

Mental Health of the Elder in Rural Central Vietnam

(Case Studies in Rural Areas in Quang Ngai
and Ha Tinh Provinces)

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Abstract: This study uses the data of 307 older persons in rural Vietnam in 2017 to explore the mental health of the elderly in rural areas. The analysis results show that the physical health and diseases status of the elderly impact significantly on their mental health. The satisfaction with the economic conditions of the elder can also influence on their mental health. It is interesting to note that, family plays an important role in taking care of the spiritual life for the elderly. In addition, it can be seen that the community and community activities reveal significantly and positively influences on the elder's mental health.

Keywords: Mental health; Positive Mental Health; Elderly; Elder in Rural.

1. Introduction

Vietnam is among the countries with the fastest ageing pace in the world, while its income level is much lower than those countries which has an ageing population structure at present. As calculation of April 1, 2019 in Vietnam, the population aged 65 and above accounted for 7.7% and the population aged 60 and above accounted for 11.85% (Central Population and Housing Census Steering Committee, 2019). Population ageing brings new challenges to policy makers as well as the sustainability of the pension system and family policies in general, old-age care and long-term care in particular.

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Family is still considered the most important basis to take care of older adults and living with children is seen as a solution for the security of old age even though the elderly as well as their children and grandchildren have to face discords or conflicts in lifestyles, preferences and needs (Institute for Family and Gender Studies, 2009). The elderly desire to live with their children and grandchildren for “the family get-together” and “a helpful hand in cases of sickness”. It is viewed as a disadvantage if the elderly do not live with their children, or as challenges in the old people’s lives, especially those living in rural areas. In reality, the proportion of the elderly living with their offsprings has decreased rapidly in both urban and rural areas due to increased rural-urban migration and high expenses on urban housing (World Bank, 2015; Tran Thi Minh Thi, 2016; Trinh Duy Luan and Tran Thi Minh Thi, 2017). In situations where the social security for the elderly has not properly guaranteed, the changing life model is a major challenge to ensure the material and priritual lives for the elderly, especially the ones living in rural areas. Although not all the elderly have encountered psychological problems, in general they tend to be more vulnerable when they get older. In addition, the older they become, the more likely their mental health is to deteriorate due to illnesses or loneliness, and feelings of isolation when losing a partner (National Committee on the Elderly and United Nations Population Fund, 2019).

Mental health is a vital component of one’s overall health. According to the World Health Organization, mental health includes a state of well-being, a sense of efficiency, self-control, capacity, intergenerational dependence, and the ability to realize the wisdom as well as the feelings of each person and toward everyone around them (WHO, 2001). Accordingly, in this article, the mental health of the elderly is concerned in terms of being “healthy and lucid” and “absent-minded” about events and daily activities of older persons (60 years old and above) currently living in rural areas of Vietnam.

2. Data and method

2.1. Data

The article uses the data of 307 older persons in Vietnam rural areas in 2017 to explore the mental health of the rural elderly. The survey was implemented in Thach Chau commune, Loc Ha district, Ha Tinh province and Pho Cuong commune, Duc Pho district, Quang Ngai province in Vietnam.

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2.2. Method of data analysis and variables

Sociological analysis methods including frequency, two-variable correlation, logistic multivariate regression were used to describe the mental health status and to explore factors affecting the old people’s mental health in rural areas. In this study, the elder’s mental health was investigated regarding their mental state last month (up to the time of the survey in 2017) in the aspects of negative mental state (anxiety, fear, fatigue) and positive mental state (peacefulness, happiness and liveliness).

Dependent variables:

- (1) The old people’s self-assessment of their mental health at 2 levels:
i) healthy and lucid and ii) absent-minded.
- (2) The old-aged people’s positive mental status in the last month from survey, which is feeling peaceful, feeling happy. This variable was recoded from five scale categories (i.e., feeling peaceful, feeling happy, feeling energetic, not feeling of anxiety and fear, and not feeling of tired). Positive mental is known as the elder have at least 3 of 5 aboved categories on daily.

Independent variables:

- Gender: Male/Female to find out the gender difference in mental health.
- Age group is divided into 3 ranges: 69 years old and below; 70-79 years old and 80 years and above.
- Education attainment is divided into 3 groups: high school and above; secondary school; primary school.
- Current working status: full-time; part-time, non working.
- Marital status: living with a spouse and living without a spouse.
- Disease status: having a chronic diseases /disability and without a chronic diseases.

- The feeling with current economic condition: not satisfy and normal.
- Residence status: living with daughter of son family; living with spousal; and living alone.
- Afford to pay all demands: can not afford and afford the basic needs.
- Local social services supporting for elder (such as: domestic worker, nursing home, elderly hospital, social welfare system...): 2 models and above; only 1 model.
- The number of unions which the elder take part in: 3 unions and above; 2 unions (including the Association of the elderly (AOE)); and only the AOE.

3. Theoretical approach: Attachment Theory

The theory of attachment in psychology originated from the study of John Bowlby (1958). From 1930, Bowlby concerned about the relationship between parents and children in aspect of social development, emotional and cognitive. This is the foundation which Bowlby built the attachment theory.

Erikson's study is parallel to Bowlby's and Ainsworth's, but it was originated from a different standpoint. His work was based on Freud's primitive personality theory, however, Erikson was interested in the socio-cultural context. According to Erikson, 8 stages of psychological development were divided according to the life cycle from infancy to elderly. At the seventh stage, (respectively the adult: from 40 to 60 years old): the individuals have possibly settles down in their career, relationship and family. If individuals have not settled down nor contributed to society, they may feel stagnant and inefficient.

The psychological development of the elderly corresponds to the eighth stage, the last stage showing the individual integrity and despair. This period is equivalent to the elderly at 65 years old and above, whose labor productivity is often not as high as the previous period. This will create two psychological states: feeling as a reward for contributions (if satisfied) or feeling as a guilty (if unsatisfied).

Manipulating attachment theory in mental health, we can analyze and understand the elder's psychological forms. In addition, we can explain the factors affecting to the elder's mental health such as economics, physical

health, loneliness, social isolation, dependence. Moreover, this theory can explain the role of the individual, family and community in caring for and ensuring social environment the positive mental health for the elder.

4. Research overview on the elder's mental health

Population ageing has become a concern in most countries in the world, such as Sweden, Australia, Japan, China, India, Thailand... The models of caring for the elderly have implemented at various levels such as state, community or family in order to ensure that the elderly attain the positive status both physical and mental health.

The elderly often have to face physical and mental health problems. According to a World Health Organization report, more than 20% of them often suffer from mental or neurological disorders and 6.6% of those over 60 years old are disabled due to mental and neurological disorders. The most common mental and neurological disorders in this group are dementia and depression, affecting about 5 percent and 7 percent of the elderly, respectively (quoted by Yasamy et al., 2013).

Mental health of older persons is directly affected by declining physical health

Sidell's research in 1995 showed that illness can make older persons lose control, their independence in life, reduce their dynamism, and lose their self-confidence. In addition, mental illnesses such as dementia and depression tend to increase, especially the proportion of older adults suffering from these diseases is growing as their age rises (UNFPA, 2011).

Relationship between income, economic situations and the mental health of the elderly

Women and men differ in their social expectations and family relationships; hence, there is a gender difference in the impacts on mental health, especially as regarded to the factors of income and economic situations. Losses in employment and income affect the male's mental health more often than the female's, particularly in traditional societies where gender roles are clearly defined like in Korea, Japan and Vietnam (Moller-Leimkuhler, 2003). However, in developed countries such as the United States or Finland, where social security systems have already developed, there is no evidence of an association between depression and income (Kubzansky et al., 2005; Jutsenniemi et al., 2006).

Family and cohabitation model play a vital role in mental health care for the elderly

Vietnamese families still play an important role in caring for elderly parents, especially when they are sick or are unable to take care of themselves although the model of cohabiting with the children has tended to decrease and the model of older adults living alone or with their spouse (one-generation model) has increased over the years (UNFPA, 2011; Trinh Duy Luan and Tran Thi Minh Thi, 2017).

Modernization process, social and economic changes have led to transformation in the family's structure, function as well as relationships. Moreover, the harmony between generations has also had certain impacts on the old people's spiritual life (Bui The Cuong, 2006; Le Ngoc Lan, 2012). Approximately 10% of multi-generational households recorded conflicts in daily life over such issues as household income management and expenditure, household businesses and household economic development, as well as child care and education (Nguyen Huu Minh, 2015). Although conflicts may occur between generations, the Vietnamese family still plays a central role in caring for old parents both physically and mentally. Identifying factors affecting the mental health of older adults will contribute to promoting a positive environment for the mental health of older adults, and thus, the elderly will have many choices to live happier and healthier lives.

Living with their offsprings or alone has a significant impact on the older adults' mental health, especially in some Asian countries such as Japan, Korea, Vietnam. In Korea, those older adults who live alone often show depression symptoms and suicidal intentions at a higher rate than those living with their offspring. This factor has a stronger effect on elderly men. However, a spouse plays a very essential role in the old people's spiritual life, because even when they are living in a multi-generational family but not with a partner, older adults are still at risk of poor mental health (Gyeong-Suk Jeon et al., 2007).

In Vietnam, the social security system has not been sufficient in order to meet the needs of caring for and nurturing the elderly. Whereas in their psychology, the elderly in Vietnam often wants to "rely on" their descendants when they get old and frail (Institute of Family and Gender, 2009). Therefore, in Vietnam, the old people's relationships are often associated with their descendants, family or lineages. It can be seen that the psychological and emotional life of the elderly

in general as well as their mental health status in particular are highly influenced by the relationships between generations in the family. Although health care for the elderly is supposed to be mainly family-based, in recent years the role of the family in taking care of the elderly has declined dramatically (Institute of Family and Gender, 2009).

A number of the elderly can also experience emotional violence from their descendants such as ignoring, berating, quarreling, insulting, denigrating, disrespecting the senior family members' opinions (Le Ngoc Van, 2011) and all these bad behaviors can severely harm the old people's mental health. On the other hand, elderly people can provide strong spiritual support to their children through talking and sharing happiness and sadness. In particular, in the transformation of social values, the elderly are willing to listen and alter their roles in the relationship with their descendants, but not merely give orders and ask for their children's obedience as before (Le Ngoc Lan, 2010; Trinh Duy Luan and Tran Thi Minh Thi, 2017).

Relationship between participation in community activities, intervention programs for the elderly and the mental health of the elderly

Participating in community activities brings a positive impact on the older adults' mental health. The rates of positive mental states increase in the group of older persons participating in intergenerational program activities (Yoh Murayama et al., 2014), although there is no difference in the degree of influence on different age groups and gender groups of the elderly. For the elderly, their participation in social networks outside the family such as neighbors, friends and mass organizations is not only to seek for and supplement support resources, but also satisfy the need to confide, exchange and share. What is more, interacting with friends and neighbors is one of the therapies that are beneficial for their health, bringing them mental relaxation and comfort (Be Quynh Nga, 2005).

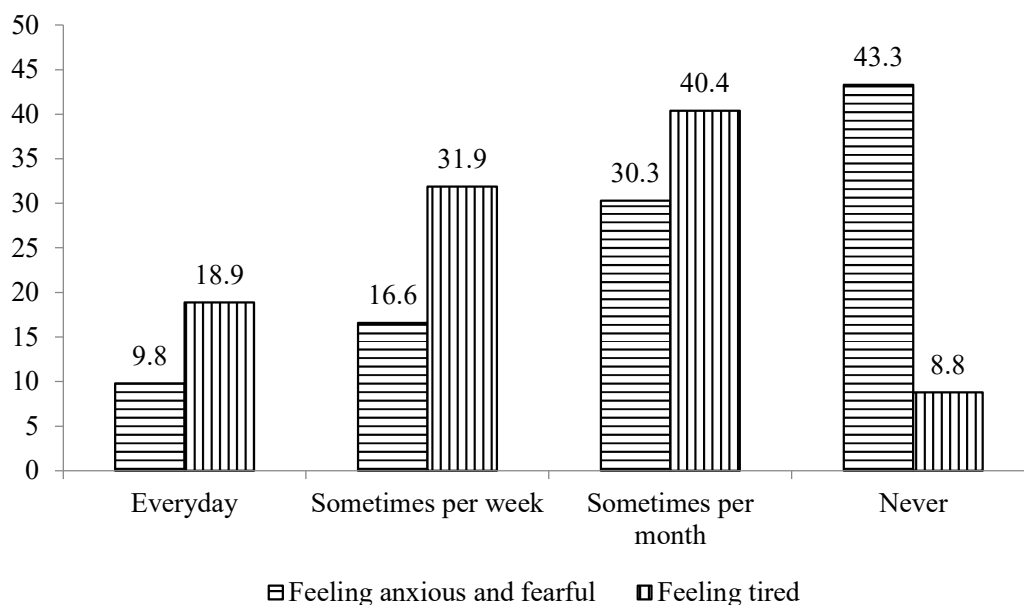
In recent studies, the mental health of the elderly has usually measured by their participation in entertainment and cultural enjoyment activities (Nguyen Huu Minh et al., 2014; Le Ngoc Lan, 2010; Le Ngoc Van, 2012). Besides, the old-aged people's mental health in studies in Vietnam is often associated with the cultural and spiritual life. However, most of the elderly show that their cultural and spiritual activities are still "poor".

5. Research results

5.1. Situations of mental and intellectual health of the elderly in rural areas

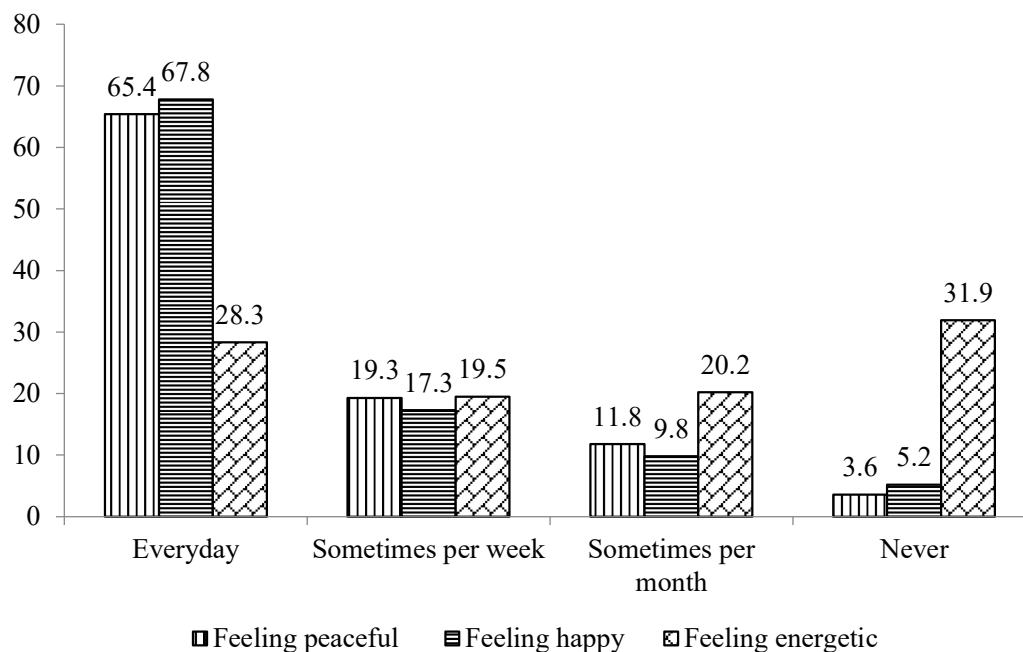
Fatigue was a feeling that most of the elderly experienced in the past month, and only 9.8% of the elderly had “never” had this feeling. The tiredness in older age of the elder is often associated with their physical health status, as stated “*My health is not good, so (I am) always tired. It hurts and aches everywhere, not to mention on those days when there are changes in the weather, I can’t sometimes even breathe, let alone being tired*” (In-depth interview, Female, 65 years old, Quang Ngai). The effects of poor physical health can cause their mental health to fall into a negative state. The feelings of anxiety, fear and fatigue at the frequencies of daily, several times a week and several times a month, respectively, were 8.8%; 16.6% 30.3% and 18.9%, 31.9%, 40.4%.

Chart 1. Negative mental status of the elderly (%)



Most of the elderly in rural Vietnam reported a positive mental status (Chart 2). About two thirds of the elderly revealed that they felt peaceful (65.4%) and happy (67.8%). There was a significant correlation between physical health and the energetic” of the elderly “*now how can I be fully energetic when the arms ache, the legs are tired and the whole body hurts?*” (In-depth interview, Male, 68 years old, Ha Tinh province).

Chart 2. Positive mental status of the elderly (%)



5.2. Role of individual, family and community in older persons' mental health

In order to explore factors affecting the mental health self-evaluating of the rural elderly in Vietnam, a logistic regression model was built with the dependent variable of self-assessment of being healthy, lucid in two categories: 1-Yes; 0-No. The independent variables include: group of individual factors (gender, age group, education attainment, marital status, current working status, disease status, self-evaluating of physical health, the feeling with current economic situations); group of family factors (residence status, number of generations, afford to pay all your demand); group of community factors (the number of unions which the elder take part in) (Table 1).

Male older adults tended to self-evaluate their mental health status to be better than female ones, this result is similar to the study by Trinh Duy Luan and Tran Thi Minh Thi (2017).

Remarkably, physical health and disease status significantly impact on the mental health of older adults. People who did not have a chronic illness at 2.2 times higher than those with a chronic one. It was also clear that for those in

worries about diseases or those suffering from pains would be difficult to stay in the best mental health status. Those aged people with good physical health and doing everything by their own belonged to the group that showed the most lucid mental state because they experienced less feeling of dependence on their spouse and others in caring for during their sickness.

In Vietnam, about 70% of the elderly live in rural areas (General Statistics Office, 2012), mainly working in agriculture. In which, 70% of the elderly do not have economic accumulation and 18% live in poor living standards (Ministry of Health, 2013). Many old people in rural Vietnam who can not afford to pay all their demands, need their children's financial support or the state's care policies for the elderly. It is interesting to note that from this study, the elder who satisfied with their current economic condition, they were more likely to have a healthy, sanity and good memory. The odds ratios of healthy mental state in the elderly were 3.1; 2.3 and 1 respectively to three groups being satisfied; half satisfied - half dissatisfied and dissatisfied with the current economic situations (see Table 1).

In this study, more than 40% of the elderly were not really satisfied with their current economic situations because their income sources were not actually guaranteed and up to over 64.5% of the elderly self-employed at agriculture sector, 58.6% received support from their offsprings, 46.6% of the elderly lived on their pensions and government allowances. In Pho Cuong commune (Quang Ngai province) and Thach Chau commune (Ha Tinh province), the self-income-earning activities of the elderly were mainly in agriculture (rice cultivation, animal husbandry) and seasonal jobs.

Results gained from the logistic regression model (Table 1) also reported that the elderly living alone had a healthier and more lucid mental state than the one living with their spouse and with their children, respectively 2.1, 1.2 and 1 the reference group). Additionally, the older they become, the more likely they desire to live with their offsprings rather than living alone or with their spouse. The main reason was the elderly are in need of more care from their family (Trinh Duy Luan and Tran Thi Minh Thi, 2017). Therefore, those old people living alone with a healthy, sanity and good memory often belonged to the group with better physical health and not requiring much care and support from their offsprings.

Table 1. Logistic regression model of factors affecting mental health in healthy and lucid state of the elderly

Independent variables	Odds Ratios			Quantity
	Full model	95% C.I for EXP (B)		
		Below	Above	
Gender				
Female	1			168
Male	2.4**	1.1	4.9	127
Age group				
80 years and above	1			46
70 – 79 years	0.5	0.3	1.3	107
69 years and below	0.5	0.3	1.2	142
Education attainment				
High school and above	1			51
Secondary school	0.9	0.3	2.1	121
Primary school	0.9	0.4	2.1	123
Marital status				
Having a spouse	1			194
Not having a spouse	1.2	0.6	2.5	101
Current working status				
Full-time	1			81
Part-time	1.0	0.3	2.1	148
Unemployed	1.1	0.4	1.9	66
Disease status				
With a chronic disease/disability	1			215
Without a chronic disease	2.2**	1.2	4.9	80
Physical health status				
Need multiple supports	1			57
Self-help in most aspects	2.9**	1.3	6.2	184
Be fine, healthy, fully self-help	23.2***	7.1	75.9	54
Feeling with current economic status				
Dissatisfied	1			43
Half satisfied, half dissatisfied	2.1*	0.7	5.7	82
Satisfied	2.9**	0.9	8.8	170
Economic assurance				
Unassured	1			116
Basically assured	1.3	0.5	2.6	179
Residence status				
Living with offsprings and others	1			84
Living with spouse	1.2	0.5	2.6	151
Living alone	2.1*	0.8	5.1	59
Local social services supporting for elder				
2 models and above	1			192
Only 1 model	0.6*	0.4	1.4	103
Nagelkerke R Square				34,5
N				295

Statistical Significance Level: *: p<0.05; **: p< 0.01; ***: p< 0.001

At the community level, the elderly can receive both material and mental support, but the mental support is more common. Old people also play important roles in the community when participating in social activities, political and social unions and community management. Participating in community activities can bring spiritual benefits to the elderly, such as sharing, being connected, feeling useful to the community and those around them (Trinh Duy Luan and Tran Thi Minh Thi, 2017). Therefore, the more available the types of social services providing support to the elderly were in the locality, the more activities to support them would be created. One of the most outstanding points is that, the mental health of elder people living in the local with two models and above were better than whose living in the local with only one model (the difference ratio was 1 and 0.6, respectively).

Role of the elderly, family and community in positive mental status in the rural elderly in Vietnam

In order to find out the positive mental status of the elderly and the factors that positively affected, basing on the 5 categories (never feeling anxious and fearful; never feeling tired; feeling peaceful; feeling happy and feeling full energetic), the cases that reporting from 3 to 5 categories receive the value 1 (48.2%) and the cases that recorded from 0 to 2 categories receive the value 0 (51.8%). A new variable was computed with 2 value (1: positive spirit and 0: non positive spirit).

This analysis focused on 3 levels (individuals, family and community), presenting in 3 models (model of personal factors, model of family factors, and model of community factors respectively) at Table 2.

The results of regression analysis from Table 2 showed that, there was slightly difference in gender aspect of the old-aged people's positive mental status. For the model involving community factors, there was a tendency for men to be more active than women, possibly due to the effects of male participating more in community activities. However, the relationship between these two factors was not strong.

At the individual level, the factors that affected their positive mental status include their age group, education level, marital status, physical health status, disease status and feeling with the current economic situations (see Table 2,

model 1). However, when considering groups of community intervention variables, the education attainment did not show any significance to the positive mental status of the elderly. Their satisfaction with the economic situations is proportional to their capacities in income and expenditure autonomy, not becoming dependent on the support of their offsprings or partners. In addition, the elderly in the groups of younger age and higher education level showed more positive mental health status (see table 2, model 1). This finding goes in line with some previous studies (Trinh Duy Luan and Tran Thi Minh Thi, 2017; Le Ngoc Lan, 2012).

The variable of having spouse was significant in the spiritual life of older adults in Vietnam because of their belief that “children cannot take as a good care of their father as his spousal”. 58.0% of the elderly in rural Vietnam chose their spouse to share their happiness as well as sorrows in their lives. People currently living with a spouse were twice more likely to have a positive mental status than those who are not currently living with a spouse.

“We take care of each other during our old age, our children and grandchildren are so busy working and studying, they do not have time to take care of us, only when we are treated hospital for a sickness, our children will take time off work in turns”. (Female, 82 years old, Ha Tinh province).

The physical health status and disease status were two factors that affected the old people’s positive mental health status in all 3 models, even though there was a change in the groups of impact factors. The people without a chronic illness were 2.4 times more likely to have a positive mental status than those with a chronic illness. The people with better physical health were more likely to have a more positive mental status. The group with good health / being fine/ being self-employed was inclined to have positive mental health more than the one in need of multiple supports with comparison ratios in the 3 models respectively of 6.8; 7.7 and 8.2.

At the family level, the typically personal factors that affected the positive mental health status of the elderly include age group, education level, disease status, physical health, and satisfaction with current economic situations. At this level, the residence status did not record a significant effect on their positive mental status, although there was a tendency that older adults living alone often had lower positive mental states compared to

those living with their partner and living with their offsprings (see Table 2, model 2). Previous studies by Giang Thanh Long and UNFPA (2011) showed that the elderly living alone are very vulnerable, especially the rural female elderly group. On the contrary, in Korea, elderly men living alone are more likely to fall into a non-positive mental state than older women. This difference is explained by the fact that female old people are expected to support and take care of their grandchildren for the children with they are living. Furthermore, living alone increases the risk of depression and suicidal thoughts among older men because when they no longer live with a partner, are not cared for and do not have strong relationships with their children as well as other relationships available when his wife was still alive (Gyeong-Suk Jeon et al., 2007). The harmony between generations in the family is one of the positive and essential factors affecting the elderly people's mental health. In the relationship with family members, the more time they spend talking with their children, the more positive mental health the elderly will have. The indicator of higher talking time with children shows that the elderly can receive sympathy, sharing and understanding from their children.

“Material is somehow necessary but the most important thing is that the descendants must perform filial piety, harmony and respect toward their grandparents and parents. All elderly people should think so”. (In-depth interview, Male, 68 years old, Ha Tinh province).

At the community level, variables of local social services for the elderly and number of unions the elderly participate were added in the regression model. It was assumed that the more social services were provided in the community, the better mental and physical aids the elderly would receive, both mental and physical health. Moreover, by participating in local unions, the elderly would achieve more positive spirits because the elderly could have a feeling of being helpful involved in this activity (see Table 2, Model 3). All the surveyed old people in the two research areas, Ha Tinh province and Quang Ngai province, were members of the Association of the Elderly. The elderly people taking part in two or more unions could have a better positive mental status than those who only joined one union, namely the Association of the Elderly.

Table 2. Regression models of factors affecting the positive mental health of the elderly in rural areas

Independent variables		Regression models		
		Model of personal factors (1)	Model of family factors (2)	Model of community factors (3)
Gender	Female	1		
	Male	1.0	1.1	1.3
Age group	80 years and above	1		
	70 – 79 years	2.1*	2.0*	1.9*
	69 years and below	1.4	1.5	1.2
Education attainment	High school and above	1		
	Secondary school	0.4**	0.4**	0.6
	Primary school	0.7	0.7	0.7
Marital status	Having a spouse	1		
	Not having a spouse	0.5**	0.6	0.6
Disease status	With a chronic disease/disability	1		
	No chronic diseases	2.4**	2.2**	2.1*
Self-evalute on physical status	Need multiple supports	1		
	Self-help in most aspects	2.6**	2.6**	2.7**
	Be fine, healthy, fully selfhelp	6.8***	7.7***	8.2***
Self-avalute on mental health status	Be absent-minded	1		
	Healthy, lucid	1.3	1.4	1.3
Feeling with present economic status	Dissatisfied	1		
	Half satisfied, half dissatisfied	1.4	1.4	1.4
	Satisfied	2.4*	2.5*	2.4*
Economic assurance	Unassured			
	Basically assured	1.1	1.0	1.0
Time talking to children	2 hours and above	1		
	From 1 to 2 hours	0.9	0.8	0.9
	Below 1 hour	0.6*	0.5*	0.5*
Time spent working, caring for	6 hours and above		1	
	From 3 to below 6 hours		1.4	1.4
	From 1 to below 3 hours		1.6	1.4
Residence status	Living with offsprings and others		1	
	Living with a spouse		0.8	0.9
	Living alone		0.5	0.6
Time talking to friends	2 hours and above			1
	From 1 to 2 hours			0.7
	Below 1 hour			1.2
Local social services	2 models and above			1
	1 model			1.0
The number of social and political unions which elder taking part in	3 types and above			1
	AOE and another type			1.0
	AOE only			0.4**
Nagelkerke R Square		32.5	33.1	35.9
N		292	292	292

Statistical Significance Level: *: $p < 0.05$; **: $p < 0.01$; ***: $p < 0.001$

6. Concluding remarks

First, the old-aged people's physical health and diseases status impact significantly on their mental health. The better the elderly physical health is, the better mental health they will have. Although the elder are aware that "birth, old age, sickness, and death" is the rule of life, once they are sick, the sickness will not only affect their physical status but also cause their mental health to decline very quickly. The biggest challenge in mental health care for the elderly today is that the elderly themselves have to encounter physical health deterioration as their age increases, especially for the females. Moreover, non-communicable diseases (often caused by many coexisting chronic diseases) are highly prevalent in the elderly.

Second, the satisfaction with the economic conditions of the elderly impact positively on their mental health. However, in reality, the elderly in rural areas still bear the burden of securing an income source themselves. The anxiety and dissatisfaction with the economic conditions of the elderly in rural areas make them depending more on their descendent and worsen their mental health even though the old-aged people's material needs are often not high.

Third, family still plays an important role in taking care of the spiritual life for the elderly. Family members, especially descendent, are often expected to hold responsibility for taking care of their parents in old age. However, the model of cohabitation is not an important value, but a harmony and cohesion between generations are what the elderly wish for and these are also a source of their motivations and spiritual values. The fact that the elderly and their children spare their time to talk and share as much as possible helps the elderly feel happy, gain a peaceful life and reduce anxiety.

Fourth, for the elderly, the community and community activities reveal significantly and positively influences on their mental health. In a local where there is many social services for taking care for the elderly, the elderly will be helped to have a more positive mental health. Besides, their participation in community's organizations and unions also gives the elderly opportunities to exchange and share, to meet friends, and to get encouragements. Hence, joining various local mass organizations actually helps the elderly to have better mental health.

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