

Migration and Health

Examining the Linkages through a Gender Lens

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Migration and Health in China

A joint project of

United Nations Research Institute for Social Development

Sun Yat-sen Center for Migrant Health Policy

Working Paper 2015–6

February 2015



UNRISD

United Nations Research Institute for Social Development

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Introduction to Working Papers on Migration and Health in China

This paper is part of a series of outputs from the research project on [Migration and Health in China](#).

China is confronted by major challenges posed by the massive population movement over the past three decades. In 2009, approximately 230 million rural inhabitants moved temporarily or permanently to cities in search of employment and better livelihoods. Such large-scale mobility has huge implications for the pattern and transmission of diseases; for China's health care system and related policies; and for health of the Chinese population in both receiving and sending areas. The health and social issues associated with population movement on such an unprecedented scale have been inadequately addressed by public policy and largely neglected by researchers. Based on interdisciplinary research across the health, social science and policy fields, this project constitutes a major effort to fill research and policy gaps. Collectively, the papers and commentaries in this series aim to provide a comprehensive assessment of the health and public policy implications of rural to urban migration in China, to inform policy and to identify future research directions.

This project is a collaboration between UNRISD and the Center for Migrant Health Policy, Sun Yat-sen University, Guangzhou, China, and funded by the China Medical Board.

Series Editors: Sarah Cook, Shufang Zhang and Li Ling

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Acronyms

AIDS	Acquired immunodeficiency syndrome
HIV	Human immunodeficiency virus
SRH	Sexual and reproductive health
STD	Sexually transmitted disease

Summary

Analysing migration through a gender lens involves understanding the social relations and norms that influence women's and men's roles and responsibilities, and their differential access to resources and services. Gendered norms around men and women's roles and responsibilities have also shaped migration processes and debates. Migration has often been regarded as a predominantly male phenomenon, with men migrating for work, while women—when they migrate—are often viewed as dependent family members. Yet the evidence points to large flows of independent female migrants globally. These global trends are reflected in the Chinese context where migration research has pointed to processes of feminization and found that many women do in fact migrate independently and as primary breadwinners.

Given women's gendered responsibilities of caring for other family members—including children, the sick and elderly—migration can potentially affect not only the health and well-being of the female migrants themselves, but also other family members (whether migrants or those left behind).

The paper discusses the tensions between the feminization of migration and the domestic roles women typically assume, including unpaid care work. It then examines issues related to health of migrants, through a gender lens. Discussion primarily focuses on some key areas that have particular resonance in debates around the health and well-being of migrants—occupational health and work, sexual and reproductive health, and mental health. The paper then moves on to a more detailed analysis of the impact of women's domestic roles—particularly unpaid care work—in the context of migration and consider the implications of this for health and health care. The paper concludes by considering what potential migration offers for changing gender norms and reflects on the implications of the global debates raised in this paper for the Chinese context.

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Introduction

Analysing migration through a gender lens involves understanding the social relations and social norms that influence women's and men's roles and responsibilities, and their differential access to resources and services (Piper, 2008). The term "gender" refers to the *socially* constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women. The concept of gender differs from that of "sex" which refers specifically to the biological and physiological characteristics that define men and women. Given that gender norms are socially constructed, they can be challenged and can change over time.

Gendered norms around men and women's roles and responsibilities have also shaped migration processes and debates. Migration has often been regarded as a predominantly male phenomenon, with men migrating for work, while women—when they migrate—are often viewed as dependent family members. Yet the evidence points to large flows of independent female migrants globally (Donnato et al., 2006; Lutz, 2010). This evidence has given rise to questions about the possible "feminization" of migration. The term feminization refers not only to the growing number of women present within migration streams; it also draws attention to the fact that women and men move differently within these streams. In earlier studies, most women were classified as dependents, whether or not they were financially dependent; and it was often assumed that they moved for the purpose of reuniting families. Today, it is acknowledged that a high percentage of women move in search of economic opportunities. These changes have led to a broad agreement around the need for a gendered analysis of migration (Donnato et al., 2006; Piper, 2008).

These global trends are reflected in the Chinese context where migration research has pointed to processes of feminization and found that many women do in fact migrate independently and as primary breadwinners (Connelly et al., 2010a; Fan, 2011). Drawing on the 2005 One-percent National Population Survey, Connelly et al. (2010a) found that 49 percent of migrants were women; similarly they cite results from a longitudinal survey conducted in nine provinces which found that from 1996 the migration rate of young women exceeded that of young men (Mu and van de Walle, 2009, cited in Connelly et al., 2010a). Reflecting international experience, there is also evidence that women have long been present in China's migratory flows, although as elsewhere, in the early years it was assumed that women migrated as spouses (Connelly et al., 2010a).

This observed feminization of migration has caused researchers to challenge the well-established view that households select predominantly healthy males to migrate.¹ These writers have shown how decision making around migration is a more complex process than previously thought, and that these decisions are also influenced by gender norms and assumptions about women's and men's roles. In the Chinese context, this is illustrated by Xiang (2007) who has argued that within China the historical tendency for men to migrate and leave women behind is a consequence of several gendered processes. A demand in the early phase of migration for male workers to develop infrastructure meant that male household members were more likely to migrate. At the same time gender norms around women's responsibilities within the household (particularly for the unpaid work of caring for other family members) meant that women remained in rural areas. As men migrated, women took on greater responsibility for agriculture. This household decision making was further compounded by institutional

¹ Chant, 1992; Pedraza, 1991; Pessar, 1999.

structures which denied access to residence or to basic welfare services to migrants and their families in urban areas: women, children and the elderly thus remained in rural areas where women were assumed to be responsible for the provision of care. More recently, studies have shown that these gendered patterns of migration are changing, particularly among younger people. Research conducted among urban villages in Beijing (Fan, 2011; Fan et al., 2011) found that couple migration and family migration (i.e., married couples with children) are now becoming more common. Yet unlike previous migration patterns where women were thought to migrate as spouses, Fan found that both partners were migrating in search of work.

Nevertheless, despite the growing number of women migrating as breadwinners in their own right, migration remains a gendered process. Gendered roles and responsibilities make it harder for women to migrate to find work if they are also responsible for looking after children or the elderly. Research has pointed to these tensions in Chinese households (Maurer-Fazio et al., 2011). What is clear is that women have to balance their domestic responsibilities alongside their participation in the labour force, limiting their occupational choices and time autonomy (Cook and Dong, 2011: 961). This can also mean that women are more likely to take low-paid, low-status forms of work that can potentially limit their access to benefits or well-being in the context of migration.

In the international context, formal employment generally ensures access to a range of entitlements, particularly to health care and social welfare benefits, in the destination country. However, such work is limited, and large numbers of women migrate for low-paid, low-status forms of work, such as domestic work, which is often informal and without a legal contract. Such migrants lack the required paperwork that establishes their access to benefits in the host country (Kofman, 2007). While men are also part of irregular migration flows, the gendered nature of migration means that women can be doubly disadvantaged, both as women and as migrants. For example, a study conducted among Latin American migrants in the United Kingdom has shown how some men use women's irregular migrant status to manipulate them into staying in violent relationships (McIlwaine, 2010).

These examples, drawn from the international literature, point to the importance of looking at migration through a gender lens. Migration scholars have proposed that breaking down the different stages of the migratory process allows for a more detailed and nuanced analysis of migration. The major stages are:

- pre-migration, which involves a consideration of the factors that encourage or discourage individuals from migrating;
- the act of migration, primarily covering immigration policies of origin and receiving countries and institutional arrangements;
- post-migration, concerned with the impact of settlement policies and incorporation; and
- return migration.

Scholars have also advocated the importance of using these stages of the migratory process in order to better identify the associated health concerns. While migrants face a diverse range of risks in relation to their health and well-being throughout the migratory process, risks may vary according to whether migrants are at the point of origin, in transit or at their destination.² It is also helpful to differentiate between risks and vulnerabilities that relate specifically to the migration process (i.e., migrant-specific)

² Sabates-Wheeler and Feldman, 2011; Wong et al., 2013; Zimmerman et al., 2011.

and those risks that many low-income individuals may face but that become further intensified in the context of migration (migrant-intensified) (Sabates-Wheeler and Feldman, 2011).

Gendered roles and responsibilities thus shape not only the migratory process itself but also the health and well-being of individuals at different stages of the process. Given women's gendered responsibilities of caring for other family members—including children, the sick and elderly—migration can potentially affect not only the health and well-being of the female migrants themselves, but also other family members (whether migrants or those left behind). The remainder of the paper examines these two central dimensions of a gendered analysis of the intersections between migration and health.

The paper is organized as follows: after a brief discussion of the tensions between the feminization of migration and the domestic roles women typically assume, including unpaid care work, it examines issues related to health of migrants, through a gender lens. Discussion primarily focuses on some key areas that have particular resonance in debates around the health and well-being of migrants—occupational health and work, sexual and reproductive health, and mental health. The paper then moves on to a more detailed analysis of the impact of women's domestic roles—particularly unpaid care work—in the context of migration and consider the implications of this for health and health care. In conclusion, the paper considers what potential migration offers for changing gender norms and reflects on the implications of the global debates raised in this paper for the Chinese context.

The Feminization of Migration and Tensions between Paid and Unpaid Work

Over the past few decades the growth of women moving into paid work across the world has led to concerns among policy makers over what has commonly been termed “a squeeze on care”. Given the growing feminization of migration, this raises important questions for migration scholars. Within most societies, gendered roles and responsibilities mean that women are the primary providers of care within households, with responsibility for tasks such as cooking, cleaning, looking after children and the elderly, washing clothes and generally maintaining the household. In general, women are not paid for this work which is done within the household and can generally be referred to as unpaid care work. Drawing on the 2008 China Time Use Survey, research shows the differential number of hours both women and men spend on unpaid care work and that women are primarily responsible for this work. Dong and An (2012) found that in common with global trends, men spent more hours on paid work than women while women spent more hours on unpaid work than men. Moreover, the gender difference in time spent on housework was most pronounced in daily routine tasks such as cooking, cleaning, shopping and taking care of children.

Women's domestic or care responsibilities often restrict women's choices around migration, particularly where they are looking after dependents. In the context of migration, women's care burden can, for example, limit the distance within which women are able to travel to work, or it can determine the period of time they can be away from the household. These factors then shape the employment opportunities available to women. Where affordable child-care or care for the elderly is not available women must find other (usually female) family members to take on their care work if they migrate. For example, in China almost 59 million children under the age of eighteen years—28 percent of rural children—are left behind, living with only one

parent (mostly mothers), grandparents or other relatives (All China Women's Federation, 2008, cited in Cook and Dong, 2011: 954). Where there are no care alternatives, women's ability to migrate to take up paid work is severely restricted. Clearly in some cases men do take on some of the caring responsibilities, but findings from the Chinese Time Use Study suggest that this is not widespread (Dong and An, 2012; Qi and Dong, 2013).

A growing number of scholars have sought to understand more fully the linkages between care responsibilities and migration in the international context (Pearson and Kusakabe, 2012; Locke et al., 2012). As Locke et al. (2012: 1) comment, the two are inextricably linked, particularly for poor migrants where care responsibilities can be

Both the *imperative* to migrate for work as well as *in tension* with going away to earn a living. Going away to work—whether internally or internationally—is often orientated towards trying to make up for perceived shortfalls in social provisioning for families, to moving out of chronic poverty and trying to build a better life for the future. However poor migrants find themselves (re)negotiating marital, parenting and intergenerational relations from afar or struggling with the challenges of making new lives for their families in destination areas (*emphasis in original*).

The implications of these processes, for health and well-being of women and families, and particularly for health care are increasingly recognized (Locke et al., 2012). Nevertheless, in practice, a recognition of women's unpaid care work remains notably absent from mainstream policy debates (Razavi, 2007), especially in relation to migration.

Looking at Health through a Gender Lens

The importance of incorporating a gender analysis into the study of health has been well established within the health literature.³ Gendered roles and responsibilities are recognized as critical factors in shaping individual vulnerability to ill health and health risks. As critics have noted, “Gender differentials in exposure and vulnerability to health risk can arise for two main reasons: the interplay of biological sex with the social construction of gender, and the direct impacts of structural gender inequalities” (Sen and Östlin, 2009a: 18).

Indeed as Sen and Östlin observe, vulnerability is also socially rather than biologically determined and reflects an individual's capacity to avoid, respond to, cope, and/or recover from health risks. This vulnerability can be constructed in numerous ways—for example as a result of gender norms around women and men's work. This is clearly shown in Qi and Dong's (2013) study of time use in China which shows how women are more likely to combine paid and non-paid work compared to men. They suggest that this can have a detrimental effect on women's health and well-being, arguing

[T]hat much of the extra housework women undertake during working hours is carried out at the expenses of work breaks or other types of self-care or leisure activities. It appears that when men stop working to take a break at work, many of their female co-workers rush to take care of domestic chores. As a result, women are more tired than men and therefore have less energy for market work (Qi and Dong 2013: 11).

³ CSDH, 2008; Doyal, 2000; Sen et al., 2002; Sen et al., 2009; Standing, 1997.

Moreover, Qi and Dong (2013) demonstrate the negative impact that the gender difference in time use has on women and men's earnings, showing that the housework burden accounts for 27 to 28 percent of the gender earnings gap.

Globally, many of the health risks women face are not publicly recognized or covered by occupational health legislation as they occur within the home—for example, serious burns suffered from cooking on open stoves or fires—whereas men are more likely to suffer from occupational risks outside of the home. Even where women are in waged employment, gender roles can make them particularly vulnerable to certain occupational health risks.

Migration research has found that both gender and social class are critical factors in determining the impact of migration on an individual's health; unsurprisingly migrants in higher socioeconomic categories are the least likely to experience negative impacts on their health (Borrell et al., 2008). Moreover, migrant status is a cross-cutting mechanism linking employment and working conditions to health inequalities through diverse exposures and mechanisms (Benach et al., 2011). Low-status, low paid work reinforces migrants' inability to pay for health services or make out-of-pocket payments. Several Chinese studies have shown that the high cost of medical services also limits migrants' access to health care.⁴ Migrant women may be particularly affected since they are less likely to be in well paid forms of work or have any entitlement to employment-based health insurance or preventive service available to urban residents (Zhan et al., 2002). Research from Zhejiang Province found that migrants earned significantly lower wages than the resident urban population. In their analysis Xu et al. (2006) argue that while the gender gap in wages was greater among women and men in the urban population compared to the migrant population, discriminatory practices also meant that women within the migrant group were more disadvantaged than male migrants. This can have important gendered implications for the ability to pay for health care services as is suggested in a study of migrants in Shanghai, which found that migrant women were more likely than local women or migrant or local men to cite lack of money as a reason for not seeking medical attention (Fan et al., 2011).

Looking at health through a gender lens can therefore draw attention to the different experiences of women and men both in terms of their risks and vulnerabilities to poor health but also in relation to how their exposure to health problems can be shaped through their gendered roles and responsibilities. These tensions are now examined in relation to occupational health, sexual and reproductive health and, finally, mental health.

Occupational health

Discussion of the occupational health risks faced by migrants is not new, yet despite the feminization of migration, little attention has been given to the gender dimensions. International research highlights that migrant workers are twice as likely to experience occupational accidents compared to host populations (Benach et al., 2011). Migrant workers may not receive proper protective equipment, safety and other on-the-job training, insurance, health care or compensation in case of injury, and may fear reprisals if they demand better working conditions. However, within China, there is some evidence to suggest that the enforcement of occupational health regulations, including the provision of safety equipment to workers, is improving (Gransow et al., 2014).

⁴ Hong et al., 2006; Xiaoming et al., 2006; Peng et al., 2010; Zhan et al., 2002.

Nevertheless, globally evidence suggests that irregular migrant workers are especially vulnerable to coercion, abuse and exploitation at the workplace. Since they fear job loss, incarceration and deportation, they can be hired at extremely low wages, and are often underpaid or not paid at all (Benach et al. 2011). A small body of international literature has highlighted the extent to which the health risks posed by precarious forms of employment are gendered.⁵

Research from the Chinese context has produced mixed findings on the gendered dimensions of the occupational health risks of migrants. Gransow and colleagues (2014) have shown that despite high levels of female workers in factories in the Pearl River Delta, the majority of injured workers who filled out hospital visit forms were male (87.3 percent). A variety of factors may explain these findings, and more research is required to fully understand the dynamics at work here. It may be that the injuries and illnesses experienced by women are different to those experienced by men, in part because of different jobs within the factories, and that women's health problems are not recognized as occupational health concerns within current legislation. Studies in other country contexts have argued that the design of much occupational health legislation reflects an earlier time where the majority of occupational health injuries occurred in male-dominated industries such as agriculture and construction. Legislation therefore often fails to reflect the changing context of work or acknowledge the work-related illness and injuries experienced by women. These can include acute depression, lumbago, tendonitis, significant sight deterioration, fungal infections and chronic colds (Gideon, 2014).

Other Chinese studies have found incidences of occupational health problems experienced by women. While in the early 2000s, critics argued that within factories in the Special Economic Zones health and safety rules were not properly observed, frequent accidents occurred including serious fires with significant loss of life. Living conditions in the worker's dormitories were also difficult with safety regulations being frequently flouted (Davin, 2005). While for the majority of workers living conditions have now improved, there is evidence to suggest that different corporate practices are extended to living quarters, contributing to feelings of loneliness and isolation among factory workers (Pun and Chan, 2012). The most common complaint among the workers was overwork and high levels of exhaustion as pressure was placed upon them to meet production quotas set by the factory management (Pun et al., 2010). Thus while women working in these companies may earn comparatively high wages, they sometimes do so at the expense of their health, through working excessively long hours in poorly regulated industries.⁶

Another concern for women workers is that of sexual harassment. Debate around sexual harassment in China grew in the 2000s, culminating in the 2005 anti-harassment provisions of the draft amendment to China's Law on Women's Right Protection, the country's first law on sexual harassment (Parish et al., 2006; Srivastava and Gu, 2009). While detailed analysis of sexual harassment in China has not been located, drawing on the 2000 Chinese Health and Family Life Survey, Parish et al. (2006) identified that around 13 percent of women, particularly those in urban areas, had experienced some form sexual harassment. In the majority of cases, co-workers were the perpetrators of the harassment. These findings are echoed in other studies where women workers do report being harassed (Burda, 2007) and has been taken up by some women's organizations in China (Sunflower Women's Workers Organisation, 2013). This raises

⁵ c.f. Loewenson, 2001; Grown et al., 2006; Menéndez et al., 2007.

⁶ Burda, 2007; Pun, 2007; Nolan, 2010.

issues both about women's ability to earn sufficient income to maintain their health and well-being but also raises serious questions around the implications of sexual harassment for women's mental health—and in the most serious cases for their physical health.

Sexual and reproductive health risks

The area of sexual and reproductive health can pose a number of specific challenges for migrants. Gendered vulnerabilities often mean that in their struggle for survival in cities, many women may be forced to exchange sex for money or to enter into sexual relationships in the hope of securing economic and emotional support. Research conducted among migrants in southwest China found that the association between employment and the likelihood of having casual and/or commercial sex was much stronger and statistically more significant among female than male migrants (Yang and Xia, 2008). A study in Beijing found that the working environment of sex workers was an important factor in determining levels of risk factors. Women working on the street were at far greater risk than women working in the entertainment industry or in personal services. The study also found that rural migrant women, particularly older, married women with children were most likely to be employed in street work rather than in the relatively safer forms of sex work (Yi et al., 2010).

Risk factors may be further exacerbated by lack of knowledge and information about reproductive and sexual health. Chinese research has highlighted that while lack of knowledge is prevalent among much of the population, single young female migrants are particularly vulnerable as they are frequently excluded from family planning services. As research has shown, high levels of ignorance around sexual and reproductive health are significant factors in high rates of abortion among migrants in urban areas (Zheng et al., 2013). As Zheng et al. (2013) suggest deeply rooted assumptions that unmarried women do not require these services are clearly wrong, yet rigid gender norms around “appropriate” behaviours for young women persist. Drawing on findings from another survey conducted among migrant workers in Beijing, Zheng and colleagues also explored the use of sexual and reproductive health (SRH) services among men. Here too they found a lack of knowledge and access to health care services among single men—for example, married men were three times more likely to use condoms than single men. Yet migrant men's propensity to buy condoms was also more likely to be related to monthly income levels compared to other urban workers in Beijing.

Knowledge and understanding of migrants' sexual and reproductive health behaviour in China remains considerably under-researched and plagued by negative assumptions around women's sexuality (Hoy, 2007; Murphy, 2008). While some studies have suggested that migration poses a greater risk to young women in terms of exposure to sexually transmitted diseases and risk of pregnancy, other studies show that women gain more knowledge of some health issues as a consequence of migration. Research from Anhui and Sichuan found that female migrant's knowledge of reproductive health issues was positively related to the time they spent away out of the rural village. The research found that knowledge about HIV/AIDS and sexually transmitted diseases (STDs) is substantially increased by time spent in urban areas, but that knowledge about contraception or contraceptive side effects is not. This, when linked with the most permissive atmosphere of urban life, leads to a substantially increased probability of abortion (Connelly et al., 2008: 21). However, women who migrated were more likely to have had a gynaecological check-up and to seek treatment for a side effect of contraception. In contrast, Hoy (2007) has argued that the lack of reproductive and

sexual health knowledge can be especially problematic in the context of migration where young people may be living away from home and other support structures. Young women are particularly vulnerable and lack of access to information can be further compounded where women migrate to communities which do not share the same dialect or they are too shy to seek advice. Hoy (2007: 184) argues that even where migrant outreach programmes do exist and seek to provide reproductive health services, they may be targeted towards married women while single women are excluded. These contradictory findings point to the need for more research and more understanding of the complexities associated with questions around sexual and reproductive health in a migration context.

One area that appears to be under-researched and requires more information is the importance of access to media. In their survey of male migrants in Beijing, Zheng et al. (2013:13) found that migrant men who watched television were more likely to use condoms compared to those who did not. This also raises important gendered questions about access to media—given that the China Time Use Study has shown women have less leisure time than men, this may mean that women are even less likely to have access to this type of televised information compared to men. Similarly Mou et al. (2011) reported that male migrants had greater access to the Internet than female migrants; while their study was not focused on access to health information obtained via the Internet, it may be that women do have more limited access to a range of media sources compared to men, which may then limit their exposure to health-related information. Yet despite the findings of a wide range of studies that point to the importance of recognizing the wide diversity of needs among migrant populations, and the importance of differences in a broad range of factors such as age, marital status, education levels and personal experience (c.f Zheng et al., 2013), this has yet to feed into practice.

It is also important to consider the linkages between “home” and “migrant” communities and the need to consider both simultaneously. For example, research has pointed to the ways in which gendered assumptions the sexual behaviour of women “left behind” can be potentially problematic (Lurie et al., 1997). Another concern within China is that reproductive health services in rural areas have been relatively neglected, particularly following broader reforms to the health system. The high cost of services also means that few rural residents are able to access services, and as a consequence, many people lack valuable health knowledge, particularly in relation to reproductive health. This is further reinforced by gender norms which mean that women often do not seek care for gynaecological problems (Chen and Standing, 2007: 198).

Migration and mental health and well-being

Concern about the mental health and well-being of migrants has started to take on a greater significance within the academic literature and among policy makers. A number of studies have been conducted within China over the past few years. Yet evidence on mental health issues among migrant workers in China produces a complex picture, and more in-depth research is clearly needed. Several studies do point to higher levels of mental health problems among migrant workers compared to the rest of the population, but the gender-specific findings are more mixed (Mou et al., 2011; Qiu et al., 2011). In common with findings in the wider literature, both studies point to the importance of length of stay in the destination city as an important risk factor in promoting depressive symptoms and conclude that those migrants who spend shorter periods of time in the destination city are more prone to depression than those who stay longer and may be more able to adapt. This raises important questions about the duration of migration

periods and whether the type of work that male or female migrants perform enables them to stay for longer periods of time.

One important concern that has emerged from the international literature is the link between gender roles and responsibilities, and mental health issues. Where women are employed in paid work, gender roles and responsibilities often mean that once they return home at the end of the day they embark on care work—carrying out household chores and looking after other family members. This care work is usually unpaid and is frequently time-consuming—researchers often speak of women having to perform a “double day” or refer to the “care burden” women endure. Research into mental health issues has found that where women are employed in particular types of work which may be highly monotonous, they can experience greater stress loads than men because of the added burden of unpaid work (Artacoz et al., 2004; Borrell et al., 2004). Clearly this is not just a challenge faced by migrant women but it is an issue that can be “migrant-intensified” (Sabates-Wheeler and Feldman, 2011). This is particularly the case where migrants have moved with dependent children or retained responsibilities for families left behind. Within the international literature, some studies have highlighted how women migrating with other family members can face difficulties when trying to carry out care work in a new and unknown context (Dyck and Dossa, 2007; Spitzer et al., 2003). Yet as well as posing challenges for women’s mental health, women may face other potential health risks when trying to carry out their care work responsibilities in the context of migration. Indoor air pollution from burning solid fuels has been identified as one of the main environmental health risk factors contributing to the burden of disease in China (Zhang et al., 2010). While there is not currently any research that directly links this to the health status of migrants, Chen et al. (2013: 94) have suggested that this could be a particularly pertinent issue for rural-to-urban migrants in northern China, as many of them rent single-storey houses and use coal, wood, and crop residue in open fires and leaky stoves for cooking and heating. Given women’s prime responsibility for cooking, it is possible that they are more at risk than men from this pollution. However, more research is required in this area.

Indeed even the decision-making process around migration can be potentially stressful for all household members and is closely linked to caring responsibilities within the household that can influence both women and men. While it is generally acknowledged that out-migration is a significant form of disruption on family well-being, recent work has sought to examine the tensions around dominant gender roles and in particular how men’s caring responsibilities and obligations are often ignored (Locke et al., 2013). The analysis found that while men often saw themselves as good fathers and husbands because they felt that by migrating, they were fulfilling their role as breadwinners. Nevertheless, many acknowledged the cost that their migration imposed on family life and the difficulties of being absent from spouses and children. While the authors caution against drawing larger conclusions from the study given that only a small sample was involved, it does point to some of the gendered risks to migrant’s well-being and mental health, and that men’s gender roles can also produce tensions in the context of migration. Research from China points to the importance of family relationships in protecting individuals from some of the more adverse mental health impacts of migration. A study by Mou et al. (2011) conducted with migrant workers in Shenzhen found that one of the most important factors was to be accompanied by other family members—though not necessarily a spouse. In fact their study, in line with other findings, suggested that migrating with a spouse put additional pressure on individuals to provide for partners and children. Moreover, the strict dormitory arrangements also meant that married couples could not live together, which created additional stress (Mou

et al. 2011: 226). Importantly, however, their study did identify that those migrants who were able to send more remittances back home were less likely to be depressed (Mou et al., 2011: 227). This too points to important gender dimensions, given the tendency for women to earn lower wages, which could make it more difficult for women to remit significant amounts each month.

A growing body of international research has focused on the mental health and well-being of those family members left behind and points to some interesting gender differences. Research on internal migration within Indonesia has shown that migration can lead to increased depression and hypertension in individuals in households where migration has occurred and that gender roles are significant. Lu (2012) found that parents left behind are especially likely to develop hypertension and depressive symptoms when a primary household caregiver migrates for work. Lu suggests that while some of this is likely to be attributable to age, similar health costs with respect to depression and, to a lesser extent, hypertension were found among spouses left behind. This was particularly notable when the spouses were female. Lu (2012: 140) contends that this may be because the majority of those left behind are female and that the different gender roles suggest varying vulnerabilities for men and women. In addition, Lu (2012: 141) found that men seemed to be more vulnerable to hypertension and suggests that “this is partly because men tend to assume greater work obligations and the well-being of men is more closely tied to work-related stress. Men thus tend to face greater pressure when experiencing household labour shortages”. Lu also found that women were more likely to live in extended households and therefore had additional family members or neighbours who they could draw on for support which could alleviate the hypertension.

Care Work, Health and Migration

Care work can have wider implications for questions of migration, impacting not only on the health of migrants but also on the health of their families. Indeed one of the current major drivers of both national and international female migration is the demand for paid care work. However the movement of growing numbers of women into paid work has created what has been the “care deficit”. This has arisen as a result of welfare state inadequacies and restructuring on the one hand, and men’s reluctance to take on domestic and care duties on the other (Razavi, 2007: 3). At an international level, this has created what have been termed global care chains (Yeates, 2004) as women move from the Global South to the North to fill this care deficit. In many cases women leave behind their own dependents, who are in turn cared for by other female relatives or poorer women in need of an income.

These processes driving women’s migration have important implications for debates around health and migration. While much of the discussion within the international literature has focused on global migration, the debate has clear resonance for national-level migration where similar challenges can occur, particularly where domestic migration potentially involves travelling long distances, as is the case in China. Within the international literature, considerable attention has centred on the health of children left behind. On the whole, this literature tends to either place “blame” for poor health among these children on mothers who have migrated elsewhere (Hildebrandt and McKenzie, 2005), or emphasizes the importance of women’s remittances for children’s health and well-being (Acosta, 2006). Yet for many low-income women in China, as elsewhere, the reality is complex, and they have to make harsh choices between paid work and unpaid care work, and between meeting short-term economic needs and long-

term investment in future capacity and human capital (Cook and Dong, 2011: 961). This is clearly illustrated in a study conducted by Liu and Dong (2010, cited in Cook and Dong, 2011) of rural Chinese households. The authors found that on the one hand, increased time spent on paid work worsens children's health status, while on the other, the increased income accruing to the household partly through women's labour earnings improves children's health status. The overall impact will thus depend on which effect dominates. The results also indicate that maternal childcare substitutes in rural areas are of poor quality as increased non-parental childcare hours have a negative effect on child health status (Liu and Dong, 2010, cited in Cook and Dong, 2011: 960).

One significant issue is the health implications of the burden of care that is frequently placed on older women in the context of migration, particularly when younger women migrate and leave their dependents behind. Most of the global evidence, including from China, suggests that other female family members, especially grandmothers, tend to take on the majority of the care work in this context (Chang et al., 2011a; Pun, 2007).

Drawing on China Health and Nutrition Surveys during the period 1997 to 2006, Chang and colleagues found that the migration of a household member does substantially increase the work undertaken by the elderly and children left behind in rural villages. The analysis also found that the migration of parents increases the time spent on farm work and domestic work for the left-behind children and that migration has striking gender differentiated impacts with the increase in work time being greater for elderly women and girls, than elderly men and boys. Nevertheless, Chang et al. (2011a: 2206) warn that what is not yet clear is how far the increased hours spent by elderly women on farm work is also associated with greater control over farming decisions and control within the household. They suggest that their findings point to a change in the intergenerational division of labour, given the finding that migration of a household member leads to an increase in the hours allocated by the elderly, and particularly, older women. At the same time, the increased work predominantly allocated to young girls rather than boys when parents migrate reinforces the gender division of labour within households.

The research also found that left behind rural women were spending more time working in off-farm activities which has potentially positive implications for their well-being. However, while this may be the case, their well-being relative to men's may decline given that men are still more likely to migrate and allocate more time to the higher-wage urban labour market, although this implication rests on differences in wages and does not account for differences in work conditions (Chang et al., 2011b: 118). This is clearly an area that requires further research and understanding.

Another challenge for households is what happens when migrants themselves become sick. Studies from China have shown that that advancing illness led migrants to return home where social support networks were often stronger.⁷ This has wider implications as is associated with loss of household income (through cessation of remittances), increased household health expenditure (for healthcare and funerals), and further loss of household (and community) income, given the high opportunity cost of caring for a severely ill person. There is also the effect of additional patient and cost burdens being placed on already strained rural health systems (Clark et al., 2007: 7). Moreover, there are also important gendered dimensions, given that carers were more likely to be older women, who often perceive their health to be poorer than that of their male counterparts

⁷ Chen et al, 2014; Hesketh et al., 2008; Lu and Qin, 2013.

(Zhan, 2005). These Chinese findings are echoed in the wider literature (Arnsberger et al., 2012; Ogunmefun et al., 2011).

Conclusions and Issues for Further Research

Drawing on wider debates within the international literature, this paper has shown the relevance of gender for examining the linkages between migration and health in the Chinese context. The analysis has shown the complexity of these linkages. Nevertheless, an important starting point in any analysis is recognition of the diverse ways in which gendered roles and responsibilities shape the migratory process itself, as well as the employment opportunities available to women and men. Women's care responsibilities can limit their ability to access the labour market: yet when they are able to do so, this does not necessarily lead to a reduction in their care burden. Indeed Chinese data clearly illustrate that women continue to work longer hours than men in carrying out their caring responsibilities, which has a significant impact on their earning potential. The analysis has also shown how gendered roles and responsibilities shape the differential health risks faced by women and men throughout the migratory process as well as determining their access to health care services. Yet evidence from China shows that these relationships are complex and at times even contradictory and that there is clearly a need for further research to fully understand the dynamics at play.

Given the ongoing feminization of migration it is important to consider the potential longer term implications for health and well-being. Within the international literature, a number of scholars have argued that migration offers an opportunity for women to challenge gender norms and break away from traditional gendered forms of behaviour (McIlwaine, 2010; Pessar, 2005). In the Chinese case some research has looked at the impact of migration on women's empowerment and agency. While the findings remain inconclusive given the wide number of variables involved, Connelly et al. (2010b) have suggested that Chinese female migrants, particularly where they are living in dormitories, come into contact with a wide variety of women and are exposed to new ideas which can challenge the norms and beliefs they have grown up with. For example, the study found that migration and return was strongly related to adopting the urban norm of desiring only one child and associated with a lower rate of domestic violence (Connelly et al. 2010b: 35). This has a number of potentially important implications for health and well-being, particularly given the diverse ways in which health policies are underpinned by gendered assumptions around women and men's behaviour.

Using a gender lens, the paper has identified a number of potential constraints as well as opportunities for improving health outcomes in the context of migration. Moreover, given the ongoing significance of migration at both a national and international level, it is vital that the gendered linkages between health and migration are fully recognized and integrated into policy debates. Recognizing the role of unpaid care within households is essential in any policy and is central to ensuring better health outcomes not only among migrant populations but also those left behind. Building up further empirical evidence that provides a more extensive picture of the gendered experiences of migration and the implications of this for health outcomes across China should be an urgent priority.

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