

WELLSO 2015 - II International Scientific Symposium on Lifelong Wellbeing in the World

The Care of Elderly People in Vietnam

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Abstract

<http://dx.doi.org/10.15405/epsbs.2016.02.63>

The population ageing as an unprecedented phenomenon in the history of the humanity was considered. It is slow, but persistent and, according to the opinion of the experts, it is irreversible, at least for the next hundred years. Population ageing has a profound impact on economic growth, investment and labor market, the welfare of every citizen of any country. Changes in the structure of the population in terms of aging concerns every person, society, country and the international community. The increase in the number of elderly people determines the necessity of working out new strategies for the stable development of each country in the world. Vietnam is no exception in this case. Population ageing is a contemporary challenge for the worldwide society. It requires the development of the effective strategic and tactic decisions and new systems of care for elder people, aimed at transformation of the population ageing challenges into opportunities, which provide people's welfare. The main aim of the study is to determine the ways of perfection of the care system of the Vietnamese older people. The methods: system analysis of statistic data about the demographic structure of the Vietnamese population and the morbidity structure of the Vietnamese seniors; situation analyses. The results: specific features and conditions of the system of care of elderly people in Vietnam are studied. The analysis of the main factors that affect the system of care of the older people is conducted. The conclusions and proposals to enhance the system of care of the older people are drawn.

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Keywords: Population ageing; the Golden structure of the population; elderly people; nursing care; geriatric assistance; the welfare of older people.

Introduction

The ageing of the population on a global scale is a problem of the XXI century and the most important demographic trend of our time. Demographic ageing of the population (increase in the share of elderly (over 60 years) to total population) is the result of long-term demographic changes in the



nature of reproduction of the population, fertility, mortality, their ratio, and partly labour migration. According to the scale of the Polish demographer Edward Rosset, if the proportion is 8%, then the society is in a state of demographic youth; 8-10% means the pre-ageing stage the threshold of ageing; 10-12% means actual ageing, 12% or more means demographic old age (Medkov, V., 2009). Socio – economic consequences of the ageing of the population are associated mainly with the increase in the number of people of retirement age per able-bodied person. The most important task of the demographic policy is considering demographic consequences of the ageing of the population. According to UN estimates, the number of world population aged 60 years and older in 2005 was 205 million, in 2012 it was 810 million people, and by 2050 their number is expected to increase up to more than 2 billion people. Thus, the average proportion of the world population aged 60 years and older was 11.1% in 2012 and will reach more than 20% in 2050 (*Ageing in the twenty-first century: a celebration and a challenge*, 2012: pp. 12 - 13).

Another important trend in recent decades is the decline in fertility that has been observed in most countries of the world. It was especially rapid in developing countries, due to this fact the difference in fertility rates between developed and developing countries has noticeably decreased.

Worldwide, the coefficient of total fertility rate fell by one half, from 5.0 children per woman in 1950-1955 to 2.5 children in the period of 2005-2010. It is expected that in the coming decades the decline will continue and come to 2.2 children per woman in the medium variant of forecast and 1.8 for the low case. A more rapid decline in fertility will lead to a more rapid ageing of the population and vice versa.

In developed countries the coefficient of the total fertility rate after its continuous decline from 2.8 children per woman in 1950-1955 came to 1.6 in 2000-2005 and then rose in 2005-2010 to 1.7. In the medium variant of the forecast of fertility in 2045-2050 it will rise to 1.9 children per woman, but it will not reach replacement fertility which is 2.1 children per woman.

In developing countries the birth rate decreased especially rapidly in 1970 - 1990ies, dropping from 6.1 children per woman in the years 1950-1955 to 2.7 in the period of 2005-2010. Fertility decline in the least developed countries began only in the 1980-ies, but was very sharp – from 6.6 children per woman in 1980 to 1985 to 4.2 children per woman in 2010-2015. In the medium variant of the forecast, in 2045-2050 fertility in the least developed countries will decline to 2.9 children per woman, and in other developing countries to 2.3 (Shcherbakova, E., 2014).

Over the past 60 years, life expectancy in the world increased by almost 21.6 years: from 47.7 years in 1950-1955 years to 69.3 years in 2010-2015. It grew particularly rapidly in developing countries. In the least developed countries it also increased by 21.6 years (from 37.2 to 58.8 years), and in other developing countries it grew up to 26.3 years (43.0 to 69.4 years). In developed countries it increased by only 12.1 years (from 65.9 to 78.0 years). Despite the long-term trend of reducing the gap in life expectancy between developed and developing countries due to a more rapid reduction of mortality in those countries it still remains very significant. If in the middle of the twentieth century, the exceeding life expectancy in developed countries over the life expectancy in the least developed regions of the world reached 29 years, by the end of the century it reduced to 22 years (74.8 and 52.5 years), and in 2010-2015 to 19 years (Shcherbakova, E., 2011). The high birth rate in the first two thirds of the

twentieth century and continuing reduction in mortality in almost all age groups led to the rapid growth of the elderly population in recent decades.

These global trends are confirmed by regular demographic structural changes in the Socialist Republic of Vietnam. According to the General Administration of the population and family planning, the proportion of elderly people in the population is increasing in Vietnam during the study period (Table 1).

Table 1. Structure of population by age and sex (2009 - 2019 forecast).

Age, years	For 01.04.2009			For 01.04.2014			Forecast for 01.04.2019		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Population (thousand people)									
0-14	11221	10238	21459	11091	10234	21324	11105	10358	21463
15-59	28758	28561	57320	30778	30216	60993	31883	30929	62813
60 and older	3157	4508	7664	3535	4857	8392	4486	5917	10403
Total	43136	43307	86443	45403	45307	90710	47475	47204	94679
Structure of the population %									
0-14	26.0	23.6	24.8	24.4	22.6	23.5	23.4	21.9	22.7
15-59	66.7	66.0	66.3	67.8	66.7	67.2	67.2	65.5	66.3
60 and older	7.3	10.4	8.9	7.8	10.7	9.3	9.5	12.5	11.0
Total	100	100	100	100	100	100	100	100	100

(Le Van, D., 2011).

Table 1 shows that the population of Vietnam at the age of 60 years and older is increasing, and their share in the population is growing more rapidly than the absolute number of population (the average growth rate of 111.2% and 104.6%, respectively). Due to this fact, social problems, including the problem of care for the elderly in the coming decades, arise. According to the above-mentioned scale of E. Rosset, Vietnam is in the second stage - "the threshold of ageing".

Currently, Vietnam is a country with a "golden structure" of the population. The question of how to use the "golden population" to create opportunities for economic development was the subject of research of many experts, economists and politicians. To create a "golden working capacity" in this period it is necessary to develop a strategy for the development of human resources associated with the development of economy and society. Table 2 presents data on the periodization of the "golden structure" of the population in Asia.

Table 2. The period of "golden population" in Asia.

Country	Years	Duration
Singapore	1980 - 2020	40 years
Thailand	1990 - 2025	35 years
Indonesia	2010 - 2040	30 years
Malaysia	2015 - 2045	30 years
Philippines	2030 - 2050	20 years
Vietnam	2010 - 2040	30 years

(Giang Thanh, L., 2010).

Table 2 shows that there are about 25 years before the end of the period of the "golden population" in Vietnam. So, to take advantage of the structure of the population, it is necessary to take appropriate actions: to maintain a rational birth to prolong the period of the "golden population structure"; to increase employment opportunities, to expand and improve the quality of vocational training according to the needs of the labor market.

The indicators of population ageing are affected by fertility, mortality and life expectancy.

The analysis of the indicators of natural movement of the population of Vietnam, held by the General Statistics Office (GSO) revealed the difference in fertility depending on the place of residence and level of education. For example, in 2008 the total fertility rate in the cities was 1.83 children per woman and in the village of - 2.22 children per woman and in subsequent years the birth rate has tended to decrease (Table 3). Statistical indicators confirm the correlation between fertility and education of women: high rate of fertility is observed in the group of rural women with the low level of education.

Table 3. Data on the total fertility rate (2004-2013 years), number of children per woman.

Years	The total fertility rate		
	Average per year	In cities	In villages
2004	2.23	1.87	2.38
2005	2.11	1.73	2.28
2006	2.09	1.72	2.25
2007	2.07	1.70	2.22
2008	2.08	1.83	2.22
2009	2.03	1.81	2.14
2010	2.00	1.77	2.11
2011	1.99	1.70	2.12
2012	2.05	1.80	2.17
2013	2.1	1.86	2.21

(General Statistics Office of Vietnam, 2013).

General demographic factors have a significant impact on the indicators of ageing of the population (Table. 4).

Table 4. General demographic factors (2001-2013 gg.), ‰

Years	General fertility rate	General mortality rate	Natural growth rate
2001	18.6	5.1	13.5
2002	19.0	5.8	13.2
2003	17.5	5.8	11.7
2004	19.2	5.4	13.8
2005	18.6	5.3	13.3
2006	17.4	5.3	12.1
2007	16.9	5.3	11.6
2008	16.7	5.3	11.4
2009	17.6	6.8	10.8
2010	17.1	6.8	10.3
2011	16.6	6.9	9.7
2012	16.9	7.0	9.9
2013	17.0	7.1	9.9
2014	17.2	6.9	10.3

(General Statistic Office of Vietnam, 2014).

It should be noted that over the years the average number of children per woman of a childbearing age tends to decrease (Table 3); the total fertility rate and natural growth rate of the population decline (Table 4).

Compared with other countries in the region, the average life expectancy of Vietnam over a 20-year period (from 1989 to 2009) has increased significantly. According to the United State of America Census Bureau, International Data Base, it increased in Indonesia from 67 to 71 years (4 years); in Malaysia - from 67 to 73 years (6 years); in Thailand - from 70 to 73 years of age (3 years); in Vietnam - from 63 to 73 years of age (10 years) (General Statistics Office of Vietnam, 2014).

According to the latest data published by the General Statistics Office of Vietnam, the population of Vietnam was 90,730,000 people in 2014. The increase is 1.08% compared to 2013.; the total fertility

rate is estimated at 2.09 children / women; sex ratio at birth of 112.2 boys / 100 girls; average life expectancy in 2014 reached 73.2 years (70.6 for men and 76.0 for women) (General Statistics Office of Vietnam, 2014).

The trend towards an ageing of the population is regular. Experts and demographers have come to the conclusion that, although the structure of the population of Vietnam will be still in the "golden age" in the next decade, it will gradually enter the period of "ageing." The number of elderly people is growing both in relative and absolute terms. The proportion of older people in the total population increased from 6.9% in 1979 to about 9.45% in 2007. This share is expected to reach 11.24% in 2020 and will have grown to 28.5% by 2050 year, which will be the maximum value of this indicator among the countries of ASEAN after Singapore (39.8%) and Thailand (29.8%) (Pham, T., Do Thi Khanh, H., 2009).

Historical changes in the structure and functions of the family.

In Vietnam, the role of older people in the family and society is enough high. Like in many countries of the region, it is traditionally associated with the characteristic features of a family and social life that has existed for centuries.

In the process of historical development of the mankind the family has adapted to social changes, resulting in changing the model of the family, which can be classified and divided into three types: primitive or gregarious; traditional patriarchal; modern nuclear. There are other types of families and that, in the near future, apparently, will take a certain place in the structure of the society (Prokhorov, B., Ivanova, E., Shmakov, D., Shcherbakova, E., 2011: pp. 47-48).

According to the classification of the families in Vietnam, there are currently two types of families:

a) Traditional patriarchal family. Main features of the family are: reproductive, productive, educational, protective and representative. Several generations live in one house: grandparents, their children and grandchildren. This type of the family is quite common in the villages of Vietnam.

b) Modern nuclear family. Main features of the family are: reproductive, consumer. The changing of the family roles and family morality occurs.

The main difference of a Vietnamese family from European is that several generations of the family usually live together.

To some extent Confucianism influenced the functional characteristics of the Vietnamese family, but, in fact, it was formed in the course of thousands of years of existence of the Vietnamese people.

Traditional Vietnamese family has the following characteristics:

- It is an independent economic unit which has a reproductive function;
- The husband, the father of the family acts as its main member; he controls the family budget;
- The family is the central institution of the society;
- Family is a model of the organization of the society and the state;
- Respect for the ancestors has a historically developed cultural basis;
- The head of the family is responsible to the law for all the deeds of the family members;
- By law, for the same offenses and crimes the father carries the lighter forms of punishment than the son;

- The family is the most important institution of formation and maintenance of moral qualities that are considered fundamental values of a traditional society;
- It controls the actions of its members;
- Family members are connected with each other by morality, traditions, rituals and law.

Hence, the role of the elderly Vietnamese in the family and in the society is very important and highly appreciated. However, as the economy develops, due to the merge of lifestyles in some groups of young people Vietnamese families have problems in inheriting and accumulating of traditional family values, their status and trends of the modern family in relation to the traditional family changes. The cult of money gradually destroyed and continues to destroy many good Vietnamese family traditions.

The average family in Vietnam declined from 5.2 people per family (1997) to 4.5 people per family (1999) and to 3.7 people per family (2012) (General Statistics Office of Vietnam, 2012: p.3).

Divorce also has become far not uncommon for Vietnamese families. The number of divorces is increasing nowadays, and in the cities the rate of divorce is 1.5 times more than in the villages, and it tends to increase. According to the Supreme People's Court of Vietnam, in 2000, the number of divorces was 51 361, while in 2005 their number increased to 65,929, and in 2010 - up to 126,325 cases. The number of divorces increased in different age groups: in the group of 20-29 years old it is 1%, 30-39 years - 2%, 40-59 years - 3-4% (Trinh Trung H., 2014). And, as a consequence, the number of elderly people who live alone in their old age increased.

Socio-economic, socio-psychological, medical and ethical issues for the state associated with the ageing of the population.

1. The problem of labor force and demographic pressure.

As it has already been mentioned, the birth rate tends to decrease, and the average life expectancy tends to increase, the result of this is the rapid population ageing in Vietnam, but the population growth is insignificant. In this case, the total population of Vietnam, and the working population decreases. In the modern world, including Vietnam, there are radical changes in the types of families and forms of existence of society influenced by the world civilization. The stage of "ageing population" in Vietnam is expected to increase the cost of each job and limited employment opportunities in the intellectual sphere of economy with modern technologies, which will lead to a high load on the medical staff and those who will take care of the elderly, especially those who are completely dependent on external assistance. A rapid growth in demand for nursing staff to care for the elderly, while reducing the amount of human resources is expected. If the traditional family with 3-4 generations of young people the family took care of the elderly, in the new nuclear family, where young members are busy they cannot take care of elderly parents, whereas the people to care for them are extremely difficult to find. Thanks to the decay of the traditional family (as it usually happens in the city) children are deprived of the opportunity to take care of their parents and grandparents; that is why the state and society will have to take the responsibility for the care of the elderly upon themselves.

2. The problem of pensions.

In developed countries, population ageing is gradual, but they also face the problems associated with the increasing number of elderly people and the reduction of the proportion of the working

population, which creates an additional burden on the state on terms of financial resources for old age through the social insurance system. Pension, in particular, has become a problem, because in many countries it is now paid from collected taxes. According to estimates, to cover the cost of care in old age, Japanese workers have to transfer at least 35% of their income to the pension funds. As the number of retirees grows, the budget for the pension fund will increase, and will take about 20% of Japan's GDP in 2030, when the number of elderly people aged 60 years and older (about 45% of the total population) will be equal to the number of people of working age (Bloom, D., Canning, D., Sevilla, J., 2001).

The more and more ageing society has a direct impact on the social security system. Developing countries face two problems simultaneously: investment in development and adaptation to the ageing of the population. Therefore, in most of the developing countries, a pension reform is a priority of a state policy.

If the pension system is based on the insurance fund, the working people withdraw part of their income and place it in social security fund to pay their old-age pension. And since the state took the part of the program of mandatory pension insurance on itself, the amount of financial reserves of the state increases. This pension system has internal problems that require the State to develop the financial system which is stable enough to manage the pension fund. In Vietnam, in 2012, more than 68.2% (6.150.000 people) of elderly people lived in rural areas (General Statistics Office of Vietnam, 2013: p. 68), only about 16 - 17% of them had the right to a pension, and 10% received social benefits (Nguyen Dinh, C., 2008). Thus, more than 70% of elderly people in the villages earn their living themselves or depend on their children. As the productivity and efficiency of labor in rural areas is very low, the elderly do not have savings to support themselves in old age.

3. Health problems and health care costs.

Maintaining the health of older people is a burden to the economy of Vietnam due to the steady increase in their numbers. Care for the elderly, their needs for financial assistance, health and social services are a serious problem. Older people more than other categories of the population need medical services. The average cost of treatment of an old man is 7-8 times more than the cost of medical services for a child. Health financing is an increasingly important cost factor in the country where dangerous diseases (such as diabetes, COPD, heart disease, cancer, etc.) become chronic. These changes lead to changes in the structure of financing health care expenses and an increase in the expenses of health care system. Statistical data on industrial - developed countries show that the average cost of health care for an elderly person is three times greater than for a young employee, and they tend to increase as the treatment requires more expensive technologies. In developing countries, high level of health spending became the main reason for the limited availability of health services for the population, especially for the elderly.

Table 5. Average national income and health expenditure per capita in the period 2009-2013. (In US. Dollars)

	Average national income	health expenditure
2009	1010	72
2010	1270	83
2011	1390	93
2012	1550	102
2013	1730	111

(Health expenditure per capita, 2014).

According to the World Bank data, in 2013 the average health expenditure per capita in Vietnam amounted to \$ 111, which is the average for the countries of South East Asia (eg, Indonesia - \$ 107., the Republic of the Philippines - 122 dollars. USA) (Health expenditure per capita, 2014). However, Table 5 does not reflect the real costs of health care in Vietnam, as it is based on data from the state budget expenditures. Research data show that most of the cost falls on the personal expenses of patients. Federal or local, social insurance) is 41.3%, private spendings make about 58.7, mainly paid by the patients - 52.3% (Tran Thi Bich, N., Shpekht, L., 2015).

4. Planning and public policy.

As a result of the ageing of the population and the increasing number of elderly people, maintaining an adequate level of public health has become an important task for the state. There are different models for planning for the development of the state, which quickly adapted to the realities of life. According to many researchers the world scientific community, the population ageing does not confront mankind with unsolvable problems, because its effects appear gradually and predictably. This means that they can and should be taken into account for not only short-term but also long-term planning. Planning the process, the attention of economists should be focused on the size, structure and growth of the population. Different age groups have different requirements to the policy of the state. Youth population is interested in the intensification of investments in education and health, middle-aged and elderly working people are focused on health and pension systems. Politicians and economists must take into account complex correlation between economic growth and human development in the changing age structure of the population.

Care system for the elderly.

Caring for the elderly has its own characteristics. They are influenced by the following factors: an increased number of diseases, the threat of disability, the level of development of the health system, etc. In many countries, lifestyle changes and working conditions will inevitably lead to changes in the structure of morbidity. These changes are most pronounced in developing countries.

Currently, Vietnam is in a period of "golden population", but soon it will enter the stage of the demographic ageing of the population, and it is rated as one of the 10 countries with the fastest rate of ageing in the world. Old people in Vietnam suffer from infectious and widespread diseases which become chronic diseases, as well as from new diseases typical of lifestyle changes. Such diseases as cancer, degenerative diseases, heart disease, hypertension, stroke, diabetes, COPD, joint degeneration, osteoporosis, dementia, stress, depression require a long-term and expensive treatment. Elderly people are often exposed to the risk of disability and the duration of their stay in the in hospitals increases. Approximately 23.4% of the elderly have difficulties in their daily activities; over 90% of them need daily care (Report on the opportunities and the implementation of health insurance, 2011: p. 44).

According to the survey of Central Gerontology Hospital (CGH), on average, every elderly person lives with three chronic diseases. Patients of the hospital often suffer from 5-6 diseases. Due to the large number of different diseases, atypical symptoms, diagnosis difficulties, different medications, the risk of complications increases. Table 6 shows the most common diseases among the elderly.

Table 6. The most common diseases of the elderly age group.

Disease	Age					
	60 – 74 years			≥75 лет		
	The number of the examinees, persons	Number of sick people	%	Number of examinees, persons	Number of sick people	%
Hypertension	930	391	42	370	202	54.5
Heart failure	900	51	5,7	366	35	9.6
Varicose	897	149	16	366	54	14.8
Dementia and depression	1463	31	4,7	352	19	12.1
Parkinsonism	924	12	1,3	354	3	0.8
Diabetes	896	51	5,7	420	15	3.5
Dyslipidemia	869	432	48,2	356	132	37.1
Obesity	919	210	22,9	358	32	8.9

(Pham, T., Do Thi Khanh, H., 2009: p. 17).

Elderly people older than 75 show the following syndromes: weakness, confusion, cognitive impairment (Alzheimer's disease), drop, malnutrition, depression, ulcers, dehydration, and others with special needs.

Elderly Vietnamese are also at risk of disability.

Disability is a condition of being unable to perform a task or a function because of a physical or mental impairment.

Throughout life any person may have temporary or permanent impairments, and with ageing the risk increases. According to the last national census in 2009 in Vietnam, there were about 6.1 million people with disabilities of various degree (7.8% of the population aged 5 years and older), of which 2.64 million people (43.3%) were 60 years old and older (Disabled people in Vietnam, 2009).

In both developed and developing countries, chronic diseases are the main cause of disability and reduced quality of life. Disability appears in one form or another. Many people become disabled due to "wear and tear" of the body during the ageing process (for example, the joint degeneration), because of the aggravation of chronic diseases, such as lung cancer, diabetes, peripheral vascular disease or degenerative diseases (dementia). Loss of vision and hearing are also among the most common forms of disability of the elderly.

According to the Central Eye Hospital, Vietnam reported 70% of cases of blindness due to the opaque crystals. According to the research of the National Institute of Ageing, older people have the following eye problems: 76.7% - amblyopia, 60.1% - the erosion of the cornea, 57.9% - cataract, 9% - refraction. Loss of Hearing is one of the most common types of disabilities, 40.11% of the elderly reported a significant hearing impairment. According to the World Health Organization (WHO), around the world more than 50% of 65 year old people and older suffer from hearing impairment.

Complications of hypertension also can have very serious consequences in the form of stroke, heart attack, heart failure, kidney failure, blindness, etc. That is a major problem for patients, their families and society.

Diabetes is also a serious disease, which can cause coronary heart disease, peripheral vascular disease, stroke, neuropathy, amputation of parts of arms or legs, kidney failure and blindness. These complications often cause disability and reduced life expectancy.

Thus, older age group is dominated by physical disability and cognitive state. This is especially important under the conditions of global demographic trends which show the highest rate of growth of the number of people in this age group.

Depending on the state of health, physical or financial capacity of older persons care for them is carried out in their homes, in care centers or hospitals.

There are different types of care for the elderly in their own homes: self-care (the healthy elderly take care of themselves) and informal (at home, with the help of relatives and friends) and formal (at home, with the participation of medical and social workers) (Beesly, L., 2006; Viitanen, T., 2007).

Along with healthy and independent elderly people, there is an unprecedented increase in the number of the people who need help. Chronically sick and elderly people with disabilities are assisted primarily by their family, sometimes over a long period of time. This type of care is most effective, and still exists, despite the significant changes in the structure and role of the modern family, the growth of single-parent families and divorces. Even in developed countries, where government policy is aimed at the development of formal systems of social services for the elderly, family care still dominates, and its role is becoming more important. Family care is often a difficult event in a person's life. Many researchers have come to the conclusion that the care of an elderly person is associated with severe fatigue which causes stress. According to WHO, informal care continues to play an important role. But, unfortunately, in many countries, including Vietnam, the majority of funds are allocated in the opposite direction, that is, care for the elderly in hospitals.

In Vietnam, the elderly living in rural areas do not always have access to health care. In many areas, decrease in financial support of the state health system increases the share of medical services in the cost structure of older people and their families. Moreover, the tendency to create a family in older age, having fewer children, living alone after divorce (the proportion of older people living alone is 14.2%) exacerbates the problem of care for the elderly in the future. Income of old people is very low, especially in rural and mountainous areas, most of them do not have pensions or savings, while the need for social and health care is great. According to a survey conducted by the National Institute on Ageing in three big cities of Hanoi, Hue and Baria-Vung Tau, the main reasons for the unavailability of medical care for the elderly were limited financial resources (45.3%), difficulties with moving into a city (17.3%), low quality of local health facilities (16.5%) and other (20.9%). From 53.5% to 73.5% of elderly people regularly suffer from diseases; the usual duration of illness is 2.4 days per month (Lan, H., 2011).

Currently Vietnam clinics, hospitals, medical centers offer a wide range of services for the diverse population. The system of medical institutions includes three levels: central, provincial and district (county) with more than 266.7 thousand beds, which is 24 beds per 10 thousand people (2011) (General Statistics Office of Vietnam, 2011). The number of employees of the health sector is constantly growing. According to the General Statistics Office of Vietnam (GSO SRV), in 2000 the number of medical personnel was 151 thousand people, among them 39.2 thousand physicians (5 doctors per 10 thousand people), and in 2011 there were 203.9 thousand people, among them 50.4 thousand physicians (7.4 doctors per 10 thousand people), not counting the medical staff of private sector (General Statistics Office of Vietnam, 2011).

According to the above data, the health care system in Vietnam is quite developed compared with the other developing countries, but there are following disadvantages.

There is currently a shortage of geriatric specialists and gerontologists and medical universities do not have the possibility to train them. In the country there are only 4 state hospitals which provide specialized health care for the elderly. They are Central Geriatric Hospital, Friendship Hospital (Hanoi), Hospital C (Danang), Unity Hospital (Ho Chi Minh City) with a total of 1680 places. In addition, there are only 30 local district hospitals which have geriatric departments (Le, H.). In fact, elderly patients in medical institutions do not have special medical services. It was recognized by medical experts at the conference, held on 12/11/2014, in Hanoi on the theme "Professional standards and a framework for the creation of geriatric departments in hospitals and clinics for the provincial-level health care for older people."

According to the director of the Central geriatric hospital, Professor Pham Tang, the existing system and medical institutions do not meet the increasing requirements for health care services for elderly people. To improve the quality of medical services for this category of the population it is necessary to create geriatric departments at provincial hospitals. The Ministry of Health in 2013 made the indicator "the number of beds for elderly patients" in the list of criteria for assessing the quality of hospital services. Ministry of Health plans to publish a circular «Standardization of geriatric departments at provincial hospitals in order to meet the growing demand for protection of health of the elderly in accordance of the Law "On the elderly».

In order to care for the helpless people a system of houses (or centers) of social protection was created. They operate at the expense of the social insurance fund (budget) or financial assistance from individuals and legal entities, national or foreign organizations. Such centers have different names depending on their specialization and include care centers, orphanages, centers of protection of disabled people, the centers (or homes) of care for the elderly and others. The centers of social protection have the opportunity care for different categories of people, including the elderly. The procedure for the establishment, operation, reorganization and liquidation are determined by the Government Regulation number 68/2008 / NĐ-CP by 30. 05. 2008 (Government Regulation, 2008). According to the Department of Social Protection, the number of centers (homes) of different types in the country is more than 200 (Listings of social protection, 2014). Elderly people who do not have relatives or normal living conditions, and those who need whole day surveillance, are provided with shelter and proper medical care in the centers of social protection and retirement homes of the public sector.

In addition, with the rise of living standards of the population in cities in recent years there appeared private care centers for the elderly or geriatric nursing homes. These private organizations generally take care of the elderly people from the modern nuclear family.

The care of the state and society of the elderly.

One of the most famous non-governmental organizations representing the legitimate rights and interests of the Vietnamese elderly is the Association of Older People of Vietnam (The Vietnam Elderly Association), organized on the principle of voluntariness and acting on the basis of the

Constitution, the laws and the Charter. The funds of the Association are formed from the state budget, membership fees and other sources. It was formally established in 1995, it has its own network at all levels and in all the cities and districts of the country. The Association has a daily newspaper, a magazine, a website (<http://www.hoinguoicaotuoivn/>). Its Central Council is engaged in providing information on any issue concerning the elderly, monitoring of its branches in the country, as well as coordinating care for the elderly and other public organizations (such as the The National Front, Women's council, Youth League, trade unions, and others.), social security institutions and individuals.

The Vietnamese government is interested in caring for the elderly. Together with the economic and social development and improving the quality of life in general, it constantly improves the legal institutions which provide the well-being of old people. The first legal act is The Government Decision number 117 / TTg «About care for the elderly and support for the work of the Association of Vietnamese elderly people" which was signed by the Prime Minister of Vietnam on 27.02.1996.

In 2006, the National Institute on Aging of the Ministry of Health was founded by the decision of the Prime Minister's number 485 / QD-TTg on 03/30/2006. Later it was reorganized into the Central geriatric hospital.

July 1, 2010 The Law number 39/2009 / QH12 was adopted, according to which the elderly aged 60 and older are considered to be Vietnamese citizens. The law defines the rights and responsibilities of elderly people; responsibilities of institutions, organizations, families and individuals in relation to the elderly; foundation for the care and financial support for the elderly (The Law number 39/2009 / QH12, 2009).

The Act has a separate chapter devoted to the care for elderly people with specific provisions on health care, cultural, educational, sports events, entertainment, recreation, public transport, social protection and funerals. Many articles reflect the historically and culturally respectful attitude to the elderly:

People aged 80 years and older are served in hospitals out of turn; in hospitals and clinics, except for children's hospitals, geriatric department must provide some beds for the treatment of elderly patients; health centers and community areas in the community are responsible for primary health care for the elderly;

People aged 80 years and older, who do not have a pension or social security, can claim monthly allowance, health insurance for life. Older people from poor families who do not have relatives and normal conditions of life can be accepted into the homes of social protection (nursing home), where they must be provided with free care, monthly benefits from Social Security Fund, medicines, tools and means for rehabilitation, as well as providing with funeral in case of death;

- President of the Socialist Republic of Vietnam is obliged to send greetings and to giving gifts to people who turned 100 years old; The Chairman of the provincial People's Committee shall send a greeting to the presentation of gifts to people who are 90 years old; heads of local authorities are obliged to organize a celebration for the elderly, alone or with their families on the occasion of their birthday, New Year's Day of Old People of Vietnam, the International Day of Old People at the age of 70, 75, 80, 85, 90, 95 and 100 or more;

- Funeral rites and burial of deceased elderly people who have relatives, friends or patrons must be arranged by the heads of local communities, neighborhoods with the neighborhood associations of elderly persons.

In addition, the Act proclaims that the state, society and families are responsible for involving the elderly in community activities, such as cultural events, special and technical advice, reconciliation of conflicts and disputes in society, comments on the development of policy and legislation and measures of local economic development.

Thus, the law "On the elderly" is a system of integrated policy providing care for elderly people and increasing their role in public life.

In order to implement the Law "On the elderly," the Prime Minister of the Socialist Republic of Vietnam Decision № 1781 / QĐ-TTg on 11/22/2012, approved the National Program of Action on the elderly population of Vietnam for the period 2012-2020 (Approvement of the National Action Programme on Vietnamese elderly people in the period of 2012-2020, 2012). The goal of the program is to improve the quality of health care and the role of the elderly in accordance with the socio-economic development of the country. The program identified implementation up to 2020; the main areas are the following:

- 50% of older people are directly involved in business activities in order to increase their own income and, if necessary, receive support from the public authorities in the form of consultations on business and production, development of technologies, product sales, provision of soft loans for business development ;

- The formation and functioning in 80% of urban neighborhoods and rural communities fund to help the elderly in the area;

- Provision of health services and care in the family and society for 100% of the elderly;

- 90% of hospitals and clinics, special hospitals (except for children's hospitals and medical rehabilitation), hospital of traditional medicine with not less than 50 beds, must arrange private room for the elderly; 100% of regional specialized hospitals must have a geriatric department;

- 100% of the channels of the central and local radio and television must have a program for the elderly, at least once a week;

- More than 2 million of elderly people are entitled to a monthly allowance of social protection or accommodation in centers (homes) of social protection;

- 80% of older people who have no relatives, receive care in the community or in the centers (houses) of social protection, at least 20% have the right to live in foster homes;

- At least 50% of communities, neighborhoods of the cities must have clubs for the elderly(with the participation of several generations),

The aim of these specific measures is to make the life of elderly people better and more dignified.

State Care of the elderly is also fixed in the Law №25 / 2008 / QH12 «On Health Insurance», adopted 14.11.2008, and amended in 2014, according to which people who are 80 years old or older, are provided with free of charge health insurance and have 100% coverage for medical services at the expense of the social security system (Law №46/2014/QH13 “On health insurance”, 2014).

Suggestions

After studying the characteristics and condition of the systems of care for the elderly, the authors propose the following measures.

1. To improve the health care of older people it is necessary:
 - To train and educate people from their early age, providing them with the information about health protection and useful activities
 - To improve the treatment of chronic diseases; apply new technologies in the diagnostic field provide people with an early, long-term treatment of chronic diseases such as heart disease, hypertension, joint degeneration, diabetes, cancer, etc.;
 - To provide elderly people with assistive devices of personal use: crutch holders, handrails, electronic devices to reduce the dependence of people with disabilities.
2. To ensure equitable access of older people to health care:
 - It is reasonable to allocate resources for health and rehabilitation for older people, especially those from poor families in rural and remote areas, including the use of necessary means of expensive drugs in the treatment of diseases;
 - To ensure equal access to health care, health and social services elderly people, especially the elderly poor family in rural and remote areas through subsidized the costs of medical services or the provision of free medical insurance policies;
 - To rapidly expand and strengthen the capacity of the network of medical institutions to provide medical care for older people and control over their chronic diseases.
3. To provide medical care for the elderly.
 - To define priorities for the further development of the State geriatric hospital and its network of branches in the country and to create geriatric departments in other hospitals and clinics;
 - To develop a program for training the personnel according to the needs of geriatric care network for older people in human resources and under the actual conditions of regions for each period; to create training programs for medical students on the basic principles of the protection of the elderly people health;
 - To control chronic diseases of the elderly together with the tasks of preventive medicine, population and family planning;
 - To develop a standard model of care for the elderly in the society; to gradually develop and improve the network of care for the elderly at home with the participation of volunteers and employees of medical institutions, to develop a rehabilitation program, to provide people with the assistive devices and services, respite care, day care, etc.;
 - To care for the elderly on the basis of real needs and under the conditions of the infrastructure in each settlement.
4. To strengthen educational and research work related to the health of the elderly.
 - To create the Department of Gerontology at medical institutions for the development of specialized gerontology and training of human resources in the future;
 - To educate and train employees engaged in family planning, public health, discipline, active ageing

- To develop and implement training programs for people exercising informal care for older people (family members, friends, colleagues and other staff) for geriatric care;
 - To expand research on the care for the elderly; to monitor the implementation of this policy;
 - To develop and implement training programs for people exercising informal care for elderly people (family members, friends, colleagues and other staff);
 - To expand research on the care for the elderly; to monitor the implementation of this policy; to promote research and technology transfer related to the geriatric care.
5. In the development of policies adapted to the ageing of the population in a developing country.
- To reform the mechanisms for distribution responsibilities between the competent local authorities and the allocation of financial assistance to the elderly;
 - -To develop and implement a program of international cooperation to prevent and eliminate non-communicable chronic diseases among the ageing population.
 - To implement the National Program on the protection of elderly people health and the health of the whole society to focus on projects which can improve health, prevent and control diseases;
 - To develop and carry out policies to encourage the participation of all economic sectors, the society, families and individuals in the implementation of care for the elderly in social and health insurance.
6. On building a harmonious society for people of all ages.
- -To create a friendly atmosphere for the elderly, favorable working conditions (eg. flexible working hours) for those caring for the elderly, and workers aged 60 and older; to ensure safety of the elderly and the comforts of everyday life and using social services, to ensure additional provision for elderly people with disabilities;
 - To enhance the credibility of the elderly in modern society: the recognition of the role and the contribution of older people in the society and the family; to create the image of a happy, healthy and socially useful life of older people, "exemplary" family, where there are three - four generations; to strengthen the link between generations through public events;
 - -To inform the society about the contents of the legal instruments for the protection of the rights of the elderly.

Conclusion

It should be noted that the issues of security and protection of the rights of the elderly relate to each member of the society. Old age, sooner or later, will affect all of us and our families, and it is up to us to decide under what conditions we will live in our old age. If we do not take effective measures to improve legislation to protect the rights of the elderly on the basis of the flexible adequate policy of care of them, then in the future we will be in the same position and almost completely dependent on many things like the current generation of the elderly, and we will have no other choice but to hope for kindness and honesty of the family and society.

All the proposed measures aim at the benefit of the elderly: the improvement of the social protection of older people, to prevent their social exclusion; raising the level of life of the older generation, the

activity and life expectancy of the population; respect for the desire of older people to be useful and productive members of the society and contribute to the education of children and youth.

Acknowledgements

This work was performed by the authors in collaboration with Tomsk Polytechnic University within the project in Evaluation and enhancement of social, economic and emotional wellbeing of older adults under the Agreement No.14.Z50.31.0029 (19th of March, 2014).

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