

Assessing the needs and vulnerability of older persons in Viet Nam *Evidence from two provinces*

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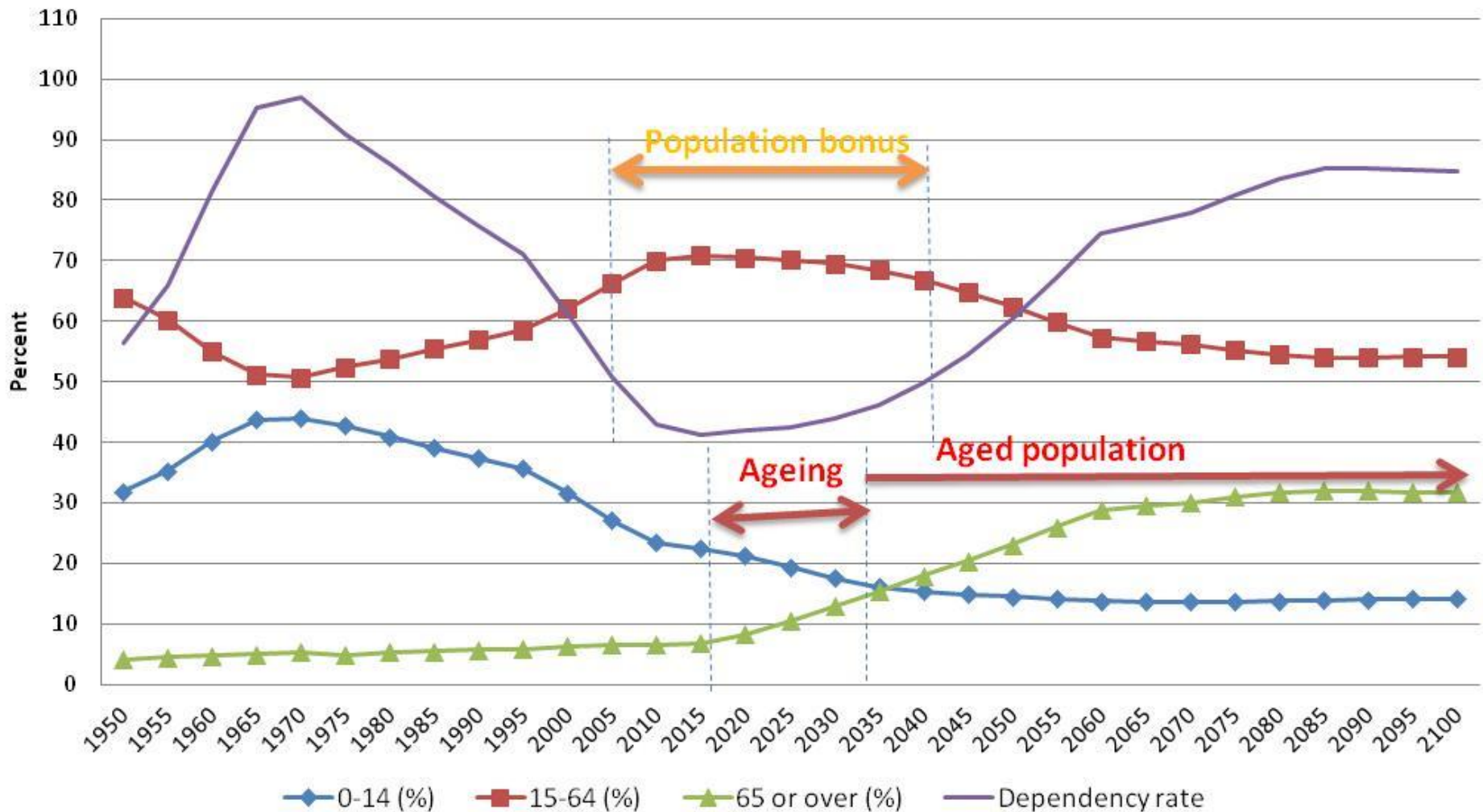
OUTLINE OF PRESENTATION

1. Population ageing in Viet Nam
2. Policy Practices and Issues
3. Data
4. Key findings
5. Key considerations

1. POPULATION AGEING IN VIET NAM

- Population: 89.5 millions
 - Urban: 32%
 - Rural: 68%
- Life expectancy: 73
 - Male: 71
 - Female: 75
- Life expectancy at 60 years old: 21.5 years
- Fertility Rate (TFR): 2.1
- Retirement age:
 - Male: 60
 - Female: 55

Viet Nam Population and Dependency Rate Projection



Source: World Population Prospect 2012, medium variant



10.2%
OF TOTAL POPULATION



39% STILL WORKING



17% LIVING IN POVERTY

- FEMALE
- RURAL
- ETHNIC MINORITY



MORE
VULNERABLE

VIETNAM AMONG THE FASTEST AGEING COUNTRIES IN ASIA

Viet Nam Population in 2013: 89.5 millions. Urban: 32.3%, Rural 67.7% (Source: GSO)



2. POLICY PRACTICES AND ISSUES

Underdeveloped geriatric
healthcare services

Low access of the elderly to quality
healthcare and elderly care

PAYG pension fund is fragile to aging
labour force and involves in gender
and generational inequity

Significant inclusion and exclusion
errors in social assistance programs

Needs realistic policies
and strategies

Identify the needs
and vulnerability of
older persons to
inform policy and
programs revision
and development

3. DATA: UNFPA VIETNAM'S BASELINE SURVEY IN 2012

- UNFPA's work on ageing and issues on older persons in Vietnam
 - Providing data and evidence
 - Providing policy advice for GoV on social protection policies for old age
 - Strengthening healthcare system to respond to older persons' needs
 - Piloting of community-based care model for older persons

Distribution of elderly population by province, 2009



Hai Duong province - 12.4%
(Red River Delta)

Ben Tre Province – 11%
(Mekong Delta)

Source: Population and Housing Census 2009

Baseline survey in 2 provinces

- Quantitative survey sample:

	Male		Female		60-69		70-79		80+		Total
Hai Duong	39.0%	166	61.0%	260	37.3%	159	36.4%	155	26.3%	112	426
Ben Tre	37.1%	158	62.9	268	39.2%	167	34.7%	148	26.1%	111	426
Total	38.0%	324	62.00%	528	38.2%	326	35.6%	303	26.2%	223	852

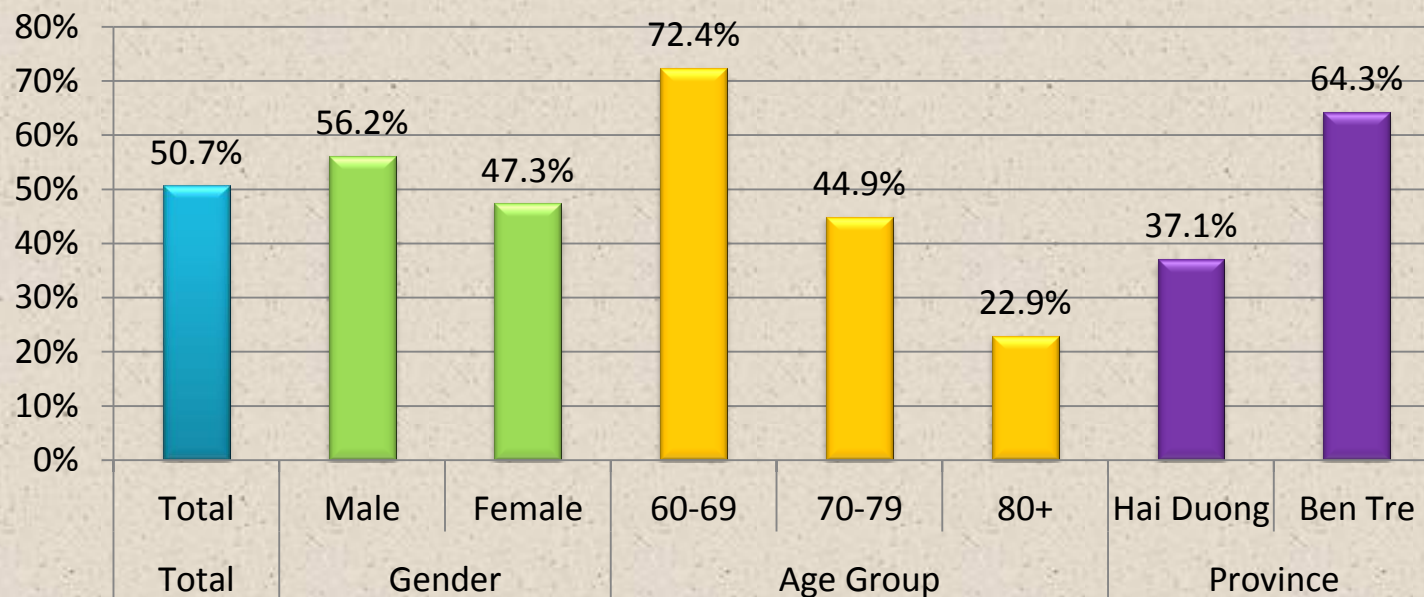
- Qualitative survey:** 37 focus group discussions (FGDs) and 17 in-depth interviews (IDIs) with older persons (OP), OP family members and local authorities .

4. KEY FINDINGS

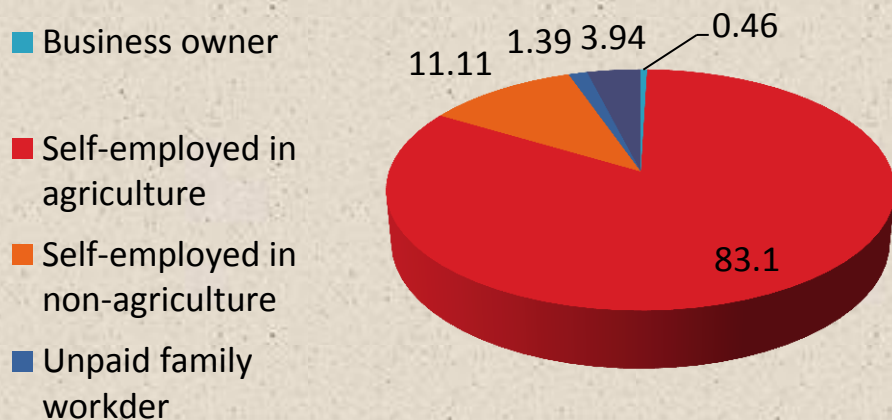


Employment

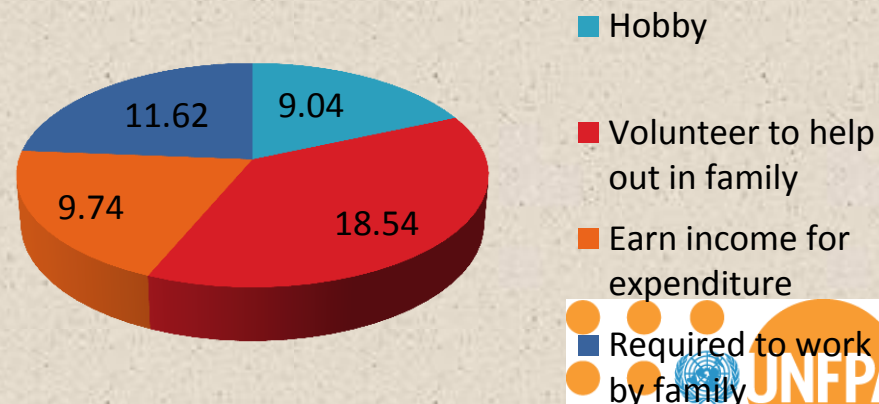
Older people's working rate



Older people's type of work (%)

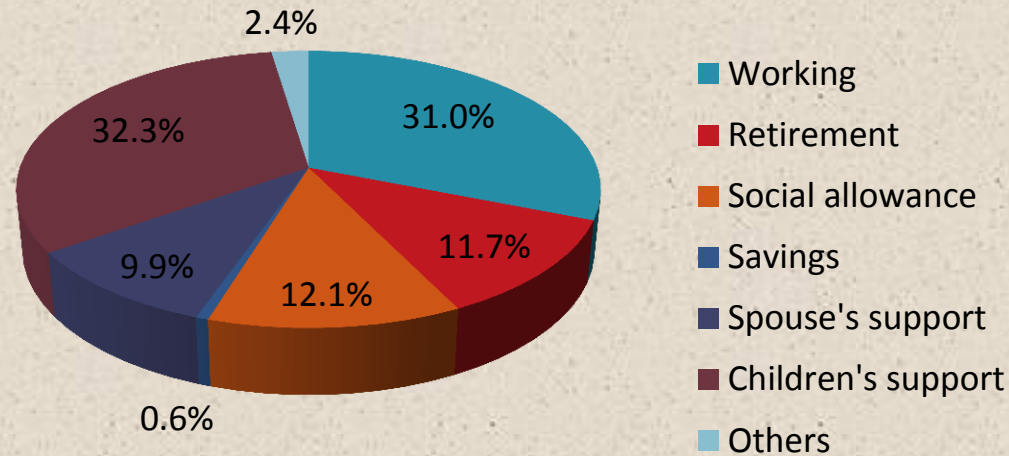


Reason for working (%)

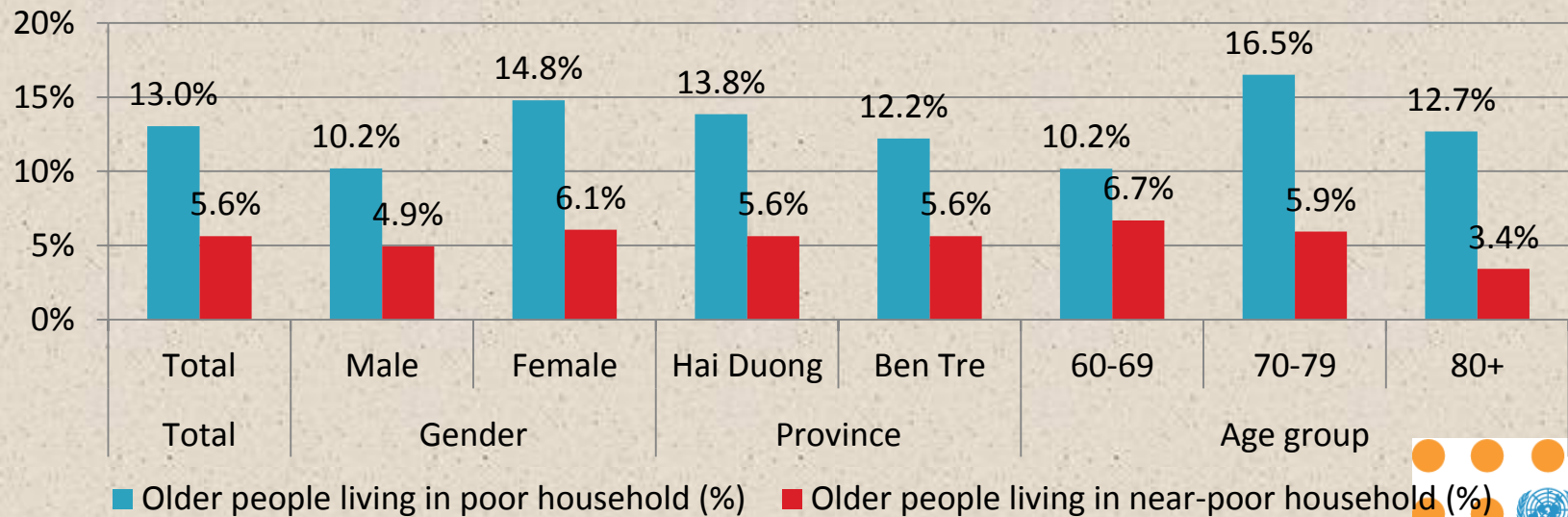


Sources of Income and Poverty

Main source of income (%)



Older people living in poor household

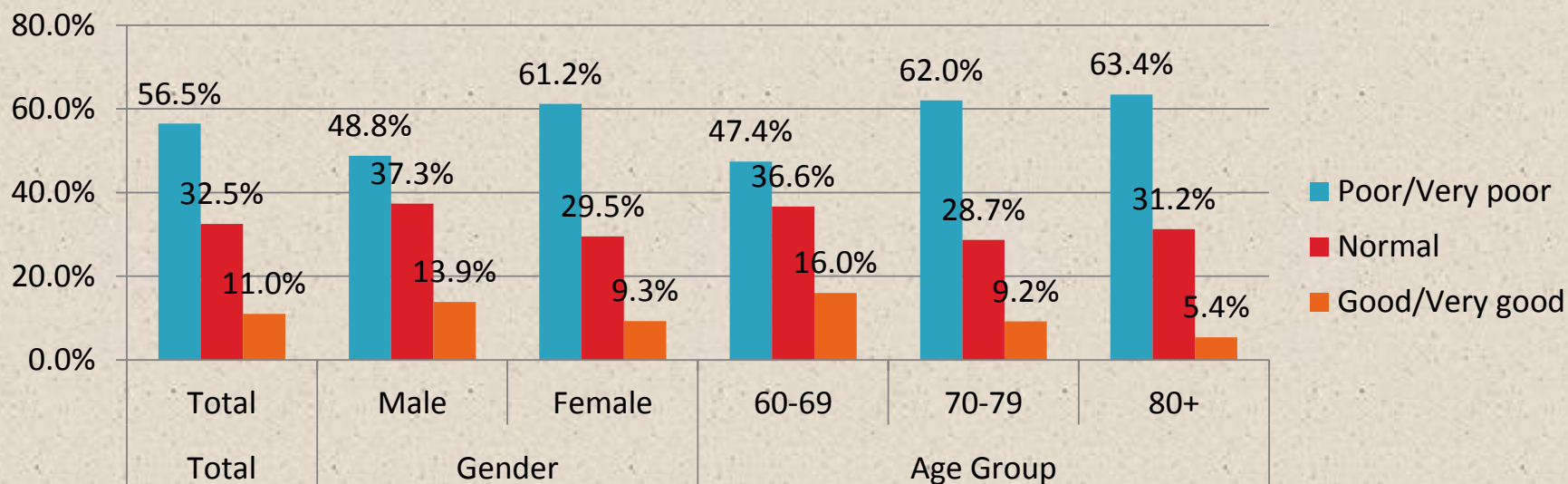


Determinants of poor status

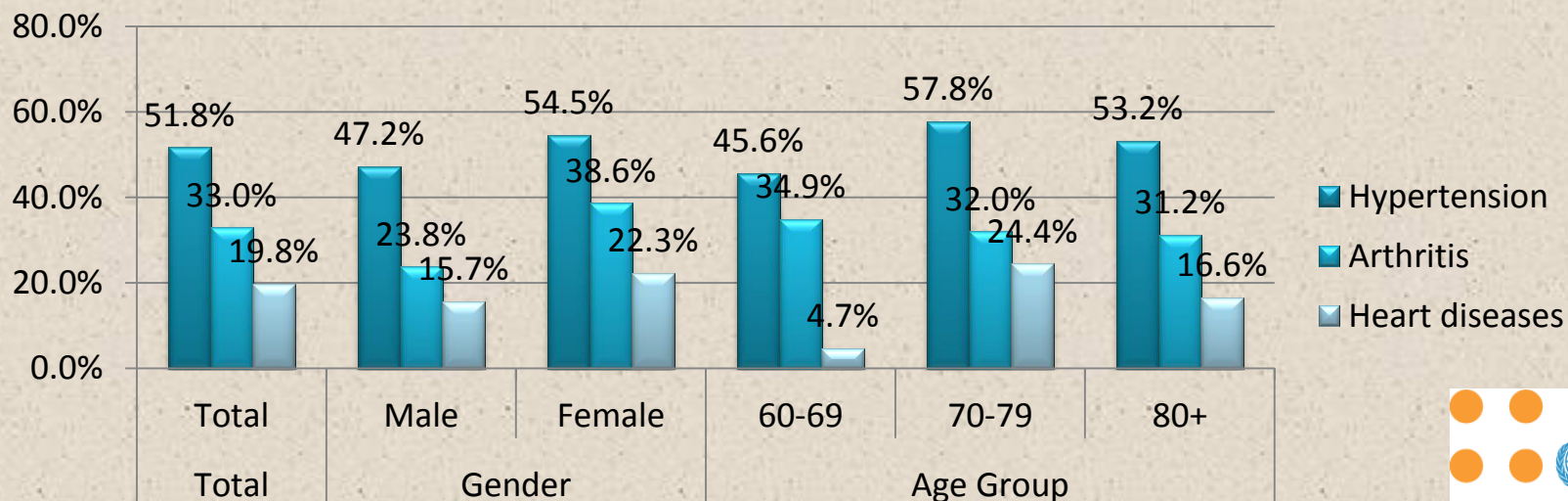
- Multivariate regression
 - Female
 - Higher age group
 - Living alone or with spouse only
 - Lower education level
 - Poor health status
 - Less participation in community activities

Health status

Self-rated health status of older persons



Older persons' most commonly diagnosed diseases



Needs of Support in Activities of Daily Living

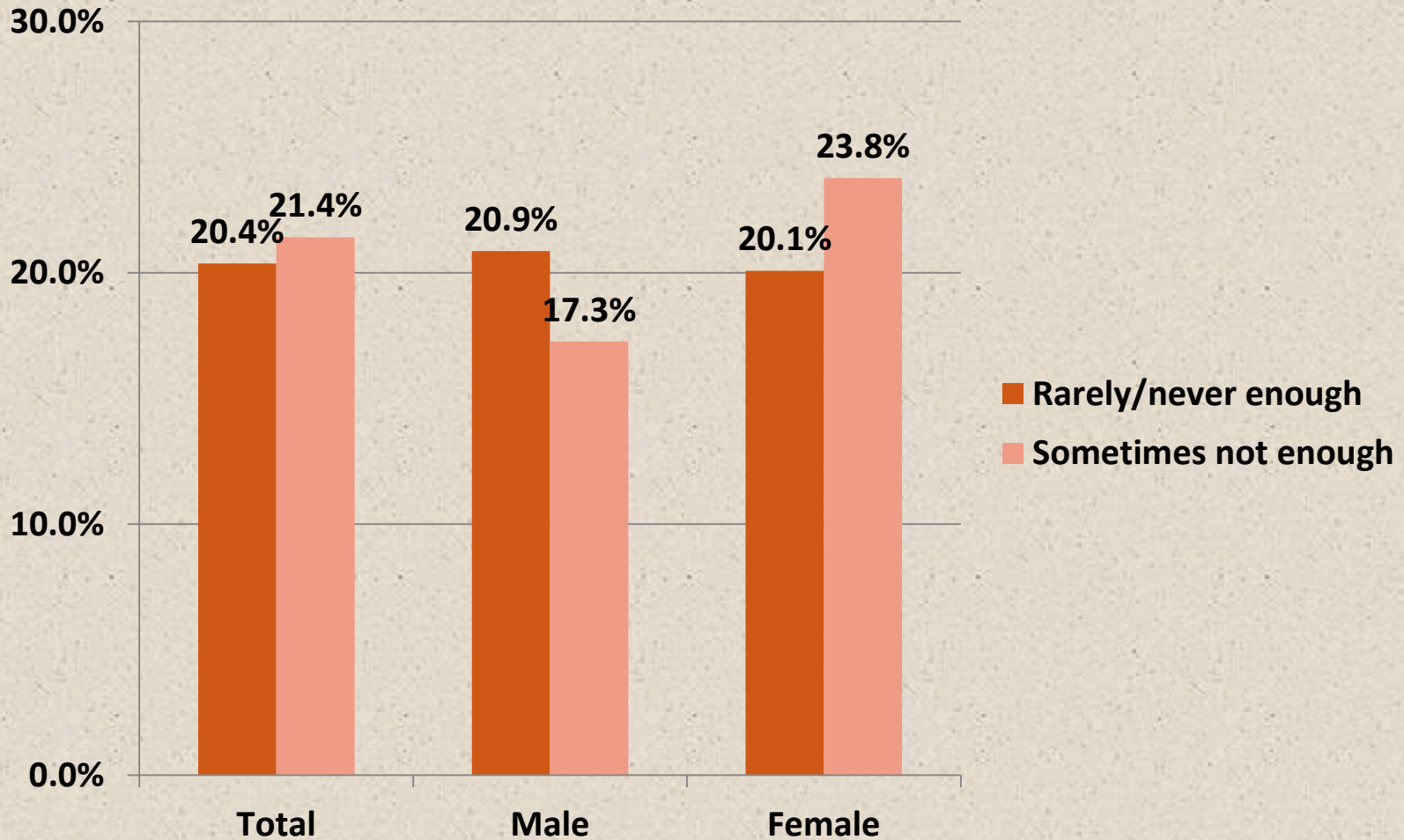
Group by ADL	Classified by residency			By gender	
	Living alone	Living with spouse or grandchild only	Living with family	Male	Female
Independent	14.2%	27.5%	36.6%	31.3%	46.9%
Partial dependent	4.7%	5.3%	7.7%	6.0%	11.7%
Dependent	0.9%	0.2%	2.8%	0.7%	3.3%

Older People's Measurement of Health (WHOQOL-BREF)

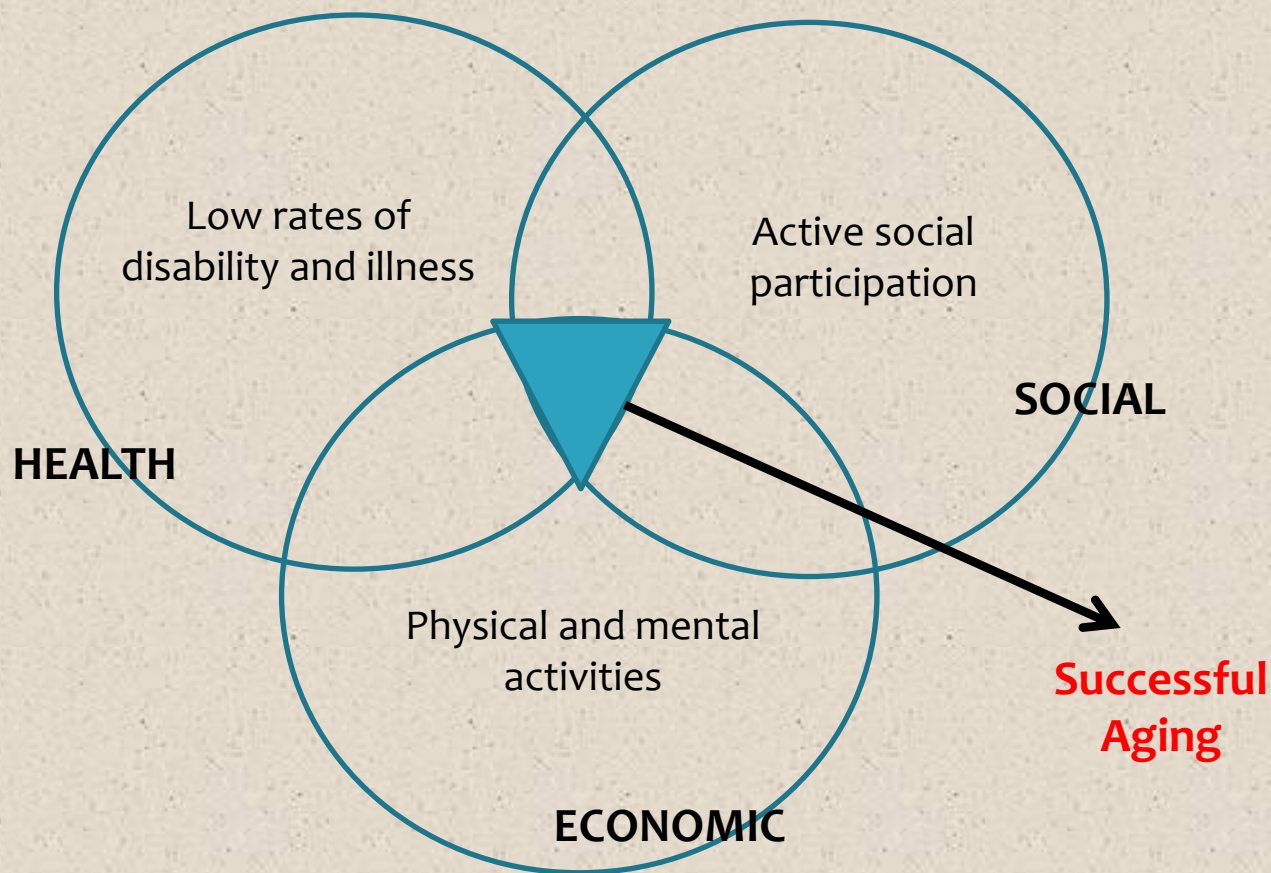
<i>Quality of Life</i>	<i>Overall</i>	<i>Gender</i>		<i>Age</i>		
		<i>Male</i>	<i>Female</i>	<i>60-69</i>	<i>70-79</i>	<i>80+</i>
DOMAIN 1: Physical health	12.84	13.6	12.25	13.48	12.48	11.76
DOMAIN 2: Psychological	15.82	16.36	15.46	16.09	15.59	15.97
DOMAIN 3: Social relationships	16.64	16.84	16.5	16.42	16.72	16.86
DOMAIN 4: Environment	12.32	12.94	11.94	12.62	12.02	12.28

- *Note: Applying short form quality of life assessment WHOQOL-BREF. Scores range between 4-20.*

Affordability of healthcare expenses



5. KEY CONSIDERATIONS



Source: Adapted from Rowe and Kahn (1998)

5. KEY CONSIDERATIONS

- Expanding pension coverage to both formal and informal sector through contributory and non-contributory scheme to ensure minimum income;
- Lowering the age limit of social pension beneficiaries and adjusting benefit levels to meet the increasing costs of living;
- Increasing retirement age and creating decent jobs for older persons and encourage community-based income generation activities
- Improving healthcare system and provide health insurance benefits in responding to health care needs of older persons and their family
- Developing long-term care system to provide services and support for daily life, including community-based services
- Comprehensive approach on social policies for older persons

THANK YOU FOR YOUR ATTENTION.



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