

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

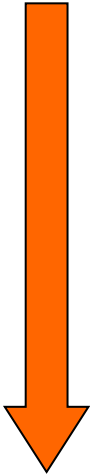
Access to health care services

To actual right

increasing awareness while accessing the services


The changing objectives
in the Sanitary Regional Programmes

*From emergency services
to diversity management services*



The health policies in Italy

Different legal status, different level of assistance?

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

The health policies in Italy

Italian health context 1

Universalistic health system

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

Rich offer, but access through complicated bureaucracies

The health policies in Italy

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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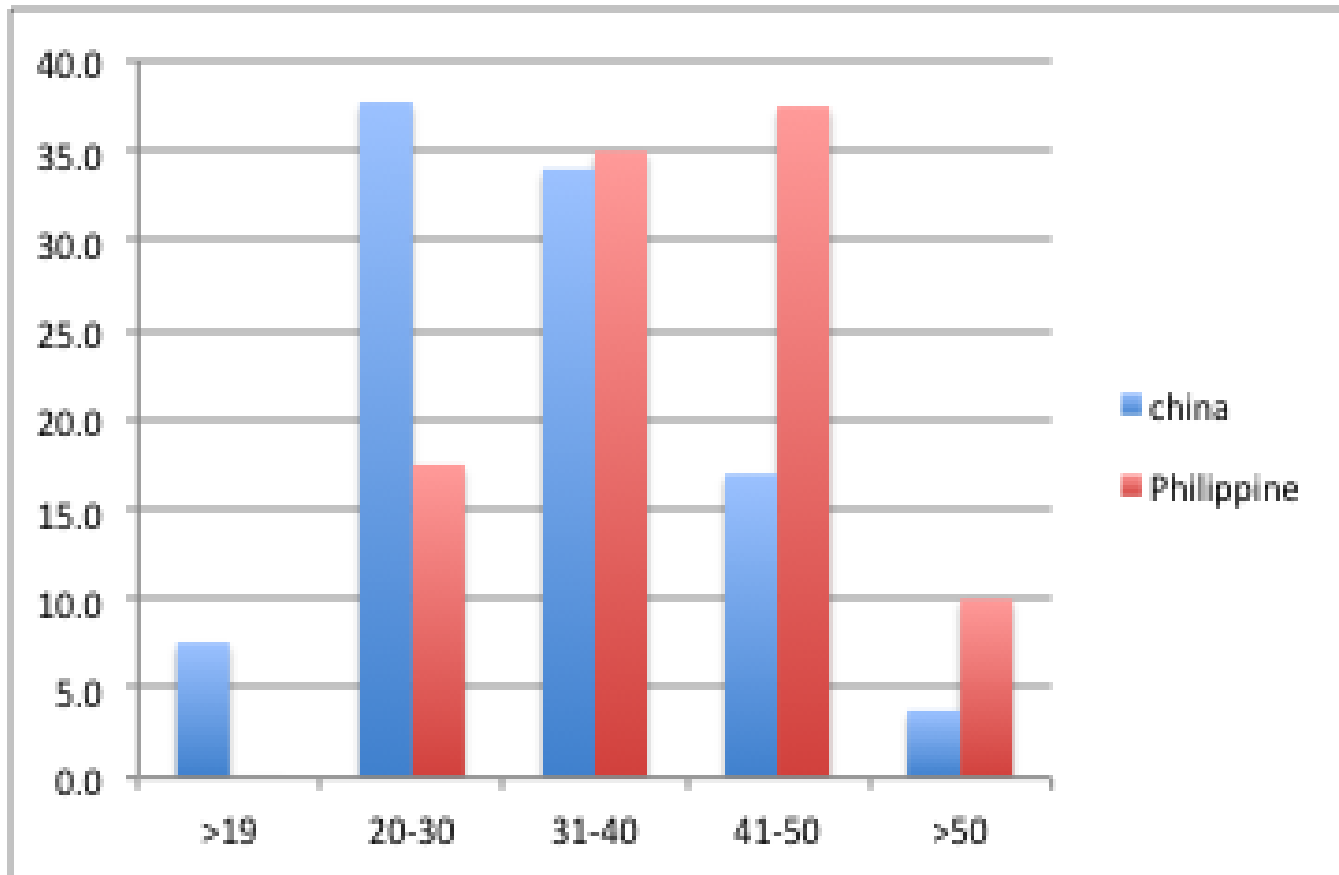
Some quantitative findings

Distribution of the sample by gender

	M	F	total
China	58	69	115
Philippines	57	68	137
Total	127	125	252

Some quantitative findings

Distribution of the sample by age. Percentage



Some quantitative findings

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

	China	Philippines	tot
employed	78,2	83,3	80,5
unemployed	8,9	3,6	6,5
not active	11,9	13,1	12,4

Some quantitative findings

*Health problems in the place of origin.
Percentage*

	China	Philippines	Total
Gastrointestinal	2,4	4,8	3,6
Respiratory	63,8	57,6	60,7
Infective	0,8	0,8	0,8
Allergic	3,1	4,0	3,6
Does not know	10,2	0,8	5,6
None	14,2	20,8	17,5

Some quantitative findings

Cause of illness in country of origin. Percentage

	China	Philippines	total
Contact	36,2	8,8	22,6
Diet	6,3	12,8	9,5
Climate	40,2	53,6	46,8
Hygiene	2,4	4,8	3,6
Immune system	7,9	6,4	7,1

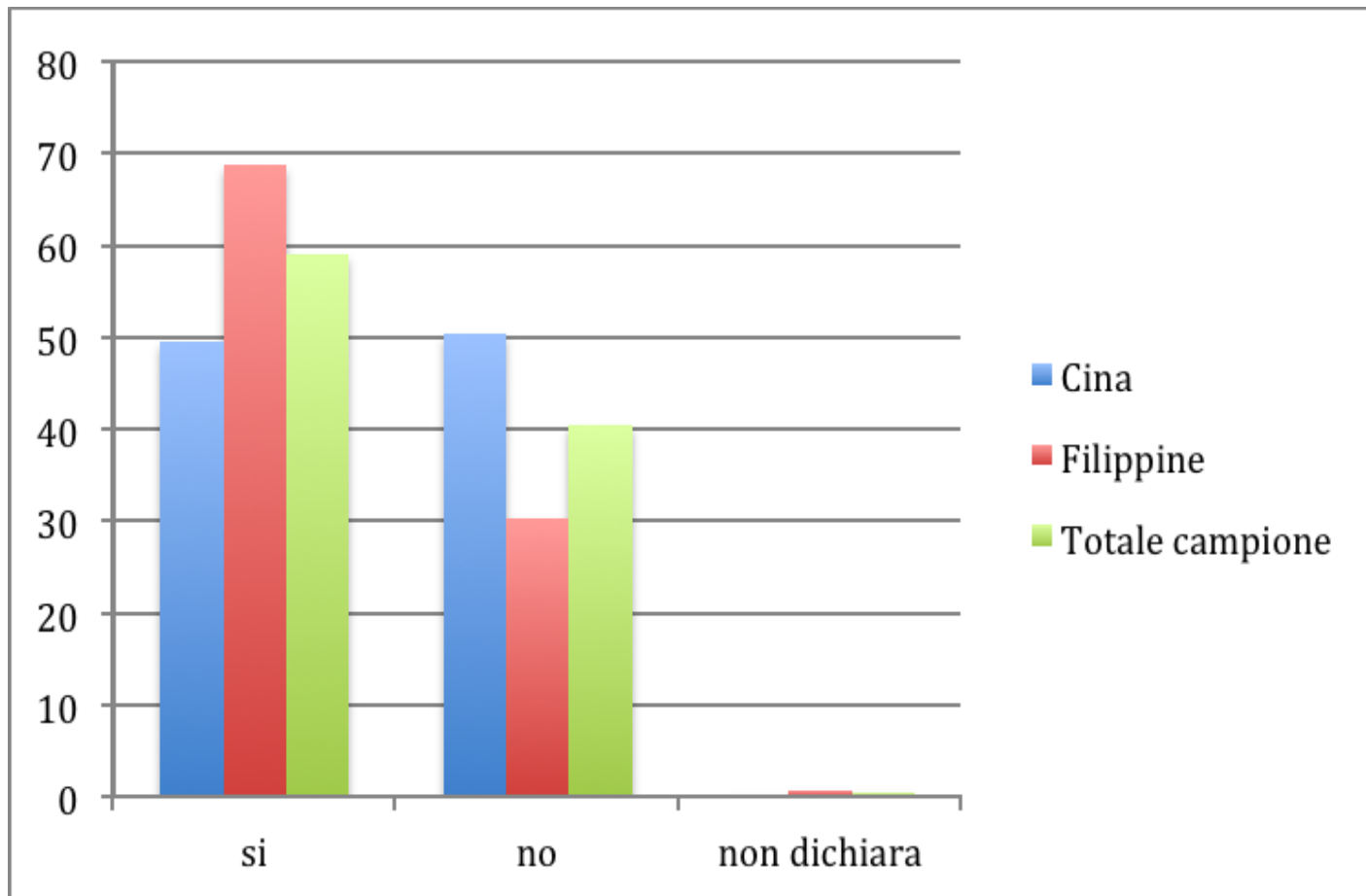
Some quantitative findings

Illness management. Percentage

	China	China in Milan	Philippines	Phil. in Milan
pharmaceutical products only	35,2	35,7	65,7	47,1
family products only	8,6		14,1	7,1
traditional medicine only	25,2	8,9	0,0	
both, family & pharmaceutical products	9,5	16,1	0,0	8,2
both, traditional & western medicine	12,5		2,0	

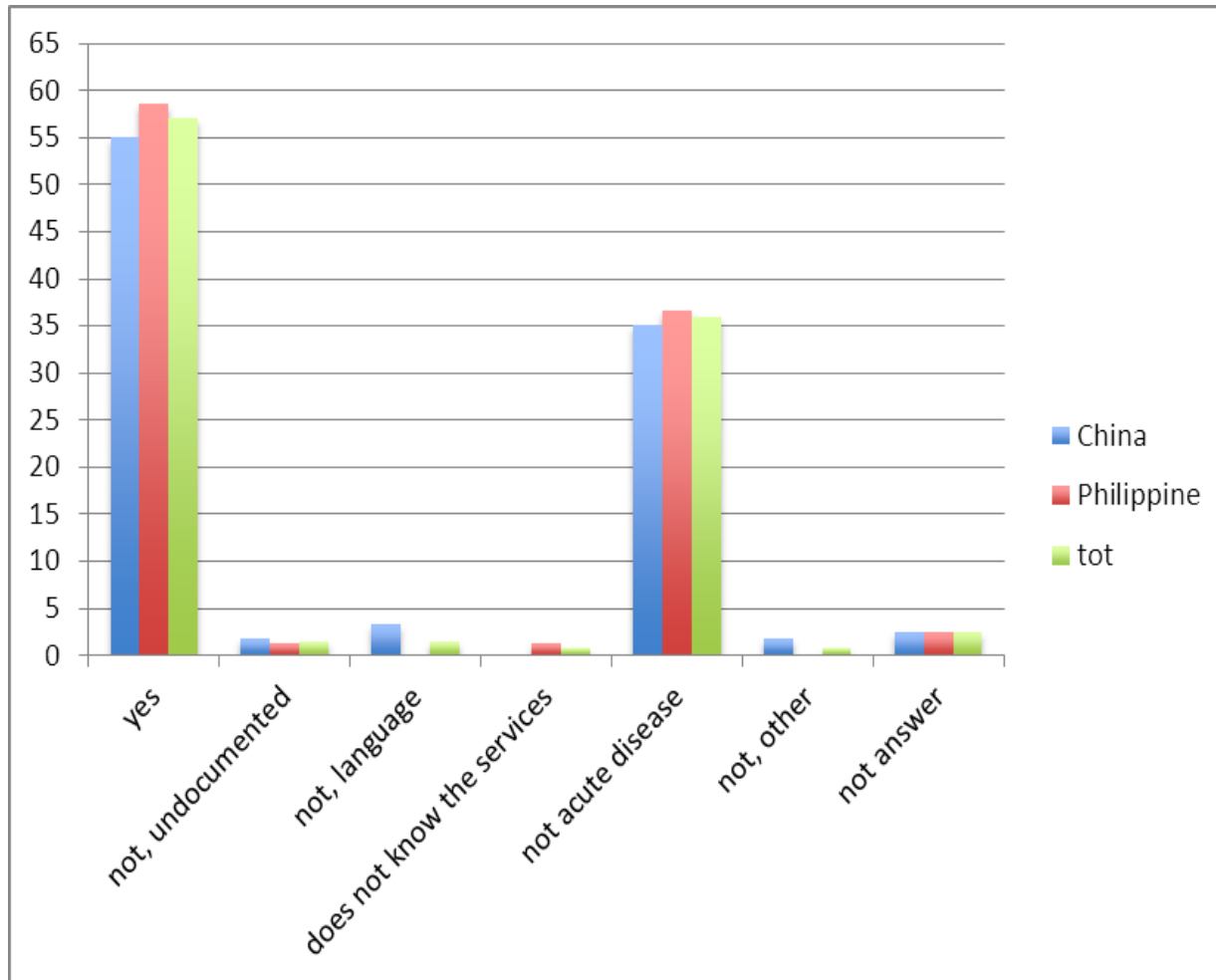
Some quantitative findings

Illness in the last 12 months. Percentage



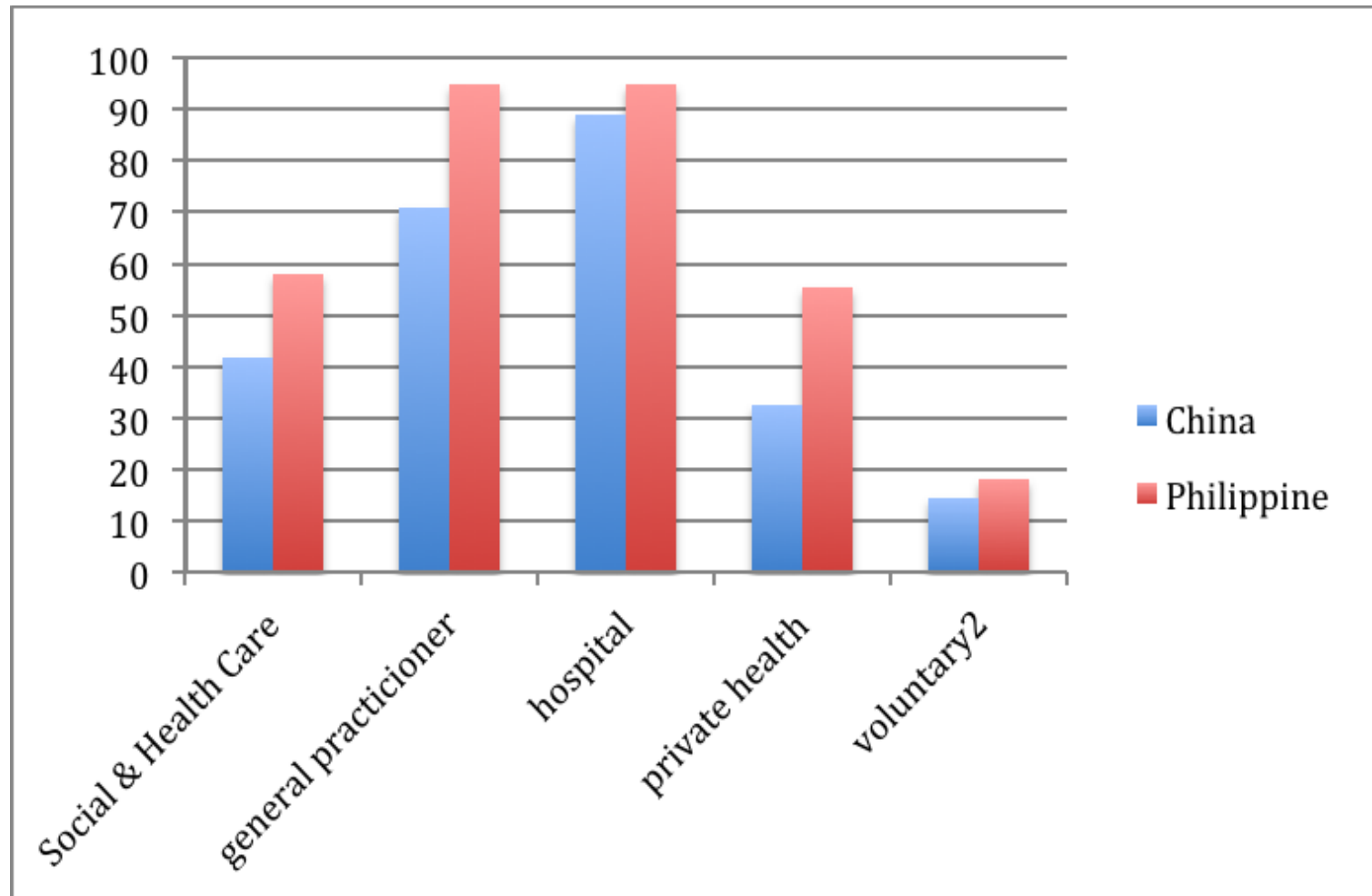
Some quantitative findings

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



Some quantitative findings

Degree of knowledge of the health services. Percentage



Some quantitative findings

Frequency of use – China. Percentage

	never	rarely	often	does not know/does not reply
Social & Health Care	75,0	15,2	1,9	7,7
General practitioner	46,9	34,7	10,2	8,2
hospital	35,3	51,0	7,8	5,9
private health	90,0	8,0	2,0	0,0
voluntary	96,3	3,8	0,0	0,0

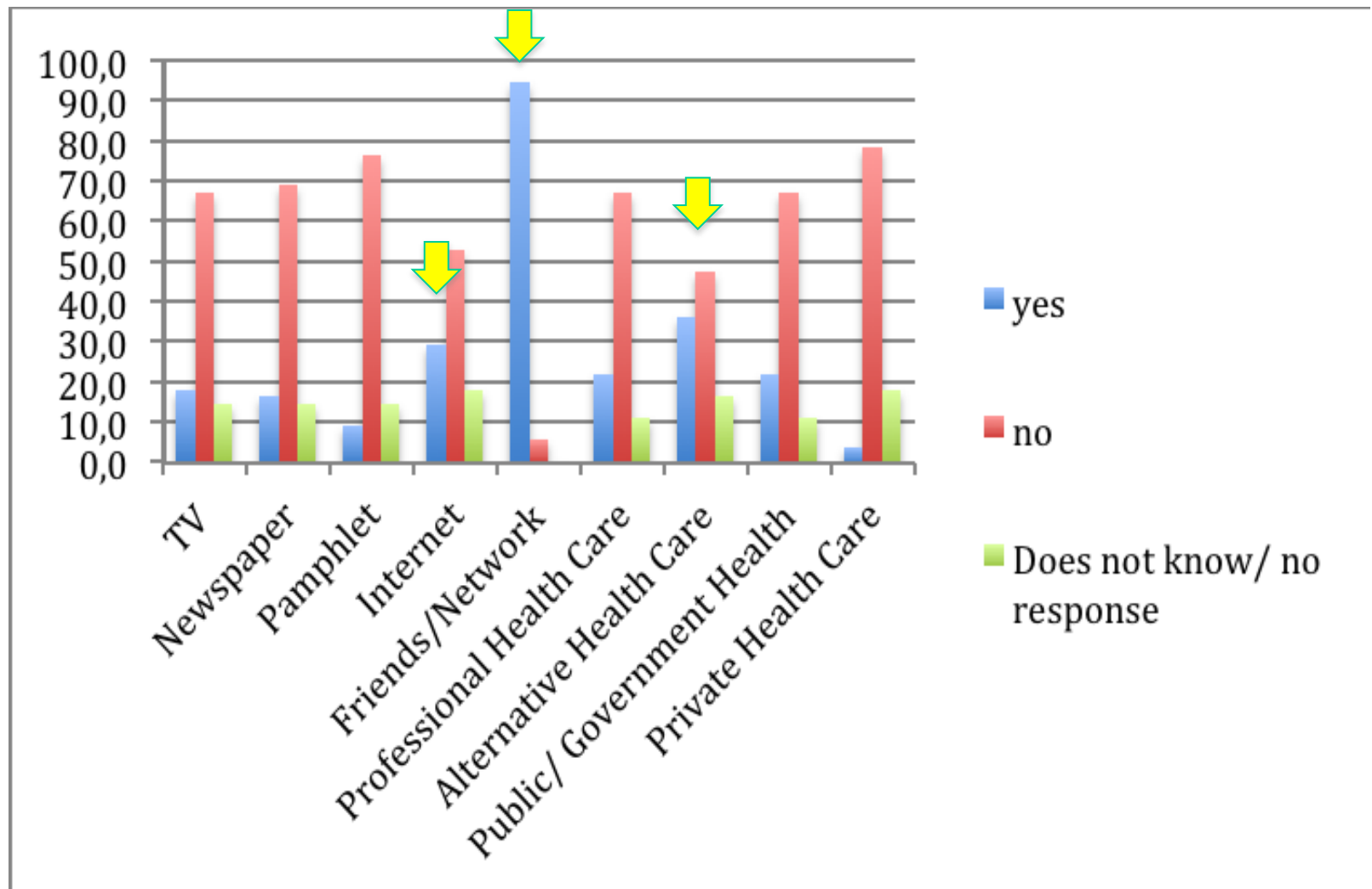
Some quantitative findings

Frequency of use – Philippine. Percentage

	never	rarely	often	does not know/does not reply
Social & Health Care	47,4	23,7	5,3	23,7
General practitioner	13,2	57,9	21,1	7,9
hospital	18,4	57,9	7,9	15,8
private health	50,0	8,4	0,0	31,6
voluntary	84,2	5,3	7,9	0,0

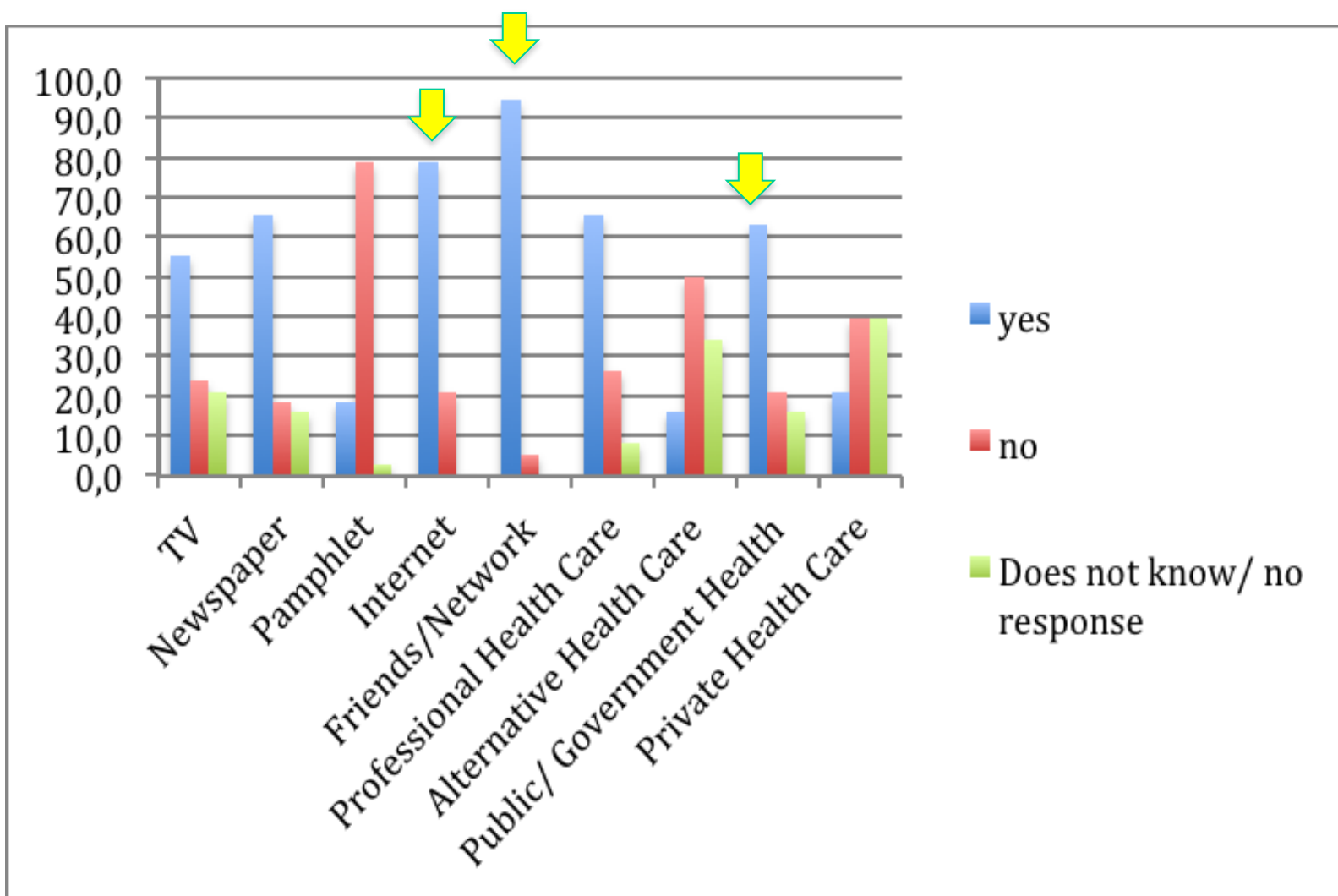
Some quantitative findings

Main source of infos – China. Percentage



Some quantitative findings

Main source of infos – Philippine. Percentage



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Some qualitative findings- *Chineses*

Features of the Chinese community in Milan

- coming from rural areas of Zheijiang
- 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

Some qualitative findings- *Chinese*

Health workers perceptions about Chinese users

Communication is very challenging, as they are

- *autarchic, ermetic, non empatic, 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.”

Some qualitative findings- *Filipinos*

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!