



**QUALITY OF LIFE AMONG ELDERLY PEOPLE ON VIETNAM SITUATION ANALYSIS:  
A LITERATURE REVIEW**

Quynh Thi Hong Ha, Trung Quang Vo \*

Department of Pharmacy Administration, Faculty of Pharmacy, University of Medicine and Pharmacy,  
Ho Chi Minh City 700000, Vietnam

\*Corresponding Author Email: voquangtrungdk@gmail.com

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**ABSTRACT**

A primary concern of elderly people quality of life (QOL) as many countries in the world are rapidly entering an aging society. In Vietnam, the number of studies, which showed relationships between QOL and characteristics of older persons are less. The objectives of this research are to explore situation of QOL among elderly people. Study was designed as a systematic review. Publications were searched via PubMed, Science Direct, and Google scholar databases between 2005 and 2015 with key word 'quality of life', 'QOL', 'WHOQOL-OLD', elderly, older, 'Viet\*' with [Title/Abstract]. Publications were included if they presented QOL, elderly people, Vietnam context, and in English language. Articles of editorial, review or methodological articles were excluded. A total of 3000 publications searching QOL were identified, of which 6 met the inclusion criteria. In term of articles were published, the number of papers which were conducted in rural and urban of Vietnam are five and one study, respectively. In term of published articles, six studies had published between 2010 and 2014. Year of publication were in 2010 (n=3 studies, 50%), 2011 (n=1 study, 16.7%), and 2014 (n=2 studies, 33.3%). The questionnaire of instruments are consisted of EQ-5D, WHO-SAGE, WHOQOL-BREF, ADLs, and WHOQOL-OLD. The study also points out the factors affecting the QOL including age, gender, level of education, and condition enough income. Study indicated that QOL among elders in urban is higher than rural areas, and male is higher than female.

**Keywords:** QOL, WHOQOL-OLD, elderly people, older, Viet\*.

**INTRODUCTION**

Nowadays, world population rapidly grows with the high and fast-emerging rate of people aged 60 and above in comparison with other age groups<sup>1</sup>. According to Population Reference Bureau, world population has increased approximately 6.44% from middle 2013 to middle 2015 (6892 million and 7336 million in 2013 and 2015, respectively)<sup>2,3</sup>, in which is similar to elderly population. The proportion of elderly group is expected to rise from 8% to 19% in 2025, while the proportion of children group is expected to decrease from 33% to 22%, from 673 million (246 million in developing countries) in 2005 to 2 billion in 2050 (406 million in developing countries)<sup>2</sup>. Over half of the population are in the age of 80+ developing countries, is expected to rise to 71% in 2050<sup>2</sup>. Otherwise, in Southeast Asia, the proportion of elderly group has increased 5% from 2010 to 2015 and expected to rise from 5% to 34% in 2050<sup>2,4</sup>.

In Vietnam, the elderly group has grown continuingly, number of people aged 65 years and older reached 7% of Vietnam population in 2015, and also higher than other Southeast Asia countries such as Indonesia (5%), Cambodia (6%) and Laos (4%)<sup>2</sup>. This is higher than the average for Southeast Asia region at present, (36% versus 30% correspondingly)<sup>5</sup>. The percentage of citizens aged 60 and above increased from 6.7% in 1979 and up to 10.2% in 2012<sup>6</sup>. The majority of elderly people in Vietnam distributed in rural areas - 72.9% - with limited living condition, as their children migrated from rural to urban areas in purpose to looking for brighter economic opportunities and higher living conditions. Therefore, it is critical to understand the requirements for elderly care in Vietnam<sup>6</sup>.

At present, the improvement in quality of life (QOL) has become the global priority for policies, especially in elderly population<sup>7</sup>. Quality of life is a subjective and multidimensional concept, which has been defined as "dynamic interactions between the external conditions of an Individual's life and the internal perceptions of those conditions"<sup>8</sup>. "It is a broad ranging concept incorporating in a complex way the persons' physical health, psychological state, level of independence, social relationships, personal beliefs and their relationships to salient features of the environment" said by WHO and person, who is 60 years old and above, is defined as the elders<sup>9</sup>. The concept encompasses a wide range of aspects in human life, in consist of physical, mental, social, spiritual functions, environmental and material coordinates<sup>10,11</sup>. In the past, economic condition with various difficulties, people were not concerned about health issues and QOL much. Nowadays, with the development of society and economy, as life is more accomplished and innovated, people are more concerned about health issues in order to evaluate the QOL. Although, QOL measurement originated in social research, they have been widely used in the field of medicines<sup>12,13</sup>. The QOL is a multidimensional concept and contains both objective and subjective dimensions<sup>13,14</sup>. Although attempts have been made to assess QOL of the elders through objective measurement, it has been recognized that individual subjective feeling and self-evaluation of their QOL are also importantly crucial to the public policy agenda<sup>12,15</sup>. Many studies have even recognized the importance of subjective evaluations over objective in living conditions<sup>16</sup>. Other studies found that objective and subjective assessments of QOL were very closely correlated<sup>5</sup>. Therefore, subjective quality of life (SQOL) has been commonly used in aging studies<sup>17,18</sup>. For elderly people, QOL is a rather abstract concept and includes complex factors. The better physical health and less diseases they have, the more the

condition of QOL gets. This may be followed by many factors considering as physical mental health, communication and social status, economic status, religion, living conditions, environment and other factors<sup>19</sup>. Study of elderly people, which was conducted in Korea (Tae Wha Lee et al. in 2005) had proved that if the elders supporting their relatives or friends would have more positive impact on QOL rather than those who receiving support. Study in 2003 for the QOL of the elderly people in China after a stroke built on four aspects of physical health, functional health, mental health and health society<sup>20</sup>. In addition, in 2011, also in China there has been intensive research development WHOQOL-OLD short-form version, to be used in assessing the QOL of elderly people in this country<sup>21</sup>. The most recent study is a research of the psychological assessment of older people has been done by the WHOQOL-OLD instrument in 2013<sup>22</sup>.

Vietnam, now is a developing country, in the period of economic transform and integration into the global trend with interference from other cultures, therefore the viewpoint of the QOL is different and dependable on generation, gender, living area, etc. According to the young people, good QOL is to have a good career or freedom in action, while it means no disease, sickness, and living brilliantly to elderly people perspective. For elderly people in Vietnam, the QOL is focused on three factors: health, the material life, the spiritual life. People in this age might experience the process of aging, change the physiological characteristics, downslope health and suffer impact of acute and chronic illnesses, causing many difficulties in their life, therefore they need care from family and society. This is one of the social burdens that any nations, any governments should give appropriate concerning on policies.

In Vietnam, there are various QOL studies using different instruments to evaluate QOL. However, this issue has not been mentioned much in research of QOL among elderly people, so this study has been conducted a literature review of "Quality of life among elderly people in Vietnam situation analysis".

## METHODS

### Search strategy

This literature review explores QOL of elderly situation in Viet Nam. The research plan and implementation performed on the major electronic database including PubMed, Science Direct and Cochrane Library, between 2005 and 2015. Keyword: 'quality of life', 'QOL', 'WHOQOL-OLD', elderly, older, 'Viet\*' with [Title/Abstract]. Publications are included if they presented QOL, elderly people, Vietnam context, and in English.

### Inclusion criteria

The selection of eligible articles is performed on the basis of the following criteria: Study has to relate to quality of life in

Vietnam. The target group includes the elderly who are 60 years old or more. In the other hand, all included studies should have been published in a peer-reviewed journal and presented in English.

### Exclusion criteria

If studies are editorial, reviewed or methodological articles, they will be rejected. Several articles only focuses on epidemiological and clinical aspects, but health sector or human studies, are also excluded. Either no provisions of English full text or poster format, or oral communication, or conference papers shall not accepted in this review.

## RESULT

The flow diagram described the process of systematic review provided by Figure 1. The research from PubMed, Science Direct and Cochrane Library turns out 192 potential articles, we reject 129 articles after reviewing title/abstract and out of elderly people. There are 55 inappropriate papers because they are not found in full text and excluded based on duplication. On the total 8 articles, we exclude articles that are not presented in English. Finally, there are 6 papers included in the complete report.

In term of published articles, six studies had published between 2010 and 2014. Year of publication were in 2010 (n=3 studies, 50%), 2011 (n=1 study, 16.7%), and 2014 (n=2 studies, 33.3%). The questionnaire of instruments are consisted of European Quality of life-5 Dimensions (EQ-5D), World Health Organization's Study on Global Ageing and Adult Health (WHOSAGE), World Health Organization Quality of Life-BREF (WHOQOL-BREF), ADLs, and World Health Organization Quality of Life-OLD (WHOQOL-OLD). Moreover, the study also points out the factors affecting the QOL including health status, age, gender, level of education, condition enough income, and illness status.

Obtaining result of similar analysis in research in Ho Chi Minh City, the elderly group from aged 60-69 expresses higher grade point average than group aged 70-79 and over 80 through their average index in every aspect and overall QOL<sup>6</sup>. Besides, gender is an important factor impact the QOL, due to physiological differences in nature body of feminine and masculine has also led to a change in QOL when age shifts. In six studies of QOL in rural areas, men archived satisfaction of living is higher than in women, as reported by the study in 2014, median QOL scores in men reaches 59.68 and 55.05 in women . while gender does not affect the assessment of the QOL in the elderly in urban areas<sup>6,23</sup>. All studies in rural and urban unified that education makes indeed impact on QOL of the elderly, median QOL scores are 55.28 in people has under secondary school and 59.4 in other has higher<sup>23</sup>. People at higher levels of education have a higher QOL in comparison with others.

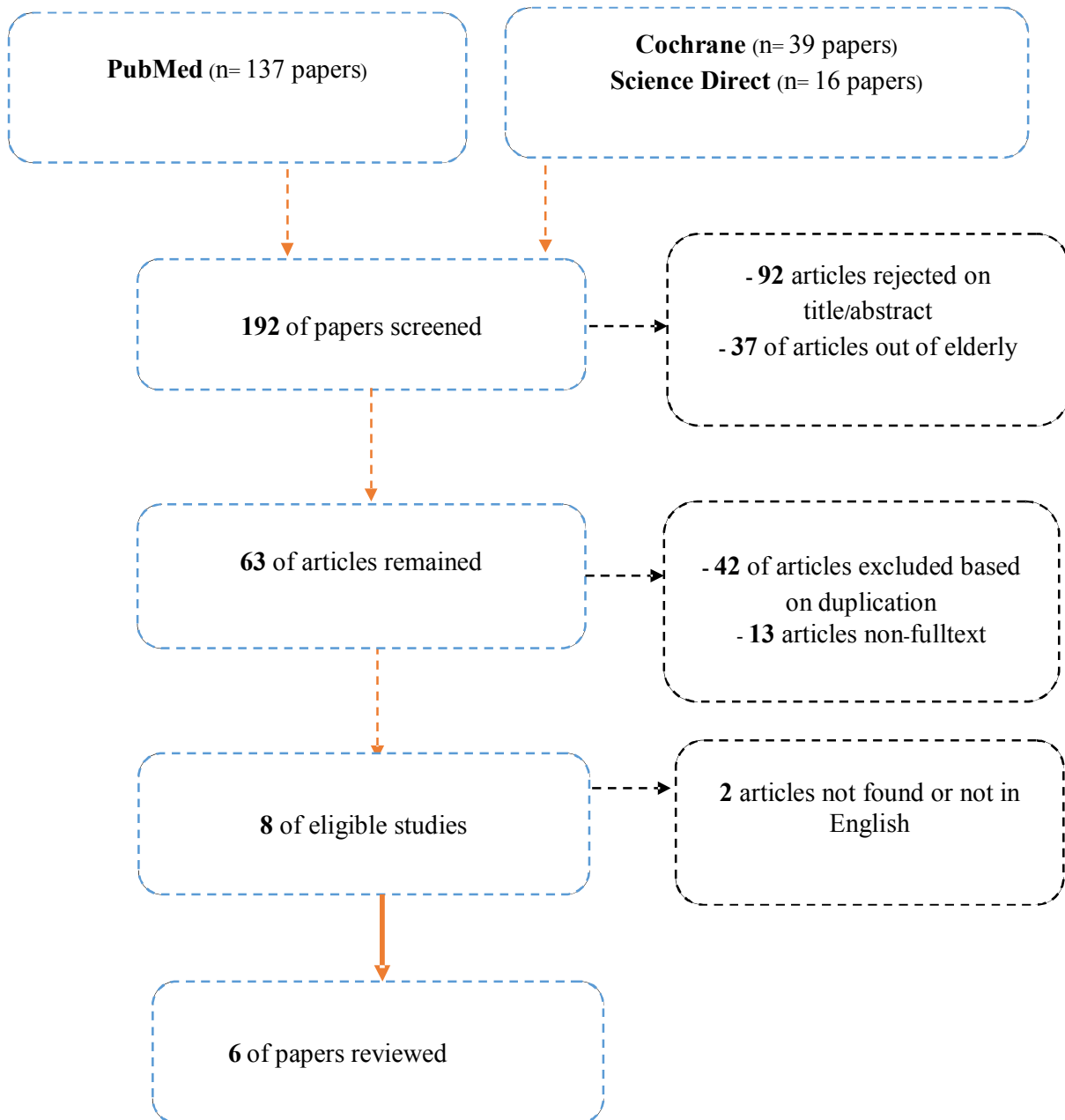


Figure 1: Study flow chart of the systematic review results

**Table 1: Characteristic of included studies**

No.	Author	Year	Sample	Age	Region	Instrument	Result
1	Ninh Thi Ha et al. <sup>23</sup>	2014	275	50 <sup>+</sup>	Southern of Vietnam	WHOQOL-BREF	The QOL score among hypertensive patients was tolerably low (49.4). The mean depend on age, gender, education level, marital status, moderate level of physical activities and adherence to treatment.
2	Nam Xuan Vo <sup>24</sup>	2014	442	60 <sup>+</sup>	Southern of Vietnam	WHOQOL-OLD	The QOL score of elderly people living in Ho Chi Minh City was fairly high (97.56). The mean depend on age, marital status, income, rural and act.
3	Le V Hoi et al. <sup>25</sup>	2011	2,873	60 <sup>+</sup>	Northern of Vietnam	ADLs	The QOL of elderly people depend on age, gender, education level, marital status, household size, living arrangement, residential area, household wealth, poverty status and presence of chronic illness.
4	Hoang Van Minh et al. <sup>26</sup>	2010	8,535 11,753	50 <sup>+</sup>	Northern Vietnam Purworejo, Indonesia	INDEPTH WHO-SAGE	The QOL of elderly people in Vietnam depend on age, gender, education level, marital status, living with other family members and economic status.
5	Hoang Van Minh et al. <sup>27</sup>	2010	8,535	50 <sup>+</sup>	Northern of Vietnam	INDEPTH WHO-SAGE	The QOL of elderly people depend on age, gender, education level and economic status.
6	Le V Hoi et al. <sup>28</sup>	2010	2,873	60 <sup>+</sup>	Northern of Vietnam	EQ-5D	The QOL of elderly people depend on age, gender, education level, health status and economic conditions.

At the edge of education levels, marital status also affects the QOL of elderly people in both urban and rural areas. Transversely all dimensions, people in marital status were more likely to report no problems and less likely to report some/ moderate problems than those who were widowed. In the self-care, usual activities and anxiety/depression dimensions, severe problems are reported more frequently among married people than those who are widowed. Anxiety/depression at moderate level is mostly reported among those who are separated, divorced or single than those with any other socioeconomic status example according to Ninh Thi Ha et al. QOL scores about social relationships of people who married is 66.4 but it is only 58.8 in single, widowed, divorced and separated people<sup>23</sup>.

Contrary to almost thinking health status affects the QOL of the elderly. According to a study in Ho Chi Minh City, those surveyed said health status does not affect their QOL. However, studies on hypertensive patients said that the diseases status affecting the QOL of the elderly, women with high blood pressure have lower QOL than men, which has further reduced for those with multiple diseases<sup>23</sup>. In both urban and rural areas, the economic situation has clearly influence the quality of life of the elderly. All studies have demonstrated that high-income people life is full support with better quality of life to those with low incomes.

## DISCUSSION

Factors to effect on QOL for Vietnamese elderly people are including age, gender, education, marital status and economic conditions.

### Age

The first finding factor in the study shows that the higher age, the lower QOL of elderly people. Percentage of people who need any support increased at older age groups<sup>24</sup>. The proportion reporting moderate problems increases with age, by at least 50% in the mobility and self-care dimensions, and at least 25% in the usual activity and pain/discomfort dimensions<sup>25</sup>. The QOL scores is 4.16, 3.95 and 3.86 in group aged 60-69, 70-79 and over 80, respectively<sup>6</sup>. Dementia, depression, neurasthenia, sense-disability may occurred whenever the age were high. Elderly

people usually in retirement, moved from working habit into quite living instruments, therefore the elderly faced a decline in the senses and the ability to perform daily activities and will become more and more pessimistic, affecting badly to their QOL.

### Gender

All studies in rural areas reported that female have lower QOL than male, the mean QOL score is 59.5 for female while 63.7 for male<sup>22</sup>. The reason is in rural areas still existing the ideological lineage, gender prejudice, besides work, women have to take care family life so the pressure on their lives higher. Meanwhile, in urban areas perception changes progressively, the QOL is almost no difference between male and female<sup>25</sup>, many clubs for women and retirement clubs are opened to encourage elderly people to participate, meeting friends, sharing the problems in life. That helps to increase their satisfaction. Vietnam needs to propagate and improve people ideology, especially people who are in rural areas, men shall share the work to alleviate the pressure for women, therefore, to improve the QOL of women.

### Education

Elderly people, who experienced higher education level, will archive higher QOL. People who have more than 6 years of education are more likely to report good QOL compared to those with no formal education<sup>26</sup>. People who experienced higher levels of education generally have stable employment, higher incomes, and also provided lots of knowledge, life skills to have proper understanding about health care, meal, illness to adjust living. Successful implementation in Vietnam and other developing countries of the so-called "Education for All" strategy may have a long-term positive impact on the educational gap at old age in the future improving QOL.

### Marital status

There is a special bond between the spouses or the family members that has a positive influence on the QOL of the elderly. Older people need of care, integrate into the community, desire to live well, raise awareness and live happily. If older people are not guaranteed these needs will lead to the collapse of

psychology. When elderly people retires, especially in those who live alone will feel lonely, even feel abandoned, depression, worried no one at their side, therefore degrade the QOL. According one research, the QOL score in physical health factor of elderly people who married is 57.4 and it just is 48.4 in elderly people who single, widowed, divorced or separated, this is similar to psychological health, social relationships and environment factor<sup>23</sup>.

### Economic conditions

Economic income is an important factor affecting the QOL. One study in 2010 showed estimates of EQ-5D index among older people by wealth quintiles, according to this, QOL of elderly people decreases from richest to poorest (from 0.881 to 0.859)<sup>25</sup>. Elderly people have adequate economic income do not have to worry about spending problem, they are confident and comfortable living, they have time to participate in social activities, sports, health care articles which makes the QOL is improved. While others have to earn money, make a monthly spending plan, they worry about life so QOL is also lower.

### Area

Rural elderly people have higher QOL than who live in urban area<sup>27</sup>. The explanations for this different may for some these reason: Urban living faced noise pollution, environmental population, limit of living area, lack of fresh food. In the other hand, elderly people in rural area usually live with lots of family members, relatives. The demand of living quality such as entertainment, shopping, hangout and eating is much lower than who live in urban area, so they will feel satisfied with their life.

### RECOMMENDATIONS

There are five studies conducted in rural area, one study was conducted in urban area. Study found that over six reports, there are two studies in Southern Vietnam and four studies in Northern Vietnam. No studies found out to be conducted in Center Vietnam. This suggests that the study population are not presenting the Vietnamese study population, therefore the study title "Quality of life among elderly people on Vietnam situation analysis: A literature review" have to be reviewed.

### CONCLUSIONS

Vietnam exists inequalities in the QOL in the elderly people. Factors affecting quality of life of elderly people in Vietnam include age, gender and education level, marital status, economic condition, living area. Quality of life among elderly people in rural areas is higher than urban areas, in man is higher than in woman and in who with higher levels of education, ensure economic condition, in a good relationship, living with family members having higher QOL than the rest. The higher age, the lower QOL they get.

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