

# **A Longitudinal Study of Migration and Health**

*Empirical Evidence from Thailand and its Implications*

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Migration and Health in China

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# Introduction to Working Papers on Migration and Health in China

This paper is part of a series of outputs from the research project on Migration and Health in China.

China is confronted by major challenges posed by the massive population movement over the past three decades. In 2009, approximately 230 million rural inhabitants moved temporarily or permanently to cities in search of employment and better livelihoods. Such large-scale mobility has huge implications for the pattern and transmission of diseases; for China's health care system and related policies; and for health of the Chinese population in both receiving and sending areas. The health and social issues associated with population movement on such an unprecedented scale have been inadequately addressed by public policy and largely neglected by researchers. Based on interdisciplinary research across the health, social science and policy fields, this project constitutes a major effort to fill research and policy gaps. Collectively, the papers and commentaries in this series aim to provide a comprehensive assessment of the health and public policy implications of rural to urban migration in China, to inform policy and to identify future research directions.

This project is a collaboration between UNRISD and the Center for Migrant Health Policy, Sun Yat-sen University, Guangzhou, China, and funded by the China Medical Board.

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## Acronyms

|               |  |
|---------------|--|
| <b>ASEAN</b>  | Association of Southeast Asian Nations           |
| <b>CHARLS</b> | Chinese Health and Retirement Longitudinal Study |
| <b>CLHLS</b>  | Chinese Longitudinal Healthy Longevity Survey    |
| <b>IPSR</b>   | Institute for Population and Social Research     |
| <b>KDSS</b>   | Kanchanaburi Demographic Surveillance System     |
| <b>MCS</b>    | Mental Components Summary Scale                  |
| <b>NIH</b>    | National Institutes of Health                    |
| <b>PCS</b>    | Physical Components Summary Scale                |
| <b>URBMI</b>  | Urban Resident Basic Medical Insurance           |

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## **Abstract**

Using longitudinal data and analysis from 2005 to 2009, this study aims to examine the complex relationship between rural-urban migration and health in Thailand. Measured by Physical and Mental Component Summary Scales from the Short Form (SF-36) Health Survey, the physical and mental health of respondents was assessed and tracked over this five-year period with regard to migration status and relevant socio-demographic characteristics. A total of 2,397 individuals of prime migration age (between the ages of 15 and 29) in 2005 are included in this analysis. The study finds that rural-urban migration in Thailand depended on the individual's health. The likelihood of migrating from a rural origin to an urban destination was higher for those who had better physical health but poorer mental health. Compared to residents in urban destinations, migrants were, on average, physically and mentally healthier upon arrival, or up to two years after migrating. Their health, nevertheless, deteriorated within two to four years after migration. By using multilevel modelling, migration was found to affect an individual's physical health positively in the short-run, but negatively in the long run. Migration impacts on mental health were similar, but weak, and insignificant when controlled by other factors. Based on empirical findings from Thailand, the applicability of a longitudinal design for migration and health studies in different contexts of developing countries is discussed. China in particular—as the fastest growing economy in the developing world and a country that is currently facing a huge flow of domestic rural-urban migration—is considered in the discussion.

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Keywords: migration, health, longitudinal study, Thailand, China

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