The Social Life of Health Insurance in Vietnam

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I sat across from Nga as she leaned on the metal headrest of her hospital bed. My research assistant sat next to her as she told her health history. She was 61 and had been diagnosed with diabetes about a year ago. She was alone, which is rare in Vietnam where close family members are the default primary caregivers for patients. For me the family as caretakers was the result of resource-constrained country, but to my research assistant—a Vietnamese native—the family as caretakers were a symbol of family's dedication to one another. To have no one at your bedside in the hospital signaled problems to onlookers.

"So why don't you have health insurance?" my research assistant and I asked her.

"My son won't buy it so I can't buy it," she replied.

"And why won't he buy it?"

"He tells me 'why should I buy it when I'm not sick?' but I know he doesn't buy it to spite me. I have four children and he thinks that I favor my eldest daughter because I gave her the land next to my house. So he is jealous. I asked him to legally remove himself from the *ho khau* (family registry book) so that I could buy insurance, but he won't leave. I think he's waiting for me to die so that he can take my land."

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At the beginning of 2015, Vietnam implemented its campaign for universal health insurance coverage. To achieve this, the government pushed forward compulsory health insurance by abolishing individual enrollment and requiring that new participants enroll as a family. The family in this case was defined by who was listed in the *ho khau*, the family registry book and primary legal document of residence in Vietnam.

Vietnam is not alone in its aspirations for universal health coverage. Health insurance is being exported all over the world as a model for financing health care under the global strategy for Universal Health Coverage (UHC)[1]. Spearheaded by international development agencies such as the World Health Organization, the World Bank and various NGOs, UHC promises to deliver both financial protection and long-term economic growth for low- to middle-income countries (LMIC). Currently, a network of 27 countries for UHC is involved in restructuring their financing to provide public and compulsory funding sources for health care[2].

However, key dimensions about how health insurance is understood and practiced in LMIC contexts are poorly understood. While most studies about insurance compare coverage rates and examine utilization patterns, I set out to investigate the effects of insurance on life in

rural Vietnam. I sought to understand the social, political and economic conditions of health insurance development in Vietnam and the effects of UHC on how people organized their knowledge, action, and meaning in efforts to obtain care. I consider this broad analysis of insurance as the "social life" of health insurance. I chose Vietnam because its campaign had just started and I wanted to see how health insurance was understood by those who may be unfamiliar with it.

After receiving an SRA, I traveled to Vinh Long Province to carry out my year-long fieldwork. The province is located approximately 156 km west of Ho Chi Minh City in the Mekong Delta. I lived among the rice farmers, fruit growers and fisherman that dominated the economy of the region. The people in the area also worked in factories that produced terracotta goods, brick, and packaged seafood for export. I learned about their everyday struggles and how they made decisions about their health and livelihood. I interviewed community members, health care professionals, policy advisors and policy makers. My findings about insurance were surprising in the ways it tapped into people's concepts of family relationships, religion/spirituality, and nation building.

Nga's situation described above demonstrates how access to health insurance was dependent on the dynamics of family relationships. Health insurance required people to enact cooperation. As a result, conflict and disputes over how land was to be passed down became tangled up with a person's ability to obtain health insurance. Other families had similar anxieties about what health insurance would reveal about the strength of their family. One woman who had a history of stroke exclaimed how relieved and happy she was that her son and daughter-in-law agreed to buy insurance. She explained that 3 years ago, the children had cancelled their individual plans because they saw no benefit in insurance. Another man who needed insurance to help pay for his surgery follow-up was forced to buy insurance for his brother, who refused to purchase insurance. Health insurance in these cases came to symbolize family cooperation and solidarity.

For several weeks, I followed the social insurance office's propaganda team to community meetings where I examined state representations of health insurance. The pamphlets and billboards displayed many images such the state flag in the shape of hands holding a family, or a group of children with the text "For health, for those younger than you, for the future of the nation. Please join in health insurance". These conveyed health insurance as protection from the risk of illness, but also a social obligation to society- and nation-building.

Surprisingly, the community members I interviewed paid little attention to these billboards. Instead, most saw health insurance as something to be purchased only after you became aware of illness rather than a financial fail safe for the future. Many government insurance sellers had confrontations with community members who claimed the sellers were wishing illness upon them by trying to sell them insurance.

Those who did buy insurance did not always discuss it as a means to manage their financial risk. Instead, they discussed insurance using terms reserved for spiritual and religious situations. A coconut harvester told me, "When I was sick and I didn't have insurance, I was so sad. I prayed to the sky and to Buddha just let me get better and when I can I'll buy insurance. I'll pray that I don't get sick and if others are really sick then they can use that money to take care of their illness". Others echoed this sentiment saying that they buy insurance with the hope

that they do not become ill. If they are lucky to stay healthy and not use insurance, they see the money they have "lost" as a form of charity to help those who did get sick that year. This was often used as a justification for spending money in an area where many felt had no immediate material benefits.

My project examined the perceptions, narratives and experiences of people in relation to health insurance. By understanding the "social life" of health insurance—or the diverse ways in which people come to understand, use and value health insurance—I hope that my project findings can be applied to policy formation. Local perceptions guide how people make decisions about their health and financial futures and these must be taken into account.

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[1] World Health Organization (2016) Health in 2015: from MDGs to SDGs. http://apps.who.int/iris/bitstream/10665/200009/1/9789241565110_eng.pdf?ua=1

[2] Joint Learning Network for Universal Health Coverage. http://www.jointlearningnetwork.org