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Older People's Capacities and Mutual Intergenerational Support Provision in Vietnam

Abstract: The paper focuses on the mutual support provision between older people and their children. Intergenerational exchange is considered an empirical indicator of functional solidarity, a core constituent of intergenerational solidarity (Bengtson and Roberts 1991). Types of support in this analysis include financial support, housework, care support and work assistance. Data from the 2011 Vietnam National Ageing Survey were used for analysis with a sample of 2,700 participants aged 60 and older. Results suggested that older people with more resources tend to be involved in mutual intergenerational support provision relationships, particularly financial support. Additionally, age, marital status, living arrangements, number of children, and the health condition of older parents significantly contribute to encouraging mutual support provision. Future research could focus on reciprocity models and the relationship between the quality of intergenerational relationships and mutual support. Further, it could explore the outcomes of mutual support, which results in older people's well-being in advanced age.

Keywords: intergenerational support, older people, intergenerational relationships, Vietnam.

1. Introduction

In traditional Vietnam, family plays the most important role in caring for its members, including the elderly family members. Particularly, the sons bear the responsibility of carers for older people, complying traditional filial obligations. Meanwhile, older people keep supporting their adult children in many different forms. However, these mutual support relationships are being impacted on by social changes and may transform in current modern society.

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Vietnam has experienced a rapid reduction in total fertility rate (TFR) and crude death rate (CDR). From 1979 to 2009, the TFR of Vietnam fell from 4.81 to 2.03 (UNFPA 2010) and the current TFR is 2.09, below the fertility replacement level and lower than the average TFR for Southeast Asia (GSO 2017). This is the result of the family planning policies and a significant improvement and achievements in healthcare and economic development in Vietnam, leading to a decrease in CDR and an increase in life expectancy. Consequently, the percentage of the elderly in the population is gradually increasing and is projected to rise to 26.1% by 2049 (UNFPA 2011). Along with the changes in the population, the Vietnamese family structure and size in Vietnam has also changed to a pattern of being smaller (nuclearisation) and many new types of household have emerged, including single households and skipped-generation households. There are more elderly adults living alone or only with a spouse, and a decrease in multigenerational households has been recognised.

The rapid modernisation and globalisation processes are having a major impact on Vietnamese society. New social values, norms, and expectations have been formed or picked up and developed accordingly, replacing or changing traditional values and norms. This greatly affects the lifestyle and thinking, especially among Vietnamese youth. These changes have had significant impacts on the family relationships including mutual support between generations. In this context, this paper attempts to address the current pattern of mutual intergenerational support among Vietnamese families. It also aims to discover the determinants and underlying normative principles and the situations that reinforce or threaten these relationships. By this, it provides empirical evidence to enrich the literature on family relationships in Vietnam.

2. Literature review

Mutual intergenerational support can be understood as giving and receiving support between generations, which plays a role in family functioning by providing support or transfers of resources between family members (Frankenberg, Lillard and Willis 2002). It covers not only material but also emotional and physical exchanges between older parents and adult children (Bengtson and Roberts 1991). These exchanges are almost always asymmetric during an individual's lifespan, with later life usually following a pattern of upward transfers; that is, older people are more likely to be support receivers than providers. This pattern is often observed in Asian societies, where the main direction of support is from adult children to their older parents, consistent with the patriarchal culture of filial piety (Lin and Yi 2013). In Vietnam, families play crucial roles in caring for older members, and mutual support varies according to a range of factors; for example, co-residence,

numbers of children. Other factors include household living standards, the gender of children, adult children's resources, health and economic status of older parents and regional differences.

Important points must be recognised when examining this relationship. First, it is older people's circumstances and children's resources and proximity that basically determine the need, amount and pattern of mutual support. Second, social norms and values and expectations can be specific to a family member, family ties and perceived filial obligations, as well as reciprocity and altruism, which play central roles as motivations of support provision between generations.

In developed countries, such as the United States, having more children reduced the chance of older parents' having roles as exchangers in any specific filial relationship but increased the likelihood of support exchanges with at least one adult child. That is, some adult children do not receive support from older parents because of other adult children, "who may compete for aid" (Hogan, Eggebeen and Clogg 1993, p. 1453). From the older parents' perspective, they probably have a greater chance of receiving support when they have more adult children. Alternatively, geographic distance and lack of socio-economic resources limit intergenerational exchanges in American families. Adult children have less chance of receiving aid from their older parents with physical distance but this is not a barrier for adult children to provide aid for their older parents in times of need. Elderly in the West are reported to prefer maintaining their independence, and support from their adult children may not be required (Kendig 2000). In Asia, the main flow of support between the generations is believed to be from adult children to older parents, as result of the patriarchal culture of filial norms and obligations (Lin and Yi 2013).

While the elderly's demand for support from their children depends on their health and economic condition, children's support provision depends on their available resources. "Parent's and children's differential resources and needs at different life stages influence the content, direction, and recency of exchanges between them" (Lin and Wu 2014, p. 2). This emphasises mutual support relationships, which may differ from time to time, family to family, and with family structure and resources. Support exchange between generations is also associated with living arrangements. Research from China by Chen, Leeson and Liu (2016) indicated that older people who are not co-residing with children are more likely to receive financial support than those who live with children. The authors predicted that older parents living near children may be the main pattern of living arrangement in the future, as co-residence is declining in Chinese society.

In the context of Vietnam, the number of children, regardless of gender, plays a crucial role for older parent support (Knodel et al. 2000). The more children the elderly have, the more support they receive from their children, especially

from non-co-resident children. Further, when adult children's incomes increase, the amount of support increases as compensation for the reduced number of children of older people. Conversely, older people also provide a wide range of support to their adult children, including financial support, household tasks and caring for grandchildren. Older people consider support for adult children as a pleasure and also a responsibility that makes them feel they are still useful for the family (Le, Nguyen and Tran 2011, p. 65). Unfortunately, little research in Vietnam focuses on "exchange" or mutual support, which helps to identify the flow of intergenerational support and provides more insights into the mutual relationship between generations. This paper attempts to capture support flows and types from both adult children and older parents to provide more insights on the current situation of mutual intergenerational support in Vietnam.

3. Methodology

3.1. Data and sample

This paper uses data from the 2011 Vietnam Ageing National Survey, with a total 2,700 individuals aged 60 years and older who have at least one child. The data cover information both on older parent's and adult children's support, which makes it possible to analyse the patterns by household and older people's background. The supports include financial and practical support. A few potential biases have been recognised. First, data were retrieved from a cross-sectional survey, and thus cannot capture well the lifespan effect on intergenerational support and changes over the life course. Second, information was collected only from older people; thus, the views of adult children may not be well represented.

3.2. Measures

Support provision: mutual support in this analysis includes financial assistance, care, housework, personal care assistance and work assistance. Details of the variables are as follows:

- Older parents provide financial assistance to their children (Yes, No);
- Older parents provide care for grandchildren (Yes, No);
- Older parents provide housework assistance (Yes, No);
- Older parents receive financial assistance from children (Yes, No);
- Older parents receive daily personal care assistance (Yes, No);
- Older parents receive housework assistance (Yes, No);
- Older parents receive work assistance (business or family farm work) (Yes, No).

Intergenerational support provision between older people and their adult children is examined in four domains: economics, health, household structure, and living arrangements. Measurements of these domains are discussed below.

Older people's economic conditions were measured by six indicators, including whether they have sufficient income, pension, savings, actively work, own the house and the household wealth index (compiled from components capturing housing conditions and household possessions; the higher the value of the variable, the wealthier the household).

Health conditions were identified by four components: self-reported difficulties in mobility and self-care activities, diagnosed diseases and health complaints. The higher the values of the variables, the worse was older people's health. Older people's *mobility* included their ability to walk 200–300 m, lift or carry something 5 kg, crouch and squat, use fingers to grab or hold, walk up and down the stairs, stand up when sitting down and extend arms above shoulder level. *Self-care activities* refer to older people's ability to perform daily activities. *Diseases* are diagnosed with chronic diseases (12 items). *Health complaints* were measured by 16 different items. Older people were asked to report if they had experienced any of these symptoms within the last 30 days.

Household structure: included older people's marital status, whether they have a son, whether they have grandchildren, numbers of own children and household size.

Living arrangement were measured by the number of generations and whether the older person has a child living nearby or not.

Covariates include age (60–69, 70–79 and 80 and older), gender (male and female), education level (no schooling, primary and below, secondary and higher) and residential area (rural and urban).

3.3. Method

The descriptive analysis used cluster analysis which helps to define and divide sample into different groups over the four domains: economic condition, health condition, family structure and living arrangements, together with demographic characteristics and mutual support provision. Older people in a cluster share similar specific attributes, which helps to reduce the complexity of further analysis. Cluster analysis has been used in various research to build older people's profile, many of them are in the healthcare aspect (Costanzo et al. 2018; Witte et al. 2018). It is recommended to apply two-step cluster analysis (Norusis 2009) and K-means cluster analysis. First, clusters and the quality of clustering are identified using a two-step cluster analysis; three clusters were created for both downward

and upward supports, with clustering quality ranging from fair to good. Second, K-mean cluster analysis was used to divide older people into different groups. Three clusters, based on the results of the two-step cluster analysis, were applied in the K-means cluster analysis. The clusters are labelled as Cluster 1: the most capable elderly (C1); Cluster 2: moderately capable elderly (C2); and Cluster 3: the least capable elderly (C3)¹.

Determinants of intergenerational support provision were identified using logistic regression analysis with dependent variables are support receipt and provision.

4. Results

The majority of older people (68%) receive financial assistance from their adult children and 34% consider this is the most important source of income. A few older people still play a role as financial supporters of their children (16%), but they provide substantial help with accommodation (62%), household chores and caring for grandchildren. 53% of older people who co-reside with children were the primary persons performing housework and 37% had provided care for grandchildren during the preceding 12 months at the time of interview.

Besides providing financial support to older parents, adult children were also reported as supporters in older parents' economic activities (22%), and primarily as carers for older people facing health problems (35%) and difficulties in self-care activities (12.2%). For older people who are currently married, it is the spouse who plays the central role as a carer when they are sick; however, children are the most important source to people who are widowed, separated or divorced.

4.1. Clusters of capabilities and vulnerabilities in downward supports

Cluster analysis divided the sample into three groups: 993 older people in C1 (38.8%), 847 in C2 (33.1%) and 717 in C3 (28.6%). The following section discusses similarities and variations across clusters with regard to their demographic characteristics, vulnerability, resources, household structure and living arrangements.

¹ From this point on, C1 refers to Cluster 1 (the most capable elderly), C2 to Cluster 2 (moderately capable elderly) and C3 to Cluster 3 (the least capable elderly).

4.1.1. *Demographic characteristics*

The percentage of older people in early old age (60–69) is the highest (51%) in C1, significantly higher than C2 (39%) and C3 (32.6%). There are significantly more women in C3 (70%), while they account for 51% of C1 and 59% of C2. This suggests a connection between age and gender in each cluster. Older people in this analysis live more in rural than urban areas and there are more rural elderly in C3 (82.4%) than in C1 (71%) and C2 (70%). Across clusters, older people in C1 have higher levels of education than the other two clusters.

4.1.2. *Economic, health conditions, household structure and living arrangements*

Older people in C1 are in better position compared with other clusters in terms of income, savings and actively working, although the fewest of them have a pension. Older people who live in households with the highest wealth index, have better health conditions are also seen more in C1. For example, 55% of older people in C1 have no difficulty in mobility, significantly higher than their counterparts in C2 and C3 (15.5% and 1.8% respectively). The same trends were reported in health complaints and diagnosed chronic diseases.

Half of C3 were no longer married (divorced, separated or widowed), while this percentage is only one-third in C1, with most currently married (66%). There is not much difference between these groups in terms of having a son and grandchildren. C2 generally have more children than C1 and C3, and were also found more often living in multigenerational households than C1 and C3, which may be due to the fact that they have fewer children.

In terms of support provision, Table 1 showed that 19% of C2 older people provide financial support for their children while 17% of the C1 and only 12% of C3 do so. It may be that the children of older people in C1 are in good condition and would not need any support from their older parents. Older people in C2 also provide more grandparenting than others, older people, which may relate to their living arrangements, as the majority of them live in multigenerational households.

Most people in C1 live in small households with one or two generations, which that they co-reside with their grandchildren less, which reduces the opportunities to care for them. Thus, it suggests that proximity plays an essential role in encouraging older people to care for their grandchildren.

The percentage of older people providing housework assistance is in C2 followed by C1 and C3 (54%, 30% and 17%, respectively) and the majority of them live in multigenerational households. In general, living closely with children may promote older people's housework assistance; however good health also has a significant

influence, as it is required to provide such support for their children. This results in the lowest percentage of the C3 older people performing housework assistance because they face many more difficulties with their health than their counterparts in C1 and C2.

Table 1. Clusters by Types of Support Provision (n = 2,557)

Support Provision	Clusters			Total
	Most capable elderly (C1) (n = 993)	Moderately capable elderly (C2) (n = 717)	Least capable elderly (C3) (n = 847)	
Financial support provision	16.5	19.1	12.0	15.8
Grandchildren care	38.7	45.3	30.2	37.7
Housework assistance	83.0	71.3	69.5	75.2

Source: VNAS 2011.

4.2. Clusters of capabilities and vulnerabilities in upward supports

4.2.1. Demographic information

C1 includes 986 individuals, half of whom are between 60 and 68 years old (54%), female, most live in rural areas and 47% have primary education and below. There are 916 individuals in C3. No significant difference was found regarding age, but the percentage of people aged 80 and older (36%) is slightly higher than other age groups and much higher than for C1. Female and rural older people predominate in C3, much more than their counterparts in C1 and C2 (69% and 82%, respectively). C2 includes 709 moderately capable people, with 58% female and 71% living in rural areas. These results are relatively similar to previous analysis of downward support.

4.2.2. Economic, health conditions, household structure and living arrangements

Some 43% of C1 have sufficient income for daily living, compared with 38% and 25% for C2 and C3, respectively. Some 13% have savings (compared with 8.2% for C2 and 8.1% for C3) and 89% own their homes, 46% are actively working, and 20% are living in households with the highest wealth index (compared with 16% and 8% for C2 and C3). They probably have more chance to exchange support with their children because they have available resources, one of which is the financial

resource, savings – “a crucial component of safety net for the elderly” (Demirgüç-Kunt, Klapper and Panos 2016, p. 1).

Most people in C3 do not have enough income for daily living (75%), even though the percentage of those with a pension is relatively higher than those in C1 and C2. Few have savings, but around 78% own the house they live in. They were also reported as the least likely to live in wealthier households, at only 8.3%. Older people in this cluster are seen less actively working (31%) compared with other clusters, probably because of their poor health. Older people in C1, though in good economic condition, receive more financial assistance, and those in worse condition, as in C3, receive less financial support from their children. These results imply underlying factors other than economic conditions that influence the receipt of financial support. With regard to health, the situation is similar in all three clusters in a downward support analysis, meaning that older people in C1 are in the best health. Currently married older people were also found more in C1, while the percentage of no longer married is the highest in C3. Older people in C2 remain in the middle, but they tend to have more children, with nearly 40% having seven or more children, much higher than in C1 and C3. No longer married people in C3 are in an even worse circumstance, because they have lost support from their spouse and most have health issues. No significant difference between the clusters was found regarding having a son and having at least one grandchild among clusters. Living arrangements of older people vary between clusters. We found C2 older people more often live in multigenerational households, while those in C1 and C3 live in smaller households with one or two generations.

Regarding receipt of support, older people in C1 receive more financial support but less care support from children as they are in better health. The majority of C1 older people are married, which means that the primary responsibility of care provision belongs to their partners. Conversely, C3 older people receive less financial support but much more care support, because they have several health problems, especially with mobility and self-care activities. In this case, it is their adult children who provide care, because half of the older people in C3 are separated, divorced or widowed. Their poor health substantively prevents them from working. Many of them have numerous children (29% have 5–6 children; 16% have 7 or more children), which may care, because half of the older people. In contrast, 15% of people in this cluster live alone, and thus may require care from children who live away from them; fortunately, half of those who live alone in C3 have a child living nearby.

As noted earlier, older people in C1 are mainly in early old age and healthy, which may result in their high rate of participation in the labour force, and thus lead to their higher rate of receiving working assistance from their children than

those in other clusters. However, the percentage of older people receiving working assistance reduces across clusters, together with a reduction in labour-force participation, which may be caused by their health, and thus their receipt of work assistance decreases as well.

Table 2. Clusters by Support Receipt (n = 2,611)

Support Receipt	Clusters			Total
	Most capable older people (C1) (n = 986)	Moderately capable older people (C2) (n = 709)	Least capable older people (C3) (n = 916)	
Financial support	70.2	69.4	65.8	68.4
Care	17.0	34.6	52.9	34.4
Work assistance	25.5	21.4	18.2	21.8
Housework assistance	63.7	88.3	66.7	71.4

Source: VNAS 2011.

C1 older people receive the least housework assistance, maybe due to a significant proportion of them being married and in reasonably good health. Alternatively, living in a smaller household and having fewer children may contribute to the lower percentage of C1 old people receiving such support. Conversely, the percentage of older people receiving housework assistance is the highest in C2. Many older people in C2 live in multigenerational households, which strongly encourages mutual support. In addition, their health is only fair, meaning they require help in physical tasks from other household members. Having more children is another source of help that may contribute to the higher rate of older people in C2 receiving housework support from adult children.

4.3. Determinants of intergenerational support provision

4.3.1. Older people as support providers

In all three types of support – financial, care and housework – the most significant factor affecting older people's support provision is their age (see Table 3). Older people aged 60–69 years who are married, more highly educated, and are actively working tend to provide financial support to their children more than their counterparts. The most noteworthy point concerns older people's economic

condition, which they may use in mutual support relationships. The results indicate that older people with no savings are less likely to provide financial support than those with savings. In terms of health, older people with difficulties in self-care are less likely to provide financial support to children than those who have no difficulties. Difficulties in self-care also negatively influence other support provision from older people, including caring for grandchildren and housework.

In terms of grandparenting, analysis of health factors highlighted that older people who have problems with mobility or self-care are less likely to provide care for grandchildren than those who are healthy. However, in the case of multiple morbidities, they keep providing this type of support. This finding is somewhat contradictory, and the most reasonable explanation is that older people with multiple chronic diseases stay at home and thus, provide care to their grandchildren. Also, living in multigenerational households increases the probability of providing care for grandchildren, which raises the issue of older people with multiple morbidities being dependent on their offspring in terms of care - they may choose to live in multigenerational households and care for grandchildren as a way of sharing their mutual responsibilities. Alternatively, those with a child living nearby and who have sufficient income are also more likely to care for grandchildren than their counterparts.

Regarding housework assistance, the results present structural effects by gender and area of residence. Female and rural older people tend to provide this support to children more than the male elderly and those who live in urban areas. Living in larger households promotes this support among older people, but in the case of older people living alone or with a spouse, it is their own duty. Regarding health, difficulties in mobility and self-care activities were found as obstacles to older people helping children with household chores.

Table 3. Logistic Regression on Downward Supports (n = 2,700)

Downward support	Financial support (0 = No; 1 = Yes)			Care for grandchildren (0 = No; 1 = Yes)			Housework assistance (0 = No; 1 = Yes)		
	Dif- ference	95% CI		Dif- ference	95% CI		Dif- ference	95% CI	
Socio-economic conditions									
60–69	2.33	1.58	3.43	6.82	4.97	9.35	3.12	2.21	4.39
70–79	1.03	0.70	1.52	3.52	2.63	4.70	2.40	1.79	3.21
80+ (ref)	.	.	.	.	.	.	.	.	.
Male	1.56	1.20	2.04	0.86	0.69	1.07	0.40	0.30	0.52
Female (ref)	.	.	.	.	.	.	.	.	.
Never married	0.86	0.10	7.84	0.86	0.15	4.99	0.50	0.05	4.67
No longer married	0.56	0.41	0.77	0.74	0.59	0.94	0.83	0.63	1.09
Married (ref)	.	.	.	.	.	.	.	.	.
Urban	1.03	0.76	1.39	0.86	0.67	1.11	0.67	0.51	0.89
Rural (ref)	.	.	.	.	.	.	.	.	.
No schooling	0.85	0.56	1.30	0.75	0.54	1.06	0.84	0.57	1.25
Primary and below	0.68	0.52	0.90	0.82	0.65	1.04	1.01	0.75	1.38
Secondary and higher (ref)	.	.	.	.	.	.	.	.	.
Insufficient income	0.89	0.69	1.14	1.27	1.03	1.57	1.59	1.25	2.04
Sufficient income	.	.	.	.	.	.	.	.	.
No pension	0.99	0.77	1.27	0.78	0.64	0.96	0.82	0.62	1.08
Pension (ref)	.	.	.	.	.	.	.	.	.
No savings	0.42	0.30	0.58	0.95	0.70	1.29	0.70	0.47	1.03
Savings (ref)	.	.	.	.	.	.	.	.	.
Own home	0.96	0.66	1.41	1.15	0.87	1.52	1.86	1.40	2.46
Not own home (ref)	.	.	.	.	.	.	.	.	.
Not working	0.53	0.41	0.68	0.99	0.80	1.23	0.23	0.17	0.32
Actively working (ref)	.	.	.	.	.	.	.	.	.
HH wealth index 1–2	0.99	0.41	2.40	0.83	0.42	1.66	1.02	0.48	2.19
HH wealth index 3–4	0.94	0.59	1.47	1.30	0.90	1.88	0.89	0.58	1.38
HH wealth index 5–6	1.13	0.78	1.62	1.20	0.89	1.63	1.09	0.77	1.54
HH wealth index 7–8 (ref)	.	.	.	.	.	.	.	.	.
Living arrangements and household structure									
1–2 members	0.89	0.44	1.84	0.90	0.50	1.60	1.61	0.85	3.04
3–4 members	0.85	0.53	1.37	0.83	0.57	1.21	1.87	1.23	2.85

Table 3 – continued

Downward support	Financial support (0 = No; 1 = Yes)			Care for grandchildren (0 = No; 1 = Yes)			Housework assistance (0 = No; 1 = Yes)		
	Dif- ference	95% CI		Dif- ference	95% CI		Dif- ference	95% CI	
5–6 members	0.97	0.65	1.46	1.19	0.87	1.64	1.79	1.25	2.55
7 and more (ref)	.	.	.	.	.	.	.	.	.
1 generation	0.78	0.40	1.52	0.27	0.16	0.46	2.48	1.34	4.60
2 generations	1.32	0.91	1.92	0.35	0.26	0.48	1.12	0.78	1.61
3 generations (ref)	.	.	.	.	.	.	.	.	.
No children nearby	0.89	0.70	1.13	0.82	0.67	0.99	0.99	0.78	1.25
Child nearby (ref)	.	.	.	.	.	.	.	.	.
1–2 living children	0.69	0.44	1.08	0.79	0.55	1.12	1.24	0.82	1.86
3–4 living children	0.62	0.45	0.86	1.19	0.91	1.54	1.56	1.14	2.12
5–6 living children	0.76	0.56	1.05	0.86	0.66	1.11	1.16	0.86	1.55
7 and more (ref)	.	.	.	.	.	.	.	.	.
No son	0.88	0.53	1.45	1.01	0.69	1.49	0.95	0.60	1.50
Have son (ref)	.	.	.	.	.	.	.	.	.
Grandchild	0.52	0.25	1.07	.	.	.	0.96	0.37	2.47
No grandchild (ref)	.	.	.	.	.	.	.	.	.
Health conditions									
1–3 mobility difficulties	1.06	0.78	1.44	1.02	0.79	1.31	0.82	0.58	1.16
4 or more	1.22	0.85	1.75	0.73	0.55	0.99	0.45	0.31	0.66
No mobility difficulty (ref)	.	.	.	.	.	.	.	.	.
1–4 health complaints	1.09	0.57	2.05	1.47	0.84	2.58	1.11	0.57	2.16
5–8 health complaints	1.34	0.70	2.55	1.41	0.80	2.49	1.31	0.67	2.59
9 and more	1.52	0.77	3.02	1.87	1.03	3.39	1.61	0.79	3.27
No illness symptom (ref)	.	.	.	.	.	.	.	.	.
1–3 chronic diseases	1.18	0.89	1.55	1.48	1.18	1.85	1.04	0.79	1.35
4–6 chronic diseases	1.01	0.64	1.59	1.57	1.09	2.25	1.08	0.71	1.65
7 and more chronic diseases	0.47	0.05	4.11	3.50	0.84	14.64	1.93	0.32	11.81
No chronic disease (ref)	.	.	.	.	.	.	.	.	.
1 self-care difficulty	0.84	0.61	1.17	1.05	0.81	1.36	0.99	0.72	1.37
2–3 self-care difficulties	1.03	0.68	1.57	1.06	0.76	1.48	0.67	0.47	0.96
4–5 self-care difficulties	0.52	0.29	0.91	0.57	0.38	0.86	0.22	0.15	0.32
No self-care difficulty (ref)	.	.	.	.	.	.	.	.	.

Note: Bolded numbers indicate statistical significance at $p < 0.05$ level.

Source: VNAS 2011.

4.3.2. *Older people as receivers of support receivers*

Financial support received by older people was significantly determined by their number of children. Older people with more children, no pension and who are not working are more likely to receive financial support from children than their counterparts are. It must be stressed that having no pension or not working does not necessarily mean that older people are in poor economic condition. Older people who live in smaller households are more likely to have financial support from non-co-resident children than their counterparts are; and those who do not live with children are more likely to receive financial support from children who live elsewhere.

Regarding health, those who have difficulties in self-care activities (2-3 difficulties) are more likely to receive money from non-co-residing children than those who have no difficulties at all. Possibly, economic hardship is not the driver of financial transfer in this case, because older people who have sufficient income and own their home are more likely to receive money from physically distant children than their counterparts are, and those who live in urban areas have a higher likelihood of receiving this support as well.

Care supports are significantly related to older people's health. Older people who have difficulties in mobility and self-care activities, more health complaints and diagnosed diseases are more likely to receive care support from children, especially those who have problems in self-care and health complaints. For example, older people with 5-8 health complaints are 2.8 times more likely to receive care support, and this increases to four times among those who have nine or more health complaints. In cases of self-care difficulties, those who have 2-3 problems are 1.5 times more likely to receive care support from children. In addition, females are more likely to receive care support from children.

With regards to work assistance, older people who are in early old age and have no difficulties in mobility and self-care are more likely to receive this support from children, because they are more likely to actively work than those who are in advanced old age. The results also show that those in less wealthy households tend to receive this support. Older people with health complaints, to a certain extent, are still able to work, and therefore, in this case, are more likely to receive working support from children than those who have no problems at all. Other factors that contribute to determining this type of support receipt are the area of residence, education, pension and marital status.

Having more children also increases older people's chance of receiving housework support. More critically, older people who live in multigenerational households are more likely to receive help with housework rather than those living in one

Table 4. Logistic Regression on Upward Support (n = 2,700)

Upward support	Financial Support (0 = No; 1 = Yes)		Financial support from non-co-resident children (0 = No; 1 = Yes)		Care support (0 = No; 1 = Yes)		Work Assistance (0 = No; 1 = Yes)		Housework Assistance (0 = No; 1 = Yes)						
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI					
60-69	1.02	0.77	1.35	0.90	0.68	1.18	0.93	0.70	1.24	5.95	4.01	8.83	0.75	0.53	1.05
70-79	1.10	0.85	1.42	0.89	0.70	1.14	1.09	0.84	1.41	2.63	1.78	3.90	0.81	0.60	1.11
80+ (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Male	0.80	0.65	0.99	0.91	0.74	1.12	0.77	0.61	0.96	1.04	0.82	1.33	0.88	0.69	1.13
Female (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Never married	0.44	0.09	2.05	2.21	0.48	10.19	0.32	0.04	2.89	0.35	0.04	3.06	1.61	0.24	10.78
No longer married	1.21	0.97	1.52	1.17	0.94	1.45	1.10	0.88	1.38	0.60	0.45	0.79	1.40	1.07	1.84
Married (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Urban	1.08	0.85	1.37	1.44	1.15	1.80	0.92	0.72	1.17	0.41	0.30	0.56	1.03	0.78	1.37
Rural (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
No schooling	1.00	0.73	1.37	1.10	0.80	1.49	0.90	0.65	1.25	1.37	0.93	2.03	1.11	0.76	1.63
Primary and below	1.22	0.97	1.54	1.10	0.88	1.38	1.03	0.80	1.32	1.35	1.03	1.76	1.26	0.97	1.65
Secondary and higher (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Not sufficient income	0.86	0.70	1.05	0.75	0.62	0.91	1.11	0.90	1.37	1.23	0.96	1.57	0.90	0.71	1.15
Sufficient income (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
No pension	1.38	1.13	1.69	1.39	1.14	1.70	1.09	0.88	1.35	1.30	1.04	1.62	1.02	0.80	1.28
Pension (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
No savings	1.02	0.76	1.38	1.21	0.90	1.61	0.82	0.60	1.12	0.87	0.60	1.26	0.80	0.57	1.14
Savings (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Own home	1.14	0.88	1.47	1.67	1.29	2.15	0.83	0.64	1.07	1.37	0.95	1.97	0.77	0.54	1.10
Not own home (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

Table 4 – continued

Upward support	Financial Support (0 = No; 1 = Yes)		Financial support from non-co-resident children (0 = No; 1 = Yes)		Care support (0 = No; 1 = Yes)		Work Assistance (0 = No; 1 = Yes)		Housework Assistance (0 = No; 1 = Yes)	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Not working	1.67	1.36 2.05	1.65	1.35 2.03	1.20	0.96 1.49	-	-	1.41	1.11 1.79
Actively working (ref)	.	.	.	.	.	.	.	.	.	.
HH wealth index 1-2	0.53	0.30 0.96	0.99	0.54 1.80	1.02	0.54 1.92	1.97	0.94 4.13	1.29	0.64 2.61
HH wealth index 3-4	0.84	0.59 1.20	0.80	0.57 1.13	1.00	0.69 1.45	2.00	1.27 3.15	1.77	1.16 2.71
HH wealth index 5-6	1.03	0.77 1.38	1.00	0.75 1.32	0.97	0.71 1.32	1.45	0.98 2.15	1.73	1.21 2.47
HH wealth index 7-8 (ref)	.	.	.	.	.	.	.	.	.	.
Living arrangements and household structure										
1-2 members	0.74	0.43 1.26	2.08	1.23 3.53	1.54	0.89 2.67	0.81	0.42 1.56	0.33	0.16 0.66
3-4 members	1.04	0.72 1.50	1.99	1.38 2.88	1.30	0.88 1.92	0.67	0.42 1.06	0.39	0.22 0.68
5-6 members	1.12	0.82 1.54	1.26	0.91 1.74	1.37	0.98 1.91	0.99	0.67 1.45	0.86	0.50 1.47
7 and more (ref)	.	.	.	.	.	.	.	.	.	.
1 generation	1.43	0.88 2.32	1.49	0.93 2.40	0.78	0.47 1.29	0.78	0.42 1.42	0.11	0.06 0.19
2 generations	1.16	0.86 1.57	0.94	0.71 1.26	0.87	0.64 1.19	1.62	1.13 2.32	0.41	0.29 0.59
3 generations (ref)	.	.	.	.	.	.	.	.	.	.
No children nearby	1.00	0.83 1.21	0.80	0.67 0.95	0.93	0.77 1.12	0.86	0.69 1.07	0.56	0.45 0.70
Child nearby (ref)	.	.	.	.	.	.	.	.	.	.
1-2 children	0.32	0.23 0.44	0.29	0.21 0.41	0.64	0.45 0.90	0.97	0.64 1.47	0.83	0.56 1.24
3-4 children	0.56	0.43 0.73	0.45	0.36 0.58	0.81	0.63 1.05	1.18	0.87 1.59	0.88	0.65 1.19
5-6 children	0.71	0.55 0.93	0.86	0.69 1.09	0.83	0.64 1.07	1.08	0.80 1.46	0.88	0.66 1.19
7 and more (ref)	.	.	.	.	.	.	.	.	.	.

Table 4 – continued

Upward support	Financial Support (0 = No; 1 = Yes)		Financial support from non-co-resident children (0 = No; 1 = Yes)		Care support (0 = No; 1 = Yes)		Work Assistance (0 = No; 1 = Yes)		Housework Assistance (0 = No; 1 = Yes)						
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI					
No son	1.03	0.73	1.44	1.06	0.74	1.53	1.20	0.83	1.74	0.81	0.51	1.29	1.17	0.78	1.77
Son (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Grandchild	1.12	0.58	2.14	2.22	0.98	5.03	2.13	0.82	5.49	0.91	0.42	1.97	0.98	0.49	1.97
No grandchild (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Health conditions															
1–3 mobility difficulties	0.98	0.77	1.25	0.79	0.62	1.01	1.55	1.17	2.05	0.63	0.48	0.82	0.86	0.65	1.15
4 or more mobility difficulties	0.90	0.68	1.19	0.81	0.61	1.07	1.98	1.46	2.68	0.53	0.38	0.74	0.91	0.65	1.27
No mobility difficulties (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1–4 health complaints	0.80	0.47	1.38	0.75	0.46	1.23	1.59	0.69	3.66	1.42	0.77	2.59	0.80	0.44	1.48
5–8 health complaints	0.75	0.44	1.30	0.63	0.38	1.04	2.84	1.24	6.52	1.65	0.89	3.05	0.84	0.45	1.57
9 and more	0.67	0.38	1.18	0.53	0.31	0.90	3.99	1.72	9.29	1.95	1.02	3.75	0.76	0.39	1.45
No health complaints (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1–3 chronic diseases	1.01	0.82	1.24	1.07	0.87	1.32	1.27	1.01	1.59	0.85	0.66	1.08	1.11	0.86	1.42
4–6 chronic diseases	1.06	0.76	1.50	1.03	0.74	1.44	1.46	1.03	2.07	0.71	0.46	1.09	1.26	0.83	1.90
7 and more chronic diseases	0.64	0.16	2.53	0.87	0.21	3.70	3.01	0.59	15.53	0.32	0.03	3.04	1.05	0.19	5.82
No chronic diseases (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1 self-care difficulty	1.08	0.84	1.39	1.23	0.96	1.57	1.27	1.00	1.62	0.99	0.73	1.33	0.75	0.56	1.00
2–3 self-care difficulties	1.00	0.74	1.37	1.46	1.08	1.97	1.45	1.08	1.95	0.95	0.64	1.41	1.37	0.93	2.00
4–5 self-care difficulties	1.02	0.72	1.44	1.29	0.92	1.80	4.30	3.04	6.09	0.26	0.13	0.50	1.59	1.02	2.47
No self-care difficulties (ref)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

Note: Bolded numbers indicate statistical significance at $p < 0.05$ level.

Source: VNAS 2011.

or two-generational households. Older people who have children living nearby and those who have self-care difficulties are more likely to receive housework assistance than their counterparts, regardless of their current living arrangement.

5. Discussion and Conclusion

The findings of this paper are consistent with previous research, which indicated the importance of children in providing financial assistance to older people (Friedman et al. 2002), which is one of older people's most significant financial sources (Le 2012, Ministry of Culture Sport and Tourism et al. 2008). The findings also show that the number of children has a positive relationship with support received by older parents, consistent with Knodel et al. (2000). This consistency confirms the correlation between household structure and intergenerational support provision. The traditional expectation for living arrangements of older people is that they prefer to live with a married son when they get older, with a son considered "crucial for their well-being later in life" (Knodel et al. 2000, p. 90). Nevertheless, preference for a son in this analysis does not seem to be essential to older people's receipt of support.

Theoretically, this finding supports the theory of filial obligations (or *debt theory*) of children towards their parents. However, it also suggests that reciprocity is firmly embedded in Vietnamese society, because it implies that children keep sending money to older parents no matter how wealthy their older parents are and older parents keep supporting their adult children in many forms. Alternatively, this finding confirms previous research findings that children are willing to provide support when their older parents are economically independent (Chow 1993; Ng, Phillips and Lee 2002 in: Silverstein 2005). The adult children's support also depends much more on the state of the intimate relationship (affection solidarity) between generations, social and family culture, and children's abilities. Thus, "the duties of grown children to parents do not look like the duties of debtors and creditors" (Keller 2006, p. 257).

Another interesting finding consistent with previous literature is non-co-resident children's support provision. Older parents tend to receive financial support from non-co-resident children when they live on their own rather than when they are co-residing with other children. This may be because non-co-resident children believe their parents are safe living with other siblings or are "reluctant to provide" support in case their support may also benefit their siblings in specific ways (Pezzin, Pollak and Schone 2004 in: Silverstein 2005, p. 167). This finding suggests a mechanism of division on support provision between children to their older parents.

The receipt of care by older people in this analysis was predicted by two main determinants: gender and health. Women are more likely to receive care support

than men. This may be because they have a higher life expectancy, which results in a higher risk of being widowed and having health problems in advanced age. With regard to health, older people with disabilities, who are frail or have mobility issues are more in need of help than other people, and it is their partner who cares for them in the first instance. For people who are no longer married, children are expected to be the primary assistants. People with mobility difficulties are also more likely to receive care than those with other health issues, in this case, those with multiple chronic diseases.

For housework and work assistance, it is also older people's health condition that directly determines children's support, because those who have health issues, especially with mobility and self-care activities, cannot work. Thus they are less likely to receive support from children. Conversely, people with better health but in poor living conditions keep working for their living and to contribute to the household's income. In this case, they may receive more support from children with their work. Working in old age does not necessarily mean they have poor living conditions, but to a certain extent this is one of the main reasons why old people keep "actively" working. Regarding housework support this strictly depends on older people's living arrangements, because it is usually the children duty to perform housework, particularly in multigenerational households or when a child lives nearby. Proximity encourages this type of support, as it does with care support.

One question raised in previous research on caring for older parents by adult children regards whether it is a duty (Stuifbergen and Van Delden 2011), and the difference in perception of filial obligations between Western and Asian countries. The paper argued that: "caring about an elderly parent does not necessarily entail care-giving. In most instances, it will probably mean taking care of aspects of the situation" (Stuifbergen and Van Delden 2011, p. 70). The difference presented here is that relationship between adult children and older parents in Asian countries, particularly Vietnam, is not just determined by both parties' wishes, but also implicitly controlled by norms, values and social judgements.

Regarding downward financial support, the result highlighted the correlation between older people's economic condition and support provision, as older people with more financial resources tend to provide more support than others. Hence the availability of financial resources plays an essential role in encouraging intergenerational financial support exchange. Results from this analysis confirmed the literature. Alternatively, mutual intergenerational support has been proved to be closely related to older people's well-being and life satisfaction (Lee et al. 2014), which then may act as a motivation for them to engage in the support relationship.

This research found a significant relationship between older people's age, health, and living arrangements and care for grandchildren. Those in early old age and

without difficulties in mobility and self-care seem to provide more grandparenting than others, even though those with chronic diseases also provide care for their grandchildren. This is probably because of their inability to work; they care for grandchildren instead of participating in the labour force. According to Teun Geurts, Anne-Rigt Poortman and Theo G. van Tilburg (2012), older parents' grandparenting could be considered as an investment in adult children for the receipt of support in the advanced age. Providing care for grandchildren "creates a debt", which is reciprocated by adult children when older parents reach an advanced age. This is believed to "restore the cost-benefit balance within the relationship" between parents and adult children (Geurts, Poortman and van Tilburg 2012, p. 247). To a certain extent, supporting adult children in general may be considered by older people as their responsibility and care for grandchildren is the most common one, regardless of any promised support in return. Another interesting finding relates to housework assistance provided by older people, apparently driven by gender and place of residence, which are interrelated. For centuries, housework has been considered a woman's duty, and that perception still exists in modern Vietnam, especially among older people influenced by feudal education.

A few limitations have been recognised in this analysis. First, the data used do not make it possible to test the relationship between intergenerational support and the quality of the intergenerational relationship. Second, it includes no information on children's economic condition. Finally, the data were from a cross-sectional survey, with respondents who are only older people, which limits the ability to capture the exchange of mutual support between older people and their adult children. The results suggest that "healthy and wealthy" ageing not only benefits older people in many ways but also the next generations, which can be used as empirical evidence for policy advocacy on healthcare and long-term care for older people as well as programmes that promote healthy lifestyles in old age. Future research could focus on analysing reciprocity models and the relationship between quality of life, well-being and mutual support.

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Wydolność osób starszych a międzypokoleniowe świadczenie wzajemnego wsparcia w Wietnamie

Streszczenie: Tematem artykułu jest świadczenie wzajemnego wsparcia między osobami starszymi i ich dziećmi. Transfery międzypokoleniowe uważa się za empiryczny wskaźnik solidarności funkcjonalnej, główny element solidarności międzypokoleniowej (Bengtson, Roberts 1991). Rodzaje wsparcia analizowane w artykule dotyczą wsparcia finansowego, pomocy w pracach domowych, opieki oraz pomocy w pracy. W artykule poddano analizie próbę badawczą pochodzącą z Narodowego badania starzenia się społeczeństwa Wietnamu, obejmującą 2700 uczestników w wieku 60 lat i starszych. Wyniki badania sugerują, że starsi ludzie dysponujący większymi zasobami finansowymi częściej angażują się w międzypokoleniowe relacje w ramach wzajemnego wsparcia, w szczególności wsparcia finansowego. Poza tym wiek, stan cywilny, sytuacja mieszkaniowa, liczba posiadanych dzieci i stan zdrowia starszych rodziców znacząco wpływają na chęć świadczenia wzajemnego wsparcia. Przyszłe badania powinny skoncentrować się na analizie modeli wzajemności oraz związku pomiędzy jakością relacji międzypokoleniowych a wzajemnym wsparciem. Dodatkowo, powinny one podjąć temat efektów wzajemnego wsparcia, które determinują samopoczucie i zadowolenie z życia osób w zaawansowanym wieku.

Słowa kluczowe: wsparcie międzypokoleniowe, ludzie starsi, relacje międzypokoleniowe, Wietnam.