American Research Journal of Humanities & Social Science (ARJHSS)
E-ISSN: 2378-702X
Volume-06, Issue-03, pp-90-97
www.arjhss.com

Research Paper Open Access

Current Situation of Migrant Female Workers' Access to Education and Health Care in Hanoi

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ABSTRACT: Access to social assistance services such as education and health determines the social security of migrant workers. This study will deeply analyze the current status of access to education and health care, an important pillar towards the goal of ensuring social security for migrant female workers in Hanoi city. The study will contribute to identifying the real-life situation of migrant female workers, making policy recommendations to improve the accessibility and quality of social support services in general and education, and health care for migrant female workers in particular.

Keywords: Education, health care, migrant female workers, accessing

I. INTRODUCTION

Migration brings many benefits in terms of economic and social development for both places of origin and destination, for both international migration and internal migration. However, migration also has the potential danger to create inequality for migrants. Many migration-related problems can become serious social problems in many countries, territories or localities. Migrants' access to social assistance services including to education and health care is a major issue of interest to many organizations and researchers.

Regarding internal migration in Vietnam, Nguyen Viet Dinh (2020) shows that migrant workers in Vietnam often face difficulties in accessing social services, of which 90% have difficulties in accessing public social security services; 70% do not have access to public health services and only 44% use health insurance cards. The lack of health insurance comes from poor awareness and complicated household registration requirements. Meanwhile, there are almost no informal workers having social insurance. For voluntary social insurance only attract a very small number of participants. Data from the General Statistics Office (2020) shows that migrant children are more disadvantaged than non-migrant children in attending junior and senior secondary education. Compared to the year 2009's results, the attendance rate of migrant children aged 11-18 is higher. However, the proportion of children who migrated between provinces and had access to education was only 55.7% in 2019 which is a major matter of concern because nearly 50% of children who migrated between provinces did not have access to general education, a basic level of education, an important mean to improve qualifications and create future career opportunities.

The lack of stable housing leads to limitations in the household registrations policy, thus affecting the benefits in terms of social assistance services like permanent residents. This target group has to pay higher costs for health, education or other social services. Hoang Ba Thinh (2011) pointed out the difficulties and barriers of female migrant workers in the informal sector in having access to social security in specific aspects: social insurance policy, health insurance; education and medical services…

This study will deeply analyze the current status of access to education and health care, an important pillar towards the goal of ensuring social security for migrant female workers in Hanoi. The study will contribute to identifying the real-life situation of migrant female workers, making policy recommendations to improve the accessibility and quality of social support services in general and education, health care for women migrants in particular.

II. METHODOLOGY

This is a mixed, cross-sector study. Data collection was carried out in 2022. Regarding the quantitative method, the study uses the quota sampling method due to the difficult-to-access characteristics of female migrant workers, in which the total number of survey samples is 240. Since the study focuses on two specific groups: female migrant workers working in informal sector and female workers working in industrial zones,

each specific researcher group conducted a survey on 120 women. The first group of female workers was in Hoang Mai District, where many unemployed female migrant workers come to find work, and the second group was in Dong Anh, an area with many businesses and industrial zones. The obtained filled-in-questionnaires were then cleaned and analyzed using SPSS 22 software.

Qualitatively, the study conducted a survey on 26 persons, including: 12 in-depth interviews with female migrant workers. Interviewees were selected by the Commune Women's Union to the criteria of age, marital status and occupation; 10 officials of the local governments and mass organizations, including 04 officials of the Labor, War invalids and Social affairs sector, 04 officials of the commune Women's Union, 02 officials from district Women's Union, were made. The balance between rural and urban areas and gender of staff have been seriously considered The list of officials will be searched from the area of residence of the female migrant workers who are interviewed in depth; 04 of NGOs involved in supporting female migrants. The in-depth interviews were all asked for permission before recording, during the tapes transcription, the principle of random re-checking was followed to ensure accuracy. The content was processed using NVIVO 14 software.

III. FINDINGS

3.1. Access to education of migrant workers and their children still faces many barriers

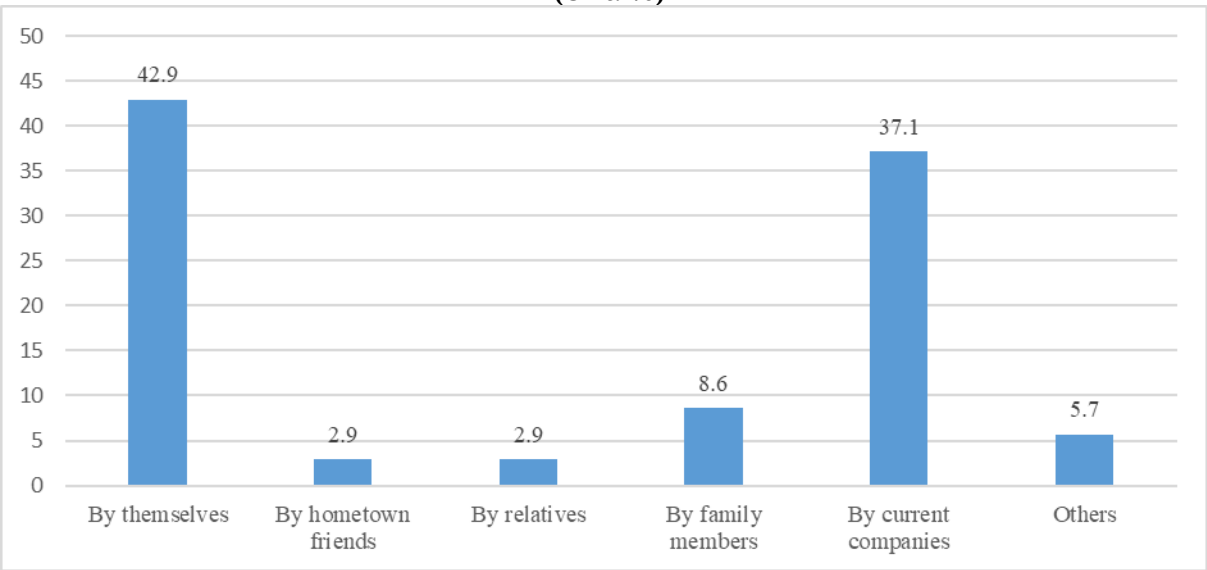
Female migrant workers having received vocational training before migration accounts for a low percentage of only 33.2%. However, after migration, only 21.7% received vocational training. Thus, there are still many female migrant workers who have not received vocational training. This result shows that the limitation in access to education of female migrant workers will directly affect their job and income level during the labor migration process.

Regarding the post-migration vocational training places, the survey results show diversity, in which university training accounts for the largest proportion with 34.3%, followed by local companies with 28.6 %, vocational training centers 20% and the lowest are colleges, intermediate schools with 17.1%.

"In general, after I had finished high school in my hometown, I went to Hanoi to continue studying at a pharmacy college, then after I finished my studies, I stay in Hanoi to work. Because I studied in Hanoi for 3 years, I'm used to the environment up here. Hanoi is also more developed than the countryside. If now I go back to my hometown to sell medicine, my understanding of medicines would be very limited. I understand more medicines by selling to many different patients here. Also, if I go back to my hometown, I won't have much to do, I guess I would do farming only. I wouldn't want to waste my learning efforts." – IN-depth interview, saleswoman, 24 years old, Nam Tu Liem District.

Regarding access to vocational training information, the survey results show that female migrants who actively seek information takes up 42.9%, followed by information from local companies with 37.1%, the rest (a small percentage) seeks information from other sources. As such, most of female migrants do not receive support from anyone and have to find information about the job themselves.

Chart 1. Sources of information on vocational training for FMW
(Unit: %)

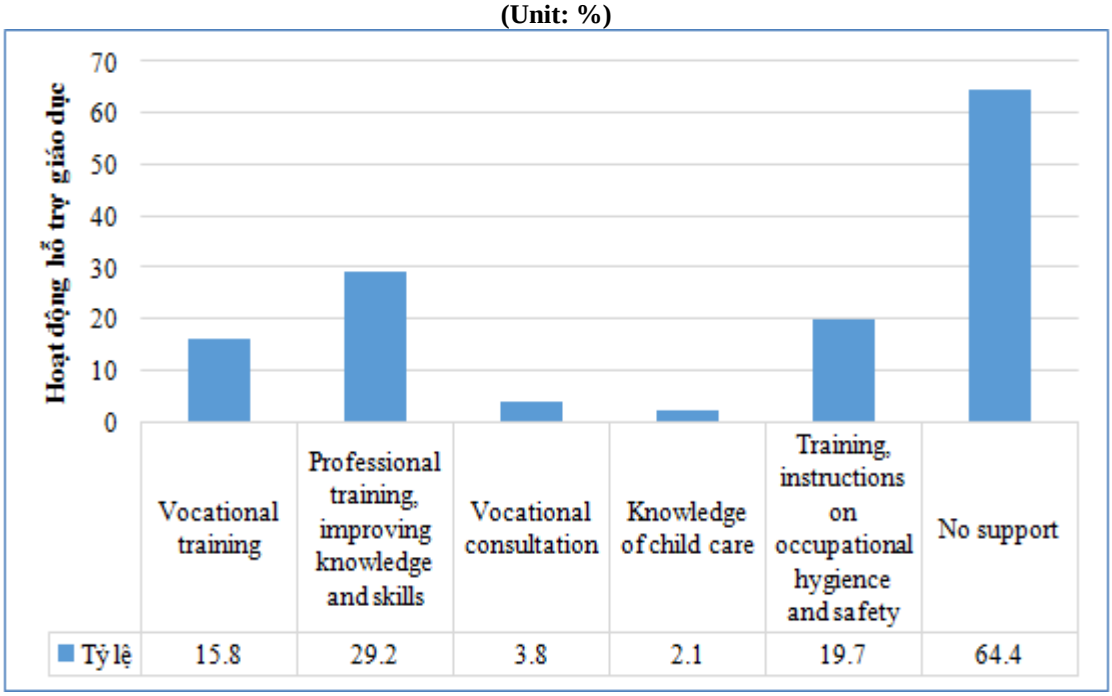


Source: Survey of the Study

Thus, about 3/5 of female migrant workers did not receive any education support after migration. For those who received education support, it came mainly from the employer, therefore, the information was mainly related to the work they were doing.

The survey results showed that female migrant workers who did not receive any support accounted for the largest proportion with 64.4%. In which, the older the age group, the more they did not receive support, specifically, the age group from 20-29 was 57.1%; the age group from 50-59 was 96.2% (increased by 39.1%), and the age group over 60 accounted for the absolute rate of 100% (increased by 42.9%). People doing simple jobs accounted for the most with 93.5%, followed by sales staff at 68.1%, and notably, unskilled workers accounted for 54.7%.

Chart 2. Educational support activities to female workers after migration
(Unit: %)



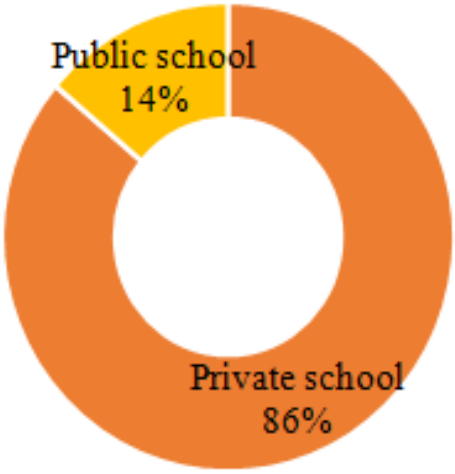
Source: Survey of the Study

The educational support activities that migrant workers received the most was "professional training, improving knowledge and vocational skills" with 29.2%. In which, support coming from individuals and businesses accounts for the largest proportion with 78.9%. Those with an employment contract received four times as much support as those without a contract (46% compared with 10.5%). By occupation, those receiving support were mainly concentrated in the group of women working as office employees have the most support with 65.6% and those with jobs requiring expertise with 64.7%. Then there were other educational supports such as "training, instructions on occupational hygiene and labor safety" with 19.7%, "vocational training" with 15.8%... Therefore, people with labor contracts and with specific qualifications received more support than those without labor contracts and with low qualifications.

Regarding access to education of children: Survey results showed that about half of the women lived with their children from 5 to 18 years old, so the issue of children's access to education was important for female migrant workers.

Research results showed that: 100% of children were going to school, specifically 86.2% were currently studying in public schools, 13.8% were in non-public schools. In which, children in rural areas studied more in public schools than in urban areas, with the difference of 16.7% (94% compared with 77.3%) and on the contrary, children in urban areas studied in non-public schools 3,6 times higher than in rural areas (22.7% compared with 6%).

Chart 3. Type of school currently attended by children of female migrant workers (Unit: %)



Source: Survey of the Study

To be able to send their children to public schools, 46.9% of migrant women had to pay expenses and relied on relationships to facilitate their children to go to school. The costs to pay for children in urban areas to enroll in school are higher than in rural areas with a difference of 15.5% (55.0% compared with 40.4%). This deserves needed to pay attention to in order to develop support policies that ensure suitable education for migrant children because they had to bear costs much higher than their modest income.

" It's my husband who arranged schooling for our children. He had shared about it but didn't tell me the details. Moreover, my husband knows a lot of people, has many friends in Ha Tay and latter Ha Tay had also been merged into Hanoi, so it's not a big deal like other provinces. Therefore, my husband has make use of relationships to send our children to public schools, the cost needs to pay because nothing is free here" – in-depth interview, female garment worker, 38 years old, Hoang Mai District.

One problem raised during the in-depth interviews and group discussions was that many 9th grade students, due to their household registration, had to move back to their hometown to take the entrance exam for high school because they didn't have a household registration book at their place of residence. This is a big problem effecting equality of both migrant women and their children.

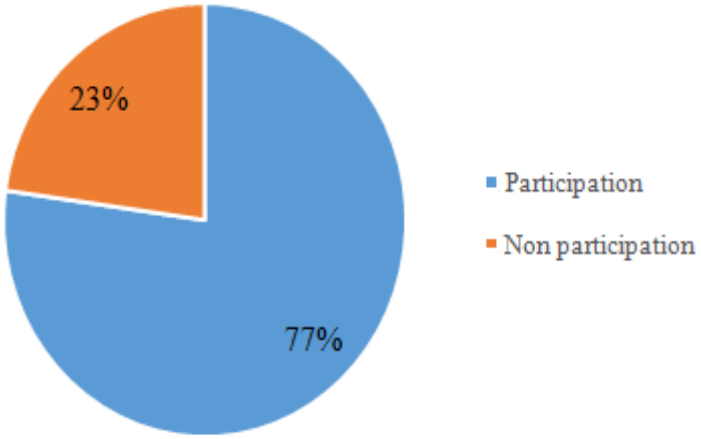
In general, there is a low percentage of female migrant workers received pre-departure vocational training. Only a small group received education and training after migration. Among this group, a small part going to universities and colleges, while the rest were trained in knowledge and skills related to work. In terms of their children's education, the majority of them are studying in public schools, but it is noteworthy that to attend these schools they have to pay hidden expenses. Until the classification after secondary school, children in migrant families without household registration are not guaranteed the right to study in Hanoi. Therefore, they have to return to their hometown to take exams and attend high school according to their correct studying route.

3.2. Access to health care

Health care is a matter of concern for migrant women's workers. In this study, the access of female migrant workers to health care was reflected in the rate of participation in health insurance and periodic health check-ups, accessing to medical examination and treatment services when getting sick.

The survey results showed that the percentage of female migrant workers with health insurance was 77%, of which 54.8% were 100% self-paid.

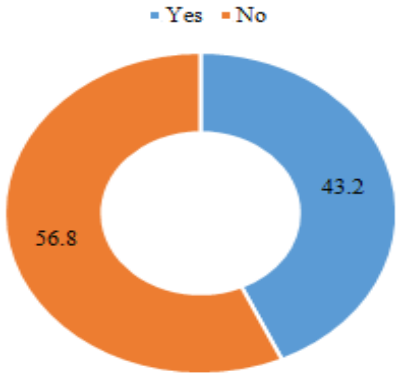
Chart 4. The current status of participating in health insurance
(Unit: %)



Source: Survey of the Study

Regular health check-ups every 12 months will help female migrant workers reduce health risks. In fact, only 43.2% of female migrant workers have regular health check-ups, which means that more than half of them do not go to regular health check-ups (Chart 5). One positive thing is that people in the older age group have a higher rate of regular health check-ups, specifically, 35.5% of those in the age group of 20-29 had checkups while in the percentage of the group of over 60 years old was 75%. The group with an income of over 10 million (VND) participates in periodical health check-ups was the most with 75%. Notably, female migrant workers in rural areas had more regular health check-ups than in urban areas, with a difference of 10.6% (49.1% compared with 38.5%). In particular, people with health insurance participated in regular health check-ups 3 times more than those without health insurance (51.1% compared with 16.4), but the rate of regular medical examination was still not high.

Figure 5. Periodic health check-up every 12 months
(Unit: %)



Source: Survey of the Study

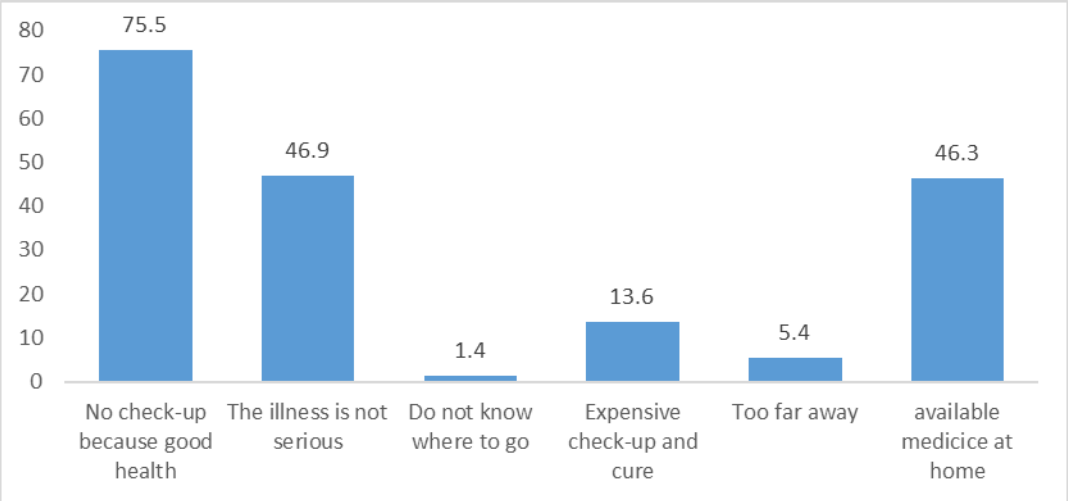
The places people go for medical examination and treatment are quite diverse, among 43.2% of people who went for regular medical examination, the state hospital is the most chosen by them with the rate of 49%; Notably, the commune health clinic was the closest place to them, but only 9.8% of them had regular check-ups.

"I don't often go to the health clinic here, and people here do the same. If I have a disease, I buy medicine for myself or go to a private clinic. The company does not organize regular check-ups. I go to the doctor myself. Every 6 months I and all my family members go for regular heath check-ups. My husband told the family to go for a health checkup every 6 months. No disease is good. In case a disease is discovered, it can be cured the sooner the better. I always go to the private clinic here. It has ultrasounds, endoscopy and everything. 4 people cost about more than 3 million VND in total. The health insurance I bought as a backup option. I have never taken the health insurance's medicine. I've been to E Hospital once before, I didn't have any difficulty there. However, if I want to have a health regular check-up there, I have to ask for a referral from the commune health clinic and then it refers me to E Hospital. I feel confused so I'll do the check-up here which would be quicker.

The examination can be done in the evening, so I have time." – in-depth, female worker, 47 years old, Dong Anh District.

Among 56.8% of female migrant workers who did not have a health checkup, the most chosen reason was "the body is still healthy " with the rate of 75.5%, the other reasons do not exceed 47. %.

Figure 6. Reasons for not having regular health check-ups
(Unit: %)



Source: Survey of the Study

Among those 75.5%, the difference between urban and rural areas was 5.8% (77.9% compared to 72.1%), between those with health insurance cards and those without health insurance was 7.8% (78% compared to 70.2%). Notably, women doing manual jobs accounted for the largest proportion with 85.7%. In addition, 46.9% of people thought that "the illness is not serious" so they did not need go and 46.3% thought that medicine was available at home. The informal sector female workers have limited access to medical and health care than the group of formal workers, which have a higher rate of health insurance participation.

"I don't have insurance, so I never go to the doctor. As I sometimes had a runny nose and headache, I went to the pharmacy to buy medicine and took them. When I have to go to the hospital, it takes the whole day, I have to take time off work, so I feel wasting of working time because I don't have money." – in-depth interview, female garment worker, 42 years old, Hoang Mai District.

"I have insurance, but I never go to the doctor. I also think that if I am treated with insurance, I will never be cured. Also, I think that if I go to the doctor and I will be found sick, then I don't have any money for treatment. It would have been better if I had gone to the doctor if I had detected the illness, but I had no money to cure it." – in-depth, female garment worker, 52 years old, Hoang Mai District.

In general, the health of women after migration is assessed to be lower than before departure. Yet more than half have not had a routine check-up in the past 12 months. The main reason given is that people are still healthy, and they can go to buy medicine on their own and their economic situation does not allow to do health check-up. Those who go to the doctor are mainly examined at state hospitals, besides they also have medical check-ups at companies and private clinics. It is noteworthy that women who do simple and free-lance jobs in urban areas are still overestimate their health due to their economic conditions.

IV. DISCUSSION

Through different surveys, it can be seen that the educational level and professional and technical level of female migrant workers are quite low. The results of the 2015 National Internal Migration Survey (GSO, UNFPA, 2016) showed that up to 75.7% of female migrants do not have technical qualifications. The data of this study also showed similar results, most of women workers who migrate have not received any professional training and after migration, their professional qualifications have not improved much.

Regarding their children's access to education, research by Phan Thi Thu Ha (2022) showed that public schools are still preferred by many migrant families for their children to attend, but this rate is still low: first child (60.5%); second child (58.7%); third child (31.1%); fourth child (52.9%); fifth child (50%). None of the options exceed 70%, compared with the results of this study of 86% attending public schools, this is a positive thing. This study showed more clearly a difficulty of migrants when having children need to pass the entrance exam to high school. Due to shortage of public school, the policy of segregation and limited quota to public high

schools, the Hanoi authorities and education sector invisibly "deprived" students from migrant families to equal access to education.

According to Bui Thi Hoa (2019), the actual evidence showed that female migrant workers from rural to urban areas are currently the group most at risk because of the lack of specific supportive policies on social security. They face discrimination and are "marginalized" from the destination community. Informal workers is the group not yet governed by the Labor Code, therefore, migrant women's groups face many risks in the process of working without being supported and protected. The protection, support and promotion of community integration for this group of workers through the development of public service delivery systems, access to training and employment opportunities, etc. is a requirement for policy makers.

The situation of female domestic migrant workers' access to health care services in the study also shares the problems of women who migrate internationally. UN Women (2020) has affirmed that social security is a universal right and a key element in the implementation of the 2030 Agenda for Sustainable Development Goals. However, in practice these rights are often excluded for immigrants, especially women. The report outlines the barriers that women face in accessing social assistance in particular and social security in general. Recommendations on the responsibility of the state in providing health care, maternity and essential support services to victims of gender-based violence. It can be seen that the gender issue in migration lies not only in the quantity but also in the specific difficulties in accessing and integrating social services, social assistance in general and access to education and health care in particular.

V. CONCLUSION AND IMPLICATION

Migrants have the right to social security, which is the goal in the declarations of the United Nations, the countries. Target 10.7, the UN 2030 Agenda for Sustainable Development, recognizes migration as an important aspect of development policies, urging governments to "create orderly, safe, regular conditions and responsible migration and movement of people, including through the implementation of well-managed migration policies and plans".

In addition to many favorable legal, cultural, social and human factors that help migrants quickly integrate and have a stable life at the destination, there are still many visible and invisible barriers; many subjective and objective factors hinder the full realization of migrants' rights at the destination, including access to education for migrants and their children; routine health care of migrants and family members.

Thus, the implementation of social assistance services, improving access to social assistance to ensure social security for migrants is a global policy and action; is the target of all countries including Vietnam. In the field of education and training, it is necessary to have more flexible vocational training policies, which are not only provided to employees when they start performing their first jobs, but also need to have relevant continuously training policies or retraining, vocational training to help workers in changing their careers in particular, especially migrant workers to big cities. This can help them to meet the requirements and challenges of work and being survival at the place of migration; help them to meet the main purpose of migration for many people, which is the economic matter. The policy of equality and fairness in accessing education at public high schools for migrant children will also contribute to helping migrant workers reduce worries about their children studying away from their parents; helping them feel secure to do jobs in the destination. With better income levels as well as available and improved health care support services and policies are favourable conditions for female migrants thus they would have better chance to care and protect their own health as well as other family members.

In Vietnam, the implementation of these supports, besides the key roles of the state, also needs the role of other organizations such as socio-political, social, and non-governmental organizations… Communities, social networks around migrants play an important role in providing resources, information and specific assistance to migrants.

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