

Parent Care and Filial Support: Sharing between Adult Siblings in Some Localities in Vietnam

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Abstract: Drawing on a cultural approach, this article analyzes relationships among adult siblings in the provision of care and filial support for aging parents. The analysis is based on survey data from 931 married respondents aged 25 and older, with at least one sibling alive. The data were collected from six wards/communes across Ninh Bình (2020), Quảng Nam (2024), and An Giang (2024). The findings reveal that the eldest son(s) in general continue(s) to play a central role in caregiving and filial support for elder parents. However, other children also actively participate in this process, not merely out of obligation but as a means of maintaining emotional bonds and solidarity within the extended family. This indicates the continued relevance of traditional norms regarding sibling roles in parent care. Key factors that shape patterns of involvement in elder care include being the eldest son, being a son, and physical proximity to parents. Nonetheless, levels of satisfaction with current caregiving arrangements are relatively consistent across different social groups, suggesting a prevalence and stability around the shared nature of caregiving responsibilities among siblings. The study also identifies regional variations in patterns of division of parent care across the three distinct cultural regions of Vietnam.

Key words: Family, parent care, adult siblings, Vietnam, family responsibilities.

Subject classification: Sociology.

1. Introduction

Caregiving and filial support (phụng dưỡng) toward aging parents constitute one of the highest expressions of filial piety in traditional Vietnamese families, a principle even reflected in the ancient laws of Vietnam. Historically, the eldest son was expected to reside with his parents and bear primary responsibility for their care in old age. Nevertheless, in certain circumstances parents may be cared for by

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other sons, and in many cases by the youngest son, as the folk adage often states, “if parents are rich, the youngest child will inherit, and if they are poor, he/she will bear” (giàu con út, khó con út) (Nguyễn Tử Chi, 1993; Mai Thị Tư & Lê Thị Nhâm Tuyết, 1978). The tradition of caring for elderly parents within the family by male offspring, as described above, persisted through Vietnam’s late 20th century. During the periods of resistance against American intervention (1960–1975) and the subsequent decade of the postwar - the subsidy period (1976–1986), in the Red River Delta, adult children - both sons and daughters - lived near their parents and frequently assisted elderly parents in agricultural tasks as well as in daily life. However, the overall pattern of caregiving and filial support remained that the sons bore primary responsibility (Đào Hồng Lê, 2017; Phan Thanh Mai, 2018).

In the period 1987-1999, children’s support provided to their parents continued to occur regularly and at a significantly high level. Bùi Thế Cường (2000) reported that among the older adults with at least one child alive, most of them received occasional or regular help (assistance with food or small daily items; money or valuable items; help for business purposes) from their children. Variations in support from children to parents were observed across social demographic characteristics. For example, older urban dwellers received greater money or valuable equipment from their children than their rural counterparts. By contrast, children provide more support for production and business activities to rural parents than those in urban areas. The proportion of older people who received material assistance from their children also increased with the age of the older people.

Knodel et al. (2000) showed that the amount of time and money children spent caring for and materially supporting older parents depended on the geographic distance between the child’s home and their parents’. Children living closer to their parents were able to provide higher levels of care. The type of support also varied by region. Friedman et al. (2003) pointed out that children’s material and financial support constituted the primary source of income for the majority of the older adults in the South, but not in the North. No clear gender differences in receiving support among older adults were observed.

Overall, until the recent time, the prevailing pattern of support and care provided by children to their older parents was insignificantly different from the mutual relationships in traditional Vietnamese families. Children historically provided material and emotional support for their aging parents, reflecting moral norms and responsibilities of married children toward their older parents.

Under the impact of industrialization and modernization in recent decades, the caregiving patterns for aging parents within extended families have undergone certain changes (Nguyễn Hữu Minh and Nguyễn Thị Hồng Hạnh, 2020). Reviewing these changes is significant for understanding transformations in sibling relationships in particular and family relationships in general. However, there have been relatively few thematic studies on this issue, except for publications related to families in a province in the Red River Delta (Nguyễn Hữu Minh & Nguyễn Thị Hồng Hạnh, 2020). Meanwhile, some scholars note that, on the migratory route

toward the South, the characteristics of traditional Northern Vietnamese families exhibit certain variations in Central and Southern Vietnam (Đỗ Thái Đồng, 1990; Bùi Thé Cường et al., 1991; Nguyễn Hữu Minh & Hirschman, 2000). This suggests that adult sibling relationships in caregiving practices for aging parents in the Northern, Central, and Southern regions may diverge. Concurrently, the role of sociodemographic factors in shaping the division of labor and sharing among adult siblings in parent care may differ across cultural regions. A comparative study across three cultural regions would therefore yield a more comprehensive understanding of adult sibling relationships in contemporary Vietnam amid industrialization and modernization, and contribute to developing theoretical and methodological approaches related to this issue in Vietnam.

Based on survey results conducted in three provinces, including Quảng Nam and An Giang in 2024 and Ninh Bình in 2020, regarding adult sibling relationships, this article endeavors to address the following two questions. How do siblings in Vietnam share caregiving and filial support toward parents in the current context? How are the allocations of obligation among adult siblings and similar and different among the three localities that represent the three cultural regions discussed above?

2. Research approaches and methodology

This article primarily employs a cultural approach to analyze adult sibling relationships in the care and filial support for aging parents.

The cultural approach emphasizes the degree of preservation of cultural traditions across different localities and historical periods. Studies applying this approach highlight the responsibility of the elder siblings in caregiving and the role of birth order in various cultures (Nuckolls, 1993; Weisner, 1989). In traditional Vietnamese families, the sibling relationships often underscore the role of the eldest child (particularly the eldest son). The role of the eldest children was codified in ancient Vietnamese legal codes such as the Hồng Đức Law (Quốc Triều Hình Luật), Gia Long Law, and admonitions in the Lê and Trần dynasties, etc., and it has permeated the psyche of many generations of Vietnamese families (Vũ Văn Mậu, 1973). Within the family, the eldest brother typically holds more authority than younger siblings, bears greater responsibility and fulfills more family duties. When parents passed away, the eldest brother assumes a position of “quyền huynh đệ phu” (the eldest son takes charge when the father passes away), representing the parents to supervise and guide younger siblings as they transition into adulthood. Conversely, younger siblings are expected to show respect to their elder siblings and to fulfill their own duties. The inheritance left by parents favored the eldest, but in domestic matters such as funerals and ancestral rites, the eldest bore more obligations (Đào Duy Anh, 1992; Phan Kế Bình, 2005). In other words, the rights and duties of siblings are closely linked, and all members are conscious of and adhere to this hierarchical order. In the male–female relationships, sons enjoy

greater rights while also bearing higher responsibilities toward the extended family (Mai Văn Hai & Phan Đại Doãn, 2005). The eldest sister holds certain rights and duties towards her aging parents, siblings and family lineage although these are performed in the family with no son (Institute of History, 1991:145). Through this cultural lens, the eldest son or sons in general are expected to assume the principal responsibility for care and filial support for parents.

The article focuses on analyzing the sharing of obligations among siblings in caregiving and filial support for aging parents (including living with parents). The analysis draws on three surveys of married respondents aged 25 or older, with at least one sibling alive. The surveys include (1) a survey in Khanh Mieu commune, Yen Khanh district, and Van Giang ward, Ninh Binh city (in the former Ninh Binh province) in 2020, with a quantitative sample of 309 respondents; (2) a survey in Tam My Tay commune, Nui Thanh district, and Hoa Huong ward, Tam Ky city (in the former Quang Nam province) in 2024, with a quantitative sample of 316 respondents; and (3) a survey in Phu Thuận commune, Thoai Son district, and Binh Khanh ward, Long Xuyen city (in the former An Giang province) in 2024, with a quantitative sample of 306 respondents. The sampling was conducted using a systematic random method based on local sampling frames. To ensure the representativeness of the sample size, the study focuses solely on the Kinh group. The analysis is structured along two dimensions: the surveyed provinces/regions and the urban/rural areas. Depending on each dimension, the sample size used for analysis varies.

3. Results and discussion

Caregiving and filial support for parents are analyzed across the following aspects: living with parents, care division among siblings, caregiving during severe illness and daily. The distribution of parental age and living arrangements across the survey areas is presented (see Table 1).

Table 1. Parents' age groups and accommodation by surveyed sites (%)

Parents' characteristics	Ninh Bình		Quảng Nam		An Giang		Overall
	Văn Giang	Khánh Mậu	Hòa Hương	Tam Mỹ Tây	Bình Khanh	Phú Thuận	
Age groups of parents alive[†]	N=94	N=98	N=81	N=73	N=72	N=69	N=487
46-65	21.3	22.4	38.3	27.4	29.2	27.5	27.3
66-75	28.7	29.6	39.5	28.8	37.5	34.8	32.9
76-85	27.7	24.5	16.0	21.9	25.0	26.1	23.6

[†] If both parents are alive, age of the older person was selected to calculate this variable.

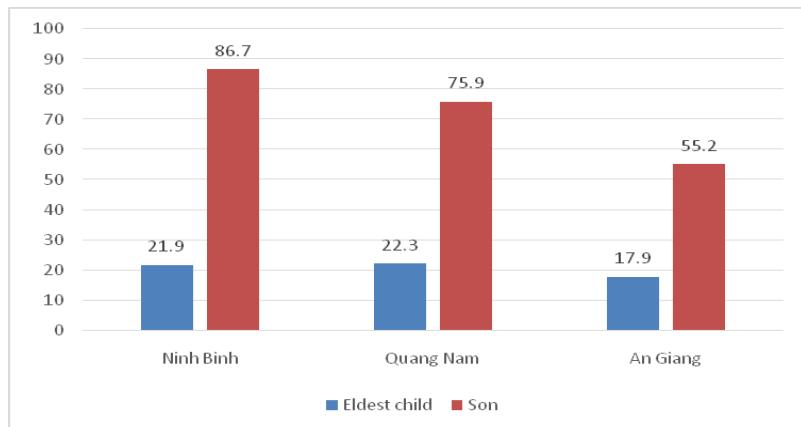
86 and higher	22.3	23.5	6.2	21.9	8.3	11.6	16.2
Distance from the respondent's residence to their parents' one	N=97	N=100	N=83	N=82	N=76	N=72	N=510
Under the same roof	32.0	14.0	32.5	22.0	27.6	22.2	24.9
In the same commune/ward	22.7	60.0	28.9	59.8	34.2	30.6	39.8
In different communes/wards	45.4	26.0	38.6	18.3	38.2	47.2	35.3

First of all, a key aspect of family living arrangements patterns in Vietnam is the practice of coresidence with parents. Traditionally, in the Red River Delta region, it has been customary for the eldest son to live with his parents after marriage (Nguyễn Tử Chi, 1993). This tradition has been largely maintained until recent times. Typically, after marriage, the likelihood that the eldest son continues to live with his parents is quite high. Moreover, this arrangement often persists over the long term. In the later stages of life, when parents become elderly and frail, it is common for them to live with only one child, who assumes primary responsibility for their care. It seems that traditional norms and rational choice considerations have intertwined to shape current household living arrangements (Nguyễn Hữu Minh & Hirschman, 2000; Nguyễn Hữu Minh, 2009). However, some studies find out that the pattern of coresidence with the eldest son is most prevalent in Northern Vietnam. In the Southern and other regions, it is more common for parents to live with their youngest son in their later years. This pattern aligns with a broader tendency for parents to assist elder children in getting marriage, and independent living, while allowing the youngest child to remain at home (Đỗ Thái Đồng, 1990).

Surveyed data from three provinces provides further insight. Among the 506 cases with available information, 28 cases where parents living with unmarried children, 131 cases that parents living separately, and 342 cases where parents living with a married child. Among the latter group, 21.6% (74 out of 342) were living with their eldest child, most of whom were male (74%, or 55 out of 74). Regarding child gender, 79.5% of these parents were living with a son. These figures indicate that, in general, parents most commonly live with their eldest and/or male child.

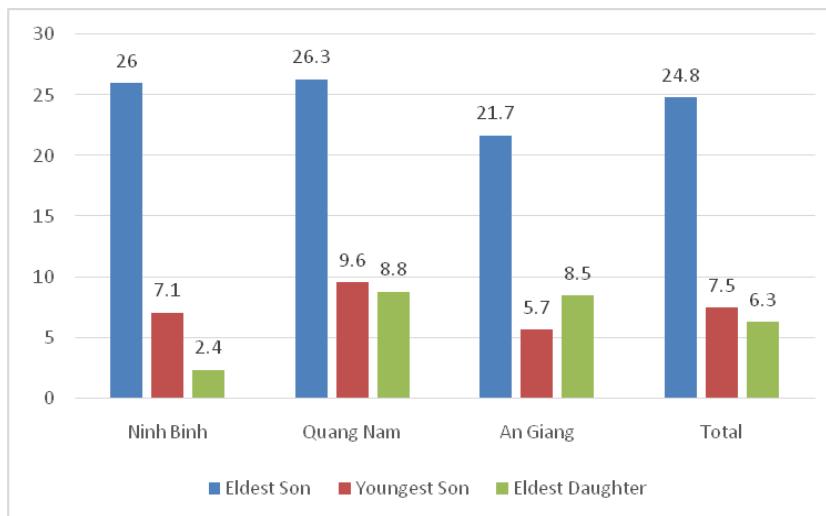
Nonetheless, notable differences emerge across the three provinces. The proportion of parents living with their eldest child in An Giang was slightly lower than in Ninh Bình and Quảng Nam. Particularly significant disparities are regional differences in the gender of the coresiding child. The proportion of parents living with a son remarkably dropped from North to South. For instance, the rate in Ninh Bình is approximately 1.5 times higher than that in An Giang (see Figure 1).

Figure 1. Proportion of parents living with the eldest children and sons (%)



A similar analysis of the proportion of parents living with their eldest or youngest son, or eldest daughter reveals that in both Ninh Bình and Quảng Nam, the rate of parents living with their eldest son is nearly equivalent and slightly higher than in An Giang (see Figure 2). The proportion of parents residing with their eldest daughter in Quảng Nam and An Giang is nearly the same and significantly higher compared to Ninh Bình. The hypothesis that parents are more likely to live with their youngest son in the Mekong Delta (An Giang) is not supported by the data; in fact, the proportion of parents co-residing with their youngest son in An Giang is lower than in both Quảng Nam and Ninh Bình. It is important to note, however, that these findings are based on current living arrangements and do not cover the full range of living arrangement patterns. More detailed, longitudinal data would be needed to test these hypotheses.

Figure 2. Proportion of parents living with eldest/youngest son or eldest daughter by province (%)



Regardless of whether parents live with a married child, caregiving and filial support remain widely perceived as a filial duty which expressed through either care division among siblings or individuals' active contributions. Generally, 66.4% of

respondents reported that there was no formal division of caregiving duties among siblings, and each person contributed as they were able. Meanwhile, 33.4% of families reported a clear division of care responsibilities, including cases in which the child living with the parents was implicitly understood to bear the primary caregiving burden. Quảng Nam shows a substantially higher rate of care division compared to Ninh Bình and An Giang. The highest prevalence of explicit division of caregiving responsibilities occurred in families with parents aged 86 and higher, where nearly half (48.7%) reported a clear division of caregiving tasks, compared to only about 30% among families with younger parents. This suggests that greater age and frailty increase the need for structured caregiving arrangements among siblings.

Further, the proportion of care division rises when parents are seriously ill or facing major life difficulties (if both parents were passed away, their information before death was collected). Overall, 74% of families reported an explicit caregiving arrangement, including 39.6% designated the coresiding child as the primary caregiver and 34.4% divided responsibilities among all siblings. The remaining 26% reported no formal arrangement, with each sibling contributing independently (see Table 2). Beyond daily care, financial contributions are also regarded as a key component of sharing responsibilities among siblings, particularly for those unable to provide direct care, as saying “emotional and financial contributions must be intertwined” by one eldest daughter in Vân Giang, as below:

“I made it clear that my younger siblings are the primary caregivers since I can only visit occasionally, but I insisted that when our parents are sick, the three of us - the daughters contribute financially. Emotional and financial responsibilities must go hand in hand. When our parents were unwell, we - the daughters covered the financial costs entirely so that our brothers must take care of parents. For example, if the cost is 300,000 VND, I would contribute 150,000 VND, so I’m still playing a role in managing the situation. My siblings respect that. They say, ‘We feel ashamed,’ but I tell them not to, because this is something I willingly offer. And when parents are ill, all five of us have responsibilities. My siblings take care of the daily needs, and we sisters handle the finances. That way, everyone feels comfortable and agrees.” (Female, born in 1960, eldest sister, Ninh Bình).

This shows the close link between physical core-residence and caregiving responsibility, a connection implicitly understood and accepted among siblings. There is a certain difference in care division depending on the living arrangement patterns between parents and children. In cases where parents live independently (even if they previously co-resided), caregiving tends to be individualized, followed by care division. In contrast, when parents live with a married child, that child is typically expected to provide the primary support during periods of illness or hardship. Nevertheless, within the filial piety of traditional Vietnamese society, all children are considered responsible for supporting their parents in times of need (see Table 2). It seems that recent socio-economic transformations have not significantly altered this norm. As the data suggest, there is no substantial difference between urban and rural areas in how adult children engage in parental support.

Table 2. Division of parent care when they were seriously ill or encountered major

difficulties in life, by surveyed sites and living arrangement pattern (%)

	The child living with parents and the eldest son/sons are the main caregivers	All siblings are divided fairly	Each sibling actively takes care of their parents	N
Overall	39.6	34.4	26.0	828
Province***				
Ninh Bình	35.2	28.8	35.9	281
Quảng Nam	29.3	53.7	17.0	270
An Giang	54.2	21.3	24.5	277
Residential area				
Rural	37.9	37.0	25.1	430
Urban	41.5	31.7	26.9	398
Parents' living arrangement pattern ***				
Parents living separately	14.2	42.5	43.4	106
Parents living with children	42.8	28.0	29.3	311
Both parents passed away	43.9	37.1	19.0	410

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

The care provided by children within the family for their elderly parents manifests along three dimensions, including emotional- and non-material care, domestic support and economic-material support.

Emotional-spiritual care is reflected in a range of activities, including communication, contact, and visits by children and grandchildren to their elderly parents, as well as sharing of parental difficulties and sentiments. Survey results indicate that the emotional bonds between children and their elderly parents are very strong. A substantial proportion of married children, regardless of their position, frequently visit their parents directly or communicate via email, telephone, or the Internet. Many people engage in sharing joys, sorrows, achievements, or difficulties with their parents. These findings corroborate a general trend reported in prior studies (Nguyễn Hữu Minh et al., 2019a; Nguyễn Hữu Minh et al., 2019b; Tan & Ibrahim, 2019).

Industrialization and urbanization have increased the geographic distance between adult children and parents, thereby reducing the frequency of direct in-person visits. Nevertheless, many parents do not express dissatisfaction and regard filial piety as valuable not only through direct visits but also via telephone or social

networks. It is also noteworthy that, while in some families, children perceive monetary and material gifts as sufficient, parents may desire to be listened to, confided in, and share more about their experiences and concerns. This reflects generational differences in emotional relationships between married children and their parents in practice.

Daily caregiving for parents is relatively common among children who live with or near their parents. This care is evidenced by concerns about daily meals and sleep for the elderly, visits, caregiving during illness, and the giving of small gifts or treats. Additional activities include housekeeping, shopping, and a range of other domestic work. These support forms have been notably sustained over time. A key difference from the past is the growth of domestic work services in urban areas, which have substituted for many direct caregiving tasks by children. This shift has made the distribution of caregiving duties among siblings less complicated, as some children contribute financially rather than providing direct care activities. Many children also assist their parents with agricultural work or other tasks requiring substantial human and financial resources, such as house construction or repairs. These patterns of support form the foundation of the bonds within the extended family.

The economic-material support provided to elderly parents is manifested in two forms: financial assistance and the provision of material conditions necessary for daily living, such as medicines, food, and household equipment. Compared with other forms of support, economic independence between parents and married children is more clearly evident. Financial and material assistance from children to elderly parents does not occur regularly. The traditional saying “Parents have to plow in their lives, [so] children have, too, in theirs” (đời cua cua máy, đời cây cây đào) still appears to reflect reality in everyday life.

Overall, although the caregiving by married children for their elderly parents remains strong over time, the emotional and affective dimensions of care are more evident than material support. However, in some households, children’s caregiving is primarily directed toward material support, with insufficient attention paid to the mental well-being of the elderly. The forms of support are increasingly diverse, especially those associated with modern life, such as information and experience sharing that help older adults adapt to the rapid pace of modernization.

It should be noted that family support from children to their elderly parents also has certain limitations, as some children’s lives remain fraught with hardship. For many families, medical expenses and eldercare pose a heavy economic burden that is difficult to bear. In such circumstances, it is common for siblings to share responsibilities. Those facing economic hardship may contribute by providing time and care for their parents, while others with a higher standard of living often take on a greater share of the financial burden related to medical expenses.

Care and filial support from children to their elderly parents also vary according to the characteristics of the parents or the family of the child. For example, differences may arise based on the living standards of the parents’ family

versus the child's own family, beliefs about filial piety, parental health, whether the child lives with or separately from the parents, and so on. Thematic research indicates that all three forms of care by children for the husband's parents are higher than those for the wife's parents. People living with their parents tend to provide daily care more frequently, while offering less cash financial support than those who do not live with their parents. Those who are poorer tend to provide less economic support to their parents. Elderly parents in poorer health receive more frequent visits, whereas healthy and higher-income parents rely on their children only when necessary.

Except in cases where parents suffer from serious illness or face significant financial hardship, the individual who is most involved in caregiving and emotionally close to the parents is typically the child who lives with them. This accounts for 56.3% of all reported cases in which one child was identified as the primary caregiver or emotionally closest to the parents. When including those who live in close geographical proximity, the proportion rises to 72.5%. In other words, physical proximity and living arrangement play a crucial role in determining parent care. Additional factors also contribute to who becomes the primary caregiver, including birth order and emotional closeness. Specifically, 16.9% of respondents argued that being the eldest child as the reason for taking on caregiving duties; 9.4% attributed it to being the youngest child; 5.2% to a personal emotional bond with the parents; and 5.1% to the caregiver's relatively better financial condition, which enabled them to provide support (see Table 3).

Child gender remains a significant determinant in caregiving dynamics. Among those identified as the primary caregivers, sons constitute the majority at 63.2%. This finding reflects the persistent cultural norm that "a daughter belongs to another family," which continues to shape caregiving expectations in many households. There are, however, modest regional variations. The proportion of sons acting as primary caregivers is highest in Ninh Bình (67.2%), followed by Quảng Nam (64.2%), and lowest in An Giang (60.0%).

Similarly, the influence of birth order on caregiving responsibilities also varies by region. In addition to coresidence and proximity, being the eldest child is a particularly salient reason for caregiving in Ninh Bình, followed by Quảng Nam, and is far less common in An Giang. In contrast, while no respondents in Ninh Bình reported caregiving primarily due to being the youngest child, 5.4% in Quảng Nam and a notably high 23.1% in An Giang cited this reason. These findings clearly indicate that cultural factors continue to shape the caregiving model for elderly parents.

Table 3. Reasons for being the primary caregivers of parents by the surveyed

sites and residential areas (N=926)

Characteristics	Ninh Bình	Quảng Nam	An Giang	Rural	Urban	Overall
Who lives with parents***	49.5	55.1	64.4	56.4	56.1	56.3
Eldest son/daughter's responsibilities***	23.3	20.1	6.9	14.5	19.3*	16.9
Who lives close to parents**	19.7	17.8	10.9	18.5	13.8*	16.2
Youngest son/daughter's responsibilities***	0.0	5.4	23.1	10.4	8.3	9.4
Who is emotionally close to parents***	9.4	3.2	3.0	4.7	5.7	5.2
Who has a better economic condition*	7.1	2.9	5.3	3.8	6.4	5.1
Child's expectation**	0.3	4.8	4.0	2.1	3.9	3.0
Daughters should taking care of parents	3.2	2.2	2.3	2.6	2.6	2.6

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

The quantitative analyses above clearly show that the responsibility of caring for parents primarily falls on the son or the person living in the same household as the parents. The following accounts provide a more detailed explanation of how the caregiving responsibilities are divided.

“He (brother) lives with our parents so his care responsibilities are higher than mine. Generally, the closer you live to your parents, the more care responsibilities you bear. I love dad and mom and I have responsibilities for taking care of my parents but I also have responsibilities with my employment so that I only visit my parents when I have days- off.” (Female, born in 1962, Quảng Nam).

“At that time, our father was seriously ill. My younger brother, Tao [Pseudo name], who was still unmarried, took care of him initially. He didn’t have much work then, so he was able to provide support. But as our father’s condition worsened and he neared the end of his life, the responsibility shifted to my wife and me. We took care of him while he was in hospital. Other siblings contribute money, and sometimes, they came to help and check in on his condition. None of them could take care of him daily because they were all working full-time jobs and didn’t have the time. I am a farmer, so I had more flexible working time and my wife and I are the main caregivers.” (Male, born in 1964, An Giang).

Sons are not only the ones who hold the overall responsibility for caring for their parents, but in certain specific situations, they are also the ones who carry out meticulous caregiving tasks - typically associated with women, such as daughters or daughters-in-law. A woman in Ninh Bình shared about her older brother’s role in caring for their sick father.

“My husband is a doctor, so he would take medical exams and injections for our parents. But on a day-to-day basis, it was all my older brother, Đông [Pseudo

[name], he takes care of our father very well; I've never seen anyone can do as well as he does. He even bought a thick notebook to take note. When our father coughed, he would gently pat his back and say, 'Go ahead and cough, dad,' while catching the saliva and phlegm without hesitation. When it came to feeding him porridge—for example, if I came there, I would cook and puree it and feed it to our father - but even then, my brother wasn't at ease. He would say, 'Let me do it - you don't understand. You have to watch dad's throat here; when it moves like this, it means he's swallowed. If not, he could choke.'” (Female, born in 1979, Ninh Bình).

Such parent care division seems to be a reasonable option because the survey data show that 47.5% of respondents reported being “very satisfied,” and 36.2% “satisfied” with the caregiving arrangements within their families (see Table 4). Degree of satisfaction is significantly associated with how caregiving responsibilities are allocated. Notably, the highest levels of satisfaction were found among families where caregiving duties were clearly and equitably distributed among all siblings. This suggests a shift in public perspectives that, in the current context, caregiving responsibilities no longer automatically fall to the coresiding child or depend solely on voluntary initiative. Instead, fairness in the distribution of caregiving duties is increasingly prioritized. It seems that the perceived benefits of being the coresiding child or of being a son may no longer carry the same weight as in previous generations.

It is noteworthy that dissatisfaction (measured as “neutral” or “dissatisfied”) was highest among those with parents aged 76 and above who need the most intense and immediate caregiving. In such situations, when caregiving responsibilities are not clearly shared or lack of mutual commitment among siblings, tensions and dissatisfaction are more likely to arise. The proportion of respondents who reported being very satisfied was remarkably higher in Ninh Bình compared to Quảng Nam and An Giang. Conversely, the proportion of those who rated their experience as “neutral” or “dissatisfied” was higher in Quảng Nam and An Giang. However, levels of satisfaction did not differ significantly between urban and rural respondents.

Table 4. Respondents’ satisfaction in parent care division and filial support among siblings by care responsibilities and surveyed sites

	Very satisfied	Satisfied	Neutral or dissatisfied	N
Overall				
Care responsibilities**	46.7	36.2	17.1	826
The child living with parents, the eldest son and sons	42.2	39.1	18.7	327
All siblings are divided fairly	53.0	35.4	11.6	285
Each sibling actively takes care of their parents	45.3	32.7	22.0	214

Surveyed sites***	47.5	35.6	16.9	916
Ninh Bình	56.0	31.7	12.3	309
Quảng Nam	40.0	40.3	19.7	315
An Giang	46.6	34.6	18.8	292
Residential areas	47.5	35.6	16.9	916
Urban	51.0	33.4	15.6	449
Rural	44.1	37.7	18.2	467
Number of siblings	47.5	35.6	16.9	916
1-2	51.9	32.6	15.6	135
3-4	47.6	36.1	16.4	269
5 and more	46.3	36.1	17.6	512
Age groups of parents alive	48.7	35.3	16.0	476
46-65	50.0	37.9	12.1	124
66-75	50.0	34.8	15.2	158
76-85	51.3	28.7	20.0	115
86 and higher	40.5	41.8	17.7	79

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

4. Conclusion

The findings of this study highlight several important observations regarding the sharing of responsibilities for elder care among adult siblings in the current context. The results reaffirm that the eldest son or sons in general continue to play a central role in co-residing with elderly parents and taking primary responsibility for caregiving, particularly during times of serious illness or major life difficulties. However, other siblings also contribute to the care of parents, either through an explicit care division or on a voluntary basis, especially in cases where parents do not live with any one married child. This reflects a sense of shared responsibility among siblings regarding elder care. Similarly, in daily life, the person most involved in caregiving and emotionally closest to the parents tends to be the child who lives with them. Position of the eldest child, son, and physical proximity are key factors associated with caregiving involvement. In other words, cultural norms remain highly influential in shaping caregiving practices.

The vast majority of respondents expressed satisfaction with the current caregiving arrangements, suggesting that the sibling-sharing model of parental care is generally perceived as reasonable and acceptable in the three study sites. Satisfaction levels were also found to be relatively consistent across different social groups, indicating the prevalence and stability of the norms surrounding siblings'

elder care sharing. However, the findings also suggest that in families with a large number of siblings, care division becomes more complicated, and levels of satisfaction tend to be lower. Similarly, when parents are in very advanced age and require more intensive care, coordination among siblings becomes more difficult, which is also reflected in lower satisfaction levels.

Overall, the analysis confirms that traditional norms, particularly those assigning a central role to the eldest or eldest son, remain shaping how caregiving responsibilities are shared among siblings in extended families. Simultaneously, the study reveals remarkably regional variations in caregiving models. The proportion of parents living with sons decreases from North to South, while the proportion living with eldest daughters increases in the same direction. In situations where parents fall seriously ill or face major life challenges, the highest proportion of caregiving by the co-residing child is observed in An Giang. The highest level of coordinated caregiving arrangements among siblings is found in Quảng Nam, while in Ninh Bình, caregiving is most often carried out individually by each child on their own initiative. These findings suggest that applying the cultural approach in the interpretation of sibling dynamics in care and filial support for elder parents in contemporary Vietnam is well-suited.

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