GENERAL STATISTICS OFFICE

THE POPULATION AND HOUSING CENSUS 2019

Population Ageing and Older Persons in Viet Nam

Ha Noi, July 2021

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ACRONYMS AND ABBREVIATIONS

ADLs	Activities in Daily Living
ASEAN	Association of Southeast Asian Nations
GSO	General Statistics Office of Viet Nam
LTC	Long-term care
LTCI	Long-term care insurance
OLS	Ordinary Least Square
PHC	Population and Housing Census
PPP	Public-private partnership
SDG	Sustainable Development Goals
TFR	Total fertility rate
UNFPA	United Nations Population Fund
VDF	Viet Nam Development Forum

FOREWORD

The Population and Housing Census (PHC) 2019 began 1 April 2019 under the Prime Minister's Decision No. 772/QĐ-TTg dated 26 June 2018. This was the fifth PHC in Viet Nam since the country's reunification in 1975. PHC 2019 collected basic data on population and housing across the country to provide information for formulating socioeconomic policies and to monitor commitments by the Government of Viet Nam to implement the Sustainable Development Goals.

Following the key findings from PHC 2019 announced by the General Statistics Office of Viet Nam (GSO) on 19 December 2019, a number of important topics such as unbalanced sex ratio at birth, total fertility, migration and urbanization, and population ageing have been further explored and discussed in order to provide evidence and recommendations to inform policies that respond to significant demographic and social changes towards sustainable development.

This monograph, **"Population ageing and older persons in Viet Nam",** was developed using data from PHCs in 2009 and 2019 and other relevant sources. It builds on in-depth analyses from previous reports on population ageing in Viet Nam. The analysis finds that population ageing has evolved swiftly in Viet Nam, which in turn requires adaptive policies and programmes. The analysis also identifies different characteristics of groups in old age, and provides a number of policy recommendations to help the country meet the individual needs of older persons in order to take care of them as well as promote their role as a resource for economic growth and development in Viet Nam.

This monograph was compiled with the technical assistance of the United Nations Population Fund (UNFPA). We would like to thank Associate Professor Giang Thanh Long (National Economics University) for analysing data and writing this monograph. We are also thankful to experts and staff of the United Nations Population Fund country office in Viet Nam (UNFPA Viet Nam), UNFPA Asia-Pacific Regional Office for providing support and insightful comments towards the completion of this report.

The focus of this monograph, population ageing in Viet Nam, is a topic of interest to policymakers, researchers and society as a whole. Comments and suggestions to improve the quality of future publications by UNFPA and GSO are appreciated by the authors.

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EXECUTIVE SUMMARY

Rapid population ageing and an increasing number of older persons are creating both opportunities and challenges for Viet Nam. In order to formulate appropriate and adaptive policies for an ageing population, data must be updated to reflect demographic changes and important characteristics of older persons over time. This monograph, **"Population ageing and older persons in Viet Nam",** provides a "time-based profile" of older persons (those aged 60 and above)[1] in Viet Nam in the past 10 years. It uses data from two censuses, the Population and Housing Census (PHC) in 2009 and in 2019; the latter was conducted prior to the COVID-19 pandemic. Various demographic, socioeconomic and health aspects are analysed in order to provide policy recommendations based on nationally representative samples for the total population of Vietnamese older persons aged 60 and over at 7.45 million in 2009 and 11.41 million in 2019.

KEY FINDINGS:

This monograph addresses three main themes: i) the trend of population ageing and demographic characteristics of older persons; ii) socioeconomic characteristics of older persons; and iii) health issues of older persons.

1. The trend of population ageing and demographic characteristics of older persons in Viet Nam

- The older population increased from 7.45 million in 2009 to 11.41 million in 2019, or from 8.68 to 11.86 per cent of the total population. The increase in the older population accounted for about 40 per cent of the increase in the total population in this period. The average annual growth rate of the total population was 1.14 per cent, while that for the older population was 4.35 per cent. The young-old (those aged 60–69) had the highest growth, followed by the oldest-old (those aged 80 and over).
- Disaggregated by sex, the increased number of older women was higher than that of older men. However, in the period 2009–2019, the annual growth rates of older women (4.09 per cent) was lower than that of older men (4.72 per cent). Sex ratio, measured by the number of older women to every 100 older men, tended to decrease over all age groups, but this ratio remained large in the oldest-old group.
- Due to urbanization, the proportion of urban older persons increased over time. However, the proportion of rural older persons increased for those at more advanced ages.
- The ageing index – measured by the number of older persons (aged 60 and over) per every 100 children (aged 0–14) of the Vietnamese population – was statistically significantly affected by provincial total fertility rate and net migration rate. Provinces with a lower total fertility rate and a lower net migration rate (i.e. outmigration higher than immigration) tend to experience a higher ageing index, and vice versa.

1. *The Viet Nam Law on Older Persons 2009 defines older persons are those aged 60 and above. In this monograph, age groups are defined as the young-old (aged 60–69), the middle-old (aged 70–79) and the oldest-old (aged 80 and over).*

- Population projections to 2069 under the medium-fertility assumption show that the number of older persons aged 60 and above will be 17.28 million (16.53 per cent of the total population) in 2029; 22.29 million (20.21 per cent of the total population) in 2038; 28.61 million (24.88 per cent of the total population) in 2049, and 31.69 million (27.11 per cent of the total population) in 2069. The increase in older population will most heavily be due to increases in the middle-old and the oldest-old groups.
- Population projections under the medium-fertility assumption also show that the percentage of people aged 65 and above will reach 14.17 per cent of the total population in 2036 when Viet Nam will enter the aged population phase.
- Population projections under the medium-fertility assumption show that the female older population will grow more rapidly than that of the male older population, but the sex ratio is expected to decrease due to the assumptions that both sex ratio at birth and difference in mortality rates between older women and men will be reduced.
- Population projections under the medium-fertility assumption indicate that there will be more urban older population. However, at more advanced ages, there will be more older people living in rural areas.

2. Socioeconomic characteristics of older persons in Viet Nam

- In terms of marital status, the majority of older persons are married or widowed, while other statuses (separated, divorced or single) account for a small proportion. Over time, the proportion of currently married older persons increased (from 61 per cent to about 68 per cent), while that for the widowed decreased (from 36.62 to 28.19 per cent). Women accounted for about 80 per cent of those widowed in all age groups.
- The highest educational level of older persons improved over time. In each educational level, however, there are significant differences in terms of gender and residential area, in which older men and urban persons have higher rates of education than did their female and rural counterparts.
- Both PHCs demonstrated that about 35 per cent of older persons were still working. The majority of them, however, are vulnerable workers (self-employed or family workers) and there are significant differences in working rate in terms of gender, age group, and residential area.
- In terms of living arrangements, the rates of older persons living alone or with only their spouse increased, while those for other groups (such as living with at least a child) decreased. Regional differences in living arrangements of older persons are partly due to migration.
- Almost 100 per cent of households with older persons use national electricity grids; about 50 per cent use tap water as the main source of drinking water; and about 90 per cent use flush toilets (inside or outside of their houses). However, there are significant differences in terms of residential area and ethnicity, in which rural and ethnic minority older persons live in households with worse living conditions than do their urban and Kinh counterparts (Kinh is the most populous ethnic group in Viet Nam). Differences are also clear in terms of household assets, particularly regarding modern and valuable assets.

3. Health issues of Vietnamese older persons

- Although there were differences in the questions in the two PHCs about disabilities (such those related to as hearing and seeing) and functional limitations (such as those related to walking, remembering or concentrating and self-care), it is clear that the rate of older persons having difficulties in functional performance decreased over time. For each type of disability

and functional limitation, however, there were significant differences in terms of age (persons at more advanced ages, particularly the oldest-old, have higher rate of difficulty), gender (women usually have higher rate of difficulty than men), ethnicity (ethnic minority persons have higher rate of difficulty than Kinh persons), and residential area (rural persons have higher rate of difficulty than urban persons).

- In terms of self-care, differences in difficulty in performing functions are the same as above. However, the rates of "had difficulty" and "could not perform" for the oldest-old are much higher than those for younger groups.

4. Policy recommendations

Based on the above results, this monograph discusses the following policies.

In responding to population ageing:

- Lower fertility is the main driver for rapid population ageing in Viet Nam. Policies and programmes should look into providing relevant information, access to quality sexual and reproductive health services and support of social services for people to have the ability to make informed choices relating fertility.
- Migration has been one of the key factors influencing the unbalanced ageing pace across socioeconomic regions and provinces. There should be balanced social-economic development policies across regions and provinces to address population ageing as well as adjust migration flow, reduce the differences in the ageing index, and address inequality issues across regions and provinces.
- The higher proportion of older women of more advanced age, and differences in distribution of older people in urban and rural areas, require more gender-sensitive policies and mainstreaming of ageing issues in urban and rural development policies and programmes.
- Regarding policies related to socioeconomic issues of the Vietnamese older persons:
  - Formulation of policies for older persons should consider the critical differences between older groups so as to meet their individual needs, particularly under limited resources. There should be prioritized policies for more vulnerable older groups (including the oldest-old, rural persons, women, ethnic minority people, older people with disabilities, and victims of violence).
  - There should be policies to promote and allow older persons to make informed choices to continue working in the jobs which are suitable for their health and professional skills and knowledge so as to reach economically active ageing; in particular, formulating and implementing life-long learning programmes so as to help older persons to access and grasp new knowledge and skills in order to improve the quality of work they wish to pursue.
  - Future older generations with increasing education levels and skills would be an important resource for socioeconomic development. Ageing-adaptive policies should focus on further promoting the roles, participation and contribution of older persons in all socioeconomic aspects.
- Regarding policies related to long-term care (LTC) for older persons:
  - The healthcare system should be strengthened so as to facilitate older persons' access to healthcare services.

- Government expenditures should be increased to support older persons, especially those with functional difficulty, to address and meet the care needs of older people due to the deterioration of health.
- LTC service packages should be built, including medical care, social care, and mental care, for older persons so that they will be able to integrate in society, improve health status, and be appropriately supported in activities of daily living (ADL, e.g. eating, bathing, changing clothes, and moving).
- Changes in living arrangements show that older persons will do more self-care. There should be more care activities and services, particularly at home and community-based, so that older persons can access them easily.
- There should be more policy studies on LTC insurance.
- The role of the private sector in providing care services to older persons via public-private partnership (PPP) mechanisms should be promoted, as well as integrated care system at homes, communities, and institutions.

I. INTRODUCTION

Rapid population ageing and an increasing number of older persons are creating both opportunities and challenges for Viet Nam. In order to formulate appropriate and adaptive policies for an ageing population, data must be updated and able to reflect demographic changes and important characteristics of older persons over time. Data extracted from surveys with large samples and highly statistical representation will provide reliable evidence for government, line ministries and policymakers in formulating policies adapted to the particular characteristics and needs of older persons so as to promote their roles in contributing to families, communities and society as a whole.

The Population and Housing Census (PHC) has been carried out every 10 years since 1979 to collect basic data on population and housing across the country in order to provide information for formulating socioeconomic policies as well as for monitoring implementation of the Sustainable Development Goals in fulfillment of commitments made by the Government of Viet Nam. The PHCs provide various pieces of information which are comparable at individual and household levels for populations, including older persons, in different regions and residential areas. In particular, using PHCs over time can provide data for socioeconomic and health issues of older persons every 10 years.

The main purpose of this monograph is to provide a "time-based profile" of older persons (those aged 60 and over) in Viet Nam in the past 10 years, using datasets from two most recent PHCs, 2009 and 2019. The nationally representative sample for older population was 7.45 million persons in 2009 and 11.41 million persons in 2019. In some analyses for international comparison, older persons were defined as those aged 65 and over.

This monograph provides various results on socioeconomic and health indicators for older persons from PHCs in 2009 and 2019. From these results, the monograph also discusses policy implications and recommendations for Viet Nam to be adaptive with an expected rapidly ageing population in the coming decades.

@UNFPA Viet Nam/Nguyen Minh Duc

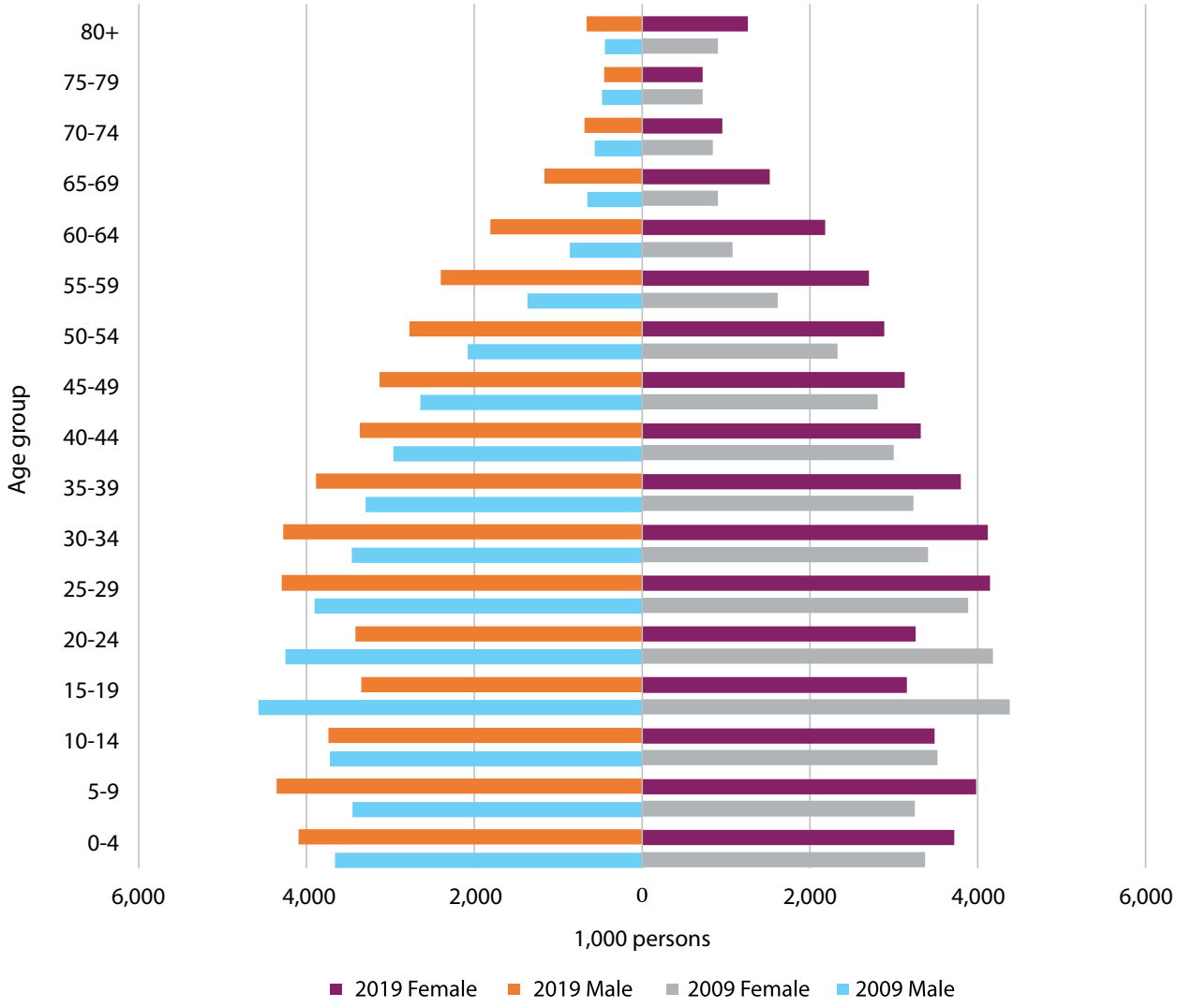
II. KEY FINDINGS

1. POPULATION AGEING AND DEMOGRAPHIC CHARACTERISTICS OF OLDER PERSONS

Viet Nam is a country with one of the highest rates of ageing. The total population on 1 April 2009 was 85.85 million, while that on 1 April 2019 was 96.21 million, of which the older population in 2009 was 7.45 million (8.68 per cent of the total population) and in 2019 was 11.41 million (11.86 per cent of the total population). On average, in the period 2009–2019, the annual growth rate of total population was 1.14 per cent, while that for older population was 4.35 per cent.

Figure 1. Viet Nam population pyramids in 2009 and 2019

Unit: 1,000 persons



Source: Author's own illustration, using data from PHCs 2009 and 2019

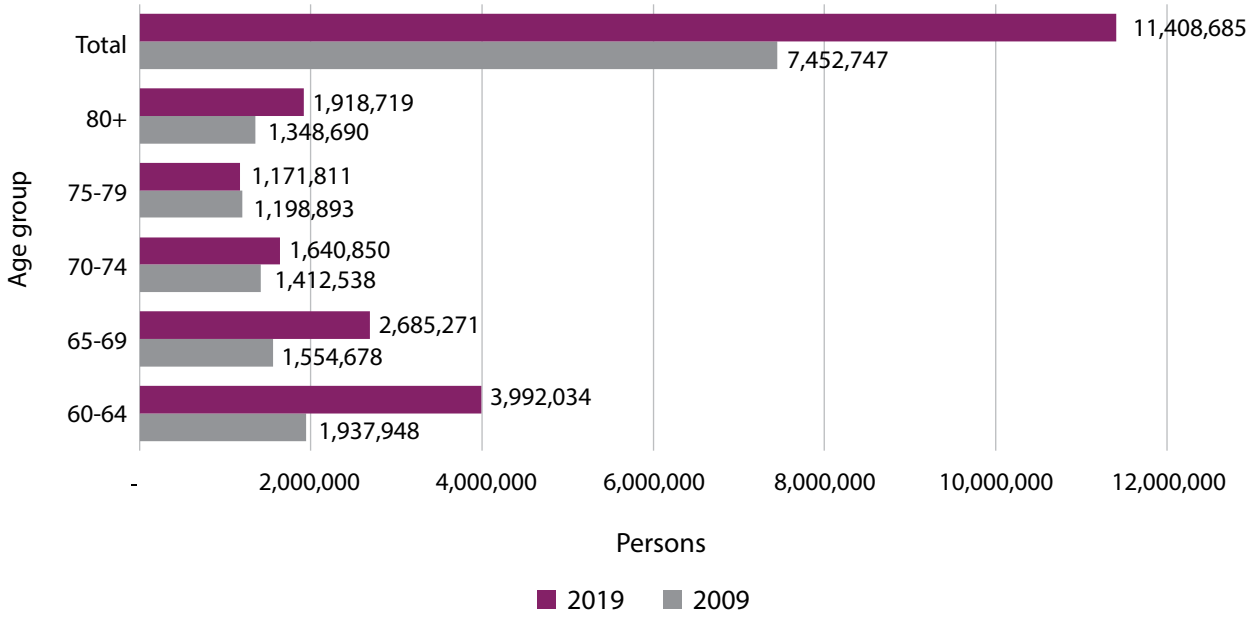
1.1. Age-sex structure of the population

A slightly higher total fertility rate (TFR) of 2.09 in 2019 compared with 2.03 in 2009 along with "population momentum" resulted in an increase in the population of children 0–14 years old, from 20.99 million in 2009 to 23.37 million in 2019.

There were three distinguished characteristics of age-structure changes in Viet Nam in the 2009–2019 period **(Figure 1)**. First, the proportion of children 0–14 years old in the total population slightly decreased, from 24.5 per cent in 2009 to 24.3 per cent in 2019. Second, the proportion of population aged 15–59 in the total population decreased from 66.86 per cent in 2009 to 63.85 per cent in 2019. For international comparison, the proportion of the population aged 15–64 in the total population in Viet Nam decreased from 69.1 to 68 per cent. Third, both the number of older persons and their proportion on the total population significantly increased (as discussed above) and there was a widening numbers gap between female older population and male older population as they reached more advanced ages.

Figure 2 presents the age distribution of older population with three groups: the young-old (aged 60–69), the middle-old (aged 70–79) and the oldest-old (aged 80 and over). For 10 years (2009–2019), older population increased by 3.96 million.

Figure 2. Distribution of older population by age group, 2009 and 2019



Source: Author's own calculations, using data from PHCs 2009 and 2019

Table 1 provides more details about increase/decrease of older population by age group. From 2009 to 2019, the young-old population (60–69) increased by 3.1 million; the middle-old population (70–79) increased only 200,000, and the oldest-old population (aged 80 and over) increased by 570,000. Table 1 also shows detailed data on the annual growth rate in the 2009–2019 period for each age group. The young-old had a high growth rate, particularly the 60–64 group with 7.5 per cent, and then the middle-old experienced a declining growth rate, while the oldest-old had increasing growth rate at about 3.6 per cent.

Table 1. Levels and rates of increase/decrease of older population by age group

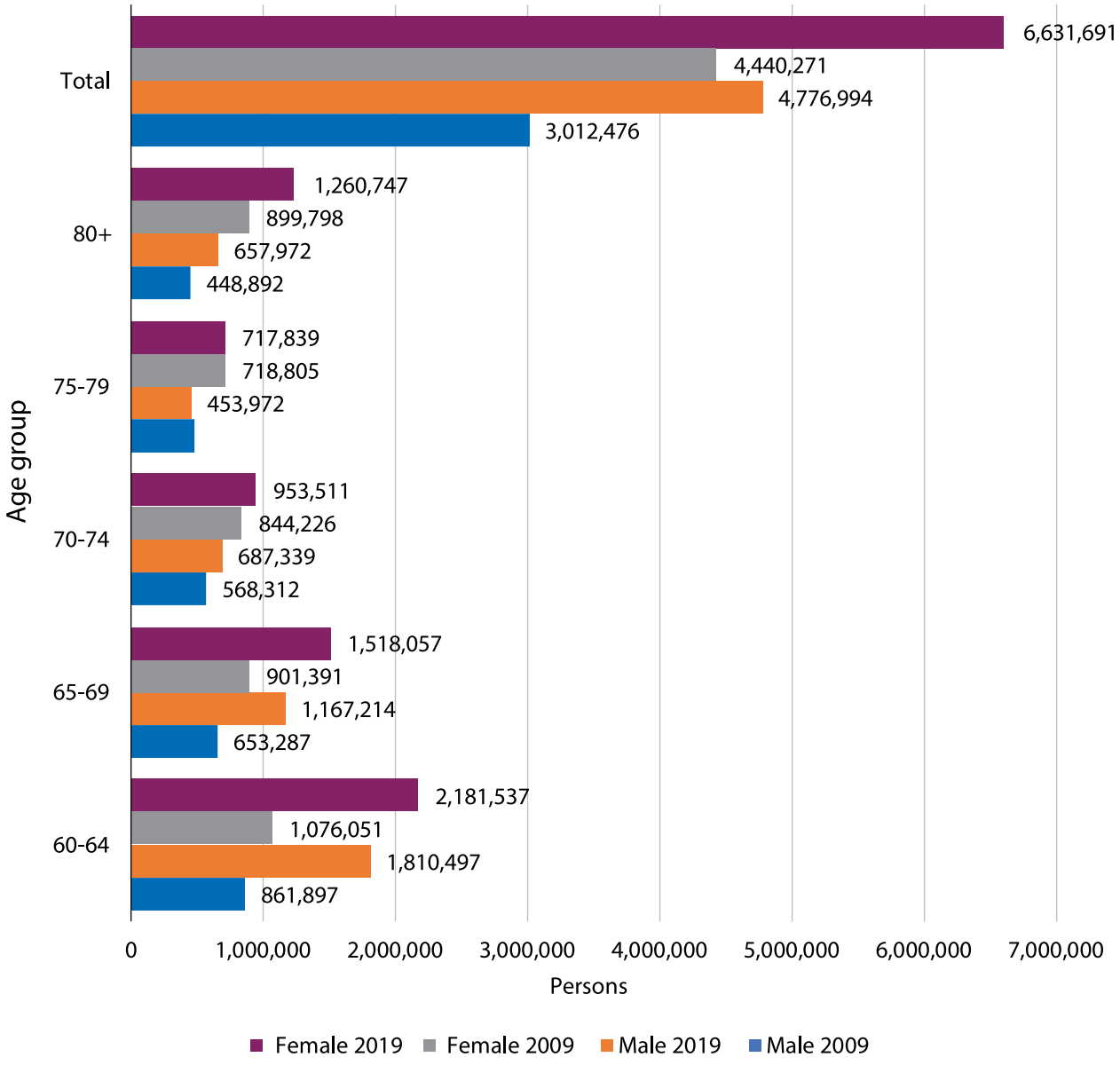
Age group	2009 (persons)	2019 (persons)	Increase/ decrease	Average annual growth rate (%)
60–64	1,937,948	3,992,034	2,054,086	7.49
65–69	1,554,678	2,685,271	1,130,593	5.62
70–74	1,412,538	1,640,850	228,312	1.51
75–79	1,198,893	1,171,811	–27,082	–0.23
80+	1,348,690	1,918,719	570,029	3.59
Total	**7,452,747**	**11,408,685**	**3,955,938**	**4.35**

Source: Author's own calculations, using data from PHCs 2009 and 2019

Figure 3 describes further detailed data on older population by age group and sex in both PHCs. Between the two censuses, older male population increased by 1.76 million, while older female population increased by about 2.19 million. In the same period, male and female population

generally increased by 5.47 million and 4.89 million, respectively. In terms of annual growth rate in the 2009–2019 period, male population grew at 1.22 per cent while male older population grew at 4.72 per cent, and those number for female population and female older population were 1.07 per cent and 4.09 per cent, respectively.

Figure 3. Distribution of older population by age group and sex, 2009 and 2019



Source: Author's own calculations, using data from PHCs 2009 and 2019

Table 2 shows that the increases in both male and female older populations were mainly due to increase in the young-old (in which the 60–64 group had the highest annual growth rate at 7.70 per cent for men and 7.32 per cent for women) and the oldest-old (with the annual growth rate was 3.90 per cent for men and 3.43 per cent for women).

Table 2. Increase/decrease levels of older population by age group and sex

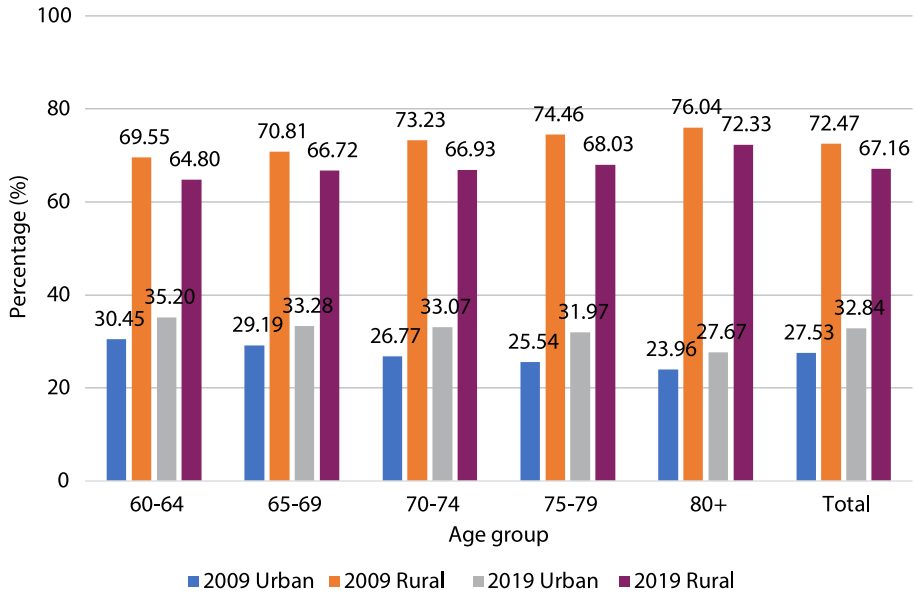
	2009		2019			
	Male	Female	Male	Female	Increase/ decrease for men	Increase/ decrease for women
60-64	861,897	1,076,051	1,810,497	2,181,537	948,600 (7.70)	1,105,486 (7.32)
65-69	653,287	901,391	1,167,214	1,518,057	513,927 (5.98)	616,666 (5.35)
70-74	568,312	844,226	687,339	953,511	119,027 (1.92)	109,285 (1.22)
75-79	480,088	718,805	453,972	717,839	–26,116 (–0.56)	-966 (–0.01)
80+	448,892	899,798	657,972	1,260,747	209,080 (3.90)	360,949 (3.43)
Total	**3,012,476**	**4,440,271**	**4,776,994**	**6,631,691**	**1,764,518 (4.72)**	**2,191,420 (4.09)**

Notes: Level is presented by number of persons. Numbers in parentheses show the annual growth rate (%).
Source: Author's own calculations, using data from PHCs 2009 and 2019

1.2. Distribution of older population

Figure 4 presents distribution of older population in 2009 and 2019 by age group and residential area (urban versus rural). Due to urbanization, the proportion of older persons living in rural areas decreased from 72.47 per cent in 2009 to 67.16 per cent in 2019 (or the proportion of older persons living in urban areas increased from 27.53 to 32.84 per cent). In both censuses, for older men and women, the proportion of living in urban areas was higher for those at younger ages. In other words, the proportion of living in rural areas was higher for those at more advanced ages. This was an important trend for distribution of older population, which needs to be considered in formulating and implementing policies and services for older persons, particularly for the oldest-old who have high needs for care as presented in the following section.

Figure 4. Distribution of older population by sex and residential area, 2009 and 2019

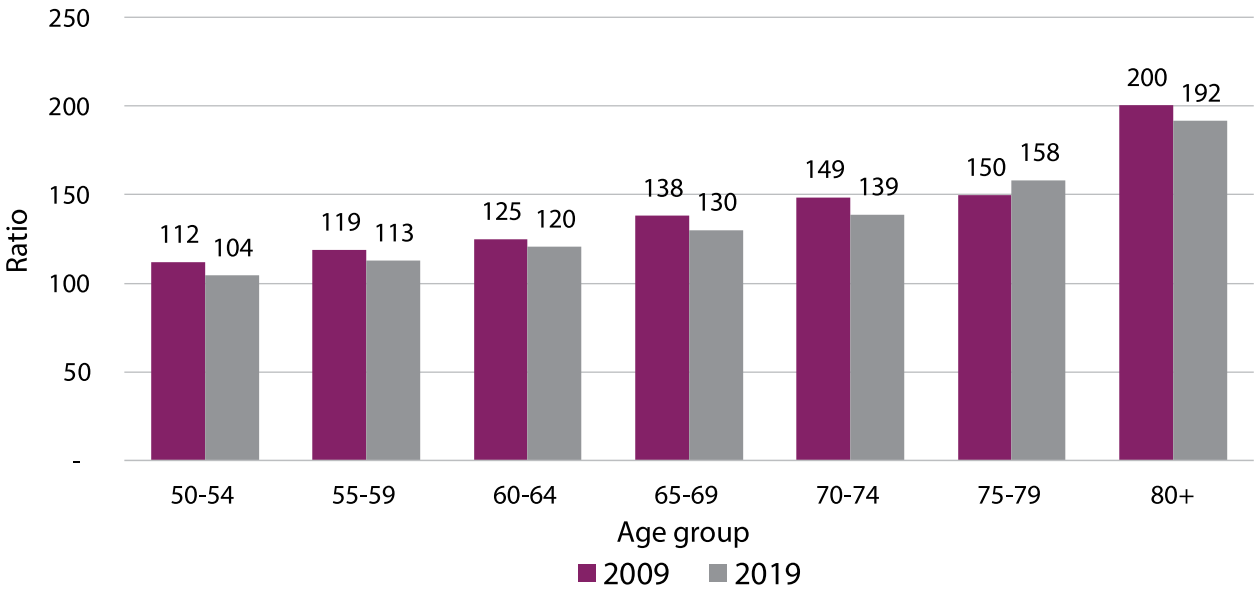


Source: Author's own calculations, using data from PHCs 2009 and 2019

Changes in the population's age structure raise concerns about the sex ratio in the older population, as this indicator is a critical factor in issues such as living arrangements and widowhood, as will be presented below. **Figure 5** shows that the sex ratio (measured by the number of older women to every 100 older men) tended to decrease over time in all age groups. At higher age groups, however, the sex ratio was higher, meaning that there were more older women than older men at more advanced ages. One of reasons for this trend might be due to differences in mortality rates between older men and older women, especially at more advanced ages. Thanks to improved knowledge and awareness of health and more accessible healthcare system, such differences were narrowed between 2009 and 2019: for instance, the ratio was decreased from 200 older women for every 100 older men to 192 older women for every 100 older men in the oldest-old age group.

As will be presented in the next section, feminization of ageing with the oldest-old implies a number of issues in designing and implementing care services.

Figure 5. Sex ratio by age groups among older population, 2009 and 2019



Source: Author's own calculations, using data from PHCs 2009 and 2019

In order to have more detailed information about older persons to be considered in social protection policies and programmes in Viet Nam, **Table 3** shows the proportions of older persons at 60 and over, 65 and over, and 75 and over in six socioeconomic regions and residential areas. Over time, in all regions and areas, these proportions increased.

Across the six socioeconomic regions, in all age thresholds, Red River Delta, and Northern and Central Coast regions had the highest proportions of older population due to the fact that these regions had the highest total populations. Rural areas had higher proportion of older persons at all age thresholds than did urban areas.

Table 3. Proportion of older population by region and residential area, 2009 and 2019

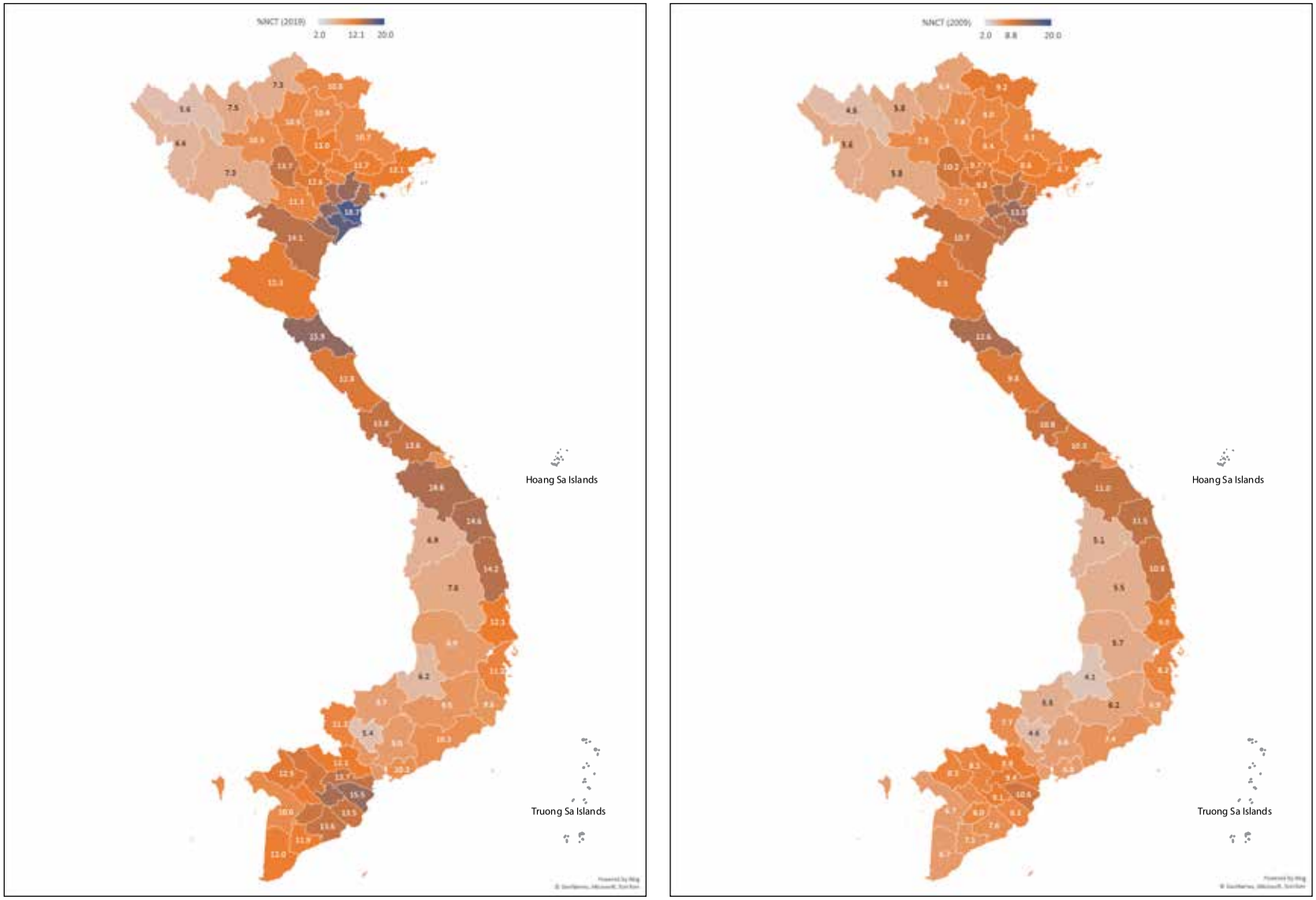
	2009			2019		
	%60+	%65+	%75+	%60+	%65+	%75+
Viet Nam	8.68	6.42	2.97	11.86	7.71	3.21
Socioeconomic regions						
Northern Mountains	7.79	5.71	2.53	10.20	6.57	2.87
Red River Delta	10.73	7.97	3.81	14.21	9.29	3.96
Northern and Central Coast	10.02	7.60	3.73	13.04	8.88	4.01
Central Highlands	5.58	3.96	1.67	8.23	5.13	2.07
Southeast	6.43	4.67	1.95	8.90	5.35	2.04
Mekong River Delta	8.21	6.00	2.68	12.89	8.41	3.15
Residential areas						
Urban	8.06	5.74	2.47	11.31	7.07	2.73
Rural	8.94	6.71	3.18	12.14	8.04	3.46

Source: Author's own calculations, using data from PHCs 2009 and 2019

Figure 6 shows the proportions of older persons in the provincial total population in 2009 and 2019. In all provinces, the proportion of older population increased, but the level of increase was different. Provinces in the Northern Mountains and the Central Highlands had the lowest proportions of older population. The main reason for such a situation was that these provinces had the highest fertility rates (at 2.43 in 2019), the lowest life expectancy at birth (71.1 years and 70.3 years in 2019, respectively) and negative net migration (i.e. outmigration was higher than immigration) (–17.8‰ and –12.1‰, respectively).

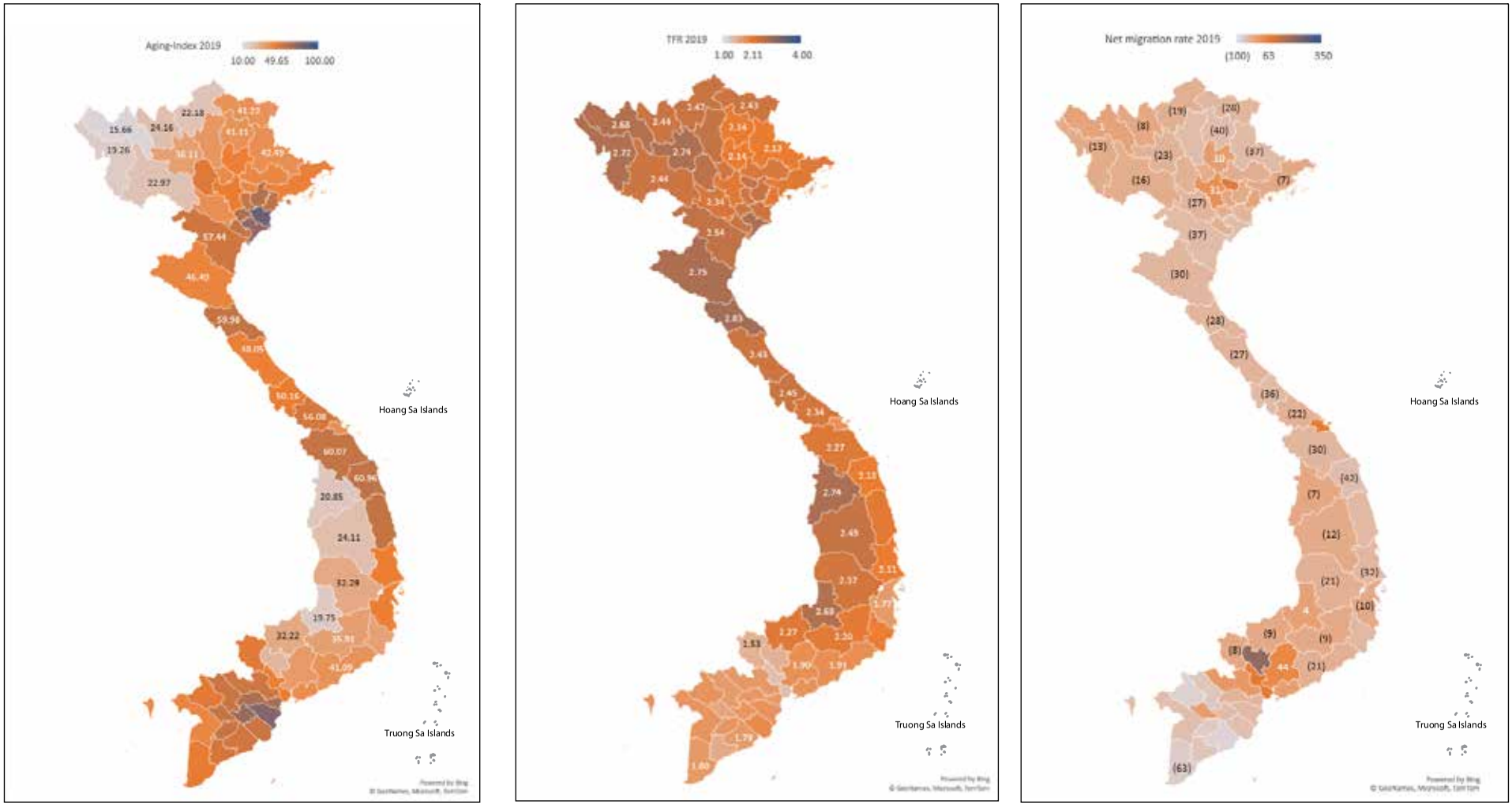
Figure 7 presents provincial ageing index (measured by the number of older persons to every 100 children (aged 0–14) in each province), provincial total fertility rate (TFR) and provincial net migration rate (measured by the difference between immigrants and out-migrants in every 1,000 persons in each province) in 2019. In general, provinces with high TFR and high net migration rate, i.e. immigrants outnumber out-migrants, tend to have low ageing indices (such as provinces in the Northern Mountains and the Central Highlands), while those with TFR at around national average level (2.03) and negative net migration tend to have high ageing indices (such as provinces in the Northern and Central Coast). In order to quantify the relationship with 2019 data, the results from an ordinary least square (OLS) regression in which the ageing index is the dependent variable and TFR and net migration rate are as independent variables showed that all estimated coefficients were negative and statistically significant at 5 per cent significance level, meaning that a higher TFR and a higher net migration rate result in a lower ageing index, and vice versa **(Annex Table 1)**. Such correlations between three indices imply a number of policy issues on population and migration at provincial level.

Figure 6. Proportion of older persons in the total population by province, 2009 and 2019



Source: Author's own calculations, using data from PHCs 2009 and 2019

Figure 7. TFR, net migration rate and ageing index by province, 2019



Note: Number in parenthesis is negative
Source: Author's own calculations, using data from PHCs 2019

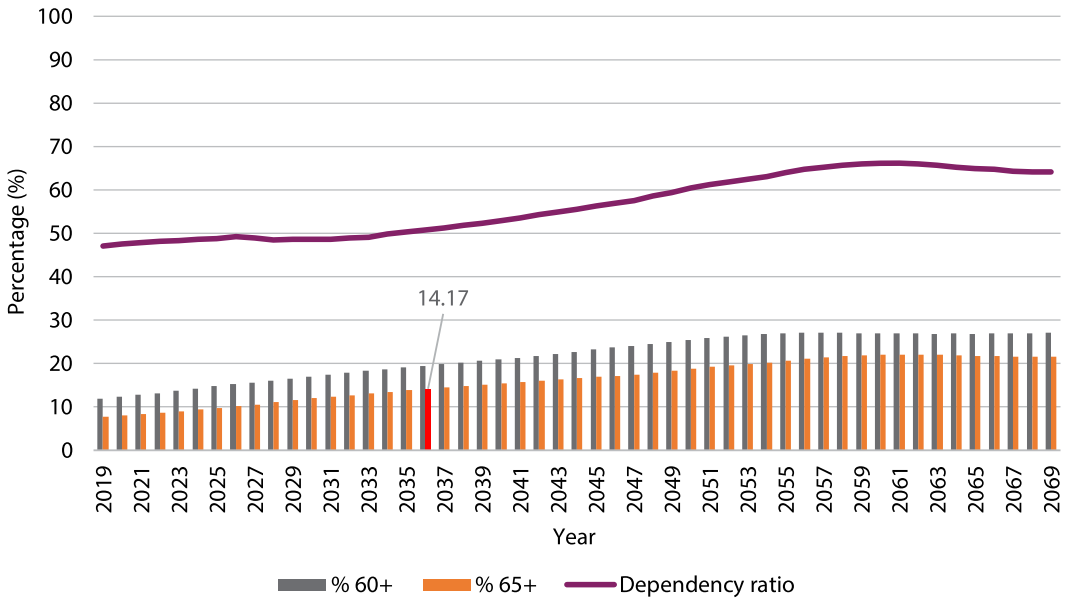
1.3. Projections of older population

Population projections under the assumption of medium fertility rates for the period 2009–2069 (GSO, 2020) show that the older population will reach 17.28 million (16.53 per cent of the total population) in 2029; 22.29 million (20.21 per cent of the total population) in 2038; 28.61 million (24.88 per cent of the total population) in 2049 and 31.69 million (27.11 per cent of the total population) in 2069 **(Annex Table 2)**.

Internationally, older persons are defined as those aged 65 and over. Therefore, in order to have international comparison, it is projected that older population aged 65 and above will reach 12.03 million (11.51 per cent of the total population) in 2029; 15.46 million (14.17 per cent of the total population) in 2036; 21.09 million (18.34 per cent of the total population) in 2049; and 25.16 million (21.52 per cent of the total population) in 2069.

Following international practice (see, for instance, Andrews and Philips 2005), a country will start becoming an aged population country when its population aged 60 and over accounts for 20 per cent of the total population or its population aged 65 and over accounts for 14 per cent of the total population. As such, the Vietnamese population will be an "aged population" (when population aged 65 and over accounts for 14 per cent of the total population) in 2036 with the proportion of older persons at 14.17 per cent of the total population, and the number of older persons aged 65 and over at 15.46 million. Also, for international comparison, the total population is divided into three groups, i.e. child population (aged 0–14); working-age population (aged 15–64); and older population (aged 65 and over). According to the United Nations (2004), countries go through a "demographic window" period when the proportion of children and youth under 15 years falls below 30 per cent and the proportion of people aged 65 years and older is still below 15 per cent. Population projections show that Viet Nam's "demographic window" will end by 2039. Overall, there will be two demographic trends in Viet Nam in the coming decades as presented in **Figure 8**: the population will be "ageing" along with a "demographic window" until 2036, and then it will be "aged" right when the "demographic window" closes. These trends have important implications for preparing for an aged population.

Figure 8. Projections for proportion of older population aged 60+, 65+ and dependency ratio, 2019–2069

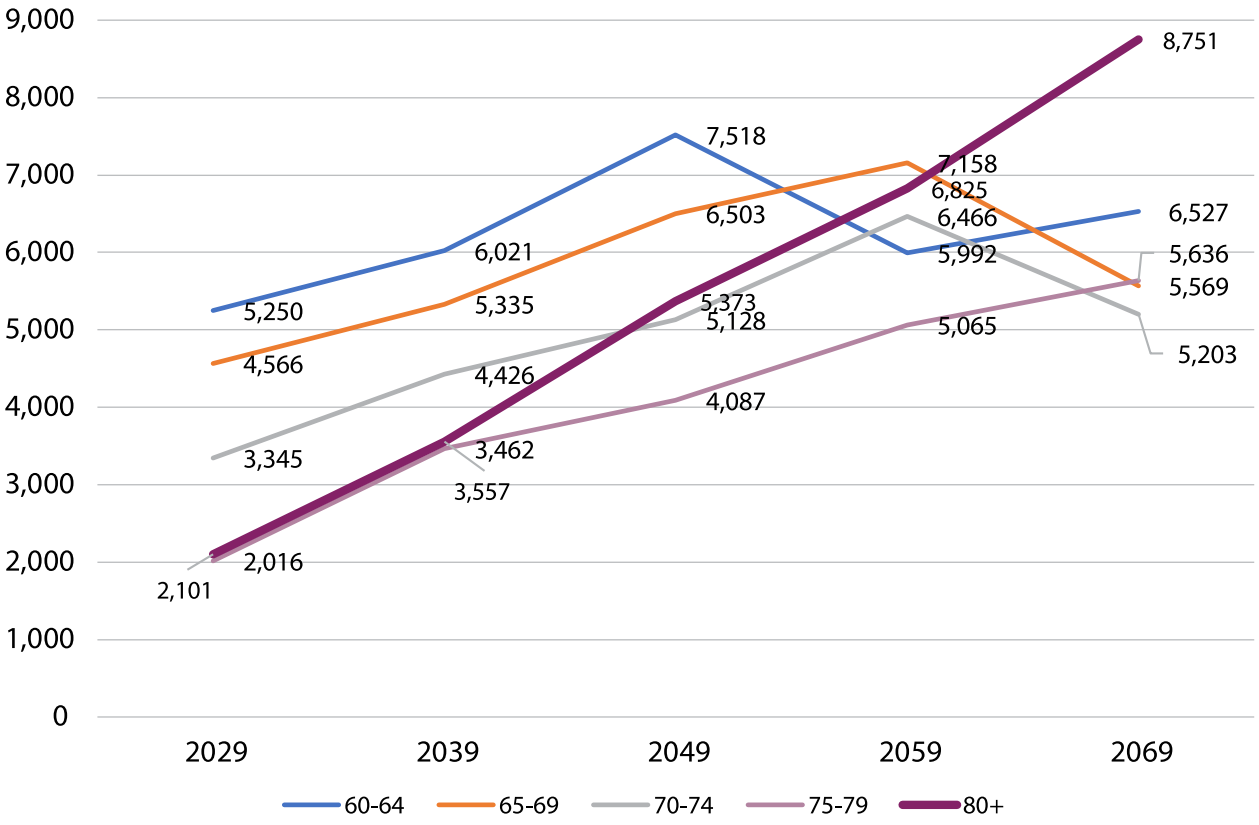


Source: Author's own calculations, using data from GSO (2020)

In terms of age groups, the population projections (under the assumption of medium fertility rates) in **Figure 9** show that older persons at younger ages (aged 60 to 74) will increase and then decrease. In contrast, older populations aged 75–79 and 80 and over will increase continuously. In particular, the oldest-old group will have the highest growth rate and increase level: increasing from 2.1 million in 2029 to 8.75 million in 2069. Such a fact implies a swift increase in care needs of older person in the coming decades.

Figure 9. Projections for older population in Viet Nam under the assumption of medium fertility rates by age group, 2029–2069

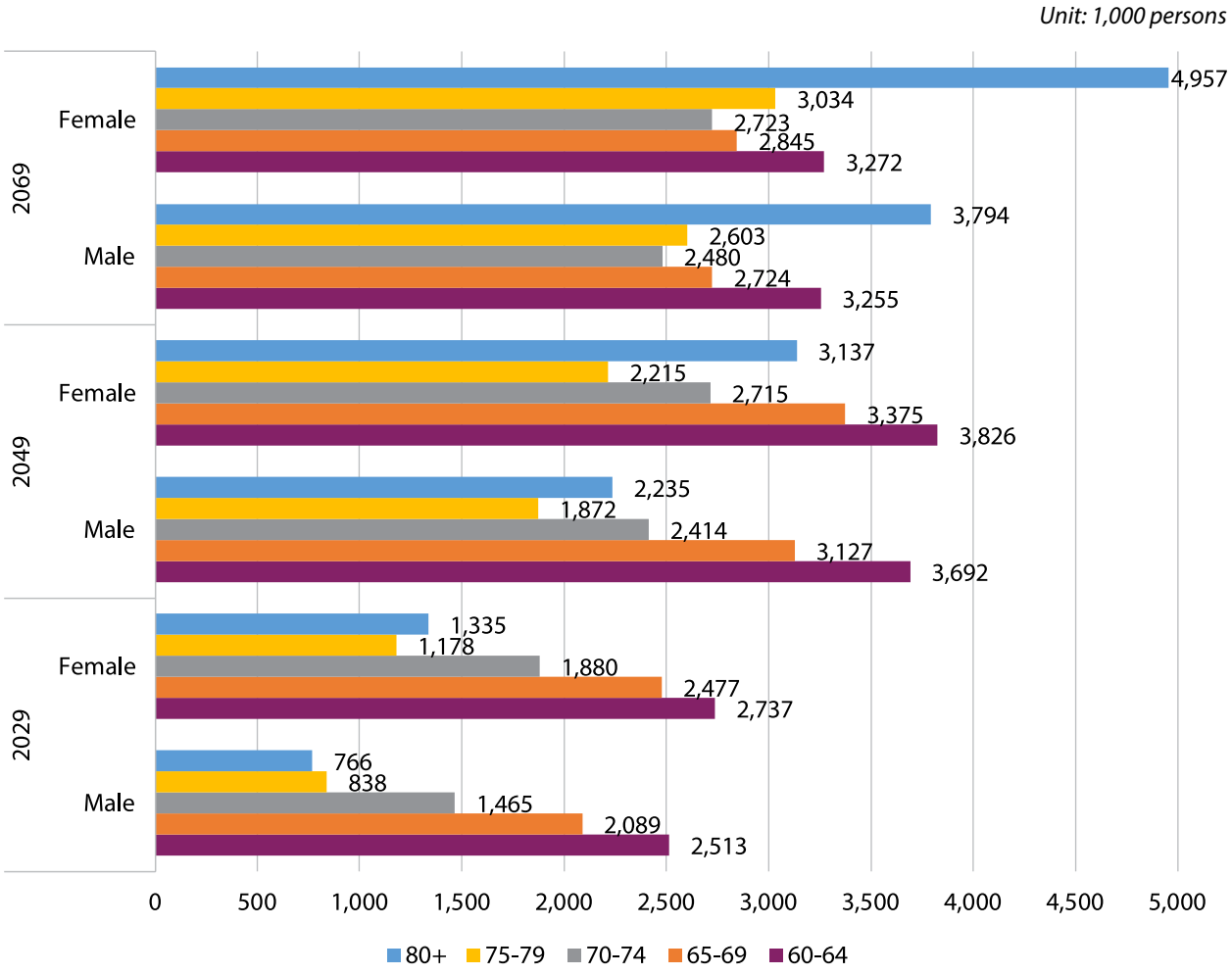
Unit: 1,000 persons



Source: Author's own calculations, using data from GSO (2020)

Disaggregating the projected older population by sex, it is shown that both male and female older populations will have the same increasing trends, i.e. older persons at younger ages (aged 60 to 74) will increase and then decrease. In contrast, older populations aged 75 and over, particularly those at 80 and over, will increase continuously. It is worth noting that, at both 75–79 and 80 and over groups, female older population will increase more quickly than male older population **(Figure 10).**

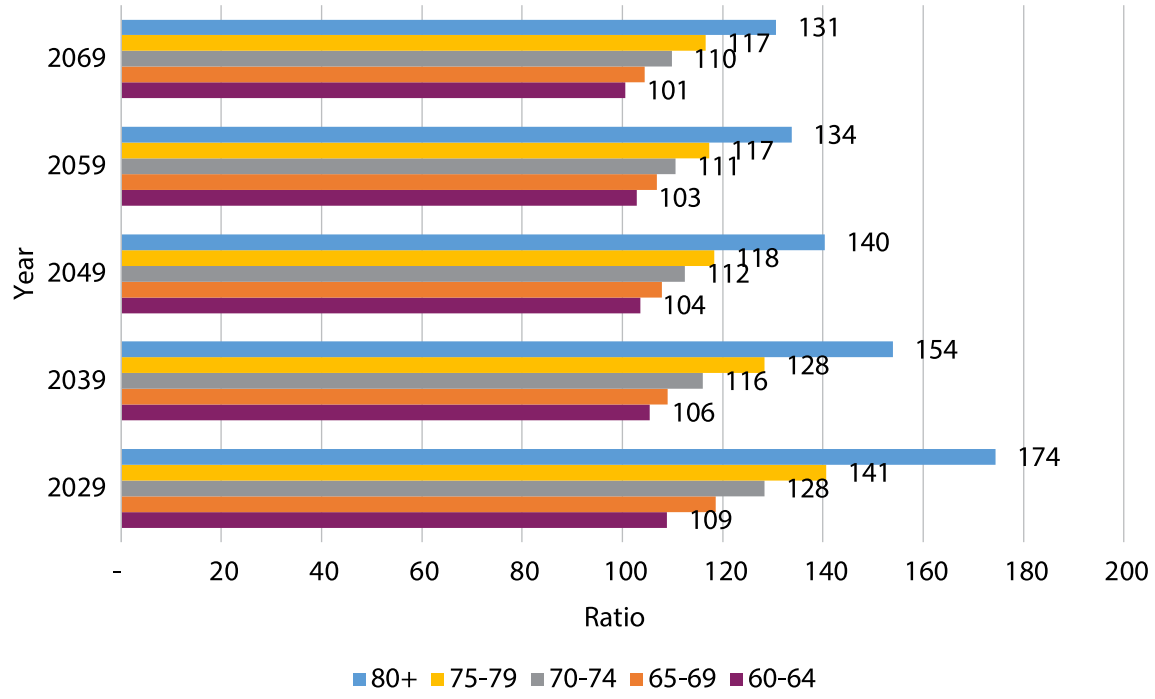
Figure 10. Projected older population by age group and sex, 2029–2069



Source: Author's own calculations, using data from GSO (2020)

With the above-discussed population projections, feminization of ageing will happen, but it will be of less concern than indicated by the PHC figures in 2009 and 2019. Over time, the sex ratio will decrease, particularly for the oldest-old **(Figure 11)**. Such projected sex ratios could be elucidated by the projection assumptions that the sex ratio at birth (SRB), which is measured by the number of newborn boys per every 100 newborn girls) will decrease, while the differences in mortality rates between older men and women will be narrowed down.

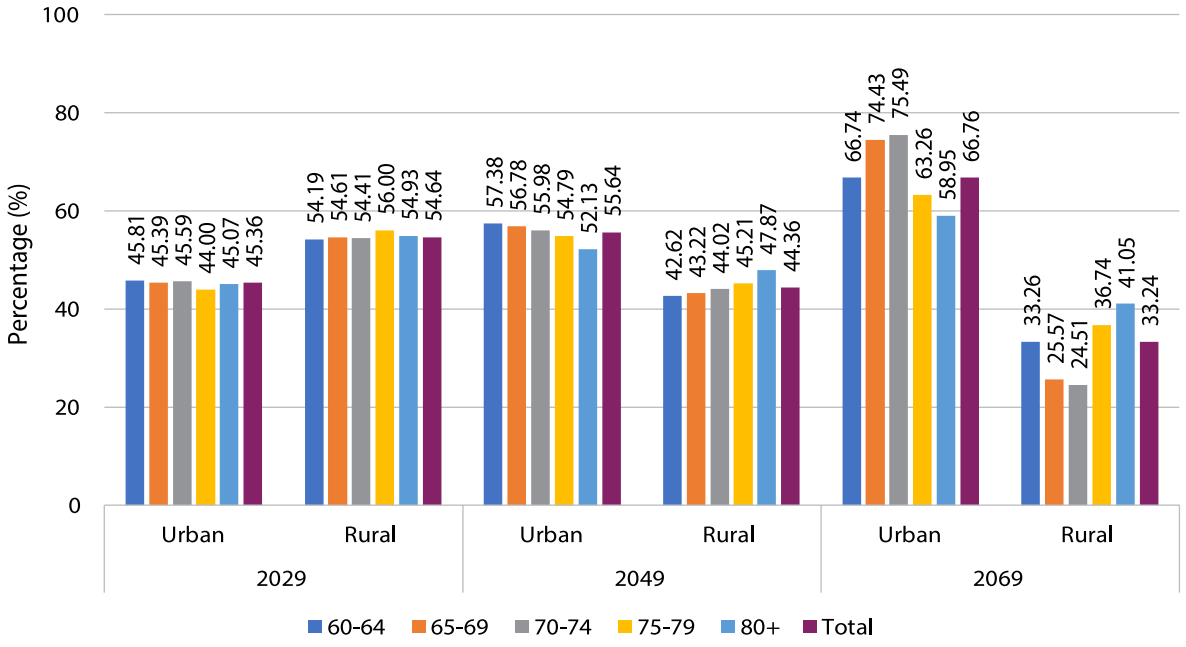
Figure 11. Sex ratio by age groups among older persons, 2029–2069



Source: Author's own calculations, using data from GSO (2020)

In terms of residential areas, **Figure 12** shows that the proportion of older persons living in rural areas will decrease from 45.36 per cent in 2029 to 33.24 per cent in 2069, and the proportion of those living in urban areas will respectively increase from 54.64 per cent in 2029 to 66.76 per cent in 2069. Along with these trends, older persons at all age groups will have lower rates of living in rural areas and higher rates of living in urban areas. Such trends are expected along with a swift urbanization in the coming decades.

Figure 12. Projected distribution of older population by age groups and residential areas, 2029–2069



Source: Author's own calculations, using data from GSO (2020)

A noteworthy point is that in the future, as was found in 2009 and 2019, the proportion of older people living in rural areas will increase at more advanced ages (meaning that the respective proportion of older people living in urban areas will decrease). Moreover, **Table 4** showing sex ratio in terms of age group and residential area implies that, at more advanced ages, the rate of living in rural areas for female older persons will be higher than that for male counterparts. Such trends once again affirm that there should be priorities in planning and providing services, such as long-term care (LTC) for older persons living in rural areas, particularly for the oldest-old and older women.

Table 4. Sex ratio by age group and residential area, 2029–2069

Age groups	2029		2049		2069	
	Urban	Rural	Urban	Rural	Urban	Rural
60-64	87	96	89	108	92	116
65-69	82	86	87	101	87	126
70-74	77	79	84	96	82	124
75-79	68	74	79	92	79	100
80+	56	59	67	76	71	85

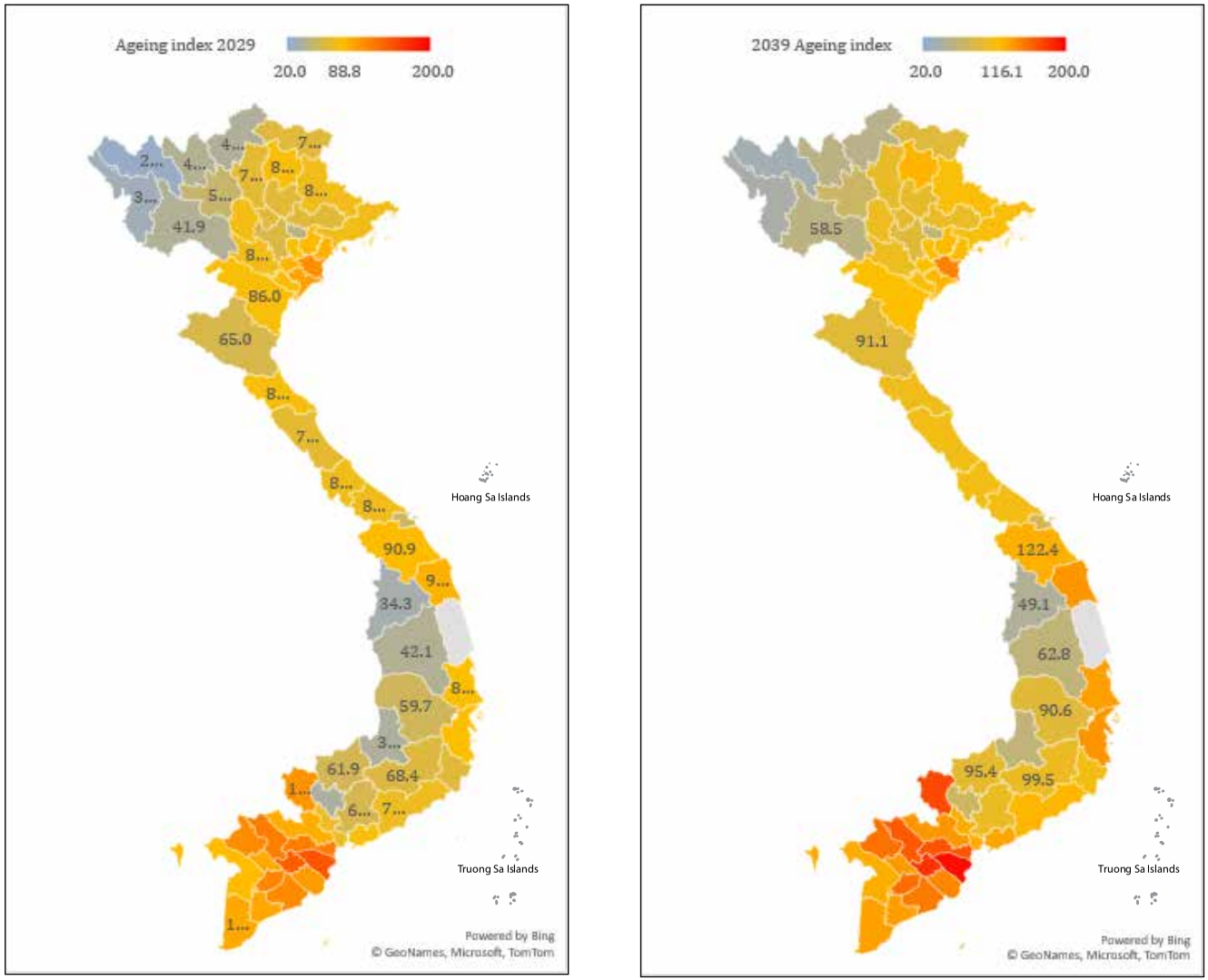
Note: Sex ratio being less than 100 shows male older population is smaller than female counterpart, and vice versa.
Source: Author's own calculations, using data from GSO (2020)

In 2029, 2049 and 2069, the ageing index will be 78.0, 131.3 and 154.5, respectively. The projected ageing index for each year shows that it will be about 100 in 2036 and then will increase quickly in the following years. In other words, from 2036 until the end of the projection period, the older population (aged 60 and over) will be higher than the child population (aged 0–14). At provincial level, in 2029, there will be 14 provinces with ageing indices to be higher than 100 (meaning that they will have more older population than child population). In 2039, there will be 41 such provinces.

Figure 13 shows the projected ageing indices in 2029 and 2039 by province.[2] In general, at the same range of [20,200], the median value for ageing index will increase from 88.8 in 2029 to 116.1 in 2039. This means that ageing will be fast in provinces during the 2029–2039 period. Comparing the results in 2019 (in **Figure 7**), the ageing index will increase swiftly in all provinces in every 10 years.

2. *Since the population projections by GSO (2020) for provinces were only until 2045 so we used only 2029 and 2039 to make provincial analyses consistent in terms of time frame.*

Figure 13. Ageing index by province, 2029 and 2039



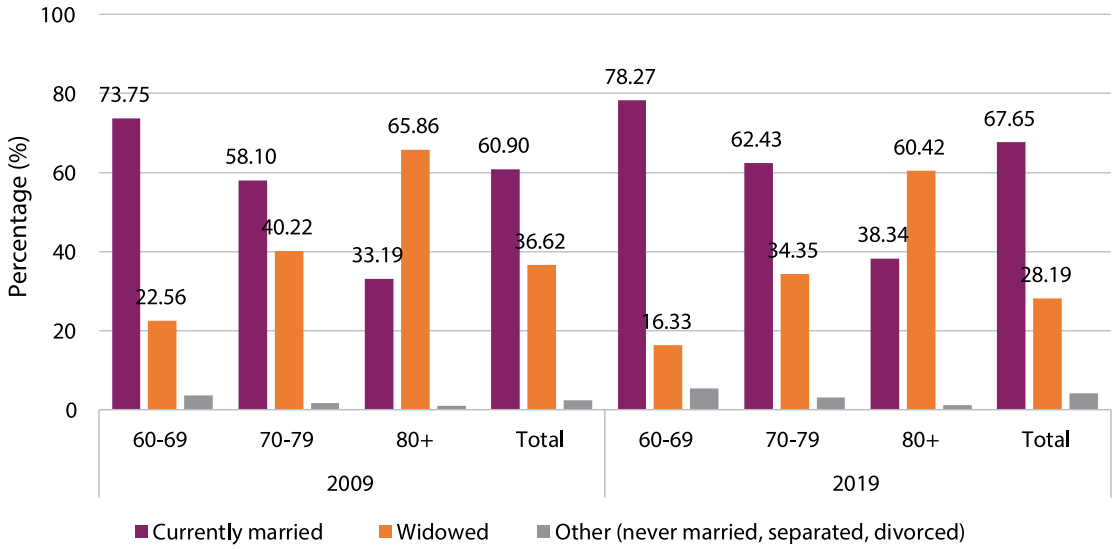
Source: Author's own calculations, using data from GSO (2020)

2. SOCIOECONOMIC CHARACTERISTICS OF OLDER PERSONS

2.1. Marital status

Figure 14 presents the marital status of older persons by age group. In general, the majority of older persons were married or widowed, while the proportion of other marital statuses (single, separated and divorced) was small. Over time, the proportion of currently married older persons increased (from 60.90 per cent to about 67.65 per cent) while that of the widowed decreased (from 36.62 to 28.19 per cent). Between the two censuses, the rate of widowhood reduced in all age groups, but age-based difference was significant, in which the rate of widowhood for the oldest-old was about three to four times of that for the young-old.

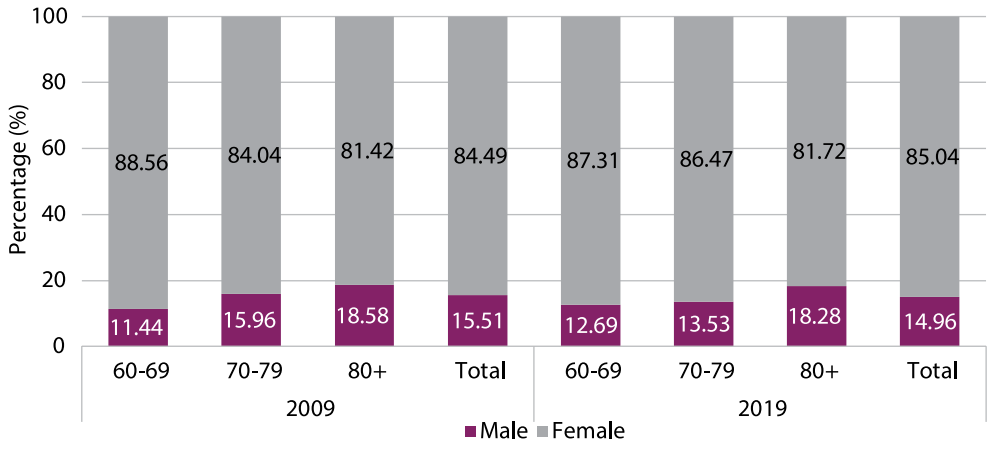
Figure 14. Marital status of older persons by age group, 2009 and 2019



Source: Author's own calculations, using data from PHCs 2009 and 2019

Among the widowed older persons, **Figure 15** shows that older women accounted for about 80 per cent in all age groups. As discussed in various studies (see, for instance, Terrewichichainan et al., 2015; Giang et al., 2020), living alone due to widowhood might result in physical and mental health consequences, which in turn negatively affect quality of life. Such a situation should be considered carefully in designing and implementing care services for older persons.

Figure 15. Percentage of widowed older persons by sex and age group, 2009 and 2019



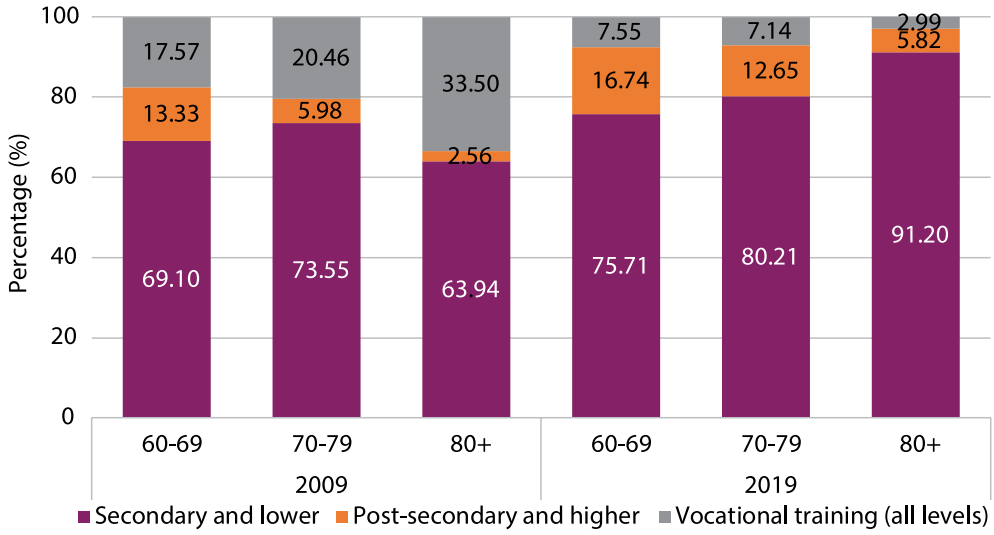
Source: Author's own calculations, using data from PHCs 2009 and 2019

2.2. Education

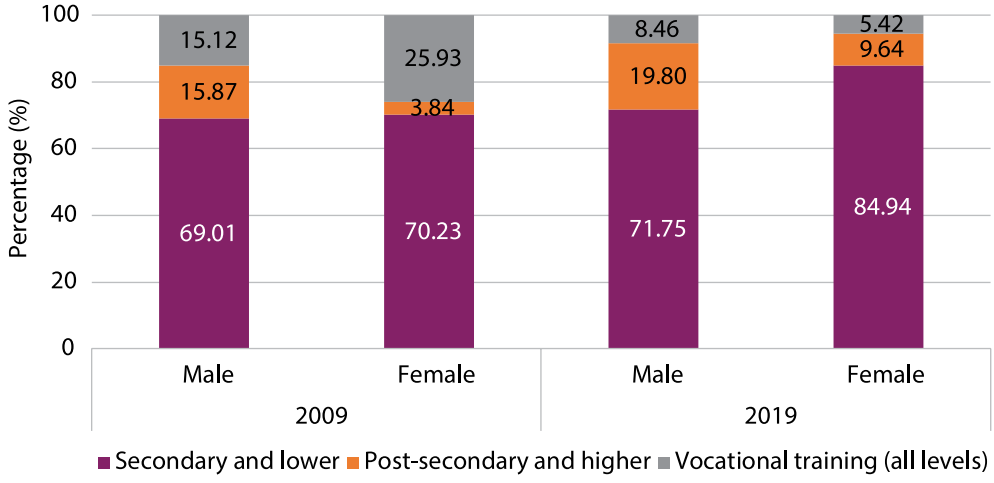
In terms of the highest educational level that an older person attained, **Figure 16** shows the percentage of older persons with educational levels by age group, gender and residential area. In general, educational levels of older persons improved over time: the percentage of older persons having attained upper-secondary and above levels was higher, and the percentage of older persons having attained secondary and lower levels was lower, in the 2019 PHC than in the 2009 PHC. In both censuses, however, the highest educational level varied significantly in terms of age group, gender and residential area: more advanced age persons, women and rural persons had lower educational levels than their younger, male and urban counterparts. Previous studies (such as Giang et al., 2020; Vu et al., 2020) showed that education was statistically significantly related with physical health, cognitive functions, mobility and mental health of older persons, and thus there should be considerations in LTC and life-long learning programmes for older persons. In addition, under an expected rapidly ageing population, older persons with better health and knowledge will be an important resource for development. As such, ageing-adaptive policies should focus on promoting the roles of older persons in socioeconomic development in general, and in their communities and families in particular.

Figure 16. The highest educational level attainment by older persons, 2009 and 2019

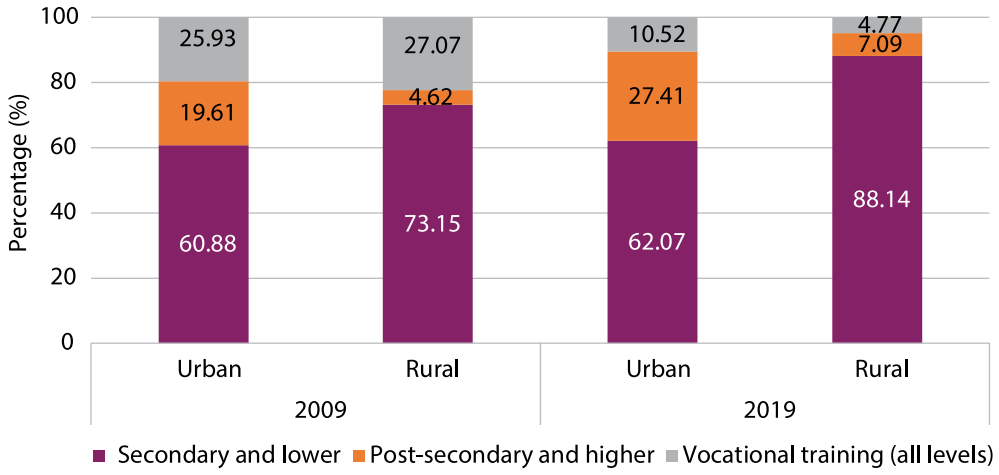
By age group



By gender



By residential area

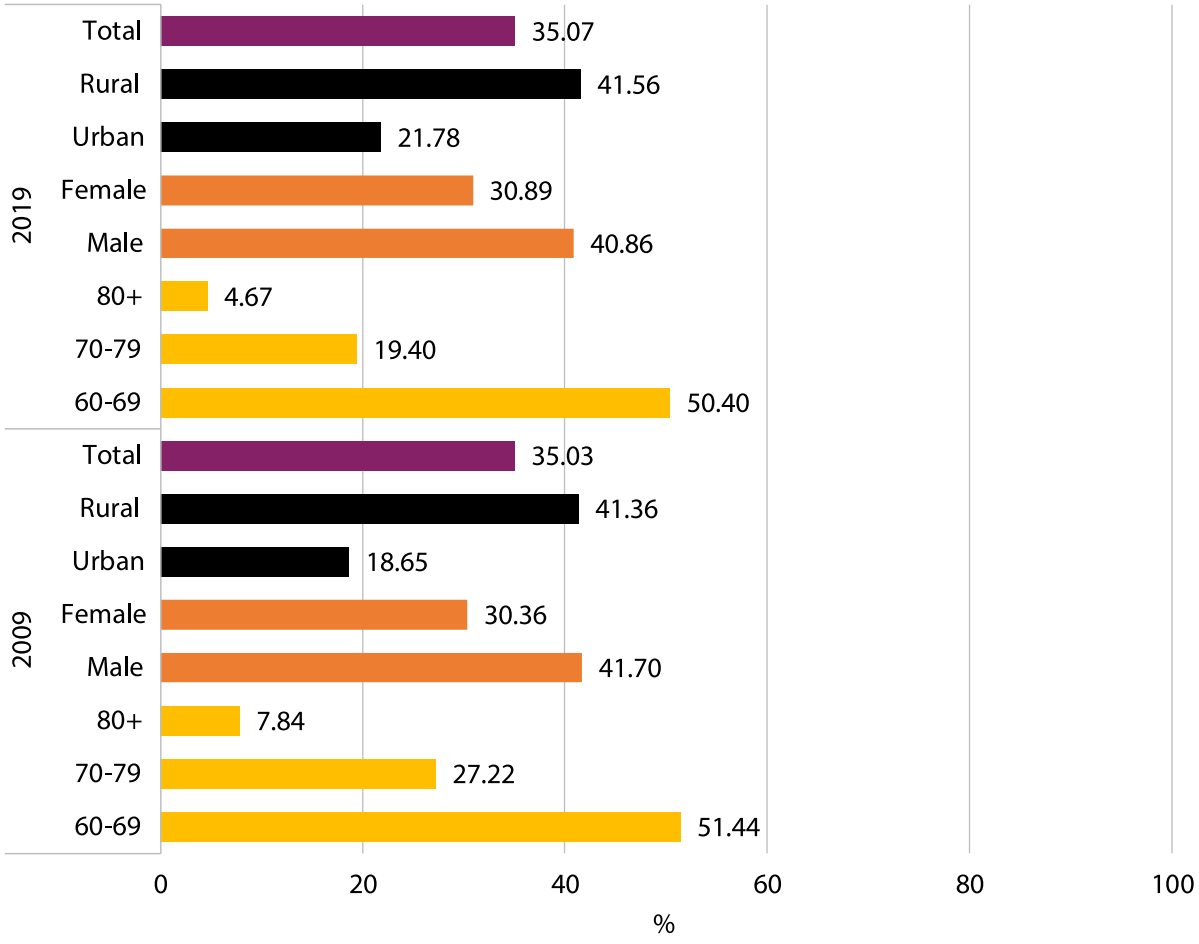


Source: Author's own calculations, using data from PHCs 2009 and 2019

2.3. Working status

Figure 17 presents the percentage of older persons who were working. A working older person was the one who reported to do any job for at least one hour in the past week in order to make income for his/herself or his/her family.

Figure 17. Percentage of older persons who were working, 2009 and 2019

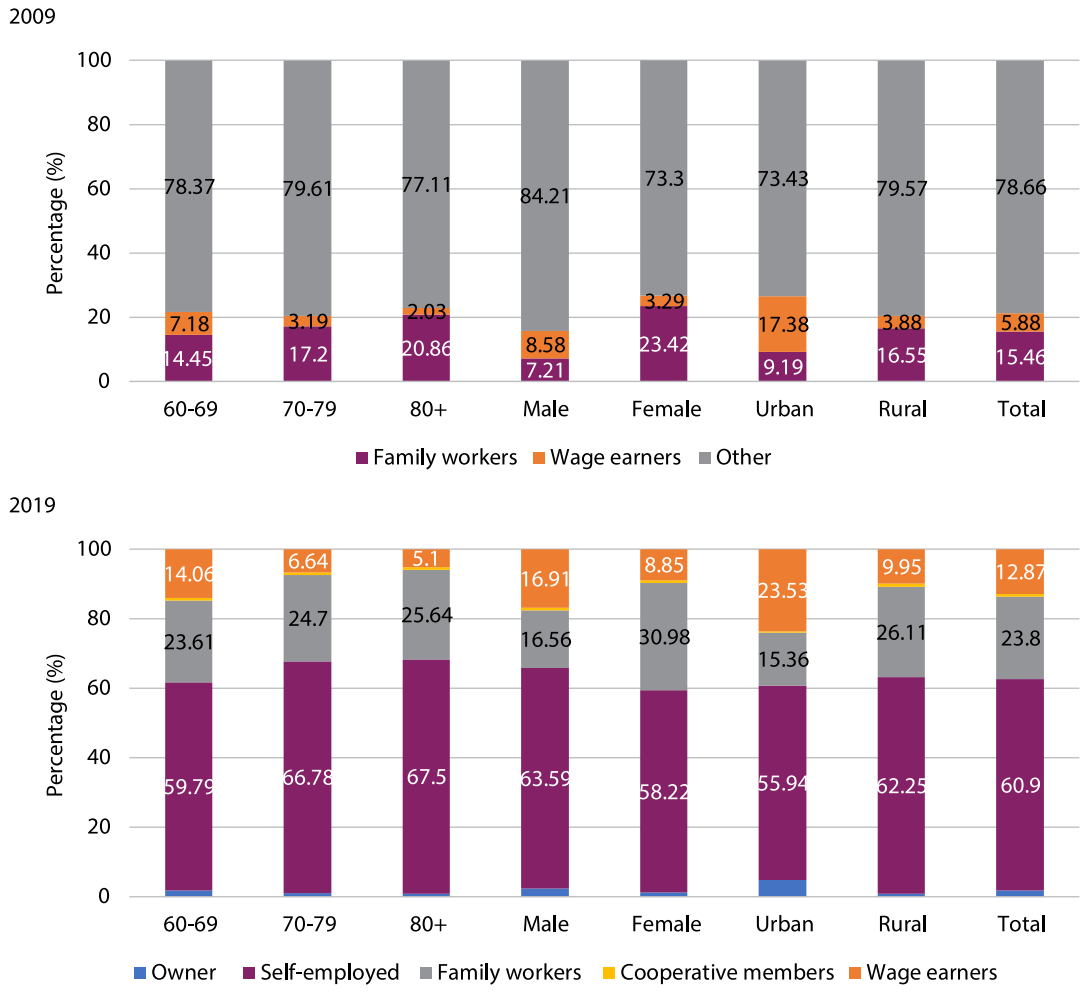


Source: Author's own calculations, using data from PHCs 2009 and 2019

In both censuses, about 35 per cent of older persons were still working and there were similar trends in working status in terms of age group, gender and residential area. Over the two censuses, however, there were still significant differences among older persons within each group: more advanced age persons had lower rate of working; older women had lower rate of working than older men; and urban persons had lower rate of working that rural persons. These differences could be explained by various reasons, such as more advanced age persons usually have worse physical health so that they had lower working rate (see, for example, Giang Thanh Long & Phạm Ngọc Toàn 2015; Giang & Le 2018).

The majority of older persons were self-employed or unpaid family workers,[3] while the proportion of older persons working as wage earners was small **(Figure 18)**.

Figure 18. Job positions of older persons, 2009 and 2019



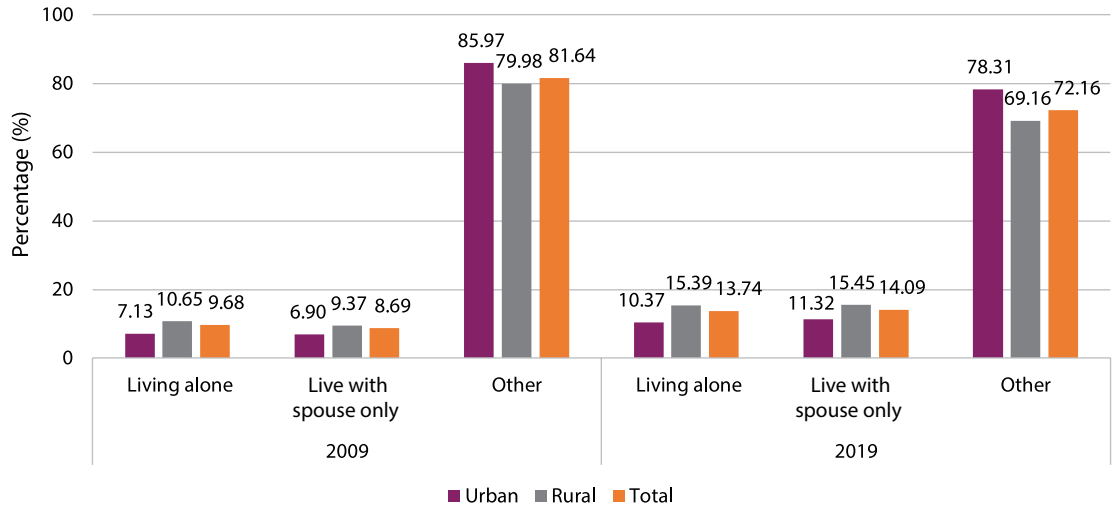
As wage earners, there were also differences between older persons: more advanced age, female and rural older persons had lower rates of working than their younger, male and urban counterparts. Vulnerable workers, as defined by the International Labour Organization (ILO, 2018), include self-employed and family workers. This means that the majority of the Vietnamese working older persons were vulnerable workers, in which more advanced age, female and rural older persons had higher rates of working than their younger, male and urban counterparts. This is an important indicator for income security in particular and social protection in general for older persons.

3. *Contributing family workers are those workers who hold "self-employment jobs" as own-account workers in a market oriented establishment operated by a related person living in the same household (ILO Key Indicators of the Labour Market 2015).*

2.4. Living arrangements

Living arrangements are important for health and security of older persons. **Figure 19** presents the results from two censuses. The proportion of older persons living alone increased over time (from 9.68 per cent in 2009 to 13.74 per cent in 2019) and in both residential areas. The proportion of older persons living with a spouse only also increased (from 8.69 per cent in 2009 to 14.09 per cent in 2019) and in both residential areas, particularly in rural areas. There are various reasons for such changes in living arrangements of older persons, such as older persons being more economically independent from their children (Giang and Pfau, 2009; VNCA and GIZ, 2014); smaller household size and children more independent from their older parents (Knodel and Nguyen, 2015; Terrewichichainan et al., 2015); or migration (VNCA & UNFPA 2019; Nguyen and Tran 2019).

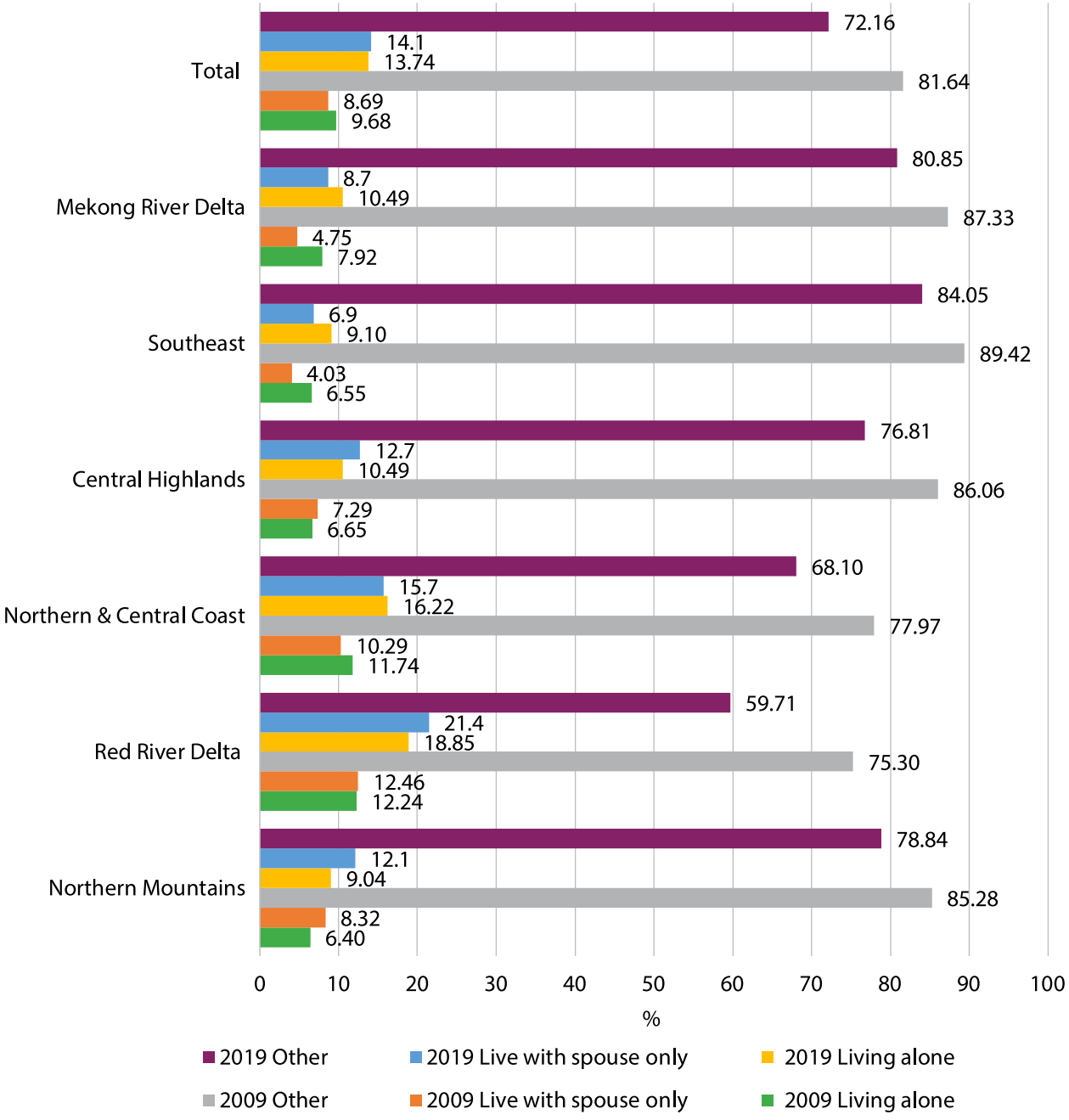
Figure 19. Living arrangements of older persons by residential area, 2009 and 2019



Source: Author's own calculations, using data from PHCs 2009 and 2019

Figure 20 describes regional differences in living arrangements of older persons. Because the proportion of "living with other" accounted for the majority, the analyses for this figure only focus on the other categories where older persons could be care-receivers and/or care-givers. In general, living arrangements of older persons in all regions were quite similar, in which proportions of those living alone or living with spouse only increased over time. In particular, the Red River Delta had the highest proportions of older persons living alone or with spouse only, partly due to the fact that this region had the highest number and proportion of older persons in Viet Nam. The Northern and Central Coast and the Central Highlands had the highest increases in the rate of older persons living alone over the two censuses, which could be explained by the impact of outmigration.

Figure 20. Living arrangements of older persons by region



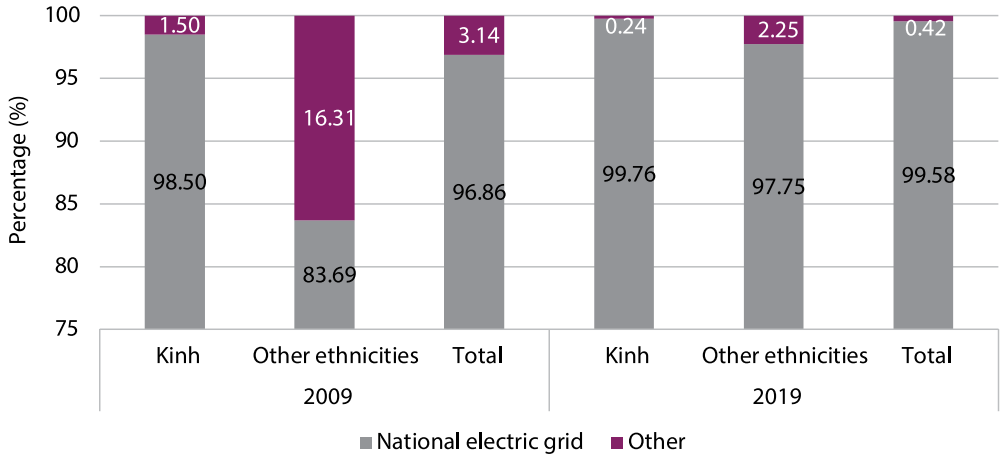
Source: Author's own calculations, using data from PHCs 2009 and 2019

2.5. Living conditions

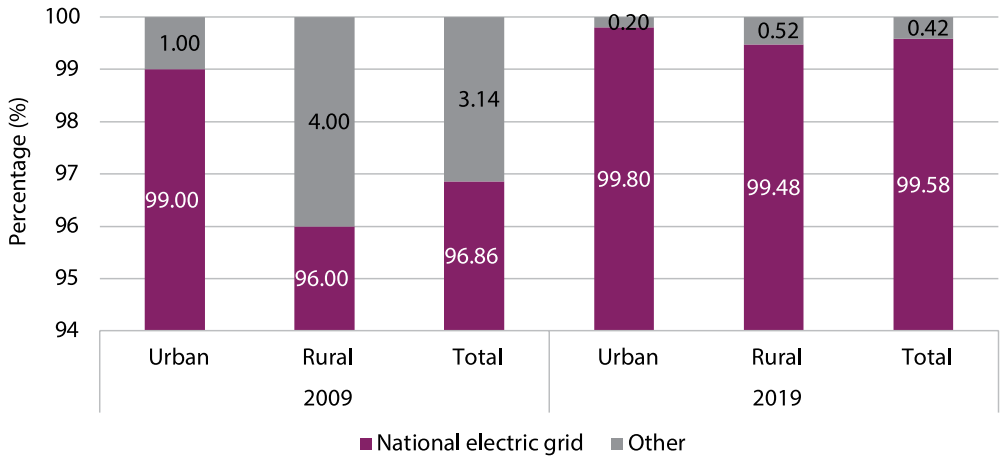
Living conditions of households with older persons (i.e. households with at least one older person) improved over time. **Figure 21** shows the lighting sources for elderly households. There were significant differences between households headed by Kinh and ethnic minority persons and between those located in urban and rural areas, in terms of using national electricity grids in 2009. Such differences, however, narrowed significantly in 2019. For example, in 2009, about 84 per cent of households headed by ethnic minority persons used national electricity grids, compared with nearly 99 per cent of those headed by Kinh persons; in 2019, the rates were 97.75 per cent and 99.76 per cent, respectively.

Figure 21. Lighting sources for households with older persons, 2009 and 2019

By ethnicity



By residential area

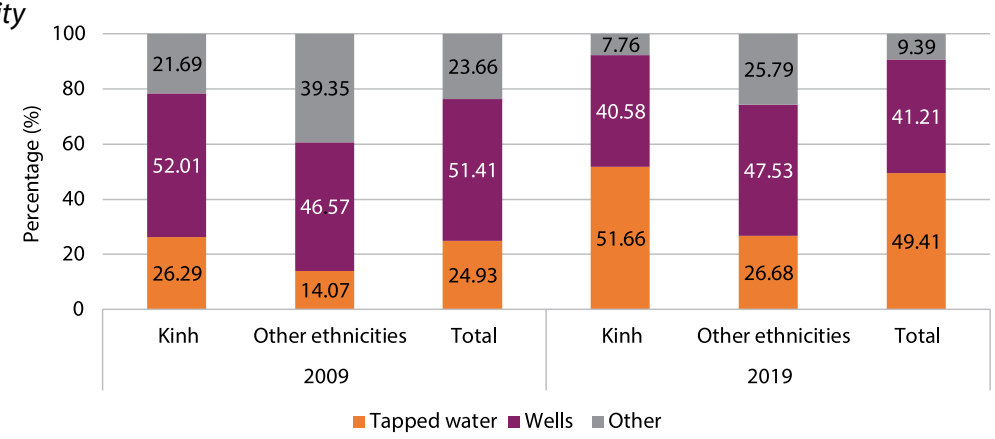


Source: Author's own calculations, using data from PHCs 2009 and 2019

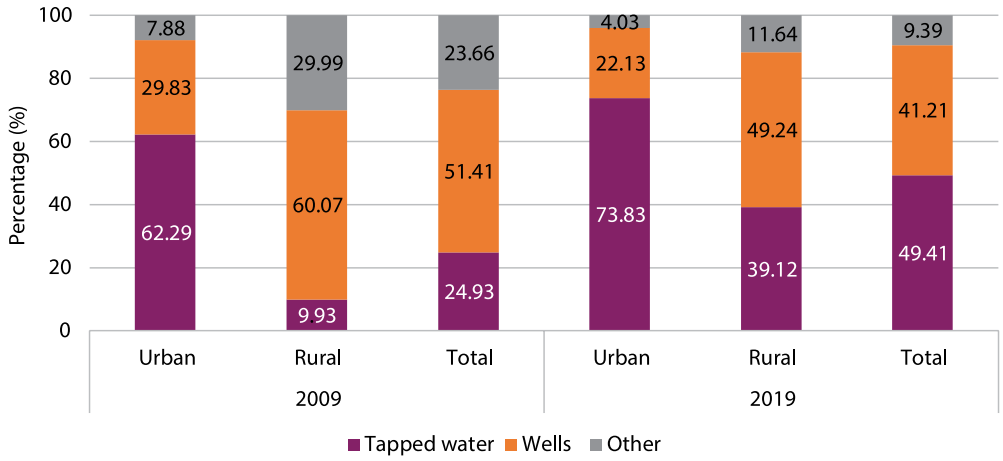
Figure 22 shows the drinking water sources for households with older persons in 2009 and 2019. The proportion of households using clean water (tap water) increased significantly, from 24.93 per cent in 2009 to 49.41 per cent in 2019. At the same time, the proportion of households using other water sources (such as drilled wells) decreased. Over time, however, there were still significant differences of households headed by Kinh persons and ethnic minority persons compared with those located in urban and rural areas.

Figure 22. Sources of drinking water, 2009 and 2019

By ethnicity



By residential area

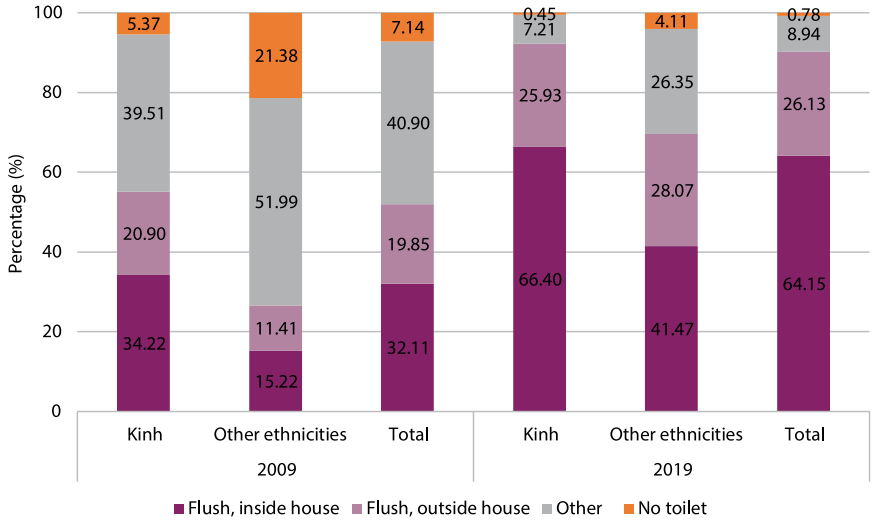


Source: Author's own calculations, using data from PHCs 2009 and 2019

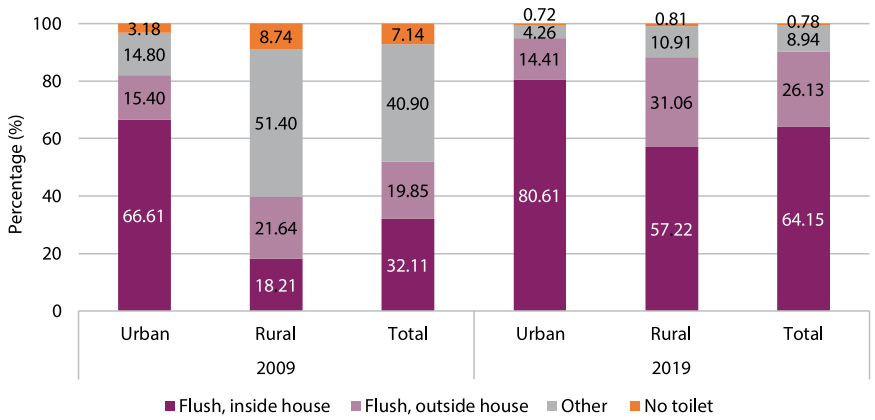
In regard to toilets in households with older persons, **Figure 23** shows a significant improvement, particularly those headed by ethnic minority persons or located in rural areas. However, among these households, some did not have any toilets.

Figure 23. Types of toilets in households with older persons, 2009 and 2019

By ethnicity



By residential area



Source: Author's own calculations, using data from PHCs 2009 and 2019

Table 5 presents the list of assets in households with older persons in 2019. In general, there were no differences between households for popular assets like TVs or motorbikes. However, for the valuable and modern assets such as personal computers, air conditioners and refrigerators, households headed by Kinh persons or located in urban areas had much higher rates of having such assets than those headed by ethnic minority persons, or located in rural areas, respectively.

Table 5. Assets in households with older persons, 2019

Unit: %

	Kinh	Other ethnicities	Urban	Rural	Total
TV	93.0	87.6	91.5	92.9	92.5
Radio	16.1	9.0	15.7	15.3	15.4
Table phone	91.4	88.9	92.6	90.6	91.2
PC	29.8	16.8	42.4	22.8	28.6
Washing machine	56.0	29.8	61.5	50.3	53.6
Refrigerator	83.7	65.7	83.6	81.5	82.1
Air conditioners	34.0	11.8	41.3	28.1	32.0
Motorbikes	86.7	88.2	90.0	85.5	86.9
Electric water heater	45.1	23.0	46.1	41.8	43.1
Bicycles	58.7	36.8	45.2	61.6	56.7
Boats	2.2	3.4	1.7	2.5	2.3
Cars	5.8	3.8	7.9	4.7	5.6

Source: Author's own calculations, using data from PHCs 2009 and 2019

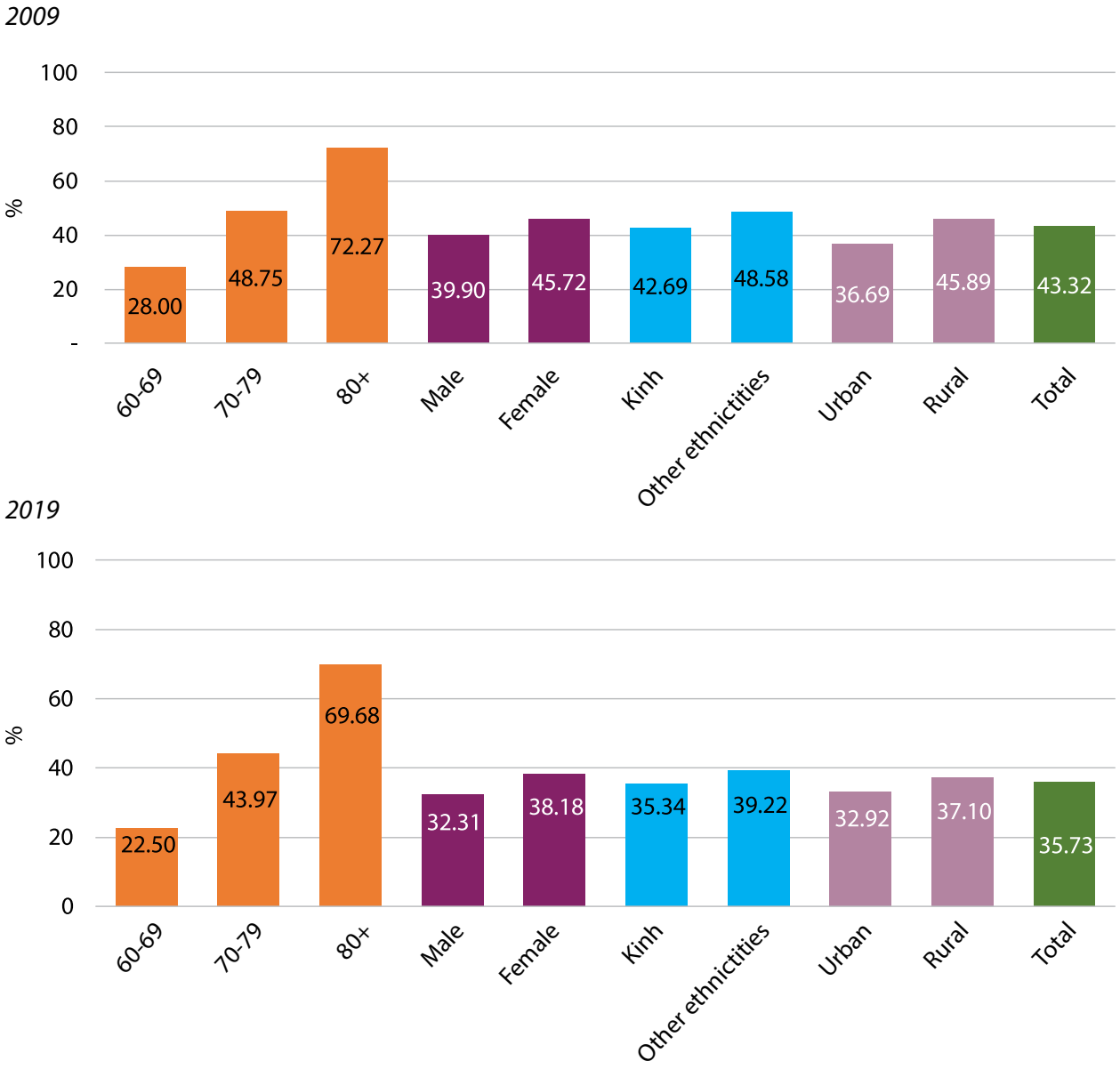
3. HEALTH STATUS OF OLDER PERSONS

Data from the PHC 2019 shows that the proportion of older persons who had at least one difficulty in performing a function was 35.73 per cent while that of children aged 6–15 years old was 2.24 per cent and adults aged 16–59 years old was 4.39 per cent.[4] The much higher prevalence of older persons with functional difficulty in comparison with other age groups indicates the need to pay more attention to addressing functional disabilities in older people.

Figure 24 presents the proportion of older persons who had at least one difficulty in performing a function in the past two censuses. In each type of disability or function, an older person was asked about his/her difficulty in performance with one of four answers ("no difficulty"; "a bit difficult"; "very difficult"; and "cannot perform"). An older person was considered having difficulty with at least a disability or function if he/she did not choose "no difficulty" for any disability or function. It should be also noted that the two censuses had different questions on functional performances for older persons. Despite this difference, it is clear that the levels of difficulty were significantly different in terms of age group (higher ages, higher rate of difficulty), gender (women had higher rate of difficulty than men), ethnicity (ethnic minority older persons had higher rate of difficulty than their Kinh counterparts), and residential area (rural older persons had higher rate of difficulty than their urban counterparts).

4. *Calculating functional difficulties in children aged 0–5 requires different set of questions and methodology thus could not be calculated in this report.*

Figure 24. Proportion of older persons having at least some level of difficulty in functional performance, 2009 and 2019

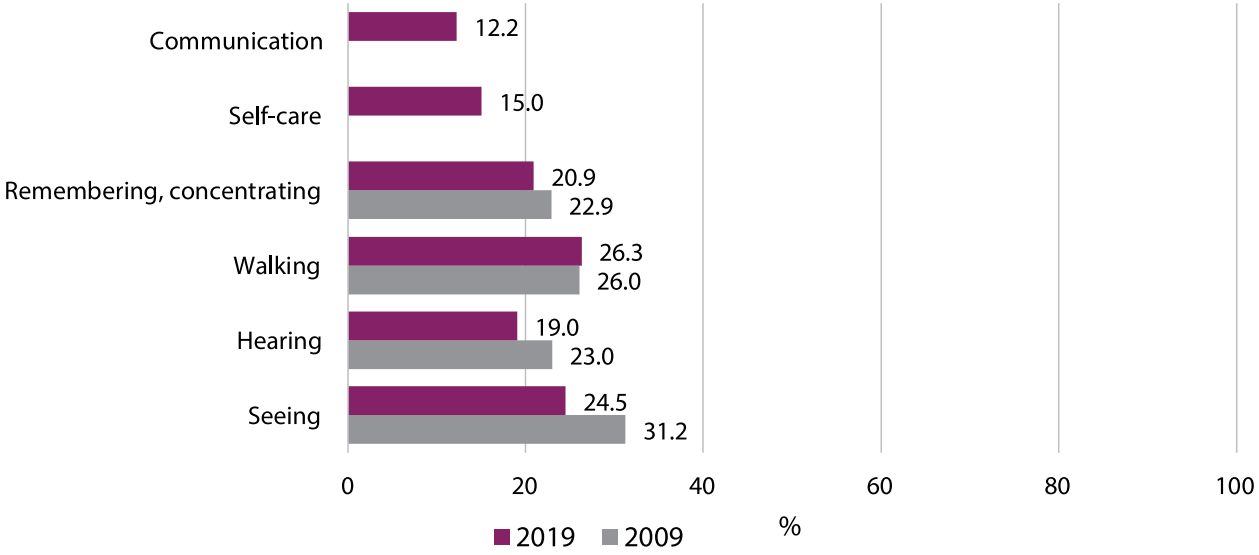


Notes: In PHC 2009, questions were about levels of difficulty in seeing, hearing, walking and remembering/concentrating. In PHC 2019, questions were about levels of difficulty in seeing, hearing, walking, remembering/concentrating, self-care and communication with other persons.

Source: Author's own calculations, using data from PHCs 2009 and 2019

Related to LTC for older persons, **Figure 25** shows the levels of difficulty for other persons to perform each function. Since an older person might have difficulty with more than one disability or function, the proportion of older persons having difficulty in each disability or function might be lower than the proportion of having difficulty with at least a disability or function as presented in Figure 24. Also, due to different questions in two censuses, it should be noted that the interpretation of results might be different. In general, however, disabilities in hearing and seeing were the most common among older persons in both censuses. About 15 per cent of older persons had difficulty in self-care and would require LTC.

Figure 25. Proportion of older persons having difficulties in different functions, 2009 and 2019



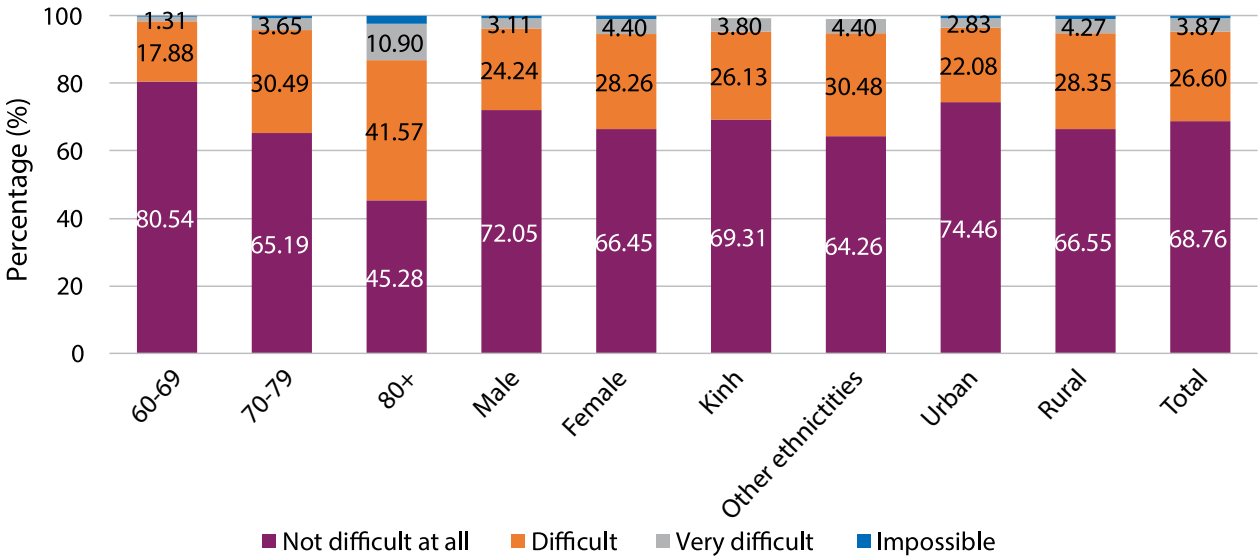
Notes: The PHC 2019 added questions on self-care and communication with other persons. In addition, there were also differences in the meaning of questions, for instance: 2009 – "had any difficulty in walking?" but 2019 – "had any difficulty in walking or climbing a staircase?"; 2009 – "any difficulty in hearing?", but 2019 – "any difficulty in hearing, even if using a hearing aid(s)"
Source: Author's own calculations, using data from PHCs 2009 and 2019

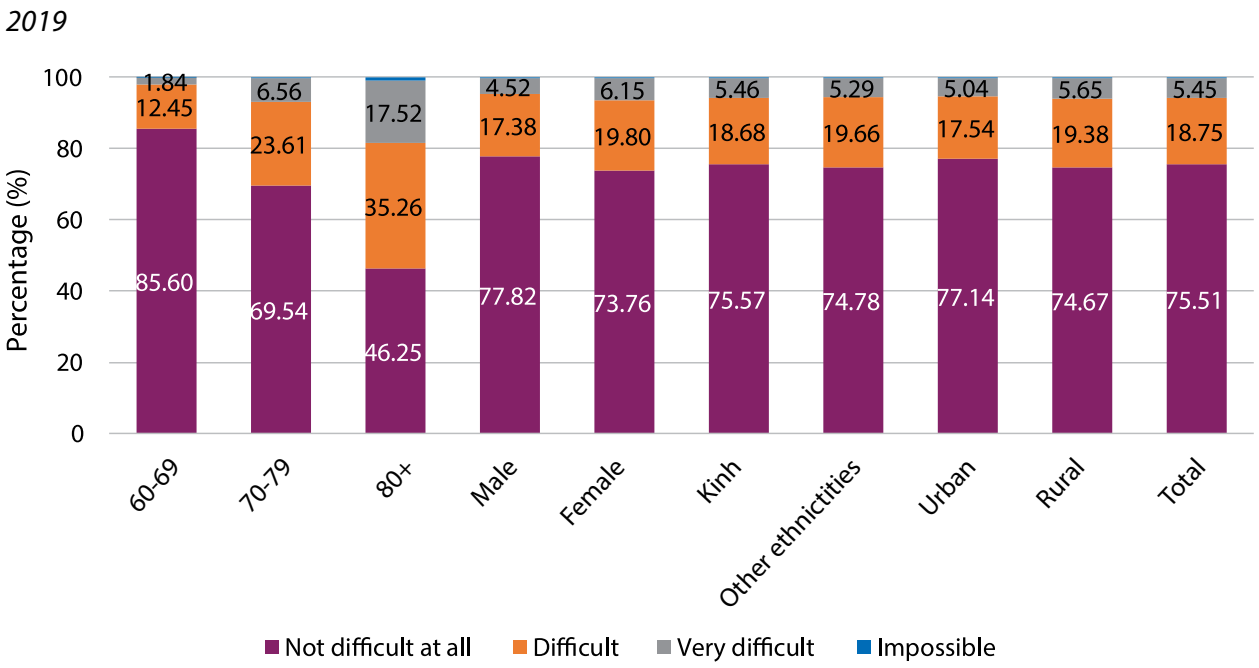
Figure 26 shows the proportion of older persons having difficulty in seeing (even if wearing glasses) in 2009 and 2019. In general, the proportion of older persons answering "had no difficulty at all" increased over time, from 68.76 per cent in 2009 to 75.51 per cent in 2019. Such a trend also occurred along with all studied characteristics of older persons.

In each characteristic, however, differences among older persons were clear. In both censuses, the proportion of older persons having difficulty in seeing increased, particularly the oldest-old (aged 80 and over) had much higher rates for "difficult" and "very difficult" than other age groups. Similarly, men, Kinh persons and urban persons had higher rates of "no difficulty" than did their respective counterparts. It is worth noting that the gaps between groups in the same category (for example, men versus women in gender category) tended to decrease.

Figure 26. Proportion of older persons having difficulty in seeing, 2009 and 2019

2009



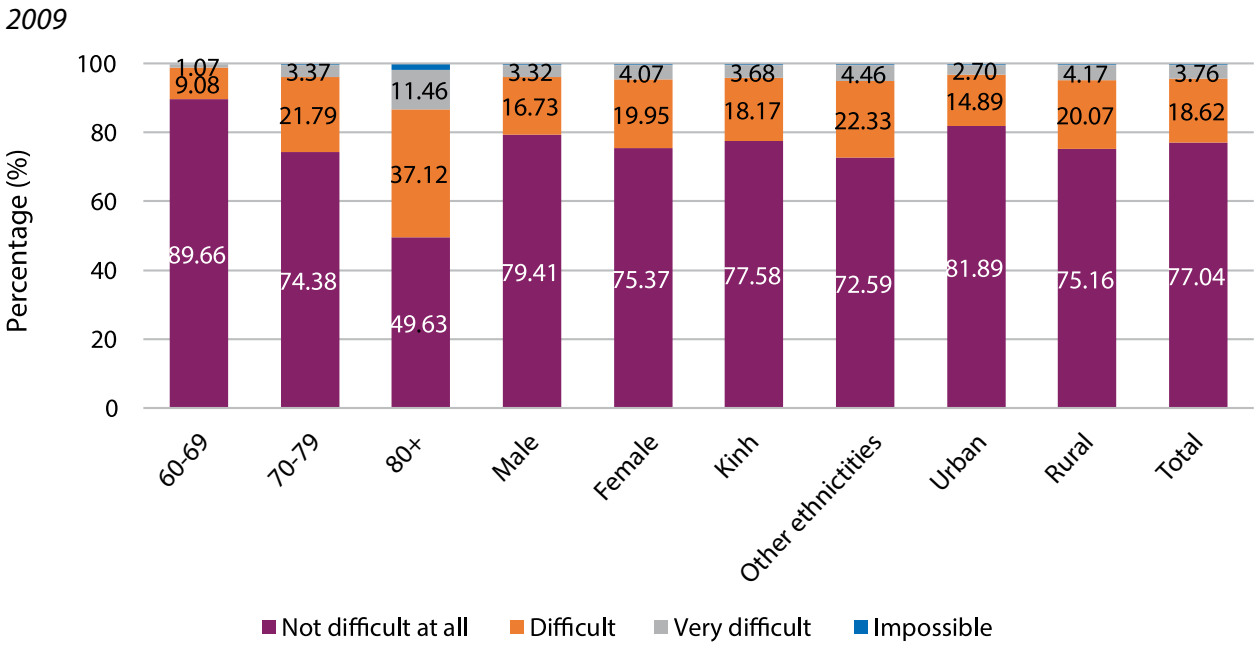


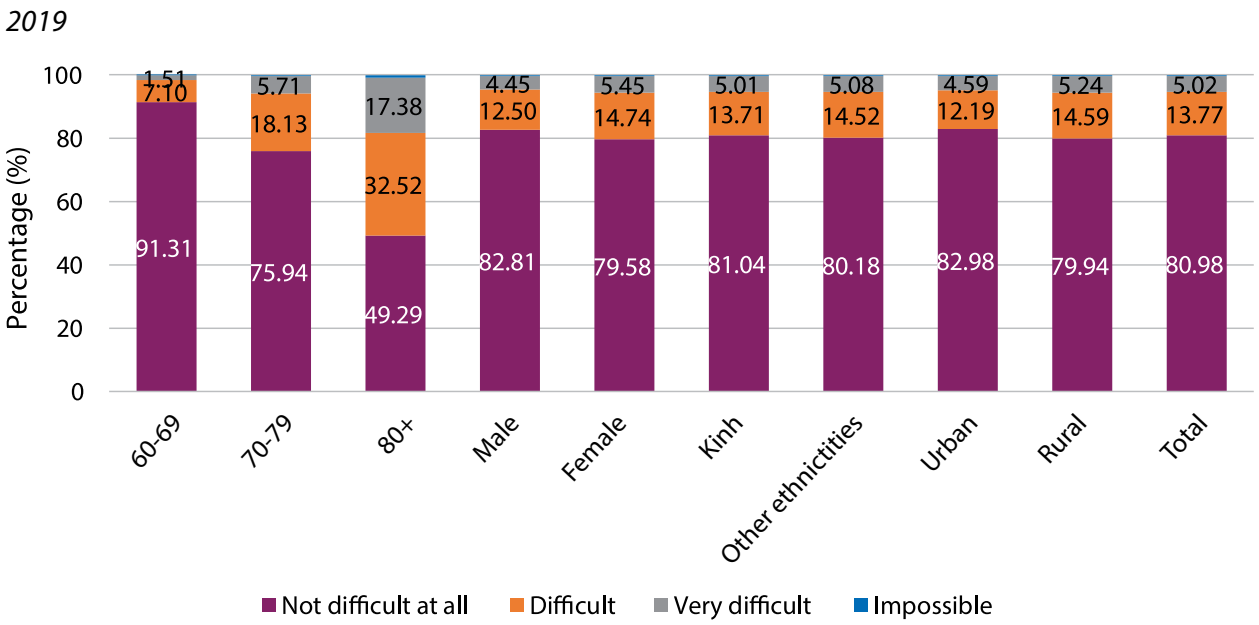
Source: Author's own calculations, using data from PHCs 2009 and 2019

Figure 27 shows the proportion of older persons having difficulty hearing (even if using a hearing aid(s)) in 2009 and 2019. Trends and differences among older groups were quite the same as vision disability above. Overall, between two censuses, the proportion of older persons responding "no difficulty at all" increased, while that for those answering "had difficulty" decreased. However, the proportion of older persons answering "very difficult" increased, from 3.76 per cent in 2009 to 5.02 per cent in 2019.

There were significant differences among older persons in terms of age group (the oldest-old had the highest rate of "difficult" and "very difficult" responses). Also, men, Kinh persons and urban persons had lower rates of difficulty than did their respective counterparts, but their differences were narrowed between the two censuses.

Figure 27. Proportion of older persons having difficulty in hearing, 2009 and 2019

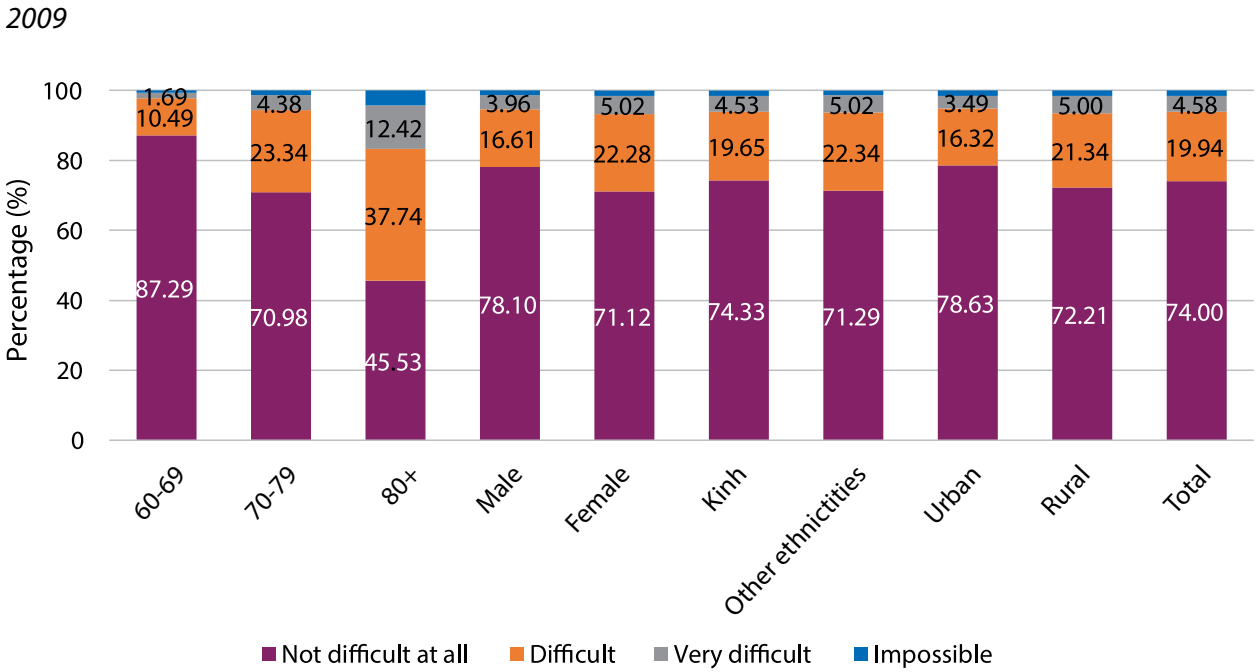




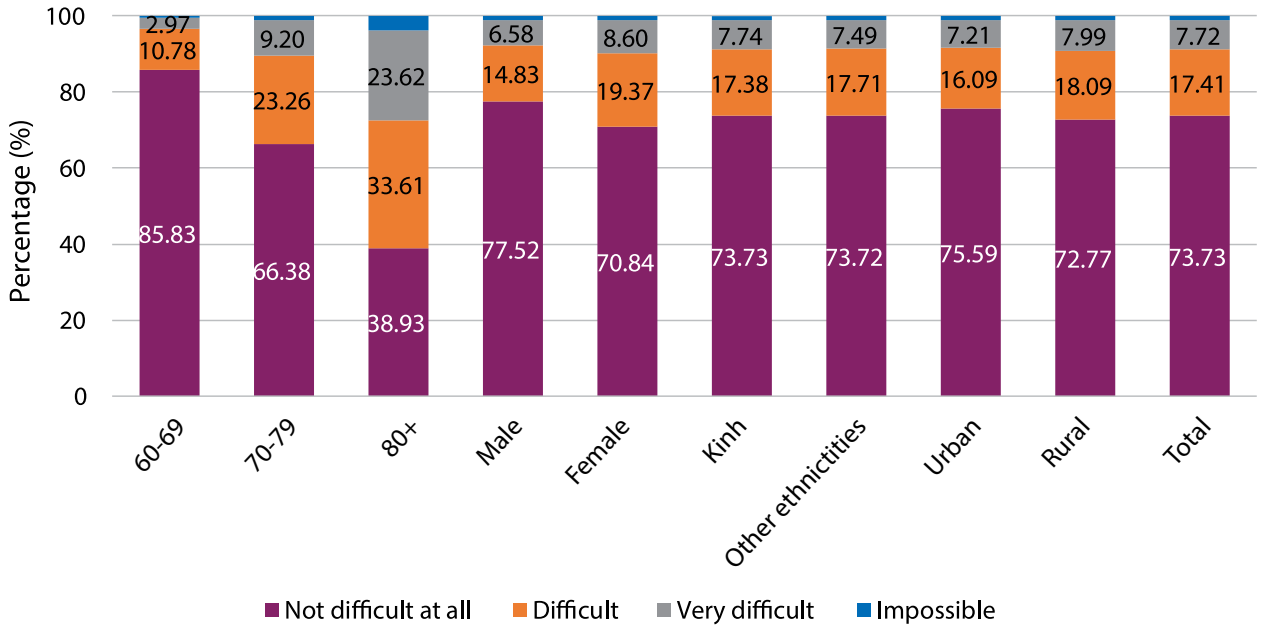
Source: Author's own calculations, using data from PHCs 2009 and 2019

Levels of difficulty in walking by older persons in 2009 and 2019 are presented in **Figure 28**. It should be noted that the questions on this point differed between 2009 (only walking) and 2019 (walking or stepping on a staircase) and as such the distributions of difficulty levels were a bit different. In terms of age group, about 55 per cent of the oldest-old responded "difficult", in which the proportion saying "very difficult" increased between two censuses. There were significant differences in terms of gender, ethnicity and residential area for responses "difficult" and "very difficult", in which women, ethnic minority persons and rural persons had higher rates of difficulty than their respective counterparts.

Figure 28. Proportion of older persons having difficulty in walking, 2009 and 2019



2019

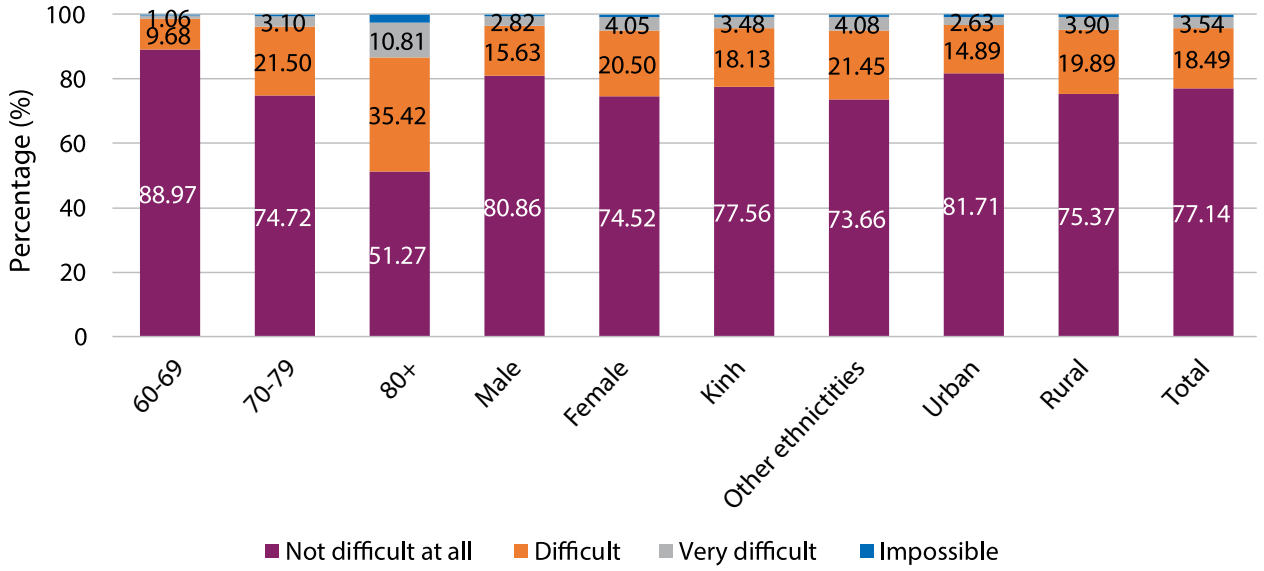


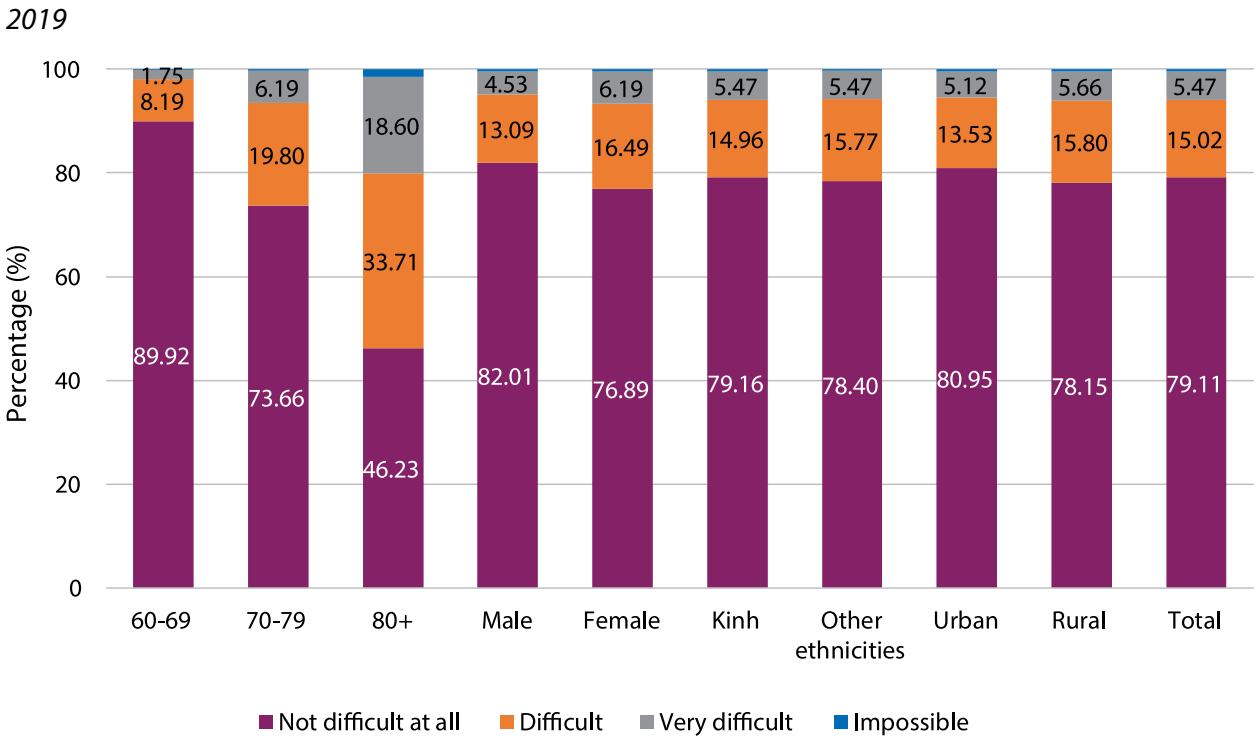
Source: Author's own calculations, using data from PHCs 2009 and 2019

The proportion of older persons having "no difficulty at all" in remembering or concentrating increased between two censuses – from 77.14 to 79.11 per cent **(Figure 29)**. Improvement trends were also observed for different groups of older persons. Though, the proportions of having "difficulty" in remembering or concentrating were significantly different in terms of age group, in which the oldest-old had much higher rates of responding "difficult" and "very difficult" than other groups.

Figure 29. Proportion of older persons having difficulty in remembering or concentrating, 2009 and 2019

2009

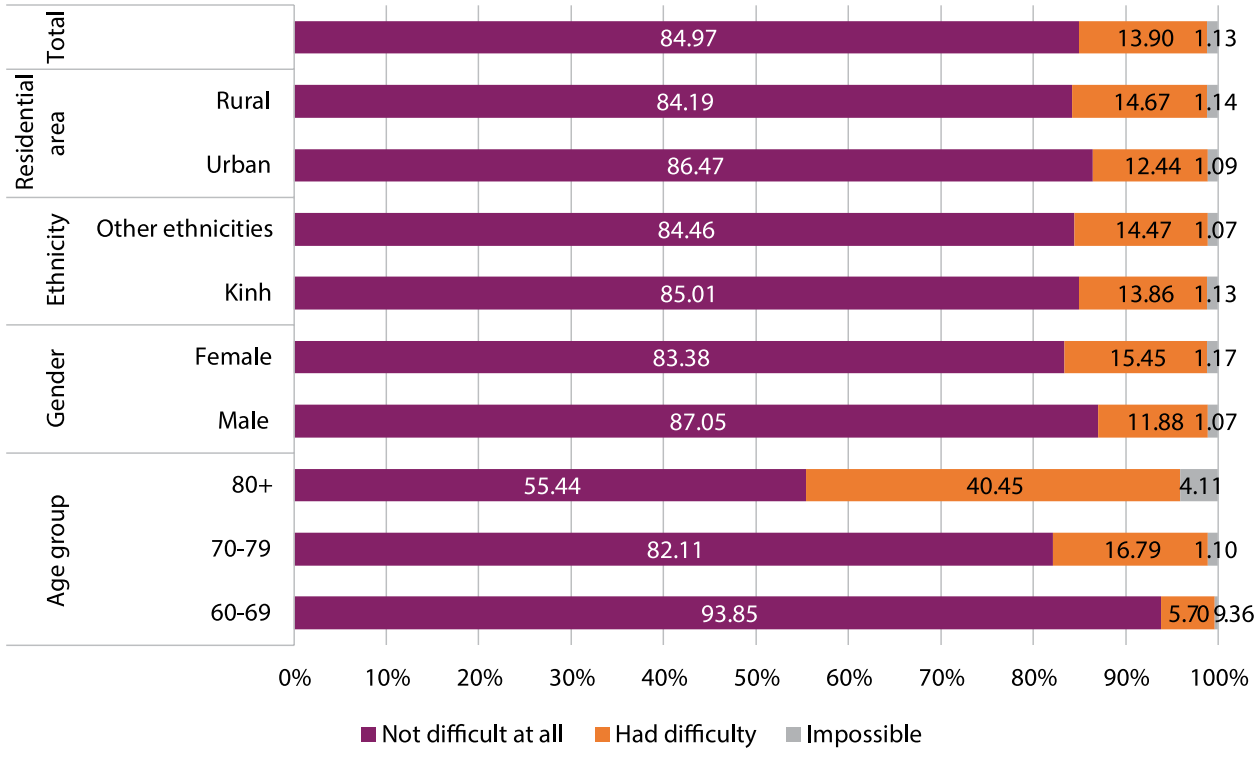




Source: Author's own calculations, using data from PHCs 2009 and 2019

In terms of self-care, only PHC 2019 contained a question on this issue. **Figure 30** presents differences in age group (more advanced age persons had higher rates of difficulty), in gender (women had higher rate of difficulty than men), in ethnicity (ethnic minority persons had higher rate of difficulty than Kinh persons) and in residential area (those living in rural areas had higher rate of difficulty than their urban counterparts).

Figure 30. Proportion of older persons having difficulty in self-care, 2019



Source: Author's own calculations, using data from PHCs 2009 and 2019

The above results on disabilities and difficulties in remembering or concentrating and self-care provided various implications for designing and implementing policies in providing care services to older persons, in which those who have difficulties in performing their functions should be prioritized in care.

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III. POLICY DISCUSSIONS AND RECOMMENDATIONS

This section summarizes the key findings and discusses relevant policy issues along with respective recommendations. Each policy recommendation should be further studied. At national level, it is critical to quickly develop national strategies and policies to respond to the rapid population ageing trends.

Lower fertility is the main driver for rapid population ageing in Viet Nam. Thus, in responding to and slowing down the speed of population ageing, the development of policies and programmes should look into providing relevant information, access to quality sexual and reproductive health services and support on social services for people to have an informed choice relating fertility.

In addition to fertility, migration also plays a key role in provincial population ageing. Population ageing is not the same across socioeconomic regions or residential areas, and one of the prominent factors affecting such situations has been internal migration. Increasing outmigration of the younger population to higher socioeconomic developed provinces or to areas with more education and job opportunities results in higher ageing indices in departing provinces. Therefore, it is necessary to formulate balanced social and economic development policies across regions and provinces to adapt with demographic changes, and at the same time adjust migration flow, reduce the differences in the ageing index and address inequality issues across regions and provinces.

The higher distribution of older persons at more advanced age in rural areas and feminization of ageing in the older-old group require more gender-sensitive policies to address the needs of the

advanced-age population, especially older women. Also, it is critical to mainstream ageing issues in urban and rural development policies and programmes.

In addressing the individual needs of older persons, there are two key policy issues: i) those related to socioeconomic issues for older persons, and ii) those related to LTC for older persons.

First, the monograph considers policies related to socioeconomic issues of older persons.

Along with data from previous surveys and studies, the results of the two censuses show that the socioeconomic indicators of the Vietnamese older persons were improved over time. More specifically, there were improvements and increases in educational levels, rate of living in permanent/semi-permanent houses, rate of using clean water in daily living and rate of using the national electricity grid for lighting. However, there were clear differences in socio-demographic indicators among older groups: women and rural persons still made up the majority of the groups with low education; the proportion widowed among women was four times higher than that of men. At the same time, although the trend of "feminization of ageing" tended to decrease and was forecast to decrease, the difference between the number of women and the number of men in the older age group was and will still be large. About one third of older persons were still working, but most were vulnerable workers (i.e. self-employed or family workers).

Therefore:

- The development of policies for older persons needs to take into consideration differences between older groups in order to address essential needs in their socioeconomic lives, especially in the context of limited resources. More vulnerable older groups (such as those aged 80 and over, rural persons, women, ethnic minority people, older people with disabilities and victims of violence) need to be prioritized in designing and implementing policies.
- It is necessary to have policies to encourage older persons and allow older persons to make informed choices to continue working in accordance with their health, expertise and skills towards active ageing economically. More particularly, it is necessary to develop and realize life-long learning programmes to facilitate older persons in accessing and updating new knowledge and skills to serve the jobs that they want to work.
- It is also important to be aware that future older generations with increasing education levels and skills would be an important resource for socioeconomic development. Ageing-adaptive policies should focus on further promoting the roles, participation and contribution of older persons in all socioeconomic aspects.

Second, policies related to long-term care for older persons:

The LTC needs of older persons will be increasing in the coming years as the Vietnamese population will be rapidly ageing and older persons face various difficulties in daily activities as well as impaired functions (seeing, hearing, walking, remembering or concentrating, and communication). The prevalence of older people having at least one functional difficulty is much higher than that of other age groups. The proportions of older persons in more advanced ages, women, rural persons, and ethnic minority persons have higher rates of difficulty in all activities than their respective counterparts. At the same time, population projections show that older people are more likely to live in rural areas when they age and that the number of women, especially those at the oldest-old ages, account for a large proportion of the rural older population.

Therefore:

- It is necessary to promote further development of the healthcare system, especially the introduction of information technology into medical examination, treatments and disease management activities, in rural areas in order to create favourable conditions for older persons to be accessible to medical services.

- It is critical that government expenditure to support older persons, especially those with functional difficulty, be reviewed and increased to address and meet the care needs of older people due to deterioration of health in old age.
- It is necessary to develop a service package on LTC for older persons, including medical care, social care and mental health care in order to ensure social integration, health improvement and support for older persons in their daily living (such as eating, bathing, changing clothes and exercise).
- There has been increasing trend of households where older persons live alone, live with spouse only, or live only with their grandchildren (so-called "skipped generation" households), suggesting that older persons will have to take care of themselves. As such, there is a need to develop care services and activities that can be easily accessed by older persons.
- There is a need for studies, adjustments and supplements to policies related to long-term care insurance (LTCI).
- Policies should promote participation of the private sector in providing care services to older persons and strengthen public-private partnership (PPP) in the field of elderly care. In particular, it is necessary to build models to integrate care services for older persons at homes, communities and care facilities/institutions.

ANNEX

Annex Table 1: Ordinary Least Square (OLS) regression results of correlation between ageing index and TFR and net migration rate

Ageing Index	Coef.	Std. Err.	t	P>t	90% Conf. Interval	
Total fertility rate (TFR)	−13.637	4.962	−2.75	0.008	−23.562	−3.713
Net migration rate	−0.126	0.043	−2.92	0.005	−0.212	−0.039
_cons	76.124	10.984	6.93	0.000	54.153	98.095
Number of observations	63					
R-squared	0.1884					
Adj R-squared	0.1613					
Root MSE	13.781					

Source: Own calculations, using data from PHC 2019

Annex Table 2: Projections of older population under the assumption of medium fertilities, 2019–2069

Year	Older people (aged 60 and above)		Older people (aged 65 and above)		Dependency ratio
	Population (thousand people)	Percentage of the total population (%)	Population (thousand people)	Percentage of the total population (%)	(%)
2019	11,409	11.86%	7,417	7.71%	47.06%
2020	11,997	12.34%	7,788	8.01%	47.55%
2021	12,565	12.80%	8,133	8.28%	47.85%
2022	13,044	13.17%	8,518	8.60%	48.14%
2023	13,686	13.69%	8,971	8.98%	48.34%
2024	14,329	14.22%	9,440	9.37%	48.57%
2025	14,981	14.75%	9,963	9.81%	48.78%
2026	15,588	15.23%	10,474	10.23%	49.28%
2027	16,126	15.64%	10,895	10.57%	48.95%

Year	Older people (aged 60 and above)		Older people (aged 65 and above)		Dependency ratio
	Population (thousand people)	Percentage of the total population (%)	Population (thousand people)	Percentage of the total population (%)	(%)
2028	16,669	16.06%	11,469	11.05%	48.47%
2029	17,278	16.53%	12,028	11.51%	48.57%
2030	17,892	17.00%	12,593	11.97%	48.67%
2031	18,479	17.45%	13,101	12.37%	48.66%
2032	19,073	17.90%	13,542	12.71%	48.90%
2033	19,667	18.35%	13,984	13.04%	49.11%
2034	20,176	18.71%	14,484	13.43%	49.85%
2035	20,697	19.08%	14,983	13.81%	50.29%
2036	21,253	19.48%	15,455	14.17%	50.76%
2037	21,795	19.87%	15,928	14.52%	51.30%
2038	22,285	20.21%	16,396	14.87%	51.90%
2039	22,799	20.57%	16,778	15.14%	52.37%
2040	23,342	20.96%	17,174	15.42%	52.93%
2041	23,834	21.30%	17,599	15.73%	53.60%
2042	24,364	21.68%	18,017	16.03%	54.30%
2043	25,031	22.18%	18,383	16.29%	54.89%
2044	25,682	22.67%	18,779	16.58%	55.55%
2045	26,375	23.20%	19,198	16.89%	56.25%
2046	26,976	23.66%	19,581	17.17%	56.88%
2047	27,499	24.04%	19,997	17.48%	57.58%
2048	28,072	24.47%	20,551	17.92%	58.54%
2049	28,610	24.88%	21,091	18.34%	59.45%
2050	29,217	25.35%	21,677	18.81%	60.44%
2051	29,842	25.84%	22,174	19.20%	61.21%
2052	30,302	26.19%	22,599	19.53%	61.82%
2053	30,736	26.52%	23,065	19.90%	62.50%

Year	Older people (aged 60 and above)		Older people (aged 65 and above)		Dependency ratio
	Population (thousand people)	Percentage of the total population (%)	Population (thousand people)	Percentage of the total population (%)	(%)
2054	31,080	26.78%	23,508	20.26%	63.14%
2055	31,326	26.96%	24,013	20.67%	63.91%
2056	31,518	27.09%	24,543	21.10%	64.77%
2057	31,596	27.13%	24,911	21.39%	65.26%
2058	31,599	27.11%	25,256	21.67%	65.72%
2059	31,506	27.01%	25,514	21.88%	66.03%
2060	31,481	26.97%	25,678	22.00%	66.14%
2061	31,502	26.98%	25,787	22.08%	66.16%
2062	31,428	26.90%	25,791	22.08%	65.96%
2063	31,372	26.84%	25,725	22.01%	65.65%
2064	31,424	26.88%	25,562	21.87%	65.15%
2065	31,404	26.86%	25,466	21.78%	64.85%
2066	31,419	26.87%	25,415	21.74%	64.70%
2067	31,456	26.91%	25,274	21.62%	64.35%
2068	31,579	27.01%	25,161	21.52%	64.10%
2069	31,685	27.11%	25,159	21.52%	64.13%

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