



# The effect of health on urban-settlement intention of rural-urban migrants in China



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## ABSTRACT

Previous studies have not paid enough attention to the effect of health on urban-settlement intention of rural-urban migrants in China. Using survey data from the Rural Urban Migration in China project, this article examines how self-rated physical and mental health influence rural-urban migrants' intention to settle down in cities. First, the results show that both self-rated physical and mental health are significant factors influencing the migrants' intention to permanently move to cities. Second, the effect of physical health on rural-urban migrants' intentions to permanently reside in cities can be moderated by their length of urban residence. Third, the impact of health on rural-urban migrants' urban-settlement intention shows no generational differences. According to the research findings, this paper discusses how urban-settlement intention of rural-urban migrants based on health selection might impair urbanization, exacerbate health disparity between the rural and urban areas, and aggravate the burden on healthcare system in rural areas of China in the long run.

## 1. Introduction

Settlement intention refers to the willingness of individuals to reside in a place permanently. Recently, a large set of studies have been dedicated to exploring which factors influence the intention for rural-urban migrants in China to permanently settle down in cities (e.g. Cao et al., 2014; Connelly et al., 2011; Fan, 2011; Hao and Tang, 2015; Liu and Wang, 2014; Tan et al., 2015; Tang and Feng, 2015; Zhu, 2007; Zhu and Chen, 2010). Rural-urban migrants in China are those who work in urban areas, but their household registration (*hukou*) is registered in the countryside.<sup>1</sup> As the size of rural-urban migrants is estimated more than 200 million in 2014 (National Bureau of Statistics of China, 2015), how to design and implement appropriate policy measures to help rural-urban migrants settle down in cities is currently a prominent issue faced by scholars and policymakers alike (Tang and Feng, 2015).

The proportion of rural-urban migrants who have expressed the intention to permanently reside in cities has witnessed a rapid increase in recent years. To the best of our knowledge, Zhu (2007) published the first article about this subject, which was based on questionnaire survey

data in the Fujian province in 2002. He found that only about 21% of rural-urban migrants intended to permanently settle in cities. By 2006, this figure had increased to 35.8% (Zhu and Chen, 2010). Using survey data in Beijing in 2008, Fan (2011) discovered that approximately 30–40% of rural-urban migrants in Beijing expressed an intention to settle down permanently. More recent studies indicate that around 50% of rural-urban migrants were willing to settle down in cities as opposed to returning to rural areas (Cao et al., 2014; Gu and Ma, 2013; Liu and Wang, 2014; Tan et al., 2015; Tang and Feng, 2015). Increasingly, rural-urban migrants tend to stay in cities permanently under the rapid urbanization of China.

However, at present, little attention has been given to the association between health status and the urban-settlement intention of rural-urban migrants in China. This issue is remarkable because case studies outside of China have indicated that health status has significant effects on the intentions of rural-urban migrants to migrate and their decision to return. For instance, relevant studies on the health status of immigrants in developed countries have revealed the so-called “healthy migrant” paradox. This paradox refers to the fact that even though immigrants have relatively lower socioeconomic status (SES), their

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<sup>1</sup> The *hukou* system records the gender, date of birth, ethnicity, and home address of Chinese citizens. However, it also serves as a policy instrument for Chinese government to determine the social welfare entitlements of people such as government subsidy, medical services, and children's education. The relevant information of the *hukou* system has been documented in considerable literature (e.g. Chan, 2009, 2010; Solinger, 1999).

health (measured in terms of mortality, modality, heart disease, and chronic illness, etc.) is in better shape than the native-born population (Abraído-Lanza et al., 1999; Escobar et al., 2000; Fennelly, 2007; Franzini et al., 2001; Halliday and Kimmitt, 2008; McDonald and Kennedy, 2004). The “salmon bias” hypothesis, which aims to explain the “healthy migrant” phenomenon, suggests that migrants with poorer health have a higher probability of returning their places of origin than do migrants in better health (Abraído-Lanza et al., 1999; Halliday and Kimmitt, 2008; Sander, 2007). Such theories indicate that health status, as a crucial factor in migration, deserves more attention. Moreover, studies have also shown that health is a very important factor for the labor-market participation, income, and life satisfaction of individuals (Currier and Madrian, 1999; Qin et al., 2015; Strine et al., 2008). All these factors are significantly associated with the intentions of rural-urban migrants to live in cities (Cao et al., 2014; Tang and Feng, 2015; Zhu and Chen, 2010). Therefore, the role of health status in determining the urban-settlement intentions of rural-urban migrants calls for an empirical test.

Against this background, the aim of this research is to test how health status relates to the urban-settlement intentions of rural-urban migrants in China. In particular, this article draws on the healthy-migrant paradox and the “salmon bias” hypothesis to examine whether self-reported physical and health are associated with rural-urban migrants’ urban-settlement intentions. As such, this study deepens the understanding of the association between health and internal migration in developing countries theoretically and practically. So far, most studies on health and migration are based on international and internal migrants in developed countries; the Chinese case can enrich knowledge in this field. Further, this study contributes to existing literature by providing valuable policy suggestions on how to promote the rural-urban migrants’ urban integration in China.

## 2. Urban-settlement intention of rural-urban migrants

So far, existing research has mainly attributed institutional, demographic, and socioeconomic factors as the influencing factors in rural-urban migrants’ urban-settlement intentions (e.g. Cao et al., 2014; Connelly et al., 2011; Fan, 2011; Gu and Ma, 2013; Hao and Tang, 2015; Liu and Wang, 2014; Tan et al., 2015; Tang and Feng, 2015; Zhu and Chen, 2010). When it comes to institutional factors, the *hukou* system was once viewed as the fundamental barrier to the urban settlement of rural-urban migrants. This system excludes rural-urban migrants, the most vulnerable group in urban society, from the urban social service system, restricts their employment opportunities in the labor market, and results in identity discrimination against them (Fan, 2011; Nielsen and Smyth, 2008; Solinger, 1999). Thus, Fan (2011) highlights the need to reform the *hukou* system to create a fair labor market and better social future for rural-urban migrants to make it possible for them to permanently settle down in cities.

However, recent studies have shown that the importance of *hukou* in determining the urban settlement of rural-urban migrants has been decreasing (Chen and Fan, 2016; Zhu, 2007). This is reflected by the fact that the majority of rural-urban migrants do not want to convert their rural *hukou* to urban *hukou*; they, instead, want to keep their rural *hukou* but at the same time stay in the city to enjoy the benefits of the urban areas (Chen and Fan, 2016). This trend has changed the heretofore landscape in China’s migration system that the pathways for rural people to permanent urban settlement through *hukou* conversion once were very limited and valuable, such as entrance to college, joining the army, and recruited by governments or the state-owned enterprises (Cheng and Selden, 1994). Nowadays, rural-urban migrants can choose to permanently settle down in the city without changing their *hukou* status. The decreasing importance of the *hukou* system indicates that other factors must be considered when analyzing the determinants of rural-urban settlement of rural-urban migrants.

Regarding demographic attributes, previous studies have shown

that factors like gender, cohort, and marital status are significantly correlated with rural-urban migrants’ intentions of urban settlement (Connelly et al., 2011; Hao and Tang, 2015; Tang and Feng, 2015; Zhu and Chen, 2010). For example, Zhu and Chen (2010) found that female and younger rural-urban migrants have a stronger desire to settle down in cities than their counterparts. Some researchers emphasized the cohort differences in the urban-settlement intentions of rural-urban migrants and how the new-generation rural-urban migrants are found to have stronger intentions toward permanent urban settlement than the first-generation migrants (Hao and Tang, 2015; Tang and Feng, 2015).

Earlier research has also suggested that socioeconomic status (SES) positively relates to the urban-settlement intentions of rural-urban migrants (Cao et al., 2014; Hao and Tang, 2015; Liu and Wang, 2014). Rural-urban migrants who have higher educational attainments, higher income levels, and better occupations are less likely than those with lower SES to return to the countryside. Besides, rural-urban migrants with a permanent settlement intention are more likely to have positive opinions on local environments (Gu and Ma, 2013), become better integrated by building social relations with local urban residents and learning local dialects (Cao et al., 2014), and have less property in rural areas (Hao and Tang, 2015).

However, relatively less attention has been paid to the relationship between health status and rural-urban migrants’ urban-settlement intentions. Studies investigating how health status affects the migration intentions of rural-urban migrants did not distinguish the influence of physical health from that of mental health (e.g. Lu and Qin, 2014). Chen (2011) suggested that the physical and mental health of rural-urban migrants after migration have totally different trajectories, so it is worthwhile to take the two indicators into consideration simultaneously. Besides, many previous studies on the urban-settlement intentions of rural-urban migrants are based only on city-level or provincial-level survey data (e.g. Fan, 2011; Gao et al., 2012; Zhu, 2007; Zhu and Chen, 2010). In this paper, we extended the analysis to a larger number of cities across several provinces which cover the eastern, central, and western area of China.

## 3. Health, migration, and settlement

Health is significantly related to migration and settlement. The hypotheses proposed to explain the healthy-migrant paradox provide evidence to prove this correlation. The first hypothesis, called “selection of healthy migrants,” postulates that individuals with a better health status are more likely to migrate than those who are with poorer health (Chiswick et al., 2008; Halliday and Kimmitt, 2008; Jass and Massey, 2004). This hypothesis indicates that health is a very important factor affecting how individuals make decisions to emigrate. The second and most pervasive hypothesis is called “the salmon bias”. This one suggests that migrants with poorer health may choose to return to their country of origin while healthy migrants stay behind (Abraído-Lanza et al., 1999; Shai and Rosenwaike, 1987; Turra and Elo, 2009; Ullmann et al., 2011). This hypothesis reflects that health plays a crucial role in determining migrants’ settlement decisions.

To date, empirical validation of the selection of healthy migrants and the salmon bias hypothesis is still very sparse due to the difficulty of accessing health data of populations in their original places of emigration and tracking returning migrants. Palloni and Arias (2004) suggested that the healthy advantage of foreign-born Mexicans in the U.S. can be attributed to the salmon bias effect. Other studies, by contrast, provided weak or no evidence to support this hypothesis (e.g. Abraído-Lanza et al., 1999; Sander, 2007; Turra and Elo, 2009). Besides, some studies compared the health status of migrants who returned home and nonmigrants, but only found mixed results. For instance, Ullmann et al. (2011) found that the Mexican immigrants who returned home from the U.S. had a higher prevalence of some chronic diseases, such as obesity, smoking, or heart disease, than the

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