



ACTION RESEARCH
TO EXPAND SCHOOL HEALTH INSURANCE COVERAGE
FOR SCHOOLCHILDREN BY IMPROVING KNOWLEDGE OF THEIR
PARENTS VIA SCHOOLCHILDREN'S PARENTS ASSOCIATION
IN DONG THAI COMMUNE, VIETNAM



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Abstract

School Health Insurance (SHI) was introduced in Vietnam in 1995 as a component of Vietnam Health Insurance (VHI), but it was implemented through the joint efforts of the VHI, the Ministry of Health and the Ministry of Education and Training (MOE&T).

By the end of 1999, SHI was serving the needs of about 3.4 million children. This collaborative, intersectional achievement has enabled the Government of Vietnam to respond to two major worries of Vietnamese parents: first, the protection of their families against the adverse consequences of their children's ill health; and second, the creation of conditions and programs in schools that are conducive to health and that help children and their families stay healthy. It is being used to advance the implementation of "Health-Promoting School", a concept launched by the World Health Organization. However, after five years of its implementation, SHI has just covered about 20% of the eligible group. How to expand the coverage of the SHI scheme is not only the concern of the Vietnam Government and related sectors but also an interesting and essential issue for researchers to study.

This study aims to expand the coverage rate of the SHI scheme in Dong Thai commune – one of the twenty-two agricultural communes of Ba Vi district, Ha Tay province, Vietnam - by improving the knowledge on SHI and school health for schoolchildren's parents (SCP), via schoolchildren parents association (SCPA). The study employed the Typologies Model of Community Organization from Rothmans's.

At the heart of the intervention study is group-interaction of the SCPA's Sub-Associations.

This is a quasi-experimentation study design with two groups (communes); another one of the twenty-two agricultural communes of Ba Vi district, will be randomly selected to serve as a control group in which no intervention will take place. Both groups are observed prospectively, before as well as after the intervention, to test if the intervention has made any difference.

The study is an intervention performed in Dong Thai commune - on a community basis. Thus, the outcome will be measured on individual schoolchildren's parent basis but the analysis will be made on a group basis. The study impact is measured by the differences between the change in outcome for Dong Thai commune and that for the comparison commune, plus or minus random error.

Vietnam is a country with a population of 76,324,754 inhabitants, in which 76.5% of the population is living in the countryside with low income; it's hopeful that the success of the study in the Dong Thai commune will provide an experience lesson for VHI in expanding SHI in rural areas in coming years. Furthermore, it may contribute its small part in strengthening the health care system and gradually fostering an insurance culture in Vietnam in the future.