

Available online at www.sciencedirect.com

Public Health

journal homepage: www.elsevier.com/puhe

Original Research

Self-reported illnesses and service utilisation among migrants working in small-to medium sized enterprises in Guangdong, China

G. Zou ^{a,b}, Z. Zeng ^{a,c}, W. Chen ^{a,d}, L. Ling ^{a,d,*}^a Sun Yat-sen Center for Migrant Health Policy, Sun Yat-sen University, Guangzhou, China^b Institute for International Health and Development, Queen Margaret University, Edinburgh, UK^c Hunan Provincial Women and Children's Hospital, Changsha, Hunan, China^d Department of Medical Statistics and Epidemiology, School of Public Health, Sun Yat-sen University, Guangzhou, China

ARTICLE INFO

Article history:

Received 17 November 2014

Received in revised form

6 April 2015

Accepted 22 April 2015

Available online 13 June 2015

Keywords:

Internal migrants

Health service utilisation

Small-to-medium enterprises

China

ABSTRACT

Objectives: As one of the most vulnerable populations in China, many migrants work in the small-to-medium-sized enterprises (SMEs). This study aims to describe the self-reported illnesses and service utilization of the migrants working in the SMEs in Pearl River Delta Areas (PRDA) of Guangdong province, China.

Study design: Cross-sectional survey.

Methods: We interviewed 856 migrants working in the SMEs of different manufacturing industries in 2012. Descriptive analysis was employed to report self-reported illnesses and service utilisation among migrants in the last two weeks and in the last year. Statistical tests such as χ^2 test were used to explore factors influencing their service utilisation.

Results: In the last two weeks, 91(11%) of the respondents reported having any illness. The most reported illness was respiratory problem (69%), while 9.9%, 7.7% and 13% reported having digestive, skin and other problems respectively. The most important symptom was cough (39%). Thirty-seven percent of the respondents who reported any illness had visited health facilities. The lower income group were more likely to visit health facilities than the higher income group ($P = 0.006$). The most reported reason for not visiting health facilities was 'feeling not serious' (65%). In the last year, 13% reported having respiratory problems and 7.8% reported accidental injuries. Less than 3% received hospitalization care. The proportion of those without hospitalization to those who should have been hospitalized was 31%.

Conclusion: Underuse of the health service among migrants working in the SMEs could be associated with the 'healthy migrant' effect. However, when assessed among the ill migrants in the SMEs, the utilisation rate was still low mainly due to their poor health awareness. Improving their risk perception and integration of occupational and general

* Corresponding author. Department of Medical Statistics and Epidemiology, School of Public Health, Sun Yat-sen University, Guangzhou, China. Tel./fax: +86 20 87335524.

E-mail address: lingli@mail.sysu.edu.cn (L. Ling).

<http://dx.doi.org/10.1016/j.puhe.2015.04.015>

0033-3506/© 2015 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

health service is crucial to improve the health conditions and utilisation of service among migrants in the SMEs.

© 2015 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

Introduction

In China, industrialization, urbanization, and the economic growth over the last three decades have been accompanied by an increasingly mobile population, including 200 million rural-to-urban migrants.¹ The majority of migrants work in labour intensive jobs, such as small-to-medium sized enterprises (SMEs), restaurants, and other informal sectors. Migrants are largely excluded from urban services, including access to public health and other welfare systems. Under the household registration (*hukou*) system, citizens attain a *hukou* at birth in the place of origin; but become ‘migrants’ in the new places if they leave their place of *hukou* for over three months.² Public welfare schemes are often locality-based depending on *hukou*, which is not easily transferable between cities and from rural to urban areas.³ For instance, many migrants enrol the New Cooperative Medical Scheme (NCMS), which collects premiums from rural residents and governments and mainly covers the catastrophic payments. However, this scheme applies to the healthcare in their places of registration, and the transfer of reimbursement is mainly restricted to within the province and across limited provinces. Social health insurance – a new type of social insurance has emerged, which applies to the migrants where they work, and is contributed to by both employees and employers and covers both the inpatient and outpatient care.

Greater illness of the migrants has often been associated with their poorer living conditions and socio-economic status.⁴ Most studies have focused on specific health problems of the migrants. For instance, studies found migrant tuberculosis patients had greater delays in seeking treatment and were more vulnerable to default from treatment due to financial reasons.^{5–7} Migrants had poorer mental health status than their non-migrant counterparts, for example, with a high prevalence of depression symptoms, accompanied by many social problems such as social isolation.^{8,9} Single, unmarried young migrants were more vulnerable to unsafe sexual behaviour with a greater risk of HIV transmission.^{10,11} Migrants used less contraception and maternal healthcare with higher maternal mortality than their urban peers.¹² Migrants often had low utilization of health services but a greater reliance on self-medication or unregulated private clinics due to their low cost and convenient opening hours.^{2,13,14}

SMEs contributed to 60% of the GDP, and employ 75% of the total workforce in China, while the majority of the employees in SMEs are migrant workers.¹⁵ SMEs often have unhealthy and dangerous working conditions, exposing their employees to great occupational health risks.¹⁶ In China, around 100 million migrants working in the SMEs were exposed to occupational hazards.¹⁷ However, this group of migrants tended to have more stable employment and better working conditions

than other migrants. In China, occupational health problems are managed by a specialised occupational health institute, which provides preventive and curative occupational health service for workers, and is usually less integrated with general health services. Utilisation of general service among workers especially migrants in manufacturing settings of the SMEs has received less attention from policy and research communities. Most studies on service utilisation were not well connected to the migrants' workplaces. Yet studies on migrants in the SMEs have mainly focused on hazard control and risk reduction.^{16,18} Few studies have focused on service utilization in the SMEs, which may provide important implications for occupational health and general service integration. This study aims to describe the self-reported illnesses and health service utilization of the migrants working in the SMEs in the Pearl River Delta Areas (PRDA) of Guangdong province, China.

Methods

Population

In spring 2012, we conducted an exploratory and cross-sectional survey in the SMEs of PRDR, Guangdong province – one of the largest receiving provinces of migrants in China. Neighbouring Hong Kong, the PRDR covers nine cities and hosts over 90% of the migrants in Guangdong. The cities of Shenzhen and Zhongshan, which host the largest number of migrants in the PRDR, were selected for this study (Table 1).¹⁵

We recruited first-line manufacturing workers who did not have a permanent city residency in the study cities, and had resided in the study areas for at least one month. The inclusion and exclusion criteria and sample size calculation has been reported elsewhere.¹⁵ In each city, we randomly selected one township for survey. Based on sample size calculation, 408 migrants were needed for each township, including 204 migrants respectively for medium-sized and small-sized enterprises respectively. We aimed to select 3 medium-sized enterprises (68 migrants in each) and 6 small-sized enterprises (34 migrants in each) in each city. The enterprises were randomly selected from the administrative database of the local occupational health organizations. The survey was conducted in the workplaces for the migrants' convenience. We recruited the migrants and enterprises until the sample size was met. In total, 867 migrants provided consent to the study, of which 856 had valid questionnaires (Table 1).¹⁵

Data collection

A structured questionnaire was used to collect data regarding 1) The sociodemographic, socio-economic, migration and lifestyle characteristics, insurance and *hukou* status. 2) The

Download English Version:

<https://daneshyari.com/en/article/10516302>

Download Persian Version:

<https://daneshyari.com/article/10516302>

[Daneshyari.com](https://daneshyari.com)