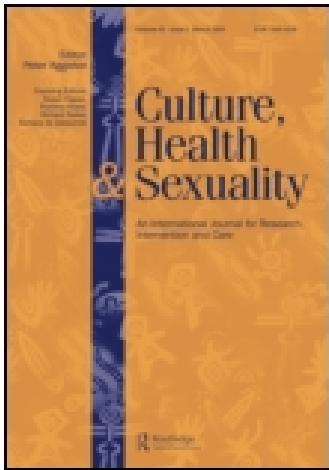


This article was downloaded by: [Johns Hopkins University]

On: 10 October 2014, At: 05:44

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



## Culture, Health & Sexuality: An International Journal for Research, Intervention and Care

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/tchs20>

### Sexual attitudes, behaviours and acculturation among young migrants in Shanghai

May Sudhinaraset <sup>a</sup>, Kristin Mmari <sup>b</sup>, Vivan Go <sup>c</sup> & Robert Wm. Blum <sup>b</sup>

<sup>a</sup> Global Health Group, University of California, San Francisco, USA

<sup>b</sup> Department of Population, Family, and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, USA

<sup>c</sup> Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, USA

Published online: 04 Sep 2012.

To cite this article: May Sudhinaraset, Kristin Mmari, Vivan Go & Robert Wm. Blum (2012) Sexual attitudes, behaviours and acculturation among young migrants in Shanghai, *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 14:9, 1081-1094, DOI: [10.1080/13691058.2012.715673](https://doi.org/10.1080/13691058.2012.715673)

To link to this article: <http://dx.doi.org/10.1080/13691058.2012.715673>

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms & Conditions of access and use can be found at <http://www.tandfonline.com/page/terms-and-conditions>

## Sexual attitudes, behaviours and acculturation among young migrants in Shanghai

May Sudhinaraset<sup>a\*</sup>, Kristin Mmari<sup>b</sup>, Vivan Go<sup>c</sup> and Robert Wm. Blum<sup>b</sup>

<sup>a</sup>Global Health Group, University of California, San Francisco, USA; <sup>b</sup>Department of Population, Family, and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, USA; <sup>c</sup>Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, USA

(Received 24 February 2012; final version received 23 July 2012)

China's rates of internal migration increased to an all-time high of over 200 million individuals at the beginning of the twenty-first century. Yet, there is a dearth of information on the lives of young migrant populations. The aim of this study was to explore how migration influences the sexual attitudes and behaviours of 18–24-year-old migrant men and women in Shanghai, China. A total of 64 migrants participated in 10 focus-group discussions and 20 in-depth interviews. Guided by acculturation theory, coded data were organised into analytic matrices to compare themes across participants. Factors associated with increased sexual-risk behaviours include acculturative stress, discrimination leading to social isolation, conflicts between traditional and modern city values and increased sexual opportunities. Premarital sex, cohabitation, unprotected sex and visiting sex workers are common among this population. Reasons for not using condoms included being unprepared, lack of knowledge and barriers in accessing reproductive services due to not having urban documentation. Local family planning programmes should help migrants negotiate traditional and modern values and partner with work-sites to provide comprehensive sexual education and services and train health professionals in the specific healthcare needs of young migrant populations.

**Keywords:** migration; sexual behaviour; acculturation; young people; China

### Introduction

In the latter half of the twentieth century, rates of urbanisation increased dramatically worldwide, particularly in developing countries (United Nations Human Settlements Programme 2008). Much of this development was the result of an increase in rural-to-urban migration. With one-fifth of the world's total population, nowhere in the world is this phenomenon more apparent than China, where the internal migrant population is estimated to be 230 million individuals, according to China's 2010 National Census (National Bureau of Statistics of China 2011). The majority of this population is young, with almost half of male migrants (47.1%) and 64% of female migrants are between the ages of 15 and 24 years (Fan 2003). These young individuals typically migrate from rural to urban areas for job opportunities and experience poorer housing conditions (Feng, Zuo, and Ruan 2002), lower social standing (Li et al. 2007; Solinger 1999) and lower employment status compared to urban locals (Fan 1999). China's national household

---

\*Corresponding author. Email: sudhinarasetM@globalhealth.ucsf.edu

registration system, referred to as *hukou*, discourages migration by requiring that all citizens register in their place of birth. Migrants who are not registered in their new place of residence are known as *liudong renkou*, or the floating population, and cannot access certain state-level benefits, including state-subsidised housing, free compulsory education, employment benefits or medical care, including sexual/reproductive health services (Solinger 1999).

Moreover, despite China's government labeling of migrants as a high-risk group for HIV (State Council AIDS Working Committee Office & UN Theme Group on AIDS 2007), there is no conclusive evidence that migrants actually have higher rates of infection. While Wang and colleagues (2010) found that migrant women had three times the prevalence of chlamydia compared to non-migrant women, Hesketh and colleagues (2006) found no difference for HIV and syphilis rates between Chinese urban and migrant groups. Still, a growing body of literature suggests migrants are more likely to engage in high-risk behaviours, such as transactional sex (Wang et al. 2010). While there is limited data on the sexual-risk behaviours of 15–24-year-old migrants in particular, studies have found that young migrants are more likely to participate in premarital sex (7.2 versus 4.5%), unprotected sex (47.3 versus 34.3%) and have earlier age of sexual initiation (Li et al. 2009) and they are less likely to use condoms and use contraception consistently, compared to urban non-migrants (Sudhinaraset, Astone, and Blum 2012). Epidemiological studies document migrants' increased sexual risks, but less is known about the context of sexual risk among young migrants living in China.

The study uses acculturation theory to guide our understanding of the social context of migrants for young people and how this may influence their sexual attitudes and behaviours. While acculturation theory has largely been applied to the international migration literature, these concepts are also relevant in understanding the internal migration experience. The classic definition of acculturation is a process whereby 'groups of individuals sharing different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups' (Redfield, Linton, and Herskovits 1936, 149). Acculturation, therefore, is the socialisation to a host, dominant culture (Kim 2007). A related concept, enculturation, is the retention of one's own cultural values, including behaviours, values, knowledge and identity (Kim 2007). The theory of acculturation has been well-studied by social scientists and, after refinement of concepts, a multi-dimensional and interactive understanding has emerged. Scholars now endorse a bi-dimensional understanding of acculturation, which acknowledges the potential for cultural competency in two or more cultures, rather than a single continuum in which an individual adopts the dominant culture in place of the culture of origin (Kim 2007).

The extent to which migrants assimilate to the dominant culture depends on the level of contact and participation between cultures. Acculturation theory operates from the assumption that there is reciprocal influence of the dominant and minority culture. The 'balance between accommodation to host culture and retention of values and practices from the culture of origin' results in successful adaptation, while acculturative stress results when there is a conflict in values during the acculturation process and results in a decline in mental health, and then improves as individuals acculturate (Kasl and Berkman 1983, 75). Contact and reciprocal influence with a dominant culture will result in changes in the minority group to adapt to attitudes, knowledge and behaviours (Teske and Nelson 1974). Perceived discrimination, specific beliefs or values, importance of honouring cultural traditions and sense of belonging are factors measuring acculturation (Salant and Lauderdale 2003). How migrant youth navigate the social and economic changes in China, while maintaining their own values, remains to be explored.

We conducted a qualitative study in Shanghai to understand how acculturation and the context of migration influence the sexual attitudes and behaviours among migrants living in Shanghai. Specifically, the research questions of interest are: (1) what is the social context of migration and (2) how does the context of migration influence the sexual attitudes and behaviours of migrant youth?

## Methods

### *Research site*

Participants in this study were recruited from Hongkou District, located in the northern area of Shanghai proper, with a population of over 920,000 inhabitants. Young people aged 15–24 years make up 9% of the population.<sup>1</sup> In 2010, the migrant population represented 15.4% of the population (personal communication with Hongkou Family Planning District Staff on 10 September, 2010).

### *Study participants*

Purposive sampling by gender included 64 participants who were working in barbershops, beauty salons and restaurants. In order to provide more homogenous groups to allow for greater group interaction, participants were purposefully selected by gender and employment type (Ulin et al. 2002). Barbershops, beauty salons and restaurants were chosen as recruitment sites in order to most fully explore sexual attitudes and behaviours as other studies have documented that individuals working in entertainment establishments, such as beauty salons and restaurants, engage in higher sexual-risk behaviours compared to non-entertainment establishments (i.e., factories etc.) (Li et al. 2004; Yang et al. 2005).

In total, 10 focus group discussions (FGDs), with 6–8 participants each, and 20 follow-up in-depth interviews (IDIs) were conducted both split evenly by gender. Inclusion criteria for the study included migrants who were between the ages of 18–24 years, were now living in urban Shanghai and were not born in Shanghai. Hongkou's local family planning department helped identify worksites where a large proportion of migrants were likely to work. Researchers contacted managers of the establishments, described the project and purpose of the study and the voluntary nature of participation and obtained their support. Once support was obtained, researchers screened all workers at each site as potential participants and selected final participants using the inclusion criteria. Participants received a gift worth 35 yuan (approximately US\$5) for their time (IDI participants received an additional gift worth 35 yuan).

All participants were unmarried. The mean age was 22 years and 21 years for men and women, respectively. In all, 42% had obtained a junior high school education (minimum required by Chinese law), 20% a high school education and 8% had completed college. In addition, 30% had vocational schooling. Over 95% of the population did not have Shanghai hukou. Over 78% of study participants were born in rural areas (91% and 66% for females and males, respectively) (see Table 1 for demographic characteristics of participants).

Overall, young men reported having experienced 2.5 lifetime moves (moves were defined as individuals who identify from birth the number of cities they have relocated to for family or work) and young women had experienced 1.9 moves (ranged from 1–6 moves). The mean age of first migration was 16.7 years old. The mean number of years since leaving their hometown was 5.5 years for men and 4.1 years for women. Overall, 42.9% moved alone, 44.4% moved with family and 12.7% moved with someone else. More than

Table 1. Demographic characteristics of study participants.

	Male ( <i>n</i> = 32)		Female ( <i>n</i> = 32)		Total ( <i>n</i> = 64)	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Age (years, <i>M</i> )	22		21			
Highest education						
Junior high school	13	40.62	14	43.75	27	42.19
Senior high school	7	21.88	6	18.75	13	20.31
Vocational	10	31.25	9	28.12	19	29.69
College	2	6.25	3	9.38	5	7.81
No <i>hukou</i>	30	96.77	30	93.75	60	95.24
Place of birth						
Rural	21	65.62	30	90.91	51	78.46
Urban	11	34.38	1	3.03	12	18.46
Currently smoke	27	84.38	0	0	27	42.19
Ever had sex	15	46.88	10	31.25	25	39.06
Number of moves (mean, <i>SD</i> )	2.5, 0.22		1.9, 0.21		2.2, 0.16	
Years as migrant (mean, <i>SD</i> )	5.5, 0.51		4.1, 0.36		4.8, 0.32	

half of the women first moved with their family, compared to only 37.5% of men. Conversely, 53.1% of men first migrated by themselves, compared to 32.3% of women.

### Data collection

Data were collected in August and September of 2010. Before the start of data collection, four interviewers who were bilingual Chinese-English speakers with at least master's degrees in public health (two men and two women) participated in a three-day intensive training on qualitative methods and human subjects protection.

Participants in the same industry and gender were scheduled to participate in a FGD in a pre-determined quiet, private room during work hours. A Chinese interviewer led each focus-group discussion and one note taker also attended each focus group. Both the discussion leader and note taker were the same sex as participants. Before the start of each FGD, participants who met study criteria provided oral consent and filled out demographic forms. The demographic form asked the relationship status (ever or currently have a boyfriend/girlfriend) and sexual initiation status (ever had sex) of each participant. Focus-group discussions lasted for approximately one-and-a-half hours.

Because in-depth interviews are able to capture more sensitive information, interviewers identified individuals who had been sexually active from the FGDs. If no participants from the FGDs were sexually active, interviewers identified those who currently or ever had had a relationship. Based on this information, the interviewer took aside individuals privately and asked if they would be willing to participate in a follow-up in-depth interview. Oral consent was also obtained for the in-depth interviews. In-depth interviews lasted 30–45 minutes. The purpose of using both FGDs and IDIs was to garner different types of information from participants as well as validate themes from differences sources. While FGDs cover cultural normative attitudes in relation to others in the group, in-depth interviews are used for individual opinions and behaviours too sensitive to discuss in group discussions. In addition, advantages of conducting IDIs with the same participants from FGDs include the ability to validate, clarify and expand on what was being said in group discussions, as well as participating in a pre-established facilitator-participant relationship to discuss sensitive topics (Maxwell 2005).

Acculturation was operationalised in the FGD interview guides, which covered broad topics and suggested probes including: (1) life in Shanghai and feelings of social integration (i.e., contact with host community), (2) perceptions of the term 'floating population', (3) sources of social support in sending and host communities, (4) sexual attitudes among migrants and sending/host communities, including premarital sex, multiple sex partners, one-night stands and sex workers and (5) first sexual experiences of migrants, including contraceptive use. In-depth interviews were used to obtain individual sexual experiences and behaviours. Broad topics covered included family relationships growing up and current family relationships, sources of social support and sexual behaviours and history.

The research study was reviewed and approved by the Institutional Review Boards at Johns Hopkins Bloomberg School of Public Health and the Shanghai Institute of Planned Parenthood Research.

### *Data analysis*

All 20 in-depth interviews and 10 focus-group discussions were audio taped, transcribed into Chinese and translated in to English. Two research assistants, fluent in both Chinese and English, first translated each interview. The principal investigator then reviewed each interview line by line with the research assistants to ensure quality of translations.

Data analysis followed the steps outlined by Ulin and colleagues (2002), including reading text, coding text, displaying text, reducing text and interpreting text. First, transcriptions were read thoroughly to identify major themes, check the quality of transcriptions and identify patterns across FGDs and IDIs. Next, transcriptions were analyzed using Atlas.ti Software (Scientific Software Development n.d.). Textual information was analysed across interviews and codes were developed and clarified until the information had been saturated. Families of codes were developed using concepts of acculturation/enculturation theories, research questions and interview-guide topics. In addition, memo writing was also used during the coding process and between the coding process and the completed analysis in order to identify themes. Fourth, matrices were developed covering broad topics to reduce and summarise the data across groups. Finally, associations across themes were developed and groups (gender, work sites and interviews) were compared and contrasted.

### **Results**

#### *Acculturative stress: limited contact and participation – 'There is no feeling of home.'*

Across all FGDs and IDIs, participants described feelings of perceived discrimination, conflicts between maintaining cultural values (i.e., behaviours, values, knowledge and identity) and city values and lack of sense of belonging. The majority of participants identified long working hours and living away from their families as reasons for not feeling like they 'fit in' with their community. Participants described little contact with Shanghainese natives outside the context of a client-worker relationship:

It feels like we devote ourselves to this city, but we gain little. It's discrimination. Shanghainese would call us '*xiangxiaren*' [country bumpkins] when they are annoyed, it's very harsh. (24-year-old male migrant, 2 moves, 8 years as migrant, FGD)

Because Shanghainese, a local dialect of Chinese, is not readily understood by Mandarin-speakers (the official Chinese language), language was also an issue for how well migrants were able to adapt in the city:

It is really hard to fit in to the community. Usually, we don't have any communication with Shanghainese. They speak Shanghainese dialect, which made us not able to totally understand them. (19-year-old male migrant, 4 moves, 3 years as migrant, FGD)

The general sense across all interviews was that migrants were separated from mainstream society and that there was little sense of community:

One flaw in Shanghai is that you won't know your neighbours even if you lived in a place for 10 years. In our home town, people know each other even if they live far away from one another. (21-year-old female migrant, 2 moves, migrant of 2 years, FGD)

In addition, across all 10 focus groups, migrants discussed the limited connection they have to their families and hometown peers. A few migrants moved with their families, and this was helpful for financial and emotional support. While mobile phones were commonly used to stay connected with their families and friends back home, the majority moved alone and, in FGDs, discussed a loss of social connection:

[I have lost] family, friendship and love, almost everything. We talked before that we'll go through things together. But when we were not in the same place, we fell apart gradually. Maybe someday, one of us changes phone numbers – we lose our contacts forever. (24-year-old female migrant, 6 moves, 10 years as migrant, FGD)

### ***Increased sexual opportunities: burgeoning sex industry***

Across all FGDs and IDIs, the majority of men agreed that visiting sex workers was simply a part of the nightlife. Numerous sex shops existed in pockets of Shanghai and karaoke bars, foot massage parlours, and barbershops were commonly identified as locations for purchasing sex. Participants estimated each visit to a commercial sex establishment ranged from 150–200 RMB (approximately US\$23–30). Although no women in the study were directly asked nor admitted to being involved in the sex industry, one female described her friend's sex shop:

I know a friend who has a *jidian* [sewing workshop]. If you want to do this business, all you need is to rent a house and rent out beds. It's not that difficult. You can charge 150 RMB [approximately US\$ 23] – the boss will get 50 [approximately US\$ 8] and you get 100 [approximately US\$ 15]. There are so many prostitute shops in Shanghai, especially in the Yangpu district. That is the red-light district. (19-year-old female migrant, 1 move, 2 years as migrant, FGD)

Participants discussed how most of the cheaper sex workers are young women looking for work, and even young women in college wanting to earn more money:

[Migrants] won't do business in those types of places that cost a lot. The cheaper sex workers are migrant workers – *xiao mei* [little sisters]. (19-year-old female migrant, 2 moves, 4 years as migrant, FGD)

It was also 'common,' for men to visit commercial sex workers as their first sexual experience. Visiting sex workers was almost universally accepted by men. The primary reasons given for such visits were meeting sexual needs, peer socialisation and loneliness. With limited social connections outside the workplace, visiting sex workers was described as a form of socialisation among young men:

That's one aspect of the nightlife: a few friends drink, go find Misses, do business, have entertainment. That's normal. (21 years-old male, 2 moves, 4 years as migrant as migrant, FGD)

Two men who reported visiting sex workers also had girlfriends in their hometowns. One of the men, a 24-year-old migrant, explained that he paid for sex because he felt 'lonely' after drinking at a KTV [karaoke] bar with a friend. They did not use contraception. Men



discussed not wanting to use condoms, even with sex workers. Some men even described how clients will pay the sex worker extra in order to not have to use condoms:

Some people may give more money so the prostitute will not use a condom. (22-year-old male migrant, 4 moves, 8 years as migrant, IDI)

### ***Conflicts between traditional and modern city values***

Across all interviews and discussions, hometowns were described to be more traditional in their attitudes regarding premarital sex, guided by ideas of Confucian values of collectivism and filial piety:

Even if we are engaged we cannot have premarital sex in my hometown. They don't care what you do outside, but you cannot do that in the hometown. (21-year-old male migrant, 2 moves, 4 years as migrant, FGD)

Migrants perceived Shanghai natives to have more open sexual attitudes and perceived premarital sexual relationships as the norm. While women in the FGDs and IDIs presented much more varying degrees of sexual openness, all young men reported premarital sex to be the norm:

Everyone has premarital sex. This goes without saying. Now no one would be so superstitious to hold out until their wedding night. (24-year-old male migrant, 5 moves, 10 years as migrant, FGD)

Women in particular were more likely to discuss the influence that their peers had on their attitudes regarding premarital sex. Traditional Chinese sexual values were challenged by modern sexual attitudes:

Previously, I didn't accept it [premarital sex] either. Maybe it's because of the friends around us, where we are living, friends you hang out with are different, so you change your mind. (19-year-old female migrant, 1 move, 2 years, IDI)

Surprisingly, while women were conflicted on issues of virginity, most found premarital cohabitation acceptable. In fact, premarital cohabitation has become such a common phenomenon in China that there is now a new and popular concept – *shihun* – translated as 'trial marriage'. Men in the FGDs, in particular, explained that the popularity of cohabitation was due to high costs associated with housing and renting hotel rooms in which to have sex. Therefore, cohabitation was common, even practical:

It is not common to live together in the remote areas. But in big cities, the rent is too expensive. Living together before marriage is common around the factories. Then rent is cheaper. (22-year-old male migrant, 2 moves, 6 years as migrant, FGD)

Cohabitation is still a rare phenomenon in respondents' home towns. Young women attributed this to the traditional nature of life in their home towns and the need to protect their family's reputation.

### ***Reasons for not having sex: the role of traditional values***

While exposure to city values influenced sexual norms among migrants, ties to their home towns also played a role in shaping their behaviours. Family and traditional values were the most commonly cited reason for abstaining from sex, particularly among women. Men were more likely to cite not having opportunities as reasons for not having sex. In an in-depth interview, one young woman described an experience with a former boyfriend in her hometown. She expressed guilt of spending the night with her boyfriend, even though she did not have sex with him, and considered her family's reaction to her behaviours the next morning:

The second time we slept together but not having sex, we both wore clothes and nothing happened. When I woke up, I thought I shouldn't have done that and I felt sorry to my family. I do not know [why I felt sorry to my family]. When morning arrived, I felt like it was a wonderful world outside, and I shouldn't sleep in the same bed with him [not have sex but sleep in same bed]. I felt dirty, and I felt guilty because of my parents. If they ever found out, they would kill me. (19-year-old female migrant, 1 move, 2 years as migrant, IDI)

The same woman, however, described how her new surroundings had shifted her views toward premarital sex. Gaining a sense of independence and individualism after two years of being in the city, she explains:

The environment around me is different, and I am in contact with different types of people. If I met a person that I really liked, I would be willing to try having sex. They [parents] will definitely disagree. However, I want to say these things to them. I'm already grown up, and I will plan my own future. I will be careful, and I wouldn't tell my parents everything. (19-year-old female migrant, 1 move, 2 years as migrant, IDI)

### ***Sexual behaviour and poor contraceptive use***

Almost all first-time sexual experience for migrants occurred after their first migration and typically occurred in hotels or rented houses among men and women in monogamous relationships in Shanghai. In the in-depth interviews, 7 out of 16 sexually active young people reported not using any form of contraception the first time they had sex. Of the nine migrants who used contraception during their first sexual encounter, condoms were by far the most commonly known and used form of contraception, followed by the rhythm method. A few migrants reported having lived together first and then having premarital sex – some described it as a natural progression. A few first-time experiences among men were one-night stands and one first time experience occurred when a migrant returned home to his girlfriend.

Female migrants' reasons for having sex differed somewhat from young men's reasons. Women were much more likely to mention marriage and 'feelings'. Reflecting changes in attitudes and opportunities for sexual encounters once in cities, men were more likely to think of sex as just for fun:

[The first time I had sex was] when I first came out – 16 years [of age]. We didn't know each other. My friend made me drunk [*laughs*]. ... That night, the three of us were drinking together. We were just hanging out, and then we moved to the bed. Actually, I'm very open this kind of thing. [With other girls ...] some are fast, and the fastest one had happened within two hours. We were in the same career. We're both open. It happened just after knowing each other two hours. It was late at night, and so we booked a hotel room. (20-year-old male migrant, 1 move, 4 years as migrant, IDI)

The primary reason for not using contraception was an unplanned sexual encounter. Repeatedly, men and women said that they simply did not think to use contraception, particularly in situations where alcohol was involved. Lack of knowledge was also given as a reason for not using condoms at first sex. One young woman described her first time with her boyfriend. They had had sex within a few months of moving to Shanghai:

[I was] nervous and afraid. My mind was blank. We didn't think about it [using condoms]. We didn't know what to use. My landlady asked us 'weren't you afraid of getting pregnant when you were together?' After that, I was reminded that we needed to use contraception. (24-year-old female migrant, 1 move, 4 years as migrant, IDI)

Another young man lamented the reasons for not using condoms:

I did not know how to. If you see her menstrual period, most people know this method. I don't know anything other than that. How to say this? Anyway, I know a little. You can see the girls there [during sexual intercourse], and then you can tell. And also, by taking contraception

methods you can prevent it. You can use condoms. You can even use two condoms. (19-year-old male migrant, 4 moves, 3 years as migrant, IDI)

Another reason that participants did not use contraception was directly linked to migration, as *hukou* was necessary in order to visit certain clinics. Feelings of discrimination and shame hindered women, in particular, from visiting family planning clinics. One respondent said:

Generally, I don't go to hospitals. Once I went to the hospital to ask service providers about sex-related questions, but the doctor asked me if I had [urban] *hukou*. He said that if I didn't have *hukou*, I shouldn't go to that clinic. So I never went again. I don't trust them. (24-year-old female migrant, 1 move, 4 years as migrant, IDI)

## Discussion

This qualitative study examined the context of premarital sex in Shanghai, China, using rich migrant narratives. Guided by acculturation theory, migrants in this study revealed that their sexual attitudes and behaviours are influenced by new, urban environments and, for many, are the result of acculturative stress. Factors associated with migration that place young people at greater sexual vulnerability include acculturative stress, conflicts between traditional and city values and increased opportunities for sexual encounters and partners, including commercial sex workers. This study also found that condom use and contraceptive consistency among young migrants was low due to lack of preparation, knowledge and lack of health benefits as a result of not having urban *hukou*.

The accounts of young migrants in this study suggest that perceived discrimination and rejection from local Shanghainese results in acculturative stress, social isolation and increased anonymity. Perceived discrimination from health providers hindered migrants from seeking services from hospitals or clinics. Women are an especially marginalised group because of China's strict family planning and migration policies. Women are required to obtain four types of permit when changing official household residence: (1) a temporary residence permit, (2) a work permit, (3) a health permit and (4) a recognised family planning permit. Only the first three permits are required by men to change residence. These permits are often costly and not easy to obtain. Among young migrant women, another study found that only 28% reported having a family planning certificate (Feng et al. 2005). The barriers in obtaining these permits make it even more difficult for migrant women to access reproductive-health services.

Young people in the present study reported that cohabitation is common in cities. For young men, in particular, cohabitation was a practical and cost-effective method of providing for their sexual partners. Instead of having to pay for a hotel on top of high housing prices, men and women found it normal to live with one another. A recently published qualitative study among West Indian migrants in New York City found similar themes of tight-knit communities in their home towns facilitating traditional values of sexual conservatism, but once individuals move, they were able to hide their sexual behaviours from others (Hoffman et al. 2011).

Findings from the current study reflect the bi-dimensional perspective of acculturation, which suggests that individuals may have cultural competency in more than one culture, rather than a single continuum in which the culture of origin is completely replaced by that of the dominant society (Kim 2007). Conflicts between traditional and city values influenced sexual attitudes and behaviours among migrants. In particular, women were more likely to cite family and traditional values as reasons for abstaining from sex. Among

those who reported having had sexual intercourse, migrant women were more likely compared to men to discuss sex in the context of a long-term relationship, potentially a relationship leading to marriage. Men, on the other hand, were more likely to discuss sex in the context of having fun and being young. This may be in line with studies on acculturation and gender, which finds that women acculturate slower than men (Salant and Lauderdale 2003).

Migrants also experienced increased sexual opportunities when moving to urban areas. Commercial sex is widely available in Shanghai and, as reported by other studies, men visit sex workers as a form of nightlife (Yang et al. 2010). Low levels of community cohesion and increased anonymity in urban areas may also be conducive to visiting sex workers and having one-night stands. Findings from this study as well as other works (e.g. Yang et al. 2010) reveal that loneliness may also lead some men to visit sex workers.

A few men in the in-depth interviews admitted to visiting sex workers while having girlfriends at home. Migrant men who live away from spouses may serve as a bridge population between high-risk groups (i.e., commercial sex workers) and partners in rural areas (Brockhoff and Biddlecom 1999). A 'surplus' of men in China may be driving the demand for sex workers, as well as potentially attracting young women to seek employment in the sex industry in cities (Tucker et al. 2005). Women's participation in the sex industry may be due to labour segmentation between migrants and non-migrants (Fan 2003), as well as women's greater propensity than men to join entertainment work or the commercial sex industry (Yang and Xia 2006).

Several limitations of the study need to be considered. First, sexual practices such as premarital sex, visiting sex workers and multiple sex partners are sensitive issues. Therefore, young people, particularly women, may under-report such behaviours as a result of a social desirability bias. However, the use of both in-depth interviews and focus-group discussions in the present study helped validate results. No major discrepancies were found between these two sources of data.

Second, participants were recruited in the Hongkou District. Because the Hongkou Family Planning District has a particular interest in young migrants, the extent to which they have been exposed to public health campaigns was not assessed.

Third, study participants were recruited from one district in Shanghai using purposeful sampling. Therefore, the generalisability of the results to migrants in other cities, or even within Shanghai, is likely to be weak. However, several findings do align with existing literature in other parts of China.

Despite these limitations and the exploratory nature of this study, a number of programme strategies might be suggested. Our findings reflect existing literature that suggests that condom use is low in China (Merli et al. 2009), particularly among sex workers and their clients (Hesketh, Zhang, and Qiang 2005; van den Hoek et al. 2001; Wang et al. 2007). In this study, the primary reasons cited for not using condoms included lack of knowledge and being unprepared and, among women, feeling discriminated against by family planning clinics and organisations. A number of other factors explain the lack of condom and contraceptive use among young migrants. Early and appropriate comprehensive sexual education is not provided systematically in China, particularly in rural areas (Zhang, Xiaoming, and Shah 2007). Most migrants from rural areas, therefore, lack basic reproductive and sexual knowledge. Qualitative studies in other contexts have also documented limited knowledge of HIV and STIs, particularly among those aged 16–25 years (McMichael and Gifford 2010). While sexual conservatism may continue to be protective against premarital sex, it may also hinder young people from discussing sexual health with health professionals.

Given migrants' lack of knowledge and low use of condoms, local health departments might usefully partner with work sites and health professionals in order to ensure comprehensive and appropriate messaging and services regarding contraceptive use and STIs. Because the work place is the primary place of socialisation for migrants, garnering the support of employers will help strengthen public-health efforts. Work-based interventions partnering with healthcare professionals may be especially effective.

Second, young women discussed barriers to accessing reproductive health services associated with not having urban *hukou*. Healthcare professionals should be trained to work with young, unmarried individuals, with particular attention paid towards the special healthcare needs of young migrants. In order to increase access to health services, community-based interventions should include condom promotion and distribution. Condom distribution programmes, particularly among sex workers, have proven successful in other contexts (Ford and Chamrathirithong 2007).

Finally, programmes might emphasise skills promoting bicultural competence in order for young people to successfully negotiate conflicts between traditional and modern sexual values. Gender-specific strategies are needed in order to help young women, in particular, to balance traditional values of sexual conservatism with new, city values. Future studies would benefit from a better understanding of acculturative strategies that migrants employ for successful adaptation. It is important to note, however, that biculturalism may be difficult – nigh impossible – in the context of a host society that is rejecting of it (Cabassa 2003). Therefore, larger societal changes regarding attitudes towards migrants and the floating population may need to be developed.

### Acknowledgements

We would like to acknowledge the logistic support and contribution of researchers at the Shanghai Institute of Planned Parenthood Research. In particular, we would like to thank Cheng Yan, Lou Chaohua, Gao Ersheng, Yu Chunyan, Wang Ziliang, Lian Qiguo and Feng Yongliang. We would like to acknowledge Court Robinson, Nan Astone and Laurie Zabin for helpful suggestions and comments. We are grateful to Qingfeng Li for research support and the translation of key documents. This project was funded by the Bill and Melinda Gates Institute of the Johns Hopkins Bloomberg School of Public Health, the Global Health Experience Award of the Johns Hopkins University and the Cheryl Alexander Award of the Department of Population, Family and Reproductive Health of the Johns Hopkins Bloomberg School of Public Health.

### Note

1. The figure of 9% may be an underestimate of the proportion of 15–24-year-olds living in the city. This value was calculated using the proportion of 15–24-year-olds currently living in Hongkou District divided by the number of individuals with Hongkou hukou registration. However, there are an unknown percentage of individuals who live outside of their registered *hukou* (in rural areas/suburban areas). Therefore, the total population of 921,700 may be an overestimate of the number of individuals actually inhabiting the district.

### References

- Brockerhoff, A.M., and A. Biddlecom. 1999. Migration, sexual behavior and the risk of HIV in Kenya. *International Migration Review* 33: 833–56.
- Cabassa, L.J. 2003. Measuring acculturation: Where we are and where we need to go. *Hispanic Journal of Behavioral Sciences* 25: 127–46.
- Fan, C.C. 1999. Migration in a socialist transitional economy: Heterogeneity, socioeconomic and spatial characteristics of migrants in China and Guangdong province. *International Migration Review* 33: 954–87.

- Fan, C. 2003. Rural-urban migration and gender division of labor in transitional China. *International Journal of Urban and Regional Research* 27: 24–47.
- Feng, W., P. Ren, Z. Shaokang, and S. Anan. 2005. Reproductive health status, knowledge and access to health care among female migrants in Shanghai, China. *Journal of Biosocial Science* 37: 603–22.
- Feng, W., X. Zuo, and D. Ruan. 2002. Rural migrants in Shanghai: Living under the shadow of socialism. *International Migration Review* 36: 520–45.
- Ford, K., and A. Chamrathrithirong. 2007. Sexual partners and condom use of migrant workers in Thailand. *AIDS Behavior* 11: 905–14.
- Hesketh, T., L. Li, X. Ye, H. Wang, M. Jiang, and A. Tomkins. 2006. HIV and syphilis in migrant workers in eastern China. *Sexually Transmitted Infection* 82: 11–14.
- Hesketh, T., J. Zhang, and D.J. Qiang. 2005. HIV knowledge and risk behaviour of female sex workers in Yunnan Province, China: Potential as bridging groups to the general population. *AIDS Care* 17: 958–66.
- Hoffman, S., J.A. Higgins, S.T. Beckford-Jarrett, M. Augenbraun, K.E. Bylander, J.E. Mantell, and T.E. Wilson. 2011. Contexts of risk and networks of protection: NYC West Indian immigrants' perceptions of migration and vulnerability to sexually transmitted diseases. *Culture Health & Sexuality* 13: 513–28.
- Kasl, S.V., and L. Berkman. 1983. Health consequences of the experience of migration. *Annual Review Public Health* 4: 69–90.
- Kim, B.K. 2007. Acculturation and enculturation. In *Handbook of Asian American psychology*, ed. F.T.L. Leong, A.G. Inman, A. Ebreo, L. Yang, L. Knoshita, and M. Fu, 141–58. Thousand Oaks, CA: Sage.
- Li, S., H. Huang, Y. Cai, G. Xu, F. Huang, and X. Shen. 2009. Characteristics and determinants of sexual behavior among adolescents of migrant workers in Shanghai (China). *BMC Public Health* 9: 195–205.
- Li, X., X. Fang, D. Lin, R. Mao, J. Wang, L. Cottrell, C. Harris, and B. Stanton. 2004. HIV/STD risk behaviors and perceptions among rural-to-urban migrants in China. *AIDS Education and Prevention* 16: 538–56.
- Li, X., L. Zhang, X. Fang, Q. Xiong, X. Chen, D. Lin, A. Mathur, and B. Stanton. 2007. Stigmatization experienced by rural-to-urban migrant workers in China: Findings from a qualitative study. *World Health Population* 9: 29–43.
- Maxwell, J.A. 2005. Qualitative research design: An interactive approach. In *Applied social research methods series*, ed. L.C. Shaw, 2nd ed., vol. 42, 115–22. Thousand Oaks, CA: Sage.
- McMichael, C., and S. Gifford. 2010. Narratives of sexual health risk and protection amongst young people from refugee backgrounds in Melbourne, Australia. *Culture Health & Sexuality* 12: 263–77.
- Merli, M.G., J. DeWaard, F. Tian, and S. Hertog. 2009. Migration and gender in China's HIV/Aids epidemic. In *Gender policy and HIV in China: The Springer Series on Demographic Methods and Population Analysis*, ed. J.D. Tucker and D.L. Poston, 27–53. New York: Springer Science + Business Media BV.
- National Bureau of Statistics of China. 2011. Press release of major figures of the 2010 National Population Census. Government of China. [http://www.stats.gov.cn/english/newsandcomi ngevents/t20110428\\_402722237.htm](http://www.stats.gov.cn/english/newsandcomi ngevents/t20110428_402722237.htm)
- Redfield, R., R. Linton, and M.J. Herskovits. 1936. Memorandum for the study of acculturation. *American Anthropologist* 38: 149–52.
- Salant, T., and D.S. Lauderdale. 2003. Measuring culture: a critical review of acculturation and health in Asian immigrant populations. *Social Science and Medicine* 57: 71–90.
- Scientific Software Development. n.d. *Atlas. ti* [computer software]. Berlin, Germany: Scientific Software.
- Solinger, D.J. 1999. *Contesting citizenship in urban China: Peasant migrants, the state, and the logic of the market*. Berkeley: University of California Press.
- State Council AIDS Working Committee Office & UN Theme Group on AIDS. 2007. A joint assessment of HIV/AIDS prevention, treatment and care in China. UNESCO. [http://hivaidscleari nghouse.unesco.org/search/format\\_long.php?lang=en&ret=topics.php&fiche=6872](http://hivaidscleari nghouse.unesco.org/search/format_long.php?lang=en&ret=topics.php&fiche=6872)
- Sudhinaraset, M., N. Astone, and R.W. Blum. 2012. Migration and unprotected sex in Shanghai, China: Correlates of condom use and contraceptive consistency across migrant and non-migrant youth. *Journal of Adolescent Health* 50: S68–74.

- Teske, R.H., and B.H. Nelson. 1974. Acculturation and assimilation: A clarification. *American Ethnologist* 1: 351–67.
- Tucker, J.D., G.E. Henderson, T.F. Wang, Y.Y. Huang, W. Parish, S.M. Pan, X.S. Chen, and M.S. Cohen. 2005. Surplus men, sex work and the spread of HIV in China. *AIDS* 19: 539–47.
- Ulin, F.R., E.T. Robinson, E.E. Tolley, and E.T. McNeill. 2002. *Qualitative methods: A field guide for applied research in sexual and reproductive health*. Research Triangle Park, NC: Family Health International.
- United Nations Human Settlements Programme. 2008. *State of the world's cities 2008/2009: Harmonious cities*. Nairobi, Kenya: UN-HABITAT.
- van den Hoek, A., F. Yuliang, N.H. Dukers, C. Zhiheng, F. Jiangting, Z. Lina, and Z. Xiuxing. 2001. High prevalence of syphilis and other sexually transmitted diseases among sex workers in China: Potential for fast spread of HIV. *AIDS* 15: 753–9.
- Wang, B., X. Li, B. Stanton, X. Fang, D. Lin, and R. Mao. 2007. HIV-related risk behaviors and history of sexually transmitted diseases among male migrants who patronize commercial sex in China. *Sexually Transmitted Disease* 34: 1–8.
- Wang, W., C. Wei, M.E. Buchholz, M.C. Martin, B.D. Smith, Z.J. Huang, and F.Y. Wong. 2010. Prevalence and risks for sexually transmitted infections among a national sample of migrants versus non-migrants in China. *International Journal of STD and AIDS* 21: 410–5.
- Yang, C., C.A. Latkin, P. Liu, K.E. Nelson, C. Wang, and R. Luan. 2010. A qualitative study on commercial sex behaviors among male clients in Sichuan Province, China. *AIDS Care* 22: 246–52.
- Yang, H., X. Li, B. Stanton, X. Fang, D. Lin, R. Mao, H. Liu, X. Chen, and R. Severson. 2005. Workplace and HIV-related sexual behaviours and perceptions among female migrant workers. *AIDS Care* 17: 819–33.
- Yang, X., and G. Xia. 2006. Gender, work and HIV risk: Determinants of risky sexual behavior among female entertainment workers in China. *AIDS Education and Prevention* 18: 333–47.
- Zhang, L., Li Xiaoming, and I.H. Shah. 2007. Where do Chinese adolescents obtain knowledge of sex? Implications for sex education in China. *Health Education* 107: 351–63.

## Résumé

Au début du 21<sup>ème</sup> siècle, les migrations internes en Chine ont atteint des taux inédits, avec plus de 200 millions de personnes. Pourtant, rares sont les recherches s'intéressant à la vie des jeunes migrants. L'objectif de cette étude était d'examiner comment la migration influence les attitudes et les comportements sexuels des migrants de sexe masculin et féminin, âgés de 18 à 24 ans, à Shanghai. Soixante-quatre migrants ont participé à dix groupes de discussion thématique et à 20 entretiens en profondeur. En nous appuyant sur la théorie de l'acculturation, nous avons classé les données codifiées par matrices analytiques afin de pouvoir comparer les thèmes d'un participant à l'autre. Les facteurs associés à une augmentation des comportements sexuels à risque comprennent le stress acculturatif, la discrimination qui entraîne l'isolement social, les conflits entre les valeurs traditionnelles et les valeurs des villes modernes, et l'augmentation des occasions sexuelles. Les rapports pré-maritiaux, la cohabitation, les rapports sexuels non protégés et les visites aux professionnel(le)s du sexe sont fréquents dans cette population. Les raisons pour lesquelles le préservatif n'est pas utilisé comprennent le manque de préparation, le manque de connaissances et les obstacles à l'accès aux services pour la reproduction, qui résultent du manque d'information sur la ville. Les programmes locaux de planning familial doivent aider les migrants à négocier les valeurs traditionnelles et modernes, établir des partenariats avec les lieux où travaillent ces personnes pour y développer des programmes d'éducation sexuelle et des services complets, et former les professionnels de santé aux besoins spécifiques des populations de jeunes migrants, dans le domaine des soins.

## Resumen

Las tasas de migración interna en China han aumentado sin precedentes en más de 200 millones de personas a principios del siglo XXI. Sin embargo, existe escasa información sobre la vida de la población de emigrantes jóvenes. La finalidad de este estudio fue analizar en qué medida influye la migración en las actitudes y conductas sexuales de hombres y mujeres jóvenes entre 18 y 24 años que emigran a Shanghai, China. Para este análisis participaron sesenta y cuatro emigrantes en 10 charlas

en grupo y 20 entrevistas exhaustivas. Guiados por la teoría de la aculturación, organizamos los datos codificados en matrices analíticas para comparar los temas entre los participantes. El estrés de la aculturación, la discriminación que lleva al aislamiento social, los conflictos entre los valores tradicionales y los valores de la ciudad moderna y un aumento de las oportunidades sexuales fueron factores asociados al aumento de las conductas de riesgo sexual. Entre esta población son comunes las relaciones sexuales prematrimoniales, la convivencia, el sexo sin protección y las visitas a trabajadores sexuales. Las razones de no utilizar preservativos eran estar no preparados, la falta de conocimientos y los obstáculos para acceder a los servicios reproductivos debido a la falta de documentación urbana. Los programas de planificación familiar en un ámbito local deberían servir para ayudar a los emigrantes a negociar los valores tradicionales y modernos, crear una colaboración con los lugares de trabajo para ofrecer un amplio programa de servicios y educación sexual, y formar a los profesionales de la salud en la atención sanitaria específica necesaria para las poblaciones de jóvenes emigrantes.