



Master in Human Geography  
University of Amsterdam (UvA)

# INVISIBLE BOUNDARIES IN THE CITY

Which barriers are limiting the  
health care access of migrants  
in Shenzhen?



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## Colophon

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Invisible boundaries in the city: Which barriers are limiting the health care access of migrants in Shenzhen?

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*“The best thing about China is that even after living there for your entire life you can still see and experience something new every day (interview 8, 2015).”*

This is what one of my respondents told me when we were discussing my visit to Shenzhen and China after an interview. I think it’s an appropriate start for this thesis as it perfectly describes my own feelings in regard to my stay in Shenzhen. Visiting Shenzhen for seven weeks and conducting a research project there has been both a magnificent and surprising experience. Since the first day I have been amazed by the scale, the contrasts, the challenges and opportunities and above all the willingness and openness of the people to help me during this research project. Being in Shenzhen has been the highlight of my master and I look back on my stay with nothing but fondness, which made writing this thesis a lot easier (even during the final stages).

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Jeltsje de Blauw

**Abstract**

Health care is currently a 'hot topic' in China. Subsequently several large-scale reforms of the health care system have taken place in recent years. Most notably the system has shifted from a collective insurance plan funded by the government towards a more market oriented approach. This shift combined with decades of massive internal migration has led to a large disparity in health care access, especially effecting low-income groups such as many of the rural to urban migrants who have (trans) formed China's new megacities such as Shenzhen. The lack of health care access experienced by migrants is influenced by a wide variety of factors, within this thesis the following four categories of factors have been identified namely: social, financial, institutional and spatial limitations. These factors are partially overlapping and create a complicated web of constraints preventing migrants from acquiring appropriate health care. Shenzhen, as the city with the largest portion of migrant workers in China presents an interesting case for analysing these constraints. This study aims to identify the specific barriers preventing migrants in Shenzhen from gaining access to health care services and additionally tries to uncover some of the strategies applied by migrants to bypass these limitations, for example through the use of social networks or with the help of NGO's. By mapping the restrictions faced by Chinese migrants, this research sets out to identify the invisible boundaries in the city regarding the Chinese health care system, thereby connecting the social issue of health care access to place.

*Keywords: health care, access, barriers, migrants, social networks, health care reform, NGO's in China*

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INTRODUCTION

## 1 Introduction

In recent decades China has experienced enormous economic growth transforming the country from a developing nation into a middle-income country in many respects. However major urban inequalities such as access to health care are still a pressing issue. Only fifteen years ago in 2000 the WHO's ranked the Chinese health care system 188 out of 191 countries in regard to equity (Wang, 2011). Figures such as this have generated a renewed interest in health care, especially on a community level (Wang, 2011, p. 39) and have sparked several reforms aiming to increase the role of local health care services (Zheng et al., 2009). The current situation provides an interesting research topic as China is piloting different possible solutions to the existing problem, especially since the implementation of new policies aimed at the improvement of quality and usage of community health services, along with health care coverage among low-income groups continues to present a challenge to the government (Liu et al., 2011). The lack of access to health care services is particularly felt by the 'floating' migrant population in the new mega cities such as Shenzhen, their lack of access is both reflected and reinforced by a lack of spatial mobility in the city.

Many migrants live and move within confined areas in the city (Wu, 2010). The movement restrictions they experience seem to be determined by several underlying reasons, varying from more obvious economic reasons to less visible social motives such as discrimination and exclusion (Fan, 2011). These restrictions can be extended to a lack of access to social services such as health care, since they prevent the majority of migrants from gaining access to several urban benefits (Wu, 2010). Informal networks, the emergence of local volunteer initiatives, and illegal clinics create ways for migrants to bypass existing barriers but information on them is scarce. This research aims to explore the different barriers migrants experience when in need of medical care, while additionally also investigating possible tools to overcome these barriers, for example the role of social networks and NGO and volunteer organizations in regard to either improving health care access, or creating alternative services.

In order to identify both barriers and possible tools to overcome them this study examines why certain places and facilities are used or avoided, and whether this leads to the construction of 'invisible' boundaries within the city, thereby connecting the issue of health care access to place. Health care serves as a case-study which can be placed in a broader debate about exclusion and social (in) justice in emerging Chinese megacities.

Ultimately this thesis sets out to provide an answer to the following research question: *Which barriers are limiting migrants' access to health care in Shenzhen, and do these barriers contribute to the creation of invisible boundaries within the city?*





*Many migrants live in specific neighbourhoods in Shenzhen, such as Baishizhou (pictured), they are often confined to these areas (Wu, 2010)*

### 1.1 Social and scientific relevance

Although everyday barriers limiting access to public services are regularly mentioned in the literature, few of the articles elaborate on this issue. Several authors (Li, 2013; Li, Y. & Wu, S. 2010; Bernard et al., 2007) have already acknowledged this gap. This thesis sets out to add in-depth insights to previously conducted research regarding the topic of everyday barriers and health care facilities in China, by presenting a case-study about the situation of migrant workers in Shenzhen. Additionally this thesis provides socially relevant insights about the everyday constraints faced by

migrant workers when trying to access public services. The results could contribute to the improvement of policies and provide indicators for possible solutions regarding health care issues in the Chinese context.

Furthermore the health care system in China provides a particularly interesting case for human geographers, since access to health care connects to several geographical issues such as migration, unequal development in rural and urban areas, and problems connected to the process of extremely rapid urbanization.

Finally this study adds to a contemporary debate about health care and urban inequality in China, by exploring current process and issues. Many transitions taking place in the field of health care are very recent, for example the increased role of local health care alternatives and the changing attitude of the government towards these alternatives. Shenzhen provides an interesting case since the city is currently experimenting with a more lenient approach towards the registration of grassroots initiatives. This new approach could lead to interesting developments and questions in respect to citizenship rights and social inequality (Heberer, 2009). This study links the situation of migrant workers to the increasing role of NGO's, which is a fairly new topic for study. Thereby also assessing the possibilities provided by NGO's to lift the barriers faced by migrant workers.



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## 2 Literature review

### 2.1 'The age of migration'

Migration has been a main topic in China's development in recent decades, from the late 1980's onwards the country has witnessed an almost unrivalled mass internal migration movement. This phenomenon that has been described as 'the age of migration' is strongly linked to the country's move from a completely state planned economy towards a more market oriented approach (Liang, 2001). The movement of people within China has become so massive that in 2009 around a mesmerizing 130 million internal migrants could be counted (Chan, 2009; Qiu et al., 2011). In addition to the enormous scale of this migration there are several other unique features that make migration in China such an interesting research case. One of these features is the specific distinction between permanent and temporary migrants (also called "the floating population), permanent migrants are the ones who have obtained the Hukou status of their place of residence, while temporary migrants lack this status (Liang, 2001, p.502). This distinction cannot be viewed separately from the evolution of the Hukou registration system, in this system people are registered with either a rural or urban status. One's Hukou status, which is based on someone's birthplace entitles people only to public services and benefits in their home region (Bach, 2010). In practice this means that people with a rural Hukou are excluded from all public services in urban areas, including health insurance. The system was implemented in 1958 in order to limit migration but has led to problems because large waves of rural workers have settled in cities anyways, only without being able to change their registration status (Chan, 2009). Even though still very influential the Hukou system has undergone some changes since 1958, from the 1980's onwards a more flexible Hukou policy has been implemented, during this period the earlier mentioned distinction between permanent and temporary migrants was created in addition to the blue card system (Liu, 2004). The blue card or blue stamp Hukou is unlike the regular Hukou administered by local government instead of central government, in other respects it functions much like a regular Hukou by entitling holders to most public benefits and services, this makes the blue card very different from a temporary migrant status (Liu, 2004, p.136). The implementation of the distinction between temporary and permanent migrants in combination with the blue card system has opened China up to an enormous influx of labourers that has helped transform and create new megacities such as Shenzhen. Additionally it has played a huge contribution in the rapid economic growth of the country, by creating an almost endless supply of workers available to the factories (Chan, 2009). However the experimentations with this more flexible policy during the 1980's and 1990's have also created a high level of inequality, since blue cards were just like a regular Hukou status change almost impossible to obtain

for an everyday migrant worker, because they usually required a substantial entry fee. In the 1990's cities such as Shenzhen asked for an investment of 1 million Yuan in order to obtain this kind of Hukou (Liu, 2004, p.136). Liu notes that eventually during the 1990's a system was implemented in which a Hukou status could be bought directly from the local government however this still required a considerable amount of capital.

The huge migrant population in China, especially in cities such as Shenzhen (the city with the most migrant workers in China) combined with the specific policies in regard to migration lead to specific problems and questions about equality in regard to public services such as health care access.

## 2.2 Health care in China

Initially the Chinese health care system consisted of a collective insurance plan in which employers and the state were mainly responsible for health care funding, the main medical service providers were state-owned hospitals and clinics (Zheng et al., 2010). Due to the financial strain this put on the state and employers several policy reforms have been implemented from the 1980's onwards, moving the health care system towards a more market oriented approach (Zheng et al., 2010; Herd, 2013). Zhang (2005) shows how this marketization has led to a rise of individual health care costs and an increase in out of pocket payments, thereby also working practices such as self-medication in hand (Wen, 2011). Due to the growing inequalities and lack of accessibility of health care services, particularly for disadvantaged groups such as rural to urban migrants this process of commercialization was highly criticized, eventually resulting in government experiments focused on increasing health care coverage by increasing the role of community health centres, clinics and volunteers (Wang, 2011). Shenzhen was assigned as one of the pilot cities for this new approach (Tong, 2009). Additionally the role of community and neighbourhood organizations in providing public services is also changing. In this regard (Heberer, 2009) notes the increasing prominence of neighbourhood committees. The re-invention of the old danwei<sup>1</sup>community system is by some authors described as a possibility for sustainable economic and social development (Chai, 2014).

The current health care system has a strong top-down structure wherein the major hospitals that should function as the tertiary level of care currently service the most patients (Asian-Pacific research Center APARC, 2015). Several new health care policies are aimed at turning this around and

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<sup>1</sup> The Danwei communities refer to the formerly existing work units. People lived in communities based of their occupation. These communities or Danwei's entitled people to the same welfare benefits, the cost of this system were high and it was subsequently dissolved during the period of marketization.

try to create a system in which the primary level, community clinics etc. will fulfil a larger role in providing health care services to the majority of people (APARC, 2015).

A new approach is much needed as existing public health care services are experiencing several issues. Large well-known hospitals are for example often overloaded by patients, this can be contributed to a lack of confidence in the quality of care provided by local centres and clinics, but also to a lack of knowledge about existing health care services in the city (Tong, 2009). Tong notes that most people are still largely unaware or suspicious of local health care solutions provided by volunteers and social workers. A final important component of the Chinese health care system consists of traditional medicine and clinics. This category is still prominent and investment in the maintenance and expansion of this sector has been part of the latest reforms and government efforts to increase the role of community health care (Xu, J. & Yang, Y., 2009; KPMG China, 2011).

### *2.2.1 Health insurance in China*

The Chinese health care system has been the subject of several changes and reform policies in recent decades. One of these 'reformed' areas is the health insurance system. The insurance system has followed the general transformation from centrally planned and state funded to market oriented, with an increasing role for private funding and an increase of case based out-of-pocket payments (WHO report, 2010). Currently three major insurance programs are implemented all covering different groups within society, rural residents under the New Rural Cooperative Medical Scheme (NCMS), urban employees under the Urban Employees Basic Medical Insurance (UE-BMI), and unemployed urban residents under the Urban Residents Basic Medical Insurance (UR-BMI) (WHO report, 2010, p.13). All of these programs are funded by different sources and are sometimes implemented by different actors, the level of coverage of these programs is also differs. Different programs focus on the coverage of varied health issues, subsequently not every issue is mandatory in every insurance package.

Qiu et al. (2011) have studied the utilization of a specific part of this insurance system, by reviewing the NCMS program. The NCMS has been implemented since 2003 and is aimed at improving the health care access of rural residents, participation in this scheme is voluntary and the scheme is financed by the central government, local government and individuals (Qiu et al., 2011). The study has shown that the usage of the NCMS program is limited since only a small portion of migrants is able to get reimbursement for medical costs through this program. The main reasons given by the authors are the frequent usages of 'out of county' hospitals by migrants, in order to get reimbursement one has to go to designated hospitals within one's own county. However because these counties are based on the Hukou status and thus on people's hometown areas this is very

impractical for migrant workers. The authors found that 54.3% of migrants visited out of county hospitals in comparison to only 17.5% of none migrants. The authors therefore argue that the strong connection between Hukou and NCMS usage leads to a clear barrier that severely limits the possibilities of the system.

An additional challenge is presented by the fact that insurance coverage has decreased in recent years, especially in urban areas, this trend is caused by several developments such as the open door policy specifically in the coastal megacities (Blumenthal, 2005). This policy refers to the government strategy in which more migrants were allowed to enter cities as temporary residents in order to encourage economic growth, by allowing them to work in the factories, consequently this has decreased health insurance coverage as the Hukou system has maintained in place.

The high cost of health care services and the lack of insurance coverage has in general been noted by several authors as one of the major barriers for people to access health care. However rural to urban migrants have been identified as a particularly vulnerable group, for whom this barrier is especially problematic. In this regard the WHO (2010) has described the situation of these migrants as extra precarious as they are still largely outside of the previously mentioned formal insurance programs. This is the case because insurance benefits are often connected to the *Hukou* of a person, thereby often excluding migrant workers. This is extra problematic as this group experiences a lot of specific health issues often related to work and living away from home. The (WHO, 2010) notes that several municipalities have started initiatives to include migrant workers. However the differences between municipalities are still large and a lot remains to be done.

Finally it is important to keep in mind that there is a strong connection between labour and health insurance in China. Employers are largely responsible for providing health care insurance. However types of insurance included in labour contracts differs between types of companies, different regulations are applied to smaller companies, thereby allowing them more room to create their own direct arrangements with employees.

### 2.2.2 *Health risks among migrants*

It has widely been acknowledged that migrants are often more prone to health care risks in comparison to other groups in society, a brief analyzation of the Chinese case is however in order as the specific migrant background of the country leads to new problems (Wen, M. & Wang, G., 2009). The examples of health care issues (HIV and mental health) highlighted in this paragraph were selected as these health issues were most frequently mentioned in the available literature on the topic. For example the increased risk of contracting HIV/AIDS among the migrant population has been a central research theme in recent years, several studies have found that migrants have indeed

a higher chance of HIV infection (Zhang et al., 2013). The authors explained this higher prevalence with an increase of high risk behaviour among people far away from home. For example male migrants were more likely to have multiple sexual partners and make use of paid sexual services, while the higher risk of HIV contraction among female migrants could be explained by a higher chance of them resorting to prostitution when they found themselves in financial trouble.

Other frequently mentioned problems in the literature are mental health issues such as depression or loneliness, (Wen, M. & Wang, G.,2009) showed that discrimination and social isolation, partially as the result of being separated from ones family are prominent everyday factors that lead to severe stress and depression among migrant workers. Chan (2013) adds to the discussion about mental health by arguing that the poor labour conditions experienced by migrants have severe implications on the mental wellbeing of migrant workers. Chan describes living in the factory dormitories as especially harmful in this regard, the strict regulations to which migrants living in the dormitories are subjected can lead to feelings of alienation and depression. A study by Hu (2014) has indicated that the mental implications of migration can be extended to the families of migrants as well. The children of migrants were found to be more prone to behavioural problems, even though children who were left behind by their parents as they migrated to work elsewhere scored even worse when it came to behavioural issues.

### 2.3 Barriers

The previous paragraph has shown that despite a hierarchical construction different types of health care services are available in China, however due to several barriers gaining access to appropriate health care is often problematic for migrants. There seems to be a clear mismatch between health care policy and everyday demands and usage of health care services. Based on a literature review the researcher has identified four different categories of barriers; economic, social, institutional and spatial. These barriers interact closely and sometimes overlap it is therefore impossible to view these categories as completely separate, all these barriers are further constructed and reinforced by both institutional and individual characteristics. This interconnectedness of factors is noted by Li (2013) who states that the lack of participation of migrants in the health care system can be explained by both external factors, such as exclusion from the social system and exclusion from social networks, but also by internal factors such as a lack of knowledge about health care.

An elaboration of the four categories is in order economic barriers present one of the most prominent factors limiting health care access among migrants. Migrants often lack the income to pay for quality care, especially since health care has become more expensive due to the commodification of services (Smith, 1995). Social barriers, are often less visible but also play an important role in



limiting health care access. A clear example of a social barrier experienced by migrants is discrimination, which according to Fan (2011) strongly contributes to a lack of access to urban rights among migrants. Discrimination is often also a factor on the labour market (Zheng, 2009), thereby limiting the financial possibilities of migrants even more. Moreover Fan (2011) connects discrimination to a strong awareness of difference in status, which can be reinforced by certain institutional barriers, in the case of China this is most strongly represented by the Hukou registration system. Although only part of the problem, the Hukou system has changed over time, the system still contributes to the exclusion of rural to urban migrants from urban benefits such as health care services (Wu, 2010). The effect of spatial barriers must also be taken into account as movement restrictions and lack of knowledge of the city contribute to a lack of access to health care services, for example when migrants feel they are not wanted in certain parts of the city they exclude themselves even further by avoiding these areas (Fan, 2011). Movement barriers therefore seem to be partially self-constructed and reinforced (Zheng, 2009). Zheng elaborates further on this by stating that migrants seem reluctant to spend money in the city and to become part of the urban identity (Zheng, 2009, p.443), they see the city as a 'workplace' rather than 'the place they live in', a feeling of home lacks. According to Zheng this is the result of the earlier mentioned factors such as discrimination, social status and segregation in the city. Related to the concept of spatial barriers is the component of time. (Wen,2011) notes that many people resolve to self-medication as they feel that both the far away locations of quality hospitals, and the time spend queuing in hospitals puts too much of a strain on their time and ability to work during a day.

#### *2.4 Social networks*

Social networks can be used as a resource for gaining access to health care services. However the usefulness of a network strongly depends on the types of networks available to a person. Li & Wu, (2010) describe three types of networks used by migrants when in need of health care. The first network is based on kinship and is the strongest and most frequently used one. The second one is a network consisting of fellow migrants and Laoxiang (fellow villagers) people from the same village. Which migrants would go to when the first group could not provide them with help. The third group are employers, colleagues and neighbours. A tightly knit social network mainly consisting of the first two groups can according to Li & Wu be seen as a double-edged sword, it gives migrants a safety in times of health crisis and is useful for providing emotional support. However a small social circle also limits access since people in the same circle usually possess knowledge about the same facilities, in that regard social networks can also become a social barrier.

More varied social networks can be obtained through labour relations, Wang (2010) argues that most migrants try to climb the social and economic ladder by changing jobs frequently. In the process they establish wider and more comprehensive social networks (Wang, 2010, p.1460). Lin (2001) provides a framework for assessing the strength of social networks rooted in labour relations, by also distinguishing three types of networks. 1) Upper reachability (the highest prestige occupation a person knows) 2) diversity (the number of different occupations a person has in his network) 3) range (the difference between the lowest and highest status occupation a person has in his network). Due to the importance of labour it is useful to analysis social networks in a broad context, thereby paying attention to networks that cross neighbourhood boundaries (Stephens, 2007).

(Smith, 1995) adds to the importance of social networks on a different scale by arguing that the absence of social networks, for example when family and friends still live in the home village, must be seen as the first obstacle for migrants who are in need of medical care.

## 2.5 Volunteer organizations and NGO initiatives in China

Volunteer organizations and NGO initiatives are increasing rapidly and are becoming more prominent in China. So far finding a balance between the strong state and an increasing need for these organizations has proven to be both challenging and rewarding (Hsu, 2014). This complicated relationship leads to interesting developments in this area, it is therefore not surprising that the development and influence of such organizations is also slowly becoming a more prominent research topic. The emergence of a larger role for these organizations is interesting when researching health care, the ever growing demand for health care services in China's new megacities poses new challenges as the government is no longer able to provide the services that are required. Solutions might be provided by non-governmental organizations. Because the rise of these organizations is a rather new phenomena research on this topic is also quite recent, consensus about future possibilities provided by these organizations is consequently lacking. Kaufman (2010) sees a lot of potential for these initiatives as she argues that the government will have to embrace the outsourcing of health care services to the private sector and NGO's (Kaufman, 2010, p. 296).

NGO's have a specific position in China. Several authors have noted that there are no "real" NGO's in China since these organizations are subject to a lot of government control. This leads to a situation in which there are a lot of organizations with strong connections to the government, they are often partially controlled and or funded by the government. On the other hand more independent organizations do exist, but these organizations are also subject to complicated and often restricting regulations (Hsu, 2014). Hsu even refers too many of these organizations as GONGOs (government –organized organizations), additionally Hsu states that NGO's could be an

important force in China but it is important to continue to rethink power relations between the state and these organizations, since this leads to both abilities and inabilities to address certain topics. Despite the strong government connections (Tang, 2015) states that the importance of NGO's should not be immediately dismissed, as a lack of independence does not necessarily mean they are unsuccessful in achieving any goals.

Chang (2015) describes how some organizations try to maintain a more independent status. This is especially the case for labour NGO's. However maintaining independence leads to limitations of their own, for example these organizations often are not able to register as NGO's and register as companies instead, which illustrates the complexity of the situation regarding NGO's in China.



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### 3 Conceptual framework

In order to formulate an answer to the main research question, several concepts need to be explored and elaborated on. A brief definition of the key concepts will therefore be provided in this chapter.

#### 3.1 Concepts

*Barriers:* obstacles preventing movement or access. There are several types of obstacles resulting in different types of barriers. Throughout this thesis four categories of barriers have been used: social, institutional, spatial and economic. The concept of barriers is closely related to the concept of *boundaries*.

*Boundaries:* the limits or restrictions of an area, boundaries can also be social, institutional, spatial or economic.

*Access:* The right or privilege to enter or make use of something, in the case of this study health care services.

*Social networks:* a network of friends, colleagues, relatives and other personal contacts. A social network can encourage or discourage certain behaviour. Social networks are related to the concept of social capital as social capital presents the potential social resources available to people (Bourdieu, 1985). A type of social network that is of specific importance in the Chinese context is *Guanxi* (Fu, 2013; Zheng et al., 2010). *Guanxi* refers to informal social connections based on friendship and loyalties.

*Rural-to-urban migrants:* people who move from one place to another to work or live without changing their *Hukou* status (Qiu et al., 2011). This study focuses on this specific type of migrants.

*Public health care services:* Medical services aimed at fulfilling the health care demand for the public at least partially funded with public money, for example hospitals, clinics and pharmacies. These facilities also have to comply to strict government regulations.

*Private health care services:* Medical facilities that are not run or funded by the government, in the Chinese case this is the minority of services.

*NGO's and volunteer organizations:* Non-governmental organizations (NGO's) are initiatives organized separately from the government. However in the Chinese case these organizations are usually still connected to the government and take the form of social work, volunteer or community driven organizations. Because of the strong ties to the government (Hsu, 2014) refers to the NGO's in the Chinese case as GONGO's (government –organized organizations).

### 3.2 Problem statement

The lack of health care access experienced by migrants fits into a broader debate on growing inequality in China. This thesis aims to add to that discussion by identifying which barriers are limiting health care access of migrants in Shenzhen. Specific health care facilities that are prominently used or avoided by migrants will be identified, thereby connecting the issue of health care to place. Ultimately this study tries to uncover whether 'invisible' external factors lead to a physical lack of access to health care services among migrants in Shenzhen or whether these barriers are mainly mental/symbolic. Additionally this study examines whether there are ways to overcome these mental/perceived or psychical boundaries by participation in local or NGO initiatives or through social networks. Health care access will be analysed on a local scale, by researching the everyday experiences and encounters of migrants with the health care system. The basis of this thesis is rooted in a literature study from which several factors connected to health care access have been derived. Several of these possibly limiting factors are portrayed in *Figure 1. (Below)*. This figure shows a schematic depiction of how barriers might be formed or overcome by the interaction and sometimes overlap of different factors. Concepts such as social networks play a double-role in that regard as they can both help to create barriers while also functioning as a possible tool to bypass other limiting factors. A distinction between individual and institutional characteristics has been made, since barriers are often constituted and maintained from both an individual and institutional perspective (Fan, 2011; Zhang, 2009).

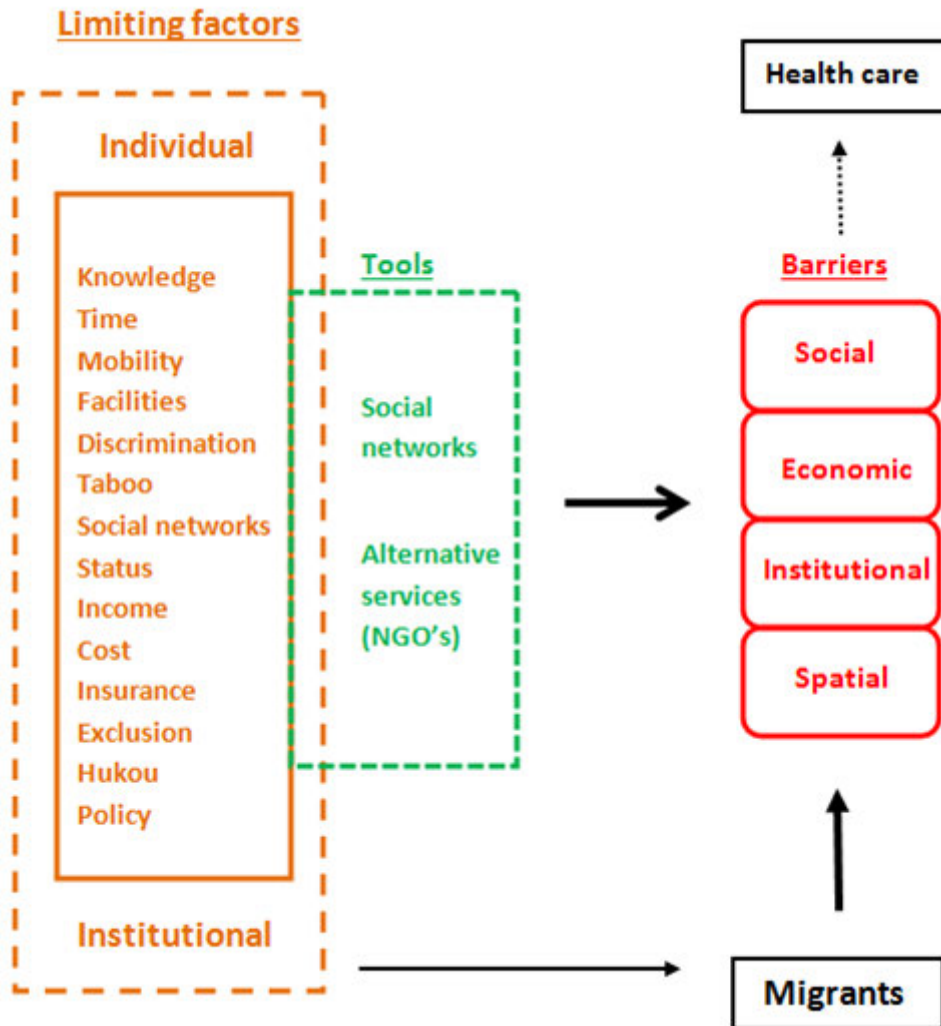
### 3.3 Research question

*Which barriers are limiting migrants' access to health care in Shenzhen and do these barriers contribute to the creation of invisible boundaries within the city?*

Sub-questions:

- 1. How is the health care system organized in Shenzhen?*
- 2. Which health facilities are available to migrants in Shenzhen?*
- 3. Which barriers (social, economic, institutional or spatial) are preventing migrants from gaining access to health care services in Shenzhen?*
- 4. Why do migrants in Shenzhen use certain health care facilities while avoiding others?*
- 5. Which social networks are important for migrants in Shenzhen when in need of health care services?*

Figure 1: Conceptual Framework





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Y



## 4 Methodology and research design

During this study a combination of different research methods has been implemented. Interviews have been used as the main source to acquire data, while additional information has been obtained through observations and the attendance of meetings related to health care issues. Two types of interview methods have been used, street interviews were conducted with migrants and semi-structured interviews with representatives of NGO's or volunteer organizations. Additional information among migrants has been acquired through the distribution of a survey consisting of statements related to health care topics. A combination of these different methods has made it possible to create a more complete picture about a topic that is hard to grasp due to its sensitivity, especially as data from two different perspectives migrants and NGO workers could be combined. For example some topics that were included in the survey could be further elaborated on using data from the street interviews, this was necessary as the surveys themselves could not provide enough information about the everyday experiences and perceptions of migrants in relation to health care facilities. Finally a mix of different methods was implemented because this was best suited to identify barriers that are preventing migrants from gaining access to health care services, while at the same time being able to link to possible underlying motives and reasons that contribute to the emergence and reinforcement of these barriers.

### 4.1 Research techniques

Since this study aims to uncover the barriers that restrict the health care access of migrant workers in Shenzhen the focus during fieldwork has been on collecting data among migrant workers. However due to the difficulties experienced in reaching migrant workers, the choice has been made to conduct short street interviews with migrants instead of in-depth interviews which was the original plan. Most migrant workers were indeed a lot more willing to participate in the research when the interview did not take up too much of their time. This method also made it easier to find respondents as they could be approached randomly in the streets, thereby excluding the need for prior contacts. To obtain a workable amount of data about the situation of migrants in regard to health care access surveys were also added as a research method. Additional information has been acquired through in-depth interviews with NGO's and volunteer organizations who are involved in projects focused on migrants and at least partially related to health care. Even though data provided by these organizations can be seen as an external view on the migrant situation these representatives proved to be a useful source of information, their work with migrants often combined with a migrant background of their own allowed for a better understanding of the issues

migrants face when trying to access health care services. The respondents were explicitly asked about their own background and several of them indicated that they had moved to Shenzhen as migrant workers themselves when they were younger, they usually gave this as a main motivation for their work as well. Furthermore the interviews with NGO's and volunteer organizations add a more institutional perspective to the study as these organizations are involved in and faced with policy making and implementation. Additionally translated parts of government documents and news items concerning health care and changes in health care policy have also been consulted, the information gathered from these documents has been used as a background for this thesis and as a preparation for fieldwork rather than as direct data. This information was for example incorporated in the questions asked to NGO's and volunteer organizations.

#### 4.2 Sample

In total 9 in-depth interviews (35- 90 minutes), 14 street interviews (10-15 minutes) and 49 surveys have been conducted. Furthermore, 8 of these in-depth interviews have been conducted with NGO workers or volunteers, 1 in-depth interview was conducted with a PHD student researching NGO's in Shenzhen, this respondent has spent a considerable time in China and Shenzhen and works from the office of a NGO. Additionally several observations have been done in two pre-selected research areas (Dalang and Baishizhou), 2 meetings related to the topic have also been attended.

The migrant group has been divided in two samples that only differ based on location. The street interviews were conducted in Baishizhou, the surveys were distributed in Dalang neighbourhood. For both samples low-skilled migrants were included, gender and age were not used as a qualifying factor, however an attempt was made to include an equal number of men and women. Within both the interview group and the survey group the aim was to include respondents living in the same neighbourhood, as they were expected to at least partially have the same background. Thereby increasing the likeliness of them encountering the same barriers, especially in regard to spatial barriers even though personal motives to use of avoid facilities might differ. A focus on people living in the same neighbourhood also allowed for an assessment of the attitude among residents of that area towards specific facilities located in that neighbourhood. Both migrants living in Dalang and Baishizhou come from different areas in China. However for the sake of feasibility this study has not excluded possible respondents based on their geographical background but rather tried to reach a broad sample of low-skilled labour migrants.

Sampling was done randomly as both for the street interviews and the surveys people were randomly approached in the streets. In the case of the interviews this was done with the assistance

of a translator, the surveys were distributed without the help a translator. Randomly approaching people in the streets confirmed how prominent the migrant population in these two neighbourhoods is. All of the people who were approached for the street interviews turned out to be migrants. Out of 49 surveys only 4 respondents had to be excluded from the research as they were born in Shenzhen.

Because of the difficulties experienced in finding migrant respondents, NGO's and volunteer organizations were also added as a source for data. A broad sample was used to include these organizations as it was difficult to find many of them. It was especially challenging to find organizations who solely focus on health care. Therefore organizations who specifically focus on migrant workers were approached. Although all of the organizations that have been interviewed do have some affiliation with health care related topics, varying from education about health care to implementation of health care policies or assistance with acquiring insurance money. During the interviews organizations were also asked about the lack of health care specific NGO's. An overview of all interviewed organizations is presented in *Appendix A*. When speaking to people working for these organizations it soon became clear that there are basically no 'real' NGO's to be found in Shenzhen, most organizations do have government connections and can therefore not be seen as truly non-governmental, however most of them do describe themselves as NGO's. No organizations have been excluded based on their affiliation with the government, however an attempt was made to find both government connected and more independent organizations, eventually representatives of both types of organizations could be included, although independent remains a tricky concept, some of the organizations with the least ties to the government still received government funding for one or two specific projects.

### 4.3 Research area

Fieldwork for this thesis has been conducted in two different neighbourhoods in Shenzhen, Dalang and Baishizhou, the choice to work in two different neighbourhoods was partially made because of practical reasons, due to its central location it was easier to travel to Baishizhou with translators, that is why eventually the choice was made to conduct the street interviews there instead of in Dalang. In this regard it should be noted that even though both neighbourhoods provide a suitable background for analysing the situation of migrants the differences between these two neighbourhoods might lead to a bias within this research, this could be the case because a very different type of migrants live in Baishizhou compared to the residents in Dalang. Migrants in Dalang are often newer to the city of Shenzhen and shyer and less approachable than the ones living in Baishizhou, this could have implications on the information they were willing to share. Baishizhou presents more of an example of a neighbourhood migrants would try to move to when staying in

Shenzhen longer. In regard to this there seemed to be a difference in age between the migrants included in these two neighbourhoods. The participants in the survey in Dalang were mostly between 15-30, while most people interviewed in Baishizhou were between 30-40, most of them had indeed lived in Shenzhen for at least 10 years, while most respondents in Dalang had been in the city for less than 5 years. Eventually the final selection of neighbourhoods was made based on the large contingent of migrant workers among the residents of these two areas. The demographics of these neighbourhoods provide both of them with specific characteristics that make them suitable for analysing the Shenzhen case.

#### 4.3.1 *Shenzhen*

Due to its history as a SEZ (special economic zone) Shenzhen presents a very particular case both in China and the world. The creation of the SEZ has led to a tremendous urban growth spurt, causing the former fishing village to grow into a thriving metropolis in a period of only 30 years (Ng, 2003). Shenzhen is currently the fifth largest Chinese city (Geohive, 2015) in terms of population, the city is still rapidly growing due to the enormous influx of migrant workers, who flock to Shenzhen because of the job opportunities, the fairly high salaries and a relative lack of pollution. 'The Shenzhen dream' is still very appealing to many rural inhabitants and the influx of migrant workers from all over the country, currently about 95% of the cities inhabitants were born somewhere else in China (Bach, 2010), this major transition has shaped the city in a particular atypical way. One of these specific characteristics is the relatively young population of the city. Something that also became apparent during this study, most of the people who were interviewed or who participated in the survey were in their twenties or thirties. However there is also a different darker side to 'The Shenzhen dream' the rapid urban growth has led to specific problems. Several authors have noted that China's economic growth goes hand in hand with growing social inequality. For example Wu (2004) argues that as a result of recent trends, such as the marketization of public services which has been implemented partially due to a population strain on these services, urban poverty has increased thereby creating hot spots of urban poverty within Chinese cities (Wu, 2004, p.402). A large factor contributing to unequal access to public services is the Hukou registration system. The restrictions on migration enforced by this system leads to a large proportion of these migrants entering cities such as Shenzhen illegally. Their status excludes them from many welfare services such as education and health care. It also makes it impossible to give an accurate estimate of the current population living in the city, a large part of the "floating" migrant population literally remains invisible, both neighbourhoods included in this study are home to a large portion of migrant workers.

#### 4.3.2 Dalang

Dalang is the area in Shenzhen with the largest number of migrant workers among its residents about 98 % (International New Town Institute<sup>2</sup>, 2015) of the people living in this area are migrants. The education level of the population is relatively low and the neighbourhood is generally seen as disadvantaged, in the sense that facilities and infrastructure are lacking (International New Town Institute). The neighbourhood is located in the north of Shenzhen and forms a sub-district of the Longhua district. Longhua is one of the most prominent factory areas in the city, large multinationals such as Foxconn have several factories located in this district. Many of the estimated 500 000 people living in Dalang neighbourhood work in these factories. The majority of these inhabitants can be counted as part of the 'floating population' since most of them do not have a formal Hukou registration in Shenzhen (Zwart, 2013). In general the residents in the area are very young (INTI, 2015) this image was confirmed by the surveys as well, as 68.9% of the participants were between 15-30 years old (*Table 2, Appendix B.*). The people living in this area tend to stay there only briefly and usually move to other areas when they change jobs, which many of them do frequently (INTI, 2015).

Dalang can be described as a typical factory town in addition to working in the factories many residents live in dormitories either on the factory complex or elsewhere in the neighbourhood. Because of its status as a factory town the area is usually rather quiet during the day, since people spend their whole day working in the factories. However there are a couple of central places where people gather during the evenings and in the weekends, the most prominent of these places is the neighbourhood's central square, the labour square. This area was used as a starting point when distributing the surveys.

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<sup>2</sup> From now on the International New Town Institute will be referred to as INTI.

Figure 2: Labour Square in Dalang



Dalang is a relatively poor neighbourhood and does not have a great reputation in the rest of the city. Partially due to the long travel distance from other more central parts of the city such as Futian, the area is rather secluded. People from other parts of the city do not seem to travel there often unless they have a reason to do so. All of the translators had for example never been in the area, and did not know what it looked like before arrival. Currently several transitions are taking place in the area as factories are being closed down or moved. Additionally lots of building projects are taking place in the Longhua district. The fact that the majority of the inhabitants consists of low-skilled migrant workers in combination with the general lack of facilities, made this area suitable for this research project. As a result of the amount of factories in the area several labour organizations, who focus on migrant workers are also located in the neighbourhood or in other parts of the Longhua district.

#### 4.3.3 Baishizhou

Baishizhou is one of the largest and best known urban villages in Shenzhen, the neighbourhood consists of five different urban villages<sup>3</sup>: Baishizhou, Xin Tang, Tangtou, Upper and Lower Baishi. Like in Dalang the inhabitants of Baishizhou are mainly migrants. However it is a very different type of neighbourhood, for example people generally stay longer in this area compared to

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<sup>3</sup> Urban villages are urban areas where neighbourhoods have formed on the site of the formerly existing villages. This neighbourhoods are often very dense and narrow usually consisting of typical 'handshake' or 'kiss' buildings. This type of urban phenomenon is very specific to China's urban growth and development in past decades (Bach 2010).

the residents of Dalang. Baishizhou is also located in the more centrally situated Nanshan district in Shenzhen, this location makes the area a lot more convenient to travel to and subsequently more desirable to live. As is typical for the urban village phenomenon the neighbourhood is very densely built and most residents live in narrow 'handshake' or 'kiss' buildings (*pictured below*).

Figure 3: 'handshake' or 'kiss' buildings



Probably the largest difference between Dalang and Baishizhou is the demographic variation of both neighbourhoods. While Dalang mainly consists of low-skilled migrants, the population in Baishizhou is a mix between low-skilled and high-skilled migrants. This is the result of the more central location of the area, next to creative centres such as the OCT. Most of the migrants living in Baishizhou are not factory workers, unlike the majority of the population in Dalang. The area is less excluded and it is easier for people to travel to other areas to make use of facilities. Baishizhou is a very lively area with many facilities and shops. In contrast to Dalang the area is usually also very busy during the day. Because of the focus of this study on low-skilled migrants, respondents approached for the interviews were mainly people working in lower-skilled occupations such as street vendors.

As a result of both the differences and similarities between two neighbourhoods Baishizhou also presents an interesting case for studying the health care access of migrants in Shenzhen. Especially since many of the low-skilled migrants in Baishizhou who live and work in the area are less dependent on the factories, which often gives them a different status in regard to labour contracts and insurance. Most of the large factories are obliged to provide some kind of insurance, shop owners for example usually are not. This allowed for the collection of interesting data.

Figure 4: Cultural square in Baishizhou (most interviews have been conducted around this area).







DATA COLLECTION

## 5 Data collection and data analysis

In the previous chapter the different research methods that have been implemented during this study have been presented. During this chapter these methods shall be elaborated on and the context and experience of data collection in the field will be explained. The chapter is structured along the different research methods that have been used, namely interviews, surveys and meetings. During all interviews notes were taken, when possible interviews have been recorded. However this was only the case for 4 in-depth interviews as most of the NGO and volunteer organizations did not want to be recorded. The same problem occurred during the street interviews, most people felt uncomfortable with a recording. In order to acquire as much data as possible and to be able to address more sensitive issues such as insurance status eventually the choice has been made not to record these interviews at all. The interviews that have been recorded have also been transcribed. Almost all interviews were conducted with the help of a translator, only 4 interviews could be conducted in English. During both meetings a translator was also present. Quotes have been presented as correctly as possible, but a note should be made that the statements made by migrants during the street interviews are not direct quotes but rather the translation of answers provided to the researcher.

### 5.1 Street interviews

To be able to uncover barriers that restrict health care access among migrant workers in Shenzhen data about the everyday experiences of migrants with health care facilities and their perceptions on these facilities is needed. Therefore street interviews with migrant workers were implemented as one of the main research methods, since interviews allow space for respondents to elaborate on their motivations and choices to use certain facilities. In order to arrange interviews people were randomly approached in the streets, the focus was thereby on people working in the streets who had nothing to do at the time, for example street vendors without customers. The structure of the interviews was open, however the questions were based on a pre-designed topic list (Appendix C). In preparation of the interviews this topic list was provided to and discussed with the translators. During the interviews the answers given by the respondents were immediately translated after each question in order to allow the researcher to add follow-up questions. Notes were taken during the interviews. Every interview started with a brief explanation about the research and with the question whether people were born in Shenzhen and if they lived in Baishizhou. The latter being important as the use of local facilities was discussed. In general people were open to participate in the research and most people who were approached agreed to an interview as long as it did not take

up too much of their time, although some clearly felt more comfortable than others, only a few people refused to participate. The respondents did not seem to ask many questions about the research and why they were interviewed. It is possible though that they were more cautious to discuss certain issues in the streets. For example it was difficult to gain information about specific health issues as people preferred not to talk about their own medical histories. Only some respondents mentioned specific situations in which they needed medical care and usually this was in relation to minor issues such as colds or throat infections. This is very understandable though and can most likely be explained by the context of a short interview without the lack of a personal connection to the researcher. However people did speak 'surprisingly' open about their insurance status. Therefore useful information could still be obtained even though some more sensitive topics could not be discussed. Because of the neighbourhood characteristics, a large migrant majority and due to the fact that only a migrant background and residence in Baishizhou were used as qualifying factors to include people in the research, a random sample of respondents could fairly easily be selected. Eventually a 50/50 mix of both female and male respondents could be interviewed.

## 5.2 Surveys

In order to obtain a significant amount of data to support the data collected from the small interview sample, surveys were added as a research method. The use of surveys has several advantages. For starters a larger number of respondents could be reached, additionally a wide array of topics could be addressed without demanding too much time of respondents. Finally the use of surveys also made it possible to conduct a substantial part of the research without the help of translators. The biggest disadvantage of using surveys is that in order to keep this part of the research feasible, open questions had to be left out, which makes it impossible to draw conclusions about motivations or underlying reasons for choices solely based on the questionnaires. Surveys alone therefore do not provide enough data to assess health care access of migrant workers in Shenzhen. However the more substantial amount of data gathered from the surveys provides support to the more in-depth information acquired in the interviews. Although in this regard the differences between the two neighbourhoods where the data was gathered should be kept in mind before making any generalizations.

The survey that was distributed consisted of fifteen statements, the topics of which were based on the original interview topic list and on themes and issues frequently mentioned in literature about the topic (Appendix E). The questionnaire covers a wide array of topics related to health care and possible barriers for accessing health care, varying between themes related to the four categories of barriers: social, economic, institutional and spatial. First a list of possible statements

was deducted from the literature, all of these statements were translated by one of the Chinese students. After the translation was checked a selection was made. The aim was to make it as concise as possible while still covering a wide array of topics. Additionally a brief explanation of the research and some background questions were also added.

The distribution of surveys was conducted on and surrounding the Labour square in Dalang, this location was chosen as it is a central meeting point in the neighbourhood. The surveys were distributed without the help of a translator which did complicate matters a little, sometimes respondents would start talking, but no proper answer could be given because of the language barrier. When approaching possible respondents the survey was shown to them, after reading the introduction they decided whether they wanted to participate or not, none of the respondents abandoned the process of filling in the survey.

During the distribution of the surveys a few tendencies could be detected. Men were generally keener to participate and eventually 2/3 of the respondents are male. People were also very aware of others when it came to participating. For example when one young man who was playing cards in the square with his friends decided to fill in the survey, several of his friends also wanted to participate or at least see the questionnaire. This also worked the other way around, one woman wanted to participate but when her boyfriend said no she changed her mind. People were so aware of others that often an effort had to be made to prevent them from answering the questions together with others. Age seemed to be another decisive factor for participation. Younger people were generally more interested in participation, while especially people over forty often refused to participate after reading the introduction. Most of the people who participated in the study are between 20 and 35, which fits the neighbourhood profile.

### 5.3 Semi-structured interviews

The original plan was to conduct semi-structured interviews with migrants, in that scenario volunteer organizations and NGO's would be approached in order to establish contacts with possible respondents. However after only a brief period in the field this approach was slightly changed as it was difficult to find migrants who were willing to speak about health care issues for a longer period of time. The volunteer and NGO organizations also could not provide many direct contacts with migrant workers. However since contacts were already established with some organizations that were willing to speak about both health care issues as well as the difficulties of policy and grassroots initiatives in China, the choice was made to conduct semi-structured interviews with representatives of these organizations. While data was in the first place collected from migrant workers through street interviews and surveys. It became clear that these NGO organizations could provide more

than just a useful entry point for the study, the people interviewed were able to provide valuable information on a wide array of issues related to health care barriers and general barriers for migrants. Some were also able to provide more personal knowledge about the situation as many of the respondents worked for these organizations because of their personal connections to migrant struggles. For example one of the interviewees had chosen to work for an NGO trying to improve the life of migrant workers as she wanted to live a meaningful life because of her own background, her father past away when she was young and she has a brother with a disability (Interview 4).

The interviews were structured around a topic list (Appendix D) that included general topics, these questions were asked to all of the organizations. More specific questions based on the organization that was being interviewed and personal questions about the background and motivations of the interviewee about why he/she chose to work in this field. If possible the interviews were conducted in English and when allowed they were recorded on either the researchers' phone or a camera. During the interviews that were recorded with a camera, the camera was set-up in such a way that the respondent was not visible. The respondent was also made aware of the fact that a camera was present and that it would not be used to film them. All of the respondents were only interviewed once. However some casual additional conversations with some of them took place during the NGO meeting that was attended in a later stage of the research. Several of the earlier respondents were also present during that day. Additionally some casual conversations often took place after the official interview, usually during lunch that was often shared with the respondents. All of these conversations were not recorded. After these conversations however notes were made and the information gathered during them has been used in this study, mostly as a background.

It took some time to establish contacts with NGO's and volunteer organizations that were of interest to this research but often through attending meetings or with help off earlier respondents new organizations could be found and contacted. Most of the organizations that were approached were willing to give an interview, although some refused or agreed at first to withdraw later. This was especially the case with organizations that are not formally registered and whose focus is on more sensitive topics for example health check-ups for prostitutes. Luckily some more independent organizations were willing to participate, especially several labour organizations were found willing to assist in this study, unlike the more government affiliated organizations who often gladly participated.

## 5.4 Meetings

Data for this study was also obtained through the attendance of two meetings related to the topic. One NGO meeting and a mental health lecture for migrant workers. During these meetings data was collected both through observations and conversations with the people present. Additionally these meetings were used as a means to contact possible new respondents. The NGO meeting eventually resulted in an on the spot interview. During both meetings a translator was found at the place of the meeting as none of the students were available for those particular dates. In this paragraph the experience and outcome of these meetings will be discussed briefly.

### 5.4.1 *Mental health lecture*

Mental health lectures are frequently given at the Dalang Dream Center. *The Dalang Dream Center* is a place in Dalang where several small NGO's are located. The center itself consists of several spaces where different activities are being organized, these activities are mainly focused on the wellbeing and personal development of young migrant workers. For most part the participants of these activities live above the center, as it is located underneath a large dormitory in the middle of an industrial complex. The center is both founded and funded by the government and maintains strong connections with local government. Although some other organizations such as *Teach for China* also have an office located in the center without being connected to it. Most of the activities are organized by the center itself and are aimed at personal development for young migrant workers, for instance several workshops and lectures focusing on improving social skills are given. A large part of the activities are about leisure time and how to make good use of your third 8 hour (this is the amount of time available for leisure, based on labour guidelines followed in most factories). Another smaller part of the activities organized within the center are focused on aiding migrants in their struggles, for example a legal aid office and a mental health counsellor are also located in the building complex. Every two weeks or once per month a mental health lecture covering different themes is organized by the mental health counsellor. People are free to attend these lectures and no-one is obliged to do so. As part of this research one of these meetings has been attended by the researcher.

These lectures are focused on the needs of local migrant workers and often surveys are distributed to ask residents of the dormitories about their needs. The meeting attended as part of this study mainly focused on depression, confidence building and the improvement of family relations as part of feeling better about yourself and about your life. During the lecture 17 migrant workers were present, most of them were women, some of which brought their small children with them.

The meeting started with an introduction of me (the researcher) since the participating people were extremely curious about the reason for my presence. After this the meeting continued with clapping and reassuring the participants of the meetings slogan 'we are all good friends', which is of course meant to make people feel safe and allow them to openly discuss the issues they are dealing with. After that people were asked to speak about some of the things in their lives that made them happy, which some volunteers did. They were advised to think about these things as often as possible to make themselves feel better about themselves and their lives. This part was followed by a lecture about bringing families closer together especially in the case of workers whose children are being raised by their grandparents, because the parents have to work in the factories. The participants were also provided with the opportunity to ask questions and present personal struggles they were dealing with, something that was also done by several attendants. The lecture ended with 'The teacher' (the mental health counsellor who works for the Dream Center) and the women who brought their children going outside in order to play games with the children. They would spend the rest of the day with their children as part of the project to bring migrant families closer together again. This project is ongoing and is an important part of mental health activities within the Dream Center. This was briefly explained to the researcher by the counsellor before the meeting, she explained that the issue of separated families-many children either stay with grandparents in the worker's hometowns or are raised by the grandparents in Shenzhen- is typical for many migrant workers. This issue is a source for stress and depression particularly for female workers and often leads to trouble within families as it also causes issues with the children's discipline, something that was also addressed during this meeting.

The meeting provided a good opportunity to gain more insight about some of the mental health issues migrant workers are dealing with, such as depression. The openness of the discussion also allowed for useful data gathering in regard to what are prominent mental health topics on the agenda of volunteer organizations such as the Dalang Dream Center.

*Figure 5: The Dalang Dream Center*



#### 5.4.2 *Volunteer organizations and NGO meeting*

During the fieldwork I was invited by one of my earlier respondents, who is the founder of a labour NGO to attend a meeting for volunteer organizations and NGO's, organized by his company. The meeting was organized as an opportunity for these organizations to present their results of the previous year. It also provided them with a chance to discuss issues they encountered during the past year as well as new approaches for the future. Despite some difficulties setting up the meeting because of negative government attention eventually about 20 organizations participated, the group consisted of a mix of independent organizations and organizations with government affiliations, the majority however was more independent and only has limited or no ties to the government.

The meeting presented a useful way of acquiring data as the great variety of organizations led to interesting discussions for example about whether cooperation with the government should be pursued and if so how organizations should work together with the government. These discussions provided a useful background to policy discussions currently prominent within this field.

The large differences between the attitudes of NGO's and volunteer organizations towards the government provided an interesting background for analysing both the current role of these organizations as for assessing possibilities for the future. Which is significant when considering whether NGO's and volunteer organizations present migrant with an opportunity to break barriers.

Furthermore the meeting provided a great opportunity to meet representatives of new organizations. After the meeting new organizations were contacted and one interview could be conducted on the spot. This particular organization is not located in Shenzhen but does work closely with other Shenzhen based organizations. The organization itself focuses on work related injuries among factory workers and strives to help workers get compensation when injuries are sustained on the work floor. Despite having it's office outside of Shenzhen this organization was therefore still included in the study because of the relevance of the topic for this research.

### 5.5 Observations

A final research method that has been implemented during this study are observations. Observations were conducted on several occasions, during both meetings observations were made to see how these meetings are constructed and to record which type of issues and topics were being addressed.

Additionally observations were made in both neighbourhoods, in order to get a feel about the surrounding area and the type of neighbourhood. When walking around the neighbourhoods attention was paid to the number of facilities in the area and the type of facilities present. The information provided by these observations is not directly used as data but mainly served as



background and as a source for questions during the interviews. Organizations working on increasing the role of community clinics were for example asked about the usage of these clinics and why these clinics often appear to be rather empty on certain times of the day. While the migrants respondents were specifically asked about their usage of local neighbourhood facilities. Near both the central squares in Dalang and Baishizhou a large hospital can be found. Several respondents in Baishizhou commented on this hospital. In both neighbourhoods also numerous pharmacies and drugstores were found.

## 5.6 Data analysis

Recordings have been transcribed and interviews have been coded manually for the purpose of analysis. The results of the surveys have been analysed with the statistical program SPSS. All names of both organizations and respondents have been omitted for the sake of anonymity. Throughout the text several notable comments or results from the surveys will be referenced. This will be done according to the following system. The in-depth interviews with NGO's or volunteer organizations will be referred to as *interview 1-9*, the street interviews with migrants as *respondent 1-14*, the meetings as *meeting mental health* or *meeting NGO's*. Finally the surveys statements will be referred to as *statement 1-15*, this is the order in which they were included in the questionnaire.

## 5.7 Validity, limitations and possible bias

During fieldwork several obstacles were encountered, some of which might have implications for the validity of the study. The first and probably one of the most prominent issues was the language barrier. The fact that almost no interviews could be conducted in English forms an obstacle, as it is very well possible that vital information has been lost in translation. At times the inability to speak the language also made it more complicated to arrange appointments, the researcher always had to depend on the Chinese students to arrange these interviews. Another obstacle was the inaccessibility of the target group. It turned out to be rather difficult to find low-skilled migrants willing to participate or be interviewed for a longer period of time, which has led to a rather small sample. This might be partially due to the sensitivity of some health care topics. Furthermore it was rather complicated to meet the target group, due to the language barrier and their steep working hours. The fact that a foreigner usually isn't allowed on a factory premise did not make this easier. Another constraint can be found in a lack of time, seven weeks go by very quickly while it took time to establish fruitful contacts. Sadly there was too little time to establish deeper relations with migrant workers. Even though this is needed to be able to address some of the more sensitive health care issues. Luckily this issue could be partially solved by gathering data from different perspectives

by adding in-depth interviews with organizations as a source and by combining information from the street interviews and the surveys. A rather unexpected complication that surfaced was the almost complete absence of organizations who focus solely on health care topics. In regard to the information provided by NGO's and volunteer organizations it should also be noted that although most representatives had a migrant background themselves some of the data can still be viewed as a more external source on migrant barriers rather than insights on the everyday perception and experiences of migrants in relation to health care.

All of these limitations should be kept in mind during analyzation and can compromise validity in certain respects. For example the rather small sample makes it hard to draw general conclusions. This is also the case for the difference in samples as a result of the earlier mentioned different neighbourhood backgrounds of Dalang and Baishizhou. Additionally the inability to discuss certain health care topics made it more complicated to distinguish health care issues that are specific to migrants from more general health care barriers. An additional bias can be found in the fact that although the aim was always to include a balanced group of respondents in terms of gender and age, some trends did occur. For example a lot more men were willing to participate in the survey leading to an unbalanced portrayal of gender.

Objectivity should also be kept in mind as this is according to (Bryman, 2012) always a concern in qualitative studies. (Creswell, 2009) adds to this by pointing out some of the issues with face-to-face interviews such as the bias that can be created by the presence of the interviewer, people might not always tell you what you actually want to know but rather what they think you want to know, or they may withhold information due to the external position of the researcher. This could be true as it is impossible to check whether information was withheld because of sensitivity. However this bias might have had some positive influence in this case as well, some interviews were probably possible because of the external position of the researcher. In some occasions respondents were more willing to participate because of the fact that the researcher is a foreigner, thereby posing less of a threat. One respondent stated that especially organizations are usually more willing to speak to foreigners as they might prove to be useful contacts to them (interview 6, 2015). Finally it should be noted that this study is interpretative, this thesis is the result of the researcher's interpretation of data. Information might therefore not always be accurate because the researcher might have interpreted information differently or incorrectly due to the language barrier or the misunderstanding of concepts. To prevent this the reflexion of data is important. Therefore data was checked with translators, who were often able to provide additional information on certain more general topics.

## 5.8 Ethics

Because of the sensitivity of health care issues and the contested and unofficial status of some of the organizations that have been interviewed close attention will be paid to ethical considerations during the analyzation and presentation of the data. The names of respondents, organizations and people who participated in the research will be omitted to ensure anonymity. Before every interview and on the survey forms the purpose of the study was explained. Thereby the guarantee was given that data provided during the interview or in the surveys would be used for no other purpose than writing this thesis and would not be published elsewhere. The surveys were conducted anonymously. In the case of the interviews all respondents were asked for permission before recording. Before and if necessary during every interview the respondent was also presented with the opportunity to ask questions to the researcher about parts that were unclear or just to get more acquainted with the researcher and the purpose of this study.

# 立堂

## LI TANG MEDICINE

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GUOLITANG

连锁药房

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立健康之道

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RESULTS & FINDINGS

## 6 Results and findings

This chapter will discuss the results of the data that has been gathered during a period of seven weeks of fieldwork in Shenzhen. Because Shenzhen presents such a specific case in China and the world, the chapter will start with a brief elaboration of the more general findings in regard to health care facilities in Shenzhen. Furthermore specific health care issues faced by migrants will also be addressed. This information is based on observations and explanations provided by several respondents. The remainder of the chapter will be structured along the topics of the previously posed research questions and the literature review, the latter shall be used as a reference throughout the chapter. The information provided by different sources, migrants and NGO representatives will be compared and placed in a discussion related to the four categories of barriers that have been derived from the literature review.

### 6.1 Health care in Shenzhen

One of the specific characteristics of Shenzhen, which also makes the city a unique case for analysing health care accessibility among migrants is the over-representation of migrants as a group among the cities' residents. The enormous scale of the city and the continued rapid urban expansion pose new challenges and strains on the cities' public welfare network. Consequently a demand for new policies regarding the use and distribution of health care facilities has developed. Additionally, the migrant population of the city and the specific government regulations and structure within the city create an environment in which the emergence of NGO's and volunteer organizations is encouraged. Interestingly enough this has not yet led to the emergence of many organizations specifically focused on health care. The large migrant population also leads to specific health care needs within the city, migrants often encounter distinct health issues such as depression or work related injuries. These problems are often less prominent among other groups in society, migrants are known to be more prone to several health risks (Wen, M. & Wang, G., 2009).

#### 6.1.1 Available health care facilities in Shenzhen

Several different types of medical facilities varying from public hospitals, private hospitals, clinics, pharmacies and traditional medicine stores can be found throughout the city. Alternatively other places for small, often traditional medical check-ups such as measuring blood pressure can also be noted in varying locations in the city, for instance in local supermarkets.

Figure 6: Health care check-up in local supermarket, OCT



Even though a wide range of different facilities exists the majority of the hospitals are public (Interview 2, 2015). This means that they are at least largely funded by the government and the doctors working in these hospitals are bound to government regulations in regard to education. In addition to the hospitals a large amount of pharmacies can be found in almost every neighbourhood. The number of pharmacies is so abundant because it is fairly easy to obtain a license to run a pharmacy or drugstore. The health care system is hierarchically structured the large public hospitals are the primary source of health care in the city, and are usually first choice when people are in need of medical attention. The majority of the people therefore visits these hospitals for a number of health issues, varying from colds to more severe problems. This preference leads to an overflow of patients in these facilities, while local clinics are often under-used (Chai, 2014). Current government policies are trying to address this issue. Increasing the role of local (grassroots) health care facilities has been one of the key points in China's 12<sup>th</sup> five year plan (KPMG China, 2011).

#### 6.1.2 NGO's and volunteer organizations in Shenzhen

Despite the fact that only a few organizations that specifically focus on health care have been found during this study, there are in general many NGO's and volunteer organizations located in Shenzhen. In this regard one respondent stated that:

*There are also quite many NGO's in this area, 1/3 of all NGO's found (in the respondents own research) are located in the Guangdong province, 25% in Beijing and the rest about 40% in the rest of the country (interview 6, 2015).*

This high number can partially be explained by the special regulations and programs that have been implemented in the city in recent years, this policy has been part of an experiment to increase the role of these organizations in order to relief public facilities (Tong, 2009; Chai, 2014; Interview 2, 2015).

The lack of organizations specifically focused on health care issues is rather surprising considering the amount of focus on health care in recent policies and has therefore also been explored in this study. When respondents were asked about the reasons behind this phenomenon they provided several different arguments. Firstly, health care is usually seen as a government responsibility which leads to a lack of organizations focusing on this topic, people expect the government to provide health care (interviews 4, 5, 6, 2015). A second reason that surfaced was that most organizations with a specific focus on a certain theme or topic are mostly founded by people who have a strong personal connection to the topic, this is especially the case for more independent NGO's (interviews 2, 6, 9, 2015). However the fact that several health care topics, such as HIV are very sensitive might hinder the emergence of NGO's in this department. People are less likely to unite around one of these topics and will probably not start an organization focused on them (interview 5 & 6, 2015). A large number of organizations that can be viewed as more independent NGO's are labour organizations. They are mostly independent as labour is a politically sensitive topic, therefore these organizations usually cannot count on government support or funding. The high number of labour NGO's located in Shenzhen can partially be explained by the large amount of migrant workers in the city. Problems such as depression and work related injuries connected to work and life in the factories are ever present (meeting mental health, 2015; interviews 1, 4, 5, 7, 2015). Subsequently many of these labour organizations are involved in issues regarding health care, this involvement further affirms the strong connection between labour and health care in China that has already been mentioned in the literature review.

### *6.1.3 Specific health care issues experienced by migrants*

The fact that such a large portion of Shenzhen's population consists of migrants also leads to specific health care needs, migrants often experience different health care problems than other members of society. For instance life away from home can be very stressful (Wen, M. & Wang, G., 2009), many of the migrants in particular the factory workers arrive in Shenzhen when they are very young often only 15 or 16 years old. They frequently experience a lot of pressure and a heavy

workload, having to provide for families back home leads to a lot of responsibility and often a lot of stress. Mental health issues such as depression are therefore quite common (meeting mental health, 2015; interview 3 & 5, 2015). From the research it has become apparent that these issues are acknowledged more and more by the government this translates into new government policies but has also led to an increasing number of mental health projects implemented by NGO's and volunteer organizations. Especially organizations with strong ties to the government seem to pay a lot of attention to this issue. However other health issues -some also partially connected to a live away from home- such as unwanted pregnancies and STD's receive a lot less attention within health policies (interview 4 & 5, 2015). Problems that arise from work in the factories, such as injuries or illness caused by heavy factory work also seem to be a lot less prominent on the policy agenda (interview 7, 2015).

## 6.2 Health care facility preferences

One of the parts main concepts that has been explored during this study is the preference of migrants in regard to the health care facilities they use, their motivations to choose certain facilities while avoiding others might help to uncover possible barriers preventing access to a certain type of facility. Respondents were asked about the kind of health care facilities they used, in which cases and why, based on their answers a picture could be formed about the type of facilities migrants prefer to use, while also showing their motivations to do so, additionally this approach made it possible to explain why some other facilities are avoided. Eventually based on the motives both stimuli and barriers in regard to health care access could be deducted.

### 6.2.1 *Frequently used health care facilities*

A majority of the respondents indicated a preference for a public hospital instead of either a private hospital or a community clinic. Out of the 14 migrants that have been interviewed only 1 respondent indicated a preference for the local community clinic. Respondents indicated a wide array of different reasons to explain their choices, for instance it became clear that doctors working in public hospitals enjoy a much better reputation than doctors working in private facilities. Trust in the ability of the doctors working in these hospitals was frequently named as a reason to visit the public hospital. However the motivation trust is often combined with another reason, namely that public hospitals are generally seen as cheaper than private facilities. This can partially be explained by the fact that people who have health insurance have to pay less when visiting a public hospital in comparison to using a private facility. However even people without insurance still preferred to go to a public hospital instead of a private one, resulting in the notion that the price of health care service



is a strong explaining factor for preferences in choosing a facility, but money is not the only qualifying factor. A third reason that can help to explain the strong preference for public facilities is the amount of public facilities compared to the amount of private ones.

*The privately organized medical system is fairly new and not as prominent yet as the already established system of public facilities (interview 2, 2015).*

In addition to the preference for public hospitals, many respondents stated to go to the pharmacy or local drugstore in the case of minor health issues. The most prominent reasons to do so were costs of the services, convenience (usually a lot of these facilities can be found in the neighbourhood) and not wanting to reach the spending limit of their health insurance. In this respect some respondents indicated that their companies' health insurance was bound to a yearly spending limit of 800 Yuan, therefore they did not want to use their insurance card in the case of a minor issue (respondent 10 & 11, 2015).

Figure 7: Public hospital in Dalang, opposite the street of the Dream Center



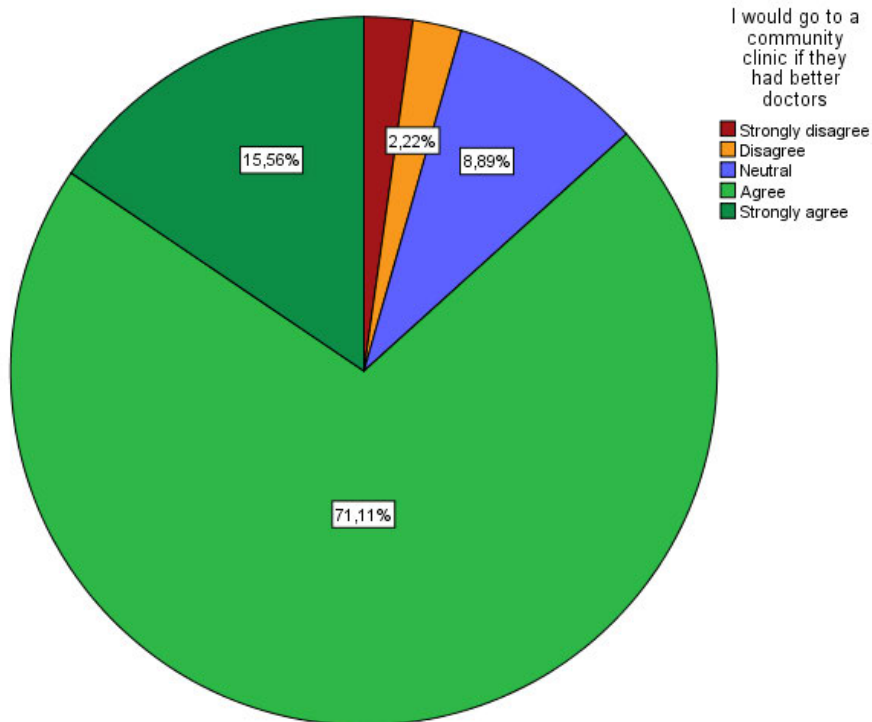
Figure 8: Public hospital in Baishizhou near the metro station



Within this study traditional medicine practices did not come forward as one of the first facilities of choice for migrants, this might however be the result of the research design, since only a few questions addressed this particular health care branch. In comparison to migrant respondents, actors involved in policy making noted the traditional medicine system as one of the most used, and one of the best functioning parts of the Chinese health care system (interview 2, 2015). This is in line with recent government policy, the improvement of traditional Chinese medicine has been part of the health ministry's top 10 priorities in 2011, following the 12<sup>th</sup> five year plan (KPMG China, 2011).

In addition to possibly limiting factors on health care accessibility, these motivations show some of the barriers for implementing and changing health care policies, such as the attempted transition to a more locally oriented system in which community clinics play a larger role (APARC, 2015). This desired shift is complicated by the bad reputation of these clinics (Wang, 2011). However the results of this study also show a possible potential for such a transition, the survey in Dalang showed that an overwhelming majority of respondents stated that they would go to a community clinic if they felt that the quality of the doctors was better (*Table 1, below*).

Table 1: Statement 9: I would go to a community clinic if they had better doctors



It is possible that the lesser quality of these services indicated in interview 2 (below) in combination with a lack of knowledge about these alternative facilities is currently preventing this shift (Tong , 2009).

*Private clinics have a lower standard than the public facilities, because these are changing times like explained before the government is encouraging private clinics and the private sector. The standard is temporarily lowered so more clinics can be build, easier to build them. So they can join the competition in the market (interview 2, 2015).*

From this interview part we can derive that the ‘bad reputation’ of clinics might at least partially be justified. The fact that this reputation is probably hindering a transition towards a more locally oriented health care system, can be seen as more of a barrier for policy makers than for migrants themselves, since they continue to seek health care services elsewhere, namely in public facilities.

### 6.3 Possible barriers

Based on the literature four categories of possible barriers have been deducted, namely: social, economic, institutional and spatial limitations, the remainder of the chapter will be structured around these four categories. Although barriers within all of these categories were found during the study some seemed to be more prominent than others. Furthermore some barriers can be seen as

more general while others apply more specifically to the situation of migrant workers, these will be highlighted throughout the chapter. Finally the data provided by migrants, NGO's and volunteer organizations will be explored and compared, resulting in an overview of possible barriers and their implications on the health care access of migrants in Shenzhen.

### 6.3.1 Social barriers

Based on the results of this study several social aspects such as trust, taboo or (the lack of) an extensive social network seem to have an effect on health care access. Although all these factors were prominent in the choices made by migrants to make use of certain facilities while avoiding other ones, some factors might be seen as real barriers while others are better described as underlying motivations of migrants to make these choices.

#### *(Miss) trust*

Probably the most frequently mentioned motivation to make use of a certain health care facility by migrant respondents was trust, more specifically trust in the ability of the doctors working in a certain type of facility. This motivation was very strong as it was usually still given as the main reason to choose a specific health care facility when other factors also seemed to be influential on this decision. For example most of the migrants explained their choices with a combination of economic factors (cost/price) in combination with a social factor, such as trust in the facility. However even when the additional factors such as cost were not noted as important respondents still named trust as a distinguishing factor between facilities.

*Woman in her thirties, says there is not much difference between the costs of the private and public hospital. However still prefers the public hospital because she trusts the doctors there more (respondent 12, 2015).*

The motivation of trust was mainly given to explain the choice of respondents for public facilities, who were generally seen a better. Private hospitals and clinics in contrast seemed to have a rather bad reputation, the importance of trust might therefore help to explain the overwhelming preference that migrants expressed for public hospitals. Trust in that regard surfaced as both a positive and a negative motive, it was both a reason to choose or to avoid a type of facility. One respondent for example stated she now travelled to a different neighbourhood (Nanshan) after losing trust in the public hospital in Baishizhou where she lives and where she used to go. The respondent explained this by stating that:

*Woman mid-thirties goes to the public hospital in Nanshan since she went to the public hospital in Baishizhou to get a persistent cold treated and they prescribed her the wrong medicine,*

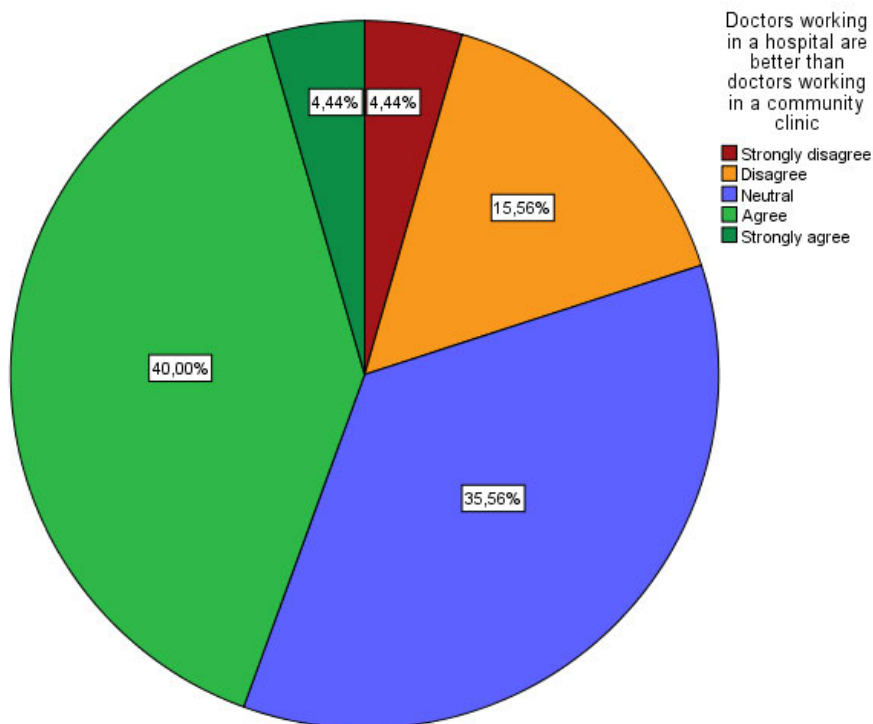
*the medicine they gave her didn't work at all. Ever since she has preferred the hospital in Nanshan (respondent 7, 2015).*

However most respondents indicated they preferred going to the public hospital in the neighbourhood for a positive reason, they indicated to have more trust in public hospitals than in private hospitals or community clinics.

*Respondent indicates that there is not much difference between the costs of the private and public hospital. However still prefers the public hospital. Because she trusts the doctors there more. The respondent explains she has more trust in these doctors because they are hired in the official way. Doctors in private hospitals but also in clinics might not be good enough for the public hospital or they might be old and work in a clinic because they don't want to retire yet, while they are too old to still work in the public hospital. Because of this they are likely to make more mistakes (respondent 12, 2015).*

The weight of trust in the abilities of doctors as a reason to prefer one facility over another one was further confirmed by the results from the surveys. Two statements related to this topic were included in the questionnaire both showed clear results. The previously shown *Table 1*. And *Table 2*. (Depicted below).

*Table 2: Statement 4: Doctors working in a hospital are better than doctors working in a community clinic*



The trust in public services goes hand in hand with a clear lack of trust in private hospitals and clinics. Data related to this issue raises the question whether trust is really a barrier for migrants or just a motivation to use or avoid certain facilities. This motivation might very well be rooted in justifiable facts, one NGO respondent whose organization actively tries to promote the use of local clinics even confirmed that the quality of care is currently better in public hospitals.

*There are several possible reasons why they (community clinics) are so empty, the level of education of the doctors working there, this has also to do with reputation. All the top doctors work for public hospitals because of reputation/ status better salaries and more opportunities (career) because it is better developed than the private clinic system. The doctors working in clinics are therefore of lesser quality (interview 2, 2015).*

These findings are in conflict with some of the arguments made in the literature. (Tong, 2009) makes the argument that a lack of trust in volunteer initiatives is partially rooted in a lack of knowledge about these services. Even though a lack of knowledge about these initiatives might play a part in the 'bad reputation' and avoidance of these services, based on the results from this research it is also possible that there is a correlation between lesser quality of services and 'bad reputation'. As just discussed indications for such a correlation were already found in this study in regard to the perception on the quality of care in private health care facilities, although in this research not enough attention has been paid to this situation in regard to volunteer initiatives and quality of services to draw any real conclusions. One NGO respondent did however mention the inability to hold on to quality personal within his organization as a problem for NGO's and volunteer organizations in general, this could be an interesting topic for further research.

*It is difficult to find human resources to do this work, especially with the proper education as is needed for the team. This is very difficult. It is for example difficult to pay people enough that they want to work here, but you do need the best talent for this kind of work (interview 8, 2015).*

Based on the results that surfaced from this study, it is fair to say that trust plays a large role in the decision of migrants to use or avoid health care facilities. However it can not necessarily be seen as a barrier for migrants, since they still have the choice to avoid facilities when they do not trust the quality of the services provided there. Trust does form a barrier for the implementation of policies aimed at increasing the role of local oriented health care facilities in order to lift the pressure on public hospitals, changing this might prove challenging for the future. Furthermore a lack of trust might limit the ability of NGO and volunteer initiatives to break other barriers experienced by migrants.

*Taboo*

Another prominent social factor that influences the health care access of migrants is taboo. Although this concept was frequently highlighted by the NGO and volunteer respondents it was not often mentioned by the migrant respondents themselves. The NGO representatives mostly mentioned taboo in relation to a lack of attention for specific health care issues, many of them considered this to be a limiting factor both for the emergence of grassroots organizations as a restriction for migrants to look for proper health care in the case of certain issues. The most frequently mentioned health care issues in this regard were STD's (especially HIV was often noted as a sensitive topic) and unwanted pregnancies. Taboo might be a general barrier but it especially poses problems for migrants as it relates back to an array of health care issues with which they are frequently faced, for instance several studies have indicated a higher risk among migrants in relation to HIV infection (Zhang et al., 2013).

One respondent spoke of the difficulties for young factory workers, particularly female workers in relation to unwanted pregnancies. The respondent explained why he thinks it is hard for these women to access appropriate health care in these cases. He also notes the lack of NGO's working in this area:

*There are some health issues, one part of this is young migrants and sexuality, young female workers get pregnant, the babies need to be adopted but not many people are working on this. There are no NGO's focused on this. Maybe some people/organizations provide education on these topics in the factories, this does not happen in the hospitals, people would also not go to the hospital in case of these issues. There are two reasons for this 1) culture, people feel ashamed when something like this happens. 2) Many of the migrants this happens to are young they need papers provided by both their parents and the factory to go to the public hospital to receive care. Such an issue would affect relations in the work area etc. These migrants therefore don't go to the public hospital but go to small clinics instead to deal with this (interview 5, 2015).*

The last point noted by the respondent can be connected to both economic and institutional barriers. Institutional since having to acquire papers to make use of health insurance directly influences the ability of migrants to make use of facilities. Additionally it can form an economic barrier, because a 'bad reputation' at work might result in the loss of one's job. The fact that these women cannot use their insurance to deal with the issue of unwanted pregnancy can subsequently lead to higher medical costs as well. The fear for economic and career implications thereby creates a clear barrier for people when trying to access health care services.

Other respondents also noted the issue of taboo:

*Lots of female workers struggle with issues such as unwanted pregnancies but this is a topic that is rarely discussed, people don't like to talk about this issue (interview 4, 2015).*

*Health and many health issues are shameful topics, there is a negative identity connected to having a disease like for example HIV, people don't want to admit this (interview 6, 2015).*

A negative identity resulting from stigma's attached to medical conditions can form a barrier for people to find help when they are confronted with such a condition. Furthermore the lack of people speaking out about these problems might also help to explain a lack of facilities and organizations focusing on this topic. It is possible that a gap in the health system appears, especially since the government is not paying much attention to these issues either (interview 4,5,6, 2015).

Interestingly enough one respondent noted that several health issues are overlooked because of taboo, however in comparison to the others he noted HIV as one of the more prominent topics, he did notice a different focus in different regions.

*Most NGO's who focus on health care are focusing on HIV, to get funding. Most of these organizations are located in Hunan and Beijing not really in the south of China. In the south they mostly have a focus on problems in the factories. These other organizations are located in Beijing because that is where the money is (interview 8, 2015).*

Connected to the issue of taboo is a lack of knowledge. People might not have enough knowledge about health care issues, because they are never really discussed. Additionally, there might also be a knowledge gap when it comes to alternative facilities or services who do focus on these issues, which connects to the arguments made by authors such as Tong (2009). Not surprisingly many of the organizations that have been interviewed as part of this research described the education of workers as one of the most important elements of their work, many of them felt that workers should be educated on these topics and that additionally they should be trained in acquiring information themselves. All these organizations were therefore very active on social media such as 'WeChat' and 'Weibo' and several of them organized trainings and workshops to get workers more acquainted with finding information on the internet. This lack of knowledge and inability to find services can be seen as a barrier.

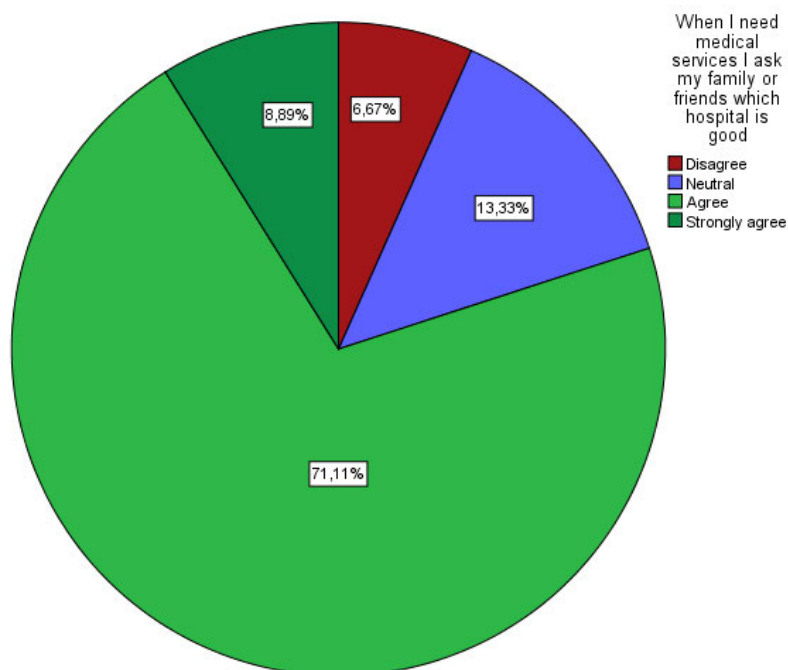
Lastly taboo can have spatial implications as well, (Zhang et al., 2013) found that most of the HIV infected migrants usually stayed in the city longer, rather than going back to their hometowns. The authors related this to both shame and the disparity between urban and rural areas when it comes to available health care facilities, the few facilities suited to aid people with HIV are all located in the city. The fact that people cannot go home for treatment forces them to find medical services in the city, immediately removing the possibility for many of them to use their health insurance, thereby creating a new possible obstacle for health care access.



### Social networks

The influence of social networks in relation to health care access among migrants has been noted by several authors (Li, Y. & Wu, S., 2010; Wang, 2010; Stephens, 2007; Smith, 1999) and was further confirmed by data collected within this research. For example the previously mentioned issue of lack of knowledge can be related back to social networks as well, because migrants might lack knowledge about facilities available in the city they are often extremely reliant on their often tight and small social networks for information about services (Li, 2013). In this regard the importance of friend and family networks was confirmed by the results of this study. A large majority stated that they would ask family and friends for advice when in need of medical services (*Table 3. Below*).

*Table 3: Statement 8: When I need medical services I ask my family or friends which hospital is good*



Another example of the influence of social networks is presented by the case of one of the respondents living in Baishizhou. She was the only one who indicated to prefer the community clinic in Baishizhou over the public hospital, this decision was related to her personal network:

*Woman in her thirties indicates she prefers the local clinic because she doesn't have to wait there because she has connections there. The doctor working in this clinic is from the same hometown. So if she has a problem like a cold she will just go there and he will help her. This goes a lot faster than going to the public hospital in Baishizhou (respondent 14, 2015).*

Social networks can be helpful but they can also be limiting and restraining (Li, Y. & Wu, S., 2010). This idea is supported by data found in this study as well, social networks can form a useful

way of bypassing barriers, for example the respondent noted above can avoid the time consuming process of waiting in line, however people who lack the connections that she possess do not have the same possibilities. Moreover social networks can help people bypass issues with insurance registration (this shall be further elaborated on in the chapters about economic and institutional barriers) as several respondents indicated to make use of the insurance card of a relative when they did not have one of their own (respondent 4 & 9, 2015).

However social networks can also be restraining people who do not have a social network or whose network is too small are not able to use their network as a tool to overcome barriers. Additionally a small network can also reinforce a limited view on the available health care facilities. For example, the bad experiences of family or friends might cause someone to avoid a certain facility even though this does not necessarily have to be a bad choice. Finally social networks can also put a lot of pressure on people especially on young migrant workers, who move to Shenzhen in order to sustain their relatives. Sometimes this pressure can result in health issues such as depression.

*Some of them have to give their wage their income to their parents to support their families I know a girl, she came to work at like fifteen just after she finished her middle school and she has three brothers, all three brothers are older than her and she is the only girl in her family she came out to work at a young age to support her three brothers to go to college. These female workers are not happy about this but they still are dedicated to their family. Because of that they are willing to sacrifice their own happiness (interview 9, 2015).*

Social networks are equally important on an institutional level, several NGO respondents indicated the necessity of having contacts within the government to get projects done or to be able to secure funding (interview 6 & 5, 2015). These networks can also be restricting in the sense that they create strong government influence on the type of projects that are organized, possibly further excluding sensitive issues from the policy agenda.

### *Conclusions*

During this research the influence of several social factors on the health care access of migrants has become apparent. However not all of these factors can be seen as barriers, for example trust in the quality of health care, even though a powerful motivation based on which people use or avoid facilities does not necessarily exclude migrants from using health care facilities. Other factors such as taboo did surface as a factor that could limit health care access, in the sense that they might form reasons not to look for medical assistance, for instance out of fear for career implications. This indicates that although taboo can be seen as a more general barrier in China, there are clear implications for migrants specifically, especially in connection to institutional and economic barriers.

For example when specific papers from the employer are needed in order to use health insurance in the case of an unwanted pregnancy (interview 5, 2015). Moreover because of the sensitivity of several health care topics they are inadequately addressed in policy, consequently resulting in a lack of services. Finally this study has shown that social networks play an important part in health care access, these networks can be both a blessing and a burden, since they can help people to bypass certain barriers while also creating new restraints. Based on the data gathered in this research it can be concluded that social factors are one of the most important factors that influences the health care access of migrants in Shenzhen, however most social factors are not specific to the migrant situation nor to the situation in Shenzhen. Social networks for instance are important to everyone, although migrants might feel the constraints of social networks more as they often have a narrower network as a result of being away from home (Smith, 1999). Social factors are usually accompanied by other influences such as economic and institutional barriers. Several of which form more direct barriers for migrants.

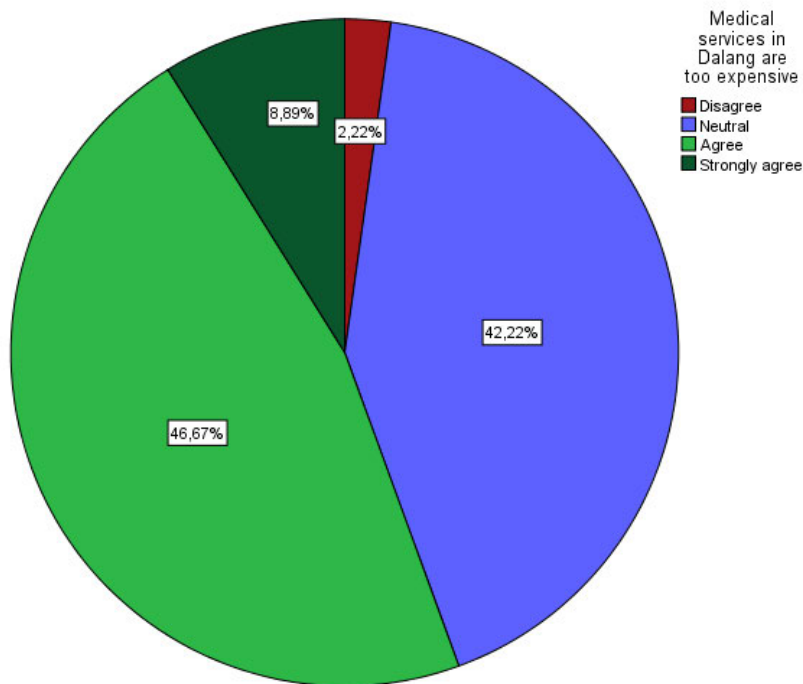
### *6.3.2 Economic barriers*

Motivations of respondents to either choose or avoid a certain medical facility usually consisted of several aspects, most frequently a social or institutional aspect in combination with an economic factor. Economic factors can easily lead to barriers, for example the inability to pay for medical services immediately excludes a person from several health care facilities. Economic barriers can be formed and reinforced by factors on either a personal (a lack of income) or an institutional level (the cost of services). Several factors from both sides have surfaced within this research.

#### *Cost, income and health insurance*

One of the most prominent and most obvious economic barriers found in this study are restrictions to health care services based on cost and income. This was immediately reflected in the results of the survey, in which a substantial amount of respondents indicated that they believed health care facilities in Dalang are too expensive. *Table 4(below)*.

Table 4: Statement 2: Medical services in Dalang are too expensive



Furthermore several of the respondents explained that they preferred the public hospital because this is cheaper than either a private hospital or a community clinic, this difference in cost can be especially troublesome for those without health insurance, such as most migrant workers.

*A woman in her forties, insured. Explains she always makes use of the facilities in Baishizhou because her insurance card is only valid in Baishizhou and public services are much cheaper with an insurance card (respondent 11, 2015).*

Based on the answers provided by respondents a strong connection between health insurance and cost could be deducted. The respondents who did not have health insurance of their own but who still stated that public services are cheaper than private ones usually had access to the insurance card of a relative, often a spouse.

*Man in his forties has lived in Shenzhen for 6 years, migrated to Shenzhen. Has no insurance but his wife does, so he can sometimes use that as well. The respondent prefers the public hospital in Nanshan over the facilities in Baishizhou, even though he feels there are enough facilities in Baishizhou just thinks the hospital in Nanshan is better. He prefers the public hospital because it's cheaper (respondent 9, 2015).*

The relation between health insurance and cost of services can in general be described as a prominent factor in gaining access to health care in China, public services are indeed cheaper with an insurance card. However the importance of having insurance as a means to reduce health care costs

makes this issue particularly significant for migrant workers, since they are often excluded from formal insurance programs because of their Hukou status (WHO report, 2010; Chan, 2009; Liang, 2001; Qiu et al., 2011). The ability to obtain health insurance is as explained before strongly connected to the Hukou system, as a result of which people are included or excluded of public welfare benefits based on their place of birth, which often leads to the exclusion of rural to urban migrants.

Obtaining health insurance is further complicated by the cost of insurance itself. Different regions within China implement different policies, with differences in cost of public services as a result. For example Shenzhen is a rather expensive area.

*The cost for social insurance in Shenzhen is very high, that is why many people buy insurance in their hometowns, you get a different insurance card depending where you're from this also determines your insurance status. It is sometime possible to have multiple cards (interview 2, 2015).*

Based on this comment the ability to obtain an insurance card outside of one's Hukou also seems to be connected to income, people are in fact able to buy insurance in a different region when they can pay for it. The implications of only having insurance in one's hometown are rather large, this means that someone either has to go home in case of illness or still has to pay the full amount of costs when using health care facilities in Shenzhen (WHO report, 2010; interview 6, 2015). Having to go home for health care needs can have far reaching implications in itself, for example people risk losing their jobs by having to leave the city. This leads to a system in which people usually do not go home but instead stop seeking medical attention altogether, or they spiral into large debts to cover medical costs in the city (Qiu et al., 2011).

The high cost of health care services without an insurance card in combination with the high cost of insurance itself can therefore be noted as an important barrier for migrants when in need of medical care.

#### *Labour and public welfare*

In addition to the *Hukou* registration system there are other ways to obtain health insurance in China, the most important one being through labour, a strong connection between labour and public welfare therefore exists (interview 5 & 6, 2015). In general companies are obliged to provide health insurance for their employees, however this system is not without flaws.

*No not everyone has social insurance. If you work for a company the company must pay private/personal insurance for its employees but this is not always done there are some exceptions (interview 2, 2015).*

*There is also a big role for the companies in this insurance system. If you have a stable job you will also have insurance which makes it easier to use facilities, if you don't have a stable job and don't have insurance you will probably go back home for health services (interview 6, 2015).*

This last quote shows that labour status can also create an important barrier in accessing health care, having a stable job will make it easier to access health care services. While a lack of such a job or the inability to work can on the other hand create problems to access medical care.

Several of the migrant respondents in Baishizhou also noted the importance of work in relation to having health care insurance, for example jobs in the public sector could provide the benefits of health insurance in comparison to a job in the private sector.

*Woman in her late forties sits in front of a small shop in Baishizhou together with her friend, her friend also indicates to be living in Baishizhou. They have both lived in Shenzhen for more than 10 years. The respondent is not insured, however she explains that: in order to get insurance you need to work in an official department. She doesn't as she owns one a clothing store in Baishizhou (the one in front of which the interview takes place). Her friend does have insurance since she works as a kindergarten teacher (respondent 2, 2015).*

Other respondents explained that they have a specific insurance card because of their job at a large company.

*Man in his late thirties, has lived in Shenzhen for 15 years he migrated to Shenzhen to work in a company/factory. The respondent makes use of the companies' health care insurance system. The health care insurance has a spending limit of 800 Yuan per year and can only be used in Public hospitals. The respondent therefore prefers public hospitals due to his insurance. He explains that he tries to avoid going to the hospital all together due to the spending limit of his insurance. He would only go there for a major issue (respondent 10, 2015).*

There are several types of health insurance that can be obtained through work. One of the NGO respondents described the following types of insurance currently available through labour, however there is a significant difference between companies as some insurances are obligatory while others are not:

*The 5 types of insurance available, companies can decide which types they provide only three are obligatory. There is also a difference between big and small companies.*

- *Pregnancy (Obliged)*
- *Health care (Obliged)*

- *Pension (Obligated)*
- *Housing funding (Not standard)*
- *Compensation when workers get fired (Not always provided)*

*(Interview 5, 2015).*

Another respondent elaborated further on this difference between big and small companies.

*The respondent gives the example of a small clothing manufacturing company he visited the week before. The company is very small and operates from a garage. The respondent only gained access to the workshop since he placed a large order earlier, he stated that it is usually very complicated to gain access to these places. During his visit the owner explained that the company did not provide for an official health care insurance, however they did make informal agreements with their employees in case of health problems (interview 6, 2015).*

Part of the issue is the relative freedom of companies to take part in insurance programs and in the implementation thereof. Compensation for several issues such as work related injuries are not obligatory (interview 7, 2015) and most of the private and informal arrangements, such as the one earlier mentioned don't give workers any guarantees for financial support in case of problems as they are often not binding.

*It is also possible to negotiate private arrangements with companies but those are not legal and are not legally binding (interview 7, 2015).*

The fact that legal foundations are often lacking in these situations of course leaves a lot of room for companies to decide if and how they will compensate, thereby creating a big risk for migrant workers who do not have a very strong position when the company does not want to pay. This has a lot of consequences for the workers as the implications of these injuries are far reaching.

*It is very hard for these workers to access health care, there are several barrier. 1) Time, it takes about 2 years for them to get their financial compensation. 2) Cost, the costs are high for them, they lose their jobs and still have to be able to pay for living costs. 3) Government, " the government treats them like a ball, keeps kicking them to other places (departments) no one takes responsibility." 4) Family, pressure of no longer being able to take care of the family (interview 7, 2015).*

According to this respondent this situation poses a real problem for migrant workers. The respondent estimates the number of work related injuries among factory workers in Fujian (where

the organization is based) to be somewhere around 10 000 per year, this number is most likely even higher in Shenzhen as Fujian is a much smaller district.

### *The powerful company*

The factors mentioned in the previous paragraph lead to a strong position for companies in the area of public welfare, which in turn leads to restrictions and barriers for migrants as they are directly limited in their ability to choose and access health care facilities. It is not just a lack of insurance but also the implementation of insurance policy in regard to obtaining financial reimbursement that leads to issues for migrants. In addition to the problems experienced by migrants when trying to claim their insurance money, companies often directly influence the ability of migrants to choose their own health care facilities. This is the result of frequent contracts and arrangements between hospitals and companies. These contacts are of course designed for the financial benefit of both hospitals and companies but create limitations for migrant workers along the way.

*(In regard to private hospitals): working with hospitals is very hard because there are a lot of agreements between private hospitals and companies. Companies try to avoid certain hospitals to avoid the law, because this will be more costly for them (interview 7, 2015).*

*(in regard to public/government hospitals): government hospitals often accuse the organization of interfering with their administrative work, but the true reason is that the hospitals want the workers to pay more, so they want to keep their patients longer. If they stay longer than it costs more (interview 7, 2015).*

The respondent continued by adding that the situation is further influenced by the strong connection and dependency of hospitals on companies.

*Also companies sometimes pressure hospitals not to let organizations such as this one in, by saying if you let them in they will not let their workers go to them anymore (because they don't want interference from NGO's). There is a lot of competition between hospitals, so this also makes it harder for the organization if companies interfere in this way (interview 7, 2015).*

Pre-arranged deals make it harder and probably sometimes even impossible for migrants to access the right health care services, or health care altogether, thereby creating clear limitations on their health care access. Additionally these arrangements complicate the work of organizations such as this one, who set out to help migrants to claim the rights they are entitled to.



### Conclusions

Economic factors form strong barriers that are both prominent and influential in limiting health care access among migrants in Shenzhen. However throughout this study it has become clear that economic factors are strongly related to other categories of barriers. It is almost impossible to separate some economic factors from these other categories. For example a lack of health care insurance among migrants creates a barrier for accessing medical services as it results in high costs for migrants, however insurance itself cannot be seen separately from institutional influences. Because of the Hukou registration it is probably even fair to say that insurance is in the first place an institutional barrier the implications of which can lead to economic consequences for migrants. The importance of institutional factors is also strongly felt in the influence posed by companies on hospitals, which again to the construction of barriers for migrants as they are no longer able to choose the hospital they want to visit due to company interference. Finally economic barriers cannot be separated from social factors either. The importance and weight of social networks surfaced as both a negative and a positive factor in regard to bypassing economic barriers. On one hand social networks can help migrants to avoid economic consequences resulting from a lack of insurance, for example by using a relatives' insurance card high costs can be avoided. However a negative implication of social networks can also be uncovered in the inability to continue to provide for one's family after suffering a work related injury. This causes a lot of pressure on migrants and can result in a loss of status back home as well. No longer being able to provide for ones' family might be seen as shameful, additionally it will also influence the possibilities of relatives. After all many factory workers move to Shenzhen to earn money to sustain relatives and to improve their chances in life.

*I know a girl, she came to work at like fifteen just after she finished her middle school and she has three brothers, all three brothers are older than her and she is the only girl in her family she came out to work at a young age to support her three brothers to go to college (interview 9 2015).*

The status of a person and a person's family might be damaged by the inability to work after such an injury has been sustained.

An additional conclusion that can be drawn from the interviews is that it is very hard for volunteer organizations and NGO's to break down economic barriers as they themselves are confronted with strict regulations and competition between institutions. Financial barriers can be found on different levels and provide difficulties for migrants both from their own side, through a lack of funds or insurance. But also from an institutional and corporate side when it comes to policy implementation and worker rights.

Given the strong connection between economic barriers and institutional barriers, which has presented itself as a reoccurring theme throughout this whole subchapter we shall move on to discuss the results related to institutional barriers in the next section.

### 6.3.3 Institutional barriers

Institutional policies and influences create some of the barriers with the furthest reaching implications for migrants in China. Institutional restrictions are additionally also one of the hardest categories of boundaries to break away from since the influence of government policies are still strongly present throughout the hierarchically organized public service system in China. The most prominent of these institutional constraints encountered by migrants is probably the *Hukou* registration system.

#### *The Hukou registration system*

The *Hukou* system is such a prominent barrier as it touches upon several aspects of society thereby creating both direct and indirect barriers for migrants. As discussed previously the *Hukou* system directly includes and excludes Chinese citizens from social services such as education and health care based on their place of birth. Subsequently this leads to severe restrictions experienced by migrant workers as they are generally not entitled to these social benefits in Shenzhen. Problems arising from the *Hukou* registration system were often directly pointed out by the NGO and volunteer respondents. The *Hukou* system in general was not discussed with the migrant respondents, they were however asked about their insurance status. Thereby making consequences of the *Hukou* system visible.

*There are a lot of problems with the Hukou registration system. Education in general is a big problem, resources are limited even for families with stable jobs it is very difficult to get their children into school. The large population is a big problem, for rural farmers these services are too expensive. They cannot buy a house. There are long waiting lists for farmers and it is very difficult to get free education of 9 years for their children (which is compulsory in general policy) but which does not happen for the farmers because they are not registered, they are on the bottom of the line/waiting list. Kids therefore often stay in the hometown with the grandparents, several documentaries on this issue. Parents work in the city (interview 3, 2015).*

This interview part shows that the inability of migrants to register in Shenzhen leads to several different problems. For one it creates barriers for migrants to gain access to public services, these barriers are not only felt by migrants themselves but also by their families. This result fits with

the large bulk of literature available on the topic. This respondent mainly spoke about education in this regard, but similar problems arise in the case of health care, for instance in relation to health care insurance.

*Insurance is based on the Hukou registration system. If you are not insured you have to pay the full amount of the expenses yourself. You can maybe compare this a little with the American system (interview 6, 2015).*

The first quote also shows an additional problem connected to the Hukou system, the inability to make use of public services leads to a situation in which families are often torn apart, this issue and its mental health implications were one of the main topics that was addressed during the mental health meeting at the Dalang Dream Center (paragraph 5.4). Parents leave their children in their hometown because the children will have no opportunities in Shenzhen due to their Hukou status. This illustrates that the Hukou system influences several aspects of Chinese society. Even though the system itself can be seen as an institutional constraint it also has several social implications. One respondent explained that there is a strong social component to the Hukou system as well, it is more than just a practical limitation or a policy regulation it is part of people's identities.

*Westerners often don't understand the implications of the registration system. They don't really understand the importance. It effects everything like career possibilities. For example the respondent has often been told by Chinese colleagues and respondents that people in Beijing are too busy with their Hukou status. They look down on people who don't have a Beijing Hukou. The registration system is part of people's identity (interview 6, 2015).*

This social component may connect to more indirect and invisible barriers such as the ones noted by several authors (Fan, 2011). Based on their Hukou people might feel discriminated. Because of discrimination migrants might have fewer chances on the labour market. Which could in turn indirectly lead to a lack of access to health care, when considering the strong connection between labour and health care.

Finally the Hukou system leads to an unequal system from which especially migrant workers have problems escaping due to a lack of capital. Although it is important to keep in mind that there are slight differences in the Hukou system in different Chinese regions. One of the respondents explained the uniqueness of the Shenzhen case in that respect.

*Shenzhen has a lot of migrant workers, different parts of China have different Hukou systems, Shenzhen is quite open in that regard. Especially for white collar workers they can get after (two years) working in Shenzhen apply for a Shenzhen Hukou registration (interview 6, 2015).*

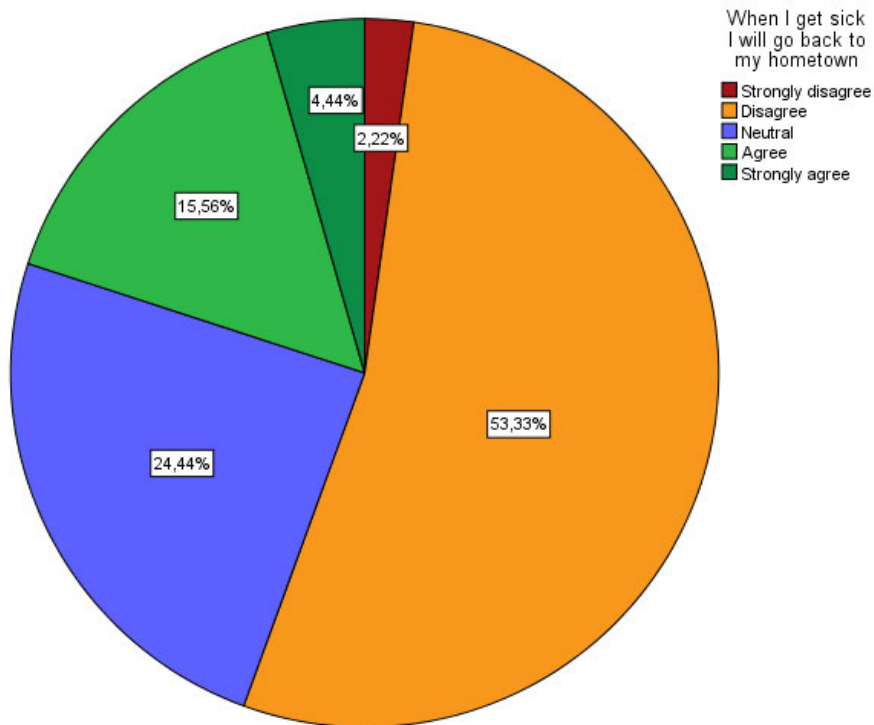
This statement does not only show the differences between regions in China it also highlights the struggle for migrant workers. It is indeed much easier for white collar workers to get their registration changed, as the easiest way to change ones Hukou is with investments and the purchase of property (Liang, 2001), a requirement that is almost impossible to fulfil for blue collar factory workers.

#### *Health care insurance*

In the case of migrant workers the inability to acquire insurance is likely to be the most prominent issue resulting from the Hukou system in relation to health care. Because of the strong connection between the Hukou system and health insurance. Because of the prominence of this problem you could argue that the insurance system itself can be seen as an institutional barrier. Many of the migrant respondents mentioned insurance as an important factor in their decision to use or avoid health care facilities. Not entirely surprising almost all of them noted insurance either as a positive reason (I go to this facility because my insurance covers the services there) or negative reason (I don't go to this facility because my insurance doesn't cover the services there) to visit a certain health care facility. The problems posed by the Hukou system in regard to obtaining insurance leads to a situation in which many people do not have insurance in Shenzhen. One could therefore assume that many people would go back home when in need of health care, this was for instance noted by several NGO respondents (interview 2 & 6, 2015). However interestingly enough that is not what was found in the survey conducted among migrants in Dalang *Table 5. (below)*

Only 20 percent of the respondents indicated that they would go back to their hometowns when in need of medical attention. Subsequently the majority stated that they would not. Since this result conflicts so clearly with other findings it would be worth looking into this further.

Table 5: Statement 13: When I get sick I will go back to my hometown



#### Health care trends

Another notable result in regard to institutional barriers is the strong government influence on health care programs implemented by NGO's and volunteer organizations. This strong government influence seems to lead to clear trends in health care issues that are addressed by these organizations. Thereby limiting the potential of these organizations to help migrants break health care barriers.

This influence seemed to be instrumental for the choices made by this organizations to address certain themes or issues. For instance there appeared to be a strong correlation between government affiliation and the type of themes and topics addressed by the organization. Mental health is one of these topics that currently receives a lot of government attention. One respondent gave several reasons for this.

*Another health care issue is the pressure for migrant workers that has resulted in people jumping of roofs. The government took notice and has started to focus more on mental health. Several NGO's work on this and this department is growing fast (interview 5, 2015).*

*Another reason for this might be that the second issue (suicide of factory workers) happened more often now. Recently there have been a lot of cases it therefore received a lot of government*

*resources due to the attention. The other part (unwanted pregnancies) has always been a problem it is a stable issue (interview 5, 2015).*

This respondent almost perfectly notes the result of shifting attentions from the government to certain health issues. The current prominence of mental health as a topic can partially be explained by such as change in focus, you could say that mental health is almost a trend in China's current health care policy. Mental health received this status partially because of the international attention given to this issue due to several high profile cases. One of the most famous examples being the notable suicides at one of the Foxconn factory complexes (Ngai, P. & Chan, J., 2013). Other health care issues might not receive this amount of international and subsequent government attention. Consequently they might become less interesting for organizations to focus on, as a result of this. Less attention also means less funding and a lesser podium for people and organizations who want to climb through government rankings. This might hamper the ability of organizations to become a way for migrants to acquire specific health care in departments where the government is lacking. If organizations keep following government trends they will provide less ways for migrants to bypass barriers existing in the governmentally organized health care system.

During the research this idea of existing trends within policy was further reinforced by the fact that all of the organizations connected to the government either through funding or cooperation on programs seemed to pay a lot of attention to mental health. Whereas the organizations that were more or less separate from the government focused on different health issues, such as work related accidents and injuries.

Connections between the government and NGO organizations can therefore present both advantages and disadvantages that could eventually contribute to the construction of barriers but even more so to the inability to provide a valuable alternative to government services to bypass limitations enforced through government policy.

### *Conclusions*

Institutional barriers play an important role in the Chinese case as the government remains a strong actor with a large influence on the area of welfare. In the previous chapter the strong position of companies has been noted, although noted as an economic barrier their influence on for example hospitals can also be seen as an institutional constraint. China's strong focus on economic growth and the large role of these companies in combination with a continued role for the strong state makes institutional barriers one of the most important ones when analysing health care barriers in China. Specific institutional policies such as the Hukou system have strong implications that are very specific for the migrant situation. Because of its wide implications on several aspects important to

health care access the Hukou registration system is probably the most influential barrier that has been found during this study. Institutional barriers are probably also the hardest barrier to overcome for migrant worker, as they possess limited options to change for example their Hukou status (Chan, 2009; Liang, 2001). This is further reinforced as the possibilities of NGO's and volunteer organizations to bypass these limitations by providing alternative services are also limited because of strong state interference. The tight connection between the government and these organizations seems to result in a lack of attention for certain health care topics. Because of this situation only few alternatives exist and finding help can therefore prove to be challenging for migrant workers. How these policies will be shaped in the future and how government and these organizations will continue to interact poses interesting questions for the future.

#### *6.3.4 Spatial barriers*

A final category of barriers is presented by spatial barriers. Spatial barriers are hard to define as they entail a lot of different restrictions, they can therefore be described and perceived in several ways. Spatial barriers can for instance be formed by a physical boundary preventing someone from gaining access to an area, but they can also be created by the lack of a physical space for people to go to. Other more invisible factors such as time can also be counted as spatial barriers (Wen, 2011), for example the amount of time it takes to travel from A to B or the time spent queuing in front of a hospital. Additionally the exclusion of specific areas because of feeling unwanted as a result of perceived and/or experienced discrimination can also be described as a spatial boundary (Fan, 2011).

#### *Willingness to travel*

At a first glance spatial barriers did not immediately stand out as a factor limiting the health care access among migrants in Shenzhen, for example none of the interviewees named distance to facilities as a reason to avoid these health care services. In contrast several respondents even indicated a willingness to travel to other neighbourhoods if they believed the services there were better or that it was convenient for them. The most important thing seemed to be whether the ratio price versus quality seemed reasonable to them.

*Woman mid-thirties goes to the public hospital in Nanshan since she went to the public hospital in Baishizhou to get a persistent cold treated and they prescribed her the wrong medicine, the medicine they gave her didn't work at all. Ever since she has preferred the hospital in Nanshan (respondent 7, 2015).*

*Man in his forties has lived in Shenzhen for 6 years, migrated to Shenzhen. Has no insurance but his wife does so can sometimes use that as well. The respondent prefers the public hospital in Nanshan over the facilities in Baishizhou, even though he feels there are enough facilities in Baishizhou just thinks the hospital in Nanshan is better (respondent 9, 2015).*

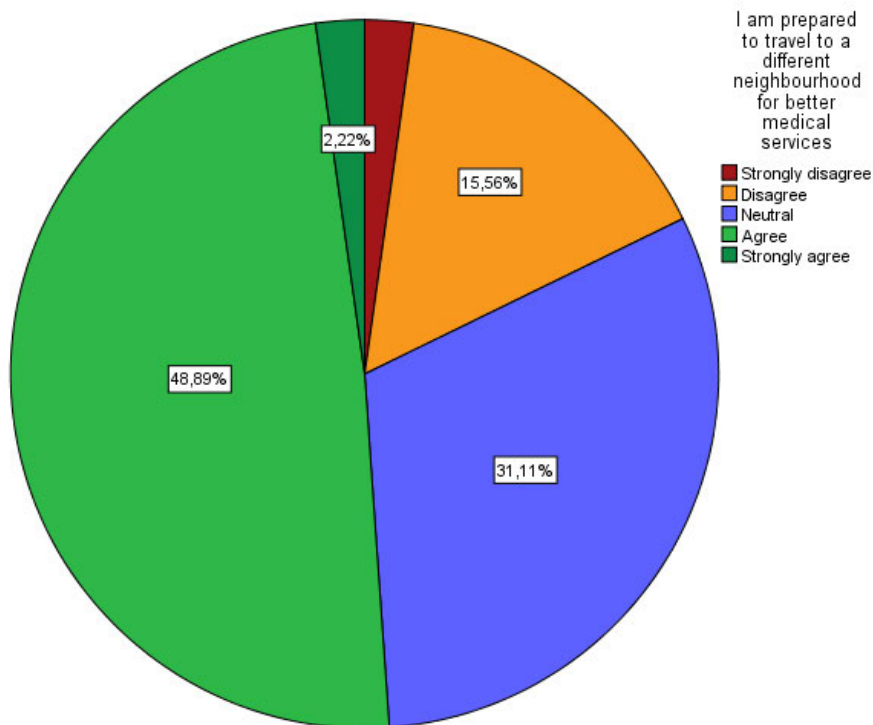
*Woman in her forties usually goes to the public hospital in Bo'an (her son also present during the interview does the same). They choose the hospital in Bo'an district because it is also very convenient as they can use their insurance card in other districts as well and because it is cheap to travel to Bo'an the bus there is only 2 Yuan (respondent 6, 2015).*

*Male in his forties only lives in Baishizhou during 2 or 3 months each year, spends the rest of the year in his hometown in Hubei province. He spends these 2 or 3 months in Shenzhen because of his grandchildren. During this time his parents are also in Shenzhen. He has his health insurance in his hometown in Hubei province. Due to the lack of insurance in Shenzhen he only makes use of larger medical facilities in Shenzhen for major problems. For example his parents have heart problems, the family visits the big hospital in Nanshan for this, but this is expensive (respondent 13, 2015).*

Similar results can be deducted from the survey only 17.8% of the respondents indicated that they were not willing to travel to different neighbourhoods to make use of health care services located elsewhere (Table 6.).



Table 6: Statement 12: I am prepared to travel to a different neighbourhood for better medical services



All of these results seem to indicate that spatial barriers are not a major factor limiting health care access among migrants, since the respondents did not seem to be confined to the facilities located in the area. This in contrast to the arguments made by some of the authors (Wu, 2010). However most people did indicate that they made use of the local facilities in their own neighbourhood, usually because this was more convenient, which indicates that space or at least distance does play a part in the choice of migrants for health care facilities, even though not fully restricting them.

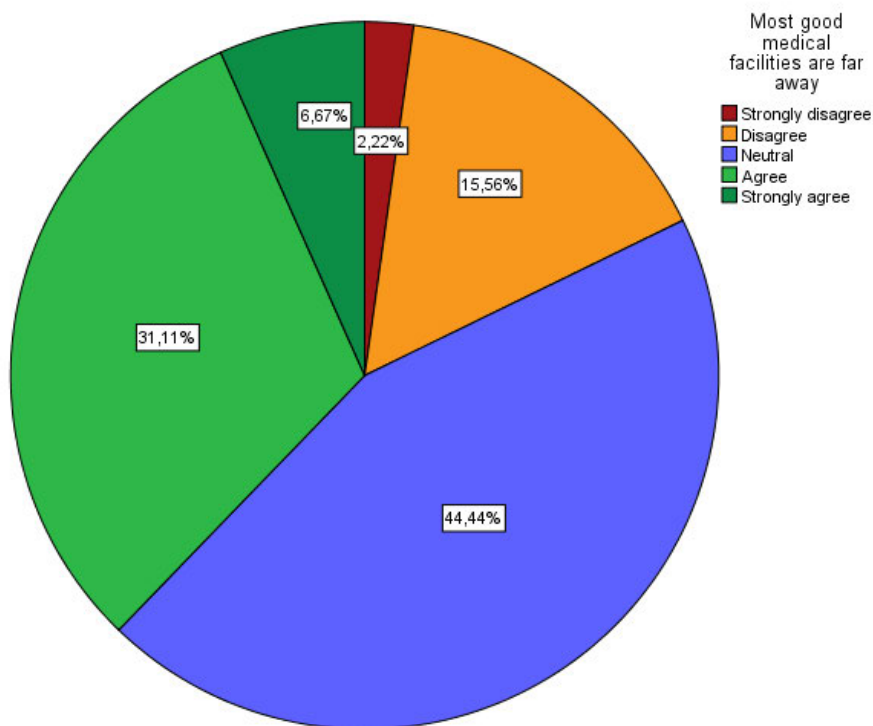
*When in need of medical care the respondent goes to the public hospital in Baishizhou because he trusts the public hospital more. However he does sometimes visit one of the community clinics in the neighbourhood because it's located nearby (respondent 1, 2015).*

The willingness to travel to other neighbourhoods that was found during this study might be connected to the perception of migrant workers on the quality of facilities in other neighbourhoods. A substantial amount of respondents believed that most quality health care facilities are far away (Table 7, below), which could indicate that there is a difference between the quality level of services between neighbourhoods, this would not be surprising if we consider the general low level of services in Dalang (INTI, 2015) where this survey was conducted. Interestingly enough several of the

respondents interviewed in Baishizhou also indicated a willingness to travel (respondents 6, 7,9,13, 2015) this is interesting as the level of public services in Baishizhou is generally seen as higher and more abundant.

The lack of quality health care facilities and the differences between neighbourhoods can form a spatial barrier (Wen, 2011), Wen argues that migrants are restricted in their access to health care because of the far away location of quality hospitals. In that regard Wen notes that most migrants simple cannot afford to lose time that they need to spend on work by travelling to far away locations.

Table 7: Statement 5: Most good medical facilities are far away



### Location

The importance of space was directly acknowledged by some of the NGO and volunteer respondents. Who indicated that having a physical space is important for migrants in order for them to be able to access services, such as the ones provided by these organizations. The lack of clear offices was in this regard mentioned as a restriction in the sense that it often makes it complicated for these organizations to reach their target groups and to get migrants involved in projects and campaigns. The fact that migrants are unable to find these organizations because a psychical space that they can visit does not exist leads can form a barrier as it restricts them from acquiring these services alternative to the ones provided by the government.

*It is very hard to find these people it is therefore important that they have a place to go to. A place is constructed in three phases 1) people are lost and don't know how to find the NGO. 2) Find people through working with other NGO's, combine and share knowledge together. 3) The final phase a space was founded in Dalang where people can go to, make it easier for them to find the organization and make use of the services provided by the NGO (interview 5, 2015).*

*The location (Dalang<sup>4</sup>) is important and was chosen for a good reason. There are a lot of people here who fit the target group. Because of them (the people) the place is what it is now. Having a place allows the organization to expand very fast, it has maybe doubled year after year. The roots of the organization in Dalang are important (interview 5, 2015).*

This lack of office space can sometimes be enhanced by the complications for NGO's who focus on government sensitive topics. A lack of office space forms in the first place an obstacle for these organizations, however it might indirectly influence the access of migrant workers as well as they have trouble finding these organizations when in need of alternative services.

#### *Health insurance as a spatial barrier*

Despite the fact that space was only mentioned a few times in the interviews a closer look at the connection between health care services and space indicates that there may be some more hidden boundaries related to this category of barriers.

This brings us back to some of the institutional barriers that have been mentioned before, most notably the way the health insurance system is constructed. One of the most striking points that surfaced is the fact that health insurance is so strictly location bound as a result of the overarching (national) Hukou registration system. However this connection to location can also be found on a more local level as insurance cards often only cover specific areas or neighbourhoods in the city. In this regard several respondents mentioned different types of insurance cards that could be acquired especially when ones Hukou is not in registered in Shenzhen. All of these cards seem to cover and be bound to different areas, the variety between these cards is large. Some cover the entire city of Shenzhen others where noted as only valid in a certain neighbourhood, for instance Baishizhou. Some respondents stated to have insurance in Shenzhen, while others have a card that is valid in both Shenzhen and their hometown (which is interesting as this should not be possible).

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<sup>4</sup> This particular organization is one of the NGO's located in the Dream Center however it is a national organization that organizes projects separately from the Dream Center and also has a strong focus on other parts of China.

Furthermore the area of coverage and the ability or inability to use facilities in different neighbourhoods can be perceived as a spatial barrier. This could lead to disparity as people who are able to obtain an insurance card that is valid in the entire city of Shenzhen are freer in their choice for health care facilities. The importance of social networks should also be noted in this regard, having relatives or acquaintances with an insurance card can help to overcome these spatial boundaries. The lack of such possibilities could be hindered by a very small social network with the same background (Li, Y. & Wu, S., 2011).

Furthermore the connections and contracts between companies and hospitals also restrict migrants in space as they tie them to certain medical facilities, thereby limiting the ability of people to travel to different neighbourhoods for health care services.

### *Conclusions*

Based on the presented results the conclusion can be drawn that space indeed plays an important factor in relation to health care access among migrants. Several spatial limitations could be noted, the fact that insurance is bound to location based on the Hukou status of a person creates significant barriers for migrants. Such barriers are on a more local level reflected in the large differences between insurance cards. The ability to travel to a different neighbourhood for better quality services is restricted for people who don't have access to certain insurance cards. This can especially be seen as a barrier since many respondents noted a willingness to travel to a different neighbourhood if the facilities there were perceived as better, many migrants however might not be able to do so. In this way the insurance system adds to inequality by limiting people in space. This inequality is also reflected in space as there seems to be a difference in quality of facilities between different neighbourhoods (INTI, 2015). It can be concluded that institutional barriers play an important role in implementing and reinforcing these barriers.



CONCLUSION & DISCUSSION

## 7 Conclusions and discussion

This thesis has set out to identify the barriers that limit the accessibility of health care for rural to urban migrants in Shenzhen. A brief conclusion in relation to the four categories of barriers has already been presented at the end of each subchapter, therefore this section will start with only a brief summary in regard to these four categories.

This study has found that the distinction between social, economic, institutional or spatial barriers can be useful for identifying health care access among migrants. However some of the factors within these categories have proven to be more specific to the migrant situation than others.

### *Social barriers:*

In this research social factors have proven to be of great influence on health care accessibility of migrants. Social factors such as trust or mistrust surfaced as one of the main motives for migrants to make use of, or avoid a specific health facility. Additionally taboo was found as a restriction in regard to specific more sensitive health care problems. However both taboo and (mis)trust might be seen as factors, instead of direct barriers since they help to influence the behaviour of people in regard to health care services, but they do not directly exclude people from care. Furthermore these factors can be seen as more general instead of specific to the migrant population. Eventually the most influential social component found in this study were social networks, as they surfaced in both negative and positive regard. Negative in the sense that a lack of connections might exclude people from care. Moreover the responsibilities and status connected to providing, or no longer being able to provide for ones' family can contribute to a stressful situation for many migrant workers. However the role of social networks can also prove to be positive, these networks were the strongest tool found in this study to bypass limitations, usually in the sense that they helped people to access health insurance that they were not officially entitled to because of their Hukou status.

### *Economic barriers:*

Several economic factors seem to form important restrictions for migrant workers when in need of medical care, both cost of services and the income of migrant workers surfaced as influential factors in regard to migrants choices for health care facilities. These factors in combination with a strong connection between labour and health care. Certain jobs entitle people to certain benefits while others do not, this can create significant barriers for migrant workers when in need of medical care. Additionally it became clear that economic factors are also created on an institutional level. The

agreements between companies and hospitals, both increases the cost of health care for migrants and limits the choices migrants have in regard to health care facilities. These restrictions can therefore be seen as direct barriers.

#### *Institutional barriers*

The previously mentioned economic factors cannot be viewed separately from institutional factors. The most prominent barrier found in that regard is the Hukou registration system, by excluding migrant workers from urban benefits such as health insurance migrants are directly excluded from health care services, while the costs of health care are much higher without insurance. The Hukou system influences the life of migrant workers drastically and forms probably the strongest barrier for migrants in regard to health care. However this research has also showed that social networks might help to overcome these barriers. Finally the Hukou system can be seen as the factor that is most specific to the migrant situation.

#### *Spatial barriers*

The effect of space on health care accessibility was the toughest to find during this research, however this does not mean that space is not an important factor. This study has found that due to the strong link between location and health insurance, the insurance system itself becomes a spatial barrier. In respect to this a wide variety of health insurance types was noted by respondents some of which allowed migrants to travel to different neighbourhoods in order to access suitable health care, while others restricted respondents to specific neighbourhoods and areas. The geographical location and available services limits these choices further. Migrants living in Baishizhou can leave the area more easily than migrants living in a faraway neighbourhood such as Dalang. Geographical disparity can lead to clear barriers limiting the health care access of migrants, since this has not been done in this research it would be interesting to compare these two neighbourhoods more thoroughly to analyse these differences more specifically. Furthermore the lack of space was noted by several organizations as a restriction for migrants to access services alternative to the ones provided by the government.

#### *Institutional and individual characteristics*

In addition to the four categories of barriers a distinction between individual and institutional characteristics has also been made in this study. During this research it became clear that this dichotomy might work on a theoretical level, however in reality the situation is much more complicated for institutional characteristics are often reflected in individual characteristics. For Example the Hukou system might be an institutional constraint, but it relates to individual

characteristics since it is strongly connected to concepts such as status and identity (interview 6, 2015). Status might in turn lead to new limiting factors such as discrimination (Fan, 2011; Wen, M. & Wang, G., 2009), which could eventually cumulate in the construction of barriers. This also works the other way around since institutional policy is often influenced by every day factors and perceptions. The best example being the importance of taboo in regard to specific health care topics. The taboo on certain health care topics might make these topics less appealing to the government to focus on. In that regard the government agenda concerning these policies is partially based on a moral idea in society about health issues. The combination of general ideas in society about health care, in addition to government policies, and the specific situation of migrant workers makes it difficult to completely use an individual versus institutional approach when analysing health care issues among Chinese migrants.

Now that an overview of some of the main findings in regard to research structure and barriers has been presented, the next section will connect some of the more eye-catching results to the literature, thereby also noting several key-points for additional research.

### **7.1 Health care access in Shenzhen, a specific case?**

During this research several factors limiting the health care access among migrants have been noted. Some of these factors are in line with the available literature on the topic, for example the strong influence of the Hukou system on the ability of migrants to obtain access to health care (WHO report, 2010; Bach, 2010; Chan, 2009; Liang, 2001). Within this research the Hukou system was also found to be one of the most influential factors limiting the health care access of migrants. The Hukou registration system limits the access of migrants both directly and indirectly, since this system influences the choices and possibilities of migrants on a daily basis. The influence of the system can be felt on varying aspects of everyday life, as the Hukou system also entails a strong social component (Interview 6, 2015). The system forms a direct barrier by excluding migrants based on their status. However it can also lead to indirect barriers when migrants are for example forced to resort to other solutions of obtaining access to health care, such as using other peoples insurance cards or self-medicate (Wen, 2011).

Furthermore informal practices such as the usage of other peoples insurance cards highlights the important double role played by social networks, in this way these networks form a useful tool for migrants to bypass barriers. However they can also form barriers themselves, especially in the case of migrants who are often part of small, locally oriented networks. In respect to this Li & Wu (2010) indicates that tight knit family based networks are mainly useful for emotional support, they



are less useful for instance for gaining additional knowledge about facilities, as people within a small network usually possess the same knowledge as a result of their similar backgrounds.

In comparison to previously mentioned findings some other results are in clear contrast with the literature, for example only 20 % of the respondents who took part in the survey stated that they would go to their hometown when in need of medical services. This is interesting when considering the research by Qiu et al. (2011) who found that 54,3% of migrants included in their study visited out of county hospitals. This can either mean that the other half does go home in case of illness, or they must have found another way of gaining access to designated hospitals in the city. This could be an interesting focus point for further research.

The fact that only so few migrants in this study indicated that they would go home to access health care, is also in conflict with the results from some of the interviews with NGO representatives, several of whom noted the fact that people would go home in case of illness (Interview 2, 6, 2015). Both of these respondents did not have a migrant background and it might be worth looking in to this difference in future research, as it can indicate an institutional perception on the everyday experience of migrants that does not match the reality.

Finally throughout this research a distinction could be made between more general barriers such as taboo, and barriers more specific to the migrant situation such as the Hukou system. Since this study only focused on migrants, few conclusions can be drawn about the impact of certain barriers on other groups. It would therefore be interesting to compare the situation of migrants more specifically to that of other groups in society. A comparative research in that regard would be especially useful, in order to see whether the newly adopted strategies (Tong, 2009; Wang, 2011; APARC, 2015) to improve health care accessibility are also able to include migrant workers more, or whether they are mainly addressing the more general barriers, thereby still excluding migrant workers.

## **7.2 The role of NGO's and volunteer organization in lifting barriers**

Within this thesis attention has also been given to the ability of NGO's to lift barriers for migrant workers when trying to access health care services. This study has found that this role is rather limited in its current form, due to the strict control and government regulations these organizations are subjected to, which severely limit the possibilities they have for fulfilling health care demands separately from the government (Hsu, 2014). The heavy tendencies within these organizations to concentrate on certain themes or projects in order to get government funding and support are a good example of this. In this regard the results from this research fits with the general line found in the literature, the ability of NGO's to lift barriers is currently limited, however not completely

hopeless (Hsu, 2014; Tang, 2015; Chang, 15; Kaufman, 2010). An example of the ability of NGO's is provided by Kaufman (2010) who argues that NGO's have played a large role in starting campaigns for previously often overlooked or ignored topics such as HIV/AIDS. Within this research mental health served as a topic that currently receives a lot of government attention (interview 5, 2015), although this might lead to over focus of NGO's on mental health issues especially in comparison to other health problems, this does not mean that the work done in this area is not substantial or useful. However overall NGO's and volunteer organizations do not (yet) seem to provide an alternative to government services in the area of health care. This can partially be connected to the fact that the NGO sector struggles with a 'bad reputation', which could in combination with a lack of knowledge about these services lead to underuse of these alternatives (Tong, 2009). However within this study indicators have been found that this 'bad reputation' might be rooted in an actual lack of quality of services (interview 2, 2015). If this is truly the case this might be a challenge for the increasing role of NGO's in the future.

Finally several authors such as Kaufman (2010) see a great potential for NGO's when it comes to taking over some government activities in the public sector, interestingly enough several NGO respondents themselves were rather critical about the future role of NGO's. They stated that new government policies actually make it harder for organizations to increase their role (Interview 3,7,8, 2015). This contrast could also be an interesting topic for further research.

### 7.3 Invisible boundaries in the city

In order to answer the main research question posed in this thesis a final conclusion should be drawn:

*Which barriers are limiting migrants' access to health care in Shenzhen, and do these barriers contribute to the creation of invisible boundaries within the city?*

Probably the most important conclusion based on the results of this research is the fact, that there is no such thing as one single barrier that limits the health care access of migrants in Shenzhen, or in China. It is rather a combination of factors that can compromise the accessibility of health care services. A complicated interplay between 'possibly limiting factors' can eventually construct actual barriers, I have noted these factors as 'possibly' limiting because many of these factors such as trust or taboo, are part of every society and do not necessarily obstruct the ability of migrants specifically to access health care, however often a combination of factors does restrict people in their everyday lives. This combination of factors is also of influence when migrants are trying to overcome barriers. For example even strong direct barriers such as the lack of an insurance card might be overcome by

some people who have a relative or friend with an insurance card, however they might form real barriers for others if they for instance, lack a strong social network on top of their inability to obtain health insurance. Though useful for research it is therefore impossible to completely separate different factors when assessing the struggles faced by migrants. You could for instance argue that factors such as taboo and trust are more mental or symbolic restrictions at first, but that they can become an actual barrier as they result in people not finding health care facilities that suit their needs. The fact that not one factor but rather a complicated web of influences limit can lead to limited health care access among migrants, makes these barriers truly invisible. There seem to be clear restrictions and knowledge about which health care facilities to use or which places to avoid, based on factors that are often a part of everyday life, and that do not necessarily have to become limitations by themselves. Although these limitations are often invisible for an outside viewer they do constraint people in their everyday lives. Reality is that many migrants in Shenzhen do experience difficulties in accessing medical services. These limiting factors do not become visible in every case since mostly an individually specific combination of encountered obstacles in relation to possibilities to overcome them leads to actual limited access to health care. This combination of individually shaping conditions is further reinforced by the strong influence of both state and companies, which makes China and more specifically Shenzhen an interesting case for research. This interplay between factors would be worth looking into more, as China's urban development continues.

#### 7.4 Reflection

This research has proved to be a very positive and valuable experience, even though it was also challenging at times. As a researcher I was confronted with several barriers myself when trying to explore the issue of health care barriers for migrant workers in China. The largest barriers encountered during the research where the language barrier and the sensitivity of the topic. It was sometimes difficult that, due to my target group almost no interviews could be conducted in English, I was therefore very dependent on translators, which leads to the danger of information getting lost in translation. The inability to speak to my respondents directly also made it more complicated to pick up on sensitivities and adjust questions during the interviews. Despite these complications I have been very fortunate with my translators, who helped me a lot and who's patience and ability to ask the right questions has made it possible to gather valuable data on this topic. The other main restraint I encountered was the sensibility of the topic health care this made it difficult to find people who wanted to talk to me and to get the right information out of them. For example some organizations I got referred to by earlier respondents did not want to meet me or talk to me, due to the sensitivity of their topics. Sadly this excluded some organizations that would have been very

interesting from the research. Additionally it took me quite some time to make contacts, which put some time pressure on the research as the fieldwork itself only lasted seven weeks. Therefore I feel that more time spend on this subject could lead to more in-depth information as it is clear that time is needed to establish a relationship based on trust, which is needed to get to the core of such a sensitive issue as health care.

However despite these difficulties the research has proved to be a very positive experience and after some adjustments results could still be found. I enjoyed working in a field that is so very much in transition, since both the health care system and the approach towards volunteer organizations and NGO's are subject to government attention and resulting changes and experiments. Shenzhen and China provide an interesting case to research this topic, and I feel much can still be done and improved in this field. One of the best parts of this research experience has been the fact that I got to meet and work with several interesting people who are very aware of the changes and who really hope to contribute to an improvement in the situation of migrant workers. Their dedication has been inspirational throughout the whole experience, and their willingness to explain their work and motivations has helped me tremendously. I want to end by saying that this research unintentionally has resulted in more questions than answers. This is partially due to the difficulties encountered in the process but can also be attributed to the rapidly changing policy landscape in China and especially Shenzhen. I hope that by posing these questions this research can be of value in pointing out some of the difficulties and conflicts of a changing social system in China. I therefore very much hope that this topic will be further explored in the future.

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**Appendix A:***Overview of interviewed NGO's and volunteer organizations*

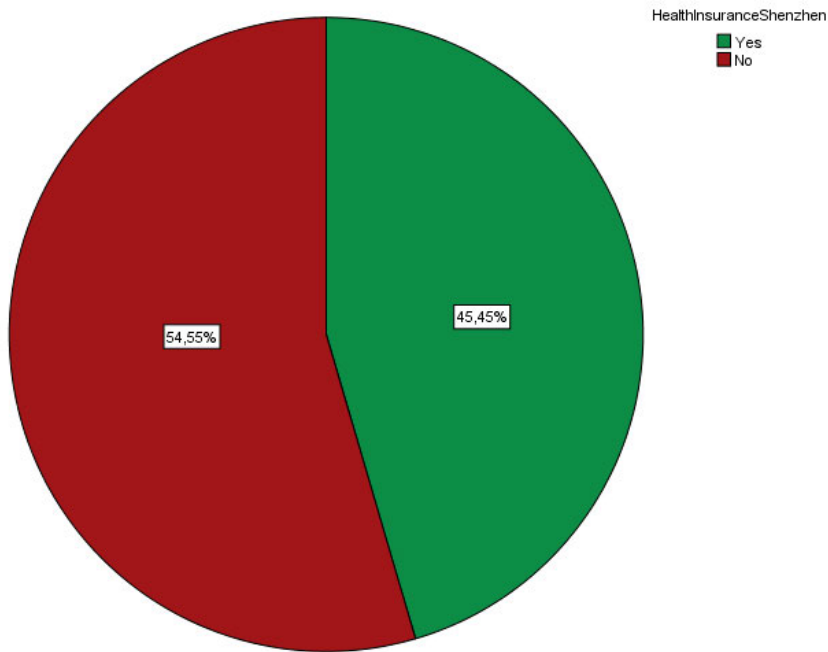
Organization	Main focus	Location	Registration status
1.	Wide ranges of activities aimed at young migrant workers	Dalang	Government affiliated
2.	Implementing new community based health care policies	Futian	Government affiliated
3.	Labour	Longhua	Registered as company
4.	Youth development	Dalang	Government affiliated
5.	Education for migrant workers, wide array of topics including health care.	Dalang	Government affiliated
6.	Work related injuries, labour	Fujian (province)	Independent
7.	Labour, including a mental health hot line for migrant workers	Bo'an	Registered as company
8.	Female migrant worker rights	OCT	Independent, affiliated to Oxfam



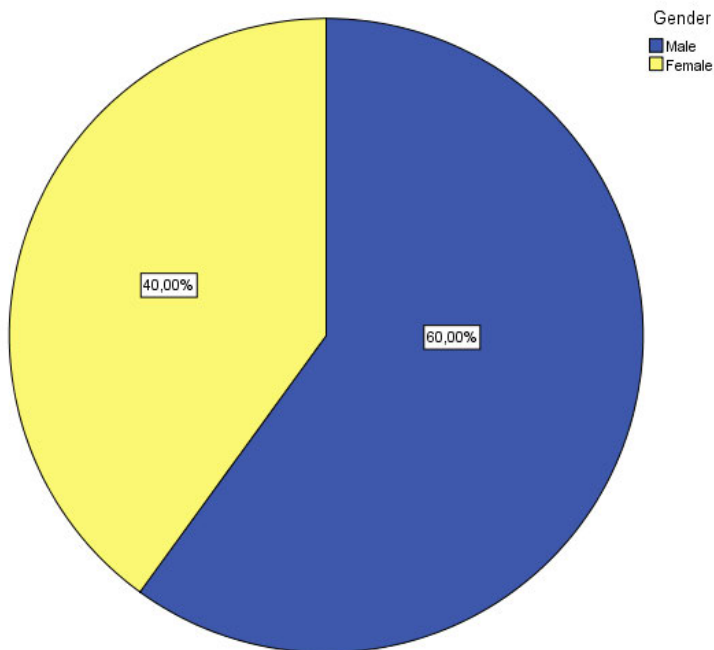
**Appendix B:**

*Background profile of survey participants: gender, age and time of residence in Dalang and health care insurance.*

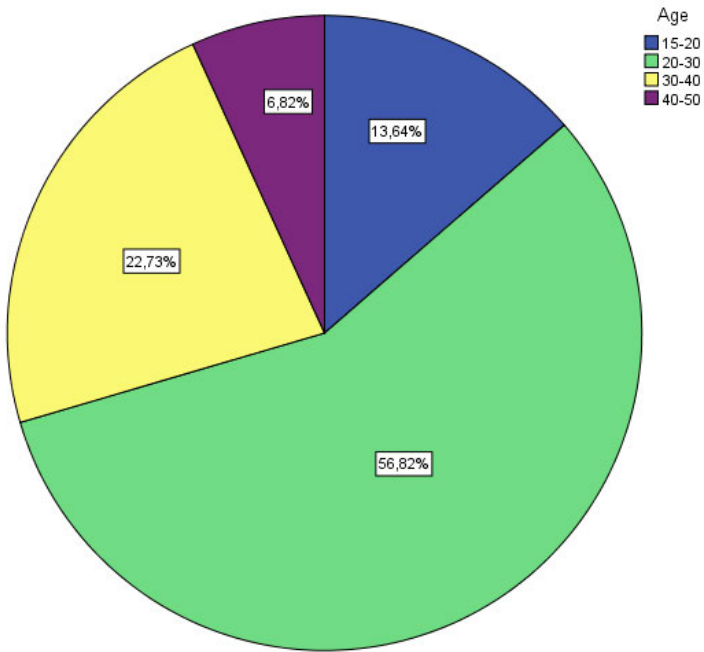
**Health insurance**



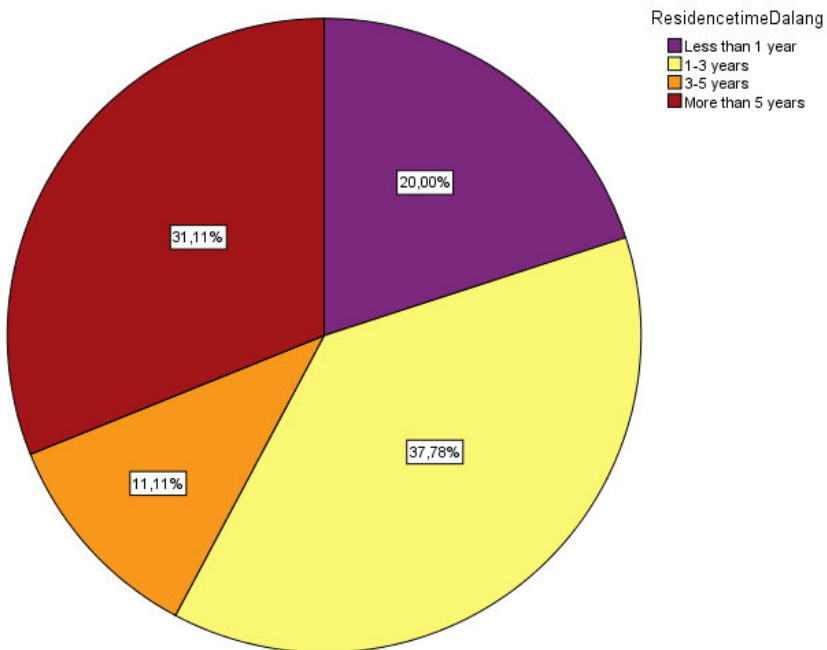
**Gender**



Age



Time of residence in Dalang



**Appendix C:****Topic list street interviews***Background:*

- Age
- Sex
- Do you live in Baishizhou?
- How long have you lived in Baishizhou?
- Where are you from?
- What is your occupation?
- Time living in Shenzhen?
- Do you have health insurance in Shenzhen?

*Medical facilities and neighbourhood characteristics:*

- Personal experiences with health care facilities in Baishizhou?
- Which of the local health care facilities in Baishizhou do you use when in need of health care?
- Why do you go to these specific facilities?
- Why don't you want to go to any of the other facilities?
- In which case (type of medical issue) do you use which facility?
- Are you in general satisfied with the amount and quality of health care facilities in Baishizhou?
- Are you happy with the cost of medical services in Dalang?

**Factors:**

- What are your main reasons to use or avoid certain health care facilities in Baishizhou?
- Do you use your health insurance when you visit a medical facility?

Additional note: although these topics were covered in all the conducted street interviews, the eventual structure and outcomes of the interviews differs per respondent, as follow up questions were asked when respondents noted specific facilities or practices. Furthermore the order in which these topics were covered also differed based on the general flow of the conversation.

## **Appendix D:**

### **Topic list NGO interviews**

#### *Personal background:*

- Name
- Age
- Gender
- Time living in Shenzhen (personal background)
- Time working for the organization
- Motivation to work in this field

#### *Background organization:*

- Can you explain the name of the organization?
- What is the main focus of the organization and why is this necessary?
- How is the organization structured?
- How is the organization funded?
- Does the organization cooperate with the government and if so how and why?

#### *Specific problems for migrants:*

- Why does the organization focus on migrant workers
- What are the main struggles for migrant workers?
- What are the most important barriers/obstacles for migrant workers in regard to accessing public services such as health care?
- What does the organization try to improve in regard to the migrant situation and why does the organization focus on this specific issue?
- What kind of migrant workers (age, gender etc.) does the organization serve and why?
- How does the organization try to reach migrant workers?
- Why do you think there are so few organizations focusing on health care for migrants?

#### *NGO's in china:*

- Why do you think there are so many NGO's in Shenzhen?
- Do you think it is becoming easier for NGO's to work on migrant related problems?

- What are your hopes and goals for the future?

Additional note: this topic list was used as a starting point for all semi-structured interviews and all topics were covered during the meetings with NGO representatives. However several follow-up questions were asked and because of the length of the interviews and the difference between types of organizations included the eventual structure and outcome of these individual interviews differs significantly. Resulting in the fact that during every interview more topics were discussed than the ones presented above.

## Appendix E:

### *Survey English*

This questionnaire is designed to assess which Health care facilities in Dalang neighbourhood are frequently used by people living in the neighbourhood. This study is part of a thesis research project of the university of Amsterdam. All answers are anonymous and the results will only be used as part of this thesis project.

#### Instructions

Every question must be answered. Please colour the box with the answer you want to give. Some of the questions are open, you are free to provide your own answer to these questions.

#### 1. Background

##### *1.1 Gender*

Male      Female

##### *1.2 How old are you?*

15-20    20-30    30-40    40-50    older than 50

##### *1.3 For how long have you lived in Dalang neighbourhood?*

Less than a year    1-3 years    3-5 years    more than 5 years

##### *1.4 Family composition*

Single    Married    Married with Children    Other

##### *1.5 Do you have Health insurance in Shenzhen?*

Yes      No

1.6 I was born in Shenzhen?

Yes      No

Health care facilities

In this part you are asked to indicate how much you agree or disagree with the following statements. Each answer shows how strongly you agree or disagree with a statement. The numbers have the following meanings 1) strongly disagree 2) disagree 3) neutral 4) agree 5) strongly agree.

2.1 There are a lot of health care facilities available in Dalang neighbourhood

Strongly disagree    disagree    neutral    agree    strongly agree

2.2 Medical services in Dalang are too expensive

Strongly disagree    disagree    neutral    agree    strongly agree

2.3 You have to wait in line for a long time when you go to a hospital

Strongly disagree    disagree    neutral    agree    strongly agree

2.4 Doctors working in a hospital are better than doctors working in a community clinic

Strongly disagree    disagree    neutral    agree    strongly agree

2.5 Most good medical facilities are far away

Strongly disagree   disagree   neutral   agree   strongly agree

*2.6 Doctors working in community clinics cannot be trusted*

Strongly disagree   disagree   neutral   agree   strongly agree

*2.7 Other neighbourhoods have better medical facilities*

Strongly disagree   disagree   neutral   agree   strongly agree

*2.8 When I need medical services I ask my family or friends which hospital is good*

Strongly disagree   disagree   neutral   agree   strongly agree

*2.9 I would go to a community clinic if they had better doctors*

Strongly disagree   disagree   neutral   agree   strongly agree

*2.10 Traditional (Chinese) medicine works best when you are sick*

Strongly disagree   disagree   neutral   agree   strongly agree

*2.11 I feel I have enough information about health care facilities*



Strongly disagree   disagree   neutral   agree   strongly agree

*2.12 I am prepared to travel to a different neighbourhood for better medical services*

Strongly disagree   disagree   neutral   agree   strongly agree

*2.14 When I get sick I will go back to my hometown*

Strongly disagree   disagree   neutral   agree   strongly agree

*2.15 Money is my main reason not to go to a medical facility*

Strongly disagree   disagree   neutral   agree   strongly agree

**Appendix F:****Survey Chinese**

## 关于大浪医疗设备的调查问卷

该问卷目的是调查大浪社区人们经常使用的医疗服务场所的具体情况。此次问卷用于阿姆斯特丹大学毕业论文调研，所有结果将采取不记名形式，请放心填写！

说明:

请回答下面所有问题并将您的答案选项涂黑。部分问题为开放式问题，答案因人而异

1. 背景

## 1.1 性别:

男      女

## 1.2 请问你的年龄是?

15-20   20-30   30-40   40-50   50 以上

## 1.3 你住在大浪多久了?

少于一年      一至三年      三至五年      五年以上

## 1.4 家庭情况

单身      已婚      有子女      其他

## 1.5 你在深圳有医疗保险吗?

是      否

1.6 你是否出生在深圳？

是      否

## 2. 医疗设备/场所

以下是观点意见题，数字代表不同的意见：“1”代表非常反对；“2”代表反对；“3”代表中立；“4”代表同意；“5”代表非常同意。请在方框中填入相应数字。

2.1 大浪有很多医疗设施/场所

非常反对	反对	中立	同意	非常同意
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.2 大浪的医疗服务太贵了

非常反对	反对	中立	同意	非常同意
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3 去医院看病要排长队

非常反对	反对	中立	同意	非常同意
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.4 医院里的医生比社区诊所的医生要好

非常反对	反对	中立	同意	非常同意
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.5 很多医疗场所都很远

非常反对	反对	中立	同意	非常同意
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.6 社区诊所的医生不可信

非常反对	反对	中立	同意	非常同意
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.7 其他社区（大浪之外）的医疗设施/场所更好

非常反对      反对      中立      同意      非常同意

2.8 当我需要去看病时我会问问朋友哪家医院比较好

非常反对      反对      中立      同意      非常同意

2.9 如果社区诊所所有更好的医生我会选择去那里看病

非常反对      反对      中立      同意      非常同意

2.10 相信传统中医治病最有效

非常反对      反对      中立      同意      非常同意

2.11 我觉得我掌握了足够的医疗设施/场所的信息

非常反对      反对      中立      同意      非常同意

2.12 为了得到更好的医疗服务，我愿意到别的社区去就医。

非常反对      反对      中立      同意      非常同意

2.13 如果我生病了，我会回老家看医生

非常反对      反对      中立      同意      非常同意

2.14 去不去医院或诊所看病，钱是主要影响因素

非常反对      反对      中立      同意      非常同意

2.15 相比其他医疗场所，我更相信传统中医

非常反对      反对      中立      同意      非常同意