



## THE 2015 NATIONAL INTERNAL MIGRATION SURVEY

@ UN Viet Nam/Aidan Dockery

## Factsheet 5: Migration and Health

**This factsheet provides key information on health and utilization of health care services, including the reproductive health of migrants in Viet Nam based on data analysis from the 2015 National Internal Migration Survey. The factsheet also presents policy recommendations related to the health and reproductive health of migrants.**

Migrants' health is always a topic of concern for decision makers. National and international studies indicate a close relationship between health and migration. Health can be a factor that has effects on migration decisions, enabling or restraining migration. On the one hand, migration brings the opportunity for people's access to better health-care services, especially in urban areas, and has an influence on health care behaviours of people, including on their reproductive health care. On the other hand, due to some limitations of policies, migrants

may be easily disadvantaged when trying to access health-care services in the place of destination.

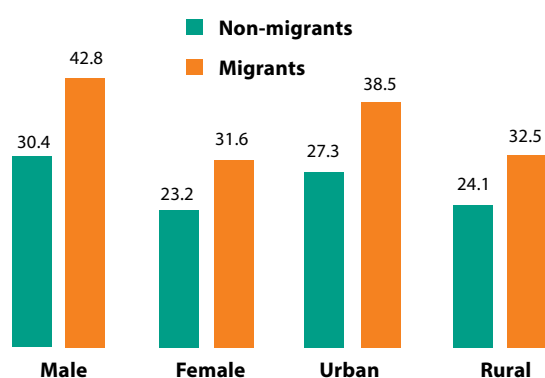
It is therefore necessary to provide information on health and the health care of migrants that enables formulating evidence-based health policies to ensure equal and equitable accessibility of migrants to health-care services. The summary also presents some policy recommendations related to the health and reproductive health of migrants.

## MAJOR FINDINGS

### 1. Migrants are self-assessed as being healthier than non-migrants

The survey shows that migrants are more likely to report being healthier than non-migrants. The percentage of migrants, especially the young group who provide a self-assessment of their health as “good” or “very good” is much higher than the non-migrants (36.6 per cent versus 26.1 per cent). Male migrants are more likely to self-assess their health as “good and very good” at a higher rate than female migrants. In urban and rural areas, and across socio-economic regions, migrants are more likely to report being healthier than non-migrants. Migrants in urban areas respond that they are in “good” or “very good” health account for 38.5 per cent of responses, that is 11.2 percentage points higher than non-migrants (27.3 per cent). In rural areas, 32.5 per cent of migrants rate their health as “good” or “very good” while 24.1 per cent of non-migrants have the same assessment (Figure 1). This suggests that migrants, especially male migrants, are optimistic about their health status and that they seem to have an advantage over non-migrants, in terms of health.

**Figure 1: Percentage of migrants and non-migrants self-assessing their health as “good” or “very good” by sex and region**



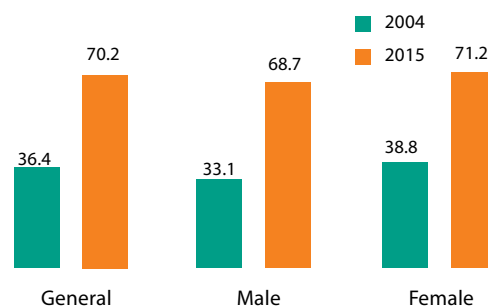
When asked to compare their health now with that prior to their movement to the current place of residence, 16.8 per cent of migrants report that their health is either “good” or “much better” than before migration. This percentage is marginally higher for male migrants (18.5 per cent) than for female migrants (15.6 per cent). Up to 73 per cent report that their health at the

present time, compared to the time of the latest move, is the same, while only 9.3 per cent report their health as being “worse” or “much worse”. This suggests that the apparent improvement in the health of migrants after their movement can be attributed to better access to health facilities that resulted from migration or to the improvement in their economic situation.

### 2. Percentage of migrants having health insurance sharply increases compared to ten years ago, with differences among regions

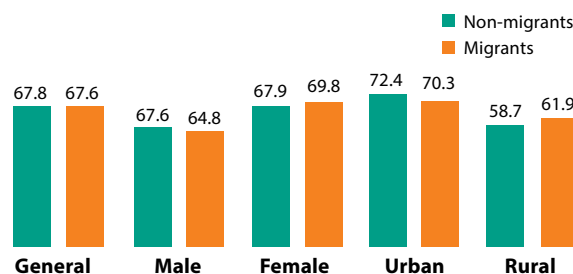
A health insurance scheme for the entire population has, in recent years, contributed to an increase in the percentage of people with health insurance cards. The survey data show that the percentage of migrants who own health insurance cards has increased from 36.4 per cent in 2004 to 70.2 per cent in 2015 (Figure 2).

**Figure 2: Percentage distribution of migrants and non-migrants possessing health insurance in 2006 and 2015 by sex**



Among migrants, a higher proportion of women (69.8 per cent) than men (64.8 per cent) have health insurance. There is a higher proportion of migrants with health insurance in urban areas (70.3 per cent) than in rural areas (61.9 per cent). Among non-migrants, there is no major difference in health insurance ownership between men and women, or across rural and urban areas (Figure 3).

**Figure 3: Percentage distribution of migrants and non-migrants possessing health insurance in 2015**



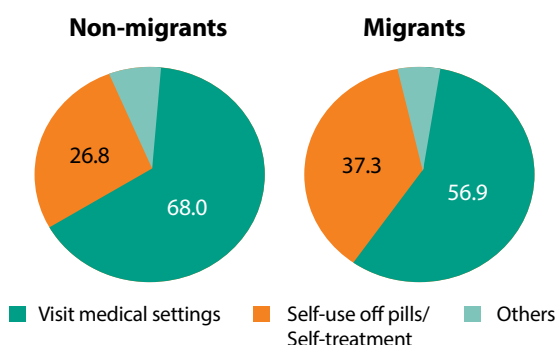
1. The 2004 Internal Migration Survey only includes in-migrants. The 2015 Internal migration survey includes in-migrants, return migrants and intermittent migrants. Therefore, it only compares data of in-migrants when comparing data of these two surveys

However, the data show a large disparity in health insurance ownership between regions. While the Northern Midlands and Mountain Areas have 84 per cent of migrants and 83 per cent of non-migrants with health insurance, the Central Highlands (mainly in the agriculture sector) and Southeast (gathered mainly in industrial zones) record only about 60 per cent of respondents with health insurance for both migrants and non-migrants.

These surveys show that nearly one third of migrants possess no health insurance, which poses considerable challenges for health care. The main reasons given for no health insurance ownership are that it is “unnecessary” (over 50 per cent of those who were asked) and “too costly to buy” (around 25 per cent).

### 3. The share of migrants accessing health facilities is less than that of non-migrants who rely on different sources to pay for treatment of their most recent illnesses

**Figure 4: Percentage distribution of migrants and non-migrants at the time of the latest sickness and treatment methods by region**



Only 56.9 per cent of migrants report that they visited health facilities for treatment of their most recent illnesses, 11 percentage points lower than the share of non-migrants (Figure 4). However, there are no significant differences between migrants and non-migrants in selecting health facilities for consultations

and treatments. Over 70 per cent of migrants and non-migrants accessed state hospital/clinics for their most recent treatments while approximately 20 per cent visited private hospitals/clinics for treatment (Figure 5).

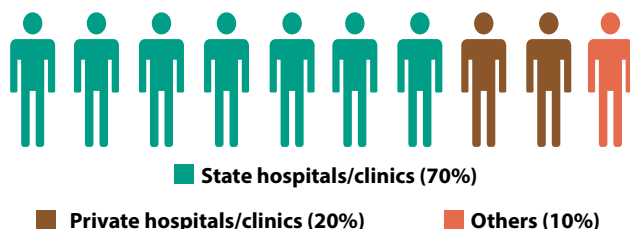
The percentage of respondents reported accessing health facilities varies among regions in the country. Ha Noi accounts for the highest rate of respondents attending state hospitals/clinics for treatment, with the equivalent of 86.2 per cent of total non-migrants and 78.3 per cent of total migrants using those facilities. The lowest rate is seen in the South East region with only 64 per cent. The low proportion of those attending state hospitals/clinics for treatment in the South East region may result from the high level of development of private hospitals/clinics in the region and the tendency for people to seek treatment in these settings.

In terms of the cost of their most recent medical treatment, only 50 per cent of migrants’ bills are paid by “health insurance”. 63 per cent of migrants self-pay and 25.5 per cent of migrants’ bills are paid by their families<sup>2</sup>. This may be a result of getting a medical check and treatment in health facilities that are not in their original health insurance registration. Therefore, they only get paid part of the treatment cost by health insurance, and migrants have to rely on different sources to pay for the remainder of the treatment cost.



**50% of migrants state that they get paid for their last treatment by “health insurance”**

**Figure 5: Percentage of migrants and non-migrants receiving treatment for latest pain/sickness**

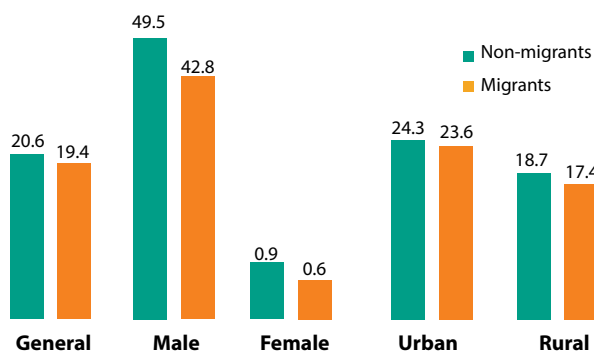


2. It is noted that the question on the payment for the latest health treatment is a multiple response question.

#### 4. The percentage of tobacco consumption has diminished but the percentage of alcohol consumption has not

The survey results show that the percentage of migrants and non-migrants who smoke has declined in the last ten years. This proportion for migrants has fallen more rapidly. The 2015 Survey shows that only 19.4 per cent of migrants smoke, a substantial decrease compared to that of the 2004 Survey (28.1 per cent). This suggests that the non-smoking policies of the government have had positive impacts on raising public awareness about the harmful effects of smoking on health and the environment, and have contributed to behavioural change that help people give up smoking. There are differences among the percentages of smoking by sex. Approximately 42.8 per cent of male migrants and 49.6 per cent of male non-migrants smoke. This proportion is negligible for women, less than one per cent in both female migrants and non-migrants (Figure 6).

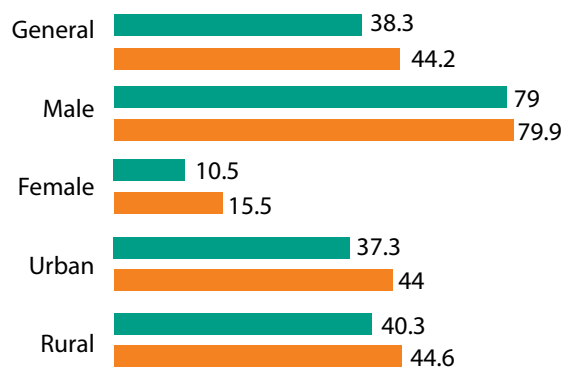
**Figure 6: Percentage distribution of migrants and non-migrants using tobacco by urban/rural areas and sex in 2015**



Although the proportion of cigarette smoking fell considerably, the use of alcohol in 2015 did not change as compared with that in 2004. This percentage among non-migrants and migrants is 38.3 per cent and 44.2 per cent, respectively. Actually, the survey shows that the level of alcohol consumption among female migrants has tended to increase (from 10.5 per cent in 2004 to 15.5 per cent in 2015).

Approximately 80 per cent of male migrants and non-migrants reveal that they drink alcohol and/or beer while this proportion for female non-migrants and migrants is 10.5 per cent and 15.5 per cent (Figure 7). The prominent share of male alcohol use reflects society's acceptance of men who drink alcohol, particularly in social settings.

**Figure 7: Percentage distribution of migrants and non-migrants using alcohol by urban/rural areas and sex in 2015**



Among Viet Nam's regions, the highest percentage of alcohol use is observed in the Northern Midlands and Mountain Areas, accounting for 53.7 per cent, with the lowest percentage seen in Ha Noi City accounting for only 31.9 per cent.

#### 5. Migrants' awareness of sexually transmitted infections is relatively high but there are considerable differences by regions of residence and by sex

Generally, the level of knowledge of sexually transmitted infections (STIs) of migrants is relatively high (over 80 per cent) and higher than that of non-migrants, by sex and by socio-economic region; with the exception of the Southeast area (the proportion for migrants is lower than non-migrants). The percentage of migrants that understand the causes of STIs and how to prevent them is quite high: most of them (80 per cent) think that unsafe sex (for example, having sex without condoms) is a cause of infection and 82 per cent of migrants reported that both husband, wife/partners must see the doctor if either one of the couple has signs of infection. This suggests that communication campaigns on reproductive health have contributed to raising public awareness of STIs and prevention measures.

However, around 30 per cent of migrants and non-migrants think that sharing toothbrushes and towels can result in STIs. This percentage in urban area is higher than in rural area and higher among women than men. Thus, it is necessary to continue investing in raising public awareness of STIs, especially in the young and female population group.

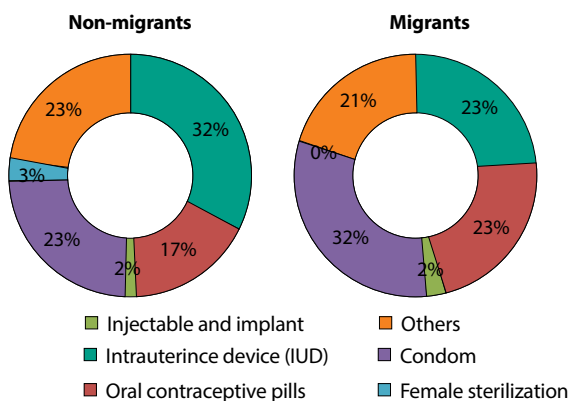




## 6. There are disparities in using contraceptive methods between migrants and non-migrants

The level of contraceptive use is much lower among migrants (37.7 per cent) than non-migrants (58.6 per cent). Most of those who responded “non-use of contraceptives”, reported that they did not have a spouse/partner. Due to the high proportion of unmarried adults in the sample (accounting for nearly 40 per cent), they may have hesitated to report its use because of the social stigma involved for unmarried women believed to be engaging in sex. The difference between migrants and non-migrants in contraceptive use is also clear: migrants are more likely to use condoms or oral contraceptive pills while non-migrants favor intrauterine devices (IUD) (Figure 8).

**Figure 8: Percentage distribution of migrants and non-migrants currently using contraceptive methods**



## 7. Maternal and child health care are considerably improved

Most migrants and non-migrants (95 per cent) attend antenatal visits for their last-born child,

of which, over 70 per cent attend four antenatal visits or more. The majority of them report that their last birth delivery was attended by health staff. 99 per cent of female migrants and non-migrants indicate that their children under the age of five are all vaccinated.



**Up to 99 percent of children younger under 5 years old, of migrants and non migrants are immunized**

## POLICY RECOMMENDATIONS

**1 Migration issues need to be integrated into socio-economic development polices and plans including health care and reproductive health-related policies, strategies and plans at the national, sub-national and sectoral levels.**

- Migration is indispensable to the development process. Therefore, formulating socio-economic development policies and plans at regional and local levels needs to be responsive to migration in order to ensure that the contribution of migration to the development of both places of departure and destination, as well as the response to migration status in localities and equality of access to basic social services (such as

housing, education, health, loan, etc.) for migrants.

- Policies for youth development need to focus on raising awareness of behavioural change respective to reproductive health for young migrants.
- Policies and strategies on reproductive health need to focus on migrant groups in order to ensure that the unmet needs of migrants for reproductive health and contraceptives are met.

**2 Communication and advocacy activities need to be strengthened to raise public awareness of and interest in the necessity of health insurance in order to encourage people, especially migrants, to obtain health insurance.**

- Despite the fact that the percentage of migrants possessing health insurance cards has increased considerably after more than ten years, there are still nearly 30 per cent of migrants without health insurance ownership. This may result in their facing financial and health risks if they have to pay for their own diagnosis and treatment.
- Thus, it is necessary to raise public awareness of the significance and importance of possessing health insurance, and eliminating the misperception of a large part of population that “only participates in health insurance when there are needs of health diagnosis and treatment”.

**3 Communication and education activities need to be strengthened to raise public awareness, including among migrants, especially in remote areas, to minimize harmful health behaviours such as smoking cigarettes, consuming alcohol, contracting STIs and about prevention methods.**

It is necessary to take advantage of different communication channels such as mass media, campaigns, newspapers, books, public activities in the community, and schools and training institutes, to improve public knowledge that includes migrants.

## REFERENCE

1. General Statistics Office and United State Population Fund (2016). “Intercensal Population and Housing Survey 2014: Migration and urbanization in Viet Nam “. News Agency Publishing House.
2. General Statistics Office and United State Population Fund (2016). “The 2015 National Internal Migration Survey: Major findings”. News Agency Publishing House.
3. UN organizations in Viet Nam (2010). “Internal migration: Opportunities and challenges for socio-economic development in Viet Nam”.

### Note:

*In this survey migrants are defined as people who have moved from one district to another district in the five years prior to the survey and who meet one of the following three conditions:*

- a. *Have resided in their current place of residence one month or more;*
- b. *Have resided in their current place of residence for less than one month but intend to stay for one month or more;*
- c. *Have resided in the current place for less than one month but within the past one year have moved from their usual place of residence to another district with the accumulated period of time of one month or more to earn a living.*

*The survey focuses on migrants and non-migrants aged 15-59*



#### General Statistics Office

54 Nguyen Chi Thanh, Dong Da, Ha Noi, Viet Nam  
Tel: 84-24-7304 6666 - Fax: 84-24-7307 7997  
Website: <https://www.gso.gov.vn>  
Email: [dansolaodong@gso.gov.vn](mailto:dansolaodong@gso.gov.vn)



#### United Nations Population Fund

304 Kim Ma, Ba Dinh, Ha Noi, Viet Nam  
Tel.: 84-24-3850 0100  
Fax: 84-24-3726 5520  
Website: <http://www.vietnam.unfpa.org>