

Current access to health care services among children in migrant women's families in industrial parks and export processing zones in Ho Chi Minh City

Vu Van Hieu¹

Ton Duc Thang University, Ho Chi Minh city, Vietnam

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Keywords:

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Summary:

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Children in migrant families face many difficulties in accessing health care. The study indicates access to information, access to support, and the factors affecting access to health care among children in migrant workers' families in industrial parks and export processing zones in Ho Chi Minh City currently.

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I. Introduction

In order to enhance the attraction of resources, transform the economic structure, and create a premise for the integration of Vietnam's economy with the world, models of industrial parks, export processing zones, and cross-border economic zones have been formed. In the first phase of the Doi Moi (1991-1994), the first export processing zones were established. From 1994 to 2003, with the aim of promoting investment attraction, diversifying and developing export-oriented industries, industrial parks, high-tech zones, and cross-border economic zones were formed. Nowadays, models of industrial parks and concentrated export processing zones towards sustainability and depth have been widely developed in large cities, provincial cities and towns, contributing to promoting industrialization and modernization of the country and creating jobs for workers, most of whom are migrant workers.

With the integration trend, migration has become an important factor in the socio-economic development of the country. Migration is regarded as an opportunity to promote equal and widespread development and reduce regional disparities (United Nations Vietnam, 2010, p. 9). Migration cannot only solve economic problems for people in rural areas, but it can also partly solve the problem of labor "demand" of urban areas, industrial parks, and export processing zones (Dinh Quang Ha, 2010, p. 80).

According to the General Statistics Office (2016), the living conditions of migrants are somewhat more limited than that of non-migrants. That is, the proportion of migrants living in rented/borrowed houses is 6 times higher than that of non-migrants, their housing areas are smaller, and the migrants who have school-age children (5-18 years old) not going to school are also more (General Statistics Office and United Nations Population Fund, 2016, pp.3&4). Female migrant workers with children under 6 years old, who are the most vulnerable, also face many difficulties and challenges regarding social security for themselves and their families, especially their children. The study focuses on women with children under 6 years old in industrial parks and export processing zones in Ho Chi Minh City in terms of access to health services such as information, medical examination and treatment,

¹ Email: vuvanhieu@tdt.edu.vn

vaccinations, health insurance, etc. Survey results show that there is a need for improvement in access to information and health insurance for migrant women and families with children under 6 years old.

II. Methodology

Document analysis

Research and analyze reports of the Government, Ministries, central agencies, and mass organizations and the study area (Ho Chi Minh City, Hiep Phuoc Industrial Park, Tan Thuan Export Processing Zone); paper, report, and evaluation works of international organizations (UNICEF, Oxfam) and domestic scientific organizations; assessments from experts and scientists in related fields.

In-depth interview

The study conducted 14 in-depth interviews. In-depth interviews are representatives of parties involved in the process of helping workers in general and female migrant workers with children under 6 years of age in general access education and health services directly or indirectly. locality. The structure of the in-depth interview sample includes 02 representatives of health service providers; 01 representative of an educational service provider; 02 full-time staff in supporting children; 02 representatives of units with programs/projects to support children of migrant workers; 03 representatives of Youth Union, Women's Union; 01 trade union officer; 01 business owner employing migrant workers and 02 female migrant workers.

Group discussion

The study conducted 02 focus group discussions, the first focused to discuss migrant workers and another focus group discussion with representatives of stakeholders involved in helping female migrant workers with children under 6 years of age access services. education, medical. Each group discusses from 12 to 15 participants.

Survey

The study conducted surveys in areas including District 7, District 12, Thu Duc District, and Nha Be District, Ho Chi Minh City in association with 02 industrial parks (Hiep Phuoc Industrial Park, Tan Binh Industrial Park) and 02 export processing zones. (Tan Thuan EPZ and Linh Trung I EPZ). The number of questionnaires is 350. The sample structure includes the following criteria: age, gender, area of origin, area of residence, specifically as follows:

Table 2.1. Characteristics of the questionnaire survey sample

		Number of subjects	Percentage (%)
Age	Under 30	114	32.6
	30 - 40	129	36.9
	40 - 50	61	17.4
	50 - 60	35	10.0
	60	11	3.1
	Total	350	100.0
Gender	Male	154	44.0
	Female	196	56.0
	Total	350	100.0
Area	North	71	20.3
	Central	75	21.4
	Southern	204	58.3
	Total	350	100.0
Field	Thu Duc district	100	28.6
	District 7	100	28.6
	Nha Be district	100	28.6
	District 12	50	14.3
	Total	350	100.0

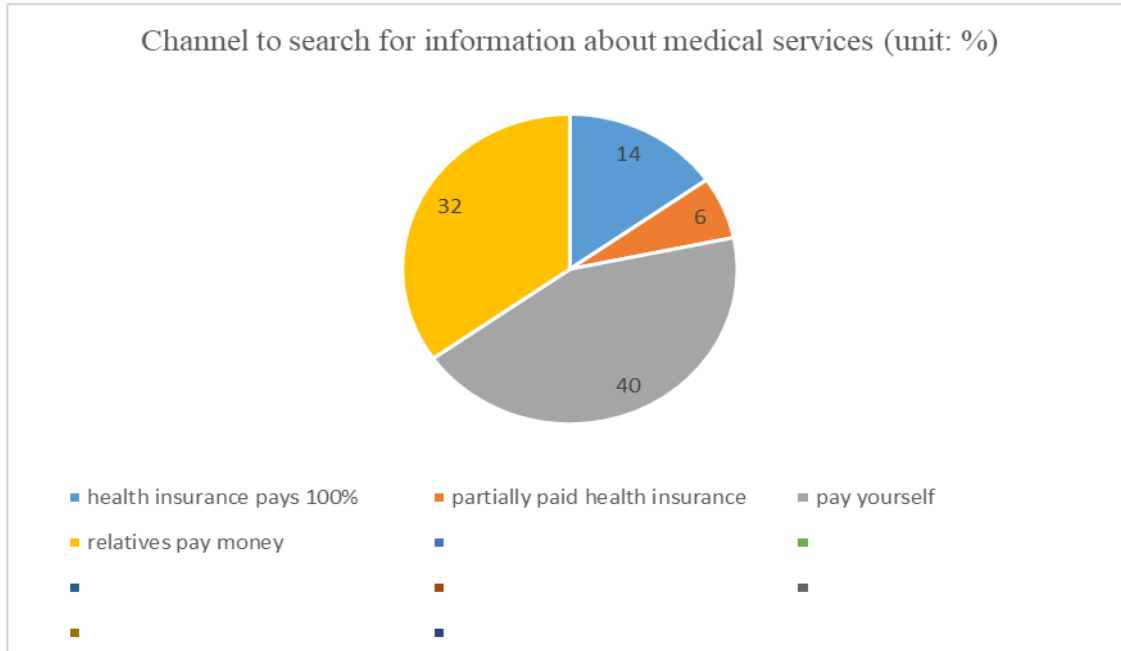
Main results

Healthcare is a very broad and multidimensional field. In limited capacity and conditions, the subject observes and learns in a number of contents: information channels used to learn about medical services, medical

examination, and treatment services, and the use of health insurance in health care and access to national immunization programs for children.

Regarding access channels to health information: The survey shows that the internet is main, accounting for 58.8%, followed by channels including TV/radio (35.4%), friends (28.8%), family (25.4%), local officials (22.5%)

Figure 1. Information channels to learn about medical services

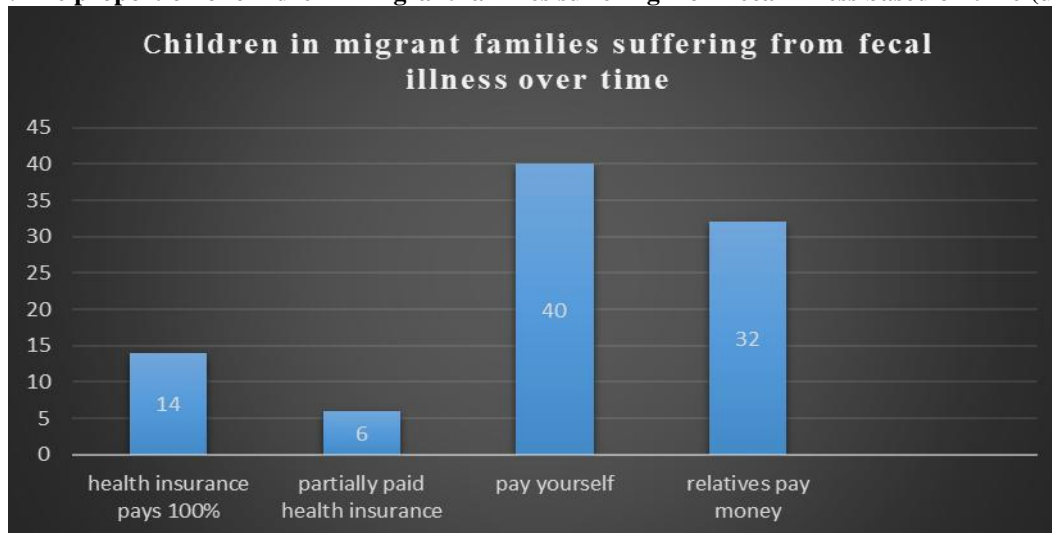


Source: The author's survey, N = 350

Documents/brochures are the research channels with the lowest rate, only 3.3%, and the next is the information channel from social organizations/projects (5%). Industrial worker support centers also have a very modest rate, only 7.5%; while Trade union is the information channel with the rate of 17.1%. Thus, it can be seen that the industrial zone worker support center is not an important information channel used to find out information about medical services as well as educational services.

Regarding access to medical examination and treatment services, the research was carried out in terms of the rate of illness, the treatment of the disease of the migrant family with children under 6 years old

Figure 2. The proportion of children in migrant families suffering from fecal illness based on time (unit: %)

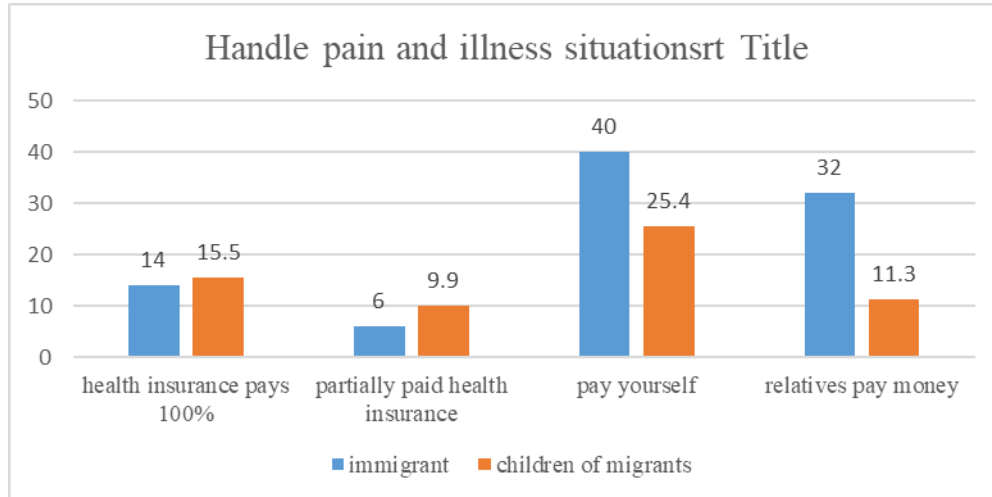


Source: The author's survey, N = 350

Up to 37% of children from migrant families have suffered from pain or illness within 3 months of the survey time, 20.9% of children have suffered from pain or illness within the past 3 months to 1 year, and 10% of children pain, illness beyond 12 months.

Regarding how to deal with pain and illness of themselves and children of migrant families, the percentage of survey respondents chooses to go to a health facility when they and their children are sick is the highest, the rate of 67.3% and 83.6% respectively, followed by self-healing at 27.4% and 12.8% respectively. It is quite interesting and consistent with the fact that the percentage of survey respondents tends to self-medicate rather than self-medicate their children and the habit of self-declaring their body condition to buy medicine instead of visiting a doctor to get a diagnosis of pain and illness.

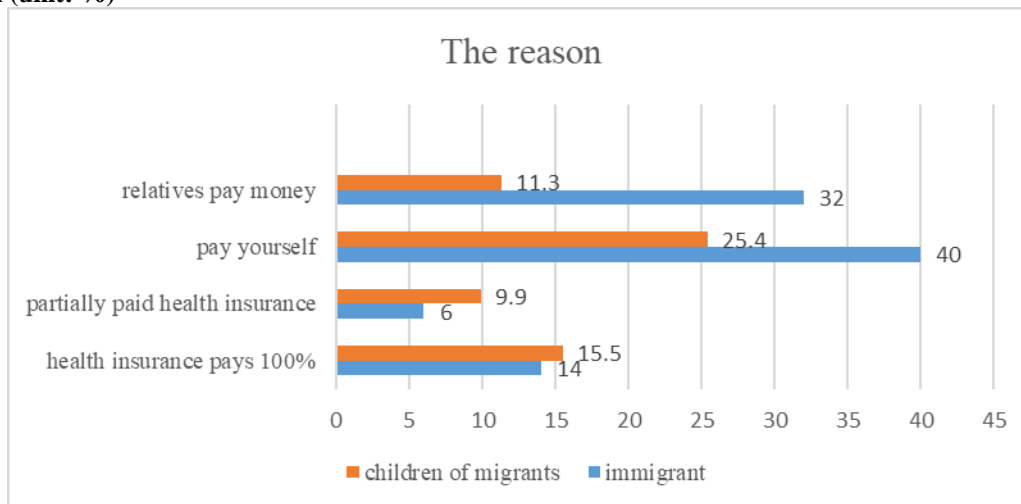
Figure 3. Percentage of female migrant workers using self-treat pain and illness of themselves and their children (unit: %)



Source: The author's survey, N = 350

One of the main reasons for this situation is the nature of their work. Working time per day is too much and concentrated at company/office, the little time left is devoted to ensuring family activities and taking care of children. Therefore, they almost do not have enough time and conditions to take care of their own health, especially when the body is in pain but the disease is not severe enough to have to take time off to go to a medical facility. These accumulations of diseases lead to inevitable consequences related to occupational diseases that workers in general and female migrant workers encounter when they have passed the golden health period (after the age of 40 in women).

Figure 4. The reason why female migrant workers do not seek medical care when they and their children are sick or ill (unit: %)



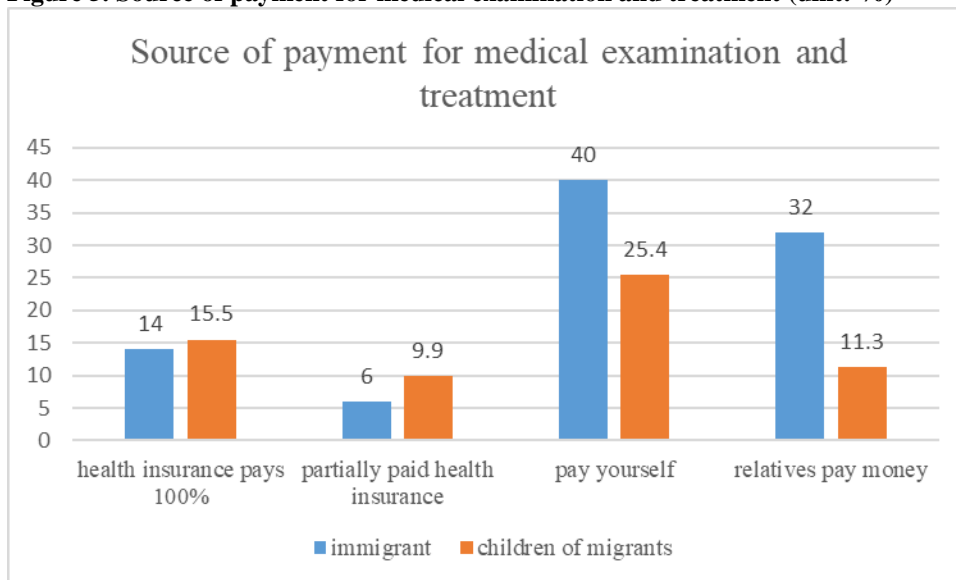
Source: research result N=350

Although the rate is not high (less than 10%), the above chart shows that there is a certain subjectivity in taking care of and protecting the health of themselves and their children among female migrant workers.

State hospitals (central, city, district) is the place chosen for medical examination and treatment with the highest rate, accounting for 73.9% for female migrant workers and 56.2% for children of migrant workers, followed by private hospitals and clinics with 14.4% and 24.6% respectively, commune health stations having very low rates, with 7.8% and 9.2% respectively. This reflects the fact that health stations are not the preferred choice in medical examination and treatment of people because of limitations in medical staff as well as infrastructural conditions. Besides, they are the peace of mind and safety of the medical examination and treatment. This has put great pressure on upper-level hospitals while many common diseases can still be examined and treated at grassroots-level medical facilities such as clinics.

Research on the source of medical examination and treatment costs, the results show that there are two (02) sources of expenditure with the highest percentage, 1) partially paid by health insurance and 2) from self-paying medical examination and treatment patients. The specific results are as follows:

Figure 5. Source of payment for medical examination and treatment (unit: %)



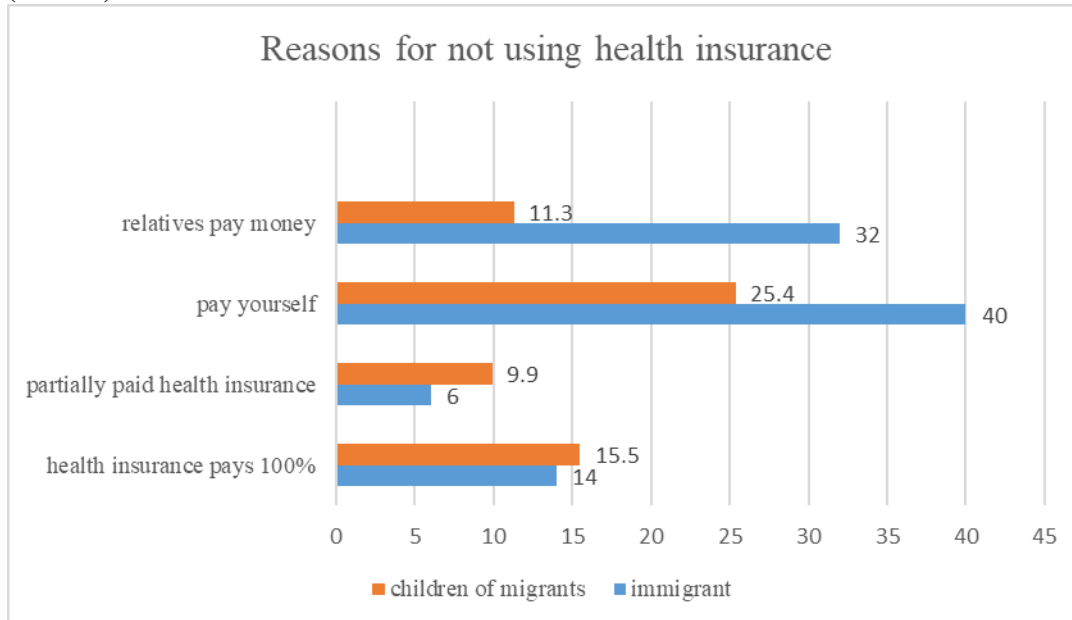
Source: The author's survey, $N = 350$

The rate of self-pay for medical examination and treatment is still quite high: 32% for female migrant workers and 48.5% for children of migrant workers. While the source of expenditure for medical examination and treatment from health insurance is low. If including 100% health insurance and partial health insurance, the rate is 67.4% for female migrant workers and 45.3% for children of migrant workers. This puts great financial pressure on themselves and their families, especially migrant worker families with low and moderate incomes.

Finding the reasons for not having health insurance, 34.4% of survey respondents said that it is not necessary (accounting for the highest percentage of reasons), followed by no money to buy (33.9%). For the type of health insurance currently in use, 71.9% is compulsory health insurance for employees and encouraged for students in schools, 14.9% is health insurance for children under 6 years old according to government regulations, 11.2% is voluntary health insurance, 2.1% is other types of health insurance.

The main reason for not using health insurance for the most recent medical examination and treatment is that it takes a long time (40%), poor quality of health insurance services (32%), unnecessary (14%), complicated procedures (6. %).

Figure 6. Reasons why migrant workers do not use health insurance in the most recent medical examination (unit: %)



Source: The author's survey, $N = 350$

As can be seen, migrant workers in general and female migrant workers, in particular, are not aware of the importance of health insurance in reducing medical examination and treatment costs; the vast majority of health insurance premiums are obtained from compulsory and free health insurance; the rate of participation in voluntary health insurance is still very low. Time-consuming and quality health care services covered by health insurance are two of the main reasons why migrant workers do not use health insurance for the most recent medical examination and treatment.

Regarding access to immunization for children under 6 years old, survey results show that most of them are vaccinated, accounting for 97.8%, only 2.2% have not been vaccinated. The reason for not injecting is that they do not know where to inject and no one has been informed to inject. This reflects the lack of interest of some parents in their children's immunization, so they did not actively find as well as contact relevant stakeholders.

III. Conclusion and Recommendation

First of all, immigrants must be recognized as a disadvantaged group because of their lack of resources. Immigrants face many barriers regarding residence, registration for temporary or permanent residence. They also have difficulty accessing health care services because of information gaps and financial conditions. Moreover, it is necessary to further promote the role of women's unions, trade unions, and civil society organizations; things that can help immigrant women and children access full health care information and processes.

The biggest issue for migrant workers is employment because many workers face precarious employment and lower wages. Many businesses often pursue the goal of profit and low costs through not ensuring working conditions, long working hours, and restricting employees' access to social benefits. along with that is the low quality of life when they live in narrow apartment blocks. Meanwhile, the current voluntary social insurance policy is not attractive to migrant workers, especially female migrant workers; while the coverage of health insurance in the informal sector, mostly migrant workers, depends on the status of labor with or without a labor contract. Another difficulty is that migrant workers who want to buy health insurance need a temporary residence registration book and written consent from the landlord, they can only buy voluntary health insurance when the landlord also buys it; Regular or irregular social assistance regimes do not have separate policies for short-term temporary residents such as migrant workers. Therefore, migrant workers are greatly limited in benefits in terms of medical examination and treatment, occupational accidents, occupational diseases, maternity regime, etc. this situation requires the strong participation of the government, policy campaigners, and social organizations; things that can connect and help migrant women and children access better health care and better living conditions. Because there is no denying the contribution of migrant workers to the economy and they are being treated unfairly.

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