



## **Family support exchanges and subjective well-being among older people: Evidence from Vietnam**

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### **Abstract**

Using the Vietnam Aging Survey (VNAS) in 2011, this study analyzed life satisfaction of the Vietnamese older people and the role of family support in determining the levels of their life satisfaction. We applied both data tabulations and multivariate analyses for pursuing the research objectives. Major results suggested that there were significant disparities in the levels of life satisfaction among different groups of older people. The findings also indicated that certain socio-demographic factors, such as gender, living regions, living area, marital status, previous education attainment, age, poverty, self-reported income sufficiency and health condition were important predictors of older people's life satisfaction. In terms of support exchanges with family members, receiving cash transfers and mental support significantly strengthened older people's life satisfaction, while having to take care of household members had a detrimental effect. With these findings, we proposed some policy suggestions to improve quality of life for the Vietnamese older people.

**Keywords:** aging; older people; life satisfaction; subjective well-being; Vietnam



## 1. INTRODUCTION

Human well-being achievement has been the common and the proclaimed very final objective of most civil organizations, governments as well as international agencies. Nevertheless, there is hardly agreement among researchers and practitioners on how well-being should be defined or assessed. Among different approaches, well-being can be measured using either an objective or subjective approach. The former seems to receive more preferences by researchers and practitioners due to a fact that it employs indicators which can be apparently observed through economic as well as social statistics. Despite its popularity, there has been growing criticism of this objective approach as it totally neglects personal evaluation. Recent academic research has started to embrace the subjective measurement which takes personal feelings or experience as the basis. Wilson (1967) - considered as the pioneer in the studies on subjective well-being (SWB) - introduced a research in which he gave a conclusion of a happy person as someone who is “young, healthy, well-educated, well-paid, extroverted, optimistic, worry-free, religious, married person with self-esteem, job morale, modest aspirations, of either sex and of a wide range of intelligence” (as quoted by Diener et al., 1999). Since then, the SWB research has rapidly developed. Its evolution can be attributed to the wider recognition of individual value and the rising awareness of the necessity to look beyond economic prosperity.

SWB measurement is particularly relevant when it comes to research on the old population as this age group arguably possesses a totally different value set from other younger groups and therefore reports on the elderly personal evaluation on their life quality might provide a more insightful picture of well-being than those based on the utilization of objective assessment.

The objective of this study was to analyze the SWB among the Vietnamese older people with a particular focus on its association with family support exchanges. During the past decades, especially since the *Doi moi* (economic renovation) in 1986, Vietnam has witnessed not only massive socio-economic transformations but also substantial demographic changes toward an aging population. Vietnam officially has become an ‘aging’ population since 2011,



and it is expected to take only 20 years to become an ‘aged’ population, which is shorter than those for Japan and Thailand which have been considered as two fastest aging population in the region (26 and 22 years, respectively) (UNFPA, 2011). Despite aging population, the social protection for older people in Vietnam is still patchy, and in such a context, family still plays as a crucial source of assistance to the well-being of older people (Evans and Harkness, 2008).

Aging population in Vietnam has recently drawn the attention of both domestic and international studies. Most of the existing studies, however, seem to concentrate largely on the living arrangements of older people in response to socio-economic reforms in order to investigate the shift from traditional family structure (see, for instance, Truong et al., 2001; Giang and Pfau, 2007). Studies on the role of intergenerational support among older people have been minimal, and that on older people’s SWB is widely missing. Most literature analyzing older people’s well-being or poverty shows a tendency to focus merely on economic or objective aspects. The importance of subjective views in evaluating life has yet been given adequate attention. In an effort to fill the gap in the existing literature, this paper is developed in a hope to examine the Vietnamese elderly’s SWB, its significant determinants and especially the impacts of support exchanges with family on the SWB levels among older people. Findings from the research might also contribute to policy-makers in providing them with more understanding of the elderly life, which can be valuable for reformulating strategies and programs to improve quality of life for the aged.

## **2. DATA AND METHODOLOGY**

### **2.1 Data**

The Vietnam Aging Survey (VNAS) in 2011 was the first-ever nationally representative survey on senior citizens in Vietnam (defined as those aged 50 and over). The sample was chosen from the Population and Housing Census (PHC) 2009 with proportional to population size (PPS) approach, so as to make all samples be representative for all Vietnamese senior



citizens. There were 4,007 participants, in which 2,789 were older people (those aged 60 and over).

When family structure was taken into consideration, by marital status, a substantial proportion (71.3%) were married and 23.1% were widowed. Single, divorced and separate old people only accounted for a small percentage. A relatively small proportion of older people had no children. When biological, adopted, and stepchildren were all calculated, more than 95% of older people had at least one child; 67.1% had two to five children, while 22.8% had six to nine children, and 1.6% had ten or more children. The extended family pattern remained common in Vietnam: nearly 63% of older people were living in families with six to ten members; 30% were living in families with three to five members; 5.2% were living in families with ten or more members; and less than 2% were found living in single households.

With respect to religion, more than 46% of the participants categorized themselves as Luong, making this the largest religious group. Buddhism followers came as the second largest group with 31.62% of the total sample. Out of the remaining, 18% reported that they did not belong to any religious beliefs.

As for elderly literacy, which was reflected by the ability to read and to write, more than 3,400 or 86% of the total respondents in the survey reported that they had both reading and writing ability. Among them, more than 2,500 said that they could read and write without any difficulty, which made up 63.3% of the total sample.

With regard to education background, indicators were relatively poor for the whole sample. There are almost 40% of the total respondents with very low or even no formal education attainment. Accordingly, approximately 13.3% of the older people in the survey had no formal schooling, while 25.8% failed to complete primary school. In the meantime, the proportion of old people with higher education or some kind of professional/vocational training turned out very small with roughly 250 people (accounting for less than 7% of the total sample). Besides, disparities in the education levels between rural and urban areas, Kinh and ethnic minority



people, and genders were prevalent. When living area was concerned, education level differences were the most significant in terms of little basic schooling and higher education. In the former category, 45.5% of the rural elderly were reported without schooling or did not finish primary schools, while this proportion for their counterparts in urban area was 26%. As for higher levels of education attainment, the percentage of urban elderly who completed junior college or higher, or some kind of professional training was approximately six times higher than that of rural ones (12.7% compared with 3.3%). Similar pattern was witnessed when ethnicity was taken into account. Non-Kinh people were far behind the Kinh people with regard to education level. Among the latter group, as many as 55.6% were without basic education and only 1.38% acquired professional training or higher education, compared to 36.9% and 7.1% respectively in the latter group. Education levels also substantially differed between older men and women. There were around 1,200 women in the survey (comprising 52.3% of the total female respondents) stating that they did not finish primary school or had never gone to school, whereas this proportion among male respondents was only 20.8%. The ratio for male elderly with some basic schooling was 70.2% and that with higher education or vocational training was 8.8% while the proportions among female respondents were remarkably lower, i.e., 42.7% and 4.8%, respectively.

When employment was concerned, about 71% of the sample reported that working in their own unit, either in farm or non-farm activities, was their main life occupation.

By housing condition, 60% of the elderly population lived in semi-permanent houses, while around 33.5% had permanent accommodation. There were still nearly 7% old people residing in temporary and other non-permanent houses. The percentage of the elderly who himself/herself or whose spouse was the owners of their dwelling stood quite high, at more than 90%. In rural area, the proportion of elderly living in permanent housing (25.2%) was noticeably lower than the national average ratio (33.5%) and that in urban area (nearly 50%).



## 2.2 Methodology

### *Data tabulations*

Research objectives were initially analyzed using data tabulations to examine the general characteristics of older people's SWB through the respondents' personal evaluation of their life satisfaction. Through such a descriptive analysis, differences in one's perceived well-being between gender, living regions/areas, education backgrounds as well as marital status were drawn. As suggested by previous studies, data tabulations could provide an insight into the characteristics of family support to older people in Vietnam. It served as a contributing factor for investigation of the support patterns among older people in different situations, locations, and backgrounds to reveal possible types of support, support frequency and amount, as well as the most common recipients/providers. Weights were used in all calculations in order to make the findings representative for the whole Vietnamese older people.

### *Regression analysis*

Multiple regressions were performed to investigate two groups of variables, i.e., (i) socio-demographic factors, and (ii) family support factors in association with the overall life satisfaction.

Regressions were necessary for identifying SWB determinants and enabling this research to recognize significant elements. Statistical significance was indicated at 5% level. Combined major findings from the previous studies in different countries and general socio-demographic features of the Vietnamese older people, the empirical analysis of this study was focused on addressing three hypotheses for Vietnamese older people, as follows:

- **Hypothesis 1:** Certain socio-demographic factors (such as age, living regions and area, marital status, education background, household size, household poverty as well as self-reported health and income situation) had significant impacts on the level of SWB.
- **Hypothesis 2:** Receiving support from family members certainly enhanced the level of perceived life satisfaction.



- **Hypothesis 3:** Providing support to family members had a negative impact on the level of perceived life satisfaction.

These hypotheses were tested through three separate stages. In the first stage to find evidence for the first hypothesis, models included variables with regard to socio-demographic factors (such as age, gender, education background, marital status, living regions, areas, perceived health situation, household poverty status and employment status). After that, during the two remaining stages, independent variables related to family support receipt and provision were added while background factors were controlled for.

The list and description of dependent and independent variables used in the regression analysis along with more information on how these variables are chosen or created are presented in Table 1.

*[Table 1 is about here]*

#### ***Limitations of data***

Using VNAS 2011 as a cross-sectional survey, we could not avoid various limitations since information was reflected at a specific point in time. While it could enable us to make comparisons among respondents in different locations, it could not provide information on individuals that changed overtime. Moreover, as the data often suggested that the surveyed sample was characterized by stability, we must be very cautious in drawing any conclusion with regard to causality. Unlike panel or longitudinal data which comprise time-series observations of multiple individuals, data from cross-sectional study are viewed as a panel with one degree of freedom and less sample variability. Thus, it can be agreed that analysis based on cross-sectional data does not generate as accurate inferences of model parameters as that based on panel data. Other disadvantage of using cross-sectional data is the limited capacity in reflecting the human behavior's complexity (Hsiao, 2007). Nevertheless, such a panel data on older people at national level was not existed in Vietnam.



### 3. FINDINGS AND DISCUSSION

#### 3.1. SWB among different groups of older people

To compare the levels of life satisfaction among respondents, in this part, we had three groups: satisfied (those who said that they were satisfied or very satisfied with their life); neutral and dissatisfied (those who reported to feel dissatisfied or very dissatisfied with their life in general). Less than 10% or 9.4% of the old people claimed that they felt dissatisfied with their life. Nearly 22.4% gave a neutral answer (i.e., they neither felt dissatisfied nor satisfied). Satisfied elderly made up the largest share of the survey sample where more than 68% of the total participants who responded to the question expressed satisfaction with their life in general.

There are significant disparities in the level of life satisfaction among people of different education background, marital status, child status, living regions, household size, poverty situation and between male and female.

Old people having no children tended to be less satisfied with their life than those having at least one child [Figure 1]. Among elderly without any children, 16.5% were life-dissatisfied and 59.5% were satisfied, compared with 9.01% and 68.7% respectively among the people with children.

*[Figure 1 is about here]*

Female seemed to report more dissatisfaction than male where the percentage of dissatisfied women was 4.5 percentage point higher than that of dissatisfied men [Figure 2]. Male group also experienced a considerably higher percentage of satisfied people than their female counterparts (73.5% and 64.4%, respectively).

*[Figure 2 is about here]*

By living regions [Figure 3], the highest percentage of old people with life satisfaction was recorded for the Northern area where 71.2% categorised themselves as satisfied, which marked a 3.02 and 7.4 percentage points higher than those in Southern and Central regions. Ha Noi and





Ho Chi Minh City (HCMC) - the two largest cities in Vietnam - also saw the highest percentage of satisfied elderly, with more than 72%.

*[Figure 3 is about here]*

Elderly with higher education attainment [Figure 4] was the group with the highest rate of satisfied people (87.11%), followed by the group of elderly who completed basic education (71.84%). The higher education group also experienced the lowest proportion of dissatisfied people (only 3.7%), a quarter of that of the group with no education or little education. The latter witnesses the lowest percentage of satisfied elderly (with 59.6%), which was significantly lower than the national average.

*[Figure 4 is about here]*

With regard to differences among marital status [Figure 5], divorced elderly showed the highest percentage of people with dissatisfaction (with nearly 24%). This was remarkably higher than the overall rate of the whole sample. Less than half of the divorced group were satisfied with their life. Those for old people who were separated, widowed or single, were similarly low (at less than 63%). The married group, on the contrary, reported high percentage of satisfied elderly (more than 71%).

*[Figure 5 is about here]*

By household size, the percentage of elderly who were satisfied with their life tended to be higher among households with more family members [Figure 6]. Specifically, in households with at least three members, more than 65% of the elderly claimed themselves as satisfied as opposed to a far lower proportion of 41.3% in single households. The latter also saw a considerably higher percentage of those who felt life-dissatisfied (around 19%), more than double that of the national average and those of other household sizes.

*[Figure 6 is about here]*

Levels of life satisfaction also differed substantially between poor and non-poor households [Figure 7]. About 19% of the elderly living in poor households were dissatisfied



with their life, while only 51.2% felt satisfied. In comparison, those proportions in non-poor households were 8.1% and 70.6%, respectively.

*[Figure 7 is about here]*

When several subjective indicators were considered (for instance, health situation and income sufficiency), there were remarkable differences in the levels of life satisfaction between groups. Among those who rated themselves in poor physical health, only 67% felt satisfied with their life, while that among the people with good health condition was much higher, at about 84% [Figure 8].

*[Figure 8 is about here]*

Although information on individual income was not collected during the survey, there were questions about personal evaluation of income sufficiency. Accordingly, only 36.8% supposed that their income was sufficient. For those people, 85.3% said they were life-satisfied, a higher rate of 27 percentage points than people claiming they did not have sufficient income. The percentage of people with personally perceived income sufficiency was especially low (at less than 1.6%), compared with nearly 14% of the other group [Figure 9].

*[Figure 9 is about here]*

When ethnicity and living area were concerned, the differences were not as significant. While the proportion of urban old people who were life-satisfied was around 3 percentage points higher than that of rural counterparts, those who felt dissatisfied were relatively the same for both living areas. Kinh people had slightly higher rate of life satisfaction and lower rate of life dissatisfaction than non-Kinh people (68.5% compared to 63.4%, and 9% compared to 13%, respectively).

Interestingly, older people who cited family as the most important source of support/income/asset in their daily life reported the highest ratio of life dissatisfaction, where 11.6% of those people reported to feel dissatisfied with their life in general compared to less than 8.6% among others who relied on their working income, pension or allowance benefits as



their major income sources. When it came to life satisfaction, the former group experienced slightly lower proportion than did the other groups (67% vs. roughly 70%).

In order to gain a clearer understanding of the relationship between life satisfaction and family support, the research would go further into regression analysis.

### 3.2 Regression analysis

Findings from cross tabulations suggested some associations between socio-demographic factors and the levels of SWB. To investigate the possible impacts of this group of factors on Vietnamese elderly SWB, three separate linear regressions were performed [Table 2].

*[Table 2 is about here]*

Equation 1 investigates the impacts that background factors had on the levels of satisfaction among the Vietnamese older people. As presented in Table 2, being female, living regions and living area had statistically significant coefficients at one-percent level. Controlling for other factors, compared to male elderly, female counterparts suffered from a decline of 0.13 point of life satisfaction. The level of life satisfaction also decreased by 0.17 and 0.07 for old people living in Central and Southern region, respectively, compared to those living in the North. There was a negative relationship between living in rural area and older people's SWB. People who resided in rural area tended to have lower levels of satisfaction with their life. Age, employment status and ethnicity did not reflect statistically significant impacts on SWB in this estimation. However, this group of independent variables only explained a relatively low percentage of variation in life satisfaction score (R-squared was less than 1.7%, and adjusted R-squared was lower than 1.5%).

A certain range of socio-demographic variables are added to Equation 2 and most of those variables had statistically significant impacts on the levels of SWB and explained an additional 4.1% of the variance in life satisfaction. When marital status was considered, married elderly were more likely to have higher levels of life satisfaction in comparison with their unmarried counterparts. The number of members co-residing with an elderly tended have a positive effect



on the elderly's SWB, even though this effect was not substantial. Specifically, for each additional family member, an elderly experienced an increase of 0.022 point on life satisfaction scale. Education levels of the elderly were found to have great impacts on their satisfaction with life where both coefficients were positive and statistically significant at one-percent level. The level of life satisfaction of old people with complete basic education was 0.11 point higher than that of those who had incomplete basic education. The impact of completing higher education or professional training was even greater. Older people having higher education (i.e., college or university education) and/or professional training experienced an increase of 0.28 point of life satisfaction score compared to their counterparts. It seems that the level of SWB grew with the increases in the levels of education attainment of the respondents. Living in a poor household negatively affected the level of satisfaction among the elderly. Compared to the level of life satisfaction among those who lived in non-poor households, that among people in poor households was around 0.3 point lower and was statistically significant at one-percent level. Surprisingly, 'no child' was the only newly-added variable which did not indicate any statistical significance. It should be noted that background variables which used to show statistical significance in Equation 1 were no longer significant when other socio-demographic variables were controlled, except for living in the Central region. Age, however, was a significant predictor of SWB in this equation. Level of life satisfaction tended to increase with age, although the effect of age was quite small.

Predicting that personal evaluation on health and income could be significant determinants of life satisfaction, Equation 3 was estimated with the inclusion of two additional variables: perceived good health and income sufficiency. The goodness of fit had remarkably improved where R-squared climbed to 12.25% (and the adjusted R-squared was 11.9%). Multivariate regression findings revealed that both coefficients of new regressors were statistically significant at one-percent level. Income sufficiency noticeably enhanced the level of life satisfaction. Elderly having sufficient income for their daily life had a level of life satisfaction



at nearly 0.47 point greater than that for those who did not think to have enough income. With regard to perceived health situation, the result was unexpected as being in good health was negatively associated with SWB.

To sum up, the three regression models provided evidence to support our first hypothesis which assumed that certain socio-demographic factors, self-reported income and health situation had significant impacts on the levels of life satisfaction among the Vietnamese elderly. It was found to be influenced by a wide range of such factors as age, gender, regional differences, living area, levels of education attainment, household size, marital status and household poverty situation. Besides, both of self-reported income sufficiency and health situation were highly significant and affected the elderly's SWB to a high degree. Self-perceived sufficient income was positively associated with and had the greatest effect on older people's life satisfaction, compared to all other factors. Surprisingly, employment status, ethnicity and childless status did not have statistically significant impacts on older people's life satisfaction.

In an attempt to examine the relationship between the elderly's SWB and children's support to find validity for the second hypothesis, in Equation 4, more independent variables related to the receipt of support from children were added. Other background variables were controlled in this equation [Table 3]. The model explained nearly 7% of the variance of life satisfaction score among the Vietnamese elderly.

*[Table 3 is about here]*

Regression result suggested that receiving cash support over VND 500,000 and mental support from children were important predictors of life satisfaction among older people. Both coefficients for these two variables were statistically significant at one-percent level. Holding other factors constant, compared to older parents who did not receive cash transfer from their children with the value over VND 500,000 or received less than VND 500,000, those who did achieve a level of life satisfaction which was 0.15 point higher.



Receiving mental support even had a greater impact on the level of SWB. Accordingly, for elderly who had mental support from their children, the level of life satisfaction was enhanced by roughly 0.37 point in comparison with the others controlling for other variables. Meanwhile, receiving in-kind transfer from children and having frequent contact with non-co-resident children were not significant determinants of SWB.

To estimate the effects of contributions to family on the levels of SWB, four additional independent variables were included while other background variables were still controlled. The results are presented in Table 4.

*[Table 4 is about here]*

Equation 5 testing the effects of providing support showed that doing housework and taking care of other household members who were not respondents' grandchildren significantly predicted their levels of life satisfaction. While the coefficient of doing housework was statistically significant at five-percent level, that of taking care of household members had statistical significance at one-percent level. Doing housework was, surprisingly, positively associated with life satisfaction, as it improved life satisfaction score among the elderly by 0.08 point. More notable effect was witnessed for the elderly who had to provide care for their household members who were not their grandchildren. Having to take care of such household members, on the other hand, negatively affected the levels of SWB among the elderly. That an old person got involved in looking after any member in his/her household turned out to decrease the level of SWB by 0.14 point. Providing cash support to children and getting involved in house repairs or maintenance were, however, unimportant predictors of elderly SWB.

### 3.3. Discussion

This study was aimed at testing the proposition that a wide range of socio-demographic factors along with family support could enhance or worsen the SWB among the Vietnamese elderly. It revealed that the relationship between social background factors, family support exchanges and the levels of life satisfaction was quite strong. With respect to the group of socio-



demographic factors, it was apparent that differences in gender, living regions, living area, marital status, previous education attainment, age, household size and household's poverty situation played an important role in determining the elderly's levels of life satisfaction. Female elderly tended to experience lower SWB level, compared to male counterparts. This phenomenon should not only be explained by an undeniable fact that women had to give birth and grew their kids. It should also be traced back to the discrimination against women which has been existent for long period of time in the Vietnamese society. Although it was undoubted that both men and women benefited from recent economic and social growth, women generally remained at a more disadvantaged situation than did men, especially those who were born during the first half of the twentieth century. By that time, most women were not allowed to go to school and take part in social activities. Until recently, women's rights were significantly improved which was obviously reflected by their increasingly rate of labor force participation. However, it did not necessarily switch or equalize their role with the male counterparts when it came to work within the family as the traditional thoughts on women's role was not rapidly changed. Meanwhile, older people living in the Northern Vietnam were more likely to score higher on the life satisfaction scale. Lower levels of life satisfaction were found among those residing in rural area. As for education attainment, we found a strong relationship between the levels of education that an older person received and his/her SWB in later life. Accordingly, that an old person completed higher education or any kind of professional training when he/she was young had a great impact on the level of life satisfaction and it demonstrated that the level of SWB increased with the increases in previous education levels. This findings was consistent with most of the previous studies on the effects of education attainment on well-being. The level of SWB was also found to increase with age even though age's impact was not substantial. It turned out that the elderly having more household members were more likely to score higher on life satisfaction scale. Explanation could be taken from old research by Hirschman and Vu (1996) stating that a large family with different generations was the symbol of family cohesion



and integration which seemed an important value to most of older people in the Vietnamese society. Living in a poor household obviously damaged the level of life satisfaction among the elderly. In addition, self-perceived income sufficiency and good health were strong predictors of life satisfaction. In particular, people who personally assessed their financial situation as 'sufficient' showed a tendency to have remarkably higher levels of life satisfaction than those who claimed their situations as 'insufficient'. Despite statistically significant impact of self-perceived good health, this analysis found a contradicting result with previous research (see, for instance, Meddin and Vaux, 1988; Mette, 2005) revealing that being in good health negatively affected the elderly's SWB. Inconsistent with our initial assumption, there were no significant differences in the levels of life satisfaction between working and non-working older people, between Kinh and ethnic minority people, and between older people with and without children. The finding with respect to the insignificant status of having children or not was quite surprising as it contradicted previous results by researchers showing that elderly persons with families reported higher sense of well-being than those without any children (Mutran and Reitzes, 1984).

With regard to receiving support from family member factors, we found evidence consistently with our prediction that family support would be beneficial to the SWB of older people, which also supported previous researchers in the same field (see, for example, Mutran and Reitzes, 1984; Yoon, 2006; Deng et al., 2010). Considering only noticeable transfers both in-kind and in-cash of more than VND 500,000 in total value, it demonstrated that the Vietnamese old parents who received cash transfers from their children were more likely to have higher levels of life satisfaction. Cash and in-kind support should not only be seen as a way to improve the elderly's material life but it should be also perceived as an expression of respect and a symbol of gratefulness that mature children wish to give back to their old parents. Thereby, from an older parent's viewpoint, in many cases, such support had greater psychological than physical effect. Receiving emotional support from family members even





generated bigger impact on the elderly's SWB. Remarkably higher level of life satisfaction was recorded for old people who were consulted by their family members when it came to important matters and whose opinions were seriously taken than for those who did not. This finding was similar to a previous result from Yoon (2006) on the important role of emotional support. Specifically, the elderly having friends or family members to talk when facing problems were more likely to have higher levels of life satisfaction. Such mental exchanges could be served to enhance intimacy and trust between older people and other family members, which fostered their existing bonds. Unlike cash transfer, receiving in-kind transfer from children and having frequent contact with non-residing children, on the other hand, was found to be insignificantly predictors of the elderly's life satisfaction.

Concerning the providing side of support, there was no evidence showing that old parents felt less satisfied with their life because they had to financially support their children. Multivariate analysis found no difference in the level of life satisfaction between older parents who gave cash transfers to their children and those who did not. This was not as what we expected in the first place. However, the level of SWB seemed to be affected by the elderly participation in doing housework and especially taking care of household members who were not their grandchildren. Taking part in any kind of housework within the household, surprisingly, turned out not to be the burden to older people. In fact, it improved the levels of satisfaction among them, which might be brought about by the feeling of independence or helpfulness as they could still make some contributions to the household. Meanwhile, having to care for any members other than grandchildren severely damaged the elderly's life satisfaction. There might be predicted that those household members were sick grown-up children, spouses or even very old parents who lacked the capacity to take care of themselves and thus required intensive and enduring care. In any case, it must create much pressure and work for the elderly.



#### 4. CONCLUDING REMARKS

This study analyzed the SWB among the Vietnamese older people and the role of family support in determining the levels of their life satisfaction. Major findings suggested nearly 70% of older people reported to feel satisfied with their life. There were, however, substantial disparities in terms of education background, marital status, living regions, household size, poverty situation, and gender.

Several linear regressions were undertaken, and their outputs indicated that certain socio-demographic factors such as sex, living regions, living area, marital status, previous education attainment, age and household's poverty situation as well as self-reported income sufficiency and health condition were important predictors of older people's life satisfaction. In terms of receipt of support from family members, both receiving cash transfers and mental support significantly strengthen their life satisfaction. On the providing side, participation in doing housework did not damage satisfaction with life as hypothesized but indeed, contributed to increasing it. Having to take care of other household members who were not grandchildren, on the contrary, had a detrimental effect on the old people's life satisfaction.

From such findings, we propose the following policies and further research recommendations.

First, improve and increase coordination between government, communities, and families. On acknowledging that support received from family members both in physical and mental form positively affects life satisfaction of the elderly, it does not necessarily mean that elderly care taking should be completely shifted to private households. In fact, the government can introduce relevant interventions assisting families with elderly. For instance, financial incentives might be considered to encourage family members to provide sufficient care to the old members in their family. The Labour Law should also be adjusted in a way to give more flexible time for workers with old parents during their mental and physical sickness. The paper finds adequate evidence supporting the crucial role that family plays in improving the life



quality of the elderly. Therefore, it is necessary that programs targeting the elderly closely collaborate with households in order to identify the old population's special needs and implement appropriate assisting mechanisms.

Second, the government should play a more active role in improving the economic situations of households with elderly. Findings from the research, on one hand, represent the dominant role of family support in elderly life but on the other hand, they also reveal consistent results with previous study by Barbieri (2006) and Pfau and Giang (2010) on the limited role of pension and government social assistance in contributing to the households' daily income. The government should not solely rely on private households when it comes to taking care of its old population. It should make more effort in designing and introducing more effective pension schemes and assistance programs which significantly benefit the recipients.

Third, care services for the elderly, especially those in less advantaged situations, should be expanded and enhanced. The government should develop more channels of delivering care services to the old population. It should not only be limited to health care but also pay attention to their spiritual life. More efforts are required to be made towards females, to elderly living in rural areas and poor households to ensure their equal access. The number elderly caring houses/centers is on the rise and predicted to keep increasing in the coming years. However, most of them are privately run. Thus, it is essential that the government provide more support to those centers and invest in building more elderly-friendly living environment for old people who live alone or who are without any children.

Fourth, encourage the proliferation of elderly research. The government is also recommended to motivate and encourage high quality research in the field of the elderly life and give space for researchers to collaborate with policy-makers with regard to aging policy design and implementation.

Although the paper could provide important evidence on SWB of the Vietnamese older people, it could not avoid some obvious limitations in analyses. The study inevitably



encountered constraints due to the nature of a cross-sectional study, and thus it lacked the capacity to examine the causal relationship between variables. In order to overcome this limitation, it is necessary to conduct longitudinal study to gain a thorough understanding of the relationship among variables. Qualitative studies in the future might also be of great value since they will be able to cover the missing aspects of this quantitative research. Under such circumstance, it is crucial that a panel data is available. As VNAS 2011 was the first nationally representative survey of the aged, it is strongly recommended that the survey be continued over time to create valuable inputs for aging research and contribute to policy-making to better handle aging-related issues and provide better care services to the old-aged.

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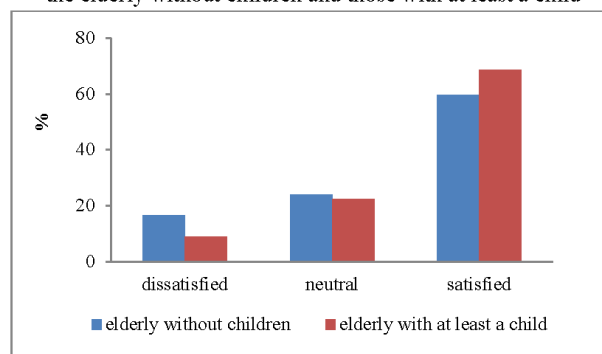
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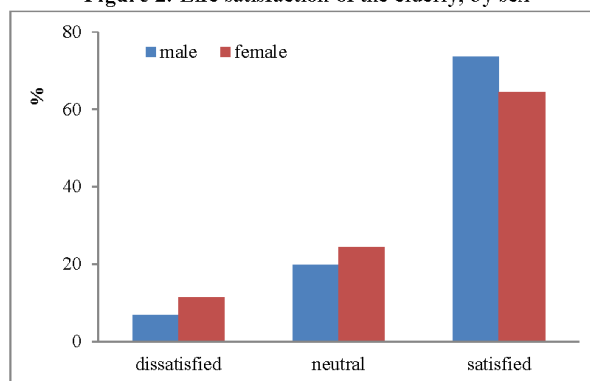
## FIGURES

**Figure 1: Life satisfaction between the elderly without children and those with at least a child**



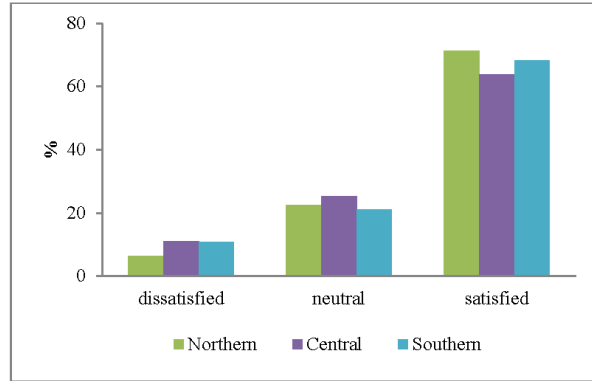
Source: Own calculations, using VNAS 2011

**Figure 2: Life satisfaction of the elderly, by sex**



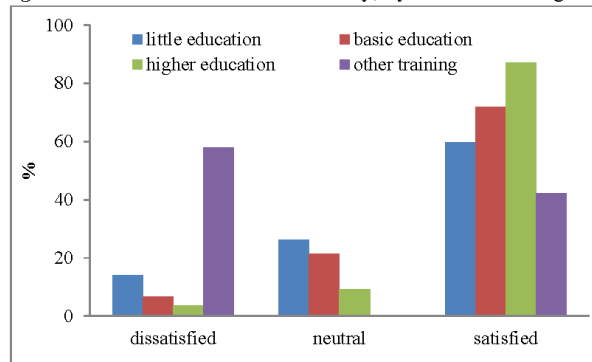
Source: Own calculations, using VNAS 2011

**Figure 3: Life satisfaction of the elderly, by living regions**



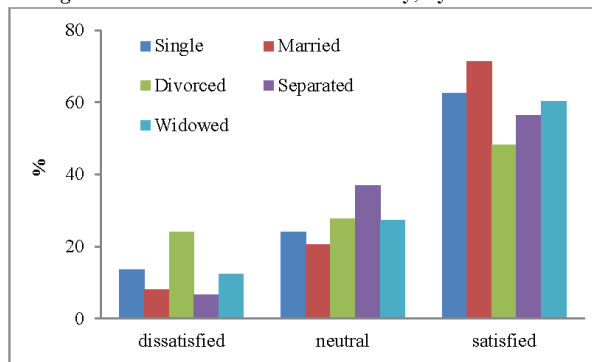
Source: Own calculations, using VNAS 2011

**Figure 4: Life satisfaction of the elderly, by education background**



Source: Own calculations, using VNAS 2011

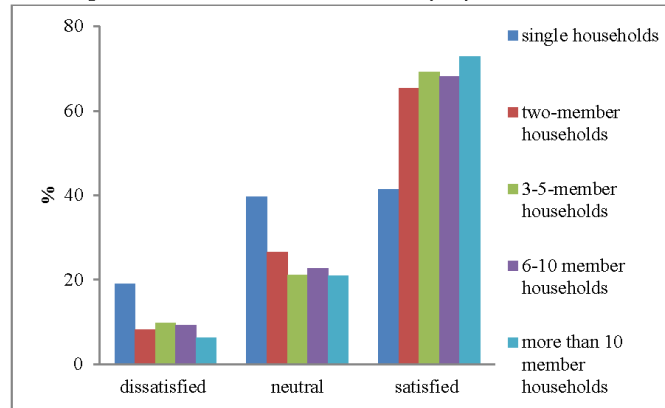
**Figure 5: Life satisfaction of the elderly, by marital status**



Source: Own calculations, using VNAS 2011

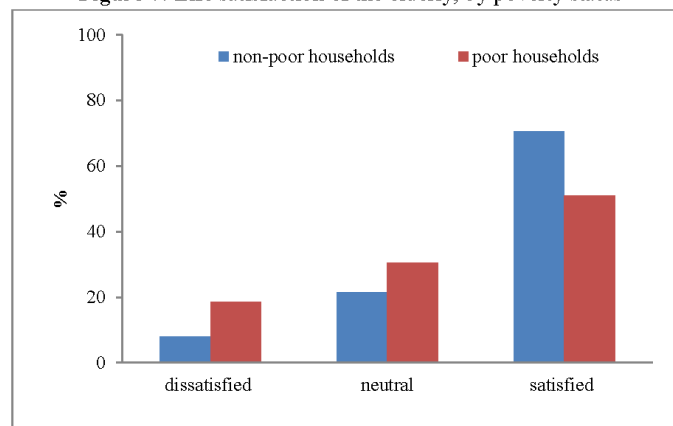


**Figure 6: Life satisfaction of the elderly, by household sizes**



Source: Own calculations, using VNAS 2011

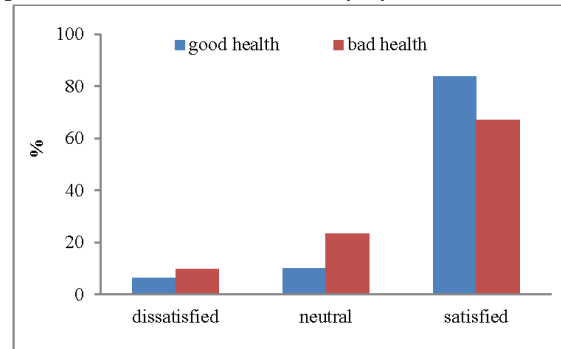
**Figure 7: Life satisfaction of the elderly, by poverty status**



Source: Own calculations, using VNAS 2011

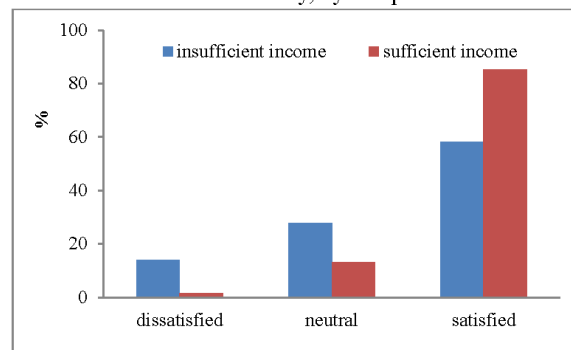


**Figure 8: Life satisfaction of the elderly, by self-rated health status**



Source: Own calculations, using VNAS 2011

**Figure 9: Life satisfaction of the elderly, by self-perceived income sufficiency**



Source: Own calculations, using VNAS 2011



## TABLES

**Table 1: Description of dependent and independent variables**

VARIABLES	DESCRIPTION
<b>1. Dependent variable</b> –	Respondents were asked to report how satisfied they feel with their subjective well-being (SWB) life in general and gave their answers according to a 5-point response format i.e. 1 ( <i>very dissatisfied</i> ), 2 ( <i>dissatisfied</i> ), 3 ( <i>neither satisfied nor dissatisfied</i> ), 4 ( <i>satisfied</i> ) and 5 ( <i>very satisfied</i> ). Higher score indicates higher life satisfaction level.
<b>2. Independent variables</b>	
<i>Socio-demographic variables</i>	
• Household size	Total number of members living under the same household
• Education level	Coded as binary variables including three categories: <ul style="list-style-type: none"> <li>• Completed primary education</li> <li>• Completed secondary education</li> <li>• Completed higher education and/or professional training</li> </ul> Little education is chosen as the reference category.
• Married	Binary variable. If a respondent is married, the variable is assigned a value of 1, otherwise it is assigned 0.
• Poor household	Binary variable. If a respondent lives in household which is listed as poor, the variable is assigned a value of 1, otherwise it is assigned 0.
• No child	Binary variable. If a respondent has no child, the variable is assigned a value of 1, otherwise it is assigned 0.
<i>Self-perception variables</i>	
• Good health	Binary variable. If a respondent reported that she/he had good health, the variable is assigned a value of 1, otherwise it is assigned 0.
• Sufficient income	Binary variable. If a respondent reported that she/he had sufficient income for their daily life, the variable is assigned a value of 1, otherwise it is assigned 0.
<i>Receiving support variables</i>	
• Receiving cash support from children	Binary variable. If a respondent received cash support of more than VND500,000 in total value from at least one of their children in the last 12 months, the variable is assigned a value of 1, otherwise, it is assigned 0.
• Receiving in-kind support from children	Binary variable. If a respondent received in-kind support worth more than VND500,000 in total value from at least one of their children in the last 12 months, the variable is assigned a value of 1, otherwise, it is assigned 0.



VARIABLES	DESCRIPTION
<ul style="list-style-type: none"> <li>Contact with children</li> </ul>	Binary variable. If a respondent reported to have frequent contact (visit, phone talk or email exchange) with at least one child who do not live within the household, the variable is assigned a value of 1, otherwise, it is assigned 0.
<ul style="list-style-type: none"> <li>Receiving mental support</li> </ul>	Binary variable. If a respondent reported that his/her family members usually ask for and listen to their opinions on important matters, the variable is assigned a value of 1, otherwise, it is assigned 0.
<i>Providing support variables</i>	
<ul style="list-style-type: none"> <li>Providing cash support to children</li> </ul>	Binary variable. If a respondent gave cash to at least one child during the last 12 months, the variable is assigned a value of 1, otherwise, it is assigned 0.
<ul style="list-style-type: none"> <li>Housework contribution</li> </ul>	Binary variable. If a respondent did housework in his/her family, the variable is assigned a value of 1, otherwise, it is assigned 0.
<ul style="list-style-type: none"> <li>House repair/maintenance contribution</li> </ul>	Binary variable. If a respondent participated in any kind of house repairs/maintenance in his/her family, the variable is assigned a value of 1, otherwise, it is assigned 0.
<ul style="list-style-type: none"> <li>Other household members care</li> </ul>	Binary variable. If a respondent had to take care of any household member excluding grandchildren, the variable is assigned a value of 1, otherwise, it is assigned 0.
<i>Other control variables</i>	
<ul style="list-style-type: none"> <li>Age</li> </ul>	Age of the respondent at the time of the survey (in years)
<ul style="list-style-type: none"> <li>Female</li> </ul>	Binary variable. If a respondent is female, the variable is assigned a value of 1, otherwise, it is assigned 0.
<ul style="list-style-type: none"> <li>Living regions</li> </ul>	<p>Coded as binary variables including two categories:</p> <ul style="list-style-type: none"> <li>Central</li> <li>South</li> </ul> <p>Northern is the reference category.</p>
<ul style="list-style-type: none"> <li>Rural</li> </ul>	Binary variable. If a respondent lives in rural area, the variable is assigned a value of 1, otherwise, it is assigned 0.
<ul style="list-style-type: none"> <li>Working</li> </ul>	Binary variable. If a respondent was still working at the time of the survey, the variable is assigned a value of 1, otherwise, it is assigned 0.
<ul style="list-style-type: none"> <li>Kinh</li> </ul>	Binary variable. If a respondent is a Kinh person, the variable is assigned a value of 1, otherwise, it is assigned 0.



**Table 2: Determinants of older people's life satisfaction**

Variables	Equation 1 - Coefficients	Equation 2 - Coefficients	Equation 3 - Coefficients
Age	-0.0016	0.0046***	0.0023
Female	-0.1300***	-0.0094	-0.0104
Living regions			
• Central	-0.1743***	-0.132***	-0.1507***
• South	-0.0698***	-0.0241	-0.0876***
Rural	-0.1287***	-0.0345	0.0257
Working	-0.0113	0.0084	-0.0075
Kinh	0.03912	0.0000	-0.0145
Married		0.1603***	0.1657***
No child	-	-0.0968	-0.1008
Household size	-	0.0222***	0.0185***
Education level			
• Complete basic education	-	0.1084***	0.0491
• Complete higher education or professional training	-	0.2820***	0.1351**
Poor household	-	-0.3028***	-0.2048***
Good health	-	-	-0.2308***
Sufficient income	-	-	0.4698***
<b>Constant</b>	3.9935***	3.1605***	3.4146***
R-squared	0.0168	0.0561	0.1225
Adjusted R-squared	0.0149	0.0528	0.1190
<b>Number of observations</b>	3,736	3,723	3,719

\*\*\* $p < 0.05$ ; \*\* $p < 0.01$

Source: Own calculations, using VNAS 2011



**Table 3:** Receiving family support and life satisfaction of OPs

<b>Variables</b>	<b>Equation 4 - coefficients</b>
Age	0.0045***
Female	-0.0230
Living regions	
• Central	-0.1921***
• South	-0.0400
Rural	-0.1029***
Working	0.0003
Kinh	0.0222
Married	0.1328***
Household size	0.0237***
Receiving cash support from children	0.1504***
Receiving in-kind support from children	0.0449
Contact with children	0.0403
Receiving mental support	0.3732***
<b>Constant</b>	<b>2.8661***</b>
R-squared	0.0697
Adjusted R-squared	0.0664
<b>Number of observations</b>	<b>3736</b>

\*\*\* $p < 0.05$ ; \*\*\* $p < 0.01$

Source: Own calculations, using VNAS 2011



**Table 4: Providing support to family and life satisfaction of OPs**

<b>Variables</b>	<b>Equation 5 - Coefficients</b>
Age	0.0018
Female	-0.0633
Living regions	
• Central	-0.1705***
• South	-0.0579
Rural	-0.1029***
Working	-0.0070
Kinh	0.0605
Married	0.2161***
Household size	0.0260***
Providing cash support to children	0.0337
Housework contribution	0.0888**
House repair/maintenance contribution	-0.0578
Other household members care	-0.1437***
<b>Constant</b>	<b>3.3380***</b>
R-squared	0.0373
Adjusted R-squared	0.034
<b>Number of observations</b>	<b>3724</b>

\*\* $p < 0.05$ ; \*\*\* $p < 0.01$

Source: Own calculations, using VNAS 2011