

Condom Use among Temporary Migrants in Beijing

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Abstract (short):

This article discusses knowledge, attitude, and practice of condom use among young male migrants who work in Beijing. Data came from a stratified quota sampling survey and focus group discussions conducted in Beijing in 2004; a group of local residents with similar characteristics was also surveyed as a reference group. The study results show that most male migrants and all local male residents surveyed and interviewed knew about condoms. However, migrants from rural areas had less and incomplete information regarding condoms. The knowledge about condom as well as the use of condom is closely related to age, marital status, exposure to media, education, and monthly income among migrants. “Peers education” seems to be an important channel for promotion and newspapers, magazines, and flyers may also play a major role in promotion of condom use in China.

Abstract:

Background: Little research has been done on condom use among temporary migrants in China. The lack of research on condom use among temporary migrants is understandable. First, the size of the population is growing and research has not picked up with the speed of the changes. Second, the goal of family planning in China is changing and it is more towards quality of care than reducing the population size at the national level. Thus, the contents of promotion on reproductive health and contraceptive use are just starting to change. Third, male reproductive health is a new emphasis of research recently in China, especially since STDs and AIDS have become a problem in some parts of the country.

Data: Data for this study came from a stratified quota sampling survey (total 1282; 885 were temporary migrants and 397 were local residents) and focus group discussions conducted in Beijing in 2004 (over 35 individuals); local residents with similar characteristics was surveyed and interviewed as a reference group.

General findings and discussion: Most male migrants and all local male residents studied knew about condoms. However, migrants from rural areas had less and incomplete information regarding condoms. Those understanding the contraceptive role of condoms and having stable marriages seldom use condoms. The reported condom **ever** use among migrant respondents is relatively higher compared to other data, 49.7% of married respondents and 25.2% of never married said that they have used condom.

In rural areas, although contraceptive uses are quite effective in fertility control, condom use is rather limited. Females determine and practice contraceptive use, actively or passively, and they prefer to rely on female methods. STDs and HIV are rather rare in most parts of rural China, thus condoms lost their role for disease prevention in that population. Interview results showed that family planning workers at village level do not encourage or promote the use of condoms. It was due to this circumstance, less demand and less supply, that knowledge and the practice of condom use among temporary migrants are lower. However, because the temporary migrant population is getting larger and their life in cities and villages may be affected by their floating status, we should place more emphasis on the way to spread this knowledge. This would aid not only in providing for more choices of fertility control or disease prevention for the current population in reproductive ages, but also for spreading this knowledge and its use for the future generation.

Regarding the content of promotion, disease prevention is one, but at this stage of promotion, especially in rural areas, there should be more emphasis on choices of fertility control rather than disease prevention. The reason for not overemphasizing the disease prevention role is that not only there are

limitations on the dependability of condoms to prevent diseases, but also the overemphasis may lead to a negative image of condom use, for condom use is closely related to STDs and HIV prevention in many people's mind. Most temporary migrants are rather conservative and will think that their lifestyle will keep them away from the diseases. In China today, a condom is considered more as a "safety protection device" and the name of condom ("*bi-yun-tao*") has switched to "safety devices" ("*an-quan-tao*").

"Peers education"¹ seems to be an important channel for promotion and newspapers, magazines, and flyers may also play a major role in promotion. The benefits of using these channels are that information receivers are able to determine the time and location of receiving the information as well as how much information they want to absorb. If the information disseminated included resources on consultation service (such as websites, telephone numbers and location of service providers), the population interested in the information will obtain more and accurate information.

Many local family planning service providers in urban areas have been providing the services and some information to populations including temporary migrants. For example, in the Chaoyang district in Beijing, there is a service center called "Center of Family Planning and Reproductive Health Services of Chaoyang District". It provides many different types of services to the temporary migrants; family planning health check-up is one of the services to female temporary migrants. Free contraceptives are placed in the waiting area in the center. According to doctors working there, they regularly serve at least a few female migrants a day, but at the most about 500 female migrants a day during the check-up peak. Those who come for check-ups or treatment usually bring 1-2 condoms back with them after each visit. They usually put the condoms in their pockets or wrap them in newspapers to hide them from others' eyes. This kind of service center is an ideal location for disseminating information regarding condoms. This is not only because the center is in contact with many migrants, but also doctors and the staff there are well trained and may make migrants feel safe in trying the accept of condoms as well as to get answers to any questions they may have.

Not only are the centers of family planning services making a contribution to the promotion of different contraceptive methods, including condoms, but neighborhood committees in urban areas are also playing some role. For example, one part of the work of the neighborhood committee in Jiulong community was to serve temporary migrants. The committee had several activities to promote male reproductive health among the temporary migrants.

¹ To the questions "the source of information obtained", answers are very different from researches by interviews and questionnaires. According to the questionnaires result, TV and newspaper/magazine are the most popular sources; however, according to the interview, peers and friends are the most mention sources. This difference in sources may due to the different research technologies. In the questionnaire survey, the respondents were asked to make choice within a set of structured answers; while in individual interviews, the respondents were not given any choice to choose, but only search the answers by themselves.

Our research indicates that the following factors are important for further promotion of condom use. First, although organizations in urban areas, such as family planning services and neighborhood committees, cannot interfere with the works of family planning in the rural area, they are able to influence the temporary migrants, those from rural areas, in their areas. Since most migrants live with their village-mates or individuals from same areas, or live in dormitories of working units, intensified promotion in the living areas may be very effective. Although the total size of migrants in an area may be stable, individuals of the group may change due to the floating status of the population. Thus the intensified promotion should be done periodically in order to involve more individuals with the information. Second, rural areas should modify the contents of family planning and the tactic of promotion and should place more emphasis on individual choices, as the Population and Family Planning Commission proposed. And last, promotion of condom use should get into female migrant's hands. According to our research, females play an important role in determining the methods used for fertility control. Knowledge of fertility control and disease prevention, including condom use, that female migrants have will greatly affect the trend of contraceptive use in China.

In general, most male temporary migrants have heard about condoms but not many are using them. This trend does not necessary mean that they do not want to use condoms. There are different ways to promote this knowledge. It is more realistic at this stage to promote condom use through centers and clinics of family planning services, local organizations, such as neighborhood committees and labor unions, as well as volunteer organizations. When the temporary migrants have more knowledge on condom usage, their floating status will forward that knowledge wherever they go, especially back to the rural population. In a long-run, this will be an effective way of education regarding contraceptive uses, especially condoms use in China.