

REPRODUCTIVE CHOICES OF FEMALE MIGRANT WORKERS IN CHINA

Wan Tianyi

wantianyi@cueb.edu.cn

Capital University of Economics and Business

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INTRODUCTION

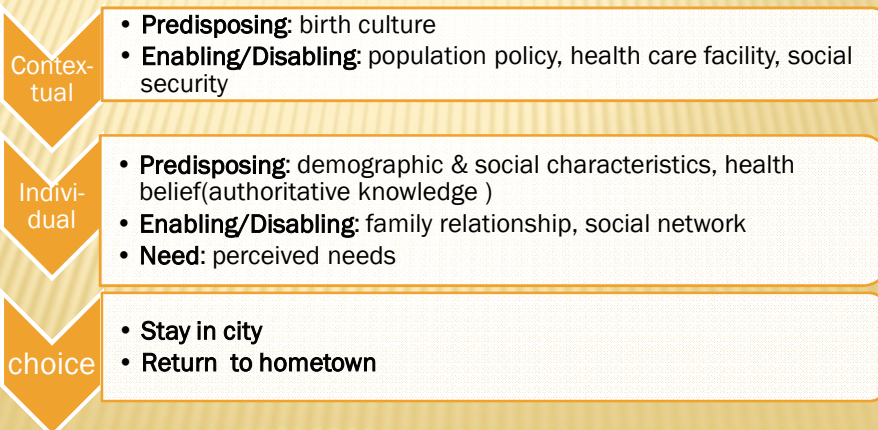
- ✘ Latest data of rural-urban migration and its trend (NBS of PRC,2016.4 ;NHFPC of PRC,2015.11;DRC,2009)
277.47m/33.6%
90% married 1980s are family migration
23.8% female migrants return due to childbirth
- ✘ MMR : rural >>urban, migrants >>natives
- ✘ Separated health care systems and social security systems for rural and urban in China
- health policy/ peculiar type of migration

1. Research questions

- ✘ What are the choices for female rural-urban migrant workers of where to give birth during their migration?
- ✘ The reasons why they make this decision.

2.1 Research method:framework

- ✘ **Qualitative research:** in-depth interview
- ✘ **Frame for analysis:** integration of Andersen's behavioral model of health care utilization & authoritative knowledge theory



2.2 Method and data sources

- ✘ **Definition:**migrant workers are often defined as rural people who leave their hometown to work in urban areas, and have more than 6 months' residence.
- ✘ **Data sources:**
 - convenience sampling
 - collected in Gaofengtou Village(Shandong),Tian Village (Henan), Haidian and Xicheng District of Beijing in2011 spring
 - 20 cases who had reproductive experience during rural-urban migration
 - Aged 26-35 yrs with junior high school education or above, and mostly in good health with proper age makes them less risky in childbirth and no need for superior medication

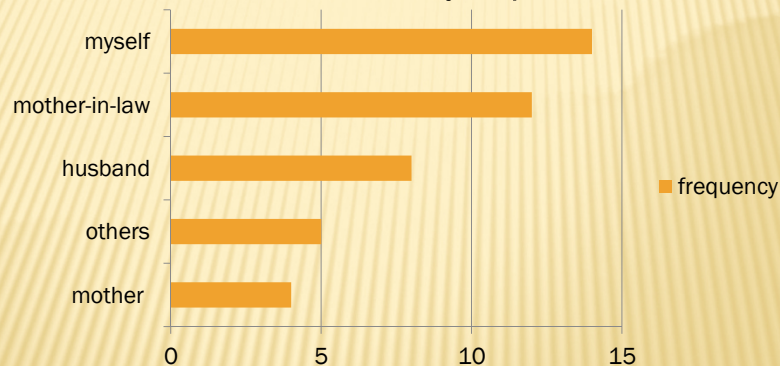
3.1 Findings : timeline

Typical timeline for female migrant workers' life history before and after pregnancy.

Rural-urban migration	Pregnancy during migration	Puerperium
Get married in countryside and go out with their husband.	<ul style="list-style-type: none"> •Early pregnancy <i>decision-making</i> •Mid trimester of pregnancy <i>return (to hometown)</i> •Late pregnancy <i>quit job (at cities)</i> 	Do confinement with a full-moon-birth dinner party.

3.2 Findings : decision-maker

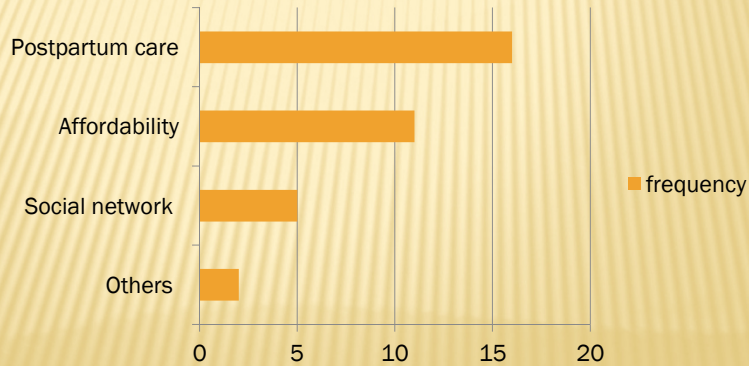
Decision-maker mentioned by respondents



3.3 Findings : choices and factors

- ✗ 13 of them returned while 7 stayed in cities
- ✗ all in hospital

Reasons of choices mentioned by respondents



3.3. 1 Findings : institution & policy factor

➤Family planning policy

Case 19: *We cannot go back to hometown. Besides, we will definitely be fined for violating family planning.*

➤Lack of urban social security system based on household registration system – high medical costs

Case 12: *Vaginal delivery costs 3000-4000RMB in cities, and no reimbursement, it's really expensive .*

3.3.2 Findings : economic factor

Case 1: While it's totally different in my hometown. Everything is convenient and my house is big enough.

Case 19: At that time, our annual household income is less than ¥10,000. With rent and other expenses, having a baby in the city is unaffordable.

3.3.3 Findings : culture factor

- ✘ Case 8: It's better for baby to be taken care by my mother-in-law after birth, after all, they are more experienced than us.*
- ✘ Case 17: Husbands definitely neither possess the skills of child-caring nor do they have the intention to do so. Experienced elder women in family become helpful.*
- ✘ Case20: We would certainly go home. We don't have any knowledge as to child-caring. My-mother-in law always asked us to go back even before the child is born. They want us to hold a banquet for their grandchild. There is no convenience in holding a banquet in the city.*

As interviewees saying, childbirth knowledge are mainly from elder women. during pregnancy : no rabbit meat, no beef, no spicy food, no ginger, etc. in Puerperium : no bathing, no teeth brushing, be away from cold water, no salt, grounded, guest visiting must be in the morning, etc.

3.3.4 Findings : factor of social network

- ✦ *Case 2: I only did prenatal examination in Beijing once. It was very crowded, and the doctors there seemed impatient. I prefer hospitals in my hometown, for the doctors are local residents and would have better attitude.*
- ✦ *Case 12: Really inconvenient in city. No acquaintance, no one can take care of me . You see, in my hometown, I can be tended well after birth, while out of my hometown, I cannot count on my husband for he has no idea about nursing. At that time, I had friends in the hospital in my hometown, so it was convenient for me to give birth and get better care.*

4. Conclusion

- ✦ mainly influenced by contextual factors
- ✦ birth culture and social security system are both key factors
- ✦ Policy recommendations:
 - fully respect local culture and health belief
 - provide humanized, unconstrained, convenient and qualified medical service