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Attention in Health Insurance, Empirical Assessment in the Northern Mountains of Vietnam

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Abstract

Learn about the geographical and cultural characteristics of the people in the northern mountainous region of Vietnam, combined with the use of appropriate research methods from statistical tools. The author of the study has an overview and better solution orientation to the problem of people's Attention to health insurance. The research content "People's attention to health insurance, empirical assessment in the

northern mountainous region of Vietnam" is an urgent topic for the socio-economic development of people in the northern mountainous region of Vietnam in particular and of the whole country in general, with many different characteristics due to the culture, language, customs, and practices of people in the northern mountainous region of Vietnam (ethnic minority areas).

Keywords: Health Insurance, Care, Northern Mountains, Vietnam

1. Introduction

1.1 Problem

The article researching people's Attention in Health Insurance, empirical assessment in the northern mountainous region of Vietnam is an important study for deciding the direction of socio-economic development of Vietnam. With many differences in living habits and cultures of people in the northern mountainous areas and each ethnic minority area, health insurance policies in these areas have not been as effective as expected. Human resources are a decisive factor for socio-economic development. The Party and State always pay attention to the development of human resources, especially ethnic minority human resources. Investment and development and health care of human resources in ethnic minority areas to meet the requirements and tasks in each phase are always focused on by the Party and the State. Education and training policies, economic support policies, and many policies indirectly affecting the development of human resources in ethnic minority areas such as Program 135 aimed at extremely difficult communes; Program 134 supports poor ethnic minorities in 4 categories: productive land, residential land, housing and running water; Program 167 has supported people in housing, Resolution 30a/2008/NQ-CP of the Government on rapid and sustainable poverty reduction for 62 poor districts in the period 2009 – 2020. The Government has implemented many priority policies to support, propagandize and mobilize people in northern mountainous areas, including ethnic minority groups, to participate in health insurance. With synchronous policies implemented, there have been some results such as the participation rate of Health Insurance has improved significantly. However, with its unique characteristics, the mobilization of ethnic minority people still faces many difficulties. With poor sanitation conditions, and a lack of facilities, health care for people faces many difficulties, leading to many health insurance policies that have not achieved the desired results.

2. Theoretical Basis

2.1 Attention

Attention is the "cognitive" focus on some "phenomenon" to the exclusion of other stimuli. It is a "process of selectively focusing" on a particular aspect of information, whether considered "subjective or objective." William James (1890) ^[5] wrote that "Attention is the possession of the mind, in its clear and vivid form, one of which seems to be several objects or currents of thought that can occur simultaneously. Focus, concentration and consciousness are intrinsic." Anderson (2004) ^[1] argues that "Attention is also described as the allocation of limited cognitive processing resources". Authors Zhaoping (2014) ^[9] and

Goldstein (2011)^[4] both argue that "Attention is manifested by a blockage in the ability to pay attention, in the amount of data that the brain can process per second; For example, in human vision, less than 1% of visual input (about one megabyte per second) can enter the bottleneck, leading to inattentive blindness." Chavajay & Rogoff (1999)^[2] argue that "Attention remains an important field of study in education, psychology, neuroscience, cognitive neuroscience, and neuropsychology. Active areas of investigation involve determining the origin of the sensory signals and signals that generate attention, the impact of these sensory signals and signals on the regulatory properties of sensory neurons, and the relationship between attention and other behavioral and cognitive processes, which may include activities memory and psychological vigilance. A relatively new research team, expanding on previous research in psychology, is investigating the diagnostic symptoms associated with traumatic brain injury and its effects on attention. Attention also varies across cultures." Klein *et al.* (2009)^[6] stated: "Social attention is a particular form of attention related to the allocation of limited processing resources in a social context. Previous studies of social attention have often looked at how attention is directed towards socially relevant stimuli such as other individuals' faces and gaze." Kuang (2016)^[7] argues that "The contrasting effects between caring for others and taking care of oneself evoke a synthetic perspective in a recent Opinion paper proposing that social attention operates in two polarized states: At one extreme, The individual tends to pay attention to himself and prioritizes information related to himself over the information of others, and at the other extreme, attention is given to other individuals to infer their intentions and desires. Taking care of yourself and caring for others mark the ends of a constant range of social attention. For a given behavioral context, the mechanisms that make up these two poles can interact and compete with each other to determine the prominent map of social attention that guides our behavior."

2.2 Health Insurance

Concept

According to the Law on Health Insurance (2014), "Health insurance is a form of insurance applied in the field of health care, not for profit purposes, implemented by the State and subjects responsible for participating following the Law" (Law No. 46/2014/QH13).

The Nature of Health Insurance

Health insurance is an important part of Vietnam's health policy, a method of creating "financial resources" for people's health care activities (through mobilizing people's contributions through management organizations). Health insurance is "community sharing", to implement "equity and humanity" in the field of people's health protection and care. The humanity of health insurance is expressed through "sharing, support, reciprocity" in health care between high-income people and low-income people, between people fortunate enough to have health and people at risk of illness. Health insurance uses revenues from people of working age to provide medical assistance to the elderly and children. In addition, health insurance is a "preventive" protection measure for risks when employees unfortunately suffer from serious illnesses and large treatment costs. There are many models of health insurance in the world, the most

"preeminent" form that Vietnam aims at in the health insurance policy is "Compulsory universal health insurance" with the principle that all people "contribute health insurance premiums according to personal income", the poor and people under social policies are supported by the State, but when medical examination and treatment are entitled to benefits prescribed based on medical examination and treatment needs. Participation in health insurance is the obligation of all citizens, including healthy people. The responsibility for leading and directing the health insurance work belongs to Party committees and government levels from the central to local levels. Health insurance is an important social policy, with humanitarian meaning and deep community sharing, which is highly valued by our Party and State and always upheld in the social security policy system.

Health Insurance Premiums

According to the amended and supplemented Law on Health Insurance (2014), Decree 105/2014/ND-CP details health insurance premiums. For 3 groups of beneficiaries paid by employees and employers, it is specified in Article 13 on health insurance contributions and responsibilities. Accordingly, the level of contribution and liability of health insurance is prescribed as follows:

The maximum monthly contribution of the beneficiaries specified in Point a, Clause 1, Article 12 of this Law is equal to 6% of the monthly salary, of which the employer pays 2/3 and the employee pays 1/3. During the period when the employee is entitled to maternity leave under the law on social insurance, the maximum monthly payment is equal to 6% of the employee's monthly salary before maternity leave and is paid by the organization.

For groups paid by the Social Insurance Fund and those paid by the State budget, the health insurance contribution rate is 4.5% of the monthly salary as the basis for monthly contributions to social insurance, health insurance and unemployment insurance. The contribution level of the household group has 5 levels, namely that the first person pays equal to 4.5% of the base salary; the 2nd person closes equal to 70% of the first person's close; the 3rd person closes equal to 60% of the first person's close; the 4th person closes equal to 50% of the first person's close; From the 5th person onwards the close is equal to 40% of the first person's close.

The group funded by the State budget who belong to near-poor households is entitled to a minimum support of 70% of the base salary. Students are supported at a minimum of 30% of the base salary. Households engaged in agriculture, forestry, fishery, matchmaking and occupation with average income, the minimum support level is 50% of the base salary.

Health insurance benefits

The cost of medical examination and treatment of common diseases, not to mention incurable diseases at medical facilities is currently not a small number. By participating in Health Insurance, depending on the route of medical examination and treatment, participants will be fully or partially supported. According to Article 22 of the Law on Health Insurance in 2008 and the Law on Health Insurance amended and supplemented in 2014 detailing the benefits that people enjoy when participating in health insurance.

The level of health insurance coverage is on the right route. The levels of health insurance when participating in medical examination and treatment on the right route include 100% of medical examination and treatment costs for officers, professional soldiers, non-commissioned officers and military soldiers who are on active duty or serving for a term in the people's police; Basic workers are paid the same as military personnel; Basic cadets are entitled to regimes and policies according to the regime and policies for cadets at military and police schools; Revolutionary meritorious persons, veterans; Children under 6 years old; Persons eligible for monthly social protection allowances; People from poor households; ethnic minorities living in areas with difficult or extremely difficult socio-economic conditions; persons living in island communes or island districts; Relatives of persons who have contributed to the revolution are the fathers, natural mothers, spouses and children of martyrs; who was instrumental in nurturing martyrs; One-time medical examination and treatment is lower than the level prescribed by the Government and medical examination and treatment at the commune level; Patients who have participated in health insurance for 5 consecutive years or more and have the same amount to pay medical examination and treatment expenses in a year greater than 6 months of base salary, except for cases of self-examination and treatment on the wrong route; 95% of medical examination and treatment costs for beneficiaries such as pensioners, monthly incapacity allowances; Relatives of those who contributed to the revolution, except those who are covered by Health Insurance 100% of the costs; People from near-poor households; 80% of the cost if it is other objects

Off-line health insurance entitlement. 40% of inpatient treatment costs at central level hospitals; 60% of inpatient treatment costs until 31/12/2020; 100% of inpatient treatment costs from 01/01/2021 at provincial hospitals; 100% of the cost at the district hospital. Particularly people living in island communes or island districts; Ethnic minorities, people belonging to poor households living in areas with difficult socio-economic conditions, especially difficulties to go to the wrong route for medical examination are still entitled to the right level of enjoyment.

2.3 Northern Mountains

The northern mountainous midlands, before 1954, also known as the Midlands and Uplands, were mountainous and semi-mountainous areas in Northern Vietnam. Administratively, the region comprises 14 northern provinces, namely Ha Giang, Cao Bang, Lao Cai, Bac Kan, Lang Son, Tuyen Quang, Yen Bai, Thai Nguyen, Phu Tho, Bac Giang, Lai Chau, Dien Bien, Son La, Hoa Binh, and 21 districts and one town in the west of Thanh Hoa and Nghe An provinces. According to the General Statistics Office, "The Northern Midlands and Mountains are territories in the north, accounting for 30.7% of the area and 14.4% of the country's population" (GSO, 2012) [3]. This place has a quite special geographical position and has a "transportation network that is being invested and upgraded, so it is increasingly convenient for exchanges with other regions in the country and building an open economy". It is the largest territory in the economic zones, consisting of 14 provinces. The Northern Midlands and Mountains border the 2 provinces of Guangxi and Yunnan of China to the north,

Laos to the west, and the Red River Delta to the south and southeast. "The Northern Midlands and Mountainous regions have diversified natural resources, capable of diversifying the economic structure, with strengths in mineral exploitation and processing industry, hydropower, tropical agriculture with both subtropical and temperate products, tourism development. The coastline extends from Mong Cai to Quang Yen in Quang Ninh province, which is a potential sea in the southeast. Improving people's lives, developing infrastructure, clean water, and promoting poverty reduction are issues that are being concerned in socio-economic development projects of the Northern mountainous midlands. These things are the top challenge in improving people's lives here."

According to the Ministry of Education and Training, "The Northern Midlands and Mountainous regions are sparsely populated. The main ethnic groups are Thai, Muong, Dao, Mong in the Northwest, Tay, Nung, Dao, Mong in the Northeast. Kinh people reside in most localities." The population density in mountainous areas is 50-100 people/km². Therefore, there are "restrictions on the local market and labor, especially skilled labor". This is a region with many ethnic groups with little experience in productive labor and natural conquest. However, backwardness and nomadic cultivation still exist among some ethnic groups. The province with the largest population in the region is Bac Giang province with about 1.8 million people.

3. Research Methodology

Attention assessment can be considered as a component that synthesizes opinions and gives a consumer perspective of customers. Attention is measured on a 5-point Likert scale (Where: 1 is strongly disagreeing, 2 is disagreeing, 3 is neutral, 4 is agreeing and 5 is strongly agreeing). The scale of Attention is denoted AT and consists of 4 observed variables numbered in order from AT1 to AT4. The contents of each observed variable and the symbols for each variable are shown according to the table below.

Table 1: Survey on People's Attention to Health Insurance

Ampersand	Content
AT1	Does health insurance meet your health care needs?
AT2	You are hesitant about taking out Health Insurance?
AT3	You intend to participate in Health Insurance?
AT4	You intend to join and recommend Health Insurance to relatives and friends?

Source: Constructive author

4. Results

4.1 Attention Affects the Expansion of Health Insurance Participants

With the question "Does health insurance meet your health care needs?" out of 442 surveys, 37 respondents strongly disagreed accounting for 8%, 151 respondents disagreed accounting for 34%, 163 people chose the neutral option accounting for 37%. The number of people who chose the opinion agreed was 65 people accounting for 15%, and finally, the opinion completely agreed with 26 people who chose 6%. Thus, as a result of asking AT1 in the Attention survey, we see a large number of people standing in a neutral position. If there is a small push, they will be a source of potential audiences who are likely to participate in Health Insurance in the future.

Table 2: Analysis results of Attention survey data for Health Insurance

Criteria	AT1		AT2		AT3		AT4	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Strongly disagree	37	8	40	9	32	7	26	6
Disagree	151	34	121	27	135	31	172	39
Indifferent	163	37	153	35	165	37	142	32
Agree	65	15	98	22	78	18	73	17
Totally agree	26	6	30	7	32	7	29	7
Total	442	100	442	100	442	100	442	100

Source: Compilation of analysis from author's survey data

In response to the statement "You are hesitant about participating in Health Insurance", the result was 40 completely disagreeing opinions accounting for 9%, 121 opinions choosing to disagree accounting for 27%, and neutral choices had 153 employees selected accounting for 35%. The number of people who agreed and completely agreed with the statement was 98, accounting for 22% and 30, accounting for 7%, respectively. In general, the number of workers who agree and completely agree with the above statement is quite low, in other words, most of them are still at the neutral level and do not have a specific and clear intention for this.

With the next observation variable "Do you intend to participate in Health Insurance", 32 employees accounted for 7%, 135 people accounted for 31%, 165 employees accounted for 37%, 78 people accounted for 18% and 32 people accounted for 7% with the choice from completely disagree to completely agree according to the Likert scale for Statement above. It can be seen that the number of workers who choose to disagree outright means that denying Health Insurance has decreased and the number who claim they agree with statements has increased. However, the group of workers who choose not to agree is still too large.

Finally, with the statement "You intend to join and recommend Health Insurance to relatives and friends" According to the summary table and chart, we found that there were 26 employees who chose the level of complete disagreement, accounting for 6%, 172 employees who chose the disagreeing option, accounting for 39%, 142 workers said with a neutral opinion accounting for 32%, 73 people chose to agree at 13% and 29 people chose 7%. Respondents said that their knowledge is limited, so if it is recommended to introduce it to relatives and friends, most of them think it is not advisable. Specifically, they manifest themselves in the form of choosing mainly the two options of disagreement and neutrality. Thus, if we provide them with more information, the number of neutral workers may become very useful propagandists for the health insurance policy for the state.

Through the above analysis with appropriate methods and sample size to meet the research target of 442 samples, the authors conducted a statistical analysis of employees' Attention in participating in Health Insurance. The results of the analysis identified problems in expanding the beneficiaries of Health Insurance. These difficulties need the participation of the government, management agencies, education and training.

4.2 Recommendations to the National Assembly and the Government

Although the development and expansion of health insurance coverage have been paid due attention for a long time, the results have not achieved the desired results. The

workforce that participates in Health Insurance but has not participated in this type of policy across the country is still very large, so the ability to expand participants by both number and location is grounded. Or it can be said that the potential for exploitation is still great if we have feasible policy policies and overcome challenges of economic development. Therefore, in the opinion of the research team, the National Assembly and the government need to implement some solutions.

Direct the rapid implementation of the amended and supplemented health insurance document system issued in 2014 to replace the old documents. This helps workers access new information faster.

It is necessary to take measures to promote work efficiency such as rewarding for good achievements in work, such as taking initiatives in helping to expand health insurance participants, along with using penalties if causing delays in the expansion of health insurance participants such as causing difficulties for employees in participation in Health Insurance. This, if possible, should be concretized into the Law because when there is encouragement, encouragement, or sanctions, it leads to increased motivation for employees in social insurance agencies.

Create a legal corridor for joint training between enterprises and employees and in order to effectively implement this, the State must take measures to manage this linkage activity to avoid employees being lost.

4.3 Measures from the Vietnam Social Insurance Agency

In order for the operation of the social insurance system to be more effective, the Vietnam Social Insurance Agency needs to implement some of the following solutions:

Establish a team to inspect, supervise and regularly urge the implementation of policies and expand health insurance participants throughout the social insurance system. Based on the actual economic and human situation set specific goals for each stage of development for provincial social insurance agencies. Create effects in the form of "Campaigns" during implementation.

We are building a team of insurance staff with solid expertise, friendliness, and enthusiasm for employees in contacting to solve policy regimes or policy advice for employees.

In cooperation with agencies such as media agencies, the press provides employees with diverse information on the form and variety of health insurance policy contents.

4.4 Recommendations to Educational Authorities

Education is the foundation of every country's development. Education plays a great role in training knowledge and skilled workers for society. However, now that the socialization of education is increasing, there is an overabundance of teachers and a shortage of workers. Waste

of state budget due to rampant training not oriented to professional development. Waste of time and money for training without direction, the situation of working in the wrong industry, the situation of working in the wrong profession is still many, and the cost of retraining is expensive. Recognizing these limitations, we as an independent researchers have some recommendations for the Vietnamese education sector as follows:

The formulation of training targets should be based on national development goals in the long run. Improve the quality of training in both culture and vocational training.

Implement streamed teaching schemes from the lower secondary level for students. Students who have good learning abilities and meet the standard threshold for university study are trained according to a program. Other students, whose ability to learn culture is not as good as the above students, can study the program at the same time culture and vocational training according to their ability and Attention.

5. Conclusions

The Health Insurance regime has been in place since 2008 and is expected to provide support for workers with precarious and low incomes to enjoy health care in old age and have a stable monthly income from pensions. Health insurance is a basic policy in Vietnam's social security system. This is also the first law in Vietnam to highly institutionalize a very basic need for human social security, in which health insurance for working workers is not covered by compulsory social insurance. The results of the article are the basis for us to propose solutions and recommendations to departments related to the implementation of health insurance policies for employees.

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