The Effect of Chinese Women's Migration on their Fertility and other Reproductive Health Issues (Longer Abstract)

One of the most significant effects of economic reform in China, one that is integral to the process of reform itself, has been massive labor migration from rural areas. By official household statistics, the "floating population" of China, defined as all those persons away from their place of household registration, rose from 31 million in 1990 to 144 million in 2000 (Population Census Office, 2002). The direction of migration has been mainly from the rural areas to urban areas, and from the less-developed middle to the more-developed eastern regions. In addition, most migrants return to their villages regularly or after a few years (De, 1996). What are the implications of this massive migration from the countryside and then back again for Chinese women's fertility and reproductive health?

Chinese national leaders have expressed concern that migrants will contribute to an increase in fertility, and frequently articulate the major challenge to family planning to be that of controlling the fertility of the migrant population. The Ministry of Civil Affairs, commenting upon an estimate of 100 million floaters, said "if effective steps are not taken, illegitimate births and early marriage and childbearing among the floating population ... will severely hit the basic state family planning policy and the continued healthy development of the economy" (Reuters News Service, December 23, 1996). Li Peng, in his 1997 government work report to the National People's Congress, said for the third year in a row that "we should focus on carrying out family planning and providing relevant services for people in rural areas and migrant workers" (*Xinhua*, March 20, 1997), and in 1998 reiterated "the rural population and the floating population are still key targets of family planning work (*Xinhua*, March 18, 1998). We believe that their

emphasis upon migration as a factor increasing fertility is not only incorrect in its causality, but incomplete in its focus. Migration may have just the opposite effect, lowering fertility as young women find economic opportunities outside their local villages in larger and larger numbers.

There may be cause for concern about other aspects of the migrant women's reproductive health. Zheng *et al.* (1999) find that young women migrants in five major Chinese cities are more apt to be sexually active before marriage than their rural counterparts, but often lack even basic knowledge about reproductive physiology and contraceptive methods. The result is higher incidences of unmarried pregnancy, induced abortion, and STDs. In addition, rural migrants in urban areas often lack access to health care as they do not possess the proper *hukou* and are not employed by one of the larger work-units.

Rural women currently in the urban areas are not the only Chinese women who are directly affected by the migration process: two other groups of women directly affected are returned migrants in the rural areas and the wives of migrating men who remain in the rural areas. These groups are substantially larger than the group of current female migrants. Based on data from a 2% survey of the 1993 floating population of Shanghai and conservative estimates of the numbers of women in each group, Roberts (1999) estimated that there are about one million women in the countryside directly affected by the migration to Shanghai alone. By the year 2000, which is the time our data were collected, these numbers were exponentially higher.

This paper will examine the impact of labor migration on migrant Chinese women

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Of course these categories are not necessarily mutually exclusive. Female migrants may return to the rural area and marry only to have their husband subsequently migrate.

who have returned to their rural homes and the rural wives of male migrants focusing on the effect of having migrated on fertility and reproductive health. Other research by us from the same data (Roberts, Connelly, Zheng and Xie, *The China Journal*, 2005) has shown that neither marriage nor child-bearing are sufficient conditions for the women of rural Anhui and Sichuan to suspend migration. Most of the women migrants in our sample, migrated after marriage, a smaller number after childbirth. Here we ask the questions, if child bearing does not stop migration, does migration reduce the number of the children women have? Does it affect the timing of births? Does it affect access to medical care with reference to reproductive health problems related to child bearing or to contracepting? Finally, does migration change one's desired number of children and if so through what mechanism: is it through assimilation of urban views on child bearing or through increased income or increased educational aspirations for children?

The data we will use were collected for this purpose during August and September of 2000 in two counties in each of the two provinces of Anhui and Sichuan. Since the survey was done in the villages, it includes only those who were in their rural homes: those women from the villages who were currently migrating out of the area were not included. Data collection corresponded to the rice harvest time, which meant that some migrants had returned home to help on the farm. This reduces somewhat the problem of the missing current migrants, but certainly does not eliminate it entirely.

The data were collected using a stratified sampling frame: two townships from each county were selected and three to five villages were chosen from each township.

The criteria for selection of counties and townships were (1) that migration was prevalent enough to yield a sample size of migrants sufficient for statistical significance, and (2)

that they were mainly agricultural areas, and neither among the most nor the least developed of these. All women ages 20 to 40 were surveyed if they could be located. After substantial quality checks, the sample size is 3,186 women, one third of whom migrated. All but 67 of the women were already married, reflecting the average age of marriage in the sample of 21.7 years, the near universality of marriage among rural women, and the high rates of outmigration by young single women. This paper will focus on the married portion of the sample, so that husband's migration status can be observed and because many of the issues around fertility and reproductive health can only be asked on married women in rural China, even today.

Our analysis of the data will focus on the timing of fertility relatively to migration episodes, the age of first birth, whether there is a second birth and if so the length of time between the first and second birth. We also have a large array of information on other aspects of reproductive health, including reproductive health knowledge, reproductive health status, and fertility control. In each case, we are interested in what effect having migrated or having a husband who has migrated has on the fertility or reproductive health measure. We will also explore the sub-sample of women who have migrated looking at the effect of longer duration away from the village, more trips out and characteristics of the destination on the same fertility and reproductive health variables of interest.