

Tabea Bork-Hüffer

Migrants' Health Seeking Actions in Guangzhou, China

Individual Action, Structure and Agency:
Linkages and Change

Geographie

Franz Steiner Verlag

Megacities and Global Change
Megastädte und globaler Wandel
Band 4



Tabea Bork-Hüffer
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MEGACITIES AND GLOBAL CHANGE

MEGASTÄDTE UND GLOBALER WANDEL

herausgegeben von

Frauke Kraas, Jost Heintzenberg, Peter Herrle und Volker Kreibich

Band 4

Tabea Bork-Hüffer

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Gedruckt mit freundlicher Unterstützung der Deutschen Forschungsgemeinschaft

Umschlagabbildung:

Rural-to-urban migrants in Guangzhou, China. © Tabea Bork-Hüffer

Bibliografische Information der Deutschen Nationalbibliothek:

Die Deutsche Nationalbibliothek verzeichnet diese Publikation in der Deutschen Nationalbibliografie; detaillierte bibliografische Daten sind im Internet über [<http://dnb.d-nb.de>](http://dnb.d-nb.de) abrufbar.

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© 2012 Franz Steiner Verlag, Stuttgart

Druck: AZ Druck und Datentechnik GmbH, Kempten

Gedruckt auf säurefreiem, alterungsbeständigem Papier.

Printed in Germany.

ISBN 978-3-515-10177-6

CONTENTS

LIST OF FIGURES	11
LIST OF TABLES	13
LIST OF ABBREVIATIONS.....	17
ACKNOWLEDGEMENTS	19
SUMMARY	21
ZUSAMMENFASSUNG	23
1 INTRODUCTION: HEALTH SEEKING ACTIONS	
– THE FOCUS AND ITS RELEVANCE	25
1.1 Research Focus, Research Questions, Objectives, and Structure	25
1.2 The Research Focus in the Context of the DFG-Priority Programme 1233	29
2 THEORETICAL APPROACH: INDIVIDUAL ACTION, STRUCTURE, AND AGENCY – LINKAGES AND CHANGE.....	33
2.1 The Structure-Agency Debate and Outline of the Theoretical Approach.	33
2.2 The Human Being and Action: Individual Agent versus the Stratified Model of People and the Stratified Model of Social Reality	37
2.3 Structure: Recursively Organized Rule-Resource-Sets versus Emergent and Resultant Properties and Entities.....	44
2.4 The Interrelationship Between Agency, Structure, and Individual Action: Conflation versus Linkage	52
2.5 Magnitude, Scales, Pace and Dimensions of Morphogenesis (Change) ..	59
3 STATE-OF-THE-ART: HEALTH SEEKING BEHAVIOR, DEVELOPMENT OF THE CHINESE HEALTH SYSTEM, URBANIZATION AND MIGRATION IN CHINA, AND THEIR EFFECTS FOR HEALTH	63
3.1 Health, Health Seeking Actions and Behavior	63
3.1.1 Definition of Relevant Concepts and Delineation of the Focus on Health Seeking Actions and Behavior.....	63
3.1.2 Overview of Approaches to Health Seeking Behavior and Needs for Research.....	68

3.2 Health System Development in China under the Influence of Global Change and National Transition.....	76
3.2.1 From Socialism to “Hyper-Capitalism”? General Developments and Major Reform Lines in the Health Care System.....	76
3.2.2 Development of the Urban and Rural Health Care Provision Systems	81
3.2.3 Health System Reforms, National Transition and Global Change: Effects for Public Health	83
3.3 Urbanization and the Development of Villages-in-the-city under Conditions of Global Change and National Transition	85
3.3.1 Urbanization in China, the PRD and Guangzhou	85
3.3.2 The Development of Villages-in-the-city in the PRD and in Guangzhou.....	89
3.4 Rural-to-urban Migration and Migrants’ Health under Conditions of Global Change and National Transition	93
3.4.1 Rural-to-urban Migration in China: Definitions, the <i>Hukou</i> System, and Recent Developments	93
3.4.2 Migrants’ Health	95
4 PHILOSOPHICAL PERSPECTIVE, METHODOLOGY AND METHODS	99
4.1 Critical Realism, Social Constructivism and Mixed Methods Research as the Methodological Partner.....	99
4.2 Research Design	104
4.2.1 General Research Design	104
4.2.2 Research Design of Empirical Phase 1: Qualitative Exploratory Phase	107
4.2.3 Research Design of Empirical Phase 2: Qualitative Strand	109
4.2.4 Research Design of Empirical Phase 2: Quantitative Strand	110
4.2.5 Theory Development Phase, Meta-inference Phase and Presentation of the Results.....	111
4.3 Overview of Applied Methods.....	112
4.3.1 Qualitative Interviews: Types, Documentation, Analysis.....	112
4.3.1.1 Types of Interviews	112
4.3.1.2 Documentation and Transcription	114
4.3.1.3 Method of Analysis.....	115

4.3.2 Quantitative Survey: Design of the Instrument, Sampling, and Analysis	117
4.3.2.1 Design of the Survey Instrument	117
4.3.2.2 Sampling	119
4.3.2.3 Methods of Analysis	124
4.3.2.4 Excursus: (Inter-)correlations of Variables	125
4.4 Contextualization of the Research	130
4.4.1 Standards for Research, Evaluation Criteria and Research Constraints	130
4.4.2 The Cultural and Political Context and Ethical Considerations ...	134
4.4.2.1 (Mis)understanding Health Seeking Actions: Considering and Dealing with the Cultural Context and Cultural Barriers	134
4.4.2.2 “Muddled and Treacherous Waters”: Challenges for Social Research in the Chinese Context and Ethical Dilemmas	135
5 EMPIRICAL ANALYSIS: FINDINGS ON THE VARIETY OF HEALTH SEEKING ACTIONS AND THE PERCEIVED AND GENERAL CONDITIONS OF ACTIONS.....	139
5.1 Health Services for Migrants and Characteristics of the Migrant Sample.....	139
5.1.1 Health Facilities and Services for Rural-to-urban Migrants in Guangzhou and in Villages-in-the-city.....	139
5.1.2 Socio-demographic and Socio-economic Characteristics of the Migrant Sample	142
5.2 Physical and Mental Health Status and Predisposing Factors	146
5.2.1 Physical and Mental Health Status.....	146
5.2.2 Predisposing Factors and Other Reported Factors Influencing Migrants’ Physical and Mental Health Status	148
5.3 Migrants’ Health Seeking Actions and Plans for Taking Action	153
5.3.1 Health Seeking Actions for the Treatment of Physical Illnesses..	153
5.3.2 Plans for Action in Case of a Physical Illness	160
5.3.3 Actions Taken to Alleviate Stress.....	163

5.4 Migrants' Perspectives on Health Seeking Options and Reasons for (not) Taking Action.....	165
5.4.1 Migrants' Perspectives on Health Seeking Options and Reasons for (not) Taking Certain Actions to Cure Physical Illness	165
5.4.1.1 Migrants' Reasons for not Taking Action	165
5.4.1.2 Migrants' Reasons for Relying on Self Care	166
5.4.1.3 Migrants' Reasons for (not) Utilizing Health Services, Satisfaction with Health Care and Perceived Problems when Seeking Care	167
5.4.1.4 Migrants' Reasons for Combining Different Types of Health Seeking Actions.....	173
5.4.1.5 Family Members' Reasons for (not) Taking Action.....	173
5.4.1.6 Migrants' Reasons for Choosing Certain Plans for Action	174
5.4.2 Migrant's Reasons for (not) Taking Certain Actions to Alleviate Stress	175
5.5 Structural Conditions of Action	176
5.5.1 Health Insurance Schemes and Financial Resources	176
5.5.2 Occupational Preconditions	180
5.5.3 Sources of Health (Care) Knowledge, Health Beliefs and the Importance of Health	180
5.5.4 The <i>Hukou</i> System, Registration, and Social Status	184
5.5.5 Overall Evaluation of the (Strength) of Correlation of Selected Structural Conditions and Actions Taken	186
5.6 Agential Conditions for Action: Agents, their Interaction, and Power ...	192
5.6.1 Government Bodies.....	192
5.6.2 Health Services Providers	196
5.6.3 Other Individual Agents Including Members of the Social Network	200
5.6.4 Patient and Migrant Organizations.....	205
5.6.5 Insurance Providers	205
5.6.6 NGOs and Social Organizations in the Field of Health	206

6 DISCUSSION AND SYNTHESIS: UNDERSTANDING THE LINKS BETWEEN MIGRANTS' HEALTH SEEKING ACTIONS, STRUCTURE, AND AGENCY AS WELL AS THE IMPACT OF MORPHOGENESIS	209
6.1 Outline of the Variety of Identified Health Seeking Actions, Plans for Action and the Conditions of Action.....	209
6.2 The Human Being and Action: Characteristics of the Individuals and their Role in Health Seeking	217
6.2.1 Physical and Mental Health Status.....	217
6.2.2 Psychological Mechanisms as well as the Assessment and Decision Process	220
6.2.3 Persons and Actors: The Relevance of Intentions, Routines, Motives, Roles and Role-sets	222
6.3. Structural Conditions and their Interrelation with Health Seeking Actions	224
6.3.1 The Role of Agential Emergent Properties in Health Seeking	224
6.3.1.1 Rules: Regulations, Precepts, Instructions and Principles	224
6.3.1.2 Relations of Human Beings	229
6.3.1.3 Resultant Properties of Individual Actors	232
6.3.2 The Role of Agential Emergent Entities in Health Seeking	233
6.3.2.1 The Organization of Social Time-space and its Multifold Impact on the Conditions of Action	233
6.3.2.2 Established Systems of Rules and their Influence on Health Seeking	234
6.4 Agents, Power, the Morphogenesis of the Health Care System and their Effects for Health Seeking	242
6.4.1 Individual Agents of the Social Network and their Direct Influence on Health Seeking.....	242
6.4.2 The Role of Corporate Agents, Primary Agents, their Power in the Morphogenesis of the Health System and Effects for Health Seeking.....	243

6.5 Morphogenesis (Change) in China and its Interrelation with Health Seeking.....	248
6.5.1 Morphogenesis in China: Magnitude, Extension and Dimensions of Change.....	248
6.5.2 Morphogenesis in the Social Sphere.....	251
6.5.3 Morphogenesis in the Cultural Sphere.....	252
6.5.4 Morphogenesis in the Political Sphere.....	253
6.5.5 Morphogenesis in the Economic Sphere.....	256
6.6 Health Seeking: Action or Behavior?	257
6.7 Conclusions and Recommendations for Practice.....	260
6.7.1 Migrants' Access to Health Care	260
6.7.2 Governance Challenges in China's Urban Health Care System ...	265
7 FINAL CONCLUSIONS: INSIGHTS INTO HEALTH SEEKING ACTIONS.....	269
REFERENCES.....	273
APPENDIX.....	289

LIST OF FIGURES

Fig. 2.1: Overview of the theoretical approaches and concepts used in the development of my approach to health seeking actions.....	35
Fig. 2.2: The human being and action: a conceptualization of the characteristics of the individual that influence individual actions.....	42
Fig. 2.3: The linkage of structure and agency: Three different conceptualizations.....	55
Fig. 2.4: Individual actions and the conditions of action.....	59
Fig. 2.5: Cycles of morphostasis, cycles of morphogenesis and magnitudes of morphogenesis.....	61
Fig. 3.1: Scope and interrelationships of the concepts of health action/ behavior, illness action/ behavior, health seeking action/ behavior, and utilization action/ behavior.	65
Fig. 3.2: Framework of the choice of healer in relation to various possible explanatory variables.	71
Fig. 3.3: Stages in the health seeking process.	72
Fig. 3.4: Administrative division and diversification of health care in the Chinese urban health care system.	83
Fig. 3.5: Development and major trends of urbanization in China 1949–2025.	86
Fig. 3.6: Urban land expansion in Guangzhou 1979–2005.	89
Fig. 4.1: Three major research paradigms, including subtypes of MMR.....	103
Fig. 4.2: Realized general research design.	106
Fig. 4.3: Specific application of the structuring qualitative content analysis during empirical phase 2.	116
Fig. 4.4: Location of the 19 VITC that were the basis of the classification of VITC (cf. tab. 4.3) and the four sample VITC selected thereof for the quantitative survey.....	121

Fig. 5.1:	Educational attainment as well as personal and household income of the migrant sample.....	144
Fig. 5.2:	Provinces of origin of the migrants interviewed in the quantitative survey.....	145
Fig. 5.3:	Physical health status, mental well-being and level of stress among the migrant sample.	147
Fig. 5.4:	Health seeking actions taken for the treatment of physical illnesses.	157
Fig. 5.5:	Number of visits to health facilities: comparison of the overall Chinese population and the Guangzhou migrant sample.	159
Fig. 5.6:	Plans for action in case of a physical illness with minor and severe symptoms.	162
Fig. 5.7:	Health seeking actions, reasons for not taking action and self care actions taken to alleviate perceived stress.	164
Fig. 5.8:	Assumed and encountered problems when seeking care in Guangzhou.	171
Fig. 5.9:	Health insurance coverage among China rural and urban populations as well as the migrant sample in Guangzhou.	177
Fig. 5.10:	Sources of health knowledge and knowledge on health care facilities and health professionals.	181
Fig. 5.11:	Types of support that migrants received from members of the social network in case of an illness.	202
Fig. 6.1:	Health seeking actions of rural-to-urban migrants in Guangzhou and the conditions of action: connection of the findings with the theoretical approach presented in chapter 2.4, fig. 2.4.....	213
Fig. 6.2:	Health seeking actions and the conditions of action: combinations of actions and the development of structure-agency interaction and individual health seeking actions throughout time.	216
Fig. 6.3:	Power, exertion of influence and types of interaction of corporate and primary agents in the Guangzhou urban health care system and the resulting morphogenesis of the health care system from 1979 until 2009.	245

LIST OF TABLES

Tab. 1.1: Members of the project and field research teams and their institutional affiliation.	31
Tab. 2.1: Types of agents and their integration at the structural level according to Archer (1995).	43
Tab. 2.2: Types of structure according to Giddens (2000 ¹²).	47
Tab. 2.3: Three types of structure: natural environment, structural and agential emergent properties and entities.	48
Tab. 2.4: Interpretation of the meaning of Giddens' (2000 ¹² : 22) four pairs of opposing manifestations of rules.	49
Tab. 2.5: Selected features of the three types of structure that enable and constrain action.	51
Tab. 3.1: Original definitions of terms related to the field of health seeking.	64
Tab. 4.1: Overview of units of analysis, interview types, field research teams that conducted the interviews, number of interviews used within the frame of this thesis as well as sampling and documentation methods for empirical phases 1 and 2.	113
Tab. 4.2: Types of questions used in the quantitative survey and examples from the questionnaire.	117
Tab. 4.3: Classification of VITC according to basic characteristics and resulting environmental health factors as well as availability of general health facilities (cf. 5.1.1).	122
Tab. 4.4: Some aspects of the coverage bias between the sampling frame and the target population.	123
Tab. 4.5: Name, number of categories and explanation for groupings for variables used in the tests for association.	126
Tab. 4.6: Intercorrelations of variables that are considered in chapter 5.	128
Tab. 4.7: Postulations in MMR and their implementation in the research process.	131

Tab. 4.8:	Postulations in qualitative social research, their implementation in the research process and constraints to their implementation.....	132
Tab. 4.9:	Standards in quantitative survey methodology, their implementation in the research process and constraints to their implementation.....	133
Tab. 5.1:	Comparison of selected social and demographic characteristics from the 1990 and 2000 census for the floating population as well as the 2008 migrant sample for Beijing and the survey with migrants in Guangzhou in 2008.....	144
Tab. 5.2:	Bivariate correlations for the variables "SF-36 item 1", "WHO-5", and "PSS-4".....	149
Tab. 5.3:	Interrelationships of the variables "SF-36 item 1", "WHO-5" and "PSS-4" with significantly correlated independent variables.....	151
Tab. 5.4:	Variety of health seeking actions taken for the treatment of reported physical illnesses with minor symptoms.....	154
Tab. 5.5:	Variety of health seeking actions taken for reported physical illnesses with severe symptoms.....	155
Tab. 5.6:	Variety of health seeking actions taken by the interviewees' family members for the treatment of reported physical illnesses with minor symptoms.....	159
Tab. 5.7:	Variety of health seeking actions taken by the interviewees' family members for the treatment of reported physical illnesses with severe symptoms.....	160
Tab. 5.8:	Plans for action in case of a future physical illness with minor symptoms.....	161
Tab. 5.9:	Plans for action in case of a supposed physical illness with severe symptoms.....	161
Tab. 5.10:	Variety of actions taken to cope with perceived stress as reported in the quantitative survey.....	163
Tab. 5.11:	Basic monthly household expenditures of the interviewees in the quantitative survey.....	180
Tab. 5.12:	Interrelationships of the variable "perceived status in comparison to locals" and "perceived status in comparison to urban residents" with significantly correlated independent variables.....	185

Tab. 5.13: Bivariate correlations for the variables “actions taken in case of cold”, “actions: utilization of hospitals”, “actions: utilization of CHSC and CHSS”, “actions: utilization of clinics” and “actions taken in case of stress”.....	188
Tab. 5.14: Interrelationships of the variable “actions taken in case of a cold” with significantly correlated independent variables.....	189
Tab. 5.15: Interrelationships of the variables “actions: utilization of hospitals”, “actions: utilization of CHSC and CHSS” and “actions: utilization of clinics” with significantly associated independent variables.....	190
Tab. 5.16: Interrelationships of the variable “actions taken in case of stress” with significantly correlated independent variables.....	191
Tab. 6.1: Types of regulations identified in the qualitative and quantitative survey as well as in the expert interviews that are relevant for migrants’ health seeking actions..	225
Tab. 6.2: Examples for precepts that were identified in the qualitative interviews and the quantitative survey and effects for health seeking actions.	227
Tab. 6.3: Examples for instructions and principles related to health seeking as identified in the qualitative interviews and the quantitative survey.....	229
Tab. 6.4: Positions that were identified in qualitative and quantitative interviews as being relevant for the interviewees’ health seeking actions.	230
Tab. 6.5: Interrelation of indications for general structure-agency morphogenesis with findings from the quantitative and qualitative data sources related to the health seeking actions of rural-to-urban migrants.....	250

LIST OF ABBREVIATIONS

A	Answer
BIS	Basic Urban Medical Insurance
BISE	Basic Urban Medical Insurance for employees
BISR	Basic Urban Medical Insurance for residents
CBD	Central Business District
CDC	Center for Disease Control
CCP	Chinese Communist Party
CHSC	Community Health Services Center
CHSS	Community Health Services Station
CECC	Congressional Executive Commission on China
CMS	Cooperative Medical Scheme
DFG	German Research Foundation (Deutsche Forschungsgemeinschaft)
FPSS	Family Planning Service Stations
GIS	Government Insurance Scheme
GMSB	Guangzhou Municipal Statistics Bureau
GSONBS	Guangzhou Survey Office of National Bureau of Statistics
ICT	Information and Communication Technologies
IHR	WHO new International Health Regulations
IV	Intravenous drip
LIS	Labor Insurance Scheme
MFA	Financial Medical Assistance Scheme
MMR	Mixed methods research
NBS	National Bureau of Statistics
NCMS	New Cooperative Medical Scheme
n.d.	No data available
NGO	Non-governmental organization
PRD 3	Project “Informal migrant communities and health strategies in urban villages of Pearl River Delta/ China – linking global change and urban health”, project of SPP 1233
Q	Question
SPP 1233	DFG-Priority Programme (Schwerpunktprogramm) 1233 “Megacities – Megachallenge: Informal Dynamics of Global Change”
SARS	Severe Acute Respiratory Syndrome
SD	Standard deviation
SOE	State-owned enterprises
STD	Sexually transmitted diseases
SYSU	Sun Yat-sen University, Guangzhou
TCM	Traditional Chinese Medicine
VITC	Villages-in-the-city

WHO	World Health Organization
WM	Western medicine
WTO	World Trade Organization

ACKNOWLEDGEMENTS

I am very grateful to Prof. Dr. Frauke Kraas for giving me deep insights into megaurban geography and the Chinese society as well as for her supervision of my PhD thesis. My deep gratitude also goes to Prof. Dr. Josef Nipper, Prof. Dr. Xue Desheng (Sun Yat-sen University, Guangzhou) and Prof. Dr. Dieter Böhn for their advice and support.

I particularly thank Rebecca Niemann, Birte Rafflenbeul, Regine Spohner, Veronika Selbach, and Chantal Lourier for their direct contribution through proof-reading and the design of figures.

Furthermore, my gratitude goes to the other members and the heads of the project team without whose support the data used in the frame of my thesis could not have been collected: Prof. Dr. Bettina Gransow and Yuan Yuan from the Free University of Berlin as well as Cai Jingshan, Huang Gengzhi, Dr. Li Zhigang, Liu Ye, Que Yue, Sun Jinyu, Xie Yanhan, Yuan Yuan, and Prof. Dr. Zhou Daming from Sun Yat-sen University, Guangzhou.

Additionally, I thank the other cooperation partners, namely Sabine Beisswenger, Pamela Hartmann, and Harald Sterly from the University of Cologne as well as Heiko Jahn, Dr. M.M.H. Khan, and Prof. Dr. Alexander Krämer from Bielefeld University.

I am thankful to the German Research Foundation (DFG) for funding.

The most I would like to thank my husband for his endless support and patience.

This PhD thesis was handed in at the Faculty of Mathematics and Natural Sciences of the University of Cologne. The date of the thesis defense was the 31st of January 2012. Prof. Dr. Frauke Kraas, Prof. Dr. Josef Nipper and Prof. Dr. Dieter Böhn were the referees.

Cologne, April 2012

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SUMMARY

Existing research on health seeking is characterized by an abundance of empirical studies. The few theoretical approaches are dominated by determinant studies and pathway models, which try to explain health seeking through a limited set of variables or a sequence of restricted steps in the health seeking process. In this thesis a new theoretical approach is developed and transferred to the example of rural-to-urban migrants living in the megacity Guangzhou, south-eastern China. The approach developed draws on insights from social theory, especially from Giddens (2000¹²) and Archer (1995). This thesis seeks to

- contribute to the social theory debate,
- expand existing approaches to health seeking with the concept of health seeking action,
- shed light on the health situation and the health seeking actions of rural-to-urban migrants in China, on which there has only been little international research so far, and to
- provide further insights into current dynamics and changes in the reform era in China and their effects.

Special attention is paid to the various interlinkages and interdependencies between structure, agency and individual action as well as to their development in time and space in order to understand the broader context of individual actions. The empirical research was conducted in Guangzhou, located in the Pearl River Delta (PRD). Since the beginning of the reform era, the PRD has been experiencing booming economic development and massive urbanization which pose special challenges for public health and for the provision of access to adequate health care for the population. Rural-to-urban migrants are a new and constantly growing segment of the population that has emerged in Chinese cities since the beginning of the reform era. Since migrants fall through the system due to the existence of separate rural and urban health insurance schemes, their lack of access to health care and the various alternative actions they take are a highly current theme.

A mixed methods research approach is applied that integrates qualitative and quantitative research methods. It is characterized by an inductive-deductive interplay in the research process. The primary data that is used consists of 39 qualitative interviews with migrants and a quantitative survey with 450 migrants as well as 29 qualitative interviews with representatives of administrative units of different levels, health services providers, representatives of NGOs and social organizations. The transfer of the theoretical approach to the example of Chinese rural-to-urban migrants showed that it has the potential to detect a substantial number of factors influencing health seeking and vice versa that have not been regarded in existing theoretical approaches to health seeking behavior. Among these are the characteristics of the individuals, e.g. psychological and social mechanisms and

the assessment and decision processes that impact health seeking actions. Besides, various structural factors are important in health seeking, e.g. different types of regulations in the health care and occupational systems and cultural health beliefs. Agents – individual agents, organized agents (corporate agents) and unorganized larger numbers of individuals who take similar actions (primary agents) and therewith have an impact on structure – were identified as influencing migrants' health seeking actions in an enabling and/ or constraining manner. Furthermore, it is demonstrated how the interaction and power relations between different types of corporate and primary agents influenced the development of the health care system in Guangzhou during the last three decades and how this in turn had an impact on migrants' opportunities for health seeking. Through the integration of a theoretical explanation of change (morphogenesis) it was possible to identify the impact of current dynamics, which China is experiencing in different spheres, on interviewees' health seeking actions. Overall, the results suggest that in most cases ill individuals played an active part in shaping their health seeking actions. Thus in most cases it was more appropriate to classify migrants' responses to health problems as health-seeking actions rather than as health-seeking behavior. Only if individuals are regarded as active decision makers who deliberately decide how they are going to solve a certain health problem, will it be possible to develop more appropriate approaches for practice.

ZUSAMMENFASSUNG

Die bisherige Forschung zur Genesungsorientierung (health seeking) ist durch eine Vielzahl empirischer Studien und einen Mangel an theoretischen Ansätzen gekennzeichnet. Letztere können unterteilt werden in

- Ansätze, die versuchen eine begrenzte Zahl von Variablen zu identifizieren, mittels derer genesungsorientiertes Verhalten erklärt werden soll (determinant studies), und
- Prozessmodelle (pathway models), die sich mit einem mehr oder weniger variablen Ablauf von Stufen im Prozess des genesungsorientierten Verhaltens befassen.

In der vorliegenden Arbeit wird ein neuer gesellschaftstheoretischer Ansatz vorgestellt, der auf einer Weiterentwicklung und Zusammenführung insbesondere der Ansätze von Archer (1995) und Giddens (2000¹²) beruht. Er wird auf das Beispiel von Land-Stadt-Wanderern angewandt, die in der Megastadt Guangzhou im Südosten Chinas leben. Damit strebt die vorliegende Doktorarbeit an:

- einen Beitrag zur Weiterentwicklung bisheriger Gesellschaftstheorien zu leisten,
- bisherige theoretische Ansätze zur Genesungsorientierung um den Ansatz des genesungsorientierten Handelns zu erweitern,
- die Gesundheitssituation und das genesungsorientierte Handeln von Land-Stadt-Wanderern in China zu analysieren, das bisher in der internationalen Forschung kaum Beachtung gefunden hat, und
- zur Untersuchung aktueller Dynamiken und Wandlungsprozesse in China und ihrer Folgen beizutragen.

Im Fokus stehen die vielfältigen Kopplungen und Abhängigkeiten zwischen Struktur, Interessen von verschiedenen Akteuren und individuellem genesungsorientiertem Handeln sowie ihre Entwicklung in Zeit und Raum, mit dem Ziel einen umfassenden Einblick in die Hintergründe individueller Handlungen zu gewinnen. Die Stadt Guangzhou liegt im Perlflossdelta, das seit Beginn der Reformpolitik einen massiven wirtschaftlichen Aufschwung, rasante Verstädterungs- und Urbanisierungsprozesse sowie eine starke Zuwanderung vom Land erfahren hat. Diese Prozesse haben neue Risiken und Belastungen für die öffentliche Gesundheit verursacht und die Gewährleistung des Zugangs der Bevölkerung zu Gesundheitsdienstleistungen stellt eine neue Herausforderung dar. Land-Stadt-Wanderer sind nicht von den nach Land und Stadt getrennten Krankenversicherungssystemen abgedeckt. Daher sind ihr mangelnder Zugang zu Gesundheitsdienstleistungen und die große Breite an alternativen genesungsorientierten Handlungen, die sie anwenden, ein besonders wichtiges und aktuelles Forschungsthema.

Ein gemischter Methodenansatz (mixed methods research approach) wurde angewandt, der sich durch einen deduktiv-induktiven Wechsel im Forschungsprozess auszeichnet. Die Primärdaten bestehen aus 39 qualitativen Interviews mit Land-Stadt-Wanderern und einer quantitativen Befragung von 450 Land-Stadt-Wanderern sowie 29 qualitativen Interviews mit Vertretern von staatlichen Verwaltungseinheiten verschiedener Hierarchieebenen, Gesundheitspersonal, Vertretern von Nichtregierungsorganisationen und sozialen Organisationen. Die Ergebnisse der Feldforschung haben gezeigt, dass mithilfe des neuen theoretischen Ansatzes viele relevante Faktoren für die Genesungsorientierung aufgedeckt werden konnten, die in existierenden Ansätzen keine Berücksichtigung finden. Dazu gehören verschiedenste Charakteristika des Individuums, die genesungsorientiertes Handeln beeinflussen wie psychologische und soziologische Mechanismen sowie der Bewertungs- und Entscheidungsprozess des Individuums. Zudem sind eine Vielzahl struktureller Faktoren bedeutsam: beispielsweise Regulierungen im Gesundheitssystem und im Arbeitssystem sowie kulturelle Überzeugungen. Akteure – individuelle Akteure, organisierte Akteure (korporative Akteure) sowie nicht organisierte Akteure, die durch ähnliche Handlungen Struktur prägen – haben genesungsorientiertes Handeln der Wanderer ermöglicht oder eingeschränkt. Es wird aufgezeigt, wie Interaktionen und Machtbeziehungen zwischen verschiedenen korporativen und primären Akteuren die Entwicklung des Gesundheitssystems in Guangzhou während der letzten drei Jahrzehnte beeinträchtigt haben und wie sich dies auf die Handlungsoptionen kranker Land-Stadt-Wanderer ausgewirkt hat. Auf der Basis einer theoretischen Erklärung von Wandel (morphogenesis) werden verschiedene Dimensionen des Wandels in China und ihr Einfluss auf die Handlungen der Land-Stadt-Wanderer diskutiert. Die Ergebnisse zeigen, dass die meisten Befragten ihre Optionen bewusst reflektiert haben, so dass es in den meisten Fällen angemessener ist, von genesungsorientiertem Handeln (health seeking action) als von genesungsorientiertem Verhalten (health seeking behavior) zu sprechen. Es wird argumentiert, dass adäquatere Ansätze für die Praxis nur entwickelt werden können, wenn Individuen als handelnde Subjekte betrachtet werden.

1 INTRODUCTION: HEALTH SEEKING ACTIONS – THE FOCUS AND ITS RELEVANCE

1.1 RESEARCH FOCUS, RESEARCH QUESTIONS, OBJECTIVES, AND STRUCTURE

Research on health seeking is dominated by empirical studies in developed and developing countries which have the aim to identify a limited number of factors that negatively affect health seeking. The great majority of these studies lack theoretical grounding making the concept of health seeking “a somewhat overutilized and under-theorized tool” (MacKian et al. 2004: 137) (cf. 3.1.2). Thus the potential of existing research and theoretical approaches to enhance our understanding of the various factors influencing health seeking and their mutual linkages is limited. Ward et al. (1997: 21) reasonably evoke:

“Western sociological and socio-psychological research in this area [health seeking behavior] has shown that it is erroneous to adopt simplistic models of health seeking behavior based on the following rationalistic assumptions: that symptoms of disease or ‘risky’ behaviors are always identified and/ or defined in health terms; that recognition of symptoms will necessarily or automatically result in health seeking behavior; that health seeking behavior will always take the form that scientific medicine thinks is most appropriate. [...] particular care needs to be taken to avoid transferring simplistic models of health seeking behavior to developing countries with very diverse [...] characteristics.”

There is a wide range of aspects that is relevant for people’s health seeking actions. I argue that, in order to analyze and understand health seeking in a more encompassing manner, it is necessary to identify and consider as many aspects as possible instead of limiting the analysis only to a small number of specific aspects. This includes, for example, the characteristics of the individual that have an impact on the way that individuals perceive and assess an illness and the conditions of action they face. Besides, many structural factors are relevant – e.g., the availability of health care infrastructure, cultural norms and health beliefs as well as regulations in the health care system and in the occupational systems. Moreover, an individual’s embeddedness in a broader social context that consists of various other individual and group agents must be taken into consideration, which can open up new opportunities or constrain options for health seeking. Furthermore, power relations shaping the layout of the health care system and people’s opportunities to engage with it must be considered.

In order to be able to unite these different interfaces, I draw on social theory approaches, which, for more than a century, have been seeking to gain a deeper understanding of individual actions and the various factors that influence them and vice versa. By merging and further developing different approaches, especially Archer’s (1995) morphogenetic approach and Giddens’ (2000¹²) structuration

theory, I have developed a new approach which analyzes individual action, characteristics of individuals, types of structure, different types of agents and the role of agency. In the center is the analysis of the linkages between these components, which also are fundamental for the understanding of their development throughout time and their change at various spatial scales.

The empirical research was conducted in the megacity Guangzhou, in Guangdong province, south-eastern China. Fundamental changes have taken place in the country, especially in the social and economical spheres, since the beginning of China's policy of opening to the outside world. Among these phenomena are increasing globalization of the economy, booming economic development, massive urbanization, waves of rural-to-urban migrants pouring into the cities as well as the breakdown of communist era social security schemes with substantial negative consequences for the population's access to health care and public health.

Guangzhou is located in the Pearl River Delta (PRD) which is currently one of the most rapidly changing places on earth. These changes have diverse and pervasive consequences for the population living in the PRD and pose special challenges for public health as well as for the provision of adequate health care. The units of analysis of my empirical research are rural-to-urban migrants, which are a new and constantly growing segment of the population that emerged in Chinese cities during the reform era. The focus was laid on those migrants who live in villages-in-the-city (VITC). VITC are a new type of marginal settlement that developed in the quickly expanding Chinese cities (cf. 3.3.2).

So far, there is a lack of studies analyzing how migrants, who fall through the system of the newly established rural and urban health insurance schemes, deal with an illness to compensate for their lacking access to health care, and which specific conditions influence their health seeking options and decisions. I intend to fill this gap by applying my theoretical approach to the example of rural-to-urban migrants living in VITC in Guangzhou.

Danermark et al. (2006²: 2) point out that "social science practice has often been characterized by either a theoretical or an empirical attitude. Such division jeopardizes the sometimes difficult but necessary work in linking empirical research with theorizing". In opposition, the results of this thesis are of theoretical and empirical relevance. The thesis seeks to contribute to the social theory debate, to expand the existing knowledge on the concept of health seeking, to shed light on the scantily researched health situation and the health seeking actions of rural-to-urban migrants in China as well as to contribute to the analysis of processes of change in China and their effects.

The guiding research questions and objectives derived thereof are listed in Box 1.

Box 1:**Research questions and objectives**

The *main research question* is: How can we understand, i.e. explore, theorize, analyze, explain, interpret, and evaluate, the health seeking actions/ behavior and the conditions of action of rural-to-urban migrants in Guangzhou, China?

Thus the *main research objectives* are:

- to understand health seeking actions/ behavior and
- to develop a theoretical approach that improves our understanding of health seeking actions/ behavior

of rural-to-urban migrants in Guangzhou, China.

The following *sub-research questions* are used to approach the main research question:

1. Which health seeking actions/ behavior do rural-to-urban migrants in Guangzhou apply?
2. Which characteristics of the individuals impact on migrants' health seeking actions/ behavior?
3. Which structural conditions of action have an influence on migrants' health seeking actions/ behavior and vice versa?
4. How do different agents influence migrants' health seeking actions/ behavior and vice versa? How do agents' interactions influence the emergence of the urban health care system in Guangzhou in the context of structure-agency interaction? How does this influence migrants' health seeking actions/ behavior?
5. How do the different social, cultural, political, and economic dimensions of change at different scales influence the health seeking actions/ behavior of migrants?
6. Do individuals who have an illness take action reflexively or are they merely reacting, i.e. is it more appropriate to talk about health seeking actions or health seeking behavior?

Hence, the following *detailed research objectives* are derived from the detailed research questions:

1. Identification of the variety of health seeking actions/ behaviors of rural-to-urban migrants in Guangzhou.
2. Identification, analysis, interpretation and evaluation of characteristics of the individuals that have an impact on migrants' health seeking actions/ behavior.
3. Identification, analysis, interpretation and evaluation of the structural conditions of action that have an influence on migrants' health seeking actions/ behavior and vice versa.
4. Identification, analysis, interpretation and evaluation of the influence other agents have on migrants' health seeking actions/ behavior and vice versa. Discussion of the development of the Guangzhou urban health care system in the context of structure-agency interaction and its effect on migrants' health seeking actions/ behavior.
5. Discussion of possible impacts of and interlinkages between general social, cultural, political, and economic changes at different scales and health seeking actions/ behavior of migrants.
6. Analysis and discussion of whether the studied migrants took action reflexively or whether they behaved.

Additionally, in order to answer the main research question and to achieve the main research objectives:

7. Development of a theoretical approach that is able to improve our understanding of health seeking.

Against the background of the lack of research on health seeking, in this thesis a mixed methods research (MMR) approach is applied that is characterized by an integration of qualitative and quantitative research methods and by an inductive-deductive interplay in the research process. Therewith I intend to unveil the broad variety of individual, structural and agential factors relevant to migrants' health seeking actions and their importance.

Regarding the structure of the thesis, the background against which the research presented in this thesis was conducted is introduced in chapter 1.2. The theoretical approach is developed in chapter 2, mainly on the basis of an exploration of Archer's and Giddens' approaches, and their combination and further development. In different sub-chapters I discuss aspects relevant to understanding individual actions and their conditions. Among these are the role of the characteristics of the human being and the impact of the fact that humans are bound to the larger social context shaped by other individual agents and group agents. Then I shed light on the different characteristics and types of structure that are of relevance for actions. This is followed by an exploration of the interlinkage of agents and structure and how this produces or maintains structure and agency. The last aspect is used as a starting point for a discussion of the functioning and extension of morphogenesis (change) including morphogenesis at the global scale in order to have an analysis frame that can be used as a basis for connecting findings on the health seeking actions of rural-to-urban migrants with current relevant processes and dynamics in and beyond China.

Chapter 3 delivers a depiction of specific aspects of the context of research that are necessary for understanding the general as well as regional context of this research. It covers basic definitions and provides an overview of existing research in the field of health seeking. This is followed by a short account of major developments and reforms in China's health care system and their consequences for public health. A compact overview of the development of urbanization in China, the PRD and Guangzhou and the concurrent emergence of VITC will be given in order to make it possible for the reader to judge the impact of these processes. As a final aspect in this chapter the issue of Chinese rural-to-urban migration is raised with a special focus on migrants' health and health risks.

The subsequent chapter 4 embraces, firstly, the outline of my specific philosophical perspective that can be described as a middle position between critical realism and social constructivism. Secondly, methodological consequences deriving from this perspective and the concrete MMR approach and design are outlined in detail. This includes the presentation of individual methods that were applied – especially qualitative interviews with migrants and experts as well as a quantitative survey. Thirdly, a special emphasis is put on pointing out how the standards of MMR, qualitative and quantitative research methodology have been implemented during the research process. This is followed by a debate on ethical considerations as well as constraints deriving from the political and cultural context that influenced the research process.

Chapter 5 contains the presentation of the findings. It is separated into a demonstration of basic findings on the available health care infrastructure in

Guangzhou as well as the introduction of the migrant sample. Thereafter the findings on the health status of the interviewees and the variety of actions identified are presented. The following description of the influence of conditions of action is separated into conditions of action as they were perceived by the interviewed migrants and further structural conditions of action that were identified as being relevant through the analysis of the qualitative and quantitative interviews. This chapter concludes with a presentation of the insights on the role of other agents – government bodies, health care providers, members of the social network and other individual agents, insurance providers, Non-governmental Organizations (NGOs) and social organizations – that were gained through this research.

The presentation of the empirical results (cf. 5) is separated from the subsequent discussion and synthesis (cf. 6). Chapter 6 comprises the theory-led reinterpretation of the results. It is structured along the above-named six sub-research questions that are each tackled in a separate subchapter. In addition, one further subchapter deals with the main conclusions for practice with regard to possible measures for improving migrants' access to health care as well as for tackling the main governance challenges in the health care system. A final evaluation of the six sub-research questions including implications for future research is carried out in chapter 7.

1.2 THE RESEARCH FOCUS IN THE CONTEXT OF THE DFG-PRIORITY PROGRAMME 1233

The research of my thesis was conducted in the frame of the project “Informal Migrant Communities and Health Strategies in Urban Villages of Pearl River Delta, China” (hereafter called “PRD 3”). The PRD 3 project is part of the Priority Programme (SPP) 1233 of the German Research Foundation (DFG) entitled “Megacities-Megachallenge: Informal Dynamics of Global Change”. The objective of the Priority Programme 1233 is to enhance the development of theoretical and model approaches that can explain the interlinkages of increasingly informal processes in megacities under consideration of the impact of global changes. In doing so, special attention is given to processes of megaurbanization and the role of governance in the two regional foci of the program.

This thesis is one of two doctoral theses written in the context of the first of three research phases of the PRD 3 project. The first phase had the *main objective* to analyze in-depth the dynamic relationship between the influx of rural-to-urban migrants to the PRD and migrants' health strategies in the context of megaurbanization and social and spatial reorganization as well as of processes of global change (Kraas and Gransow 2006). It is the aim to develop theoretical and model approaches within the total 6-year phase of the project that theorize these interrelationships. The *detailed research questions* of phase 1 of the PRD 3 project are as follows. “[1] How are different groups of informal migrants affected by the devastated health care systems? [2] How do different stakeholders react? [3] How are different levels of administration (central and local levels) reacting to