Country Context

China has a huge migrant population of about 200 million—of which more than 60 percent are female workers. A few of these women have high school education, but most have only completed middle school. The majority of women are between the ages of 21 and 35 years. Increasing numbers of female factory workers are choosing to remain single longer because of their years spent working in factories away from their home towns.

Key health issues for female workers in China

The major issues affecting female workers’ health in China include:

- **Breast cancer and cervical cancer:** Of the more than 500,000 new cervical cancer patients each year worldwide, approximately one-third is in China. The incidence of cervical and breast cancer is highest among Chinese women of the age group of 15-44.

- **Exposure to chemical hazards:** Women are especially at risk of chemical exposure given their predominance in manufacturing industries. They often do not receive sufficient training in handling hazardous materials and commonly choose not to wear personal protective equipment.

- **Feminine hygiene and reproductive complications of STDs** such as Pelvic Inflammatory Disease (PID): PID and cervical inflammatory disease often occur in older women who are married or sexually active with men. A lack of knowledge about personal hygiene among migrant workers contributes to the spread of these diseases.

- **HIV/AIDS:** Women workers possess a basic understanding of the disease and awareness of preventive methods but they lack a complete understanding of their own risk. Factory management often ignore HIV/AIDS as a health issue because workers live in gender segregated factory dormitories and management assumes unmarried workers are not engaging in sexual activity. By contrast, HERproject findings indicate that premarital sex is common.

- **Improper use of contraceptives and unplanned pregnancies:** Unplanned pregnancies are a significant and very real challenge in China. Abortion is also common and encouraged by government as a means of compliance to the one child policy. At the same time, contraception is widely mis-used by factory workers, and condom use is very low considering risk.

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1 Note: This information is based on Health Needs Assessments conducted in participating HERproject factories in China by BSR, Professor Qu Ning and MSIC, and by BSR’s report, *Women’s General & Reproductive Health in Global Supply Chains*, October 2006

Malnutrition: Most factories canteens provide 3-4 daily meals to workers in China, but management rarely invest in insuring that food has nutritional value. Women workers spend frugally on food to maximize the wages they are able to remit to their families. Many have limited knowledge of what constitutes a balanced diet. In addition to longer-term impacts, poor nutrition results in workplace health problems such as dizziness and tiredness.

Mental health, depression and suicide: Monotony of some types of work, the high pressure during peak production periods in factories, being away from home and loved ones all contribute to increased stress, cases of depression and incidents of suicide amongst migrant workers. For female workers, unwanted pregnancy and sexual harassment are additional sources of stress.

Painful menstruation: In interviews in 2006, the primary health reproductive health complaint workers raised was menstrual cramps. This is a common cause for absenteeism among women workers.

Health care facilities in factories

Factories in China provide basic health care facilities such as measuring body temperature and blood pressure, administering first aid and prescribing common drugs to prevent communicable and preventative diseases. Factory clinic staff are not entitled to write prescriptions and do not offer any diagnostic facilities.

Some workers in Southern Guangdong have access to mobile health services, which include a team of health professionals who provide free medical advice, health education and physical check-ups for female factory workers.

External Health care facilities

Few migrant workers are covered by health insurance so many such workers pay out of their pockets when they seek treatment for serious illnesses. Most rural migrant women workers have little access to public health services in the areas where they work, due to strict provisions of the household registration system or the Hukou system. This system limits migrant workers access to services within the area where their household is registered, typically workers’ rural homeland.

BSR’s partner organizations for HERproject

BSR’s original HERproject partner is (Ms.) Professor Qu Ning, the Director of the Training Project on Migrant Women Workers in the Pearl River Delta at the Guangdong Women’s Professional Technical College. Professor Qu is an expert on women’s general and reproductive health in China and has worked extensively with a number of buyers, including Disney, Levi Strauss and Nike, as well as with The Asia Foundation and the Levi Strauss Foundation.

In 2009, due to increasing interest in HERproject in China, BSR engaged Marie Stopes International, China (MSIC) to support the program in the provinces of Guangdong, Jiangsu and Zhejiang. MSIC was established in 2000 in China as a non-profit organization in the public health field. MSIC addresses reproductive health needs through advocacy, behavior change communication, capacity building and service provision including HIV/AIDS prevention.

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Other organizations in and around Guangdong which work on women’s health issues

» Guangdong’s Women Federation
Guangdong’s Women Federation works with migrant workers in Guangdong to protect women’s rights and interests, and to promote equality between men and women with local women’s federations.

» Guangdong Provincial Family Planning Association
This organization promotes population and family planning education, runs various ad-campaigns on the need for family planning, dispenses related products and spreads awareness on family planning methods.