camp in Hanoi (Vo, 1945)



The consequences of this famine were tragic: many families lost all members, villages lost most of their residents. The famine affected family relationships—hunger made fathers abandon their children and husbands leave their wives—and human relationships were disrupted—when begging for food did not work, people robbed each other; even relatives fought and killed each other for food. Society became chaotic.² The famine also led a vast number to migrate from affected rural areas to cities, especially Hanoi, seeking food. Most migrants were poor and did not have enough land to cultivate. However, life in cities was also problematic, and thus, many died on the street or, if lucky, found themselves in Giap Bat camp (in Hanoi), though life there was still at risk, with dozens dying every day. Van and Moto (1995) described the lives destroyed, with millions of deaths, especially women

¹ A region in North Vietnam containing the economic centre of the North, rich in agricultural resources and with a very high population density.

² Catastrophic famine in At Dau. Retrieved on 12 January 2015 from VnExpress: <http://vnexpress.net/tin-tuc/thoi-su/nan-doi-lich-su-nam-at-dau-3130107.html>

and children. The environment was devastated because hunger drove people to kill any and all animals for food, to eat anything they could to survive. Working labour was reduced, rice fields abandoned and agriculture stagnated, decreasing overall productivity. The cultural platform was ruined, with human lives and dignity denigrated.

Regarding social relationships, fundamental changes in gender relations in Vietnam society had started earlier, in the French colonisation period. Before that, Vietnam society had been profoundly influenced by Confucianism as the result of one-thousand years of Chinese domination, and exhibited strong gender prejudice and male-centredness, especially in public and kinship systems. Although Vietnamese women played essential roles in commercial activities, agriculture and manufacturing, and care, they did not have a voice or power in the public sphere nor in their family or kinship relations. The ideology of ‘three obediences, four virtues’³ embedded in Confucianism was deeply imbued in Vietnamese society for a long time and may even remain to some extent in modern society.

The French colonisation period saw changes in gender relations, with women given more opportunity in terms of education and occupations. Women were more aware of themselves as a particular social group with specific rights. However, there was no change in family and kinship, nor in public administrative systems (Luong, 2003). This was perhaps because French policies mainly took effect in urban areas, while the majority of Vietnamese lived in rural areas. Nevertheless, discussing Vietnamese women’s roles in this period, Marr (1984) stated that ‘equality of the sexes and contributions of women to the new society served as powerful, perhaps essential, weapons in the post-1945 Resistance War’ (Marr, 1984, p. 192). Indeed, the role of Vietnamese women in the country’s social history is enormous.

Before 1945, education in Vietnam followed the French model. The French, with the aim of replacing the Confucianism of the Nguyen dynasty system with a French–Vietnamese education system, implemented two education reforms over 1906–1917 to provide better control over the colony (Ngo & Do, 2008). Those reforms brought about many significant changes in the education system: new subjects were added to the curriculum, the study language changed to French, many Vietnamese were enrolled in Western education and learned from the scientific and technological achievements of developed countries.

³ A set of basic moral principles for women under Confucian ideals, in which a women should be ‘a submissive daughter, wife, and mother who restrains her speech, dresses in a pleasing manner, and manages her household’ (Cheng, 2009, p. 66).

Nevertheless, this was only among a particular segment of the population, usually wealthier families and those living in cities (as the French had more control there than in rural areas). People who attended French education were influenced by Western social values and norms, reading French books and wearing Western-style clothing. They started to resist arranged married and traditional values placed on women. Nevertheless, traditional family values remained strong in rural areas (Hays, 2014).

During the French colonial period, there was only one school per 3,245 children, and thus, the population literacy rate was only about 5%.⁴ This was considered a national issue that the DRV government needed to resolve soon after its establishment, and a mass education campaign (*bình dân học vụ*) was introduced in September 1945 to eradicate illiteracy for people of all ages. The outcome was more than 2.5 million people taught to read and write. The motivation of studying was very high among people, even older people:

One characteristic of newly independent Vietnam was the barefooted peasant walking to evening classes, a tiny oil lamp in one hand, battered QuocNgu in the other. It was not unusual to see three generations of one family sitting side by side, laboriously scratching out the lesson on slate boards or scraps of paper. (Marr, 1984, p. 184)

Women were particularly encouraged to participate in classes in the mass education campaign because they had been in the secondary role in the family as well as society for such a long time. Learning opportunities would help them improve their position in society; as Ho Chi Minh said, '*Women, especially, need to study, since they have been held back so long. Now is the time for you, sisters to work to catch up to the men, to demonstrate that you are a part of the nation, with the right to elect and to be elected*' (Marr, 1984, p. 184).

Regarding social security, the DRV government issued edicts such as Decree No. 54/SL on 1 November 1945 regulating the age of retirement as 55 years old or having worked for 30 years. On 14 June 1946, the government issued Decree No.105/SL regulating pensions. These are the most relevant policies for retirees in particular and older people in general. However, these policies only applied to those working as state employees, while most Vietnamese lived in rural areas and were engaged in agricultural activities.

⁴ Ho Chi Minh and the Movement of Illiteracy Elimination. Retrieved 14 January 2015 from State Records Management and Archives Department of Vietnam www.archives.gov.vn

Figure 1.2 An evening class in the mass education campaign⁵



During this period, as noted above, many major social and political issues affected Vietnamese people's lives generally, and older people particularly. Nevertheless, there is little research on Vietnamese elderly in this period of history, little demographic information was recorded, and data on mortality and birth rates are only available from the late 1950s through the vital registration system. However, rates have generally been understated, especially war deaths (Bryant, 1998). Based on the social context, it can be seen that social welfare and elderly care were not priorities during this time. As Vietnam's population was still relatively small in this period—about 17.7 million in 1931, 22.2 million in 1943 and 23.1 million in 1951 (cited in Khong Dien, 1995, p. 205)—population ageing issues were not of concern. Perhaps more importantly, the struggle for the country's independence was the most important goal of the DRV government. Individualism was overshadowed by collectivism and nationalism. The roles of older people in this period, thus, as emphasised in Ho Chi Minh's 'Call for Uniting All Older People', were to support the war against the enemy, act as good examples and educate the youth on defending the country. In other words, their political roles were stressed more than other roles. Older people in this period might also have had to face many challenges, such as loss of family members due to the long wars, poverty, famine, lack of shelter and care, and risks to their lives. For those born in this period (the present older generation), their later life may

⁵ Retrieved on 15 January 2015 from <http://thethaovanhoa.vn/xa-hoi/dai-tuong-vo-nguyen-giap-la-nguoi-ky-sac-lenh-ve-binh-dan-hoc-vu-n20110911102557338.htm>

involve suffering from injuries resulting from war time, loneliness and malnutrition, and at the very least, they have had a tough life due to severe wars and economic constraints.

1.1.2 1955–1975: American War

After the French were defeated in Dien Bien Phu, Vietnam was divided into two parts by the 17th parallel, into the North and the South, by the 1954 Geneva Agreement. The North was under the Democratic Republic Regime; the French, supported by the Americans, controlled the South. Significant social changes in this period included social reorganisation and land reform in the North and urbanisation in the South. Gender relations also changed significantly, especially regarding education accessibility. The current Vietnamese older people (age 60 and older) were born and grew up during this time. They have experienced both the consequences of this severe war time and social changes after the war.

The social structure in the North was different than in the South after 1954 because of differences in French colonial rule. Previously, the North and central region of Vietnam were considered protectorates, while the South was a direct colony of France; because of this, private properties were more common in the South and the capitalist market economy was also developed earlier under French colonisation (Beresford, 1988). To summarise, the North followed socialism, while the South was imbued with capitalism.

In this period, the North was an agricultural society, with modern industries accounting for only 1.5% of material output (Le Chau, 1966: cited in Beresford, 1988) and the majority of labourers working on farms (Beresford, 1988; Tran, 1994). Following defeat in 1954, the French demolished most of the industries that they had developed, and North Vietnam faced a severe economic crisis, with high unemployment, lack of food, poverty and vast damage to the industry after the departure of the French in 1955.

The land reform policy continued amid this context, ending in 1957. Land reform and the establishment of collectives had substantial effects on Vietnamese social structure and family in this period, with 810,000 hectares of cultivated land, 100,000 cattle, 150,000 houses and more than two million farming tools expropriated to distribute to families, accounting for 72.8% of the rural population at that time (Nguyen & Pham, 2006; Tran, 1994, p. 3). The population was divided into groups including landlords, wealthy farmers, the middle class, the poor and farm workers. This final phase of reform had negative consequences, as the government made serious mistakes resulting in hundreds of thousands

of people punished by death, put in jail or losing their properties, especially the supposedly bourgeois and landlords. The government soon recognised their mistakes and implemented amendments. Despite mistakes in land reform policy, generally, it brought about improvement in the lives of peasants, especially those who were landless (Luong, 2010)

In 1959, North Vietnam started to implement collectivisation of agriculture (Beresford, 1988), including a 'cooperativisation drive' (Tran, 1994). Collectives and cooperatives had various impacts on the Vietnamese economy; in particular, the presence of collective farming provided most women, for the first time, with a chance for an independent source of income and a voice in village councils. They also benefited from established childcare and education facilities. Poor people could access means of production such as ox or buffalo (Beresford, 1988, p. 131).

Significant change in this period in South Vietnam included rapid urbanisation, as the result of, first, low output in agriculture and massive development of commercial and service sectors (Beresford, 1988), and second, the vast destruction of rural areas caused by the war. Consequently, the urban population of South Vietnam increased rapidly, to about 35% of the total population in South Vietnam compared with 11% in North Vietnam at the same time (Beresford, 1988, p. 57). Khong Dien (1995) indicated two main issues occurring spontaneously in the South: the massive development of cities and an unusual urbanisation process over 1960–1971, partially caused by the US policy of forcing rural residents to urban areas to eliminate resistance forces. Thus, the urban population in the South soared in 15 years, from 20.7% in 1959 to 43% in 1974 (Khong Dien, 1995). However, these new urban areas were in poor condition, with no water supply, electricity or sewage system, and could not provide sufficient jobs. In 1975, more than 20% of Sai Gon's population (former name of Ho Chi Minh City) was unemployed. The change of environment from rural to urban areas may have contributed to the modification of rural culture, because the urban lifestyle is very different to the rural lifestyle, which, in turn, might have significantly influenced values, norms and family relationships (for example, household living arrangements).

Changes in gender relations in this period presented more educational opportunities for women. By 1989, 60.5% of boys and 59.8% of girls under 10 were attending primary school. The government in the North has made considerable efforts to eliminate the feudal

ideology of gender prejudice in both public, family and kinship systems by implementing land collectivisation ‘undermining patrilineages, specifying the equal inheritance rights of both son and daughter’ in a legal document (Family and Marriage Law, 1959). They have even encouraged the replacing of ancestral worship with the commemoration of parents and grandparents (Luong, 2003, p. 204). Nevertheless, a male-centred ideology has remained strong in many aspects of social and family life.

This period of war devastated Vietnam, particularly the North, and the consequences of the war against the Vietnamese people in general and each family in particular were catastrophic. The country’s infrastructure was devastated and the economy deteriorated. Family relationships were broken by separation and deaths caused by war. Many young people joined the war to defend their homeland, both in the southern and the northern fronts and never returned. Many parents sent their children to the front to fight for national liberation and never saw them again. Many women lost both their husband and sons. For those who survived, war-related injuries and obsession greatly influenced their later life. During war time, many families were separated by the evacuation policy and resettled in other areas. Separation prevented family activities and events that were traditionally supposed to strengthen bonds and ties among family members. Children born in this period soon became part of the war, as victims or participants.

A milestone in the legal system during this period was the announcement of the Law on Marriage and Family in 1959. Noteworthy points in this law included the principle of eradication of the ruin of feudal values on marriage, prohibition of child marriage and forced/arranged marriage and granting of more rights to children to decide their marriage. This law also contains regulations regarding the relationship between parents and children, including children’s obligation to respect, care for and nurture their parents. This law, although not yet complete in 1959, was the first regarding marriage and family in Vietnam, and contributed significantly to the change in Vietnamese family structure, from feudal to modern, as it prohibited polygyny forced marriages, intending to protect women’s and children’s rights. This law also ensured equity between men and women not only in family life but in social and work-related activities. It has been influenced significantly by historical events over the past decades and has been subject to several reforms (Wisensale, 1999); the most recent Marriage and Family Law was issued in 2014.

In the South, a family code issued in January 1959 made polygyny and concubinage illegal, and separation and divorce were made more difficult. The code emphasised the role of parents and grandparents as validators in the marriage of younger family members. The community property system was introduced in this code, which indicated joint responsibility for ownership and administration of husband and wife's property and incomes, which, to a certain extent, encouraged gender equity within a family. Generally, the most apparent similarity between the two laws is their attempt to remove feudal practice (polygamy), and ensure gender equity in marriages.

1.1.3 1976–1986: country reunion and rebuilding – subsidy economy

After the liberation of Sai Gon city in 1975, Vietnam was considered unified, after 21 years of separation under the Geneva Agreement. The 30 April 1975 is a major event in Vietnam as it marked the unification of the country. The period 1975–1986 was one of unity and rebuilding; however, wars were still being fought, between Vietnam and China in 1979, and with Vietnam sending troops into Cambodia to resist the Khmer Rouge, helping Cambodia avoid genocide. War in Vietnam only truly ended in 1989. Many social changes happened after the reunion, including migration, a rapid increase in population, urbanisation and economic development.

The South was allowed a short time to recover economically, but continued to fight against the impacts of the US and former regime's remnants. By 1976, the process of integrating the South into the socialist socio-economic system of the North had started with the creation of joint state–private enterprises, handicraft and agricultural collectivisation, a state trading network and the administrative pricing system. By the end of 1985, collectivisation in the South was considered complete, with 90% of farmer households joining collectives (Beresford, 1988). By 1980, GDP had increased by 2% compared with 1976, and growth increased rapidly to 1985 (a 34.4% increase compared with 1981). In this period, much industrial, transportation, agricultural and cultural construction occurred, contributing to the development of productive infrastructure. Fixed assets had increased by 29.2% in 1980 compared with 1976 (Nguyen & Pham, 2006).

The Vietnamese economy in this period was still centrally planned (a subsidy economy), which brought many difficulties to families because almost all goods were distributed by the state via a standard ration for each person/month. The amount of goods in each ration

was determined by the age, occupation and position of each person in their job. Each family had a book called the family rice booklet and stamps indicated how many kilograms of rice the family could buy per month; this booklet was so crucial, a saying developed: ‘Your face looks sad like you have lost your rice booklet’. The standard distribution was different between rural and urban areas. Due to scarcity, people often had to queue to buy their goods, which became a common daily activity.⁶

Lives during the subsidy period were generally hard, with an extreme lack of food, clothing and medicine. This affected not only the Vietnamese people’s characteristics, but their health, as illness was a common result of long periods of food shortages and low-quality food.⁷ Nevertheless, lives at that time were said to be simple and the gap between rich and poor was narrow. Regarding healthcare, medical examinations and treatment during this period were free of charge; however, difficulties arose with the lack of medical equipment and medicine, which relied heavily on aid from other countries. The shortage in medical equipment and medicine was even felt in central hospitals.

Another important event was the significant amendment of the Law on Marriage and Family in 1986, which became more detailed and complete than in 1959. In addition to the basic provisions of the 1959 Law, the 1986 amendment added regulations for child adoption, marriage to foreigners, identification of fathers and mothers, and foster care. In regard to intergenerational relationships, this law included specific regulations on parent–child relationships; for example, article 19 chapter 2 indicated that:

Parents are obliged to love, nurture, educate their children, take care of their education and healthy development of the child physically, intellectually and morally. Parents should not discriminate between children. Parents must set a good example for their children in all aspects, and work closely with the school and social organizations to educate their children.

Article 21, chapter 2 regulated the responsibility of children: ‘Children are obligated to respect, care for and nourish their parents and listen to parents’ advice’.

Research on population trends and the elderly also started during this period, the most notable of which is the Vietnamese Population Census, conducted for the first time in 1979.

⁶ Phan, C. T. (2014). Life in the subsidy economy (part 2): Distribution and salary. Retrieved from <https://thethaovanhoa.vn/van-hoa-giai-tri/doi-song-thoi-bao-cap-bai-2-phan-phoi-dong-luong-n20140428124048140.htm>

⁷ Phan C. T. (2014). Analysis of culture and customs: Life in the subsidy economy (part 1). Retrieved from <https://thethaovanhoa.vn/van-hoa-giai-tri/khao-cuu-van-hoa-tap-tuc-doi-song-thoi-bao-cap-1-n20140417151156172.htm>

There have now been four rounds of the census (1979, 1989, 1999 and 2009). In 1979, the population of Vietnam was said to be young, as the median age of the whole population was 18, the percentage of children aged under 15 was 42.5%, while the percentage of people aged over 65 was 4.8%. Family size tended to reduce as the result of family planning campaigns with the increased availability and use of contraceptive methods. This might influence family relationships in later stages of a family's life as parents may have to face living on their own in old age if children move out of the house when they grow up. The chances of getting support from children might also fall as the number of children per couple decrease.

1.1.4 1987 to the present: renovation and development

This period marked a significant turning point in Vietnam's history, with the application of the renovation policy (Doi Moi) to open up the economy, which started in 1986 and finished in 1990. This renovation created many changes in Vietnamese society, especially in its economic system. The Vietnamese economy shifted from collectivism to a socialist market-oriented economy, with the statement that:

Private holdings of land and de-cooperativisation in farming would be allowed. Provinces were permitted to form their trading organizations and to deal directly with foreign governments and companies. They were given greater power than before in pursuing the objective of provincial self-sufficiency. (Tran, 1994, p. 66)

This reform gave farmers more rights over using their soil as well as over the output from that soil. Moreover, although land ownership belonged with the state, farmers had the right to lease their land to another individual, implying that the roles of state cooperatives were reduced.

In other sectors such as trading, individuals also have the right to run their own business or open private enterprises, allowing the private sector to develop rapidly. Workers in state factories were hired by contract and paid wages according to their productivity. They could be fired if they did not satisfy the contract conditions or violated firm regulations. Foreign enterprises and foreign investment were encouraged. All of these changes made this period entirely different from previous periods and brought about several social changes, especially household economic improvement, leading to improvements in living conditions, health, education and many other aspects of family life.

The most prominent change in this period was economic development. At present, after more than 30 years of reform, Vietnam is no longer a poor but a middle-income country, in the process of global integration. Economic life has improved significantly compared with previous periods. Individualism and individual freedom are upheld, with many traditional social values altered or eroded under the influence of modernisation, globalisation and foreign culture. Rapid urbanisation and migration also took place in this period, contributing to changes in lifestyles, household types and family relationships.

The significant advancement in health care, living conditions and nutrition have contributed to an increase in life expectancy, a cause of the rapid population ageing in Vietnam, as revealed by the National Census 1989. According to that survey, the median age of the population in 1989 was 20 (two years greater than in 1979), and the percentage of the elderly was 4.7%. About 39% of the population was children under 15 years, and the dependency ratio was 78.2%. Population ageing in 1989 was not yet significant but initial signs were present (Khong Dien, 1995). In 2017, the age dependency ratio in Vietnam was 43.3⁸ and median age in Vietnam in 2015 was 30.4⁹ years, much higher than in 1989.

Older people received more attention during this period, with emerging issues related to the population ageing process. A variety of policies on the elderly were implemented and organizations related to the elderly were established. Specifically, the Vietnam Elderly Association was established in 1994, the Ordinance on the Elderly was promulgated in 2000, the Vietnam National Committee for the Elderly was established in 2004 and the Law on the Elderly was issued in 2009. Most recently, a dispatch issued in April 2018 by the Ministry of Health (MOH) requested the establishment of facilities for geriatrics and health care for elderly in central hospitals and MOH's health care facilities.

The Vietnamese family in this period also witnessed many changes, some continuing from the previous period (changes in household structure and household type) and others related to social relationships among family members. Traditional families were changing to modern family models. In the traditional family, personal rights are placed behind the family's interests. Maintaining stability of traditional family relationships is based on the vertical binding relationships of responsibilities and obligations between children, spouses,

⁸ World Bank Data. Accessed at <https://data.worldbank.org/indicator/SP.POP.DPND?locations=VN>

⁹ The statistics Portal. Accessed at <https://www.statista.com/statistics/444584/average-age-of-the-population-in-vietnam/>

parents, grandparents and relatives. In contrast, modern families focus more on personal interests over the family's. Family stability depends not only on the vertical relationship between parents and children but also horizontally between siblings (Le, 2014). Having siblings may lead to "greater geographic distance and less contact" and "lower probability to exchange financial or instrumental support with parents" (Hank & Steinbach, 2018, p. 56; Spitze & Logan, 1991). This will lead to certain impact on the quality of intergenerational relationship in particular and family stability in general, for example reducing the closeness and intimacy between parents and adult children.

H. M. Nguyen (2015) argued that instability exists in modern families because of a lack of parental attention on children, as parents spend too much time engaged in economic activities. This can lead to many consequences, such as misbehaviour among youngsters, declining interpersonal relationships, and mental and physical health effects in adolescents. Regarding relationships between adult children and elderly parents, changes in the family also significantly affect older parents; for example, a reduction in average number of children in the family leads to reduction in sources of support provision for parents in their old age. This is especially important because families and adult children still play a major role in caring for the elderly in Vietnam. Social and geographic mobility is becoming more and more common in society as the result of changes in socio-economic and occupation opportunities, also leading to changes in the family. Young people migrating to seek jobs, education and for marriage contribute to changes in family structure, affecting the relationships among family members.

In general, Vietnamese families and family relationships in the modern context differ significantly from traditional culture. First, family size has fallen with the trend of nuclearisation along with the decline in fertility as the result of family planning policy implemented since 1963 (Haughton, 1997). More and more older people live only with their spouse or alone. Second, family relationships between generations are somewhat more equal. Children have more voice in the family, especially regarding decisions on their own marriage. Third, the role and position of the elderly in the family and society are maintained and respected but their power or authorities appears to be weaker. Generational differences due to the effects of modernisation and globalisation are points to be noted because differences in perception can lead to differences in behaviour. If these generational differences are not harmonised, they are likely to lead to ambivalence or conflicts in the

family, affecting the quality of family relationships, and in turn, support exchanges between family members and quality of life as a whole.

Table 1.1 Summary of Historical, Social Events and Effects on Older People and Family Relationships

Period	Major historical events	Possible effects on older people and family relationships
1945–1954: Indochina War	<ul style="list-style-type: none"> - Famine in 1945 - Establishment of DRV in 1945 - Education campaign in 1945 - Social Security Decree 54 and Pension Decree 105 in 1945 - End of French War in 1954 	<ul style="list-style-type: none"> - Loss of family members and care providers (spouse/children) - Families separated by war - Malnutrition or injury - Improvement in education and social security
1955–1975: American War	<ul style="list-style-type: none"> - The separation of the country into North and South - Land reforms - Collectivisation of agriculture in the North - Rapid urbanisation in the South - Education improvement - The Gulf Tonkin incident in 1964 - Law on Marriage and Family in the North in 1959 and Family Code in the South in the same year - Family planning programmes 	<ul style="list-style-type: none"> - Loss of family members and care providers (spouse/children) - Separated families due to war-related evacuation policy - Individual–family relationships overshadowed by individual–country relationships (collectivism, nationalism and patriotism) - Many feudal standards on marriage eliminated - Changes in lifestyles as results of urbanisation, leading to differences in living arrangements and interactions between generations - Gender equity
1975–1986: Unification and Rebuild	<ul style="list-style-type: none"> - Subsidy economy - Marriage and Family Law in 1986 	<ul style="list-style-type: none"> - Poor living conditions and lack of food - Health problems due to lack of medical equipment and medicine - Economic hardship - Reinforce obligations between generations via the law

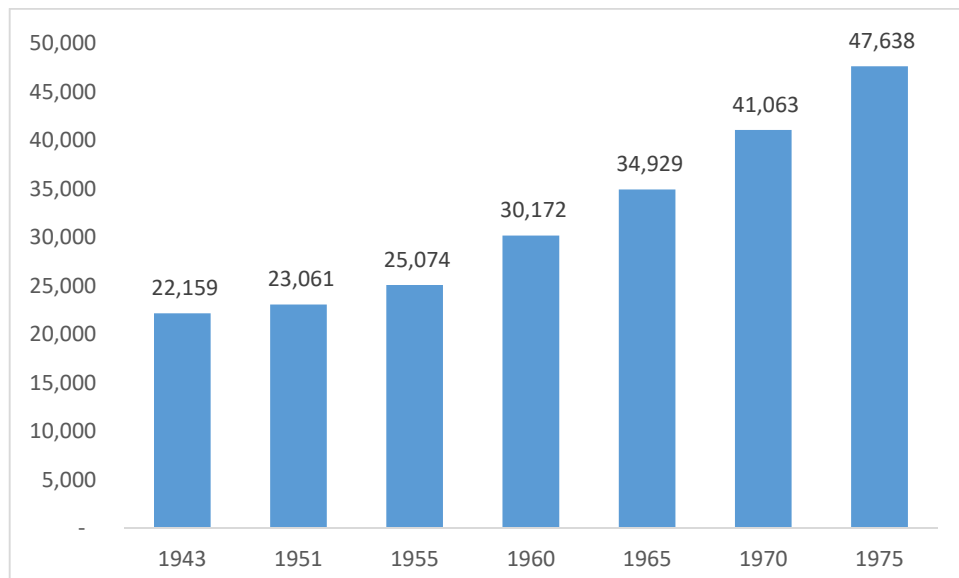
1986–present: Renovation and Development	<ul style="list-style-type: none"> - Renovation policy in 1986 - Massive urbanisation and modernisation - Rapid economic development - Market economy: private business allowed - Law on the Elderly 2009 - Marriage and Family Law 2014 - Establishment of elderly-related organisations 	<ul style="list-style-type: none"> - Improvement in health care, economic conditions and education => more resources => encourage independence between generations - Increase in number of older people living without children (alone or only with a spouse) - Generation gaps - Individualism - Family as centre for aged care - Intergenerational relationships more egalitarian as children gain a voice in relationships (marriage, education and career)
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1.2 Overview of Demographic Changes

1.2.1 Demographic growth in Vietnam

As noted above, data on Vietnamese population growth are scant for earlier periods and have been conducted in different ways; in early 1945, there were almost no data on the population of the country. The following section takes advantage of available data to describe the basis of population growth in Vietnam since 1945.

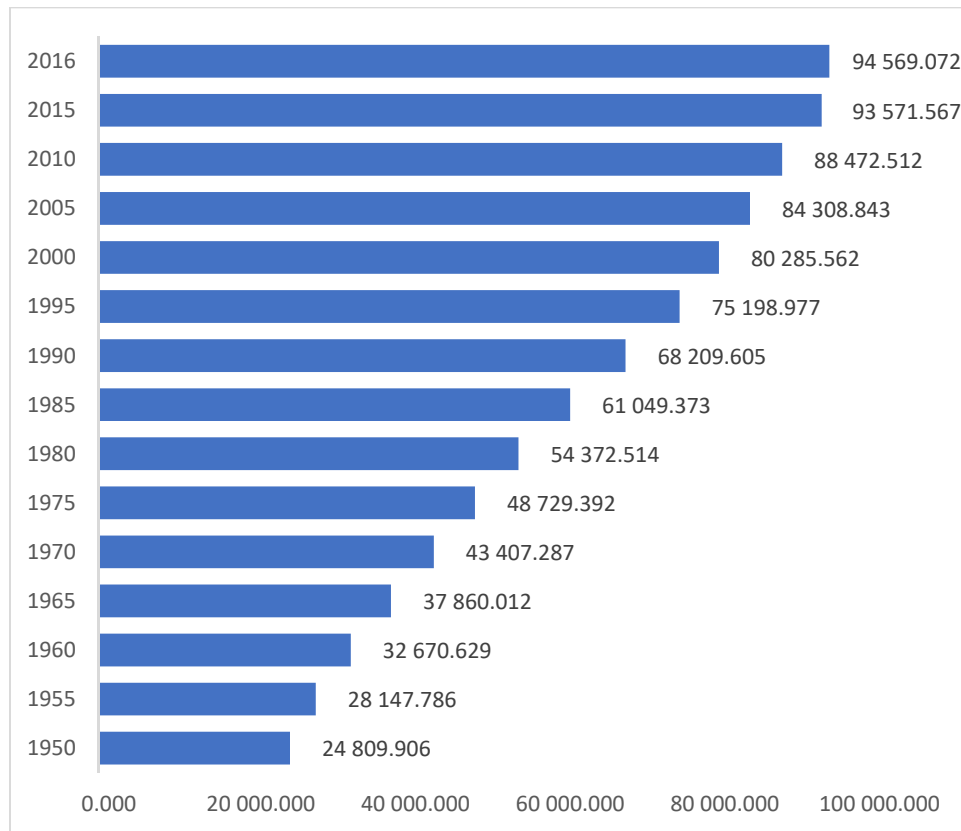
Figure 1.3 Average Population 1943–1975 (thousands)



Source: GSO (1990)

Figure 1.3 indicates the low rate of population growth during 1943–1951; the total population in 1951 was only 4.1% higher than in 1943. However, five years later, the population had increased by 8.7% (1951–1955) and doubled over the next five years to 20% (1955–1960). The low population growth during 1943–1951 was caused by the massive famine in 1945 and the war during this period, also the reasons for the relatively low increase in the population during 1951–1955. However, after 1954, peace was restored temporarily between South and North, and the rate of population growth skyrocketed over 1955–1960. From 1960–1975, population growth remained in each 5 year interval (15.8% in 1965; 17.6% in 1970 and 16% in 1975). Data from the UN differ slightly from the above figures (see Figure 1.4).

Figure 1.4 Vietnam’s Population 1950–2016

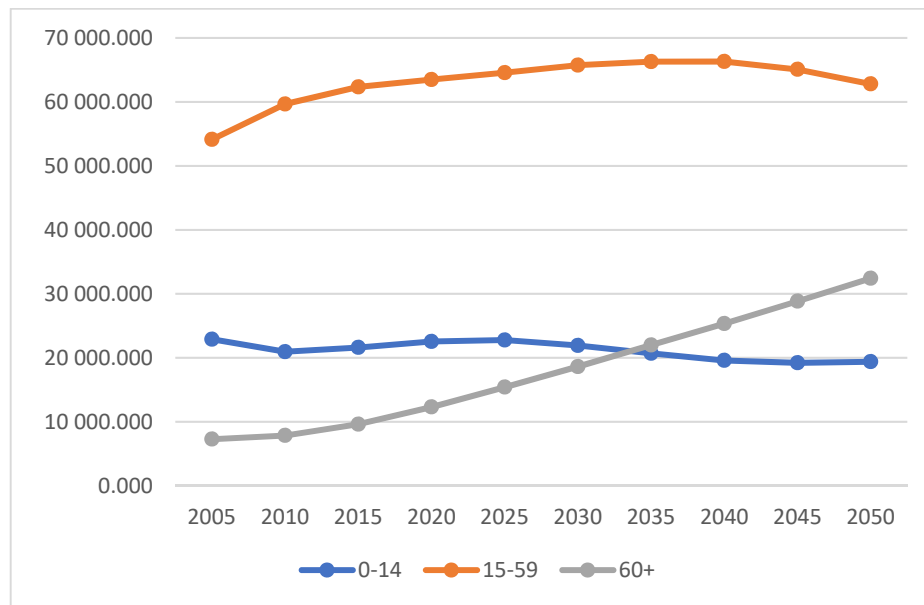


Source: United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision, custom data acquired via website.¹⁰

¹⁰ Retrieved on 15 May 2018 from <https://esa.un.org/unpd/wpp/DataQuery/>

Figure 1.4 shows a gradual increase in Vietnam’s population in a five-year period, but a falling rate of population growth between 1955 and 2016. For instance, the population in 1955 was 12% higher than in 1950; in 2000, there was an increase of 6.3% compared with 1995, and projections are for an increase of only 4.9% in 2020 compared with 2015. This is the result of acceleration family planning policies implemented in Vietnam in the early 1960s.

Figure 1.5 Vietnam Population by Age Group and Projections (thousands)



Source: World Population Prospects 2017

Figure 1.5 indicates an increasing trend in the older population and a decrease in children aged 0–14. The number of people of working age, after reducing during 1950–1965, started to increase and reached 67% of the population in 2010. This had fallen slightly by 2015 and is projected to decline from 65% in 2020 to 55% in 2050. Vietnamese population is currently in a ‘bonus’ stage (where the working age population is greater than the number of dependents), which is discussed in detail in the following section.

1.2.2 Demographic Bonus in Vietnam

Vietnam is considered in a demographic bonus period, something that can ‘only happen once and in a specific time’ (UNFPA, 2010). Recent studies indicate that this period will end between 2039 and 2042 (approximately 30–33 years) (Giang & Pfau, 2009; UNFPA, 2010). Other research (D. C. Nguyen, 2012), based on data in the Vietnamese Census 1979–2009, arrived at a different estimate of the bonus stage, from 2006 to 2047 (42 years).

The results of this research also argue that the decrease in the population growth rate together with the increasing working age population have contributed to the economic growth of Vietnam (approximately 27.7% during 1979–2019); however, after 2019, this will fall, and even become negative, because of population ageing (0.2% decrease over 2019–2029 and 0.12% over 2029–2039) (D. C. Nguyen, 2012). Thus, it is crucial for Vietnam to make efficient use of human resources, capital, natural resources, technology and improving management capacity for sustainable development. Generally, it is clear that Vietnam needs advanced and practical comprehensive development strategies to take advantage of its human resources during the demographic bonus period.

Demographic bonus can provide many advantages for a country to accelerate their development. It is a chance for health improvement, especially reproductive health for young people, a huge source of human resources. It also provides opportunities for accumulating resources to increase investment in social security, health, education and employment in the future. On the other hand, a sharp reduction in the under 15 population contributes to improving the quality of education by reducing the ratio between students and teachers, thereby improving the quality of health care for children and improving the quality of population health in future. At the same time, the significant working age population, with the development of the industrial sector and services, creates massive demand for vocational training. Low health expenditure among the working age population enhances medical savings. The young and abundant labour force will continue to be an essential resource for economic development in terms of professional security and improving labour productivity. Moreover, the demographic bonus is also an opportunity for labour mobility through migration, which motivates socio-economic development and contributes to rapid and sustainable poverty reduction.

However, to take advantage of this period, Vietnam may have to face challenges in education, occupation and human resources, population, family and health, and social welfare. For instance, the ability to access education and vocational training is different among subgroups in the population; poor people and ethnic minorities have less opportunity to access these services. For occupations and human resources, challenges include low qualifications and lack of skilled human resources, substantial gender inequalities in the labour market, limited arable land (though agricultural labour is plentiful) and high youth unemployment. Poor people and minorities have less opportunity

to access health and social welfare services, and the percentage of older people with pensions and other social welfare is still insignificant (UNFPA, 2010). According to Nguyen Dinh Cu,^{11, 12} the most significant challenge that may influence economic growth during the demographic bonus period is productivity. According to the 2009 Census, only 14.9% of 15 years and older population is trained for expertise from elementary upwards. This is a low rate and a severe imbalance in labour with college degrees compared with primary school. In addition, the quality of education and training is not high, failing to meet the requirements of the labour market. In the agricultural sector, the proportion of agricultural workers is high while agricultural land has shrunk because of industrialisation and urbanisation, leading to very low labour productivity.

1.2.3 Rapid population ageing

According to UNFPA (2010), Vietnam has experienced demographic transformation, especially in total fertility rate (TFR) and crude death rate (CDR). The UNFPA report shows that from 1979 to 2009, the TFR of Vietnam reduced from 4.81 to 2.03. According to the most recent population and housing census in Vietnam, the current TFR is 2.09, below the fertility replacement level and lower than the average TFR for Southeast Asia (GSO, 2017). This is the result of the family planning policies mentioned earlier. Along with this, Vietnam has gained significant improvement and achievements in health care and the health system, leading to a decrease in CDR and an increase in life expectancy. Consequently, the percentage of the elderly is gradually increasing in the population.

Population ageing and the elderly is not a recent topic in academia, and has been discussed and studied since the mid-1990s in Vietnam, as noted above (Khong Dien, 1995; Truong et al., 1997). Data from some studies indicate factors contributing to accelerating population ageing in Vietnam, including a decrease in TFR and an increase in life expectancy.

According to the Vietnam Mid-Term Population and Housing Census 2014 (GSO & UNFPA, 2016b), the percentage of those aged 60 and above was already 10.14%, implying that the Vietnamese population was officially in the ageing process. It is even faster than the UNFPA (2010) estimated that the percentage of people aged 60 and above would be

¹¹ Senior researcher and professor at Institute for Population and Social Studies, Vietnam National University of Economics.

¹² Bonus population but low qualified human resources. Retrieved on 20 February 2015 from <http://vietnamnet.vn/vn/xa-hoi/214309/dan-so-vang-nhung-nhan-luc-chua-vang.html>

10.02% by 2015; in fact, data from World Bank Data indicate that in 2016, the percentage of persons aged 65 and above in Vietnam had already reached 7%¹³ and, according to the Vietnam 2014 Mid-term Census, 7.1% of the population are aged 65 and above (see Table 1.2).

Table 1.2 Vietnam’s Population by Age in 2014 and Projection for 2020–2050

Age	2014	2016	2020	2030	2040	2050
0–4	8.33	8.32	7.77	6.48	5.72	5.74
5–9	7.75	7.91	7.84	7.02	5.74	5.66
10–14	7.39	7.59	7.32	7.13	6.14	5.51
15–19	7.87	6.87	6.70	7.20	6.66	5.53
20–24	9.73	7.44	7.03	6.69	6.74	5.89
25–29	9.17	8.01	8.87	6.07	6.75	6.35
30–34	8.45	8.03	8.73	6.36	6.26	6.42
35–39	7.42	7.43	8.00	8.05	5.69	6.45
40–44	7.02	7.22	7.20	7.92	5.97	5.98
45–49	6.39	6.79	6.67	7.23	7.54	5.43
50–54	5.74	6.74	5.98	6.46	7.37	5.67
55–59	4.58	5.72	5.37	5.87	6.63	7.07
60–64	3.05	3.94	4.47	5.13	5.79	6.78
65–69	2.11	2.68	3.12	4.44	5.10	5.94
70–74	1.61	1.65	1.72	3.48	4.23	4.96
75–79	1.36	1.49	1.18	2.23	3.38	4.07
80+	2.01	2.17	2.04	2.24	4.27	6.54
Total	100.00	100.0	100.00	100.00	100.00	100.00

Source: Mid-term Census 2014; 2016 time-point population change and family planning survey; United Nations website: World Population Prospects 2017¹⁴

Unfortunately, Vietnam may ‘become old before becoming rich’, as the number of elderly is rapidly increasing while GDP per capita is still average. Vietnam’s GDP per capita was \$1,310 in 2010 and increased to \$2,170 in 2016, a large rise. However, among other countries in the region, Vietnam’s GDP per capita in 2016 was only significantly higher than Timor-Leste and Cambodia, and about one-third of Thailand and one-fifth of Malaysia (see Table 1.3).

¹³ World Bank Data. Retrieved from <http://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS>

¹⁴ Retrieved on 14 May 2018 from <https://esa.un.org/unpd/wpp/DataQuery/>

Table 1.3 GDP per Capita (US\$): Selected Countries in Southeast Asia

	2010	2011	2012	2013	2014	2015	2016
Singapore	46,570	53,166	54,431	56,029	56,336	53,629	52,962
Malaysia	9,071	10,405	10,779	10,882	11,183	9,648	9,508
Thailand	5,075	5,491	5,859	6,171	5,941	5,814	5,910
Indonesia	3,113	3,634	3,687	3,620	3,491	3,336	3,570
Philippines	2,219	2,352	2,581	2,760	2,842	2,878	2,951
Vietnam	1,310	1,515	1,722	1,871	2,012	2,065	2,170
Lao PDR	1,141	1,381	1,588	1,838	2,017	2,159	2,338
Timor-Leste	806	931	1,027	1,190	1,196	1,294	1,405
Cambodia	785	882	950	1,028	1,098	1,163	1,269

Source: World Bank Data¹⁵

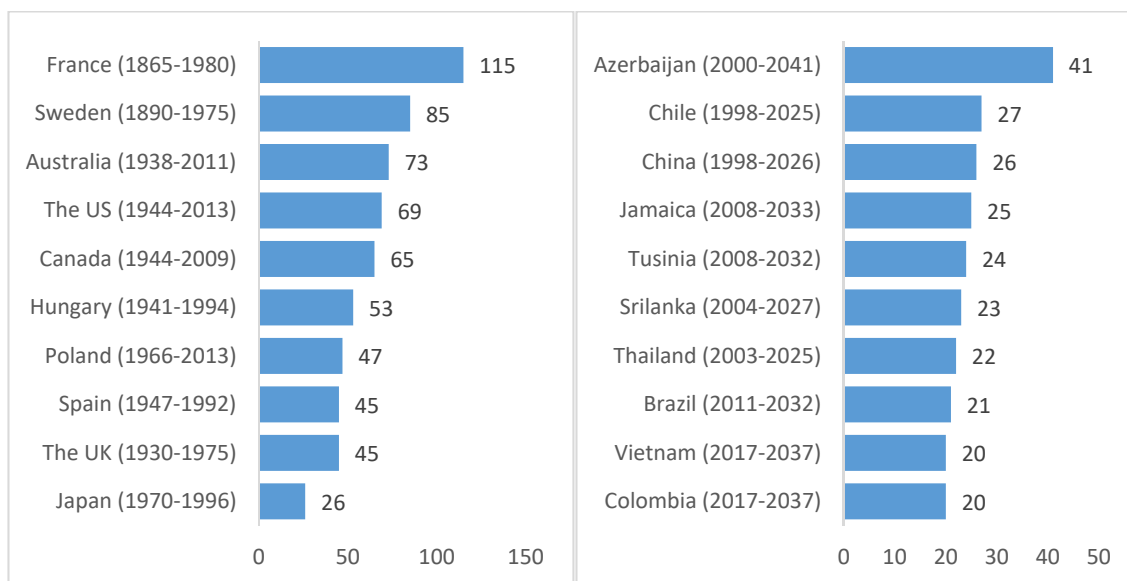
1.2.4 Characteristics of ageing population in Vietnam

Table 1.2 illustrates the first characteristic of population ageing in Vietnam: a significant reduction in children aged 0–4 years and an increase in older people. This trend can also be observed in other age groups, such as 5–9 and 10–14 years. It is projected that the percentage of children aged 0–4 years will decrease from 8.3% in 2014 to 5.7% in 2050, from 7.8% to 5.7% for children aged 5–9 years and from 7.4% to 5.5% for children aged 10–14 years. On the contrary, the percentage of those aged above 60 is increasing rapidly.

The second characteristic of Vietnam’s ageing population is ageing ‘in the oldest age group’ (UNFPA, 2011b). The number of people aged 80 and over is increasing at an increasing rate. As in Table 1.2, the percentage of older people aged 80 and over in 2014 was 2% and projected to increase to 6.5% in 2050. The percentage of people in the 60–64 and 65–69 years age groups are increasing slowly in comparison to the most advanced age group. The speed of population ageing in Vietnam is also believed to be faster than other countries, even some developed countries or those with higher GDP, as presented in Figure 1.6.

¹⁵ World Bank Data. Retrieved from <http://data.worldbank.org/country/vietnam>

Figure 1.6 Number of Years to Transform from ‘Ageing’ to ‘Aged’, Selected Countries



Source: UNFPA (2011b)

Another characteristic of population ageing in Vietnam is different sex ratios¹⁶ among age groups. Data from GSO (2017) reported that sex ratio decreases among more advanced age groups, which indicates that there will be more elderly females in every old age group than male counterparts. For example, there are 84 male older people per 100 female older people in the 60–64 age group and 53 males per 100 females in the 85 and older age group. This is consistent with the statistics in 1979 and 1989 census (Hirschman, Preston, & Vu, 1995). This may be explained by the women’s higher life expectancy in Vietnam as the main reason. According to the results from the 2014 Intercensal Population and Housing Survey, life expectancy at birth was 70.6 years for men and 76 for women (GSO & UNFPA, 2016c). Alternatively, the losses of men during wars also contributes to the current sex ratios among Vietnamese older people.

¹⁶ Proportion of males relative to females in a population or number of males per 100 females.

Table 1.4 Vietnam’s Elderly Population by Age and Sex in 2016

	Total	Male	Female	Sex Ratio
Country	92,447,316	45,450,712	46,996,604	96.7
60–64	3,643,365	1,657,630	1,985,735	83.5
65–69	2,477,029	1,082,650	1,394,379	77.6
70–74	1,521,333	623,510	897,823	69.4
75–79	1,376,544	541,253	835,291	64.8
80–84	1,015,016	374,954	640,062	58.6
85+	990,090	340,819	649,271	52.5

Source: GSO (2017)

The fourth characteristic of population ageing in Vietnam is regional differences in the percentage of elderly population because of differences in socio-economic conditions of each area. Data from previous surveys indicate the majority of older people live in rural areas. In some provinces, particularly in the middle areas, the percentage of older people in the province’s population is already over 10% (UNFPA, 2011b). The most relevant explanation for regional differences in elderly population is the domestic migration of young people. When they migrate to other places, regardless of motivation, the percentage of elderly in the population of the place they leave increases.

1.3 Research Objectives

Demographic and socio-economic changes in Vietnam have led to a transition in the Vietnamese family in general and in particular in the relationship among family members. As a core unit in society, the family is believed to be influenced by those processes, leading to changes in structure as well as affective, supportive relationships, and even conflict among generations.

The higher longevity and lower fertility rate have resulted in changes in Vietnam’s demographic structure, in which there are more and more elderly in the population, increasing the number of dependents. This poses a challenge for families regarding care of the elderly as well as relationships among family members.

Amid this social change context, this thesis aims to investigate Vietnamese older people’s lives, particularly intergenerational relationships, partly adapting Bengtson’s approach to intergenerational solidarity to assess how social change influences older people’s family relationships. The thesis takes into account associational solidarity (intergenerational interaction), affectional solidarity (ratings of respect), consensual solidarity (intrafamilial

concordance of specific values, attitudes and beliefs), functional solidarity (intergenerational support provision) and structural solidarity (living arrangements, number of family members and proximity) (Bengtson & Roberts, 1991). Changes in family structure, older people's resources and vulnerabilities, and traditional values are also considered in these analyses.

This thesis does not aim to explore regional differences in kinship system in Vietnam, even though it has certain influences on the intergenerational relationships, including expectation of children's roles, living arrangements and patterns of intergenerational exchange. Covering regional differences in its analyses would require thorough investigation which is not within the scope of this thesis. Instead, the thesis will examine the differences between rural and urban areas throughout its analyses in regard to socio-economic and cultural differences.

1.4 Main Research Questions

The research questions concern the main features, determinants and dynamic nature of Vietnamese elderly's intergenerational relationships in the context of social change, and the implications of current Vietnamese elderly's intergenerational relationships for their wellbeing in later life.

Specifically:

Q1: Living arrangements: What are the main variations and determinants of elderly people's living arrangements? How do their living arrangement patterns vary among subgroups in the population and over different periods of time?

Q2: Intergenerational affection, association and consensus: What are the types and frequencies of interactions between generations? What is the nature of concordance and affection between older and younger people? How do orientations, resources and needs of households and individuals influence intergenerational affection, association and consensus?

Q3: Intergenerational exchanges: What are the major types of the intergenerational exchange among Vietnamese families (financial and non-financial support)? In which directions does intergenerational exchange mainly flow? What are the determinants and

normative principles underlying them, and what situations reinforce or threaten these relationships?

Q4: Satisfaction with life: How satisfied are older people with their current lives in general and their relationships with family members in particular? How do dimensions of satisfaction of life vary among different groups of older people and what are the actual determinants of life satisfaction?

1.5 Thesis Outline

Chapter 1 presents general information on Vietnam, including the social and historical context in relation to intergenerational relationships. The chapter discusses social and historical events and demographic changes (from 1945 to the present) that have particular influences on and implications for older people's family lives and their intergenerational relationships.

The conceptual framework and literature review are presented in Chapter 2.

Chapter 3 provides information on the research design and methodology of the thesis. Measures, analysis strategies, datasets and variables are defined, with the strengths and weaknesses of each dataset also discussed.

Chapter 4 focuses on living arrangements of the elderly, using data from the most recent national survey on ageing and older people in Vietnam, VNAS 2011. First, the chapter describes and explains the relationship between family structure and living arrangements of older people in Vietnam and variations. Second, it examines living arrangements in relation to cultural references, resources and vulnerabilities, family structure, and structural context, particularly differences in living arrangements of older people between rural and urban areas.

Chapter 5 extends the research to changes in living arrangements as part of social change. It conducts a parallel analysis using data from VNAS 2011 and RAS 1996–1997, and explores variations in living arrangements in terms of changes in family structure, individual resources and vulnerabilities and rural and urban areas. Patterns of living arrangement are explored, including living alone, living only with a spouse, living only with children and living in multigenerational households.

Intergenerational support provision is analysed in Chapter 6. This chapter investigates the flow of transfers and determinants in intergenerational mutual support. Support has been defined as financial support, older people providing care for grandchildren, and providing and receiving practical support from children. The support relationship is investigated in relation to older people's resources and vulnerabilities defined by age, gender, marital status, health and financial situation. Having a son or a grandchild is also taken into account in analyses, because having a son (son preference) may increase the chance older people receive support while having a grandchild increases the likelihood of support provided by older people. Living arrangements are a core variable in this analysis, as they have a crucial role in determining patterns of intergenerational exchanges.

Chapter 7 focuses on intergenerational affection, association and consensus among generations. Indicators used for analysis in this chapter include the elderly's rating of respect from their children, frequency of visits, frequency and mode of communication (phone or mail), taken from VNAS 2011. Concordance among family members on values, attitudes and beliefs are analysed using data from VFS 2006. Data in this section were collected from three generations. This allows identifying of concordance or divergence among generations on specific values, attitudes and beliefs related to family issues; for example, the value of a son, gender relationships and parent-child relationships.

Chapter 8 analyses elderly life satisfaction or subjective wellbeing in relation to components of intergenerational relationships and other life satisfaction domains including health and economic condition. Global life satisfaction was measured by a single question, 'Overall how satisfied would you say you are with your life?', with five possible levels of life satisfaction. This is used as the dependent variable in this analysis. Independent variables include demographic characteristics, health status, personal economic situation, household economic condition, employment, number of children, household size and living arrangements.

Chapter 9 interprets the main findings of the thesis on patterns and changes in older people's living arrangements. It also focuses on intergenerational support provision, taking into account the generation's resources and vulnerabilities. Older people's social relations are to be grounded in intergenerational consensus, association and affection in the context of their family values, children and marriage. The criteria for good relations ultimately are

satisfaction with life in connection with health, finances and social relationships, also discussed in this chapter. In later sections, limitations related to methods and data, further studies, and future relevant policies are addressed.

Chapter 2 Conceptual Framework and Literature Review

This chapter starts by defining the conceptual framework of the thesis, which is partially based on the intergenerational solidarity approach, as covered in the literature review.

The literature review section discusses the core concepts in this thesis, including intergenerational relationships, families, generations and cohorts. Later, it discusses previous studies on family structure, living arrangements, affection, association and consensus among generations, intergenerational support exchange and life satisfaction as the outcome of intergenerational relationships. These are the key components of intergenerational relationships (solidarity) and are discussed in international, Asian and particularly Vietnamese contexts.

2.1. Conceptual Framework

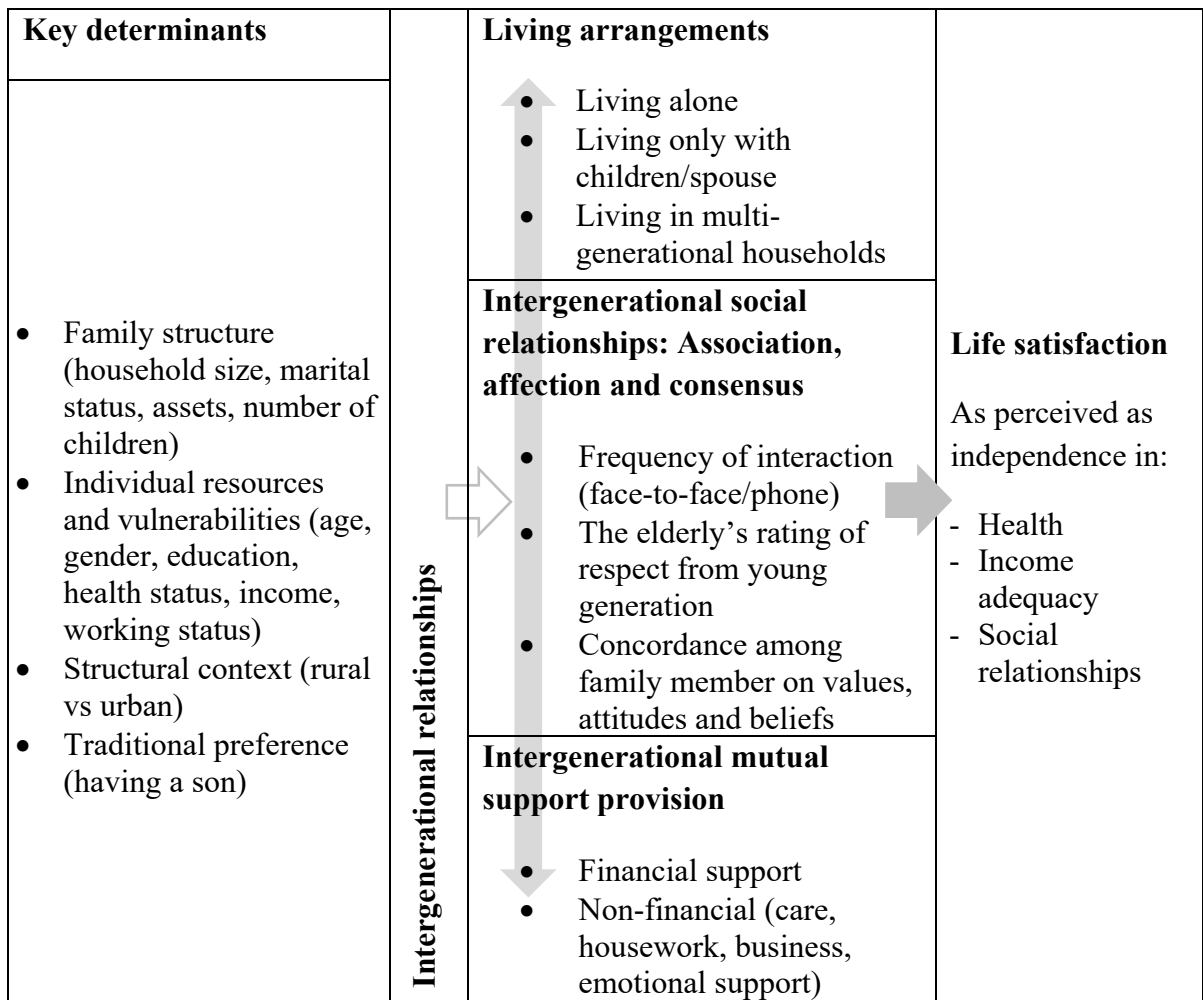
Intergenerational relationships of the elderly in Vietnam have changed gradually due to the effects of changes in many aspects of life, from macro-level changes in historical, demographic, socio-economic and political contexts to micro-level changes at the family level, such as lifestyles, individual attitudes and roles. As discussed in Chapter 1, this thesis aims to address research questions on the main features, determinants and dynamic relationships in Vietnamese elderly's intergenerational relationships and the implications of current Vietnamese elderly's intergenerational relationship circumstances for their wellbeing in later life. The conceptual framework in this thesis was developed based on the intergenerational solidarity approach of Bengtson and Roberts (1991). The framework is a synthesis of the literature discussed in a later section of this chapter.

The framework identifies key factors that influence older people's intergenerational relationships, including household structure, individual resources and vulnerabilities, structural context and traditional preference. Intergenerational relationships, as discussed later in this chapter, are conceptualised into six different elements: association, affection, consensus, function, norms of familism and opportunity structure. This conceptualisation is missing one important element: intergenerational ambivalence. All of those elements vary with the circumstances of older people and their descendants; for example, the financial condition of both generations might influence their financial support provision, or older people who do not have a son may end up living only with their spouse or alone, which

may have negative implications for mutual support and social relationships. The implications of older people’s intergenerational relationships are reflected in their satisfaction with life or subjective wellbeing – an important indicator for quality of life assessment.

The research is organised in line with key concepts and variables summarised in Figure 2.1

Figure 2.1 Conceptual Framework



2.2. Literature Review

2.2.1. Core concepts

The concept of intergenerational relationship

Intergenerational relationships are a well-established field of study in the social sciences, but one that has developed primarily in the context of Western countries, which have

experienced multifaceted challenges of ageing populations. A number of significant studies on different aspects of intergenerational relationships have been conducted over the last four decades, including the concept's definition. Basically, intergenerational relationships refer to the 'ties between individuals or groups of different ages' (Mitchell, 2016, p. 670) and can be understood as the connections among generations in families, extending more broadly to communities and other aspects of social and public life.

The concept of generation

Family refers principally to relations between generations, older individuals and couples and their children, grandchildren and other relatives in the lineage as well as in-laws. However, the concept of 'generation' needs to be clarified in each study; as Ferring (2010) has emphasised, it is not just defined by age but by other perspectives, such as relations between age groups. For example, in educational terms, generations can be defined based on the flow of knowledge, not just regarding individuals' age, but in terms of the kinds of traditional or modern knowledge among older generations as compared with their younger counterparts.

The concept of generation has also been defined via various approaches, including demographic (cohort based on birth year), economic, genealogical and historicist approaches (Scabini & Marta, 2006). This has caused confusion, as the concept can imply different meanings, for example, 'relationships between individuals who have a common ancestor' and 'people born at about the same time' and shared historical events and social experience (Alwin & McCammon, 2003, p. 25). The latter meaning is a confusion of this concept with the 'cohort' concept. To differentiate these two complex concepts, Bengtson, Marti, and Roberts (1991) argued that a generation should be regarded as 'role status within family hierarchy', while cohort represents a group of people born in the same range of years, and concluded that 'a generation is not synonymous with a cohort' (recited from Scabini & Marta, 2006, p. 84).

The concept of cohort

Another concept that must be clarified in research on intergenerational relationships is 'cohort', which refers to groups of people who have shared orientations regarding their period of birth or other important social experiences, for example, war experiences. Members of a cohort are identified by particular characteristics—a marriage cohort

includes people who marry in a specific period, while an education cohort refers to people who graduate from school in the same year. In general, it is ‘a group of people who have shared some experience during the same interval of time’ (Alwin & McCammon, 2003, p. 26).

In Vietnam, the concept of generation (*thế hệ*) is used more commonly than cohort, though sometimes they are used interchangeably. For example, Vietnamese use the term ‘*thế hệ 9x*’ (9x generation) to refer to people who were born in the 1990s; it can also be understood as the birth cohort of people born between 1990–1999. Within a family, generation refers to vertical position and associated roles and duties of family members (Bengtson et al., 1991). Traditionally, a Vietnamese family includes several generations living together under the same roof—grandparents, adult children and grandchildren. Sometimes, great-grandparents and great-grandchildren are included. Each generation has their own position and duties/obligations in the family. In this thesis, the concept generation is used for a group formed principally by age and birth (a cohort as in sociological approach), as a basis for understanding shared social experiences, opportunities and constraints.

2.2.2. Intergenerational relationships research in international and Vietnamese contexts

As mentioned earlier, intergenerational relationships have been primarily studied in Western countries. These relationships were formed around four elements: ***respect***, ***responsibility***, ***reciprocity*** and ***resilience*** (Brubaker & Brubaker, 1999). As younger generations move through stages of their lives such as marriage, having children and living independently, they are likely to understand better their parents and grandparents, who have already been through these events, building respect towards them. Hence, relationships between generations potentially become closer. Responsibility can mean that the younger generations have a feeling of obligation to take care of older generations, who may face health, social or economic vulnerabilities. Regarding reciprocity, in almost all societies, there is an expectation that adult children will, to some extent, provide assistance and care for parents or grandparents. For the elderly, this can be considered their reward for parenthood; for adult children, it can be a feeling of love or affection that develops into responsibility to take care of older parents, an obligation or even a way of paying back their parents. Intergenerational reciprocity refers to the mutual benefits and interdependency between generations that characterise intergenerational relationships. Resilience refers to

the ways that families adapt to new situations such as divorce, widowhood, remarriage and a new baby, which affect intergenerational relationships (Brubaker & Brubaker, 1999).

Intergenerational solidarity can be considered a form of intergenerational relationship, defined as ‘social cohesion between generations’ (Bengtson & Oyama, 2007, p. 3).

Bengtson and Roberts (1991) conceptualised *intergenerational solidarity* via six elements: ***affection, association, consensus, function (resource sharing), the strength of familism norms***, and the ***opportunity structure*** for parent–child interactions. *Association* was defined, for example, as the frequency that the older people and their family member interact with each other and the types of interactions this involves. *Affection* is about the positive sentiments a family feels towards each other in regard to type, degree and reciprocity. *Function* concerns the patterns and degree of resource exchange among generations. The element of *opportunity structure* refers to the number of family members (family structure), the proximity between family members and their health. It can be seen that intergenerational solidarity is a multifaceted concept related not only to social and psychological but also sociological perspectives. Affection, association and consensus are not necessarily interdependent (Bengtson & Roberts, 1991). Among these elements, opportunity structure, function and norms of familism are considered the ‘key composites of intergenerational relationships’ (Park et al., 2005, p. 287).

Mancini and Blieszner (1989) provided a valuable critical review of the literature on generational relationships during the 1970s and 1980s in the US. They covered many aspects of the roles and responsibilities of older parents and adult children, including their interactions, relationships and individual wellbeing, mutual or reciprocal supports and the quality of relationships. In each of these aspects, they examined the specific content including expectations of the two generations, the extent of contact between older parents and adult children, variations related to changes in family structures, affection and caregiving, and reciprocal supports and stresses and burdens of caregiving. In conclusion, they presented five deficits in current knowledge, including lack of studies on the dynamics of these relationships and on social and behavioural theories, slow development of cumulative knowledge, lack of connection between some aspects of the relationships and their social context, and a deficit of developmental approaches. These limitations lead to difficulties in understanding changes in intergenerational relationships over time (Mancini & Blieszner, 1989, p. 287). They argued that significant resolution of these difficulties

could require new research approaches and more comprehensive measurements of intergenerational relationships.

In Asia, particularly East Asia, changes in intergenerational relationships have been observed since 1990 (Martin, 1990). These changes have become critical in this region (Tsai & Yang, 2017) due to changing attitudes and expectations of family relationships and filial responsibility as well as better economic resources and migration, which was considered a factor that separates generations. Older people in East Asian countries (Japan, South Korea and China) are more likely to choose to live independently and ‘prefer the intimacy at a distance in their relations with family members that is the norm in the West today’ (Martin, 1990, p. 114). These changes have also been found in Southeast Asian countries, specifically Thailand and Malaysia. Living arrangements of older people are changing: co-residence with children is decreasing and living alone is increasing. Nevertheless, mutual support exchange between older people and adult children has remained and these changes do not imply the decline of intergenerational relationships. Rather, they represent the adaptation of generations under the influences of socio-economic changes (Knodel, 2014). However, these studies only focused on specific aspects of intergenerational relationships or solidarity, while this relationship is complex and extends to interaction, affection and consensus among generations.

Notwithstanding the considerable literature on intergenerational relationships in developed Western countries, it is not clear how much of this knowledge is applicable in a Southeast Asian developing country such as Vietnam. In the cultural and developmental context of Vietnam, research on intergenerational relationships has commenced relatively recently, with initial focuses concentrated on aspects of relationships between generations, including living arrangements of the elderly (Be, 2005; Duong, 2001; Pfau & Giang, 2007, 2010; Tran, 2016; Truong, 1999; Truong et al., 1997); adult children’s support for older parents as it varies by children’s education, occupation and value orientation; caring for older parents (Bui, 2000; Le, 2012; Tran, 2008); intergenerational exchange (Knodel et al., 2000); and solidarity and ambivalence among generations in a family (Le, Nguyen, & Tran, 2011; Le, 2009a). There have been no comprehensive studies that cover all aspects of intergenerational relationships in Vietnam.

In summary, there are significant opportunities to deepen the research understanding of intergenerational relationships in Vietnam because population ageing in the country is emerging, catching the attention of both researchers and policy makers. Study on ageing and older people in Vietnam is a new research area, and most importantly, social change is occurring rapidly and influencing families in various ways, including structure and relationships among members. The following sections discuss several aspects related to intergenerational relationships of older people.

2.2.3. Family structure

Family structure can be conceptualised as the opportunity structure and ‘as the pattern of role relationships (kinship network), bounded by spatial constraints (proximity), that is enacted by family members over time’ (McChesny & Mangen, 1988, p. 56). It is, as mentioned above, one of the critical components of intergenerational relationships. Different family structures will affect in various ways the cohesion (or solidarity) and other aspects of generational relations including living arrangements, intergenerational exchange and older people’s wellbeing. This part of the chapter discusses older people’s family structure in relation to various aspects of their life. Given the importance of family structure, the concept must be defined, because there are different conceptions related to socio-economic and cultural background, even in interpreting basic concepts.

Definition of family

The concept of family or what constitutes a family varies among social contexts. Tillman and Nam (2008) discussed this and criticised the limitation of the standard definition of family commonly used in the US. They considered that the US definition is too narrow, as it only includes ‘a group of two people or more, related by birth, marriage, or adoption and residing together; all such people are considered as members of one family’ (p. 368), given the new patterns of living arrangements in the modern US. The definition, according to these authors, insists on co-residence as the vital factor that constitutes a family, which prevents researchers from conducting a comprehensive analysis on support and caregiving exchange among family members, though these aspects are crucial in research on family relationships, especially to older people. This is also found in the Australian definition of family, as stated by the Australian Bureau of Statistics (2011, p. 211), which emphasizes resident status when defining a family:

A family is defined as two or more persons, one of whom is at least 15 years of age, who are related by blood, marriage (registered or de facto), adoption, step or fostering, and who are usually resident in the same household. Each separately identified couple relationship, lone parent–child relationship or other blood relationship forms the basis of a family. Some households contain more than one family. Non-related persons living in the same household are not counted as family members (unless under 15 years of age). Other related individuals (brothers, sisters, aunts, uncles) may be present in the household. If more than one family is present these people can only be associated with the primary family.

Tillman and Nam (2008) referred to the United Nations (1997) guidelines to define and measure the family in censuses and commented that each country had applied these guidelines in different ways. For instance, until recently, the US did not consider consensual couples married, and France, the UK and Australia¹⁷ did not consider homosexual couples married as they do heterosexuals in consensual unions (Tillman & Nam, 2008, p. 369). In regard to this aspect, the UN has recently stated that ‘there is no definition of the family under international human rights law’ (United Nations, 2016, p. 7), and with the wide variation by country or region, it is not possible to develop a standard definition of family. Moreover, the concept ‘should be understood “in a wide sense” and tries to open the door to recognize the same-sex couples in international law and policy’ (Gennarini, 2016). Later, Tillman and Nam (2008) recommended an alternative definition of family should be developed, to include non-co-residing members, cohabitating couples and children, which would allow research on familial support networks to become more comprehensive.

In other Western countries, there is a trend towards using an alternative definition of family. Canada, for example, uses two definitions of the family: census family and economic family. According to Statistics Canada (2011, p. 39), a census family refers to:

a married couple (with or without children of either and/or both spouses), a common-law couple (with or without children of either and/or both partners) or a lone parent of any marital status, with at least one child. A couple may be of opposite sex or same sex. A couple family with children may be further classified as either an intact family in which all children are the biological and/or adopted children of both married spouses, or of both common-law partners, or a stepfamily with at least one biological or adopted child of only one married spouse or common-law partner, and whose birth or adoption preceded the current relationship. Stepfamilies, in turn, may be classified as simple or complex. A simple stepfamily is a couple family in which all children are biological or adopted children of one, and only one, married spouse or common-law partner whose birth or adoption preceded the current relationship. A complex stepfamily is a couple family which contains at least one

¹⁷ Same-sex marriage was officially legal in the UK and France from July 2013, in the US from June 2015 and in Australia from December 2017.

biological or adopted child whose birth or adoption preceded the current relationship. These families contain children from:

- each married spouse or common-law partner and no other children
- one married spouse or common-law partner and at least one other biological or adopted child of the couple
- each married spouse or common-law partner and at least one other biological or adopted child of the couple.

Children refer to blood, step or adopted sons and daughters (regardless of age or marital status), who are living in the same dwelling as their parent(s), as well as grandchildren in households where there are no parents present. Sons and daughters who are living with their married spouse or common-law partner, or with one or more of their own children, are not considered members of the census family of their parent(s), even if they are living in the same dwelling. Also, the sons or daughters who do not live in the same dwelling as their parent(s) are not considered members of the census family of their parent(s). Sons or daughters who study or have a summer job elsewhere but return to live with their parent(s) during the year are considered members of the census family of their parent(s).

Statistics Canada (2011, p. 45) defined an economic family as:

a group of two or more persons who live in the same dwelling and are related to each other by blood, marriage, common-law, adoption or a foster relationship. A couple may be of opposite or same sex. The economic family concept requires only that family members be related by blood, marriage, common-law, adoption or a foster relationship. By contrast, the census family concept requires that family members be a male or female married spouse, a male or female common-law partner, a male or female lone parent, or a child with a parent present. The concept of economic family may refer to a larger group of persons than does the census family concept. For example, a widowed mother living with her married son and daughter-in-law would be considered as a person not in a census family. That same person would, however, be counted as a member of an economic family along with her son and daughter-in-law. Two or more related census families living together also constitute one economic family as, for example, a husband and his wife living with their married son and daughter-in-law. Two or more adult brothers or sisters living together, apart from their parents, form an economic family, but not a census family. All census family persons are economic family persons.

In Vietnam, the definition of family is also unclear; a family is ‘a group of persons closely bound together by marriage, blood ties or raising relations, thus giving rise to obligations and rights among them as prescribed in the law’ (Article 3, Paragraph 2, Vietnam National Assembly, 2014). This definition does not mention co-residence in the same household as family members, as does an Article identifying family members (Article 3, Paragraph 16). According to Vu (2007), it is challenging to provide a standard definition of family as family forms are so diverse among societies. However, many researchers in Vietnam have

implied in their studies that family is a social institution consisting of people related to each other by marital, blood and nurturing relationships and co-residing in the same dwelling (Vu, 2007). Thus, it can be seen that there is a consistent perception of family among researchers in both Vietnam and Western countries, not limited to the US. As Tillman and Nam (2008) discussed, using more than one definition of family enable researchers and statisticians to conduct further research on family or make various practical applications of the data. However, for the thesis objectives, the definition of family used in this research is similar to that defined by Vietnam Marriage and Family Law 2014.

Marital status

Older people's family structure differs from general family structure because of the presence of older people in the family and their intergenerational relationships. What are the determinants of older people's family structure? As marital status contributes to forming a family (as noted in the definition), it can be considered the most important key to explore while studying family structure, as it determines family size as well as living arrangements of older people. The relationship between marital status and other aspects of older people's life, such as family structure, health, living arrangement, caregiving, support exchange and wellbeing, have been well documented in many developed countries.

Gaymu, Ekamper, and Beets (2008) examined the marital status and health of European older people to study their structure of living arrangement. They found that coupled with good health, married older people are more likely to live independently. Widowed or divorced elderly tend to live alone if they have good health. With poor health, they tend to live with others or in an institution. For those who never married with poor health, most live in an institution. However, living patterns involving intergenerational co-residence or institutionalisation vary across countries, by family solidarity over social solidarity (Gaymu et al., 2008). Hirst and Corden (2010) studied change in living arrangements of older people in England and Wales following the death of a spouse and found that older couples live independently from adult children, and when the spouse pass away, the widowed elder continues to live alone and this is likely to continue in the future.

Marital status is also closely associated with wellbeing. In general, unmarried people have lower levels of subjective wellbeing than married counterparts (Diener et al., 2000; Kaufman & Taniguchi, 2010 cited in Bierman, 2013; Mastekaasa, 1993), particularly

economic wellbeing among older people (Hank & Wagner, 2012). It also has different effects on health status of older adults and these effects change over time (Bennett, 2006). Additionally, marital status influences the health of older people differently according to gender. For example, research in Brazil found that while no significant difference was observed between health and marital status among male older people, female widows are more likely to have better health than their married counterparts (Bós & Bós, 2007). The disruption of older parents' marriage also negatively influences the interaction between generations (Lawton, Silverstein, & Bengtson, 1994), which may have implications for the wellbeing of older people.

Research in Asia, China in particular, has indicated the relationship between older people's marital status and components of intergenerational relationships, for example, living arrangements and subjective wellbeing. Wang, Chen, and Han (2014) used the Chinese Longitudinal Healthy Longevity Survey conducted in 2008 to examine living arrangements of older people and the connection with their wellbeing. The authors found that older people who co-reside with children have better psychological wellbeing, but only among widowed elders. However, Zhang (2015) suggested that the influence of living arrangements on older people's subjective wellbeing is important regardless of marital status.

From the above studies, marital status of older people, as a part of older people's family structure, has complex impacts on multiple aspects of their lives, including living arrangements, support exchanges, interactions, and ultimately, their wellbeing.

Family size

Family size is a component of family structure. However, identifying determinants of family size is challenging and needs to be examined from multiple perspectives because 'there is not likely to exist any single determinant of family size but a combination of several. It is this possible mix of factors, some economic, some cultural' (Hedican, 2006, p. 317). It is commonly described by number of family members, which may vertically include children and grandchildren, and horizontally, siblings. Family size has been changing over time because of demographic transition and social and cultural changes. Delayed marriage and child bearing are considered factors making families smaller. These have been a common demographic trend in Asia, along with the increase of nuclear

households and reduction in MGHs. According to Croll (2006), this trend contributes to the generation gap and change in household living arrangements in which young people tend to live separately from their older parents.

When life expectancy increases and fertility falls or remains below replacement level, there may be more couple-only households in which the elderly live alone or only with their spouse in single-generation households. Apart from other common types of family structure, such as the nuclear family and extended family, relatively new family forms are emerging, such as the grandparent family in which only grandparents and grandchildren live together. There is also the emergence of modified extended families in which generations live in separate households but keep in contact via phone, mail and email and childless families, where the couple, for whatever reason, do not have children of their own. In the latter situation, intergenerational relationships may be formed and maintained through siblings, children of siblings, more distant relatives or non-family persons. Variations in intergenerational family structure underpin a diversity of living arrangements and other aspects of intergenerational relationships and directly impact on each person in those relationships.

Changes in family size will undoubtedly affect household living arrangements, followed by changes in relations among generations. In the past, a person who had more children had a greater chance of living with their children. However, as the fertility rate falls, a person's average number of children also falls, and their possibility of living with one of their children decreases. Similarly, grandchildren or even great-grandchildren have more chance to know their grandparents or great-grandparents with increasing longevity and multi-generational family lineages (National Institute on Ageing, 2011). The reduction in family size is also found to significantly influence care for older people as more family members, particularly children, increase older parents' resources, including economic and physical support and social contact (Grundy & Read, 2012; Holmlund, Rainer, & Siedler, 2013). Fewer adult children is assumed to be associated with the decline in receiving support among older parents (Zimmer & Kwong, 2003). Nevertheless, a smaller family does not necessarily mean that there will be 'fewer family relationships' (Jones, 2012a, p. 84).

In the case of Vietnam, the traditional family structure involves two or more generations in the same household, largely because of the influence of Confucian ideals of patrilocal

residence, where the majority of married couples live with the husband's parents after marriage (Hirschman & Nguyen, 2002). The solidarity in such Vietnamese traditional families is reported to be strong, with members willing to help each other if they are in need (Pham, 1999). These patterns are changing in Vietnam, with an increasing trend towards smaller, simpler nuclear families. The most common type of household in Vietnam in 1996 was nuclear and modest in size (Hirschman & Vu, 1996). Two-generation households hold 63.4% of the total population, and MGHs are declining. The decreasing number of multi-generational families in Vietnam (MOCST et al., 2008) has specific implications for older people's living arrangements and their intergenerational support exchange. The increase in nuclear families is reported as a positive cause of improving economic and benefit conditions of the family. Having fewer children also increases the amount of investment (both time and money) on children (Jones, 2012a). However, more older people living alone has been reported as a downside of this change in Vietnamese family structure (Nguyen & Mai, 2012).

The Vietnamese population has been in transition, experiencing many socio-economic changes, particularly industrialisation and migration (MOCST et al., 2008). Proportions of MGHs differ between rural and urban areas, with this type of household reported more in urban areas because of housing constraints. Additionally, household size has also declined over time, from 4.8 persons (1989) to 3.78 persons (2009). In 2009, households with more than five members accounted for 28% of total population; the percentage of one-person elderly households (65+) was 1.8 in 1999 and 2.6 in 2009 (GSO, 2011b). The decline in MGHs and household size and the increase in one-person elderly households implies a considerable number of older people no longer co-reside with their children. Instead, they tend to live alone or only with their spouse. However, within the elderly population, the majority was reported to live in MGHs or with at least one child (Truong et al., 1997), which suggests a primary role for the family in care for older members and roles for adult children as major caregivers for their elderly parents.

In general, family is a broad concept and developing a standard definition is difficult because of differences in culture and attitudes among countries and regions. This study focuses on older adults in Vietnam; therefore, it applies the definition of family prescribed in Vietnamese law, as mentioned earlier. Family structure is an essential factor in research on the elderly, as it has close ties with many aspects of their lives including living

arrangements, sources of support, interactions and intimate relationship. The next section discusses these aspects in line with the social change context and their subjective wellbeing as the outcome.

2.2.4. Living arrangements

According to Bengtson's conceptualisation of intergenerational solidarity (Bengtson & Roberts, 1991), living arrangements belong to the second form of solidarity: manifest solidarity. Living arrangements are essential for the opportunity structure underlying relations between generations. It is commonly assumed that elderly who co-reside with adult children have a closer relationship and receive more support from their children than their counterparts who live separately from their children. This assumption needs to be investigated with attention to variability in the quality of relationships and wellbeing as well as levels of material support.

The elderly's living arrangements may be the most important element in studying intergenerational relationships and older people's wellbeing, as considerable research takes this into account as a key component in their analyses in both Western and Asian countries (Chan, 1997; Isik A. Aytac, 1998; Kim & Rhee, 1997; Knodel & Debavalya, 1997; Pfau & Giang, 2010; Truong et al., 1997). The following section reviews the literature on living arrangements in the international context and Vietnam as the country of study.

In developed countries, which have more advanced social security, pension and health care systems and many services for the elderly, the necessity for older parents to live with their children is lower than for counterparts in developing countries, which have little government support; older people in these countries have few alternatives to rely on, particularly family support in later life (Bonggaarts & Zimmer, 2002). In Australia, as an example, older people prefer to live independently in their own house rather than with their children. Greater economic resources and improved communication, transportation and housing supply allow them to live separately from children if they are financially independent and healthy (Kendig, 2000). However, they tend to live with younger family members when difficult economic conditions add pressure towards co-residence, which may provide benefits for both older parents and adult children (Sloan, Zhang, & Wang, 2002). Whether older people live on their own or with children is strongly influenced by structural conditions, or 'choices, necessity or social custom' of generations (Hashimoto,

1991, p. 363). While choices are related to the independence of older people in deciding with whom they may live (including on their own), necessity and social custom refer to pressures that they may experience when determining their living arrangements.

It is clear that the availability of aged care institutions and better social welfare systems provide more opportunity for older people in developed countries to ‘choose’ their living arrangement. In North Europe, living arrangements are also influenced by social norms. Older people live independently, away from their children who leave their parents’ house in their late teens because of cultural norms that ‘have always been the independence of generations’. Conversely, cultural norms in South Europe generally encourage children to stay with their parents until they marry (Giuliano, 2006, p. 3), indicating the strength of cultural norms notwithstanding the availability of resources that people have while choosing living patterns. Whether older people’s living arrangements in developed countries will change or continue in the current situation (Velkoff, 2001) is challenging to address.

For older people living in developing countries, choice of living arrangements is ‘limited’ by traditional culture, lack of resources and governmental support/services. Thus, families and kinship networks remain the major institutions for aged care. Bonggaarts and Zimmer (2002) found that co-residence is the most common form in Asia and older people tend to live with sons rather than with daughters, implying the strength of the traditional culture of son preference in Asia. However, other research, particularly on living arrangements of elders in Southeast Asian countries including Thailand and Cambodia, found that in their traditions, elders in Cambodia who live with children are more likely to live with daughters than sons, which is similar in the case of Thailand, and they also tend to live with unmarried rather than married children (Zimmer & Kim, 2001). Co-residence with adult children was also found common in Malaysia, despite the influence of modernisation. Co-residence is strongly associated with older people’s age, with the traditional notion that adult children are the primary sources of elderly care, and varies between rural and urban areas (Mohd, Senadjki, & Mansor, 2017).

Although living arrangements is a common research topic among social sciences in Vietnam, the case of the elderly received less attention from Vietnamese researchers until the 1990s, in a limited scale. Two main factors influence living arrangements of older

people: resources and vulnerabilities, and cultural preferences. Culturally, Vietnamese older people's living arrangements are influenced by Confucian traditions, in which older people are expected to live in multi-generational families or with adult children. However, they are also determined by the housing and land availability of older people (Hirschman & Nguyen, 2002). The roles and positions of older people vary with home ownership and household headship. If they live in a house owned by relatives, they are perceived as dependent, at least for accommodation; conversely, they are seen as support providers if they own a home other relatives live in.

Another aspect related to cultural traditions is the Vietnamese kinship system which, as Guilmoto (2012) pointed out, is patriarchal in the North, particularly the Red River Delta, and more bilateral in the South. This observation had been reported earlier as Bui (1999) argued that Vietnam is a particular case where integration of Eastern and Southeast Asian cultures regarding kinship systems and living arrangements has occurred. This suggests that Vietnamese family living arrangements are inclined more to bilateral than patrilocal residence, which is more common in East Asian countries such as India and Sri Lanka. The patrilocal residence is a social system referring to a married couple residing with or adjacent to the husband's parents. Bilateral residence system, however, is more egalitarian in considering the importance of both the husband's and wife's sides in arranging couples' living patterns. Although patrilocal residence is popular in the country, matrilocal residence is relatively more common in the South of Vietnam than in the North (Bui, 1999). This also suggests cultural difference between the two regions of the country, influencing how families arrange their living patterns.

Patrilocal residence and the kinship system is closely related to son preference in Vietnam as a component of Confucian ideology. The reasons Vietnamese parents 'must' have at least one son are that the son carries the family line, practises ancestor worship and cares for parents when they are in their advanced age. However, the roles of daughters are not less important than sons regarding emotional closeness, financial contributions and taking good care of their older parents (UNFPA, 2011c). How does having a son influence older people's living arrangements? A vast majority of Vietnamese elderly live with their children and spouses and slightly more than half live in three-generation households. This suggests that the most critical source of support for the elderly is their family, generally patrilineal in nature (Truong et al., 1997), explaining why the proportion of older people

living with sons is higher than with daughters, especially in rural areas (Truong, 1999). However, the number of older people living with married sons falls when they are the heads of the household, which implies that whether the elderly are dependent or independent partially affects their living arrangement patterns (Pfau & Giang, 2010).

Traditionally, Vietnamese older people expect to live with their eldest son, and they are 'typically supported in their old age by their sons', 'therefore, a son is more desirable as an investment' (Haughton & Haughton, 1995, p. 325). If they do not have a son, they may live only with their spouse or live alone, and may move into a married daughter's house when they become widowed. Son preference is no longer as dominant as in traditional custom but is still present, because it helps improve the position of women in the family and men in society. If a couple does not have a son, they may face social pressure, especially from the family. With modern technology, having a son has become easier, and thus son preference continues, and continues to influence older people's living arrangements.

Age is another significant factor influencing older people's living arrangements. As older people age, they tend to live with relatives rather than on their own (Soldo, 1981), which may depend more or less on the necessity and social custom rather than choice. Age, together with health, strongly influence living arrangements. As the elderly age, they face more health problems and may need care, resulting in a majority of older people (mostly aged over 70) choosing to live with their sons as health care services and assistance for older people in Vietnam are insufficient (Duong, 2001). However, age is a controversial variable in research on living arrangements. In fact, it is hard to determine whether age itself influences older people's co-residence with children, as previous research has noted that, at an older age, the elderly tend to live alone or only with a spouse rather than with children (Pfau & Giang, 2007).

Demographic transition, modernisation and migration play important roles in changes in Vietnamese families, including the increasing number of nuclear households in which a couple lives with or without their blood children or a parent lives with their blood children in a dwelling (GSO, 2012, p. 38). According to this definition, a nuclear family includes an older couple with or without children and an older person with children. In the current Vietnamese context, older people are found more in MGHs but this is falling over time. Single elderly households or nuclear households with an older couple are increasing. With

changes in family structure, the elderly's living arrangements have also become more flexible to adapt to new situations, in 'response to internal pressures and external influences' (Hirschman & Nguyen, 2002, p. 3), such as living near children. This living pattern helps to secure both affection and support exchanges because of proximity. It is found more commonly in rural areas, while elderly living in three-generation households is more popular in urban areas, perhaps because of housing constraints in urban areas.

Truong et al. (1997) found that a majority of the elderly live with at least one child, and the percentage of those living alone is minimal, but more common in the rural areas and among women. The authors also indicated that at least half of the elderly live in three-generation households and, interestingly, this is more popular in urban than rural areas. This is because older people's financial dependency on children is more common in urban areas and married sons are the primary sources of financial support. Alternatively, housing constraints are more serious in cities than in rural areas. In addition, older people's living arrangements potentially influence types of support from their children, and the extent of communication between children and older parents. For example, those who live with children receive food and daily needs from their co-resident children, while others receive money and expensive goods from their non-co-resident children (Truong, 1999). Although this research describes only the living arrangements of the elderly and conducts a simple regional comparison, it provides a quite detailed descriptive analysis on living patterns of the elderly and how these relate to the elderly's wellbeing in terms of emotional and physical support from family members.

Other research has attempted to address changes in older people's living arrangements and determinants by conducting multinomial analysis using VLSS and VHLSS (Pfau & Giang, 2007). Researchers found a high proportion of elderly living with children, but this is falling over time, instead, being replaced by the gradual emergence of living alone or with a spouse, especially among older elderly. Evidence also shows that married elderly are less likely to live with children. Moreover, consistent with Truong (1999), urban older people are more likely to live with children or other relatives than rural counterparts. Interestingly, elderly who own their homes are more likely to live separately from their children, which indicates the influence of older people's independence from their children in regards to choice vs necessity of co-residence with children. However, the authors also indicated limitations of this research, which focuses on individual and household characteristics when

examining elderly living arrangements. In fact, there are more critical factors that may influence decisions on living arrangement patterns, such as health, the affection relationship and number and gender of children.

One significant issue related to older people's living arrangement is the increase of older people living alone or only with a spouse and living in skipped-generation households as the consequences of domestic migration of the younger generation, particularly from rural areas (Tran, 2016). The implications of this trend include the risk of poverty in cases where older people receive inadequate support from adult children and a care burden, not only for themselves but for grandchildren. The 'left-behind elderly', as indicated in research by Tran (2016), also have to face a 'lack of care and affections from others as the children are far away', while the 'majority of their children rarely return home' (Tran, 2016, p. 46).

Although this research was based on a case study in three rural communities in Vietnam, it indicates the apparent impacts of social changes and processes that may not only modify household living arrangements but have extensive effects on family relationships and generations' wellbeing.

One of the most significant pieces of research on living arrangements of Vietnamese older people was conducted by Hoang (2015) using multiple datasets including VNAS 2011. The author examined living arrangements of older people from the perspective of care provision and a demographic approach. Co-residence in this analysis was the central family support assistance among members. Results of this study show a decreasing trend of older people living in MGHs and increases in living alone or only with a spouse, varying between rural and urban areas. Left-behind elderly were reported via case studies as the result of out-migrant adult children. They might migrate to urban areas with their children but not share food, live with others or move to an institution, which the author stated as strategies for older people to adapt to the changing context. The author then assumed that 'destitute elders in the past could have more options of living arrangements than elderly today' (Hoang, 2015, p. 85). Nevertheless, the question of whether this is an adaptation to the emerging circumstances of the family or whether there is no other choice for older people regarding their living arrangements is difficult to address, because living arrangements are interrelated with different spheres of family life, including resources and vulnerabilities of family members, intimate relationships and mutual support exchanges.

Research on ageing, particularly on older people in Vietnam, has specific gaps because there was no significant research on the elderly and ageing in Vietnam for a long time (until the 2000s), perhaps because of the lack of financial resources and urgency regarding population ageing. Hence, from the literature review, it can be seen that there is a lack of comprehensive research examining older people's living arrangements. Some explores the changes in living arrangements of older people but covering all aspects that impact on the subject is limited by data. A few studies focus on the potential correlation between older people's living arrangements and their independence, which, to some extent, is a driving motivation. This thesis attempts to comprehensively describe the current living arrangements of older people, changes in living arrangements and determinants using data from a nationwide survey. The next section discusses mutual support among generations, closely related to living arrangements of older people.

2.2.5. Intergenerational mutual support provision

Intergenerational exchange can be understood as the giving and receiving of support between generations or, as in Silverstein (2005), 'a dyadic affair' referring to goods or services exchanged between individuals in a family network. It reflects a family function of providing support or transferring resources among members (Frankenberg, Lillard, & Willis, 2002). Intergenerational exchange does not only occur in families but in communities and social environments, in both downwards and upwards directions. These exchanges may relate to 'human capital transfers', 'life-skills', 'values and norms' and 'culture and history' (Lloyd, 2008). Within the family, intergenerational exchange occurs in various forms, encompassing financial and in-kind exchanges, household chores, providing care, emotional support and providing advice. Generally, intergenerational exchanges cover not only material but emotional and physical exchanges between older parents and adult children (Bengtson & Roberts, 1991). It is one of the fundamental factors in assessing elderly intergenerational relationships because it relates to parent-child affection and association solidarity.

Regarding studies on intergenerational support exchange in developed countries, a critical point found by Hogan, Eggebeen, and Clogg (1993) when studying support exchange in American families is that forms of support between parents and children have been analysed separately in many research studies, leaving research questions on 'exchange' unanswered. Later, Hogan and colleagues analysed these forms as multiple indicators of

receiving and providing assistance models. They found that the majority of Americans were not in a pattern of giving and receiving support at any point in time, but that this changes though older people's life span. Having more children reduced the chance of older parents' having roles as exchangers in any specific filial relationship but increased the likelihood of support exchanges with at least one adult child. That is, some adult children do not receive support from older parents because of other adult children, 'who may compete for aid' (Hogan et al., 1993, p. 1453). From the older parents' perspective, they likely have a greater chance of receiving support when they have more adult children, especially daughters. Alternatively, geographic distance and lack of socio-economic resources limit intergenerational exchanges in American families. Adult children have less chance of receiving aid from their older parents with physical distance but this is not a barrier for adult children to provide aid for their older parents in times of need.

Other aspects include older parents' need for care and available resources of adult children. While the elderly's demand for support from their children depends on their health and economic condition, children's support provision depends on their available resources. 'Parent's and children's differential resources and needs at different life stages influence the content, direction, and recency of exchanges between them' (Lin & Wu, 2014, p. 2). This emphasises mutual support relationships, which may differ from time to time, family to family, and with family structure and resources.

One important question from this point pertains to what approach research should apply when examining support exchange relationships between older people and younger generations, because intergenerational support exchange does not happen at one point in time, but changes over the lifespan. For example, the reciprocity approach broadly indicates that people provide support to others and also expect to receive help at times of need from support receivers. Also, the receivers should provide help and not injure those who have helped them (Gouldner, 1960, p. 171). Thus, reciprocity may occur 'swiftly or with long time lags' (Verbrugge & Chan, 2008, p. 6) and the exchanged subjects can also differ between parties and over time. In older parent-child relationships, for example, parents have provided financial and emotional support for their children when they were kids. As parents age, they receive financial and care support from their adult children, and in turn, may provide other types of support, including grand-parenting and housework. Support transfers between generations, whether over time or at a point in time, as indicated by

Verbrugge and Chan (2008), depending on resources and needs. Thus, investigation of reciprocity between generations ideally requires longitudinal data, to capture changes in flows, types and frequency of support exchange over lifespans; however, there are few such studies in the literature.

Intergenerational exchanges interrelate to several factors, which may include the economic resources of family members, health conditions, proximity between generations, familial norms and values, and the altruism of family members towards each other. It also strongly relates to the expectations and attitudes towards care for the elderly. Elderly in the West are reported to prefer maintaining their independence and support from their adult children may not be required (Kendig, 2000). In developed countries in Asia, the main flow of support between the generations is believed to be from adult children to older parents, as result of the patriarchal culture of filial norms and obligations (Lin & Yi, 2013). Younger generations benefit by continued participation in the workforce and more educational and other opportunities earlier in life.

Intergenerational exchanges vary among regions and differences in intergenerational support exchange have been evident not only between Western and Asian countries, but between countries in Asia because of the diversity in cultural background. Discussing the case of China, where culture regarding familial norms are similar to Vietnam, Fang Cai et al. (2012) indicated that the most critical source of support for the elderly is from their family. Rural older people receive much greater support from family than urban counterparts because the percentage of the elderly receiving a pension is much higher in urban than rural areas. However, this is not so in each country: in Thailand, for example, Knodel and Chayovan (2008) found that there is no significant difference between rural and urban areas regarding percentage of elderly receiving financial support from their children, but a modest difference in food and clothing provision.

Support exchange between generations is associated with living arrangements. Research from China by Chen, Leeson, and Liu (2016) indicated that older people who are not co-residing with children are more likely to receive financial support than those who live with children. The authors predicted that older parents living near children may be the main pattern of living arrangement in the future, as co-residence is declining in Chinese society. This research only took into account some socio-demographic and health variables, while

living arrangements and financial transfer from children also depended on social relationships, altruism and filial obligation practice among children. The research only examined upwards financial support from children, considered a limitation because co-residence brings mutual support between both parties in the exchange relationship.

Social perceptions of intergenerational support have proved relatively important in deciding the pattern of support exchange, but this varies with social context. For instance, in Indonesia, where the dominant living setting is the nuclear/bilateral model and older people expect to live independently from their adult children or have a child live nearby, social values influence support exchange differently. Older people in East Java believe that they will lose their social status if they do not have return contributions in exchange for their earlier support of children. On the contrary, among the West Sumatra community, older people receive their children's support as 'a positive value', even when they are wealthy (Kreager, 2008). In this case, as found by Frankenberg et al. (2002) in their study on Southeast Asia, the support seemed to be adult children's repayment to parents for what parents provided earlier rather than the need of the parents. This clearly indicates the influence of culture norms or social perceptions of intergenerational exchange.

As a Southeast Asian country, what is the perception of intergenerational exchange in Vietnam? Obviously, there are similarities as well as differences among Asian countries in regards to demography and culture, and thus, large differences in social norms, values and expectations in intergenerational exchange. One influential factor is religion, which makes Vietnam and Indonesia somewhat similar in terms of social norms and value of filial piety. Though Vietnam is strongly influenced by Confucianism and Indonesia is the largest Muslim country, both religions have certain rules of caring for older parents. For instance, according to the Holy Quran, a person must do well by their parents, respect and honour them. Children must bear the responsibilities of caregivers to older parents as they age, because they have spent their whole life sacrificing themselves for their children's welfare (Naeem & Shah, 2013). Religion, through its rules, is strongly able to form and maintain social perceptions; in this case, filial obligation.

In the context of Vietnam, a significant study conducted by Knodel et al. (2000) focused on the co-relation between intergenerational exchange and family size, sex composition and the location of children. The exchange in this paper was measured by three factors,

including co-residence, provision of money or goods and provision of food and necessary items for daily living. It showed the critical role of number of children, regardless of gender, for older parent support. The more children the elderly have, the more support they receive from their children, especially from non-co-resident children. Further, when adult children's incomes increase, the amount of support increases as a compensation for the reduced number of children of older people. This argument is over-optimistic, as it does not take into account other economic factors that may influence adult children's support, such as inflation in Vietnam. This research also has few analyses on the range of mutual support or 'exchanges' between generations, as it concentrated more on the support from adult children towards their older parents. The elderly's supports for their adult children have been created as independent variables in this analysis; specifically, the impact of the number and gender of adult children in the exchange relationship. The findings indicate no significant relations between these variables, except for providing care for grandchildren, which was more common among northern households with only adult daughters.

Unfortunately, little research in Vietnam focuses on 'exchange' or mutual support, which helps to identify the flow of intergenerational support and provides more insights into the mutual relationship among generations. The majority of literature in Vietnam concentrates only on upwards support to older parents. The study in Chapter 6 of this thesis focuses on intergenerational mutual support provision and captures support flows and types from both sides. However, because of data limitations, it cannot be considered a 'reciprocity' relationship but rather 'a-point-in-time' exchange because the data only covered information on support exchange over 12 months from the date of the survey (cross-sectional survey). Also, information on support from adult children as providers was reported by older people themselves, and hence, could be inaccurate.

2.2.6. Intergenerational association, affection and consensus

Intergenerational association, affection and consensus are interactions, positive sentiments and agreements among generations in families that affect intergenerational solidarity. Measurement of these elements is relatively complicated as it relates to individual perceptions, attitudes and emotional, bonding feelings towards other family members. Nevertheless, they are part of a comprehensive scheme when studying parent-child relationships; conflict was added later when the conceptualisation was revised. These attitudes can be measured by frequency of interactions, ratings of affection, perceived

reciprocity or similarity of values, attitudes or beliefs (Bengtson & Roberts, 1991). The complex interrelations among these elements lead to a re-examination relationship among them, results of which have found that generational affection and association have a close relation while consensus is more likely to be independent. Moreover, the degree of affection and association also depends on each generation's perception of familial norms. When there is a higher perception of familial norms, there is a higher degree of affection, which may lead to a close association between generations.

MaloneBeach, Otani, and DeGenova (1999) studied the relationship between affection, association and elderly caregiving among American families and found a negative correlation between adult children's level of intergenerational association and family status of elderly caregiving. It surprisingly indicated that intergenerational affection and association is lower among families providing care for the elderly than in families without caregiving for the elderly. However, if there is a 'history of affection' between children and older parents, there is more likely to be active mutual support and help exchange between them. Moreover, earlier conflicts between generations were not associated with levels of contemporary help and support exchange (Parrott & Bengtson, 1999).

Association provides opportunities to generations to exchange emotional and instrumental support, which improve the wellbeing of both parties across their lifespan, particularly in later stages of life (Baranowska-Rataj & Abramowska-Kmon, 2018). Number of adult children significantly influences older people's social contacts. Grundy and Read (2012) in their research on older people in England found that older people experience more frequent face-to-face visits with children than their childless counterparts and having at least one daughter is even more critical than number of children. The authors also indicated that larger family size positively influences older people's likelihood of receiving support from children. The finding on number of children and the magnitude of social contact between older parents and adult children was confirmed in the research of Baranowska-Rataj and Abramowska-Kmon (2018) on European countries, but the frequency of social contact varied among countries, depending on how the children perform filial obligations. From these findings, number of children can be considered an opportunity or resource for intergenerational interactions, but not a standalone factor influencing this relationship. Other underlying factors including social norms and values and quality of intergenerational relationships may play a more significant role in determining interactions.

The quality of social relationships between generations may play a crucial role in deciding living arrangements, children's care provision for their older parents and frequency of interactions between generations. As noted earlier, older people in Western countries commonly live independently from their children, raising concerns about the quality of relationships and support exchange between generations. However, geographic distance between generations depends on intergenerational cohesion in early stages of life. Closer emotional relationships encourage adult children to live near their parents and child-parent bonds are even more important than other components of intergenerational solidarity (Gillespie & van der Lippe, 2015).

At the family level, intergenerational solidarity regarding affectional and consensus relationships is somewhat different from the individual perspective. Sechrist (2008) found affectional solidarity is strong in American families among the small number of families covered in the study. One of the most significant contributions of this study is that it provided experimental evidence on family dimensions for the relationship between affectional solidarity and emotional support among mothers and children. An interesting finding is that a high level of solidarity and depression encouraged positive relationships, explained by high demands of children on the mothers, which, according to the author's argument, is not clear from studying at the dyad level. Limitations of this research were that it included only a few characteristics of the mothers in its analysis (marital status, family size, proximity and education); other essential variables that potentially influence mothers' wellbeing were not included.

The above research was conducted in Western countries, where the social context, values and norms, and culture of intergenerational relationships differ from Asian countries. Thus, the performance and implications of generational affection, association and consensus will also be entirely different. As discussed earlier, co-residence with adult children is declining among older people in Asia (while independent living is common among Western older people as a social norm) because of economic improvement and changes in perceptions of and attitudes to filial responsibility. This decline may have implications for intergenerational social relationships because when older people live on their own, they have fewer opportunities to interact with adult children and grandchildren.

There are few studies on this topic in Vietnam, although issues related to social relationships between older people and adult children and grandchildren exist and are being reported along with rapid social change. One study concluded that relationships among generations in Vietnam are relatively tight because the researchers recognised the existence of instrumental and intimate exchanges, care and agreements on norms and values between generations (Le et al., 2011). However, it is difficult to define closeness regarding relationships among generations. Additionally, some important indicators of intergenerational relationships were excluded in this analysis, such as types and frequency of interactions between generations, living arrangements, older people's resources and their health, which led to limitations in its conclusions.

Other research on the concordance among generations in Vietnam indicated a harmony in perceptions of family and marriage, particularly in premarital sex and cohabitation (Le, 2009b). However, this research only focused on four research sites in Hanoi (the capital city) and Hung Yen (a northern province), while regional culture as well as effects of modernisation differ geographically and may significantly influence perceptions. H. M. Nguyen (2012) reported increasing generational conflicts or ambivalence along with changes related to lifestyles, educational orientations, family business and financial decision making. These and other influences need to be taken into account when analysing intergenerational relationships in Vietnam.

2.2.7. Older people's life satisfaction

The concepts of life satisfaction, quality of life, subjective wellbeing and happiness are sometimes used interchangeably because of their overlap in meanings and implications. For example, the concept of happiness overall refers to individual judgement of quality of life as the whole (Veenhoven, 2012), which, so far, has not been universally defined. A broad definition that covers many aspects of an individual's life introduced by World Health Organization in 1995 is that happiness is 'affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment'.¹⁸ Happiness also requires satisfaction with life as a whole (Diener et al., 1985) because assessing specific aspects of a person's life could imply that he/she is happy with, for example, her career but dissatisfied with her

¹⁸ WHO website. Retrieved from <http://www.who.int/healthinfo/survey/whoqol-qualityoflife/en/>

personal life. In this case, the meanings of the two concepts are different (Veenhoven, 2012). Nevertheless, if considering happiness as the ultimate objective in life, life satisfaction is closely related to happiness (Ng, 2015). Life satisfaction is an indicator of quality of life, which suggests that a high level of life satisfaction implies better quality of life (Veenhoven, 1996), and thus, it has been considered a ‘global appraisal’ of quality of life (Vassar & Merrick, 2012). It can be seen that the interrelationship between life satisfaction and other concepts including happiness, subjective wellbeing and quality of life is complicated. In the most straightforward interpretation, it can be considered happiness on the whole, and can also be referred to as quality of life on the whole.

Research on life satisfaction and quality of life has been conducted in Western countries for decades. Diener et al. (1985) developed a scale to measure life satisfaction with five items including (1) in most ways my life is close to my ideal, (2) the conditions of my life are excellent, (3) I am satisfied with my life, (4) so far I have gotten the important things I want in life and (5) if I could live my life over, I would change almost nothing. This scale has been used in a significant number of studies on life satisfaction as a part of subjective wellbeing, with many investigating life satisfaction of people with health problems, especial mental health (Pavot & Diener, 2008). In Asia, there is also a significant literature on life satisfaction. For example, the study of Ngoo, Tey, and Tan (2015) on determinants of life satisfaction found that income is not as strong as marital status and living standards in predicting life satisfaction. A study of Malaysian farmers suggested the importance of community connection to life satisfaction (Terano & Mohamed, 2013).

In regards to studies on older people, life satisfaction is also a subjective measure of wellbeing, related to cognition, that needs to be understood in the context of older people’s lives, inclusive of physical and mental health, social participation, family relationships, living arrangements, as well as age and gender structure and social variations in cultural and economic environments (Chaonan, 2001). Studies on older people’s life satisfaction have been conducted for several decades in developed countries, where governments have been aware of encroaching population ageing or already experiencing this demographic phenomenon. Researchers in developed countries have found that the concept of quality of life goes beyond health to other indicators including social relations (Bonsang & van Soest, 2011; Tomini, Tomini, & Groot, 2016) and actively participating in social and personal activities with no functional limitations (Netuveli & Blane, 2008). Fengler, Danigelis, and

Grams (1982) examined American older people's life satisfaction and found that marital status is a strong determinant of life satisfaction among older people. In Europe, family life, social life and health are the most influential predictors of older people's satisfaction (Delhey, 2004).

In the range of research on intergenerational relationships, life satisfaction of older people is closely related to living arrangements, support exchange and harmony between generations. Shin and Sok (2012) investigated the correlation between living arrangements and life satisfaction among Korean older people, and found living with family has a positive influence on life satisfaction and that older people who live alone are less satisfied with their life. The cross-national research of Lowenstein, Katz, and Gur-Yaish (2007) addressed the relationship between reciprocity, intergenerational exchange and life satisfaction in five European countries. Older people who play the role of support providers are more likely to be satisfied with their life than those who are merely recipients. This research, further, identified the importance of intimate relationship to the wellbeing of older people.

The perception and measurement of quality of life are not unified in research in either developed or developing countries. Most research concentrates on health-related quality of life (HRQOL). According to Vo, Ha, and Chaikledkaew (2017), the major studies on quality of life in Vietnam in general use the HRQOL instrument WHOQOL-BREF, which considers four domains: physical health, psychological health, social relationships and environment. However, they still focused more on HRQOL than the whole domains including social relationships or social inclusion. Others used EQ-5D measurements, which specifically measure HRQOL (Le, Nguyen, & Lindholm, 2010; Riewpaiboon et al., 2014; Tran, Ohinmaa, & Nguyen, 2012). This has been a common trend in research on quality of life in Vietnam because most focuses on different subgroups of patients.

Older people's life satisfaction has recently caught the attention of the developing world, as these countries will soon face population ageing. Vietnam is one of the fastest ageing countries (UNFPA, 2011b) and has experienced rapid social change along with significant improvements in the economy, health, education and social equality. The benefits of these improvements partly reflect the subjective assessment of residents in general and older people in particular about their lives. Research in Vietnam stresses health and economic

conditions (Hoang et al., 2010; Le et al., 2010; Nilsson et al., 2012), and pays less attention to older people and social aspects.

Recent research by Yamada and Teerawichitchainan (2015) examined the relationship between living arrangements and older people's psychological wellbeing using VNAS 2011. Psychological wellbeing was measured by happiness, depression, loneliness, poor appetite and sleep disorder with a 0–10-point scale. The authors found that co-residence with children facilities better psychological wellbeing among Vietnamese older people. The results from this research have valuable implications for the mental health of older people, particularly those who are non-co-resident with children because of children's migration. Nevertheless, the living arrangements in this research were only defined as co-residence with children and quasi-co-residence (children living next door) or not, which limits the influence of living arrangements on psychological wellbeing of older people, because living with dependent children or having a grandchild in the household is totally different from living with independent children. Also, living in MGHs is different from living only with children. This research also examined children's support to older parents in their model, but did not include older people's support to children, for example, providing care for grandchildren.

Traditional culture (such as having a son or grandson and living arrangement patterns), social norms and values regarding older people's roles and their relationships within the family and community remain sharp in Vietnam, possibly contributing to determining older people's assessment of their life. Researchers also found broader perceptions of life satisfaction determinants among older people, to encompass social relations, social participation, harmony within the family and community engagement, filial relationships and the success of children (Nguyen et al., 2012). In this thesis, the concept of life satisfaction is used as a component of quality of life; more precisely, it is used to illustrate a part of older people's quality of life, based on specific aspects including health, financial situation and family social relationships. This thesis supposes that beyond health and economic conditions, social relationships of older people play the primary role in determining their life satisfaction.

In general, specific changes in intergenerational relationships according to the historical and social context of the Vietnamese family have been recognised. It is hard to clearly

identify whether the relationships are growing stronger or weaker with the influences of social change and development, but new factors are arising; for example, new family structures contributing to changes in household living arrangements of the elderly, changing perceptions of the family and its relationships, including affection and concordance because of the integration of new culture and values from the West regarding filial piety as well as ageism. Although comprehensive research on intergenerational relationships in Vietnam is lacking, some studies have already examined multiple aspects such as living arrangements of the elderly and the parent–adult child relationship, suggesting further research on the deeper reasons for older adults’ decisions on patterns of living arrangements and the motivations for support exchange. That work might require qualitative analyses and both psychological and anthropological approaches.

Chapter 3 Research Design, Data and Methodology

This chapter discusses the research design of the thesis based on its objectives and research questions. It also provides information on sources of data used in this thesis including sampling method, original purposes and objectives of these surveys, and survey instruments. The strengths and weaknesses of each database are discussed in line with the objectives of the thesis.

3.1 Research Design

Theoretically, this thesis partly employs Bengston's approach to intergenerational solidarity and aims to test the theory and hypotheses in the context of a developing country. It applies a quantitative research design, which primarily adopts cross-sectional methods with some comparative components. The reason for implementing a quantitative research design is that it enables a deductive theory-based research process that allows researchers to incorporate proposed research questions as well as test hypotheses (Kalaian, 2008), identify influencing factors and understand the predictors of outcomes (Creswell, 2014).

Quantitative analyses help to identify determinants of older people's living arrangements, address the relationship between older people's resources and vulnerabilities and their intergenerational support exchange, and determine the factors that influence the social relationships of older people and their children, and hence, their satisfaction with life. The thesis uses secondary data that are suitable for quantitative research design topics (Kiecolt & Nathan, 1985)

This thesis analyses four datasets that cover several inter-related spheres of family and older people's lives. Limitations in time and financial resources did not allow the researcher to conduct a new survey. Hence, this research employs data from several national-wide studies with nationally representative samples, taking advantages of these datasets to address related research questions. The advantages of using secondary datasets are that they have large sample sizes and a variety of measures of constructs (Greenhoot & Dowsett, 2012). They can help to address complicated research questions in social sciences, particularly in studies on human behaviour (Davis-Kean, Jager, & Maslowsky, 2015). The use of secondary data analyses of surveys conducted by experts also helps to limit data collection problems. The combination of multiple secondary datasets has been used in

different disciplines and has proved to be useful in examining the causal relationship among different dimensions of a particular research topic (Brewer, 2007).

Multiple data sources are applied to address the research topics, specifically in comparative analyses. For example, two sources of secondary data are used in Chapter 5 for a comparative study on changes in living arrangements of older people between two time points. Another two datasets are used in Chapter 7 for examining the social relationships of older people, and another two datasets are used in Chapter 8 for investigating older people's life satisfaction between 2005 and 2011.

The data sources also have limitations for this type of analysis. First, the data may be outdated, which is of concern given the rapid social change in Vietnam. Second, the data may not cover all the aspects of the research topic. Last, the measurements of specific variables may not match for comparative analysis using multiple datasets. Nevertheless, the main limitation is data availability (Kiecolt & Nathan, 1985). The advantages and disadvantages of datasets used in this thesis are discussed in the following section.

3.2 Sources of Data

This thesis uses four secondary databases to address the research questions:

- Vietnam National Ageing Survey 2011 (VNAS 2011)
- Regional Ageing Survey 1996–1997 (RAS 1996–1997)
- Vietnam Family Survey 2006 (VFS 2006)
- WHO-SAGE INDEPTH 2007 (WSI 2007).

Permission to use the above datasets has been granted by the copyright owners, and Human Ethics Approval was granted unconditionally by the ANU Human Ethics Committee Protocol 2017/862. The VNAS 2011 is used as the primary data source for analyses throughout the thesis; detailed information about the survey and data is discussed in the following section. For other data sources, available information is also provided, together with a critical discussion of the strengths and weaknesses of each data source.

Vietnam National Ageing Survey 2011 (VNAS 2011)

This survey is one of the components of Project VIE022 'Promoting rights of disadvantaged older people in Vietnam', coordinated by Vietnam National Women's

Association, funded by Atlantic Philanthropies and technically supported by HelpAge International. The VNAS 2011 survey was conducted by Indochina Research and Consulting (IRC) and the Institute of Social and Medical Studies (ISMS). The primary purpose of this survey is to provide scientific evidence that can be used for designing and implementing support programmes and intervention as well as policy advocacy for older people. It provides essential and comprehensive information on older people's lives, focusing on four topics as per its primary objectives (Vietnam Women's Union, 2011, p. 18):

- Socio-economic characteristics of Vietnamese older people, including education level, marital status, living arrangements, work and employment, income sources and poverty status. Moreover, information on caretaking of older people by their families, communities and society as a whole is provided.
- Health status and disease patterns of older people and their access to healthcare services.
- Older people's understanding and perception of and access to their rights and legal rights, as stipulated by laws and regulations for older people.
- Older people's contributions to their families, communities and society as a whole, with information on what older people do for their families and for their communities and society via their participation in community activities and local organisations.

Sampling method

This 2011 survey is the first national survey in Vietnam on ageing and older people. The national sample included elderly participants aged 50 and older selected with probability of selection proportional to local population size. The data were collected from respondents living in 400 villages in 12 provinces of Vietnam. The sampling procedure followed four steps: (1) identifying 12 provinces from six regions, (2) choosing 200 communes¹⁹ from 12 selected provinces, (3) randomly choosing two villages in each selected commune and (4) randomly selecting 15 people aged 50 and older (10 for interviews and five for alternatives). The total sample of this survey is 4,007 individuals aged 50 and older, with a

¹⁹ The third-level administrative subdivision (*communes* in rural areas and *wards* in urban areas).

very high response rate of about 96% and minimal missing data. This thesis only uses information on people aged 60 and older as they are central to this research, and hence, the sample size in this thesis is 2,789 respondents. The survey used proxy respondents at the time of the interviews if the chosen respondents were unable to answer the questionnaire, which might help to increase the response rate of the survey but can introduce measurement error (Cohen, 2008). For example, in the levels of interaction between family members. Depending on the content of each section of the questionnaire, only older people themselves were asked to answer specific questions that are more subjective or personal, such as those about their awareness or assessment. Specific questions on subjective assessments of respondents are skipped in case answered by proxy respondents. Proxy response rates accounted for around 5% of the sample.

Survey tool and data management

The survey questionnaire was developed based on previous research on ageing populations in developing countries, including World Health Organisation Study on Global AGEing and Adult Health (WHO-SAGE) and UNICEF's studies, and other national surveys including Population and Household Survey (PHS), Vietnam Household Living Standard Survey (VHLSS) and Vietnam National Health Survey (VNHS) (Vietnam Women's Union, 2011).

The data management process was strictly managed by a research team from ISMS and IRC. The completed questionnaire was checked before data entry. Data entry was done twice into two datasets and cross-checked between the two datasets to ensure an acceptable difference (less than 1%).

Strengths: The data contain several key variables for examining Bengtson's conceptualisation of intergenerational solidarity, particularly living arrangements, and interpersonal associations, affection and intergenerational exchange. It also provides the basis for comparative analyses of living arrangements between 2011 and 1996 (RAS 1996) and life satisfaction between 2005 and 2011 because of the similarity in measurement of some key variables.

Weakness: Data were collected from only one elderly informant in each household to provide information for the whole family. According to Mangen (1986), this can limit

validity and create potential ‘perceptual biases’. However, this is a standard approach for most surveys on ageing that recruit older adults as key informants. To limit bias, this thesis concentrates on elderly perspectives when analysing living arrangement patterns, intergenerational support provision and life satisfaction.

According to the original report of the survey’s results, ethnic minorities accounted for around 12% of the total sample. Information on individual daily activities, individual income and spending was not collected. This thesis therefore uses the self-rated income sufficiency of older people. VNAS data lack some indicators (e.g., measures of consensual solidarity), which therefore requires the use of other secondary data, discussed below.

Vietnam Family Survey 2006²⁰

The Vietnam Family Survey (VFS 2006) was the first national survey on the family in Vietnam. This survey was coordinated by National Committee for Population, Family and Children, supported by UNICEF and conducted by the GSO and the IFGS, Vietnam Academy of Social Sciences. The general purpose of the survey is to identify the circumstances of Vietnam families under the influence of modernisation, industrialisation and globalisation. Specifically, its goals included (1) collecting necessary information on the current situation of families as a foundation for policy recommendations to solve family-related issues; (2) based on the research outcomes, provide recommendations for further analyses to serve for government administration and management of families; and (3) provide a database for developing indicators to monitor and evaluate the developmental processes of Vietnam families (MOCST et al., 2008).

Sampling method

This survey used stratified and cluster sampling methods. The sample was selected based on that designed for the VHLSS 2001. The sampling procedure followed three steps:

Step 1 – selecting surveyed communes/wards, equal to one-quarter of the sample of VHLSS 2001. The selected communes/wards comprised 775 units, of which 197 are wards (urban areas) and 578 are communes (rural areas).

²⁰ National Committee for Population, Families, and Children; General Statistics Office, Institute for Family and Gender Studies, Vietnam Academy of Social Sciences.

Step 2 – selecting surveyed areas. In each commune/ward, two surveyed areas were randomly chosen for interviews. The first was surveyed in the VLSS 2004 and the second was in VHLSS sample but not surveyed yet.

Step 3 – selecting households. The systematic sampling method was used to choose households for interviews. Some 12 households were chosen in each surveyed area: six for official interviews and six were alternatives.

In total, 9,300 households were selected and 9,300 households were alternatives. The sample of this survey is representative of the whole population, both rural and urban areas, across eight regions. Respondents in this survey were aged 15 years old and older as of 2006, with 8,573 aged 18–60, 2,664 aged 61 and older and 2,452 aged 15–17 years old. Detailed sampling procedures can be found in MOCST et al. (2008).

Survey tools

The questionnaire was designed with four major sections: (1) general information on households, (2) interviews with respondents aged 18–60, (3) interviews with respondents aged 61 and older and (4) interviews with respondents aged 15–17 years old. Interviews focused on four main topics: (1) family relations, (2) family values and norms, (3) family economic conditions and (4) family welfare. Of these, the first is the most valuable for this thesis, as it especially expressed the relationship between generations.

Strength: This survey has a national sample that covered the age range 15 and older. It enables comparative analyses across generations regarding consensual solidarity, a central topic of this thesis. The research also had a qualitative component that applied gender and anthropological dimensions. A total of 240 in-depth interviews with residents, 40 in-depth interviews with key authorities and 40 focus group discussions were conducted, providing rich information on the research topics in this survey. Nevertheless, for the research design of this thesis, this qualitative information is not used for analysis.

Weakness: The survey was conducted over 10 years ago, and thus, the data may be outdated because of the rapid social change in Vietnam over the last decade.

WHO-SAGE INDEPTH²¹

This survey, funded by WHO, was conducted during 2006–2007 in eight lower-income countries in Africa and Asia, including Vietnam, South Africa, Tanzania, Kenya, Ghana, Bangladesh, Indonesia and India. Respondents were aged 50 and older, and the total sample was 46,269. The response rate of the survey was 75% for the whole eight research sites. For Vietnam, the sample size was 8,535, with 62.3% of respondents aged 60 and older. The survey in Vietnam was conducted by Filabavi, Hanoi Medical University.

This survey adapted a modified version of the research instrument used in WHO-SAGE, which covers health state descriptions and corresponding vignettes, disability measures (WHODAS-II) and evaluative wellbeing (WHOQoL)²². Data from this survey are used for analyses on the life satisfaction and quality of life of elderly Vietnamese in Chapter 8.

Strength: The survey was conducted in several countries, which allows comparative analysis and significant sample size. Information focuses on health status and life satisfaction of the elderly, and so is suitable for the research objectives in this thesis.

Weakness: The information on older people and households is very limited, and not much was collected on other aspects of older people's lives as it is a short version of the WHO-SAGE survey, which targeted the health and life satisfaction of older people.

Regional Ageing Survey 1996–1997²³

This survey was conducted during 1996–1997 in two areas of Vietnam including the North (Hanoi and surrounds) and the South (Ho Chi Minh city and surrounds). This survey was considered pilot research on older people in Vietnam, conducted by the Institute of Sociology (IOS) and Institute for Economic Research (IER), the Vietnam Academy of Social Sciences, allied with Population Studies Center at the University of Michigan. The study in the North has 930 respondents in the sample while 840 individuals were

²¹ Collaboration between WHO Study on Global AGEing and Adult Health (SAGE) and International Network for the Demographic Evaluation of Populations and Their Health in developing countries (INDEPTH), supported by US National Institute on Ageing (NIA) and Swedish Council for Working Life and Social Research (FAS).

²² World Health Organization's website: <http://www.who.int/healthinfo/sage/indepth/en/>

²³ Population Studies Center, University of Michigan, Institute of Sociology, Vietnam Academy of Social Sciences, and Institute of Economic Research, Ho Chi Minh city.

interviewed in the South, for a total of 1,770 respondents. These data are used in the analysis of living arrangements of older people (together with VNAS 2011), as the main objective of the survey was to collect information on older people's lives and living arrangements. There is no information available on sampling or the response rate of this survey.

Strength: Apart from individual and household characteristics and housing conditions, the survey covers the older person's sibling, grandchildren, living arrangements, work and pensions, economic and financial aspects, entertainment and social activities, health status, life satisfaction and opinions. The questionnaire was designed to enable a partial comparative analysis with data from the Study of the Elderly in Four Asian Countries (which included Thailand, Taiwan, Singapore and the Philippines).

Weakness: This is not a national-wide survey, and the sample is not considered representative of northern or southern regions of the country, but it does represent two major clusters of provinces, covering both of the biggest cities in Vietnam (Hanoi and Ho Chi Minh city) and surrounds with rural–urban diversity (Truong et al., 1997).

Missing data

Missing Value Analysis (MVA) has been used to identify and describe patterns of missing data, which reported that the missing N is very small (< 5%) for all the dataset used in this thesis and not systematically linked to particular variables. It also confirmed that the data are missing completely at random (Little's Missing Completely At Random (MCAR) test was not significant). Therefore, missing data imputation is not required.

The following table summarises the data used to address research questions and some of the key variables.

Table 3.1 Research Questions, Datasets and Key Variables

Research question	Data sources	Key variables
<p>What are the main variations and determinants of older adults' living arrangements? How do their living arrangement patterns vary among subgroups in the population and over different periods?</p>	<p>VNAS 2011 RAS 1996 - 1997</p>	<p>Different patterns of living arrangements:</p> <ul style="list-style-type: none"> - Living alone - Living only with a spouse - Living with spouse and children - Living only with children - Living in a multigenerational household.
<p>What are major types of intergenerational exchange among Vietnamese families (financial and non-financial support)? In which direction does intergenerational exchange mainly flow? What are the determinants and normative principles underlying flows, and what situations reinforce or threaten these relationships?</p>	<p>VNAS 2011</p>	<ul style="list-style-type: none"> - Financial support - Household chores - Grandparenting - Personal care assistance
<p>What are the types and frequencies of interactions between generations? How much concordance and consensus is there between older and younger people? How do the orientations, resources and needs of household and individuals influence intergenerational affection, association and consensus?</p>	<p>VNAS 2011 VFS 2006</p>	<ul style="list-style-type: none"> - Frequencies of face-to-face visits - Frequencies of telephone calls - Proximity
<p>How satisfied are older people with their current lives in general and their relationships with family members in particular? How do dimensions of satisfaction of life vary among different groups of older people and what are the actual determinants of their life satisfaction?</p>	<p>VNAS 2011 WSI 2007</p>	<ul style="list-style-type: none"> - Global satisfaction of life - Health status - Economic condition - Social relationships

3.3 Analytical Strategies

The overall purpose of this thesis, as stated in Chapter 1, is to investigate Vietnamese older people's intergenerational relationships, particularly their living arrangements, intergenerational mutual support provision, affection, association and consensus relationships as well as their life satisfaction. These aspects are examined in accordance with family structure, older people's resources and vulnerabilities, and traditional preferences. Each chapter of this thesis, based on its primary topic, has particular objectives, with specific research questions and/or hypotheses. This thesis, as mentioned above, applies quantitative methods for analyses of four secondary databases. The primary statistical analyses are descriptive statistics and logistic regressions. To gain a comprehensive picture of the social and demographic characteristics of the Vietnamese elderly, descriptive investigations focus on individual and household characteristics in each secondary database. The current circumstances of Vietnamese elderly cover their living arrangements, their intergenerational support relationships with adult children and their social relationships.

All analyses in this thesis use unweighted data. Weighted data have specific benefits in the analysis, such as allowing conclusions about the population representativeness of the results and modifying the descriptive information on the sample. Nevertheless, weighted data also have drawbacks, such as introducing significant design effects into data, increasing standard errors; these effects may apply to all statistic analyses including descriptive, regression and other techniques. The primary purpose of this thesis is to test the theory and hypotheses with multiple secondary datasets, so weighting is not necessary. Second, analyses in this thesis use a variety of data with different sample sizes and designs, and thus, applying weights to multiple datasets conducted at different points of time in the same analysis is not appropriate. For example, as in Chapter 5, a new set of data is developed based on RAS 1996–1997 and VNAS 2011 surveys on living arrangements; the application of weight, in this case, is unreasonable, because the size and level of these two surveys are not the same. Also, in Chapter 8, the WSI data were collected only in one province of northern Vietnam; if weights were applied, the sample would only be representative of the surveyed areas, not nationally, as are VNAS 2011 data.

Chapters 4 and 5 of this thesis focus on how older people arrange their living patterns in Vietnam, considering change over time and the factors that influence their living arrangements. For this purpose, these two chapters mainly use descriptive statistics to depict the overall picture of these living arrangements in association with their socio-economic characteristics such as gender, age and living areas. Impact factors are identified by logistic regression analysis in which the main dependent variables are the four different patterns of living arrangement, including living alone, living only with a spouse, living only with children and living in multigenerational households. The logistic regression analysis is applied to both datasets (RAS 1996–1997 and VNAS 2011) at different time points to assess how different the influencing factors are in different social contexts. For the regression analysis, the focus is on five different patterns of living arrangement, including living alone, living only with a spouse, living with a spouse and children, living only with children and living in multigenerational households. Changes in living arrangements are examined in regards to changes in family structure, cultural preferences for living arrangement, resources and vulnerabilities of older people and structural context.

Chapter 6 tests three hypotheses to answer the research questions. What is the main pattern of intergenerational mutual support exchange among Vietnamese families? In which direction do intergenerational transfers mainly flow? What are the determinants and normative principles underlying these, and what situations reinforce or threaten these relationships? Intergenerational support exchange includes both physical and mental support, occurs at the individual or household level, and depends not only on older people's lives but their adult children's situations and their relationship. Due to this complexity, cluster analysis has been employed to identify data patterns as well as make the outcomes interpretable.

Cluster analysis helps to define different groups over four domains, including economic condition, health condition, family structure and living arrangements, together with demographic characteristics and mutual support provision. It divides the population into different groups. Older people in a cluster share similar specific attributes regarding their demographic information, economic condition, health status, family structure, living arrangements and types of support that they receive/provide. This helps to reduce the complexity of further analysis.

Variables used in this analysis are a combination of continuous and categorical, and the sample size is relatively large, with 2,700 respondents from VNAS 2011. Therefore, it is recommended to apply two-step cluster analysis (Norusis, 2009) and K-means cluster analysis. The procedure of clustering is as follows. First, clusters and quality of clustering are identified using two-step cluster analysis. This method automatically divides the sample into a specific number of clusters based on provided variables; three clusters have been created for both downward and upward supports, with clustering quality ranging from fair to good. Second, K-mean cluster analysis is used as the primary method to divide older people into different groups. Three clusters, based on the results of the two-step cluster analysis, were applied in the K-means cluster analysis. After this, determinants of intergenerational exchanges were identified using regression analysis with dependent variables exchange receipt and provision.

The potential determinants and influencing factors are divided into four domains, including economic condition, health condition, family structure and living arrangements of older people. These factors are examined using logistic regression to identify the most influential factors on older people's support exchange with adult children. Details on measurements of these factors and the research sample are discussed later in Chapter 6.

Chapter 7 mainly uses descriptive analyses with different techniques including multiple response analysis. Multiple response sets are used to calculate the proportions of varying levels of interaction between older parents and all of their children. The purpose of using multiple response analysis is to gather information from all children based on older people's responses on levels of interaction. As each child interacts with their parents differently from others depending on their socio-economic condition, proximity and quality of the relationship, multiple response analysis helps to count all the same responses and provides frequencies of responses. There are three variables developed using multiple response sets including levels of face-to-face interactions, telephone calls and children's location of residence relative to their parents. The two first variables are used as dependent variables in the analysis, while the third is an independent variable.

Concordance among generations (consensual solidarity) is analysed based on information from three different sub-datasets with simple descriptive methods using standard cross-tabulations with frequencies. Each sub-dataset contains information on a generation in a

household. This cannot produce an in-depth analysis on consensual solidarity but provides significant comparative analysis across generations, and builds a clear picture of the gap among generations in the context of Vietnam in transition. Finally, logistic regression is used to predict intergenerational relationships regarding affection, consensus and association by older people and their household circumstances. Dependent variables in this logistic regression include whether older people have a child visit/talk via telephone at different levels. Independent variables encompass selected characteristics of older people and their households.

Chapter 8 uses correlation analysis to examine the relationship between life satisfaction domains and global life satisfaction among older people, with logistic regression used to identify the underlying factors that influence life satisfaction of older people the most, beyond their health and economic condition. Three separate models were created to address the first research question on *health-related determinants of older people's global life satisfaction*. In exploring the relationship between health and global life satisfaction, the principal analytical method is logistic regression to investigate the main health-related determinants of global life satisfaction among older people, using data from WSI 2007 and VNAS 2011. The first model concerns older people in 2007 (WSI 2007) who lived in rural area, the second model refers to older people who lived in rural areas in 2011, and the third concerns older people who lived in urban areas in 2011 (VNAS 2011). Variables on health conditions of older people are added to the models to explore the most influential factors. These variables relate to self-care, vision, sleeping, cognitive health, pain or discomfort, interpersonal activities, functioning and diagnosed diseases. Additionally, living arrangements, wealth index, income and other demographic variables are also entered in the models.

To answer the second research question on *inter-relationships among life satisfaction domains and global life satisfaction*, a bivariate correlation analysis is conducted using data from WSI 2007, which shows how strongly domains are intercorrelated and the domains most strongly associated with older people's global life satisfaction. Life satisfaction domains in this research included satisfaction with health, with themselves, with their ability to perform daily activities, personal relationships and living conditions.

To address the third question on how *intergenerational interaction, support exchanges and affectual solidarity influence older people's life satisfaction*, a two-step logistic regression is used to examine determinants of global life satisfaction, using data from VNAS 2011. Due to the differences in socio-economic conditions between older people who live in rural and urban areas, comparative analysis between rural and urban areas is conducted in this section. Two models are developed: model (1) for rural areas and model (2) for urban areas. In the first step, demographic variables, wealth index, income, living arrangements and health-related variables are added to the models. Variables on interaction, support exchanges and affectual solidarity are added in the next step, which can show any differences in these models regarding determinants of older people's life satisfaction and any changes that may emerge among these determinants. As support exchange and interaction between older people and children are essential variables in this analysis, older people without children are excluded from the sample in this section.

3.4 Measures

Before discussing measurements, it is crucial to identify the unit of analysis. There are two levels of analysis in intergenerational studies: the generational level and the lineage level (Mangen, 1986). According to Bengtson (1985), the analysis unit in the generational level is an individual who holds a specific position in the family regarding intergenerational relationships; in the lineage level, it is several family members. In the generational level, the individual is assumed to be a member of an age cohort, which helps to identify his or her position in the family (as a child, parent or grandparent) and intergenerational relationships are measured based on the position the person holds. Based on the nature of available databases, the proposed unit of analysis in this thesis is the individual and generational level, depending on the research sub-topic. However, household characteristics are also taken into account.

As noted above, this thesis partially adapts measurements from Bengtson and colleagues on intergenerational solidarity for application to the Vietnamese elderly and their families. Their measures are comprised of six elements: association, affection, consensus, function, norms of familism and opportunity structure. This thesis focuses primarily on intergenerational associations, affection, consensus, functions and opportunity structure. The key measurements are as follows.

Association is identified as ‘frequency and patterns of interaction’ in different activities family members are involved in. This element is measured by the type and frequency (level) of interaction between the elderly and their children, including face-to-face visits and talking via telephone. A 6-point scale was originally used to measure frequency of interaction, including rarely/never, yearly, several times per year, monthly, weekly/several times a month and daily/several times a week. These scales were collapsed into four for analyses in Chapter 7.

Affection is type and degree of positive sentiments about family members, measured by the level of satisfaction that the elderly rate for the respect from their children towards them. The scale includes five levels: very dissatisfied, dissatisfied, neither satisfied nor dissatisfied, satisfied and very satisfied. A dichotomous variable was created based on the original variable, which indicates whether older people feel satisfied or not with the respect from younger generation.

Consensus is the concordance among family members on specific values, attitudes and beliefs. It is measured by respondents’ agreements on and perceptions of living arrangements, parent–children relationships and social phenomena. This aspect contains a variety of variables with complex measurement, as follows:

- Opinions on household living arrangements are measured by asking respondents whether parents should co-reside with married children if they are healthy and able to provide for themselves, and their reasons. The original question was ‘should parents live with married adult children or live on their own if they are healthy and financially independent?’, with answers ‘co-residence’, ‘live separately from children’ and ‘hard to say’.
- Levels of agreement in the family on financial management, household business, educating children and lifestyle are measured by a four-point scale (totally agree, somewhat agree, somewhat disagree, totally disagree). Agreements on social norms and values on children–parent, husband–wife relationships and marriage (e.g., ‘children should always follow their older parents’ advice’, ‘children’s marriage must be accepted by parents beforehand’ and ‘adult children must get married’) were measured by dichotomous variables, with 1 = agree and 0 = disagree.

Perceptions of gender/sexual relationships (e.g., attitudes towards ‘cohabitation without marriage’, ‘single mothers’ and ‘homosexuality’) were also measured by dichotomous variables, with 1 = agree and 0 = disagree (see Table 7.10 for details).

- Perceptions of gender roles were identified by asking respondents to point out which household duties are suitable for men, women or both genders (e.g., who should be responsible for ‘household business’, ‘housework’, ‘taking care of children’, ‘taking care of older people/unhealthy people’, ‘financial management’, ‘welcoming guests’ and ‘acting on behalf of the household in communication with local authorities’).

Functional solidarity is measured by financial and non-financial support from both the elderly and adult children. The respondents were asked two separate questions on whether they receive and provide each type of support (originally in the questionnaire: 1 = yes; 2 = no).

Opportunity structure comprises proximity, number of family members, residential propinquity and health of family members. This element is measured by whether older people have children living away from them or living with them, the total number of children they have, the gender of children and total number of people in their family.

- Proximity was measured by location of children relative to their older parent. Locations included same household, next door, same village/resident unit, same commune, same district, same province, other province and other country.
- Number of family members and number of children were calculated based on the household and children profiles.

Life satisfaction is measured by older people’s self-assessment on a five-point Likert scale, then is collapsed into a dichotomous variable when used in Chapter 8 (0 = dissatisfied; 1 = satisfied).

There are also several sets of independent variables used in different analyses, consisting of individual and household socio-economic conditions. The measurements and descriptions of these variables are discussed in each chapter of the thesis.

Chapter 4 Living Arrangements of Older People and Determinants

This chapter examines patterns of living arrangement of older people using data from VNAS 2011. Older people's living arrangements are investigated in association with their household structure, cultural preferences, resources and vulnerabilities as well as structural context. The later section of this chapter identified major determinants to five particular living arrangements of older people including living in MGHs, living alone, living only with children, living only with a spouse and living with a spouse and children.

4.1 Introduction

Vietnam's population is ageing rapidly, much faster than other developed countries and some developing countries in the region—it has taken only 20 years for Vietnam to become an aged population country (UNFPA, 2011b). This might lead to challenges in terms of social security, pension systems and healthcare for the elderly because Vietnam's age dependency ratio will soon be driven by the elderly dependency ratio (9.89 in 2016) (World Bank, 2017a), with the total population of older people increasing significantly by 2050 (Pfau & Giang, 2010) but the youth dependency ratio falling (32.9 in 2016) (World Bank, 2017b).

Living arrangements are a critical aspect of older peoples' lives because how they live and who they live with undoubtedly affect their daily life, health and wellbeing. Simply, living arrangements can be understood as where you live and who you live with. There are numerous factors involved in an individual's choice of living arrangement, particularly for older people, including family structure, marital status, health, financial condition, housing condition and, in particular, traditional familial values and norms (Velkoff, 2001), which add complexity to examining living arrangements.

Under the long-term impact of Confucian cultural traditions, particularly regarding the roles and relationships among family members, Vietnamese elderly are expected to live in MGHs, be householders and manage all family activities, be respected not only within the family but in society, and set good examples for later generations. Meanwhile, the family is regarded as the central institution providing care for the elderly, and adult children bear a

strong obligation to provide care for their parents. Filial piety is considered one of the most important values that children have to follow.

Living arrangements can be perceived as a strategy the elderly adopt to secure their social security and wellbeing in later life. Gender role differentiation is firmly embedded in traditional Vietnamese society, and is reflected in older people's living arrangements, with a preference for living with sons over daughters as they get older. This is a cultural effect of patrilineage, patrilocality and patriarchy in the kinship systems in Vietnam. It also reflects cultural aspects in providing care for family members, specifically the elderly. Older people's positions and roles have changed dramatically, becoming more equal to the next generations. With the impact of industrialisation, modernisation, migration and other social processes, patterns in older people's living arrangements are changing accordingly to fit the new social and cultural context. A considerable literature in Western countries has identified factors that influence older people's living arrangements; how applicable they are to the Vietnamese context is yet to be addressed.

This chapter contributes to answering the central research question on how social changes affect older people's living arrangements by first, focusing on describing living arrangement patterns of Vietnamese elderly, and second, identifying variations in living arrangements by individual variabilities in a particular social and cultural context. It also specifically examines older people's living arrangements in relation to structural context with regard to rural–urban differences. The following sections discuss Vietnamese older people's living arrangements using data from the Vietnam National Ageing Survey 2011 with a sample of 2,789 individuals aged 60 and older. The analyses focus on older people's family structure, cultural preferences, resources and vulnerabilities. Social change and evolution of living arrangements over time are examined and discussed in the next chapter.

4.2 Family Structure and Living Arrangements

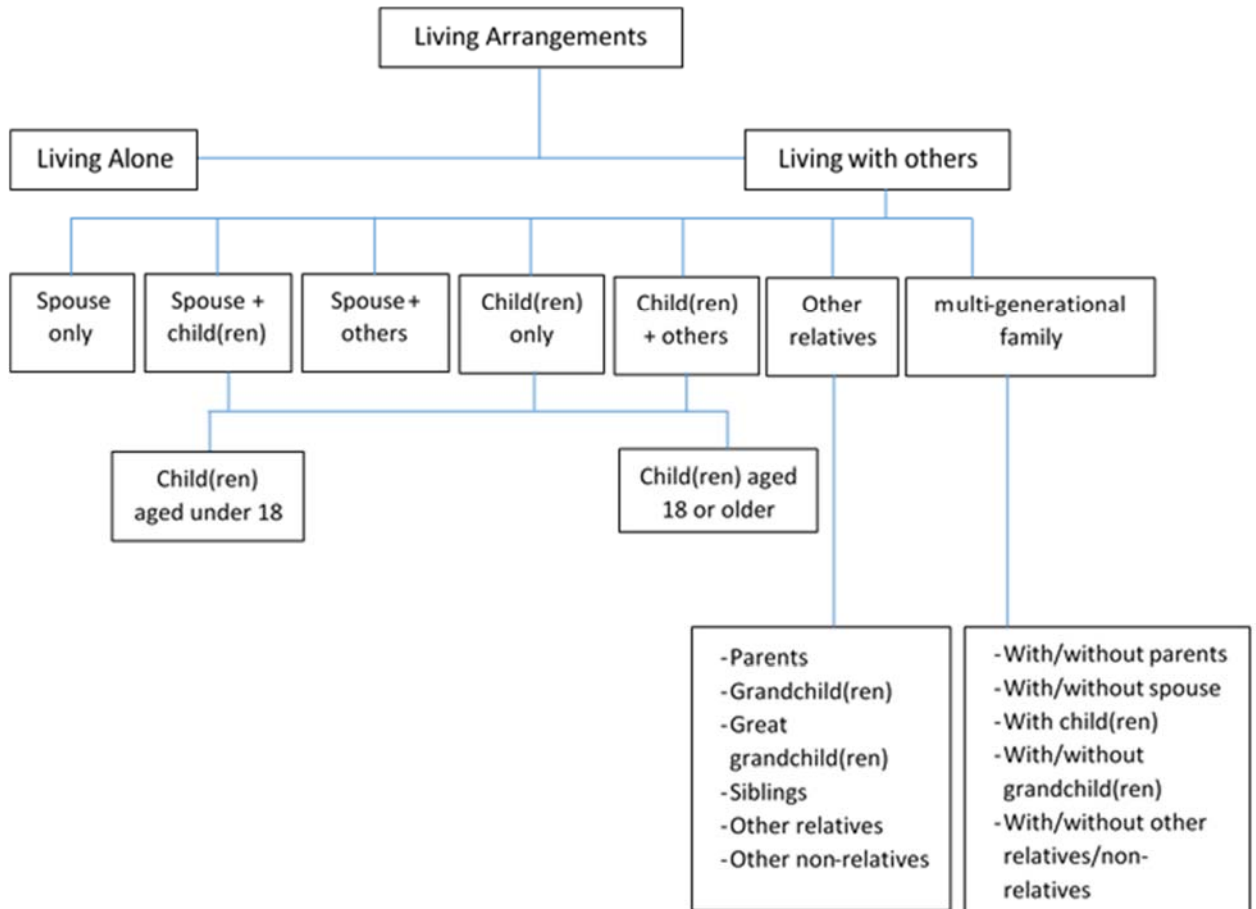
Dramatic economic, social and cultural changes in Vietnam since the 1990s have brought about profound changes in Vietnam society and strongly affected family structure, ideology and relationships among generations. Why and how does current family structure determine Vietnamese older people's living arrangements? The following section discusses the relationship between family structure and various patterns of living arrangements.

Since the 1990s, the nuclear family has been seen as the primary structure in Vietnam (Hirschman & Vu, 1996); usually, two generations live together and the family is modest in size, though a modified extended family structure has also emerged recently, in which family members live separately from each other but still keep ‘regular contact and mutual support through visiting, the phone, letters, email and social networking sites’ (Browne, 2011, p. 92), and thus maintain close relationships. This type of family structure supports geographic mobility, especially as migration has become more common in Vietnam (particularly rural–urban migration). Demographic transition has promoted the rise of the nuclear family and the decline in multi-generation families. Additionally, there has been a decline in the average number of children per woman and reduction in household size, all of which have led to variations in family living arrangements. Another arrangement is for parents to live adjacent to their children. In this type of family, older parents live in the same location as their children, but are relatively independent of each other. This can also be referred to as a modified extended family as described above, because of the regular contact and direct mutual support arising from the close proximity.

As discussed in Chapter 2 the Vietnamese population has been in a transition process, experiencing many socio-economic changes. Two-generation households account for 63.4% of the total population, while MGHs have been declining though they are more common in urban areas; household size has declined over time. Single older person households increase as they tend to live alone or with their spouse only. However, the majority of older people are living in MGHs or with at least one child (Truong et al., 1997).

In this chapter, categorisation of older people’s living arrangements was based on familial relationships. The primary division of living arrangements includes living alone and living with others, with *living with other* further divided into seven sub-groups comprising (1) in multi-generational households, (2) with spouse and children, (3) with spouse and others, (4) with spouse only, (5) with children only, (6) with children and others and (7) with others. Children in categories (2), (5) and (6) will be identified by their age to assess whether there are any under 18 living with older parents. Figure 4.1 defines the groupings to create a complete picture of older people’s living arrangements in relation to family structure and composition.

Figure 4.1 Hierarchy of Living Arrangements



Source: Developed by author

Who are in the household?

Before discussing the relationship between family structure and older people’s living arrangements, it is worth investigating with whom older people are living in the same dwelling. Data from the VNAS 2011 revealed that slightly more than half of older people are living with a spouse, regardless of whether there are other family members in the household. The rest are no longer married (the majority of them are widows) or never married. It should be noted that percentage of divorced and separated older people in the sample is minimal (1.2%), followed by never married (2.3%).

The percentage of older people living with sons is much higher than for those living with daughters. As shown in Table 4.1, 42.3% live with at least one son in the household, but only 19.1% have at least one daughter living with them. Some 39.2% of older people have one child in-law in their household (the majority daughter in-law). Nearly half of older

people have grandchildren, and most have one or two grandchildren living with them. The proportions of other people in households including older people’s parents, parents in-law, siblings, adopted children, relatives and others are minimal.

The traditional pattern of living arrangements in Vietnam is multi-generational households, confirmed in this analysis as 44.7% of the older people were currently residing in MGHs, followed by living only with a spouse (18.1%) and living with a spouse and children (12.7%, including children under 18 years old). Living alone and living only with children (including those under 18 years old) accounted for 9.4% and 7.4% respectively of the total sample. A minimal number were found to live with a spouse and others who may be siblings or grandchildren (3.8%) and living with children and others (0.1%). The proportion of those who live with at least one child under 18 years old is not significant, so they are merged into a group of those who live with children for further analysis.

Table 4.1 People in Older People’s Household (n = 2,789)

Composition	0	1	2	3	4	5+
Spouse	43.9	56.1	0.0	-	-	-
Sons	50.7	42.3	5.6	1.1	0.3	0.
Daughters	77.1	19.1	2.8	0.8	0.3	0.
Children in-law	58.7	39.2	1.9	0.2	0.1	-
Adopted children	99.5	0.4	0.1	-	-	-
Parents	98.2	1.7	0.1	-	-	-
Parents in-law	99.4	0.6	-	-	-	-
Grandchildren	50.4	18.4	19.6	7.6	2.5	1.4
Siblings	98.5	1.1	0.2	0.1	-	-
Relatives	98.4	1.1	0.2	0	0.1	0
Other (non-relatives)	99.2	0.8	0.04	0.08	-	-

Source: VNAS 2011.

The following section discusses types of households in terms of older people’s living arrangements. According to the GSO, a nuclear household consist of ‘a single nuclear family’ (or single-family nucleus)—a couple with or without blood children, or a parent with at least one blood child living together (GSO, 2012, p. 38). This definition does not mention whether the children are dependent or not, the same as United Nation’s definitions of the nuclear household. However, the UN’s definition does mention the marital status of

children, which may imply dependence of children. For the UN, a family nucleus consists of a couple with or without children or a parent with unmarried children.²⁴

Type of household and living arrangements

A nuclear household in this analysis contains an older couple with or without children, who may be still young and depend on their older parents or adults who are married but have not had children yet at the time of the survey. The children in this category may also be adopted or children in-law, regardless of gender. The potential risks when grouping all these subjects in one group are loss of information on differences between living with a daughter vs a son, married children vs unmarried children and dependent vs independent children. For example, if the older couple lives with a married, independent adult child, they may be the support receiver and vice versa. Nevertheless, the number of older people with at least one child under 18 years old is not significant. Thus, they were grouped together and considered a two-generation household, to be compared with a multi-generational household with three or more generations living in the same house.

Two-generation households (older couple and their children) in this analysis only accounted for about 20.2% of the total population, but considering the GSO's definition of a nuclear household, the percentage would be 38.3% (including households with only an elderly couple). This contrast can be explained by the fact that the data used in this survey were from a sampling survey that targeted households with at least one older person. Thus, the possibility of having MGHs in the sample was much higher than for studies that investigated all households.

²⁴ United Nations Statistics Division's website, accessed at <http://unstats.un.org/unsd/demographic/sconcerns/fam/fammethods.htm#B2> on 10 December 2015.

Table 4.2 Living Arrangement Patterns (n = 2,789)

Living arrangements	N	%
In multi-generational households	1247	44.7
Only with a spouse	505	18.1
Spouse + children	311	11.2
Spouse + children (under 18 in HH)	41	1.5
Spouse + others	106	3.8
Only with children	194	7.0
Only with children (under 18 in HH)	10	.4
Children + others	4	.1
Alone	261	9.4
Others	110	3.9
Total	2,789	100.0

Source: VNAS 2011

It should be noted that adult children in two-generation households include both unmarried and married but childless couples; it does not matter if they are biological children, adopted children or children in-law. This group consists of 352 older people, accounting for 12.7% of the sample, forming the third largest set of living arrangements. Older people in this group were concentrated among those aged 60–69, at 18.9%. This percentage decreases as age increases, implying that older people at more advanced ages tend to live in other living arrangements rather than with a spouse and children. This may occur because of life course effects, including change in marital status (death of a spouse) or children moving out of the house following marriage. Although the proportion of older people at more advanced ages living with a spouse and adult children is relatively small, it suggests a trend of delayed marriage and parenthood among the younger generations, which explains why they are still living with their older parents even after marriage.

Variations in this group were also found by gender and marital status. The percentage of older women in this group is significantly lower than their counterparts (7.8% compared with 19.8%), which may be the result of their higher life expectancy, which leads to a higher possibility of being widowed. Thus, they are more likely to live in MGHs, alone or only live with children rather than in this pattern of living arrangement. Also, those who are separated or divorced are not present in this sub-group; thus, the proportion of those who are no longer married living with a spouse and children is minimal.

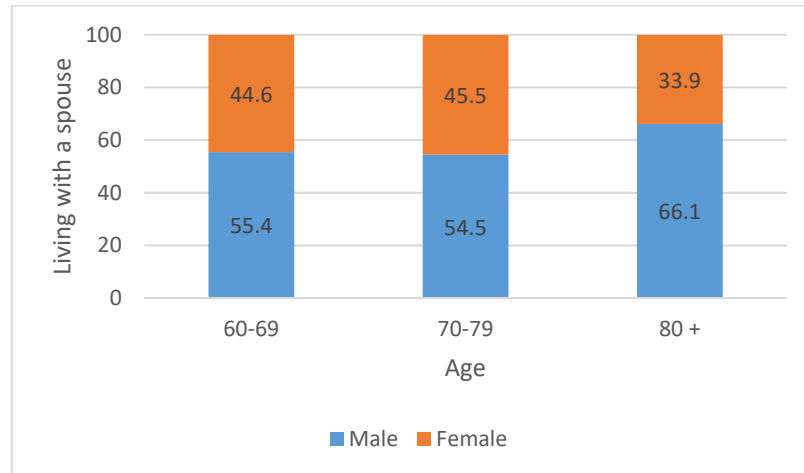
Another type of nuclear household as defined above is an older person *living only with a spouse* (or an older couple household). They may have children or not; if they do, they may

live near their children's house or adjacent to a child. However, generally, they live relatively independent from their children. The circumstances of older people in this type of living arrangement are very different from those who live in two-generation households. For instance, when ill, it is easier for those who co-reside with children to get direct help from them than for those who live only with a spouse. The intergenerational relationship in this pattern of living arrangement also differs from those who live with children in regards to contact frequency, emotional support and intergenerational exchange. Thus, this chapter analyses living only with a spouse and living with a spouse and children separately, which provides more insights into different patterns of living arrangement.

The total number of older people living only with a spouse in this analysis is 505, accounting for 18.1% of the total sample. In contrast to the case of living alone, the pattern of living only with a spouse was reported as declining with age. This may be a result of a partner's death at the older age, after which a number possibly chose to live alone, and hence, the number living alone increased. Alternatively, they may choose to move in with children or other relatives.

Figure 4.2 indicates gender differences are marginal among older people aged 60–69 and 70–79, but become more significant among those aged 80 years and older. Particularly, among older people aged 60-69 who live only with a spouse, 44.6% are women and among those who 80 and older, this percentage reduces to 33.9%. As mentioned above, the life expectancy of Vietnamese women is higher than men, and this explains why the proportion of women aged 80 and older living only with their husband is significantly lower than for male counterparts. Of course, a number would be women living with their husband and children in multi-generational families, as described above. Marital status is considered a crucial factor to the wellbeing of older people, with positive impacts for those living with a spouse. Living with a spouse also enables support for each other such as care and financial assistance when required (Knodel & Chayovan, 2008; UNFPA, 2011b).

Figure 4.2 Living with a Spouse by Age and Gender (n = 505)



Source: VNAS 2011

The dominance of the nuclear family helps explain the relatively large number of older people living only with a spouse. Adult children growing up, getting married and living apart from parents, together with a decrease in the average number of children per couple, leads to a reduction in living with children among older adults. These factors may also contribute to a higher possibility of old people living only with a spouse. The results from this analysis also found a correlation between number of children and living only with a spouse among Vietnamese older people, but the influence of number of children on older people's living arrangement patterns are analysed and discussed later in the thesis by using regression analysis. Another result that demonstrates the trend towards family nuclearisation is the relatively high proportions of older people having sons and grandchildren but living only with a spouse. Similar to other patterns of living arrangements, this pattern has been influenced by multiple interrelated factors. For instance, living in a smaller family possibly decreases the likelihood of older people living with children and grandchildren, and the support resources may decline as well. Thus, older people may need to keep working for their living. Conversely, having children living nearby could be the motivation for older people to live on their own because proximity to children may ensure proper immediate support from children, especially care provision when needed. These factors are discussed further in the section on older people's resources and vulnerabilities.

An older parent *living only with children* is also considered a nuclear household. In this analysis, all children are included, regardless of age, gender, marital status and whether

they are adopted or biological children (but adult children must be without children yet). Thus, in general, this type of living arrangement consists of only one older person and their children living under the same roof. Older people's marital status is closely related to this type of living arrangement, with the majority 'no longer married' (divorced, separated or widowed).

Generally, 7.4% of older people were reported to live only with children. Variations by age are present in this group, with the oldest elderly holding the largest share at 13.3% compared with 7.6% of those in the 70–79 and only 3.6% in 60–69 age groups. A significant difference between male and female older people was also reported, with 10.8% of older women compared with only 2.5% of older men. This may imply an increasing number of older women living only with children, or even living alone, because of their widowhood, separation or divorce, likely connected to the losses of men during wars at earlier time and mainly to their higher life expectancy compared with male counterparts.

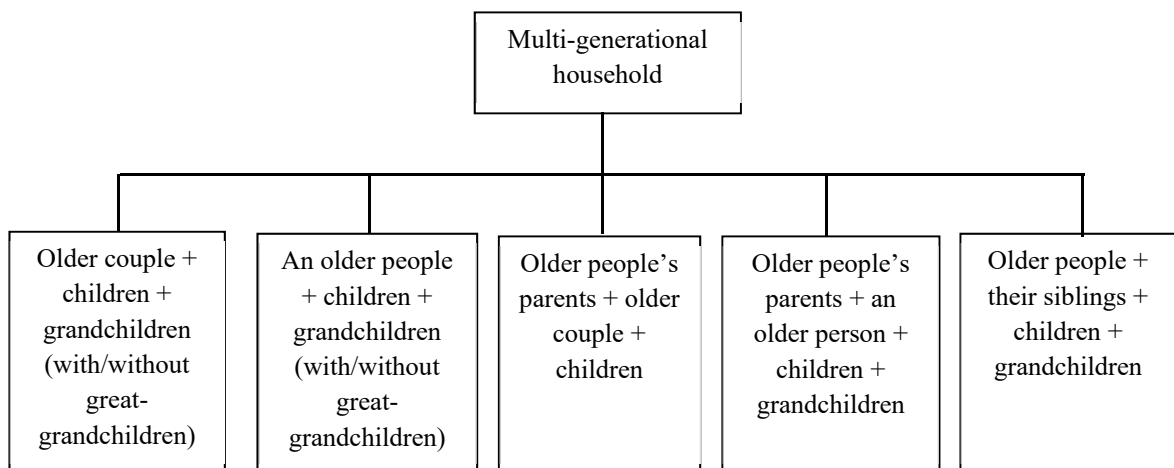
There is no significant difference between rural and urban areas, whether having income adequacy or not, have access to a pension or not, or have a son or not, and whether they have children living nearby or not among older people who live only with children. The most obvious variation is marital status. Those who are no longer married are more likely to live in this setting, with married counterparts accounting for only 0.7%. None of the never-married older people are in this group, as they are unlikely to have children to live with. Regarding household size, contrary to the case of those who live in MGHs, the highest share of older people living only with children is among those who live in smaller households (contain 1–4 members), while older people tend to live in MGHs when they have larger households (more than five members).

Skipped-generation households is a pattern that includes older people *living with spouse and others* (accounting for 3.8% of the total sample), with the *others* in this category including grandchildren and great-grandchildren. In this type of household, older people take care of their grandchildren and the grandchildren's parents are not living in the household. One of the potential reasons for their absence is migration to other areas (more often to urban areas/cities) or to other countries to work, which is a widespread social issue in Vietnam, especially in rural areas. Older people in this living arrangement were reported as more vulnerable in terms of financial resources, depending on remittances provided by

their out-migrated adult children (UNFPA, 2011b). Grandparenting may become burdensome to these older people, particularly when they have financial and health difficulties. They also face lack of care and affection, and do not have adequate time for leisure or social networking activities (Tran, 2016).

Living in a multigenerational household is the traditional pattern of living, which remains the primary pattern for Vietnamese older people. This group contains sub-groups, the most common of which consists of those who live with a spouse, children and grandchildren in a typical three-generation household; a few cases include great-grandchildren in the household (four-generation households). The other sub-groups include older people’s parents, the older couple and children; older people’s parents, an older person, their children and grandchildren; and a horizontally extended traditional family that includes the older people’s siblings. Although there are differences among these compositions regarding the position of older people in the family and their related responsibilities (as both caregivers and care receivers), the main reason for grouping them as one category is that they live in a family with several generations where intergenerational support exchange of all kinds may be more direct and frequent than in other types of living arrangements. Further, the shares of the sub-groups are minimal (1.8% with parents, 0.6% with parents in law, 1.4% with siblings), and would be insignificant if considered alone in the analysis. Thus, they were merged into the one group *living in multigenerational households*, as described in Figure 4.3 below.

Figure 4.3 Grouping categories for living in a multi-generational household



Source: Developed by author

Living in MGHs varies slightly by age. The share of older people aged 80 years or older living in a multi-generational family is slightly higher than other age groups (47.8% compared with 46.6% among 70-79, and 41.4% among 60-69 years old). Gender difference is not significant, with 47.2% of females and 41.0% of males found to live in MGHs. The proportion of no longer married older people in MGHs is the highest, at 54.9%.

Conversely, a modest number of never-married older people were reported in this pattern of living (7.7%). This result presents the apparent impact of marital status on older people's living arrangements, as no longer married older people have fewer options to choose from as they no longer have their spouse. Thus, they may choose to live in another setting after the death of their partner, and in this case, it is more likely to be in MGHs. Older people who have grandchildren were also reported to mainly live in MGHs (46.7%). Having grandchildren may increase the possibility of older people living in MGHs because when living in the same household, they can help their adult children care for their grandchildren. Alternatively, older people in larger households were found more in MGHs than other patterns of living arrangements.

Living with children and others indicates an older person co-residing with children and other people of the same generation, such as siblings; this is another type of nuclear household. This group in VNAS 2011 is insignificant, accounting for only about 0.1%. This pattern of living arrangement is similar to those living with a spouse and children; however, the major difference here is older people's marital status, which helps to determine this group. Older people in this group are likely to be no longer married, as is the case of older people *living with others*, which refers to an older people co-residing with other relatives including their parents, siblings, grandchildren or great-grandchildren. In this case, they possibly play the role of support providers rather than receivers, which may influence their wellbeing. A large share of this group includes those living in skipped-generation households, who are even more vulnerable as they are not accompanied by a spouse.

Living alone once referred to older people who live only with a spouse and unmarried older people living with no kin (Palloni, 2001). However, this definition is problematic as the case of those who live with a spouse is entirely different from those living on their own regardless of marital status. It is closely related to family structure and marital status of older persons. Living alone does not necessarily imply these people have never married or are childless. Living alone imposes many challenges on older people, including but not

limited to physical and mental health care, financial security and nutrition. Although living alone can promote ‘privacy, independence, and dignity for the elderly’ (Arokiasamy, 1997, p. 233), they are more in need of external support in case of illness or disability, and also have a higher risk of social isolation (United Nations, 2005). Much previous research has indicated a rapid increase in living alone for Vietnamese older people (GSO, 2011c; UNFPA, 2011b; Vietnam Women's Union, 2011). The most recent research shows that 6.1% of older people were living alone in 2008 (UNFPA, 2011b); in this analysis, it was 9.4%. In this research, the term only refers to an older person who lives with no kin, regardless of marital status. This helps to identify more precisely the circumstances of these people because those living with a spouse can receive immediate support from their partner when needed, in addition to emotional benefits.

Living alone, as noted previously, is an increasing trend among older people in Vietnam, especially among the oldest age group (age 80 and older), and seen more in rural areas than urban areas (10.8% compared with 5.3%). The variation becomes more obvious when looking at marital status in relation to this pattern. Never-married older people tend to live alone (33.8%), compared with 20.7% of those who are no longer married and only 0.6% of those who are married. This trend was also seen more among female older people with no children or grandchildren. Data from VHLSS from 1992/93 to 2008 revealed a slight decline in the percentage of married older people from 64% in 1992/93 to 59% in 2008 and an increase in widowed elderly from 34% in 1992/93 to 39% in 2008. This implies a higher proportion of older people who live alone or with other people than their spouses. For instance, the proportion of older people who live alone almost doubled between 1992/93–2008. Conversely, the percentage of those who lived with children sharply reduced from 80% in 1992/92 to 63% in 2008 (UNFPA, 2011b). UNFPA’s report did not count MGHs as a category of living arrangement, which is very different from other types of living arrangements in regards to intergenerational exchange and older people’s wellbeing.

Figure 4.4 depicts gender difference among older people living alone in each age group. It is easy to see that percentages of male elderly living alone tend to increase as they age (from 13.2% to 22% across three age groups), but reduce among women. In terms of marital status, among the never-married elderly who live alone, 91% are female compared with only 9.1% of male elderly. This proportion reduces sharply among married female elderly (66.7%) but significantly increases among their male counterparts (33.3%). While

never-married people might have a higher possibility of living alone, no longer married participants seem to have more choice of living arrangements. They were reported more in MGHs than other patterns of living arrangement, which may suggest changes in their marital status influence their choice of living arrangement. In this analysis, it seems that they tend to choose to live with children and grandchildren, or live only with children or other relatives, from whom they receive support.

Figure 4.4 Living Alone by Age and Gender (n = 261)

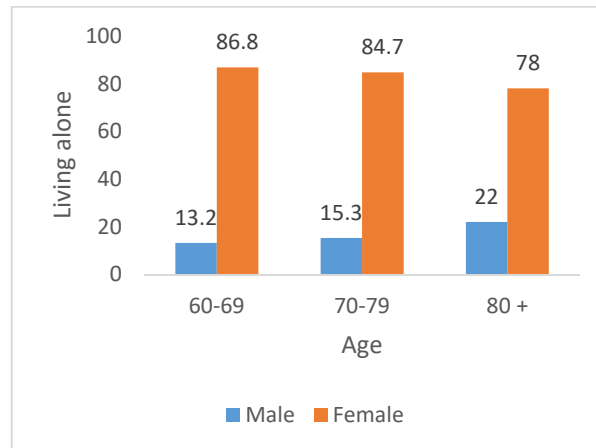
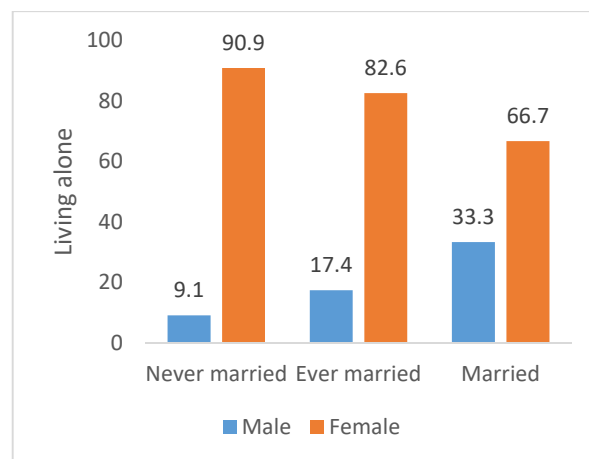


Figure 4.5 Living Alone by Marital Status and Gender (n = 261)



Source: VNAS 2011

Number of children is a family structure indicator and a resource for older people in terms of support. It is assumed that older people with more children will have a higher possibility of co-residence with children than those who have fewer children. It can be seen that many older people who have no children live alone or with others (35.2% and 42.9% respectively). About 10% live only with a spouse and 4.8% live with a spouse and an other.

Having no children, living alone and living with others may escalate vulnerabilities, as older people obtain inadequate support from their offspring when they are in need, affecting their wellbeing at more advanced ages.

Older people who live in smaller households have fewer opportunities for co-residence with children or other relatives. This is, as argued by Knodel et al. (2000), because when household size is smaller, the proportion of older people having only daughters may be higher, which reduces the possibility of co-residence. Household size is also closely related to intergenerational exchange between older people and their adult children (explored in Chapter 6 of this thesis). Household size in the current research is divided into three sub-groups, including households with 1–4 members, 5–7 members and 8 and more members. The results show significant variation between living in MGHs and other patterns of living arrangements. It can be said that the larger the family, the higher the likelihood of older people living in MGHs and vice versa.

Apart from family structure, cultural preference is no less important to consider when examining patterns of living arrangements among Vietnamese older people, as it is influenced strongly by the traditional perception of how family should arrange their living in different social contexts and family conditions. The most important factors are the kinship system and son preference, discussed in the following section.

4.3 Cultural Preferences for Living Arrangements

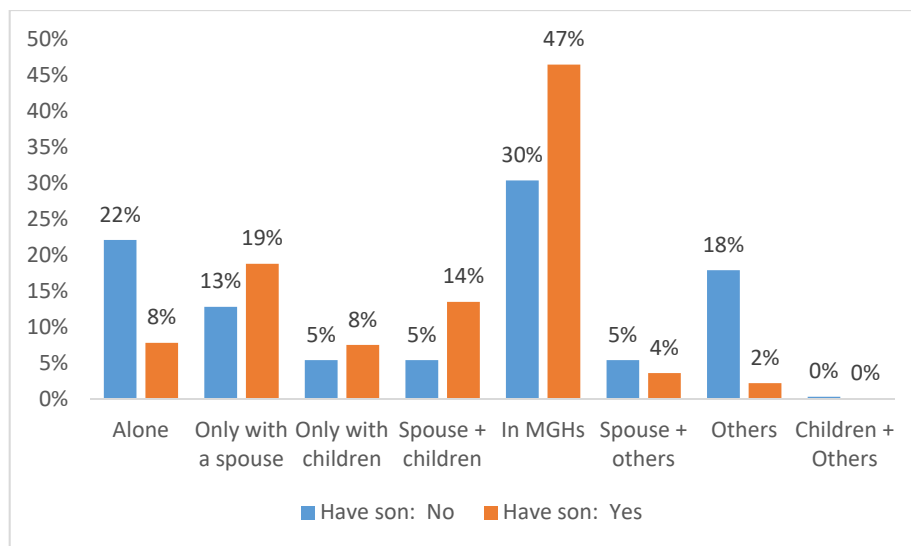
From the literature review, living arrangements are strongly influenced by cultural preferences, including social customs (Hashimoto, 1991), traditional living patterns and son preference. Cultural traditions also influence living arrangements, even in Western countries, and they vary with specific cultural context. In some countries, older people prefer to live independently if they have sufficient resources. In others, they may live with children until the children get married, as indicated in Chapter 2. This finding from the literature is also reported in the Vietnamese context, as children usually live with their parents until they marry. Even after marriage, they may still live with parents until they can afford their own accommodation.

The existence of MGHs depends on land availability, housing condition and home ownership (Hirschman & Nguyen, 2002). This section mainly focuses on the kinship

system and son preference in the current social context in Vietnam in regard to older people's living arrangements.

The patrilocal kinship system and son preference in Vietnam encourage older people to live with sons rather than daughters, and this was confirmed in this analysis. The percentage of those who live with sons is more than twice the percentage of those who live with daughters. This is important empirical evidence proving the ongoing existence of son preference in Vietnam and supports the argument that Vietnamese families are inclined towards patrilocal rather than matrilocal residences. The son, in traditional culture, plays an important role in the family because he carries the family name, carries out religious/spiritual duties such as ancestor worship, and critically, provides care for older parents with physical, financial, and emotional assistance. As stated earlier in Chapter 2, elderly people without a son may live only with their spouse or alone, and may only move into their married daughter's house when they become widowed.

Figure 4.6 Living Arrangements According to Whether Elderly Have a Son (n = 2,789)



Source: VNAS 2011.

Son preference in Vietnamese society remains strong, especially in rural areas. The proportion of older people who live with at least one son is significantly higher than those who live with at least one daughter. The higher percentage of older people having a son who live in MGHs (relative to those who have no son) (46.5% and 30.4% respectively) demonstrates the significant relationship between having a son and living arrangements.

The traditional preference for living with a son is also partly reflected in the group of older people living with a spouse and children, in that among those who have a son 13.5% are living with spouse and children (the third largest group) compared with 5.4% of those who do not have a son. How do older people arrange their living if they have no son? The majority live in MGHs (30.4%), followed by alone (22.1%), with other people (17.9%) and only with a spouse (13%). Thus, more than 50% of older people who have no son are living in other living arrangements including living alone, living with others and living only with a spouse rather than in MGHs, reflecting the still-strong son preference in Vietnam.

4.4 Resources and Vulnerabilities

Resources and vulnerabilities refer to individual's capacities. According to Wilches-Chaux (1989), vulnerabilities can be divided into different forms, including natural, physical, economic, social, political, technical, ideological, cultural, educational, ecological and institutional (as cited in Oliver-Smith, 2007, p. 11). These terms are also found in research on ageing and older people and are understood differently according to specific setting, especially the concept of vulnerability. For example, in the area of nursing, vulnerability of older people has been divided into several aspects, as Brocklehurst and Larenson (2008) noted, including physical, psychological, social, policy, sexuality, gender, spiritual and ethnicity. These authors also developed a more comprehensive definition of vulnerability taking into account social construction and historical context in their definition and argued that 'vulnerability goes beyond aspects of frailty and embraces wider societal factors' (Brocklehurst & Larenson, 2008, p. 1357).

For older people, vulnerability means a lack of capacity to do what they desire to do or deal with risks (Zaidi, 2014). This may be caused by physical disabilities or financial hardship (poverty, no pension, not owning a home or unemployment). In terms of living arrangements, older people's resources and vulnerabilities are linked to various aspects of their lives, some of which are interconnected. What can be considered resources and vulnerabilities to older people in regards to their living arrangements? Hashimoto (1991) found the most visible vulnerabilities of older people are poverty and physical disability in relation to their living arrangements; however, this varies by country. For example, poor older people in Thailand are less likely to live in MGHs with married children, while wealthy older Egyptians are likely to. In contrast, older people's economic situation is not

correlated with living arrangements in Singapore, Brazil or Zimbabwe. This example suggests that the concepts of resources and vulnerability of older people are perceived differently, depending on specific social and cultural contexts.

Another important factor informing older people's vulnerability is the absence of children. This is related to family structure and has various adverse impacts on older people's wellbeing, especially direct support from adult children. From the perspective of living arrangements, the absence of children increases the likelihood of living alone, living only with a spouse or living with other relatives. The absence of children does not mean that older people are childless; rather, it refers to older people not living with a child for various reasons, for instance, children migrating to other places, divorce and remarriage. Although this is not a new issue, it should not be ignored when examining older people's vulnerability. With no children, older people may seek additional sources of support from family and social networks (Kreager, 2003) or adopt different living arrangements to ensure receiving support when needed.

Resources and vulnerability are tightly linked to older people's wellbeing, and generally include four domains: *financial security, health status, employment and education, and enabling environments* (Zaidi, 2014). The following section discusses indicators within each domain, including home ownership, adequate income, pension receipt, employment, education and health status. Independence status of older people, computed based on income including pension receipt, home ownership and health status, is examined in relation to their living arrangement, which may help to answer the question on how older people choose to live if they are relatively financially and physically independent.

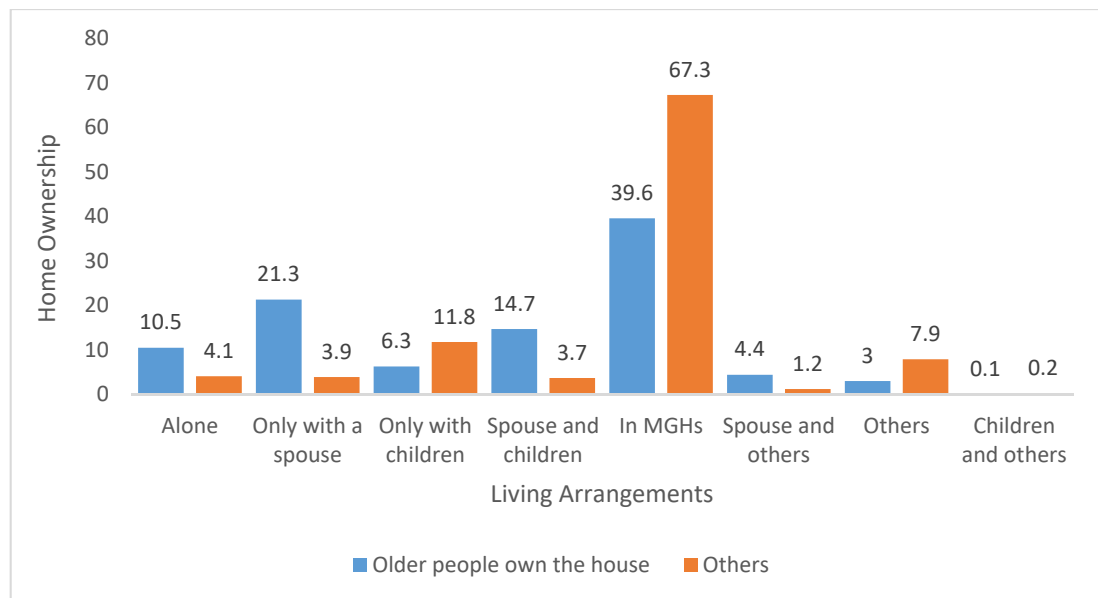
Living arrangements and older people's resources and vulnerabilities

Home ownership

As discussed above, home ownership is a crucial indicator when examining older people's living arrangements because it is closely related to the independence status of older people. Owning a home is a resource for older people, and partially reflects their social position in the family. It is assumed that owning a home gives older people more power to choose who they live with. The literature review suggested that when Vietnamese older people own the home, they tend to live alone or with a spouse than with children or others (Pfau & Giang, 2007), which is relatively consistent with findings from other countries. On the contrary, if

they do not own a home, the possibility of becoming dependent on other people is evident. Respondents in this research were asked who owned the home they were living in, with answers grouped into ‘the respondent/spouse’ and ‘others’. The results from this analysis indicate the majority of older people own their home (81.2% of the total sample), and there is a strong correlation between home ownership and older people’s living arrangements ($p < 0.001$). It is interesting that there are relatively larger shares of those who do not own the home among those who live in MGHs, only with children and live only with others compared with who own the house, implying that many older people are dependent on other relatives for accommodation (see Figure 4.7).

Figure 4.7 Home Ownership and Living Arrangements



Source: VNAS 2011.

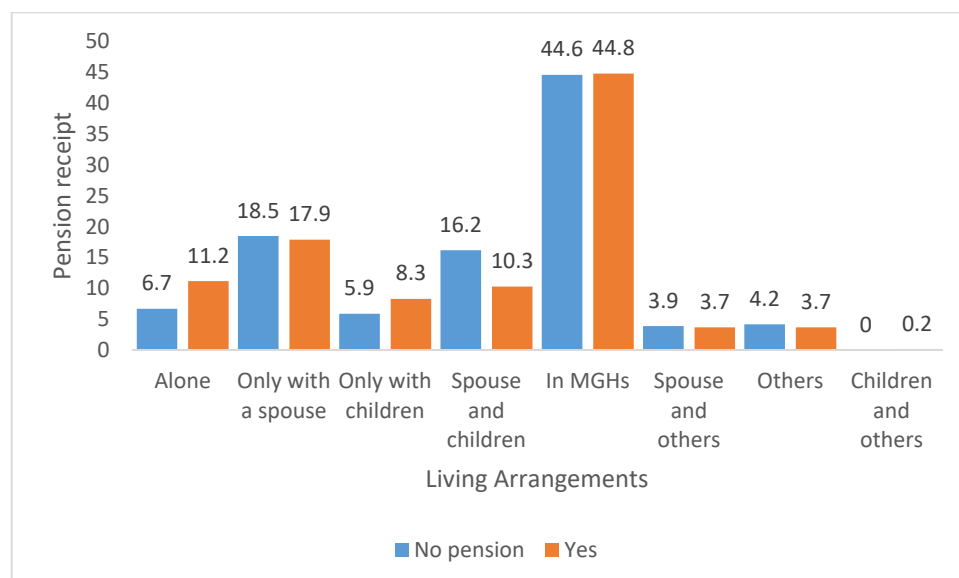
Financial resources

Income, pension receipt and employment status count as financial resources of older people (Pfau & Giang, 2007), and may help to determine their living arrangements. Previous research in developed countries has noted that older people with secure and sufficient income are more likely to live independently. High income was also found as a significant determinant of living alone for older people in India and Greece (Chaudhuri & Roy, 2007; Karagiannaki, 2011). The analysis in this chapter recognises the same relationship between income and living arrangements. Older people with insufficient income were reported more among those who live only with a spouse, followed by live alone, with spouse and children

and with others in comparison with those who have sufficient income; 49% of those who have sufficient income to cover their living expenses are living in MGHs while it is 42% of those who have insufficient income.

Pension receipt plays an important role in reducing poverty among older people. However, the percentage of Vietnamese older people accessing a pension is minimal (Giang & Pfau, 2009) and the majority of those without a pension live in rural areas. Lack of pension undoubtedly influences the income of older people, and thus, their financial situation and position in the family. They may become financial dependents once they are no longer working. There are several types of pension in Vietnam, including old-age pension, agricultural pension, non-agricultural pension, monthly disability, state pension, official family pension and social pension. Researchers have proposed that a non-contributory pension scheme may help to reduce the possibility of older people in Vietnam being impoverished and enhance welfare. However, the percentage of older people receiving the pension is not high; in this research, about 61% of older people were receiving at least one pension. A relationship between pension receipt and living arrangements was found in this analysis ($p < 0.001$). The most apparent differences between whether older people have a pension or not and their living arrangements presented in living alone, living with spouse and children and living only with children pattern (see Figure 4.8)

Figure 4.8 Pension Receipt and Living Arrangements (n = 2,781)



Source: VNAS 2011

Employment status and education

Older people's employment status can also be considered a financial resource for older people in relation to living arrangements, as they are able to work and earn their own living. According to Law of Social Insurance 2014, age of retirement for men is 60 and 55 for women (Article 54, Paragraph 1, Sub-paragraph a) . After retirement, older people may consider to keep working or not, depending very much on their own circumstances. Working reduces the likelihood of being dependent. However, it is worth considering the motivation of older people to keep working—some older people may prefer to keep working after retirement, however, others may have to work for their living as they do not have sufficient financial resources, and the latter has adverse impacts on wellbeing. There is a larger proportion of older people who no longer work are living in MGHs (50.7%) compared to those who are actively working (34.6%).

Older people who are actively working are also seen more in *living with a spouse* compared with inactive working counterparts, which suggests that they have to continue working to be able to afford a living, perhaps because of a lack of sufficient income (19% have inadequate income) or a pension (18.5%). This also suggests that older people who are still working may have to support themselves, their children, grandchildren or other relatives, while those who are no longer actively working may choose to live with their children, so that they can receive support from their children or provide support to them in various ways, such as taking care of grandchildren and doing housework.

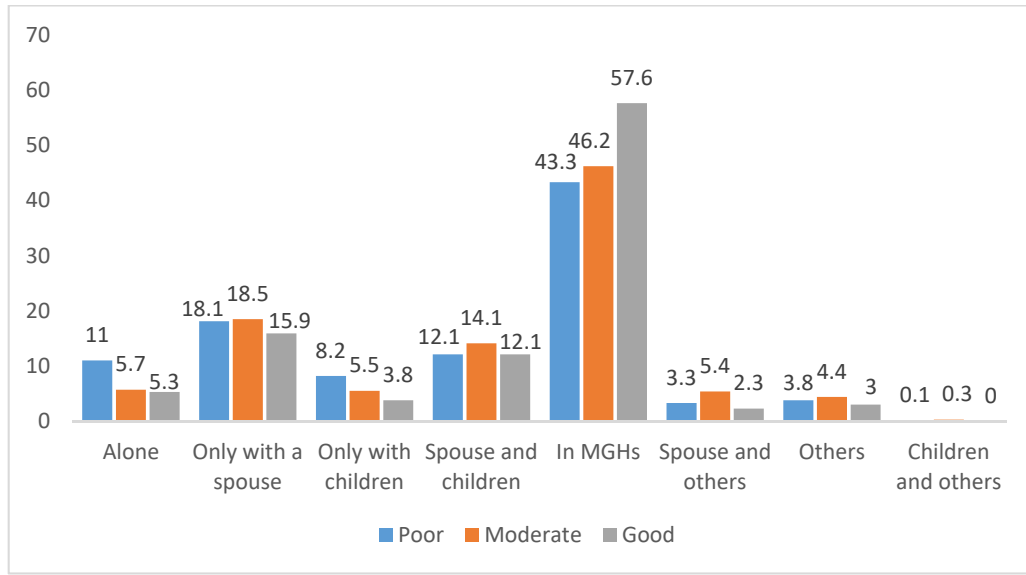
Older people working after retirement presents an interesting topic for discussion, in terms of whether it is a choice to work or a requirement financially. There are definite impacts of working after retirement if this is a choice; for example, working may help maintain health, especially mental health, and enjoy different life experiences. On the contrary, if they have to work for financial reasons, it might be a burden, especially in terms of health. In this analysis, it seems that older people who lack income are more likely to keep working, as 68% of older people who are still working have inadequate income. Although this is insufficient to determine that the reason older people keep working is solely based on their assessment of current income adequacy, it provides initial evidence for further analysis on working at advanced ages among older people.

Higher education is seen as a resource that may lead to higher income, though it is not as important as other factors that influence older people's choice of living patterns (Pfau & Giang, 2007). However, it was reported that low education levels are associated with living alone. In contrast, it appears that the higher the education that older people attained, the more likely they are to choose to live with only a spouse. Within this living pattern, the percentage varies from 8.9% for no schooling to 24.4% for secondary and higher levels of education. This can also be observed in the case of older people living with a spouse and children (5.6% for no schooling to 16% for secondary and higher), but is reversed among those living in MGHs (52.3% to 41.9%), living only with children (11.5% to 3.4%) and living alone (13.4% to 4.7%).

Health condition

Health status can influence older people's living arrangements such that if they are healthy, they may not require physical support from their adult children, and thus, together with owning their home and having income, they may be considered independent older people. This latter may lead them to a choice of living on their own rather than with children. On the contrary, if older people have poor health, they become more vulnerable and may become dependents of their family. In relation to living arrangements, the impact of older people's health status varies by country and other characteristics of older people (Pfau & Giang, 2007). Results from the analysis of health status are interesting. The majority of older people considered themselves as having 'moderate' or 'poor' health. The difference in living arrangements related to health status is most significant among those who live alone, live only with children and in MGHs. Healthy older people are seen more in MGHs compared with *moderate* or *poor* health counterparts (57.6% compared with 46.2% and 43.3% respectively). Conversely, older people with poor health are reported more in living only with children (8.2% compared with 5.5% of those have moderate health and 3.8% of those who have good health).

Figure 4.9 Living Arrangements by Health Status (n = 2,789)



Source: VNAS 2011.

Older people who have poor health are also seen more in the living alone pattern compared with those who have ‘moderate’ or good health. It may be that because they are living alone, they do not have anyone who can immediately provide care for them when they are in need. Alternatively, there may be concerns for the mental and emotional health of those living alone as they are more ‘vulnerable’ than those who live in a family or with relatives. Those who live alone have poorer mental health and emotional wellbeing as they face a feeling of separation or lack of social contact. You et al. (2009) argued that it is the family environment that helps older people who live with relatives to avoid such challenges. Further, older people living alone have difficulties financially, which prevent them from seeking good health services and thus, in turn, influence their health condition.

One of the debates about the living arrangements of older people is that the more independent the older people are, the more likely they are to live on their own rather than with children in MGHs or with other relatives. An older person can be considered independent if he or she is healthy, has sufficient income for living and owns a home. It is assumed that independent older people are more likely to live only with their spouse or live alone than co-reside with children. This may contribute to answering the question of whether determinants of living arrangements found in Western research are applicable to the situation in Vietnam. Based on older people’s self-assessment of their income adequacy, health status and home ownership, a variable for older people’s independence

was created and analysed to see whether there is any association with living arrangement. Older people who have sufficient income (from all sources) for their dwelling and have better health are considered more independent in this analysis. Results show that only 5.5% of the total sample can be considered independent older people. However, no significant correlation was found between ‘independent older person’ and living arrangement, which suggests a stronger influence from cultural factors than resources that older people possess.

4.5 Structural Context and Living Arrangements

Variations in older people’s living arrangements by structural context focus on differences between rural and urban areas in Vietnam. In 2014, the majority of Vietnam’s older population lived in rural areas (68%), compared with 32% in urban areas,²⁵ which was confirmed in this analysis as the data indicated 73.5% of respondents live in rural areas. Given the enormous differences in socio-economic conditions and cultural context between rural and urban areas in Vietnam (discussed in Chapter 1), this section explores how older people arrange their living based on these two areas.

Table 4.3 provides information on living arrangements of older people by area of residence. Initially, it was assumed that the proportion of older people living in MGHs in rural areas would be higher than in urban areas because of the strongly embedded traditional culture; the results, however, indicate the opposite. The proportion of urban elderly living in MGHs is higher than for those living in rural areas (52% compared with 42%). Many factors have led to the reduction of MGHs in rural areas, including the migration of young adults and housing constraints in the urban sector, contributing to the high proportion of MGHs in urban compared with rural areas (Lam, 2008).

Migration of adult children from rural to urban areas contributes to creating a pattern of living arrangements in rural areas referred to as ‘skipped-generation households’ (as discussed earlier), which implies that only the first (older people) and third generation (grandchildren) in the family live together. This pattern has specific impacts on the lives of the elderly. Missing the middle generation in the family may reduce resources of rural older people, particularly when they need immediate support, for example, when they are sick. Moreover, it might be a burden for them to take care of grandchildren, especially if they

²⁵ Data retrieved from HelpAge International’s website, accessed at <http://ageingasia.org/ageing-population-vietnam/> on 14 April 2016.

have insufficient financial resources or poor health. Later, their wellbeing may be negatively influenced. Once adult children settle in an urban area, they may bring their older parents from rural to urban areas to live with them in the same house, which, in turn, increases the number of older people living in MGHs. Filial piety remains strong in Vietnamese society and adult children bear the responsibility of providing care for older parents. Thus, MGHs help to ensure that older people receive care directly and immediately from their children.

Table 4.3 Living Arrangements of Older People by Area of Residence (n = 2,789)

	Area of Residence		Total
	Rural	Urban	
Alone	10.8	5.3	9.4
Only with a spouse	20.4	11.6	18.1
Only with children (including under 18)	6.9	8.4	7.0
Spouse + children (including under 18)	12.1	14.1	11.2
In multi-generational households	42.2	51.7	44.7
Spouse + others	3.5	4.6	3.8
Children + others	0.1	0.3	0.1
Others	3.9	4.1	3.9
Total	100.0	100.0	100.0

Source: VNAS 2011.

The proportions of older people living alone and living only with a spouse in rural areas exceeded those in urban areas. In the case of those living in rural area, the share of older people living alone was significantly higher than those in urban areas (10.8% compared with 5.3% respectively). Living only with a spouse is also more frequent among older people in rural areas (20.4%) than in urban areas (11.6%). The possible explanation for this is the closer proximity of older parents and non-co-resident adult children in rural areas, an arrangement that is popular in rural areas, as discussed above. When older parents have children living nearby or in the same village, it is not necessary to live together to ensure immediate support or help from each generation. However, this is not the case for older people in urban areas, where housing constraints are much more serious than in rural areas. Housing constraints may limit the possibility of both generations living independently of each other among the urban population; on the contrary, availability of land and proximity may facilitate living alone or living only with a spouse in rural areas. The proportion of older people living only with children in urban areas is slightly higher than for those who

live in rural areas. No significant difference was found in other patterns of living arrangements.

Regarding age, there is a common trend across the three age groups that the proportion of older people living alone in rural areas is significantly higher than in urban areas. For instance, among those aged 60–69 years, 3.8% of urbanites live alone compared with 7.3% in rural areas. This is 5.5% for those aged 70–79 in urban areas compared with 12.1% of those in rural areas, and 7.2% of those aged 80 or older in urban areas, compared with 14.9% in rural areas. Results for living with a spouse are similar in terms of the difference between the two areas by age. The same variation can also be observed between the two areas and age group among those who are living in MGHs, but in reverse, so that urban older people are reported more frequently in MGHs than rural older people, as mentioned above. However, the regional difference is not obvious, especially among those aged 80 and older.

There is no significant variation between urban and rural areas by age among elderly living only with children—the shares of those aged 60–69 living only with children in both areas are minimal (3.5%). At more advanced ages, these percentages increase, and are higher in urban areas (9.2% compared with 6.7% for those aged 70–79, and 14.8% compared with 12.4% for those aged 80 and older). The increase in percentage of older people living only with children is directly related to marital status—with age, people are more likely to face widowhood, and once this happens, different options for living arrangements are pursued. If they are living separately from children, they may move in with them. In the case where they are already living with children, they live only with children when their partner passes away. The other option is living alone in their own home or in a nursing home, which is not popular in Vietnam yet as families still play the central role in caring for older people.

Another effect of marital status can be seen in the case of those living with a spouse and children. Among those aged 60–69, no difference between rural and urban areas was found (18.9% in both areas). However, this reduces sharply among those aged 70–79 and 80 and older; at these ages, the likelihood of widowhood is much higher. The percentage living with a spouse and children is slightly higher in urban than rural areas for those in the 70–79 age group and doubles for the 80 and older group. This may be because of housing difficulties in urban areas and extended delayed marriage among urban young people (both

male and female) than rural counterparts (UNFPA, 2011d), which allows them to stay longer in their parents' home. Never married or no longer married older people living alone are found more in rural than urban areas. Gender difference is also present; older women live alone more frequently than men in rural areas, and this trend is even more pronounced in urban areas. Proportions of male older people living alone in both areas are insignificant, but still more common in rural than urban areas (see

Table 4.4). On the contrary, the percentage of older men living only with a spouse significantly exceeds that for older women in both urban and rural areas, but particularly in rural areas (28.7% in rural areas compared with 19.1% in urban areas). Regional difference in the case of living only with children is not significant, but gender differences within areas are remarkable, indicating a higher percentage of older women living only with children compared with male counterparts. The explanation may be the same as for those living alone; that is, widowhood.

Table 4.4 Gender Differences by Area of Residence (n = 2,789)

Living Arrangements	Rural		Urban		Total	
	Male	Female	Male	Female	Male	Female
Alone	4.5	15.0	2.8	6.9	4.1	12.8
Only with a spouse	28.7	14.9	19.1	6.9	26.2	12.8
Only with children	2.9	9.6	1.4	12.9	2.5	8.7
Spouse + children	19.2	7.4	21.5	9.3	19.8	7.9
In MGHs	38.6	44.6	47.6	54.3	40.9	46.6
Spouse + others	4.9	2.6	6.9	3.1	5.4	2.7
Others	1.1	5.8	0.7	6.2	1.0	5.9
Children + others	0.0	0.2	0.0	0.4	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: VNAS 2011.

As noted above, the majority of older people in this research live in MGHs. How does this differ between rural and urban areas, given that socio-economic conditions and culture differ? Variation between the two areas is not significant; however, in terms of gender, the difference is clear. Older women living in MGHs are reported more in urban areas than in rural areas (54.3% and 44.6%). This is similar in the case of older men (47.5% vs 38.6% respectively). In other patterns of living arrangement, the variation is not significant.

Differences in resources and vulnerabilities regarding urban and rural areas are significant in some aspects, especially financial security. 79% of rural elderly living alone do not have

sufficient income, this is around 46% for urban counterparts. The gap is even more significant between rural and urban areas regarding those who live with a spouse and others; in rural areas, the majority of this group (72.2%) do not have sufficient income, while this figure is only 23.5% in urban areas. Differences between rural and urban areas were reported in other living patterns as well, suggesting that rural older people are more vulnerable than urban counterparts in terms of income adequacy. Pension is another source of income for older people, but in this case, we did not find evidence of variations of living arrangements by region, except for the case of living with others, in which the elderly with no pension were found more in urban than in rural areas, accounting for 60% and 35.4% respectively.

Home ownership is another resource for older people; however, this also varies between urban and rural areas with different housing constraints and conditions. In urban areas, the percentage of elderly living alone who own a house is lower than those who live in rural areas. On the contrary, this is reversed among those who live in MGHs, implying that the percentage of older people who own a house living in MGHs in urban areas is much higher than in rural areas. These results are evidence of the difficulties in housing in urban areas, which contribute to the living arrangements of older people.

4.6 Determinants of Older People's Living Arrangements

It is crucial to identify how older people choose their living arrangements, as this is closely connected to their circumstances and wellbeing. This section identifies significant determinants of Vietnamese older people's living arrangements using binary regression. Dependent variables include five types of living arrangement: living alone, living only with a spouse, living only with children, living with a spouse and children and living in MGHs. In addition to social and demographic characteristics, whether older people have a son, children living nearby and are independent also have an impact on living arrangements.

Before implementing the regression analysis, all variables were tested for correlations. One of the interesting findings is that older people's independence is only correlated with two patterns of living arrangements: living only with children and living with a spouse and children. However, after controlling for other variables, this appears not to be a significant influencing factor on living arrangements, suggesting a more powerful effect from other factors and/or cultural traditions in which older people expect to live with their children and

grandchildren as they age. Traditional norms and values stress the role and responsibility of adult children in taking care of older parents and these norms and values are still strong in Vietnamese society. Thus, it does not matter how independent older people are in relation to their living arrangements; rather, other factors, including marital status, health, area of residence, home ownership, work status, having a son or grandchildren, are important. Hence, the variable capturing independence is excluded from the logistic regression models to ensure correct analyses. Instead, three single variables—adequate income, home ownership and health status—are included in the models. Table 4.5 provides results of the binary regression analyses investigating significant determinants of living arrangement patterns of older people.

Multigenerational households

As mentioned earlier, the traditional pattern of living arrangements among older people in Vietnam is MGHs. In this research, having grandchildren, large household size and better health were found to be positive factors facilitating living in MGHs, among which having a grandchild is the most important. This suggests the critical role of older people in providing care for their grandchildren.

On the contrary, age, marital status, home ownership, work status and location of non-co-resident children are negatively associated with this type of living arrangement. This means that older people who are at a more advanced age, no longer married or never married, who do not own their home, are no longer working and who have no children living nearby are less likely to live in MGHs. Number of children turns out not to be a significant factor influencing older people's living arrangement, contrary to the assumption that having more children would increase the likelihood of older people co-residing with children, including in MGHs (see Table 4.5).

Living with a spouse and children

Living with a spouse and children is a type of nuclear household where the older couple live with their adult children regardless of the children's marital status. In this pattern of living, marital status and number of children were found to be significant factors. The results suggest that older people who are currently married and have more children are more likely to live with a spouse and children than their counterparts (OR = 84.4 and 2.3

respectively). Urban older people also tend to live in this arrangement more than rural older people.

Consistent with the case of living in MGHs, age of older people is negatively associated with living with a spouse and children. Older people at more advanced ages are less likely to live in this pattern (OR = 0.7; 95% CI = 0.57–0.86). However, the results show that household size and having grandchildren negatively influence this pattern of living—the larger the household size, the less likely older people are to live in this pattern of living arrangement. Instead, they tend to live in MGHs.

Results show that older women are less likely to live with a spouse and children than older men (OR = 0.65; 95% CI = 0.49–0.86) and those who have higher education levels are also less likely to live in this pattern of living arrangement (OR = 0.75; 95% CI = 0.6–0.95).

Living only with a spouse

Living only with a spouse only encompasses older people who are currently married. Therefore, the marital status variable was excluded from the analysis. The results indicate that three factors significantly influence this pattern of living arrangement: age of older people, residential area and their number of children.

Contrary to the case of living in MGHs, older people who are at a more advanced age are more likely to live only with a spouse than those who are in early old age. Living only with a spouse is also more likely to be seen among rural older people than urban older people (OR = 0.44; 95% CI = 0.32–0.62). Older people with more children are less likely to live in this pattern as they tend to co-reside with children.

Living only with children

This living arrangement pattern is closely related to older people's marital status, as discussed earlier, with married older people less likely to live in this living arrangement than their counterparts (OR = 0.8; 95% CI = 0.05–0.14). This suggests a change in living arrangements as married older people are highly likely to live with a spouse and children while those who are not married are more likely to live in MGHs, only with children or alone. Household size also negatively influences this pattern of living arrangement as the larger the household size, the less likely older people are to live only with children (OR = 0.02; 95% CI = 0.01–0.06) and the more likely they are to live in MGHs.

The most significant factor that determines this living arrangement is number of children. As shown in Table 4.5, the more children older people have, the more likely they are to live only with children (OR = 4.39; 95% CI = 2.38–8.1). Older women are more likely to live only with children than older men, which makes gender the second most significant factor (OR = 2.01; 95% CI = 1.30–3.30), following by residential area and age, with urban older people and those at advanced ages tending to live more in this pattern of living arrangement. These findings suggest the influence of higher life expectancy of older women and differences in structural context on living arrangements in later life.

Living alone

Results from the analysis on this living pattern contradict those regarding MGHs. Older people who own a home are more likely to live alone (OR = 6.49; 95% CI = 3.80–11.1) and those who have children living nearby, are still working, and are more advanced in age have a higher likelihood of living alone. This suggests that people who live alone still have to work for their living, and may lack support from their family and resources. Those who live in MGHs can be supported by their family, and maintaining employment is no longer due to concerns about making a living.

Never married or no longer married older people are more likely to live alone than married counterparts. Those who live in rural areas have a higher tendency to live alone than older people who live in urban areas.

Adequate income or pension receipt and *having a son* have no significant impact on patterns of older people's living arrangements.

From the above findings, generally, factors that influence older people's living arrangements in this analysis encompass demographic information (age, gender and marital status), structure context (rural/urban), resources and vulnerabilities (except for income or pension), family structure (household size, number of children, grandchildren), and location of the children. To conclude the chapter, the following section discusses these findings in the context of social change in Vietnam.

Table 4.5 Determinants of Older People's Living Arrangements

	In MGHs (0 = No; 1 = Yes)			Spouse and children (0 = No; 1 = Yes)			Only with spouse (0 = No; 1 = Yes)			Only with children (0 = No; 1 = Yes)			Living alone (0 = No; 1 = Yes)		
	Odds Ratios	95% CI		Odds Ratios	95% CI		Odds Ratios	95% CI		Odds Ratios	95% CI		Odds Ratios	95% CI	
Age	0.80	0.66	0.96	0.70	0.57	0.86	1.50	1.20	1.80	1.54	1.14	1.90	1.40	1.10	1.76
Gender	1.10	0.80	1.40	0.65	0.49	0.86	1.20	0.89	1.56	2.04	1.30	3.30	1.15	0.74	1.79
Marital status	0.32	0.24	0.43	84.4	26.6	267.9	-	-	-	0.80	0.05	0.14	0.04	0.02	0.06
Urban/Rural	1.20	0.90	1.60	1.90	1.40	2.60	0.44	0.32	0.62	1.67	1.13	2.50	0.41	0.26	0.64
Education	1.10	0.88	1.30	0.75	0.60	0.95	1.20	0.94	1.54	0.99	0.75	1.30	0.11	0.82	1.45
Health condition	1.40	1.08	1.70	0.92	0.73	1.20	0.89	0.70	1.13	0.89	0.63	1.25	0.72	0.51	1.03
Adequate income	0.83	0.63	1.10	0.97	0.74	1.30	1.10	0.81	1.45	1.10	0.75	1.58	0.99	0.67	1.48
Have pension	0.95	0.72	1.25	0.86	0.66	1.10	1.11	0.84	1.48	0.89	0.60	1.30	1.47	0.99	2.18
Owning house	0.40	0.28	0.54	0.99	0.57	1.70	1.84	0.97	3.49	0.70	0.48	1.10	6.49	3.80	11.1
Working active	0.48	0.36	0.65	1.20	0.89	1.60	1.10	0.80	1.44	1.00	0.67	1.53	1.52	1.03	2.24
Household size	64.8	48.4	86.9	0.25	0.19	0.33	-	-	-	0.02	0.01	0.06	-	-	-
No. of children	1.01	0.74	1.50	2.34	1.42	3.84	0.62	0.40	0.97	4.39	2.38	8.10	0.94	0.60	1.49
Have grandchildren	1664.6	287.9	9622.1	0.10	0.04	0.22	1.95	0.80	4.73	0.83	0.26	2.60	1.62	0.64	4.10
Have son	1.30	0.80	2.10	1.60	0.83	3.10	0.89	0.51	1.58	1.80	0.86	3.60	0.78	0.44	1.40
Children living nearby	0.72	0.56	0.93	1.10	0.83	1.40	1.25	0.95	1.64	0.93	0.66	1.31	1.75	1.24	2.50

Source: VNAS 2011.

Note: Bolded numbers indicate statistical significance at $p < 0.05$ level

4.7 Summary and Discussion

The family is still the major institution that provides support for older people in Vietnam and other developing countries in the region (Bonggaarts & Zimmer, 2002), and MGHs, the traditional living pattern, are the most supportive for older people (Be, 2005), facilitating support exchange between generations. Results from this chapter indicate that the majority of older people living in MGHs are the older elderly, females and no longer married (divorced, separated, or widowed).

It is crucial to understand the living patterns of older people to assess whether they choose to live with children or whether their circumstances force them to live with their offspring, because this is connected to the quality of their relationships with adult children and wellbeing in the later life. When older people age, they become more vulnerable and face more challenges, for example, with income, difficulties in daily activities and especially health problems. They become more dependent on other people in the family; in most cases in Vietnam, they depend on their offspring. If only age is taken into account, the results from the descriptive analysis would suggest that the majority of older people in more advanced ages are living in MGHs, which is partly to fulfil their need for care in that period of life. However, findings from the regression analysis suggest a converse trend, where older people who are in their early old age are more likely to live in MGHs. The most likely explanation for this finding is that the adult children of early old age elderly are, to a certain extent, still dependent on their parents (for accommodation, care for grandchildren, and even financial support), while in the case of those at more advanced ages, their children may be able to afford to move out. There are also many cases of older people who are ‘independent’ deciding to live with their children. In this case, it is cultural effects or their children’s need of their support (e.g., grandparenting) that lead to this pattern of living arrangement, and the older people are more likely to play the role of support providers rather than receivers to their adult children.

Further, Vietnamese older people tend to live with their sons if they have one, which reflects the patrilineality, patrilocality and patriarchy in kinship systems embedded deeply not only in Vietnam but in other countries in Asia. Son preference has been well documented in previous studies in Vietnam (Bélanger, 2002; Guilmoto, 2012; Haughton & Haughton, 1995; Truong et al., 1997; UNFPA, 2011c) as well as in other countries such as

China, India, Japan and Korea. This relates to several cultural and socio-economic aspects. For example, in terms of culture, a son is considered the person in charge of continuing the family line and practising ancestor worship. In regards to socio-economic aspects, they offer old age support and inherit assets. Thus, much research has found that the majority of Vietnamese older people co-reside with sons (UNFPA, 2011c), and when this son gets married and has his own children, older people live in MGHs. This is the effect of life course on older people's living arrangement patterns (Pfau & Giang, 2007), which may contribute to explaining the high proportion of older people living in MGHs in Vietnam.

Results from the descriptive analysis show that older people who have a son are reported more in MGHs or with a spouse and children than in other living arrangements; those who have no son are seen more living alone. There are many reasons that older people decide to co-reside with a son over a daughter, but in general, these may be condensed in the following points. First, it is the effect of cultural expectations regarding sons' roles. Second, it is related to gender discrimination or gender prejudice rooted in feudal culture, which considers daughters 'other people's children' when they marry and not always available to provide support for older parents when needed. This perception is opposed to Western culture with a popular proverb saying that 'my daughter's my daughter all the days of her life' (Ray, 1670, p. 52 cited in Speake & Simpson, 2009). Third, social welfare in Vietnam does not meet the demands of older people, which 'force people to give birth to a son' (UNFPA, 2011c, p. 27) so that they can rely on them in their advanced age. However, it is also interesting to note that some studies do mention the significance of daughters' support for their older parents, even when they get married and have their own families; this would be more significant to older people who have no male offspring.

Contrary to these findings on the importance of having a son, results from the regression analysis do not show any significant impact of having a son on examined patterns of living arrangement. This partially suggests a change in perception regarding sons and implies other underlying determinants of older people's living arrangements. In another words, having a son is not as important as assumed in regards to older people's choice of living arrangement, although the traditional son preference still exists in society. This finding partly confirms the idea that the Vietnamese family system is a bilateral kinship system, which 'predominate in South-East Asia and southern India' (Mason, 1992 cited in Truong, 1997, p. 8).

In terms of gender, results from the analysis in this chapter partially oppose Pfau and Giang (2007), in that it indicated a higher percentage of older women living with children, but is consistent with the finding that a higher portion of older women are living alone compared with older men. As discussed in Pfau and Giang (2007), this is because of differences in life expectancies and marital status between males and females. The implication of this gap is closely related to marital status, as it implies more Vietnamese women will become widows as they age than men, and this leads to a higher possibility of older women living with their children, in MGHs or even alone.

Working status was found significant associated with living in MGHs and living alone. Older people who are no longer working were found more in MGHs. In contrast, those who are still actively working are more likely to live alone than in other living arrangement patterns. A lack of resources may be one of the main reasons that elderly living alone have to work, as the majority do not have adequate income. Previous research has also found that the portion of Vietnamese older people with sufficient income (for example, from savings and pensions) is relatively low, and thus, many still participate in economic activities (GSO, 2010), and this has been reported as increasing over time (Ngo, 2013). To some extent, older people participating in economic activities should not be seen as a negative issue or the result of insufficient social welfare support; rather, it should be considered a contribution older people make to their family's income (or at least, their attempt to reduce the burden on the family of providing support for them) and society.

Regional variations were reported in this analysis, with variations mostly related to housing constraints in urban areas that lead to a higher percentage of older people living in MGHs in cities. At the same time, more older people live alone or only with their spouse in rural than in urban areas. The differences in living conditions between the two regions may also contribute to different patterns of living arrangements. For instance, family members tend to live in closer proximity in rural areas, which allows older people to live by themselves but still ensure that they have immediate support from their children who live nearby.

Living arrangements of older persons is an extremely complex aspect because it relates to several aspects of their lives, not only at the individual level but at the social level. At the individual level, this incorporates the socio-economic characteristics of the families and the elderly themselves, the relationships and exchange of resources between generations and

quality of life and wellbeing. At the social level, it involves an adequate and appropriate system of social welfare for the elderly that may allow them to choose whether to live independently or rely on their offsprings' support in their advanced age. To glean more insights into living arrangement patterns of older people, the next chapter focuses on changes in living arrangements due to social changes.

Chapter 5 Changes in Living Arrangements of Older People

This chapter focuses on changes in living arrangements of older people in the social change context in Vietnam. It uses two cross-sectional surveys (RAS 1996–1997 and VNAS 2011) to describe the differences in patterns of living arrangement between 1997 and 2011 and attempts to find the main determinants.

Consistent with the structure of the previous chapter, this chapter investigates changes in living arrangements of older people in line with changes in family structure, cultural preferences, older people's resources and vulnerabilities and variations in structural context, particularly between rural and urban areas. Summary and discussion are provided at the end of the chapter, and raise concerns on issues related to living arrangements of older people and their wellbeing.

5.1 Introduction

Living arrangements are not a static aspect of family life but change over time with changes in family structure and prevailing socio-economic circumstances (Hirschman & Nguyen, 2002). As discussed in the previous chapter, the traditional structure in Vietnam is the multi-generational family, with three or even four generations living in the same household. Living arrangements typically follow the patrilineal and patrilocal system, with changes resulting from rising incomes, migration and urbanisation as well as later marriage and reductions in family size. Many young people are migrating from rural to urban areas to find jobs (GSO, 2011a; Nguyen & Pham, 2014), leaving behind their older parents in rural areas. Single person households and older people households are becoming more common in both urban and rural areas.

Modernisation has led to modification in cultural norms and values in family relationships and filial piety. Intergenerational relationships are changing as a result of rising individualism, reassessment of the benefits of having children, and the duration of co-residence between married children and parents has become shorter (Nguyen, 2008). Living in separate households has accelerated the nuclearisation of Vietnamese families. Changes in socio-economic conditions of the family influence family members' resources and constraints, and hence, lead to the changes in family living arrangements, with varying effects for those at different stages of life.

Older people's living arrangements are directly linked to their wellbeing and have major implications for intergenerational exchange and relationships. As Hirschman and Nguyen (2002) noted in their paper, traditional living arrangements may have only experienced a slight decline. However, this chapter examines the complexity of social change in relation to older people's living arrangements and the thesis's research questions regarding living arrangements. Analyses focus on the same factors examined in the previous chapter, which included family structure, cultural preferences, resources and vulnerabilities and differences between rural and urban areas. The data sources include the VNAS 2011 and RAS 1996–1997 surveys.

5.2 Changes in Family Structure

The family planning policy had initially been applied in the North of Vietnam since 1963 and was in place nationwide after the reunification in 1976 (Hull & Le, 1992; Pham et al., 2012), which has been one reason for the reduction of family size in Vietnam. Officially, Decree No. 162 issued by the Vietnam Council of Ministers in 1988 specified that each couple could have a maximum of two children, with exceptions granted for ethnic minorities, who can have up to three children, remarried people and twins or triplets in the second pregnancy (Council of Ministers Vietnam, 1988). Family planning is considered a significant achievement, reducing population growth to replacement levels in 2006, ten years prior to the planned timetable. This has contributed to the demographic transition in Vietnam, with more nuclear families in the population.

Smaller household size, as analysed in the previous chapter, resulting from the reduced total fertility rate over 1989–2009 (3.8 to 2.03), along with reductions in the desired number of children (Nguyen, 2014), has also possibly been influenced by the family planning programme. Other factors include changes in the younger generation's perception of co-residence and strong desire among adult children to make their own decisions. They have had more job opportunities, contributing to financial independence, thus providing the younger generation with the ability to settle down themselves, live independently from their parents and increase the availability of care services for older people (Nguyen, 2008).

Household separation was also related to economic benefits, particularly in rural areas, because people could be provided with land from the government when forming a new household. However, the shrinking size of land parcels could not yield adequate income to

support several households via the agricultural sector. Improvements in education, as well as young people's negative perception of farm work, also contributed to increasing internal migration of young people from rural to urban areas for non-farming job opportunities. The result is a new type of household, skipped-generation households, in which older people and grandchildren live together. Yamada and Teerawichitchainan (2015) examined the relationship between job opportunities in neighbouring regions and intergenerational co-residence in Vietnam and showed that adult children are less likely to co-reside with older parents if there are job opportunities in other areas around their residence. Consequences can include lower psychological wellbeing among older parents who do not live with children because of migration.

Households with older people were significantly smaller in 2011 compared with 1997; those with four or fewer members were more common in 2011 than 1997. As can be seen in Figure 5.1, the percentage of households with two members in 2011 had sharply increased compared with 1997 (11% in 1997 and 24% in 2011), which suggests a critical change in household structure between the two time points. Who are the people who experienced this change, and why did this percent increase so significantly?

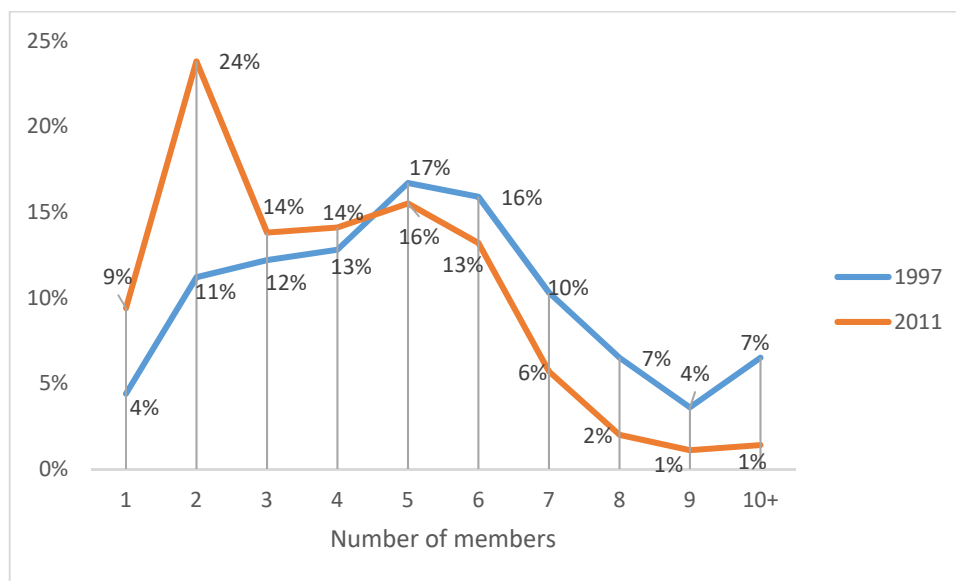
Most of these two-member households included older people who lived only with a spouse (65.8% in 1997; 76.2% in 2011), with the remainder older people living with a child, which also significantly varied between the two time points (23.1% in 1997; 16.7% in 2011) ($p < 0.001$). The majority were living in rural areas and in their early old age (60–69 years old). An overwhelming 91% of older people living in two-member households owned the home (more so in 2011 than 1997 among those aged 60–69), had primary and below educational levels (46%) and 44% were still working. While 56% drew a pension, 67% had insufficient income, and 65% had poor health. However, most of these older people were living near to their children, which may ensure the availability of immediate support. These descriptive statistics indicate that older people living in these households, to a certain extent, were financially vulnerable, as they lacked sufficient income and had to work for their living at a later age. Nevertheless, living near a child can be a supplemental resource regarding support provision.

The prevalence of those who had higher education, pensions and more children in 2011 was higher than in 1997, which indicates that older people in 2011 had more resources than

those who included in the 1997 survey, given these available resources allow them to live independently from adult children. The most important factor is that older people in 2011 had grown up in a less traditional society than their counterparts in 1997, who had more experience of traditional feudal culture. This could be a factor facilitating their acceptance of separate residences between generations. The increase in smaller households and migration from rural to urban areas among younger generations also contributed to the gap in the proportion of older people in two-member households between 1997 and 2011.

The proportion of households with 10 or more members in 1997 was 6.5%, while this was only 1.4% in 2011. Overall, the number of larger households (five members or more) was higher in 1997 (see Figure 5.1). This partially explains why the percentage of older people living in MGHs in 1997 was higher than in 2011. The larger the household, the more likely older people will live in an MGH. One interesting finding is that the prevalence of older people living in MGHs varied among sub-groups of household size and between the two time points. For example, among households with 6–8 members, the percentage of older people living in MGHs was 86% in 1997 but 92.8% in 2011; in cases of households with more than nine members, it was 90.3% in 1997 and 95.8% in 2011. This finding may reflect the more severe housing constraints in recent years, especially in urban areas, where there have been shortages along with higher rents and prices. For example, according to Tran and Yip (2008), new apartments in Hanoi can cost between US\$100,000–\$200,000, much higher than the income of an average worker per year. Thus, they have to depend on private renting, which ‘is a neglected and largely unregulated sector with poor quality housing stock and tenants who are predominantly immigrants’ (Tran & Yip, 2008, p. 317).

Figure 5.1 Household Size between Two Time Points (n = 4,559)



Source: VNAS 2011 and RAS 1996–1997.

Table 5.1 shows that over the course of half a generation, the proportion of one-generation families had increased from about 14% in 1997 to 29% in 2011, while the proportion of three-generation families had corresponding declines.

Table 5.1 Household Structure by Years (n = 4,559)

Number of generation	1997		2011	
	N	%	N	%
One generation	251	14.2	801	28.7
Two generations	550	31.1	737	26.4
Three or more generations	969	54.7	1,251	44.9
Total	1,770	100.0	2,789	100.0

Source: VNAS 2011 and RAS 1996–1997.

Note:

- One generation: Older people with/without a spouse or sibling.
- Two generations: Older people with grandchildren; older people with parents and spouse; older people with parents; older people with children; older people with spouse and children; older people with spouse and grandchildren.
- Three generations and more: Older people with children and grandchildren; older people with spouse, children and grandchildren; older people with parents, spouse and children; older people with parents and children; older people with parents and grandchildren; older people with spouse and grandchildren; older people with parents, spouse, children and grandchildren; older people with parents, children and grandchildren.

Data in Table 5.2 confirm that older people’s household size in 2011 was relatively small compared with 1997. For example, the proportion of households with sons in 2011 was

always less than in 1997. The average number of sons in each household in 1997 was 0.91 (0.55 for daughters) compared with 0.58 in 2011 (0.28 for daughters). Similarly, the average number of grandchild/great grandchild in each household in 1997 was 1.43 compared with 0.98 in 2011.

Table 5.2 Household Members by Years (n = 4,559)

Household members	Year	N						Mean
		0	1	2	3	4	5+	
Spouse	1997	44.1	55.9	-	-	-	-	0.56
	2011	43.9	56.1	-	-	-	-	0.56
Son	1997	35.2	44.7	11.1	4.4	1.0	0.3	0.91
	2011	50.7	42.3	5.6	1.1	0.3	-	0.58
Daughter	1997	63.1	24.9	8.1	2.5	1.1	0.4	0.55
	2011	77.1	19.1	2.8	0.8	0.3	-	0.28
Children in-law	1997	47.8	46.6	4.0	1.2	0.2	0.2	0.60
	2011	58.7	39.2	1.9	0.2	0.1	-	0.43
Adopted children	1997	99.6	0.3	0.1	-	-	-	0.01
	2011	98.2	1.8	-	-	-	-	0.01
Grandchildren/ great-grandchildren	1997	41.4	17.5	18.3	11.9	5.5	5.6	1.43
	2011	50.4	18.4	19.6	7.6	2.5	1.4	0.98
Parents	1997	98.5	1.5	-	-	-	-	0.01
	2011	98.2	1.8	-	-	-	-	0.02
Parents in-law	1997	100.0	-	-	-	-	-	0.00
	2011	99.4	0.6	-	-	-	-	0.01
Siblings	1997	98.9	1.0	0.2	-	-	-	0.01
	2011	98.5	1.1	0.3	-	-	-	0.02
Relatives	1997	95.3	2.3	0.5	0.7	0.5	0.8	0.12
	2011	98.4	1.1	0.1	0.2	0.0	0.1	0.03
Non-relatives	1997	98.9	0.7	0.2	0.0	0.1	0.2	0.03
	2011	99.4	0.5	0.0	0.1	-	-	0.01

Source: VNAS 2011 and RAS 1996–1997.

One of the most important changes in Vietnamese families pertains to marriage and its influence on family size and generational relationships in later stages of life. Average age at first marriage has increased over the past decades. Results from Vietnam Population and Housing Census 2009 indicate an increasing trend towards later marriage and longer durations staying single among the population (GSO, 2011b). Notably, the average age at first marriage in Vietnam increased to 26.8 for males and 23.5 for females; Nguyen Thanh Binh (2011, p. 354) commented that ‘Vietnamese are opting to marry late’. Late marriage or delayed marriage may result in delayed childbearing and reduce the number of children born. The factors that influence marriage timing, discussed in Jones (2012b), can be related

to better educational and job opportunities for women. These factors help to improve women’s position, allowing them more independence from men.

For the elderly on the verge of old age, their children delaying marriage or childbearing affects family structure in that it maintains the nuclear family following traditional norms, in which unmarried adult children continue living in the same dwelling with their parents. The likelihood of their living in a separate nuclear family from elderly parents increases along with later marriage and childbearing. Further, better socio-economic conditions make it easier for children to live separately from older parents. This results in a higher number of older adults living alone, or living only with a spouse, depending heavily on their marital status. Analyses of the marital status of older people in this chapter show that there is no significant difference between 1997 and 2011—approximately half were married at both time points (58.7% in 1997 and 57.8% in 2011), and about 38% were widows. Differences among never married and divorced or separated older people also are insignificant (never married: 1.4% and 2.3%; divorced/separated: 2.0% and 1.2% respectively). As shown in Table 5.3, the proportions of older people living alone and living only with a spouse are significantly higher in 2011 compared with 1997 while the proportions residing in MGHs fell from 56.3% in 1997 to 44.7% in 2011.

Table 5.3 Living Arrangements by Years (n = 4,559)

Living Arrangements	1997		2011	
	N	%	N	%
Alone	76	4.3	261	9.4
Only with a spouse	133	7.5	505	18.1
Only with children	106	6.0	205	7.4
Spouse + children	328	18.5	351	12.6
In MGHs	997	56.3	1247	44.7
Spouse + others	44	2.5	106	3.8
Others	75	4.2	110	3.9
Children + others	11	0.6	4	0.1
Total	1,770	100.0	2,789	100.0

Source: VNAS 2011 and RAS 1996–1997.

The noteworthy point here is the association between older people’s marital status and living alone, which is significantly different between 1997 and 2011. The group of older people living alone includes a large share of those who are widowed, divorced or separated. The proportion of people living alone in 1997 was 4.3% but 70% of these were widows; in

2011, among 9.7% living alone older people, 83.5% were widows. This explains a change in living arrangements among seniors as a result of widowhood. The European and US literature indicates that after the death of their spouse, most Western elderly choose to live alone while some move into a nursing home or live with an adult child (Hirst & Corden, 2010). There are few studies on this topic in Asian countries, particularly Vietnam. Nevertheless, we can observe a significant difference between the West and Vietnam in that most Vietnamese older people live in MGHs or with a child in their old age. The death of their spouse possibly has less impact on their living arrangements than in Western countries, where older people generally live apart from their children at an earlier stage of their life. Given Vietnamese traditional cultures regarding living arrangements, filial piety and children's obligation to provide care for older parents, older people may continue living in MGHs or only with an adult child after their spouse passes away. For those who live only with a spouse, when their spouse dies, they may move into their adult children's households rather than live alone or move to residential care.

Living arrangements of older people are not solely determined by family structure but also by cultural preferences, including traditional son preference and number of children. The next section considers these aspects of older people's living arrangements.

5.3 Changes in Cultural Preferences

Cultural factors related to living arrangements of the elderly, as analysed in the previous chapter, include son preference and a preferred number of children. Changes in living arrangements are to some extent related to son preference. Nguyen (2008) reported a continuing desire to live with an adult son in rural areas but some growth in preference for living with a daughter (Nguyen, 2008, p. 11). In urban areas, where there is great variation in cultural, economic and social contexts, there is equal variation in expectations, preferences and actual living arrangements of older people, along with evolving cultural preferences.

Vietnamese traditional desire is to have as many children as possible because it brings happiness to the family (Le Ngoc Van, 2011, p. 211 cited in Tran Thi Thanh Loan, 2013). Economically, having more children has been viewed as ensuring the family's human resources and maintenance of the labour resource, helping to improve family living conditions. This also influences the traditional son preference, as it encourages the couple

to have sons, and when the sons marry, they have more labourers (daughters in-law) in the family (Do, 1985). However, the perception of children and the desired number of children has been changing. As discussed by Tran (2013), traditional concepts of childbearing and raising children are less suitable in modern life.

Vietnamese people today focus more on education and better parenting, providing better conditions for their children, and less on numbers of children (which was important for family labour in agricultural areas). According to MOCST et al. (2008), the desired number of children has fallen among recent age cohorts, as an indicator of changing perception. For example, the percentage of people aged 60 and older who agreed with the idea of ‘having more children’ is 18.6%, but only 6.6% among those aged 18–60 and minimal among teenagers. The desired number of children also differs between rural and urban areas. The desired number of children for rural families was four per couple, and there was a certain percentage of rural residents, especially among those with less education and older, who believed that ‘having more children is better than having more assets’ or ‘a couple with more children will have higher social prestige in the community than others’ (Trinh Hoa Binh, 1991). The results from this analysis are consistent with the decreasing trend in numbers of children, as it shows that the average number of children born/surviving among older people in 2011 was lower than in 1997 (mean of 4.6 in 2011 and 5.0 in 1997). This result confirms the decreasing trend of average children per women in Vietnam, from 6.81 in the late 1960s to 2.09 in 2014 (D. C. Nguyen, 2015).

Findings in this analysis do not show a change in older people’s perception of the desired number of children because of limitations in the 2011 data; however, data from the 1997 survey suggest a transition in understanding. For example, the majority of older people in 1997 (85%; $n = 1,770$) consider having fewer children (just one or two) is good. This probably reflects the massive propaganda campaign on family planning implemented in Vietnam from 1963 and the subsequent reduction of fertility rates. However, effectiveness was limited, especially in rural areas, as it was unable to combine birth control objectives and a suitable socio-economic development plan consistent with traditional values and norms, woman’s social roles and positions. Further obstacles include the ongoing consequences of war and bureaucratic difficulties in implementing family planning programmes (Hull & Le, 1992).

Changes in son preference can be partly identified by examining the proportion of older people currently living with their son. However, no significant difference was reported between the two time points. The prevalence of older people who live with at least one son (regardless of the son's marital status and age in 1997) is around 45% compared with 42% in 2011.

The RAS 1996–1997 survey also covered information on older people's perception of son preference and their expectation of living arrangements which shows that a significant proportion of older people (34%) believed that older parents should live with married sons rather than with other family members; a significant proportion (29%) reported living with a married child as their preference, and 22% considered living alone a better pattern of living for older parents. These percentages present the variation in older people's perception or expectation of living arrangements. When asked who they would like to live with, 25% said alone, 18% with their oldest son, 17% with any child and 13% with any married son. These findings confirm the importance of sons, but also show the erosion of this traditional perception over recent decades. Unfortunately, data from the 2011 survey are not available for analysis of older people's perceptions of desired number of children and expected patterns of living arrangement. However, the changing trend in living arrangements between the two time points is evident, especially for living alone, living only with a spouse and living in multi-generational families.

5.4 Changes in Resources and Vulnerabilities

Health, income, pension receipt, education, home ownership and employment, as discussed in the previous chapter, are areas of resources and vulnerabilities for older people. Health is a strong influencing variable on living arrangements of the elderly. Findings from Nguyen (2008) show that 'older parents should live with their adult children if they are not in good health conditions' (p. 11) and 'older parents could live separately from children if they are wealthy' (p. 11). This illustrates the influence of resources and vulnerabilities on older people's patterns of living arrangement. Older people's health does not only influence themselves but their children, considering the consequences for filial piety obligations, including responsibility for taking care of older parents, especially when they are sick. Thus, co-residence is essential to family care provision for older people by their children.

Health status

Health is a valuable resource for older people. Having good health provides them with the ability to live independently from their adult children in terms of practical support and, in some cases, enables them to keep working. Conversely, frail elderly require support from relatives. In this research, measurement of older people's health condition was based on self-assessment. Results indicate that older people in 2011 tended to subjectively assess their health as worse than those in 1997; only 4.7% believed they were healthy in 2011, compared with 17.8% in 1997. This result may relate to recent public warnings of burden of diseases among older people. While older people face less risk from infectious conditions, there has been a rapid rise in chronic and degenerative diseases such as cardiovascular disease, hypertension, irregular stroke, diabetes, cancers of all kinds, chronic obstructive pulmonary disease (COPD), joint degeneration, osteoporosis and dementia. Almost all these diseases are related to lifestyle and are amenable to prevention, amelioration and long-term treatment.

In regards to living arrangements, older people who had negatively assessed their health in 1997 were reported more in MGHs than healthy older people, but in 2011, healthy older people were more likely to live in MGHs ($p < 0.001$). This difference is interesting but hard to explain, because it was based on older people's subjective assessment of their health and did not take any account of practical needs nor support from adult children. The links between living arrangements and health status of older people are unclear in the literature as well. Some previous studies have confirmed the positive effect of living in MGHs on older people's health, while others have found negative health outcomes of co-residing with children (Bo Rin Kim, 2014).

Further analysis has found that the majority of older people who are never married or are divorced, separated or widowed have poor health. Half of married older people reported their health as poor. There is an enormous body of literature on the relationship between marital status and health of older people. For example, Perkins et al. (2016) found that being widowed was associated with worse health outcomes compared with the married elderly, particularly among women. In this thesis, no longer married older people were also found disproportionately in MGHs, and more so in 1997 than in 2011. Thus, apart from the

effect of living arrangements, it could be that older people's marital status significantly influences their health status.

In other living arrangement patterns, particularly those living with a spouse and children, variations were found in 1997. Older people with a positive assessment of their health tended to live with their spouse and children relative to those with negative evaluations; this variation was not significant in 2011. Regarding living alone and living only with a child, considerable differences were observed among older people in 2011: those with a negative assessment of their health were found living alone more often than their healthy counterparts. The same trend is apparent in 1997, confirming the strong correlation between general health status and living arrangement patterns of older people and illustrating the underlying influence of health on changes in living arrangements. It may also be that single older people with more resources are more attractive as co-residents.

Income and pension receipt

Similar to the case of health, the analysis in this chapter did not find evidence of improvement in older people's income over time, as it was based on self-assessment of income adequacy. The data show that 44% of older people in 1997 had enough income for living while this was slightly lower in 2011 (38.6%). The correlation between income adequacy and living arrangements clearly indicates that those who live alone tend to negatively assess their income adequacy. In other words, the highest percentage of older people who had insufficient income was reported among those living alone at both time points and was higher in 2011 than in 1997 (74.3% and 67% respectively), followed by living with others (66.7% in 1997 and 70% in 2011). One important finding is that in 1997, among older people who live only with a spouse and live with a spouse and others, the percentage of those with sufficient income for living is higher than those having insufficient income and higher than for other living patterns. However, the situation was different in 2011, when the majority of older people who had inadequate income was higher than their counterparts for all living patterns.

The pension, as discussed in previous chapters, well established but covers a small part of the population; limitations remain in the amount of pension each person receives monthly and inaccessibility for farmers who work for themselves. A new voluntary social insurance

scheme (in practice from January 2018)²⁶ is recommended for these customers so they can receive a pension when they are at a specific age. However, it is difficult for poor people to access this type of social insurance as they are struggling with their living already and would have no consideration for any kind of social insurance. Nevertheless, the government provides support for them to access this insurance if they would like to. Specifically, the government provides 30% of the total fee for voluntary social insurance for poor households. Table 5.4 below provides information about pension receipt and living arrangements among older people at both time points.

The total amount of older people who receive at least one type of pension is 2,208 (only 48.6% of the sample), and not a high proportion though in terms of insurance coverage. Variations can be seen in the table below, especially in living alone, living only with a spouse, only with children, with a spouse and children and living in MGHs. For the first three patterns, the percentage of older people having at least one pension is increasing, but declining in the two latter patterns. This is a resource for older people to choose to live in a particular setting, as living alone, living only with a spouse or only with children require appropriate financial resources and co-residents as well, because in these settings, they may still be the main person contributing to household income. Living with a spouse and children or in an MGH is likely to be a setting in which they are dependent on other co-residents; that is why the percentage of those who have a pension living in these patterns in 2011 was lower than in 1997. However, while the correlation between receiving a pension and living arrangements is statistically significant in 2011, no statistically significant relationship between these two variables was found in 1997.

²⁶ Decree No. 134/2015/ND-CP provisions on voluntary social insurance support for poor households.

Table 5.4 Living Arrangements and Pension Receipt by Years (n = 2,208)

Living Arrangements	Having at least a pension			
	1997		2011	
	<i>N</i>	%	<i>N</i>	%
Alone	20	3.8	188	11.2
Only with spouse	50	9.5	301	17.9
Only with children	25	4.8	139	8.3
Spouse + children	97	18.5	173	10.3
In MGHs	297	56.7	754	44.8
Spouse + others	11	2.1	62	3.7
Others	22	4.2	63	3.7
Children + others	2	0.4	4	0.2
Total	524	100.0	1,684	100.0

Source: VNAS 2011 and RAS 1996–1997.

Education

Improvement in education is reflected in the data. The percentage of older people who have higher education (secondary and higher) in 2011 was significantly higher than in 1997; only 24% of older people had secondary school or higher in 1997, but this was 75.8% in 2011. How does education influence older people’s living arrangements? It is supposed that higher education may lead to changes in perceptions of whom they should live with in their later life. Findings show large variations between the two time points in regards to the correlation between education and living arrangements.

Education may not be a direct factor that influences older people’s living arrangements but it affects their perception as well as income and health status, significant factors that older people consider in choosing their living setting in later life. Results show the same trend in both 1997 and 2011: as education level increases, the proportions of older people living alone, only with children, in MGHs or with others decrease. On the contrary, older people with higher education are reported more frequently living only with a spouse, with a spouse and children (nuclear family), or with a spouse and others. Differences in the distribution of the proportions between 1997 and 2011 in terms of older people’s education and living arrangements are evident. Take the case of living alone, for example: data in Table 5.5 show that 5.1% of older people having no schooling lived alone in 1997, while this was 13.4% in 2011. Similarly, 13.9% of older people with no schooling were reported living with a spouse and children in 1997; this proportion was 5.6% in 2011. This means that

education levels influence living arrangements of older people in the same pattern but to a different extent between 1997 and 2011.

Table 5.5 Education and Living Arrangements by Years (n = 4,547)

Living Arrangements	No Schooling		Primary and below		Secondary and higher	
	1997	2011	1997	2011	1997	2011
Alone	5.1	13.4	3.6	10.5	2.7	4.7
Only with spouse	7.2	8.9	7.2	18	9.3	24.4
Only with children	6.9	11.5	5	8	3.9	3.4
Spouse + children	13.9	5.6	21.2	13.1	31.5	16
In MGHS	59.4	52.3	55.5	43.5	46.3	41.9
Spouse + others	1.9	1.8	3.8	3	2.3	6.6
Others	5.2	6.4	3.2	3.6	2.7	3
Children + others	0.5	0	0.6	0.3	1.2	0
Total	100	100	100	100	100	100

Source: VNAS 2011 and RAS 1996–1997.

Home ownership

Home ownership has not been found to be an important resource helping older people negotiate their living arrangements in Southeast Asia, including Vietnam. Kendig and Lucas (2014) indicated in their study on Australian older people that most older people own their house, but lack of income after retirement, which is also present in this analysis that the majority of Vietnamese older people are the owners of their current residence. Nevertheless, while Australian counterparts are rarely found to live with children as ‘they value their independence and have the necessary financial resources’ (Kendig & Lucas, 2014, p. 214), there are a huge number of Vietnamese older people co-residing with their children, with no pension and insufficient income. An upcoming trend of living alone and living only with a spouse has been reported among Vietnamese older people in this analysis. Although this cannot be solely explained by older people’s resources, it is worth examining this relationship to avoid overlooking possible influencing factors on older people’s living arrangements. No significant variation in older people’s home ownership between 1997 and 2011 was reported (79.6% in 1997 and 81% in 2011). However, living arrangements differ between the two time points. Figure 5.2 describes the distribution of different patterns of living arrangements among older people who own their current home.

Figure 5.2 Older People Who Own The House and Their Living Arrangements by Years (n = 3,675)



Source: VNAS 2011 and RAS 1996–1997.

Variations are significant for those who live alone, live only with a spouse, with a spouse and children and in MGHs. Particularly, the proportion of those who own their current residence is higher in 2011 compared with 1997 among those who are living alone and only with a spouse, while this is reversed for those who live with a spouse and children and in MGHs. The significantly higher proportions of older people who live alone and only with a spouse (lower for those who live with a spouse and children and in MGHs) in 2011 suggest a correlation between residence ownership and living arrangements. It appears that owning a house opens options when considering living arrangements. It may also imply economic independence of older people from adult children, which allows them to live separately from their children.

Employment

There are several reasons for older people to keep actively participating in the labour force, including improved health and longevity (Gewolb, 2015). It may also serve the purposes of earning their living, contributing to household income or maintaining physical and mental health. This analysis does not focus on why and how older people participate in the labour force in their later life but examines their working status as a resource in relation to their ‘choice’ of living arrangements.

Data show that there was no significant change in the proportions of older people participating in the labour force between the two time points (32% of older people in 1997 and 37% in 2011). However, a strong correlation between working status and living arrangements was found when controlling for age and gender.

Table 5.6 provides a detailed description of older people’s living arrangements and their participation in the workforce in 1997 and 2011. Two clear trends are apparent. First, there is strong evidence of an increase in the percentage of older people participating in the labour force who live alone or only with a spouse. These percentages increase among older people aged 70–79 and 80 and older in both 1997 and 2011, particularly in 1997. Second, there is a significant decline in proportions of those who are actively working living with a spouse and children or in a multi-generational family in 2011 in comparison with 1997. A slight drop can also be seen in the case of older people who live only with their children. Variations in other living arrangements are negligible. These results confirm the relationship between living arrangements and employment status of the elderly. When they live alone or with only a spouse, they are more likely to keep working to earn their living. Thus, it is possible that when the proportions of older people living alone or with only a spouse increase, there is also an increase in older people who keep working in later life. In contrast, older people who live with children or in MGHs receive direct support from their children, and their vulnerability is such that the proportion actively working is low.

Table 5.6 Actively Working and Living Arrangements By Age (n = 1,594)

Living Arrangements	1997			Total (n = 564)	2011			Total (n = 1,030)
	60–69	70–79	80+		60–69	70–79	80+	
Alone	3.2	5.4	10.5	4.3	6.2	13.2	18.3	8.9
Only with a spouse	7.7	14.8	15.8	10.1	23.4	24.9	25.6	24.0
Only with children	5.3	8.1	7.9	6.2	3.6	6.6	8.5	4.8
Spouse + children	33.2	12.8	10.5	26.2	21.6	11.3	9.8	18.1
In MGHs	45.1	49.7	42.1	46.1	34.4	35.4	32.9	34.6
Spouse + others	2.9	4.0	7.9	3.5	5.4	3.5	4.9	4.9
Others	2.1	5.4	5.3	3.2	5.2	5.1	0.0	4.8
Children + others	0.5	0.00	0.0	0.4	0.1	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: VNAS 2011 and RAS 1996–1997.

Gender differences in employment status are associated with living arrangements. Among those who live alone, only with children, or with others, women are more often actively working than men. In other living settings, including living with a spouse, living with a

spouse and children, and living with a spouse and others, men are more likely to participate in the labour force than women. This gender difference may be related to marital status and living arrangements. For example, among older people who are living alone and still working in 1997, 100% of older women are never or no longer married; this figure is 75% for older men. In 2011, it is 97.6% for women and 88.9% for men. However, these percentages are only for reference because the absolute number of older people living alone and still actively working in 1997 was negligible. For those living in MGHs, in 1997, the proportion of older women engaged in the labour force was higher than for men, but in 2011, the percentage was higher for men. These statistics do not necessarily imply that older women are more vulnerable than men economically, because the reasons older people participate in the labour force in later age depend on their intrinsic motivation, the state of their economic situation and support from relatives. However, the finding does confirm gender-based policy recommendations on how to ensure the wellbeing of older women in the context of the aging population in Vietnam. Women are more likely to live alone, retire early, perform non-paid jobs and contract chronic diseases than men (UNFPA, 2016).

Table 5.7 Actively Working and Living Arrangements by Gender (n = 1,594)

Living Arrangements	1997		Total (n = 564)	2011		Total (n = 1,030)
	Female	Male		Female	Male	
Alone	5.9	2.7	4.3	14.8	1.9	8.9
Only with a spouse	9.3	10.9	10.1	20.5	28.1	24.0
Only with children	10.0	2.7	6.2	7.1	1.9	4.8
Spouse + children	17.8	34.0	26.2	12.5	24.7	18.1
In MGHs	49.6	42.9	46.1	33.0	36.5	34.6
Spouse + others	1.5	5.4	3.5	3.7	6.2	4.9
Others	5.9	0.7	3.2	8.2	0.6	4.8
Children and others	0.0	0.7	0.4	0.2	-	0.1
Total	100.0	100.0	100	100.0	100.0	100.0

Source: VNAS 2011 and RAS 1996–1997.

5.5 Structural Context

The structural variation in this analysis refers primarily to differences between rural and urban areas in terms of living arrangements of older people. Findings from Chapter 4 show that there are significant variations between rural and urban areas in some patterns of living arrangement among older people. The most apparent differences were found among those

who live alone, only with a spouse and in MGHs. This section examines these differences between the two time points to ascertain whether there are any changes, given differences in regional socio-economic and cultural backgrounds.

An increasing trend to live alone through the years and between rural and urban areas has been reported. For instance, 6% of older people lived alone in rural areas in 1997; this increased to 10.8% in 2011. This proportion doubled in the case of older people in urban areas, from 2.5% in 1997 to 5.3% in 2011. Similarly, 9.3% of older people lived only with a spouse in rural areas in 1997, strongly increasing to 20.4% in 2011. The proportions of older people living only with children slightly grew between the two time points. On the contrary, the analysis found a decline in the percentage of older people living in MGHs in both rural and urban areas between 1997 and 2011. The obvious explanation is that incomes rose, enabling older people to remain in their own homes.

Table 5.8 Living Arrangements by Area of Residence, 1997–2011

Living Arrangements	1997 (n = 1,770)		Total	2011 (n = 2,789)		Total
	Rural	Urban		Rural	Urban	
	Alone	6.0		2.5	4.3		10.8	5.3	9.4
Only with a spouse	9.3	5.6	7.5	20.4	11.6	18.1
Only with children	5.8	6.2	6.0	7.0	8.4	7.4
Spouse + children	18.3	18.7	18.5	12.0	14.1	12.6
In MGHs	52.9	59.9	56.3	42.2	51.7	44.7
Spouse + others	3.0	2.0	2.5	3.5	4.6	3.8
Others	4.2	4.3	4.2	3.9	4.1	3.9
Children + others	0.4	0.8	0.6	0.1	0.3	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: VNAS 2011 and RAS 1996–1997.

This section also examines variations in gender and age in relation to living arrangements of older people between rural and urban areas.

Table 5.9 provides information on regional variations in terms of age and living arrangements, given three different age groups including those aged 60–69, 70–79 and 80 and over. Differences between rural and urban areas were significant in 1997 and even more apparent in 2011. For instance, in 1997, 4.2% of older people aged 60–69 in the rural area lived alone and 1.8% in urban areas (a 2.4% gap); in 2011, the gap is more significant, at 7.3% in rural areas and 3.8% in urban areas (3.5% gap). The difference is even greater when looking at the group of older people living alone aged 80 and older. The same trend

was found for living in MGHs in 1997 and in rural areas in 2011. Though the gaps are not significant, they suggest an association between patterns of living arrangements and older people's age, as living arrangements more or less change during their life time. No significant difference was reported among three age groups in the urban areas in 2011. Later, a correlation test was done to assess the relationship between older people's living arrangements and residential area (rural vs urban) controlling for age and time (1997 and 2011). The result indicated a high correlation between the two variables (two-tailed $p < 0.001$).

Table 5.9 Living Arrangements by Area of Residence and Age in 1997 (n = 1,770)

Living Arrangements	Rural (%)			Total (n = 900)	Urban (%)			Total (n = 870)
	60-69	70-79	80+		60-69	70-79	80+	
Alone	4.2	6.9	8.5	6.0	1.8	3.0	3.1	2.5
Only with spouse	8.8	12.2	5.8	9.3	6.3	5.0	5.2	5.6
Only with children	5.9	6.6	4.2	5.8	6.1	8.0	3.7	6.2
Spouse + children	31.1	9.6	4.8	18.3	28.2	14.0	7.3	18.7
In MGHs	46.1	55.1	64.0	52.9	53.2	62.5	69.1	59.9
Spouse + others	2.5	3.3	3.7	3.0	0.5	3.0	3.1	2.0
Others	1.2	5.9	7.9	4.2	2.4	4.0	8.4	4.3
Children + others	0.2	0.3	1.1	0.4	1.6	0.3	0.0	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: RAS 1996–1997.

Living with a spouse and children was decreasing over time in both rural and urban areas. In terms of age, more early older people reported this living arrangement than the oldest group, and this is the same between 1997 and 2011, although the variation in the proportion of older people living with a spouse and children is more apparent in rural than urban areas in both years. Data from the 1997 survey show that 31% of those aged 60–69 in rural areas live with a spouse and children, while this is 9.6% for those 70–79 years and only 4.8% for those aged 80 and over. The gap in proportions is significant. In 2011, these proportions were 18.9%, 8.2% and 5.6% respectively for rural areas, but only slightly less in urban areas. The decline in the percentage of older people living with a spouse and children by age may suggest life-course effects on their living arrangements, such as children moving out of the household (for example, when they marry or migrate to pursue education or job opportunities). In these cases, the living arrangements of older people have changed to

living only with a spouse. In different scenarios, older people may also experience the death of their spouse, which will change their existing pattern to living only with children if the children remain in the household. No significant difference was found in other living arrangement settings in terms of urban or rural residence or by age and year of the survey.

Table 5.10 Living Arrangements by Area of Residence and Age in 2011 (n = 2,789)

Living Arrangements	Rural			Total (n = 2,050)	Urban			Total (n = 739)
	60–69	70–79	80+		60–69	70–79	80+	
Alone	7.3	12.1	14.9	10.8	3.8	5.5	7.2	5.3
Only with spouse	23.1	21.1	15.6	20.4	11.9	13.3	9.6	11.6
Only with children	3.5	6.8	12.4	7.0	3.5	9.2	14.8	8.4
Spouse + children	18.9	8.2	5.6	12.0	18.9	10.1	11.0	14.1
In MGHs	38.3	43.4	46.9	42.2	50.0	55.5	50.2	51.7
Spouse + others	4.6	3.8	1.6	3.5	5.4	4.6	3.3	4.6
Others	4.1	4.3	3.1	3.9	6.4	1.8	2.9	4.1
Children + others	0.1	0.2	0.0	0.1	0.0	0.0	1.0	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: VNAS 2011.

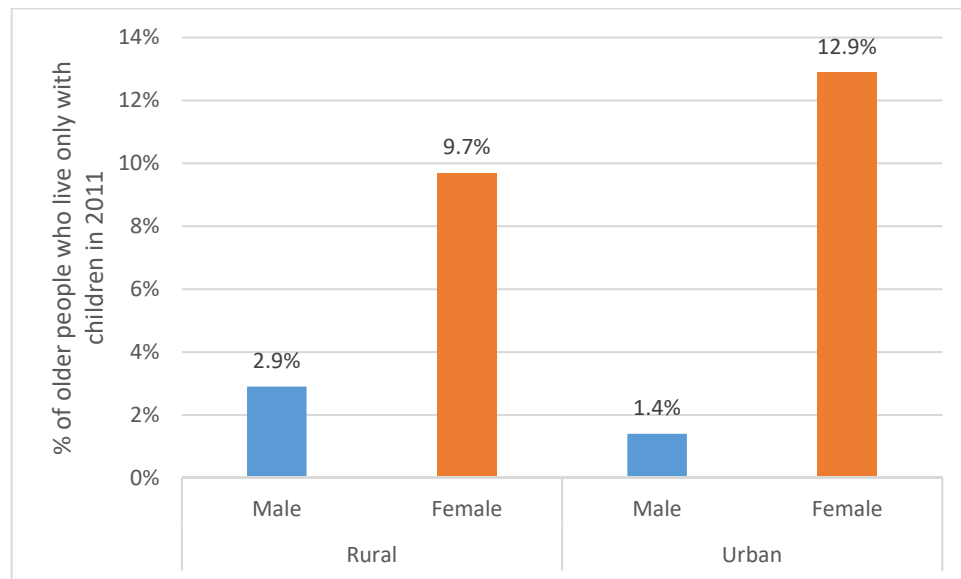
Gender differences are more significant in rural than urban areas in both 1997 and 2011. For example, in rural areas, 3.8% of men lived alone in 1997 compared with 8.2% of women. In 2011, the gap was even more significant at 4.5% of men and 15% of women living alone. A similar trend was reported in urban areas but it was less significant than in 1997, as there were only 3.8% of older people living alone in urban areas in total.

Gender also influences the distribution of living only with a spouse in both areas at each time point. The gap in life expectancy between men and women leads to the variation between genders in living arrangements. The prevalence of older women in both rural and urban areas and at both time points is lower than for male counterparts for this living arrangement. This variation is more apparent in rural areas than urban areas, except for 2011 in urban areas, in which the proportion of urban older men living only with a spouse is nearly triple the proportion for urban older women.

The same tendency is reported among those who live with a spouse and children. However, it is in the opposite direction in cases of those who live only with children because older women have a higher life expectancy, so the proportion of those who are no longer married, especially widowed, is much higher than for men (57.1% for women and 16.6% for men).

Thus, their share in living only with children is also higher. Variation can be seen in the 2011 data between rural and urban areas, which show a more significant gap between genders in urban than rural areas (see Figure 5.3). Women were also found more than men living in MGHs.

Figure 5.3 Living Only with Children in 2011 by Area of Residence, Gender (n = 205)



Source: VNAS 2011.

5.6 Variations In Determinants of Living Arrangements Between 1997 and 2011

As noted earlier, the most significant differences found between 1997 and 2011 regarding living arrangements are the increases in those living alone and with a spouse and decrease of those living in MGHs. This section focuses on varying associations of these patterns at both time points using multinomial regression. Dependent variables are whether older people live alone, live only with a spouse or live in MGHs (1 = Yes, 0 = No), with reference group '0 = No'. Independent variables include individual and household characteristics: age, gender, urban or urban residency, education and marital status. Older people's resources are also used as independent variables, to assess how they relate to living arrangements, including pension receipt, self-rated income sufficiency, home ownership, employment status and health. Traditional culture of son preference is also taken into account in the analysis to assess how having at least one son influences older people's living arrangements. Number of children and having children living nearby are

considered factors related to family structure. As grandparenting is a major support offered by older people to their adult children that may require co-residence, having at least one grandchild is also investigated in this analysis.

Living alone

The results from the regression analysis (Table 5.11) show that age, area of residence, home ownership, marital status and having a son significantly influence living alone patterns and variation between 1997 and 2011. While age is not a predictor for living alone in 1997, it contributes to predicting living alone in 2011. Older people in younger age (60–69 years old) are less likely to live alone than very old people (80 and older). The likelihood of older widows living alone is significantly higher than those who are married: 32 times more likely in 1997 and 74 times in 2011. Those who are divorced or separated are much more likely to live alone compared with married people, and divorced or separated older people in 2011 are more likely to live alone than those in the 1997 survey. Also, never married older people in 2011 tend to live alone.

Having a son is a significant determinant of living alone among older people in 1997 (OR = 3.31; 95% CI = 1.48–7.44) but not in 2011. Older people who do not have a son are more likely to live alone than those who have at least one son. This suggests a change in son preference between the two time points in relation to older people's living arrangement. A structural difference in terms of area of residence was also found, as rural older people are more likely to live alone than urban counterparts and the odds ratio of those living alone in 1997 was almost doubled in 2011.

Table 5.11 Determinants of Living Alone between 1997 and 2011

Living alone (1 = Yes)	RAS 1996–1997 (n = 1,770)		VNAS 2011 (n = 2,789)	
	Odds Ratio	95% CI	Odds Ratio	95% CI
60–69	0.44	0.17–1.00	0.56	0.35–0.90
70–79	0.72	0.35–1.50	0.85	0.56–1.27
80+ (ref.)	.	.	.	.
Male	1.40	0.70–2.70	0.97	0.63–1.49
Female (ref.)	.	.	.	.
Living in rural area	4.50	2.20–9.20	2.60	1.69–3.91
Living in urban area (ref.)	.	.	.	.
Never married	-	-	48.9	14.6–163.9
Widowed	32.0	10.5–97.8	74.0	34.8–156.6
Divorced/Separated	124.7	27.7–560.9	229.5	78.4–671.9
Married (ref.)	.	.	.	.
No schooling	0.69	0.23–2.04	0.63	0.37–1.10
Primary and below	0.76	0.25–2.35	0.89	0.56–1.42
Secondary and higher (ref.)	.	.	.	.
Poor health	0.48	0.19–1.17	1.92	0.77–4.80
Moderate health	0.53	0.22–1.30	1.11	0.44–2.90
Good health (ref.)	.	.	.	.
Not own the house	0.16	0.06–0.40	0.12	0.08–0.20
Own the house (ref.)	.	.	.	.
Insufficient income	1.10	0.58–2.10	1.16	0.81–1.70
Sufficient income (ref.)	.	.	.	.
No pension	0.91	0.48–1.75	0.66	0.45–0.96
Have pension (ref.)	.	.	.	.
Not working	0.90	0.45–1.79	0.56	0.39–0.82
Working (ref.)	.	.	.	.
No child	0.58	0.72–4.56	2.58	0.72–9.20
1–2 children	0.73	0.32–1.66	1.34	0.72–2.50
3 and more children (ref.)	.	.	.	.
Do not have a son	3.31	1.48–7.44	1.50	0.91–2.50
Have at least one son (ref.)	.	.	.	.
No nearby child	0.72	0.37–1.41	0.43	0.30–0.60
Have child living nearby (ref.)	.	.	.	.
No grandchildren	3.23	0.72–14.9	2.77	1.01–7.54
Have grandchildren (ref.)	.	.	.	.

Source: VNAS 2011 and RAS 1996–1997.

Note: Bolded numbers indicate statistical significance at $p < 0.05$ level

In 2011, the significant associations with living arrangements were working status, grandchildren, children living nearby and a pension. Older people who are actively working and receive a pension are more likely to live alone than those who are not working and/or have no pension in 2011. Owning the house is considered a resource for older people, and in this analysis, it was found in both 1997 and 2011 that older people who do not own the home are less likely to live alone. Although it is not the most reliable predictor, home

ownership contributes to explaining how older people's choice to live by themselves rather than with other relatives. In 2011, older people who have at least one child living nearby are more likely to live alone (OR = 0.43; 95% CI = 0.30–0.60). A child nearby may facilitate living alone because older people can obtain immediate assistance from their children. Results of 2011 analysis are slightly different from chapter 4 because the measurements of independent variables have been made to be comparable with those in RAS 1996 -1997 survey and multivariate regression was used in this chapter instead of binary regression which had been used in chapter 4.

Living only with a spouse

Similar to the case of living alone, the proportion of older people living only with a spouse in 2011 was significantly higher than in 1997. Marital status was removed from the analysis as it only considers the cases of older people who are currently married. The results show that in 1997, factors including residential area, number of children, and having a son positively influence the pattern of living only with a spouse. Older people who live in rural areas (OR = 2.52), with no children (OR = 95.0) and no son (OR = 3.98) are more likely to live in this living pattern than older people who live in urban areas, have more children and have a son. On the contrary, gender, pension receipt status and child living nearby negatively affect the chances of this living arrangement. Older men and those who have no pension or children living nearby were reported less likely to live only with a spouse in 1997.

Consistent with findings from analysis on older people in 1997, residential area, having a son and children living nearby were reported significant determinants of living only with a spouse among older people in 2011. Results from the 2011 analysis also reveal that people in their early old age are less likely to live in this living arrangement, as in early old age, it is possible that they are still living with children who are not married yet or still dependent. Older people who have less education, do not own the house and are no longer working are also less likely to live in this pattern.

Table 5.12 Determinants of Living Only with a Spouse Between 1997 and 2011

Living only with a spouse (1 = Yes)	1997 (1,770)			2011 (n = 2,789)		
	Odd Ratios	95% CI		Odd Ratios	95% CI	
60–69	0.58	0.31	1.07	0.49	0.34	0.70
70–79	1.04	0.57	1.89	0.81	0.57	1.13
80+ (ref.)	.	.	.	.	.	.
Male	0.54	0.34	0.86	0.82	0.64	1.04
Female (ref.)	.	.	.	.	.	.
Living in rural area	2.52	1.57	4.04	2.30	1.72	3.09
Living in urban area (ref.)	.	.	.	.	.	.
Never married	-	-	-	-	-	-
Divorced/separated	-	-	-	-	-	-
Widowed	-	-	-	-	-	-
Married (ref.)	.	.	.	.	.	.
No schooling	0.85	0.45	1.61	0.54	0.35	0.83
Primary and below	0.69	0.37	1.28	0.78	0.60	1.01
Secondary and higher (ref.)	.	.	.	.	.	.
Poor health	0.57	0.32	1.03	1.41	0.83	2.42
Moderate health	0.85	0.50	1.44	1.23	0.71	2.14
Good health (ref.)	.	.	.	.	.	.
Not own the house	0.73	0.38	1.42	0.30	0.18	0.50
Own the house (ref.)	.	.	.	.	.	.
Insufficient income	0.83	0.55	1.26	1.09	0.85	1.39
Sufficient income (ref.)	.	.	.	.	.	.
No pension	0.61	0.39	0.96	0.84	0.66	1.08
Have pension (ref.)	.	.	.	.	.	.
Not working	0.90	0.58	1.392	0.76	0.59	0.97
Working (ref.)	.	.	.	.	.	.
No child	95.0	4.29	2102.5	3.02	0.55	16.4
1–2 children	1.06	0.52	2.15	0.73	0.35	1.55
3 and more children (ref.)	.	.	.	.	.	.
Do not have a son	3.98	2.02	7.85	1.75	1.06	2.87
Have at least one son (ref.)	.	.	.	.	.	.
No nearby child	0.58	0.38	0.88	0.77	0.61	0.97
Have child living nearby (ref.)	.	.	.	.	.	.
No grandchildren	0.11	0.01	1.22	1.16	0.45	2.97
Have grandchildren (ref.)	.	.	.	.	.	.

Source: VNAS 2011 and RAS 1996–1997.

Note: Bolded numbers indicate statistical significance at $p < 0.05$ level.

These findings suggest the existence of son preference in deciding pattern of living among older people; to a certain extent, this is more significant among older people in 1997, who were born and grew up in the feudal and French colonial periods. Gender and pension were

not significant determinants in 2011, though they negatively influenced this living arrangement for older people in 1997. Instead, home ownership and working status were important factors in 2011. These findings suggest the importance of secure financial resources for older people to live in this pattern of living arrangement, apart from their children's financial support. Similar to the case of living alone, the results of 2011 analysis are also slightly different from chapter 4. For example, number of children had been found significantly contributing to determine this pattern of living in chapter 4 but not in this analysis. Conversely, having children living nearby were found to facilitate living only with a spouse in this analysis but not as in chapter 4. The reasons, as mentioned earlier, are due to the difference in measurement of variables and method of analysis.

Living in a multi-generational household

Significant determinants of this living arrangement in 1997 were reported as age, marital status, health, house ownership, pension receipt, number of children, have son or a grandchild and household size. Older people who are in early old age were less likely to live in this pattern than those in advance age in 1997. This finding contradicts the results of 2011 survey.

In terms of marital status, interestingly, the likelihood of widowed older people living in MGHs is also significantly higher than for those who are married in both 1997 and 2011. Widowhood is the major cause of change in living arrangements of older people; the death of their partner may motivate them to move into their children's household. Older people with one–two children are more likely to co-reside in MGHs than those who have three or more children in 1997 but not in 2011.

Older people who do not have grandchildren are less likely to live in MGHs in both 1997 and 2011. Having at least one son facilitates living in MGHs in 1997 but not in 2011. For older people in 2011, having no child living nearby facilitates co-residence with offspring and grandchildren in the same dwelling (OR = 1.38; 95% CI = 1.06 – 1.80), which suggests that proximity between generations influences older people's lives; in this case, their living arrangements. Non-working elderly are more likely to live in this pattern than those who are actively working. Nevertheless, these two factors were not found to be significant determinants in the 1997 analysis.

Table 5.13 Determinants of Living in MGHs between 1997 and 2011

Living in MGHs (1 = Yes)	1997 (n = 1,770)			2011 (n = 2,789)		
	Odd Ratios	95% CI		Odd Ratios	95% CI	
60–69	0.58	0.37	0.92	1.80	1.21	2.68
70–79	0.85	0.55	1.31	1.41	0.99	2.02
80+ (ref.)	.	.	.	.	.	.
Male	0.70	0.49	1.00	1.00	0.74	1.36
Female (ref.)	.	.	.	.	.	.
Living in rural area	0.81	0.58	1.12	0.86	0.63	1.16
Living in urban area	.	.	.	.	.	.
Never married	.	.	.	7.95	1.10	57.3
Widowed	3.60	2.46	5.25	4.25	3.07	5.88
Divorced/separated	2.99	1.01	8.85	1.02	0.31	3.34
Married (ref.)	.	.	.	.	.	.
No schooling	0.91	0.55	1.50	0.78	0.50	1.22
Primary and below	1.13	0.69	1.83	0.85	0.61	1.18
Secondary and higher (ref.)	.	.	.	.	.	.
Poor health	1.56	1.01	2.42	0.43	0.23	0.78
Moderate health	1.55	1.02	2.35	0.56	0.30	1.05
Good health (ref.)	.	.	.	.	.	.
Not own the house	2.15	1.41	3.27	2.80	1.99	3.94
Own the house (ref.)	.	.	.	.	.	.
Insufficient income	0.83	0.61	1.14	1.17	0.88	1.55
Sufficient income (ref.)	.	.	.	.	.	.
No pension	0.52	0.37	0.75	1.05	0.79	1.41
Have pension (ref.)	.	.	.	.	.	.
Not working	1.13	0.81	1.59	2.15	1.59	2.92
Working (ref.)	.	.	.	.	.	.
No child	.	.	.	.	.	.
1–2 children	1.82	1.08	3.05	1.69	0.93	3.07
3 and more children (ref.)	.	.	.	.	.	.
Do not have a son	0.49	0.27	0.89	0.95	0.60	1.51
Have at least one son (ref.)	.	.	.	.	.	.
No nearby child	1.00	0.72	1.41	1.38	1.06	1.80
Have child living nearby (ref.)	.	.	.	.	.	.
No grandchildren	0.001	0.001	0.02	0.02	0.01	0.10
Have grandchildren (ref.)	.	.	.	.	.	.
Household size 1 - 4	0.01	0.005	0.015	0.003	0.001	0.01
5 - 7	0.30	0.179	0.507	0.31	0.10	0.92
8 and more (ref.)	.	.	.	.	.	.

Source: VNAS 2011 and RAS 1996–1997.

Note: Bolded numbers indicate statistical significance at $p < 0.05$ level

Analysis of older people in 2011 revealed the significant influence of age on this pattern of living arrangement. The results show that those in their early old age are more likely to live in MGHs than those in their very old age. Notably, people aged 60–69 are 1.8 times more likely to live in MGHs, relative to those aged 80 and older. People with poor health are less

likely to live in MGHs than those who have good health. In other words, older people who live in MGHs tend to have better health than those who live in different living arrangement patterns, which suggests the positive effect of living in MGHs on older people's health in particular, and possibly, wellbeing in general. Conversely, older people in 1997 who have poor or moderate health condition are more likely to live in MGHs than those who have good health.

Household size was found another significant determinant to living in MGHs among older people in both 1997 and 2011. The smaller is household size, the less likely older people live in MGHs.

Home ownership is one of the most significant determinants of this living arrangement pattern, as discussed earlier. In 1997, older people not owning their current residence were 2.15 times more likely to live in MGHs than those owning their house. This rate is even higher in 2011 (2.8 times). In this case, they are more likely to be receivers of 'accommodation support' from their children rather than providers, which again suggests change of living arrangement of older people after the death of their partner, as discussed above on marital status. It may also refer to the result of migration of children to urban areas; after settling, they ask their older parents to live with them. By co-residing with children, older people will benefit from their children's immediate physical and emotional support as well as play the role of support providers.

Financial situation (income or pension) was not found as a determinant of this co-residency pattern in 2011 but having no pension discourages this pattern of living arrangement among older people in 1997.

5.7 Summary and Discussion

Rapid social change is apparent in Vietnam even over the relatively short time from 1997 to 2011. The most significant change during this period was the improvement in living conditions, particularly income, as a result of the renovation policy (*Doi Moi* in 1986), evident in the country's economy after 10 years of implementation. This change has led to improvement in different spheres of older people's lives, including their health, education and welfare. In terms of older people's living arrangements, highlights are as follows.

First, the proportion of older adults living alone or with a spouse increased significantly, together with an increase in the percentage of nuclear households and a decrease in traditional MGHs. This change is especially marked between 1997 and 2011. Changes in living arrangements of older people arise in part from children leaving home, while co-residency is closely related to relative older age, unmarried marital status and poor health. The increase in living alone and living only with a spouse suggests a transition from traditional filial piety and co-residence among both young and old generations. Adult children are more and more financially independent from their parents, and older people also have greater scope for egalitarian choice of whom they would like to live with in their later age. This marks a change in generational relationships, which are no longer closely determined by traditional patterns.

As an influence of modernisation, parents have become busier, earning their living (Lam, 2008). Together with the overall increase in nuclear households, the elderly have more resources, including home ownership, for living alone or living only with a spouse, especially in rural areas. Higher geographic mobility in modern society also increases the physical distance between generations, which could present challenges in terms of providing immediate care. However, the family situation in which an adult child lives physically close to older parents could ameliorate this limitation.

Findings on having a child living nearby are interesting, as proximity between generations can facilitate the support exchange relationship. Overall, if older people have at least one child living nearby, their likelihood of living only with a spouse or alone is increased but the likelihood of living in MGHs is reduced. With close proximity to older parents, children can provide immediate support, and this pattern is quite common in rural areas when adult children marry someone in the village or commune. This has benefits for intergenerational support and also potentially for close interactions, which may facilitate intimate family relationships.

A notable finding is the remarkable increase in the prevalence of living alone among older people, especially among those who never married or are widows. As examined in later chapters, living alone into advanced old age is related to wellbeing in later life, because these people are more vulnerable in terms of health and financial condition and encounter social isolation. The Vietnamese government has issued several legal directives for families

to provide financial support for lonely, poor older people; for example, Decree Number 163/2013 ND-CP²⁷ on providing social protection support for beneficiaries including older people in poor households, lonely older people and those with a spouse but no other relatives on whom they can depend, and those aged 80²⁸ and older without any pension or social insurance. However, the amount of financial support from this policy is minimal and barely covers older people's daily expenses.

There was a significant reduction in the prevalence of older people living in MGHs over 1997–2011. Similar to the cases of living alone or living only with a spouse, this decline is the result of social changes, including in family structure, traditional perceptions and the circumstances of older people themselves. There also is a big gap between rural and urban areas. The data indicate a higher prevalence of older people living in an MGH in urban areas compared with rural areas, which may be because of housing constraints with the extremely high housing costs in urban areas such as Hanoi and Ho Chi Minh City in particular. Urban housing prices in Vietnam are five times higher than in other countries in the region and in the world; they are 25 times higher than the average income of a person and 100 times higher than they were 20 years ago (Dang, 2013). Thus, only long-term owner occupant urban residents are likely to have choice in deciding on their living arrangements. There have been many media articles in recent years discussing the situation of MGHs, especially in the core area of Hanoi or Old Quarter areas. Many households have three or even four generations living in the same small dwelling. Population density is much higher in urban than in rural areas in Vietnam, which can lead to more expensive and lower availability of housing in cities, which in turn, limit the possibility for a family member to live separately. Housing conditions and overcrowding will undoubtedly influence family members' wellbeing, especially children and older people.

Evidence from the analysis in this chapter shows that the proportion of older people who have children living nearby is increasing between the two time points, and significantly higher in rural than in urban areas. This composition allows older parents to live separately from children but still obtain direct support from their children when in need. This arrangement is more common in rural than urban areas because of land availability.

²⁷ Ministry of Justice's website. Retrieved on 4 January 2017 from http://www.moj.gov.vn/vbpq/lists/vn%20bn%20php%20lut/view_detail.aspx?itemid=28725.

²⁸ It was 85 as in Decree No 67/2007 ND-CP on supporting social protection beneficiaries.

Older people's resources play an essential role in determining their living arrangements, and these differ between 1997 and 2011. In most cases, it is older people's home ownership that is the cornerstone of their security, and they are more likely to live in a MGH if they are not the owner. Older people are more likely to have instrumental support and financial sufficiency when they are co-resident with adult children in a MGH. Further household change arises with the increasing migration from rural to urban areas by young people as the result of uneven economic development, modernisation and urbanisation. Young people move to cities to work, settle and then bring their parents to live with them. Under that pattern, older people gain support in terms of accommodation and other needs.

The number of children and whether one has a son, as the traditional preference, also significantly influence older people's living arrangements. While number of children only significantly relates to living only with a spouse and living in MGHs in 1997, having a son influences living only with a spouse in both 1997 and 2011. However, son preference remains important to a certain extent in Vietnamese society and in terms of older people's living arrangements, having no son increases the likelihood of older people living alone or living only with a spouse; it decreases the proportions who live in MGHs.

A pattern of living arrangement that increased slightly between 1997 and 2011 is living only with children. An important factor here is the increasing gap in life expectancy between male and female elderly. As mentioned earlier, improvements in health care and rising real incomes have led to increases in average life expectancy in Vietnam (Haub & Phuong, 2003), with Vietnamese women experiencing larger gains than men, similar to other countries, though the explanations for this gap are unclear. It could be related to risky behaviours such as drinking and smoking among men (Waldron & Johnston, 1976). As they live longer than men, women have a higher likelihood of living only with children, particularly those who are not currently married. The gender gap in life expectancy may also help to explain why there are more older women living alone, only with children and in MGHs than male counterparts.

When viewed as a whole, the living arrangements of older people in Vietnam are undergoing some changes but not in any clear, fast pattern, probably because they are influenced by multiple interrelated factors among generations. Changes are most apparent among older people living alone, living only with a spouse and living in MGHs. These

changes have important implications for health care provision, financial conditions and psychological wellbeing. Housing policies should be considered regarding their alignment with evolving intergenerational relations.

One of the limitations in this analysis is the data, which cannot capture the transition process of older people's living arrangements as results of their life events because both of datasets are based on cross-sectional surveys. Future research may focus on longitudinal surveys to support analysis using a life-course approach, which can help to investigate how living arrangements of older people change over their lifetime and the circumstances that drive changes in patterns of living arrangements.

Chapter 6 Older People's Capacities and Intergenerational Mutual Support Provision

This chapter focuses on the exchange of support between older people and their children. Intergenerational exchange in this chapter is considered an empirical indicator of functional solidarity, a core constituent of intergenerational solidarity (Bengtson & Roberts, 1991). Types of support in this analysis include financial support, housework, care support and work assistance.

A brief introduction to the research topic, hypothesis and cluster analysis method is presented at the beginning of the chapter, followed by the analytical framework and description of the variables. The result section presents patterns and types of fundamental supportive provision between the elderly and their children. Also, determinants that affect each type of support are analysed via multivariate logistic regression and discussed at the end of the chapter.

6.1 Introduction

Intergenerational exchange, as defined in Chapter 2, can be understood as giving and receiving support between generations, which plays a role in family functioning by providing support or transfers of resources among members (Frankenberg et al., 2002). These exchanges are almost always asymmetric during an individual lifespan, with later life usually following a pattern of upward transfers; that is, older people are more likely to be support receivers than providers. This pattern is often observed in Asian societies, where the main direction and motivation underlying the flow of support between generations is from adult children to their older parents, consistent with the patriarchal culture of filial norms and obligations (Lin & Yi, 2013). In societies such as Vietnam, families play crucial roles in taking care of older members, and support exchanges vary with a range of factors; for example, co-residence may create more opportunities for immediate support exchange among generations and numbers of children may increase the chance that an older parent receives support from at least one of the children. Other factors include household living standards, the gender of children, adult children's resources, health and economic status of older parents and regional differences.

Among factors that may influence intergenerational support exchange, important points must be recognised when examining this relationship. First, it is older person's circumstances and children's resources and proximity that basically determine the need, amount and pattern of support exchanges. Second, social norms and values and expectations can be specific to a family member, family ties and perceived filial obligations, as well as reciprocity and altruism, which play central roles as motivations of support provision between generations.

The Vietnamese family, as reviewed in the literature in Chapter 2, is still the main institution that provides support for family members, especially older persons. Notwithstanding social change, the elderly generally receive support from their adult children in their old age. However, as discussed in Chapters 4 and 5, family bonds in Vietnam are in transition because of rapid demographic and social change. There are more older adults living alone or only with a spouse and a decrease in multigenerational households has been recognised. In that context, what is the main pattern of intergenerational support exchange among Vietnamese families? In which directions do intergenerational support exchanges mainly flow, what are the determinants and normative principles underlying them and what situations reinforce or threaten these relationships? This chapter contributes to answering these central research questions by testing hypotheses as follows:

Hypothesis 1: Older people with fewer financial resources are more likely to receive assistance from their adult children, with further variation by age and gender of older people. Those who have more financial resources tend to provide more assistance to their children.

Hypothesis 2: Different types of health issues influence the support the elderly receive. Older people who have difficulties in mobility or self-care in daily activities are more likely to receive practical support from their adult children than financial support.

Hypothesis 3: Proximity or living in multigenerational households encourages support provision between generations but limits financial support from non-co-resident children.

The major part of this chapter discusses intergenerational support types and flow based on the results of cluster analysis. The primary purpose of using cluster analysis is to reduce the complexity of the sample's characteristics and to make the outcome interpretable. The technique (described in detail in Chapter 3) helps to identify groups of older people who share similar characteristics as clusters and differentiates those in other clusters in terms of their socio-economic condition, household structure, living arrangements, health and support exchange. These domains are added to the cluster analysis because they are all crucial and strongly interrelated to each other in modifying intergenerational support provision. They are considered older people's resources and vulnerabilities in this research. Details on variables in cluster analysis are presented in Table 1.1.1. Based on the results from cluster analysis, the three clusters are labelled as CLUSTER 1: the most capable elderly (C1); CLUSTER 2: moderately capable elderly (C2); and CLUSTER 3: the least capable elderly (C3).

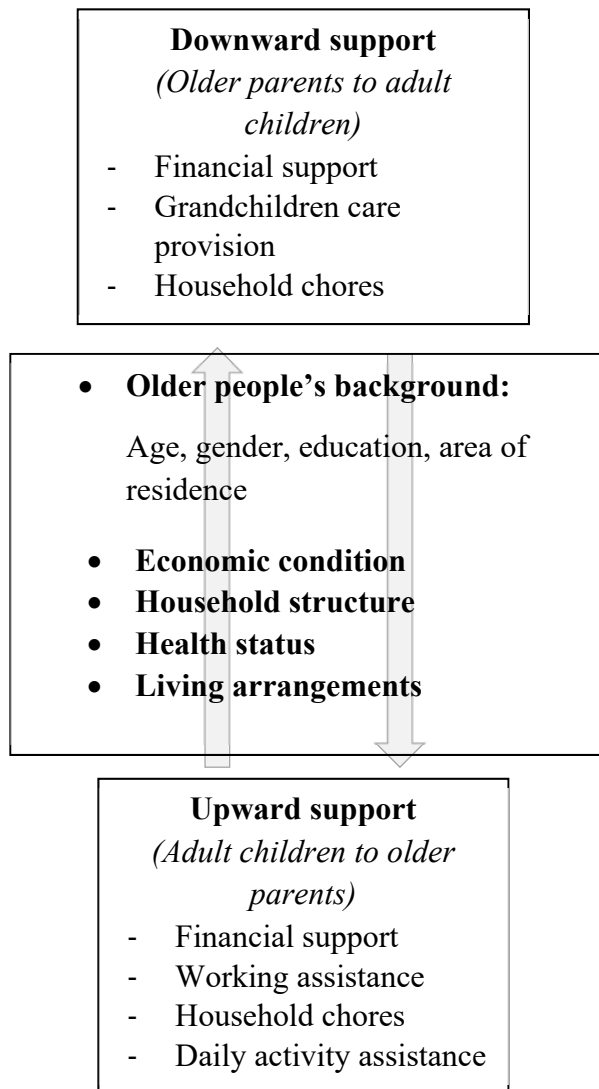
6.2 Analysis framework

Intergenerational support in this chapter only covers support exchange relationships between older people and their adult children. Care of grandchildren is considered older parents' support to adult children rather than to the grandchildren themselves. Lack of information on the support of grandchildren to their grandparents limits that analysis in this chapter. As information on support provision from both parties in this chapter was collected from the older people's perspectives on the basis of a 12-month period from the date of the (cross-sectional) survey (VNAS, 2011), it did not allow for analyses using reciprocity or support exchange over lifespan approach. Instead, it should be considered 'one point-in-time' mutual support between older people and their adult children.

Intergenerational support provision in this analysis is examined at both individual and household levels and the support provision between generations is investigated in both directions – downward from older people and upward from their adult children – which allows identifying the main patterns or flow of the support between the two generations. However, it is challenging to identify whether the downward and upward supports happened at one point in time or not. Based on the original questionnaire used in VNAS 2011, the support provision between older people and their adult children is measured only during the year before the date of the survey.

At the individual level, older people’s socio-economic characteristics, health conditions and living arrangements are primary resources (or vulnerabilities) known to influence exchange relationships with adult children. At the household level, these factors include household size and structure and economic circumstances of older people. All of these can help to identify the patterns of support exchange as well as contribute to determining the flow of support between generations. Support is considered both financial and practical supports, as seen in the analytical framework (Figure 6.1)

Figure 6.1 Intergenerational Support Provision Analytical Framework



6.3 Sample and measures

a. Sample

This chapter also uses data from Vietnam Ageing National Survey 2011, with a total 2,789 individuals aged 60 years and older. As stated earlier, this chapter focuses on mutual support relationships between older people and their adult children, therefore, 89 older people (3.2% of the original sample) who have no children were excluded from the analyses, but still presented in the tables as a group of reference. The circumstances of older people without any children is discussed later in the thesis. The analysis sample includes 2,700 participants who have at least one child. This child may be biological, adopted, in-law or stepchild.

Advantage and potential bias of the sample

The data cover information on both older parents and adult children support, which allows analysing the flow as well as exchange patterns regarding household and older people's background. The supports encompass many aspects, including financial and practical support. A few potential biases have been recognised. First, data were retrieved from a cross-sectional survey, and thus cannot capture well the lifespan effect on intergenerational exchange and changes over the life course. Second, information was collected only from older people; thus, the views of adult children may not be represented well.

b. Measures

Support exchange

Because of limitations in the data, support exchange in this analysis includes financial assistance, care, housework, personal care assistance and work assistance. Details of the variables are as follows:

- Older parents provide financial assistance to their children (Yes, No)
- Older parents provide care for grandchildren (Yes, No)
- Older parents provide housework assistance (Yes, No)
- Older parents receive monetary assistance from children (Yes, No)
- Older parents receive daily personal care assistance (Yes, No)
- Older parents receive housework assistance (Yes, No)
- Older parents receive work assistance (business or family farm work) (Yes, No).

As mentioned earlier, intergenerational exchanges between older people and their adult children are mainly examined in four different domains: economics, health, household structure and living arrangements. Measurements of these domains are discussed below.

Economic conditions

Older people's economic conditions were measured by six indicators, including whether they have enough income, receive a pension, have savings, actively work, own the house and the household wealth index. These are considered older people's resources, which they may bring into their exchange with adult children. It is supposed that older people with more resources exchange more with their children. Among these indicators, savings and home ownership are the most important in an exchange relationship. Older people who have savings are more secure financially, regardless of their current income. They may be less financially dependent on their children in later life than those who do not have savings. Similarly, owning a house secures older people's living conditions and offers the opportunity for them to provide accommodation to children who may still be young or have not organised accommodation on their own yet. This type of support is quite common in Vietnam.

Household wealth index: This variable was compiled from components capturing housing condition (e.g., type of housing, type of toilet, the source of water and lighting) and household possessions (e.g., cars, motorbikes, telephone, mobile phones, televisions, computers, vacuum cleaners and microwaves). The higher the value of the variable, the wealthier the household. Household wealth index is a variable at the household level; using this variable as a measurement of economic conditions provides a more comprehensive description of older people's economic situation. Older people living in wealthier households may have more financial resources than other older people, which in turn, encourages support exchange between generations.

Health conditions

Health conditions of older people are closely connected to their support exchange such that if they are healthy, they are less likely to require care support from children. Good health is a significant resource for older people. However, in cases where they have a severe health condition, for example, disability or frailty, which leads to difficulties in performing daily activities, they need care support from relatives, mostly from their spouse or adult children.

Four indicators were used to identify health conditions of older people: self-reported difficulties in mobility and self-care activities, diagnosed diseases and other illness symptoms. These indicators were chosen as a measurement of older people's health condition because they represent older people morbidity and mobility, which can strongly influence their support exchange with children. Two of these indicators (difficulties in mobility and self-care activities) are mostly seen as factors that influence physical assistance requirements. In addition, poor health prevents older people from economic activities and may influence their economic position and increase the probability of need for financial support from children. In general, older people's health is described by the values of these variables; the higher values of the variables, the worse older people's health condition. A detailed description of each measure is discussed below.

Mobility refers to older people's ability to walk 200–300 m, lift or carry something 5 kg, crouch and squat, use fingers to grab or hold, walk up and down the stairs, stand up when sitting down and extend arms above shoulder level.

Self-care activities refer to older people's ability to perform activities including eating, getting dressed or undressed, crouching or squatting, bathing/washing, getting up and getting to and using the toilet.

Diseases mentioned in this domain are diagnosed chronic diseases (12 items). Older people were asked to report if they had been diagnosed with diseases such as arthritis, angina, diabetes, lung diseases and depression, among others.

Illness symptoms (originally *health complaints* as in the questionnaire) were measured by 16 different items including headaches, dizziness and vomiting. Older people were asked to report if they had experienced any of those symptoms within the last 30 days.

Household structure

Household structure plays an essential role in intergenerational support exchange because it refers to sources of support that older people may have in the family. The dimensions used in this domain include older people's marital status, whether they have a son, whether they have grandchildren, numbers of own children and household size. These variables are strongly related to older people's intergenerational exchange.

Support receipt may vary with marital status; for instance, no longer married older people (widowed, separated or divorced) are the most vulnerable and may require more support than other older people, even those who have never been married. However, the support, in this case, is mostly related to mental support, which is not examined in this chapter. Being a divorced, separated or a widowed older person means that the person has lost a source of support, both physical and financial, which may increase their need or dependency on their children.

Having a son may not be a significant factor that influences intergenerational exchange in Western countries; however, it has implications for older people in Asian countries, in line with the son preference that exists in Asian societies as part of traditional culture. Older people with a son are more likely to co-reside with children than those who do not have a son. Having a grandchild increases the likelihood of older people providing support for their children as a caregiver (taking care of the grandchildren). Older people who do not have grandchildren are excluded from analysis on grandchildren care provided by older people.

Household size and number of children are the most critical measures in this domain, as they are positively correlated with older people's support exchange. By having more children, older people will have more chances to exchange support with their adult children, both financially and physically. The likelihood they receive support from children increases as well with more children. It also increases the likelihood that older people will co-reside with a child, or have a child living nearby. These living arrangements have specific implications for intergenerational exchanges. The same assumption is applied to household size: more members in the household elevates opportunities for exchange of support.

Living arrangements

Living arrangement is a crucial factor in the examination of intergenerational exchange because support exchange patterns can be varied by how older people arrange their living and with whom they are living. It is a complex factor and closely related to household structure. The support exchange patterns will be entirely different between older people who are living alone or only with a spouse and older people who are living with children or in multigenerational households.

Living arrangements of older people were examined and discussed broadly in Chapters 4 and 5 as the core content of this thesis. In those chapters, complex living arrangements were categorised in detail to serve the research purposes of those chapters. In contrast, in this chapter, living arrangements are considered opportunities as well as barriers to intergenerational exchange, depending on the specific pattern of living arrangement. It is measured by number of generations and whether the older person has a child living nearby or not. This also reduces the complexity of this aspect when examining intergenerational support provision.

Covariates include age (60–69, 70–79 and 80 and older), gender (male and female), education level (no schooling, primary and below, secondary and higher) and residential area (rural and urban).

6.4 Results

The majority of older people (68%) in this analysis receive financial assistance from their adult children, and a large proportion of them confirm that the most important source of income is from their children (34%). Older people also play a role as a financial supporter of their children, even though the number of those (16%) sending money to children is not as high as those receiving. These strengthen the fact that older people in Vietnam are more likely to receive financial assistance from children than provide it. Conversely, older people provide substantial help with accommodation, household chores and caring for grandchildren. In this analysis, 53% of older people who co-reside with children were the primary person performing housework and 37% had provided care for grandchildren aged under 10 during the preceding 12 months at the time of interview. A significant percentage (62%) provides accommodation to their children as they are the owner of the house in which they live with adult children and/or with other relatives, including grandchildren.

Besides providing financial support to older parents, adult children were also reported as supporters in older parents' economic activities such as in doing business or farming works (22%), and primarily as caregivers in cases of older people facing health problems (35%) and difficulties in self-care activities (12.2%). For older people who are currently married, it is the spouse who plays the central role as a caregiver when they are sick; however, children are the most important source to people who are widowed, separated or divorced. This is a prevailing pattern in the parent–child relationship because it is the traditional

relationship within the family and also recognised in legal documents in Vietnam regarding filial obligations of adult children. Intergenerational mutual support provision in Vietnam is a complicated relationship, determined by multiple factors including traditional filial obligations, altruism, reciprocity, health and economic conditions of generations, their closeness and proximity or living arrangements. The following section discusses variations in intergenerational mutual support provision by conducting a cluster analysis, which, as discussed earlier, categorises older people by their capacities, a crucial influence on their integration.

6.4.1 Clusters of capabilities and vulnerabilities in downward supports

Supports from older people to their adult children have been defined in this chapter as financial support, grandchildren care provision and household chore assistance. Cluster analysis has divided the older population into three groups: 993 older people in C1 (38.8%), 847 in C2 (33.1%) and 717 in C3 (28.6%). The following section discusses similarities and variations across clusters in regards to their situation regarding personal demographic characteristics, vulnerability and resources and household structure and living arrangements.

Demographic characteristics

Variations in the age of older people are apparent (see Table 6.1). The proportion of older people in early old age (60–69) is the highest among the most capable elderly (C1), significantly higher than those who are in groups of moderately capable elderly (C2) and the least capable elderly (C3).²⁹ This is especially important because, typically, age is negatively associated with health condition. People who are more advanced in age are at higher risk of facing health issues as well as widowhood, which may lead to vulnerabilities in later life.

In regards to gender, the percentage of female older people is significantly high among the least capable elderly (70%), while it is 51% among the most capable elderly and 59% among moderately capable elderly. This suggests a connection between age and gender in each cluster, as female older people in Vietnam, on average, have higher life expectancy than their male counterparts. So, they become more vulnerable than male elderly in terms

²⁹ From this point on, C1 will be used to refer to Cluster 1 (the most capable elderly), C2 to Cluster 2 (moderately capable elderly) and C3 to Cluster 3 (the least capable elderly).

of higher risks of health issues and widowhood. Older people in C3 tend to live more in rural areas than those in C2 and C1. Living conditions in rural areas may be worse than in urban areas, regarding infrastructure, health facilities, traffic and housing conditions.

Table 6.1 Clusters of Capabilities and Vulnerabilities by Older People Characteristics (n = 2,557)

Variables	Clusters			Total	Older people with no children (n = 89)
	Most capable elderly (C1) (n = 993)	Moderately capable elderly (C2) (n = 717)	Least capable elderly (C3) (n = 847)		
Age					
60–69	51.1	38.9	32.6	41.5	58.4
70–79	28.6	31.4	30.8	30.1	25.8
80+	20.3	29.7	36.6	28.4	15.7
Gender					
Male	48.6	40.6	30.2	40.3	14.6
Female	51.4	59.4	69.8	59.7	85.4
Area of residence					
Urban	29.1	30.0	17.6	25.5	32.6
Rural	70.9	70.0	82.4	74.5	67.4
Education					
No schooling	15.2	18.5	22.9	18.7	21.3
Primary and below	47.7	55.4	56.7	52.8	52.8
Secondary and higher	37.1	26.1	20.4	28.5	25.9

Source: VNAS 2011

Education, as a resource of older people, is a critical factor influencing their support exchange with adult children. Higher parental education may encourage intergenerational support, particularly financial support from older parent to adult children (McGarry & Schoeni, 1997). Higher education is also positively associated with higher income, which increases the chance of parental financial support to adult children. Different educational levels may also lead to different expectations of the children's role in caring for older parents. Vietnamese traditional perception of the children's obligation, particularly the son, is that they will be the one who provide care for older parents in their old age (Haughton & Haughton, 1995). Higher education, along with better health and financial condition allow older people to live relatively independent from their children, which then may influence patterns of support exchange between generations. In this analysis, across the three clusters, older people in C1 have higher levels of education than the other two clusters; 37% of C1

have secondary and higher education levels, while this is 26% among C2 and 20% among C3. No schooling is reported more often among older people in C3. Different levels of education among three clusters imply variations in patterns of intergenerational support provision which is examined in later section of this chapter.

Economic and health conditions

Table 6.2 presents the distribution of older people in each cluster by their economic and health condition. Older people in C1 are the most capable elderly (regarding their health and economic conditions) compared with other clusters. Those who have sufficient income in this cluster account for 42%; this is around 38% for C2 and only 25% for C3. Although the percentage of those who have a pension in this cluster is the lowest in comparison with C2 and C3, more have savings and own their homes as well as still actively working. Working status is closely related to age and health, and the number of older people in early old age within this cluster is relatively high, resulting in a higher percentage of older people who are still actively participating in the labour force in this cluster. The percentage of older people in early old age reduces in C2 and C3, associated with a lower percentage of actively working older people in these clusters. The most capable elderly are also seen more in households with the highest wealth index.

Table 6.2 Clusters of Capabilities and Vulnerabilities by Economic and Health Condition (n = 2,557)

Variables	Clusters			Total	Older people with no children (n = 89)
	Most capable elderly (C1) (n = 993)	Moderately capable elderly (C2) (n = 717)	Least capable elderly (C3) (n = 847)		
Economic condition					
Enough income	42.4	37.9	24.6	35.2	33.7
Pension	55.4	60.0	68.1	60.9	59.8
Savings	12.7	8.6	8.0	10.0	12.4
Older people own the home	88.6	76.7	78.0	81.8	61.4
Actively working	45.6	32.9	29.4	36.7	46.1
Household wealth index					
1–2	2.7	1.7	4.4	3.0	7.9
3–4	25.6	18.4	34.5	26.5	43.8
5–6	52.6	61.8	53.7	55.6	39.3
7–8	19.1	18.1	7.4	14.9	9.0
Health condition					
No mobility difficulty	54.8	15.5	1.8	26.2	36.0
1–4	41.7	55.0	27.7	40.9	31.5
5–7	3.5	29.5	70.5	32.9	32.6
No illness symptoms	7.9	0.0	0.0	3.1	6.7
1–5	78.3	24.1	2.8	38.0	37.1
6–10	13.8	72.6	63.3	46.8	41.6
11–16	0.0	3.4	33.8	12.2	14.6
No diagnosed disease	39.5	20.6	14.6	26.0	43.8
1–3 diseases	57.5	70.0	64.5	63.3	49.4
4–6 diseases	2.8	9.3	19.9	10.3	5.6
7–10 diseases	0.1	0.0	1.0	0.3	1.1
No self-care difficulty	86.1	64.0	28.3	60.8	64.0

Source: VNAS 2011

Variations are evident in health condition of older people among clusters. Older people in C1 are the healthiest of the three clusters, and those in C3 experience many more health troubles than others; for example, 55% of older people in C1 have no difficulty in mobility, significantly higher than their counterparts in C2 and C3 (15.5% and 1.8% respectively).

The same trends were reported in illness symptoms and diagnosed chronic diseases.

Household structure and living arrangements

Older people in C1 not only have more financial resources but also better health than those in C2 and C3. These advantages may encourage them to be involved more in support exchange with their children. This section discusses household structure and living arrangements. Table 6.3 presents similarities and variations among clusters in these aspects. One of the indicators of household structure is marital status, which is also partly related to

older people vulnerabilities. Half of C3 were once but no longer married (divorced, separated or widowed), while among C1, this percent is only one-third, with most currently married (66%). There is not much difference in terms of having a son and grandchildren among these groups, but a slight variation in the numbers of own children. Moderately capable older people generally have more own children than the most and the least capable older people, and were also found more often living in multigenerational households than their counterparts. The most and the least capable older people live more often in smaller households, which may occur due to the fact that they have fewer children. This partly reflects the relationship between numbers of own children and the probability of co-residence, as the more children that older people have, the more likely they are to co-reside with a child.

Table 6.3 Cluster of Capabilities and Vulnerabilities by Household Structure and Living Arrangements (n = 2,557)

Variables	Clusters			Total	Older people with no children (n = 89)
	Most capable elderly (C1) (n = 993)	Moderately capable elderly (C2) (n = 717)	Least capable elderly (C3) (n = 847)		
Household structure					
Never married	0.4	0.0	0.4	0.3	61.8
No longer married	34.1	38.6	49.4	40.4	27.0
Married	65.5	61.4	50.3	59.3	11.2
Have at least a son	93.4	94.6	88.2	92.0	-
Have at least a grandchild	100.0	100.0	100.0	100.0	11.2
No own child	0.2	0.3	1.1	0.5	-
From 1–2	15.0	11.0	14.8	13.8	-
From 3–4	35.0	29.1	36.8	34.0	-
From 5–6	29.0	30.8	29.5	29.7	-
From 7 and more	20.8	28.8	17.8	22.0	-
Household size					
1–2 members	36.5	5.3	49.9	32.3	59.5
3–4 members	32.5	21.7	27.5	27.8	16.8
5–6 members	25.0	48.0	19.6	29.6	14.6
7 and more	6.0	25.0	3.0	10.3	8.9
Living arrangements					
One generation household	32.6	4.3	41.3	27.6	58.4
Two generation household	28.7	19.4	27.2	25.6	30.3
Three & more generations	38.7	76.3	31.5	46.9	11.2
Have a child living nearby	38.9	34.3	41.8	38.6	-

Source: VNAS 2011

In those situations, how do older people in different clusters provide support to their children? It can be seen in Table 6.4 that it is not the most capable older people who most often provide more financial support to their adult children, but the moderately capable older people; 19% of moderately capable older people provide this type of support for their children while only 17% of the most capable older people and only 12% of the least capable older people provide it. It might be that children of older people in C1 are in good condition and would not need any support from their older parents, which lead to less support from C1 to adult children. Older people in C2 also provide more grandparenting than other older people, which may relate to their living arrangements, as a majority of them are living in multigenerational households. By living with children and grandchildren, it may be more likely for them to take care of the grandchildren as a support for their adult children. However, this could turn out to be a burden for older parents if they have to pay for the grandchildren or if it becomes overwhelming for them to perform that support with health issues.

As most people in C1 are living in small households with one or two generations, which means that they are not co-residing with their grandchildren, that reduces the chance for older people to provide care for their grandchildren. Thus, it suggests that proximity plays an essential role in encouraging older people to take care of their grandchildren.

Table 6.4 Clusters by Types of Support Provision (n = 2,557)

Support Provision	Clusters			Total
	Most capable elderly (C1) (n = 993)	Moderately capable elderly (C2) (n = 717)	Least capable elderly (C3) (n = 847)	
Financial support provision	16.5	19.1	12.0	15.8
Grandchildren care	38.7	45.3	30.2	37.7
Housework assistance	83.0	71.3	69.5	75.2

Source: VNAS 2011

Housework is a different story, because it may include older people in all three clusters that are living alone or only with their spouse. In these case, older people are less likely to provide help with housework to their children. It is clear that living arrangement is a significant determinant of housework support. For that reason, a simple descriptive analysis was conducted to assess the variation among clusters in living arrangements. The results

indicated a strong relationship between living in multigenerational households and housework for older people, varying among clusters. For older people who provided housework assistance, the majority are living in multigenerational households, and the highest percentage is among the moderately capable older people, followed by the most capable and then the least capable older people (54%, 30% and 17%, respectively). A similar pattern can be found among older people living with a spouse and children. In general, although living closely with children may promote older people's housework assistance, which can be considered a prerequisite, good health also has an influence, as it is required to provide such support for their children. For this reason, the percentage of the least capable older people performing housework assistance is the lowest of the three clusters, as they face many more difficulties with their health than counterparts.

6.4.2 Clusters of capabilities and vulnerabilities in upward supports

Demographic information

As mentioned earlier, results from cluster analysis show a fair degree of clustering; three clusters were identified based on various variables. In terms of demographic information, C1 includes 986 individuals, half of whom are between 60–69 years old (54%), female, most live in rural areas and 47% have primary and below education. There are 916 individuals in C3. No significant difference was found regarding age, but the percentage of people aged 80 and older (36%) is slightly higher than other age groups and much higher than for the most capable older people. Female and rural older people are dominant in C3, much higher than counterparts in C1 and C2 (69% and 82%, respectively). C2 encompasses 709 moderately capable people, with 58% female and 71% living in rural areas. These results are relatively similar to previous analysis of downward support. The details of these three clusters in terms of economic and health conditions, household structure and living arrangements and support receipt are discussed in the following section.

**Table 6.5 Clusters of Capabilities and Vulnerabilities by Older People Characteristics
(n = 2,611)**

Variables	Clusters			Total	Older people with no children (n = 89)
	Most capable older people (C1) (n = 986)	Moderately capable older people (C2) (n = 709)	Least capable older people (C3) (n = 916)		
Age					
60–69	53.7	36.7	33.7	42.1	58.4
70–79	28.0	31.3	30.6	29.8	25.8
80+	18.4	32.0	35.7	28.2	15.7
Gender					
Male	48.2	41.7	31.2	40.5	14.6
Female	51.8	58.3	68.8	59.5	85.4
Area of residence					
Urban	30.8	29.3	18.4	26.1	32.6
Rural	69.2	70.7	81.6	73.9	67.4
Education					
No schooling	13.8	20.3	22.2	18.5	21.3
Primary and below	47.3	56.4	55.5	52.6	52.8
Secondary and higher	38.9	23.3	22.4	28.9	25.9

Source: VNAS 2011

Economic and health conditions

Are there any patterns across clusters in terms of receiving support from children? What are the factors or characteristics that influence support receipt? First, older people in C1 are the most capable elderly as they have more financial resources in general compared with those in the other two clusters. Some 43% of C1 have enough income for daily living, compared with 38% and 25% for C2 and C3, respectively. Some 13% have savings (8.2% for C2 and 8.1% for C3 – possibly due to their reduced income and increased expenses) and 89% own their home, 46% are actively working, and 20% are living in households with the highest wealth index (compared with 16% and 8% for C2 and C3) (see

Table 6.6). They probably have more chance to exchange support with their children because they have available resources, one of which is the financial resource, savings – ‘a crucial component of safety net for the elderly’ (Demirgüç-Kunt, Klapper, & Panos, 2016, p. 1) – which they have at much higher levels than those in C2 or C3. This indicates financial independence and security for their advanced age, which is extremely important for those who do not have alternative sources of support in their later life, such as those with no children, spouse or pension. However, C1’s life trajectory may be similar to C2 and C3 when they are at the age of older people in these cluster.

People in C3 are considered relatively poor because most do not have enough income for daily living (75%), even though the percentage of those who have a pension is relatively higher than those in C1 and C2. Having a pension may be the factor that reduces financial support from their adult children, because they have a stable source of income (although this may not be sufficient for living). Few have savings, but around 78% own the house they are living in. They were also reported as the least likely to live in wealthier households, at only 8.3%; one-third live in the lower middle while 54% live in the higher middle of household wealth. Interestingly, although facing particular difficulties in income, older people in this cluster are seen less among those who are actively working (31%) compared with other clusters. This low rate is potentially related to their poor health. So, it is not the poor economic condition of older people that encourages financial support from children, as can be seen from the most capable older people who, though in good economic condition, receive more financial assistance, and those in worse condition, as in C3, receiving less financial support from children. These results imply underlying factors other than economic conditions that influence financial support receipt. Of course, it also strongly depends on the children’s available resources enabling them to provide financial assistance to parents. Alternatively, obligation and altruism are the driving forces for support provision. This finding contributes to the rejection of hypothesis 1, which generally stated that older people with poor economic conditions would receive more financial support from children than others.

Table 6.6 Clusters of Capabilities and Vulnerabilities by Economic and Health Conditions (n = 2,611)

Variables	Clusters			Total	Older people with no children (n = 89)
	Most capable older people (C1) (n = 986)	Moderately capable older people (C2) (n = 709)	Least capable older people (C3) (n = 916)		
Economic condition					
Enough income	42.7	37.7	25.2	35.2	33.7
Pension	54.6	59.1	68.1	60.6	59.8
Savings	13.2	8.2	8.1	10.0	12.4
Older people own the home	89.4	77.3	77.8	82.0	61.4
Actively working	46.5	31.6	30.6	36.8	46.1
Household wealth index					
1–2	2.8	1.7	3.9	2.9	7.9
3–4	24.9	19.0	33.5	26.3	43.8
5–6	52.0	63.2	54.2	55.8	39.3
7–8	20.3	16.0	8.3	14.9	9.0
Health condition					
No mobility difficulty	54.7	18.6	2.2	26.5	36.0
1–4	41.8	53.8	29.3	40.6	31.5
5–7	3.5	27.7	68.4	32.9	32.6
No illness symptom	8.3	0.0	0.0	3.1	6.7
1–5	76.7	30.6	2.5	38.1	37.1
6–10	15.0	67.5	64.7	46.6	41.6
11–16	0.0	2.0	32.8	12.1	14.6
No diagnosed chronic disease	39.4	22.1	14.3	25.9	43.8
1–3 diseases	57.6	70.2	64.6	63.5	49.4
4–6 diseases	2.9	7.6	20.3	10.3	5.6
7–10 diseases	0.1	0.0	0.8	0.3	1.1
No self-care difficulty	85.9	66.9	29.8	61.0	64.0

Source: VNAS 2011

In regards to health conditions, older people in C1 are the healthiest, as the percentage of those who have no health issue is much higher than counterparts in C2 and C3. This is entirely different in case of older people in C3, as most of C3 has at least some issues with mobility. They also have many illness symptoms; for instance, the results show that 33% of older people in C3 have 11–16 illness symptoms, while this is 0% and 2% for C1 and C2, respectively. Some 70% of C3 have difficulties in self-care activities, which may require more help from relatives. Multiple morbidities have also been reported more seriously in this group. Poor health, in turn, influences their ability to work, and thus, limits their sources of income to a certain extent. This may also be linked with the demographic

characteristics of C3, as the percentage of very old people in this group is higher than in other clusters. Alternatively, most of them live in rural areas where living conditions are believed to be worse than in urban areas. Poorer health may be the core factor that encourages adult children to provide care support instead of sending them money.

Household structure and living arrangements

The most distinctive characteristics among these three clusters regarding household structure are older people's marital status and number of children. Similar to the case of downward support, currently married older people were found more in C1, while the percentage of no longer married is the highest in C3. Older people in C2 remain in the middle, but they tend to have more children, with nearly 40% having seven and more children, much higher than in C1 and C3. Marital status and number of children, as discussed in Chapters 4 and 5, are closely related to living arrangements of older people and their support exchange because it is supposed that older people with more children have a higher probability of co-residing with children, and this encourages support exchange during co-residence. Alternatively, having more children may imply that older people have more available resources that they can mobilise when they are in need.

Divorced or widowed older people, especially women, have been shown in the literature to be more vulnerable, even relative to those who have never been married (Fengler et al., 1982). These older people may have changed their living arrangements after their partner passed away, moving into their children's home and co-residing with children and/or grandchildren. Married older people are less likely to live with children while widowed older people are more likely to live with a child (Barbieri, 2006; Pfau & Giang, 2007). This change can lead to a different pattern of support exchange among generations, both in amount and quality of support. No longer married people in C3 are in an even worse circumstance, because they have lost support from their spouse and most have health issues. Thus, the only source of support is from their children. No significant difference was found regarding having a son and having at least one grandchild among clusters.

Living arrangements of older people are varied among clusters. We found moderately capable older people live more often in multigenerational households, while the most and the least capable older people live in smaller households with one or two generations. As mentioned above, living arrangements may modify the support patterns between older

parents and adult children. Living with/nearby to children may promote support exchange between generations, mainly physical support. However, in turn, older people's conditions may also influence their living arrangements. For example, for older people who live alone, if they are frail or face difficulties in mobility or self-care activities, it is highly likely that they will move into their children's home to receive care from their children.

Table 6.7 Cluster of Capabilities and Vulnerabilities by Household Structure and Living Arrangements (n = 2,611)

Variables	Clusters			Total	Older people with no children (n = 89)
	Most capable older people (C1) (n = 986)	Moderately capable older people (C2) (n = 709)	Least capable older people (C3) (n = 916)		
Household structure					
Never married	0.6	0.0	0.4	0.4	61.8
No longer married	33.7	38.1	48.8	40.2	27.0
Married	65.7	61.9	50.8	59.4	11.2
Have at least a son	91.5	96.9	87.8	91.7	-
Have at least one grandchild	97.0	99.3	98.6	98.2	11.2
No child	0.4	0.1	1.1	0.6	-
1–2	19.1	6.8	16.3	14.8	-
3–4	37.6	23.5	37.2	33.7	-
5–6	28.0	30.9	29.2	29.3	-
7 and more	14.8	38.5	16.0	22.6	-
Household size					
1–2 members	37.6	6.8	46.2	32.2	59.5
3–4 members	33.6	21.3	27.8	28.2	16.8
5–6 members	23.7	46.5	21.9	29.3	14.6
7 and more	5.0	25.3	4.1	10.2	8.9
Living arrangements					
One generation household	33.1	5.6	38.3	27.5	58.4
Two generation household	30.1	20.3	27.2	26.4	30.3
Three & more generations	36.8	74.0	34.5	46.1	11.2
Have a child living nearby	36.9	36.5	40.1	37.9	-

Sources: VNAS 2011

All of the above individual and household characteristics are closely related to older people's support receipt, and this also varies among clusters. As just mentioned, the most capable older people receive more financial support from children, possibly have more resources to exchange. Moreover, they also have better health, which may explain why few require care from their children. The majority of older people in this group are married,

which means that the primary responsibility of care provision belongs to their partners. This factor also contributes to the decrease in the need for care provided by their adult children. On the contrary, the least capable older people (C3) receive less financial support but much more care support, because they have several health problems, especially with mobility and self-care activities, which requires assistance from other people. This poor health substantively prevents older people in this cluster from working, and also requires more care support from relatives. In this case, it is their adult children who provide care because half of older people in this cluster are separated, divorced or widowed. These people have to depend on their children for care, and many of them have numerous children (29% have 5–6 children; 16% have 7 or more children), which may increase the chance they receive care support from their offspring. In contrast, 15% of people in this cluster live alone, and thus, may require care from children who live away from them; fortunately, half of those who live alone in this cluster have a child living nearby. Those who live in a one generation household possibly receive care support from their spouse or siblings as well.

As noted earlier, slightly more than half of the most capable older people are 60–69 years old. The fact that they are mainly in early old age and healthy may result in their high rate of participation in the labour force, and thus, lead to their higher rate of receiving working assistance from their children than those in different clusters. However, working in old age, although mainly decided by age and health, is also influenced by economic condition, mental health and area of residence. The percentage of older people receiving working assistance reduces across clusters, together with a reduction in labour force participation, which may be caused by their health, and thus working assistance receipt decreases as well.

Table 6.8 Clusters by Support Receipt (n = 2,611)

Support Receipt	Clusters			Total
	Most capable older people (C1) (n = 986)	Moderately capable older people (C2) (n = 709)	Least capable older people (C3) (n = 916)	
Financial support	70.2	69.4	65.8	68.4
Care	17.0	34.6	52.9	34.4
Work assistance	25.5	21.4	18.2	21.8
Housework assistance	63.7	88.3	66.7	71.4

Sources: VNAS 2011

In regards to housework assistance, C1 and C3 older people are similar in receiving this support. This support is closely related to older people's health condition, household structure and living arrangements. Similar to the case of receiving work assistance, a significant share of C1 older people are married and in a reasonably good health. Thus, they can perform household chores, and their partners may help with domestic jobs.

Alternatively, living in a smaller household and having fewer children than other older people may contribute to the lower percentage of C1 old people receiving housework assistance from their children. This may be more apparent when discussing the case of older people in C2.

Many older people in C2 live in multigenerational households, and this living arrangement strongly supports exchanges between generations, especially in care supports and other non-financial supports; however, it reduces the chance they receive financial support from non-co-resident children. This contributes to explaining why many older people in this cluster receive household chore assistance; it is because most of them are living with children, who should be the ones to perform these tasks. In addition, their health condition is at only a fair level, requiring help in physical tasks from other household members. Also, having more children is another source of help that may contribute to the higher rate of older people in C2 receiving housework support from their adult children. Housework assistance receipt among older people depends much more on living arrangements and health condition. However, how do all these factors influence support exchanges between older parents and their offspring? The next section focuses on exploring the significant determinants of each type of support.

6.4.3 Determinants of intergenerational support provision

Older people as support providers

Examination of determinants of intergenerational support provision is highly complicated, as it involves interrelated aspects including but not limited to family relationships and members' socio-economic condition. In the range of this analysis, considered factors are variables included in cluster analysis, with the addition of a dependent variable – financial support from non-co-resident children. This variable contributes to identifying the relationship between older people's living arrangements and their financial support receipt pattern. Similar to cluster analysis, determinants of support provision between generations are examined in both directions, downward and upward. This part examines determinants of supports that older people provide to their adult children including finance, caregiving for grandchildren and housework assistance. The results of the multivariate logistic regression analysis are presented in Table 6.9. Three models were analysed, with three different dependent variables.

The most significant factor that affects older people's financial support provision is their age. Those aged 60–69 years send money to their children more often than those who are older. In addition, older parents who are currently married and more highly educated are more likely to provide financial support. The most noteworthy point concerns older people's economic condition, which they may use in the mutual support relationships. The results indicate that older people who have no savings are less likely to provide financial support to their children than those who have savings. People who are actively working also tend to send money to children. These older people have a secure financial situation and resources, which explains their higher probability of providing financial assistance to children. Older people who have 3–4 living children were found less likely to provide financial assistance to children than those who have more children. In terms of health, older people with difficulties in self-care are less likely to provide this type of support to children than those who do not have any difficulties. Difficulties in self-care also negatively influence other support that older people provide to their children, including caring for grandchildren and doing housework.

The variable on financial support received by older people was added to the downward support analysis model to assess whether it contributed to determining the pattern of

support provision from older parents to their children. It was assumed that when older people receive financial support from their children, they will provide another type of support down to their children as reciprocity. However, no connection was found between older people's receipt of financial support and their support provision in return, which implies other underlying driving factors that encourage older people to provide support to children.

Results show a significant relationship between age of older people and care support for grandchildren who are under 10 years old. Those in early old age provide this support more than those at an advanced age, which may be linked to their health condition. Those in early old age are more likely to be healthier, and therefore, they are more able of carrying this 'duty'. On the contrary, it could be a burden for old people in advanced age with more health problems. Analysis of health factors reflects the fact that older people who have problems with mobility or self-care are less likely to provide care for grandchildren than those who are healthy. However, in the case of multiple morbidities, they keep providing this type of support. This finding is somewhat contradictory, and the most reasonable explanation is that older people with multiple chronic diseases are not able to work; thus, they stay at home and play the role of caregiver to their grandchildren. Also, older people who live in multigenerational households are more likely to provide care to grandchildren than those who live in one or two generation households. These findings raise the issue of older people with multiple morbidities being dependents to their offspring in terms of care support – they may choose to live in multigenerational households and care for grandchildren as a way to share their mutual responsibilities. Alternatively, those who have a child living nearby are also more likely to take care of the grandchildren. This finding confirms the assumption on the relationship between proximity and care support. Older people who have insufficient income for daily living are less likely to care for their grandchildren than their counterparts, which contributes to the argument on older people's resources and their chance to be involved in intergenerational support exchange.

Age is a significant factor that influences older people's support with housework assistance – the younger the elderly, the more likely to provide housework assistance. Older people aged 60–69 years old are three times more likely to do housework than those aged 80 and older (2.4 times for those aged 70–79) (see Table 6.9). In addition, results present structural effects by gender and area of residence. Female elderly tend to provide this support to

children more than male elderly, which is closely related to gender role, as household chores are traditionally considered women’s responsibilities and this perception remains stronger in rural areas. This explains why older people who live in rural areas also tend to provide this support to children more than those who live in urban areas. Household structure also has an effect on older people’s support in this case. Living in larger households promotes this support among older people, but in the case of older people living alone or with a spouse, it is their own duty. Regarding health, difficulties in mobility and self-care activities were found as obstacles to older people helping children with household chores.

Table 6.9 Logistic Regression on Downward Supports (n = 2,700)

Downward support	Financial support (0 = No; 1 = Yes)			Care for grandchildren (0 = No; 1 = Yes)			Housework assistance (0 = No; 1 = Yes)		
	Odd ratios	95% CI		Odd ratios	95% CI		Odd ratios	95% CI	
Socio-economic conditions									
60–69	2.33	1.58	3.43	6.82	4.97	9.35	3.12	2.21	4.39
70–79	1.03	0.70	1.52	3.52	2.63	4.70	2.40	1.79	3.21
80+ (ref)	.	.	.	.	.	.	.	.	.
Male	1.56	1.20	2.04	0.86	0.69	1.07	0.40	0.30	0.52
Female (ref)	.	.	.	.	.	.	.	.	.
Never married	0.86	0.10	7.84	0.86	0.15	4.99	0.50	0.05	4.67
No longer married	0.56	0.41	0.77	0.74	0.59	0.94	0.83	0.63	1.09
Married (ref)	.	.	.	.	.	.	.	.	.
Urban	1.03	0.76	1.39	0.86	0.67	1.11	0.67	0.51	0.89
Rural (ref)	.	.	.	.	.	.	.	.	.
No schooling	0.85	0.56	1.30	0.75	0.54	1.06	0.84	0.57	1.25
Primary and below	0.68	0.52	0.90	0.82	0.65	1.04	1.01	0.75	1.38
Secondary and higher (ref)	.	.	.	.	.	.	.	.	.
Not enough income	0.89	0.69	1.14	1.27	1.03	1.57	1.59	1.25	2.04
Enough income (ref)	.	.	.	.	.	.	.	.	.
No pension	0.99	0.77	1.27	0.78	0.64	0.96	0.82	0.62	1.08
Pension (ref)	.	.	.	.	.	.	.	.	.
No savings	0.42	0.30	0.58	0.95	0.70	1.29	0.70	0.47	1.03
Savings (ref)	.	.	.	.	.	.	.	.	.
Own home	0.96	0.66	1.41	1.15	0.87	1.52	1.86	1.40	2.46
Not own home (ref)	.	.	.	.	.	.	.	.	.
Not working	0.53	0.41	0.68	0.99	0.80	1.23	0.23	0.17	0.32
Actively working (ref)	.	.	.	.	.	.	.	.	.
HH wealth index 1–2	0.99	0.41	2.40	0.83	0.42	1.66	1.02	0.48	2.19
HH wealth index 3–4	0.94	0.59	1.47	1.30	0.90	1.88	0.89	0.58	1.38
HH wealth index 5–6	1.13	0.78	1.62	1.20	0.89	1.63	1.09	0.77	1.54
HH wealth index 7–8 (ref)	.	.	.	.	.	.	.	.	.
Living arrangements and household structure									
1–2 members	0.89	0.44	1.84	0.90	0.50	1.60	1.61	0.85	3.04

3–4 members	0.85	0.53	1.37	0.83	0.57	1.21	1.87	1.23	2.85
5–6 members	0.97	0.65	1.46	1.19	0.87	1.64	1.79	1.25	2.55
7 and more (ref)	.	.	.	.	.	.	.	.	.
1 generation	0.78	0.40	1.52	0.27	0.16	0.46	2.48	1.34	4.60
2 generations	1.32	0.91	1.92	0.35	0.26	0.48	1.12	0.78	1.61
3 generations (ref)	.	.	.	.	.	.	.	.	.
No children nearby	0.89	0.70	1.13	0.82	0.67	0.99	0.99	0.78	1.25
Child nearby (ref)	.	.	.	.	.	.	.	.	.
1–2 living children	0.69	0.44	1.08	0.79	0.55	1.12	1.24	0.82	1.86
3–4 living children	0.62	0.45	0.86	1.19	0.91	1.54	1.56	1.14	2.12
5–6 living children	0.76	0.56	1.05	0.86	0.66	1.11	1.16	0.86	1.55
7 and more (ref)	.	.	.	.	.	.	.	.	.
No son	0.88	0.53	1.45	1.01	0.69	1.49	0.95	0.60	1.50
Son (ref)	.	.	.	.	.	.	.	.	.
Grandchild	0.52	0.25	1.07	.	.	.	0.96	0.37	2.47
No grandchild (ref)	.	.	.	.	.	.	.	.	.
Health conditions									
1–3 mobility difficulties	1.06	0.78	1.44	1.02	0.79	1.31	0.82	0.58	1.16
4 or more	1.22	0.85	1.75	0.73	0.55	0.99	0.45	0.31	0.66
No mobility difficulty (ref)	.	.	.	.	.	.	.	.	.
1–4 illness symptoms	1.09	0.57	2.05	1.47	0.84	2.58	1.11	0.57	2.16
5–8 illness symptoms	1.34	0.70	2.55	1.41	0.80	2.49	1.31	0.67	2.59
9 and more	1.52	0.77	3.02	1.87	1.03	3.39	1.61	0.79	3.27
No illness symptom (ref)	.	.	.	.	.	.	.	.	.
1–3 chronic diseases	1.18	0.89	1.55	1.48	1.18	1.85	1.04	0.79	1.35
4–6 chronic diseases	1.01	0.64	1.59	1.57	1.09	2.25	1.08	0.71	1.65
7 and more chronic diseases	0.47	0.05	4.11	3.50	0.84	14.64	1.93	0.32	11.81
No chronic disease (ref)	.	.	.	.	.	.	.	.	.
1 self-care difficulty	0.84	0.61	1.17	1.05	0.81	1.36	0.99	0.72	1.37
2–3 self-care difficulties	1.03	0.68	1.57	1.06	0.76	1.48	0.67	0.47	0.96
4–5 self-care difficulties	0.52	0.29	0.91	0.57	0.38	0.86	0.22	0.15	0.32
No self-care difficulty (ref)	.	.	.	.	.	.	.	.	.

Source: VNAS 2011.

Note: Bolded numbers indicate statistical significance at $p < 0.05$ level.

Older people as support receivers

Financial support received by older people was significantly determined by their number of children. The results show that older people with fewer children are less likely to receive financial support than those who have more children. It is important to note that older people without children were excluded from this analysis.

Regarding older people's economic condition and financial support receipt, the results show that older people who have no pension and are not working are more likely to receive financial support from children than their counterparts. It must be stressed that having no pension or not working does not necessarily mean that older people are in poor economic condition. In fact, many older people do not have a pension or actively work for their own

personal reasons. Nevertheless, they may still have enough income for daily living, have savings and live in wealthy households (higher household wealth index). Thus, this finding is not sufficient to support the first hypothesis statistically.

The results also show a significant influence of number of children and household size. Older people with more children and those who live in smaller households are more likely to have financial support from non-co-resident children than their counterparts. Older people who do not live with children (they may live on their own, with a spouse or with other relatives, such as their parents or siblings) are more likely to receive financial support from children who live elsewhere. This finding supports hypothesis 3.

Regarding health, it seems that those who have no illness symptoms tend to receive support from non-co-resident children. However, those who have difficulties in self-care activities (2–3 difficulties) are more likely to receive money from these children than those who have no difficulties at all. It seems that economic hardship is not the driver of financial transfer in this case, because older people who have enough money and own their home are more likely to receive money from physically distant children than their counterparts, and those who live in urban areas have a higher likelihood of receiving this support as well.

Findings on financial support from non-co-resident children may imply that older people who already have a source of financial support receive less alternative support from other children who are living apart from them, or it emphasises the importance of the child(ren) who currently live with older people in financial provision. These children may bear the primary responsibilities to care for their older parents, and from the traditional perception, it is usually expected to be the eldest child or the eldest son. Why do non-co-resident children provide financial support for their older parents even though their parents are financially secure in living with their other children? Financial support from non-co-resident children to their older parent is attributable to several factors, including geographical distance from their parents, living conditions of the children, gender and perceived filial obligations. The most logical answer lies in reciprocity and filial piety, considered the most important virtues for children. Alternatively, it may result from obligation, attachment and altruism of adult children towards their older parents (Klaus, 2009).

Care supports are significantly related to older people's health – this is presented clearly in regression analysis results. Older people who have difficulties in mobility and self-care activities and more illness symptoms and diagnosed diseases are more likely to receive care support from children, especially those who have problems in self-care and illness symptoms. For examples, older people with 5–8 illness symptoms are 2.8 times more likely to receive care support, and this increases to four times among those who have nine or more illness symptoms, compared with those who have no problems at all. In cases of self-care difficulties, those who have 2–3 problems are 1.5 times more likely to receive care support from children. In addition, females are more likely to receive care support from children, which may occur because of their longer life expectancy, which means that they are at higher risk of having more health problems and being a widow (without help from their partner) in their later age. This finding strongly supports hypothesis 2, which indicated that older people experiencing difficulties in mobility or self-care in daily activities are more likely to receive practical than financial support.

Table 6.10 Logistic Regression on Upward Support (n = 2,700)

Upward support	Financial Support (0=No; 1=Yes)			Financial support from non-co-resident children (0=No; 1=Yes)			Care support (0=No; 1=Yes)			Work Assistance (0=No; 1=Yes)			Housework Assistance (0=No; 1=Yes)		
	OR	95% CI		OR	95% CI		OR	95% CI		OR	95% CI		OR	95% CI	
60–69	1.02	0.77	1.35	0.90	0.68	1.18	0.93	0.70	1.24	5.95	4.01	8.83	0.75	0.53	1.05
70–79	1.10	0.85	1.42	0.89	0.70	1.14	1.09	0.84	1.41	2.63	1.78	3.90	0.81	0.60	1.11
80+ (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Male	0.80	0.65	0.99	0.91	0.74	1.12	0.77	0.61	0.96	1.04	0.82	1.33	0.88	0.69	1.13
Female (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Never married	0.44	0.09	2.05	2.21	0.48	10.19	0.32	0.04	2.89	0.35	0.04	3.06	1.61	0.24	10.78
No longer married	1.21	0.97	1.52	1.17	0.94	1.45	1.10	0.88	1.38	0.60	0.45	0.79	1.40	1.07	1.84
Married (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Urban	1.08	0.85	1.37	1.44	1.15	1.80	0.92	0.72	1.17	0.41	0.30	0.56	1.03	0.78	1.37
Rural (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
No schooling	1.00	0.73	1.37	1.10	0.80	1.49	0.90	0.65	1.25	1.37	0.93	2.03	1.11	0.76	1.63
Primary and below	1.22	0.97	1.54	1.10	0.88	1.38	1.03	0.80	1.32	1.35	1.03	1.76	1.26	0.97	1.65
Secondary and higher (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Not enough income	0.86	0.70	1.05	0.75	0.62	0.91	1.11	0.90	1.37	1.23	0.96	1.57	0.90	0.71	1.15
Enough income (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
No pension	1.38	1.13	1.69	1.39	1.14	1.70	1.09	0.88	1.35	1.30	1.04	1.62	1.02	0.80	1.28
Pension (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
No savings	1.02	0.76	1.38	1.21	0.90	1.61	0.82	0.60	1.12	0.87	0.60	1.26	0.80	0.57	1.14
Savings (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Own home	1.14	0.88	1.47	1.67	1.29	2.15	0.83	0.64	1.07	1.37	0.95	1.97	0.77	0.54	1.10
Not own home (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Not working	1.67	1.36	2.05	1.65	1.35	2.03	1.20	0.96	1.49	-	-	-	1.41	1.11	1.79
Actively working (ref)	.	.	.	.	.	.	.	.	.	-	-	-	.	.	.
HH wealth index 1–2	0.53	0.30	0.96	0.99	0.54	1.80	1.02	0.54	1.92	1.97	0.94	4.13	1.29	0.64	2.61
HH wealth index 3–4	0.84	0.59	1.20	0.80	0.57	1.13	1.00	0.69	1.45	2.00	1.27	3.15	1.77	1.16	2.71
HH wealth index 5–6	1.03	0.77	1.38	1.00	0.75	1.32	0.97	0.71	1.32	1.45	0.98	2.15	1.73	1.21	2.47
HH wealth index 7–8 (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Living arrangements and household structure															
1–2 members	0.74	0.43	1.26	2.08	1.23	3.53	1.54	0.89	2.67	0.81	0.42	1.56	0.33	0.16	0.66

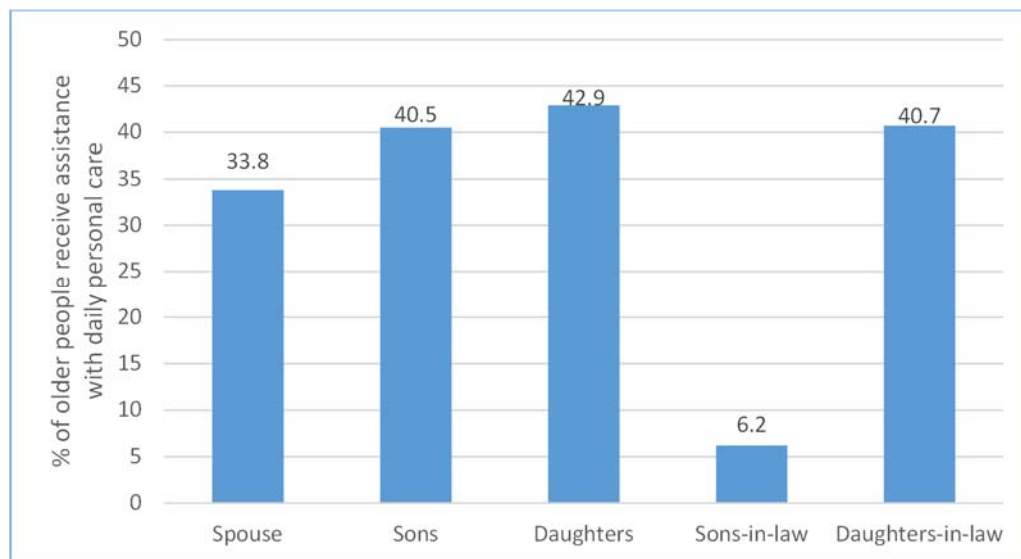
3–4 members	1.04	0.72	1.50	1.99	1.38	2.88	1.30	0.88	1.92	0.67	0.42	1.06	0.39	0.22	0.68
5–6 members	1.12	0.82	1.54	1.26	0.91	1.74	1.37	0.98	1.91	0.99	0.67	1.45	0.86	0.50	1.47
7 and more (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1 generation	1.43	0.88	2.32	1.49	0.93	2.40	0.78	0.47	1.29	0.78	0.42	1.42	0.11	0.06	0.19
2 generations	1.16	0.86	1.57	0.94	0.71	1.26	0.87	0.64	1.19	1.62	1.13	2.32	0.41	0.29	0.59
3 generations (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
No children nearby	1.00	0.83	1.21	0.80	0.67	0.95	0.93	0.77	1.12	0.86	0.69	1.07	0.56	0.45	0.70
Child nearby (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1–2 children	0.32	0.23	0.44	0.29	0.21	0.41	0.64	0.45	0.90	0.97	0.64	1.47	0.83	0.56	1.24
3–4 children	0.56	0.43	0.73	0.45	0.36	0.58	0.81	0.63	1.05	1.18	0.87	1.59	0.88	0.65	1.19
5–6 children	0.71	0.55	0.93	0.86	0.69	1.09	0.83	0.64	1.07	1.08	0.80	1.46	0.88	0.66	1.19
7 and more (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
No son	1.03	0.73	1.44	1.06	0.74	1.53	1.20	0.83	1.74	0.81	0.51	1.29	1.17	0.78	1.77
Son (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Grandchild	1.12	0.58	2.14	2.22	0.98	5.03	2.13	0.82	5.49	0.91	0.42	1.97	0.98	0.49	1.97
No grandchild (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Health conditions															
1–3 mobility difficulties	0.98	0.77	1.25	0.79	0.62	1.01	1.55	1.17	2.05	0.63	0.48	0.82	0.86	0.65	1.15
4 or more mobility difficulties	0.90	0.68	1.19	0.81	0.61	1.07	1.98	1.46	2.68	0.53	0.38	0.74	0.91	0.65	1.27
No mobility difficulties (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1–4 illness symptoms	0.80	0.47	1.38	0.75	0.46	1.23	1.59	0.69	3.66	1.42	0.77	2.59	0.80	0.44	1.48
5–8 illness symptoms	0.75	0.44	1.30	0.63	0.38	1.04	2.84	1.24	6.52	1.65	0.89	3.05	0.84	0.45	1.57
9 and more	0.67	0.38	1.18	0.53	0.31	0.90	3.99	1.72	9.29	1.95	1.02	3.75	0.76	0.39	1.45
No illness symptoms (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1–3 chronic diseases	1.01	0.82	1.24	1.07	0.87	1.32	1.27	1.01	1.59	0.85	0.66	1.08	1.11	0.86	1.42
4–6 chronic diseases	1.06	0.76	1.50	1.03	0.74	1.44	1.46	1.03	2.07	0.71	0.46	1.09	1.26	0.83	1.90
7 and more chronic diseases	0.64	0.16	2.53	0.87	0.21	3.70	3.01	0.59	15.53	0.32	0.03	3.04	1.05	0.19	5.82
No chronic diseases (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1 self-care difficulty	1.08	0.84	1.39	1.23	0.96	1.57	1.27	1.00	1.62	0.99	0.73	1.33	0.75	0.56	1.00
2–3 self-care difficulties	1.00	0.74	1.37	1.46	1.08	1.97	1.45	1.08	1.95	0.95	0.64	1.41	1.37	0.93	2.00
4–5 self-care difficulties	1.02	0.72	1.44	1.29	0.92	1.80	4.30	3.04	6.09	0.26	0.13	0.50	1.59	1.02	2.47
No self-care difficulties (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

Source: VNAS 2011

Note: Bolded numbers indicate statistical significance at $p < 0.05$ level.

Further descriptive analysis of the person providing care support for older people with health problems shows that they include both sons and daughters, biological children and children in-law. The role of the spouse in helping with personal care is surpassed by children, which may reflect traditional expectations on adult children's care provision for older parents, which is extremely dominant in Asian countries, particularly China and Vietnam. Evidence from this analysis also shows a vital role of daughters-in-law in providing support for frail parents-in-law in daily personal care, not less than older people's biological daughters and sons (see Figure 6.2). However, attitudes towards caregiving from the daughter-in-law's perspective is probably different from the son or daughter, in that they may consider their care provision as 'primarily help' to their husbands who are in charge of taking care of older parents rather than filial obligation (Wong, 2000).

Figure 6.2 Person Providing Older People with Assistance in Self-care Activities (n = 420)



Source: VNAS 2011

In regards to work assistance, older people who are in early old age are more likely to receive this support from children because they are more likely to actively participate in the labour force than those who are in advanced age. Age is the most significant determinant of this type of support received by old people, followed by household condition, as the results show that those who are living in less wealthy households (low household wealth index) are more likely to receive this support. This may be connected to the fact that older people in these households have to work in their old age to contribute to household income because of the lack of financial resources. Alternatively, the majority of working active

older people in this research work on their own farm, which may last until they are unable to work. The adult children's work assistance may involve stages of the farming job that require heavy physical activity.

One of the most critical factors that determines working status of older people is their health and this is linked to their support receipt as well. The results show the connection between working support receipt and type of health problem. For instance, older people with mobility and self-care difficulties have less chance to work than those who do not have problems. That is the reason why older people with no difficulties in mobility and self-care are more likely to receive working assistance from their adult children. On the contrary, older people with illness symptoms, to a certain extent, are still able to work, and therefore, in this case, those with more than nine illness symptoms are more likely to receive working support from children than those who have no problems at all. Other factors that contribute to determining this type of support receipt are area of residence, education, pension and marital status.

Similar to the case of financial support, number of children was found to be a significant factor in household chore assistance. More children increases the chance of receiving this type of support. More critically, older people who live in multigenerational households are more likely to receive help with housework rather than those who live in one or two generational households. This result is logical because housework assistance is closely related to living arrangements and proximity between generations. Conversely, while living with old parents, adult children may perform housework because it is considered their default duty in the family. In this case, the question arises as to whether it is a support or obligation of children to do housework; the evidence tends to suggest obligation, because the regression analysis shows that older people who have children living nearby are more likely to receive housework assistance than those who do not have any child living nearby, regardless of their current living arrangement. This proves that proximity encourages the support exchange in regards to housework performance. Alternatively, older people with self-care difficulties are also more likely to receive help with household chores from their children. Results partly support hypothesis 3, as they show that no longer married older people are more likely to receive household chore support but less likely to receive working assistance than those who are married. Nevertheless, marital status is not a significant predictor of older people's support receipt. This finding is confirmed when examining the

effect of older people's marital status on their support provision, which indicates that older people who are married are more likely to provide financial support to their adult children than those who are no longer married (see Table 6.9).

6.5 Summary and Discussion

Families are the primary institution providing care for older people, not only recognised by society but officially stated in legal documents including the Vietnam Marriage and Family Law and Law on the Elderly. The traditional expectations for living arrangements of older people is that they prefer to live with a married son when they get older, with a son considered 'crucial for their well-being later in life' (Knodel et al., 2000, p. 90).

Nevertheless, son preference seems not to be essential to older people regarding intergenerational exchange. Results from the analysis do not show any significant impact of having a son to support exchange; however, number of children is a powerful factor that determines this relationship.

Previous research has indicated the importance of children in providing financial assistance to older people (Friedman et al., 2002), which is one of the most significant financial sources that helps to ensure older people's daily living (Le, 2012; Ministry of Culture Sport and Tourism et al., 2008). In addition, indirect support such as improving the quality of housing, purchasing household appliances, arranging the most convenient living space for older parents also contribute to ensuring quality of life for the older parents (Nguyen Thi Ngoc Ha & Ngo Thi Cham, 2018). In this analysis, older people considered financial support from their children as the main source of income as well. Financial support, regardless of its direction, is closely related with older people's economic circumstance, and older people with better economic conditions are more likely to receive/provide financial support than their counterparts. The availability of financial resources, hence, plays an essential role in encouraging intergenerational financial support exchange. However, the factor that most influences financial transfer is number of children, consistent with Knodel et al. (2000). This consistency confirms the correlation between household structure and intergenerational exchange.

Theoretically, this finding supports the theory of filial obligations (or *debt theory*) of children towards their parents in terms of resource provision. However, it also suggests that reciprocity is firmly embedded in Vietnamese society, because it implies that children keep

sending money to older parents no matter how wealthy their older parents are, which could be considered payback for what parents have previously (and significantly) provided for them. The support from children is not as simple as 'paying back' what they have received previously from their parents. It much more depends on the state of the intimate relationship between generations, social and family culture, and children's abilities. Thus, 'the duties of grown children to parents do not look like the duties of debtors and creditors' (Keller, 2006, p. 257). This discussion leads to another limitation that not only this analysis faces but other research in Vietnam at the moment also encounters, which is the early stage of relationships/arrangements between older parents and their children and changes in these arrangements overtime (Klaus, 2009).

The other explanation, in this case, may lie with older people's living arrangements. When older people live with dependent children, financial support from adult children is a contributing source to reduce the expense of raising dependent children. In Vietnamese society, most children live with their parents until they get married, and in some ways, they are still considered dependents (at least in terms of accommodation). Conversely, previous research has argued that older people may use their resources (land and surplus capital) as bargaining power to request children's support and children providing care for parents is thought to increase the chance of being heirs. Findings in this analysis found a significant association between older people's home ownership and financial support by non-co-resident children, but this is not sufficient to make any conclusions similar to the arguments above. Alternatively, this finding confirms previous research findings that children are willing to provide support when their older parents are economically independents (Chow, 1993; Ng, Phillips, & Lee, 2002 in Silverstein, 2005).

Another interesting finding consistent with previous literature is non-co-resident children's support provision. Older parents tend to receive this support from non-co-resident children when they live on their own rather than when they are co-residing with other children. This may be because non-co-resident children believe their parents are safe living with other siblings or are 'reluctant to provide' support in case their support may also benefit their siblings in specific ways (Pezzin, Pollak, & Schone, 2004 in Silverstein, 2005, p.167). In this analysis, this is seen only in financial support, as the data do not cover information on physical supports from non-co-resident children. Nevertheless, this finding suggests a mechanism of division on support provision among children to their older people.

In the other direction of support, although the number of older persons who provide financial support to children in this analysis is not significant, it did reflect the correlation between their economic condition and support provision, as older people with more financial resources tend to provide more support than others. Interestingly, this finding has also been found in developed countries. A recent US article mentioned the same relationship between parents' socio-economic status (SES) and financial support to non-school age children; although the survey did not target older parents, it reflected the parents' financial resources and their support to children (Goudreau, 2011, 20 May). This may be 'real' support to children who are in need, or the way older people manage to maintain their role among family members. As argued in the article above, financial pressures that children face are more serious than previous generations, which encourages parents to provide financial support to children because they did not want their children to face difficulties as they did. In this analysis, the researcher also conducted tests to assess whether there is a relationship between older people's financial support receipt and their support (any type) provision in return, with an assumption that older people provide other types of support when they receive financial support from children; however, no significant evidence was found. Alternatively, older parents' financial support receipt and provision have been proved to be closely related to their wellbeing and life satisfaction (Lee et al., 2014). This aspect is examined in a later chapter.

Care receipt by older people in this analysis was predicted by two main determinants: gender and health condition. Women are more likely to receive care support than men. This may be because they have a higher life expectancy, which results in higher risk of being widowed and having health problems in advanced age. In regards to health, older people who have disabilities, are frail or have mobility issues are more in need of help than other people, and it is their partner who takes care of them in the first instance. For people no longer married, children are expected to be the primary assistants. People with mobility difficulties are also more likely to receive care than those with other health issues, in this case, those with multiple chronic diseases. In some stages, older people who have chronic diseases can still provide help to children, which explains why older people with chronic diseases provide care for grandchildren, even more than those who have no diseases at all. It may be that these people cannot work anymore, they have to stay at home because of

their health issues, and in this situation, they play the role of caregiver to their grandchildren, especially those who are living in multigenerational households.

One question raised in previous research on caregiving to older parents by adult children regards whether caring for older parents is a duty (Stuifbergen & Van Delden, 2011), and the difference in perception of filial obligations between Western and Asian countries. The paper argued that adult children do not have to take care or provide financial support for older parents as their duty unless they would like to maintain that parent–child relationship, and that ‘caring about an elderly parent does not necessarily entail *care-giving*. In most instances, it will probably mean *taking care of* aspects of the situation, for instance supervising the care provided by others’ (Stuifbergen & Van Delden, 2011, p. 70). The difference presented here is that relationship between adult children and older parents in Asian countries, particularly Vietnam, is not just determined by both parties’ wishes, but is implicitly controlled by norms, values and social judgments.

Other types of support that do not receive much attention from researchers, including work support and housework assistance, were investigated in this chapter. The reason why work support was chosen for analysis was the Vietnamese social context, in which the majority of the population is living in rural areas and working in the agricultural sector. A significant share of this population are farmers, who work on their land for their whole life. They would probably not stop working unless they have health issues or become too old. This was reflected clearly in the analysis of support receipt by older people. Older people in rural areas who are living in poor conditions and lack financial resources have to work for their living, and thus, tend to receive support from their children with their job than other older people. It is hard to identify what kind of assistance children provide to their old parents regarding work assistance. It could be the ‘heavy’ parts of the older people’s job; for example, in farming, it may include preparing the soil and harvesting. For this type of support, it is older people’s health condition that determines this directly, because those who have health issues, especially with mobility and self-care activities, are not able to work. Thus, they are less likely to receive support from children. On the contrary, people with better health but in poor living conditions keep working for their living and to contribute to the household’s income. In this case, they may receive more support from children with their work. As mentioned above, working in old age is not necessarily because of poor living conditions, but to a certain extent, it is one of the main reasons why

old people keep actively working. Working assistance provided by adult children is no less a complicated topic than other types of support being investigated.

One interesting finding relates to housework assistance provided by older people, apparently driven by gender and place of residence, which are interrelated. Housework has been considered women's duties for centuries, and that perception still exists in modern Vietnam, especially among older people influenced by feudal education. Regarding support receipt, it strictly depends on older people's living arrangements, because it is usually children's duty to perform housework. That explains why older people who live in multigenerational households or have a child living nearby are more likely to receive housework support than others. Proximity encourages this type of support exchange, as it does with care support.

Regarding childcare support provided by older parents, this research found a significant relationship between age of older people, their health condition, and living arrangements and support provision. Among these factors, age and health are the primary determinants of older people support provision because grandparenting requires physical health to perform. Those in early old age and without difficulties in mobility and self-care seem to provide more grandparenting than others, even though those who have chronic diseases provide care for their grandchildren. This is probably because of their inability to work; they take care of grandchildren instead of participating in the labour force.

Grandparenting, according to Geurts, Poortman, and Tilburg (2012), could be considered an investment in adult children for support receipt in the advanced age of older parents. Providing childcare for grandchildren 'creates a debt', which is reciprocated by adult children when older parents reach their advanced age. This is believed to 'restore the cost-benefit balance within the relationship' between parents and adult children (Geurts et al., 2012, p. 247). Based on this argument, older parent's childcare provision is not just seen as a 'support' but as a means of securing their later life support receipt from children, especially from their sons. Whether this applies in the case of Vietnam cannot be answered by this study because of limitations in the data; however, to a certain extent, supporting adult children in general may be considered by older people as their responsibility and care for grandchildren is the most common support that older people provide, regardless of any promised support in return.

A few limitations have been recognised in this analysis. First, it is the quality of the relationship between older people and their children that is one of the most significant factors that can variate their support exchange. The data used in this analysis are not available to test the relationship between support exchange and quality of intergenerational relationship. Second, there is no information on children's economic condition in the data, which may be strongly related to their willingness to provide financial support to older parents. Finally, the data were from a cross-sectional survey, with respondents who are older people only, which limits the ability to capture mutual exchange activities between older people and their adult children.

Results from this analysis contribute to explaining the patterns of intergenerational mutual support provision between Vietnamese older people and their children to a specific extent and context. It can be seen from the literature that Vietnamese society is changing rapidly. Modern values regarding family and intergenerational relationships have been introduced. However, traditional values and norms, especially filial piety, remain strong and evident in intergenerational support exchange.

Results from the analysis not only clarify some of the theoretical aspects of intergenerational exchange but point to specific factors in support exchange in the context of Vietnam, as well as the connection between available resources and vulnerabilities that older people have and the patterns of support exchange. The results suggest that 'healthy and wealthy' ageing does not only benefit older people in many ways but the next generations, which can be used as empirical evidence for policy advocacy on health care and long-term care for older people as well as programmes that promote healthy lifestyles in old age.

Future research could focus on analysing reciprocity models and the relationship between quality of intergenerational relationships and support exchange. Further, it could explore the outcomes of support exchanges, which result in the quality of life and wellbeing of older people in advanced age.

Chapter 7 Intergenerational Social Relationships

This chapter examines intergenerational social relationships of older people, including association, affection and consensus among generations. It first introduces the research topic, briefly followed by Bengtson's conceptualisation, and then discusses measurement as well as the dataset used. The results of the analysis are discussed in a later section, which encompasses face-to-face visits, phone calls and those with whom older people can share as indicators of associational solidarity, the respect of young generations as an indicator of affectual solidarity and concordance among three generations as consensual solidarity.

7.1 Introduction

Social change in Vietnam, especially after the country applied the Renovation Policy (Doi Moi) in 1986, has encompassed many aspects, including economics, demography and the social environment. As the core unit of social organisation, families in Vietnam in various forms have been subjected to influences of processes involving transitions of family structure, norms and values and the relationships among family members. Older people and their family network have become a common topic of research as it relates to virtually all areas of older people's lives, including support exchange and subjective wellbeing. Relationships between older people and the younger generations are particularly attracting attention from researchers in the context of rapid ageing in Vietnam (H. M. Nguyen, 2012). This chapter, therefore, strongly fits with the whole thesis in examining aspects of the changing relationships between the generations, focusing on affection, association and consensus within families and the broader social context of Vietnam.

Affection, association and consensus are three of the six elements of intergenerational solidarity developed by Bengtson and colleagues (cited in Bengtson & Roberts, 1991). The researchers defined each element as follows: *associational solidarity* is the 'frequency and patterns of interaction in various types of activities in which family members engage', *affectual solidarity* is the 'type and degree of positive sentiments held about family members, and the degree of reciprocity of these sentiments' and *consensual solidarity* is degree of agreement on values, attitudes, and beliefs among family members (Bengtson & Roberts, 1991, p. 857). These definitions play essential roles in developing the measurements in this chapter based on available data, described in a later section. The other three elements include normative, functional and structural solidarity, referring to helping

and exchanges resources, the commitment to perform familial roles and obligation as well as opportunity structure for intergenerational relationships, respectively. These elements are analysed and discussed in other chapters of this thesis.

The three dimensions of intergenerational solidarity in this chapter can be interpreted as central to the ‘quality’ of the relationships between the generations under the influence of social change in Vietnam. They also are strongly correlated with living arrangements, instrumental exchanges and older people’s quality of life. The chapter aims to investigate ways in which aspects of these social bonds influence one other and the quality of the relationships among generations. For example, the analysis considers whether or not co-residence is favourable for encouraging intergenerational interactions and exchange, and how this, in turn, may lead to better quality of life for older people in later life.

Alternatively, older people’s subjective wellbeing might be negatively influenced by their relationships with their offspring and grandchildren if they do not meet their expectations.

The questions addressed in this chapter extend to affection, frequency of association, communication and consensus. The chapter does not attempt to comprehensively explore these kinds of solidarity but focuses specifically on aspects, including respect for the elderly and concordance between generations regarding values, attitudes and beliefs. It attempts to answer the question of how the orientations, resources and needs of households and individuals influence generational affection, association and consensus. Specific research questions to be addressed include how living arrangements and household structure influence the pattern of interaction between older parents and their adult children, the roles of their resources, such as age and health conditions, in modifying the patterns of intergenerational interactions, how the gap or even ambivalence among generations presents in their relationships, and the determinants of consensual solidarity among family members regarding the household socio-economic condition.

7.2 Analytical framework

Analyses in this chapter partly adopt Vern Bengtson’s conceptualisation of intergenerational solidarity (Bengtson & Roberts, 1991) to explain the relationship between generations in terms of affectual, associational and consensual solidarity. The intergenerational ambivalence that was later added to the research model of intergenerational relationships is not covered in this analysis because of limitations in the

data, although it is one of the emerging issues in the family, especially in developing countries where social change is happening quickly. However, intergenerational ambivalence can be, to a certain extent, reflected via the level of solidarity among generations, discussed in a later section of this chapter

As mentioned above, associational solidarity, in this analysis, refers to intergenerational interactions, while affectual solidarity is considered younger generations' respect towards older people. Consensual solidarity concerns generations' concordance on specific beliefs, norms and attitudes. Concordance across generations is reflected in different aspects, including their opinions on household living arrangements, perceptions of household financial management, economic development, educating children and lifestyle; their agreement regarding several social norms and values on children–parent, husband–wife relationships and marriage; perceptions of gender/sexual relationships; and perceptions of gender roles in household duties.

The above components of intergenerational solidarity are examined in regard to older people's household socio-economic conditions, living arrangements, proximity between generations and family structure. Apart from older people's and household background, intergenerational social relationships are analysed in association with locations of non-co-resident children, gender of children. The assumption is that co-residence may facilitate interactions between older parents and their co-resident children but reduce contact with non-co-resident children. In addition, living arrangements may influence concordance among generations, by providing opportunities for generations to interact and generate understandings (or ambivalence) among them. Measurement of these factors is discussed below.

7.3 Data, measures and method

Data

Data used in this chapter are from two surveys: the National Family Survey, conducted in 2006 (VFS 2006), and the Vietnam National Ageing Survey 2011 (VNAS 2011).³⁰ Each of the databases covers different aspects in regards to the three elements mentioned above. VNAS 2011 is used for investigating associational solidarity (intergenerational

³⁰ See Chapter 3 for a detailed description of the database.

interactions) and affectual solidarity, while VFS 2006 is used for analysis on concordance among family members on values, attitudes and beliefs.

Analyses are based on data from VNAS 2011 on 2,482 older people (aged 61 and older). Childless older people are excluded from this sample because analyses focus on the relationships between older people and their children. All analyses and assessments using VNAS 2011 data are from the viewpoints of older people only. VFS 2006's sample included respondents in three different ranges of age (regrouped into 15–24, 25–60 and 61 and older), which enables examinations of the concordance among generations within a family. The sample encompassed 2,783 people aged 15–24 years, 8,242 aged 25–60 and 2,664 aged 61 and older.

Measures

According to Bengtson and Roberts (1991), affectual solidarity may include ratings of affection, warmth, closeness, understanding and trust among family members or ratings of perceived reciprocity in positive sentiments among family members. It is assessed by the older adults themselves, in terms of how satisfied they are with the level of respect that younger generations in the family have for them. Respect is measured using a 5-point scale.

As mentioned earlier, associational solidarity is reflected by the interactions between generations via means including visits, telephone calls and emails. These indicators are measured by a 6-point scale (rarely/never, yearly, several times/year, monthly, weekly and daily), subsequently collapsed into a 4-level scale: (1) rarely/never, (2) yearly, (3) times/year or monthly and (4) weekly or daily. The frequency of face-to-face interactions between co-resident children and older parents is considered to occur at the 'daily' level.

To investigate determinants of the level of visits/telephone communication, four dummy variables were created to identify whether older people have at least one child visit/talk via telephone by frequency of each type of interaction. Proximity between older people and their children is measured by locations of the children, coded as (1) in the same household, (2) nearby, (3) in the same village, (4) in the same commune, (5) same district or (6) same province, and (7) in another province or (8) in another country. Some 16 dummy variables were formed to identify whether older people have at least one son/daughter living in each location as listed above. The main purpose of these variables is to assess how gender of

adult children influences intergenerational interactions in association with their geographic distance and level of interaction with older parents.

Identifying who older people usually speak to when they feel unhappy or sad provides information on older people's sources of emotional support. All information on children in VNAS 2011 was provided by the older people themselves. Variables on children's locations have been computed specifically to their age and gender to examine difference according to whether they live near a son or a daughter (biological children).

Consensual solidarity measurements are complicated because this involves several indicators with different scales. The indicators include opinions of respondents on household living arrangements, the levels of agreement within the family on financial management, household business, educating children and lifestyle. The other two indicators encompass respondents' perceptions of gender/sexual relationships and gender roles. The details of the measurements were provided in Chapter 3 and descriptive analysis results can be found in Table 7.10, Table 1.1.3, and Table 1.1.4

The chapter relies on descriptive statistics with different techniques including multiple response analysis. Multiple response analysis is mainly used in analyses of the interactions between children and their older parents. Information used in this analysis is derived from all living children, with different levels and types of interaction between the older person and each child. This technique supports capturing information from all children on specific levels of interaction with older parents, as provided by older people. The percentages presented in the results section refer to older people's responses for three variables developed using multiple response sets: face-to-face visits, telephone contact and children's location of residence relative to their parents. The two first variables are used as dependent variables in the analysis, while the third is used as an independent variable.

Concordance among generations (consensual solidarity) is analysed based on information from three different sub-datasets with simple descriptive methods using standard cross tabulations with frequencies. This cannot produce an in-depth analysis on consensual solidarity but builds a clear picture of the gap among generations in the context of Vietnam in social transition.

Finally, logistic regressions are used to predict intergenerational relationships in terms of affection, consensus and association between older people and their household

circumstances. Dependent variables in logistic regression analyses include whether older people have a child visit/talk via telephone at different levels. Independent variables encompass selected characteristics of older people and their households.

7.4 Results

7.4.1 Associational solidarity

There are three types of interaction between older parents and their non-co-resident children measured in the VNAS 2011 survey: visiting, talking via phone and exchanging emails. The difference across the three generations may indicate levels of intimacy. Frequent visits paid by children and older parents are understood as a sign of face-to-face caring, representing strong family ties. Alternatively, contact with children is also related to the health of older parents, as discussed in Buber and Engelhardt (2008), who argued that more contact is associated with less depression among older parents. Direct or face-to-face contact can be the best chance for children and parents to see, talk and even provide immediate help to each other. However, type and frequency of contact do not necessarily mean a high level of intimacy or a high-quality relationship. Also, children and parents do not solely choose a specific type of contact: they may pay direct visits or make a phone call depending on their convenience and specific situation, adding to the complexity of examining intergenerational interactions.

In this analysis, results on email exchanges are not presented because there were only a few cases of this type of interaction. This is because of several reasons. First, the majority of older people in this analysis are living in rural areas where internet access is limited. Second, email requires users to have specific knowledge on computers and the internet, which older people may not have, especially rural older people, who have less access to computers and the internet. Also, email requires a certain level of financial resources, sufficient to acquire these devices and services. Visiting and talking on the phone are the two main interactions between older people and their children examined in this chapter. The frequency of face-to-face interactions between older parents and their co-resident children is assumed as daily interaction.

Face-to-face visits

Frequencies of face-to-face visits by adult children are reported in Table 7.1, which describes the simple distribution of visits by non-co-resident children. More than half of the

non-co-resident children (54%) visit older parents weekly or daily. Almost all of the selected characteristics of older people are significantly correlated with the levels of visiting by non-co-resident children; for example, it appears that older people who are more advanced in age receive fewer visits from children. This finding is related to results in Chapter 4: older people in more advanced ages are more likely to live only with a spouse, alone or only with children than their counterparts, which may reduce the frequency of face-to-face interactions with children. Nevertheless, face-to-face interactions depend significantly on geographic proximity between generations (Table 7.2).

There is a wide range of explanations for why non-co-residence may result in a reduction of interaction frequency among generations; for example, when adult children get married, they may move out of their older parents' households or they may migrate and rent for education or job opportunities, implying fewer children living with older parents as they become older. As reported in the last column in Table 7.1, nearly half of co-resident children are living with older parents aged between 61–70 years old, while this is only 25% for those aged from 81 and older. Another significant variation can be found in the percentage of co-resident children and area of residence of older parents, their gender, marital status as well as other individual and household characteristics. Some noteworthy points include older people's marital status, gender, health condition and household wealth index. For example, the percentage of co-resident children living with an older mother is higher than with an older father, which may relate to the parents' marital status, as women have a higher life expectancy and are more likely to be widowed than male counterparts. Older people with poor health may need care or physical assistance from their children, which may explain their highest percentage of co-resident children. Alternatively, when older people have more children, the probability of having co-resident children increases.

Table 7.1 Children's Visits by Selected Characteristics of Older Parents

	Non-co-resident children (n = 19,132)				Co-resident children (n = 3,323)
	Rarely/ never	Yearly	Times/year or monthly	Weekly or daily	
Age					Age
61–70	37.5	40.1	38.6	37.8	45.6
71–80	32.6	32.4	33.7	36.3	29.5
> 80	29.9	27.6	27.7	25.9	24.9
Area of residence					Area of residence
Urban	23.6	19.2	20.7	22.6	34.0
Rural	76.4	80.8	79.3	77.4	66.0
Marital status					Marital status
Never married	0.3	0.1	0.1	0.1	0.2
No longer married	45.2	39.9	42.4	38.7	46.6
Currently married	54.4	60.0	57.5	61.2	63.2
Gender					Gender
Male	39.3	43.7	42.0	43.4	39.6
Female	60.7	56.3	58.0	56.6	60.4
Household Wealth Index					Household Wealth Index
Low	12.9	13.8	11.7	10.7	7.4
Medium	54.0	52.9	54.6	54.4	42.3
High	33.1	33.3	33.8	34.8	50.4
Number of children					Number of children
1–2 children	0.9	0.7	0.5	0.4	5.0
3–4 children	3.3	2.7	2.8	3.0	9.5
5–6 children	8.3	8.2	8.1	8.8	14.3
7+	87.5	88.4	88.7	87.8	71.1
Health status					Health status
Poor	75.1	69.9	72.0	69.7	67.7
Neutral	21.4	25.6	24.6	25.7	26.7
Good	3.4	4.5	3.4	4.6	5.6
Total	100.0	100.0	100.0	100.0	100.0

Data source: Information was collected from 2,482 older respondents in VNAS 2011.

Note: These percentages were calculated based on the responses of older people on total number of living children.

Several factors among both generations explain frequency of visits paid by non-co-resident children to older parents. Among these are the children's location of residence relative to parents or proximity between generations: when they live in closer geographic proximity to parents, such as 'nearby', in the 'same village' or the 'same commune', they have the opportunity to visit parents more frequently than those who live far away. As children live further away from parents, the percentage of those who visit their parents daily reduces.

Children who live in ‘other province’ or ‘other country’ particularly pay fewer visits to their parents (see Table 7.2). Frequency of face-to-face visits between co-resident children and older people, as mentioned earlier, is considered daily.

Table 7.2 Children's Location by Face-to-Face Interactions (n = 19,076)

	Rarely/never	Yearly	Times/year or monthly	Weekly or daily
Same household ⁺	-	-	-	100.0
Nearby	0.7	1.0	4.9	93.3
Same village ⁺⁺	0.6	1.7	15.3	82.4
Same commune ⁺⁺⁺	1.1	2.7	30.6	65.6
Same district	1.4	3.3	41.1	54.3
Same province	3.9	7.1	53.0	36.0
Other province	22.8	29.0	41.7	6.4
Other country	69.7	23.1	5.7	1.5

Source: Information was collected from 2,482 older respondents in VNAS 2011.

Note: These percentages were calculated based on the responses of older people on total number of living children.

(+) The frequency of face-to-face interactions of co-resident children is assumed to be ‘daily’.

(++) Village: sub-commune administrative unit (equal to group in urban areas).

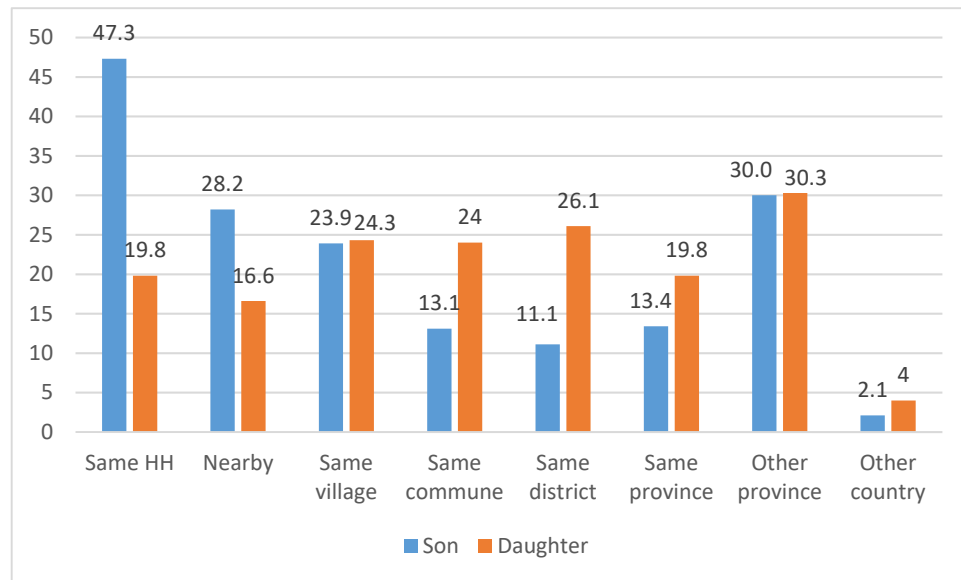
(+++) Commune (equal to ward or town in urban areas): grassroots administrative unit; local authorities.

Non-co-resident children’s characteristics, specifically age and gender, contribute to the variations of their face-to-face interaction frequency because of the two main reasons. First, in Vietnam’s patriarchal family system, sons are strongly preferred over daughters, and older people, traditionally, expect to live with a son rather than a daughter when they become older. Second, the age of children may decide whether they are dependent or independent; living with a dependent child is different from co-residing with an independent adult child in terms of support exchange. The child in this analysis should be an adult who older people can rely on for care and support. Thus, this analysis identified adult children as those aged above 24 years³¹ and biological children. Older people in this analysis live closer to their sons than daughters, with nearly half (47%) having at least one adult son living in the same household; this is only 20% in the case of daughters. Similarly, 28% of older people have at least one adult son living nearby, compared with 16.5% who

³¹ Vietnamese law defines people who are 18 years old as adults and there is no firm definition of dependent children in Vietnam based on age. The Vietnam General Statistics Office considers people aged below 15 years or 65 years old and above dependants. This analysis considers 24 as the cut-off point to be an independent child.

have at least one adult daughter living nearby (see Figure 7.1). How might this influence frequencies of face-to-face interactions between children and older parents? As the data strongly support examining interactions between non-co-resident children and their parents, co-resident children are excluded from the following analysis. Moreover, because of geographic distance, face-to-face interactions between non-co-resident children and their parents may be limited, and that makes it more meaningful and clear when examining the ties between them in terms of frequencies of interactions.

Figure 7.1 Older People and Adult Children’s Location by Gender of Children (n = 2,482)



Source: VNAS 2011.

Note: Percentages presented are of whether older people have at least one adult child living in each location.

A binary regression was conducted to identify determinants of the different frequencies of visits paid by non-co-resident children. The results indicate the substantial impact of children’s location on visit frequencies: the closer the children live to their parents, the more likely they are to visit their parents weekly or even daily. Gender of non-co-resident children also influences visit frequencies: for older people with at least one child living nearby, if this includes an adult son, they are 19 times more likely to receive weekly or daily visits; this reduces to 15 if they have a daughter living nearby. However, the greater the distance, the more likely it is that daughters pay weekly or daily visits to parents.

Conversely, adult children who live far from their parents are less likely to have face-to-face interactions with their parents; those who live in other provinces and countries,

regardless of their gender, are more likely to 'rarely or never' visit their parents.

Nevertheless, this result is not sufficient to conclude that they are not strictly tied to their parents; it may be that they live at a considerable distance from their parents and are not able to visit them frequently.

Similar to the case of intergenerational support provision, levels of interaction between older people and non-co-resident adult children are strongly influenced by number of children. Having more children increases the probability of weekly or daily visits from at least one adult child to their older parent. However, it also increases the chance that older parents have children that rarely or never pay a visit. Thus, the primary purpose of using this variable in the analysis is to address its correlation with other independent variables, to identify the most profound determinants in the analysis models. The fact is that this variable has specific connections with older people's marital status and their living arrangements because compared with married people, older people who never married or are no longer married are less likely to be visited by adult children (weekly or daily). Number of children, as shown in Chapters 4 and 5, is a major determinant of the possibility of co-residence among older parents. In this analysis, older people who do not co-reside with children are more likely to be visited by children than those who live in multigenerational households, which supports the argument that when older people live with children, they receive less support/interaction from other children. Health, living areas and household economic condition have no apparent influence on frequency of visits paid by non-co-resident children.

Table 7.3 Logistic Regression on Face-to-Face Interactions between Non-Co-Resident Children and Older Parents (n = 2,482)

Location of the adult child		Weekly or daily			Rarely or never		
		Odds ratio	95% CI		Odds ratio	95% CI	
Nearby	Son	19.2	10.3	35.8	0.81	0.62	1.06
	Daughter	15.0	7.52	29.9	0.85	0.62	1.17
Same village	Son	9.38	5.50	16.0	0.67	0.51	0.90
	Daughter	5.14	3.21	8.23	0.89	0.67	1.18
Same commune	Son	3.21	1.88	5.50	0.80	0.56	1.13
	Daughter	3.61	2.38	5.48	0.91	0.69	1.20
Same district	Son	1.56	0.98	2.48	0.72	0.50	1.05
	Daughter	2.09	1.48	2.96	0.88	0.68	1.15
Same province	Son	0.88	0.60	1.30	1.05	0.76	1.47
	Daughter	2.19	1.51	3.16	0.70	0.52	0.95
Other province	Son	0.62	0.46	0.85	2.20	1.73	2.81
	Daughter	0.61	0.44	0.83	2.73	2.15	3.47
Other country	Son	0.90	0.39	2.10	20.7	9.64	44.4
	Daughter	0.42	0.24	0.75	21.0	12.2	36.2
Age							
61–70		1.15	0.80	1.65	1.01	0.75	1.37
71–80		1.32	0.90	1.94	1.00	0.74	1.35
>80 (ref)		-	-	-	-	-	-
Gender							
Male		0.74	0.54	1.01	0.84	0.65	1.09
Female (Ref)		-	-	-	-	-	-
Living place of respondent							
Urban		1.04	0.75	1.46	0.97	0.71	1.32
Rural (ref)		-	-	-	-	-	-
Marital status							
Never married		0.32	0.04	2.43	4.23	0.80	22.4
No longer		0.51	0.36	0.71	1.33	1.02	1.75
Married (ref)		-	-	-	-	-	-
Health condition							
Poor		0.71	0.37	1.35	1.34	0.73	2.44
Moderate		0.68	0.35	1.32	1.17	0.63	2.20
Good (ref)		-	-	-	-	-	-
Household Wealth Index							
Low		0.67	0.39	1.15	1.90	1.25	2.89
Medium		0.80	0.58	1.12	1.61	1.21	2.14
High (ref)		-	-	-	-	-	-
Number of children							
1–2		0.14	0.07	0.25	0.27	0.13	0.59
3–4		0.45	0.29	0.70	0.51	0.31	0.82
5–6		1.05	0.72	1.54	0.59	0.41	0.85
7+ (ref)		-	-	-	-	-	-
Living arrangements							
Non-co-residing with child		1.49	1.04	2.12	1.33	1.01	1.74
Co-residing with child and/or others		0.89	0.62	1.25	0.96	0.70	1.32
Multigenerational households (ref)		-	-	-	-	-	-

Source: VNAS 2011.

Notes: Dependent variable: whether the older person has at least one child weekly or daily visits / rarely or never visits (0=No; 1=Yes); Bolded numbers indicate statistical significance at $p < 0.05$ level.

Telephone contact

In VNAS 2011, telephone communication is considered a method only used by non-co-resident children to interact with older parents. Thus, the main purpose of using the telephone is assumed to be an alternative method for communicating with parents when face-to-face interactions are impossible. Co-resident children's telephone communication with older parents is excluded from this analysis because there is no data support and it is not relevant to the definition of telephone communication in this analysis.

Telephone communication, however, has two sides. While phone calls may help those who live far away from their parents to keep in touch and maintain their relationship, it also creates dependence on technology and limits direct communication, which sometimes reduces cohesion among family members and possibly has negative impacts on older people's mental health and wellbeing if they feel left out. Even though there is no research on this topic yet in Vietnam, it should be taken into account, especially as mobile phones are becoming common.³² Moreover, the increasing trend of migration among the young generation in Vietnam over the last decade has also contributed to encouraging telephone communication between generations instead of direct visits because of geographic distance.

Results from this analysis show that frequency of telephone contact by non-co-resident children varies mainly with the location of residence. A large proportion of children rarely use the telephone because most live relatively close to their parents (nearby, in the same village, commune or district). Even in the same province, they may prefer other types of interaction rather than using the phone. Thus, the percentage of children who talk to their older parents on the phone is only around 24% for 'several times/year or monthly', 19% weekly or daily and more than half (54%) rarely or never make a telephone call to their older parents. The children who usually contact their parents by phone could include those who live far away and have fewer chances to pay face-to-face visits to older parents, such as those who live in another country. However, one of the factors that may influence the frequency of visits from non-co-resident children is older people's living arrangements, as

³² Data from World Bank website indicated about 130 mobile cellular subscriptions per 100 people in Vietnam in 2015 (122 million subscriptions for total population). Retrieved from <http://data.worldbank.org/indicator/IT.CEL.SETS?locations=VN> on 18 August 2017.

mentioned earlier: older people who co-reside with an adult child are less likely to be visited by other non-co-resident children than those who live on their own.

The other factor is area of residence for both older parents and adult children. Contact by telephone may be more frequent for people who live in urban areas for its convenience and living at a distance. Living nearby is not common in urban areas, which may limit face-to-face visits and encourage interaction by telephone. Nevertheless, variations in levels and types of intergenerational interactions between rural and urban areas do not necessarily mean the associational solidarity between generations in urban areas is tighter or looser.

Table 7.4 Non-Co-Resident Children's Telephone Contact by Selected Older Parents' Characteristics (n = 19,133)

	Rarely/never	Yearly	Several times/year or monthly	Weekly or daily
Age				
61–70	31.2	27.0	43.7	53.0
71–80	35.6	38.4	33.6	33.9
>80	33.2	34.6	22.6	13.2
Area of residence				
Urban	19.7	15.7	23.5	26.7
Rural	80.3	84.3	76.5	73.3
Marital status				
Never married	0.0	0.0	0.2	0.1
No longer married	47.2	44.9	35.6	26.3
Married	52.8	55.1	64.2	73.7
Gender				
Male	38.8	42.9	45.5	51.4
Female	61.2	57.1	55.5	48.6
Household Wealth Index				
Low	15.7	4.4	8.0	4.7
Medium	58.4	65.5	51.1	45.2
High	25.9	30.1	40.9	50.1
Number of children				
1-2	0.4	0.4	0.4	0.9
3-4	2.9	1.9	2.2	4.2
5-6	7.1	3.0	7.8	13.9
7+	89.7	94.8	89.5	80.9
Living arrangements				
Not co-residing with child	37.1	32.8	38.6	45.4
Co-residing with child and/or others	19.2	17.4	21.2	18.5
Live in MGHs	43.7	49.8	40.1	36.1
Health status				
Poor	74.1	69.9	69.0	64.2
Neutral	23.0	25.8	24.7	30.9
Good	2.9	4.3	6.3	5.0
Total	100.0	100.0	100.0	100.0

Source: Information collected from 2,482 older respondents in VNAS 2011.

Note: (1) These percentages were calculated based on older people's responses on the total number of non-co-resident children.

Results from Table 7.5 indicate the correlation between children’s location and their frequency of contact via telephone with older parents. Notably, examining rarely/never and several times/year or monthly telephone contact shows that children who live near older parents seem not to prefer to contact their parents via telephone, while those who live far away do. Around 11% of the non-co-resident children who live nearby talk to their parents via the phone every month or several times per year and the percentage increases in the case of those who live further away, up to 54% among those who live in other country (see the third column in Table 7.5). Nevertheless, telephone contact is a popular communication method in modern life. Thus, even nearby children use it as an alternative way to talk to their parents in the instances that direct visits are not required.

Table 7.5 Telephone Communication by Non-Co-Resident Children’s Location (n = 19,133)

	Rarely/never	Yearly	Several times/year or monthly	Weekly or daily
Nearby	79.5	2.8	10.6	7.0
Same village	77.5	2.5	12.4	7.5
Same commune	63.4	2.9	19.5	14.3
Same district	51.4	2.9	25.3	20.4
Same province	39.3	1.9	31.1	27.7
Other province	22.4	3.1	38.8	35.7
Other country	15.9	5.7	54.0	24.4

Source: VNAS 2011.

Note: These percentages were calculated based on older people’s responses on the total numbers of non-co-resident children.

Results from logistic regression confirmed the above finding on the relationship between location of non-co-resident children and their telephone communication with older parents. The closer children live to their parents, the less likely they are to talk on the phone with them, regardless of gender. However, when they live in the same or in another province, they are more likely to make phone calls to their parents weekly or daily. Those who live in another country are not likely to communicate with their parents in this extent, but may talk to their parents monthly or several times a year. Using the telephone to communicate with parents is strongly associated with living arrangements of older people as well. Those who do not co-reside with children are more likely to receive weekly or daily phone calls from their non-co-resident children than those who live in multigenerational households.

Age of older people is another factor that determines the frequency of telephone contact by children. Older people in their early old age tend to receive more phone calls from their non-co-resident children than their counterparts, which is associated with their health condition, particularly hearing ability; with age, this ability is more likely to be limited (a strongly significant correlation was found between hearing ability and age of older people in VNAS 2011). As indicated in Table 7.6, older people with poor health are less likely to receive phone calls from children than those who are in good health. People who live in less wealthy households are more likely to rarely or never receive a phone call from at least one child, because they are unable to afford a mobile phone or telephone services.

Table 7.6 Logistic Regression of Telephone Communication Between Non-Co-Resident Children and Older Parents (n = 2,482)

Location of the adult child		Weekly or Daily			Rarely or Never		
		Odds Ratio	95% CI		Odds Ratio	95% CI	
Nearby	Son	0.89	0.71	1.12	2.45	1.88	3.19
	Daughter	0.74	0.56	0.97	2.67	1.92	3.71
Same village	Son	0.61	0.48	0.78	2.45	1.84	3.27
	Daughter	0.76	0.60	0.97	1.65	1.25	2.18
Same commune	Son	1.01	0.75	1.35	1.33	0.95	1.85
	Daughter	0.98	0.78	1.23	1.42	1.10	1.85
Same district	Son	1.22	0.90	1.64	1.01	0.73	1.39
	Daughter	1.16	0.93	1.44	0.88	0.69	1.12
Same province	Son	1.80	1.37	2.37	0.66	0.49	0.88
	Daughter	1.49	1.17	1.89	1.11	0.85	1.45
Other province	Son	1.88	1.52	2.33	0.65	0.51	0.82
	Daughter	2.17	1.76	2.69	0.83	0.66	1.05
Other country	Son	1.40	0.74	2.65	1.10	0.57	2.14
	Daughter	1.55	0.98	2.46	0.66	0.41	1.07
Age							
61–70		2.77	2.11	3.62	0.49	0.37	0.65
71–80		2.02	1.54	2.66	0.57	0.42	0.77
> 80 (ref)							
Gender							
Male		1.10	0.89	1.35	0.73	0.58	0.92
Female (Ref)							
Living place of respondent							
Urban		0.83	0.65	1.05	1.05	0.81	1.35
Rural (ref)							
Marital status							
Never married		0.64	0.11	3.85	1.97	0.41	9.50
No longer married		0.60	0.48	0.76	1.54	1.20	1.97
Married (ref)							
Health condition							
Poor		0.65	0.42	1.00	2.04	1.28	3.25
Moderate		0.89	0.56	1.40	1.54	0.95	2.50
Good (ref)							
Household Wealth Index							
Low		0.19	0.13	0.29	3.52	2.28	5.44
Medium		0.53	0.43	0.67	1.98	1.56	2.51
High (ref)							
Number of children							
1–2		0.33	0.19	0.59	0.10	0.05	0.15
3–4		0.79	0.54	1.16	0.53	0.36	0.77
5–6		1.12	0.84	1.50	0.64	0.48	0.86
7+ (ref)							
Living arrangements							
Non-co-residing with child		2.07	1.63	2.63	1.11	0.86	1.44
Co-residing with child and/or others		1.23	0.95	1.58	0.89	0.68	1.16
Multigenerational households (ref)							

Source: VNAS 2011.

Notes: Dependent variable: whether the older person has at least one child weekly or daily / rarely or never talk to them via telephone (0=No; 1=Yes); Bolded numbers indicate statistical significance at $p < 0.05$ level.

To look deeper into the relationship between children's location and their interactions with older parents, a case study was conducted with two older people in different situations. These cases were drawn from the VNAS 2011 survey sample, chosen based on specific criteria including older people's age, health status, area of residence, marital status and living arrangement.

Case study 1 (ID 127)

The respondent in this case study is a female of 69 years, widowed, living on her own in a central district of Hanoi. She has a neutral health condition (with minor difficulties in mobility and disease symptoms), incomplete primary level of education, four married biological children (two sons and two daughters) and in total, eight children including sons/daughters in-law. She is not working and lives in a relatively wealthy household. She has financial support from her sons and daughters for her living.

There are variations in type and frequency of interactions between her and her children. Her two sons, who live nearby, regularly meet her face to face daily or several times a week. However, they rarely or never talk to her via telephone. On the contrary, the daughters, who live in other areas in the city, pay her weekly visits and call her monthly or weekly on the phone. It can be seen from this case that the location of children influences strongly the types of interactions with older parents. In this case, all the nearby living children seem to choose face-to-face interactions over the telephone, rarely calling via the phone. For the daughters, who live further away from their widowed mother, as a regular routine, they visit their parent weekly and sometimes talk to her on the phone. Close proximity does not only allow frequent face-to-face interactions between older parents and offspring but encourages exchange support, mainly domestic chores in this case.

Source: VNAS 2011.

Case study 2 (ID1138)

This male respondent is 61 years old and lives in a multigenerational household in a rural area of Vietnam. He is married with seven children including in-laws. He has a secondary degree, good health and is no longer working. However, he owns his house and has enough income to live on, possibly from his pension. He stays in a house in good condition, receives financial support from children, and also provides support for others, including relatives. He said he is the person who is mainly in charge of housework, but also receives support from his co-resident children.

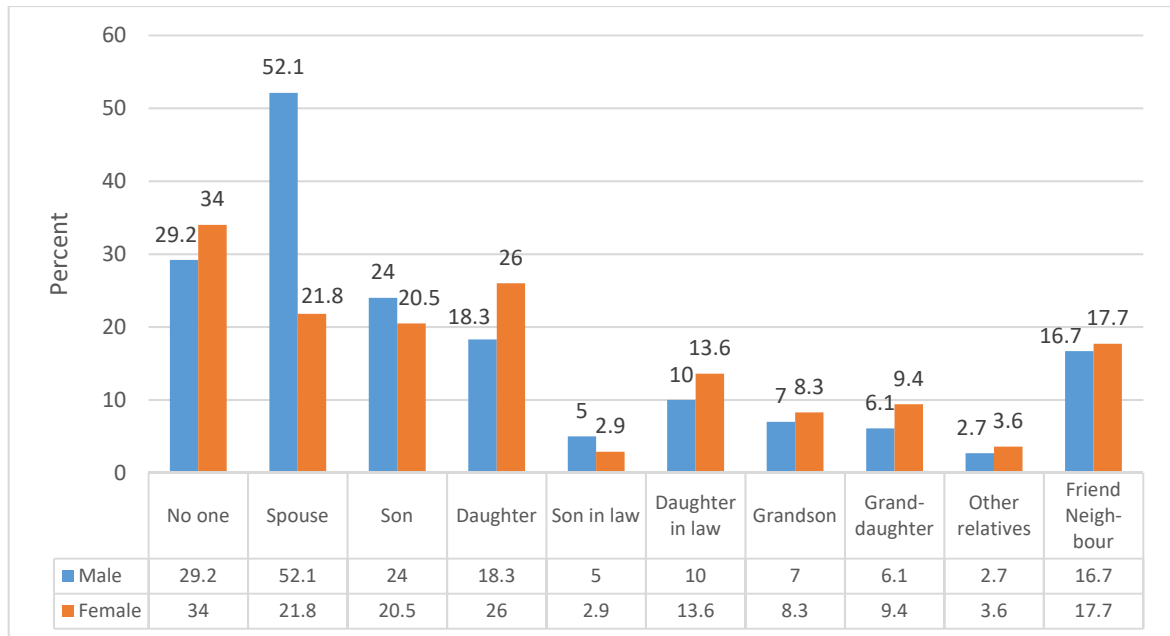
Two of his children are living abroad, and rarely return to Vietnam to visit him but they do talk to him via telephone every month. One of the daughters is living in another province; she also rarely visits him but talks weekly to him on the phone. His son and daughter in-law, currently living in the same district and province, come to see him weekly and call him on the phone monthly. This case is very typical in depicting the association between adult children's location and their type and frequency of interactions with their older parents.

Source: VNAS 2011.

These two case studies contribute to showing that close geographic proximity encourages face-to-face interactions between generations, and on the contrary, the telephone is used more as an alternative when living at great physical distance. The choice of interaction method and frequency also depends on the quality of parent–child relationships. Another minor factor that can affect intergenerational interactions is gender of the child: daughters may be more intimate and find it easier to share with parents than sons, therefore, their frequency of interactions may be higher. Another aspect that should be considered is altruism and filial obligations that adult children feel for their parents. When children have a strong feeling of altruism and/or filial obligation towards parents, they tend to be emotionally closer and willing to provide support to older parents.

Another indicator that can partly describe associational solidarity is whom older people can count on to console them when they are sad or unhappy. Feeling that they have no one to talk to when they feel sad or unhappy may have a negative influence on older people's mental health, especially when this continuously happens. Unfortunately, slightly more than one-third of the older people in this analysis cannot count on anyone to share with when they feel such emotions. This proportion was around 18% in 2006 (Le et al., 2011), suggesting a change in the social life of older people in which they have less communication with their family members because of the influence of modern life. Who are these people and why do they not have anyone that they can share with? Among those who do have someone that they can share with, 36% talk to their spouse, and around 23% talk to daughters or sons, followed by friends/neighbours, at 18%. These results reflect the importance of a spouse to an older adult in later life, especially female older people, as it can be seen from Figure 7.2 that only 22% of these talk to their spouse. This may result from a change in their marital status determined by age or life expectancy, as women tend to live longer than men, and therefore, have a higher risk of being a widow. As this chapter concentrates on relationships between generations, the next analysis focuses on three subgroups of older people, including those who have no one to share with, those who share with daughters and those who share with sons.

Figure 7.2 Who Older People Talk to When They Feel Unhappy or Sad (n = 2,482)



Source: VNAS 2011.

The main assumption in this analysis is that older people’s living arrangements strongly influence whom older people can share with when they feel unhappy or sad. For example, those who live on their own may be more likely to have no one to share with, because of the lack of direct interactions between them and family members.

The results of the logistic regression predict whom older people can share with when they are not in a good mood (see Table 7.7). Older people at a more advanced age, especially those never or no longer married, are more likely to have no one that they can talk to. Thus, the role of a spouse is extremely important as the results indicate that older people who are not living with a spouse tend to have no one to talk with when they are unhappy.

Living arrangements also strongly determine whether older people talk to a son or children in-law because those who live with a spouse and children or in multigenerational households are more likely to talk to sons or children in-law. This finding confirms the correlation between geographic proximity and interactions between generations.

Female older people are more likely to share with daughters or children in-law than their male counterparts. Several factors contribute to this. First, in this analysis, the percentage of older women who live in multigenerational households is higher than men, thus they have a higher possibility to talk or share with co-resident children than male counterparts. Second, it is often easier for women to talk with each other, especially daughters and mothers.

Table 7.7 Logistic Regression of Who Older Parents Share with When They Feel Unhappy or Sad (n = 2,482)

Variables	No one to share with (0 = No; 1 = Yes)			Share with sons (0 = No; 1 = Yes)			Share with daughters (0 = No; 1 = Yes)			Share with children in-laws (0 = No; 1 = Yes)		
	Odds Ratio	95% for OR		Odds Ratio	95% for OR		Odds Ratio	95% for OR		Odds Ratio	95% for OR	
Age												
61–70	0.73	0.57	0.94	1.22	0.91	1.64	1.1	0.8	1.4	1.37	0.95	1.96
71–80	0.71	0.55	0.91	1.38	1.02	1.86	1.0	0.8	1.4	1.47	1.03	2.11
> 80 (Ref)	-	-	-	-	-	-	-	-	-	-	-	-
Place of residence (1 = urban; 2 = rural)												
Male	1.15	0.91	1.45	0.79	0.61	1.03	1.1	0.9	1.4	0.53	0.38	0.74
Female (Ref)	-	-	-	-	-	-	-	-	-	-	-	-
Health condition												
Poor	1.00	0.64	1.56	1.02	0.63	1.65	1.0	0.6	1.6	0.92	0.51	1.66
Neutral	0.96	0.61	1.52	1.08	0.66	1.77	1.2	0.7	1.9	1.07	0.58	1.95
Good (Ref)	-	-	-	-	-	-	-	-	-	-	-	-
Household Wealth Index												
Low	1.91	1.34	2.72	0.65	0.42	1.00	0.7	0.4	1.0	0.47	0.28	0.82
Medium	1.30	1.03	1.64	0.84	0.65	1.08	0.9	0.7	1.1	0.73	0.54	0.99
High (Ref)	-	-	-	-	-	-	-	-	-	-	-	-
Income sufficiency	1.24	1.00	1.53	1.03	0.82	1.30	1.0	0.8	1.3	1.27	0.96	1.68
Number of children												
1–2	1.01	0.68	1.50	0.53	0.30	0.91	0.6	0.4	0.9	0.89	0.50	1.58
3–4	0.94	0.68	1.29	0.98	0.69	1.40	0.6	0.4	0.9	0.97	0.62	1.52
5–6	0.86	0.66	1.13	0.86	0.64	1.16	0.8	0.6	1.1	0.97	0.67	1.39
7+ (Ref)	-	-	-	-	-	-	-	-	-	-	-	-
Never married	4.85	1.11	21.3	-	-	-	0.6	0.1	5.5	-	-	-
No longer married	1.75	1.35	2.27	1.02	0.77	1.36	1.2	0.9	1.6	0.94	0.68	1.32
Married (Ref)	-	-	-	-	-	-	-	-	-	-	-	-
Living alone	0.97	0.66	1.43	0.84	0.48	1.47	0.8	0.5	1.3	1.31	0.69	2.51
Living only with spouse	0.65	0.44	0.94	1.27	0.82	1.97	0.9	0.6	1.3	1.18	0.67	2.07
Living only with children	0.99	0.97	1.01	0.99	0.96	1.01	1.0	1.0	1.0	1.00	0.98	1.03
Living with spouse and children	0.99	0.67	1.46	1.65	1.05	2.60	1.1	0.8	1.7	1.02	0.54	1.90
Living in MGHs	0.99	0.75	1.31	1.94	1.37	2.77	0.9	0.6	1.2	2.17	1.40	3.36

Source: VNAS 2011.

Notes: Bolded numbers indicate statistical significance at $p < 0.05$ level.

7.4.2 Affectual solidarity

Respect of younger generations towards their older parents contributes to demonstrating intergenerational affectual solidarity. It is assumed that when older adults receive more respect from younger family members, affectual solidarity in the family becomes stronger. In this analysis, the majority of older people (83.5%) are satisfied (or very satisfied) with the respect they receive from younger family members. However, respect varies with specific circumstances; it does not only depend on family culture, but also on the quality of relationships between generations, the conditions of older people (such as whether they are healthy, financially independent or in need of physical/financial supports). All of those factors can influence their relationships and, hence, level of respect. This section examines the factors that may influence affectual solidarity among generations. A logistic regression analysis was conducted to predict whether older people are satisfied with the respect they receive from younger generations (Table 7.8).

Results indicate that income, living arrangements and support exchange are significant factors that influence older people's satisfaction with younger generations' respect. Those who have sufficient income, live in multigenerational households and receive financial support from children are more likely to be satisfied with the respect they receive from the younger generation. The financial support they receive from children, in this case, does not necessarily mean that they are in need, but may refer to the way children care about their older parents and/or a payback for what the children have received from parents. Also, living in multigenerational households provides chances for older people and younger generations to directly interact and care for each other. In that way, it may be easier for them to feel the respect their children have for them compared with those who live alone.

More interestingly, older people who participate in making important decisions in their family are much more likely to be satisfied with the respect they receive. The other indicator added to this analysis is whether older people had experienced inappropriate behaviours from family member in the last 12 months. The results show that those who had experienced this at least once were less likely to be satisfied with the respect they received from younger generations than those who had not had that experience. The inappropriate behaviours included 'being spoken to harshly', 'not being talked to' and abusive behaviour such as 'being shaken/hit by other family members'. Generally, the most influential factors on older people's satisfaction in terms of receiving respect from younger generations are their income and whether they are involved in making

important decisions in their family. No significant impacts were found in regard to other characteristics, such as age, gender, education or resources.

Table 7.8 Logistic Regression of Older People’s Satisfaction with Respect from Younger Generations (n = 2,482)

Variables	Odds ratio	95% CI for OR	
Age			
61–70	1.29	0.89	1.87
71–80	1.05	0.74	1.49
>80 (Ref)			
Living area of respondent (0 = Rural; 1 = Urban)	0.83	0.60	1.16
Gender			
Male	0.81	0.59	1.10
Female (Ref)			
Marital status			
Never married	1.13	0.17	7.68
No longer married	0.92	0.65	1.29
Married (Ref)			
Education			
No schooling	0.91	0.57	1.43
Primary or below	1.01	0.71	1.43
Secondary or higher (Ref)			
Health self-assessment			
Poor	0.89	0.45	1.78
Medium	1.11	0.54	2.27
Good (Ref)			
Sufficient income (0 = No; 1 = Yes)	1.76	1.27	2.43
House ownership (0 = Others; 1 = Respondent)	1.10	0.77	1.58
Household Wealth Index			
Low	0.78	0.48	1.25
Medium	0.95	0.68	1.33
High (Ref)			
Living arrangements			
Alone	0.55	0.35	0.87
With spouse/children/others	1.11	0.83	1.50
In multigenerational households (Ref)			
Support exchange			
Receive financial support from children (0 = No; 1 = Yes)	1.44	1.06	1.94
Receive care assistance from children (0 = No; 1 = Yes)	1.09	0.71	1.68
Provide financial support to children (0 = No; 1 = Yes)	0.72	0.50	1.03
Experienced inappropriate behaviours from family members (0 = No; 1 = Yes) ⁺	0.16	0.12	0.22
Involved in making important decisions (0 = No; 1 = Yes)	2.60	1.95	3.46

Source: VNAS 2011.

Note: Dependent variable: older people satisfied with the younger generations’ respect (0 = not satisfied/neither satisfied nor dissatisfied; 1 = satisfied); (+) Inappropriate behaviors included being spoken harshly, not being talked to and being shaken/hit; Bolded numbers indicate statistical significance at $p < 0.05$ level

7.4.3 Consensual solidarity

Consensual solidarity, as stated above, is the concordance between generations on specific aspects, which may include belief, norms, values and attitudes towards a certain issue. In line with availability of data, some aspects only cover responses from two generations. In this analysis, those aged 61 and older are considered generation 1 (G1), those aged 25–60 generation 2 (G2) and those aged 15–24 generation 3 (G3). Selected characteristics of each generation are described in Table 1.1.2.

The first examined concordance concerns living arrangements and assesses whether adult children should live with their parents or not after marriage, with the assumption that their parents are healthy and financially independent. The results clearly indicate a gap between the three generations (Table 7.9). The largest gap is between G3 and G1, with smaller differences between G2 and the other groups. While teenagers tend to choose to live apart from their parents, older persons prefer their adult children to live with them. The traditional mindset of family living arrangements remains stronger among older adults compared with younger generations, as a relatively large proportion of older people (17.2%) believe that children should live with parents after marriage in line with the traditions and morals of Vietnamese families. This percentage is only 14% among G2 and 7% for G1.

One of the most important aspects related to family living arrangements is support exchange between family members, with the perception of support exchange varying across generations. While a majority of G1 (41%) and G2 (48%) believe that adult children should live with parents after marriage because of the mutual support that they may find in this type of living arrangement, G3 (42%) considers co-residence with parents as children providing support for parents. It would be interesting to explore the option ‘children support parents’ as the reason for co-residence, as the variation across generations may tell a story about self-perception of one’s role. G3 may believe that they choose to live with parents because they are able to (or responsible for) taking care of their parents. However, this may differ from the perspectives of G2, because just-married children who co-reside with parents may still be dependent to certain extent on their parents (usually for housing, finance or care for grandchildren). That could be the reason why only 25% of G2 agreed with the option that co-residence is for adult children’s support. For G1, they may be aware that they will need care/financial support from adult children as they get older, and actually, they do, because family is still the main institution taking care of older people in Vietnam. Therefore, there is an increase

in percentage of older people who believe that adult children should live with parents after marriage because they can support their parents (35%). There is no significant difference among the three generations on reasons for non-co-residence, except for between G2 and G3 in terms of ‘freedom and comfort for both parents and children’ (42% and 32%, respectively). This difference somewhat reflects the modern mindset of the young Vietnamese, who in some respects, attach greater importance to individual freedom than to traditional binding.

Who should live with parents? Table 7.9 confirms the existence of son preference in Vietnam, as it indicates the majority of both G1 and G2 believe that parents should live with sons over daughters. It is a traditional family living arrangement, based on the patriarchal family system that has existed for centuries in Vietnam and will continue in the future. However, it can also be seen that younger people are becoming more open, as a relatively large proportion of G2 (28% compared with 18% among G1) responded that parents should live with the child that they best get along with. Very few people choose to live with daughters as a preferred living arrangement in this case.

Table 7.9 Opinions on Household Living Arrangements Across Generations

	Age groups		
	G1 > 60 (n = 2,664)	G2 25–60 (n = 8,242)	G3 15–24 (n = 2,783)
Whether parents should co-reside with married adult children or live separately from children if they are healthy and financial independent			
- Co-residence	55.5	47.9	37.7
- Non-co-residence	42.6	49.9	60.1
- Hard to say	1.9	2.2	2.2
Why should they co-reside with children?	(n = 1,463)	(n = 3,945)	(n = 1,049)
- Tradition and morals of Vietnamese family	17.2	13.5	7.1
- Children support parents	34.7	25.2	41.9
- Parent support children	6.1	10.5	9.0
- Mutual support	40.7	48.4	39.4
- Mutual support	0.8	2.0	2.6
- Others	0.5	0.4	-
- No response			
Why should not they co-reside with children?	(n = 1,122)	(n = 4,115)	(n = 1,673)
- Financially independence between parents and children	25.5	29.9	22.8
- Freedom and comfort for both parents and children	39.4	32.4	42.1
- Both above options	33.9	36.6	34.5
- Others	1.2	0.9	0.4
- No response	0.1	0.1	0.1
Who should parent live with?	(n = 1,463)	(n = 3,945)	
- The eldest son	22.8	21.2	-
- The youngest son	29.7	20.4	-
- The eldest daughter	1.3	0.8	-
- The youngest daughter	3.1	2.6	-
- One among sons	14.4	12.8	-
- One among daughters	1.7	1.2	-
- The child they get along with	17.6	28.2	-
- The child who has the best living condition	1.7	1.5	-
- Depends on the situation	5.7	8.9	-
- Other	1.8	1.9	-
- NR	-	0.4	-

Source: VFS 2006

The second aspect examined is the variation in perceptions of gender roles across generations. Seven different components were analysed, including household business, housework, care for kids, care for elderly/unhealthy household members, household budget management, welcoming guests and communicating with local authorities on behalf of the household. Generally, gender differences strongly exist in the perceptions

of all generations regarding domestic division of labour based on masculinity and femininity. Women are considered the main persons to perform internal jobs such as housework, taking care of kids and household budget management, while men deal with external tasks, including welcoming guests, communicating with local authorities on behalf of the household and household business. There is no significant gap among generations in the three generations' perceptions of gender roles, except for in household budget management. Literature on domestic division between husband and wife in Vietnam has indicated a primary role of women in managing the household budget (Teerawichitchainan et al., 2008); this seems likely to continue, as this analysis indicates similar strong thinking across generations. Nevertheless, a gap is present between G3 and G1, G2. Even though the majority of G3 considers household budget management as women's duty, the proportion of those who believe both men and women should do this task is relatively higher than G1 and G2 (25% compared with 13% and 15%, respectively) (see Table 1.1.3).

The third aspect of consensual solidarity is the level of agreement across generations on relationships between children and parents, children, marriage and sexual life, presented in different statements (see Table 7.10). Gaps have been found among generations in some statements. For example, G3 seems to disagree with other generations on the first statement "children should always follow their parents' advice", which somewhat demonstrates the psychological characteristics of young people. Young people may like to express themselves instead of following the advice of their parents or grandparents, despite the fact that they are more mature and have more experience. However, the older generations' experience may not up-to-date and consistent with the new lifestyle, which can be easily picked up by young people. Differences in intergenerational lifestyles, if not reconciled, are likely to lead to tension in intergenerational relations. The other gap among generations in this analysis can be seen in their opinions on number of children and marriage. In terms of number of children, the oldest generation believes that couples should have many children, as they continue the traditional mindset that the more children a couple has, the happier they will be. However, raising a child today is expensive, in both resources and energy (Göransson, 2015), which may prevent or delay young couple from having more children.

In modern society, marriage is still perceived as important but may also be understood as more flexible by young people, as around 20% in this analysis disagreed with the statement that 'adult children must get married'. This leads to a relative gap among

generations, as only around 6% of G2 and G1 disagreed with this statement. Another aspect is premarital sex; previous research in Vietnam has found that attitudes to this are somewhat conservative (Do & Fu, 2010; Ghuman et al., 2006). Results from the current analysis do not only confirm this tendency, but point to variations among generations. Older people in G1 do not agree with premarital sex for both men and women in comparison to G2 and G3. The traditional perception of women's roles is also present here to a certain extent, as attitudes towards premarital sex are more permissive for men (see Table 7.10).

The last aspect is actual household concordance as assessed by two generations (G2 and G3), in terms of financial management, economic development, educating children and lifestyles. However, no significant differences were found among these two generations when assessing household concordance. Almost all found a high level of concordance among family members (from the level of 'to some extent' to 'total' concordance) (see Table 1.1.4). This somewhat reflects the adaptability and harmony among generations in Vietnam families, which are strong enough to ease differences in perceptions of specific values, norms and beliefs.

Table 7.10 Agreement among Generations on Relationships between Children and Parents, Children, Marriage and Sexual Life

Statements	G1	G2	G3
	> 60 (n = 2,664)	(25–60) (n = 8,242)	(15–24) (n = 2,783)
Agreements (1 = agree)			
1. Children should always follow their parents' advice	91.9	88.1	76.6
2. Parents sacrifice everything for their children	94.3	91.9	85.2
3. Couples should have many children	19.3	6.9	3.7
4. Couples do not need to have children	5.7	5.5	8.2
5. Adult children must get married	94.4	94.3	81.3
6. Children's marriage must be accepted by parents beforehand	83.2	77.1	75.1
7. Marriage must be registered to authorities	97.6	98.3	98.3
Acceptance of following statements (1 = accept)			
1. Single mothers	9.4	9.2	6.6
2. Homosexuality	1.2	1.7	2.2
3. Unmarried man can have sex	2.2	5.2	5.0
4. Unmarried woman can have sex	1.5	3.1	3.1
5. Man can have premarital sex with woman he is sure to get married to	15.5	23.4	24.6
6. Woman can have premarital sex with the man she is sure to get married to	13.9	20.7	22.1
7. If living away from the wife for a long time, husband can have sex with another woman	2.4	4.5	2.0
8. If living away from the husband for a long time, a wife can have sex with another man	0.8	1.6	0.8

Source: VFS 2006.

7.5 Summary and Discussion

Intergenerational social relationships were examined in this chapter from three different perspectives—association, affection and consensus among generations—with a concern for whether family ties or the kinship network in Vietnamese families are becoming looser under the rapid socio-economic and demographic changes over the last few decades. There are several underlying factors that can affect or even modify relationships between older people and younger generations, depending on the specific cultural–social context and situation of the family and its members.

One of the most important factors that governs the Vietnamese family's life in a variety of ways is the social context in which traditional culture is still deeply embedded,

influencing family relationships, behaviours and living arrangements. The most striking feature of traditional culture is the patrilineal and patrilocal kinship system in which sons are strongly preferred over daughters, especially in rural areas (Nguyen, 2014). Even though the perception of having a son has changed recently under the influence of government policy, it continues silently in society (Bélanger, 2002; Guilmoto, 2012; Haughton & Haughton, 1996; Haughton & Haughton, 1995; Priya et al., 2012; UNFPA, 2011c). Although while having a son or not does not determine intergenerational support exchange (as found in Chapter 6), in the current analysis, the existence of son preference is present in the examination of concordance across generations in desired living arrangements of parents. The results partly confirm that son preference still exists strongly across generations in Vietnam, even if not in an official pattern, because of a strong perception (or expectation) that sons carry family names, are primary caregivers for old parents and conduct ancestor worship. While son preference is somewhat consistent among generations, the idea of co-residence may raise another concern of generational ambivalence because young people prefer to live separately from their parents after marriage, while older generations prefer young couples to live with parents. Alternatively, the reasons for co-residence are perceived differently among generations. The question of what will happen if older people do not have any son arises, as it is felt that this has ‘consequence’ that can influence older people’s living arrangements in their later stage of life. The results of this analysis indicate that older people will be fine regardless, as a relatively large share indicated that parents should live with the child they best get along with and daughters may even be better in terms of care and support provision (Yi et al., 2016; Zeng et al., 2016).

Rapid urbanisation and migration in Vietnam have also influenced generational associational solidarity. In the past, family members used to live around each other or in multigenerational households in both rural and urban areas, migration for economic purpose was not popular, and geographic distance was not a concern for support exchanges. Modern society has brought higher geographic mobility, lengthening distance between family members, and therefore, influencing family relationships in both type and frequency of contact. Previous research from developed countries has indicated a significant association between proximity and wellbeing of older people, with especial benefits for older people who are no longer married (Van der Pers, Mulder, & Steverink, 2015), but no indication was found for a decline of intergenerational relations related to proximity and contact (Hank, 2007). However, there is almost no previous research that examines the association between geographic

proximity, associational and affectional solidarity and the wellbeing of older people in Vietnam. Hence, the current research investigated the association between geographic proximity and social contact between older parents and adult children, and showed that geographic distance is the main influencing factor that limits intergenerational face-to-face interactions but encourages telephone communication as an alternative.

On the contrary, when generations live nearby, they prefer face-to-face visits rather than using the telephone. The frequency of face-to-face interactions also varies depending on how far the adult children live away from their old parents. Further, gender of children, number of children, elder parents' marital status and their living arrangements were found to be significantly associated with level of face-to-face contact. Generally, sons who live nearby parents tend to visit them more than daughters; in contrast, when distance becomes longer, daughters are more likely to visit parents than sons. This finding is interestingly consistent to a previous study in Western country as sons were found less contact with particularly the mothers than daughters in response to distance, which led the author to consider the mother – daughter bond “the most active type of intergenerational relationship” (Lawton et al., 1994, p. 63). Nevertheless, elderly parents are more likely to co-reside with sons than daughters because of traditional culture and their expectations, which may lead to differences between sons and daughters in terms of face-to-face contact frequency. Those who have more children also have more chances to have at least one child visit them frequently. The current research also investigated the relationship between proximity and affectual solidarity but did not find any significant association between these factors. It would be interesting to revisit this in the next chapter in the examination of older people's subjective wellbeing.

As indicated in an earlier chapter, migration is increasing in Vietnam for many reasons, but most importantly, for economic-related reasons (GSO & UNFPA, 2016a). Migration contributes to changes in the family in many fields, with the most critical improvement in family economic condition. However, it also has many implications for family relationships, especially between adult children as the main migrants and their older parents. It raises a concern of whether geographic distance leads to negative impacts on social contact and emotional intimacy among generations. Addressing this is complex work, as it could be that more contact between generations would lead to stronger feelings of affection (Lawton et al., 1994); however, frequent contact does not always imply a strong tie between generations. Less direct contact does not necessarily mean generations have less affection for each other because it strongly depends on the

purpose of the contact. For example, for the same purpose, they may choose either a face-to-face visit or telephone contact. The question is which one would they choose if they are at a specific geographic distance.

In modern life, there are plenty of ways to make contact, thanks to advanced technologies, and telephone is a popular choice. In fact, the results in this analysis show that when children cannot make face-to-face visits because of geographic distance, they use the telephone more regularly to contact their parents, allowing them to maintain their relationship with elderly parents to a certain extent. The percentage of older people using email to contact their adult children is minimal in this research and excluded from analysis because, as mentioned earlier, Vietnamese older people may lack knowledge on or have limited access to computers and internet. This prevents older people from an alternative method of communication that may help to strengthen relationships with their family members who live at a great distance and widen their social networks, though they may be keen to learn new technologies as is the cases for Australian older people (Feist, Parker, & Hugo, 2012). Although it is entirely different between Vietnamese and Australian older people's circumstance, but it is worth considering in future research, especially in the context of the new era in advanced information technology and internet as well as high geographic mobility that is occurring rapidly in Vietnam.

Demographic changes in Vietnam, particularly in household types, have led to challenges for older people, particularly mental health. Household size has become smaller, and more elderly live alone or only with their spouse. This analysis assumes that if they have no one to talk to when they need to for a long time, they may develop loneliness or a feeling of isolation, which can be a symptom of mental health or emotional issues. Results from this analysis show that the percentage of older people, who do not have anyone to count on to console when they are upset, is increasing (over time),³³ which may be significantly associated with an increase in percentages of older people living alone, particularly among females, which has been shown to be the strongest predictor of loneliness (Routasalo et al., 2006). While the main person that male older people can count on is their wives, daughters are the main person that older women can talk to when they are not in a good mood. This may be not the person they choose to talk to but the only available and suitable option, because more than half of

³³ Compared with findings from Le et al. (2011) using data from VFS 2006 with the same measurements.

older women in this analysis are no longer married (including those who are divorced, separated or widowed), which implies that older women are more emotionally vulnerable than their male counterparts.

Results from analysis on affectual solidarity imply an underlying association between older people's independence and the respect they receive from their children. Older people who receive financial support from children are more likely to be satisfied with the respect from their younger family members. This may be because when children have strong feelings (obligation) of filial piety and altruism towards their parents (defined as a form of *moral capital* by Silverstein, Conroy, and Gans (2012)), they are more willing to provide support regardless of older parents' needs. Thus, older people are more likely to be satisfied with the respect their children show them. In contrast, the position of the elderly in the family and society emphasises experience and cultural tradition that gives particular emphasis to elderly reverence. Therefore, their participation in making important decisions in the family shows their important position, and also represents respect of younger generations. The results of the current study confirm this perception, because they show that older people involved in making important family decisions tend to be satisfied with the respect from their offspring.

Findings from the current analysis present a potential gap among generations in their perceptions but this does not necessarily mean intergenerational ambivalence exists within Vietnamese families but merely cohort differences. Under the impacts of rapid social changes, every single aspect of Vietnamese families is in transition. Younger generations have more frequent access to modern or Western values, and are more open-minded, less attached to traditional values. They highly appreciate personal freedom and equality which are often mentioned in modern society. Whereas, traditional values are more likely to be retained among older people, affect their perceptions, especially in gender roles, expectation of the children's roles (Trinh, 2018). Nevertheless, the core values of cultural traditions remain relatively strong among generations, as resistance to the impacts of modernisation and social change. These include filial piety, elderly reverence, expectations of living arrangements and the perception of son preference. The research suggests a continuation of the family's role as the main institution for elderly care and the durability of family ties in Vietnam, even though there are changes in social relationships among generations.

A number of weaknesses in the current analysis have been addressed. First, it is an egocentric analysis that focuses solely on older people—all information on other family

members were provided by the elderly themselves, which limits the objectivity of the information. Second, VFS 2005 used in this chapter is somewhat outdated because it was conducted more than ten years ago, significant given the pace of current social change and its influence on people's mindset. In addition, information on children is not covered fully in both datasets. Future research may consider the association between geographic proximity and affection as well as associational solidarity among generations, which strongly influence older people's wellbeing. Gender should be considered one of the most important predictors in these analyses because of the differences in demographic and socio-economic conditions between genders (higher life expectancy, higher risk of being widowed and living alone for older women). Another aspect that should also be taken into account is the ambivalence among generations, which is extremely important to understanding family relationships in the context of rapid social change in Vietnam.

Chapter 8 Older People's Life Satisfaction, Health and Social Relationships in Vietnam

This chapter examines older people's life satisfaction in relation to their health conditions and relationships with adult children. The first part of the chapter provides an overview of the research on life satisfaction and the research questions addressed in this chapter. Data and measurements are discussed in the next part, followed by the results section, which includes health determinants of global life satisfaction and life satisfaction domains and intergenerational social relationships in relation to older people's life satisfaction. The last part of this chapter summarises and discusses the research results in the context of contemporary Vietnam.

8.1 Introduction

Life satisfaction and quality of life are the core research areas in ageing studies, which, as stated in Kooshar et al. (2012), have been dominated by researchers in Western countries. The topic has recently received attention in developing countries as rapid population ageing is raising concerns and challenges for socio-economic development, human capital, care and pension systems and other age-related issues. Life satisfaction is a subjective measure of wellbeing that needs to be understood in the context of older people's lives, inclusive of physical and mental health, social participation, family relationships and living arrangements, as well as age and gender structure and social variations within cultural and economic environments (Chaonan, 2001).

Vietnam is experiencing extremely rapid population ageing, such that within 20 years (from 2017 to 2037), it will qualify as having an 'aged population'. By 2049, it is projected that 26% of the population will be 60 years or older (UNFPA, 2011b). Socio-economic and demographic change is underway in social and family structures, living conditions and arrangements, values and norms in family relationships and care systems. Vietnamese older people will soon face challenges from these societal as well as individual transitions (Nguyen et al., 2012). Further, social changes lead to variations in perception of intergenerational relationships among generations, including generational solidarity/ambivalence. Thus, it is crucial to study older people's life satisfaction as an important measurement of quality of life (Chaonan, 2001; Meggiolaro & Ongaro, 2015) to inform constructive policy development.

Some recent research has paid attention to older people as an increasing group in the overall population, to study their perception of quality of life. Researchers in developed

countries have found that the concepts of quality of life and life satisfaction go beyond health, with other indicators, including social relations (Bonsang & van Soest, 2011; Tomini et al., 2016) and actively participating in social and personal activities with no functional limitations, more important (Netuveli & Blane, 2008). In Vietnam, researchers have also found broader perceptions among older people, encompassing social relations, social participation, harmony within the family, community engagement, filial relationships and success of children (Nguyen et al., 2012). Generally, research on quality of life in Vietnam stresses health and economic conditions (Hoang et al., 2010; Le et al., 2010; Nilsson et al., 2012), and pays less attention to groups of older people and social aspects as they affect quality of life. Traditional culture (such as having a son, a grandson and living arrangements), social norms and values regarding older people's roles and their relationships with family and community remain strong in the country and contribute to determining older people's assessment of quality of life.

The concept of life satisfaction has been considered a close proxy for 'happiness' (Ng, 2015), or is even known as happiness (Veenhoven, 2012), suggesting an inconsistency in understandings of this concept among studies, given that there have been different definitions of life satisfaction in the literature (Prasoon & Chaturvedi, 2016). Extensions to different spheres of older people's life have been reported in investigating life satisfaction; for example, Kim and Sok (2012) and Lowenstein et al. (2007) investigated exchange support between older parents and children and found a positive correlation between support exchange and older people's life satisfaction. Living arrangements of older people in relation to their health was also found to significantly influence their life satisfaction (Shin & Sok, 2012).

This chapter considers life satisfaction of older people as the outcome of their intergenerational relationships as investigated in previous chapters, including living arrangements, support exchange and affection between generations. The fundamental questions in this study concern how Vietnamese older people assess their changing lives over time; specifically:

1. What are the determinants of older people's global life satisfaction in regard to their health condition, and how do they differ between rural and urban areas?
2. How does global life satisfaction intercorrelate with other life satisfaction domains?

3. How do older people's intergenerational social relationships, which include interaction, support exchange, solidarity and other cultural-social factors, shape their assessments of life satisfaction?

This chapter addresses these questions by conducting a series of analyses to examine either older people's global life satisfaction or their life satisfaction domains, including health and personal relationships.

8.2 Data, measurement and method

Data

Datasets used in this chapter include VNAS 2011 and the WSI 2007 survey. The VNAS 2011, to a certain extent, adapted multiple questions from the WSI 2007 survey to collect data on health conditions of older people, which is an advantage in terms of a comparative analysis on health and life satisfaction of older people between the different time points. The VNAS 2011 sample included 2,789 individuals, which will be used in investigating relationships between health condition and global life satisfaction of older people. In the later section, analysis will focus on life satisfaction and intergenerational relationships, including interactions and support exchanges between older people and their adult children; thus, older people who do not have children will be excluded from the sample.

The WSI 2007 survey (a short version of the WHO Study on Global AGEing and Adult Health, the WHO-SAGE questionnaire) consisted of eight developing countries (in 2007) including Bangladesh (n = 4,037), Ghana (n = 4,584), India (n = 5,430), Kenya (n = 2,072), Indonesia (n = 12,395), South Africa (n = 4,085), United Republic of Tanzania (n = 5,131) and Vietnam (n = 8,535). The age of the sample ranged from 50 to 80+. For the purposes of this chapter, data on Vietnam will be used for analyses and cover those aged 60 and older. Thus, the total sample comprises 5,303 individuals. The survey focused on health and wellbeing and was conducted in 2007 in Chi Linh, a northern district of Vietnam considered a rural area. Descriptions of the sample in these two surveys are presented in Table 8.1.

Table 8.1 Selected Characteristics of the Samples

Variables	WSI 2007 (Rural) (n = 5,303)		VNAS 2011 (n = 2,789)			
			Rural (n = 2,050)		Urban (n = 739)	
	N	%	N	%	N	%
Age						
60–69	2,253	42.5	877	42.8	312	42.2
70–79	2,082	39.3	601	29.3	218	29.5
80+	968	18.3	572	27.9	209	28.3
Gender						
Male	2,028	38.2	818	39.9	288	39.0
Female	3,275	61.8	1,232	60.1	451	61.0
Education						
No schooling	821	15.5	438	21.4	76	10.3
Primary or < 6 years	3,243	61.2	1,130	55.3	332	45.1
More than 6 years	1,239	23.4	476	23.3	328	44.6
Marital status						
In current partnership	3,116	58.8	1,184	57.8	428	57.9
Current single	2,187	41.2	866	42.2	311	42.1
Living arrangements						
Living alone	467	8.8	222	10.8	39	5.3
Living with others	4,836	91.2	1,828	89.2	700	94.7
Quintiles of SES						
1 st quintile (poorest)	932	17.6	529	25.8	28	3.8
2 nd quintile	1,025	19.3	506	24.7	52	7.0
3 rd quintile	1,039	20.6	472	23.0	86	11.6
4 th quintile	1,143	21.6	373	18.2	185	25.0
5 th quintile (least poor)	1,110	20.9	170	8.3	388	52.5
Household size						
1–2	1,476	27.8	761	37.1	163	22.1
3–4	1,250	23.6	545	26.6	232	31.4
5–6	1,902	35.9	563	27.5	240	32.5
7+	675	12.7	181	8.8	104	14.1

Source: VNAS 2011, WSI 2007.

Measurement

Dependent variables

Global life satisfaction was measured by a single question in both datasets, ‘Overall, how satisfied would you say about your life?’, and was recoded into a dichotomous variable from a response set of five levels, from ‘satisfied/very satisfied’ to ‘dissatisfied’.

Life satisfaction domains in the WSI data included:

- satisfaction with health

- satisfaction with themselves
- satisfaction with ability to perform their daily activities
- satisfaction with personal relationships
- satisfaction with the conditions of their living place.

These life satisfaction domains are measured using the same scale as the global life satisfaction and aim to test the argument that there are other important factors beyond health determining older people's assessment of life satisfaction.

Independent variables

The number of independent variables varies across different sections of these chapters. Specifically, selected characteristics are included in examining the relationship between health conditions and life satisfaction, including age (60–69; 70–79; 80+), gender (female, male), marital status (currently single; currently in partnership), household size (1–2; 3–4; 5–6; 7+) and living arrangement (alone; with others). These variables were measured via the same scale in both the WSI 2007 and VNAS 2011.

In the WSI 2007 database, health domains include affect and mobility, pain and discomfort, interpersonal activities, vision, sleep and energy, and cognition and self-care. Some of these domains can also be found in VNAS 2011. Health status scores have been calculated in WSI 2007 based on the above domains. The scores ranged from 0 to 100, with higher scores indicating better health condition. The Item Response Theory (IRT) parameter estimates were used to calculate health score, as in previous analysis by Hoang et al. (2010). However, the current chapter will not employ that variable in the analysis because it may oversimplify the relationship between health condition and older people's life satisfaction. Instead, analysis in this chapter considers health domains that contribute to identifying the exact health problems that influence older people's general life satisfaction. Measurements of each health domain's components may differ between WSI 2007 and VNAS 2011, and number of health domains also differs between the two datasets.

Other independent variables are drawn from the VNAS 2011, including area (rural; urban), having a son or not, support exchanges (financial and practical support), intergenerational interaction (face-to-face and/or telephone interactions; having someone to talk to when feeling sad), affectual solidarity (respect from younger generations), income sufficiency, pension receipt, social inclusion (participation in social activities/clubs/groups) and leisure activities, defined as reading

newspapers/magazines, watching television, listening to the radio, surfing the internet or listening to public speakers.

Method

Household socio-economic status (SES) was computed using Principal Component Analysis (PCA) on both WSI 2007 and VNAS 2011. There are existing differences in measurement of SES components between the two datasets; for example, household assets in VNAS 2011 contain more items than WSI 2007. An index was created, then divided in quintiles, with the first quintile including the poorest households and the fifth including the least-poor households.

Three separate models were created to answer question *what are the health-related determinants of older people's global life satisfaction?* In exploring the relationship between health and global life satisfaction, the major analytical method is logistic regression, to investigate the main determinants of global life satisfaction among older people. The first model is based on data from WSI 2007, collected from a rural district in North Vietnam. The second is based on data from VNAS 2011 for rural areas only, and used to compare with WSI 2007. The third model is for urban areas, using data from VNAS 2011.

Bivariate correlation analysis will be used to answer the second research question on *the inter-relationship between life satisfaction domains and global life satisfaction* to investigate which domains are interrelated and at what level they are related to each other.

To address the third question on *how intergenerational interaction, support exchanges and affectual solidarity influence older people's life satisfaction*, a two-step logistic regression will be used to examine determinants of global life satisfaction using VNAS 2011. The dependent variable is whether older people are satisfied with their life or not. Because of differences in socio-economic conditions between older people who live in rural and urban areas, comparative analysis between rural and urban areas is conducted in this section. Two models are developed: model (1) for rural areas and model (2) for urban areas. First, health-related variables are added to the models, together with variables representing older people's socio-economic background. In the second step, factors including intergenerational interaction, support exchange, affectual solidarity and other social factors are added, to see how they influence older people's assessment of their lives as a whole and the changes that may emerge among these determinants. Indicators of each factor include:

- participating in making important decisions
- having any son (a traditional value)
- social and entertaining activities
- being harshly spoken to/not talked to/shaken/hit over the previous 12 months
- affectual solidarity (respect from younger generations)
- receiving care from children (support exchange)
- receiving financial support from children (support exchange)
- providing financial support to children (support exchange)
- number of children to visit daily (interaction)
- number of children to visit weekly (interaction)
- number of children to call daily (interaction)
- number of children to call weekly (interaction).

As support exchanges and interactions between older people and children are important variables in this analysis, older people without children are excluded from the sample in this section. The sample encompasses 2,700 individuals who have at least one living child.

8.3 Results

8.3.1 Health determinants of global life satisfaction and life satisfaction domains

This section focuses on health status of the older people in relation to their global life satisfaction, and the interrelationships among life satisfaction domains, as noted above.

- Health determinants of global life satisfaction

Older people's health conditions in this analysis are summarised in Table 8.2 and Table 8.3. Table 8.2 presents information on older people in 2007, and shows a significant association ($p < 0.001$) between some health components and age, in that at a more advanced age, older people have more health difficulties, evident in data on self-care, mobility, sleeping, cognitive health and functioning and interpersonal activities. It is also present in older people's self-rated health condition, in that the percent of those in poor health increases with age. Female elderly have more difficulties in health than males for almost all health components (except vision), but especially in cognitive health (73% vs 57%), health complaints (89% vs 74%), functioning (93% vs 81%) and sleeping (85% vs 73%). The proportion of those rating their health as 'good' is also lower than for their male counterparts, potentially contributing to the lower proportion of elderly women reporting being satisfied with life relative to men.

Table 8.2 Older People's Health Condition in 2007 by Age and Sex, Rural Areas

	Age			Sex	
	60–69	70–79	80+	Male	Female
Difficulty with self-care	16.2	32.0	58.6	27.4	31.8
Difficulty with mobility	80.0	91.1	96.3	80.6	91.5
Health complaints	78.9	84.6	89.9	74.0	88.8
Difficulty with vision	71.9	69.9	76.8	76.9	68.9
Difficulty sleeping	77.1	81.2	84.6	72.6	84.7
Affect	50.3	50.3	49.1	45.1	53.2
Problems in cognitive health	57.5	70.8	81.1	56.8	73.3
Difficulty in functioning activities	81.1	91.4	97.2	80.7	92.7
Difficulty in interpersonal activities	35.2	47.7	65.5	39.7	49.3
Poor health	21.2	34.2	51.1	25.7	35.5
Moderate health	63.0	56.0	44.6	58.2	56.1
Good health	15.8	9.9	4.2	16.1	8.40
Global life satisfaction	51.2	46.1	39.6	52.9	43.5

Source: WSI 2007

A similar situation is reported among older people in 2011, in which older people face more health problems/difficulties as they age; older women had more health problems than males in every health component, but particularly mobility (80% vs. 63%), sleeping (81% vs. 70%) and in affect (63% vs. 47%). They were found to be less satisfied with life than older men on the whole. Older people living in rural areas also faced more health problems than those living in urban areas, possibly because of the lower living standard and quality of health care facilities and services in those areas.

Table 8.3 Older People's Health Condition in 2011 by Age, Sex, and Area

	Age			Sex		Area of Residence	
	60–69	70–79	80+	Male	Female	Urban	Rural
Difficulty with self-care	27.8	39.6	55.6	33.8	42.5	33.2	41.2
Difficulty with mobility	61.7	75.8	87.8	62.4	80.3	70.5	74.1
Health complaints	95.5	97.4	98.0	95.1	97.9	94.9	97.5
Diagnosed diseases	71.1	76.9	74.4	72.0	74.9	76.3	72.8
Difficulty with vision	93.7	95.5	94.1	92.9	95.2	92.3	95.1
Difficulty with sleeping	72.0	79.7	80.9	70.3	81.0	69.3	79.5
Affect	46.6	60.9	67.7	46.7	63.3	50.5	59.0
Problems in cognitive health	81.8	85.2	89.4	80.8	87.6	80.5	86.5
Poor health	63.8	72.3	74.4	62.7	73.5	58.9	73.0
Moderate health	29.7	24.2	22.3	30.8	22.8	34.4	23.0
Good health	6.50	3.50	3.30	6.40	3.60	6.80	4.00
Global life satisfaction	66.7	61.7	53.8	65.9	58.8	64.7	60.5

Source: VNAS 2011

Table 8.4 provides results from the logistic regression on the global life satisfaction of older people in 2007 (model (1)) and 2011 (model (2) for rural areas and model (3) for urban areas). The dependent variable is 'life satisfaction' (0 = unsatisfied; 1 = satisfied/very satisfied). The results indicate the significant influence of health status and household SES on older people's life satisfaction. The similarity found across models (1), (2) and (3) is that older people who live in lower SES households are less likely to feel satisfied with their life when other variables are controlled for. The most visible factor that strongly influences older people's assessment is their income status: those who have sufficient income to cover living expenses are at least two times more likely to be satisfied with life than those who have insufficient income across the two time points and in both rural and urban areas.

Findings on health are more interesting and varied across the three models. For older people in 2007, difficulties in almost all health domains strongly influence their assessment of life satisfaction, except for vision, mobility and functioning. If they have any difficulty in the health domains, they are less likely to feel satisfied with life on the whole. For older people in rural areas in 2011, self-care, sleeping and affect are the three main factors that affect their life satisfaction, such that if they are having difficulties in these health domains, they tend to be less satisfied with their life than those who have no problems in these health domains. Older people in model (3) are a little different because they tend to be less likely to be satisfied with life if they have difficulties in sleeping, affect and mobility.

Household size, age and marital status of older people are other significant factors in determining their assessment of life satisfaction. Older people in 2007 who lived in one–two-member households (the assumption is that they live on their own or with a spouse) were more likely to be satisfied with life than those who lived in households with more than seven members. For older people who lived in rural areas in 2011, marital status and gender were reported as other important factors (after income) in assessing older people's lives because those who were in a partnership were 1.5 times more likely to be satisfied or very satisfied with their life than those who were single, including those who had never married, or were divorced, separated or widowed. Older women were 1.3 times more likely to be satisfied with life than their male counterparts. Age was reported to have a cumulative impact on life satisfaction among urban older people in 2011; in particular, people aged 70–79-years old were more likely to be satisfied with life than those aged 80 or older.

Table 8.4 Health-Related Determinants of Older People's Life Satisfaction

Variables	Adjusted Odds Ratios (95% Confidence Interval)		
	WSI 2007 (Rural) Model 1	VNAS 2011 (Rural) Model 2	VNAS 2011 (Urban) Model 3
	Sex (1 = male; 2 = female)	1.00 (0.86–1.20)	1.32 (1.00–1.70)	0.98 (0.61–1.60)
Age			
60–69	1.00 (0.82–1.20)	0.89 (0.67–1.20)	1.20 (0.73–2.10)
70–79	1.00 (0.84–1.20)	1.00 (0.79–1.40)	1.90 (1.10–3.20)
80+ (Ref)			
Marital status (0 = single; 1 = in partnership)	1.00 (0.87–1.20)	1.50 (1.20–1.90)	1.10 (0.65–1.70)
Education			
No schooling	0.84 (0.64–1.10)	0.77 (0.53–1.10)	1.30 (0.63–2.80)
Primary or < 6 years	1.03 (0.86–1.20)	1.00 (0.75–1.40)	1.30 (0.82–2.10)
More than 6 years (Ref)			
Living arrangements (0 = with other; 1 = living alone)	0.78 (0.59–1.00)	1.10 (0.74–1.70)	1.50 (0.54–4.20)
Sufficient income (1 = Enough; 0 = Not enough)	2.50 (2.20–2.90)	2.10 (1.70–2.80)	2.10 (0.14–3.20)
Wealth Index Quintiles			
1 st quintile	0.39 (0.31–0.49)	0.42 (0.23–0.77)	0.39 (0.14–1.00)
2 nd quintile	0.54 (0.44–0.66)	0.51 (0.28–0.92)	0.34 (0.15–0.73)
3 rd quintile	0.62 (0.51–0.75)	0.80 (0.44–1.50)	0.53 (0.29–0.96)
4 th quintile	0.63 (0.52–0.76)	0.98 (0.53–1.80)	0.57 (0.35–0.91)
5 th quintile (Ref)			
Household size			
1–2	1.50 (1.10–1.90)	1.20 (0.80–1.80)	1.20 (0.57–2.30)
3–4	1.10 (0.88–1.30)	1.10 (0.72–1.60)	0.75 (0.41–1.40)
5–6	0.85 (0.70–1.00)	1.20 (0.79–1.70)	0.97 (0.52–1.80)
7+ (Ref)			
Difficulties with self-care	0.75 (0.64–0.88)	0.65 (0.51–0.81)	0.72 (0.47–1.10)
Difficulties with vision	0.87 (0.76–1.00)	1.30 (0.77–2.20)	1.10 (0.50–2.20)
Difficulties sleeping	0.77 (0.66–0.91)	0.64 (0.48–0.85)	0.47 (0.28–0.77)
Affect	0.40 (0.35–0.46)	0.28 (0.22–0.36)	0.15 (0.10–0.23)
Cognitive health problems	0.83 (0.72–0.96)	0.78 (0.56–1.10)	1.10 (0.62–1.80)
Difficulties in mobility	0.93 (0.80–1.10)	0.75 (0.57–1.00)	0.51 (0.29–0.88)
Pain/discomfort/health complaints	0.58 (0.48–0.69)	1.10 (0.48–2.60)	1.30 (0.43–4.10)
Difficulties in interpersonal activities	0.68 (0.59–0.78)	n/a	n/a
Diagnosed disease over 30 days	n/a	0.99 (0.78–1.30)	0.93 (0.56–1.50)
Difficulties in functioning	1.04 (0.85–1.30)	n/a	n/a

Sources: VNAS 2011 (n=2,789; rural = 2,050, urban = 739); WSI 2007 (n=5,303).

Note: Dependent variable: global life satisfaction (0;1-ref); Bolded numbers indicate statistical significance at $p < 0.05$ level

Generally, it can be seen from the results that at different time points, older people may have different criteria to determine their life satisfaction in relation to health conditions. Older people in 2011 seemed to stress social factors other than physical health in assessing their life. This leads to another question, regarding the social factors beyond

health status that contribute to shape older people’s ideas on life satisfaction, which is addressed in the next section.

- Life satisfaction domains

As mentioned earlier, five domains of life satisfaction are examined in this analysis, with bivariate correlations used to investigate the relationships among these domains and global life satisfaction, using data from WSI 2007. Table 8.5 provides results from correlation analysis among global life satisfaction and life satisfaction domains. The highest correlation is between ‘satisfied with health’ and ‘satisfied with yourself’ (0.60), followed by ‘satisfied with ability to perform daily’ and ‘satisfied with yourself’ (0.55). The weakest correlation is between ‘satisfied with conditions of living place’ and ‘satisfied with your health’. Global life satisfaction was highly correlated with ‘satisfied with conditions of living place’ (0.53), followed by ‘satisfied with yourself’ (0.52) and ‘satisfied with your health’ (0.48). These results suggest significant social determinants of older people’s life satisfaction other than health in Vietnam. The next part of this chapter examines intergenerational relationships of older people in relation to their life satisfaction; results are separated for urban/rural areas, because the different context in the two areas may lead to different life satisfaction outcomes.

Table 8.5 Life Satisfaction Domains and Global Life Satisfaction (n = 5,303)

	Satisfied with life as a whole these days	Life satisfaction domains				
		Satisfied with your health	Satisfied with yourself	Satisfied with ability to perform daily	Satisfied with personal relationships	Satisfied with conditions of living place
Satisfied with life as a whole these days	1					
Satisfied with your health	0.48**	1				
Satisfied with yourself	0.52**	0.57**	1			
Satisfied with ability to perform daily	0.46**	0.48**	0.55**	1		
Satisfied with personal relationships	0.47**	0.32**	0.42**	0.46**	1	
Satisfied with conditions of living place	0.53**	0.26**	0.31**	0.26**	0.40**	1

Source: WSI 2007.

(**) Correlation is significant at the 0.01 level (two-tailed).

8.3.2 Intergenerational relationships and life satisfaction

Results from logistic regression indicate that the models significantly fit with the data and explain 72% of the cases in step 1, increasing to 77% in step 2 when social factors were included.

Considering the first step in the analysis, which only counts health condition of older people and selected individual and household characteristics, rural females and those who are currently in partnerships are more likely to be satisfied with life than men and single people. Rural elderly in the first two quintiles of SES (the poorest) are less likely to be satisfied with life than those in the fifth quintile (the least poor). For urban areas, those who are 70–79 years old are more likely to positively assess their lives than those who are at a more advanced age. Household SES also significantly influences older people's life satisfaction. Personal income significantly determines older people's life satisfaction in both rural and urban areas when all other variables are controlled for.

Regarding health status, the results indicate that difficulties in sleeping negatively influence older people's assessment of their life in both rural and urban areas, and self-care as well for those who live in rural areas. Urban elderly who experience difficulties with mobility are also less likely to be satisfied with life than their counterparts. This finding indicates that older people with difficulties in self-care, sleeping and affect are less likely to feel satisfied with their life.

After adding other social variables to the models in step 2, there are few changes in the influence of health domains on older people's life satisfaction. 'Difficulties in self-care' is no longer a significant determinant of rural elderly life satisfaction, while nothing changes in the case of urban older people. For both rural and urban older people, affectual solidarity (respect from the younger generations in their family) plays an extremely important role in determining life satisfaction, as those who are satisfied with the younger generation's respect are more likely to feel satisfied with their lives on the whole (5.1 times in rural areas and 4.9 times in urban areas). This factor is followed by 'participating in making important decisions' and 'social and entertaining activities' among rural elderly and 'number of children to call daily' in urban areas. Urban elderly who have experienced inappropriate behaviours from family members are less likely to feel satisfied with their lives.

Intergenerational exchanges were not reported as significant determinants of life satisfaction of older people, except for care of rural elderly by children, which is closely related to older people's health condition, because older people who receive care from

children are less likely to feel satisfied with their lives than those who do not receive this kind of support.

The gender of older people is a significant determinant in rural areas, while wealth index and income are important predictors in both rural and urban areas.

Table 8.6 Global Life Satisfaction between Rural–Urban Area

Variables	Model 1 Rural (n = 1,990)		Model 2 Urban (n = 710)	
	Step1	Step 2	Step 1	Step 2
	OR (95% C.I)	OR (95% C.I)	OR (95% C.I)	OR (95% C.I)
Sex (1 = male; 2 = female)	1.32 (1.00–1.70)	1.30 (1.00–1.70)	0.97 (0.60–1.60)	0.85 (0.50–1.40)
Age				
60–69	0.86 (0.64–1.20)	0.56 (0.40–0.80)	1.20 (0.68–2.20)	0.77 (0.39–1.50)
70–79	1.03 (0.77–1.40)	0.73 (0.53–1.00)	1.80 (1.00–3.20)	1.20 (0.62–2.20)
80+ (Ref)				
Marital status (0 = single; 1 = in partnership)	1.50 (1.10–1.90)	1.30 (0.95–1.70)	1.03 (0.64–1.70)	0.88 (0.52–1.50)
Education				
No schooling	0.74 (0.51–1.10)	0.90 (0.60–1.40)	1.45 (0.68–3.10)	2.30 (0.96–5.50)
Primary or < 6 years	0.99 (0.74–1.30)	1.10 (0.78–1.50)	1.30 (0.80–2.10)	1.60 (0.91–2.80)
More than 6 years (Ref)				
Wealth index quintiles				
1 st quintile	0.43 (0.23–0.78)	0.49 (0.26–0.96)	0.37 (0.13–0.99)	0.42 (0.14–1.30)
2 nd quintile	0.51 (0.28–0.92)	0.55 (0.29–1.10)	0.36 (0.17–0.79)	0.42 (0.18–0.98)
3 rd quintile	0.80 (0.44–1.50)	0.80 (0.42–1.50)	0.53 (0.29–0.98)	0.60 (0.31–1.20)
4 th quintile	0.99 (0.53–1.80)	0.99 (0.50–1.90)	0.56 (0.34–0.90)	0.58 (0.34–0.99)
5 th quintile				
Income sufficiency (1 = not enough; 2 = enough)	2.10 (1.17–2.80)	2.20 (1.17–2.90)	2.20 (1.14–3.30)	2.20 (1.40–3.50)
Pension receipt (0 = No; 1 = Yes)	0.93 (0.73–1.20)	0.91 (0.70–1.20)	1.02 (0.65–1.60)	0.88 (0.54–1.50)
Household size				
1-2	1.18 (0.79–1.80)	0.92 (0.59–1.40)	1.20 (0.58–2.40)	1.02 (0.47–2.20)
3-4	1.10 (0.72–1.60)	0.90 (0.59–1.40)	0.77 (0.42–1.40)	0.73 (0.37–1.50)
5-6	1.16 (0.78–1.70)	1.02 (0.67–1.60)	0.97 (0.52–1.80)	1.10 (0.53–2.20)
7+ (Ref)				
Living arrangements (0 = with other; 1 = living alone)	1.12 (0.75–1.70)	1.11 (0.71–1.70)	1.80 (0.64–5.20)	2.40 (0.75–7.50)
Difficulties with self-care	0.65 (0.51–0.81)	0.81 (0.62–1.10)	0.69 (0.45–1.10)	0.80 (0.47–1.40)
Difficulties with vision	1.30 (0.78–2.20)	1.30 (0.75–2.30)	1.10 (0.51–2.30)	0.96 (0.43–2.20)
Difficulties sleeping	0.64 (0.48–0.86)	0.71 (0.52–0.96)	0.49 (0.29–0.80)	0.51 (0.30–0.89)
Affect	0.28 (0.22–0.36)	0.37 (0.29–0.47)	0.14 (0.09–0.21)	0.20 (0.12–0.32)
Cognitive health problems	0.80 (0.57–1.10)	0.87 (0.61–1.20)	1.10 (0.61–1.90)	1.30 (0.70–2.40)
Difficulties in mobility	0.76 (0.57–1.00)	0.78 (0.58–1.10)	0.48 (0.28–0.80)	0.53 (0.29–0.97)
Health complaints	1.10 (0.47–2.50)	0.98 (0.40–2.40)	1.40 (0.45–4.30)	1.20 (0.31–4.50)
Diagnosed disease over 30 days	0.98 (0.77–1.30)	0.88 (0.68–1.10)	0.99 (0.58–1.60)	1.01 (0.58–1.70)
Participate in making important decisions	–	1.43 (1.10–1.90)	–	1.50 (0.93–2.60)
Have sons	–	0.97 (0.63–1.50)	–	0.89 (0.44–1.80)
Social and entertaining activities	–	1.14 (1.10–1.30)	–	1.20 (0.96–1.40)

Harshly spoken to/not talked to/shaken/hit over past 12 months	–	1.10 (0.77–1.50)	–	0.47 (0.24–0.91)
Affectual solidarity	–	5.10 (3.80–6.80)	–	4.90 (2.80–8.40)
Receiving care from children	–	0.63 (0.43–0.93)	–	0.79 (0.37–1.70)
Receiving financial support from children	–	0.82 (0.63–1.10)	–	1.00 (0.58–1.70)
Providing financial support to children	–	0.87 (0.65–1.20)	–	1.10 (0.61–2.10)
Number of children to visit daily	–	1.00 (0.99–1.10)	–	0.98 (0.90–1.10)
Number of children to visit weekly	–	1.01 (0.96–1.10)	–	0.98 (0.89–1.10)
Number of children to call daily	–	1.00 (0.91–1.10)	–	1.30 (1.00–1.70)
Number of children to call weekly	–	1.02 (0.97–1.10)	–	1.04 (0.93–1.20)

Source: VNAS 2011.

Note: Dependent variable: Life satisfaction (0;1-ref); Bolded numbers indicate statistical significance at $p < 0.05$ level

8.4 Summary and Discussion

Findings in this chapter suggest the importance of health, economic status and living conditions as well as social relationships among generations in determining older people's assessment of their lives. Older people who have good health, sufficient income for daily living and reside in less-poor households are more likely to be satisfied with their lives. Findings are varied between the two time points and between rural and urban areas.

Older people in 2007 were generally more positive in assessing their health condition than those in 2011, which may be referred to the increasing risk of the double-disease burden (or “twin morbidity burden” as in UNFPA (2011a)) arising from the shift from infectious to non-infectious and chronic diseases. “This obviously presents a critical challenge for Viet Nam since noncontagious diseases often develop over a potentially prolonged period of time” (UNFPA, 2011a, p. 27). New diseases have been diagnosed and become more common, including cancer, stress and depression, as the result of changes in lifestyle and environment. On average, a Vietnamese older person has 2.7 diseases (Pham, 2007). Self-assessment of health condition may vary among older people, and across the two time points. Apart from other personal and household socio-economic characteristics, in 2007, older people with cognitive health problems were the least likely to be satisfied with life, followed by those who had difficulties in sleeping and self-care. Difficulties in self-care and sleeping led to negative assessments from rural older people, while difficulties in mobility and sleeping were factors for urban

older people in 2011. Nevertheless, it is other social factors, including age, sex, marital status and household size, household wealth index, and especially, income sufficiency, that had more significant influences than health domain on older people's assessments.

The inequality of living standards between rural and urban areas in Vietnam (Le & Booth, 2014) may lead to different health outcomes and affect older people's assessment on the whole. Older people who live in rural areas reported more health problems than those who live in urban areas, especial with sleeping and affect. In addition, a significant number of rural older people have insufficient income and/or are living in poor households, which makes them more vulnerable (than those who live in urban areas) once they have severe health conditions. Findings in this analysis confirm the positive influences of income and/or living conditions on older people's life satisfaction as the second important factor in both 2007 and 2011. However, the levels of income effect may vary between lower-income and higher-income groups (Ngoo et al., 2015); for example, the effect may be more significantly different between the lowest-income and the highest-income group than between the middle-income and highest-income group. Income can also be more important in reducing life dissatisfaction than influencing high life satisfaction (Boes & Winkelmann, 2009). Higher income or better living conditions determine available resources for older people; this is extremely important when they have health problems, as higher income increases the chance of receiving better healthcare services, and better living conditions may help to reduce the risk of experiencing health problems.

Beyond health conditions, living conditions, income and intergenerational relationships are vital. While health, income and living conditions may be described as 'necessary conditions', social-psychological factors, such as intergenerational solidarity, are 'sufficient conditions' in assessing older people's lives. These findings are partially consistent with previous studies (Nguyen, Le, & Truong, 2017), and precisely reflect the reality in Vietnamese older people's socio-psychological lives as regards cultural traditions, because they instil the thought that happiness in old age derives from the quality of relationships with their children and grandchildren, and seeing the next generations growing up successful. Findings from this chapter also provide evidence and emphasise the importance of intergenerational relationships, specifically the affectual solidarity between generations, on older people's life satisfaction, because those who are respected by younger generations and/or participate in making important decisions in the family are more likely to be satisfied with their lives. The norm of

'seniores priores' has been an important tradition in Vietnamese society from feudal to modern society, because it pays high respect to older people. In the past, the elderly held the highest position in the family, with all the power, because of the age-stratification system, especially for elderly men. That norm may be significantly driving older people's expectations of relationships with next generation, and once it is not met, their assessment of life is different, as stronger bonds between generations can increase older people's life satisfaction (Lin, Chang, & Huang, 2011).

Findings in this chapter also confirm the strong relationship between social inclusion and life satisfaction of older people, but only for those who live in rural areas. Those who engage in social and entertainment activities also tend to positively assess their lives. On the contrary, interactions between generations is significantly important to urban older people as the more contact they have with children, the more they feel satisfied with their lives. These findings depict the different impacts of place of residence on elderly assessment of life. In this research, older people in rural areas participated in social organisations and community activities more than those who lived in urban areas. On the other aspect, the busy life in urban areas may lead to less contact between adult children and older parents; thus, social contact between generations becomes more vital for older people in urban areas. Research has proved the crucial roles of social contact and activity participation in older people's wellbeing and quality of life, which contribute to significantly reduced loneliness and social isolation among older people (Blace, 2012; Bonsang & van Soest, 2011). The implications of these findings may include designing programmes to promote social activity participation among older people in urban areas.

There are limitations to the research in this chapter, including the availability of information on personal relationships in WSI 2007 and life satisfaction domains in VNAS 2011, which made it impossible to conduct a comparative analysis between the two time points on the effect of older people's intergenerational relationships on their life satisfaction. Further research could focus on the different aspects in intergenerational solidarity; specifically, consensual solidarity.

Chapter 9 Conclusion

Vietnam is a developing country with the fourteenth largest population in the world (2017) and has a diverse, multi-ethnic culture that has experienced major historical events and rapid social change. Each historical period has been associated with significant socio-economic and cultural developments, from Confucianism in the feudal period under the domination of the Chinese, to the massive changes including urbanisation under French colonialism, and then decades of war followed by an opening of the economy along with globalisation and modernisation combined with significant and unavoidable challenges of rapid population ageing, as described in Chapter 1. Vietnam is currently in a critical stage of ‘golden population’ (where the majority of the population is of working age) and has good opportunities for economic development; however, there is a risk of Vietnam becoming old before it is rich. Among the challenges ahead are ensuring adequate labour supply, ongoing economic development and adequate social welfare and health care policies.

This thesis focuses on the elderly in Vietnam and their intergenerational relationships, which are ordered by traditional cultural factors and modified by social change. This concluding chapter interprets the main findings of the thesis on the patterns of older people’s living arrangements and pressures and choices for change. It focuses on intergenerational mutual support provision between older people and their offspring, taking into account the generation’s resources and vulnerabilities. The relations are shown to be grounded in intergenerational consensus, association and affection in the context of family values, children and marriage. Ultimately, the criteria for good relations are satisfaction with life in connection with health, financial situation and social relationships, which are also discussed in this chapter.

Intergenerational relationships do not only involve fulfilling family functions (e.g., care provision for members), but also organising a household regarding support, interaction, behaviors and attitudes, all of which are guided by culture, social norms, values and roles. In Vietnam, the value and role systems are associated with Confucianism in a patrilineal and patrilocal family system. Under the traditional patriarchal system, older people, as the senior members of the family and community, are normatively respected (Le, 1993) and enjoy superior positions to their children following feudal norms and values. In the past, the elderly had the age-based authority to make all decisions in the family, including those related to their children’s marriage. These social patterns

continue in contemporary Vietnam, but are being transformed by significant social change. Relationships between generations are becoming more equal, as observed in Chapter 7. Adult children have gained their voices regarding marriage notably and their life generally. There has been an intertwining of modern and traditional values on family relationships. Older people, in this analysis, still gained high respect from younger generations, a virtue in Confucian philosophy. Nevertheless, their power in relationships with their offspring has been reduced as their adult children became more independent from them. That may explain why older parents have less control over their adult children's lives.

Social change, directly and indirectly, influences intergenerational relationships in Vietnam. First, there has been an improvement in economic conditions following 'Doi Moi', an economic reform policy implemented in 1986 that opened the country's economy to the world. GDP per capita increased significantly, from \$97 (1989) to \$2,214 (2016),³⁴ after the renovation. Improvement in economic conditions has brought individuals resources, and hence, they are more likely to be involved in an exchange relationship with other family members. Second, change in demographic dynamics (low fertility rate) and migration trends (rural–urban migration) have led to smaller family size, new household types and different patterns of living arrangements. Third, changes in norms and value systems under the influences of modernisation and globalisation, especially regarding filial piety, have undermined the intergenerational relationships in traditional society.

Assessment of intergenerational relationships involves examining the practice of filial piety. Though this concept initially refers only to the support provided to older parents, in the study of intergenerational relations, it must be expanded into a multi-dimensional concept with different forms and levels. Social change in Vietnam makes this more complex, as modified values on family and individualism emerging from younger generations exposed to foreign cultures have to be taken into account, while traditional perceptions remain among older people. That may be the reason for the relatively 'attenuated' relationship because differences in perception may lead to disagreement, ambivalence or even conflict between generations, as mentioned in Nguyen and Mai (2012). Nevertheless, it is difficult to say precisely whether intergenerational

³⁴ World Bank data website. Retrieved from <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?end=2016&locations=VN&start=1986>

relationships are changing or becoming weaker because change may happen regarding the form and level of the bonds, and is not necessarily an adverse change. An attenuated intergenerational relationship, in contrast, carries more pessimistic implications.

Chapters 4–8 of this thesis assessed intergenerational relationships in the context of the above social changes in Vietnam using the intergenerational solidarity approach (Bengtson & Roberts, 1991). These chapters covered different spheres in older people's lives, taking advantages of multiple datasets from surveys on Vietnamese family and older people, and is expected to be the most comprehensive assessment of intergenerational relations in Vietnam. The following section discusses the main findings from these chapters.

9.1 Main findings

The first three chapters of this thesis detailed the context of Vietnam, reviewed the research literature and provided information on the data and methods used in this thesis. Chapter 1 introduced the historical, cultural, socio-economic and demographic context of Vietnam in different periods of time (from 1945 to present) that influenced older people's lives and their intergenerational relationships. Older people in contemporary Vietnam have experienced almost all incidents in the history of the country, from the ending of the feudal regime, French colonialism, wars and massive social change following the reunification of the nation in 1975. Over the duration of a single lifetime, Vietnamese older people's lives have improved; they have better health (higher life expectancy), better education and better economic conditions. The relationships within their families have also been influenced by emergent norms and values in different social settings, and have become, as stated above, more egalitarian. This chapter provided general information on demographic dynamics and characteristics of the ageing population in Vietnam, including (1) a reduction in the number of dependent children (0–14 years old) and rapid increase in the older population (60 and above), (2) ageing in the oldest age group, (3) more females than males in the elderly population and (4) regional differences in percentages of older people because of migration.

Chapter 2 started by setting out an analytical framework for the thesis, partly adapted from Bengtson's approach to intergenerational solidarity. It, then, reviewed previous research on intergenerational relationships, beginning with a discussion on the definition of the concept, which initially developed in Western countries. The chapter pointed out that in Vietnam, there has not been much research on intergenerational relationships. Previous studies often referred only to a few components of

intergenerational relationships and lack of appropriate measurements of specific topics such as consensus or affection. More recent research on the Vietnamese elderly has emerged because of concerns regarding the ageing population, most of which has focused on health, living arrangements and support exchange and changes in household structure.

Chapter 3 described the four datasets used in this thesis, along with definitions of the primary independent and dependent variables. The chapter pointed out the strengths and weaknesses of each dataset in terms of answering the central research questions. For example, VNAS 2011 provides the most recent data on older people in Vietnam with a national representative sample; however, measurements of some indicators in this dataset were not sufficient, such as value and normative consensus. The analytical methods in each chapter were also discussed regarding their relevance to the purposes of each chapter.

9.1.1 A reduction in multigenerational households and increase in older people living by themselves

Chapters 4 and 5 of the thesis mainly focused on older people's living arrangements and understanding their living patterns. Chapter 5 explored how older people's living arrangements change over time and what factors lead to changes. The Vietnamese traditional living arrangement is characterised by co-residence between older people and a married child, particular the eldest son. Co-residence in an MGH is the most common model for care and support exchange, as it has an economic efficiency of scale in accommodation and domestic activities and proximity facilitates support between generations. From the findings in these chapters, living in MGHs among elderly population is still dominant, but has diminished recently. A changing trend in living arrangements was reported in which living alone and living only with a spouse among older people increased in accordance with changes in household structure, variations in vulnerabilities and resources, cultural preferences and structural context. This changing trend was predicted in research conducted by Pfau and Giang (2007), drawing on the Vietnam Living Standard Surveys 1992/93 and 1997/98 and the Vietnam Household Living Standard Survey in 2002 and 2004. The apparent consistency of trends over these two 10-year periods, albeit using different datasets, demonstrates the continuation of the changing dynamics of households and living arrangements for Vietnamese older people.

The decrease in MGHs closely relates to household structure, which has been becoming smaller with the stable low fertility rate in Vietnam over the past decades. The fertility rate fell from 6.4 births per woman in 1960 to 1.94 in 2015³⁵ (by region, it was 2.21 in rural areas and 1.86 in urban areas in 2016).³⁶ The typical Vietnamese household now contains on average two generations, including parents and their children, and the nuclear family is the most common type of household (Hirschman & Vu, 1996). The number of children was found in this research to be a substantial factor in determining the pattern of living arrangements among older people in the 1990s, but not in the 2010s. Instead, findings imply that higher education of older people and increasing incomes have contributed to changing traditional views on preferred living arrangements, leading to a decrease in the proportion of MGHs in 2011. Actively working in later life may ensure financial independence of older people, as well as contribute to their physical and mental health. Many keep working to maintain their health status, or so they feel ‘important to others and socially included in the workplace’, do ‘meaningful tasks’ and are ‘empowered in their working life’ (Nilsson, 2012). This finding suggests how changes in resources and vulnerabilities can affect living arrangements of older people.

Another contributing factor in the reduction of MGHs is rural to urban migration (Nguyen Thi Ngoc Ha, 2016). Non-agricultural job opportunities in urban areas encourage the middle generation in rural areas to migrate to cities, creating another type of household, the skipped-generation household, and contributes to the reduction of MGHs in rural areas. The pros and cons of rural to urban migration have been investigated in several previous studies (GSO & UNFPA, 2016a), which have found that migration to cities significantly contributes to the improvement of household economic conditions (Nguyen et al., 2008), and leads to better living conditions including better healthcare and education. However, migration can also lead to adverse outcomes, especially regarding family relationships, when husbands live away from wives and children away from parents. These issues have been discussed in the mass media in Vietnam, as there are many villages where almost all of the resident population are older people and dependent young children because of the adult migration to urban areas to find jobs (Nguyen, 2015, 14 April; Tran, 2015, 13 December). In these areas, grandparents play the role of primary care providers for grandchildren, which is not

³⁵ World Bank data website. Retrieved from <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=VN>

³⁶ Vietnam General Statistics Office, 2016.

only a burden for older people, but brings about disadvantages for the children's development because they lack care from their parents physically and emotionally (Le & Nguyen, 2011). Unfortunately, there are signs of an increase in this type of household in Vietnam, especially in rural areas (UNFPA, 2011b), raising concerns about social welfare for residents in these households.

A structural difference between urban and rural areas in the reduction of MGHs among older people was also found in this study. Housing constraints in urban areas contribute to the higher proportion of urban older people living in MGHs, regardless of their expectations compared with rural older people. Migration of adult children from rural to urban areas is another possible explanation for the higher proportion of older people living in MGHs in urban areas. Adult children move to the city to advance their careers, increase their financial status, and eventually, buy a home where they can raise their family along with their older parents in the city, all under one roof. Living together, in broad-based support exchange patterns as outlined in Chapter 6, does not only reflect the expectation of support provision from children to older parents but presents old parents' wish to assist their adult children while forming their own family. The support includes care for grandchildren and performing housework (see also Nguyen (2008)).

As shown in Chapter 5, there are increasing numbers of older people living alone and living only with a spouse in rural areas, especially females living alone. This is because of their higher life expectancy, which results in a higher likelihood of experiencing widowhood than men. There are also more never-married women than men, which also contributes to the higher prevalence of living alone among older women. It should be noted that some female elderly who have never married and are living alone were young volunteers during wartime. They devoted their youth to serve the country, and on returning from war, many were already in their middle age. By that time, it was perhaps too late for marriage, or they had to face other difficulties, including health problems and disability as consequences of war, financial constraints and many other hardships that may have prevented them from marrying (Lamb, 2003, 10 January).

The other reason for the increasing number of older people living only with a spouse is that both generations are relatively independent of each other regarding care and finances. It has been said that this is the result of improved economic position among older people and changing family patterns, with the tendency that adult children are increasingly independent of older parents (UNFPA, 2011b). This living pattern is also significantly associated with number of children, as having fewer children increases the

likelihood of living only with a spouse among older people. In addition, rural–urban migration has become more and more common among the younger generation, not just to find non-agricultural jobs, but to further their education or career.

The trends in living arrangements of Vietnamese older people are associated with changes in population structure (sex, age, life expectancy), family (family size), marriage and health. The reduction in the proportion of older adults living in MGHs and increase in numbers of those living with a spouse or alone will probably continue with cohort differences in perceptions, attitudes, and most importantly, resources. People in their thirties in the 1990s (born in the 1960s) are distinctive because they were exposed to the significant social changes during that time. It was the period when the Vietnamese economy began to recover and thrive, resulting in significant improvements in living conditions, education, infrastructure and healthcare. These people are now entering their sixties with more assets and higher education, and have more egalitarian attitudes and better health than those in previous cohorts, who lived in the hardship of the subsidy period and retained many traditional perceptions. Poor living conditions accompanied by health conditions increase the dependency of the elderly, which, coupled with the view that children are there to depend on in their old age, mean many decide to live with their children (or relatives) for care and support. However, those who are now aged 60 are more independent regarding financial and health condition and less likely to live with children, unless they have dependent children who need their support.

9.1.2 Older people’s capabilities and intergenerational mutual support provision

Chapter 6 made a significant contribution to studies on support provision across generations in Vietnam as it provided a unique research method approach using cluster analysis and investigated the mutual support relationship in both directions, upwards from adult children and downwards from older parents. The chapter addressed questions concerning the main pattern of intergenerational exchange among Vietnamese families, examining determinants and normative principles underlying them and identifying situations that reinforce or threaten these relationships. The chapter addressed these questions by testing three hypotheses using cluster analysis and multivariate logistic regression. (1) Older people with fewer financial resources are more likely to receive assistance from their adult children, varying by age and gender of older people. In contrast, those who have more financial resources tend to assist their children. (2) Health issues influence the type of support that they receive. Older people with difficulties in mobility or daily self-care activities are more likely to receive practical

support from their adult children than financial support. (3) Close proximity or living in MGHs encourages support exchanges between generations but limits the support provided by non-co-resident children. Findings from this chapter confirm the flow of financial support is mainly from adult children to their older parents. However, support from older parents to their adult children is also remarkable, especially in providing accommodation, because the majority of adult children living with their parents do so in the home owned by their parents. In addition, older parents support them by doing housework and caring for grandchildren.

Support exchanges or 'traditional contracts' between generations are varied along the life course. The term 'contract' was sociologically defined as 'unwritten informal expectations and obligations that create solidarity or conflict, and the negotiation of these' between generations (Bengtson, 1993, p. 3). In Vietnam, older people, in their younger ages, provided instrumental and emotional support to their dependent children and this may continue until all of their children are married and financially independent. The type, amount and patterns of exchange are different at each stage of life. For example, when children are young and dependent, parents provide everything for their development, including food, education, healthcare and accommodation. When the children grow up and marry, this support is usually reduced. In many cases, married children still receive help from their parents, including financial aid, accommodation, and more commonly, with household chores and childcare, even when parents are at more advanced ages. In return, at some point, older parents may receive financial support and care from their adult children on a needs basis.

Support patterns heavily depend on available resources and vulnerabilities of both generations in the exchange relationship, with the assumption that older people who are more vulnerable will receive more support from their children. Nevertheless, from this research, it depends on the types of support and the kind of vulnerabilities that older people face. In fact, older people who are the most capable generally receive more financial support than less capable older people because, as discussed in Chapter 2, people with more resources are more likely to be involved in support exchange. Conversely, less capable older people receive more care than their counterparts because of their poor health, especially those who have problems with mobility and self-care activities.

One of the most critical factors in intergenerational relationships concerns living arrangements, including older people's home ownership, which is central to the capacity

to pay for better living conditions. After a lifetime of working, it is usually the case that older people may own certain assets at their advanced age, which may include a house. Adult children, regardless of their marital status, are receiving accommodation support by co-residing with older parents. Nevertheless, this support is not always apparent to both generations, especially in the cultural and social context of Vietnam. Nonetheless, the home, in this case, may be considered a resource that older people bring into the exchange with their son for care provision when they get older. In fact, the advantage of older people's home ownership is not often clearly recognised in the exchange relationship, but it is implicit in the form of an advance inheritance. If the adult child takes the responsibility of the primary caregiver to older parents, he/she may inherit the home as a reward. Living in an MGH, as discussed above, has its own advantages regarding support exchange between generations, especially in direct support.

A positive correlation was found between support exchange and older people's family structure, particularly between number of children and older people's support receipt. Older people with more children have more chances to receive financial support from both co-resident and non-co-resident children and housework support. This finding confirms previous research on the association between family size and material transfers to elderly parents (Knodel et al., 2000) and raises a question regarding the association between gender of children and support to older parents. Having a son used to be considered a source of care support for older people (UNFPA, 2011c), but in this thesis, it was not found to contribute to predicting the support exchange between generations, which suggests a change in traditional perceptions of son preference. It raises the question as to whether sons or daughters are more important to older people regarding care overall and different kinds of care. Knodel et al. (2000) found that sons are more likely to provide financial support than daughters, particularly among those who live in the north of Vietnam. Findings from this thesis, however, have emphasised the more critical role of daughters as caregivers for older parents who have health problems and require personal care and household support. Previous research in Western countries has also found that number of daughters is more important than number of sons for caregiving to older parents (Dwyer & Coward, 1991; Pushkar et al., 2013). This finding has also been confirmed in research in other Asian countries, including China (Lei, 2013; Yi et al., 2016; Zeng et al., 2016)

Another aspect that should be taken into account is the remarkable contribution of daughters-in-law in caring for parents-in-law who have difficulties in health and

mobility. This research found that they are no less important than biological children as caregivers to older parents-in-law, playing the second-most important role, after daughters, in assisting their parents-in-law who require support in daily self-care activities. Nevertheless, they may bear more of the burden of mental, emotional or physical health issues than other children although their contribution may be less than biological daughters as caregivers to older parents-in-law (Jin-Sun Kim, 2001; Mizuno & Takashaki, 2005). Several factors may be associated with daughters-in-law caregiving and health burden. This role may come from social expectations guided by social norms and values, or the stress from being a caregiver for frail older parents-in-law. Unfortunately, there is a lack of research focusing specifically on this support relationship in Vietnam, which also contains potential ambivalence or even conflicts in many aspects.

Older people with children have more choices when they need help. What will happen to those who are childless or ageing without children? As Vietnamese society is still embedded with traditional son preference, sons (with their wives) are expected to be the caregivers to older parents in their later life. In addition, family is the primary institution to provide care for older members. Who will take care of older parents if they do not have a son, or any child? Who can they count on for help, especially if they are unhealthy? This is also a serious concern in Western countries such as the US, the UK and Canada, as they will have a significant population of childless older people shortly.

What about the case of the Vietnamese childless older people? They are more vulnerable than other older people regarding care because, apart from family, there are few institutions such as nursing homes in Vietnam that can provide alternative care. Home-based care services for older people is not yet common in Vietnam; even if they were, older people would not have sufficient income to afford that service. Older people who have no children in this research include those living with a spouse, alone or with other relatives including siblings and parents. These older people, depending on their age, whether they have caregivers and their economic condition, will receive a monthly allowance from the government's social protection program (see following box). This support supplements their income because it is not sufficient to live on. Nevertheless, it may be a significant help for those who live in extremely poor conditions. Except for the monthly allowance, they may also benefit from free health insurance and are exempt from some social contributions such as Disaster Prevention Fund, National Defense

Fund and Social Charity Fund. They have priority in using public services and discounts on sight-seeing entrance fees and public transportation fees.

The real concern is for frail older people who do not have any children and have no pension. Who will be the caregivers to these vulnerable people if they do not want to/are not eligible to live in a public nursing home, while family remains as the primary institution for taking care of older people? Can they count on their kin or community to care for them when they are unwell or in their later stage of life? Unfortunately, none of the datasets in this thesis contained information on older people living in nursing homes. There is also a lack of statistics on numbers of nursing homes and residents in Vietnam.

Social protection programme for older people

According to statistics from the Vietnamese government, there are about 200,000 solitary older people (Ministry of Justice, 2013³⁷) in the population who do not have anyone to depend on in their old age. Vietnamese law has specific regulations on supporting this population. According to the Law on Elderly, older people who do not have any caregivers, have a spouse but no children who is not able to care for them and live in poor households are the beneficiaries of social protection policies. These older people, depending on the situation, receive a specific amount of monetary support from the government's social protection programme. There are three groups of beneficiaries according to Decree No. 136/2013/ND-CP:

- a) Older people who live in poor households, have no obligated caregivers or have a caregiver but this person is also receiving monthly social support from the government. Those aged 60–80 years are eligible for 405,000 VND/month allowance (~ US\$18/month). Those aged 80 and older are eligible for 540,000 VND/month allowance (~US \$24/month).
- b) Persons aged 80 or above, not defined in point a) of this clause, having no pension, monthly social insurance allowance or monthly social allowance are eligible for 270,000 VND/month allowance (~ US\$12/month).
- c) Older people who live in poor households, have no obligated caregivers, are unable to live in the community, eligible to attend social protection centres and social housing but have volunteering caregivers in the community are eligible for 810,000 VND/month allowance (~ US\$36/month).

There are different facilities including nursing homes (public and private) and social protection centres that provide care for older people. Social protection centres are for beneficiaries including children and older people who are solitary, homeless, disabled or

³⁷ Ministry of Justice. (2013). The Elderly, Single Older People, and Legal Assistance for this Population in Vietnam. Archived at <http://moj.gov.vn/qt/tintuc/Pages/nghien-cuu-trao-doi.aspx?ItemID=1602>

poor. These individuals must meet specific requirements to attend these centres, as they are funded by the government under the social protection programme. Nursing homes are specified for older people, a few of which are free or donation-based centre. Although many private nursing homes with modern facilities have recently opened, the number of older people using their services is low, leading to many centres being closed down. The reasons given by mass media are primarily related to the perception that elderly care provision should be the family's responsibility. Thus, adult children lose face if they send their parents to nursing homes and older people may feel the same if they have to stay in a nursing home (Le, 2012, 28 February).

At the community level, Vietnam has recently implemented and replicated a model of intergenerational self-help club (ISHC) endorsed by the government in Decision 1533/2016. This policy responds to ageing population process by promoting care for and roles of older people in communities.³⁸ By 2012, there were 600 ISHCs in 13 provinces in all areas, including coastal, urban, rural and mountainous areas. According to HelpAge, this is an innovative model focusing on promoting equitable and inclusive development, self-management and self-help, and is multifunctional, financially sustainable and affordable to the government. Each club contains 50–70 members, including young and older people.

In the context of social change and potential transformation in elderly care models, this club is a significant initiative for older people, especially the vulnerable because of their poor health or financial hardship. The club alters both instrumental and mental resources, which may help them overcome difficulties to a certain extent. Apart from resource support, these clubs offer activities to enhance mental and physical health of older people and promote social inclusion via social community activities. In particular, there are at least five volunteers in each club active as home care providers for club members, who may provide conversation and perform cooking, laundry and household chores, particularly for those who have no children as caregivers. It has proved to be a successful intergenerational-approach model for comprehensively assisting older people and the community, particularly economic and health improvement. At the community level, this club is a useful model in supporting economic improvement and caring for the elderly; it also contributes to increasing community cohesion via community

³⁸ Decision No. 1533 QD/TTg 2016, accessed at <http://ageingasia.org/wp-content/uploads/2016/09/Decision1533.pdf>

activities. If this model is sustainably maintained, it represents a first step in adopting an intergenerational approach to limit the adverse effects of the ageing population in Vietnam.

Support exchanges significantly influence life satisfaction among older people because they involve expectations of support provided by adult children. Theoretically, when older people have provided support to children in the past, they can expect to receive comparable support from their children when they are old (intergenerational reciprocity). They may expect different types of support from different children based on previous exchange experiences. For example, they may expect care when ill from children to whom they have provided emotional support in the past (Lin & Wu, 2014). When expectations are not met, this may reduce the level of life satisfaction.

9.1.3 'Changing' rather than 'Attenuated' intergenerational social relationships

Chapter 7 examined relationships between generations to assess how they interact with each other, the level of intergenerational concordance, how social bonds influence each other and the relationship between social bonds and other family perspectives including living arrangements and support exchange.

The influences of social change on family relationships are also reported in patterns of interaction among generations. Contact via email or telephone has become more popular with the development of communication technologies; these do not require family members to live near each other to maintain regular contact. Conversely, it influences family relationships such that people do not make regular face-to-face visits as before, as they can quickly make contact by phone or a video call, which in turn, may have a negative influence on the quality of relationships because of lack of direct contact.

Types and levels of interaction depend on the geographic distance between generations in this research; the further they live away from each other, the less likely they pay face-to-face visits and the more likely they are to use the telephone. Nevertheless, telephone contact has been proved to have negative influences on the closeness, connection and quality of communication among parties in developed countries (Mieczakowski, Goldhaber, & Clarkson, 2011; Przybylski & Weinstein, 2012). In Vietnam, although the negative impacts of mobile phones have been proclaimed by media channels, including spending less time on family relationships, there has been no research on the influence of telephone contact on relationships between older people and their children.

Family structure influences intergenerational interaction because older people with more children have more opportunities for interaction. Indeed, older people who have

more children, first, have a higher chance of living with children; in this case, interactions with their offspring will be more frequent than for those who do not live with children. Second, having more children also increases the chance they are visited/called by non-co-resident children. Further, similar to the case of intergenerational exchange, gender of the children is also an essential factor in old parent–children interactions.

Findings from psychological and sociological research on adult children–parent relationships have demonstrated the closeness between daughters and parents is greater than in son–parent relationships. The stronger emotional ties between daughters and parents lead to higher frequency of contact and support between daughters and parents than between sons and parents (Lye, 1996). Studies from China found that daughters play an important role as caregivers for older parents, building on long-term emotional bonds, and that they bring relatively more benefits for older parents than sons in terms of care (Lei, 2013; Yi et al., 2016; Zeng et al., 2016). Nevertheless, emotional tension is also more likely to appear in daughter–parent than son–parent relationships because they have more frequent contact, and thus, there is more opportunities for tension to occur (Birditt et al., 2009).

Daughters in this research, consistent with the literature, tend to pay more visits or make more phone calls to their older parents, especially when they live far from older parents. They also provide more support to older parents, as in the analysis in Chapter 6. Sometimes, this may only be a symbolic contribution that represents daughters’ concern for older parents. Perhaps, it is not only the emotional ties between daughters and parents but also the social expectations of the role of a woman as a caregiver that result in daughters’ support to older parents. Generally, it is not just the number of children but the gender of children that influence the relationship between generations in both intergenerational associational solidarity and support exchange relationships.

Regarding affectual solidarity, from a traditional perspective, the elderly occupy high social positions in society and are respected. This view exists and is sustained over time; it also forms in the elderly themselves as an expectation of being regarded by young people, which reflects both the quality of the relationship between generations and the degree to which they are firmly bonded. Findings from this thesis indicate that the majority of older people are satisfied with the respect they receive from younger generations in their family and the community, which implies that they do, to a certain extent, expect that attitude from youngsters. In addition, intergenerational relations are

partly expressed through consensus. In other words, if there is a certain level of similarity between generations regarding norms and values, perceptions or beliefs on specific subjects, it can be said that they have at least a somewhat healthy relationship. A relative concordance among generations was found, even though in some respects, gaps were detected. A gap, for example, was found in expectations of living arrangements. The younger generation may not expect to live with older parents after marriage, but the older generation still expects to co-reside with their married children. Another example concerns the number of children a couple should have. Older people believe that having more children is good for the couple, while young people do not agree. Hence, the findings suggest that gaps between generations exist due to differences in the social context in which each generation was born and grew up. However, these generation gaps do not weaken relationships between generations. In fact, each generation may accept the differences between them and try to harmonise their relationship because eventually, as in Chapter 7, they found strong concordance on the whole in their family, which suggests a strong bond between generations in Vietnamese society.

9.1.4 Social factors determining older people's life satisfaction

Chapter 8 addressed determinants of Vietnamese older people's life satisfaction and concluded that, beyond health and economic conditions, the social life of older people plays a critical role in determining whether or not they are happy with their life on the whole. In this research, good health and economic condition are older people's resources, which, consistent with findings from the considerable body of literature on life satisfaction, contribute to shaping older people's positive assessment of their lives. However, social relationships, particularly affectual solidarity among generations, and social inclusion are significant factors that influence life satisfaction. It was found that older people who believe that they are highly respected by younger generations in their family are much more satisfied with life. This finding suggests how significant relationships with family members are to people in later life. Respect from adult children to older people reflects the quality of the relationship, an essential part of older people's social relationships. As found in Chapter 8, respect is a significant condition for older people's life satisfaction, along with good health and economic conditions.

The criteria that Vietnamese older people use to assess their life vary between regions. In rural areas, social inclusion significantly predicts older people's life satisfaction, as do involvement in important decisions in the family and participating in social and

entertainment activities. However, urban older people prefer social contact with their children, and are more likely to positively assess their lives when they have regular (daily) contact with children. By being involved in these activities, older people may feel they are still helpful and included.

It is arguable that living in the different social environments in rural and urban areas may lead to different criteria in assessing lives. One of the significant differences between urban and rural areas is lifestyle. The urban lifestyle is considered to contain broader social communication space, which means that a person may have a more extensive network without limitations of distance. However, they are always linked to specific purposes of communication, such as business. On the contrary, the rural lifestyle is associated with narrower social communication, in villages or communes, but it exhibits sincerity and openness and follows traditional norms.

The difference in lifestyle also presents in close family ties and support exchange, which is not only among family members but between neighbours and the community. Urban lifestyle is more enclosed within the family and lacks interaction with neighbours. This may be why urban older people in this research emphasised contact with children when assessing their life. This may be a way to compensate for the lack of social contact with other people, because older people have a greater need for sharing, being cared for and communicating with others (Bui, 2009). In rural areas, family members usually live close to each other (a higher percentage have children living nearby compared with urban areas) and neighbours are open and interested in building community spirit (Ngo, 2012). This may provide more opportunities for older people to communicate and participate in social contact and activities in their community in rural areas, explaining why social participation is essential to rural older people assessing their life satisfaction.

9.2 Contributions of the thesis

This thesis provides additional insights into family relationships, specifically between generations, in the context of social change in Vietnam. It covered several aspects of intergenerational relationships and applied a relatively comprehensive approach developed by Bengtson and colleagues on intergenerational solidarity to explain the situation in Vietnam. Moreover, it extended the theory of intergenerational relationships by adding cultural dimensions, which significantly influence intergenerational relationships in Vietnam, a country deeply embedded with the spirit of Confucianism over its long history. These cultural aspects include a patrilineal family system, son

preference for care provision, traditional MGH living arrangements and filial piety. In this way, it developed a more comprehensive research framework suitable to apply to societies such as Vietnam.

This thesis exploited data availability to examine intergenerational relationships in Vietnam by including several datasets over different time points that covered many spheres of intergenerational relationships. For example, Chapter 5 employed two datasets on ageing and the elderly in Vietnam, one from 1996-1997 and one from 2011, to conduct parallel analyses on changes in living arrangements of older people, taking into account the similarity in measurements of indicators in both datasets. Chapter 7 used data from the Vietnam Family Survey 2006 as the most recent nationally representative data on family; the sample is perfectly suited to comparative analysis on intergenerational consensus and affection because it contains respondents from three generations in the same household. It helped to measure concordance among generations.

Different analytical methods were applied to investigate related topics in the thesis, including cluster analysis, correlation matrices and binary and multivariate logistic regression analyses. Cluster analysis was used in Chapter 6 on intergenerational exchange, which helped to divide the sample into sub-groups based on similar characteristics of resources and vulnerabilities. By using this method, the chapter identified the types and flow of support provided/received by different groups of older people based on their resources and vulnerabilities. The correlation matrix helped to address the relationship among life satisfaction domains in Chapter 8 and contributed to answering the question on whether there are underlying factors beyond health and economic condition that influence older people's life satisfaction. Lastly, the thesis used binary and multivariate logistic regression analyses to predict major determinants of intergenerational relationships for Vietnamese older people.

9.3 Developmental pathway for Vietnam regarding intergenerational relationships

It is difficult to formulate a specific pathway for Vietnam in its developmental process in the ageing context because each country has a unique profile in terms of socio-economic and cultural context as well as demographic dynamics. As a developing country, the top priorities in Vietnam concentrate on the economic sphere. The problem of population ageing in Vietnam has only recently been discussed in concerns about the adverse effects of population ageing on the economy and the overall development of the

country. While the Vietnam Association of the Elderly was established in 1994 and the National Committee for the Elderly of Viet Nam in 2004 to coordinate activities for the care of the elderly and promote the roles of the elderly, many activities/programmes have short-lasting and uncertain outcomes. What Vietnam needs in response to population ageing is a definite and firm pathway for further development.

So far, the Vietnamese government has implemented a range of policies related to older people in response to the anticipated ageing population, mainly concerning social welfare, social protection and health care. With the issue of laws and decrees, Vietnam has a legal framework for activities/programmes related to the elderly. However, many policies need to be reviewed and adjusted to suit the new socio-economic situation of the country; for example, the regulation on the allowance for lonely and poor older people. Recently, Vietnam ended its two-child policy and proposed increasing the retirement age to ensure balance in the pension fund and social security programmes and to leverage human capital. It is important to consider that the population of Vietnam is in the golden stage, with the majority of the population in the working age group. Thus, increasing the retirement age would lead to an even higher percentage of those of working age. With few new jobs being created, the unemployment rate may increase, especially among young people. Many concerns are raised when retirement age is increased, including unemployment and health and labour productivity of aged employees (as working in old age may lead to more severe health problems), which in turn reduces labour productivity.

The developmental pathway for Vietnam in the ageing context, first of all, should consider a social welfare programme for the increasing population of older people. Recently, there has been discussion on whether Vietnam should have a multilayer pension system, a combination of a pay-as-you-go component funded by employers and a mandatory public pension system. This model could help to reduce the burden on the public pension system as the number of retirees increases. Second, an age-friendly environment should be created so that the elderly, especially who have disabilities, have easy access to public services and facilities. Third, long-term care for older people should be a priority. Currently, the family is the primary unit providing care for older people; however, in the context of a rapidly ageing population and social changes in Vietnam, this role might change if 'fewer children and kin will be available to care for elderly' (Ovseiko, 2007). The smaller population of working age people will also face challenges in care provision for both children and older parents once Vietnam reaches a

certain level of aged population, in a few decades. Demand for long-term care services, both public or private facilities, will soar, as the proportion of the elderly in the population is predicted to increase to 26% by 2050.

9.4 Limitations

Some topics were beyond the scope of this thesis. For instance, one crucial component of intergenerational relationship is intergenerational ambivalence, not covered in this analysis. This was due to limitations in available data, which only enabled a partial indirect assessment of ambivalence by examining the very narrow perspectives of consensual and affectual solidarity. In addition, the methodology would have been improved by incorporating more qualitative components, which can help with sensitive issues or examining grassroots determinants related to intimate relationships between generations. Qualitative methods can also help to explore the hidden reasons behind care obligations and choice of living arrangements among older people. In that, it could offset the shortfall regarding quantitative data. There are also no available data on intergenerational altruism, even though it is a reliable indicator in studying support exchange between generations, and no information on older people who live in a nursing home used in this thesis.

The framework applied in this research was developed in the context of Western countries, where social norms and values on family relationships are different from an Asian country such as Vietnam.

9.5 Future research

There remains a substantial research gap in intergenerational relationships in Vietnam for further studies to address; relatively few studies have been conducted to date on these related topics. The following offers suggestions for further research.

Expanding theory

Future research may focus on developing a suitable framework that takes into account various aspects including culture that significantly influence family relationships and intergenerational relationships particularly. This should also take regional variation into account because each region in Vietnam has a specific cultural identity that may affect this relationship in different ways.

Updated data and more advanced methods

Longitudinal survey on intergenerational relationships is recommended because these relationships cover aspects of intergenerational support exchange that vary during the lifespan in terms of pattern, type and level. Living arrangements, as well as intergenerational interactions and attitudes, also change over a person's life course. By using longitudinal data, changes and determinants could be more precisely investigated and predicted. The sample for future research should also be designed to capture information from all generations of a family, to enable comparison across generations regardless of whether the survey is cross-sectional or longitudinal.

Future research could also concentrate on consensus, affection and ambivalence among generations regarding the measurements of these solidarities, which were limited in this thesis. Qualitative analysis methods should be considered for use in investigating these relatively personal and sensitive research topics, as they could capture in-depth information from respondents.

An alternative topic to emerge recently is older people's rights to autonomy and independence and long-term and palliative care, the awareness of which is low among older people, their relatives and other related stakeholders (HelpAge International, 2018). This topic is, to a certain extent, related to a broader aspect of ageism, or age discrimination, which has been investigated internationally, including in the Asian region (Gerlock, 2006) and via comparative analysis between Western and Asian cultures (Vauclair et al., 2017). Even though these aspects are relevant to intergenerational relationships, few studies have been conducted in Vietnam.

Future relevant policies

This thesis suggests directions for public policy regarding intergenerational relations. Policies related to the elderly in Vietnam have explicitly mentioned the roles and responsibilities of families and adult children in care for elderly parents. However, few consider the intergenerational approach as well. Therefore, future relevant policies should integrate this approach, especially at the community level. One example is intergenerational housing, which is becoming more popular in some Western countries. Intergenerational housing refers to a housing model that includes both old and young people in the complex, benefitting both generations. The design of areas should be age-friendly, providing access to all age groups. Another model has been applied in Lyon, France, based on a programme called 'One roof, two generations'. In this model, older people rent out at a reasonable price or provide free accommodation for young students

or professionals; in return, these young people help them with chores and interact with their older co-resident.

These policies should also include housing for the elderly and age-friendly public spaces/services. This is relatively significant because the number of older people will increase significantly in Vietnam in the next 30 years and there is an increasing trend of older people living alone or living only with a spouse. There should also be policies supporting the establishment of private aged care facilities to meet the needs of older people and their families.

Policies to promote interaction among generations are recommended, especially in the context of urbanisation and modernisation in Vietnam, which may lead to lack of face-to-face interactions or family activities involving multiple generations. The case of Singapore provides an excellent example of how the government has catered for intergenerational bonding (see Thang, 2011). Vietnam has started its first step in promoting intergenerational relationships at the community level by establishing ISHCs, as described above. Nevertheless, there has been no policies/programmes to promote intergenerational bonding, except for laws³⁹ that regulate rights and responsibilities of family members in providing care and support for older family members. This is perhaps not yet an urgent and apparent issue, but it should be taken into account soon, to ensure the wellbeing of older people in their later age.

In a broader scenario, many other concerns can be raised in regards to population ageing and older people's wellbeing in Vietnam. In particular, how should Vietnam, as a low middle-income country, deal with consequences of population ageing and changes in family relationships, especially given that Vietnamese older people are suffering from the 'double disease burden' and the development of the health care system is not keeping pace with the ageing process? (Duy Tien, 2017). As mentioned earlier, there is a potential risk of becoming old before rich; in this case, how does the government ensure older people's income and wellbeing? Another concern relates to rural–urban migration of the younger generation, influencing both left-behind older parents and their grandchildren—should the government invest more in rural or urban areas to deal with migration-related issues in terms of older people's wellbeing, and would hold the economy down, while the social security and welfare system, although developed widely, only covers a small proportion of older people?

³⁹ Law on the Elderly 2009; Marriage and Family Law 2014.

Industrialisation and modernisation continue at a rapid pace in Vietnam and change is occurring in every aspect of people's lives. The implications for older people's lives and where Vietnam will be in 5–10 years are hard to address. Nevertheless, based on the results of this thesis and previous research, it is apparent that older people will struggle to adapt to rapid changes in their lives, including in how they arrange their living, which is related to support exchange among generations, how they deal with generational gap or ambivalence, or even conflict and violence, and how they accept changes in perceptions and expectations of filial obligations and practices between generations and, eventually, manage their life accordingly to achieve 'successful ageing'.

Appendices

1.1 Tables

Table 1.1.1 Description of Variables in Cluster Analysis

Variables	Measurement (Scale)
Socio-demographic variable	
Age	1 = 60-69; 2 = 70-79; 3 = 80 and older
Gender	0 = female; 1 = male
Marital status	0 = never married; 1 = ever married; 2 = married
Areas of residence	1 = urban; 2 = rural
Education	0 = no schooling; 1 = primary and below; 2 = secondary and higher.
Economic condition	
Self-assessment of income sufficiency	0 = not enough; 1 = enough
Pension receipt	0 = no pension; 1 = at least a pension
Savings	0 = no savings; 1 = having savings
Home ownership	0 = other people; 1 = own the home
Working status	0 = no working; 1 = currently working
Household wealth index	0-8 (0 = least wealthy; 8 = wealthiest)
Household structure	
Household size	1 - 16
Having son	0 = no son; 1 = have at least a son
Numbers of children	
Having grandchildren	0 = no grandchild; 1 = have at least a grandchild
Living arrangements	
Numbers of generation in household	1= 1 generations; 2 = 2 generations; 3 = 3 and more generations.
Having children living nearby	0 = no; 1 = yes
Health condition	
Mobility	0-7 (0 = no difficulty in mobility)
Illness symptoms	0-16 (0 = no illness symptom)
Diagnosed diseases	0-10 (0 = no diagnosed diseases)
Self-care	0-5 (0 = no difficulty in self-care)
Support exchange	
Providing financial support	0 = No; 1 = Yes
Providing grandchildren care	0 = No; 1 = Yes
Providing housework assistance	0 = No; 1 = Yes
Receiving financial support	0 = No; 1 = Yes
Receiving personal care	0 = No; 1 = Yes
Receiving housework assistance	0 = No; 1 = Yes
Receiving work assistance	0 = No; 1 = Yes

Source: VNAS 2011

Table 1.1.2 Selected Characteristics of the Three Generations in VFS 2006 (%)

	Age groups		
	G1 > 60 (n = 2,664)	G2 25-60 (n = 8,242)	G3 15-24 (n = 2,783)
Gender			
Male	45.2	47.3	49.3
Female	54.8	52.7	50.7
Education			
Illiteracy	20.1	5.3	1.5
No school – literacy	6.7	0.5	0.1
Elementary	43.6	25.3	8.5
Secondary	17.2	43.4	62.9
High School or higher	11.4	25.4	26.9
Don't know	1.0	0.1	0.1
Marital status			
Never married	1.1	4.9	92.4
No longer married	44.4	8.0	0.1
Married	54.8	87.1	7.5
Religion			
No Religion	81.0	84.7	84.9
Buddhism	9.3	5.4	4.8
Catholic/Protestant	6.0	6.8	7.0
Other religions	3.7	3.1	3.3
Ethnicity			
Kinh people	85.8	82.9	79.1
Other ethnicities	14.2	17.1	20.9
Area of residence			
Rural	28.1	73.7	77.7
Urban	71.9	26.3	22.3
Household living standard			
High	12.8	13.1	12.0
Middle	61.1	65.9	67.5
Low	25.9	20.8	20.4
DK/No Response	0.2	0.2	0.2

Source: VFS 2006

Table 1.1.3 Perception of Gender Roles in Specific Tasks Across Three Generations (%)

	Age groups											
	G1 (> 60) (n = 2,664)				G2 (25– 60) (n = 8,242)				G3 (15– 24) (n = 2,783)			
	W	M	Both	DK	W	M	Both	DK	W	M	Both	DK
Household business	5.3	31.9	59.1	3.6	8.0	30.7	60.3	0.9	4.2	33.3	61.7	0.9
Housework	89.8	0.7	8.7	0.8	90.8	0.5	8.5	0.1	89.2	0.5	10.2	0.1
Care for kids	86.2	0.5	12.1	1.2	85.1	0.5	14.0	0.3	80.5	0.6	18.5	0.4
Care for elderly/unhealthy members	51.1	2.1	45.8	1.1	53.8	2.6	42.8	0.8	48.4	2.0	48.9	0.7
Household budget management	77.2	6.4	15.4	1.0	80.8	5.7	13.4	0.1	66.7	7.8	24.9	0.6
Welcoming guests	3.7	60.5	33.7	2.1	4.6	61.7	33.5	0.2	3.6	60.2	35.5	0.6
Communicate with local authorities	3.3	74.4	20.2	2.1	3.4	75.6	20.8	0.2	2.0	72.9	24.6	0.6

Source: VFS 2006.

Table 1.1.4 General Family Concordance Perceived by G2 and G3 (%)

	Age groups	
	G2 25–60 (n = 8,242)	G3 15–24 (n = 2,783)
Level of concordance in household financial management		
- Total	60.8	53.2
- To some extent	36.4	39.1
- Not really	1.6	3.2
- Totally not	0.9	1.0
- Don't know	0.4	3.4
Level of concordance in household business		
- Total	56.9	53.7
- To some extent	40.3	41.2
- Not really	1.5	1.9
- Totally not	0.5	0.2
- Don't know	0.9	2.9
Level of concordance in educating children		
- Total	59.1	57.6
- To some extent	38.5	38.8
- Not really	1.5	1.6
- Totally not	0.2	0.3
- Don't know	0.7	1.6
Level of concordance in lifestyle		
- Total	54.0	52.3
- To some extent	42.6	42.0
- Not really	2.3	3.7
- Totally not	0.7	1.0
- Don't know	0.5	1.0

Source: VFS 2006.

Note: No available information for G1.

1.2 Ethics Approval

Dear Mr Quang Trinh, Protocol: 2017/862
Ageing and Intergenerational Relationships in Vietnam

I am pleased to advise you that your Human Ethics application received unconditional approval by the Chair on the 30/01/2018.

For your information:

1. Under the NHMRC/AVCC National Statement on Ethical Conduct in Human Research we are required to follow up research that we have approved. Once a year (or sooner for short projects) we shall request a brief report on any ethical issues which may have arisen during your research or whether it proceeded according to the plan outlined in the above protocol.
2. Please notify the committee of any changes to your protocol in the course of your research, and when you complete or cease working on the project.
3. Please notify the Committee immediately if any unforeseen events occur that might affect continued ethical acceptability of the research work.
4. Please advise the HREC if you receive any complaints about the research work.
5. The validity of the current approval is five years' maximum from the date shown approved. For longer projects you are required to seek renewed approval from the Committee.

All the best with your research, Human Ethics Officer
Research Integrity & Compliance Research Services Division
Level 2, Birch Building 36 Science Road, ANU
The Australian National University Acton ACT 2601

T: 6125-6782

T: 6125-3427

E: human.ethics.officer@anu.edu.au

W: <https://services.anu.edu.au/research-support/ethics-integrity>

1.3. Main questionnaire – VNAS 2011 questionnaire

**INDOCHINA RESEARCH & CONSULTING (IRC) and INSTITUTE OF
SOCIAL AND MEDICAL STUDIES (ISMS)**

Vietnam National Aging Survey (VNAS)

Questionnaire for Individual

Questionnaire ID_	Start time (Hour Minute): /_	Code
Province/ City _		<input style="width: 100%; height: 25px;" type="text"/>
District _		<input style="width: 100%; height: 25px;" type="text"/>
Commune _		<input style="width: 100%; height: 25px;" type="text"/>
Village _		<input style="width: 100%; height: 25px;" type="text"/>
Name of household head (CAPITAL LETTER) _____		<input style="width: 100%; height: 25px;" type="text"/>
Household Code _____		<input style="width: 100%; height: 25px;" type="text"/>
Name of respondent (CAPITAL LETTER) _____		<input style="width: 100%; height: 25px;" type="text"/>
Use interpretation during interview? (yes:.....1; no:.....2)		
Name of interviewer _		<input style="width: 100%; height: 25px;" type="text"/>
Name of supervisor _		<input style="width: 100%; height: 25px;" type="text"/>
Day.....Month.....Year 2011 Supervisor	Day.....Month.....Year 2011 Interviewer	
(Signature)	(Signature)	

SECTION A: BACKGROUND OF RESPONDENT

No	Question	Code	
A1	What is your ethnicity?	<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div>	1→A3
A2	What is the main language you use for daily conversation?	Only ethnic minority language 1 Mostly ethnic minority language and little Vietnamese 2 Both ethnic minority language and Vietnamese 3 Mostly Vietnamese and little ethnic minority language 4 Only Vietnamese 5	
A3	What religion if any do you follow?	Buddhism 1 Catholic 2 Protestant 3 Hoa hao 4 Cao Dai 5 Muslim 6 Luong 7 Others 8 Free thinker 9	
A4	Do you have an altar in your house?	Yes 1 No 2	2→A6
A5	How often do you worship?	Daily or weekly 1 At least once a month 2 Only on special occasions 3 Do not remember 8	
A6	Do you know how to read?	No 1 Yes, but with difficulty 2 Yes, easily 3 I used to but forgot 4	
A7	Do you know how to write?	No 1 Yes, but with difficulty 2 Yes, easily 3 I used to but I forgot 4	
A8	Where did you live most when you grow up?	North 1 Central 2 South 3	
A9	How long have you lived in this commune/city?	Since birth 1 Less than 5 years 2 5-9 years 3 10-19 years 4 20 years and over 5	
AP	Assessment of interviewer about the level of external assistance for the interviewee in answering the question in this section.	Never 1 Sometimes 2 Most of the time 3 This section was answered by the representative 4	

SECTION B: HOUSEHOLD PROFILE – CHILD PROFILE AND GRANDCHILD PROFILE SECTION B (Part 1): HOUSEHOLD PROFILE

	B1	B	B3	B4	B5	B6	B7	B8
Household member code	List name of regular household member who live under the same roof with the respondent (at least 6 months per year), starting with the respondent.	Gender Male.....1 Female...2	Relationship with the respondent ? (Code B3)	Year of birth (if only age stated, convert to year)	Marital status? Single.....1 Married... 2 Divorced 3 Separated....4 Widow.....5	What was the highest grade [.....] completed? (CODE B6)	What is [.....] current occupation ?(CODE B7)	Does [.....] contribute to the household in cash or in-kind? Yes....1 No.....2
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
	CODE B3: Respondent 1 Spouse..... 2 Son 3 Daughter..... 4 Son/daughter in law 5 Adopted child...6 Parent 7 Parent in law 8 Grandparent .....9 (Great) Grandchildren... 10	Siblings.....11 Other relatives..12 House servant...13 Other (specify)	CODE B6 Still very young 0 No schooling..... 1 Incomplete primary education .....2 Primary school.....3 Lower secondary education .....4 Upper secondary education.....5 Prof. Secondary education .....6 Junior College/University Diploma..... 7 Master.....8 Doctor.....9 Other (specify) 96			CODE B7 Not working 1 Employer .....2 Own account worker in farm..... 3 Own account worker in non-farm..... 4 Unpaid family worker ..........5 Wage worker..... .....6 Other (specify).....96		
BP1	Assessment of interviewer about the level of external assistance for the interviewee in answering the question in this section.			Never 1 Some times.....2 Most of the time.....3 This section was answered by the representative.....4				

SECTION B (Part 2): CHILDREN PROFILE

Introduction to child profile

B9: Now I would like to ask you some information about all of your children including both those who live with you and those who do not. Can you tell me how many living children you have including your own, adopted and step children?

	Own (biological)	In law	Adopted	Step
Sons				
Daughters				
Total				

Interviewer statement: I would like to ask you about each of your living children, including any adopted children and step children that you helped raise. I see you are living with children.

*[Interviewer instruction]: - List the first names of all of respondent's children. First list the name of all children **who do not live in the household** and then list (and confirm) the names of co- resident children by looking at the household profile. Confirm names with respondent. If the number of children in the household equals the total number of children, confirm that the respondent has no other children and start the child profile questions*

Ask B10 to B24 one by one for ALL respondent's children

	B10	B11	B12	B13	B14	B15
Child code	Name of children (first list the names of all children who do not live in the household and then list the names of co-resident children)	Gender? Male.....1 Female.....2	[.....] is ? Biological.....1 Adopted.....2 Step.....3 In law.....4	Year of birth?	Location of child? (Code B14) B14 = 1 →B15; if B14 >=2 →B16	Interviewer writes down Member code from B0 in household profile. (leave B15 blank for children who do not live with the interviewee)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Code B14: Same household 1 Next door 2 Same village/resident unit.....3 Same commune .....4				Same district.....5 Same province.....6 Other province..... 7 Other country..... 8		

Interviewer: ask B16 to B24 for all children, including those who LIVE and DO NOT LIVE in respondent's household

BC1	B10b	B16	B17	B18	B19	B20	B21	B22	B23	B24	
Child code	Name of child do not live in respondent's household	[...] have any child? Yes.....1 No.....2	Does [...] frequently help with household chores? Yes.....1 No.....2	Did [.....] give you any money in the last 12 months? Yes.....1 No.....2 Offered but Refused ... 3 (2,3→ B20)	How much? (Code B19)	Did [...] give you gifts/things in last 12 months of total value over 500,000 VND? Yes 1 No.....2 Unsure of value....3	Did [...] help you with your work (such as business or family farm in past 12 months)? Yes.....1 No.....2 (Code B21)	Within previous 12 months, did you give money to [...]? Yes.....1 No.....2	How much? (Code B23)	Did you give [...] gifts/things in past 12 months of total value over 500,000 VND? Yes.....1 No.....2 Unsure of value .....3	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
	Code 19: (in VND) Less than 500,000..... 1 500,000 - <2,000,000 2 2,000,000 - < 5,000,000 3 5,000,000 - <10,000,000 4 More than 10,000,000..... 5 Don't know the value 98				Code B21: Yes, frequently 1 Yes, but not frequently..... 2 No..... 3 Don't need their help..... 4 Don't apply..... 5			Code B23: (in VND) Less than 500,000..... 1 500,000 - <2,000,000..... 2 2,000,000 - < 5,000,000..... 3 5,000,000 - <10,000,000..... 4 More than 10,000,000..... 5 Don't know the amount..... 98			

Interviewer: ask B25 to B31 only for children who DO NOT LIVE in respondent's household (B14=2,3,4,5,6,7,8)

	B10C	B25	B26	B27	B28	B29	B30	B31
Child code	Name of child who do not live in household	Marital status (Code B25)	Highest grade completed? (Code B26)	Current Occupation ? (Code B27)	Contribute to the household economically? Yes.....1 No.....2	How often do you and [.....] visit each other? (Code B29-31)	How often do you talk with [.....] on the phone? (Code B29-31)	How often do you contact [...] by email? (Code B29-31)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
	Code B25 Single.....1 Married..... 2 Divorced..... 3 Separated.....4 Widow.....5	Code B26: Still very young..... 0 No schooling..... 1 Incomplete primary education 2 Primary school..... 3 Lower secondary education 4 Upper secondary education..... 5 Prof. Secondary education 6 Junior College/university Diploma 7 Master..... 8 Doctor..... 9 Other (specify) 96	CODE B27 Not working 1 Employer.....2 Own account worker in farm.....3 Own account worker in non-farm 4 Unpaid family worker.....5 Wage worker.....6 Other (specify).....96	Code B29-31 Rarely/ never..... 1 Yearly 2 Several times per year 3 Monthly 4 Weekly/several times a month .....5 Daily/several times a week.....6				

SECTION B (PART III): GRANDCHILDREN INFORMATION

No	Question	Code	Skip
B32	Do you have any (great) grandchildren?	Yes 1 No 2	2 >> Section C
B33	During the last 12 months have you (and/or your spouse) helped care for any of your (great) grandchildren under age 10?	Yes 1 No 2	2>> B40
B34	Why have you helped care for your grandchildren? <i>(multiple answers permitted -- indicate all that apply)</i>	Their parents work during the day..... 1 Their parents work far away..... 2 Their parents do not have enough money to care for them..... 3 Their parents died or disappeared 4 Other..... 5	4>> B37
B35	Where did you take care of your (great) grandchildren? <i>(multiple answers permitted -- indicate all that apply)</i>	In your household or nearby 1 Not nearby (respondent and/or spouse went to care for grandchild at the (great) grandchild parent's home) 2 Other (specify) 3	if only 2>> B37
B36	Where were the (great) grandchild's parents living when the grandchildren were being cared for? <i>(multiple answers permitted -- indicate all that apply)</i>	With you in your household or nearby 1 Not nearby..... 2	
B37	During the past 12 months, how many months did you (and/or your spouse) care for these (great) grandchildren?	- (number of months)	
B38	During the time (great) grandchildren were being cared for, who paid primarily for their support?	You and/or your spouse 1 The grandchild(ren)'s own parents 2 Other (specify) 3	
B39	[do not ask, if proxy is interviewed] Overall was it a burden for you (and/or your spouse) to care for the (great) grandchildren?	Not at all..... 1 Only a little 2 Somewhat of a burden..... 3 A considerable burden..... 4	
B40	Prior to the past 12 months, did you (and/or your spouse) ever care for a grandchild under age 10 whose parents were living far away?	Yes 1 No 2	2 → BP3
B41	How many grandchildren under age 10 whose parents were living away did you (and/or your spouse) take care of?	Number	
B42	During the time you (and/or your spouse) were taking care of this/these grandchildren, who paid primarily for these support?	You and/or your spouse 1 The (great)grandchild(ren)'s own parents Other (specify)	

BP3	Assessment of interviewer about the level of external assistance for the interviewee in answering the question in this section.	Never.....1 Some times.....2 Most of the time.....3 This section was answered by the representative.....4	
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SECTION C: CONTRIBUTIONS OF THE OLDER PERSONS

	Questions	Code	Skip
C1	Do you do housework?	Yes.....1 No.....2 No, but watches house.....3	2→C3 3→C3
C2	Are you the main person doing the housework?	Yes.....1 No.....2	
C3	Do you help with house repairs/ maintenance?	Yes.....1 No.....2	2→C5
C4	Are you the main person helping with repairmen/maintenance of the house?	Yes.....1 No.....2	
C5	Excluding grandchildren, do you take care of any other household member?	Yes.....1 No.....2	2→C7
C6	Whom do you take care of? (Multiple answers allowed-- circle all that apply)	Respondent.....1 Spouse.....2 Son.....3 Daughter.....4 Son/daughter in law.....5 Parent.....6 Parent in law.....7 Grandparent.....8 (Great)Grandchildren.....9 Siblings.....10 Other relatives.....11	
C7	Did you GIVE financial support to relatives, neighbors or friend in the past 12 months?	Yes.....1 No.....2	2→CP
C8	To whom did you GIVE? (<i>Multiple answers allowed-- circle all that apply</i>)	Spouse.....1 Son/daughter.....2 Son/daughter in law.....3 Adopted/Step.....4 Parent.....5 Grandparent.....6 Grandchildren.....7 Siblings.....8 Other relatives).....9 Friends/neighbor.....10 Others (specify).....11	
C9	How much did you give in total to all whom assisted last year?	Less than 500,000.....1 500,000 -<2,000,000.....2 2,000,000-<5,000,000.....3 5,000,000 - <10,000,000.....4 More than 10,000,000.....5 Does not know amount.....8	

CP	Assessment of interviewer about the level of external assistance for the interviewee in answering the question in this section.	Never.....1 Some times.....2 Most of the time.....3 This section was answered by the representative.....4	
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SECTION D: HOUSING

Now I would like to ask questions about your housing situation

	Question	Code	Skip
D1	What is total living area excluding storage and kitchen?	- M2	
D2	What type of housing are you living in?	Villa .....1 Permanent structure - kitchen & bathroom inside ....2 Permanent structure - kitchen or bathroom outside 3 Semi- permanent houses.....4 Temporary and other types.....5	
D3	How long have you been living in this place?	months - years	
D4	Who owns this house?	Respondent and/or spouse..... 1 Children/children in-law 2 Others, without payment 3 Others, with payment 4 Other, specify_ 6	
D5	What is the main material of dwelling roof?	Tiles 1 Cement/concrete..... 2 Straw/thatch 3 Bamboo..... 4 Galvanized tin 5 Wood 6 Other 7	
D6	What is the main material of dwelling floor?	Tiles 1 Cement/concrete..... 2 Earth..... 3 Wood..... 4 Other 6	
D7	What is the main source of lighting used in your house?	National power grid..... 1 Accumulator, power generator 2 Gas, oil, kerosene lighter 3 Others..... 6	
D8	How satisfied are you with your current housing?	Very satisfied 1 Satisfied 2 Neutral 3 Dissatisfied..... 4 Very dissatisfied..... 5	

D9	Do you own any piece of cultivable land or house (outside of the land you are living)?	Yes.....1 No .....2	2→D11
D10	What is total area of land/house?	- M2	

D11	What is the major source of drinking water?	Tap water.....1 Protected spring, well2 Unprotected spring, well.....3 Rainwater4 Bottled water5 Pond, river, stream.....6 Other (specify).....9	
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D12	What is the major source of water used for other daily living activities?	Tap water.....1 Protected spring, well.....2 Unprotected spring, well3 Rainwater.....4 Bottled water5 Pond, river, stream.....6 Other (specify).....9	
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D13	Does your household have its own toilet?	Yes.....1 No2	2→DP
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D14	What is the type of toilet that your household uses?	Flush toilet.....1 Double vault compost/ latrine.....2 Open air toilet3 Other (specify).....9	
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DP	Assessment of interviewer about the level of external assistance for the interviewee in answering the question in this section.	Never.....1 Some times.....2 Most of the time.....3 This section was answered by the representative.....4	
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SECTION E: EMPLOYMENT

[This section is to be asked about the respondent and spouse (if any). Ask respondent first then ask about their spouse]

	Question	Code	Re- spondent	Spous e	Skip
E1	Main lifetime occupation	Not working.....1 Employer.....2 Own account worker in farm.....3 Own account worker in non-farm.....4 Unpaid family worker.....5 Wage worker.....6 Other(specify).....96			1>> E7
E2	Are you still working? [spouse]	Yes 1 No..... 2			2→E7
E3	What types of job do you do? [spouse]	Not working.....1 Employer.....2 Own account worker in farm.....3 Own account worker in non-farm.....4 Unpaid family worker.....5 Wage worker.....6 Other(specify).....96	..... ..... ..... ..... .....	..... ..... ..... ..... .....
E4	No. of working months last 12 months [spouse]	record in Months			
E5	Do you work full time or part time during those months? [spouse]	Whole day 1 Half day..... 2 Others..... 3			
E6	How much do you earn last year from this occupation? [spouse]		..... 000 VND	..... 000 VN	
E7	<i>(If not working)</i> What is the main reason for not working? [spouse]	Retired..... 1 Cannot find a suitable job..... 2 Do not know where to find a job 3 Taking care of family 4 Health issue 5 Encouraged by the family..... 6 Laid off..... 7 Want to rest..... 8 Others (specific) 9			
E8	How long have you stopped working? [spouse]	- years	<input type="text"/>	<input type="text"/>	
E9	Would you like to continue working? [spouse]	Yes 1 No 2	<input type="text"/>	<input type="text"/>	
EP	Assessment of interviewer about the level of external assistance for the interviewee in answering the question in this section.	Never.....1 Some times.....2 Most of the time.....3 This section was answered by the representative.....4			

SECTION F: FIXED ASSETS, DURABLE APPLIANCES AND SOURCES OF SUPPORT

Questions		Code	
F1	Please let us know if your household has any of the following items? <i>[Read each response to respondents]</i>	Yes	No
	a. Cars, vans or trucks	1	2
	b. Motorbikes	1	2
	c. Bicycles	1	2
	d. Landline telephone	1	2
	e. Mobile phone	1	2
	f. Video players	1	2
	g. Color T.V sets	1	2
	h. Black and white T.V sets	1	2
	i. Radio players	1	2
	j. Electric fans	1	2
	k. Computer	1	2
	l. Cameras, Video cameras	1	2
	m. Refrigerator	1	2
	n. Freezer	1	2
	o. Air-Conditioner	1	2
	p. Washing machines and dryers	1	2
	q. Water heaters	1	2
	s. Gas cookers	1	2
	t. Electric cookers, rice cookers, pressure cookers	1	2
	u. Wardrobes of various kinds	1	2
	v. Beds	1	2
	w. Tables, chairs, sofas ...	1	2
	x. Vacuum cleaners, water filters	1	2
	y. Microwaves	1	2
F2	What are the sources of income/support/asset for your daily living? [read each item in the list for the interviewee to choose]	Yes	No
	a. Working	1	2
	b. Retirement source	1	2
	c. Other government social allowance	1	2
	d. Savings	1	2
	e. Parents' support	1	2
	f. Spouse's support	1	2
	g. Children's support	1	2
	h. Sibling's support	1	2
	i. Other relatives	1	2
	j. Friends/neighbors	1	2
	k. Other (specify)	1	2

F3	[If more than one source indicated in F2, ask the following:] What is the most important source of income/support/asset for your daily living?	a. Working 1 b. Retirement source 2 c. Other government social allowance... 3 d. Savings 4 e. Spouse's support 5 f. Children's support 6 g. Parents' support 7 h. Siblings' support 8 i. Other relatives 9 j. Friends/neighbors 10 k. Other (be specific) 96
F4	What was the total annual income in the past 12 months of the household	<2,000,000 1 2,000,000-<10,000,000 2 10,000,000 - <50,000,000 3 50,000,000-<100,000,000 4 100,000,000-300,000,000 5 More than 300,000,000 6 Does not know 8

F5	Do you have any type of savings (money, gold...except for land)?	Yes..... 1 No..... 2	2→F7
F6	What is the current value of your savings?	<2,000,000 1 2,000,000-<10,000,000 2 10,000,000 - <50,000,000 3 50,000,000-<100,000,000 4 100,000,000-300,000,000 5 More than 300,000,000 6 Does not know amount 8	
F7	What is your main purpose of savings?	Retirement..... 1 Inheritance..... 2 For emergencies..... 3 Others (specific) 9	
F8	Does your household have any debt?	Yes..... 1 No..... 2	2→F10
F9	What is the total value of the debt?	- thousand VND	
F10	What is the cause of your household's debt? (Multiple answers permitted -- Circle all that apply.)	Investment for business..... 1 Health problem 2 Daily expense 3 Building/Renovating houses 4 Wedding/funeral expenses 5	

		Purchasing house appliances .....6 Unexpected shocks .....7 Others (be specific) .....9	
F11	How sufficient is your income or support to meet your daily need?	Rarely or never enough.....1 Sometimes not enough .....2 Enough .....3 More than enough.....4	
F12	How is your economic situation compared to that of three years earlier?	Much Worse .....1 Somewhat worse.....2 About the same .....3 Somewhat better .....4 Much better.....5	
F13	How is your financial situation compared with others your age in the neighborhood?	Much Worse .....1 Somewhat worse.....2 About the same .....3 Somewhat better .....4 Much better.....5	

FP	Assessment of interviewer about the level of external assistance for the interviewee in answering the question in this section.	Never1 Sometimes2 Most of the time3 This section was answered by the representative.....4	
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SECTION G: SOCIAL PROTECTION & SOCIAL INCLUSION

The older persons themselves have to answer the questions in this section. If the interview is given by a proxy only ask G1 to G4 and then skip to section H

	Question	Code	Skip
G1	Is your household listed as poor household?	Yes 1 No 2	
G2	Do you receive social and health insurance/social allowances or any other old age fund? (multiple answers allowed -- circle all that apply)	Social allowances in cash (monthly)..... 1 Social allowances in kinds 2 Retirement fund..... 4 Free health insurance card 5 No 6 Others (Specific) 9	If G2=3,4 5,9 →G4
G3	Why are you receiving social allowances from the government?	Living alone in poor household 1 Living w/ elderly spouses, w/o children and familial support in poor household..2 80+ without pensions and other social allowances.....3 Severely physically disabled in a poor household.....4 War merits.....5 Others.....9	
G4	Have you ever participated in any social activity/club, exercise groups organized by community/village?	Yes 1 No 2	2→G6
G5	How often do you take part in these activities?	Seldom 1 Few times per year 2 Monthly..... 3 Weekly 4 Daily 5	
G6	Are you the member of Vietnam Association of the Elderly (VAE)?	Yes 1 No 2	2→G8
G7	Did you participate in the last 12 months?	Yes 1 No 2	
G8	Are you the member of Farmer Union?	Yes 1 No 2	2→G10
G9	Did you participate in the Farmer Union activities in the last 12 months?	Yes 1 No 2	
G10	Are you the member of Veteran Association?	Yes 1 No 2	2→G12
G11	Did you participate in the last 12 months?	Yes 1 No 2	
G12	Only for female respondent: Are you the member of Vietnam Women Union?	Yes 1 No 2	2→G14
G13	Only for female respondent: Did you participate in the last 12 months?	Yes 1 No 2	

G14	How often do you watch/read/listen to the following type of media? Please tick the appropriate option		
	a. Newspaper/Magazines	Daily 1 Weekly 2 Monthly 3 Seldom 4 Not at all 5	
	b. TV	Daily 1 Weekly 2 Monthly 3 Seldom 4 Not at all 5	
	c. Radio	Daily 1 Weekly 2 Monthly 3 Seldom 4 Not at all 5	
	d. Internet	Daily 1 Weekly 2 Monthly 3 Seldom 4 Not at all 5	
	e. Public speakers	Daily 1 Weekly 2 Monthly 3 Seldom 4 Not at all 5	
G15	Have you experienced being spoken harshly by the family member in the last 12 months?	Yes 1 No 2	2→G17
G16	How often?	Seldom 1 Sometimes 2 Frequently 3	
G17	Have family members ever refused to talk to you in the last 12 months?	Yes 1 No 2	2→G19
G18	How often?	Seldom 1 Sometimes 2 Frequently 3	
G19	Have you been shaken/ hit by family member in the last 12 months?	Yes 1 No 2	2→G21
G20	How often?	Seldom 1 Sometimes 2 Frequently 3	
G21	Do your family members usually ask for your opinion when they need to make decision on important matters?	Yes, they listened to me 1 Yes but do not take it seriously 2 No, not at all 3	

GP	Assessment of interviewer about the level of external assistance for the interviewee in answering the question in this section.	Never.....1 Some times.....2 Most of the time.....3	
		This section was answered by the representative.....4	

The older person themselves have to answer all questions in this section. Section H should be skipped if a proxy interview

SECTION H: AWARENESS OF RIGHTS AS SENIOR CITIZENS

H1	Questions	Code	
		Yes	No
	Do you know about the availability of the following services / rights?		
	a. Priority to use medical services (for elderly aged 80+)	1	2
	b. Clinics for the elderly	1	2
	c. Discount on public services, such as transportation, sightseeing...	1	2
	d Legal aid for the elderly	1	2
	e. Assistance for the poor elderly or elderly without family support	1	2
	f. Funeral service for poor elderly or elderly without family	1	2
	g. Income tax exemption for persons aged 65 and above	1	2
	h. Priority loan (low interest)	1	2
	i. (Longevity wishing ceremony)	1	2
	k. (Re-participation in social activities)	1	2
H2	Through which source(s) do you know about the information regarding the rights of senior citizen? (<i>Multiple answers permitted -- circle all that apply</i>)		
	Never heard	1	
	From local authorities	2	
	From MOLISA officers	3	
	From other mass organizations (Association of the Elderly (VAE); Veteran Association; Women Union.....)	4	
	From media (TV, radio, newspapers, public speakers, etc.....)	5	
	Publicspeakers.....	6	
	From neighbors.....	7	
	Others (be specific).....	9	

SECTION I: PHYSICAL, MENTAL AND EMOTIONAL WELL-BEING

	Question	Code	Skip
I1	How would you rate your physical health at the present time? Would you say it is very good, good, fair, poor or very poor?	Very good.....1 Good.....2 Fair.....3 Poor.....4 Very poor.....5	
I2	Compared to other men [if respondent is a man], women [if respondent is a woman] your age , would you say your health is much better, somewhat better, about the same, somewhat worse, or much worse?	Much better.....1 Somewhat better.....2 About the same.....3 Somewhat worse.....4 Much worse.....5 Not sure/do not know.....9	

I3	In the last 30 days , have you had any of the following health complaints?		
		Yes	No
	a) Headache	1	2
	b) Dizziness	1	2
	c) Vomiting	1	2
	d) Diarrhea	1	2
	e) Skin problems	1	2
	f) Chest pain	1	2
	g) Pain in your joints	1	2
	h) Fever	1	2
	i) Back pain	1	2
	j) Trembling hands	1	2
	k) Stomach ache	1	2
	l) Problems breathing	1	2
	m) Coughing	1	2
	n) Loss of bladder control	1	2
	o) Feeling weak	1	2
	p) Constipation	1	2
I4	Type of disease	Have you ever been diagnosed with/told you have?	Did you receive treatment or take medications for it

	Yes	No	Yes	No
		next item		
a. Arthritis	1	2	1	2
b. Angina	1	2	1	2
c. Diabetes	1	2	1	2
d. Chronic Lung disease <u>emphysema, bronchitis, COPD</u>	1	2	1	2
e. Depression	1	2	1	2
f. Blood pressure problem	1	2	1	2
g. Oral health	1	2	1	2
h. Cancer	1	2	1	2

	i. Cataract	1	2	1	2
	j. Heart diseases	1	2	1	2
	k. Liver diseases	1	2	1	2
	l. For men only: Prostate hyperplasia	1	2	1	2
	m. Other (specify)	1	2	1	2

I5	How well can you see without wearing glasses?	Well..... 1 Fair 2 Poor 3 Very poor 4 Cannot see at all 5	
I6	Do you wear glasses?	Yes 1 No..... 2	
I7	How well can you hear without a hearing aid?	Well..... 1 Fair 2 Poor 3 Very poor 4 Cannot see at all 5	
I8	Do you use a hearing aid?	Yes 1 No..... 2	

I am now going to ask you whether you can do a number of physical tasks **on your own without assistance**. I first want to know if you have any difficulty with these tasks, and if you have difficulty, I want to know whether you have mild, moderate, severe difficulty, or whether you cannot do the task at all by yourself, without help.

I9	Do you have any difficulty in...?	Yes....1 No....2	next item	How much difficulty?
	a. Walking 200-300 meters?	1	2	Mild 1 Moderate..... 2 Severe 3 Cannot do at all..... 4
	b. Lifting or carrying something as heavy as 5 kg?	1	2	Mild 1 Moderate..... 2 Severe 3 Cannot do at all..... 4
	c. Crouching or squatting?	1	2	Mild 1 Moderate..... 2 Severe 3 Cannot do at all..... 4
	d. Using fingers to grasp or hold things	1	2	Mild 1 Moderate..... 2 Severe 3 Cannot do at all..... 4
	e. Walking up and down a set of stairs	1	2	Mild 1 Moderate..... 2 Severe 3 Cannot do at all..... 4
	f. Standing up when sitting down?	1	2	Mild 1 Moderate..... 2

				Severe 3 Cannot do at all..... 4
	g. Extending your arms above shoulder level	1	2	Mild 1 Moderate..... 2 Severe 3 Cannot do at all..... 4
Now I would like to ask you about things you need to do to take care of yourself. Can you tell me if you have any difficulty doing these things on your own without help, and if you have difficulty, whether you have mild, moderate, severe difficulty, or whether you cannot do the task at all without help.				
I10	Do you have any difficulty in	1. Yes 2. No	next item	ii. How much difficulty
	a. Eating?	1	2	Mild 1 Moderate..... 2 Severe 3 Cannot do at all..... 4
	b. Getting dressed and undressed?	1	2	Mild 1 Moderate..... 2 Severe 3 Cannot do at all..... 4
	c. Bathing/washing yourself?	1	2	Mild 1 Moderate..... 2 Severe 3 Cannot do at all..... 4
	d. Getting up when you are lying down?	1	2	Mild 1 Moderate..... 2 Severe 3 Cannot do at all..... 4
	e. Getting to and using the toilet?	1	2	Mild 1 Moderate..... 2 Severe 3 Cannot do at all..... 4

I10x. Interviewer: examine if respondent indicated having any problems in I10a-e, check the appropriate box and follow instruction	... no problems I17
	... has 1 or more problem continue to I11

	Questions	Code	Skip
I11	When it comes to doing things you need to do to take care of yourself, like bathing and getting dressed, do you receive any help from anyone?	Yes 1 No.....2	1→I14
I12	Do you think that you need such help when having the above difficulties?	Yes 1 No.....2	2→I17
I13	[do not ask, if proxy is interviewed] Can you you would like to help you? (Multiple answers allowed -- Circle all that apply)	Spouse 1 Son .....2 Daughter .....3 Son in law.....4 Daughter in law .....5	Record number then go I17

		Grandson 6 Granddaughter..... 7 Other relative 8 Community member/ neighbor/friend.....9 Hired worker/care giver 10 Health worker 11 Other person (specify).....96 Does not know/unsure 98	
I14	Can you tell me who helps you? (Multiple answers allowed - <i>Circle all that apply</i>). After respondent names someone, ask who else.)	Spouse 1 Son 2 Daughter 3 Son in law 4 Daughter in law 5 Grandson 6 Granddaughter..... 7 Other relative 8 Community member/ neighbor/friend.....9 Hired worker/care giver 10 Health worker 11 Other person (specify) .....96 Does not know/unsure 98	<i>If only one person mentioned in I14, go to I16</i>
I15	Can you tell me who helps you most ?	Spouse 1 Son 2 Daughter 3 Son in law 4 Daughter in law 5 Grandson 6 Granddaughter..... 7 Other relative 8 Community member/ neighbor/friend..... 9 Hired worker/care giver 10 Health worker 11 Other person (specify) .....12 Does not know/unsure 98	
I16	[do not ask, if proxy is interviewed] Would you say that the help that you get is as much as you need or not enough?	As much as needed 1 Not enough .....2	
I17	Do you have any type of health insurance? (Read one by one all answers for interviewee)	Public compulsory 1 Public voluntary 2	

	Public compulsory: for working people with salary and retired people with pension) (Multiple answers allowed -- circle all that apply)	Free .....3 Private.....4 No insurance .....5 Other (specify) 6	
I18	During the last 12 months, were there any times that you were sick or injured that prevented you from performing your usual activities?	Yes..... 1 No..... 2	2→I33
I19	Because of illnesses or injuries during the last 12 months, how many days were you unable to perform your usual activities because of these?	- Days	
I20	Did you receive any professional treatment for these illnesses or injuries over the last 12 months?	Yes..... 1 No..... 2	1→I23
I21	<i>[do not ask, if proxy is interviewed]</i> Do you think that you needed treatment?	Yes..... 1 No..... 2	2→I29
I22	<i>[do not ask, if proxy is interviewed]</i> What that you did not receive this treatment?	I did not have enough money to pay for treatment..... 1 I did not have anyone to help me pay for treatment..... 2 No one to take me for treatment 3 No transportation available.. 4 Could not afford the cost for the transportation..... 5 Did not know where to go..... 6 Too far to go..... 7 Too shy to ask for help 8 Did not want to go for help..... 9 I was previously treated badly..... 10 I tried but were denied health care 11 I could not take time off work or had other Commitments..... 12 I thought I was not sick..... 13 Other reason (specify)..... 96	Record code number, and to I29
I23	The last time you received treatment for an illness or injury during the last 12 months, where did you go? (Multiple answers allowed -- circle all that apply)	Public sector: central hospital... .. 1 Public sector: provincial hospital 2 Public sector: district hospital..... 3 Public sector: commune health center 4 Public sector: other public 5 Private medical: private hospital	

		.....6 Private medical: private clinic .....7 Private medical: home/office of trained health worker/nurse..8 Private medical: other private medical, including in home service 9 Not medical sector: dedicated drug store 10 Not medical sector: shop selling drugs/market 11 Other 96	
I24	<i>[do not ask, if proxy is interviewed]</i> Overall, how satisfied were you with the services you received	Very satisfied .....1 Satisfied.....2 Neither satisfied nor dissatisfied.3 Dissatisfied.....4 Very dissatisfied.....5	
I25	Were there any costs for health care or medicines that had to be paid?	Yes 1 No 2	2→I29
I26	Can you tell me who paid for these costs? <i>(Multiple answers permitted -- Circle all that Probe to determine if more than one person paid.</i>	I did 1 Spouse..... 2 Son 3 Daughter 4 Son in law 5 Daughter in law..... 6 Grand or great grandson..... 7 Grand or great granddaughter 8 Other relative (specify) 9 Friends/Neighbors..... 10 Other person (specify) -11 By insurance 12	<i>If only one person mentioned in I26, go to I28</i>

I27	Who paid the most over the past year?	I did.....1 Spouse.....2 Son3 Daughter.....4 Son in law5 Daughter in law6 Grand or great grandson7 Grand or great granddaughter 8 Other relative (specify)9 Friends/Neighbors10 Other person (specify) -11 By insurance.....12	
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I28	<i>[do not ask, if proxy is interviewed]</i> Would you say that there was enough money available to you to pay for the all the professional treatment and medicines you needed in the past year?	Enough..... 1 Not enough..... 2 Do not know/unsure..... 9	
I29	Did anyone help take care of you during your illnesses or injuries (i.e. taking you to a doctor, helping you take medicine, going shopping for you to get food or medicine, or helping you to do other things around the house because you were too sick?)	Yes..... 1 No..... 2	1→I31
I30	Do you think that you needed such help?	Yes..... 1 No..... 2	1>> I33
I31	Can you tell me who helped you when you were ill or injured? <i>(Multiple answers permitted -Circle all that apply)</i>	Spouse..... 1 Son..... 2 Daughter..... 3 Son in law..... 4 Daughter in law..... 5 Grandson..... 6 Granddaughter..... 7 Other relative..... 8 Community member/ neighbor/friend..... 9 Hired worker/care giver..... 10 Health worker..... 11 Other person (specify) -..... 96	If only one person mentioned in I31, go to I33
I32	Who helped the most?	Spouse..... 1 Son..... 2 Daughter..... 3 Son in law..... 4 Daughter in law..... 5 Grandson..... 6 Granddaughter..... 7 Other relative..... 8 Community member/ neighbor/friend..... 9 Hired worker/care giver..... 10 Health worker..... 11 Other person (specify) -..... 96	
I33	Do you currently smoke cigarettes or equivalent (pipe)?	Yes..... 1 No..... 2	2→I36
I34	How often do you smoke?	Occasionally..... 1 One or twice a week..... 2 Several times a week..... 3 Every day..... 4	

I35	On average, on the days you smoke, how many cigarettes (or equivalent) per day do you	- cigarettes	I37
I36	Did you smoke 'more than 5 packs of cigarettes (100 cigarettes)' in the past?	Yes..... 1 No..... 2	
I37	Have you consumed alcohol in the last 6 months?	Yes..... 1 No..... 2	2→I40
I38	How often did you drink in the last 6 months?	None 1 Less than once a month..... 2 One a month 3 2-3 times a month 4 Once a week 5 2-3 times a week 6 4-6 times a week 7 Once a day 8 More than twice a day..... 9	
I39	On the days you drank alcoholic beverages, how many drinks did you have on average? (show demonstration on the amount of drink – a cup of beer, wine equivalent to 40ml, or a glass equivalent to 330ml)	- drinks	
I40	How would you best describe your memory at present?	Bad/very bad..... 1 Moderate..... 2 Good..... 3 Very good..... 4	
I41	Compared to 12 months ago with the present would you say your memory is now?	Worse 1 The same 2 Better 3	
IP1	Assessment of interviewer about the level of external assistance for the interviewee in answering the question in this section.	Never..... 1 Some times..... 2 Most of the time..... 3 This section was answered by the representative..... 4	

[Interviewer instruction: If a proxy interview or someone other than the chosen respondent is providing most of the answers to this questionnaire because the respondent is unable to do so, skip I42 to I48]
 Here are some statements about how people might feel. After I read the statement I would like you to tell me whether, in the **past week**, you have not felt this way, felt this way some of the time, or felt this way most of the time.

I42	Question	Code			
		Not at all	Some of the time	Most of the time	Do not know
	a. I did not feel like eating and my appetite was poor	1	2	3	8
	b. I felt sad or depressed	1	2	3	8
	c. I had difficulty sleeping	1	2	3	8
	d. I felt happy	1	2	3	8
	e. I felt lonely	1	2	3	8
I43	Who can you count on to console you when you are very unhappy or sad? (Multiple answers permitted -Circle all that apply)	No one.....0 Spouse..... 1 Son 2 Daughter..... 3 Son in law 4 Daughter in law 5 Grandson 6 Granddaughter 7 Other relative 8 Community member/ neighbor/friend ....9 Hired worker/care giver 10 Health worker..... 11 Other person (specify) _ 12			

I am going to name some things that people are sometimes satisfied or unsatisfied with. For each, I would like you to tell me whether you are very dissatisfied, dissatisfied, satisfied, very satisfied, or neither satisfied nor dissatisfied.

I44	Questions	Code					
		Very dis-satisfied	Dis-satisfied	Neither satisfied nor dis-satisfied	satisfied	Very satisfi ed	Do not know
	a. The relationships you have with your family	1	2	3	4	5	8
	b. The amount of respect younger persons in your family have for older persons	1	2	3	4	5	8
	c. The amount of respect younger persons in your community have for older persons	1	2	3	4	5	8
	d. Overall how satisfied would you say you are with your life?	1	2	3	4	5	8

<i>Ask only those who are currently married and living with spouse</i>			
	Question	Code	Skip
I45	Did you have sexual intercourse in the last 6 months?	Yes 1 No .....2	2→I48
I46	Did you have sexual intercourse in the last month?	Yes 1 No .....2	2→I48
I47	How many times did you have sexual intercourse in the last month?	- Times	End
I48	When was the last time you had sexual intercourse?	- months ago - years ago Does not remember.....98 (<i>Less than 12 months, record month</i>)	

THANK YOU FOR YOUR TIME!

Finished time (hour(s)/minutes) /_

Interviewer assessment

If the interview, fill in the following form:

P1.	Was the interview given by a representative (proxy) rather than the older person to whom the interview refers	Yes.....1 No.....2	2→P4
P3	Reason to select this representative?	The older person is weak.....1 The older person cannot speak.....2 The older person has hearing problem.....3 The older person has bad memory.....4 The older person does not cooperate.....5	
P3	Relation of the representative with the older person?	Spouse.....1 Mother.....2 Father.....3 Mother in-law.....4 Father in-law.....5 Sibling.....6 Brother/sister in-law.....7 Children.....8 Son in-law/daughter in-law.....9 Grandchild.....10 Other relatives.....11 Other acquaintance.....12	
P4	Did other persons assist the older person (or proxy) in answering more than a few questions?	Yes.....1 No.....2	2→P6
P5	Relation of the person(s) with the older person? <i>(Multiple answers permitted - Circle all that apply)</i>	Spouse.....1 Mother.....2 Father.....3 Mother in-law.....4 Father in-law.....5 Sibling.....6 Brother/sister in-law.....7 Children.....8 Son in-law/daughter in-law.....9 Grandchild.....10 Other relatives.....11 Other acquaintance.....12	
P6	Did the older person (or proxy) have difficulties in understanding questions asked in the questionnaire?	Little or none.....1 Some but not a lot.....2 Quite a lot.....3	
P7	How cooperative was the older person (or proxy) in providing the interview?	Fully cooperative.....1 Somewhat cooperative.....2 Not very cooperative.....3	

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