Analysis on the Choice of the First Visiting Medical Treatment Behavior of the Elderly Immigrants in China

Autor: Yin Kang (MA), School of philosophy and social development, Shandong University, No. 27 Shanda South Road, Jinan City, China

Email: kang.yin@foxmail.com

The choice of the first-time medical treatment behavior of the elderly immigrants is not only the core factor affecting the degree of health risks, but also an important factor affects China's development of medical and health services and affect the construction of *Healthy China*. According to the *China Mobile Population Development Report in 2018*, the total immigrants in China in 2017 was 244 million, accounting for 17.6% of the country's total population. And the total number of elderly immigrants was 17.784 million, accounting for 18% of the total immigrants. With the aggravation of China's aging population and the introduction of a comprehensive two-child policy, more elderly people will move because of work and taking care of children and so on. These immigrants will bring huge challenges to the basic medical and health security system in the immigration area. Therefore, analyzing status of the choice of the first-time medical treatment behavior of the elderly immigrants in China can have a positive impact on the realization of the goal of *Healthy China* and construction of China's medical and health undertakings.

This article uses the 2017 China Migrants Dynamic Survey(CMDS) to construct an ordered logit model to analysis the choice of the first visiting medical treatment behavior of the elderly immigrants that contains rural-urban and urban-urban elderly immigrants in China. This model includes individual factors, economic factors, social factors and migration factors. See the Table 1 for details of all variables.

Table1 Variable description

Variables	Frequence /Mean	Percent/ Standard deviation
1.Individual factors：		
Age	66	5.84
Sex:		
Male（=1）	1889	44.26
Female（=0）	1500	55.74
Schooling years	7.23	4.24
Marriage:		

Married（=1）	2820	83.21
Not married（=0）	569	16.79
Self-rated health:		
Healthy（=1）	2494	73.59
Unhealthy（=0）	895	26.41
2.Economic factors：		
Income	8.19	1.43
Employment status：		
In employment（=1）	932	27.5
Unemployment（=0）	2457	72.5
Living conditions：		
Convenient（=1）	1569	46.3
Inconvenient（=0）	1820	53.7
3.Social factors：		
Medical insurance：		
Arranged（=1）	3199	94.39
Unarranged（=0）	190	5.61
Local medical insurance：		
Arranged（=1）	531	15.67
Unarranged（=0）	2858	84.33
Local health records：		
Established（=1）	1055	31.13
Unestablished（=0）	2334	68.87
Social paticipation	0.28	0.65
4.Migration factors：		
Immigrant areas：		
East	1066	31.45
Midland	359	10.59
Northeast	667	19.68
West	1297	38.27
First migration or not		
Yes（=1）	2517	74.27
No（=0）	872	25.73
Family migration：		
Yes（=1）	3143	92.74
No（=0）	246	7.26
Sample size	3389	100

Because China is obviously affected by the household registration system. Therefore, according to the different household registration of the population, I divides the elderly immigrants into two categories that one is rural-urban elderly immigrants, the other one

is urban-urban immigrants. In the regression analysis, I constructed three ologit models by different samples. The specific situation of the model is shown in Table 2.

Table2 Multiple linear regression analysis

Variables	Model 1：All sample		Model 2: Rural-Urban		Model3: Urban-Urban	
1.Individual factors：						
Age	0.025	***	0.023	**	0.028	***
Sex(Female)	0.04		0.048		-0.005	
Schooling years	-0.004		0.007		-0.015	
Marriage(Not married)	-0.044		0.002		-0.076	
Self-rated health（Unhealthy）	-0.557	***	-0.471	***	-0.731	***
2.Economic factors：						
Income	0.048	†	0.054	†	0.023	
Employment status(Unemployment)	-0.141	†	-0.218	**	-0.090	
Living conditions(Inconvenient)	-0.080		-0.021		-0.173	
3.Social factors：						
Medical insurance（Unarranged）	0.249	†	0.186		0.345	
Local medical insurance（Unarranged）	0.312	***	0.439	***	0.126	
Local health records（Unestablished)	0.291	***	0.357	***	0.414	***
Social paticipation	0.106	**	0.135		0.099	
4.Migration factors：						
Immigrant areas(Northeast)：						
East	0.541	***	0.619	***	0.507	***
Midland	0.552	***	0.616	***	0.497	**
West	0.491	***	0.514	***	0.515	***
First migration or not(No)	0.05		-0.036		0.199	†
Family migration(No)	0.308	†	0.146		0.514	†
Sample size	3388		1958		1430	

Note：Significant level, 0.1 *   0.05 **   0.01 ***;   Reference group in parentheses

From the above tables, we can get the following conclusions:

1. There are more males in China's elderly immigrants. 57.79% of the elderly migrant population is rural population, with an average age of 66 years. The average age of education is 7 years. Most of the marital status is married. 94.39% of the elderly immigrants have participated in medical insurance, but only 15.67% of the population have participated in the local medical insurance. Elderly immigrants have the largest population in the western region, accounting for 38.27%. Most of the elderly migrants are the first migration, and most of their flow patterns are family migration. 72.5% of the total elderly immigrants are unemployed, and more than half of the elderly immigrants have difficulties in living life.

2. The overall health status of China's elderly immigrants is poor, and the lack of knowledge of self-health management makes the structure of the first-time medical treatment behavior of the elderly immigrants unbalanced. According to the information in the article, more than 50% of the elderly immigrants in the country have had health risks in the past year, and most of the elderly are not able to make a fair assessment of their self-health status. The risk cannot be correctly assessed, so that the 14.85% of the total elderly immigrants are disregarded for their illness at the time of initial diagnosis, and 44.51% of the elderly immigrants are going to pharmacies or individual clinics. This medical structure makes the group face great health risks.

3. Through comparative analysis of the two groups of elderly immigrants, we can see that the urban-urban elderly immigrants are more affected by local medical and health service conditions and family support. However, the rural-urban elderly immigrants are more affected by family economic conditions and medical insurance. The reason is that the urban-urban elderly immigrants are richer than the rural-urban elderly immigrants, because of the influence of the household registration system.