The Health Dimension of Chinese and Filipino migration to Italy

Dr. Daniela Carrillo
Dr. Anna Vittoria Sarli
ISMU, Italy
The Italian Scenario in the last 20 years

Trend on health policies for foreigners

Formally INCLUSIVE
Access to health care services

Pratically IRRELEVANT
No awareness while accessing the services

The role of the MULTILEVEL GOVERNANCE
changing objectives in the Sanitary Regional Programmes

From emergency services to diversity management services
The research methodology

Quantitative research

100 questionnaires to migrants → 252 persons
*Interviewers*: 4 linguistico-cultural mediators

*Recruitment* health services, schools, gathering places, acquaintances

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
Some quantitative findings

The causes of illness reported have a similar trend to that indicated relating to country of origin (respiratory problems), in addition

- some pathologies linked to stress (more among Chinese),
- accidents in the workplace (more among Filipinos),
- very few infectious diseases

Relatively good knowledges of the Health System (not for Chinese), but very low frequency of use (except for Emergency in both groups and GP among Filipinos)

The main source of information is the personal network (friends and relatives), followed by internet (in the mother tongue); Filipinos refers more use of governamental infos
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

Features of the Filipino 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 - the two communities
Some qualitative findings-

**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
- Illega! abortion practices
- Reproductive health behaviour and taboo on *Std*
- Exhausting condition of work compromises mental health

**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

**Main obstacles to access**
- Linguistic barrier
- Poor knowledges of the apparatus and bureaucratic procedures
Some qualitative findings

providers-patient relationship

Health providers perceptions about users

vs

Users perceptions about health providers

• Misunderstanding & Mistrust

Astonishment : Oh! I did not think!

Scepticism : “Why do so many Chinese go to the GP, then?”
"they really believe that our services are good, and say that they do not have the same in China...or in the Philipines"
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

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
Health workers perceptions about Filipino 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.”

But

Filipinos are often confused with people coming from South America...but they speak English...or...
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)

animated by negative feelings, they have difficulties in identifying a trustworthy professional able to guide them through a targeted diagnostic and therapeutic itinerary
Conclusions

Importance of further researches → strengthening evidences

• Separate the 2 groups - *Health workers tend to describe them by opposition*

• Quantitative analysis to be realized including more cases

• Adopt more qualitative techniques (participant observation, life history collects)

• Elaborate different strategies to talk about health problems – not answers to direct questions!

• Focus on alternative medicine and traditional practitioners
Conclusions

Suggestions for services

• Outreach actions in the communities, for information on health system and on specific subjects

• Start programmes with consulates and churches (Filipinos) and associations (Chinese)

• Involve second generation in preventive projects using peer-to-peer strategies

• Enforcing active participation establishing public meetings and mixed working groups
Thank You!

For more information, please refer to d.carrillo@ismu.org or a.sarli@ismu.org