

Mechanisms and Support Policies of Urban Integration on the Health of Migrant Workers in China

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Keywords: Urban Integration, Migrant Workers, Health

Abstract: The resolution of health issues among the migrant population, predominantly composed of rural migrant workers, constitutes an integral aspect of China's initiatives towards "human-centered urbanization" and "new urbanization." The interaction between health, income, and medical insurance systems with urban integration mechanisms underscores this relationship. The impact of urban integration on the health of rural migrant workers primarily manifests through mechanisms such as social support, health selection, and population heterogeneity. Simultaneously, health influences urban stay intentions and social mobility through employment and income dynamics. Therefore, it is imperative to comprehensively enhance the health of rural migrant workers through measures such as fostering a fair employment environment, equalizing urban public service provisions, modernizing the management of migrant populations, and optimizing the entrepreneurial environment for rural migrant workers upon returning to their hometowns. These efforts are essential for promoting interactions between urban and rural elements and for advancing the urbanization process more effectively.

1. Introduction

The number of migrant workers in China has increased from 225.42 million in 2008 to 295.62 million in 2022, with a growth of 70.2 million over the 15-year period, representing a 31.14% increase [1]. Migrant workers have become an important part of China's industrial workforce, providing robust human resources support for economic development and urbanization. However, for a long time, migrant workers have been concentrated in the secondary labor market with poor working conditions, facing severe overwork that adversely affects their health [2]. Health is a basic condition for migrant workers to integrate into urban areas, and it has a significant impact on their labor supply and quality of life. Exploring how to improve the health level of migrant workers by enhancing their social integration, promoting the comprehensive management and services of the government for the migrant workers, contributes to the development of the new type of urbanization and the realization of the goals of a socialist harmonious society. This paper first analyzes the theoretical basis of urban integration, then proposes the impact mechanism of urban integration on the health of migrant workers, and finally, with the goal of enhancing the health capital of migrant workers and promoting their urban integration, puts forward policy recommendations.

2. Urban Integration of Migrant Workers: Connotations and Characteristics

2.1 Social Integration Theory

Social integration is the process of mutual cooperation and adaptation among individuals, groups, and cultures [3]. A body of literature posits that integration is a one-way process of cultural assimilation whereby immigrants adjust to the institutions, ways of life, identities, and values of the host community. According to another school of thinking, integration is a process of adaptation that occurs both ways between migrant populations and themselves, resulting in the creation of new identities and values [4]. Among various theoretical interpretations of social integration, the "assimilation theory," "pluralism or multiculturalism," and "segmented assimilation theory" have had significant influences. These theories are employed to explain the processes and outcomes of immigrants' economic achievements, behavioral adaptation, cultural integration, and identity formation in Western societies.

The assimilation theory defines assimilation as the process of "interpenetration and fusion between individuals or groups, where, through the sharing of history and experiences, they acquire each other's memories, emotions, attitudes, and ultimately integrate into a common cultural life". In contrast to assimilation theory, multiculturalism emphasizes that when the host culture is more inclusive, new immigrants tend to maintain their original cultural values. Simultaneously, they may reshape their identity and values in the new settlement, contributing to the formation of a diverse social and economic order. Segmented assimilation theory is a complement to previous theories, proposing the interaction between immigrants' human capital (such as education, skills, and culture) and the treatment and integration patterns they encounter in the host society [5].

2.2 Urban Integration of Migrant Workers

The history of international immigrant social integration indicates that the assimilation of newcomers into the mainstream local society is a long-term, intricate, and complex process. Also, the urbanization of migrant workers is a gradual process, involving the integration from being "entrants" to "settlers," and further to "immigrants." These three levels constitute a qualitative leap, making the process lengthy and complex. Whether in China or other countries worldwide, migrants integration is challenging and cannot be achieved in a single step. Furthermore, their integration encompasses a series of structural transformations and process changes, leading to alterations in both material and spiritual aspects of life. Therefore, their urban integration is a multidimensional concept, encompassing not only the adaptation and acceptance of migrant workers to urban life but also identity and psychological transformations. It involves embracing the cultural values of the city, integrating into urban social networks, and ultimately becoming genuine urban residents.

In general, the urban integration of migrant workers includes four aspects: economic, social, cultural, and identity integration. Economic integration serves as the foundation, with stable employment and economic income being the basis for migrant workers' survival and establishment in the city. Social integration, represented by pension and social medical insurance, emphasizes their integration into social relationships and interactions. Cultural integration is the fundamental sign and crucial entry point, reflecting changes in their values, lifestyles, and behavioral habits. While, identity integration symbolized by obtaining non-agricultural household registration, holds significant meaning within the dual urban-rural household registration system context.

Chinese migrant workers' urban integration is generally "semi-urbanization," yet, based on their living conditions, it is increasingly separated internally into "subsistence," "moderately prosperous," and "developmental" types. From a temporal perspective, the process of migrant worker urban integration can be roughly divided into three stages: "embedding," "drifting," and "integration," with

"integration" representing the ultimate goal [6]. However, most Chinese migrant laborers are economically integrated, focusing on employment and income, due to policy and institutional barriers. Thus, existing research reveals that Chinese migrant workers are currently in the early stages of "urban integration".

3. Impact Mechanisms and Effects of Urban Integration on Health

In numerous studies where health is the dependent variable, various integration characteristics of the floating population are considered as important factors influencing health. These include economic integration dimensions such as income levels and educational attainment, social integration like interpersonal interactions and social support, and psychological identity dimensions such as sense of belonging, identification, and experiences of discrimination. Therefore, urban integration influences health through social network mechanisms and health stratification mechanisms, reflecting health equity at the group level through individual health levels and exhibiting certain population heterogeneity.

3.1 Social Support Mechanism

The Chinese rural-urban migration is an economically driven type, and due to the household registration system, the transformation of identity and household registration is challenging, placing them on the periphery of the urban economic sector. Both the social status transitions and class mobility of migrant workers are more challenging compared to local residents. Despite having stable employment and living arrangements in the destination areas, they are not fully integrated into the public service supply system, remaining in a marginalized position.

Social integration helps migrant workers' mental health. More social integration means more social support through social participation, which accesses material and spiritual resources and improves mental health. Existing research indicates that social support not only contributes to the recovery of chronic illnesses but also reduces the risk of major diseases in vulnerable families, thereby promoting holistic health. Furthermore, social cohesion significantly decreases depression, improves mental health, and mitigates the negative consequences of neighborhood disadvantage. Additionally, lower levels of social integration decrease subjective well-being [7], indirectly causing psychological issues, while a lack of interpersonal interaction and social activities directly affects mental health.

Social networks play a crucial role in shaping the health outcomes of migrant workers. During the early stages of mobility, migrants often face isolation and discrimination due to differences in economic levels, customs, and dialects between their origin and destination areas. This disconnection from existing social networks leads to a sharp decline in social support in the short term, contributing to feelings of depression and restlessness, ultimately affecting their mental health, sometimes leading to clinical depression. However, social adaptation can positively influence self-rated health, while increased social integration facilitates overall health improvement. Additionally, social networks indirectly contribute to disseminating health knowledge and promoting health behaviors among migrants, further enhancing their physical and mental well-being.

3.2 Health Selection Mechanism

Migrant workers exhibit a high degree of self-selection, wherein individuals from underdeveloped areas and those in good health tend to migrate for work. Furthermore, the health status of immigrants is often superior to that of the native residents in the destination area, known as the "healthy migrant effect" [8]. The transition from rural to urban areas involves a complex interplay of numerous changes and pressures, entailing a series of structural transformations and process transitions, leading to

significant alterations in both material and spiritual aspects of life. The impact of urban integration on the physical health of migrant workers is dynamic. At different stages of urban integration, the multidimensional aspects of integration have significant differences in their effects on the physical health of migrant workers [9].

As migrant workers strive to integrate into the destination area, they continuously deplete their health capital, leading to the gradual disappearance of their health advantages over time, eventually converging towards the health level of local residents, a phenomenon referred to as the "epidemiological paradox". Over the course of migration, some immigrants who struggle to assimilate into the local society often experience deterioration in their physical and mental health. Due to factors such as insufficient social security and the pressure of living costs in the destination area, those whose health deteriorates significantly are more likely to return to their places of origin, known as the "salmon bias hypothesis". The mechanism of health selection is a process that combines social selection with individual choices of migrant workers. Without external intervention, the destination region naturally attracts individuals with higher health levels and urban integration capacity, thus exacerbating the urban-rural health disparity and hindering urbanization efforts.

3.3 Population Heterogeneity Mechanism

Existing studies indicate that social integration has a promoting effect on health, and the impact mechanisms of social integration on the physical and mental health vary across different dimensions and spatial contexts. Furthermore, the impact of social integration on health is not entirely consistent among different populations. From a gender perspective, a higher level of social integration significantly reduces the BMI index among urban women but is not significant among urban men. Age heterogeneity shows that compared to young people, the elderly face limited mobility, economic constraints, and inconvenient transportation, leading to social isolation. This results in lower levels of social integration and neighborhood belonging, crucial components of the support system for the elderly. Consequently, their health deteriorates further. In addition, as education develops and labor quality improves, technical and highly-educated migrant workers are becoming more common, especially in large cities. They exhibit significant differences in human capital characteristics compared to non-technical and low-educated migrant workers. Consequently, their social integration and health status also vary, leading to potential heterogeneity in the impact mechanism of social integration on their health.

The heterogeneity of education mainly reflects differences in social interactions and the intention to stay in the city. On one hand, individuals with varying education degrees exhibit significant differences in social interactions, requesting assistance in tough situations, and community involvement. Migrant workers with at least a high school education are more likely to interact with locals and remain in the city for future growth [10]. On the other hand, they also have significant differences in the sense of identification and belonging to the destination area. Those with higher education levels have a stronger willingness to stay and retire in the city [11]. However, higher education levels are associated with lower levels of identification with the destination place.

3.4 Interaction Mechanism between Urban Integration and the Health of Migrant Workers

Health is a fundamental condition for the survival and development of rural migrant workers in urban areas, directly impacting their integration in other aspects. Health not only affects economic integration but also significantly influences urban integration in political, economic, and psychological aspects. The interactive mechanism between social integration and health manifests that migrant workers with stronger integration abilities are more likely to enhance their socio-economic status, thereby gaining easier access to local medical resources and social support, reducing

discrimination from locals, thus positively impacting their physical and mental health. On the other hand, as a crucial form of human capital, health also exerts significant influences on the employment and income, thereby having fundamental impacts and shaping effects on other dimensions of social integration. For example, good health can reduce medical expenses and enable migrants to have more funds for urban living and leisure activities. Health also significantly influences migrant workers' transition from low-level to high-level integration, particularly for those facing disadvantaged health conditions, as it places them at a disadvantage in terms of upward mobility and social integration.

The dual "health selection effect" present during the process of rural labor migration to urban areas and their settlement intentions in cities will, in the long term, exacerbate the urban-rural health gap and increase the medical burden in rural China. Consequently, the micro-level interaction mechanism between social integration and health translates into a macro-level interplay between equalizing public health services and social integration. Social health insurance, as a crucial component of the social security system, can influence the migration decisions and social integration levels. It enhances the self-positioning of migrant workers at the social hierarchy level and increases their willingness to reside in the destination city. Conversely, limited access to social health insurance in destination cities hampers their ability to maintain good health and impedes their social integration.

4. Strategies to Enhance the Urban Integration of Migrant Workers

4.1 Optimize Employment Channels and Foster a Fair Employment Environment.

To fundamentally address the income and health issues of rural migrant workers, it is necessary to focus on enhancing their human capital. This not only encompasses widely acknowledged approaches such as education and training but also underscores the significance of investing in the health capital of rural migrant workers. Primarily, it is imperative to improve the working environment and employment arrangements for migrant workers to ensure their rights and interests in urban employment and labor compensation. Subsequently, efforts should be made to enhance the supply of urban public services, refine industrial layout and upgrades, optimize employment and living environments, and enhance the employment benefits for migrant workers. Furthermore, there is a need to strengthen investment in human capital and social security for migrant workers, increase support for them, especially the vulnerable groups within the migrants, to prevent them from falling into poverty or having to return to rural areas due to illness.

4.2 Ensure the Basic Rights of Migrant Workers in Urban Society and Achieve Equal Provision of Urban Public Services

It is imperative to refine social security policies, expand coverage, and incorporate pensions, employment, healthcare, and education into the coverage scope of the social security system for migrant workers, thereby reflecting the comprehensiveness of social security. Furthermore, efforts should be directed towards enhancing the coordination level of medical insurance funds and broadening the scope of basic medical insurance payments to enhance their risk-sharing capacity. Additionally, the development of a multi-tiered medical insurance system is imperative, wherein supplementary medical insurance, commercial insurance, and medical assistance are incorporated as essential components building upon the foundation of basic medical insurance.

Reducing policy barriers and establishing a unified urban-rural medical security system, alongside convenient and efficient medical insurance reimbursement channels, are pivotal in achieving this goal. These measures seek to dismantle the partitioning between medical insurance systems for migrant workers and other demographics, as well as regional disparities within the medical insurance framework, thus fostering seamless integration among diverse medical insurance schemes. This

integration is indispensable for averting redundant coverage by migrant workers, thereby curbing the squandering of medical resources and mitigating potential opportunistic behavior. Ultimately, these endeavors strive to relieve the economic burden on migrant workers and enhance their healthcare accessibility.

4.3 Strengthen Information Technology Infrastructure and Innovate the Management System for Mobile Populations

Efforts should be expedited to construct and share a foundational information platform for rural-urban migrants, strengthen the coordinated management of mobile populations between regions, and advance innovations in social governance systems to accommodate new circumstances of them. Reform of the residence permit management system should be deepened, with due consideration given to the needs of mobile population families in education, employment, healthcare, and housing. This involves gradually expanding the scope of public services available to migrant workers holding residence permits through the adoption of unified and standardized management criteria, thereby endowing them with basic rights to public services and social participation, thus mitigating the issue of public services being contingent upon household registration status.

Attention should be devoted to the social integration status of migrants, with regular psychological health seminars held to address psychological issues among them. Additionally, the establishment of a robust social support network is imperative to meet their multidimensional integration needs in culture, psychology, and identity.

4.4 Promote Interaction between Urban and Rural Elements, and Optimize the Social Environment for Rural Migrants to Start Businesses upon Returning to Hometown

Implementing a social policy system that focuses on protecting the rights of migrant workers, utilizing the enhancement of urban systems as a foundation to create various urban integration platforms, and advocating for urban-rural integration culture are crucial steps to foster multiple pathways for migrants to transition toward urban citizenship. Further efforts should focus on breaking down the barriers between urban and rural areas, improving employment, entrepreneurial, and living environments for returning rural migrants, and reducing the disparities in social services and supporting resources between urban and rural areas. This will provide returning rural migrant workers with greater opportunities for employment and living, and offer more practical possibilities for the practice of "urban-rural symbiosis".

5. Conclusion

Promoting the social integration of migrant workers is an urgent issue in the urbanization process and a key to achieving their urban citizenship. This paper first elucidates the connotation and characteristics of migrant worker urban integration based on social integration theory. Then, it explains the mechanisms and characteristics of the impact of urban integration on migrant worker health from three aspects: social support mechanisms, health mechanisms, and population heterogeneity mechanisms. It also points out that health affects urban integration through its impact on employment, income, and utilization of public health services. Therefore, measures need to be taken to optimize the employment environment, improve institutional development, innovate management systems, and enhance interactions between urban and rural elements, aiming to enhance the health capital of migrant workers and improve the support system for their urban integration.

Acknowledgements

This work was supported by the Fund Projects: Zhejiang Federation of Humanities and Social Sciences (ZFHSS, NO.21NDQN219YB), and Zhejiang Provincial Natural Science Foundation of China (NO. LQ21G030011).

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