



Temporary migration and HIV vulnerability in China

Findings from a comparative research

Xiushi Yang, Valerian Derlega & Huasong Luo

The link between migration and HIV has become a research issue worldwide. Recent studies in China have highlighted temporary migrants' vulnerability to HIV and STIs.¹ Particularly at risk are female migrants who become sex workers in China's flourishing entertainment industry.²⁻³ There has been a phenomenal increase in the number of temporary migrants since the early 1980s. Millions of people migrate from rural areas to cities to look for better opportunities. Currently, up to 120 million temporary migrants are estimated to be living and working in cities. Unfortunately, many rural migrants are unprepared for life in the cities. This leads to psychological, social and behavioural problems that compel many to have multiple sexual relationships or end up as sex workers.

The HIV epidemic is a ticking bomb in China. There were estimated to be about 840,000 people living with HIV and AIDS in 2003. According to a joint assessment by China's Ministry of Health and the UN Theme Group on HIV/AIDS in the country, the number of new HIV infections doubled or tripled from year to year in the early 1990s, growing by 44% on average yearly between 1994 and 2002. If the current trend is sustained, about 10 million people will be infected with HIV in China by 2010. Although the primary route of transmission is needle-sharing while injecting drugs, in coastal provinces and urban areas, sexual transmission is the main mode, accounting for more than one third of new HIV infections. There is considerable speculation that temporary migration, which involves no change in permanent residence registration, contributes to the spread of HIV in China.

Are temporary migrants really more likely than non-migrants to engage in risky behaviour that predisposes them to HIV? If they are, why? We conducted a population-based study comparing migrants directly

with non-migrants in risky drug use and sexual behaviours that could make people vulnerable to HIV. The study was funded by the US National Institute on Drug Abuse and covered an entire province in south-western China, a region that has been hard hit by the HIV epidemic.

We interviewed 3465 males and 2007 females who were a representative sample of the adult population in the province. Study participants completed a confidential questionnaire about their sexual and drug-using behaviours and were also asked about their personal experience of anti-social behaviour (e.g., "I have deliberately travelled on a train or bus without a ticket," "I have smashed, slashed, or damaged things in streets, cinemas, dance halls, trains, buses"). Indirectly, personal experience of anti-social behaviour indicates one's willingness to break social norms.

Study results

A slight majority of the temporary migrants interviewed (58%) were male, averaged 29 years of age (30 for





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male and 26 for female migrants), and 88% of them (85% of male and 91% of female migrants) received no more than a junior high school education. A majority of female migrants (63%) worked in the service and entertainment industries, while 61% of male migrants worked in factories, construction companies, or as self-employed. Almost a quarter of female temporary migrants self-reported commercial sex in the month prior to the survey, compared to only 5% of the male migrants.

Overall, we found that temporary migrants scored higher than non-migrants on every measure of illicit drug use and casual sex. Migrants also scored significantly higher than non-migrants on personal experiences of anti-social behaviour. Personal experience of anti-social behaviour turned out to be the most significant factor explaining migrants' greater likelihood of engaging in risky sexual and drug-using behaviour that could predispose them to HIV. In other words, being a migrant puts one in a situation in which she or he is likely to engage in risky behaviours and generally failing to adhere to social norms and values.

As many temporary migrants in China live and work in cities in the absence of their families, this separation /detachment can disrupt not only migrants' family life but also their sexual relationships. This is presumably encouraging casual sex and/or dependence on alcohol or drugs as a way to escape loneliness, to bury anxieties about work and family, and to address their sexual desires. The separation from family and home community can also create conditions in which many migrants feel less constrained by social norms since

family and friends back home are unlikely to discover what they do while away.

Socially isolated

Furthermore, many rural-urban migrants are socially and culturally isolated from the 'mainstream' society in the city. They mostly live with fellow migrants at their place of work (such as construction sites) or at the city's fringes that may be characterized by lawlessness, overcrowding, and absence of social and health services. Being cut off socially from the mainstream society, migrants are deprived of exposure to role models and denied access to opportunities.

We found that respondents who were male and depressed were more likely to have HIV risk behaviours in the 30 days prior to the survey. However, the difference between migrants and non-migrants was more pronounced among females than males, suggesting that female temporary migrants experienced disproportionately higher increases in unprotected casual sex and HIV/STI risk after migration. There seems to be interaction between gender and migration, which renders female migrants particularly vulnerable. With little formal education and few job opportunities, female migrants are overwhelmingly (63% in our study) likely to seek employment in the service and entertainment industries, which increase their chances of becoming sex workers. As a result, economic hardships may lead female migrants not to bargain for safer sex.

Being a migrant seems to be synonymous with the risk of ever having an STI and/or being HIV positive,



Lessons learned

- Temporary migrants who reported anti-social behaviour were more likely to engage in risky sexual and drug-using behaviours.
- Female migrants had more unprotected casual sex than non-migrant women.
- Being a migrant puts people in a situation in which they are likely to engage in risky behaviours and generally failing to adhere to social norms and values.

although there was no overwhelming evidence for this. It is unclear from the study whether self-reports in the survey may have underreported STIs and HIV infection. Because migrants have limited access to health services, including HIV/STI testing, this may contribute to underestimating STIs and HIV among migrants.



Recommendations

In China, temporary migrants cannot obtain permanent residence registration in the host city, which excludes them from access to social and health services. Thus, many temporary migrants do not have equal access to socio-economic opportunities and HIV/STI testing or to educational programmes designed to tackle HIV. Lack of local residence registration and other rights is one of the main reasons why most temporary migrants leave their families behind. We found that this is the most important factor that contributes to migrants' psychosocial and behavioural problems, leading them to engage in risky sexual behaviour.

Hence, one important recommendation would be to encourage provinces in China to speed up household/residence registration reforms that will grant temporary migrants in cities equal access to social and health services. Reducing the barriers to equal access to resources in cities for migrants could help to reduce separation from family, promote assimilation and

integration in cities, reinforce normative influences of behaviour, and curb HIV risk behaviours. Efforts should also be made to address gender inequalities in the urban labour market. Policies need to be reinstated to emphasize institutional support for gender equality in job training and hiring and to improve female migrants' access to the paid labour market. Meanwhile, government should rethink its policies on commercial sex. Criminalizing commercial sex by targeting female sex workers, who are mainly migrants, will further alienate them, limit their access to information and services, exacerbate power imbalances in commercial sex, and make them vulnerable to sexual and physical abuses by clients. Recent changes in regulations have reduced penalties for those caught in commercial sex. But it is time to de-link commercial sex from legal and economic punishments.

Finally, education programmes need to take into account the fact that many temporary migrants have no access to and are not entitled to government health care. Few have regular access to newspapers or TVs. Education campaigns delivered through the media will therefore have difficulty reaching temporary migrants. Those delivered through the government health-care system are also largely inaccessible to migrants. Urgently needed are education programmes that exclusively target temporary migrants. They should be integrated into job training and other services. ■

Xiushi Yang & Valerian J. Derlega

Old Dominion University, Norfolk, Virginia, USA

Huasong Luo

Yunnan Normal University, Kunming, China

Correspondence:

Xiushi Yang, Department of Sociology and Criminal Justice

Old Dominion University

Hampton Boulevard, Norfolk, Virginia 23529, USA

e-mail: xyang@odu.edu

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