

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

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Abstract: Using data from the two researches on elderly care in Vietnam, this article aims to evaluate the role of family members, especially women, in elderly care and find out the difficulties that families face in order to execute this care function nowadays. Moreover, this article determines which factors influence health care for the elderly by family members, at a time of major changes in the rural society in Vietnam. The research results show that the family plays an important role in elderly care and that women's role is very preponderant. Family provides the elderly with mental-material and instrumental support (including housework and health care support in daily life and during sickness). Among the factors that influence elderly health care, are demographic and economic characteristics such as gender, age, education, health status, financial resource, living conditions, etc. All have a significant impact on the level of dependence to family.

Key words: Elder care; Daily care; Family; Rural areas.

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1. Introduction

In recent years, Viet Nam has recognized a lot of significant economic, social and health achievements that prolong people's lives. However, Vietnamese have to face numerous challenges posed by aging process such as ensuring a living source for the elderly, especially the elderly in rural areas, when most of them do not have pensions and stable source of income. Within the family, women play a major role in taking care of elderly people. However, nowadays, female migration from rural to urban areas leads to a lack of women in rural regions. It raises an important question: how are the quality of elderly life as well as mental and financial support and care for the elderly guaranteed and executed?

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

2. Data, analytical strategy and theoretical approach

2.1. Data

The paper draws on data on 307 participants from the survey "*Strengthening Social Engagement in Elderly Care in Changing Economic and Family Structure in Asia: Policy and Practical Dialogues Between Local Communities in Vietnam and Japan*" which was funded by Toyota (Japan) Foundation and carried out in Ha Tinh and Quang Binh provinces in 2017 and data from the survey "*Elderly Care in the Vietnam Transition Society: Policies and Structural Dimensions*" funded by NAFOSTED with the sampling of 240 older adults in Ninh Binh and Tien Giang provinces in 2015. In the survey "*Elderly Care in the Vietnam Transition Society: Policies and Structural Dimensions*", the sample size is 480 elderly people in both urban and rural areas. However, in this article, we only analyze 240 cases of respondents living in rural areas. The total sample size of both researches are 547 elderly people living in rural areas. In addition, we also interviewed some elderly people, their family members, community care providers, and the representatives of local government to

gain a better understanding of the family's roles in elderly care in relation to other local care providers.

2.2. Analytical strategy

Data from 2 researches: the first in rural areas in Ninh Binh, Tien Giang in 2015 and the 2nd in rural areas in Ha Tinh, Quang Ngai in 2017 is used to describe how the elderly care in families is exercised, what the influencing factors to this activity are and which difficulties the families have to confront. This paper explores basic descriptions, binary analysis, and logistic multiple regression analysis to answer these questions.

Dependent variables: dependent variables to examine the role of the family in elderly care are limited in the two following perspectives: the level the children provide parents of material, emotional and instrumental support; the main family member takes care of the elderly when sickness.

The first group of dependent variables: The level of children's material support for elderly parents; the frequency of children-parent conversation; the level of children's help with housework. The dependent variable is coded 1 for the Elderly receive the support from children; 0 for Elderly receive rarely the support from children.

The 2nd group of dependent variables: The family members who take daily care of elderly peoples are children and spouse. Moreover, the elderly self-care and the influencing factors are analyzed to clarify their initiative role. This variable is coded 1 for the elderly people receive the support from children/spouses or self-care; 0 for the elderly people don't receive the support from children/spouses and they don't care for themselves.

Independent variables: The independent variables include three groups:

The 1st independent group includes elderly demographic characteristics: sex, age, education, health. The elderly people's gender variable is coded 1 for men, 0 for women. The age group includes: 80 years above, 70-79 years, 60-69 years. Elderly people's education is broken down into 3 categories: primary school and below; Secondary; High school and above. The elderly people's health receives 3 values: good, disabled, and suffering from chronic diseases. For the number of children - which are continuous numbers, the categories are: 1-2 children, 3-4 children, etc.

The 2nd group of independents variables relates to the financial resources to satisfy living needs. The respondents self-assess their living condition and the response categories are: below average, average and above-average; The variable "Having savings or not" is coded 1 for Having savings; 0 for Having no savings; Elderly resource is analyzed to evaluate the capacity to satisfy the living needs: elderly people who were financial autonomous (having a social subsidy, earning money by themselves, having a pension) are coded 1, those who don't have this resource is coded 0.

The structural variables are: Elderly residency includes 4 provinces: Ninh Binh represents the North, Ha Tinh represents the Northcentral, Quang Ngai represents the Southcentral and Tien Giang represents the South. These variables are coded from 1 to 4, Tien Giang is a reference category. The variable Living Arrangement includes: Living with children, living with spouses and living alone.

2.3. Theoretical approach

Social role theory

The social role is a key concept in the sociological theory. This term emphasizes the social expectations associated with certain positions or status in the social institutions and analyses the functioning of those expectations. An individual's social roles are identified according to their social positions. To successfully fulfill these social roles, each individual or social group must perform certain functions. Generally, the social role is the requirements of society for social positions. These requirements are often specified based on social norms, which vary from society to society (Bilton et al., 1993). Social roles are therefore both the results of social interaction process and expected behaviour patterns that are correspondingly regulated and imposed on specific positions. From the social role approach, this article examines the role of children in providing the elderly parents of financial, mental and housework support. One more aim is to analyze the elderly people's ability to receive care from family members in daily activities and when sickness. Research on family members' role in elderly care contributes to identifying the importance of family members, especially of women in elderly care in the context of a continuously-changing society.

Social exchange theory

Social exchange theory was developed by Homans (1961) and Blau (1964). Blau (1964) argued that each actor has certain resources to exchange in social interactions and the interdependence exists in these relationships. Researches on family relationship access principally to the interdependence among the generations that counts material or non-material or both types of dependence. There are six dimensions of mutual dependence in different generations, comprising structural, associative, affective, consensual, normative and functional aspects. Mutual dependence includes all financial, material or emotional support between parents and children (Hillcoat-Nelletamby, 2006). Thus, this article analyzed the mutual dependence between parents and children via the mutual support in material, mental and housework support, in daily life and when sickness. It focuses mainly on the direction: children to elderly parents. The factors such as residency, gender, age, education, living condition, health, number of children, living model and income play an important role in affecting the

mutual dependence among generations. With regard to the social aspect, it is obvious that the decline in economic, political and social activities of the older adults goes together with the increasing dependence on other members in family and society to meet their basic needs.

2.4. Some related concepts

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

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

Family: In this paper, a family is defined as a “group of people gathered by marriage, blood relations or adoption relationships, giving rise to rights and obligations among themselves” (Ministry of Justice, 2014). As a result, a family can have one or more generations.

2.5. Literature Review

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

Family is the primary source of elderly care

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

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

and land, tend to live more independently of their children in comparison with other older people (Hoang Thu Cuc, 2015).

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

In Singapore, about 80% of older people live with at least one child. The government emphasizes the role of the family in caring for the elderly and believes that the family is the ideal place to care for older people (Chan, 2001). Research in India shows that there is still a significant proportion of older people living with children. The gap between generations is becoming significant due to changes in the lifestyle, globalisation, and migration of young people. Elderly people who have financial resources, help care for the family and contribute to the family economy often receive better care and treatment, and conversely if the elderly have no such contributions, they often receive poor care and are treated inappropriately (Sebastian & Raut, 2009).

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

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

The relationship between older people's health and living with their children and grandchildren

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

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

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

The tendency of feminization of caring for older people in the family

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

Asian societies influenced by Confucianism with patriarchal cultures such as China, Japan, Korea, and Taiwan often see sons as the major persons in providing support for older parents (Lin & Yi, 2013). However, research by Lee, Parish, Willis (1994) in Taiwan showed that daughters with higher education and higher incomes make significant financial contributions to their older parents, especially paying for medical expenses (Lee et al., 1994). Another study in China also showed that daughters provide better healthcare support for older parents than sons (Zeng et al., 2015).

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

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

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

Based on the results of a qualitative study conducted in nine provinces in 2000-2001, Bui The Cuong et al. showed that children are the first providers of care when older parents are sick (Bui The Cuong et al., 2003). According to Le Van Nhan et al., older people mainly rely on support from their descendants, accounting for 62.5% of the respondents. Older people who live in urban areas receive more care support from their children than those in rural areas, accounting for 70.5% compared to 54.4% respectively (Le Van Nhan & Nguyen The Hue, 2004). Results from the 2006 Vietnam Family Survey also showed that when older parents are sick, 62.6% of children visit to provide care and daughters visit their older parents more frequently than sons (64.4% compared to 60.1% respectively). Those in the older age group tend to provide more care for their parents than the younger age group (62.8-65.4%).

The relationship between older people's sources of living and family care

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

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

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

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

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

3. Results

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

3.1. Material support

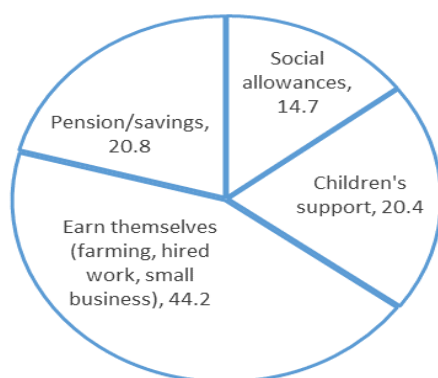
The research results in 4 provinces Ninh Binh, Tien Giang (2015) and Ha Tinh, Quang Ngai (2017) shows that 85.3% of elderly people said that they received financial support from their adult children, the percentage of "frequent receive" is 21.1%, of "sometimes receive" is 48.9% and "rarely

receive” is 12.3%. It can be said that to date, adult children are principal financial resources of elderly parents.

In rural areas, the percentage of elderly parents proving financial support for adult children is lower than one of adult children providing financial support to elder parents. The data shows that only 5.8% of rural elderly people in the research sample frequently providing financial support for children, this rate of “sometimes support” is 28.4%, one of “rarely support” is 15.9%, and 49.9% of elderly said that they had never afforded adult children money. This result is consistent with previous international and Vietnamese researches in recent years.

The research results in 4 provinces show that the percentage of elderly receiving pension and social subsidy is only 20.8%; the percentage of receiving social subsidy is 14.7%; 20.4% of elderly lives owing to children’s support and 44.2% still works to earn money by: farming, working in the non-state sector, small merchandise (Figure 1). Family plays a key role in supporting the elderly people who cannot earn money to satisfy living needs in paying for elderly healthcare and examination, payment fees.

Figure 1. The main income of elderly people



Source: Trinh Duy Luan and Tran Thi Minh Thi, 2015; Tran Thi Minh Thi, 2017.

However, for the elderly earning money by themselves, the results of qualitative research shows that their income is unstable and they still consider their children and other family members as their financial resources when in need.

“Farming is very hard and the income is low. My work is unstable. I think that when my health is still good, I still work to be not dependent on children. When I cannot

work anymore, its time for relying on children. The children rely on parents, and elderly parents rely on adult children”(Woman, 67 years, Ha Tinh).

“I work as a security guard in one company in the province. My income is relative enough if I make thrift. But when I’m sick, this income is insufficient. My adult children give me money when I have to make a health examination or buy medicines, each child helps a little bit. When I cannot work anymore, my adult children will be responsible to support me. It is miserable when don’t have a pension” (Woman, 68 years, Ninh Binh).

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

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

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

In the following content, the logistic regression is used to analyze some influencing factors to the level of adult children’s support to elderly parents in Vietnamese rural in 4 surveyed provinces.

In evaluating the children’s level of material and financial support to elderly parents, the results in Table 1 shows that, the residence, education, number of children and income has significant influence on the percentage of elderly people receiving material and financial support from adult children. Specifically, the percentage of elderly people in Tien Giang who received financial and material support from adult children is highest. In contrary, this percentage in Ninh Binh is lowest. Other research results (Friedman et al., 2003; Hoang Thu Cuc, 2015) state that the North is impacted by the Planned economy longer than the South, so the degree

of elderly autonomy in the North is higher and the dependence on children is less.

The relationship between elderly education and the degree of children's material support for parents is strong. The higher the elderly education is, the less they could receive the financial support from their children. Concretely, the percentage of who have high school diploma that receiving financial support from children is lower than the ones who have the primary diploma and below, odds ratio is 2.024.

Table 1. Multiple logistic regression model for adult children's financial support for elderly parents

Factors	The elderly receiving financial support from descendants		N=510
Residence	Ninh Binh	0.666*	111
	Tien Giang	2.868***	109
	Ha Tinh	1.533	145
	Quang Ngai	Ref	145
Gender of the elderly	Male	1.030	228
	Female	Ref	282
Age of the elderly	>80	1.344	233
	70-79	1.138	177
	60-69	Ref	100
Education of the elderly	<= Primary school	2.024*	249
	Secondary school	1.645	172
	>= College (highschool)	Ref	89
Living standard	Below average	0.535*	124
	Average	1.053	353
	Above average	Ref	33
Number of children	1 -2 children	0.484**	69
	3-4 children	0.736*	202
	More than 5 children	Ref	239
Living arrangements	Living with children and grandchildren	0.681	198
	Living with spouse	0.906	232
	Alone	Ref	80
Health of the elderly	Good health	0.401*	123
	Handicapped	0.653*	16
	Having chronic diseases	Ref	371
Have saving	Having savings	0.813	455
	Having no savings	Ref	55
Income	Having subsidy	0.561**	12
	Working by themselves (farming, small business)	0.531**	317
	Working for hire	0.555	186
	Having pension	0.409***	103

Nagelkerke R Square: 0.146

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

Source: Trinh Duy Luan and Tran Thi Minh Thi, 2015; Tran Thi Minh Thi, 2017.

The number of children has a significant impact on the ability of receiving frequent financial support from adult children. The more children the elderly people have, the more they can receive their support (odd ratios are respectively 0.484; 0.736 and 1). This result is expressed in in-depth interviews.

The ability to receive financial support from children has a relationship with the elderly health status. The research result shows that the elderly people having a good health has a lower probability of receiving financial support from adult children than the handicapped elderly and ones suffer from chronic diseases (odd ratios are respectively 0.042, 0.063 and 1).

“I have 5 children, I live with the eldest son. I did not work for the State so I don't have any pension. I live with my son and he supports me, I help him with housework. My two daughters living near sometimes give me money to spend and go wedding or funeral. My other two sons working in Binh Duong also give me a few millions every few months. If they know that I am sick, they give me a little money” (Woman, 75 years, Ha Tinh).

Regarding elderly income, the elderly people who have a job, pension or social subsidy have less probability of receiving money from children than the ones who don't have income.

The section below continues to focus on the influencing factors to the emotional support of adult children to elderly parents and the role of family members (children, spouse) in elderly care in the family.

3.2. Spiritual support and health care for the elderly

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

The results in Table 2 shows that the elderly females have more intimate conversations with adult children than elderly males with odd ratios is 0.051. The elderly living with adult children has more interaction with children than the ones living far apart. Moreover, the spouse is one source

of encouragement, of care for elderly people not only in physical activities but also in emotional life. The number of children also influence significantly the probability of elderly people receiving emotional support. The data shows that the elderly people having 3-4 children have a higher probability of receiving emotional care from adult children than those who have 1-2 children.

Table 2. Multiple logistic regression model for adult children's spiritual support for elderly parents

Factors	Sharing and talking with descendents	N=510	
Residence	Ninh Binh	0.898	111
	Tien Giang	10.228**	109
	Ha Tinh	1.451	145
	Quang Ngai	Ref	145
Gender of the elderly	Male	0.551*	228
	Female	Ref	282
Age of the elderly	>80	2.022	233
	70-79	1.240	177
	60-69	Ref	100
Education of the elderly	<= Primary school	1.748	249
	Secondary school	2.198	172
	>= College (highschool)	Ref	89
Living standard	Below average	0.304	124
	Average	0.781	353
	Above average	Ref	33
Number of children	1 -2 children	0.768	69
	3-4 children	1.465*	202
	More than 5 children	Ref	239
Living arrangements	Living with children and grandchildren	10.168**	198
	Living with spouse	2.889*	232
	Alone	Ref	80
Health of the elderly	Good health	1.166	123
	Handicapped	4.154	16
	Having chronic diseases	Ref	371
Have saving	Having savings	0.519	455
	Having no savings	Ref	55
Income	Having subsidy	0.537	12
	Working by themselves (farming, small business)	0.369**	317
	Working for hire	2.261	186
	Having pension	0.729	103
Nagelkerke R Square: 0.358			

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

Source: Trinh Duy Luan and Tran Thi Minh Thi, 2015; Tran Thi Minh Thi, 2017.

The logistic regression analysis on the factors influencing the probability of care from adult children, spouse to elderly people and their self-care is performed to evaluate the influencing factors to family members in elderly care.

The direction of proving financial support is primarily from adult children to elderly people. The elderly care in family relies principally on family members such as spouse, children. Marital relationship is one of the principal one in the family and plays an important role. Marital status and the quality of marriage have a direct influence on the life quality of elderly people. The partner is the first and the most important person to care for elderly people in their daily life and when they are sick. The surveyed data shows that 65.4% of elderly people have wife/husband, 34.6% was divorced/widowed. The percentage of elderly people living with a spouse is 43.6%; 37.3% lives with children; 18.4% lives alone and 0.7% lives with other family members like siblings, etc. Among that, the percentage of the elderly male living with a spouse is 61,9% and this rate of the elderly female is 29.5% in comparison with other living models. At old age, the percentage of living with spouse decreases, the elderly people depend on adult children more because their spouse is weak or decease. The adult children are the main care resource for the elderly. Among the 37.3% of elderly living with children, the percentage of female is higher than male (40.9% compared with 32.6%). Thus, what are the factors that influence the role of family members in elder care activity?

The result (table 3) shows that, the elderly male receive more care in daily life and in case of sickness than the female, particularly care from spouse with odd ration 2,111 in daily care activity and 1.665 in care when sick.

The older the parents are, the more probability they can receive care from adult children. The probability that the elderly people are cared by spouses and their self-care decreases significantly when they get older. This is constant with the result analysis above that the older they are, the more they receive financial and emotional care from children.

The elderly people that have lower educational status receive more daily care from spouse and children than the ones having higher educational status. The odd ratio of the probability that elderly people educated under the primary level receive daily care from children compared to the ones educated higher is 1.538. This reflects that the lower educated people have a lower financial capacity, and their children must work hard to earn money, so they do not have rich financial resources and available time to take care of them.

Table 3. Logistic multiple regression model for factors affecting the role of family members in elderly healthcare

Factors		Daily care			Illness care		
		Model 1: Care by children	Model 2: Care by spouses	Model 3: Self- care	Model 1: Care by children	Model 2: Care by spouses	Model 3: Self-care
Residence	Ninh Binh	4.807***	3.644***	0.571	1.768*	1.143	1.514
	Tien Giang	0.771	1.375	5.210	.929	2.216	1.092
	Ha Tinh	0.407***	0.452**	17.136	.095***	1.141	27.869***
	Quang Ngai	Ref	Ref	Ref	Ref	Ref	Ref
Gender of the elderly	Male	1.276	2.111***	1.922	1.058	1.665***	1.551*
	Female	Ref	Ref	Ref	Ref	Ref	Ref
Age of the elderly	>80	2.302**	0.731	0.967	1.508	0.376*	0.963
	70-79	1.298	1.037	1.351	1.721	0.589**	0.985
	60-69	Ref	Ref	Ref	Ref	Ref	Ref
Education of the elderly	<= Primary school	1.538*	2.872**	2.783	0.765	2.308*	1.339
	Secondary school	1.472	2.645**	1.687	0.636	2.442*	1.275
	>= College (highschool)	Ref	Ref	Ref	Ref	Ref	Ref
Living standard	Below average	1.129	1.384	0.214	2.241	2.297	0.717
	Average	1.073	0.972	0.214	1.465	0.995	1.367
	Above average	Ref	Ref	Ref	Ref	Ref	Ref
Number of children	1-2 children	0.685	1.086	2.708	0.863	0.790	0.600*
	3-4 children	0.886	0.933	0.596	0.617*	0.936	0.567**
	More than 5 children	Ref	Ref	Ref	Ref	Ref	Ref
Living arrangements	Living with children and grandchildren	1.305***	0.049***	1.15	2.450*	0.117***	1.481
	Living with spouse	1.182	2.010***	6.268	1.674	2.011***	1.334
	Alone	Ref	Ref	Ref	Ref	Ref	Ref
Health of the elderly	Good health	1.462	0.157**	1.005	0.459	0.743	0.441***
	Handicapped	1.612*	0.854	0.592	1.841**	0.771	1.837***
	Having chronic diseases	Ref	Ref	Ref	Ref	Ref	Ref
Have saving	Having savings	0.822	1.384	0.623	0.860	1.099	0.751
	Having no savings	Ref	Ref	Ref	Ref	Ref	Ref
Income	Having subsidy	1.042	1.834**	0.651	0.777	1.623*	1.002
	Working by themselves (farming, small business)	0.704	0.392***	0.437	1.794*	0.328***	0.542**
	Working for hire	1.407	1.379	1.710	0.532	0.940	1.184
	Having pension	1.095	0.820	0.800	4.652***	0.530*	0.579*
Nagelkerke R Square		0.253	0.606	0.331	0.269	0.650	0.282

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

Source: Trinh Duy Luan and Tran Thi Minh Thi, 2015; Tran Thi Minh Thi, 2017.

The elderly people who are handicapped or have chronic diseases receive more financial support, help with housework in daily life and in case of sickness. However, there is one paradox that the percentage of self-care in the group of elderly who is handicapped or have chronic diseases is higher. Is it due to the disease status that the chronic diseases last in many years and these diseases are popular for the elderly, especially in Vietnamese rural. The elderly live with these diseases and they know the best about their disease status, the way to adapt and care for, so if the situation is not very serious they have to care for themselves.

There are differences in the care of children for elderly parents in the living model. The percentage of elderly people living with children that receive support from adult children in daily life/in case of sickness is higher than one of the elderly people living with a spouse or alone. In the social exchange theory, Blau (1964) indicated the mutual dependence among family members. Balu stated that the structure has an impact on the execution of interaction among the family members. The structure can be measured by family generation, geographic distance, and residence (Blau, 1964).

Most of the elderly people in 4 survey areas (Ninh Binh, Tien Giang, Ha Tinh and Quang Ngai) said that they lived with the family of adult son (92% in total of people living with children). However, qualitative research results show that it is not their son but their daughter-in-law and the daughters living nearby are responsible for taking care for them in daily life and when the elderly is sick.

“I live with my eldest son's family since he has married. They pay living expenses, sometimes they give me pocket money. My daughter-in-law and my grandchildren take care of the housework, my son rarely pays attention to these activities. Last year when I was sick, I had to go into the district hospital and my daughter-in-law and my daughters who live near me came to take care of me” (Male, 71 years, Ninh Binh).

Care for family members, especially for elderly people is one of the most important functions of family. The elderly care stems from emotional attachment and social standards to make people responsible to each other. The elderly care is not only controlled by the sentiment, morality but also by the mutual exchange relationship. In some cases, the adult children provide financial support for parents and care for parents when they are sick, and in reverse, elderly parents help to do housework and take care of grandchildren.

3.3. Support in housework and daily activities for the elderly

The older the people are, the more difficulties they have in self-caring and doing daily activities. The old age makes the mental and physical health decreased while in Vietnamese rural, the social services and support from

the state have not been able to satisfy the increasing needs of one society entering the process of population aging. In this context, the family is a primary provider in supporting the elderly. The survey results in 4 provinces: Ninh Binh, Tien Giang, Ha Tinh and Quang Ngai show that 90% of elderly people have to self-care in daily activities. They just rely on adult children and spouse in case of sickness, serious disease. Although they live with sons, the ones who take care of them are their daughter, daughter-in-law and spouse.

Table 4. The Multiple logistic regression model for children's unpaid care work

Factors	Children's unpaid care work		N=510
Residence	Ninh Binh	1.876*	111
	Tien Giang	7.823***	109
	Ha Tinh	10.885***	145
	Quang Ngai	Ref	145
Gender of the elderly	Male	0.977	228
	Female	Ref	282
Age of the elderly	>80	1.727	233
	70-79	1.206	177
	60-69	Ref	100
Education of the elderly	<= Primary school	2.132	249
	Secondary school	1.985	172
	>= College (highschool)	Ref	89
Living standard	Below average	0.375	124
	Average	0.598	353
	Above average	Ref	33
Number of children	1 -2 children	0.311*	69
	3-4 children	0.894	202
	More than 5 children	Ref	239
Living arrangements	Living with children and grandchildren	5.263***	198
	Living with spouse	0.736	232
	Alone	Ref	80
Health of the elderly	Good health	0.331	123
	Handicapped	4.110**	16
	Having chronic diseases	Ref	371
Have saving	Having savings	0.821	455
	Having no savings	Ref	55
Income	Having subsidy	1.213	12
	Working by themselves (farming, small business)	0.418***	317
	Working for hire	0.234**	186
	Having pension	0.791	103
Nagelkerke R Square: 0.381			

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

Source: Trinh Duy Luan and Tran Thi Minh Thi, 2015; Tran Thi Minh Thi, 2017.

The data in Table 4 shows that there are differences related to the residence in the probability of receiving the help of housework and daily activities. The elderly people in Ha Tinh and Tien Giang have a higher probability of receiving care of adult children than the other. The more children the elderly have, the more chance they receive care. Who lives with adult children is helped with housework and daily activities more than who lives far away from children or lives alone.

Thus, the data analysis displays that most of care activities in both emotional and financial aspects rely principally on the family members. Women play an important role in taking daily care for the elderly or when they are sick. The elderly people having fewer resources (having chronic diseases/handicapped, low educational status, etc.) depend more on their adult children. The number of living children and cohabitation with children are the factors can increase the probability of receiving financial, emotional and housework help from adult children. This contributes to approve the statement of the social exchange theory which affirms that the familial generations have mutual functional dependence through the financial, material and social support. When the elderly people decrease the participation in economic, political and social activities, for satisfying living needs, their dependence on the other family members and on the society is higher.

4. Discussion

Family is an important institution for every individual including the older adults. For them, family is the most crucial support for securing income resources, mental care and helping in domestic chores and daily activities. To be more specific, adult children, including daughters and daughters-in-law and partners, mostly wives, are the main carers when older people become ill. Households' economic conditions, health status, chronic disease status, gender, age cohorts, and employment status have a significant impact on health care for the older parents in the family. The characteristics of rural elderly is low educational status, old age, having no stable income, low living status, few children, having chronic diseases, etc. So they need their children to provide more financial, health and housework support than the ones who reside in the group: high educational level, good living conditions, having more children and having no chronic diseases. For emotional care, the gender and living model are the influencing factors, concretely, the elderly female receives more emotional support from adult children, the elderly people living with children receive more emotional support from adult children due to the geographic distance and the convenient residence as exchange theory have stated.

It's seen that the capacity of satisfying the living needs of rural elderly people is limited because most of them work in informal sectors. When

they get older, they don't have a pension and the stable income, meanwhile, the social service for the elder people in Viet Nam, particularly in the rural area have not been able to meet the needs of quality, quantity, and price. So the family plays an important role and is still expected to be the principal institution to execute the care activity.

Elderly care in Vietnamese family, especially in rural areas, is principally taken by the women. But nowadays, women participate in the labour market and the feminization tendency in migration from rural to urban areas along with the labor export create a lot of challenges in caring for children and elderly people. The industrialization and modernization promote people's life and the material support for elderly people are improved. However, the familial structure, family size, and culture, ect. Recognize a lot of changes, and this change impacts strongly to the elderly people, for example family members care less about each other, the conflict on ideology is raised, the difference in lifestyle leads to elderly people's feelings of isolation, neglect and it influences negatively on the quality of elderly life.

It is known that family is the foundation of society, but in the context of population aging, to satisfy the material and emotional needs of elderly people, to build happy families and to enhance a sustainable social development, it is necessary to create a system of social security policies for the elderly people. In the context that the role of state and community has not been promoted yet, the need to raise awareness for the people on health care, enhancing elderly health, offering working chances for elder people can decrease the care burden for the family. ■

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