

**Rural Youth Migration and its Implication for Family Planning and
Reproductive Health in China**

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by

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A. Massive rural-urban migration in the era of reform

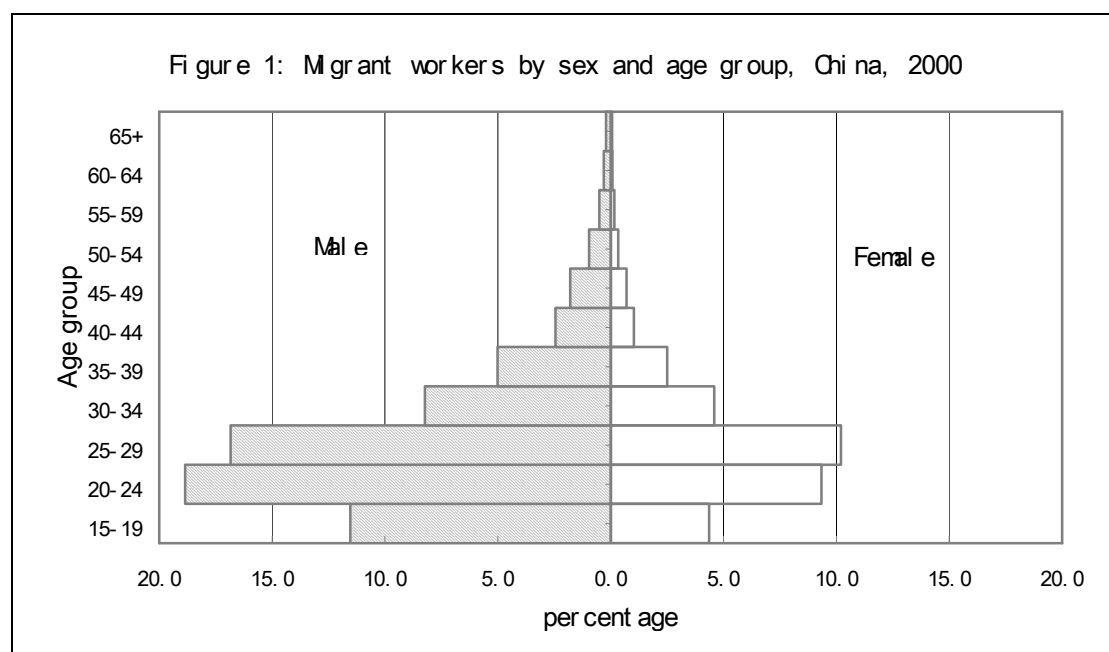
Since the late 1970s, China has been undergoing a drastic transition from a closed, centrally planned economy to a dynamic, open market system, which presents significant challenges to the political, economic and social structures and institutions. Massive rural-urban migration is considered one of the newly emerged phenomena in the era of reform. In 10 years from 1993 to 2003, according to the State Commission of Population and Family Planning, the number of migrant workers doubled from 70 million to 140 million, accounting for nearly 30% of total rural labor force (Han, 2004).

Of China's total population of 1.3 billion, 69.1% were classified as rural in the 2000 national census. Urbanization picks up pace only in recent years, primarily thanks to the relaxation of the *hukou* regulations. In the pre-reform period, rural-urban migration was strictly restricted in China under the *hukou* (household registration) system that controls people's movement from one place to another. A person's *hukou* status is acquired at birth, based generally on the mother's *hukou*, and is fixed almost for life with a few exceptions. Although not intended originally by the government, the *hukou* regulations ended up with an institutional division of the country into two systems, with an "invisible wall" between the urban and rural sectors. Over the last two decades, nevertheless, restrictions on rural-urban migration have been gradually lifted. As observed by Fleisher and Yang (2003), the *hukou* reform is still incomplete and its progress varies across provinces. In general, local situations fall into one of the three models: a) in over 20,000 small towns, applicants may receive local registration if they have a permanent source of living and housing in the locality; b) in many medium sized cities, requirements for gaining *hukou* status have been reduced, in some cases just a long term work contract; and c) in a few mega cities like Beijing and Shanghai, obtaining *hukou* remains very difficult.

On top of the quasi-free movement, two other factors have also played a role in setting off the massive urban-bound exodus: the "push" factor and the "pull" factor. The former refers to the mounting pressure of labor surplus in rural areas, while the latter refers to the rising demand for cheap labor in the booming cities and coastal provinces. As China's economy becomes increasingly industrialized and modernized, the contribution of agriculture to GDP drops continuously, standing at 14% in 2004 for example. In comparison, about 50% of China's total labor force are still engaged in agriculture, with per capita arable land of only 1.4 *Mu* (ca. 0.1 hectare). The total surplus rural labor force is estimated as many as 300 million by some experts. Obviously, it is very difficult to raise productivity and rural people's income under such circumstances. A 2004 study of the Chinese Academy of Social Sciences (CASS) found that the real per capita income of rural residents is only 15-20% of that of their

urban counterparts, putting China in the rank of countries with the highest level of income inequality in the world (Lu, 2004). On the other hand, the booming economy, at an average annual growth rate of 9% over 20 years in a row, creates a huge demand for cheap labor in urban areas. In 2002, the majority of migrants (65.5%) in cities were employed in manufacturing and construction sectors. The rest were engaged in other activities like self-employment (11.4%) and service sectors (8.5%). Although the pay is normally 40-50% of the urban average, migrant workers from rural areas are happy to get a job and earn extra cash income to support families back at home. For example, remittance makes up nearly 50% of rural residents' annual income in Anhui, one of the major labor export provinces in China.

Motives for moving out from rural areas may vary from one person to another. A recent survey found the two most frequently mentioned reasons among younger migrants under 25 are “seeking for a better life in cities” and “little knowledge in farm work after finishing schooling”. In comparison, the two most frequently mentioned reasons among older migrants over 25 are “unemployment due to land shortage” and “diminishing return of farming” (Wang, 2003). It seems that younger migrants were influenced more by the “pull” factor, whereas older migrants more by the “push” factor. Under the existing *hukou* system, however, rural migrants are not considered officially as city residents and treated like second-class citizens, suffering from a wide range of discrimination and exclusion. For example, migrants have no access to the subsidized housing, education and health care as well as various welfare benefits enjoyed by urban residents.



Source: State Council Census Office, 2002.

It is frequently observed that migrants are highly selective by age and sex. In China, rural-urban migrants consist mainly of young people and males. In 2000, as

shown in Figure 1, 71.1% of migrant workers fell into the age group 15-29, and 66.6% were male. However, sex selectivity varies according to context. For example, in Guangdong, one of the major destination provinces, sex ratio of migrants in age group 15-24 was 100:67.2, while that in age group 25-64 was 100:136.9. Believed to be more nimble, careful, dutiful and better disciplined, young girls are often preferred by factories that produce cloths, toys and electronics for export. Massive exodus of young people from rural areas can have a series of demographic, social and economic implications for both the places of origin and destination. This paper concerns primarily about the implication of youth migration for family planning and reproductive health.

Young people under age 25 belong to the sexually most active segment of the population. Before reaching 25, most of them will get married and have their first child, two of the very important phenomena for demographic studies. According to the 2001 National Survey on Reproductive Health, for example, the average age of first marriage for females was 22.6 and the average age of first birth was 24.1. Therefore, young people always remain the key target of programs of family planning and reproductive health. Young migrants should not be an exception.

B. Family planning and reproductive health programs to face new challenges of massive migration

Since the mid-1970s, the Chinese government has introduced a series of tough birth control programs to curtail high fertility, in the belief that high fertility might erode the economic gains of modernization. In the early 1980s, a more controversial One-Child policy was introduced, which demands couples to have only one child during their lifetime. Combined with administrative measures, economic incentives and contraceptive services, the programs have made marked achievements over the last three decades in reducing fertility. Based on the 2000 national census data, it is estimated that China's total fertility rate (TFR) has dropped to 1.8, already below the replacement level (Zhang, 2004). Of all women in reproductive ages, 86.9% were using contraceptives of one kind or another. Against this background, the State Council issued in 2000 a resolution on strengthening family planning and consolidating the achievement of below-replacement fertility. It requires that family planning programs shift their focus from curtailing the number of births to providing quality reproductive health services. For example, a district center of family planning and reproductive health in Beijing provides currently following regular services, most free of charge for women with the local *hukou* registration:

- Information, counseling and home visits;
- Distribution of contraceptives;
- Medical check-up of contraceptive use;
- IUD inserting and removing;
- Vacuum aspiration (pregnancy less than 10 weeks);

- Contraceptive implants;
- Treatment of complications and side-effects of contraceptive use;
- Other reproductive health services, such as certain items of early and regular prenatal check-up.

In China, family planning and reproductive health services are largely community based. Because of a number of factors, the birth control measures, no matter how unpopular, could achieve certain progress in the 1970s and 1980s in the relatively underdeveloped rural areas, where a spontaneous fertility decline as predicted by the classical theory of demographic transition did not exist. One factor is that coercive measures were used. There have been frequent reports of forced contraception, forced abortion and prohibitive fines. Another factor is the tight control on people's movement under the *hukou* system. Community member were subject to persistent surveillance of local officials and program workers as well as peer pressure of fellow villagers. Few people could escape penalties if they violated birth control rules.

As the *hukou* restrictions are relaxed in recent years, the community-based program measures become impotent for those who moved out of their home village. In cities, nevertheless, migrants are still not considered officially as local residents and are excluded from urban communities. As a result, migrants have limited access to most community-based services, such as family planning and reproductive health. On the one hand, migrant workers do not have to observe strictly the birth plan quota imposed by program workers either in their home village or in their newly chosen settlement places, thus putting the government's overall birth plan targets in jeopardy. On the other hand, when in need, migrant workers cannot use the reproductive health services as their urban counterparts at the same price or in the same quality. For privacy or financial considerations, many female migrants have to go to unauthorized but cheap private clinics for help in cases such as gynecological diseases and unwanted pregnancy. There have been frequent reports of maternal and infant deaths or life-threatening complications as results of birth delivery or abortion performed by unqualified medical workers.

The problems in family planning and reproductive health faced by migrant workers have attracted broad concerns of both the government and the public. In 1998, the State Council issued the Regulations on Family Planning among Migrant Workers. A supplementary document was issued in 2003 by the State Commission of Population and Family Planning. The two regulation documents require that, as far as family planning and reproductive health are concerned, migrant workers are subject mainly to the supervision of authorities of their chosen settlement places. Before leaving their home village, however, migrants have to apply to local authorities in the origin for a marriage and childbirth document, which includes personal information like name, sex, age, marriage status, personal ID number, and status of childbirth and contraceptive use. Migrants are obliged to show the document when applying for temporary resident registration and work permission to public security offices in the

destination. Those who fail to provide a document will not be permitted to work, and those who provide a false document will face a fine of up to 1,000 Yuan. However, a recent survey of the State Commission of Population and Family Planning shows that the regulations have not been implemented in a satisfactory way, with only 37.4% of all migrants interviewed now holding a valid document (Zhang, 2004). According to the regulations, married female migrants who observe family planning regulations are entitled to all basic reproductive health services free of charge as same as their counterparts in cities. However, as the author observed, most service providers still charge a fee, 30 Yuan per visit on average in Beijing for example. In October 2004, the National Meeting on Family Planning among Migrants was held in Ningbo, which calls for management improvement of family planning programs targeting migrants and raise the standard and quality of family planning and reproductive health services.

C. Special problems and needs of young migrants

Since most migrant workers are young, separated from families or still single, their current problems and needs deserve special concern. Coming into a new urban environment, young migrants will undoubtedly face a series of social and cultural shocks, including that influence and change their views on sexual ethics and behaviors. Anyway, they are in the sexually most active but socially most unstable ages. In rural areas where old traditions still prevail, young people's sexual behavior is often disciplined by parental control and traditional norms. Marriages are usually arranged and out-of-marriage sexual behaviors are strictly unacceptable. For young migrants, by contrast, freedom in cities seems unlimited and temptation is great and ever-present. Away from their familiar environment and out of the reach of family members, many youth migrants in cities turn to quick love affairs or sexual adventures to meet sexual need, release stress or fill up emotional vacuum. According to a 2003 survey in Chengdu, 52.0% of unmarried migrants under age 22 were currently dating a boy/girl friend and 56.9% have had sexual experience (Cui et al. 2003). Another survey conducted by the Guangdong Institute of Family Planning in 2002 found that pre-marriage sex is very common among unmarried migrant girls, ranging from 50% in the manufacturing sector to 80% in the service sector (Zhu, 2002). Few of the love affairs among young migrants end up in marriage, since most youngsters are simply not well prepared. Unemployment, financial difficulty and lack of a permanent residence in the city are frequently listed as external factors that break up an affair, while emotional instability and character mismatch are often thought as internal factors.

Pre-marriage and out-of-marriage sex has often been blamed for at least two family planning and reproductive health hazards: the rise in abortion cases due to unplanned pregnancy and the rise in gynecological diseases and sexually transmitted diseases (STDs). According to the 2004 baseline survey on sexual activities and reproductive health needs of migrant workers conducted by the China Center for Population and Development (CCPD), the contraceptive use rate of unmarried

migrants was 57.3%, much lower than that of the married ones (92.7%). Since unmarried migrants prefer to use condoms and pills, a higher proportion of them (18.4%) had experienced a failed contraception than that of married ones (8.1%), who often choose IUD or sterilization. In a failed case, most young girls tend to seek abortion rather than carry the pregnancy to term for obvious reasons. The 2002 Guangdong survey found that nearly 60% of migrant girls have experienced unplanned pregnancy and 40% have experienced abortion at least twice. Migrant girls seek abortion “too young (under 20), too late (over 4 months) and too many times (3-5 times)”, as observed by doctors. A 2003 survey by the Peking University Medical College found that migrants accounted for 61.0% of the 2002 unmarried women under 24 seeking abortion in the 4 cities of Beijing, Zhengzhou, Nanning and Shenzhen, and 57.1% of them suffered from reproductive tract infections (RTI) of one kind or another (Fu, 2004).

As discussed above, most migrants working in cities are single or have left their families at home. Their sexual need cannot be properly met under the current circumstances. It is not unusual for male migrants to visit prostitutes as a way to relieve sexual stress. On the other hand, many young girls from rural areas are lured or forced into prostitution, failing to find a decent job in cities. Unofficial estimates of the number of sex workers in China range from 6 million to 20 million. Most of the prostitutes working in cities are believed to be migrants (Xu, 2004). In another word, a large share of the growing sex market is supported by migrants, from both the demand side and the supply side. It is a worrying situation, considering the spreading of sexually transmitted diseases (STDs) and HIV/AIDS. In Guangdong, for example, the STD infections increased by 24.2% in 2004, reaching 1.26 million or a morbidity rate of 106 per 100,000 (Ren, 2005). According to a recent survey in the same province, about 14.9% of female migrants interviewed were STD infected (He et al., 2004).

D. Discussions

As far as family planning and reproductive health is concerned, the problems of unplanned pregnancy and STD infection among young migrant workers can be attributed to two major factors: lack of knowledge and lack of access to services. For example, the 2002 Guangdong survey found that 76% of migrant girls had no proper knowledge of safe sex and contraception. The 2003 Chengdu survey found a practical demand for knowledge of family planning and reproductive health among unmarried migrants in following topics: sexual ethics, sex-related psychological and physiological issues, psychological and physiological changes after pregnancy, safe sex and contraceptive use, and sexual and reproductive health. Access to services is difficult, because China's family planning and reproductive health programs are primarily community-based and target mainly married women with official *hukou* registration. Migrants who moved into cities without proper registration are not always considered eligible to program services. Migrant workers usually have to pay

a fee if they do need help from program workers. On the other hand, program workers also have difficulty to locate and organize migrant workers for education and information sessions or contraceptive distribution, since many migrants are engaged in informal sector activities and do not have a permanent home in cities. Currently, the government requires free service to be provided to migrants who hold a marriage and childbirth document. Since only about one third of all migrants are document holders, many non-holders are still excluded, particularly unmarried young girls. Obviously, services conditioned by a marriage and childbirth document as can hardly produce desired results. Moreover, very few official programs are designed to meet the special needs of migrants in high-risk groups such as sex workers.

In international comparison, the current level of urbanization in China is about 10 percentage points lower than the world's average (47% in 1998). It is predicted that, as a result of accelerated modernization, China's urbanization rate can reach 45% by 2010 and 50% by 2020. Given the below-replacement level fertility in urban areas, the future expansion of urban population depends largely on rural-urban migration. It is estimated that as many as 140 million people on the move each year in China. The question is how to keep the migration under certain control, so that advantages resulted from this phenomenon won't be overridden by its unwanted side effects. In the areas of family planning and reproductive health, for example, emerging challenges are to put under control unplanned pregnancy, abortion and STD infections among young migrants. Following measures can be taken into consideration:

- The government should consider granting official urban registration status to those migrants who have a permanent home and a job as a stable income source in cities, so that they can enjoy all rights and entitlements as local residents, including access to family planning and reproductive health services. The registration system should be improved to cover as many as possible those migrants who are engaged in informal sector activities and do not have a permanent home for the time being. The registration can provide program workers a reliable basis to tailor their service delivery system to meet the special needs of migrant workers.
- Education and information dissemination should be given top priority in family planning and reproductive health programs targeting young migrants. The 2003 Chengdu survey found following methods and sources are preferred by unmarried migrants in seeking for information and knowledge about family planning and reproductive health: information and counseling hotline, information and service center for migrants, pamphlets and flyers targeting unmarried young migrants, workshop and education session, and special TV, radio and newspaper programs. It can also be considered to send mobile information and education teams to places where most migrants work and live, such as factories, construction sites, suburbs and shanty towns, in order to reach a broader audience. Given the fact that most migrants are poorly educated, education materials and resources, such

as posters and pamphlets, should be specially designed to be as simple and comprehensible as possible. Mobile education teams can also serve as a distributor of contraceptives like condoms and pills.

- Service centers or stations of family planning and reproductive health should extend their services to migrants in the community or neighborhood, no matter they hold a marriage and childbirth document or not. The service can be free of charge or for a small fee, depending on the nature of service provided. For example, counseling service should be free, and medical check-up and contraction operation should be performed at a subsidized rate.
- Hospitals and clinics, particularly the private ones, should be put under tough regulation and frequent supervision, and unqualified doctors are not allowed to perform contraception as well as abortion operations, to reduce the incidents of operation failures and complications. Special medical subsidy programs should be considered to ease migrants' financial burden of contraceptives, abortion and STD treatment.
- Although prostitution is banned by law in China, it is an open secret that millions of migrant girls are working in this risky shadow business in urban areas. Currently, only a few reproductive health programs consider these partial, quasi-sex workers as their targets, and the results are not always satisfactory. Given the growing danger of STDs and HIV/AIDS among migrants, the government should really take this issue very seriously from now on, by considering special programs to meet the special needs of sex workers.

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