

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

this complex interplay of local, national and supranational agents? [4] How does this condition the regime's stability and legitimacy?" (Kraas and Gransow 2006: 3).

Following the project's main objective I put the principal emphasis on migrants' health seeking actions, i.e. actions taken by individuals with different types of health problems with the aim of getting well (cf. 3.1.1), and on developing a theoretical approach. The theoretical approach, firstly, has the objective to interlink individual action with its various structural conditions by examining migrants' interactions with the urban health care system of Guangzhou (detailed research question 1 of the project). Yet, in doing so, the analysis explicitly goes beyond the issue of migrants' access to health care and their utilization of available health services and includes self care actions applied as well as reasons for not taking action. Secondly, I developed an approach that has the aim to reveal the influence of various individual and group agents (among which are stakeholders, including different levels of administration) and their interaction with structural conditions as well as the changes (i.e. the dynamics) in structure and agency (which includes answers to the detailed research questions 2 and 3 of the project as well as contributes to the SPP focus on governance). Different dimensions of change at various spatial scales – including the global scale – are considered theoretically and their possible impact with regard to Chinese migrants' health seeking actions is discussed with the aim of contributing to the overall SPP objectives.

The other PHD thesis, written by Yuan Yuan-Ihle of the Free University of Berlin in the frame of the PRD 3 project puts special emphasis on the transition of migrant health policy and the interaction of stakeholders in the urban health care system. Furthermore, complementary to the focus of the here presented thesis on the health seeking by rural-to-urban migrants in Guangzhou, it analyzes preventive health seeking actions of selected groups of rural-to-urban migrants in Guangzhou and Shenzhen that face special health risks, among others women and children.

While I generally take the perspective of a social geographer, the intention of this thesis is to adequately meet the requirements of its intersectional topic following Giddens' (2000¹²: 286) postulation that “disciplinary divisions actively inhibit the tackling of questions of social theory significant for the social sciences as a whole. Analyzing the time-space co-ordination of social activities means studying the contextual features of locales through which actors move in their daily paths”. The interdisciplinary focus and design of the thesis was further enhanced through close collaboration with sinologists, public health specialists, urban geographers, urban planners and anthropologists as well as through my own expertise in the fields of geography of health, migration studies, urban and social geography. The members of the project as well as their institutional affiliation are displayed in table 1.1. The table includes a listing of the field research teams, i.e. those project members and associates that together implemented different steps of the research process. The research process is presented in depth in chapter 4.

Teams	Participating institutions and members			
		Free University Berlin, Institute of East Asian Studies	University of Cologne, Department of Geog- raphy	Sun Yat-sen University, School of Geography and Planning
Project team	Prof. Dr. Bettina Gransow Yuan Yuan	Prof. Dr. Frauke Kraas Tabea Bork-Hüffer	Prof. Dr. Xue Desheng Dr. Li Zhigang	Prof. Dr. Zhou Daming
Field research teams	1		Tabea Bork-Hüffer	Xie Yanhan
	2	Yuan Yuan		Sun Jinyu, Que Yue and students from SYSU
	3		(Tabea Bork-Hüffer)	Dr. Li Zhigang and team
	4		Tabea Bork-Hüffer	Cai Jingshan and 20 students from SYSU

Tab. 1.1: Members of the project and field research teams and their institutional affiliation.