

Life Arrangement and Care Provision of Left-behind Elderly in Vietnam

(Case Studies in Two Communes in Quang Ngai and Ha Tinh Provinces)

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Abstract: Since Vietnam commenced the *Doi moi* (Renovation) process in 1986, besides remarkable achievements, the country has been facing challenges such as increasing inequality and social stratification, fast demographic structural changes, namely fast population ageing. The State has enforced various social security policies to better match with the market economy and socialism orientation, such as labor market policies, social insurance, health insurance, social safety net, which include policies for the elderly care. Meanwhile, family is significant for the well-being of the elderly in the Confucianism-influenced traditional family structure. Recently, rural-urban migration and other demographic and social changes such as more women in the labor force, higher divorce rates, decreasing birth rates, and changing family structures, have led to the increasing number of left-behind elderly in the rural villages, raising an increasing attention both from a theoretical perspective and practical research. This paper provides an analysis of natures of the left-behind elderly to understand alternative modalities and typologies of community network in supporting the elderly people, especially the left-behind and the living alone in order to identify various initiations to sustain Asian cultural values, family relationships, and continuous development of care policies and potential implications in developing a better care mode for the elderly.

Key words: Left-behind elderly; life arrangement; care provision; constraint; legal issues.

1. Background

Rapid economic and income growth, urbanisation, and globalisation are leading to a dramatic shift of Asian countries. There is a diversification of economic development, cultural heritage, and political processes and different stages of modernisation in Asian societies. Though the countries in the continent are following different political processes, and in different level of economic development and modernity, it is

interesting that they share some things in common of Asian cultural values, family relationships, and experience increasing and dynamic flow of migration, which can affect care provision for the family members [4].

In Vietnam, rural-urban migration and other demographic and social changes such as more women in the labour force, higher

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divorce rates, decreasing birth rates, and changing family structures, lead to increasing number of left-behind elderly persons in rural villages. The percentage of the elderly living with their children has diminished, while the percentages of those living alone or with spouses or “skip-generation” elderly households have increased. On the one hand, migration can bring economic benefits from remittances and knowledge, which can improve the original family development. In other words, migration contributes to a higher “equality” of income and living standard of the whole family of migrants. On the other hand, there seems to be an emerging “inequality” for the left-behind people, including the non-migrant elderly in terms of acculturation, reestablishing kin networks, care and psychological well-being with increasing care responsibilities to themselves and grandchildren and limited support from community network [2].

The context places the left-behind elderly in rural villages under double burdens. They have to manage and restructure their lives to take care of themselves if living alone and/or helping migrating couples with taking care of grandchildren. Care work includes daily activities, domestic work, care and educational work in the families and social services, which are really challenges for the left-behind elderly. The challenges are more serious for the left-behind elderly in rural villages with poor public social services.

Traditional norms in Asian societies of filial piety emphasise care roles of children upward their elderly parents, responsible for providing instrumental care as well as affective and emotional support to old parents. Especially, caregiving is often

responsibilities of women, who are increasingly migrating and participating in the labour market. Subsequently, there is an increasing withdrawal of family caregivers from caregiving upward their parents, especially in rural villages near big cities and industrial zones.

With limit of institutional care for the elderly, care provision in Vietnam is often given to family and community [1]. Community is the main care provider of emotional support to the elderly traditionally and currently as majority of Vietnamese people are living in the rural areas with strong community network and solidarity. The Vietnamese government is also planning to enhance institutional care in each community in collaboration with local mass organisations and stakeholders involved, in order to propose the proper alternative of care to the elderly in communities especially those who are living alone and/or have to take care of the grandchildren.

Using the qualitative survey and data from the project “*Construction of an effective network for well-being of the left-behind elderly in the rural community through cooperative studies between Ha Tinh and Quang Ngai provinces, Vietnam and Minamata city, Japan*”, funded by the Toyota Foundation and implemented by the Institute for Family and Gender Studies on collaboration with Gakuen Kumamoto University in Japan in 2016, this paper provides an analysis of natures of the left-behind elderly to understand alternative modalities and typologies of community network in supporting the elderly people, especially the left-behind and the living alone in order to identify various initiations to sustain Asian cultural values, family

relationships, and continuous development of care policies and potential implications in developing a better care mode for the elderly.

2. Nature of the surveyed sites

Quang Ngai is a central coastal province with the total natural area of 5,131 square kilometres and is subdivided into 14 districts/cities and 184 communes and townships. It has a population of about 1,234,200 people, 147,269 of whom are elderly (accounting for 11.9% of the population, higher than the national average). The number of elderly people living in rural and mountainous areas accounts for over 70% [5].

Pho Cuong is an agricultural commune of Quang Ngai with 98% of the population working in agriculture, subdivided into 7 villages and 40 residential areas. The commune has 3,642 households and the population of 16,918. Regarding its economic situation, the area faces with *“the challenges of infertile soil, low productivity crops and lack of industrial zones as well as additional jobs”* (focus group discussion with commune leaders, 2016). They possess a wide area of natural land, but remain naturally dependent. Moreover, the area also witnesses the increasingly severe droughts happening due to climate change.

The total number of the elderly in the commune is 1,638, representing 10.29% of the population [7]. However, in recent years, a substantial number of members of the labour force have left the commune for jobs elsewhere, leaving behind the elderly and young children. As can be seen in Figure 1, more than 90% of migrating children return home several times per year

only and mostly leave their old parents home. According to a representative of the communal People's Committee:

“Over 3,500 out of 16,000 people in Pho Cuong left for Saigon (i.e. Ho Chi Minh city) to sell noodle soup” (in-depth interview, representative of Pho Cuong People's Committee).

“Over ten years ago, there were some villagers who were the first to leave for Ho Chi Minh city to sell noodle soup. As their business ran well, then they came back to the village and persuaded their relatives and neighbours to join. There was a saying “Speaking of noodle soup in Saigon means the noodle soup from Quang Ngai province”, or to be exact, the noodle soup originated from My Trang village, Pho Cuong commune, Quang Ngai province because about 70% to 90% of villagers often sell noodle soup in Saigon.” (in-depth interview with Chairman of Pho Cuong commune).

Ha Tinh province is in central Vietnam. Currently, there are 165,353 members in the provincial association of the elderly, accounting for 13.5% of the population. Categorised by age, the province has 4,663 people aged 70, 3,318 people aged 75, 4,158 people in their eighties, 3,299 in the age group of 85 and 683 people are 95 years old or older [6]. Ha Tinh has a number of supporting activities for the left-behind elderly and children. For example, the provincial Women's Union established the 'intergenerational club' to support its members, focusing on the spiritual life, income increase and health care. In addition, there are also some clubs for children whose mothers are working away

from home, which are running in several districts with the aim of strengthening the communication and care for left-behind children.[6]

Thach Chau commune is the centre of the 6 coastal communes in Loc Ha district, Ha Tinh province, with a total length of the administrative boundary line being 13, 454 meters and a total natural area of 734.57 hectares. Thach Chau has a total of 1,008 people aged 60 or older. According to preliminary statistics, there are 500 elderly

people living with spouse estimated; another 300 elderly people living with son/daughter and 200 elderly people living with grandchildren while their son/daughter are working away. As can be seen in Figure 1, the majority of the children of the left-behind elderly return home only a few times per year, especially in Pho Cuong commune. Even in cases when the children return home daily or weekly or monthly, their old parents stay alone for most of daytime.

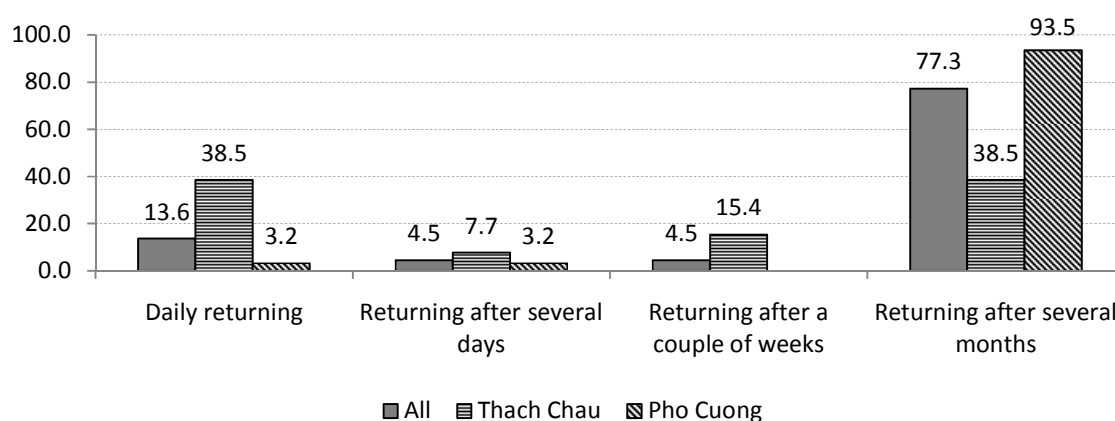


Figure 1. How often Migrating Children Return Home

Source: Project quick assessment among left-behind elderly in Pho Cuong and Thach Chau communes in 2016.

3. Situation of the left-behind elderly

3.1. Economic conditions

Recently, Pho Cuong and Thach Chau witness some improvements in the material life of local people thanks to the income from external sources. There are more spacious-looking houses in the villages, but with only the elderly and children dwelling inside. Many people emphasise on the upside of the situation of migrating children seen in the improvement of family income and grandchildren's education.

"In general, the majority of the children working away send money home, though little, which helps ease the economic pressure" (in-depth interview with left-behind elderly on Pho Cuong).

However, the living standard of the elderly remains low. Left-behind elderly people in Pho Cuong are mostly poor (figure 2). The majority of the elderly in rural areas have no social insurance, no pensions, no allowances and are under economic difficulties. It was suggested that

up to 90% of the elderly have no pension and live dependently on social support- for those over 80 years old - and on provisions of descendants.

In Pho Cuong, some people working far away also bring their children along, leaving a large number of lone parents behind (nearly 200 elderly people). Some leave behind both their children and their elderly parents who take care of the kids (over 300 elderly people). When some of these workers are unable to send money home, the elderly will get into trouble and they will be categorised as poor households.

“Some children are doing good business

in Saigon and would like to bring the old parents with them. However, most of us the elderly refuse to settle in the city [as] we cannot get along with the pace of city life, and we are not only afraid of loneliness, but we are also noise haters. We would feel like prisoners [there] while children go out for work” (group discussions with the left-behind elderly).

On the other hand, the elderly are always oriented towards home and their origin, which makes it difficult for them to leave for somewhere else and neglect the ancestor worship.

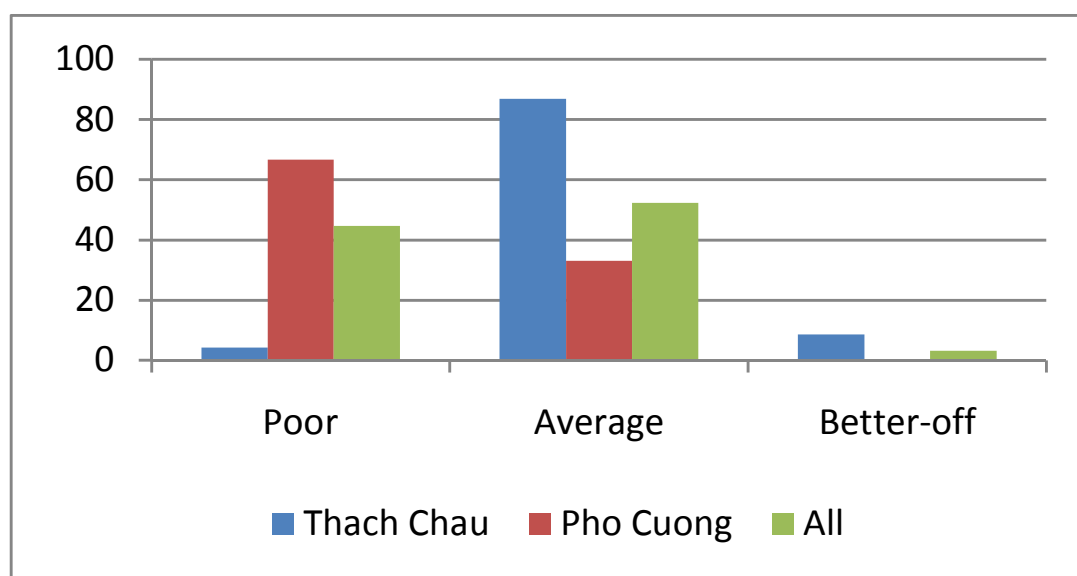


Figure 2. Self-assessment of Living Conditions of the Left-behind Elderly

Source: Project quick assessment among left-behind elderly in Pho Cuong and Thach Chau communes in 2016.

3.2. Living arrangement

It is noted that the shape of the family unit reflects changing social norms; economic security; rising rates of migration, divorce and remarriage; and blended and stepfamily relations. The skipped-generation

family household - in which an older person or couple resides with at least one grandchild but no middle-generation family members - has become increasingly common because of high migration (Figure 1). At the same time, the number of single parents who live

alone is also high in these two communes, which reflects the trend that the traditional living arrangements are becoming less common in families with children migrating (Figure 3). In the past, living alone in older age often was equated with social isolation or family abandonment. As a result of migration and even change in the preference of the elderly, the number of the elderly who live alone in the surveyed communes is higher than the national average, which is approximately 10.8%¹. Normally, older people who live alone are less likely to benefit from sharing family goods that might

be available in a larger family. Thus, the risk of falling into poverty in older age may increase as family size falls, if they do not receive appropriate support from their children. On the other hand, older people are also a resource for younger generations and their absence may create an additional burden for younger family members. These observations are economically correct in the surveyed communes when we look at the various supports from children to elderly parents (Figure 4) and their economic condition (Figure 2).

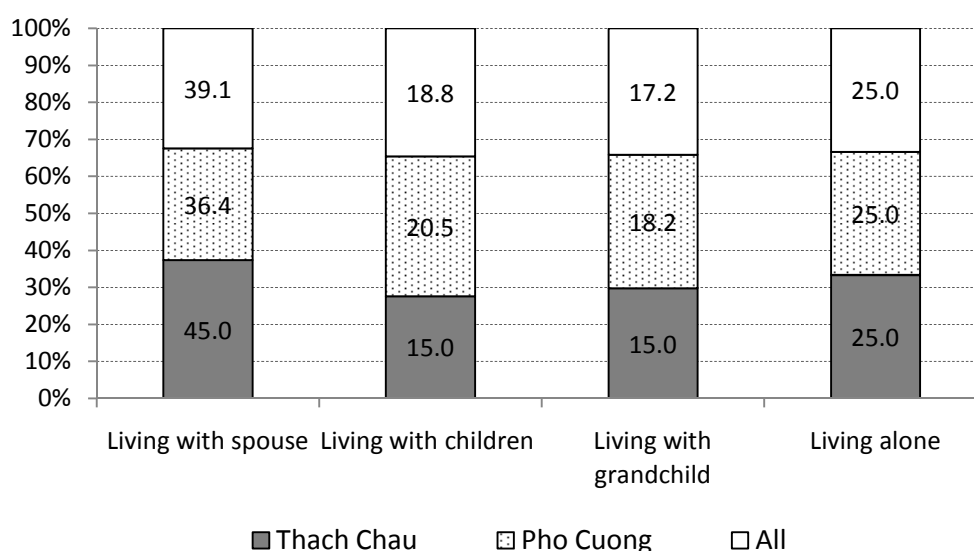


Figure 3. Living Arrangement of the Left-behind Elderly

Source: Project quick assessment among left-behind elderly in Pho Cuong and Thach Chau communes in 2016.

3.3. Children support to parents

There is a Vietnamese saying: “children are saved property for the future” which emphasises the expectation of old Vietnamese on their children’s support when reaching the old age. It is noted that among the left-behind elderly, financial support

from children upward their parents is limited and constitutes the lowest among three dimensions of support (i.e. emotional

¹ Data from the project “Elderly Care in Transforming Vietnam: Policy and Structural Comparative Perspectives, coded I3.3-2013.10, funded by NAFOSTED.

support via talking about and listening to what they say about their problems, and via healthcare and financial support). In the poorer commune (i.e. Pho Cuong), all typologies of support from children upward their parents are lower (Figure 4).

Children working away generally have a better income, but it does not mean everyone is successful. Many of them go to work with no money sent home. Meanwhile, the

shortage of manpower in place makes many provincial officials exclaim: "There have been many occasions when we even lack the manpower to bury the dead". This fact also leads to the situation of *"the lonely elderly in their own family" when the children working away only remember to send their parents money, not a signal of care, neither are they communicating [with them]"* (provincial farmers' association staff).

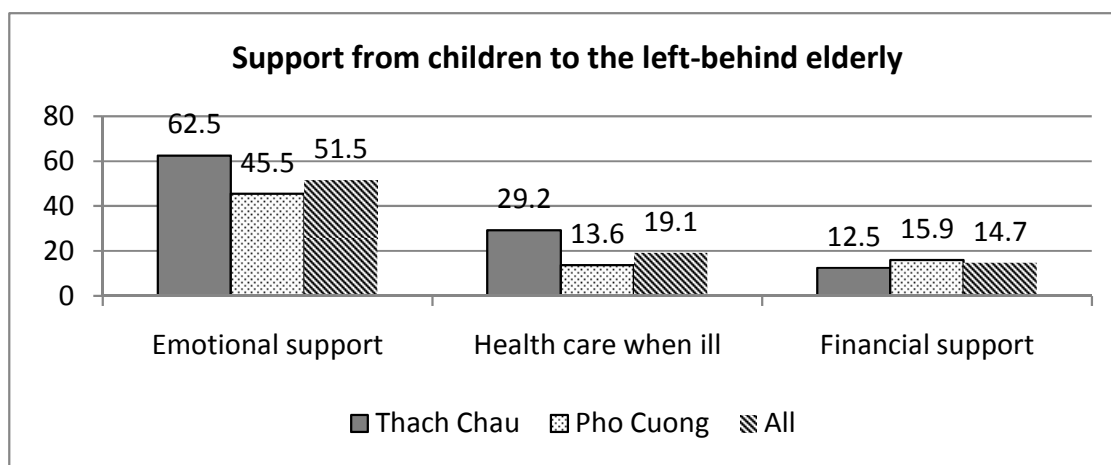


Figure 4. Support from Children to the Left-behind Elderly

Source: Project quick assessment among left-behind elderly in Pho Cuong and Thach Chau communes in 2016.

3.4. Participation in community life

Maintaining intimacy, friendship and social contact in one's life appears to be one of the most important factors for positive ageing and is one of the most important characteristics of activities and groups that are specifically designed for older people, e.g. active retirement groups. Friendship is therefore central to positive living and to positive ageing. This paper measures social contact by the involvement of the left-behind elderly in mass and social organizations.

Mass organisations such as the Association of the Elderly, the Women's Union, Farmers' Association and Youth

Union involve in the care for the elderly and encourage their members in the building of a family culture. Their periodical activities can be visits to families of the elderly, giving gifts on special occasions, holding longevity celebrations (when a person reaches an elder age, e.g. 70, 80...), etc. The attention is paid more specially to poor and lone elderly people. There is a connection between the commune's association of the elderly and People's Committee via alternative activities such as fundraising and involving the elderly in community movements and policy implementation at the grassroots level.

The commune's association of the elderly is the most common organisation of the left-behind elderly in both the communes. It is noted that the elderly of poorer background report less social participation than those from the better-off circumstances. In the following typologies of social participation in mass and social

organisations, the elderly in Thach Chau are more active in most of activities than those in Pho Cuong commune, including the activities of the Party, mass organisations and clubs. Meanwhile, the left-behind elderly in Pho Cuong report higher percentage of interest in religious activities (Figure 5).

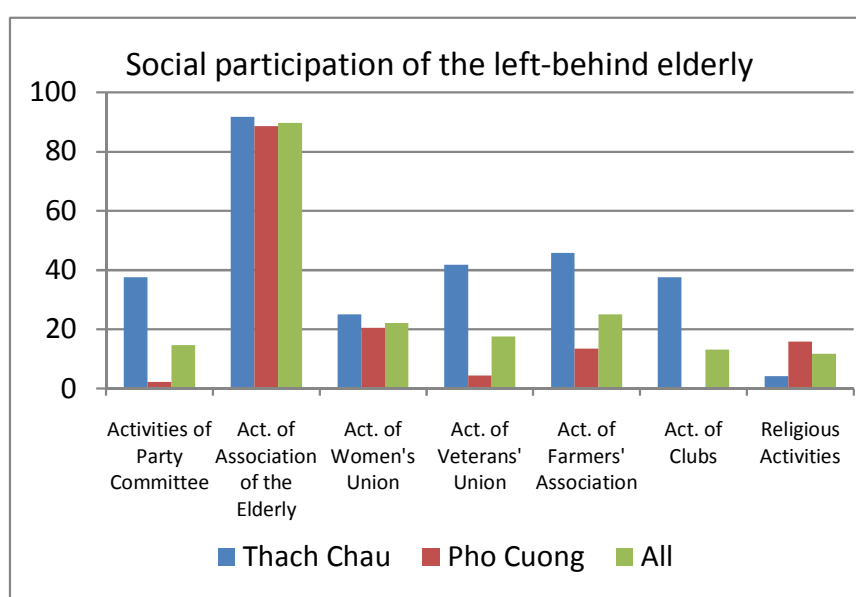


Figure 5. Social Participation of the Left-behind Elderly

Source: Project quick assessment among left-behind elderly in Pho Cuong and Thach Chau communes in 2016.

In-depth interviews with the elderly and local officials stated that, the elderly play a very important role in the community as a source of inspiration in the population by using their voices to influence almost all members in the family and community in implementing the policies and movements at the grassroots level. They always hold firm political opinions in meetings and support the local government in carrying out different policies and plans in the local areas.

“For example, in the program of new rural construction, they played an active

part in advocating their descendants to support by contributing or donating land, orchards and etc. for public infrastructure building. Families contributed over 2 billion dong to the construction of a new health station in the commune (interview with Chairman of the communal association of the elderly).

Several targeted indicators of new rural construction are achieved greatly thanks to the contributions of the elderly in mobilising their families to involve in the activities. *“The elderly also participate in social activities, visit and give gifts to*

those in difficult circumstances, people with disabilities, join the longevity celebrations for the elderly aged from 75” (in-depth interview with representative of the communal association of the elderly). Thus, the elderly hold soft power in encouraging and mobilisation of the society’s involvement in social policies in the locality.

In addition, rural areas gain the unique advantage of the intimate relationships among the community. As a result of living in the proximity, they can easily take care and shoulder one another’s difficulties. Many community activities are organised based on collective ideas and participation. But in the hardship of life today, many people have to go on their daily struggle for a living, which makes the mutual support less regular.

3.5. Burden of care

Family members have traditionally been the main caregivers, responsible for providing instrumental care as well as affective and emotional support to older relatives [1] [3]. Family caregivers in Confucian culture are usually women (daughters or wives) who receive little outside help and perform most of the caregiving tasks themselves. However, women are increasingly migrating and participating in the labor market. Subsequently, there is an increasing withdrawal of family caregivers from caregiving upward their parents, especially in the rural villages near big cities and industrial zones (Figure 6).

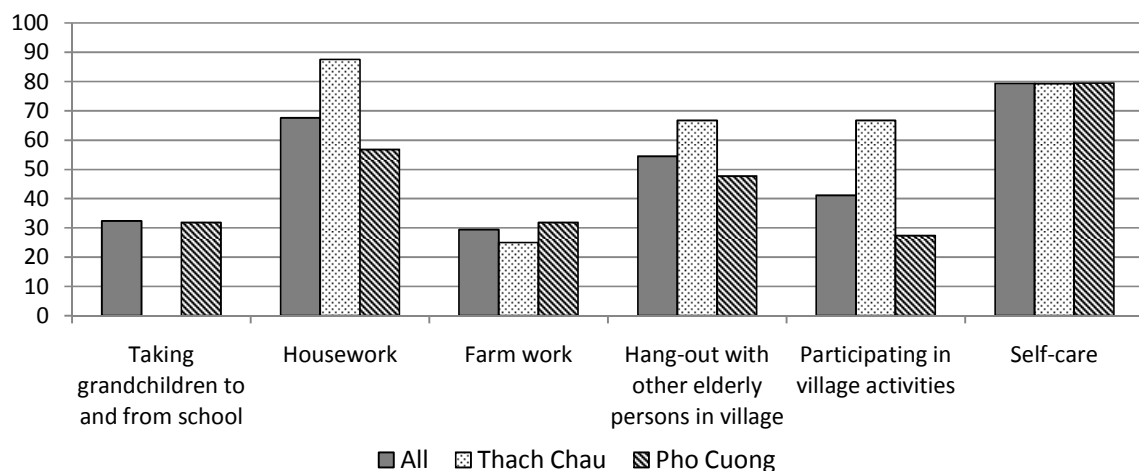


Figure 6. Daily Activities of the Left-behind Elderly

Source: Project quick assessment among left-behind elderly in Pho Cuong and Thach Chau communes in 2016.

In the surveyed sites, left-behind elderly people are in charge of alternative care work, self-care and grandchild care; and house chore during their children work far

away. The amount of time spent on communication with one another for mental well-being, such as on hanging out with friends and social participation, is higher in

the commune with better economic conditions, namely Thach Chau. Grandchild care and farm work are more significant among the elderly in poorer conditions (i.e. those in Pho Cuong).

In families with children working away, the elderly will be left behind with no one caring for them in time of sickness, or will not be supplied with nutritious meals, will have less time to rest, less chance to participate in social activities... This, undeniably, make them disadvantaged in comparison to other families with children at home (interview with leader of Thach Chau commune).

It is noted that grandchild care of the elderly is mainly experience-based. They themselves do not know how to guide children to self-care.

The elderly do not have the most updated knowledge of childcare and education, including the knowledge regarding children healthcare, nutritional care, detection of disease symptoms, primary health care as well as some soft skills in self-protection, accident or drowning prevention... A majority of them just take the grandchildren to the local dispensary whenever the latter get sick (group discussion with the elderly).

The caring from grandparents to their children cannot compare to that from the latter's parents. Children in these families are often more disadvantaged as seen from material, spiritual and educational perspectives. In families with parents often working away from home, the child management will be certainly worse (interview with the leaders of the communal association of the elderly).

The childcare also becomes a burden to the elderly when their health status declines

with the time. Taking care of the children, feeding them, playing with them, etc. require a lot of efforts. Grandparents are unable to keep up with the development of the society and also find it hard to share stories with their grandchildren due to the generational differences. For instance, many children nowadays can have their own cell phones which can lead to various social problems like internet addiction, school dropout and less family communication.

In raising children, grandparents are more disadvantaged than parents as they just rely on experience. Such issues as psychological, emotional ones, and provision of nutrition in a scientific manner, and education, present the elderly with many difficulties due to the old age, poor health and outdated knowledge (interview with the Chairman of Thach Chau Commune).

3.6. Typical constraints (difficulties) for the left-behind

A quarter of elderly people in Pho Cuong and nearly one third in Thach Chau commune said their health is bad (Table 1). Due to declining health status, the safety and survival of the elderly who lead the life alone are put under much dangers. Let us take a striking example of an elderly person whose children are working far away in the south: he once suffered from a hypertensive crisis, which made him fall onto the ground and took him more than 30 minutes to be conscious again. Many elderly people are not healthy enough to take care of their spouse, particularly when she/he has been diagnosed with serious illness or had strokes. It is not easy that the elderly help other elderly person(s) in care work and household chore. With descendants working far away

and unable to take care of their parents and grandparents, the elderly have to rely on neighbors when falling ill.

The elderly in Thach Chau commune are concerned about healthcare both mentally and physically. There are various kinds of exercises such as going for a walk, taking part in poetry clubs, playing basketball, volleyball, traditional chess, badminton, jogging and etc. in order to enrich their hard lives. It can be a very simple morning with

green tea at someone's home talking about children education.

Many elderly people are worried about their lack of knowledge in healthcare. Living in today's environment with unhealthy foods around, the elderly, disadvantaged by their poor immune systems, are easily exposed to diseases. Yet, most of them are still conducting treatment based on experiences or following others' unprofessional advice. Little do they know about periodical check-ups.

Table 1. Difficulties of the Left-behind Elderly People in Two Communes

Types of difficulties	Thach Chau	Pho Cuong	All
Bad health	29.2	25.0	26.5
Unable to afford life expenses	41.7	40.9	41.2
Lack of care and affections from others	8.3	45.5	32.4
Lack of healthcare knowledge	33.3	40.9	38.2
No services available	16.7	13.6	14.7

Source: Project quick assessment among left-behind elderly in Pho Cuong and Thach Chau communes in 2016.

Left-behind elderly in the surveyed sites stress their economic constraints as the key issue. Lacking of care and affections from others as the children are far away is a serious issue in Pho Cuong commune, with 45.5% of the left-behind elderly people feeling so, which is consistent with the previous finding that majority of their children rarely return home (Table 1).

Due to the hardship of life or having to take care of the grandchildren, most of the elderly do not have the opportunities to join leisure activities. In villages, only a small percentage of pensioners are able to participate in some community activities to their interest. Some elderly people are

actually not in the mood for these activities. After all the time they have spared for the grandchildren, they just wish to have some time to rest in privacy. This partly reflects the declining quality of life of the elderly in the area. Living away from descendants is itself an disadvantage emotionally for the elderly persons. They miss their children but have to hide the feeling deep inside, trying to stay strong for the whole family.

Not only do the elderly have little time to communicate with the children working away and with the grandchildren busy studying, they also find no time to socialise with relatives and neighbours because the latter are engaged in household chores,

childcare and even agricultural production, of their own. The elderly have to face loneliness when their spouse has passed away or might face criminals burgling in when their children are not around to protect them. Therefore, it is truly important to well establish the community relationships for the elderly.

3.7. Constraints from legal settings

The State provides social allowances to the elderly, which are acknowledged as its attention and encouragement to the latter. Decree No. 06/2011/NĐ-CP stipulates different levels of financial support for the elderly (180,000 VND/month for the poor elderly aged from 60-80; 270,000 VND/month for the poor elderly aged from 80; 180,000 VND/month for all elderly aged from 80 and 360,000 VND/month for the elderly in social welfare institutions).

However, with the current living conditions in Vietnam, the level of social support is low and not sufficiently effective because the costs of living and healthcare are much higher, which make the social allowance become somehow “symbolic” rather than truly effective care. It is noted that the starting age to be categorised as elderly in Vietnam is now 60, but the elderly have to wait until they are 80 to receive this social allowance, unless they have the document saying they are from a poor household and are with disabilities. Therefore, many elderly people in the informal sector, who have no pension, may not have the opportunity to receive the social allowance as they die by the age of 80. Thus, elderly people in both Thach Chau and Pho Cuong state that the biggest constraint is economic difficulties (41.7% and 40.9%, respectively). The local authorities have not clearly

identified the duties in implementing policies for the elderly, and carried out elderly care as required, so there has been a lack of attention toward elderly care, which is entrusted merely to the Association of the Elderly. There are no allowances for the head of the association or to fund its operations. This might hinder efforts of the head and hinder the association from carrying out their expected activities.

There are a number of difficulties that the elderly in the countryside are experiencing. Being farmers, they do not receive any retirement pensions or benefits from insurance policies, and have to earn a living themselves if they are still healthy. In other words, it is more important for many elderly persons to address the needs for their material well-being such as food, clothes and healthcare before caring about their emotional well-being.

In the surveyed sites, there have been no services of caring for the elderly at the communal and district levels such as nursing homes and care centers. That seems to be true also in other rural areas. Only one nursing centre has been established at the provincial level, but it has not met the demand of local elderly people. There are a couple of visits by psychologists and health staff to talk and share experiences of care, but the visits are not frequent enough to make significant changes.

4. Suggestions to improve well-being for left-behind elderly

**Establishing groups and clubs to take care of left-behind elderly people's physical and mental health.*

In rural areas, there are some activities for the elderly such as those of groups of taking a walk together, poem writing, basketball playing, Ayurveda exercises, that

attract various elderly persons in the village. In Pho Cuong, several recreational and sports activities for the elderly are offered, namely those of poetry clubs, playing volleyball, traditional chess, badminton, jogging, etc. However, the activities are spontaneous and sporadic, without leaders or regulation set for regular activities. Especially, the participation of the left-behind elderly in joint activities is currently weak and infrequent. It is strongly recommended in the consultation meeting with the left-behind elderly that a club for the left-behind elderly be established to involve them both physically and mentally. There can be several sub-groups for alternative interest-based activities of members such as religious group, group of the retired, group of childcare, group of lonely elderly, interfamily group, intergenerational group, poetry group, chess group, etc. They can also set up a group to study the culture and history of the commune and write books on their own village.

**Providing knowledge on healthcare and child care*

Since the elderly stay at home to take care of their grandchildren, it is essential to provide them with more knowledge of childcare, especially that on the communicative and psychological features of primary and secondary schoolchildren. In some cases, parents working away from home often bring their children with them if the kids are old enough, and the elderly have to look after smaller ones; however, those elderly persons lack skills of caring and have not given adequate instructions to the children, so that the latter can take care of themselves, and prevent themselves from diseases and injuries. For example, when their grandchildren go to school, the elderly

are not much capable of providing the kids with adequate life skills to cope with new social conditions and support the study. The gaps in the children management by the family, the school and the society might cause difficulties, especially when the kids become teenagers.

There is also a high demand among the elderly for learning from others' experiences in healthcare, for self-care knowledge, namely how to identify symptoms and prevent diseases, including the common ones related to musculoskeletal system, cardiovascular system, high blood pressure, eyesight-related, hearing-related and bone and joint diseases. Besides, knowledge of nutrition for young children as well as for elderly people should also be provided.

It is necessary to hold training courses based on the needs of the left-behind elderly such as those on healthcare knowledge, child healthcare, inviting medical doctors from central hospitals in Hanoi. The training content may include knowledge and skills in relation to food, nutrition, daily healthcare, stroke prevention and first aid, etc. The training course can also provide instructions on how to prevent and identify symptoms of elderly people's common diseases. It is advisable to invite health experts, including medical doctors mentioned above, to provide instructions, accompanied with necessary documents and visual aids. It can be a good idea to ask for the participation of retired medical doctors who will conduct regular health check-ups and training for the elderly, like in the model applied in Thach Ha commune currently, as stated by a representative of the provincial Association

of the Elderly of Ha Tinh province in the discussion with us.

Training and counseling on childcare skills when the parents work away from home need also to be conducted, including the knowledge on children's psychology, disease and injury prevention, emergency aid, etc. The method of training is via instructions by health experts and psychologists, using visual aids.

** Activities for spiritual life improvement*

Communities play important roles on the elderly care owing to traditional values and norms of close clan relationship and the history of an agricultural Vietnam. Most of the provinces have applied the model of community-based counselling and care for the elderly. The activities include communication, medical treatment for the elderly, encouragement of the boosting of the nutrition and physical health in the elderly, establishment of clubs of theirs, interventions and counselling for health care and treatment, etc...

The commune's authorities need to visit elderly people, especially those living alone, frequently. Demands have also arisen for recreational places, including that for reading; and for clubs to be organised (those of traditional chess, [internationally-popular] chess, volleyball, table tennis, etc.). Among them, the places for playing sports need to be equipped with elderly-friendly sports facilities.

Even though the elderly accept the fact that their children work away from home, organisations, unions and schools should raise the awareness of family members and the whole community of elderly care and the tradition of 'respecting the elderly' –

seniors priores. Almost all elderly people need care, so family reunion on such occasions as ancestors' death anniversaries or "Tet" - the lunar New Year holiday - is highly recommended. If the children cannot go home on those days, they need to phone their elderly parents.

It is also necessary to maintain the mental well-being of the left-behind elderly by the creation of a "community bookcase for the elderly": books with guidance on healthcare, life skills, family relations, etc. are to be collected. The village leaders agree to use the meeting hall of the village as a venue for the left-behind elderly to read books in, apart from conducting other activities.

** Recommendations on legal aspect*

In terms of policy, it is strongly suggested that the age when the elderly can start receiving social support should be 70 years old (currently 80 years old, and many old people die before that age, so they receive no social allowances). It is necessary to pay certain attention to the elderly in the age group of 60 - 79 as they are not supported yet. The monthly amount they receive should also be increased. It is an urgent matter to establish geriatric departments in provincial hospitals, along with the care and social protection centres.

Currently, developed at the national level are only general policies. There are not yet specific actions for the left-behind elderly. They mainly receive support from their families and offspring, while the support from the community remains limited.

The institutional collaboration to support the left-behind elderly in particular and the elderly in general is significant. Village and communal leaders are suggested to support

by providing facilities such as the meeting place, using the commune hall as the gathering place for the elderly to carry out activities. Commune leaders are also expected to hold annual longevity celebrations, support such celebrations conducted by the association, and distribute social allowances to the elderly. They are also to observe the activities of mass organisations, including the association of the elderly, in a regular and close manner for effective management. The community should establish volunteer groups to support elderly people who live alone. Mass organisations such as the youth union are encouraged to help with cleaning the meeting venue, assigning youth members to help in the routine check-ups for the elderly and notify on their situation to the family members and to village leaders as well. The women's union should assist by making statistics and reporting on the quantity of elderly persons to the local government for regular observations and assistance, disseminating the knowledge on childcare to them. In addition, the tradition of filial piety is vital as many elderly persons still need to rely on their children financially and emotionally when becoming old and ill.

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