

Policies for the elderly at social assistance facilities in the context of population aging in Vietnam

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Abstract: *Population aging is a global issue, and Vietnam is one of the countries experiencing a rapid aging rate. Increased life expectancy reflects socio-economic and healthcare development advancements, indicating better care for individuals. However, it also poses challenges to the country's social welfare. In this context, the Government has issued social policies to support the elderly. This article describes the current state of population aging in Vietnam, highlights some issues, and proposes recommendations for social policies aimed at the elderly in social assistance facilities.*

Keywords: *Elderly; population aging; older population; social policies; social assistance; Vietnam.*

1. Introduction

Vietnam began entering the phase of population aging around 2014 (General Statistics Office, 2019). Since then, the country has implemented numerous social policies to respond to population aging. This issue has become pressing and urgent due to the opportunities and challenges it presents.

Social policies serve as a management tool for the State to address social issues. In the context of population aging, they have been enacted and implemented to protect social welfare for the elderly, particularly the policies on pensions,

social allowances, and health insurance. Social policies facilitate providing healthcare services for the elderly, which is crucial in improving their health and alleviating pressure on the national healthcare system (National Assembly, 2009). With the function of enabling and promoting the participation of the elderly in social activities, policies such as discounted tickets for seniors to recreational areas have been introduced. Through these measures, managers have developed mechanisms, community support programs, and senior clubs to increase opportunities for the elderly to engage in recreational, cultural, and sports activities (Ministry of

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Finance, 2011). Social policies also foster the development of elderly care models at social assistance facilities within the public and private sectors.

The article describes the context and issues of population aging in Vietnam, analyzes and evaluates the opportunities and challenges presented by population aging, and discusses the policies and their implementation to address this issue. Based on this analysis, the article offers several policy recommendations for relevant authorities to address the rapidly occurring population aging issue in Vietnam effectively

2. Current situation of population aging in Vietnam

2.1. The rapid rate of population aging

According to the World Health Organization (WHO), the elderly are those aged 70 and above. In some countries, such as Germany and the United States, the elderly are defined as those aged 65 and over. The 2009 Law on the Elderly in Vietnam stipulates: "The elderly defined in this Law are Vietnamese citizens aged full 60 and above." Therefore, Vietnam uses the population rate of those aged 60 and over to classify population aging.

According to the United Nations Population Fund (UNFPA), a country enters the "beginning of aging" stage, when the elderly population makes up 10% of the total population, and the "old age" stage, when the elderly comprise 20% of the total population. When this figure reaches between 20% and 29.9%, it is referred to as the "very aged" population, and when it exceeds 30%, it is termed the "super-aged" population (Binh, 2023).

Population aging is a global phenomenon. Every country has witnessed an increase in the number and proportion of older adults in its population. By 2050, there will be 64 super-aged countries. On average, 58 million people reach the age of 60 every year, which translates to two people every second (Ministry of Health, 2015).

In 2020, over 700 million older adults worldwide (aged 65 and above) accounted for 9.1% of the global population. This figure is expected to more than double by 2050, exceeding 1.5 billion people, representing 15.5% of the world's population (Quang & Khoi, 2024).

According to the population and family planning survey conducted by the General Statistics Office and UNFPA (2021), from 2009 to 2019, Vietnam's elderly population increased from 7.45 million to 11.41 million, corresponding to a rise from 8.68% to 11.86% of the total population. The additional elderly population accounted for nearly 40% of the overall population increase. During this period, while the total population grew at an average rate of 1.14% per year, the elderly population grew at an average rate of 4.35% per year. Among the increase in the elderly population, the group aged 60-69 had the highest growth rate, followed by those aged 80 and above.

The mid-term survey results from the General Statistics Office in 2014 indicated that people aged 60 and above reached 9.4 million out of a total population of 90.7 million, equivalent to 10%. Thus, Vietnam officially entered the "beginning of aging" phase in 2014 (Hoa & Tuan, 2021).

According to population forecasts from the General Statistics Office and UNFPA (2021), the proportion of the population aged 60 and above is expected to rise to 16.53% by 2029, 20.57% by 2039, 24.88% by 2049, 27.01% by 2059, and 27.11% by 2069 (see Table 1). Based on this forecast, after the "beginning of aging" phase, Vietnam is projected to enter the "old age" phase around late 2037 to early 2038.

Thus, the time it takes for Vietnam's population to transition from the "beginning of aging" phase to the "old age" phase is approximately 23 years. This is relatively short compared to France, which had a transition period of 115 years (1865 - 1980). Sweden's transition took 85 years (1890 - 1975); Australia's

was 73 years (1938 - 2011); the United States was 69 years (1944 - 2013); Japan's was 24 years (1970 - 1994); and China's was 25 years (2002 - 2027). Demographers predict that Thailand's

transition from the “beginning of aging” to the “old age” phase will be slightly shorter than Vietnam's, lasting about 22 years (2003 - 2025) (Hoa & Tuan, 2021).

Table 1: Number and proportion of the population aged 60 and above in Vietnam's total population (2019 - 2069)

Year	Number (thousands)	Percentage of total population (%)
2019	11,409	11.86
2029	17,278	16.53
2039	22,799	20.57
2049	28,610	24.88
2059	31,506	27.01
2069	31,685	27.11

Source: General Statistics Office and UNFPA (2021)

The average life expectancy in Vietnam has increased from 68.6 years in 1999 to 73.2 years in 2014 and is projected to reach 78 years by 2030 (Anh et al., 2020). As of April 1, 2021, Vietnam's population reached 98.2 million, with 12.5 million people aged 60 and above (12.8%); 8.1 million aged 65 and above (8.3%); and nearly 2 million aged 80 and above (2%) (General Statistics Office & UNFPA, 2021).

However, Vietnam is experiencing and will continue to experience “uneven aging” when considering the distribution of the elderly population at the provincial level. According to the 2019 Population and Housing Census data, no province has an elderly population (aged 60 and above) that is more significant than the child population (under 15 years old). However, forecasts for 2019-2039 indicate that by 2029, 14 provinces will have a larger elderly population than the child population, and by 2039, this number will increase to 41 provinces. This implies that resources allocated for education, healthcare, and social welfare, as well as drivers for growth and development in these provinces, will vary significantly with the changing demographic structure as projected.

2.2. Causes of rapid population aging

Population aging is a vital and pressing issue for all countries worldwide. In Vietnam, the causes of population aging stem not only from a decline in mortality rates and an increase in life expectancy but mainly from a significant drop in birth rates. According to a report by the General Statistics Office in 2019, the total fertility rate for women was 3.8 children per woman in 1989, decreased to 2.03 in 2009, and slightly increased to 2.09 in 2019. The decline in birth rates over the years has significantly impacted the demographic structure of Vietnam, accelerating the pace of population aging. Additionally, improved living conditions and progress in healthcare and nutrition have contributed to increased longevity. The mortality rate, particularly infant mortality and deaths due to disease, has sharply decreased thanks to healthcare programs, vaccination, and better access to medical services. Another study indicates that over more than 20 years (from 2000-2001 to 2021-2022), maternal mortality decreased from 165 per 100,000 live births to 46 per 100,000; the under-five mortality rate dropped by more than half (from 39.6‰ to 18.9‰), and

the mortality rate for children under one year also decreased by more than half (from 29.5‰ to 12.1‰) (Khanh, 2023).

In addition, many working-age individuals have migrated to other countries for employment, resulting in fewer young people domestically. On average, Vietnam sends about 80,000 workers abroad each year. In the Thai labor market, most Vietnamese workers come from rural areas and are aged 18 to 50 (Hanh, 2016). This age imbalance contributes to a higher ratio of elderly individuals than the overall population. The shift from multi-generational families to nuclear families (parents and children) has led to a trend of having fewer children, thereby increasing the proportion of elderly individuals compared to the younger population. According to Vinh (2017), during Vietnam's demographic transition, the total fertility rate dramatically decreased from over five children per woman in the 1970s to the replacement level of 2.1 children around 2005 and has remained relatively stable at this level since then.

2.3. Consequences of rapid population aging

It is essential to recognize that population aging can positively impact the economy. Increasing life expectancy encourages individuals to save more during their working years to prepare for a longer life after retirement. Thus, population aging can contribute to a higher national savings rate. Moreover, as a decline in birth rates characterizes population aging, families tend to have fewer children. This leads to increased investment in human capital for the future, thereby promoting economic growth (Linh, 2019).

Population aging also presents opportunities for the elderly care service sector while influencing the political and social landscape as the proportion of elderly voters increases. However, demographic changes due to population aging have had, and will continue to have, significant impacts on all aspects of each country's socio-economic life.

Along with the opportunities, population aging poses many economic and social challenges, requiring countries, including Vietnam, to implement various changes.

First, population aging brings about a burden of illness and a decline in physical and mental health, leading to increased demand for healthcare and social services. The percentage of elderly individuals facing difficulties in at least one functional area (such as hearing, mobility, or vision) is 35.73%, compared to only 2.24% for children aged 6-15 and 4.39% for adults aged 16-59 (General Statistics Office & UNFPA, 2021). Elderly individuals in Vietnam also face the burden of chronic diseases such as cancer, heart disease, stroke, diabetes, arthritis, stress, and depression, which require long-term and costly treatment and care (Tuan, 2023).

Due to poor health, the use of healthcare services by elderly individuals is also a significant concern. In 12 months, 18.4% of the elderly utilized inpatient services, with an average of 2.3 inpatient medical examinations and treatments, while 76.9% accessed outpatient services, with an average of 10.5 outpatient medical examinations and treatments (Tien et al., 2023).

Second, population aging leads to an increasing demand for social security among the elderly, particularly women. As the proportion of elderly individuals rises, so does the need for social services to meet their demands. However, the participation rate in social insurance (both mandatory and voluntary) only accounts for over 40% of the workforce (Vietnam Social Security, 2023). This poses a significant challenge for Vietnam in ensuring social welfare (retirement and other benefits) as these workers face declining health and have no or few alternative income sources in old age. Additionally, the number of elderly individuals receiving pensions, insurance, and social benefits is low in terms of both coverage and benefit levels. Currently, approximately 70% of elderly individuals in Vietnam living in

rural areas are farmers and work in agriculture; over 70% of the elderly have no material savings, and less than 30% live on pensions or social benefits (Anh, 2024).

Third, studies indicate that the income of elderly individuals is a significant concern, as most of them have low and unstable incomes. Their income primarily comes from support from children, government assistance, pensions, and self-employment or small businesses. There are notable differences in income between men and women and between urban and rural areas (Thuan, 2022). Low income, dependence on others, and the burden of care for children or grandchildren are factors that put the elderly at risk of violence, especially older women. However, in Vietnam, domestic violence in general, and violence against the elderly in particular, are often viewed as a private family issue and are rarely reported.

3. The current status of policy implementation for the elderly in social assistance facilities

3.1. Legal framework for elderly care activities at social assistance facilities

The legal documents regulating contents related to elderly care activities at social assistance facilities include the 2009 Law on the Elderly; Decree No. 06/2011/ND-CP dated January 14, 2011, detailing and guiding several articles of the Law on the Elderly; Decree No. 103/2017/ND-CP dated September 12, 2017, on the establishment, organizational structure, operation, dissolution, and management of social assistance facilities; Decree No. 20/2021/ND-CP dated March 15, 2021, on social support policies for social assistance beneficiaries; and Decree No. 76/2024/ND-CP dated July 1, 2024, on amendments to several articles of Decree No. 20/2021/ND-CP dated March 15, 2021, on social support policies for social assistance beneficiaries.

The contents specified in these documents include: (1) Regulations related to the

conditions for establishing and operating social assistance facilities in terms of facilities, staff, conditions for receiving care recipients, and the activities involved; (2) Regulations on the beneficiaries of social assistance policies and voluntary individuals in social assistance facilities; (3) Regulations on the standard level of social allowance for different groups of social assistance beneficiaries. These contents are specifically defined as follows:

Firstly, on the regulations related to the conditions for establishing and operating social assistance facilities:

Article 2, Decree No. 103/2017/ND-CP stipulates that social assistance facilities include public social assistance facilities, which are established, managed, and invested by the State, and non-public social assistance facilities, which are built with the funding for their operations, are ensured by organizations or individuals. Clauses 3 and 4 of Article 18 of the 2009 Law on the Elderly mention the benefits of organizations and individuals investing in, building, and managing elderly care facilities, with many incentives in different areas such as education, vocational training, healthcare, culture, sports, and the environment. Article 3, Decree No. 103/2017/ND-CP regulates the policy encouraging mobilization of non-public resources. These provisions aim to encourage the mobilization of non-public resources for elderly care activities.

Clause 2 of Article 18 of the 2009 Law on the Elderly and Article 5 of Decree No. 103/2017/ND-CP outline the types of social assistance facilities and elderly care facilities. The latter clearly specifies that elderly care facilities include social assistance facilities, consulting facilities, elderly care services, and other elderly care facilities (Clause 2, Article 18 of the 2009 Law on the Elderly). Additionally, Decree No. 06/2011/ND-CP also provides regulations on the organization of providing elderly care services.

Decree No. 103/2017/ND-CP has provided specific regulations on establishing, organizational structure, operation, dissolution, and management of social assistance facilities. The Decree consists of 53 articles, including fundamental provisions related to establishing and organizing elderly care activities at social assistance facilities. Article 7 outlines the responsibilities of social assistance facilities, listing 17 tasks that cover all intervention, care, and support activities for individuals in social assistance facilities, including the elderly. Article 9 specifies that for public social assistance facilities, the funding for operation comes from the state budget, and the revenue comes from voluntary groups, their activities, or organizations and individuals both domestically and internationally. The Decree also includes provisions on the conditions for infrastructure and workforce to ensure that social assistance facilities are adequately equipped and capable of caring for their beneficiaries. For instance, regarding location and environment, social assistance facilities must be situated in areas with convenient transportation, easy access to educational and healthcare service facilities, and adequate electricity and water supply (Article 23).

Moreover, regarding infrastructure, there are regulations on the space ratio per beneficiary in different areas, requiring facilities to have sufficient kitchens, sanitation areas, housing, and equipment to ensure beneficiaries' good quality of life (Article 24). Regarding social assistance staff, requirements include ensuring health, legal capacity, ethical standards, and practical skills in caregiving for beneficiaries (Article 25). Other standards are also mentioned in Section 3, Chapter IV of Decree No. 103/2017/ND-CP, such as assistance procedures, environment, premises, housing, healthcare, sanitation, education, and culture.

Secondly, on the regulations regarding the beneficiaries of social patronage policies or voluntary individuals at social assistance facilities:

Article 17 of the 2009 Law on the Elderly stipulates that the persons entitled to social patronage policies include: “1. The elderly of poor households without persons having the care-taking obligations and rights or with persons having the care-taking obligations and rights who, however, currently enjoy monthly social relief allowances; 2. Persons aged full 80 or over other than those defined in clause 1 of this Article who have no pensions, monthly social insurance allowances, or monthly social relief allowances.”

Article 24 of Decree No. 20/2021/ND-CP outlines for social assistance beneficiaries eligible for care and nurturing in social assistance facilities, including elderly individuals under challenging circumstances who cannot live on their own and receive no care and nurture in community and elderly individuals eligible for care and nurture in social assistance facilities according to the Law on the elderly; voluntary elderly individuals residing in social assistance facilities under a caregiving contract and those who cannot live at home and wish to reside in social assistance facilities.

Thirdly, on the regulations regarding social assistance allowance for elderly individuals who are part of social assistance groups:

The social assistance allowance for elderly individuals within social patronage groups living in social assistance facilities is specified in Decree No. 20/2021/ND-CP, which stipulates social assistance policies for social assistance beneficiaries. The standard social assistance allowance is set at 360,000 VND per month, as stated in clause 2, Article 4 of the Decree, effective from July 1, 2021. Additionally, the Decree provides for adjustments to increase the standard social assistance allowance based on budgetary capabilities and changes in local socio-economic conditions. According to Decree No. 76/2024/ND-CP, the standard allowance has been increased from 360,000 VND to 500,000 VND per month (approximately from USD 14.4 to 20), effective from July 1, 2024.

3.2. Limitations in implementing policies for the elderly in social assistance facilities

The regulations outlined in the above documents are currently being implemented in social assistance facilities. For public social assistance facilities, the infrastructure, including housing for various groups, gardens, kitchens, administrative buildings, and standards specifically for elderly individuals, is funded by the state budget. For example, at the Social Assistance Center of Quang Ninh province, three groups are being served: those urgently needing assistance, social assistance beneficiaries, and voluntary participants. These groups are defined according to Decree No. 103/2017/ND-CP, the 2009 Law on the Elderly, and Decree No. 06/2011/ND-CP. In addition, these groups' monthly living expense allocations have been implemented according to Decision No. 507/QĐ-TTBTXH, issued by the Social Assistance Center of Quang Ninh province on September 30, 2024. Accordingly, the monthly food allowance for each beneficiary is VND 2,800,000 (approximately USD 112 at the exchange rate when the Decree was issued), higher than the standard allowance specified in Decree No. 20/2021/ND-CP and Decree No. 76/2024/ND-CP. This higher allowance is because the amounts specified in these two decrees represent the standard/minimum spending level. Based on the socio-economic conditions of each locality, social assistance centers may allocate more than this standard level.

For private social assistance facilities, the establishment of centers is carried out by private enterprises. Elderly individuals are the beneficiaries of paid services, with fees determined based on their desired service package. To establish a private social assistance facility, businesses must carry out full establishment procedures and documents and prepare premises that meet the criteria outlined in Decree No. 103/2017/ND-CP. For instance, the Nhan Ai elderly care center has a

campus of nearly 5,000m² with 50 rooms, capable of accommodating 150 elderly individuals for inpatient care. The center implements the reception of older adults based on the regulations of Decree No. 103/2017/ND-CP, including the following contents: (1) The elderly individuals accepted must voluntarily contribute funds for accommodation and care; (2) The elderly individuals have a family member to guarantee, sign a contract, and submit a voluntary application for them to enter the center.

The policies mentioned in this article are currently being implemented in social assistance facilities nationwide. However, the monthly living expense allocations for social assistance beneficiaries and emergency assistance beneficiaries need to be higher than the general standard. Therefore, depending on the socio-economic conditions of each province or city, regulations will be established to set appropriate spending levels that cannot be less than those specified in Decree No. 20/2021/ND-CP.

For private social assistance facilities, support policies from the State are still limited. Financial support, technical guidance, and preferential tax policies still need to be coordinated, making it difficult for private facilities to maintain and develop their services. They primarily rely on contributions from individuals, charitable organizations, and the public. Therefore, to ensure that their revenues can cover their expenses, they must increase the fees charged to elderly residents and their relatives (the fees at the Nhan Ai Elderly Care Center range from 10 million to 40 million VND per month). This poses a barrier to attracting elderly individuals to live in the center.

4. Conclusion and policy recommendations

Population aging in Vietnam is a pressing and urgent issue. The rapid aging rate in a developing country presents significant challenges for the general economy and social welfare. As the population ages quickly, the government must

introduce appropriate policies to ensure the lives of the elderly while maintaining the country's socio-economic development.

Based on the research findings, the author proposes several policy recommendations for Vietnam to adapt to the issue of population aging:

Firstly, based on the reality of population aging and elderly care, developing policies to improve the social insurance and pension systems, including (1) expanding the scope of insurance to ensure that all workers can participate; (2) strengthening pension fund to ensure its sustainability and avoid the risk of funding shortage in the future when the number of retirees increases; (3) providing comprehensive healthcare for the elderly by establishing specialized healthcare networks for them, including home services; (4) supporting medical expenses for those who are unable to pay.

Secondly, encouraging long-term care for the elderly at home and in the community, including providing financial support to families caring for the elderly at home, enabling them to live in familiar and comfortable environments, and developing a comprehensive care system that includes care given for the elderly at both social assistance facilities and their home. Attention should be paid to vulnerable and disadvantaged elderly groups, including elderly individuals from ethnic minorities, those with disabilities, and elderly victims of domestic violence. At the same time, they are creating favorable conditions for the private sector to invest in providing elderly care services and promote the application of digital technology in this field.

Thirdly, enhancing the autonomy of the elderly by encouraging their participation in the workforce; promoting businesses to recruit elderly individuals in positions that match their abilities, such as consulting, training, or part-time jobs; and providing training programs for the elderly to help them enhance their skills and adapt to changes in the labor market.

Fourthly, creating a friendly living environment for older adults. Improving transportation infrastructure to ensure that public transport, sidewalks, and facilities are elderly-friendly, making it easier and safer for them to move around; Developing adaptive housing and encouraging the construction of housing types suitable for the elderly, such as single-story houses equipped with assistive devices for those with mobility difficulties.

Fifthly, a multi-tiered income security system should be established by connecting social insurance with social assistance, where the lowest tier provides a minimum income for all citizens upon reaching old age.

Sixthly, raising social awareness about the issue of population aging. Communicating the responsibility of caring for the elderly and enhancing community education programs regarding the family and society's responsibilities toward the elderly individuals, minimizing violence or neglect. Encouraging social activities for them, developing recreational, cultural, and sports programs to facilitate their participation and maintain social connections, thereby reducing isolation and depression.

These policies not only help address challenges posed by population aging but also open up opportunities for sustainable socio-economic development as the country faces this issue.

References:

1. Anh, L. H. T. Q., Mai, T. T. H., & Tam, N. M. (2020). *Common health issues and healthcare needs of the elderly in Hue City*. Hue Journal of Medicine and Pharmacy - Hue University of Medicine and Pharmacy, 10(1), April 2020, pp. 51.
2. Anh, N. (2024). *Creating jobs for the elderly in the context of population aging*. Retrieved from <https://nhandan.vn/tao-viec-lam-cho-nguoi-cao-tuoi-trong-boi-can-hoa-dan-so-post806594.html>.
3. Binh, N. T. (2023). *Rapid population ageing in Vietnam and policy recommendations*.

Retrieved from <https://nhandan.vn/gia-hoa-dan-so-nhanh-o-viet-nam-va-khuyen-nghi-chinh-sach-post756305.html>.

4. General Statistics Office. (2019). *2019 Population and Housing Census*. Statistical Publishing House.

5. General Statistics Office & UNFPA. (2021). *Elderly people in Vietnam: Analysis from the 2021 Population Change and Family Planning Survey*. Retrieved from https://vietnam.unfpa.org/sites/default/files/pub-pdf/nguoi-cao-tuoi-vn_report_18.3.pdf.

6. Hanh, N. Q. (2016). *Migration and development: Vietnamese migrant labor in Thailand*. Journal of Research and Development, No. 6 (132), pp. 71, 72.

7. Hoa, N. T. M., & Tuan, H. A. (2021). *Population ageing and trends of population ageing in Vietnam*. Journal of Science - Van Hien University, No. 7/2021, pp. 83-85.

8. Khanh, M. (2023). *Efforts to reduce maternal and child mortality rates*. Retrieved from <https://dangcongsan.vn/cham-soc-va-nang-cao-suc-khoe-nhan-dan-trong-tinh-hinh-moi/no-luc-giam-ti-le-tu-vong-me-va-tu-vong-tre-em-648366.html>.

9. Linh, T. K. (2019). *Population ageing in Vietnam and issues raised*. Central Vietnamese Review of Social Sciences, No. 5/2019, pp. 15-16.

10. Ministry of Finance. (2011). *Circular No. 127/2011/TT-BTC dated September 9, 2011, regulating the fees for visiting cultural, historical relics, museums, and scenery spots for the elderly*.

11. Ministry of Health. (2015). *International Day of Older Persons (IDOP) 2015: Population ageing due to improved quality of life*. Retrieved from https://moh.gov.vn/chuong-trinh-muc-tieu-quoc-gia/-/asset_publisher/7ng11fEWgASC/content/ngay-quoc-te-nguoi-cao-tuoi-idop-2015-gia-hoa-dan-so-do-nang-cao-chat-luong-cuoc-song?inheritRedirect=false.

12. National Assembly. (2009). *Law on the Elderly*.

13. Quang, T. T., & Khoi, T. T. (2024). *Population ageing worldwide today - Some insights*

and policy implications for Vietnam. Retrieved from https://www.tapchiconsan.org.vn/web/guest/van_hoa_xa_hoi/-/2018/923502/gia-hoa-dan-so-tren-the-gioi-hien-nay---mot-so-goi-mo%C3%9C-ham-y-chinh-sach-cho-viet-nam.aspx.

14. Tien, D. N. T., Hoa, H. Q., & Long, G. T. (2023). *Factors influencing the use of healthcare services by elderly individuals in Vietnam*. Journal of Economics and Development, No. 316/2023, pp. 13-23.

15. Thuan, P. (2022). *The life of elderly individuals in Can Tho City in the context of population ageing*. Vietnam Social Sciences Review, No. 3/2022, pp. 14.

16. Tuan, N. D. (2023). *Access to healthcare services for the elderly in Vietnam in the context of population ageing*. Vietnam Social Sciences Review, No. 12/2023, pp. 5-13.

17. Vinh, N. D. (2017). *Fertility rates in the context of population ageing and sustainable development goals in Vietnam*. Vietnam Journal of Sociology, No. 3 (139), pp. 52.

18. Vietnam Social Security. (2023). *The Vietnam Social Security achieves many positive results, ensuring the rights of participants*. Retrieved from <https://baohiemxahoi.gov.vn/tintuc/Pages/hoat-dong-he-thong-bao-hiem-xahoi.aspx?ItemID=21639&CateID=0>.

Further reading:

1. Andrew. M. (2001). *Population Change and Economic Development in East Asia: Challenges Met, Opportunities Seized*. Stanford, CA: Stanford University Press.

2. Rachel, S-W., Emily, W., Martina, U. Isabella, A., Jeannette, B., & Albert, I. (2018). *Population Ageing in Rwanda: Current needs, future projections, and implications for policy*. Brighton: Institute of Development Studies.

3. Tim, D. (2010). *Population and Development: The Demographic Transition*. London and New York: Zed Books.