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# Normativa de seguridad social para las personas mayores en Vietnam: situación y recomendaciones<sup>1</sup>

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**Resumen.** La población de personas mayores ha ido aumentando en todo el mundo. Esto es consecuencia directa de la mejora de la atención sanitaria y del aumento de la esperanza de vida. Además, el descenso de la tasa de fertilidad ha provocado un rápido envejecimiento de la población. Vietnam no es una excepción a esta tendencia. Este artículo analiza la seguridad social de las personas mayores en Vietnam. Examina cómo el gobierno ha abordado las cuestiones relativas al bienestar de las personas mayores. Se ha establecido que el gobierno de Vietnam ha estado trabajando en las cuestiones de los ancianos, incluida la asistencia social. Además, se cuenta con leyes específicas que abordan cuestiones relativas a las personas mayores. Por otra parte, el gobierno de Vietnam se enfrenta a retos presupuestarios en relación con la atención a sus ciudadanos mayores. Esto se debe a que su población envejece rápidamente. Los datos demográficos muestran que Vietnam tiene una de las poblaciones que envejecen más rápido del mundo. Las estadísticas gubernamentales indican que el número de ancianos ha aumentado muy rápidamente en el contexto de una economía en desarrollo. Los adultos mayores también se enfrentan a muchos retos, como la pobreza extrema, el acceso a la atención sanitaria e incluso la soledad cuando no tienen familia.

**Palabras clave:** seguridad social, ancianos en Vietnam, envejecimiento de la población en Vietnam, personas mayores, atención social a los ancianos.

## Social security regulations for the elderly in Vietnam: status and recommendations

**Abstract.** The population of elderly people has been increasing all over the world. This is a direct result of improved health care and increased life expectancy. Also, a falling fertility rate has led to a rapidly aging population. Viet Nam is no exception to this prevailing trend. This article looks at the social security of the elderly in Vietnam. It looks at how the government of Vietnam has been dealing with issues regarding the welfare of elderly persons. It has been established that the government of Viet Nam has been working on the issues of the elderly, including social assistance. Also, Viet Nam has specific laws that deal with issues regarding the elderly. Moreover, the government of Viet Nam is facing budgetary challenges regarding caring for its elderly citizens. This is because the population of Viet Nam is aging rapidly. Demographic data shows that Viet Nam has one of the fastest aging populations in the world. government statistics show that the number of elderly persons has been rising very fast against a backdrop of a developing economy. Older adults also face many challenges, including extreme poverty, access to healthcare, and even loneliness when they have no family.

**Keywords:** social security, the elderly in Vietnam, aging population in Vietnam, elderly persons, social care of the elderly.

### INTRODUCTION

The world demographics show an increase in the number of elderly persons. By 2020, the number of people aged above 65 years was more than 727 million. This could be attributed to increased life expectancy. It is estimated that the number of older persons (above 65 years) will be more than double the current number, crossing the 1.5 billion mark by 2050. In 2020 older people formed 9.3% of the world population, but with increased life expectancy and dropping fertility levels, this number is estimated to rise to 16.0% by 2050. (United Nations, 2019, cited in UNDESA, 2020) Scherbov and Sanderson (2019), citing Rubinow (1916), state that “Age 65 is generally set as the threshold of old age since it is at this period of life that the rates for sickness and death begin to show a marked increase over those of the earlier years.”

The population of older persons has grown exponentially. This is witnessed against a backdrop of an increase in life expectancy. Between 1950 and 2010, global life expectancy increased from 46 to 68 years. Of the 703 million people aged above 65 in 2019, Eastern and South-Eastern Asia had the highest number (261 million), while Europe and Northern America had a combined 200 million people. The UN projects that by 2050 all parts of the world will register an increase in the number of older people. *Ceteris Paribus*, by 2050 the population of elderly persons in Eastern and South-Eastern Asia is projected to rise from 261 million (2019) to 573 million (2050)- the most significant increase globally. North America and Western Asia are projected to record a fast increase in the elderly population, rising from 29 million (2019) to 96 million (2050), representing a 226% increase. Sub-Saharan Africa could have its population of older persons rise from 32 million (2019) to an estimated 101 million (2050), a 218% increase. Notably, some regions with a significantly

high number of the elderly population are projected to record a relatively small increase. For example, Australia and New Zealand are projected to record an 84% increase, while North America will have a 48% increase in the older population.

On the one hand, more than two-thirds of the global elderly population (1.1 billion people) will be in less developed countries (not including the least developed) by 2050. On the other hand, the least developed countries are estimated to record the fastest growth of the older population by 2050. The United Nations estimates that the older population in the least developed nations will shoot up to 120 million by 2050 from 37 million in 2019, a 225% increase (United Nations, n.d.)

The United Nations, having recognized the challenges that come with aging, decided to draw the world's attention to them. The First world assembly on aging (World Assembly on the elderly) was held on 26th July-6th August 1982 in Vienna, Austria. The assembly was meant to inaugurate a global program for older persons' economic and social security. The assembly resulted in the formulation of The Vienna International Plan of Action on Ageing. This document which the United Nations General Assembly endorsed in 1982 (Resolution 37/51) (it had been adopted earlier in the year), formed a framework for formulating policies and programs on aging. The document contained 62 recommendations on how countries could deal with aging populations. The recommendations covered health and nutrition, protection of elderly consumers, housing and environment, family, social welfare, income security and employment, and education (United Nations, n.d.).

According to the UN General Assembly (16 December 1991), in 1992 (the tenth anniversary of the International Plan of Action on Ageing), the United Nations General Assembly adopted resolution 46/91 of 16<sup>th</sup> December 1991- United Nations Principles for Older Persons. The formulation of the United Nations Principles on Ageing was informed *among other things* by a need to:

- 1) Uphold the dignity and worth of the human person as a human right;
- 2) The fact that older persons are diverse and vary from one individual to the other, from country to country, and within an individual country which calls for the formulation of appropriate responses to their challenges;
- 3) There is a rise in life expectancy, and more people are attaining advanced age in better health than before;
- 4) There is a need to afford willing and capable older citizens a chance to participate in meaningful economic engagement and social activities;
- 5) As people grow older and frail, their care strains their families, and therefore the families need support.

Hence, the United Nations Principles for Older persons captures these needs under the categories:

Helping the elderly to maintain independence or a semblance of the same, helping them keep participating in the community, helping the elderly attain self-fulfillment, and maintaining their dignity. The eighteen (18) United Nations Principles for Older persons as adopted on 16<sup>th</sup> December 1991 are:

### **Independence**

- 1) Older persons should have access to adequate food, water, shelter, clothing, and health care through income, family and community support, and self-help.

- 2) Older persons should have the opportunity to work or access other income-generating opportunities.
- 3) Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.
- 4) Older persons should have access to appropriate educational and training programs.
- 5) Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.

### **Participation**

- 1) Older persons should remain integrated into society, actively formulate and implement policies that directly affect their well-being, and share their knowledge and skills with younger generations.
- 2) Older persons should be able to seek and develop community service opportunities and serve as volunteers in positions appropriate to their interests and capabilities.
- 3) Older persons should be able to form movements or associations with older persons. Care
- 4) Older persons should benefit from family and community care and protection under each society's system of cultural values.
- 5) Older persons should have access to health care to help them maintain or regain the optimum level of physical, mental, and emotional well-being and prevent or delay illness onset.
- 6) Older persons should have access to social and legal services to enhance their autonomy, protection, and care.
- 7) Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation, and social and mental stimulation in a humane and secure environment.
- 8) Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care, or treatment facility, including full respect for their dignity, beliefs, needs, and privacy and the right to make decisions about their care and the quality of their lives.

### **Self-fulfillment**

- 1) Older persons should be able to pursue opportunities to fully develop their potential.
- 2) Older persons should have access to the educational, cultural, spiritual, and recreational resources of society.

### **Dignity**

- 1) Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.
- 2) Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability, or another status and be valued independently of their economic contribution (UN General Assembly, 1991).

During the 73rd World Health Assembly on 3<sup>rd</sup> August 2020, the Decade of Healthy Ageing: the plan of action was endorsed. Later the same year, on 14<sup>th</sup> December 2020, the United Nations General Assembly adopted it as Resolution 75/131. The adoption of the resolution led to the UN Decade of Healthy Ageing (2021-2030). The resolution noted the number of people aged above 60

was set to rise to 1.4 billion from 1 billion - a 38% increase. It also noted that the aging population was facing new health challenges that were not there before, e.g., Covid-19. The resolution also acknowledged that an aging population directly impacted housing, healthcare, social protection, etc. (UN General Assembly, 2020). The World Health Organization (WHO) proposes the following action areas during the United Nations Decade of healthy Ageing (2021-2030):

- i. Age-friendly environments - There is a need to create a conducive social and physical environment for the elderly. The social environment should consider healthy ways of aging once the elderly can no longer do the things they used to enjoy doing. The physical environment should, among other things, consider the elderly's aging bodies and declining abilities.
- ii. Combat Ageism- Many societies globally have stereotypes and prejudices about the elderly. There is a need to create a friendly environment where the elderly can thrive without discrimination because of their age. The elderly could still contribute positively if given the appropriate opportunities.
- iii. Integrated care- The elderly deserve unfettered age-appropriate care. They should have access to curative, comforting, or even end-of-life care to help them live in dignity.
- iv. Long-term care- As the process of aging kicks in, some of the elderly experience physical and mental deterioration. Therefore, they deserve sufficient support as they continue their day-to-day activities because they may not care for themselves (World Health Organization, n.d.).

### **Social care for the elderly in some ASEAN Countries**

The number of older persons in ASEAN has been rising steadily. This steady growth has also created a dire need for the care of older persons. It is necessary for every state to come up with policies that ensure that the older persons in its population are taken care of. Unlike in the past, with healthcare improvement, life expectancy has increased. Also, it is noteworthy that many people who attain the retirement age of sixty are usually strong and can positively contribute to society if given a chance.

During the 7th ASEAN ministerial meeting of the ministers in charge of Social welfare and development in the ten ASEAN member countries (Seventh ASEAN ministerial Meeting for Social Welfare and Development -7th AMMMSWD), the BRUNEI DARUSSALAM DECLARATION ON STRENGTHENING FAMILY INSTITUTION: CARING FOR THE ELDERLY was adopted on 25th November 2010 in Bandar Seri Begawan, Brunei Darussalam. The declaration noted, among other issues:

- i. The need for ASEAN to focus on the welfare and development of its people, including the vulnerable and disadvantaged groups, as set out in the Cha-am Hua Hin Declaration on the Road map for the ASEAN Community (2009-2015);
- ii. The need to focus on the promotion of the well-being and lives of the citizens of ASEAN countries by ensuring that everyone has fair access to opportunities for development, social welfare, and justice as stipulated in the ASEAN charter;
- iii. The declaration also noted that the increase of older persons in ASEAN had a notable social impact. This challenge that has been rising from an increase in life expectancy has called for social welfare programs to adequately take care of economically poor older persons;
- iv. The declaration further noted the need for ASEAN countries to work hand in hand to care for older persons in their populations.

The 2010 Brunei Darussalam Declaration on Strengthening Family Institution: Caring for the Elderly reads in part:

“DO HEREBY: AGREE to take concerted efforts to promote the quality of life and well-being of the elderly as well as to reduce the social risks faced by the elderly, as follows:

- 2 a) Develop a social support system and encourage the development of education programmes to enhance the abprogramsamilies to take care of the elderly;*
- b) Provide appropriate care and support, including a community volunteer approach and other forms of alternative family and community care arrangements, to the elderly;*
- c) Promote the quality of life of the elderly by creating conditions that enhance their self-reliance and ability to be self-reliancemically active;*
- d) Provide life-long opportunities for individual development, self-fulfillment, and well be itself-fulfillment examples, access to welfare and social services, resources, skills training, lifelong learning, and participation in the community;*
- e) Achieve secure, active, and healthy aging by reducing the incidence of poverty among the elderly;*
- f) Promote quality health care, support, and social protection for the elderly, including preventive and rehabilitative health care;*
- g) Support capacity building of primary health providers, social workers, caregivers, and volunteers in delivering care to the elderly;*
- h) Promote the awareness and ability of the younger generation to live a healthy lifestyle, nurture a life course approach to growing older and respond to the issues relating to ageing;*
- i) Facilitate the conduct and exchange of researches and studies in gerontology and geriatrics; and*
- j) Strengthen inter-sectoral collaboration with the relevant ASEAN bodies and promote closer partnerships with the civil society, private sector, older persons' associations and the elderly themselves, to promote the well-being of the elderly” (ASEAN, 2010).*

The Brunei Darussalam 2010 declaration is evidence that ASEAN is committed to:

- a) sensitizing families on how best to take care of older persons amongst them. Older persons' needs vary, and they become more dependent as they advance in age. It, therefore, is imperative that families are equipped with the requisite knowledge on how to best take care of the older members of their families.
- b) The ASEAN states are committed to providing alternative care to older persons. This commitment involves using community-based volunteers and other forms of care for the elderly as an alternative to family-based care. This means that ASEAN states have acknowledged that family-based care of older persons might be overwhelming to their families, hence the need to step in and offer assistance as and when required.
- c) ASEAN states have recognized that older persons might have relevant skills or knowledge to offer to the community. The states, in acknowledging this, have committed to creating opportunities for older persons to participate in appropriate economic activities and possibly remain self-reliant. This is a recognition that with improved healthcare, more older persons attain retirement while still firm and could be engaged in productive work.
- d) ASEAN states have also noted that retirement should not be a sentence to solitude and poverty. The community has pledged to avail life-long care to the elderly through social welfare. Older

persons tend to be plagued by many health challenges as they fail with age. However, welfare cheques will alleviate this frailty for the remainder of their years. Moreover, some older persons find themselves facing solitude. By committing to creating opportunities for older persons to participate in the community, ASEAN states will ease the burden of solitude that older persons might experience in their sunset years.

- e) Poverty among older persons is a significant headache globally. With failing health due to age, older persons need a lot of support, and financial support is critical at this age. ASEAN countries could give this critical support by creating a reliable social welfare program to support members of their populations as they age. The social welfare programmes could either be contributory based on employer-employee contributions, Self contributions for the self-employed, or state-funded pension schemes. Pensions are a crucial way to support older members of society.
- f) In full recognition of the need for readily available and suitable healthcare for older population members, ASEAN states have committed to availing adequate healthcare to them. Unlike their younger years, older persons have more healthcare needs as their bodies weaken with age. It is a commitment by the ASEAN community to provide adequate preventive and rehabilitative care as they face the inevitable challenge of ailments that arise with the aging process.
- g) ASEAN states are also committed to supporting primary healthcare givers, social workers, and community volunteers who care for the elderly. For this cadre of caregivers to deliver sterling healthcare to the elderly, they need to be empowered sufficiently in terms of knowledge and economic support. ASEAN states have recognized the vital role caregivers play as they dispense their duty of caring for older persons. Hence, they are committed to supporting them in every way possible. With support, the workers will not only be equipped with all the knowledge and skills required to perform their work, but they will also be motivated.
- h) ASEAN states have also realized that line in retirement requires lifelong preparation. As a result, ASEAN has adopted an approach for sensitizing young people on the importance of leading a healthy lifestyle in their younger years in anticipation of age. This is especially important because some lifestyle choices young people make in their youth affect them significantly in their older years. The choices could range from physical health choices to financial health well-being decisions (social welfare contributions). When the youth are sensitized in preparation for old age, they will be less of a burden to the state, for they will have made wise choices in preparation for retirement.

After the 2010 Brunei Declaration, the Department of Older Persons (DOP), Ministry of Social Development and Human Security, Thailand, took the initiative to facilitate follow-up review reports. The report was to show the status of care provision for older persons in the 10 ASEAN countries plus China, Japan, and the Republic of Korea. The College of Population Studies (CPS), Chulalongkorn University, Thailand, was appointed to conduct the two-year research in 2016. The resultant document was “Care for Older Persons in ASEAN+3: The Role of Families and Local and National Support Systems,” launched in 2017. The full report and summarised booklet were launched during the May 14-16, 2017, Bangkok Conference held at the Dusit Thani Hotel. *“At this event, country experts from ASEAN+3 countries presented an initial overview of the current situation of older person care in their respective cocountries. Altogether, 11 countries agreed to participate in this project and one or more rerepresentatives from each country attended. The objective of this conference was to kick off the project and to gather initial information for each participating country on care needs, care provision, the most important issues related to care of older persons, legal circumstances and challenges in conducting research on this topic” (Loichinger & Pothisiri, 2018, p2).*



ASEAN has recorded a change in the age group demographics. Previously, ASEAN countries had a population reflecting high fertility and high mortality, the latter being attributable to, among other things, inadequate healthcare. However, by 2015 the trend had changed significantly to low-fertility coupled with low mortality. As a result, the population demographic in ASEAN is changing from a young population to a rapidly aging population. It has also been noted that increased life expectancy does not necessarily mean that elderly persons are enjoying good health. There are cases where the elderly are suffering from extreme health challenges due to the rise in life expectancy and the infirmities associated with old age. It has also been noted that increased life expectancy does not necessarily mean that elderly persons are enjoying good health. There are cases where the elderly are suffering from extreme health challenges due to the rise in life expectancy and the infirmities associated with old age (Loichinger & Pothisiri, 2018).

Brunei Darussalam has quite a low proportion of its population aged above 60. However, studies show that the percentage is set to rise noticeably by 2050. The current trend shows that the working-age population (the young) is reducing progressively. This means the number of elderly is increasing due to increased life expectancy. The effect of the increased aging population is that Brunei Darussalam (like every other ASEAN country) will have to adjust to cater to the older population by providing appropriate healthcare, housing, and care providers for the elderly. According to the World Health Organization (2016), as cited in Loichinger and Pothisiri (2018), the life expectancy in Brunei Darussalam is 76.3 years (men) and 79.2 years (women). This data shows clearly that women live longer than men in Brunei. *“Statistics have shown that the proportion of older women has risen significantly with women aged 60 years to 79 years comprising 3.3% of the total population while men comprised 3.2%. Further, women aged 80 years and above comprised 0.4% as compared to men who only comprised 0.3% of the total population”* (Department of Statistics, 2016, as cited in Loichinger & Pothisiri, 2018, p.19).

Brunei Darussalam is an Islamic Sultanate. This indicates that for a long time, the primary caregivers for the elderly were the immediate family members because of the close-knit nature of the society. However, this reality has changed over time because of the increased life expectancy juxtaposed with the dropping fertility rate meaning that the number of young adults is reducing. Also, there is an increasing number of widows because women tend to outlive their husbands. In the face of this new challenge, the family, the immediate community, the government itself, Non-governmental organizations, and private sector players remain the primary caregivers for elderly persons.

*“In line with the directions of the Madrid International Plan of Action on Aging, and the Global Strategy and Action Plan on Aging and Health (2016-2020) for active aging, the government carried out a review of the National Plan of Action for Older Persons in 2017”* (Loichinger & Pothisiri, 2018, p. 28).

The government plays a significant role in caring for the elderly in Brunei Darussalam. It helps in financial support to community groups that care for the elderly. Moreover, it provides invaluable support through financing and training professional care providers for the elderly in order to improve their skills and competence. These include organizing workshops on the care of older persons for the members of the Village consultative council through the Ministry of Health and the ministry of culture. Also, in recognition of the critical role played by volunteers in the care of older persons, the government of Brunei Darussalam trains them to care for older persons. The volunteers are also trained on how to train other volunteers who are involved in caring for the elderly. These volunteers are equipped with competencies such as counseling or even caring for older people with dementia.

Furthermore, in acknowledgment of the crucial role played by family caregivers, the government of Brunei is also actively supporting them by facilitating workshops such as Advanced Dementia and Counselling (Loichinger & Pothisiri , 2018).

According to UN estimates, the population of LAO PDR stood at 7,073,016 in 2019. As per 2017 estimates, the number of older persons aged 65 years and above formed 3.89% of the population, with 125,682 males and 151,800 females. Compared to previous data, the number of elderly persons is rising steadily. In 2015 the number of older persons over 65 was 3.9% of the population of LAO PDR; this number is expected to grow, and it's projected that by 2035 older persons over 65 will be an estimated 6.5% of the population of LAO PDR. Also, With increased life expectancy, the older persons in Lao PDR sometimes have to battle with challenges such as losing function resulting from old age, heart disease, stroke, diabetes, and mental health (Phouminidr Bouathep, 2019).

Just like in Brunei, the elderly are revered in LAO PDR. In this society, the elderly are cared for by their families during old age until they die. The elderly play a vital role in the community during social and religious events and even within the local authorities. However, Lao PDR faces challenges concerning the care of older persons. To begin with, LAO PDR's legislation on the care of older persons has some weaknesses, and a comprehensive overhaul is required. In addition, there is a challenge in that there is no sufficient data on challenges associated with aging, such as health conditions, diseases, poverty, and other infirmities borne of old age.

Moreover, LAO PDR has yet to set up a comprehensive mechanism to promote the welfare of the elderly at the sub-national level. At the same time, its community-based health insurance system was only launched recently. Finally, Lao PDR has insufficient social amenities for the elderly (gyms), especially in remote rural areas, and an inadequate number of old-age caregivers, such as community-based volunteers and social workers who can come in and offer assistance on a case-by-case basis. In LAO PDR, the legislation dealing with the elderly is 2004, The National Policy towards the Elderly. This decree, that was endorsed in 2004, covers issues such as medical treatment, rehabilitation, and welfare of the elderly (Phouminidr Bouathep, 2019).

Having noted that Lao PDR does not have a specific law dealing with the needs of the elderly, some recommendations have been made to rectify the situation.

- 1) "Consider creating regulation through law or decree on older persons.
- 2) Renew the national policy for the elderly.
- 3) Formulate a national strategy and action plan for the needs of an aging society.
- 4) Establish a non-contributory minimum social pension for older people who are not covered by the formal social security system.
- 5) Provide non-cash benefits for the older population, such as free health care, housing and transportation.
- 6) Explore different targeting options, e.g., targeting all older adults without formal pensions or targeting only the most vulnerable: those living in poverty, older persons without family support, or those who have a disability." (Loichinger & Pothisiri , 2018).

Malaysia's population could very well be termed a "young country" compared to many other countries globally. However, statistics show this aging holiday is not permanent. It is estimated that the population of Malaysia will comprise 15% of people above 60 years by 2035 (Md Isa et

al., 2022). Older people made up 6.3% of the population of Malaysia by 2000. This population is expected to grow to 4.9 million (12.0%) by 2030. Keyes (2017), cited in Md Isa et al. (2022), notes that Malaysia is now advancing toward becoming an elderly population. With this increase in the elderly population, the country is now pressed towards dealing with the healthcare needs of its older people and providing facilities for the elderly. Malaysia must start planning toward providing and maintaining appropriate facilities for older people.

In cognizance of its aging population, the government of Malaysia has formulated policies aimed at guarding the welfare of the elderly. For example, the National Policy for Older Persons was adopted in 2011. This policy provided guidelines to the relevant government ministries on the elderly. Also, the Malaysian government has instituted social welfare programmes for older citizens, such as institutions to take care of the elderly, offering financial assistance to the elderly, and creation of specially designed activity centers for the elderly whose services include driving the elderly to various places and also proving the elderly with devices that ease their day to day to day life. The government of Malaysia has also adopted an approach of creating shelters (Rumah Seri Kenangan) where elderly citizens who do not have any family or financial support live. *“A report by the Department of Social Welfare (2014) stated that there are 14 government-funded old persons’ homes, known as Rumah Seri Kenangan (RSK) and Rumah Warga Tua (RWT), which offer shelter and protection for 2,553 residents. These homes offer satisfactory care and support in the form of rehabilitative and counseling services for the residents”* (Visvanathan, Zaiton, Sherina, & Muhamad, 2004, as cited in Loichinger & Pothisiri, 2018). The main criterion for admission to older people’s homes is a lack of family support. Then the other criteria include that: One must be a Malaysian Citizen aged 60 and above, One must not have a mental illness, one must be unable to support themselves financially, and one must be free of any contagious disease. There are cases of older persons who have family members to care for them but are extremely poor. They are usually given a form of monthly financial assistance known as Bantuan Orang Tua, totaling to RM300 (Loichinger & Pothisiri, 2018).

## METHODS

The writing of this article was based on a library-based collection of data. It involved collecting information on the aging population in the world, specifically in Vietnam. Data were obtained from United Nations publications (including resolutions), journals, and Vietnamese official government publications.

## RESULTS AND DISCUSSION

### Social- Security

Vietnam’s Social Insurance Scheme would cater to a pension upon retirement. Currently, the social insurance scheme is only mandatory for workers employed by Vietnamese enterprises. Employees employed by other entities participate in the optional social insurance. The downside is that this cadre of employees hasn’t been two pay three times more than those employed by Vietnamese enterprises. Ironically, many employees do not want to pay the nominal contribution for social insurance. This social insurance scheme has only been popularized in the past two decades, which could explain its low uptake. Also, some employees do not participate in the social insur-

ance scheme because they work in far-flung areas, e.g., farmers working in the remote mountainous regions of Vietnam. moreover, for citizens over 75 or 80 years, the Government gives them monthly social allowance irrespective of whether they contributed to the social insurance or not (ASL Law Firm, 2022).

According to Tuan (2016), Vietnam's population is among the fastest aging globally. This situation has brought challenges such as providing social security, a dependable income, and healthcare. With advancing years, many people face the challenge of declining health. This raises a need for costly medical care finances that many older people do not have. In Vietnam, many older people have neither a pension nor health insurance. Therefore, Vietnam needs to broaden its social security net for the elderly.

According to Reardon (2022), poverty among the elderly is a glaring reality in Vietnam. This is a critical social and economic issue considering that Vietnam has one of the highest numbers of the world's older adults. In 2020 the number of older adults rose to 7.9%, up from 4.9% in 1975. in the decade spanning 2009-2019, the number of people over 60 rose by 2%. The World Bank supposes that Vietnam could be the world's fastest-aging population. Reardon (2022) further writes that,

“This aging is due to an increase in life expectancy, which rose by 21.6 years from 1950-1955 to 2010-2015, as well as a decrease in fertility rates in developing countries, from 6.1 children in 1950-1955 to 2.7 children to 2010-2015. By 2050, the percentage of Vietnamese people older than 60 could be one-third of the population, doubling from 11.9 million to 29 million. Among other implications, an aging population in Vietnam could devastate the quality of life for elderly Vietnamese people, especially those already in poverty.”

Also, due to poverty, many older adults work well past retirement age. Citing United Nations data aired on Channel News Asia, Reardon (2022) notes that about 40% of elderly Vietnamese are still working. It is estimated that out of every ten elderly, seven are working in the informal sector. Moreover, the meager money they make from this work is insufficient to cater to all their basic needs. With advancing years, the older adults in Vietnam experience failing health and, consequently, more medical needs. It is noted that about 39.9% of the elderly are poor and need government pensions. However, the pension is limited, and only one out of five people qualify for state support. For any elderly below 80 years to qualify for a state pension, they must show definitive proof of being poor. This lack of sufficient support pushes more older adults into poverty because of the expenses associated with aging. Reardon (2022) also avers that elderly people living in rural Vietnam are more susceptible to poverty than those living in Urban areas. Also, from August 2019- April 2020, the World Bank and the Japanese International Cooperation Agency came together to help Vietnam set up structures for supporting the elderly. The three-phase program was benchmarked on the policies for the care of the elderly in Thailand.

### **Social Care of the Elderly in Vietnamese Law**

The rights of the Elderly in Vietnam are encapsulated in the Law on the Elderly (law no. 39/2009/QH12) of Vietnam, which was adopted on 23/11/2009. Article 2 of the law of the elderly defines the elderly as citizens aged 60 and above. Also, Article 3 of the law on the elderly provides the Rights and obligations of the elderly. Article 3 of the law stipulates that:

The elderly have the following rights:

- a) To be guaranteed basic food, clothing, lodging, movement, and healthcare needs;
- b) To decide to live with their children, and grandchildren or to live separately at their own will;
- c) To be given priority in the use of services under this Law and other relevant laws;
- d) To be provided with conditions to participate in cultural, educational, physical training, sports, entertainment recreation activities;
- e) To be provided with conditions to work in suitability to their health and professions and other conditions to play their role;
- f) To be exempt from contributions to social activities, except voluntary contributions;
- g) To be given priority in the receipt of relief in cash or in kind, healthcare, and lodgings to overcome when they meet with difficulties due to consequences of natural disasters or other force majeure circumstances;
- h) To join the Vietnam Elderly Association under the Association's charter;
- i) Other rights defined by law.

### **Social- care achievements and Challenges in Vietnam**

By 2016 the number of people aged above 65 years was 7% of Vietnam's population. The poverty level among the elderly was high, and 22% of the elderly were among the poor. The Government of Vietnam (in an attempt to compact this worrying trend of poverty, launched reforms targeting the old age pension scheme in 2007. Vietnam passed the law of social insurance and the social pension scheme. Vietnam has a social pension for the elderly. The scheme covers the vulnerable elderly aged between 60-79 years. It is a cover that cushions the elderly within this age bracket who live alone or with elderly spouses without support from their relatives and the disabled. This scheme extends to all the elderly aged above 80 years. The elderly above 80 years who do not receive a pension or monthly social insurance allowance are eligible to apply for a social pension allowance under this scheme. The law supports this pension framework for the Elderly (2009). The law extended coverage of the targeted population. It is, however, noted that there are some gaps, including the legal definition of disability and poverty (United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), 2019).

While addressing the Viet Nam Association of the Elderly on 15th March 2022, the Minister of Labor, Invalids and Social Affairs, Dao Ngoc Dung, said that the number of older adults in Viet Nam is more than 11.47 million people. This number represents 12% of the population of Viet Nam. 7.66 million older adults live in rural areas. Over 500,000 older adults in Viet Nam do not have health insurance Cards. The Ministry has plans to amend the Law on the Elderly by 2024. The intended amendments include lowering the age at which the elderly access social insurance. Also, further amendments will be made to the Law on Social Insurance. The amended law was to be submitted to the National assembly in October 2022.

The minister also noted a need to give the elderly jobs depending on their health and abilities. The minister noted that life expectancy has increased in Viet Nam. The Government has continuously improved the legal framework and policies regarding the elderly in Viet Nam. Also, the state has increased the amount of money the elderly receives as a monthly pension from VND90,000 (US\$3.9) to VND360,000 (US\$15.8) per month. Some pensioners receive above VND 1 million (USD 44) monthly. He also noted a challenge regarding an increase in elderly living alone and a worrying trend of the number of elderly getting abused. The president of the

Viet Nam Association of the Elderly noted that the Party and State paid attention to the welfare of the elderly. Moreover, Viet Nam's prime minister issued decision number 2156/QĐ-TTg operationalizing the National Action Programme for the elderly 2021-2030 on 21st December 2021 (Vietnam Social Security, 2022).

According to Vu, Tran, and Dang (2020), the prime minister of Vietnam had earlier approved the Decision. 1781/QĐ-TTg for the years 2012-2020. The decision aimed at improving the old care persons were receiving, mobilizing care activities for the elderly, and giving the elderly roles to play under the country's socio-economic potential. In 2013, The Ministry of Health included the number of beds for the elderly as a key performance indicator as it worked on improving access to healthcare services. Through circular 2248/BYT-KCB of 2018, the Ministry of health standardized geriatric departments at Viet Nam's provincial hospitals. This is in line with the Ministry's response to the rising need for health care among the elderly. Unlike some Asian countries like Japan and Malaysia, Viet Nam does not have longitudinal data on its elderly population. Also, Viet Nam needs to establish a framework for collecting scientific data to track the health and health care for the elderly. "The Longitudinal Study of Ageing and Health in Viet Nam (LSAHV) is expected to establish baseline data and succeeding data on OPs. Data from the LSAHV will allow a comparison between Viet Nam and other ASEAN and aging societies to gain an understanding of the health status of OPs. Comparing aging studies will help each country learn about the successes and failures of policies and programs for OPs" (Smith, 2012, p4 cited in Vu, Tran & Dang, 2020).

According to the Vietnam National Committee on Aging (2019), the Ageing population in Viet Nam has reached a critical point, directly impacting the nation's economy. In Viet Nam, fertility levels have been falling steadily since the mid-1960s. Until the 1960s, the Total Fertility Rate (TFR) -the number of children born to a particular woman in her fertile years (15-49 years) was an average of 6-7 children. As a result of concerted family planning campaigns and more women getting educated, the total fertility rate has been dropping. With improved healthcare services in Viet Nam, the mortality rate had fallen with life expectancy rising.

The government must mobilize resources to ensure the elderly continue living active and healthy lives. Elderly persons are defined as those aged above 60. The aging population impacts all members of the nation, and the Government should develop policies that take care of not only the elderly but also younger members of the population. Currently, Vietnam's policy is geared towards the welfare of the elderly while neglecting the younger members. On December 31, 2017, the Government passed resolution No. 137/NQ-CP on the Government's Program of Action for implementing Resolution No.21-NQ/TW of 25 October 2017. "... there is a need to undertake specific tasks such as drafting the Law on Population; promulgating the amendments and supplements to the Law on the Elderly; and developing the national program on older people to 2030 and the project on health care for older people to 2030 to submit to the National Assembly and the Government in 2019-2020 (Vietnam National Committee on Aging, 2019).

The elderly have some age-related challenges in Viet Nam. The first significant challenge is Financial security. By 2016 the number of elderly persons living in abject poverty was increasing with age. "According to VNAS 2011 (ISMS, 2011), the most important source of income for older persons remains assistance provided by their offspring (32 percent). This is followed by employment income (29 percent), pensions (16 percent), and monthly stipends from the Government (9 percent). Savings and support from partners and friends account for the remaining 14 percent of the income of older persons"(Vietnam National Committee on Aging, 2019).

Presently Viet Nam has two ways of supporting its older population. There is also social insurance (this pension is based on contributions) and Social assistance (non-contributory pension). By 2016 the number of elderly persons receiving contributory pensions was less than 20%. The average pension was a 3.4 Million VND for private sector pensioners and 4.26 million VND for government pensioners. Also, by 2016 only 21.3% of employees in Viet Nam were contributing to a pension scheme. This scenario means that quite many older adults will retire without a contributory pension. As a result, their care will burden the country's budget. In Vietnam, the average pensioner receives pensions for 24.1 years. The combined factors of early retirement and increased life expectancy are straining social insurance funds. The state also pays a social allowance to older persons living alone or those in extremely poor homes and the elderly over 80 years who do not have a pension or any other support. By 2016 among the 60-79 age bracket, only 0.95% were on a pension, while among those over 80 years, 16% received a social allowance. The allowances might not be much, but the beneficiaries are glad to receive them. Towards the end of 2017, 1.57 million elderly persons received a social allowance. On the same note, 1.4 million elderly were benefiting from the war merit support given to war veterans (Vietnam National Committee on Aging, 2019).

According to Viet Nam National Committee on aging (2019), the population's health has increased noticeably in Viet Nam. The same is reflected in the increased life expectancy. However, the health system has not been adapting fast enough to deal with concerns related to an aging population sufficiently. In 2016, the number of senior departments in provincial and central hospitals was 50, and 302 geriatric clinics. The waiting time for treatment is usually long. There are inadequate routine health exams and insufficient guidance on healthy aging at the local level.

Regarding Social Care which covers medical services and social support, by 2011, about 1.5 million Vietnamese needed assistance in activities of daily living like eating, grooming, etc. Data projected that in 2019 the number of older adults in need of support in activities of daily living would rise to 4 million and nearly 10 million by 2049. In Vietnam, the government presently runs social protection centers, social houses, and some community-based voluntary care. Those who qualify for care within such centers are beneficiaries of the social assistance scheme—mainly older persons who live alone. The care centers are home to about 10,000 elderly persons. The challenge is that a very high number of older adults need social care, but they cannot access it because they live in communities where it is non-existent. Vietnam is yet to create a network of qualified caregivers to give direct services to senior citizens in hospitals and at their homes (Viet Nam National Committee on Aging, 2019).

Regarding appropriate Living arrangements, many elderly persons continue to live with their families. By 2017, there were 427 centers taking care of elderly persons, those with disabilities, and orphans. Out of these, there were 20 private centers. The centers are expensive, charging between 400-1000 USD/month. The Government also finances social institutions, but they only admit lonely older adults with no families. By 2017, more than 10,000 elderly persons were living in private and state-funded care centers. There are also some pagodas and churches that take care of the elderly. The state is encouraging the construction of more privately-owned care homes by granting tax breaks and even construction loans (Viet Nam National Committee on Aging, 2019).

The state is also working on creating an enabling environment for the elderly. The enabling environment means the elderly have access to conducive housing, appropriate infrastructure design, affordable housing, etc. Social institutions and the state have been working on ensuring the elderly live in decent houses. Recent data shows that only 0.45% of the elderly in Vietnam live in poor houses. The state is promoting the creation of an appropriate environment for the social and physical well-being

of the elderly. The Law on the Elderly stipulates that senior citizens should receive discounts on public transport, participate in cultural activities, sporting meets, and access public facilities. The Government of Viet Nam on 2018 passed Decision No. 691/QĐ-TTg on the framework for the 2018-2020 rural program. It deals with ways of improving infrastructure, dealing with the main challenges, and solving pressing social challenges (Viet Nam National Committee on Aging, 2019).

The Government of Viet Nam is also mindful of the challenges regarding the loneliness and isolation that elderly persons sometimes go through. As the elderly advance in age, their health starts declining, and it hampers their movement. One way the state assists on this front is to encourage the elderly to form Older People Associations (OPA). These community-based organizations for older people help in improving their well-being. The Viet Nam Association of the Elderly, which was formed in 1995, has been overseeing OPAs. More than an estimated 2.5 million elderly persons take part in activities meant for the elderly.

## CONCLUSION

The article shows that Vietnam has a robust care system for the elderly. However, there are still gaps that need to be addressed. There is a high number of elderly who do not benefit from social assistance. Also, the 80 years required to qualify for social assistance is quite high and should be reviewed.

It is recommended that

- (i) Viet Nam should increase the amount of money it gives the elderly through pensions.
- (ii) The age of 80 years requirement for one to qualify for social assistance is too high and should be lowered.
- (iii) The Government should invest more in creating departments that deal with the elderly in state-owned hospitals
- (iv) The Government should also build more care homes to care for lonely older adults.

## Declaration

The authors report there are no competing interests to declare.

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