

*To Investigate the Health Status and Health  
Promotion Activities among Chinese  
Migrant Women in Hong Kong*

*by*

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*This thesis is submitted in fulfillment of the  
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Mei Kuen Chow

August 2009

## **Supervisor's Statement**

I certify that the thesis entitled “To Investigate the Health Status and Concept of Health Promotion among Chinese Migrant Women in Hong Kong” is prepared by Mei Kuen CHOW is ready for examination.

Dr Syeda Zakia Hossain

Supervisor

## **Student Declaration**

I certify that this thesis titled “To Investigate the Health Status and Concept of Health Promotion among Chinese Migrant Women in Hong Kong” will be available to public after examination.

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## Statement of the Originality

I certify that the thesis entitled “To Investigate the Health Status and Concept of Health Promotion among Chinese Migrant Women in Hong Kong” has not already been accepted in substance for any degree. It is the result of my own research, and all sources which have been consulted are acknowledged in the references.

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Date: August 2009

# TABLE OF CONTENTS

<b>CHAPTER ONE</b> -----	1
1.1 Background and rationale -----	1
1.2 Aims and objectives of research-----	6
1.3 Research questions-----	6
1.4 Dissertation themes-----	7
1.5 Organisation-----	7
<b>CHAPTER TWO</b> -----	9
2.1 Background to Mainland China-----	9
2.1.1 Population and Economic Growth, and Inequity-----	9
2.1.2 Migration within Mainland China-----	11
2.1.3 Overseas Migration – Legal / Illegal-----	12
2.1.4 Health Status and Health Care-----	13
2.2 Background to Hong Kong-----	17
2.2.1 Introduction-----	17
2.2.2 Socio-demography of Hong Kong-----	20
2.2.3 Health Status of Hong Kong Citizens-----	26
2.2.4 The Health Care and Public Health in Hong Kong-----	29
2.2.5 The Challenges of Health Care in the Future-----	32
2.3 Health Promotion and Disease Prevention in Hong Kong -----	34
2.3.1. Introduction-----	34
2.3.2. Public Health Approaches in Hong Kong-----	34
Summary of Section -----	44
<b>CHAPTER THREE</b>	
Review of Literature-----	46

3.1	Introduction-----	46
3.2	Background to Chinese women migrants-----	49
3.2.1	Issues pertaining to women in general-----	49
3.2.2	Issues pertaining women migrants, particularly Chinese women migrants-----	50
3.3.1	Issues pertaining to Chinese migrant women’s health in Hong Kong-----	53
3.3.2	Use of Health Care Services by Migrant Women-----	56
3.4	Public Health Planning and Policy Change-----	61
3.5	Conceptual Frameworks -----	63
	Applying knowledge, attitudes, and practices (KAP) on health promotion	
	behaviours-----	67
	Conceptual Framework of Health Promotion for Chinese migrant women	
	Women-----	70
	Summary of Section -----	72
 <b>CHAPTER FOUR</b>		
	Methodology-----	74
4.1.	Introduction-----	74
4.2.	Study Design-----	74
4.3.	Study Areas-----	77
	Research questionnaires-----	78
	Questionnaires-----	78
4.4.	Data Collection and Analysis-----	79
4.4.1	Collection-----	79
	Variables and Measurements-----	79
	Independent Variables-----	79
	Dependent Variables-----	80

4.4.2 Data Analysis-----	83
4.5 Validity and Reliability-----	84
4.6 Limitation of study-----	85
 CHAPTER FIVE	
Descriptive Analysis - Migration Resettlement and Health-----	86
5.1 Factors contributing to migrant women’s health-----	86
5.2 Descriptive Analysis - Health Status of Immigrant Women-----	90
5.2.1 Health Status before and after Migration-----	91
5.2.2 Physical Health of Chinese Migrant Women-----	92
5.2.3 Mental Health of Chinese Migrant Women-----	93
5.3 Chinese Migrant Women’s Use of Health Care Services in Hong Kong-----	94
5.3.1 Use of Health Care Services in Hong Kong-----	94
5.3.2. Barriers to Health Service Utilization by Chinese Migrant Women-----	96
5.3.3 Use of Health Facilities in Mainland China-----	98
5.4 Health Promotion Behaviours of Chinese Migrant Women-----	99
5.4.1 Performance of Health Promotion and Preventative Measures by Chinese Migrant Women-----	99
5.4.2. Perceived Importance of Health Promotion Activities-----	102
5.4.3. Obstacles Inhibiting Chinese Migrant Women from Performing Health Promotion Activities-----	103
5.4.4 Chinese Migrant Women’s Intentions to Perform Health Promotion and Prevention Activities in the Coming Year-----	104
Summary of Section -----	105

## CHAPTER SIX

The Health of Chinese Migrant Women in Hong Kong-----	106
6.1 Background Profile of the Chinese Migrant Women Participants in Hong Kong -----	106
6.2 Associations Between the Socio-demographic Components and Chinese Migrant Women s Physical Health-----	111
6.3 Associations between the Socio-demographic Components and Chinese Migrant Women’s Stress Scales-----	119
6.4 Associations between the Socio-demographic Components and Chinese Migrant Women’s Utilization of Health Services-----	125
6.5 Associations between the Socio-demographic Components and Chinese Migrant Women’s Barrier Scale of Using Hong Kong Health Services-----	128
6.6 Associations between the Socio-demographic Components and Performing Strategies to Improve Health Status of Chinese Migrant Women -----	134
6.7 Associations between the Socio-demographic Components and Chinese Migrant Women’s Perceived Important Health Promotion Activities for Their Health---	140
6.8 Associations between the Socio-demographic Components and Obstacles to Improving the Health Status of Chinese Migrant Women -----	144
6.9 Associations between the Socio-demographic Components and Immigrant Women’s Plan to Perform Health Promotion and Health Prevention Activities in the Coming Year-----	147

## CHAPTER SEVEN

The Health of Chinese Women in Mainland China-----	151
7.1 Background of Participants in Mainland China-----	151
7.1.1 Socio-demographic Characteristics-----	152
7.1.2 Social Status -----	152

7.1.3 Education and Employment Status-----	154
7.2 Physical and Mental Health of Women in Mainland China-----	155
7.2.1 Physical Health-----	155
7.2.2 Mental Health-----	159
7.3 Mainland Chinese Women’s Use of Health Care Services in Mainland China -----	165
7.3.1 Socio-demographic Variables Indicating Utilization of Health Services-----	166
7.4 Health Promotion and Prevention Behaviours-----	170
7.4.1 Socio-demographic Indicators of Health Improvement Strategies-----	172
7.4.2 Perceived Importance of Health Promotion Activities-----	173
7.4.3 Obstacles to Performing Health Promotion Activities-----	180
7.4.4 Intention to Perform Health Improvement Activities in the Coming Year-----	184
Summary of Section -----	190

**CHAPTER EIGHT**

Chinese Migrant Women in Hong Kong and Chinese Women in Mainland China:

Comparative Analysis-----	192
8.1 Comparison of Socio-demographic Characteristics-----	192
8.2 Comparative Health Status-----	196
8.2.1 Bivariate Analysis of General Health-----	196
8.2.2 Bivariate analyses of Use of Health Care Services by Chinese Migrant Women in Hong Kong and Women in Mainland China-----	200
8.2.3 Bivariate Analysis of Health Promotion and Prevention Behaviours-----	203
8.2.4 Bivariate analysis of perceived importance of health promotion and prevention activities-----	205
8.2.5 Bivariate analysis of obstacles inhibiting women from performing health promotion activities-----	206

8.2.6 Bivariate analysis of intention to perform health promotion and health prevention activities in the coming year-----	208
8.2.7 Associations between Socio-demographic Components and Performing Strategies to Improve Health Status-----	211
8.2.8 Bivariate Correlations between the Health Status and Use of Health Care Services-----	214
8.2.9 Multiple Regression Analysis of Health Status, Use of Health Services, and Performing Health Promotion Activities-----	216
Summary of Main Findings-----	224
<b>CHAPTER NINE</b>	
Discussion and Conclusion-----	227
9.1 Discussion of the Descriptive Findings-----	227
9.2 Discussion of the Main Findings-----	230
9.2.1 Physical health and mental health-----	231
9.2.2 Use of Health Care Services and Barriers to Health Care Utilization-----	233
9.2.3 Performance of Health Promotion and Prevention Activities and Obstacles to such Activities-----	235
9.3 Conclusions-----	238
9.4 Practical Recommendations-----	243
<b>References-----</b>	<b>249</b>
<b>Appendices-----</b>	<b>270</b>
Appendix A-----	271
Table A.1 One-way Permit Holders Entering Hong Kong by Age Group and Sex--	272
Appendix B-----	273
Table B.2.1 Mid-year Population by Age Group and Sex-----	274

Table B.2.2 Hong Kong Population Aged 15 and Over by Sex and Educational Attainment in 2007-----	276
Table B.2.3 Self Assessment of Health Status-----	278
Table B.2.4 Level of Physical Activity (Survey conducted in October 2005) -----	278
Table B.2.5 Vigorous Physical Activity (October 2005) -----	279
Table B.2.6 Moderate Physical Activity (Survey conducted in October 2005) -----	279
Table B.2.7 Walking Exercises (Survey conducted in October 2005) -----	280
Table B.2.8 Consumption of five servings of fruit and vegetables per day (Survey conducted in April 2006) -----	280
Table B.2.9 Food Habits by Gender for Hong Kong People, 2003/2004-----	281
Table B.2.10 Alcohol Consumption by Gender for Hong Kong People, (April 2006) -----	282
Table B.2.11 Cigarettes Smoking by Gender for Hong Kong People, (April 2006) -----	283
Appendix C-----	284
Table C.1 Proportion of male and female working population aged 15 and over from the Mainland China having resided in Hong Kong for less than 7 years -----	285
Appendix D-----	286
Ethical approval from the Institutional Review Board of the University of Hong Kong/Hospital Authority Hong Kong West Cluster (HKU/HA HKW IRB)	
Questionnaire A –for Chinese Migrant Women in Hong Kong-----	287
Questionnaire B –for Chinese women in Mainland China-----	297
Appendix E-----	306

Table E.5.1 Socio-demographic Characteristics of Chinese Migrant Women from Mainland China According to Age (N=200) -----	307
Table E.5.2 Total Family Income and Number of Children for New Arrivals-----	308
Table E.5.3 Stress Scale of Chinese Migrant Women (n=200) -----	308
Table E.5.4 Health Service Utilization Scale by Chinese Migrant Women (n=200)-	309
Table E.5.5 Number of Failure Experience to Use Hong Kong Health Services by Chinese Migrant Women (n=200) -----	309
Table E.5.6 Number of Strategies Chinese Migrant Women Performing to Improve Health Status (n=200) -----	310
Table E.5.7 Number of Health Promotion Activities Perceived as Important by Chinese Migrant Women (n=200) -----	310
Table E.5.8 Number of Obstacles to Improving Health Status for Chinese Migrant Women (n=200) -----	311
Table E.5.9 Chinese Migrant Women Intended to Perform Strategies in the Coming Year in order to Improve Their Health (n=200) -----	311
Appendix F-----	312
Table F.6.1 The Socio-demographic Characteristics for Chinese Migrant Women by Age (n=200) -----	313
Table F.6.2 The Socio-demographic Characteristics for Chinese Migrant Women by Educational Attainment (n=200) -----	314
Table F.6.3 The Socio-demographic Characteristics for Chinese Migrant Women by Total Family Income (n=200) -----	315
Table F.6.4 ANOVA for comparing the Socio-demographic variables with physical health of Chinese Migrant Women (Full table) -----	316
Table F.6.5 Multiple Comparisons of the Socio-demographic variables and physical health of Chinese Migrant Women (n=200) (Full table) -----	318
Table F.6.6 Independent Samples Test for the Socio-demographic variables and physical health of Chinese Migrant Women (n=200) (Full table) -----	320

Table F.6.10 ANOVA for comparing the Socio-demographic variables with stress scale of Chinese Migrant Women (n=200) (Full table) -----	321
Table F.6.11 Multiple Comparisons of the Socio-demographic variables and stress scale of Chinese Migrant Women (n=200) (Full table) -----	323
Table F.6.13 ANOVA for comparing the Socio-demographic variables with Health Services Utilization Scale for Chinese Migrant Women (n=200) (Full table)-----	325
Table F.6.14 Multiple Comparisons of the Socio-demographic variables and Health Services Utilization Scale for Chinese Migrant Women (n=200) (Full table) -----	327
Table F.6.15 ANOVA for comparing the Socio-demographic variables with Barriers to health services of Chinese Migrant Women (n=200) (Full table)----	329
Table F.6.16 Multiple Comparisons of the Socio-demographic variables with Barriers to health services of Chinese Migrant Women (n=200) (Full table) ----	331
Table F.6.17 Independent Samples Test for the Socio-demographic variables and Chinese Migrant Women’s Barrier scale of Using Hong Kong Health Services (n=200) (Full table)-----	333
Table F.6.18 ANOVA for Comparing the Socio-demographic Variables and Perform Strategies to Improve Health Status by Chinese Migrant Women ((n=200) (Full table) -----	334
Table F.6.19 Multiple Comparisons of the Socio-demographic Variables and Perform Strategies to Improve Health Status by Chinese Migrant Women (n=200) (Full table) -----	336
Table F.6.20 Independent Samples Test for the Socio-demographic Variables and Perform Strategies to Improve Health Status by Chinese Migrant Women (n=200) (Full table) -----	338

Table F.6.21 ANOVA for comparing the Socio-demographic variables and Perceived Important Health Promotion Activities by Chinese Migrant Women (n=200) (Full table) -----	339
Table F.6.22 Multiple Comparisons of the Socio-demographic variables and Perceived Important Health Promotion Activities by Immigrant Women (n=200) (Full table) -----	341
Table F.6.22a Independent Samples Test for the Socio-demographic variables and Perceived Important Health Promotion Activities by Chinese Migrant Women (n=200) (Full table) -----	343
Table F.6.23 ANOVA for Comparing the Socio-demographic Variables and Obstacles of Inhabit Health Promotion Activities by Chinese Migrant Women (n=200) (Full table) -----	344
Table F.6.24 Multiple Comparisons of the Socio-demographic Variables and Obstacles of Inhabit Health Promotion Activities by Chinese Migrant Women (n=200) (Full table) -----	346
Table F.6.25 Independent Samples Test for the Socio-demographic Variables and Obstacles of Inhabit Health Promotion Activities by Chinese Migrant Women (n=200) (Full table) -----	348
Table F.6.26 ANOVA for comparing the Socio-demographic variables and Chinese Migrant Women's plan to perform health promotion and health prevention activities in the coming year (n=200) (Full table) -----	349
Table F.6.27 Multiple Comparisons of the Socio-demographic variables and Chinese Migrant Women's Plan to Perform Health Promotion and Health Prevention Activities in the coming year (n=200) (Full table)-----	351

Table F.6.28 Independent Samples Test for the Socio-demographic Variables and Plan to Perform Health Promotion and Health Prevention Activities in the coming year by Chinese Migrant Women (n=200) (Full table) ---	353
Appendix G-----	354
Table G.7.1 The Socio-demographic Characteristics of Participants in Mainland China by Age (N=200) -----	355
Table G.7.2 Corresponding Education and Total Family Income for Participants in Mainland China (N=200) -----	356
Table G.7.3 Corresponding Number of Children and Total Family Income for Participants in Mainland China (N=200) -----	356
Table G.7.4 Corresponding Socio-demographic Variables with Physical Health for Mainland Chinese women (n=200) -----	357
Table G.7.5 Physical Health Measure of Participants in Mainland China (n=200) --	358
Table G.7.6 Comparison of Socio-demographic Variables and Physical Health of Mainland Chinese Women (n=200) (Full Table) -----	359
Table G.7.7 Independent Samples Test of Socio-demographic Variables and Physical Health of Mainland Chinese women (n=200) (Full Table) -----	360
Table G.7.7.A Mental Health of Mainland Chinese women (n=200) -----	361
Table G.7.7.B The Stress Scale of Mainland Chinese women (n=200) -----	362
Table G.7.8 ANOVA Socio-demographic Variables indicative for Stress among Mainland Chinese women (n=200) (Full Table) -----	363
Table G.7.9 Comparison of Socio-demographic Variables and Stress for Mainland Chinese women (n=200) (Full Table) -----	364
Table G.7.10 Independent Sample Test for Socio-demographic Variables and Stress in Mainland Chinese women (n=200) (Full Table) -----	366

Table G.7.11 ANOVA for Association between Socio-demographic Variables and Health Service Utilization of Mainland Chinese women (n=200) (Full Table) -----	367
Table G.7.12 Multiple Comparison of Socio-demographic Variables and Health Service Utilization for Mainland Chinese women (n=200) (Full Table) -----	368
Table G.7.13 Independent Samples Test for the Socio-demographic Variables and Health Service Utilization for Mainland Chinese women (n=200) (Full Table) -----	369
Table G.7.14 Health Improvement Strategies Performed by Mainland Chinese women (n=200) -----	370
Table G.7.15 ANOVA for Association between Socio-demographic Variables and Performance of Health Improvement Strategies by Mainland Chinese women (n=200) (Full Table) -----	371
Table G.7.16 Comparative Socio-demographic Variables for Performing Health Improvement Strategies for Mainland Chinese women (n=200) (Full Table) -----	372
Table G.7.17 Independent Samples Test for Socio-demographic Variables and Performing Health Improvement Strategies for Mainland Chinese Women (n=200) -----	373
Table G.7.18 Perceived Important Health Promotion Activities of Mainland Chinese women (n=200) -----	374
Table G.7.19 Socio-demographic Variables for Perceived Importance of Health Promotion Activities by Participants in Mainland China (n=200) (Full Table) -----	375

Table G.7.20 Comparative Socio-demographic Variables of Mainland Chinese women Indicating Perceived Importance of Health Promotion Activities (n=200) (Full Table) -----	377
Table G.7.21 Independent Samples Test for Socio-demographic Variables and Perceived Importance of Health Promotion Activities by Mainland Chinese women (n=200) -----	379
Table G.7.22 Number of Obstacles to Improving Health for Mainland Chinese women (n=200) -----	379
Table G.7.23 Socio-demographic Variables Indicating Obstacles to Health Promotion Activities by Mainland Chinese women (n=200) (Full Table) -----	380
Table G.7.24 Socio-demographic Inhibitors of Health Promotion Activities among Mainland Chinese women (n=200) (Full Table) -----	381
Table G.7.25 Independent Samples Test for Socio-demographic Variables and Obstacles Inhibiting Health Promotion Activities by Mainland Chinese women (n=200) -----	383
Table G.7.26 Number of Health Promotion Activities Intending to Perform in the Next Year by Mainland Chinese women (n=200) -----	383
Table G.7.27 Socio-demographic Variables Indicating Intention to Perform Health Promotion Activities in the Coming Year (n=200) (Full Table) -----	384
Table G.7.28 Comparative Socio-demographic Variables for Participants' Intention to Perform Health Promotion and Preventative Activities in the Coming Year (n=200) (Full Table) -----	385
Table G.7.29 Independent Samples Test of Socio-demographic Variables and Plans to Perform Health Promotion and Preventative Activities in the Coming Year among Mainland Chinese women (n=200) -----	387

Appendix H-----	387
Table H.8.1 Stress Scale by Chinese Migrant Women and Mainland Chinese Women (n=200) -----	389
Table H.8.2 Spearman’s Rank Order Correlation of Health Variables for Chinese Migrant Women in Hong Kong -----	390
Table H.8.3 Spearman’s Rank Order Correlation of Health Variables for Mainland Chinese Women -----	392

## LIST OF TABLES

Table A.1 One-way Permit Holders Entering Hong Kong by Age Group and Sex	--272
Table 2.1 Annual Average Numbers of Inpatient and Outpatient Visits by Quintiles per Capita Income -----	15
Table 2.2 Population in Hong Kong -----	20
Table 2.3 Mainland Chinese Immigrants' Duration of Residence in HK (2006) -----	23
Table 2.4 New Arrivals and Whole Population aged 15 and over in Hong Kong by levels of education in 2007-----	25
Table 2.5 Educational Attainment of Hong Kong Residents, 2008 -----	26
Table 2.6 Cause-specific Mortality Rates in Hong Kong -----	28
Table 2.7 Body Mass Index (BMI) Distribution in April 2005 -----	39
Table 2.8 Survey Results of Cervical Screening for Hong Kong Women, (April 2006) -----	43
Table B.2.1 Mid-year Population by Age Group and Sex-----	274
Table B.2.2 Hong Kong Population Aged 15 and Over by Sex and Educational Attainment in 2007-----	276
Table B.2.3 Self Assessment of Health Status-----	278
Table B.2.4 Level of Physical Activity (Survey conducted in October 2005) -----	278
Table B.2.5 Vigorous Physical Activity (October 2005) -----	279
Table B.2.6 Moderate Physical Activity (Survey conducted in October 2005) -----	279
Table B.2.7 Walking Exercises (Survey conducted in October 2005) -----	280
Table B.2.8 Consumption of five servings of fruit and vegetables per day (Survey conducted in April 2006) -----	280
Table B.2.9 Food Habits by Gender for Hong Kong People, 2003/2004-----	281
Table B.2.10 Alcohol Consumption by Gender for Hong Kong People, (April 2006) -----	282

Table B.2.11 Cigarettes Smoking by Gender for Hong Kong People, (April 2006)	283
Table C.1 Proportion of male and female working population aged 15 and over from the Mainland China having resided in Hong Kong for less than 7 years	285
Table 3.1 Comparative Level of Education (highest level of schooling attended) of New Arrivals and Whole Population aged 15 and over in Hong Kong in 2001	67
Table 5.1 Socio-demographic Characteristics of Chinese Migrant Women from Mainland China (n=200)	86
Table 5.2 Time since Migration to Hong Kong of Chinese Migrant Women from Mainland China according to Age (n=200)	87
Table 5.3 Number of Children of Chinese migrant women (n=200)	89
Table 5.4 Total Family Income of Chinese migrant women in Thousands of HK Dollars (n=200)	90
Table 5.5 Health Status by Age of Chinese Migrant Women before Migration (n=200)	91
Table 5.6 Compared Health Status of Chinese Migrant Women before and after Migration (n=200)	91
Table 5.7 The Physical Health Scale of Chinese Migrant Women (n=200)	92
Table 5.8 Self-rated Mental Health of Chinese Migrant Women since Migration from Mainland China (n=200)	94
Table 5.9 Health Services Utilization by Chinese Migrant Women (n=200)	96
Table 5.10 Barriers Preventing Chinese Migrant Women from Using Hong Kong Health Services (n=200)	98

Table 5.11 Chinese Migrant Women’s Use of Health Facilities in China by Period since Migration to Hong Kong (n=200) -----	99
Table 5.12 Performing Strategies to Improve Own Health since Migration (n=200) -----	100
Table 5.13 Comparative Health Status for Chinese Migrant Women before and after Migration and Whether Strategies to Improve Health were Performed (n=200) -----	100
Table 5.14 Health Promotion and Prevention Activities Performed by Chinese Migrant Women (n=200) -----	101
Table 5.15 Perceived Importance of Health Promotion and Health Prevention Activities by Chinese Migrant Women (n=200) -----	102
Table 5.16 Obstacles Inhibiting Chinese Migrant Women from Performing Health Promotion Activities (n=200) -----	103
Table 5.17 Health Promotion Activities Chinese Migrant Women Would Like to Perform in the Coming Year (n=200) -----	104
Table E.5.1 Socio-demographic Characteristics of Chinese Migrant Women from Mainland China According to Age (N=200) -----	307
Table E.5.2 Total Family Income and Number of Children for New Arrivals-----	308
Table E.5.3 Stress Scale of Chinese Migrant Women (n=200) -----	308
Table E.5.4 Health Service Utilization Scale by Chinese Migrant Women (n=200)-	309
Table E.5.5 Number of Failure Experience to Use Hong Kong Health Services by Chinese Migrant Women (n=200) -----	309
Table E.5.6 Number of Strategies Chinese Migrant Women Performing to Improve Health Status (n=200) -----	310
Table E.5.7 Number of Health Promotion Activities Perceived as Important by Chinese Migrant Women (n=200) -----	310

Table E.5.8 Number of Obstacles to Improving Health Status for Chinese Migrant Women (n=200) -----	311
Table E.5.9 Chinese Migrant Women Intended to Perform Strategies in the Coming Year in order to Improve Their Health (n=200) -----	311
Table 6.1 Socio-demographic Characteristics for Chinese Migrant Women (n=200) -----	109
Table 6.2 Family Condition for Immigrant Women (n=200) -----	110
Table 6.3 Educational and Employment Situation for Immigrant Women (n=200)-	111
Table F.6.1 The Socio-demographic Characteristics for Chinese Migrant Women by Age (n=200) -----	313
Table F.6.2 The Socio-demographic Characteristics for Chinese Migrant Women by Educational Attainment (n=200) -----	314
Table F.6.3 The Socio-demographic Characteristics for Chinese Migrant Women by Total Family Income (n=200) -----	315
Table 6.4 ANOVA for Comparing Socio-demographic Variables with Physical Health of Chinese Migrant Women (n=200) -----	112
(Full Table - Table F.6.4) -----	316
Table 6.5 Multiple Comparisons of the Socio-demographic variables and physical health of Chinese Migrant Women (n=200) -----	114
(Full Table - Table F.6.5) -----	318
Table 6.6 Independent Samples Test for the Socio-demographic variables and physical health of Chinese Migrant Women (n=200) -----	116
(Full Table - Table F.6.6) -----	320
Table 6.7 Immigrant Women's Physician Visit: Before and After Migration (n=200) -----	117

Table 6.8 Immigrant Women’s Health Status: Before and After migration (n=200) -----	118
Table 6.9 Immigrant Women’s Health Status by their Education Attainment: Before and After Immigration (n=200) -----	118
Table 6.10 ANOVA for comparing the Socio-demographic variables with stress scale of Chinese Migrant Women (n=200) -----	120
(Full Table - Table F.6.10) -----	321
Table 6.11 Multiple Comparisons of the Socio-demographic variables and stress scale of Chinese Migrant Women (n=200) -----	123
(Full Table - Table F.6.11) -----	323
Table 6.12 Independent Samples Test for Socio-demographic variables and physical health of immigrant women (n=200) -----	125
Table 6.13 ANOVA for comparing the Socio-demographic variables with Health Services Utilization Scale for Chinese Migrant Women (n=200) -----	126
(Full Table - Table F.6.13)-----	325
Table 6.14 Multiple Comparisons of the Socio-demographic variables and Health Services Utilization Scale for Chinese Migrant Women (n=200) -----	127
(Full Table - Table F.6.14) -----	327
Table 6.15 ANOVA for comparing the Socio-demographic variables with Barriers to health services of Chinese Migrant Women (n=200) -----	129
(Full Table - Table F.6.15)-----	329
Table 6.16 Multiple Comparisons of the Socio-demographic variables with Barriers to health services of Chinese Migrant Women (n=200) -----	132
(Full Table - Table F.6.16) -----	331

Table 6.17 Independent Samples Test for the Socio-demographic variables and Chinese Migrant Women’s Barrier scale of Using Hong Kong Health Services (n=200) -----	133
(Full Table - Table F.6.17)-----	333
Table 6.18 ANOVA for Comparing the Socio-demographic Variables and Perform Strategies to Improve Health Status by Chinese Migrant Women (n=200) -----	135
(Full Table - Table F.6.18) -----	334
Table 6.19 Multiple Comparisons of the Socio-demographic Variables and Perform Strategies to Improve Health Status by Chinese Migrant Women (n=200) -----	138
(Full Table - Table F.6.19) -----	336
Table 6.20 Independent Samples Test for the Socio-demographic Variables and Perform Strategies to Improve Health Status by Chinese Migrant Women (n=200) -----	140
(Full Table - Table F.6.20)-----	338
Table 6.21 ANOVA for comparing the Socio-demographic variables and Perceived Important Health Promotion Activities by Chinese Migrant Women (n=200) -----	141
(Full Table - Table F.6.21) -----	339
Table 6.22 Multiple Comparisons of the Socio-demographic variables and Perceived Important Health Promotion Activities by Immigrant Women (n=200)-	143
(Full Table - Table F.6.22) -----	341
Table 6.22a Independent Samples Test for the Socio-demographic variables and Perceived Important Health Promotion Activities by Chinese Migrant Women (n=200) (Full table) -----	343

Table 6.23 ANOVA for Comparing the Socio-demographic Variables and Obstacles of Inhabit Health Promotion Activities by Chinese Migrant Women (n=200)	145
(Full Table - Table F.6.23)	344
Table 6.24 Multiple Comparisons of the Socio-demographic Variables and Obstacles of Inhabit Health Promotion Activities by Chinese Migrant Women (n=200)	146
(Full Table - Table F.6.24)	346
Table 6.25 Independent Samples Test for the Socio-demographic Variables and Obstacles of Inhabit Health Promotion Activities by Chinese Migrant Women (n=200)	147
(Full Table - Table F.6.25)	348
Table 6.26 ANOVA for comparing the Socio-demographic variables and Chinese Migrant Women's plan to perform health promotion and health prevention activities in the coming year (n=200)	148
(Full Table - Table F.6.26)	349
Table 6.27 Multiple Comparisons of the Socio-demographic variables and Chinese Migrant Women's Plan to Perform Health Promotion and Health Prevention Activities in the coming year (n=200)	150
(Full Table - Table F.6.27)	351
Table F.6.28 Independent Samples Test for the Socio-demographic Variables and Plan to Perform Health Promotion and Health Prevention Activities in the coming year by Chinese Migrant Women (n=200) (Full table)	353
Table 7.1 Age and Marital Status of Mainland Chinese women (n=200)	152
Table G.7.1 The Socio-demographic Characteristics of Participants in Mainland China by Age (N=200)	355

Table G.7.2 Corresponding Education and Total Family Income for Participants in Mainland China (N=200) -----	356
Table G.7.3 Corresponding Number of Children and Total Family Income for Participants in Mainland China (N=200) -----	356
Table 7.2 Income, Family Status and Accommodation of Participants in Mainland China (n=200) -----	153
Table 7.3 Education and Employment Status of Mainland Chinese Women (n=200) -----	154
Table G.7.4 Corresponding Socio-demographic Variables with Physical Health for Mainland Chinese women (n=200) -----	357
Table 7.4 General Health Status of Mainland Chinese Women (n=200) -----	155
Table G.7.5 Physical Health Measure of Participants in Mainland China (n=200) -----	358
Table 7.5 ANOVA for Association of Socio-demographic Variables with Physical Health of Mainland Chinese women (n=200) -----	156
Table 7.6 Comparison of Socio-demographic Variables and Physical Health of Mainland Chinese Women (n=200) -----	158
(Full Table – Table G.7.6)-----	359
Table 7.7 Independent Samples Test of Socio-demographic Variables and Physical Health of Mainland Chinese women (n=200) -----	159
(Full Table - Table G.7.7) -----	360
Table G.7.7.A Mental Health of Mainland Chinese women (n=200) -----	361
Table G.7.7.B The Stress Scale of Mainland Chinese women (n=200) -----	362
Table 7.8 ANOVA Socio-demographic Variables indicative for Stress among Mainland Chinese women (n=200) -----	161
(Full Table - Table G.7.8) -----	363

Table 7.9 Comparison of Socio-demographic Variables and Stress for Mainland Chinese women (n=200)	163
(Full Table - Table G.7.9)	364
Table 7.10 Independent Sample Test for Socio-demographic Variables and Stress in Mainland Chinese women (n=200)	164
(Full Table - Table G.7.10)	366
Table 7.10A Health Service Utilization by Mainland Chinese women (n=200)	
(Multiple selection possible)	165
Table 7.10B Number of Health Services Utilized by Mainland Chinese women (n=200)	166
Table 7.11 ANOVA for Association between Socio-demographic Variables and Health Service Utilization of Mainland Chinese women (n=200)	167
(Full Table - Table G.7.11)	367
Table 7.12 Multiple Comparison of Socio-demographic Variables and Health Service Utilization for Mainland Chinese women (n=200)	169
(Full Table - Table G.7.12)	368
Table 7.13 Independent Samples Test for the Socio-demographic Variables and Health Service Utilization for Mainland Chinese women (n=200)	170
(Full Table - Table G.7.13)	369
Table 7.14 Mainland Chinese women Undertaking Health Improvement Strategies in Previous Year (n=200)	171
Table G.7.14 Health Improvement Strategies Performed by Mainland Chinese women (n=200)	370
Table 7.14A Health Promotion and Preventative Activities by Mainland Chinese women (n=200)	171

Table 7.15 ANOVA for Association between Socio-demographic Variables and Performance of Health Improvement Strategies by Mainland Chinese women (n=200) -----	172
(Full Table - Table G.7.15) -----	371
Table 7.16 Comparative Socio-demographic Variables for Performing Health Improvement Strategies for Mainland Chinese women (n=200) -----	173
(Full Table - Table G.7.16) -----	372
Table G.7.17 Independent Samples Test for Socio-demographic Variables and Performing Health Improvement Strategies for Mainland Chinese Women (n=200) -----	373
Table 7.17 Number of Mainland Chinese Women Who Think They Can Do More to Improve Their Health (n=200) -----	174
Table 7.18 Importance of Health Promotion and Preventative Activities as Perceived by Mainland Chinese women (n=200) -----	174
Table G.7.18 Perceived Important Health Promotion Activities of Mainland Chinese women (n=200) -----	374
Table 7.19 Socio-demographic Variables for Perceived Importance of Health Promotion Activities by Participants in Mainland China (n=200) -----	176
(Full Table - Table G.7.19) -----	375
Table 7.20 Comparative Socio-demographic Variables of Mainland Chinese women Indicating Perceived Importance of Health Promotion Activities (n=200) -----	179
(Full Table - Table G.7.20) -----	377
Table G.7.21 Independent Samples Test for Socio-demographic Variables and Perceived Importance of Health Promotion Activities by Mainland Chinese women (n=200) -----	379

Table 7.21 Obstacles to Mainland Chinese women Performing Health Promotion Activities (n=200) -----	180
Table 7.22 Obstacles Inhibiting Mainland Chinese women from Performing Health Promotion Activities (n=200) -----	181
Table G.7.22 Number of Obstacles to Improving Health for Mainland Chinese women (n=200) -----	379
Table 7.23 Socio-demographic Variables Indicating Obstacles to Health Promotion Activities by Mainland Chinese women (n=200) -----	182
(Full Table - Table G.7.23)-----	380
Table 7.24 Socio-demographic Inhibitors of Health Promotion Activities among Mainland Chinese women (n=200) -----	183
(Full Table - Table G.7.24)-----	381
Table G.7.25 Independent Samples Test for Socio-demographic Variables and Obstacles Inhibiting Health Promotion Activities by Mainland Chinese women (n=200) -----	383
Table 7.25 Mainland Chinese women Intending to Perform Health Promotion and Preventative Activities in the Coming Year (n=200) -----	184
Table G.7.26 Number of Health Promotion Activities Intending to Perform in the Next Year by Mainland Chinese women (n=200) -----	383
Table 7.26 Health Promotion Activities Intended by Participants in the Coming Year (n=200) -----	185
Table 7.27 Socio-demographic Variables Indicating Intention to Perform Health Promotion Activities in the Coming Year (n=200) -----	186
(Full Table - Table G.7.27) -----	384

Table 7.28 Comparative Socio-demographic Variables for Participants' Intention to Perform Health Promotion and Preventative Activities in the Coming Year (n=200) -----	188
(Full Table - Table G.7.28)-----	385
Table G.7.29 Independent Samples Test of Socio-demographic Variables and Plans to Perform Health Promotion and Preventative Activities in the Coming Year among Mainland Chinese women (n=200) -----	387
Table 8.1 Socio-demographic Characteristics for Chinese Migrant Women and Mainland Chinese Women -----	193
Table 8.2 Family Conditions for Chinese Migrant Women and Mainland Chinese women -----	195
Table 8.3 Education and Employment Status of Chinese Migrant Women and Mainland Chinese women -----	194
Table 8.4 General Health Variables of Chinese Migrant Women and Mainland Chinese Women -----	199
Table 8.5 Physical Health Scale of Chinese Migrant Women and Mainland Chinese Women -----	199
Table H.8.1 Stress Scale by Chinese Migrant Women and Mainland Chinese Women (n=200) -----	389
Table 8.6 Comparisons Analysis of Health and Socio-demographic Predictors for Chinese Migrant Women and Mainland Chinese women -----	200
Table 8.7 Descriptive Statistics of Health Services Utilization by Chinese Migrant Women and Mainland Chinese Women -----	202
Table 8.8 Number of Health Services Utilized by Chinese Migrant Women and Mainland Chinese Women -----	202

Table 8.9 Comparisons Analysis of Health Service Utilization by Chinese Migrant Women and Mainland Chinese Women using Socio-demographic Predictor Variables -----	203
Table 8.10 Health Promotion and Prevention Behaviours for Chinese Migrant Women and Mainland Chinese Women -----	204
Table 8.11 Perceived Importance of Health Promotion and Prevention Behaviours for Chinese Migrant Women and Mainland Chinese Women -----	206
Table 8.12 Obstacles to Performance of Health Promotion Activities for Chinese Migrant Women and Mainland Chinese Women -----	208
Table 8.13 Intended Health Promotion and Prevention Activities in the Coming Year for Chinese Migrant Women and Mainland Chinese Women -----	210
Table 8.14 Comparative Analysis of Health Promotion and Prevention Behaviours for Chinese Migrant Women and Mainland Chinese Women using Socio-demographic Predictors -----	213
Table H.8.2 Spearman's Rank Order Correlation of Health Variables for Chinese Migrant Women in Hong Kong -----	390
Table H.8.3 Spearman's Rank Order Correlation of Health Variables for Mainland Chinese Women -----	392
Table 8.15 Multiple Regression Analysis of Chinese Migrant women and Mainland Chinese Women's Health Status, Utilization of Health Services, and Barriers to Use of Health Services -----	221
Table 8.16 Multiple Regression Analysis of Chinese Migrant Women and Mainland Chinese Women's Performing Health Promotion Activities -----	222

## LIST OF FIGURES

Figure 2.1 Population in Hong Kong by Age Group -----	21
Figure 2.2 Overview of Hong Kong's Health System -----	30
Figure 2.3 Total Health Expenditure of Hong Kong -----	34
Figure 3.1 Framework of Settlement by Chinese Migrant Women -----	71

## **ABBREVIATIONS**

BRFSS	Behavioral Risk Factor Surveillance System
BSE	Breast Self Examination
CAM	Complementary and Alternative Medicine
CSP	Cervical Screening Programme
CSSA	Comprehensive Social Security Assistance
GIS	Government Insurance Scheme
KAP	Knowledge, Attitudes, and Practices
LIS	Labour Insurance Scheme
OWP	One Way Permit
STDs	Sexually Transmitted Diseases
TCM	Traditional Chinese Medicine

## Abstract

Hong Kong has a population of more than seven million people which since 1995 has been growing by 150 immigrants per day from Mainland China. Although migrants from Mainland China do share some similar cultures with their counterparts in Hong Kong, the concept of health and actions they take to maintain their health are different. This study aims to investigate the association between socio-economic factors, the settlement period since migration and the health status of migrant women from China to Hong Kong and their utilization of health care facilities. This research further aims to investigate any implications for the practice of health promotion and prevention-related activities among these women and compares these results with those of Chinese women in Mainland China.

A total of four hundred women between the ages of 20 and 50 years were selected for this study, two hundred women who had migrated from Mainland China to Hong Kong and two hundred women still resident in Mainland China. Participants in China were selected from Guangzhou, Guangdong, Shanghai, and Xiamen, these being the more common areas of origin of the immigrant women in Hong Kong.

The two cross-sectional surveys were carried out to collect comparable data on the health status for both the groups, their utilization of health care services, their understanding of health promotion and prevention, and their actual health promotion behaviour.

The results show that nearly half of the immigrant women from Mainland China had no further education beyond primary school (51%) and that a greater majority of them were unemployed (84%). A surprising 73% of the migrant women had more than two children despite most belonging in the lowest income group (total family income of below HK\$15,000k) per month.

While younger migrants were generally shown to be healthier, most immigrant women reported their health as being 'much worse' than before migration. The single-most significant predictor for immigrant women's physical health was the number of children they had, while for women in Mainland China, the significant predictor was age. Regarding stress, among immigrant women having more children and being unemployed were significant predictors of increased stress; while for women in Mainland China living in rented private rooms or units, having a higher number of children, low family income, and living with their extended family were significant predictors.

Regarding health service utilization, immigrant women living on public or private estates were significantly more likely to use health care services than those living in temporary housing or shelters; and the more educated immigrant women were, the more they used health care services. For women in Mainland China, the higher the family income and the larger the family household, the more they used health care services.

Despite 95% of the immigrant women feeling they could do more to improve their health status, only 22% of them reported having performed health promotion and preventative strategies since relocating to Hong Kong. Being Cantonese-speaking and living in a family household were significant predictors for immigrant women to perform health promotion and preventative activities. Results for participants in Mainland China show that while a smaller number of these women, 85 % felt they could be doing more, 61.5% of them were already performing health promotion and preventative strategies to improve their health status. A significant predictor for women in Mainland China was total family income; the higher the family income, the more health promotion activities were performed.

The findings of this study should greatly assist both government and non-government organizations in Hong Kong and elsewhere not only in providing more effective health care services for migrant women from Mainland China but also in informing the public health policies and planning of health care provision.