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Informal Migrant Communities and Health Strategies in Urban Villages of Pearl River Delta, China

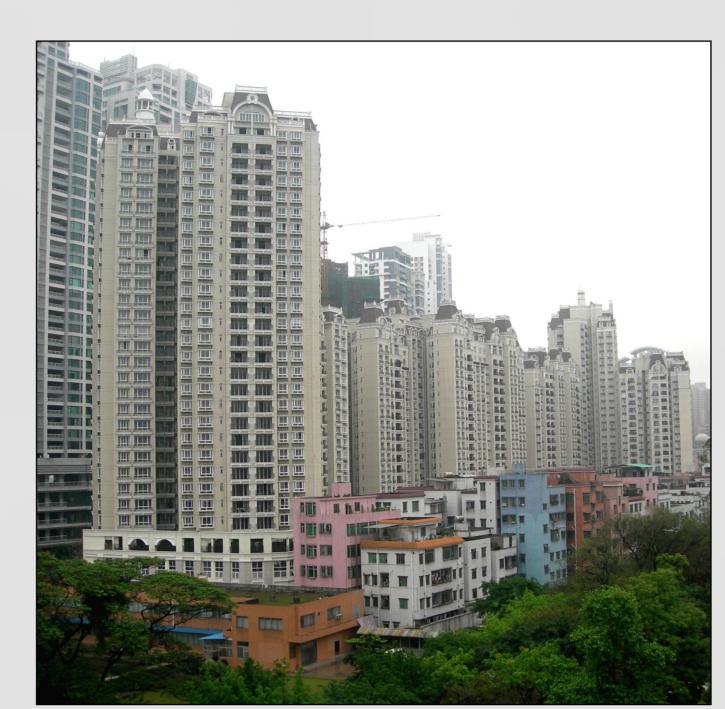
Project of Priority Programme 1233 of Deutsche Forschungsgemeinschaft (DFG)

Dipl.-Geogr. Tabea Bork*, Prof. Dr. Bettina Gransow**, Prof. Dr. Frauke Kraas*

*Department of Geography, University of Cologne; **Institute for East Asian Studies, Free University Berlin

Priority Programme 1233

The Priority Programme "Megacities -Megachallenge: Informal Dynamics of Global Change" (SPP), funded by the Forschungsgemeinschaft Deutsche (DFG), combines a total of six projects in the Pearl River Delta, China, and three projects in Dhaka, Bangladesh. It aims at a deepened understanding of the connection between the highly complex and informal megaurban processes and the mutual forms and effects of global change as well as the reorganisation of spatial, social and institutional relationships in the megacities.



Research questions

- How are different groups of informal migrants affected by the inadequate health 1. care system?
- How do they react and what alternative informal channels and means do they use 2. to buffer the lacking state support?

Photo: Disparities side by side: foregorund: part of Xiadu village, Guangzhou; background: gated communities alongside the Pearl River waterfront.

Objective of the project

Closely bonded to the frame of the SPP, the project focuses on the interrelation between the dynamic flows of informal migration and megaurban health strategies. Thereby, underlying and influential formal and informal institutional and social structures shall be identified and their impact evaluated.



"Waves of rural labour" and the emergence of urban

- What role do other stakeholders, such as administration, providers of health care 3. and insurance agencies at the local, national and supra-national level play?
- How far does the emergence of urban villages contribute to a fragmentation and 4. segregation in Chinese megacities?
- To what extent do the above alleged aspects influence the ecological, social and 5. political sustainability in China?

Research approach and progress

The approach is inductive, explorative, qualitative. The aim is to understand and explain social structures and processes at the micro-level and to therefrom deduce consequences at the macro-level. The data generation follows a two step approach. A first explorative phase that aimed at catching the broadness of the topic and an enlargement of the perspective and approach has been completed in two fieldwork phases in Jan/ Feb 2007 and Apr 2007. Two further fieldwork phases in 2007 and 2008 are envisaged in which a systematic quantitative survey and up to 50 in-depthinterviews with experts and stakeholders at different levels of the administration, experts of both urban planning as well as public health, health care providers at different levels, representatives of health related and migrant organisations will be conducted.

Preliminary results of explorative phase

The preliminary results gave a hint at the following problems that will be integrated in existing research questions and further analyzed in the systematic phase of the project:

* The native places of migrants seem to play a continuous role for their health due to trans-local networks with relatives and friends, cheaper costs for medical services compared to the cities, especially along the booming Chinese east cost and/or continuous health insurances in their places of origin. The findings therefore raise the question, whether China is experiencing a health-related return-migration.

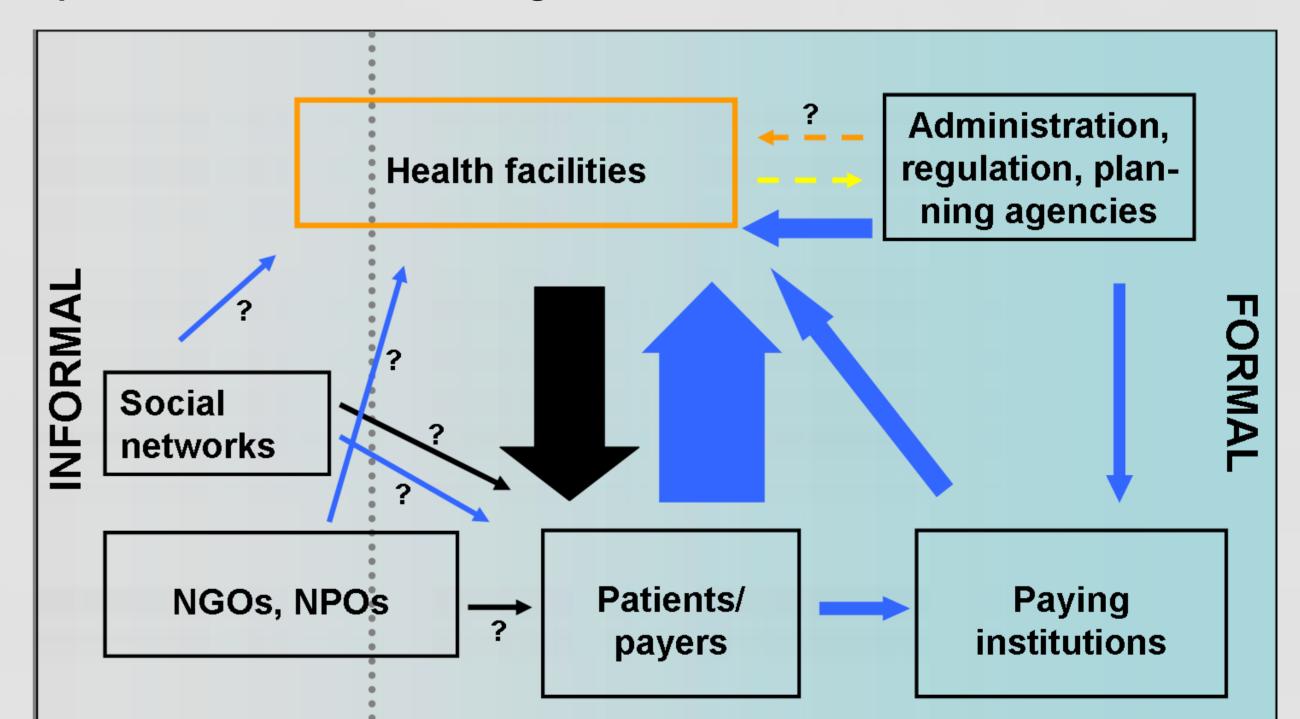


Photo: One of the main shopping streets in Xiadu village, Guangzhou. As the balconies of the so-called "kissingbuildings" almost touch, day turns into night.

villages

The Pearl River Delta (PRD) is one of the major urbanising corridors in China, where the development is considerably influenced by external forces and the influx of foreign direct investments. Following the high demand in work force, mingong chao, i.e. "waves of rural labour", have floated into the PRD cities. The census of 2000 counted 40 million inhabitants, out of which 10 to 20 million people are rural-urban migrants – according to different official estimates. Due to a lack of housing provision many migrants in China find shelter in the so called chengzhongcun meaning "villagein-the-city", which are former rural communities that have been surrounded by urban land use due to massive urban sprawl. They are characterized by highdensity residential congregation, lack of infrastructure, improvable urban planning and limited state influence.

- * The number of informal/illegal health care providers is striking, especially in urban villages. They target primarily at the deprived migrants.
- * The power of different stakeholders within the health sector is extremely unbalanced. Regulation and control mechanisms have lost functional capability and health providers increasingly dominate the guidelines of health care provision and decision-making.



Informality and health in **Chinese megacities**



Informal processes and structures play a growing role in China's megacities of which the migrants are especially concerned. Dimensions of informality are informal migration into Chinese cities and the resulting emergence of an informal sector. Additionally – due to limited access to health services - informal health networks of migrants as well as informal or illegal health care providers that compete with low prices to the formal health facilities become increasingly important.

Photo: Informal Clinic in Guangzhou.

LEGEND

➡ Cash flows and payments

Regulation and control

→ Medical services and actions of direct Reporting medical relevance

Fig.: Stakeholders within the Chinese health sector and their (alleged) relationships (Draft).

Contact		Financial support
Prof. Dr. Bettina Gransow	Prof. Dr. Frauke Kraas DiplGeogr. Tabea Bork	Deutsche
Institute of East Asian Studies Free University Berlin Tel.: +49-30-8385-6902/ -3598	Department of Geography University of Cologne +49-221-470-7050 (Prof. Dr. Frauke Kraas) +49-221-470-6191 (Tabea Bork)	Forschungsgemeinschaft DFG
Email: bgransow@zedat.fu-berlin.de	f.kraas@uni-koeln.de t.bork@uni-koeln.de	

Internet: www.megacities-megachallenge.org