Health insurance policy in understanding of rural people in city neighborhoods today

Trương Xuân Trường

Dr., Institute of Sociology, Vietnam Academy of Social Sciences;
Email: truongxhh@yahoo.com

Received 14 November 2016; published 25 December 2016

Abstract: *Based on actual survey results, the article has deeply studied and practically analysed the awareness and knowledges of suburban rural people nowadays in the aspects: The understanding of the types of social insurance (SI), knowledges of health insurance (HI), the level of understanding of issues related to health insurance policy, information receiving channel on social security and health insurance of the people at present. The analysis is based on surveyed evidences which were found from the perspective of the multivariate correlations such as: gender, age, learning, occupation, family size, marital status and living standard. From the sociological analysis, it is seen that today the understanding of people about social insurance in general, health insurance in particular, is very limited. A significant part of this population does not understand or unilaterally understands or even misunderstands the social and health insurances. Most people have only heard or have incomplete knowledge about the guidelines, policies, legislation in this field. One of the basic causes of this reality is the information and propaganda activities on social insurance, health insurance are inadequate and limited.*

Keywords: Health insurance, Social insurance, Health insurance policy, Rural suburb.

According to the Vietnam Social Insurance Agency, up to 31st May 2016, the country had 70.95 million people getting health insurance, reaching the coverage of 77% of the population. However, besides some advantaged groups of participating in buying health insurance such as workers in state enterprises, administrative authorities, who are paid by the State, some other people groups are difficult to be mobilized such as nearly poor households, agriculture, forestry, fishery households, pupils, students... (Vietnam Social Insurance, 2016). Many recent studies have warned that the way ahead to

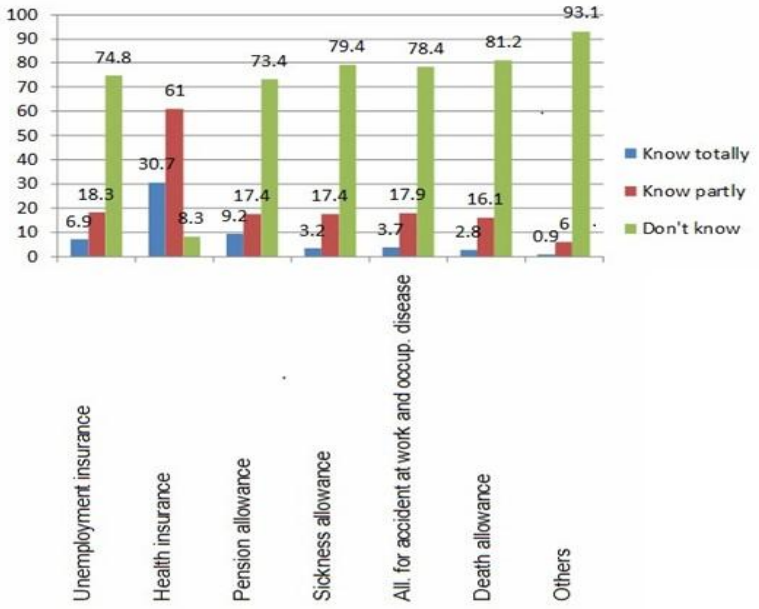
generalize universal health insurance is seriously difficult, although the Health Insurance Law, amended in 2014, has been much new completed and improved, bringing more benefits for the users. One of the difficulties has been recently raised that the awareness and understanding of rural population about the health insurance are limited. Our sociological survey results from the project "Research of satisfaction level of the Red River Delta people for health insurance policy" will help to see the real situation more clearly(*) .

1. Understanding of all kinds of social insurances by the people

Social insurance is the insurance type that the state organizes and manages in order to meet the material needs of workers, stabilize their lives and their families when they meet the risks of reduction or loss of working capacity. It can be said, social insurance is a basic means to ensure social security for the members in a modern society. With the motto of building a state of the people, by the people and for the people, over many decades, the Communist Party and State of Vietnam have developed and perfected a number of policies and laws to ensure the benefits of people's lives.

Our survey shows the general appearance of people's awareness in this aspect. Arranged in priority order from high to low, the types of social insurances understood by the people are as follows: health insurance, retirement pension, unemployment insurance, allowance for accident at work and for occupational disease, sickness allowance, death allowance and other kinds of insurance. It is worthily notable that there is a significant part of rural population in surveyed areas who completely doesn't have ideas about all kinds of social insurance as mentioned above (Figure 1).

Figure 1: Level of understanding about the types of social insurance (%)



Considering the complete and thorough understanding of all kinds of social insurance (SI), we found that this rate of

(*) Survey of suburban population was carried out by us in the commune of Tân Lập (Đan Phượng district, Hanoi) at August 2016 with 218 questionnaires and 30 deep interviews.

understanding is very low, of which the highest rate of understanding about health insurance is nearly 1/3 of respondents (30.7%), followed by other types of social insurance, but in which there is no other kind of social insurance get over 10% full understanding. Specifically, they are understood in the priority order as follows: Pension allowance get 9.2%, unemployment insurance 6.9%, subsidies for labor accidents and occupational diseases 3.7%, disability allowance 3.2% and death subsidies 2.8%.

From the data in Figure 1 we can consider: So far, people in rural areas, even in suburban areas which are getting speedy urbanization, have very limited awareness of policies and laws on social insurance,... For example, a number of interviewees gave the answers as follows: "In going to meetings occasionally or watching TV at home, we also heard of this or that kind of insurance. However for each particular kind of insurance we just understood vaguely. How can we understand what the insurance has within, we just simply know as such" (deeply interviewing a head of household, male, 47 years old, having secondary level of education and average economy). "As for the guidelines and policies of the State, including those of SIs, they always are propagated to local officials and people. But to understand closely and fully all the kinds of policies is very difficult, even so for the cadres. Only those who are interested seek documents, read books carefully and so they can clearly know what the insurance is" (deeply interviewing a representative of Communal Society of Women).

The survey was carried out in a rural suburb on a random selected sample of quantity representing those households who mainly have the ages of over 40 (74.2%) with the relatively great rate of respondents who are farmers (39.9%), therefore, their limited understanding of SI policies is the possible thing to see. Anyway, it can be seen that the activities of diffusing, informing and propagating policies and laws on social insurance for rural areas are now much limited and with many short-comings.

2. Understanding of health insurance by the people

As the Figure 1 shows, in general the awareness of people in surveyed rural areas about the law and policy on social insurance is very limited. Although the understanding of the health insurance policy has the highest index, but the number of people who actually knows about this type of social insurance is not high, accounting for only 30.7%. Majority of respondents only know partly about ít (61.0%). This means that majority of rural people only heard or knew about health insurance in a preliminary way.

Finding out about the level of understanding of the policy and law on health insurance, according to the multivariate correlation (cross-correlation), showed notable indexes:

As for gender: The rate of men who have a full understanding of health insurance is much higher than women (35.8% versus

28.5%), that of men who completely unaware of this policy is only 1.5%, much lower than that of women (11.3%).

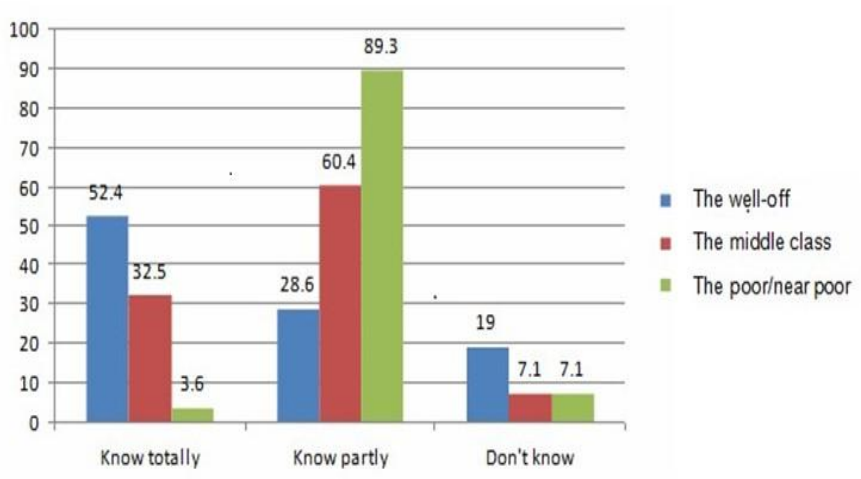
In terms of age: The youngest group of respondents (18-40 years old) has highest index about the level of full understanding (51.8%), followed by the age group of 41-60 (31.0%), and the elderly (over 60) had the lowest understanding index (6.2%).

Regarding marital status: Those who are husband/wife have the highest rate (35.5%) of full understanding of health insurance, followed by the group of widows (those have lost their spouses) with the rate of 18.2%, the singles have 9.1%, and no one in the group of separated or divorced fully understand about health insurance.

With regard to family size: Families have the smaller size, then their understanding of health insurance is the less. Specifically only 8.9% of families with 1 or 2 members fully understood health insurance, while this percentage in the 3-4 person family group is 36.3% and family group with 5 members and above is 36.6%. In contrast, the proportion of respondents of the family group with 1 to 2 members who do not know anything about health insurance is highest (15.6%), followed by family group of 3-4 members (7.7%) and lowest in the group of 5 members or more (4.9%). These indexes are explainable, because the group of small families in the survey includes most families with the elderly or lesser members.

With regard to learning: It is easy to see that among the respondents, the higher education they have, the higher understanding of health insurance they get, and vice versa. Specifically, the group with primary education or less (so-called low education group) has lowest rate of full understanding about health insurance (7.0%), this proportion increases gradually with 21.1% of secondary school group, 48.5% of high school group and highest rate of the category of college or university (so-called highly educated group) with 68.4%. Conversely, the percentage of those at lowest education group who are completely ignorant about health insurance is highest (18.6%), while

Figure 2: Correlation between living standard and level of understanding about health insurance (%)



in the highest education group no one answered in this way.

As to profession: The rate of respondents by groups of profession who have full understanding about health insurance are as follows: Public servants/officials (50.5%), workers (55.0%), trade/service/handicraft persons (52.2%).

As to living standard: More than half of families in economic wealthier groups have full understanding about health insurance (52.4%), the proportion of families with average living standard is 32.5%, the poor and nearly poor group is 3.6%. In contrast, the highest rate of those who are completely unaware about health insurance (25.0%) is that of the unemployed, and this rate of agricultural group was 12.6% (Figure 2).

To summarize, from survey data it can be seen that in the surveyed areas, different groups have different understanding levels of health insurance. Specifically, males, 18-40 age groups, large family size groups, highly educated groups, professional groups such as public servants/officials, workers, trade/services/handicraft persons and people having higher living standards, all they are the groups who have fuller more thorough understanding on health insurance. In contrast, the groups of the less understanding or misunderstanding about health insurance are the groups of elderly, of small size families, of low education and poor or near poor families.

3. Understanding the issues related to health insurance policy

When examining and assessing the specific knowledge concerning the health insurance policy, survey results are as follows.

Majority of respondents have *confirmed* clearly the benefits of health insurance policy to people (71.1%), only 17% think that it is partly true. Among these respondents, the high rates belong to the groups: men (86.6%), aged 18-40 (78.6%), highly educated group (84.2%), public servants/officials (91.7%) and workers (85.0%).

The next answer variants were to assess information on the policy:

- "From 2015 there decided all citizens having to buy health insurance": 49.1% of respondents asserted that is correct, 17% asserted it is right partly, 6.4% think that it is incorrect and 1/4 of respondents did not know about this rule (24.8%).

- "From 2015 there encouraged buying health insurance by household": 60.1% asserted it is correct, 14.2% asserted it partly true, 2.8% - asserted it improper and 22.9% answered "don't know". Among those confirmed true, the groups who have the highest rates are: men (73.1%), aged 18-40 (69.6%), trade/services/handicraft persons (69.6%), free labor (70.3%) and poor/nearly poor family living standards (71.4%).

- "According to the modified Health Insurance Law, from 2015 the participants benefited more": 52.8% asserted it correct, 12.4% - partly correct, 5.5% - improper and to 29.4% answered "do not know".

- "From 1st Jan 2016 there opened the line of health care between districts and communes in the same province which will be more favorable to the insured": 71.6% have asserted it correct, 8.3% - right partly, no one answered "it is wrong" and 20.2% did not know. Among those confirmed true, the groups which have high rate are: men (82.1%), 18-40 years group (75.0%), highly educated group (78.9%), public servants/officials (83.3%) and trade/ services/handicraft persons (82.6%).

- "Decision on raising hospital fees from 1st March 2016 brings many benefits to the insured": 28.9% have confirmed correct, 17.9% - right partly, 11.0% - wrong and 41.7% answered "do not know".

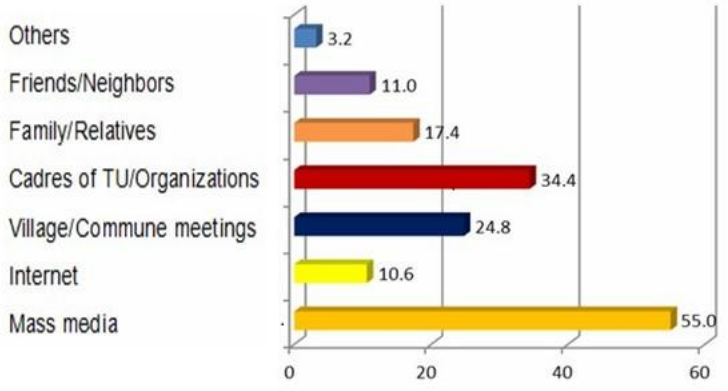
As mentioned above, in the surveyed areas majority of people have acknowledged the benefits of health insurance policy and the new points of the 2014 modified Health Insurance Law. However, it is notable that among rural population today, even in developed rural suburbs, there is still a significant part who don't see the benefits of health insurance policy (11.9%), and 1/4 to 1/5 respondents do not know the information related to the Health Insurance Law amended in 2014.

On the other hand, the increase in hospital fees from 1st March 2016 also has had a certain social impacts. In general, majority of respondents in the survey are in favor of the opinion that increasing the fees will be beneficial for the insured. Specifically: 28.9% agreed; 17.9% agreed partly; and 11.0% for not right. In the agreed groups, there are 43.3% of men, 33.9% of aged 18-40, 39.4% of high school graduated people. There is a high rate of respondents who do not know or are difficult to assess whether the increase in fees has brought benefits to the insured or not. In this regard perhaps it should continue to study more deeply.

4. Channel providing information on social security and health insurance

In surveying the level of understanding of the rural population about the policies of social insurance in general and health insurance in particular, it is found that the profound, overall and right understanding of respondents about the policy and legislation on health insurance is accounted for a modest rate. Most people only understood in part and vaguely and even misunderstood about the guideline and policy on health insurance. This fact

Figure3: Channels providing information on social insurance policies and laws (%)



reflects the activities of informing and propagating on this field have some short-comings. The survey on information channels about policies and laws of social insurances gave results in Figure 3.

In surveyed areas, the study has shown that people receive information about the social insurance policies and laws mainly through mass media (55.0%), followed by direct channels such as the cadres of government and organizations (34.4%), village/commune meetings (24.8%), family/relatives (17.4%) and friends/neighbors (11.0%). Notably, there are 10.6% of information received from the Internet.

Survey on the channels of receiving information about social insurance in general and health insurance in particular by social groups in rural communities also showed a number of notable points as follows:

Mass media channels in the surveyed area covers information from TV, radio (including central radio and radios of cities, districts and communes), books and papers and related documents for propaganda. The groups who were on the top in reception of information about social insurance and health insurance are: males (65.2%), 18-40 aged group (73.2%), highly educated group (78.9%) and group of officials and civil servant (83.3%). Conversely, the groups receiving less information through mass media are: unmarried group (27.3%), divorced/separated group (20.0%), low education (32.6 %), the elderly/retired (29.2%) and those with poor and nearly poor living standards (35.7%).

Channel of receiving information on social insurance in general, health insurance in particular, from *the cadres of government and organizations* accounted for more than 1/3 of the replies (34.4%), in which the groups who have notable receiving information index are: women (35.8%), elderly group (45.8%), low education group (51.2%), old age/pensioner group (50%) and poor/nearly poor living standards group (50%). In contrast, the groups receiving less information on this channel are: 18-40 aged group (23.2%), higher education (10.5%), public officials and civil servants (25.0%) and workers (25.0%).

Channel of village/commune meetings gets the third rank in receiving information on social insurance in general, health insurance in particular, accounted for 1/4 responses (24.8%). In this channel, the groups who had outstanding indexes are: males (31.3%), aged 41-60 (27.4%), secondary education group (31.8%), public servants/officials (33.3%) and affluent living standard group (33.3%). The groups who less received information through this channel are: unmarried group (9.1%), lower education (18.6%), free labor (18.9%) and poor/nearly poor living standards group (17.9%).

The family/relatives channel of receiving information on social insurance in general, health insurance in particular, gets the outstanding groups: 18-40 aged group (23.2%), unmarried (27.3%), high

education (36.8%) and public servants /officials (25.0%). The groups who have lowest indexes are: low education (7.0%), elderly/retired (4.2%), the poor/nearly poor standard of living (7.1%), divorced/ separated and unemployed group (0%).

The friends/neighbors channel of providing information on social insurance in general, health insurance in particular has outstanding indexes as follows: males (19.4%), 18-40 aged (17.9%), highly educated group (31.6%) and civil servants/officials (25.0%). The low rate groups are: females (7.3%), elderly (6.2%), low education (2.3%), the groups of divorced/separated, widowed, elderly/retired and poor/nearly poor living standards did not receive information through this channel (0%).

The new and rapidly increasing channel of providing information in Vietnam today is the *Internet*. There is also a significant part of rural people in suburbs receiving information on social insurance in general and health insurance in particular through this channel. In which it is notable that women have received information of this kind much higher than men (11.9% versus 7.5%). The other remarkable indexes are: 18-40 years old (28.6%), well-off standard of living (19.0%). Especially, 2 groups with very high indexes of receiving information on social and health insurance through the Internet are: higher education (63.2%) and civil servants/officials (66.7%).

After all, the survey data show that the channels of receiving information on social insurance in general and health insurance in particular of the people are quite diverse, ranged from indirect to direct communication, from official to informal communication. In terms of gender, men received information much more than women in all kinds of channels such as mass media, villages/communes meetings and friend/neighbor channels. In contrast, in receiving information on social insurance in general, health insurance in particular women have higher indexes than men in 2 channels that are Internet and government/organization cadres.

Groups such as younger age (18-40), higher education, public servants/officials and affluent living standards groups have a higher index of receiving information through the mass media and Internet. 18-40 aged group and highly educated group also have higher indexes in the two channels: family/relatives and friends/neighbors. Group of civil servants/officials and wealthy groups have higher indexes of receiving information about social insurance and health insurance through village/commune meetings.

The groups usually considered disadvantageous (or specific) in rural communities such as elderly, low education, old aged/retired, unemployed and poor/nearly poor living standards often have lower indexes in receiving information on social insurance in general and health insurance in particular through the above channels. However, in the channel of getting SI/HI information through government/organizations cadres, the disadvantageous group has a

noteworthy high index. This shows the role, responsibility and efficiency of the propaganda activities on social insurance in general and health insurance in particular for disadvantageous social group in surveyed areas.

In the information and communication activities about SI and health insurance firstly, the role of the mass media and of the local government/organizations cadres is very important. However, the research results show that the quality of these activities is still inadequate. It is argued that, "Today many local activities are like the movements... When the movement was going, it was continuously to organize meetings, and radio made broadcastings, and panels and posters were shown. But the meeting contents or broadcastings on radio are only the calling or launching the operation, the information on the contents was not much referred" (Interview with representative of Communal leadership). "As to guideline and policy of health insurance we heard when having attended village or team villagers meetings; sometimes having watched TV at home we heard such and such, but if there was something we did not understand, we did not know whom to ask. We asked children, but they only told what they knew, if they didn't know, of course we also did not understand" (Interview with the woman with 42 years old and high school education and is of nearly poor household).

It can be said that activities of informing and propagating health insurance policy to people in rural areas are still superficial and formalistic, not been deep and wide. The local authorities only performed these activities in the form of communication but not really went in deep interpretation and analysis to people. The news was broadcasted on the radio with the limited frequency and quantity; so it is difficult to help people to get the information thoroughly and closely. This issue requires the local governments and agencies and relevant organizations to take the more practical and effective other measures, such as meeting people in the villages to disseminate, analyze, answer questions of people...

The health insurance law, newly amended in 2014, has mandatory regulation on buying health insurance by households. However today, this regulation hasn't received the consensus of the people; especially of the subjects who had previously participated individually in voluntary health insurance. The cause of this situation is that the access to information on the new regulations amending and supplementing the health insurance law of the population in general and of the subjects participated in the kind of individual voluntary insurance in particular, is limited and not timely.

Overall, awareness about the social insurance in general and the health insurance in particular of the rural population in the suburban surveyed areas still has many limitations and deficiencies. It showed the shortcomings and weaknesses of the activities of informing and propagating SI in general and health

insurance in particular in rural areas today. This situation requires the solutions to ensure the implementation of the mission of universalization of health insurance for all people, such as national targets set forth ❑

References

1. The Ministry of Health (2010), *Plan to protect, care and improve the people's health in period 2011 - 2015*, http://jahr.org.vn/index.php?option=com_content&view=article&catid=45:vu-ke-hoach&id=180:k-hoach-5-nm-nganh-yt-2011-2015&Itemid=60&lang=en.
2. The Ministry of Health (2016), *Overview Report on Health Sector of 2015: Strengthening local health care with the end to health care coverage for the entire population*, Medical Publishing House, Hanoi.
3. Vietnam Social Insurance, Summarized report of the years 2007-2015, http://www.baohiemxahoi.gov.vn/
4. Vietnam Social Insurance (2016), Working report of the first 6 months of 2016, http://www.baohiemxahoi.gov.vn/.
5. The 2014 amended health insurance law.