

# Faith-based organizations' support for older adults in Vietnam: A comparison of Catholic and Buddhist efforts

Hoang Thu Huong<sup>1</sup>, Nguyen Thi Nhu Trang<sup>1</sup>,  
and Catherine K. Medina<sup>2</sup>

**Abstract:** How faith-based organizations (FBOs) take part in the social welfare system for older adults is of interest to policy-makers and researchers in the face of a rapid aging population. Since FBOs are underexplored in Vietnam, this study provides an insightful understanding and analysis of Vietnamese Catholic and Buddhist FBOs' participation in social service provision to older adults. By conducting secondary data analysis, semi-structured interviews and field observation at some FBOs' and public social protection centers for older adults, this article presents some insights into the way Catholic and Buddhist organizations provide short and long-term services to older adults, compare Catholic and Buddhist services, and discuss the challenges of sustainability. To advance understanding, authors also analyze the findings on the context of the complicated relationships between FBOs, government and the welfare state in Vietnam. Based on the findings, the authors suggest a coordinated and planned universalization strategy by the public/ private sectors. Further research is needed to leverage support for the implementation of a cooperative partnership approach in providing social service provisions within a Vietnamese context.

**Keywords:** Faith-based organizations; social integration; social service provision; older adults; social policy.

1. Faculty of Sociology, VNU University of Social Sciences and Humanities, Vietnam National University – Ha Noi, Ha Noi, Viet Nam

2. School of Social Work, University of Connecticut

**Address for correspondence:** maiphivn@yahoo.com

**Date of first (online) publication:** 20th February 2023

**Acknowledgment:** This research is funded by Vietnam National University, Hanoi (VNU), under project number QG.19.33

## Introduction

Faith-Based Organizations (FBOs) are characterized as organizations, with or without nonprofit status, that provide social services and are either religiously motivated or religiously affiliated. Many are agents of change and have the distinctive feature of building upon the faith communities' belief that they have a moral imperative to help those in need and to improve the human condition. They are acknowledged for their support programs and effective service provision for older adults by both policy-makers (Bielefeld & Cleveland, 2013; Cnaan & Boddie, 2002) and researchers (Bielefeld & Cleveland, 2013; Göçmen, 2013). Research in various contexts documents that FBOs provide a wide range of services - emotional, social, financial, educational - that support the health and well-being of older adults (Becker, 2005; Holt-Lunstad & Lefler, 2019; Sasiwongsaroj et al., 2015). Often in underserved areas, FBOs become major social welfare providers in collaboration with the state for the purpose of social and human development (Crisp, 2014; Hoda & Gupta, 2014). The role of FBOs becomes more significant in the face of the COVID-19 pandemic, which has generated new global challenges and risks for older adults, their families, and caregivers (economic and food insecurity, rising cost of living, urbanization, and lack of community social support during periods of isolation and quarantine). More than ever, a comprehensive and integrated plan of social service provision is essential to support older adults (Kluge, 2020).

In Vietnam, examining the role of FBOs in social service provision to older adults is even more urgent. Vietnam is one of the fastest aging countries in Asia (HelpAge International, 2020), with 11.41 million older people, accounting for 12% of the population (Central Population and Housing Census Steering Committee 2020). Yet, Vietnam's social assistance programs are limited and insufficient in providing protection for older adults due to several challenges, such as the lack of resources and administrative, operational, and logistical weaknesses in evaluating needs and services for this population (Kidd et al., 2016). The national budget is quite low for social protection for older adults because legally the immediate family is responsible for their care. The percentage of elderly living under the poverty line (20%) is higher than the national poverty average (9.8%) (Molisa Vietnam, 2020). In addition, health care centers at the grass-root level are very unattractive because of the poor quality of their facilities and healthcare staff. In the meantime, going to central hospitals is a big obstacle for a majority of older adults living in rural and remote areas because of the financial burden for traveling, and accommodations in big cities where these central hospitals locate. Accordingly, up to 40% of older adults in rural areas do not receive the healthcare they need (Le, Dang, Tran, Nguyen, & Nguyen, 2014; Mai, 2016; UNFPA, 2011). In such a context, ensuring future resources for older adults is crucial to the country's continued social and economic development (HelpAge, 2020).

Although the country is thirsty for diversified and productive community resources such as FBOs, the existing literature on the role of FBOs in social service provision

for older adults in Vietnam is scarce, fragmented, and conflicting (Kidd, Abu-el-Haj, Khondker, Watson, & Ramkissoon, 2016). This gap in the current literature is also another impetus for this article, which aims at examining how Vietnamese Catholic and Buddhist organizations take part in social service provision for older adults. The authors examine secondary data, conduct semi-structured interviews and field observations to answer two key research questions: (1) what services are Catholic and Buddhist organizations providing to older adults in Vietnam and how, and (2) how do these religions differ in the way they implement their social services? The authors address Catholic and Buddhist organizations because they are the two major religions in Vietnam. Catholicism was the most commonly practiced religion with 5.9 million persons, accounting for 44.6% of the total number of religious followers and 6.1% of the country's total population. Buddhism was the second most common religion, with 4.6 million persons, or 35.0% of religious followers and 4.8% of the national population. The remaining religions all had a relatively small proportion of followers (Central Population and Housing Census Steering Committee 2020). To better understand FBOs' service provisions, we also compare between FBOs and the government sector's social service delivery system where applicable.

## **Background of the study**

### **FBOs in social welfare provision for older person: West to East context**

Existing literature shows that FBOs derive success in meeting the needs of older adults and providing primary interventions from establishing collaborative networks, civic engagement, and social services as a religious moral imperative. In Western societies and in Europe, FBOs, in collaboration with government and secular partnerships, have the unique ability to heal body, mind, and spirit, especially for older adults. It is documented that the more people age, the more they feel religion is important in their lives (Ardelt & Koenig, 2006; Ellor & McFadden, 2011; Zimmer et al., 2016). According to Becker (2005), religion may answer existential questions and provide spiritual guidance and coping resources, especially in later life. Researchers note that religious beliefs and values help increase individuals' resilience and affect their decisions about well-being, especially in the aging process (Francoeur, Burke, & Wilson, 2016; Levkoff, Levy, & Weitzman, 1999).

Hence, some Western countries developed an integrative strategy to purposefully promote the involvement of religion and FBOs in social service provision for older adults (Bielefeld & Cleveland, 2013; Brunn, 2016). For example, in the United States (U.S.) both Presidents Clinton and Bush signed laws that supported federal funding for FBOs. Charitable Choice Program legislation mixed religion and publicly supported social services by providing preferential status to FBOs when applying

for government funds intended to help people in need (Cnaan & Boddie, 2002). In many countries, such as Sweden, Britain, and Germany, the government outsources social services to authorized FBOs (Fridolfsson & Elander, 2012; Göçmen, 2013). This harmonic relationship between the state and FBOs in providing care for older adults can benefit both entities. For the state, the use of FBOs can be instrumental in accessing services, and for FBOs, it is a way to engage and develop community (Biggs & Carr, 2016; Ferris, 2005) and broaden its social influence (R. J. Taylor & Chatters, 1986). Hence, it is projected that FBO initiatives for older adult care will be of increasing importance (Biggs & Carr, 2016) and result in an unprecedented effect on the social service system (Cnaan & Boddie, 2002).

In the East, there is a considerable gap in the current literature of the participation of FBOs in Asian countries (Pavolini, Béland, & Jawad, 2017; Zimmer et al., 2016). The existing literature refers to FBOs' role in building the Association of southeast Asian Nations (ASEAN) community, which focused on a recent series of dialogues in Bangkok, Singapore 2016. This initiative was significant given the vast diversity of beliefs in Southeast Asia and the deeply rooted nature of religion and faith in the everyday lives of its people. Ambassador Ong Keng Yong, the Eleventh Secretary-General of ASEAN, stated, "FBOs make a difference on the ground... they are established, and they understand the local communities... so FBOs must be the bridge between the government, policies and the local communities" (Bahá'í International Community 2016).

A group of 26 representatives from FBOs and academia of religious studies from all ten ASEAN countries discussed the role of FBOs in ASEAN 2025: Forging Ahead Together. Religious leaders focused on two principles: That the region's peace relied on unity in diversity and shared prosperity. FBOs have a collective consensus to promote values such as equality and compassion to help narrow development gaps, whether economic or social. According to Bahá'í International Community (2016), FBOs in Asian countries are involved in rapid responses to complex humanitarian emergencies following natural disasters and strive to provide aid and assistance to underserved populations regardless of religious orientation to eradicate poverty. National and local level faith-inspired organizations range in influence and activity, depending on the country context. Their contributions have importance in fragile states and communities, where they often provide the little education and health care that is available. Among the few studies internationally published, findings confirm that FBOs play an important role in improving older adult health and well-being (Krause, Ingersoll-Dayton, Liang, & Sugisawa, 1999; Sasiwongsaroj et al., 2015; Wang, 2014).

## Religions and politics in Vietnam

If Buddhism was introduced to Vietnam in the third century BC, Catholicism entered Vietnam much later in the sixteenth century (T. H. Nguyen, 2017). Therefore, even though the Catholic community is larger than its Buddhist counterpart, Buddhism is much more influential in Vietnam since it has been integrated into Vietnamese culture (T. Q. N. Nguyen, 2016). Whereas both religions participated in philanthropy activities as a way to practice their religious belief and at the same time engage and develop community (Biggs & Carr, 2016), the ways they approach and deploy philanthropy activities in Vietnam are different. Nguyen-Marshall (2009) documents that Vietnamese Catholic FBOs' activities were highly organized and active, and their philanthropy did not aim at increasing the number of followers. However, Vietnamese Catholics were actively involved in politics during the Vietnam War. Toward this political goal, they strongly supported anti-communist movements and forging strategic alliances with South Vietnam, foreign governments, and NGOs. Hence, their religion-based philanthropy was partly aimed at serving the war against the communist party as a civil responsibility (Nguyen-Marshall, 2009).

On the other hand, Buddhist philanthropic activities were organized in a flexible, spontaneous, seasonal way, somewhat independent from the government and agencies (Duong, Nguyen, & Quach, 2020). Even within the system of Buddhist associations, there was a lack of consistency and collaboration in conducting philanthropic work. The socio-political position of the Vietnamese Buddhist Association has been to give prominence and conforms to the guidelines and leadership of the Vietnamese government and the Communist Party (Nguyen-Marshall, 2009).

Because of the historical background, the context for FBOs to take part in social service provisions in Vietnam is somewhat complicated. On one hand, the right to freedom of religion and belief is acknowledged by Convention. On the other hand, the government views religion as a '**vấn đề**' that will exist for a long time' ('**Tôn giáo là vấn đề còn tồn tại lâu dài**', Resolution 25/NQ-TW (12/03/2003)). "**Vấn đề**" means an issue that causes or may cause problems. By identifying religion as a "**vấn đề**", the national government exercises a cautious approach toward religion and by association FBOs. Researchers show that this cautious approach partly comes from the complicated relationship between religion and politics in Vietnam since the French colonial period (Nguyen-Marshall, 2009, Nguyen Thi Phuong 2020), and partly because the government sought to protect national unity and strengthened the Communist Party's authority (Reese & Glendon, 2016).

Recently, the government has implemented a strategy referred to as "universalization" (*xa hoi hoa*), which promotes the participation of non-government organizations, including FBOs, in social service provision (ISEE, 2015; Khuat & Hasan, 2006; Nguyen-Marshall, 2009). Since then, this universalization strategy has been translated into several governments following Decrees and Decisions. Decision 1520/QĐ-LĐTBXH (2015) projects that the share of the non-government

sector, including FBOs, must be at least 60% of total social service providers in Vietnam from 2016 to 2025.

Since this universalization strategy in 2001, Catholic and Buddhist organizations have been more publicly involved in social support activities. Caritas Vietnam, a Catholic charitable organization, established in 1965 then suspended in 1976, was allowed by the government to re-open in 2008. A number of studies documents that religious organizations, both Catholic and Buddhist, are currently important channels of charitable donation in Vietnam (Dang, Le, Nghiem, Nguyen, & Phi, 2011; ISEE, 2015)

In 2018, MOLISA issued official dispatch #2821/LĐTBXH-BTXH on reviewing and auditing religion-based social protection centers. Previously MOLISA only required the review of public social protection centers. This change is a sign of increased attention by the government on the role of FBOs in providing support for vulnerable populations in Vietnam. At the same time, this move may be also an effort to regulate the participation of religious organization in the delivery of social service provisions. The implementation of this universalization strategy in the delivery of social services needs to be an area for future research.

## **Research methods**

This is an exploratory study of how Catholic and Buddhist FBOs in Vietnam participate in social service provision for older adults (age 60 and over). The aim is to gain knowledge about the services provided by FBOs in Vietnam and how they implement these services. We resort to the following methods to collect information.

### **Secondary data analysis**

Given that statistics on both social services for older adults and FBOs in Vietnam are scarce and inconsistent (Hoang, Bui, & Pham, 2016; Kidd et al., 2016), researchers review three sources of data to raw out the key characteristics of FBOs' social services provision for older adults in Vietnam. These data sources include:

1. Official statistics on social services for older adults where there is an involvement of FBOs. These statistics were provided by Vietnam Ministry of Labor, War Invalids, and Social Affairs (MOLISA)
2. Official reports provided by Vietnamese Catholic and Buddhist associations on their philanthropic activities for older adults.
3. News reports published in the period of 01/2018 to 07/2019 on online newspapers and websites of Catholic and Buddhist associations such as [giacngo.vn](http://giacngo.vn) which

belongs to Hochiminh City Buddhist Association, caritasvietnam.org which belongs to Catholic Bishops Committee of Vietnam. A total of 628 news reports was collected, most (546) from [giacngo.vn](http://giacngo.vn), 32 from Caritas Vietnam; 34 from the Archdiocese of Hanoi; with smaller numbers from website of Archdiocese of Hue city, and Hochiminh City. Of these, 533 were selected for analysis as they provided the needed data, including (1) type of support, (2) recipients of support, and (3) support provider(s). Excel was used to create a table tabulating frequencies.

## **Field visits to nursing homes for older persons**

Due to the lack of information on how FBOs provides long-term care for older adults in Vietnam, researchers conducted semi-structured observations to eight sites (six to the faith-based nursing homes and two to public social protection centers). In each site, we observed (1) numbers of older residents living there, (2) living conditions (number of persons per room, hygiene, bathrooms, meals, availability of added support for those with special needs); and (3) social life (residents' interactions with each other and with staff; availability of social and spiritual activities); (4) health care services.

## **Semi-structured interviews**

Using a convenience sample, researchers interviewed a total of 45 persons, including 32 older adults, (4 residing in each nursing home or social protection centers), 6 Buddhist nuns or Catholic sisters providing care, 4 volunteers in nursing homes and 3 local authorities. Interview guides were adapted for each subject, but all focus on four key themes: (1) recruitment criteria and number of persons served by FBOs nursing home (2) FBOs infrastructure and facilities, (3) types of services/activities organized for older adults; and (4) relationship and interactions among them, and between them and staff.

## **Findings**

### **How FBOs define their target population and the services provided for OPs in Vietnam**

Secondary data analysis shows that Vietnamese Catholic and Buddhist FBOs provide support to a wide range of vulnerable persons, including a majority of older adults. Of the 533 self-reports by Catholic and Buddhist FBOs, 279 (52.3%) report actual

support activities for older adults. The remainder (47.7%) report support activities for other target populations such as the poor, people with disabilities or children.

When compared to the public sector, both Buddhist and Catholic organizations define the target population of their social services more broadly. Older adults could access services on a short or long-term basis with fewer eligibility requirements than their public counterparts. In keeping with their moral imperative, FBOs serve people that are 'poor in both material and spiritual resources, neglected and socially isolated, living under basic living standards' (Caritas Vietnam, 2008), and aim at sharing resources with people in need, and heal the pain (Vietnam Buddhist Sangha Executive Council, 2013). Even for nursing service, their admissions criteria are not restrictive. Both Catholic and Buddhist FBOs report that they accept older adults even when they are unable to provide the required documents or do not meet the eligibility of hardship, such as living in difficult conditions. For example, one middle-class 72-year-old female residing at a Buddhist SPC had wished to live in a particular Buddhist SPC for spiritual peace. The nuns accepted her based on this spiritual need when there were some vacant slots. Other study participants also said that eligibility criteria were not strict, provided they could express a need. A Buddhist nun in charge of an SPC explained the referral system:

Some of them [older adults receiving nursing services provided by the Buddhist temple] came to us for help, some were referred by the local government, some were invited by our Head-nun when she visited the communities and found them living in a too difficult conditions, and some came in on their own. Previously we received both male and female older adults, but we now receive only females since the last male left us because of his conflicts with female tenants. This is a Buddhist temple for nuns, and besides, the co-living between both males and females is often complicated with many conflicts. Yes, they should give us an identification document such as an identity card, but if they don't have any, we still accept them and register their permanent residence with us with the local government. (A Buddhist nun, 27 years old, Hue city)

By contrast, the government's eligibility criteria for beneficiaries of social welfare policies are quite clear, simple, and means-tested. Public SPCs provide assistance for older adults based on a set of specific criteria, such as meeting the prescribed poverty level, having no family support, and being over-80s without a pension. Often the barrier to government assistance is that older adults must submit all required documents to prove their eligibility. Many are unable to provide all documents for such reasons as having lost proof of identification during the wars. Hence, a high proportion of over-80s Vietnamese is unable to obtain assistance.

Vietnamese Catholic and Buddhist organizations provide two types of supports to older adults: short-term or ad hoc services, and long-term services. The first covers all kinds of short-term or one-time support to older adults in need - cash, in-kind supplies, health screenings, and counseling. FBOs do not need permission



from the local government in advance to provide this type of support. Long-term support refers to nursing services in which FBOs provide long-term residential accommodation and care for older adults. This type of service officially falls under the government's category 'Social Protection Centers' (SPCs). Faith-based SPCs are commonly initiated by and attached to a certain Catholic Church or Buddhist temple and must register their activities with the local government. There is no binding contract or collaborative approach; rather this is a way to categorize and monitor social services by the government.

### Short-term support provided by Catholic and Buddhist organizations

Short-term supports reported by Catholic and Buddhist organizations are varied. They include free health checks and healthcare counseling, medicine or health insurance supplies, cash, in-kind supplies; a Charity House for homeless older adults; funding for (mostly eye) surgery, emergency aid for victims of natural disasters, psychological and spiritual support. These activities are often conducted in cooperation with other social organizations, although FBOs did not discuss specific cooperative partnerships in their reports.

Table 1

News reports on short-term philanthropic services for older adults as reported in media channels of Catholic and Buddhist organizations ( $n=279$ )

Activities	News reports	
	n	%
Cash and in-kind supply	246	88.2
Free health check with medicine or health insurance supply	66	23.7
Building Charity House	58	20.8
Funding surgery	39	14.0
Health check together with healthcare advice	22	7.9
Psychological support	19	6.8
Spiritual support	12	4.3
Emergency aid	6	2.2

**Note:** To determine the percentage of news reporting each type of service as reported by FBOs, we divide the number of times the service was mentioned in the news by the total news (for example, 'providing cash and in-kind supply' was mentioned in 246 news, then the percentage of news reporting this type of service is  $[246/279]*100\%=88.2\%$  of the total news). Because some news reported more than one types of services, the total percentages of the news reporting particular type of services is larger than 100%.

Table 1 shows types and frequencies of short-term and ad hoc services reported by Catholic and Buddhist organizations. The most common service provided

was cash and in-kind goods supply, followed by health-related services. Nearly a third stated that health-related services included health screenings, health advice, medicine and supplies, health insurance, and funding of surgeries. One-fifth reported building a Charity House for disadvantaged older adults so that they can remain in their communities. Psychological and spiritual supports were also mentioned as philanthropic activities.

Table 2

News reports of social services for older adults offered by Buddhist and Catholic organizations by types of service (%)

Type of service	Organizations	
	Buddhist	Catholic
Health check and advices	6.5	17.6
Health check and medicine/insurance supply	24.5	17.6
Cash and in-kind provision	90.2	73.5
Building charity house	22.4	8.8
Funding surgery	14.7	8.8
Emergency aid	2.4	0.0
Psychological support	5.3	17.6
Spiritual support	0.8	2.4

As shown in Table 2, there are two notable differences in types of short-term services provided by Buddhist and Catholic FBOs. Firstly, Buddhist FBOs provide supports requiring more financial resources, (cash and in-kind provisions, a charity house, funding surgeries). Catholic FBOs report more medical supports - health screenings, healthcare advice. Secondly, Catholic organizations report more psychological and spiritual support for needy older adults than their Buddhist counterparts. The self-report of these activities on their media channels shows their concern for the importance of mental and spiritual health of older adults.

### **Long-term faith-based social protection centers (SPCs) for older adults**

MOLISA and official Dispatch #532/BTXH-CTXH (07/31/2015) report that 154 social protection centers (SPCs - public and non-public) provide support for older adults in Vietnam, of which 52 belong to FBOs. Among the latter, 28 are Buddhist, 22 are Catholic, and the other two are Hoa Hao Buddhist. Yet, Catholic and Buddhist organizations report that 236 SPCs are currently active, more than four times the number reported by government reports. In comparing Buddhist and Catholic SPCs, there are more Catholic SPCs (53%) than Buddhist SPCs (47%) providing social services to older adults.

Data collected during researchers' observation and interviews supported the

quantitative data. Catholic and Buddhist SPCs tend to be very flexible in providing social services to older adults. Interviews showed that an older adult does not need to be a practicing follower of Catholicism or Buddhism to be received in their nursing homes. We observed a tendency for older adults to seek support from SPC whose religion is identical to theirs but there were cases where Buddhist SCPs served Catholic believers, and Catholic SPC nurses served Buddhist believers, both respecting the beliefs of their residents.

We also observed informal cooperation between the public (state) and FBOs SPCs in serving disadvantaged older adults. 'Informal' means that the cooperation between local authorities and FBOs is not based on any written policy/regulation, instead, it is based on both sides' willingness. In-depth interviews revealed that local authorities reported a positive attitude towards FBOs. Local authority participants acknowledged FBOs as having additional resources to service an underserved population of older adults. They refer the most vulnerable, homeless older adults to FBOs SPCs, especially if they do not have the required documents to prove their eligibility for the public ones.

When operating a SPC, both Catholic and Buddhist FBOs report financial challenges. Some older adults living in FBO SPCs have health insurance or receive public social assistance prescribed by social policy, such as the Over-80s Allowance. However, the allowance does not provide enough economic security for the resident or fully support their stay in the FBO SPC. For example, one Catholic SPC participant reported that the monthly public assistance prescribed by social policy covers only 20% of residents' total expenditures and that some residents are ineligible for any public programs or health insurance due to lack of documentation. Accordingly, most FBOs must rely on their own resources to run a SPC. For example, a Buddhist SPC planted mushrooms for trade to increase their financial resources for this.

Our interviews reveal that Catholic SPCs receive regular support of various kinds, including material and financial support from corporate organizations, while Buddhist SPCs receive no support from their national office. However, researchers observed continuous flows of believers and visitors making cash and in-kind donations to Buddhist SPCs, including volunteer help with the temple's daily activities. The contribution of their religious followers and charitable groups were of great importance.

Comparing Catholic and Buddhist SPCs, it appears that the former tend to keep the size of their SPCs smaller (no more than 30 older adults at a time), while Buddhist SPCs vary, with some serving 12-15 residents and others serving 150 at a time. Residents in FBOs SPCs seemed more accepting of and satisfied with their living situation. Asked if they would like to make a change if offered the opportunity, most stated that they needed no change and felt "very good" with their stay. In contrast, most residents of public SPCs expressed a wish to go back to their hometown to live. There were no notable differences expressed among participants from the three regional areas.

## Discussion

Findings show that Catholic and Buddhist FBOs provide a wide range of supports for disadvantaged older adults in Vietnam. Both have been effective in mobilizing resources for their philanthropic activities, including cash, in-kind resources, healthcare, shelter, psychological and spiritual support. These are of great importance, especially for older adults who fall out of the safety net because they lack required documentation or due to restrictive eligibility criteria set by government policy. This service provision by FBOs is even more crucial, given that one-fifth of Vietnamese older adults live below the national poverty line (H. S. Nguyen, Nguyen, & Nguyen, 2021).

The study shows that in comparison with the means-tested public sector, FBOs assist needy older adults in more flexible ways (philanthropic activities, open referral system, engagement with nuns who reach out locally). Older adults living at FBOs' nursing homes express a greater sense of belonging and acceptance of their living condition than do those living at public SCPs. This finding points to the importance of FBOs contribution, given that in Vietnamese culture, older adults without children and family are disadvantaged. Having children's care is not only a practical assurance but also a cultural value. Even a wealthy older adult in comfortable living conditions will be considered by himself/herself and the community as 'unfortunate' if he/she does not receive care from his/her own children. Vietnamese homeless older adults bear a double burden. Lacking both family care and housing, they experience psychological pain which affects their perceived well-being. Hence, the finding that FBOs SPCs provide a place where homeless older adults can accept their situation and feel a sense of belonging suggest collaboration between policy-makers, social workers and FBOs is desirable.

Our findings also suggest some differences between FBOs initiatives. The Buddhists tend to invest in more costly programs, such as health-related programs and material provisions, than their Catholic counterparts, who focus on health screenings, education, psychological and spiritual support for older adults. An important reason for this is that Buddhist organizations are more successful in mobilizing community resources for their philanthropic activities. As Buddhism is integrated into Vietnamese culture, Buddhist temples are more open to the public, who add their contributions to those received from religious followers.

This study is consistent with existing literature showing that FBOs work more effectively than the public sector because they are more flexible in delivering services and have more community support. The older adults participated in our research report that they are satisfied with services delivered by FBOs. Bielefeld and Cleveland (2013) explain that FBOs are more selective in services provision, and older adults gravitate to organizations that adhere to their belief system. Our observations support this explanation, adding that motivation from both religious and personal beliefs and values, may contribute to the whole-hearted service of Catholic sisters, Buddhist

nuns, and volunteers. Those who follow a religion have moral imperatives which encourage them to think beyond themselves to the community, justice, or the lives of the disadvantaged persons. This may contribute to a voluntary commitment that is stronger than that of staff working at public sector

Additionally, Vietnam has a promoting universalization (*xa hoi hoa*) strategy, which invites non-government organizations such as FBOs, to participate in social service provision. This can be considered as the first step to advance FBOs' mission of civic engagement in improving human conditions for older adults. Currently, Vietnam does not have a systematic, coordinated partnership with FBOs in the delivery of social services for the welfare state. There is no evaluation or transparent monitoring measure of the effectiveness of FBOs in meeting older adults' needs. Our findings indicate a lack of statistics, an undercounting of FBOs programs, and under-reporting of unregistered FBOs. This study also acknowledges the financial limitations and challenges of both public and private sectors in providing accessible and affordable social services for vulnerable older adults.

## **Limitations of the study**

This pilot study was conducted in a context of scarce statistical information of FBOs' social service provision for older adults. Data provided by authorities and by Catholic and Buddhist FBOs are self-reported. Though this exploratory study makes some contribution in acknowledging the function of FBOs as a private social welfare system for older adults in Vietnam, findings cannot be generalized.

## **Conclusion**

This study documents that Vietnamese Catholic and Buddhist FBOs are actively providing short- and long-term social services for older adults. While the FBOs' resources and services are more flexible and accessible, the public welfare sector is means-tested and developed for the most vulnerable older population. The findings suggest that poor monitoring and lack of accountability of FBOs activities by the government has created an independent and under-reported private system of service delivery.

The growing needs of Vietnamese older adults for additional resources can be a call to action for outsourcing social service provisions to FBOs in a coordinated and collaborative manner. The government is moving toward a universalization strategy that would allow the FBOs to augment the public welfare system. Using a universalization strategy, government, FBOs, and civil society can establish a collaborative partnership to strengthen the social delivery system for older adults

at the national, provincial, and local levels. Our study suggests that the government should leverage a cooperative agreement with FBOs, to deliver services for its most vulnerable population, under a national unity and prosperity agenda. In addition, practitioners such as social workers should pay more attention to FBOs as a reliable and productive community resource.

## References

- Ardelt, M., & Koenig, C. S. (2006) The Role of Religion for Hospice Patients Older Adults. *Research on A*, 28, 2, 184–215.
- Bahá'í International Community. (2016) Faith-based organizations dialog on the importance of community in Southeast Asia. Retrieved July 2, 2021, from <https://www.bic.org/news/faith-based-organizations-dialog-importance-community-southeast-asia>
- Becker, H. N. (2005) Religion and Coping in Older Adults. *Journal of Gerontological Social Work*, 45, 1-2, 51–67. <https://doi.org/10.1300/J083v45n01>
- Bielefeld, W., & Cleveland, W. S. (2013) Faith-Based Organizations as Service Providers and Their Relationship to Government. *Nonprofit and Voluntary Sector Quarterly*, 42, 3, 468–494. <https://doi.org/10.1177/0899764013485160>
- Biggs, S., & Carr, A. (2016) Age Friendliness, Childhood, and Dementia: Toward Generationally Intelligent Environments. In M. T. & G. S. (Eds.), *Age-Friendly Cities and Communities in International Comparison. International Perspectives on Aging*. Springer. Retrieved from [https://doi.org/10.1007/978-3-319-24031-2\\_15](https://doi.org/10.1007/978-3-319-24031-2_15)
- Brunn, C. (2016) How Integration Policies have Discovered Religion: German, French and British Politics within the Scope of a Comparative Institutional Analysis. *Interdisciplinary Journal for Religion and Transformation in Contemporary Society*, 2, 1, 12–36. <https://doi.org/10.14220/jrat.2015.2.2>
- Caritas Vietnam. (2008) Quy che Caritas [Statutes and Rules of Caritas Vietnam]. Retrieved October 12, 2019, from <https://caritasvietnam.org/dieu-le-quy-dinh>
- Central Population and Housing Census Steering Committee. (2020) *Results The Vietnam Population and Housing Census of 00:00 Hours on 1 April 2019*. Statistical Publishing House. <https://doi.org/10.36548/jiip.2020.1>
- Cnaan, R. A., & Boddie, S. C. (2002) Charitable Choice and Faith-Based Welfare: A Call for Social Work. *Social Work*, 47, 3, 224–235. <https://doi.org/10.1093/sw/47.3.224>
- Crisp, B. R. (2014) *Social Work and Faith-based Organizations*. Routledge (1st ed.) London. Retrieved from <https://doi.org/10.4324/978131579395>.
- Cultural Atlas. (n.d.) Vietnamese Culture - Religion. Retrieved September 1, 2021, from <https://culturalatlas.sbs.com.au/vietnamese-culture/vietnamese-culture-religion>
- Dang, N. A., Le, K. S., Nghiem, T. T., Nguyen, V. L., & Phi, H. N. (2011) Philanthropy in Vietnam. Retrieved January 10, 2018, from <https://asiafoundation.org/resources/pdfs/ASIAEfinal.pdf>

- Duong, Q. D., Nguyen, V. T., & Quach, T. K. (2020) Security Activity of Vietnam Buddhist Association from 1981 to the Present. *American Journal of Sociological Research*, 10, 1, 1–11. Retrieved from <http://article.sapub.org/10.5923.j.sociology.20201001.01.html>
- Ellor, J. W., & McFadden, S. H. (2011) Perceptions of the roles of religion and spirituality in the work and lives of professionals in gerontology: Views of the present and expectations about the future. *Journal of Religion, Spirituality and Aging*, 23, 1–2, 50–61. <https://doi.org/10.1080/15528030.2011.534702>
- Ferris, E. (2005) Faith-based and secular humanitarian organizations. *International Review of the Red Cross*, 87(858), 311–325. <https://doi.org/10.1017/S1816383100181366>
- Francoeur, R. B., Burke, N., & Wilson, A. M. (2016) The Role of Social Workers in Spiritual Care to Facilitate Coping With Chronic Illness and Self-Determination in Advance Care Planning. *Social Work in Public Health*, 19(8, May), 1–14. <https://doi.org/10.1080/19371918.2016.1146199>
- Fridolfsson, C., & Elander, I. (2012) Faith and place: Constructing Muslim identity in a secular Lutheran society. *Cultural Geographies*, 20, 3, 319–337. <https://doi.org/10.1177/1474474012464024>
- Göçmen, I. (2013) The Role of Faith-Based Organizations in Social Welfare Systems: A comparison of France, Germany, Sweden, and the United Kingdom. *Nonprofit and Voluntary Sector Quarterly*, 42, 3, 495–516. <https://doi.org/10.1177/0899764013482046>
- HelpAge International. (2020) The impact of Covid-19 on older persons in Vietnam 2020 in review. Retrieved July 8, 2021, from [https://ageingasia.org/wp-content/uploads/2020/12/Vietnam\\_analytical\\_report\\_23122020.pdf](https://ageingasia.org/wp-content/uploads/2020/12/Vietnam_analytical_report_23122020.pdf)
- Hoang, T. H., Bui, P. T., & Pham, H. G. (2016) Tin do Phat giao Viet Nam: Thuc trang thong ke va de xuat moi ve do luong [Vietnamese Buddhists: Issues on current statistics and a scale suggestion]. *Tap Chi Khoa Hoc Xa Hoi va Nhan van [Journal of Social Sciences and Humanities]*, 2, 1b, 43–52.
- Hoda, N., & Gupta, S. L. (2014) Loan Portfolio of a Faith-based Microfinance Institution: An Empirical Analysis. *Postmodern Openings Journal*, 5, 1, 65–94. Retrieved from <http://dx.doi.org/10.2139/ssrn.2372026>
- Holt-Lunstad, J., & Lefler, M. (2019) Social Integration. In *Encyclopedia of Gerontology and Population Aging*. Springer, Cham. [https://doi.org/https://doi.org/10.1007/978-3-319-69892-2\\_646-2](https://doi.org/https://doi.org/10.1007/978-3-319-69892-2_646-2)
- ISEE. (2015) *Nhan thuc cua nguoi dan ve hoat dong tu thien va kha nang gay quy cua cac to chuc phi chinh phu Viet Nam [People's awareness of charity and Vietnam NGOs' capacity on fund raising]*. NXB Giao thong van tai. Retrieved from <http://isee.org.vn/wp-content/uploads/2018/11/nhan-thuc-cua-nguoi-dan-ve-hoat-dong-tu-thien-va-kha-nang-gay-quy-cua-cac-to-chuc-phi-chinh-phu-viet-nam..pdf>
- Khuat, T. H., & Hasan, S. (2006) Philanthropy and the Third Sector in Vietnam: Overview, Extent, Activities, and Impacts. Retrieved from <https://ssrn.com/abstract=3010908>
- Kidd, S., Abu-el-Haj, T., Khondker, B., Watson, C., & Ramkissoon, S. (2016) **Tổng quan và đề xuất đổi mới hệ thống trợ giúp xã hội Việt Nam**. UNDP & Bộ Lao động, Thương binh và Xã hội.

- Kluge, H. H. P. (2020) Older people are at the highest risk from COVID-19, but all must act to prevent community spread. Copenhagen, Denmark. Retrieved August 5, 2021, from <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-older-people-are-at-highest-risk-from-covid-19,-but-all-must-act-to-prevent-community-spread>
- Krause, N., Ingersoll-Dayton, B., Liang, J., & Sugisawa, H. (1999) Religion, social support, and health among the Japanese elderly. *Journal of Health and Social Behavior*, 40, 4, 405–421.
- Le, V. A., Dang, H. H., Tran, V., Nguyen, N. B., & Nguyen, T. T. (2014) Tong quan hoat dong xay dung, thuc thi chinh sach va cong trinh nghien cuu khoa hoc ve nguoi cao tuoi Viet Nam [Overview of constructing and implementing policy and research studies on the Vietnamese elderly]. *Tap Chi Y Te Cong Cong*, 33, 7–14.
- Levkoff, S. U. E., Levy, B., & Weitzman, P. F. (1999) The role of religion and ethnicity in the help seeking of family caregivers of elders with Alzheimer's disease and related disorders. *Journal of Cross-Cultural Gerontology*, (Baker 1992, 335–356.
- Mai, T. H. (2016) Doi song cua nguoi cao tuoi Viet Nam trong giai doan gia hoa dan so [Life of the Vietnamese elderly in the context of aging]. *Tap Chi Khoa Hoc Xa Hoi va Nhan van [Journal of Social Sciences and Humanities]2*, Tap 2(so 1b), 26–42.
- Molisa Vietnam. (2020) Over 1.7 million elderly people receive monthly social allowance. Retrieved September 30, 2020, from <http://english.molisa.gov.vn/Pages/News/Detail.aspx?tintucID=222363>
- Nguyen-Marshall, V. (2009) Tools of Empire? Vietnamese Catholics in South Vietnam. *Journal of the Canadian Historical Association Revue de La Société Historique Du Canada*, 20, 2, 138–159. <https://doi.org/10.7202/044402ar>
- Nguyen, H. (2015) Linking Social Work with Buddhist Temples: Developing a Model of Mental Health Service Delivery and Treatment in Vietnam. *British Journal of Social Work*, 45, 4, 1242–1258. <https://doi.org/10.1093/bjsw/bct181>
- Nguyen, H. S., Nguyen, H. C., & Nguyen, M. H. (2021) Challenges of Aging in Vietnam [Thach thuc cua van de gia hoa dan so o Vietnam]. Retrieved July 30, 2021, from <https://tuyengiao.vn/van-hoa-xa-hoi/xã-hoi/thach-thuc-cua-van-de-gia-hoa-dan-so-o-viet-nam-133359>
- Nguyen, T. H. (2017) Buddhist-Catholic relations in Ho Chi Minh City. *International Journal of Dharma Studies*, 5, 13, 1–28.
- Nguyen, T. Q. N. (2016) The Vietnamese Values System: A Blend of Oriental, Western and Socialist Values. *International Education Studies*, 9, 12) <https://doi.org/10.5539/ies.v9n12p32>
- Pavolini, E., Béland, D., & Jawad, R. (2017) Mapping the relationship between religion and social policy. *Journal of International and Comparative Social Policy*, 33, 3, 240–260. <https://doi.org/10.1080/21699763.2017.1363801>
- Reese, T. J., & Glendon, M. A. (2016) Report from Vietnam: The struggle between government and religion. *America The National Catholic Review*, 214, 7).
- Sasiwongsaroj, K., Wada, T., Okumiya, K., Imai, H., Ishimoto, Y., Sakamoto, R., ... Fukutomi, E. (2015) Buddhist social networks and health in old age : A study in central Thailand. *Geriatrics Gerontology International*, 15, 1210–1218. <https://doi.org/10.1111/ggi.12421>



- Taylor, K. W. (2013) *A history of the Vietnamese*. Cambridge University Press. <https://doi.org/https://doi.org/10.1017/CBO9781139021210>
- Taylor, R. J., & Chatters, L. M. (1986) Church-based informal support among elderly blacks. *Gerontologist*, 26, 6, 637–642. <https://doi.org/10.1093/geront/26.6.637>
- Thich, N. T. (2016) Issues in the estimation of Buddhists in Vietnam. ‘Bai Phat Bieu Cua Hoa Thuong Thich Thien Nhon Chu Tich Hoi Dong Tri Su GHPGVN. In *Hoi Thao Tang Su Chu De’ Thong Ke Tang Ni, Phat Tu O Vietn Nam: Ly Luan Va Thuc Tien’ [Speech at the Conference on Buddhist Monks – Statistics in Buddhists in Vietnam: Theoretical and Practical Issues]* (pp. 9–12) Soc Son, Ha Noi, Viet Nam: Vietnam Buddhist Sangha.
- Truong, M., & Schuler, P. (2021) The salience of the Northern and Southern identity in Vietnam. *Asian Politics and Policy*, 13, 18–36. <https://doi.org/10.1111/aspp.12567>
- Tu, T. D. (2017) ‘Hoat Dong Giao Duc Tai Trung Tam Tu Thien Xa Hoi Phat Quang’ [Educational Activities at Phat Quang Center for Charity]’. In *Religious Studies in Vietnam: Establishment and Development (trans. KO)* (pp. 474–495) Ha Noi: Publisher of Religion.
- UNFPA. (2011) *The aging population in Viet Nam: Current status, prognosis, and possible policy responses*. United Nations Population Fund (UNFPA) in Viet Nam.
- Vietnam Buddhist Sangha Executive Council. (2013) Quyét dinh so 249/2013/QD-HDTS ngay 17 thang 7 nam 2013 ban hanh Noi quy Ban tu thien xa hoi Trung uong GHPGVN nhien ky VII (2012-2017) [Decision 249/2013/QDTS issued on 17 July 2013 on Statutes and Rules of Social Charity Committee of Vietnam Buddhist Sa. Retrieved May 7, 2019, from <https://phatgiao.org.vn/noi-quy-ban-tu-thien-xa-hoi-trung-uong-ghpgvn-d11331.html>
- Wang, X. (2014) Subjective well-being associated with size of social network and social support of elderly. *Journal of Health Psychology*, 21, 6, 1037–1042. <https://doi.org/10.1177/1359105314544136>
- World Bank. (2020) GNI per capita, Atlas method (current US\$) - Vietnam. Retrieved April 10, 2021, from <https://data.worldbank.org/indicator/NY.GNP.PCAP.CD?locations=VN>
- Zimmer, Z., Jagger, C., Chiu, C. T., Ofstedal, M. B., Rojo, F., & Saito, Y. (2016) Spirituality, religiosity, aging and health in global perspective: A review. *SSM - Population Health*, 2, 373–381. <https://doi.org/10.1016/j.ssmph.2016.04.009>