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Older People in Rural Areas in the Silver Economy: The Relationship between Living Standards and Access to Healthcare Services

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ABSTRACT: The rapid aging of Viet Nam's population has increased demand for healthcare services among older people, particularly in rural areas where access remains limited. This study analyzes the current utilization of healthcare services among older people in rural areas and examines the relationship between household living standards and the choice of healthcare facilities. Based on data from the 2020 Viet Nam Household Living Standards Survey (VHLSS), combined with relevant literature and previous studies, the results show that older people in rural areas primarily use commune health stations, district hospitals, and private healthcare facilities, while their access to higher-level healthcare facilities is lower than that of their urban counterparts. Living standards have a clear influence on healthcare choices: low-income groups tend to use primary-level healthcare facilities due to limited affordability, greater distances, and higher travel costs, whereas high-income groups have greater access to higher-level facilities. Healthcare costs and out-of-pocket expenses not covered by insurance remain significant barriers. The study proposes strengthening primary healthcare, developing home-based care, expanding insurance coverage, and enhancing social protection support to improve access to healthcare services among older people in rural areas.

KEYWORDS: Older people, living standards, healthcare services, rural areas

INTRODUCTION

Vietnam is entering a period of rapid population aging; it is projected that within 30 years, people aged 60 and older will account for approximately 25% of the population. Although the living conditions of the elderly are steadily improving, population aging places increasing demands and pressure on the healthcare system. Approximately 95% of the elderly suffer from health conditions averaging 2.69 ailments per person predominantly chronic, non-communicable diseases. Elderly individuals in rural areas report poorer self-assessed health compared to their urban counterparts; furthermore, the majority rely on agriculture for their livelihood, rarely undergo routine health check-ups, and face limitations regarding health insurance coverage, facilities, healthcare personnel, and overall access to medical services (UNFPA, 2021).

Among the factors influencing healthcare utilization, household living standards play a crucial role in determining the elderly's ability to pay for, access, and select healthcare facilities. Consequently, this study focuses on analyzing the impact of living standards on healthcare utilization among the rural elderly, aiming to identify groups at risk of limited access and to propose appropriate policy implications.

RESEARCH METHODOLOGY

This study utilizes the 2020 Vietnam Household Living Standards Survey (VHLSS) dataset, conducted nationwide by the General Statistics Office. Covering 46,980 households across 3,132 communes and wards, the survey provides data on employment, income, health, education, and consumption. The 2020 VHLSS was selected over more recent datasets because 2020 marked the onset of the COVID-19 pandemic, a period that triggered significant socio-economic fluctuations and disruptions to the supply of and access to healthcare services. Rural older adults, in particular, have high healthcare needs and are highly susceptible to these changes; thus, the 2020 data is well-suited to the study's objective of capturing healthcare service utilization during a time of widespread disruption. This choice ensures alignment between the observation period and the research questions, prioritizing contextual relevance over simply using the most recent data, which would reflect a landscape where service delivery conditions and healthcare-seeking behaviors had already shifted. Drawing on the 2020 VHLSS alongside secondary literature and related studies, this research analyzes the impact of living standards on healthcare service utilization among rural older adults and proposes policy implications.

CURRENT STATUS OF HEALTHCARE SERVICE UTILIZATION AMONG THE RURAL ELDERLY

Numerous studies indicate that the rural elderly face significant challenges regarding healthcare, largely because their children have migrated elsewhere for work and live far from home (Bang et al., 2017; Giang et al., 2023). Shifts in living arrangements can further complicate the lives of the rural elderly, affecting both their physical and mental well-being (Nguyen Thi Thuy Linh, 2019). Notably, in many areas, the elderly are reluctant to undergo routine health check-ups. Some individuals face financial hardship yet do not qualify as "poor households,"

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meaning they do not purchase health insurance; consequently, they lack the funds to seek medical attention when ill (Ngo et al., 2021). A large proportion of elderly individuals with chronic conditions express a strong preference for self-care at home rather than visiting healthcare facilities (Nguyen Thi Thuy Linh, 2019).

Table 1: Types of medical services used by rural older adults (%)

Type of medical service	Area	
	Rural	Urban
Commune/ward health station	17,7	3,0
District-level hospital	36,7	38,5
Provincial/city-level hospital	19,1	29,9
Central-level hospital	7,5	7,7
Private healthcare	18,6	19,5
Other health facilities	0,4	1,3

Source: Calculated from VHLSS 2020 data

There is a marked difference in healthcare service choices between rural and urban older adults. Due to limited income, rural older adults often prioritize essential needs and face difficulties in paying for healthcare services or accessing higher-level medical facilities (Nguyễn Thị Thùy Linh, 2019).

The results in Table 1 show that rural older adults primarily utilize commune health stations, district hospitals, provincial/city hospitals, and private healthcare providers, whereas urban older adults tend to use higher-level facilities such as district, provincial/city, and central hospitals as well as private healthcare. The proportion of rural older adults seeking medical care at commune/ward health stations is 17.7%, nearly six times higher than the rate in urban areas (3%). Conversely, urban older adults exhibit higher utilization rates of higher-level medical facilities, reflecting more favorable economic conditions and better access to high-quality services compared to their rural counterparts.

In rural areas, particularly in impoverished and mountainous regions, many people still opt for commune health stations because costs and the distance to higher-level facilities remain significant barriers. UNFPA (2019) suggests that the uneven distribution of medical facilities is a factor discouraging older adults from accessing higher-level care. In communes lacking a health station, the average distance to the district hospital reaches 13.3 km in the Northeast, 22.5 km in the Northwest, and 15.6 km in the Central Highlands (UNFPA, 2011), thereby increasing costs and limiting access to healthcare services for rural older adults.

THE RELATIONSHIP BETWEEN STANDARDS OF LIVING AND ACCESSIBILITY TO HEALTH SERVICES OF RURAL ELDERLY

When their health declines and they cannot be independent, the elderly tend to rely on others for help. Elderly people in general and elderly people in rural areas in particular today all have a need to access and use medical services to take care of their health. Studies have shown that many elderly people in rural areas have poor health conditions, require long-term medical care, but do not have many opportunities to access modern and higher-level medical services. (Bang et al. 2017; UNFPA, 2021). In general, the majority of the elderly in rural areas still continue to work, some do not live with their children and grandchildren, some live alone, belong to poor and disadvantaged households, so they tend to take care of their own health at home or go to lower-level health facilities such as commune health stations, traditional medicine... At the same time, not all elderly in rural areas go to medical facilities for examination and treatment when they have health problems due to factors such as living standards, costs, etc.

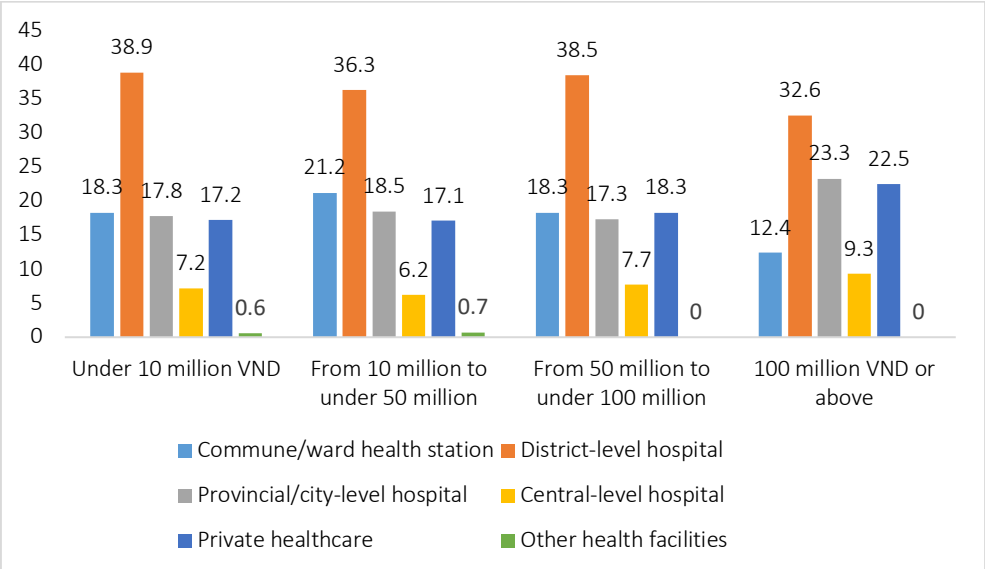


Figure 1: Healthcare service utilization rates among the elderly in rural areas by household income (%)
Source: Calculated from VHLSS 2020 data

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For older adults, illness and disease diminish their capacity for autonomy and independence, directly impacting their quality of life. Consequently, access to healthcare services plays a crucial role in safeguarding their physical well-being. Results from the 2020 Vietnam Household Living Standards Survey (VHLSS) indicate a clear link between living standards and the choice of healthcare facilities among rural older adults (Figure 1). Those from low-income households primarily utilize grassroots-level health facilities, whereas higher-income individuals are more likely to access higher-level facilities. Specifically, the utilization rate of commune or ward health stations among older adults in households earning less than 10 million VND per month was 18.3%, higher than that of the group earning 100 million VND or more per month (12.4%). Conversely, utilization rates for provincial or municipal hospitals stood at 17.8% and 23.3% for the respective income groups, while rates for central-level hospitals were 7.2% and 9.3%.

Thus, financial capacity is a key factor influencing healthcare choices among older adults, particularly in rural areas where many lack pensions or stable allowances to cover medical expenses (Nguyen Quoc Anh, 2018). Beyond quality and convenience, older adults prioritize costs that align with their family's financial situation and seek to minimize unexpected expenses. This is also a reason why some older adults opt for private healthcare facilities (Nguyen Thi Thuy Linh, 2019). Analysis of the 2020 VHLSS data reveals findings consistent with recent studies while also highlighting a more complex relationship between living standards and healthcare utilization; specifically, rural older adults have a 4.9 percentage point lower probability of using outpatient services compared to their urban counterparts, alongside a significantly lower frequency of outpatient service use (Thuy Tien Doan Ngoc & Long Thanh Giang, 2025). Thus, while living standards create disparities in the ability to choose and access various types of healthcare services, they are not the sole determinant of service utilization behavior among older adults. Differences in healthcare utilization across groups of older adults must be examined in the context of multiple interacting factors, including the type of healthcare service, place of residence, health insurance coverage, healthcare needs, and accessibility of service providers.

Overall, as living standards improve, older adults tend to access higher-level healthcare facilities that offer superior professional expertise and technical capabilities. Conversely, those with lower living standards primarily utilize primary healthcare facilities, as these align better with their financial means, geographical proximity, and travel constraints.

Table 2: Outpatient and inpatient medical costs for the elderly in rural areas (%)

Outpatient medical costs		**Inpatient medical costs**	
Under 100,000 VND	30,5	Under 1 million VND	26,2
100,000 – under 300,000 VND	15,4	1 million – 2 million VND	18,3
300,000 – under 800,000 VND	22,1	Over 2 million – 6 million VND	26,2
800,000 VND and above	31,9	6 million VND and above	29,4

Source: Calculated from VHLSS 2020 data

Medical costs pose a significant barrier to older adults' access to healthcare services. Direct costs include fees for consultations, medication, laboratory tests, diagnostic imaging, and items not covered by health insurance; indirect costs encompass expenses for travel, accommodation, and hired caregivers, as well as the lost income of family members. For older adults in rural areas, indirect costs are often high due to long distances and limited transportation options. When total costs exceed their ability to pay, older adults tend to delay medical visits, self-medicate, or seek care only when their condition becomes severe; this reduces treatment effectiveness and increases long-term costs (Almeida, 2017).

According to the 2020 VHLSS (Table 2), 31.9% of rural older adults receiving outpatient care incurred costs of 800,000 VND or more, while 29.4% of those receiving inpatient care spent 6 million VND or more. This represents a significant burden for many households, particularly poor and near-poor families and those in remote or isolated areas (Vu Cong Nguyen et al., 2020). Furthermore, the average healthcare cost for an older adult is seven to eight times higher than that for a child (Pham Thang and Do Thi Khanh Hy, 2009). Consequently, high medical expenses not only increase the financial burden but may also cause older adults to delay or forgo treatment. Older adults without pensions or stable incomes, as well as rural households, must carefully weigh affordability especially when treatment at higher-level facilities entails additional costs for travel, accommodation, and caregiving (UNFPA, 2011).

Previous studies indicate that healthcare service utilization among older adults is closely linked to household living standards. In Yen Bai, Thanh Hoa, and Tien Giang, each additional outpatient visit by older adults to private medical facilities doubles the likelihood of households facing a medical cost burden; meanwhile, each additional hospital admission at provincial or central-level hospitals increases this likelihood by a factor of 1.34. Furthermore, each additional outpatient visit regardless of the facility type increases the probability of households facing financial hardship by 1.39 to 1.55 times. Thus, the more frequently older adults utilize medical services, the higher the risk of their households encountering financial difficulties due to medical expenses (Nguyen Hoang Giang et al., 2022).

Economic conditions also significantly influence older adults' ability to pay, access to resources, and healthcare utilization behaviors. Although health insurance helps alleviate financial burdens, out-of-pocket expenses not covered by insurance and indirect costs can perpetuate inequalities in service access. Consequently, raising incomes, subsidizing medical costs, reducing out-of-pocket spending, and improving grassroots-level services are crucial measures for enhancing access for older adults in rural areas.

Recent studies indicate that issues regarding costs and financial burdens remain unresolved. According to data from the 2022 Vietnam Household Living Standards Survey (VHLSS), the average medical expenditure for individuals seeking treatment was 2.5 million VND (approximately 2.3 million VND in rural areas). By 2024, this figure had surpassed 3.5 million VND (a 41.9% increase compared to 2022), with rural areas recording nearly 3.4 million VND. Notably, while average per capita spending in rural areas in 2024 remained virtually unchanged compared to 2022, medical costs for rural residents who sought treatment rose by nearly 50%. Specifically, in 2024, the average per capita

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expenditure for inpatient care was nearly 10.2 million VND, while outpatient care cost over 1.8 million VND (General Statistics Office, 2025). Thus, in the post-COVID-19 period, healthcare behaviors among the elderly have shifted. Healthcare practices among the rural elderly appear to be transitioning from a relatively passive model where medical facilities were primarily visited only after illness struck to a more proactive approach involving health monitoring and management. It is evident that for the rural elderly, medical expenses are consuming an increasingly significant share of already limited household resources, thereby shaping decisions regarding when to seek medical attention, which services to choose, and the extent to which healthcare is maintained.

A comparison of data from the 2020, 2022, and 2024 VHLSS surveys reveals that, whether during the height of the COVID-19 pandemic or in the subsequent recovery phase, rural elderly individuals have consistently faced economic barriers to accessing healthcare services. While rural household spending capacity has remained largely stagnant, medical costs for service users have risen substantially. Consequently, rural households with elderly members particularly those with low incomes or a heavy reliance on financial support from other household members, may be more vulnerable when faced with illnesses requiring intensive treatment or hospitalization. Beyond financial considerations, the choice of a healthcare facility is also influenced by distance, travel time, administrative procedures, and support from family members. Consequently, older adults often prioritize facilities close to their homes to save time and reduce costs. In rural areas, the combination of financial constraints and geographical distance creates a "double barrier," increasing the risk of unmet healthcare needs.

Overall, living standards significantly influence healthcare service utilization among the rural elderly. Those with better economic conditions have greater access to higher-level facilities and high-quality services, whereas low-income groups primarily rely on grassroots-level facilities. Consequently, disparities in living standards not only create differences in affordability but also exacerbate inequalities regarding access to and utilization of healthcare services.

CONCLUSION

The study findings indicate that access to healthcare services for the rural elderly remains limited, whether during the volatile period of the COVID-19 pandemic or the subsequent recovery phase. The prevalence of illness increases with age, while factors such as costs, medical procedures, geographical distance, and reliance on family members hinder access to healthcare. As a result, the rural elderly predominantly utilize services at commune health stations, district hospitals, and private medical facilities. Living standards are a crucial factor influencing healthcare access for the rural elderly, reflecting disparities in equitable access across different income groups.

Amidst the context of an aging population, it is essential to increase investment in grassroots healthcare; develop home-based care models for the elderly who face difficulties accessing medical facilities; strengthen health communication and education for vulnerable elderly groups; and simultaneously expand the coverage of social insurance, health insurance, and social security support programs.

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