The Health Dimension of Southeast Asian Migration to Italy

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The Italian Research Agenda

- The health policies in Italy
- The Research - methodology
- Some quantitative findings
- Some qualitative findings
- Conclusions
The health policies in Italy in the last 20 years

Trend on health policies for foreigners

From formal right

Access to health care services

To actual right

increasing awareness while accessing the services

The changing objectives in the Sanitary Regional Programmes

From emergency services to diversity management services
Different legal status, different level of assistance?

- Foreigners enrolled in to the National Health System (regular stayers)
- Over-stayers
- Undocumented

$STP$
Universalistic health system

- General practitioner/family doctor
- Territorial services include Social and Health Cares
- Hospital & Clinic

Rich offer, but access through complicated bureaucracies
Italian health context 2

In recent years...

- efforts for answering the needs of migrant users, mostly in mother and child sector;
- creation of prepared to pluralism and multi-ethnicity, with structured services of linguistico-cultural mediation;
- these out-patients clinic are oasis, and a pluralistic attitude is not widespread in the system as a whole.
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The research methodology

Fieldwork: Province of Milan  
September 2011 – January 2012

Quantitative research  
100 questionnaires to migrants (50 Chinese, 50 Filipinos)  

Interviewers: 4 linguistico-cultural mediators  

Recruitment: health services, school, gathering places, acquaintances
The research methodology

Qualitative research

In-depth interviews with:
• 10 health workers (doctors, nurses, psychologist)
• 7 policy makers (from local health services and associations engaged in advocacy for migrants’ social rights)
• 2 focus groups: a) 8 Filipino key informants; b) 5 Chinese key informants

Recruitment snow-ball methodology
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Some quantitative findings

Distribution of the sample by gender

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>F</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>58</td>
<td>69</td>
<td>115</td>
</tr>
<tr>
<td>Philippines</td>
<td>57</td>
<td>68</td>
<td>137</td>
</tr>
<tr>
<td>Total</td>
<td>127</td>
<td>125</td>
<td>252</td>
</tr>
</tbody>
</table>
Some quantitative findings

Distribution of the sample by age. Percentage

![Bar chart showing distribution of sample by age in China and Philippine.](image)
Some quantitative findings

*Condition of employment (> 18 years old). Percentage*

<table>
<thead>
<tr>
<th></th>
<th>China</th>
<th>Philippines</th>
<th>tot</th>
</tr>
</thead>
<tbody>
<tr>
<td>employed</td>
<td>78,2</td>
<td>83,3</td>
<td>80,5</td>
</tr>
<tr>
<td>unemployed</td>
<td>8,9</td>
<td>3,6</td>
<td>6,5</td>
</tr>
<tr>
<td>not active</td>
<td>11,9</td>
<td>13,1</td>
<td>12,4</td>
</tr>
</tbody>
</table>
Some quantitative findings

*Health problems in the place of origin. Percentage*

<table>
<thead>
<tr>
<th></th>
<th>China</th>
<th>Philippines</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastrointestinal</td>
<td>2,4</td>
<td>4,8</td>
<td>3,6</td>
</tr>
<tr>
<td>Respiratory</td>
<td>63,8</td>
<td>57,6</td>
<td>60,7</td>
</tr>
<tr>
<td>Infective</td>
<td>0,8</td>
<td>0,8</td>
<td>0,8</td>
</tr>
<tr>
<td>Allergic</td>
<td>3,1</td>
<td>4,0</td>
<td>3,6</td>
</tr>
<tr>
<td>Does not know</td>
<td>10,2</td>
<td>0,8</td>
<td>5,6</td>
</tr>
<tr>
<td>None</td>
<td>14,2</td>
<td>20,8</td>
<td>17,5</td>
</tr>
</tbody>
</table>
Some quantitative findings

*Cause of illness in country of origin. Percentage*

<table>
<thead>
<tr>
<th>Cause of Illness</th>
<th>China</th>
<th>Philippines</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact</td>
<td>36,2</td>
<td>8,8</td>
<td>22,6</td>
</tr>
<tr>
<td>Diet</td>
<td>6,3</td>
<td>12,8</td>
<td>9,5</td>
</tr>
<tr>
<td>Climate</td>
<td>40,2</td>
<td>53,6</td>
<td>46,8</td>
</tr>
<tr>
<td>Hygiene</td>
<td>2,4</td>
<td>4,8</td>
<td>3,6</td>
</tr>
<tr>
<td>Immune system</td>
<td>7,9</td>
<td>6,4</td>
<td>7,1</td>
</tr>
</tbody>
</table>
## Some quantitative findings

### Illness management. Percentage

<table>
<thead>
<tr>
<th></th>
<th>China</th>
<th>China in Milan</th>
<th>Philippines</th>
<th>Phil. in Milan</th>
</tr>
</thead>
<tbody>
<tr>
<td>pharmaceutical products only</td>
<td>35,2</td>
<td>35,7</td>
<td>65,7</td>
<td>47,1</td>
</tr>
<tr>
<td>family products only</td>
<td>8,6</td>
<td></td>
<td>14,1</td>
<td>7,1</td>
</tr>
<tr>
<td>traditional medicine only</td>
<td>25,2</td>
<td>8,9</td>
<td>0,0</td>
<td></td>
</tr>
<tr>
<td>both, family &amp; pharmaceutical products</td>
<td>9,5</td>
<td>16,1</td>
<td>0,0</td>
<td>8,2</td>
</tr>
<tr>
<td>both, traditional &amp; western medicine</td>
<td>12,5</td>
<td></td>
<td>2,0</td>
<td></td>
</tr>
</tbody>
</table>
Some quantitative findings

*Illness in the last 12 months. Percentage*
Some quantitative findings

Use of the health services in Italy (Oct 2010 - Oct 2011). %
Some quantitative findings

Degree of knowledge of the health services. Percentage

![Bar chart showing degree of knowledge of health services in China and Philippine for different categories: Social & Health Care, General Practitioner, Hospital, Private Health, Voluntary. The chart indicates varying percentages with China generally having higher values.]
Some quantitative findings

**Frequency of use – China. Percentage**

<table>
<thead>
<tr>
<th></th>
<th>never</th>
<th>rarely</th>
<th>often</th>
<th>does not know/does not reply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social &amp; Health Care</td>
<td>75,0</td>
<td>15,2</td>
<td>1,9</td>
<td>7,7</td>
</tr>
<tr>
<td>General practitioner</td>
<td>46,9</td>
<td>34,7</td>
<td>10,2</td>
<td>8,2</td>
</tr>
<tr>
<td>hospital</td>
<td>35,3</td>
<td>51,0</td>
<td>7,8</td>
<td>5,9</td>
</tr>
<tr>
<td>private health</td>
<td>90,0</td>
<td>8,0</td>
<td>2,0</td>
<td>0,0</td>
</tr>
<tr>
<td>voluntary</td>
<td>96,3</td>
<td>3,8</td>
<td>0,0</td>
<td>0,0</td>
</tr>
</tbody>
</table>
Some quantitative findings

**Frequency of use – Philippine. Percentage**

<table>
<thead>
<tr>
<th></th>
<th>never</th>
<th>rarely</th>
<th>often</th>
<th>does not know/does not reply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social &amp; Health Care</td>
<td>47,4</td>
<td>23,7</td>
<td>5,3</td>
<td>23,7</td>
</tr>
<tr>
<td>General practitioner</td>
<td>13,2</td>
<td>57,9</td>
<td>21,1</td>
<td>7,9</td>
</tr>
<tr>
<td>hospital</td>
<td>18,4</td>
<td>57,9</td>
<td>7,9</td>
<td>15,8</td>
</tr>
<tr>
<td>private health</td>
<td>50,0</td>
<td>8,4</td>
<td>0,0</td>
<td>31,6</td>
</tr>
<tr>
<td>voluntary</td>
<td>84,2</td>
<td>5,3</td>
<td>7,9</td>
<td>0,0</td>
</tr>
</tbody>
</table>
Some quantitative findings

Main source of infos – China. Percentage

[Bar chart showing percentages for various sources of information, including TV, Newspaper, Pamphlet, Internet, Friends/Network, Professional Health Care, Alternative Health Care, Public/Government Health, and Private Health Care. The chart uses colors to differentiate between 'yes', 'no', and 'Does not know/ no response.' ]
Some quantitative findings

**Main source of infos – Philippine. Percentage**

![Bar chart showing sources of information and their percentages for TV, Newspaper, Pamphlet, Internet, Friends/Network, Professional Health Care, Alternative Health Care, Public/Government Health, and Private Health Care. The chart indicates the percentage of respondents who chose each source of information, with the categories marked as 'yes', 'no', and 'Does not know/ no response'.]
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Some qualitative findings - Chinese community in Milan

Features of the Chinese community in Milan

- coming from rural areas of Zhejiang
- non well educated, less socialized to Western medical system
- strongly rooted to traditional beliefs and practices
- reluctant to undergo practices that they do not understand
Some qualitative findings - Filipinos

Features of the Filipinos community in Milan

• well-established in the territory – not ghetto
• well educated, socialized to Western medical system
• not strongly rooted to traditional beliefs and practices
• reluctant to undergo practices that they do not understand
Health workers perceptions about Chinese users

Communication is very challenging, as they are

- autarchic, ermetic, non empathic, belonging to a distant cultural universe
- they don’t answer questions and refuse dialogue about global health conditions
Some qualitative findings - Chineses

Chinese migrants behaviour, some considerations from key informants

- Reserve and control of emotions is a cultural feature”
- Direct questions are perceived as intrusive
- Health workers are expected to give very concrete answers

"Not everyone gives the answers that the doctor would like. The doctors ask a question and they want to understand the cause of the problem. The patient, however, thinks: “but what does he want?”" (Chinese key informant)
Some qualitative findings - Filipinos

Health workers perceptions about Filipinos users

“Filipino women in Milan are often well integrated in the network of health services, they attend hospital and territorial structures, they have good knowledge of them. They have suggestions from their employers: they are usually employed as domestic workers by families who can afford it and who usually have the cultural tools necessary for giving correct indications to Filipino people.”
migrants' behaviour, some considerations

"they don't create problems" (health provider)

communication between health workers and Filipino users is superficial, ineffective

“Get in to the BAG (hospital), Get out in a BODY BAG” (Key informants)

technical competences of health providers are questioned

“The "pilgrimage" in the health service” (interviewee)
Some qualitative findings

Main obstacles to Access

Linguistic barrier

• Compromising the relationship between doctors and patients
• Chinese patients have recourse to their children or Chinese paid interpreters
• Filipinos feel not to be understood

SO

importance of the linguistico-cultural mediator (bridge-builders)
Some qualitative findings

Bureaucratic procedures and poor knowledge of the apparatus

“Talking about children with a serious illness: after the medical check, doctors give the parents some advice: “Go here and there and there”. […] But parents don’t go, and I ask: “Why?” “I didn’t know where to go, who to address, so I did nothing.” (Chinese key informant)

“Being aware of their poor fluency in Italian language, they often fear that the seriousness of their health problem couldn't be effectively conveyed during the phone contact with the doctor, and that the long wait may be motivated by this incomprehension." (Filipino key informant)
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Conclusions

**Common traits**

- Scarce use of the social and health services
- Capacity of not showing up with respect to the service, even if in a very different manner
- Return to country of origin for treatments
- Illegal abortion practices
- Reproductive health and taboo on *Std*
- Exhausting condition of work compromises mental health
Conclusions

Use of health services

- Not coherent nor systematic
- Incorrect or when pathology is at advanced stage
- Poor recourse to the family doctor, mostly for Chinese → absence of reference point
- Language barrier and bureaucratic complications.
Conclusions

Suggestion for further researches

- Separate the 2 group - *Health workers tend to describe them by opposition*
- Quantitative analysis to be realized including more cases
- Focus on alternative medicine and traditional practitioners
- Adopt more qualitative techniques (participant observation, life history collects)
- Elaborate different strategies to talk about health problems – not to
Conclusions

Suggestions for services

• Outreach actions in the communities, for information on health system and on specific subjects
• Strengthening sex education for minors for prevention of unwanted pregnancies and abortion and sexually transmitted diseases
• Enforcing infectious diseases and dermatological departments, including bridge builders in the staff.
Thank You!