



Coming Home

*The Return of Migrant Workers with Illness
or Work-Related Injuries in China's Hubei
and Sichuan Provinces*

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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.

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Contents

Abstract/Summary	iii
Acknowledgements	ii
Introduction	1
Understanding the Impacts of Return Migration on Ill Health in China:	
The Analytical Framework	2
Data and Methods	3
Household surveys	3
In-depth interviews	3
Sample selection and size	4
Results	4
Coming home with illness/injury	5
Characteristics of ReMIs	5
Reasons for coming home: Types of illness/work-related injury	5
Medical treatment	6
On-site emergency treatment	6
Searching continuously for treatment	6
High medical treatment costs	8
Meeting the costs	9
Meeting the costs for emergency on-site treatment	9
Reimbursement through the New Cooperative Medical Scheme	10
The Medical Financial Assistance scheme: Coverage and assistance	11
Borrowing accounted for half of medical costs	11
Minimum Living Security Scheme: Very low coverage	12
The burden on rural families	12
ReMI households with other members with severe health problems	12
Shortage of labour and multiple dependants within the household	13
Average debt of 20,000 yuan	13
Mental disorders	14
Changes in household livelihoods	14
Migrated again as labourers	15
Working in small local businesses and farming at home	16
Light farming activities at home	16
Primarily dependent on others for production	17
Disabled and completely dependent on others	17
Discussion and Conclusions	18
References	21

Tables

Table 1. Migrants' ill health: A continuum	2
Table 2. Descriptive indicators for ReMIs in this study	5
Table 3. Number of days ReMIs received in-patient treatment and amount spent	8
Table 4. Formal sources of reimbursement received	9
Table 5. Percentage distribution of households with different health conditions	15
Table 6. Percentage distribution of ReMI households by types of work abilities	15

Acronyms

MFA	Medical Financial Assistance
NCMS	New Cooperative Medical Scheme
ReMI	Return migrant with major illness/work-related injuries

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Abstract/Summary

It is widely recognized that rural-urban migration has complex health effects. Employing a dataset from a POVILL project that uses a two-stage approach (involving household surveys and in-depth interviews) in four counties of rural China, this paper focuses on return migrants with serious illness/injuries to investigate the socioeconomic impact of return migration on rural households. Using POVILL survey data, 2,600 of 12,000 households sampled had at least one member who suffered from a major illness/injury, and around 4 per cent (or 477 households) had members who had migrated to cities but returned due to serious illness/injury. Six hundred of the 2,600 households were randomly chosen for in-depth interviews, of which 110 households were identified as having return migrants with major illness/work-related injuries (ReMIs). These households form the sample for this paper. About 80 per cent of the members of these households received in-patient hospital treatment and, because assistance from formal health care schemes was extremely limited, they had to rely on savings and loans from friends and relatives to pay for medical treatment and daily living expenses. Only about 30 per cent were able return to migrant work; 23 per cent either farmed or engaged in small businesses; 15 per cent could do only light work; 24 per cent lost productivity and became dependent on other, often elderly, family members; and 8 per cent died. These findings have significant implications for understanding the present flows of migrant labour, the implications of migrant health for rural livelihoods, and the consequences of the administrative divide between rural and urban areas for health and social protection. It thus suggests important areas for policy consideration that would affect both migrant and rural populations.

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