Young female migrant workers in China in need of reproductive health information and services

Background

- Large industrial cities in China attract a large number of internal temporary or seasonal migrant workers from mostly rural areas. In the early 1990s, this “floating population” was estimated to be between 70 and 80 million. Women make up more than a third of this population, and about half of these women are under age 25 and most work in small factories or in the service industry. Large numbers of female migrant workers are unmarried (Figure 1).
- The reproductive health needs of these young unmarried women are not being met adequately and they are often unable to access available services. On short-term employment contracts and without permanent household residency in the city, the floating population does not receive the health and welfare benefits available to registered residents.
- A study was carried out in 1998-1999 in five cities (Beijing, Shanghai, Guangzhou, Guiyang, and Taiyuan) to learn about the reproductive health knowledge and behaviour of young female migrant workers1.

Study design and sample

- Focus group discussions were conducted with 22 groups involving a total of 146 young female migrant workers (72 married, 74 unmarried) aged 16–25 years who had been living in the city for over six months.
- In-depth interviews were conducted with an additional 58 young women (including eight married women) and three young migrant men, who had been recruited from reproductive health and family planning clinics, small retail shops, and other locations.
- Key informant interviews were conducted with 16 doctors, family planning workers, managers of factory dormitories and staff from floating population management offices.

Major findings

- Premarital sex is no longer taboo and norms and behaviours are changing. “There is nothing wrong with premarital sex, as long as they like each other and feel happy together” (Shanghai, focus group discussion). Most young women believed that premarital sex is acceptable. However, they expressed concern about the social consequences of unwanted pregnancy.
- Premarital sexual experience is reportedly uncommon. Most of the young women knew someone who was living with her boyfriend, but few admitted they had had premarital sex. Those who did, only admitted to a sexual relationship with a “husband-to-be”. 
Knowledge about, and use of, contraceptives is low. Most sexually active women had never used contraception and few knew where to obtain them. A 20-year-old unmarried woman who had had an induced abortion thought that it was 'just bad luck' to get pregnant after occasional, contraception-free intercourse over a period of two years.

Four obstacles limit contraceptive use.
- Sexual activity is unplanned and spontaneous.
- Young women want to please or obey partners who do not want to use contraception.
- Unmarried women are embarrassed about obtaining contraceptives and fear that attempts to obtain contraceptives might lead to disclosure of their sexual activity status.
- Unmarried women believe that family planning distribution centres are for married women only.

Unwanted pregnancy and induced abortion are not uncommon among the sexually active. If an early marriage cannot be arranged the pregnancy ends in induced abortion. Providers reported that migrant women were more likely than non-migrants to delay seeking abortion and to experience multiple abortions. They were also more likely to resort to private—and usually unqualified—providers believing their confidentiality would be better protected.

Conclusions and policy recommendations

- Some young female migrant workers are sexually active, but they lack basic knowledge of contraception and reproduction. Moreover they do not know where to obtain contraception or are too embarrassed to try. Induced abortion or a hasty marriage are the only options in case of pregnancy.
- Young unmarried migrants do not use family planning service facilities although in theory these services are available to all women. Government family planning education programmes or information materials do not reach migratory women.
- Urgent measures are needed to make reproductive health information and services in urban areas accessible to young migrant workers. Policy recommendations include the following:
  - When newly arriving migrants register in cities, the registration offices could provide them with information regarding family planning as well as location of the services.
  - Employers of migrant workers could disseminate pamphlets provided by the local government family planning or health departments; they could also provide reproductive health services in the medical clinics at the place of work.
  - Urban family planning workers could visit workplaces and residences with a large number of migrants in order to offer information and services for family planning and reproductive health.

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1 This brief is based on the publication: Zhenzhen Zheng, Yun Zhou, Lixin Zheng, Yuan Yang, Dongxia Zhao, Chaohua Lou, Shuangling Zhao. Sexual behaviour and contraceptive use among unmarried, young women migrant workers in five cities in China. Reproductive Health Matters, 2001; 9:118-127. The research was supported by the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP).