



Research Article

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Investigation and analysis of urban migrant children health care

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ABSTRACT

To understand the current health status of urban migrant children aged 0~6 in Zhengzhou and analyze the main problem and reason for that. This investigation and analysis had adopted stratified cluster sampling method, to investigate the health situation of urban migrant children aged 0~6, including growth and development, health care system, immunization, etc. It could properly solve the problem of urban migrant for relevant department institutions provide a scientific basis. There are a plenty of matters shall be improved for the urban migrant in Zhengzhou, and shall be systematical managed, such as registration system, routine vaccination schedules, immunization schedules, physical examination schedules. The Urban migrant children shall be regarded as a main work content to grasp of public health, program, and take proper solutions to urban migrant children health problems and corresponding measures for current requirement.

Key words: Urban Migrant Children, Children Health Care, Investigation.

INTRODUCTION

In our country, Urban migrants population is expanding year by year, more and more migrant children with migrant parents settled and studied in city. Urban children, however, due to some family and mini-social matters, they cant adapt to the city life, which is becoming more and more serious, while on migrating. Their education and mental health problems become increasingly serious, and hinder China's urbanization and modernization. And that problem becomes an important issue to settle down properly. As a special disadvantaged group of urban migrant children, they usually live i the edge of urban society, whom the interests and rights being easily ignored, even suffered unfairly and treated unjustly.

1. Data and Methods

1.1 Objects: This assay is based on the Jinshui District, Er District, Zhongyuan District, Guancheng District in Zhengzhou City. Had performed the stratified cluster sampling household survey data. In each district, had arranged 200 children for survey, a total of 800 children aged 0 ~6 years for the urban migrant population. And 792 Valid questionnaires, the effective rate was 99.0%.

1.2 Methods: Had unified trained the former population researchers, stratified cluster random sampling. Had finalized the interview and and survey face to face. This survey had strictly based on the For Health care and Countermeasures, the Urban Migrant Female and Children Shall has the Same Rights as Local Citizens. And the survey contents: a. basic condition for urban migrant children; b. Health care status for urban migrant children (Enrollment in the Zhengzhou City Health Care System, physical examination, immunization, health care knowledge status, etc.) c. Hospitalized condition when been impatient; d. Condition for enrolling kindergarten. Classified Standard for objects: (1) the Zhengzhou city census registers; (2) parents had work or stay in Zhengzhou more than 6 months; (3) children are no more than 6 years old. (4) the ratio for mother economic high-income is no more than 10%. These questionnaire had been finalized by urban migrant mater parts.

1.3 Survey Content: This former content of the urban migrant children situation survey, the main contents include: (1) basic situation of Zhengzhou urban migrant children and their parents, such as born place, household income, educational level, etc. The questionnaire mainly relates to urban migrant children and their parents, the basic situation of the urban migrant children basic health level, etc. (2) The main health status and its influencing factors of the urban migrant children, including urban migrant children mother's maternal health care, urban migrant children childbirth way, feeding methods, birth weight, 4 months to deal with children health care system card case, 5 kind of vaccine (BCG, Polio Sugar pills, DBT, Hemp Fistula, and Hepatitis B Vaccine Coverage. (3) Requirement from the mother of urban migrant children, is health care requirement, cognition, attitudes, opinions and suggestions. Interview content mainly: unresolved issues on how to raise children while in parenting process; The channels to solve the problem; unresolved issues on how to solve, need the government to solve problems in health care.

1.4 Results: Urban migrant children basic situation: a total number of 800 urban migrant children been investigated, including 356 children for male, 284 children for female, gender ratio is 1.254:1; 472 children are for one-child family, accounting for the number of 59.5%; More than 643 people who attended the birth in nearest hospitals; Birth weight less than 2,500g of 15 people, accounting for 1.88% of the total; Enrolled in kindergarten for 73 people, accounting for 10% of the total. From the basic situation of children condition, children from urban migrant family is significantly lower than local children.

2. Health Care Status for Urban Migrant Children

2.1 Build health care situation

The ratio for urban migrant children having the health care system card is 60%, which is not reach Zhengzhou children health care system rate management. And the check-ups are also low with 60%; Urban migrant children the immunization rates reached 100%, and 5 kids of vaccine vaccinations are up to 80%; ratio for breastfeeding for urban migrant children is more than 70%; More than 80% of the urban migrant mother knew the advantages of breastfeeding, the importance of vaccination, while, lack awareness for Health Care System Cards, children nutrition, usually check-ups, disease prevention and control knowledge. They mainly approach these knowledge from Health Care Therapy Center. Below is the urban migrant parents education level, occupation distribution, and family economic conditions:

Education Level	Occupation Distribution	Family Economic Condition Average Incomes (RMB)
Primary School	14.6%	1,600
Secondary School	47.3%	1,800
High School	27.2%	2,000
Institute and Above	10.9%	3,000

Below is the Health care status for urban migrant children condition:

Classified Section	Urban Migrant Children Health Care In Total (Parentage)
Health Care System Card	60%
Health Check-Ups	60%
Vaccination	100%
Breastfeeding	73%
Enrolled in Kindergarten	62%
Hospitalized	90%

2.2 Immunization Situation for Urban Migrant Children

Regulation of the Ministry of Health of Each Child Must Be Injected the bellow 5 kinds of statutory vaccine (BCG, Polio Sugar pills, DBT, Hemp Fistula, and Hepatitis B Vaccine). The two regulations(2010) had fixed the above four kinds of injection rate above 95%, the hepatitis B Vaccine coverage city reached 98%, 90% in the countryside. This time, the urban migrant children vaccinated for 711(90.3%), the BCG vaccine 88.3%, Pediatric hemp then sugar 89.1%, DPT, Measles 88.9%, Hepatitis B Vaccine 88.1%, all the above 5 kinds of vaccination rates are more than 80% (see chart 6). Especially the Hepatitis B Vaccine coverage reached 94.6%, and the household registration children 5 kinds of vaccination rates were much smaller, that children of the urban migrant population of disease prevention and have stronger consciousness, but the overall level of vaccination and health level and the household children there are still significant gap (see chart 7).

Chart 6, Urban Migrant Children Vaccine Immunization

Vaccine	The number of vaccination	The number of un-vaccinated	Vaccination rate (%)
The BCG Vaccine	696	92	88.3
Polio Sugar Pills	702	86	89.1
DPT	700	88	88.9
The Measles Vaccine	694	94	88.1
The Hepatitis B Vaccine	745	43	94.6

Chart 7. Health Care Comparison between Urban Migrant Children and Local Children

	Local Children	Urban Migrant Children
Maternal Management System (%)	72.8	20.2(721)
Low Birth Weight (%)	2.8	4.2 (642)
Breast Feeding (%)	82.1	84.4 (788)
5 Kinds of Vaccinations be done (%)	99.6	90.3 (782)
Moderately severe malnutrition (%)	2.5	5.4 (284)

DISCUSSION

3.1 Economic Factors

This study had found that poor economic condition are important factors restricting the health care needs for urban migrant children. As urban migrant family has the relatively skinny incomes, and poor living conditions, children in poor health care. And urban migrant parents are inclined to enjoy the medical insurance. The higher the incomes of that family, the more willing to attend health care check ups.

3.2 Family Planing Policy

The influence of the family planning management of urban migrant population had been formed as “the tide of migrant workers” since the 1980s. In the early period, the main focus was letting the urban migrant settling down for the migrant cities, and that ever larger domestic migrant population, the more difficult for government to handle the family planing management and health care for urban migrant families. Most of the family planning of maternal planned pregnancy due to fear of family planning management, and considering the economic costs, reducing pregnancy within hospital for prenatal, cannot take place among the health care system management. The points with a lot of potential risk factors collaborates effort to improve these problems needs to be in all segments of society, improve the perinatal health care coverage.

3.2 Government Factors

Although governments have formulated the children development program, it still specifically requested the child health care for the urban migrant population into the scope of government health care. The survey results show that the urban migrant children health care level is still lower than the household registration of children health care level. The government shall improve the urban migrant health care level, by the way of enrolling more professional researchers, financial support, citizen-benefit policy. If government don't take strategy, who else could support?

3.3 Systematic Management Factor

Now a days, larger people are going for migrant all over the country, the concerned institute cannot fully know where they are, the living condition and economic condition, etc. Each part stand alone, with no communication, no massage in between. And it hinders the Communication, and updating the government policy, basic living condition in time.

4. Solution

4.1 Diversifying the Urban Migrant Children Health Service

This survey shows that children psychological behavior problem in parenting process, frequently encountered problems in the first place. And children intelligence development is the mother's hope to get educational knowledge in the questionnaire, which is still a blank sheet from aspect of community diagnosis and intervention, and it also did not changed for body disease, the practice of mental health.

It is an objective fact for the changes in urban migrant children disease, chronic non-communicable disease in children morbidity and mortality. However, the traditional infectious disease, including some that has gained control of infectious diseases, are still a major real threat of urban migrant children health disease, even in economically developed areas. It is increasing for the factors of the family and social factors that affect urban migrant children physical and mental health, China's exam-oriented education in the direction of more difficult to reverse, with expectations for children is generally high, which had over-weighted in urban migrant children study learning burden and pressure. Urban migrant material life had become enriched, while, today's urban migrant children life happiness got decreased. Other, some prominent are increasing for increased single-parent families, school violence, network game, the influence of many factors that make children spirit, the psychological problem, and pediatric disease such as depression, lack of concentration in a rising trend.

4.2 Advertisement

To take advantage of a variety of promotional channels to enhance the promotion of urban migrant children knowledge about health care. The survey found that mothers who interested in health education pattern is the main

line:books or brochures, 78.0% doctor individual interpretation or consulting 57.5%, radio, TV or VCD48.5 %, 26.5% of pregnant women schools, parents, schools and other lectures, the hot-line 3.2%. It could be a much better solution to make some fliers, draw large outdoor advertisement, and posts on public places, city buses, etc in the main urban migrant people areas.

Family planning bureau, health bureau can organize family planning team and village health care workers, could go to each dwelling place and do face-to-face propaganda and mobilization of the urban migrant population, distribution of publicity materials; and organize several child care staff work in the densely populated to the service object to conduct health education lectures and free advisory medical service, physical examination and other activities. One children health care clinics and hospital in the city children management of outpatient service to check the service object of mobilization, publicity, and give full play to their role as the window to make publicity into effect.

4.2 Improvement in Human Sources Management

Urban migrant children should be brought into the household registration system in child care, the government must have the economic input, child care for the whole population management. The establishment of public security as the core of the unified information management system for the urban migrant population, household registration management of the urban migrant children gradually come to track. And the establishment of public security, as the core of the unified information management system for the urban migrant population. It is need to improve the registration management of the urban migrant children, and gradually become into the live daily household registration management, and define the coordinated management, let them enjoy health care and household residents rights.

The establishment of public security as the core of the unified information management system for the floating population, household registration management of the floating children gradually into the live daily household registration management, implement water and defined the coordinated management, let them enjoy equal health care and household residents rights, to ensure the scientific of the urban migrant population management planning.

The key project of the urban migrant population, strengthens the construction of information network in child care, and the follow-up monitoring for every child. A significant improved could become true if the urban migrant children immunization coverage and care registration rate. Suggestions are taken to strengthen the government behavior, mobilizing all social forces with the efforts.

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