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Subjective Well-being and Intergenerational Support Exchange in Old Age in Rural Vietnam

Abstract: This paper investigates how intergeneration support influence rural elders' subjective wellbeing in Vietnam, based on the data of the survey 'Strengthening Social Engagement in Elderly Care in Changing Economic and Family Structure in Asia: Policy and Practical Dialogues between Local Communities in Vietnam and Japan' conducted in 2017. The sample analysis of this paper is 307 respondents aged 60 and older in rural areas in the middle of Vietnam. Subjective wellbeing includes psychological well-being, self-rated health and life satisfaction. We find that all elders' psychological wellbeing becomes more positive when they provide financial support for their children. Despite the economic difficulties and the prevalence of filial norm, the financial provision is not viewed as the burden to the older adults but helps them to confirm their position and power in the intergenerational relations. Nonetheless, receiving the spiritual care is more like to improve their psychological well-being and life satisfaction. The results suggest that the effect of the intergenerational support exchange should be taken into consideration when improving the quality of life for the elderly.

Keywords: Subjective well-being, intergenerational support, older adults, Vietnam.

1. Introduction

In the Vietnamese traditional society, under to the influence of Confucianism and filial piety, families, particularly, children are the main care providers for parents in the old age. The Vietnamese idiom 'The young reply on parents, the old rely on children' (tre cay cha, gia cay con). expresses this. As a result, the old-age security value is one of the main values of children in Vietnam (Le 2012; Nguyen 1995).

In tandem with the improvement of households' economic conditions and the emerging of new elder care providers in the modernization and industrialization process, the old-age security value of children tends to decline over time (Le 2012;

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Ngo 2012; Vu 2012; Hoang 2004). Nonetheless, this value is highly appreciated by parents (Nguyen 2017; Le 2012; Vu 2012) and children remain the primary care takers and the main support providers for the old parents (Trinh, Tran 2017). Thus, the intergenerational relations would have a significant influence on the quality of life of the old parents, particularly, subjective well-being. There are a number of studies in Vietnam exploring the different patterns of intergenerational support and its impact on daily life of the older adults (Le et al. 2010), however, few studies focused on the impact of intergenerational support on the subjective well-being of older parents in Vietnam. (Nguyen 1995).

This paper investigates how intergenerational support exchange including structural and functional dimensions shape the subjective well-being of the elderly parents in rural areas in contemporary Vietnam. The study draws on the data of 307 rural respondents aged 60 and over from the 2017 survey titled 'Strengthening Social Engagement in Elderly Care in Changing Economic and Family Structure in Asia: Policy and Practical Dialogues between Local Communities in Vietnam and Japan'.

2. Background

In recent decades, aging population has become a growing concern of researchers in multiple disciplines in Vietnam. In the demographical approach, research studies often focuses on investigating aging population process and its impacts on socio-economic life of Vietnam (GSO, UNFPA 2016; GSO 2011; UNFPA 2011). Meanwhile, economic and sociological researchers aims at exploring the socio-economic conditions of elders, intergenerational support exchanges between older adults and their adult children, older people's roles in family and community as well as elder care (Trinh, Tran 2017; Hoang 2015; Le 2012; Giang, Pfau 2007). However, there is a lack of research studies examining subjective well-being of older adults in general and the relationship between subjective well-being and intergenerational exchanges in particular.

Recent research studies on subjective well-being in Vietnam focused on measuring one dimension of subjective well-being such as life satisfaction (Tran et al. 2016; Tran, Vu 2018) or psychological well-being (Yamada, Teerawichitchainan 2015). A few studies analyzed multiple aspects of subjective well-being, for example, economic and psychological wellbeing (Teerawichitchainan, Knodel, Pothisiri 2015) or psychological wellbeing, life satisfaction and self-rated health (Hoang 2015).

Research studies show that helping children in doing unpaid care work positively associates with the different components of subjective well-being in Vietnam. Firstly, this support partly increases elders' psychological well-being because this action

helps them to feel more meaningful. Secondly, elders who help their children in doing domestic chores tend to rate their health better because those who are able to do that are still in a good health. More importantly, doing this action is one way for older adults to maintain their health and enhance the meaningfulness and helpfulness of their life (Hoang 2015).

Receiving both materials support and unpaid care work assistance from adult children is the positive factor on the elders' subjective well-being. Older adults have higher level of life satisfaction, better self-rated health and higher psychological well-being when getting their children's financial and material support. For the elders, receiving gifts from their children means that they are recognized and well rated. In parallel, older people's psychological well-being increases when their children help them doing unpaid care work because receiving this type of support equates to the fact that their children live with or nearby them (Hoang 2015).

3. Theoretical approach

Subjective well-being is a widely used indicator to measure quality of life of the older adults but it is criticized for its subjectivity. Owing to people' remarkable endurance they would have high subjective well-being despite of poor living conditions. However, subjective well-being shows how people assess their life, particularly, what they think important for their life (Diener, Suh 1998).

Among various definitions of subjective well-being, this paper using Diener's approach. According to Diener (2006), subjective well-being is the general definition referring describe people' self-assessment of various aspects of their life from events occurring to their physical or mental life to their living context including both positive and negative sides. There are two main components of the subjective well-being comprising of cognitive assessment and emotional response to events in their lives. Cognitive assessment includes life satisfaction and satisfaction with different dimensions of life. Emotional response comprises of positive emotion such as joyfulness or affection and negative emotion, for instance, tiredness, loneliness or worry (Diener, 2006).

According to Chen and Silverstein (2000), three main dimensions of intergenerational support are structural, functional, and appraisal. The structural aspect of support is divided into the components of social network and the availability of people in the network which are able to provide support to the individual. The functional dimension of intergenerational support represents instrumental and emotional help. The appraisal of support describes the personal assessment of the appropriateness of assistance or the satisfaction level with assistance. In this

paper, we focus on the structural and functional components of intergenerational support.

Research studies indicate that older adults' subjective well-being is differently shaped by structural and functional dimensions of intergenerational exchange. Regarding the structural aspect, number of children and their gender do not bring about benefits to subjective well-being but living with at least one child either son or daughter is one important factor to improve the subjective well-being of old parents (Chen, Short 2008; Chen, Silverstein 2000). Their psychological well-being is higher when they live in the traditional living arrangement (i.e. living with children). This expresses the importance of multigenerational family pattern for the rural elders due to its appropriateness to the cultural norms on children's filial piety. It seems that the compliance with the traditionally cultural norms on living arrangement has its own values (Silverstein, Cong 2006). By contrast, living alone reduces the elders' subjective well-being. In China, it is represented in the decline of positive psychological well-being of the lonely older adults (Chen, Short 2008; Silverstein, Cong 2006). In the same vein, elders living alone and having no child in Thailand and Vietnam face with more serious mental health problems than those living with spouses and/or children. However, this does not mean that the images of older people who are lonely, neglected and poor in the mass media accurately describe these people because elders' subjective well-being seems to be more complicated. By virtue of the traditional filial piety and care responsibility for old parents in Asian countries, many elders live lonely but closely to one or some children. Either living alone or living with children, having at least a child can be viewed as one form of protection for elders against mental health problems (Teerawichitchainan, Knodel, Pothisiri 2015).

Functional dimension of intergenerational support is studied in both providing and delivering support which includes financial and non-financial forms because of their equivalent values to the elders' subjective well-being. However, it does not mean that all types of support lead to the same impact on the subjective well-being (Zhang 2016). Receiving support is the crucial factor influencing on subjective well-being. Children's financial support contributes to increase elders' psychological well-being (Chen, Silverstein 2000). More important, this form of support can partly compensate for the loss due to living apart from children (Silverstein, Cong 2006). Likewise, emotional support or confiding with children benefits subjective well-being of older people (Zhang 2016; Chen, Silverstein 2000). Notwithstanding, some types of support do not bring about positively impact subjective well-being. To exemplify this point, children's helping in doing unpaid care work does not increase elders' psychological well-being. It is attributed that the benefits of this

assistance would be neutralized by the loss of confidence owing to the dependence of others' care (Chen, Silverstein 2000).

The influence of providing different forms of support for adult children on elders' subjective well-being is complicated. Chen and Silverstein's research (2000) indicates that providing financial support for children does not help to increase psychological well-being of old parents. Nonetheless, the study of Zhang (2016) shows that providing financial support contributes to increase positive psychological well-being and decrease negative psychological well-being of the elders.

Perspectives on the impact of providing unpaid care work on elders' subjective well-being is quite controversial among countries. In European countries, caring for grandchildren lead to the stressfulness, the symptoms of autism and the very low self-rated health of the elders (Musil et al. 2011). By contrast, the research studies in some Asian countries or territories show the benefits of helping children in doing unpaid care work on the elders' subjective well-being. In Taiwan, caring for grandchildren has positive relationship with self-rated health in all living arrangement patterns but it does not have correlations with life satisfaction and the symptoms of autism (Ku et al. 2013). By the same token, the studies in China represent that doing unpaid care work including caring for grandchildren help to improve the self-rated health and psychological well-being of old people (Zhang 2016; Chen, Silverstein 2000). This is attributed to the Chinese traditional culture in which caring for grandchildren is seen as one way to share responsibilities among family members to achieve the family's prosperity. The Chinese elders provide considerable support for their adult children in both social and financial sides. It is obvious that cultural norms can become motivations for some productive activities and positively affect elders' health (Zang et al. 2015). In addition, helping children in doing domestic work partly contributes to affirm elders' roles in the family and the meaningfulness of their life. It also expresses parents' capacity in response to children's financial support (Chen, Silverstein 2000). However, another research study carried out in China shows that the impact of providing unpaid care work support on the elders' psychological well-being is statistically insignificantly (Silverstein, Cong 2006). It seems that the influence of doing this type of support need to be taken more consideration.

4. Data and measurement

4.1. Data

The study draws on the data of the survey titled 'Strengthening Social Engagement in Elderly Care in Changing Economic and Family Structure in Asia:

Policy and Practical Dialogues Between Local Communities in Vietnam and Japan' conducted in 2017–2018. The total quantitative sample of the survey is 400 people over 59 years old comprising of 307 respondents in rural areas in Quang Ngai and Ha Tinh – the two provinces in the middle of Vietnam and 93 participants from Kumamoto, Japan. By virtue of the limited sample size of the survey in Japan and the differences between the two questionnaires in the two countries, the data of 307 Vietnamese participants is selected to analyze in this paper.

4.2. Methodology

The paper explores basic descriptions and then followed by bivariate analysis to describe subjective well-being of rural elders in contemporary Vietnam. The binary logistic regression analysis is used to examine how intergenerational support influence elders' subjective well-being.

4.3. Variables

4.3.1. *Dependent variables*

Based on Diener's approach (2006) on subjective well-being, the paper measures subjective well-being in both cognitive assessment and affection reactions. In parallel with life satisfaction and self-rated health – two common indicators to measure subjective well-being (cognitive assessment), the paper uses two other indicators including negative and positive affect (affection response).

Self-rated health is measured by the question "Generally, how do you rate your health?" with a three Likert options including 'bad/very bad', 'normal' and 'good/very good'. In the multiple logistic regression analysis, this variable is converted into a dummy variable with two options including 0 for "bad/vary bad" and 1 for 'quite good' (comprise of 'normal' and 'good/very good').

Positive and negative psychological well-being of older adults are measured by the question 'In the last month, how often do you have these feelings?' with 5 indicators including 'worried and scared', 'tired', 'peaceful', 'happy' and 'full of energy'. The negative affect is measured by the average of the two items 'feel worried and scared' and 'feel tired' while the positive affect includes the rest three indicators. There are 4 answer options for this question comprising of 'daily', 'several times per week', 'several times per month' and 'none' (from 1 to 4, respectively). Thus, the higher two indicators 'feel worried and scared' and 'feel tired' are graded, the less negative the older people's psychological status is. By contrast, the lower the items 'feel peaceful', 'feel happy' and 'feel full of energy' are, the more positive the elderly

feel. In order to conveniently compare between the negative and positive affect, the three positive indicators are conversely recoded (1 = 'none'; 2 = 'several time per month'; 3 = 'several times per week'; and 4 = 'daily'). Thus, the positive and negative affect will receive values from 1 to 4 which the higher the score is the more positive feelings and the less negative feelings the elders have. In the logical multiple regression analysis, these variables are recoded into dummy variables. The positive affect is scored 1 for positive (from 3 to 4 points) and 0 for not positive (less than 3 points). In parallel, the negative affect is coded for not negative (from 3 to 4 points) and 0 for negative (less than 3 points).

Life satisfaction is measured through the question 'Generally, how do you feel about your life?' with 5-point Likert scale answers (1 = 'very unsatisfied', 2 = 'unsatisfied', 3 = 'neutral', 4 = 'satisfied' and 5 = 'very satisfied'). In the logical multiple regression analysis, this variable is recoded into a dummy variable which is scored 0 for no (include total disagree, fairly disagree and neutral) and 1 for yes (include fairly agree and totally agree).

4.3.2. *Independent variables*

Intergenerational support is measured by structural and functional dimensions of support. In this paper, the former includes two indicators including number of children and living arrangement. The number of children in this context is classified in three options including 'under 3 children'; '3-4 children' and '5 children and over'. In term of living arrangement, this variable is categorized in four values comprising of 'living alone'; 'living with a partner'; 'living with children and partner' and 'living with children'.

The functional dimension of intergenerational support is measured by mutual support activities in material support (to provide money or valuable things), emotional assistance (to spend time to confide or chat), and care for daily life (to help in doing unpaid care work).

By the reason of the limited financial capacity of rural elders, the mutual intergenerational support in money and materials between parents and children is categorized in two options including 'yes' (i.e. sometimes) and 'no' (i.e. rarely) while the frequency of doing unpaid care work and providing emotional support is scored 0 for 'no' (including 'never' and 'sometimes') and 1 for 'yes' (i.e. 'frequently').

4.3.3. *Control variables*

Control variables include respondents' demographic characteristics and family background. Demographic characteristics of respondents include gender, age

cohort, marital status, education achievement, chronic disease/disability status, employment status and financial independence.

Gender is scored 0 for male participants and 1 for female respondents. Age cohorts are classified in three values including (1) under 70; (2) 70–79; and (3) 80 and over. Education achievement is categorized in three values comprising of (1) primary; (2) junior secondary; and (3) senior secondary. Chronic disease/disability status is coded 0 for participants having no chronic disease or disability and 1 for participants with chronic diseases or disability. The paper combines chronic diseases and disability into one option owing to a very few respondents with disability (i.e. 9 disable participants accounting for 3% of the sample size). Employment status is categorized in two options including ‘working’ (both full time and part time job) and ‘not working’. Financial independence refers to older adults’ economic capacity to cover their daily life with or without children’s financial support. To measure elders’ financial independence, all income resources from pension, social support, interest to salary are includes. This variable is coded 0 for respondents depending on children’s financial support to cover their daily life and 1 for those are self-sufficient in meeting their basic needs.

Family background is measured by family living condition. Family living condition is classified in two options including ‘poor/very poor’ and ‘medium and better-off’.

5. Major findings

5.1. Descriptive statistics

Table 1 shows the summary statistics of the subjective well-being of older adults in rural areas in Vietnam. The study result shows that all four indicators of subjective well-being, generally, are quite positive. Although the average of 2.73/4 means that some elders have the feelings of worry, scare and tiredness, this phenomenon is not frequent. The positive affect averages 3.14/4 which indicates the frequency of the peaceful, happy and full of energy feelings of older people. Life satisfaction has the score mean of 3.13/5 (46.2% of elders feel satisfied and very satisfied). Regarding self-rated health, around 80% of respondents rate their health as good and normal.

Table 2 shows some main characteristics of respondents. Females and males account for 57% and 43%, respectively. Approximately 35% of respondents do not have a spouse in the survey time. Regarding age cohorts, the under 70 cohort account for nearly a half of respondents. By contrast, the oldest cohorts (i.e. 80 and over) is the lowest group among all cohorts (16%). Education attainment reveals the low education attainment of rural parents. Only 16% of respondents graduated

senior secondary school which is less than a half of those with primary or junior secondary school.

Table 1. Summary statistics of the elders' subjective wellbeing in Vietnam

Tabela 1. Podsumowujące statystyki dotyczące subiektywnego samopoczucia osób starszych w Wietnamie

Variable	Mean (SD)	N
Negative affect	2.73 (0.83)	307
Positive affect	3.13 (0.83)	306
Self-rated health	2.08 (0.55)	307
Life satisfaction	2.60 (0.69)	307

Source: IFGS 2017.

Źródło: IFGS 2017.

Table 2. Description of analytic variables for rural elders in Vietnam

Tabela 2. Opis zmiennych analitycznych dla osób starszych na wsi w Wietnamie

Variable	Mean (SD)	N
<i>Demographic characteristics</i>		
<i>Gender</i> (1 = female)	0.57 (0.50)	307
<i>Birth cohorts</i>		
Under 70	0.48 (0.50)	149
70–79	0.36 (0.48)	110
80 and over	0.16 (0.36)	48
<i>Education attainment</i>		
Primary	0.43 (0.50)	131
Junior secondary	0.41 (0.49)	125
Senior secondary	0.16 (0.37)	51
<i>Employment status</i> (1 = working)	0.78 (0.42)	306
<i>Financial independence</i> (1 = yes)	0.48 (0.50)	306
<i>Marital status</i> (1 = Not having a spouse)	0.35 (0.48)	306
Family background		
<i>Family living condition</i> (1 = Medium and better off)	0.83 (0.37)	307
Structural dimension		
Number of children		
Under 3	0.14 (0.35)	44

Table 2 – continuation
Tabela 2 – cd.

Variable	Mean (SD)	N
3–4	0.43 (0.49)	130
5 and over	0.43 (0.50)	133
<i>Living arrangement</i>		
Alone	0.21 (0.40)	89
Living with partner	0.35 (0.48)	109
Living with partner and children	0.15 (0.36)	46
Living with children	0.29 (0.45)	63
<i>Functional dimension</i>		
<i>Receiving financial support (1 = yes)</i>	0.71 (0.46)	306
<i>Receiving emotional support (1 = yes)</i>	0.47 (0.50)	306
<i>Receiving unpaid care work support (1 = yes)</i>	0.24 (0.42)	306
<i>Providing financial support (1 = yes)</i>	0.42 (0.49)	306
<i>Providing emotional support (1 = yes)</i>	0.48 (0.50)	305
<i>Providing unpaid care work support (1 = yes)</i>	0.24 (0.42)	306

Source: IFGS 2017.

Źródło: IFGS 2017.

The study indicates that over third quarters of older parents have a full time or a part time job at the survey time. To some extent this result shows the good conditions of rural locals' health status. Besides, it is partly originated from the fact that the number of rural elders having pension or social support is so low. To cover their daily life, vast of majority of them have to work or depend on children's support (Dang, Trinh 2014). The rural elders' economic hardship is confirmed through the elders' financial independence. The percentage of the older adults having financial independence capacity is lower than those depending on children's material support (48% and 52%, respectively).

In term of family living condition, majority of respondents are medium and better off while about 17% are the poor.

Regarding structural dimension of intergenerational support exchange, having many children is still a common norm for the older parents. Only 14% of respondents have 1 to 2 children while 86% have more than 2 children, or even, more than 5 children. Despite having many children, it is noteworthy that the number of older parents living alone accounts for 21% which is higher than the average of the whole country (16.4%) as well as the average of rural areas (18.2%) (GSO,

UNFPA 2016). This reflects the strength of rural-urban migration flow as well as the prevalence of the untraditional living arrangement in the survey site.

Among six forms of functional intergenerational support between older people and their adult children, elders' receiving financial support from their children is the most prevalence. 71% respondents receiving this form of support is much higher than those receiving emotional support (47%) and unpaid care work support (24%). By contrast, doing unpaid care work is the lowest form of support which the elders receive or provide. As a provider, the percentage of elders helping in doing unpaid care work is significantly lower than those providing financial or emotional support. This result is consistent with the high percentage of the older people living apart from their children mentioned above.

5.2. Impact factors on the older adults' subjective well-being

In order to gain a better understanding about the influence of the intergenerational support on the elders' subjective well-being, the paper used the logistic multiple regression analysis. Tables 3–5 present the results for the elders' psychological well-being, self-rated health and life satisfaction. The older adults' demographic characteristics and family background subsequently added in the regression analysis. Then, we added the two dimensions of the intergenerational support including structural and functional separately to the models to observe how these independent variables impact on the positive and negative affect, self-rated health and life satisfaction of the older adults in rural areas in Vietnam

5.2.1. *The positive and negative affect*

In the logistic multiple regression model in table 3, only the living arrangement in the two variables of the structural dimension of intergenerational support has impact on the elders' negative psychological well-being. Compared to the older adults living alone, those living with a spouse and children are more likely to face lower negative affect. This confirms that the traditional living arrangement pattern help to nurture the old people's emotional life and psychological well-being.

Among six items related to the functional aspect of the intergenerational support, providing material support benefits the elders' psychological well-being. The negative affect of the older adults who do not give money or valuable things to children tends to double while the positive affect reduces a half compared to those doing that.

While receiving financial support becomes nonsignificant, the significant association between receiving adult children's emotional support and the elders' positive affect is confirmed in the regression model. The older people are more likely to have

higher positive affect when their children spend time on confiding or chatting with them. Despite the economic hardship in rural areas, it seems that the emotional care is more important for the elderly’s psychological wellbeing than the material support.

Table 3. Binary logistic regression models for the elders’ positive and negative psychological well-being

Tabela 3. Logistyczne modele regresji dla zmiennej binarnej pozytywnego i negatywnego dobrostanu psychicznego osób starszych

	Negative affect		Positive affect	
	Odd ratio	N (296)	Odd ratio	N (295)
Gender				
Male	1.03 (0.37)	128	0.88 (0.41)	128
Female	1	168	1	167
Age cohorts				
Under 70	0.77 (0.50)	143	1.66 (0.52)	142
70–79	0.60 (0.45)	106	2.60* (0.47)	107
80 and over	1	47	1	47
Education attainment				
Primary	2.88* (0.50)	124	1.32 (0.55)	123
Junior secondary	1.69 (0.46)	121	1.45 (0.52)	121
Senior secondary	1	51	1	51
Marital status				
Having a spouse	1.66 (0.52)	196	2.62 (0.47)	196
Not having a spouse	1	100	1	99
Chronic disease/disability status				
No	0.17*** (0.39)	80	2.47* (0.40)	79
Yes	1	216	1	216
Employment status				
No	2.34* (0.37)	65	1.74 (0.41)	65
Yes	1	231	1	230
Financial independence				
No	1.67 (0.35)	152	0.58 (0.40)	152
Yes	1	144	1	143
Living condition				
Poor	1.52 (0.46)	48	0.37* (0.45)	48
Medium and better-off	1	248	1	247

Table 3 – continuation**Tabela 3** – cd.

	Negative affect		Positive affect	
	Odd ratio	N (296)	Odd ratio	N (295)
Number of children				
Under 3	2.49 (0.51)	42	0.72 (0.49)	42
3–4	0.95 (0.33)	127	1.51 (0.36)	126
5 and over	1	127	1	127
Living arrangement				
Living with children	0.52 (0.50)	85	0.38 (0.53)	85
Living with spouse	0.37 (0.61)	108	0.65 (0.66)	108
Living with spouse and children	0.21* (0.71)	45	0.67 (0.76)	45
Living a lone	1	58	1	57
Receiving financial support				
No	1.10 (0.35)	87	0.69 (0.36)	87
Yes	1	209	1	208
Receiving emotional support				
No	0.77 (0.41)	155	0.24** (0.46)	155
Yes	1	141	1	140
Receiving unpaid care work support				
No	1.35 (0.42)	226	1.86 (0.47)	225
Yes	1	70	1	70
Providing financial support				
No	2.13* (0.34)	173	0.41* (0.40)	172
Yes	1	123	1	123
Providing emotional support				
No	0.60 (0.39)	154	2.00 (0.43)	153
Yes	1	142	1	142
Providing unpaid care work support				
No	1.15 (0.40)	224	0.46 (0.46)	224
Yes	1	72	1	71
Nagelkerke R	0.39		0.36	

Significant degree: * < 0.05; ** p < 0.01; *** p < 0.001.

Source: IFGS 2017.

Źródło: IFGS 2017.

Among demographic characteristics, having no chronic disease or disability is the only factor affecting on both positive and negative psychological well-being of the elders. To be more specific, compared to having chronic disease, those without chronic disease tend to reduce the negative affect by a half, whereas their positive affect increases by 2.5 times.

It is worthy that the impact of the age cohorts becomes statistically significant in the regression model. The positive affect of the 70–79 age cohort is more likely to be higher than that of those aged 80 and over. It can be explained by the serious loss of moving capacity and mental health problems of the eldest cohort.

Having a job helps to reduce negative effect of the older adults. The negative affect of those not working tends to have 2.3 times higher than that of those doing full-time or part time job. Thus, policies on encouraging and promoting the older people to continue to do an appropriate job should be taken into consideration

The study also states the important role of the economic condition on the elders' positive psychological well-being. The possibility to have positive affect of those living in the poor families is accounted for one third of those living in the medium or better-off families.

5.2.2. *The self-rated health*

Table 4 represents the logistic multiple regression model for the older people's self-rated health. In the regression model, the impact of all variables related to the intergenerational support on the self-rated health becomes insignificant while the impact of some demographic characteristics and economic conditions is remained.

It is obvious that the chronic disease/disability status is the highest impact factor on the self-rated health. In details, the probability of the older people without chronic disease or disability having a quite good health is around 13 times higher than that of those having chronic disease or disability. The employment status has remarkable effect on the elders' self-rated health. Those having either fulltime or part time job are more likely to rate their health better. Another demographic characteristic influencing on the elders' self-rated health is gender of respondents. This is also the only subjective well-being indicator which the difference between male and female is significant. To be more specific, male's having a good health tends to be nearly 3 times higher than that of female.

Regarding the family background, the household's living conditions have significant impact on the elders' self-rated health. The poor having better health tend to be lower than the medium and better off groups.

Table 4. Binary logistic regression model for the elders' self-rated health
Tabela 4. Logistyczne modele regresji dla zmiennej binarnej samooceny zdrowia osób starszych

	Odd ratio	N (=296)
Gender		
Male	2.87* (0.49)	128
Female	1	168
Age cohorts		
Under 70	1.95 (0.59)	143
70–79	1.55 (0.51)	106
80 and over	1	47
Education attainment		
Primary	1.36 (0.62)	124
Junior secondary	2.04 (0.59)	121
Senior secondary	1	51
Marital status		
Having a spouse	2.02 (0.67)	196
Not having a spouse	1	100
Chronic disease/disability status		
No	13.21** (0.77)	80
Yes	1	216
Employment status		
No	0.33** (0.42)	65
Yes	1	231
Financial self sufficiency		
No	0.47 (0.49)	152
Yes	1	144
Living condition		
Poor	0.20** (0.52)	48
Medium and better-off	1	248
Number of children		
Under 3	2.96 (0.59)	42
3–4	1.72 (0.42)	127
5 and over	1	127

Table 4 – continuation
Tabela 4 – cd.

	Odd ratio	N (=296)
Living arrangement		
Living with children	0.89 (0.57)	85
Living with spouse	0.55 (0.77)	108
Living with spouse and children	0.52 (0.88)	45
Living a lone	1	58
Receiving financial support		
No	0.95 (0.43)	87
Yes	1	209
Receiving emotional support		
No	0.80 (0.53)	155
Yes	1	141
Receiving unpaid care work support		
No	1.33 (0.53)	226
Yes	1	70
Providing financial support		
No	1.30 (0.47)	173
Yes	1	123
Providing emotional support		
No	1.78 (0.49)	154
Yes	1	142
Providing unpaid care work support		
No	0.79 (0.51)	224
Yes	1	72
Nagelkerke R	0.37	

Significant degree: * < 0.05; ** p < 0.01; ***: p < 0.001.

Source: IFGS 2017.

Źródło: IFGS 2017.

5.2.3. Life satisfaction

The logistic multiple regression model for the elders' life satisfaction is represented in the table 5. Receiving emotional support and providing unpaid care work support is controversially impacted on the elders' life satisfaction. The former

Table 5. Binary logistic regression model for the elders' life satisfaction

Tabela 5. Logistyczne modele regresji dla zmiennej binarnej zadowolenia z życia osób starszych

	Odd ratio	N (=296)
Gender		
Male	1.28 (0.34)	128
Female	1	168
Age cohorts		
Under 70	0.46 (0.48)	143
70–79	0.80 (0.43)	106
80 and over		47
Education attainment		
Primary	1.47 (0.47)	124
Junior secondary	1.26 (0.40)	121
Senior secondary	1	51
Marital status		
Having a spouse	1.34 (0.50)	196
Not having a spouse	1	100
Chronic disease/disability status		
No	1.24 (0.32)	80
Yes	1	216
Employment status		
No	0.77 (0.36)	65
Yes	1	231
Financial independence		
No	0.28*** (0.32)	152
Yes	1	144
Living condition		
Poor	0.33* (0.52)	48
Medium and better-off	1	248

Table 5 – continuation
Tabela 5 – cd.

	Odd ratio	N (=296)
Number of children		
Under 3	1.34 (0.47)	42
3–4	0.66 (0.32)	127
5 and over	1	127
Living arrangement		
Living with children	1.23 (0.48)	85
Living with spouse	0.92 (0.59)	108
Living with spouse and children	0.46 (0.64)	45
Living a lone	1	58
Receiving financial support		
No	0.70 (0.33)	87
Yes	1	209
Receiving emotional support		
No	0.46* (0.38)	155
Yes	1	141
Receiving unpaid care work support		
No	1.01 (0.39)	226
Yes	1	70
Providing financial support		
No	0.65 (0.33)	173
Yes	1	123
Providing emotional support		
No	1.32 (0.36)	154
Yes	1	142
Providing unpaid care work support		
No	2.39* (0.39)	224
Yes	1	72
Nagelkerke R	0.30	

Significant degree: * < 0.05; ** p < 0.01; *** p < 0.001.

Source: IFGS 2017.

Źródło: IFGS 2017.

positively affects their life satisfaction. When children spend time on confiding or chatting with their parents, the elders' life satisfaction tends to be higher. For the older people in rural areas, emotional needs seem to be more important than material needs despite their economic precariousness. This can be originated from the increasing trend of rural-urban migration in rural areas which lead to the rising proportion of lonely elders.

The influence of the provision of unpaid care work support on life satisfaction becomes significant in the regression model. When helping adult children in doing domestic work, life satisfaction of the older people tends to be lower. Parents often support their adult children in performing household chores, however, this type of support seems to be a burden for the old people. As a result, the quantity of support which is suitable for the elders is a concerned issue.

In contrast to the self-rated health, the influence of all demographic characteristics of the older adults such as gender, age cohorts or educational attainment on the life satisfaction in the regression model becomes insignificant.

The regression model confirms the importance of the elders' economic conditions, particularly, the economic independence on life satisfaction of the older adults in rural areas. The rural locals depending on their children's financial support to cover their daily life is less likely to feel satisfied with their life than those having financial self-sufficiency. In term of the family living condition, the possibility of the poor satisfied with their life accounts for one third of the medium and better-off. Thus, to improve the quality of life of the elders in rural areas, the economic conditions, especially, the economic independence need to be taken into consideration.

6. Discussion and conclusion

Generally, subjective well-being of the rural older adults in contemporary Vietnam is quite positive which is represented in all four indicators including the positive and negative affect, the self-rated health and life satisfaction. This result reflects the elders' feelings of having a quite good quality of life despite the socio-economic hardships in rural areas. This subjective assessment shows the remarkable endurance of the older adults in rural areas in the middle of Vietnam. Another reason is that the older people often have lower expectations so that they are easier to adapt and satisfy with the difficulties (Diener, Suh 1998).

The only expectation of the older parents is to receive their children's emotional care. When children frequently spend time on confiding or chatting with their parents, the life satisfaction, positive and negative affect of the elders are improved. Under to the influence of Confucianism and filial piety, the old age security value

of children becomes a great expectation of parents in Vietnam especially, in rural areas (Nguyen 2017). The limited social protection system for the elders exacerbates children's care responsibilities for elders. However, this result confirms the important role of adult children's emotional care for the elders' subjective well-being in lieu of material or daily care. In order to improve the quality of elders' life, it is clear that the emotional or spiritual care need to be taken into consideration.

Receiving financial support has insignificant effect on subjective well-being, conversely, providing this type of assistance benefits subjective well-being. The positive affect is higher while the negative affect is lower when the elders give money and valuable things for their children. By contrast with China (Chen, Silverstein 2000), providing material support for children does not become a burden for the elders because this type of support helps the older people to affirm their position and power in the intergenerational reciprocity between parents and children.

In contrast to the economic support, helping children in performing unpaid care work becomes a burden for the older people. This seems to be in the opposite direction from the recent research studies in some Asian countries like China which show the benefits of doing domestic work for children on elders' subjective well-being (Chen, Silverstein 2000). The result is even in contrast with other studies in Vietnam (Hoang 2015). It can be explained by the differences in the quantity and the frequency of support. In the research sites, the significant increasing number of adult children's migration to city puts the burden care for grandchildren on the older people in the skipped-generation households. In spite of the traditional custom of caring for their adult children and grandchildren, the high volume of unpaid care work would have negative effect on elders's subjective well-being. To improve the quality of elders' life, changing the traditional perspectives on elders' responsibilities for supporting their children needs to be taken into consideration.

In the two indicators related to the structural dimension of the intergenerational support, living arrangement is the only factors impacting on the elders' negative psychological well-being. The traditional living arrangement pattern has positive influence on the elders' psychological well-being. This reflects the importance of the traditional living arrangement for the older adults in rural areas despite the popularity of nuclear family in Vietnam. It is explained by the appropriateness of this model to the cultural norms on filial piety (Silverstein, Cong 2006). Moreover, living in the traditional living arrangement may help parents to feel safer because in the context that social services and welfare systems for the older people remain inadequate (Hoang 2004), the family's role as the main caretakers for old parents remains prevalence, particularly, in rural areas.

One limitation of this paper is related to the measures used in this research. The question combines doing domestic chores and caring for grandchildren in

the unpaid care work. Besides, the research does not differentiate between three to four generation family (living with both children and grandchildren) and the skipped generation family (living with grandchildren). As mentioned above, in the research sites, the rapid increasing number of rural-urban migrants leads to the rising number of the skipped-generation families where care responsibilities for grandchildren burden on elders' shoulders. The differences in care responsibilities between two family patterns may cause varied impacts on the elders' subjective well-being. In spite of these limitations, this paper helps to shed the light on the impact of intergenerational support exchanges on subjective well-being of the older people in rural areas in contemporary Vietnam.

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Wsparcie międzypokoleniowe a dobrobyt subiektywny wśród starszych mieszkańców wsi w Wietnamie

Streszczenie: W artykule zbadano, w jaki sposób wsparcie międzypokoleniowe wpływa na dobrobyt subiektywny wśród osób starszych na wietnamskiej wsi, na podstawie danych z badania „Wzmacnianie zaangażowania społecznego w opiekę nad osobami starszymi w zmieniających się strukturach gospodarczej i rodziny w Azji: Polityka i praktyczne dialogi pomiędzy społecznościami lokalnymi w Wietnamie i Japonii” przeprowadzonego w 2017 r. Próba badawcza obejmowała 307 respondentów w wieku 60 lat i starszych zamieszkałych na obszarach wiejskich w środkowym Wietnamie. Dobrobyt subiektywny obejmuje samopoczucie psychiczne, samoocenę zdrowia fizycznego i zadowolenie z życia. Stwierdzono, że samopoczucie psychiczne wszystkich badanych osób starszych staje się lepsze, gdy udzielają one wsparcia finansowego swoim dzieciom. Pomimo trudności ekonomicznych i rozpowszechnienia wskazanej normy wspierania dzieci, zabezpieczenie finansowe dzieci ze strony rodziców nie jest tu postrzegane jako obciążenie osób starszych, lecz pomaga im potwierdzić ich pozycję i władzę w relacjach międzypokoleniowych. Niemniej jednak otrzymywanie opieki duchowej odpowiada za poprawę ich samopoczucia psychicznego i zadowolenia z życia. Wyniki sugerują, że efekt wsparcia międzypokoleniowego powinien być uwzględniony przy rozważaniach dotyczących poprawy jakości życia osób starszych.

Słowa kluczowe: dobrobyt subiektywny, wsparcie międzypokoleniowe, osoby starsze, Wietnam.