

Lund University
Centre for East and South-East Asian Studies
Masters Programme in Asian Studies
East Asian Track
Fall Semester, 2006

**ACHIEVEMENTS AND CHALLENGES OF THE RURAL
MIGRANT WORKERS IN ACCESS TO HEALTHCARE
SERVICE IN URBAN CHINA**

—A CASE OF NANJING

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Acknowledgement

I would like to take this opportunity to express my gratitude to the people who have done great contribution to my thesis paper.

I thank to all my informants and respondents who provide valuable information for my field research, although their names can not be listed for protecting anonymity.

I am thankful to my best friends Xie Bo and Yang Fan who give me great help in the whole interview work.

I also appreciate Marina's inspiring talks with me and all she has done for our classmates.

I am grateful to my excellent supervisor Anne for her professional guidance and inspirational suggestions. It is her timely encouragement and comments that sustain my confidence on the research.

In particular, my gratitude goes to my dear parents for their financing my studies at Lund University and Fudan University, as well as their persistent support and understanding for me.

Abstract

Since China's economic reform in 1979, millions of rural migrant workers have moved into urban areas attracted by the booming economy. Due to socio-economic, institutional and historical reasons, these migrant workers become urban underclass and engage in dangerous, dirty and difficult jobs. Meanwhile, they suffer from discrimination in almost every aspect of city lives. Lacking of knowledge in healthcare and due to less access to urban healthcare service, the migrants are vulnerable to health problems. However, the government has acted by improving the treatment of the migrant workers and launched series of regulations. The purpose of this thesis paper is to explore the achievements and challenges of the rural migrant workers in access to urban healthcare service, taking Nanjing as an example. Based on the content analysis of relative regulations and the legislations as well as the data collection from the interview with the respondents of the Rural Migrant Health School, and the migrant workers, several factors that influence the migrants' health status and their access to urban healthcare service are highlighted. As a result, there is a summary of the achievements and the challenges of the rural migrant workers in access to healthcare service in urban China. There are also possible solutions given at the end of the paper.

Key Words: The Hukou System; Discrimination; Rural Migrant Workers; Health; Healthcare Service

Contents

1. Introduction	1
1.1 The Origin of the Research Problem.....	1
1.2 China's Rural to Urban Migration	1
1.3 The Hukou System and Discrimination Concerned.....	2
1.4 The Overview of Unequal Medical Treatment of Rural Migrant Workers	4
1.5 Conceptions and Theoretical Concerns.....	5
1.6 The Purpose of the Research.....	6
1.7 Research Questions.....	7
1.8 Disposition	8
2. Research Methods Selection	8
2.1 Case Study	8
2.2 Qualitative Approach	8
2.3 Content Analysis	9
2.4 Data collection	9
2.5 Reliability, Validity and Ethical Considerations	10
2.6 Limitations	11
3. A Case Study Concerning the Rural Migrant Workers' Health Issues	12
3.1 Why Nanjing is chosen as the place of doing research.....	12
3.2 Introduction of the Rural Migrant Workers in Nanjing	12
3.3 Content Analysis of Legislations/Regulations Relating to Migrant Workers	14
3.4 A New Thing: Rural Migrant Workers Health School in Nanjing	18
3.5 Interview with Migrant Workers and Reflection	22
4. Conclusion and Possible Solutions	26
4.1 Achievements and Challenges in Access to Healthcare Service.....	26
4.2 Solutions	28
References	31
Appendix 1: The Most Difficult Thing for Migrants to Live in Nanjing	35
Appendix 2: Interview with the Doctors from the Health School	35
Appendix 3: Interview with the Rural Migrant Workers	36

1. Introduction

1.1 The Origin of the Research Problem

The research of the rural migrant workers has been one of the academic focuses in contemporary China, on which there is much consensus in the debate on discrimination against the migrant workers in access to urban welfare. In this thesis, however, I intent to test it by exploring health issues of the rural migrants in an in-depth case in reforming China, where several factors concerned that influence the migrant workers' health status and the access to healthcare services have changed in recent years. Especially, an increasing attention has been paid from the government and the public to the rural migrants, which provides possibilities to reduce the discrimination against them and improve their health status as well. Thus, it is meaningful to discuss the achievements and the challenges under the circumstances of a changing social- economic environment. The research purpose and the research questions will be specified in 1.6 and 1.7 respectively, after introducing the context of the rural to urban migration and the healthcare issues concerned.

1.2 China's Rural to Urban Migration

Since the economic reform in 1979, there have been tremendous changes emerging between rural and urban China. In the countryside, the demise of the commune system and the new household responsibility system greatly enhanced the farmers' work incentives and thus improved the agricultural productivity and liberalized rural labor force accordingly (Li 2004:15). Meanwhile, the profit rate for traditional farm is still very low, and then the highlighted materialistic dreams for pursuing affluence aroused by the government have created strong incentives for farmers to seek greater financial opportunities (Li 2004:16). Simultaneously, these "push" factors from rural hinterlands were accompanied with "pull" factors from the rapid growth of Chinese cities (Smith & Fan 1995:173). Since the reform, expanding urban economies creates a huge pool of job opportunities, many of which concentrate on labor-intensive sectors such as manufacturing and construction (Mackenzie 2002: 309). Additionally, China's export-oriented industrial strategies tend to facilitate the urban manufacturers to maneuver the so-called comparative

advantages-the cheap labors to compete in the world market (Li 2004:16). Under such context, the tight control of labor mobility originally designed during the central planning period was reformed, relaxed and localized, giving rise to increasing rural-urban mobility (Chan & Zhang 1999: 831- 840).

Many “redundant” peasants took their chances and flooded into cities after decades of being bound to home villages. While urban economy has witnessed the peasant labors’ significant contribution by speeding up the construction and production rate (Solinger 1993), and albeit there is a widespread appreciation of the need for these rural migrants by urban residents (Guang 2003:618), nevertheless, as “outsider”, they are always blamed for increasing urban social problems (Guang 2003:622); moreover, they are suffering from discriminatory attitude from better-off urban dwellers as well as “institutionalized exclusion” from the benefits and welfare of urban life (Chen 2004).

1.3 The Hukou System and Discrimination Concerned

The household registration (Hukou) system requires every Chinese citizen to be “officially and constantly registered with Hukou office (Hukou police) since birth, as the legal basis for personal identification” (Fei-Ling Wang, 2005); within which, the categories of “non-agricultural (urban) or agricultural (rural), the legal address and location, the unit affiliation (employment), and a host of other personal and family information, including religious belief and physical features, are documented and verified to become the person’s permanent Hukou record” (Ibid).

As one of the main Chinese socioeconomic institutions (K.W. Chan, et al. 1999:425) and China’s social control mechanism, the Hukou system was put in use half century ago to restrict rural-urban labor mobility (Li 2004: 12). However, except its function to maintain social stability to a large nation (Fei-Ling Wang, 2005), it implies region-based rights, opportunities, benefits and privileges; and ethically, it creates horizontal stratification and institutional exclusion, which hint social and regional disparities and injustice, and also produce troubling questions concerning the equity and equality of the “human and civil rights of citizens of the same nation” (Ibid). The reform, however, is said failed to challenge the legitimacy of the Hukou

system even when the control of mobility becomes less tight (Li 2004:7).

Discrimination is defined as “treatment or consideration based on class or category rather than individual merit; partiality or prejudice” (Internet source: Answers.com 2006). The different treatment of the rural migrant workers with urban citizens due to the Hukou system thus reflects a kind of discrimination. As Li (2004:12) discusses that, being considered as non-local residents, rural migrants are denied by urban social benefits, such as housing, pension, education and healthcare, and even the political rights like voting, for instance. Nielsen et al (2005:354) indicate that millions of rural migrants do not have access to the subsidies and insurance benefits enjoyed by those who registered as urbanites under the Hukou system. Meng and Zhang (2001) figure out that most of the difference in occupational segregation and wage differentials between rural migrants and urban residents can not be explained by productivity-related difference between the two groups, which implies that urbanites are favorably treated. Guo and Iredale (2004: 728-729) further argue that rural migrant workers are disadvantaged in the urban job market where the access to certain enterprises and occupation is largely determined by Hukou. Smith and Fan (1995: 173) point out that many urban transients’ new urban status can not be legitimated by the urban Hukou. They are relegated to the lowest status jobs “usually on construction sites or in factories, or in the informal street economy as peddlers, petty traders, repairers and scavengers” and are regarded as new urban “underclass” (Smith & Fan 1995:173– 174; Solinger 2006:177).

Fei-Ling Wang (2005) agrees with the statement that the Hukou system is fundamentally responsible for three disparities in contemporary China: the disparities between the peasants and the industrial workers, between the urban and rural areas, and among the regions. According to Guang (2003:626), moreover, the disparities can be dated back to Mao era when the urban-rural dichotomy was considered as industry versus agriculture, mental versus manual, and advanced versus backward culture. It therefore can be recognized that peasants’ inferior status has originally existed in the rural hinterlands, which accompany them when they move into cities. Their native lower status caused by Hukou, plus other multiple

factors such as their rare political power in urban areas, less-educated background, as well as few economic resources, easily put them at inferior positions in cities. Therefore, in recent years of market reform, although the rural migrants are allowed to buy parts of the urban social protection and services at market prices (Li 2004:12), they rarely can afford them.

1.4 The Overview of Unequal Medical Treatment of Rural Migrant Workers

Although the abundant and cheap rural migrant labors are said to have fueled the rapid growth of China's urban economy, they are in fact engaging in low-skilled, dirty, dangerous, demanding and monotonous jobs with low pay and few benefits (Mackenzie 2002: 309; Roberts 2001:15). As Smith and Fan observed, most migrants live in crowded and unsanitary conditions with the risks of air and water pollution, which contribute greatly to the prevalence of diseases, especially epidemic diseases. They further illustrate that, the outbreak of "old" diseases such as malaria and tuberculosis have reappeared in some large cities among high concentrations of the poor and ill-housed migrant population (Smith & Fan 1995: 174).

Moreover, due to the migrants' working overtime, performing risky duties without clear instructions, proper training or sufficient technical protection, Lam (2002) argues that migrant workers from construction and manufacture industries are highly vulnerable to occupational diseases and injuries. A considerable number of industrial accidents and work place injuries and deaths befalling them are also highlighted by International Labor Organization (ILO 1998). Solinger (1999: 266) also finds that a great many workers have sustained medical difficulties as a direct result of their jobs. However, Nielsen et al. point out that few of migrants are covered by occupational health insurance, which has long been enjoyed by urban registered workers (2005: 357). What's even worse is that the illegal "life or death contrast" are prevalent in small and private sectors, where migrant workers are forced to work without occupational health and safety safeguards (Ibid). When they are hurt during work, employers usually give them lump-sum compensation, which is always lower than the legally required amount (Lam, 2002).

Although they are suffering unequal medical treatment, many migrants consider

they are in good health status (Li 2004: 187) and are unlikely to require extensive medical treatment (Smith & Fan 1995:174); they are thus prepared to live in the cities without health insurance. Given that the most migrants are in their prosperous phase, they are healthy enough to handle minor medical problems. Nevertheless, when they become really ill, they prefer to seek help from non professional clinic instead of spending their limited funds on entering a hospital (Solinger 1999: 265). Nowadays, as hospitals become “increasingly profit-driven” and the cost of healthcare is unaffordable to them, they finally will choose to go back home if they get seriously sick (Li, 2004: 188).

Another crucial issue concerning migrants’ health status is that they are in the sexually most active period of their lives and, in most cases have little knowledge about transmitted diseases; and they have less access to preventive education or regular healthcare as well; therefore, rural migrants are vulnerable to sexually transmitted diseases; their mobility is regarded as one of the most significant factors for rapid transmission of HIV in some regions (C. J. Smith 2005: 70).

From gender’s perspective, although a considerable number of women migrants are in the most fertile age, government family planning education programs or information materials are hard to arrive; and they also lack basic knowledge of contraception and reproduction (HRP 2002). Besides, being lack of connections to work unit, their access to birth control devices and health care facilities during birth are restricted (Smith & Fan 1995: 174). Nielsen et al. further point out that most pregnant migrant women experiencing reproductive health problems do not seek medical care due to higher cost compared with their low earnings. (2005: 360). Other evidences suggest that women migrant workers seldom enjoy the legally guaranteed maternity leave and as a result, they often delay marriage and childbirth in case of losing urban jobs (Nielsen et al. 2005: 360).

1.5 Conceptions and Theoretical Concerns

The recognition of health as a broad social construct is reflected in Bircher’s definition: “a dynamic state of well-being characterized by a physical, mental and social potential which satisfied the demands of a life commensurate with age, culture

and personal responsibility”/...../“if the potential is insufficient to satisfy these demands, the state is disease” (Bircher, 2005). The WHO argues that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being”/...../“the violations or lack of attention to human rights can have serious health consequences” (Internet source: WHO 2006).

Human rights relating to health include “the highest attainable standard of physical and mental health, equal access to adequate health care and health-related services, adequate standard of living and adequate housing, a safe and healthy environment/workplace, adequate protection for pregnant women, education and access to information relating to health,etc”(Internet source: Race, Healthcare and Law 2005). It has been further explained that “every women, man, youth and child has the human right to the highest attainable standard of physical and mental health, without discrimination of any kind. Enjoyment of the human right to health is vital to all aspects of a person’s life and well being, and is crucial to the realization of many other fundamental human rights and freedoms” (Ibid).

The WHO also states that “violations or lack of attention to human rights can have serious health consequences”; and “health policies and program can promote or violate human rights in their design or implementation”; however, “vulnerability to ill-health can be reduced by taking steps to respect, protect and fulfill human rights (e.g. freedom from discrimination on account of race, sex and gender roles, rights to health, food and nutrition, education, housing)” (Internet source: WHO website 2006).

1.6 The Purpose of the Research

Recent years, increasing attention has been paid to rural migrant issues and the national and local governments have launched series of legislations and regulations aiming at reducing the discrimination against migrants concerning their lives in cities, including healthcare. Additionally, although Hukou system still influences many aspects of Chinese citizens, it has been challenged unprecedentedly, which to some extent moderates the unequal treatment between the rural migrants and the urban residents. All the policies can be regarded as “taking steps to respect, protect

and fulfill human rights” (Ibid), and thus we may well expect that some changes have taken place step by step, which may blur the unequal treatment and reduce the discrimination suffered by the rural migrants.

The study’s purpose is to explore the achievements and challenges of the rural migrant workers’ access to healthcare service in urban China, taking Nanjing as an example. There will be description and explanation of the health status and health problems of the migrant workers as thoroughly as possible. By analyzing the current and potential demands of the migrants regarding to healthcare services in cities, the implication and suggestions concerning government policies will be highlighted; the contradiction between the bottom up demands (from migrants in access to equal healthcare service in urban areas) and the top-down policies (the maximum capacity of the government to accommodate the rural migrants) will be discussed as well. Moreover, several factors implied in the research which influence the migrants’ health status will be accentuated and, as a result, there will be several solutions which could theoretically solve the problems facing by both the rural migrants and the Chinese urban society.

1.7 Research Questions

Health plays such a significant role that it influences the achievements of one’s human rights, which is, unfortunately, always exploited by certain institutions, ignoring by the government and the public and even by millions of strong migrants themselves. Therefore, health issues relating to rural migrant workers will be emphatically accentuate in this paper. The research question is “what are the factors that affect the rural migrant workers’ healthcare status and their access to urban healthcare service and how to?” Based on the former empirical researches, I highlight three main reasons that influence the migrants’ access to healthcare welfare in cities: 1. the Hukou system; 2. the public recognition of improving the migrant workers’ health rights; 3. the migrants’ self-awareness of their health rights. The following questions accordingly will be explored: 1. How the changing Hukou system influences the migrants’ access to urban healthcare service? 2. What are the main factors to alter public recognition with respect to the migrants’ health rights? 3.

How the migrant workers increase self-awareness or keep tolerant of their health rights? Except for the above three, other influential and relevant factors emerging during the research, which will be discussed in the thesis part.

1.8 Disposition

The above section of introduction has discussed the background of this research, the conceptions and the theoretical concerns, as well as the research purpose and related research questions. In the following paragraphs, part 2 discusses the research methods and data collection; it also discusses the reliability, validity, limitation and ethical consideration of the research. Part 3 explores several factors that influence the rural migrants' access to urban healthcare service, by using a case study in Nanjing. Part 4 finally arrives at conclusions and also discusses possible solutions.

2. Research Methods Selection

2.1 Case Study

According to Yin, a case study is “an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between the phenomenon and context are not clearly evident” (Yin 2003: 13). A case study method is applied to this research as it allows me to retain “holistic and meaningful characteristic of real life events” (Yin 2003: 2). The case in my research is defined as “the discrimination against rural migrant workers in access to healthcare service in urban China”, which is quite realistic, explanatory and informative and hence favors the use of case studies. Particularly, Yin also considers that when “how” or “why” questions are being posted about a contemporary phenomenon within its real-life context, case studies are usually preferred strategy (Yin 2003: 7-13). Although the research questions mentioned in 1.7 do not relate directly to “why” questions, the following explanation of “why” after “what” and “how” issues will be definitely delved in order to discuss the solutions and complete the research.

2.2 Qualitative Approach

Qualitative approach is used as a main method in this research. As Alvesson and Skölderger point out that “the consideration of open, equivocal empirical material, and

the focus on such material, is a central criterion” for qualitative method. They also figure out another important feature with qualitative research is that it starts from the perspective and actions of the subjects studied (Alvesson & Skölderg 2000: 3-4). By using qualitative data, it has been a research “mainly devoted to a preliminary explorative phase resulting in tentative hypothesis” (Ibid: 18). In my research, I intent to investigate the achievements and challenges of migrant workers in access to urban healthcare services, thus the final outcomes must come from understanding the rural migrants’ practice in dealing with health problems, from researching everyday life of them concerning health issues.

2.3 Content Analysis

Content analysis is “a research tool used to determine the presence of certain words or concepts within texts or sets of texts. Researchers quantify and analyze the presence, meanings and relationships of such words and concepts, then make inferences about the messages within the texts, the writer(s), the audience, and even the culture and time of which these are a part”(Internet source: Writing @ CSU 2006). Content analysis will be used to analyze the collected legislations, regulations, and documents from the national and local government, in order to explore to what extent these legislations and regulations can be used to protect the rural migrant workers and, to what extent these can help to increase the public recognition in improving the migrants’ health status.

2.4 Data collection

Kvale states that “Narratives and conversations are today regarded as essential for obtaining knowledge of the social world, including scientific knowledge (1996: 8-9)”. And “interview is literally an inter view, an inter-change of views between two persons conversing about a theme of mutual interests, a specific form of human interaction in which knowledge evolves through a dialogue” (Kvale 1996: 13-14). The purpose of the qualitative research interview has been depicted as “the description and interpretation of themes in the subjects’ lived world” (Kvale 1996: 187). Thus, interviews and conversations are useful when trying to understand the viewpoint of interviewees in my study. There is semi-structured interview with my

informants and respondents respectively, which is “neither an open conversation nor a highly structured questionnaire, but to conducted according to an interview guide that focuses on certain themes and that may include suggested questions” (Kvale 1996: 187). Following the interviewees’ answers, the new problems emerging and the subsequent questions depending on their responses will be asked. All interviews follow the seven stages of an interview investigation (Kvale 1996: 88).

Empirical facts have been obtained mainly from secondary sources, including public statistics and academic articles and so forth. The collection of secondary sources has been conducted through what Alvesson and Skölderg refer to as library research (2000:21), which allows me to collect broad and relative information within my limited schedule.

2.5 Reliability, Validity and Ethical Considerations

When discussing qualitative method, a variety of issues concerning reliability and validity emerge. Reliability deals with the consistency of the research findings, which can be influenced not only by the interviewee, but also by interviewer by transcriptions, analysis of information as well as leading question that may have inadvertently influence to the answers (Kvale 2000: 235). In order not to shape the migrants response and not to mislead them, I try to introduce neutral questions; however, the spontaneous questions and questions emerging during the interview and my casual explanation and wording may have unintentionally molded migrants’ responses.

To build trust between the rural migrants and me, I always introduce myself as a student, the overall purpose of the investigation before all the interviews. In order to reduce the “gap” between us, I try to engage myself into their works and daily lives and to show my genuine interest in their lives and real warmth to understand them. The anonymity of interviewees has been well protected which I hope could be a guarantee for them to tell truth. Besides, I hand out a brochure named “protecting migrant workers rights” to some rural workers, which I happen to obtain from the local social security department. Thus many migrants would like to talk with me since they believe I belong to their “group”. However, also because my help, a few

of my interviewees may offer exaggerated information in hopes of my offering solutions.

Validity pertains to “the degree that a method investigates what it is intended to investigate, to “the extent to which our observations indeed reflect the phenomena or variables of interest to us” (Kvale 2000: 238). All the answers from migrants have been reaffirmed by themselves and some answers have been cross-checked by people from their group such as rural fellows or colleagues. When inconsistent situation occurs, I will double check their response and try to ask them to explain their answers.

2.6 Limitations

Despite my intent to make the research as thorough as possible, there still exist some limitations. Firstly, Nanjing, the capital city of Jiangsu province is the only place where the research is carried out. Although I offer explanation in 3.1 and to some degree Nanjing can represent China’s booming urban economy, it has space limitations since Chinese cities employ a variety of policies due to different socio-economic and culture characteristics. Thus the choice of doing case study only in one city is not enough to illuminate all the migrant workers in China. The geography limitation also produces subjective limitation. Coming from different places, migrant workers present different features which to some degree determine their choice of destination place. Therefore, the rural migrants to Nanjing may have different situation with those to another cities. The health status of migrant workers in Nanjing may be insufficient to represent the whole country’s situation. Last but not least, the number of interviewees albeit arrive at 35; however, it has not covered all the occupations that migrants are taking on. If I had more time and resources, I would like to access more informants and respondents.

In spite of above limitations, I try to make sure the reliability and validity of my research and to build trustworthy relationship between the interviewees and myself as the exchange of truth and freedom of expression. Additionally, a wealth of collection of secondary sources, for example, legislations from the central government, which applies to the whole China, has provided a national standard to

measure municipal practices and behaviors. As to the local regulations, it is although implemented within specific area, still plays a significant role to measure and discuss the discrimination practice.

3. A Case Study Concerning Rural Migrant Workers' Health Issues

3.1 Why Nanjing is chosen as the place of doing research

When a reforming P.R. China is mentioned nowadays in the world, the first impression comes into people would be prosperous metropolis such as Shanghai, Beijing or Guangzhou, where seem to represent the China's great accomplishment and meanwhile, to imply serious social problems, and thus attract increasing attention from international academic circles. Nanjing, like many other China's unknown cities, seldom has been the center of the focus, assuming that it posts itself as an average city among all the aggressive capital cities in China. However, neither the best nor the worst is proper to represent the urban China's average situation. Therefore, in this paper, Nanjing is chosen as a representative of China's city, with blurring identity; and it also possesses many advantages like other cities in China.

Nanjing, the capital city of Jiangsu province, located along with Yangtze River, obtains many sound policy supports from central and provincial governments and enjoys a booming economy after reform and becomes a popular destination of rural migrant workers. Additionally, in the late of 1990s, Jiangsu province was one of the regions selected by the national government to have Hukou reform, which allowed rural people get urban Hukou when they satisfied certain requirements (Nielsen et al. 2005: 356). In 2004, it was reported that the divide between non agricultural and agricultural Hukou would be abolished and peasants in Nanjing would become urban citizens (Internet source: JSGS 2004-06-24). It can be supposed that an important barrier had weakened its role against rural migrants to cities. Although the reform hints that only Nanjing peasants can become Nanjing urban resident, however, it still demonstrates Nanjing's efforts to accept the "outsiders" as "insiders".

3.2 Introduction of the Rural Migrant Workers in Nanjing

According to relative statistics, until 2001, there are more than two hundred thousand rural migrant workers registered in Nanjing, which is supposed more than

2,000,000 in 2006 (Internet source: China.com 2006-03-03). Their occupations mainly concentrate on construction, manufacture, service industries. The amount of male migrants is almost two times as many as that of females. Most of them are young and strong labors aged between 15 and 34, which accounts for 68% of migrant population. Amongst them, 78.5% is educated under the level of junior high school, with 10% of illiteracy. (Zhu & Chen 2003: 6-7).

There is an impressive survey held among rural migrants about “what do you think is the most difficult thing living in Nanjing” (see Appendix 1). From the most difficult to the least difficult one, the answer is given as followings: high consumption, insufficient housing area, difficulties of hunting a job, education of children, being discriminated, language problems, lack of sense of security, marriage affairs (Zhu & Chen 2003: 95).

It is obvious that no answer is directly related to health issues. And health seems to be the least important thing for those young and strong rural labors to care about. However, most of the difficulties are actually related to or probably to influence their health status. Concerning high consumption, the rural migrants albeit always try to minimize their daily cost in cities, the higher cost in many aspects of city lives than that in farms is indeed inevitable. Considering the comparatively higher cost in cities, they may sometimes give up some consumption that they may be able to afford in rural areas. And the migrants are probably reluctant to invest in their health for potential sufferings in that the medical service price has been increasing rapidly in recent years.

Their crowded and unsanitary housing environment also makes them vulnerable to diseases. In addition, worries about marriage affairs and about their children’s education make them lack sense of security. As to the language problems, difficulties of hunting jobs, as well as discrimination from urban people will all exert pressure on them; therefore, they tend to be vulnerable to psychological diseases. When they worry about their children’s education, their own low education background actually handicaps them to acquaint the general medical knowledge. According to Nanjing local media (Nanjing Live News 2006-11-29), amongst the people who infect HIV in

2006, 42.1% new infectors are rural migrants, due to their lack of access to related knowledge about sexually transmitted diseases.

Despite many difficulties living in Nanjing, there were still 70% of the rural migrants reported to consider they are enjoying “citizen treatment” (Nanjing News 2006-10-07). Except for the propaganda factor of the Chinese media, some migrants have been benefiting from growing attention from the whole society. In November 2006, a so-called “Yangtze River Alliance” was reported to be built up amongst the cities along with the Yangtze River, which would give birth to series of protection treaties in favor of migrant workers. Thus the interest of the cross-provincial migrant workers is expected to be protected (Internet source: Xinhua Net 2006-11-27)

3.3 Content Analysis of Legislations/Regulations Relating to Migrant Workers

The national and local government enacted series of laws and regulations with regard to workers’ security and protection when it came into 1990s, which have gradually regarded the rural migrant workers as “legal members” of Chinese workers and involved them as the aim of protection. Some legislations and regulations are listed chronologically.

1. *Jiangsu Women Labors Protection Law*, launched in the beginning of 1989, elaborates every aspect of women worker’s protection. However, it does not definitely include the rural women migrant workers inside (Internet source: Jiangsu Labor and Social Security 2006d-08-03)

2. *Regulations about Working Hours* from the State Council, launched in the early 1994, regulates that the working length per day is 8 hours and 40 hours for one week. Obviously, this regulation is not adapted to the rural migrant workers, for most of them tend to earn money by working overtime. The regulation is also unable to restrict their employers when the overwork is voluntary (Internet source: Jiangsu Labor and Social Security 2006c-08-03).

3. *The Labor Law* coming into operation in the beginning of 1995, regulates that the employers can not break contract with the workers who suffer from occupational diseases and the women workers who are in the maternity leave. The employers are stipulated to offer proper working environment. However, the *Labor*

Law uses obscure wording when it defines the workers which confuses the people if the rural migrant workers are covered; on the other hand, the sanction and punishment system are not prescribed clearly. *The Labor Law* is to some degree motivational rather than mandatory (Internet source: Law Library 2006).

4. *Occupational Disease Prevention and Cure Law*, putting into practice in 2002, highlights that the rural migrant workers as national workforce are covered by the prevention and cure system of occupational diseases (Internet source: ZJCDC 2005-06).

5. *Jiangsu Provisional Regulations on the Collection of Social Insurance Fees*, issued in 1999, extended in 2003, stipulated that all workers in foreign-invested enterprises, urban enterprises and public institutions should join a social insurance scheme. However, when checking the wording, it is still not mandatory regulation, for it emphasizes that the officials should “encourage” the foreign-invested enterprises and private companies as well as “motivate” the employees to join the social insurance system. It implies that the non-state companies does not have to join social insurance if they do not want; besides, the companies may even force its employees not to join the social insurance scheme if there is some secret contract between them, since not all the migrants understand the importance of social insurance, or they think the money at hand is much more significant than that saved in the social insurance pool (Internet source: JSGC 2003-12-19).

6. *Notice of Improving Employment Environment of the Rural Migrant Workers and Notice of Implementing Employment Management and Service of the Rural Migrant workers* by the General Office of State Council, brought into effect in the early 2003 and the middle of 2004 respectively, highlight the implementation of the coverage of the rural migrant workers into the industrial injury insurance (Internet source: Government website of the PRC 2005c-08-15 and 2005b-08-12, respectively).

7. *Statute of Industrial Injury Insurance*, putting into force in 2004, emphasizes that the workers employed by all kinds of enterprises in China who are engaged in dangerous industries or tend to suffer from industrial injury have to be covered by

industrial injury insurance (Internet source: DFFY 2004-05-21).

8. *Supervision and Inspection Statute Labor Security* in the end of 2004 regulates that labor and social security departments are authorized to implement supervision and punishment to those who break the labor security system. However, these authorized departments are not the special agencies but to have other main functions; thus, it is susceptible whether the function of supervision and inspection could be performed seriously and completely (Internet source: Government website of the PRC 2005a-08-05).

9. *Women's Rights and Interests Protection Law* initiating since 2005 claims that the women employees must not be dismissed or lowered down salary when marriage, pregnancy and lactation. The implementation of this law indeed is fulfilled better among the urban women workers than among their rural counterparts; because most of the latter are not aware of protecting their rights or they take the inequality for granted (Internet source: Law Library 2005).

10. *Several Decisions Concerning Accommodating the Rural Migrant Workers* by the State Council from March, 2006 seems to be the first regulation aiming specifically at the rural migrant workers, which covers almost all aspects relating to their lives and works. Healthcare concerned issues regulated are as follows: local government should establish occupational safety and sanitation regulation; migrants should be involved into industrial injury insurance system; local government should implement sickness protection for migrant workers and provide bacterin for migrants' children; local government should offer birth control direction, improve migrants' housing conditions, and so on. It appreciates the contribution of the rural migrant workers to the economic improvement and urban development and analyzes the significance of dealing with them properly (Internet source: Government website of the PRC 2006-03-27).

11. *Notice of Involving the Rural Migrant Workers into the Medical Insurance* by the Labor Security Ministry **together with** the *Several Decisions Concerning Involving the Rural Migrant Workers into Medical Insurance* by Jiangsu Labor and Social Security Office accordingly launched in May 2006. These two regulations

specify the approaches for the rural migrant workers in access to healthcare service and medical insurance in cities. However, the regulations is aimed at those who are employed by the official registered enterprises or bigger companies or factories which are kept close watch by the local government; it therefore tends to neglect those who do self-employment or are hired by private and small factories (Internet source: Jiangsu Labor and Social Security 2006b-05-23 and 2006a-04-29, respectively).

There are other legislations about various aspects of the rural migrant workers' issues. The above listed however, are related to my topic stressing on or related to health issues. There are many disadvantages of these regulations which can be manipulated by some employers to ignore the interests of their employees. For most of the regulations, they give obscure definition of "workers", and only a few of them define rural migrants as "worker" to be protected. Besides, there are no special departments to check the implementation of these laws which provides opportunities for the "sweatshop" to survive and only to be exposed when the situation is worse. It is albeit not easy for the migrant workers to take advantage of; however, it shows the increasing attention and attempts from the government to protect the rural migrant workers and its efforts to reduce the negative influence of the Hukou system, which will also help to influence and educate the public opinions and attitudes towards the rural migrant workers.

When I interview an anonymous official from labor and social security department, he expresses that the regulations and legislations empower the migrant workers and give them hopes to enhance standard of lives and health status in cities; they are also one important figure of respecting human rights. In reality, however, he mentions that considerable amount of rural migrant workers have no access to these regulations; and only a few of them seek for help from laws. Thus only terrible things happen when their interests are harmed heavily, they realize to turn to help from laws. He also suggests that if the migrant workers would like to bravely exposure their employers' actions of breaking laws and their unequal treatment, the labor and social security department will try best to help them.

There are other implications from the talks with the official. Firstly, the so-called policy surveillance departments seldom initiative to check the performance of the regulations among the employers due to the transient characteristics of their program or other reasons; only when the victims from the unequal treatment report the employers' illegal behavior or the exposure of the problems are serious, the surveillance department will function. Secondly, many rural migrants are living in an unwitting situation, with long hours overwork; while the mainstream media usually ignore the propaganda of the regulations in favor of them. Both of the above factors make the rural migrants hard to benefit from the varieties of legislations.

3.4 A New Thing: Rural Migrant Workers Health School in Nanjing

In September 2006, an institution named "Rural Migrant Workers Health School" (health school, for short) was set up in Gulou District Central Hospital (central hospital, for short), Nanjing, which is the first health school for migrants in China, in the charge of Gulou District Sanitation Bureau (sanitation bureau, for short). In practice, Central hospital distributes its function of health school to several of its subordinate community hospitals to serve the migrants of different occupation from this district. Those migrants who work in Gulou district for one year are reported to enjoy free physical examination, free health consultation, free registration to diagnose (Internet source: Nanjing Daily 2006-04-24). Since its foundation, it is said the health school has done free physical examination for more than 2000 migrant workers and handed out medicine worth of 5000 RMB (Internet source: Huaxia 2005-09-13). The health school is said to carry out varieties of activities including big scale free diagnosing and health education. They will also go to work site to initiate health training; to check for women diseases; to introduce HIV/AIDS knowledge and so on. Especially, those migrant workers who have done great contribution to the Gulou district or get special honor, can enjoy free treatment and free operation for certain diseases (Internet source: Nanjing Daily 2006-04-24).

An anonymous official from the central hospital introduces that since its function of health school is entitled by the sanitation bureau, the central hospital

actually has no choice to determine whom they will help, not saying the time and the place. Every time, it is the sanitation bureau that informs the central hospital to develop certain activities. After all, the community hospitals as “hospitals” have to operate everyday. Therefore, their function as health school is actually limited since this school can not “open” every day.

In order to understand the basic condition of the health school and the health status of the migrant workers, I interview an anonymous doctor from the health school (one community hospital) (see Appendix 2), from whom there are detailed explanation concerning the health school as follows.

1. The goal of establishing the health school is the response to the call of the government concerning enhancing the treatment of the migrant workers. From the hospital and the doctor’s point of view, they treat the urban and rural people equally. However, now the hospital is more and more profit driven; thus, it is impossible for the hospital to serve them free. The hospital actually has received a certain amount of fund from the sanitation bureau, which are used for free physical examination and free medicine. Until the interview, this community hospital has served 100 rural migrant workers for free. 100 is a small figure; however, even if the 2000 migrants benefited from the whole Gulou District, compared with the total migrant population of 2,000,000 in Nanjing, is such a tiny proportion.

2. The health school belongs to the Gulou District. So the migrants can enjoy the medical service from the health school (community hospital) only when they or their employers register in this district. Despite this, there are still many rural migrant workers registering in this district can not enjoy the service. That is because every time, it is the sanitation bureau to determine to whom the health school will offer the free service. Some factories which have programs in the Gulou District or large construction site located in Gulou are the first aim of the sanitation bureau, and thus tend to get more attention and support from the health school. Another impressive problem arises is that construction workers are paid much more attention than the other workers in another “less-dangerous” industries, such as service and self-employment. It is a good thing that the public realizes that the construction

workers are engaging dangerous and difficult job and thus should receive more care from the whole society. But there are not only construction workers who build up the beautiful city; other industrial workers also make their contribution to the city development and they are also vulnerable to some diseases and need solicitude from the public.

3. Since the free medical service seems a contract between the sanitation bureau and the employers, there is thus less communication between the health school (community hospital) and the employers, although both parts are connected with the rural migrant workers. Therefore, the health school is hard to offer any valuable suggestions directly to the employers. Especially for occupational diseases, which a majority of the construction workers are suffering, doctors could only advise the rural workers how to prevent from such kind of injuries or to lower down the level of being hurt; but as doctors, they can not provide sound working environment and essential labor protecting facilities. There is no advice to the employers, thus the protection way only for the workers are in vain as a result. Additionally, increasing migrant workers worry more about their potential diseases now and in the future, which is a good phenomenon and reflects their improving self-awareness of health status. Nevertheless, due to not attending any health insurance, their wish to maintain good health status is obviously unrealistic since their capability to invest in health is little.

4. The health school is responsible for the physical examination and free medicine distribution in the light of the direction from the sanitation bureau. However, it is not supposed to analyze the result of the physical examination. Thus, when serious problem arises, it can not arrive to the upper department or the employers. Most often, the migrant workers hope the doctor could keep their diseases as secret. The doctor states that the prolonged illness that migrants are easy to suffer will not only pose a potential danger to their health, but also erode their earning ability. From the hospital's perspective, they hope the migrant workers could get health insurance and receive more welfare from the government, because they are impossible to invest much in health, but they happen to be the group in need

great of healthcare consideration.

5. Unsure factors come from the women migrant workers. As the doctor introduced, there have been no women migrants who attend the free physical examination and accept the free medicine until now. It can be supposed that the free service favor more in construction industries; the women, however, seldom engage in this field. The doctor further introduced that, compared with the urban women, rural women migrants tend to suffer from reproductive problems due to lack of relative knowledge, such as the methods of conception control; they usually go to hospital when they can not endure the sickness anymore. Besides, recent years, young migrants are more tolerant to sexual behaviors before marriage, they thus are vulnerable to reproductive diseases due to unprotected sex. And if the women migrants are pregnant, most of them will go back home to produce since they usually can not afford that in the city.

All in all, to build the health school is such a significant attempt that it reflects the efforts from the government and the society, where some rural migrant workers can enjoy the urban healthcare service without consideration of their Hukou; it can inspire the rural migrant workers greatly to do self-regard concerning health and their self-awareness of health rights. It does set up a good example for the other districts of Nanjing, which may choose the similar methods to help the rural migrants. However, the health school can not escape quite a few of disadvantage. It has little propaganda on itself, which results in a small number of beneficiaries and not much attention from the public. The health school also has no channel to force the employers to regulate their working conditions and to improve the treatment to their rural workers. In addition, health school mainly exerts its health related functions, but lack of education concerned functions. Otherwise, it would have benefited more migrant people, and have helped to greatly influence the public attention towards the rural migrant workers' health rights.

3.5 Interview with Migrant Workers and Reflection

There is an interview with 35 rural migrant workers aged from 18 to 55, including 20 males and 15 females, whose occupations comprise construction

workers, service workers, manufacturing workers and self-employers. Amongst them, 19 are intra-provincial migrants from the lesser developed northern part of Jiangsu to Nanjing; others are from more impoverished regions in other provinces such as Sichuan, Anhui, Henan and so on. 11 of the totals are illiteracies; while education between elementary school and junior high school account for 19 rural people; only two attend senior high school and one obtains college degree.

The interview with migrant workers reflects the following issues.

There are the majority of the interviewees consider their health status is very good, with the frequency of sickness only one or two times every year. While, the sickness they usually probably suffer is slight cold. Whereas only a few migrants mention their prolonged diseases such as irregular headache or stomachache and considering that a great many of peasants do not understand much about some specific diseases, their health status is supposed not as good as they describe. This point can prove right from the cross check—where migrants tell about the diseases of their rural fellows or colleagues that shows the prevalence of prolonged diseases among migrant workers, albeit not dangerous but being exacerbating. Cases are exposed that two construction workers above 55 years old gradually lose their labor ability and go back to rural hometown due to chronic diseases. Although it seems that most are satisfied with their health status, there are two thirds of male migrants admit that they smoke heavily (one pack of cigarettes per day) due to high working pressure. And one fifth think that living conditions and the working environment influence their health status. Yet fortunate thing is that recent years the Nanjing government has been building up several dwelling communities for rural migrant workers which construction is still going on and are supposed to benefit more rural labors in Nanjing(Internet source: China.com 2006-03-03). All of them express that going to pharmacy and buying medicine is their first choice when they get sick. Almost half are proud that they can get medicine from their relatives who have health insurance.

Only five of 35 have health insurance, with two of them buying for themselves. Most of them think they can not afford health insurance by themselves although they

are eager to have it. However, in consideration of increasing highly competitive urban job market, most of these docile rural workers voluntarily give up their rights to this. 10 construction workers have health insurance in their rural hometown, but they are clear that that health insurance can not cover the diseases they suffer from the city jobs and they actually prepare to go back to village once they need medical treatment. Due to their migration characteristics, a few of them do not want to have health insurance, since they may change jobs every a few months—those migrant people seems the most vulnerable ones in that they do not belong to any enterprises for a long time. From this point, they prefer to maintain a stable work rather than protect their rights.

A strong sense of insecurity can also be seen from these migrants interviewed. On the one hand, they have to promise their healthy physical conditions and undemanding requirements in order to remain advantageous workers in labor market; on the other hand, most of these labors have deep worries about the possible injuries and diseases and their future health conditions. So do the self-employed migrants who are hard to engage in any enterprise-based urban health insurance, except extremely expensive commercial health insurance, which every one can buy at a market price.

However, an impressive discovery is that the skilled rural workers tend to be provided with higher salary, well-accommodated social security service (health insurance, for instance) from their employers compared with the unskilled migrants. And the income level is still an important index to determine migrants' consumption option of health service.

A serious thing is that all the interviewees' working time is more than eight hours per day and they always overwork on weekend. Long working hours with less relax time may cause them hard to recover from the tired situation and then even strong body is difficult to get over from extreme tiredness and they thereby are easy to suffer from the chronic or occupational diseases. In this case, most of the rural labors employed show their willingness to sacrifice their rest time and to earn overtime compensation. However, some of them realize that their chronic diseases

such as headache, muscle ache and bad stomach are caused by working overtime, which usually makes them feel stressful after work.

The long working hours with high pressure not only make them less time to have rest, but also limit their daily life circle, where rural migrants tend to have more social intercourse with their rural fellows instead of other urban people. When talking about how to deal with bad feeling and emotions, there are 18 of 35 interviewees choose that they will store their bad emotion in heart; eight people say they will drink alcohol and only five people choose to communicate with their rural fellows. No matter what methods they use to get rid of bad feelings, one thing is clear from the interview that they seldom communicate with urban citizens; even if they want to talk about their worries and complaint, their listeners seem always their rural friends. In this interview, however, not every interviewee has their rural fellows nearby them and can comfort them when they are in bad emotions; therefore it can be supposed that some of them could not get rid of unhealthy emotions and feelings completely, which to some degree will create psychological problems and influence their health and lives. Besides, 16 of the 35 interviewees answer they have no any recreation after work. 10 choose to watch TV or play poker with colleagues. Only five rural young girls express their hobby of window shopping after work. It thus can be seen that most of the migrant workers have not engaged themselves into urban lives, which means, if not complete, but partly representatively that eating out in restaurants, seeing new movies in cinema, talking about the national and local policies, shopping in department store, chasing update fashions, doing popular physical exercises, singing in Karaoke and so forth. Although there are a few of young migrants or rural people who adapt themselves quickly into the urban lives soon after they come to Nanjing and can be seen to have both rural and urban identity; whereas, they are to some extent kept away from urban lives due to different reasons such as their low income level, which is easy to make them feel lonely and not happy.

Only a few people think they once underwent discrimination when seeking for medical treatment; the majority rural workers feel comfort because they can not feel

any different treatment in their urban lives. That is good phenomenon that echoes the former survey from the media that many rural migrants feel they enjoy the citizen treatment.

When asked what kind of medical services they are looking forward to from the government, almost all of them hope that the government can decrease the medicine prices. And the government is hoped to set up some special hospitals aiming at rural migrant workers and with qualified doctors who understand the health condition and needs of the rural labors. Especially they hope the related department can seriously deal with some illegal hospital from which some interviewees say their rural fellows or relatives get bad treatment or are charged at a high price.

When I ask them if they know something about infectious disease, such as hepatitis, only three people answer they know about it and thereby are careful not to be infected. However, 20 of 35 migrants say they know nothing about hepatitis but they want to know. Others do not know about this disease, but they believe they can not suffer just because they are healthy and lucky enough. When asked about their understanding of HIV/AIDS, most of them show surprising absence of this kind of knowledge. I then remind them that there has been propaganda about infectious diseases in downtown areas, some say that they always ignore such information due to busy working or they usually do not think billboard has anything related to them and thus ignore it. Some express that they have less chance to pass through downtown streets and do not know the billboard medical information. This hints a great need of education of medical knowledge about infectious and other relative diseases which has to be held near the migrants' working areas and aiming at them.

A final good finding is that the Hukou seems not as important as before, for 27 of 36 people think that having no urban Hukou does not make their lives uncomfortable. Especially for some skilled workers, they can enjoy the same healthcare welfare with their urban colleagues and thus gain more confidence in urban labor market.

4. Conclusion and Possible Solutions

4.1 Achievements and Challenges in Access to Healthcare Service

On the basis of the above broad introduction, theoretical preparations, policy analysis and case study, we could summarize the achievements and challenges of the rural migrant workers in access to healthcare service in urban China.

Firstly, the Hukou system, public recognition and migrants' self-awareness still influence the rural migrants' health status and their access to urban healthcare service; whereas, these factors function differently.

The Hukou system, although still play certain role in certain field, has less important influence on the migrants' urban lives than before and it is not a big block for certain rural migrant workers to get access to urban welfare. The weakening role of the HuKou system moderates the unequal treatment and gives the migrant workers more confidence to compete with their urban counterparts; and also implies a gradual disintegration of institutional discrimination against the rural migrants.

Meanwhile the municipal governments have implemented much propaganda to arouse the recognition and attention from the whole public to rural migrant groups, which educate the public and help to gradually reduce their long discrimination against rural migrants.

An impressive emerging factor concerning this issue is from the government. In recent years, both the national and local government have launched series of legislations that regulates almost every aspect of the migrants' urban works and lives, which reflect a rising respect to the rural migrant workers' human rights from the governments. The governments have also made many valuable attempts (such as the health school) and provided proper facilities to serve the rural labors, which do help certain migrant workers and give the other rural migrants great confidence and warmth to work in the city.

With the support of the certain legislations, some migrants have claimed their health rights from their employers and finally succeeded. Although the behaviors of opposing to discrimination and calling for equal health rights happen to only a minority of migrant workers, however, it is a significant implication that the migrant workers has improved their self-awareness of the health rights, which is supposed to

affect increasing migrant population to struggle for their own rights step by step in the near future.

However, several challenges confront the policy makers as well as the migrants.

First of all, most urban health services despite are not supplied based on the Hukou, the majority of migrant workers still can not consume lots of urban health concerned products due to their low income.

Second challenge is that most of the migrants interviewed neither expect nor do they demand the urban health services and benefits. As “outsiders”, they are used to their fortune of “urban underclass”. There are no legal and institutional channels for them to express their opinions in cities; and they usually give up their opportunities to voice themselves. On the other hand, although they make great contribution to the urban economic growth, they still play trivial roles in civic affairs and even can not attend the discussion from any level of the People’s Congress which determines the rural migrants’ rights and fortune. Thus the top-down policy decisions concerning the health issues are hard to accommodate all the migrant labors from the bottom levels.

Last but not least, in spite of the legislations and regulations offer comprehensive law support for the migrants to protect their health rights, they are still lacking access to understand and utilize them. Thus, there creates a contradiction between the migrants’ demands and the government’s top-down policies. That is partly because of migrants’ less connection with the urban mainstream propaganda about the relative information relating to migrants’ rights and also because of their tolerant character. Another important reason is that there is no effective and proper communicating channel between the rural migrants and the policy surveillance departments, which makes the laws not hit the point and sometimes become sidelined. Additionally, these departments have not performed well enough to initiatively defend and protect the rights of the rural migrants, which thereby tolerates that very a small amount of the rural workers are provided with healthcare benefits by their employers.

4.2 Solutions

The presence of the rural migrant workers reflects a serious public health concern for China's most booming urban areas. The unfair health treatment will not only affect the quality of the rural migrant labors, but also influence the sustainable development of the urbanization. Some researches suggest that many crimes committed by rural workers resulted from unfair treatment (Li, 2004: 18). The National Development and Reform Commission brings forward that in 2010, China will realize its promise to the WHO that "everyone can enjoy healthcare" (Internet source: SINA 2006a-09-06). Furthermore, director of the Ministry of Labor and Social Security states that involving migrant workers into health insurance and occupational injury insurance are the important parts to build up harmonious society, (Internet source: SINA 2006b-10-16), which is put forward by the Chinese Communist Party in 2006. Thus the implementation of equal health treatment and comprehensive healthcare service to reduce the discrimination against rural migrants is quite important for both the individuals and the whole society.

The first concern lies in that the current attitude towards the rural migrant workers tend to "control" them but not "accommodate" them, which primarily considers migrants as "outsiders". And the frequent appearance of the wording like "manage migrants" is easy to impress the urban citizens that the rural migrants are inferior. Thus the government as well as the labor and social security departments and social service departments should change their opinions from "manage the migrants" to "service the migrants", which could both reflect the respect to the rural labors who dedicate to the urban development, and also impress the public to pay more attention to migrant issues.

The second solution to enhance the health status of migrants and to fulfill their health rights is that the government should strengthen the function and the initiative of the labor surveillance department. The migrants are empowered by the legislations; however, the process to protect and maintain their rights with these legislations is not easy, which is affected and restricted by kinds of realistic elements such as the established institutions. The improvement of the migrants' health status calls for not only the involvement of the medical institutions, but also the

cooperation of the labor and social security departments' close surveillance. Therefore, to launch laws and especially to supervise the implementation of laws plays an important role that it not only implies the reliability of the government in observing the rules, but also reflects the real societal justness and justice.

A third one is that the rural migrant workers should take part in the procedure of enacting regulations concerning their health rights and other rights. In the past the promulgation of any legislation reflects the top-down policy-making, which is hard to contain broad interests and requirements of the migrant workers. Thus the bottom-up decision making procedure that involves the rural migrants into constituting legislations relating to their own interests is urgently demanded. Not only does the legislation need the rural migrants' participation, the urban democratization under the Chinese Communist Party also needs their voice. Although it may last long time from "the voiceless" to enjoying certain political resources and powers, it at least demonstrates the government's growing respect to human rights.

The fourth one is that great efforts are required from the government to set up special institutions to aid rural migrant workers and to solve the urgent and basic problems, according to the urban social-economic conditions in nowadays China. For example, there is a great need to set up consultation institution aiming at offering psychology training and helping the migrant workers who are working under high pressure. There is also an urgent need to propagandize for healthcare information especially the prevention and treatment of diseases they are easy to suffer. The propaganda should mobilize the whole society including the neighborhood community, the charity groups and the universities. The locale to spread health knowledge and to carry out healthcare education should not only concentrate on the downtown areas where it can indeed attract lots of attention from the public, but also penetrate into the community in which the rural migrant workers reside or in the worksite where the migrant labors spend more than 8 hours every day.

Both the popularization of the health knowledge and the propaganda of the legislations have significant meanings. The former helps migrants to take good care

their bodies, being away from diseases and injuries and sustaining as qualified labors; the latter support them to obtain equal and just medical treatment, protecting their rights as Chinese workers.

The final but very important consideration is that the government should be tolerant to cooperate with NGOs in the provision of affordable facilities to the rural migrant workers. With the limited states' budget, the government should understand that current problems can not be solved by top-down and government-led policies; it should cooperate with the civil society which has more advantages than the authoritarian government in collecting the possible civilian resources and fund support to aid the rural migrant workers.

To accommodate the rural migrant workers in healthcare has a great context, in which a reforming China has been undergoing unprecedented transformation with losers and winners inside. The rural migrant workers have done great contribution to this transformation and their dedication may accompany with the whole urbanization. The respect to their health rights not only displays the increasing respect to the human rights from the Chinese government's promise the whole global society, but also has the profound meaning for the sustainable development of the China's booming urban economy. Although the access to the urban healthcare service of the migrant workers has achieved a certain level, there is still a long road towards the real equality between the rural migrant workers and the urban citizens in China.

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Appendix 1:

The most Difficult Thing for Migrants to Live in Nanjing (N=578)

Difficulties	Number	Percentage
insufficient housing area	107	18.5
education of children	69	11.9
marriage affairs	10	1.7
language problems	28	4.8
being discriminated	40	6.9
high consumption	121	20.9
lack of sense of security	24	4.2
difficulties of hunting a job	73	12.6
Others	85	14.7
Did not answer	20	3.5
System error	1	0.2
Total	578	100.0

Resource: Urban New Migrants: Research Report on Floating Population in Nanjing, Zhu & Chen (2003:95)

Appendix 2: Interview with the Doctors from the Health School

1. What is the goal of establishing the “health school”?
2. Besides free physical examination, are there other activities for the rural migrant workers?
3. What kind of rural migrant workers can be provided with free health service?
4. By what channels do the hospitals let the rural migrant workers know about the activities?
5. How many rural migrant workers (who have the rights) actually enjoy the free health service?
6. Does the hospital have the requirement that all the rural migrant workers accepted free physical examination have to have health insurance?
7. What kind of advices the hospital usually gives to those who have no health insurance but have hidden trouble in health?
8. What kind of rural migrant workers has the possibility to suffer from occupational diseases?
9. How does the hospital deal with those who have slight occupational diseases?
10. Does the hospital analyze the result of the physical examination?
11. What is the general attitude of the rural migrant workers concerning their health status?
12. What do the rural migrant workers concern more?
13. Compared with other urban women, where do the women migrant workers tend to choose to produce child?
14. Compared with other urban women, what kind of reproductive problem the rural women migrant workers tend to confront?

15. From the hospital's point of view, which part should be paid more attention concerning the health status of the rural migrant workers?

Appendix 3: Interview with the Rural Migrant Workers

1. How do you think of your health status?
2. How frequently do you get sickness?
3. What is the common sickness do you usually suffer from?
4. The common sickness your rural fellow (in the city) usually suffer from;
5. How do you do if you get sick?
6. How do your rural fellows do when they suffer from diseases?
7. Do you have health insurance?
8. If you have no health insurance, do you hope your employer buy that for you?
9. If your employer does not buy health insurance for you, will you buy that for yourself?
10. Where do you live in Nanjing?
11. How much is your monthly salary?
12. How long do you work every day?
13. Do you work at weekend?
14. Have you heard about regulations to improve the health status of the rural migrant workers in Nanjing?
15. If possible, mostly, what do you hope the government does for your health?
16. Do you think there exists different treatment between you and urban citizens?
17. What are the usual reasons that make you feel bad or in bad emotion?
18. What do you do when you feel bad or in bad emotion?
19. Do you know what the epidemical diseases are (such as hepatitis, HIV)?
20. Do you smoke?
21. Is that comfortable for you not to have Nanjing Hukou? Does that influence your daily work?