Status Quo of Public Health of Migrants in China

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28th, Nov. 2012
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Status Quo of Public Health of Migrants in China

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1. Background

- As the most populous country in the world, China has experienced unprecedented material improvements during the past 30 years.
- Great structural transformation involving a process of industrialization and urbanization
- The share of agriculture in GDP has declined from 43% in 1979 to less than 10% in 2010.
- Over the same period, more and more people came to cities and the proportion of population living in urban areas has increased from almost 19% to 47%.
<table>
<thead>
<tr>
<th>Year</th>
<th>Agriculture in GDP</th>
<th>Population in city</th>
</tr>
</thead>
<tbody>
<tr>
<td>1979</td>
<td>19%</td>
<td>43%</td>
</tr>
<tr>
<td>2010</td>
<td>10%</td>
<td>47%</td>
</tr>
</tbody>
</table>
Who is bearing the costs of the great social and economic transitions?

- One group that epitomizes these transitions are migrants – those who leave their registered permanent residence areas to work temporarily or live in the city.

- The Majority are “Migrant workers” – who possess registered permanent residence of the rural areas but work in the urban areas.

In some respects migrants may be bearing a disproportionate share of the costs of these transitions.
The scale of migrants was less than 2 million in the initial period of China’s reform and opening-up and has increased to 221 million by the year 2010, of which 180 million are migrant workers, accounting for approximately 80% of the migrant population.
Guangzhou Railway Station  Spring Festival Transportation
Though migrant workers have undertaken the most tiring, dirty and dangerous work, they are severely short of necessary labor and social protection. Given the household registration system, together with a dual policy regime that distinguishes between urban and rural areas, migrants find themselves caught between two systems – whether for health or access to other public services.

It is **difficult** for the migrants to possess urban “hukou” so it is **hard** for them to get access to various services in the city:

- Health insurance
- Compulsory Education
- Minimum Living Security
2. Characteristics of Migrants in China

- **Scale**

  In the year 2010, the number of migrant has reached approximately 221 million, 80% were migrant workers.

- **Occupational Characteristics**

  Migrant workers mainly engage in the manufacturing, construction and service industry.
Regional Distribution

In the 1990s, migrants of China mainly concentrated in the coastal manufacturing industry.

Ever since the 21st century, migrant workers have become populous in the urban belt of the eastern region in China, while proportion of population in the central and western regions account for 17.3% and 20.2% respectively.
Regional Distribution

- **WEST**: 2.94 million (20.2%)
- **EAST**: 90.76 million (67.5%)
- **MIDDLE**: 24.77 million (17.3%)
Demographic Characteristics

demographic characteristics

- **Age**
  - <25
  - 26~40
  - 41~

- **Education**
  - Primary school
  - Junior middle school
  - Further

- **Marriage**
  - Single
  - Married

- **Sex**
  - Male
  - Female
3. Different Stages of Public Health of Migrants in China

Stage I: Initial Stage of Migration （From the period of reform and opening-up to the 1980s）

- Migrant population become serious problem for the family planning in the receiving areas
- Women who disobey family planning are afraid of getting maternal health care
Relatively well-controlled infectious diseases such as malaria, have relapsed with the migration of population.

- Below is the malaria epidemiological situation in Shenzhen city.
- (Shenzhen is the city which take an initial step in reform and opening in China.)

![Graph showing the malaria epidemiological situation in Shenzhen city from 1980 to 1984.](image)
Stage II: Emergence of Migration Problems (over the 1990s)

- The migrant population has become a high-risk and bridge population for infectious diseases

  - Tuberculosis is one of the serious diseases in this period: featured by high morbidity rate, low discovery rate and difficulty in management

  - From the year 1993 to 2001, the incidence of new smear-positive tuberculosis of the migrants accounts for 68.8% of all the incidence happened in Shenzhen
Emergence of the maternal and child health care problems

- In the year 1996, the stillbirth rate of Beijing permanent residents was 0.29‰ but it reached 7.29‰ of the migrants.

- In 1996, the perinatal mortality rate accounts for 57.6% of the all in Beijing.

stillbirth rate of Beijing in the year 1996  The perinatal mortality in Beijing
Stage III Complication of Migration Issues (since the 21th century)

- Sexual transmission diseases, AIDS become focus of the public
  - Migrants constitute more than 50% of all the HIV infected and AIDS patients in China
  - The majority are male
  - Low awareness of AIDS, frequency in high risk sex, low condom promotion rate (less than 60%)

- Threat of new-found infectious diseases (such as SARS, H5N1)
Emergence and seriousness of the issues of industrial injuries and occupational diseases

- According to the statistics of the Health Department in 2005, people who were exposed to occupational health risk factors exceed 200 million and more than 90% of them are migrants.

- Late detection, late diagnosis and hard to recover from health damage.
Emergence of mental and psychological health problems

- New generation of migrant workers
- Monotonous and stressful work
- Economic pressure
- The string of worker suicides happened within the space of five months in the first half of 2010 at the Shenzhen plant of Foxconn
4. Health Service Demand and Utilization among Migrants

◆ Demand of health service of migrants

➢ The majority are young adults, their demands are not as high as that of the permanent residents;
➢ Disease pattern: infectious diseases, HIV/AIDS, STDs, industrial injuries and occupational diseases, psychological and psychiatric problems

◆ Provision of health services for the migrants

➢ Generally, public health services for migrants are severely undersupplied;
➢ Medical and health services enjoyed by migrants were usually inferior to local people of public health service institutes;
➢ The major services targeting migrants are infectious disease prevention and control, planned immunization and health education.
health service utilization of migrants

Inadequate utilization of health service for the migrants.

Comparison of health service utilization between migrants and registered residents in Guangzhou

<table>
<thead>
<tr>
<th>Groups</th>
<th>Doctor visit rate in two weeks</th>
<th>Absence rate of doctor visit in two weeks</th>
<th>Annual Hospital admission rate (%)</th>
<th>Absence rate of Hospital admission</th>
<th>Annual days of hospitalization per capita(days)</th>
<th>Annual average times of visits</th>
<th>average days of hospitalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Migrants</td>
<td>54.5</td>
<td>57.3</td>
<td>15.1</td>
<td>28.0</td>
<td>0.1</td>
<td>1.4</td>
<td>7.8</td>
</tr>
<tr>
<td>Registered residents</td>
<td>178</td>
<td>46.2</td>
<td>31.2</td>
<td>17.3</td>
<td>0.6</td>
<td>2.2</td>
<td>17.4</td>
</tr>
</tbody>
</table>
Factors associated with the low utilization of health services

- undersupply and uneven allocation of health services
- poor accessibility of existing health services
- inadequate of health protection
Factors related to the poor accessibility of public health service

- **Cost:** low income of migrants, lack of medical insurance coverage, high proportion of cost paid by the individuals

- **Time:** long working hours, long waiting hours at the clinic

- **Distance:** lack of community medical services institutes
The gap between provision and utilization of health service for the migrants

- Short of provision
- Low utilization
Policy implications

- Promote the coverage of basic medical insurance
- Build a scientific and unified service platform for the transference and continuation of medical insurance
- Incorporation of migrants’ health issues into the health policies and programmes related to local population
Introduction of the center

- Mission and Goal
- Motto
- Specialty of the Center
- Academic network
- Latest Research
◆ Mission and Goal

Sun Yat-sen Center For Migrant Health Policy (CMHP) aims to take a leading role and act as a hub for research, communication and policy advocacy on issues relating to health and migration in China.

◆ Motto

Improving Migrant Health, Promoting Social Stability.
Specialty of the Center

- Multidisciplinary perspective
- Multilateral cooperation
- Diversified research backgrounds
Multidisciplinary Backgrounds

- Demography
- Finance
- Public health
- Business management
- Library
- Economics
- Psychology
- Public policy
- Sociology and Anthropology
**Academic network**

- Multilateral cooperation with renowned institutes (Internationally)
  - Joint Project: UNRISD
  - Long-term Relationship (exchange/visiting scholars):
    Johns Hopkins University, Bielefeld University, Wayne State University, Texas A & M University
  - Project Partners
    World Bank, WHO, IOM, ILO, Harvard University, Free Berlin University, Mahidol University, University of Washington, Fordham University, Birkbeck University of London
◆ Academic network

- Long-term relationship with government departments (National)
  - Ministry of Health
  - Central & local CDCs
  - Department of Health in Guangdong Province

- Project Partners:

  - Peking University
  - Nankai University
  - Renmin University
  - Zhejiang University
  - Beijing Normal University
  - Chinese Academy of Sciences

  - Academia Sinica Taiwan
  - University of Hong Kong
  - Shanghai Jiaotong University
  - Chinese University of Hong Kong
  - Chinese Academy of Social Sciences
  - Zhongnan University of Economics and Law
Latest Research Projects

- Migration and Health in China Project

- Research on Occupational Health Management & Service System for Small- and Medium- Sized Enterprises
Migration and Health in China Project (a collaborative project with UNRISD)

✓ Aim:
  • To examine the current literature on key aspects of migration and health, narrow knowledge gaps on the topic, and shed light on the kinds of policies that can improve the health of migrants as well as the general population in China.

✓ Outcome:
  • 15 papers and 6 commentaries to be published in both Chinese and English by the end of 2012;
  • Capacity building of CMHP.
Research on Occupational Health Management & Service System for Small- and Medium- Sized Enterprises

Aim:

• To set up more scientific decision for occupational safety and health (OSH) management and service system through multi-disciplinary cooperation and observation of migrants workers’ occupational safety and health issues from multiple perspectives
官方网站
http://cmhp.sysu.edu.cn

中心简介 About

流动人口公共卫生是中国一个突出的社会问题，引起了国内外机构和专家学者的广泛关注。在对中国各地区公共卫生调查评估后，CMH决定与中山大学公共卫生学院合作建立“中山大学流动人口卫生政策研究中心”。该中心旨在促进流动人口卫生政策研究，关注弱势群体，提高医疗卫生服务的公平性和可及性，改善流动人口健康服务水平。我们的目标是将中山大学流动人口卫生政策研究中心建设成为国内流动人口健康政策研究的重要平台，以全球化视角改进中国流动人口卫生政策研究，为国家和各级政府制定政策提供理论依据，致力于改善流动人口的健康水平。

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- 全国流动人口统计信息工作培训班在长沙市举办

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THANKS!