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Africans in south China face social and health barriers

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The increasing number of migrants from Africa to Chinese megacities changes the composition of these cities and creates new health-service needs. The largest African diaspora in Asia resides in Guangzhou.¹ Estimates for the population of Africans living in Guangzhou vary greatly—ranging from 20 000 who have temporary residency status² to 130 000 when including short-term and irregular migrants.³ These numbers are most probably underestimates: the size of this population is difficult to discern given the transient nature of the community. Racial discrimination, restrictive visa policies, and poor access to health care are key issues affecting migrants' quality of life.

Racial discrimination fuels worse mental health among African migrants living in China. Discrimination and stigma affect health by increasing stress and depriving access to needed services and protective resources.⁴ Many Chinese people maintain stereotypes toward Africans partly due to the minimal contact they have with them but also because of the colour of their skin. For some, Africans are viewed as having a propensity to violence and posing risks to public health through spreading diseases.⁵ Discrimination is seen in business interactions and in their daily life (to rent apartments, to take a taxi, to go to restaurants).

Many Africans are granted only 30-day visas and have their requests for visa renewal denied. Most trade activities require longer than 1 month, leading to visa overstay and legal vulnerability. The constant threat of police passport checks causes stress and anxiety.

According to our fieldwork with African community members and leaders, Chinese policy is to fine and detain irregular African migrants without deporting them back to their home countries. And for others, being denied re-entry into China can lead to permanent separation from their children. Children from Chinese mothers will be given their mother's last name to

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establish hukou (household registration system in China), which leaves migrant fathers without legal means to establish paternity.

Chinese health reform has overlooked foreign migrant health coverage. Providing Africans medical care is consistent with China's healthcare reform,⁶ but the system has failed to close the treatment gap. Chinese doctors are not trained in culturally adapted care or in the management of specific diseases affecting Africans, and translation services are unavailable. By contrast, some Chinese medical teams have provided aid in Africa for more than 50 years—using their experience could partially address these health disparities.

Partnerships between China and African countries create economic opportunities. Decreasing racial discrimination through increased intercultural exchanges, revising visa policies, and improving access to health care could improve African migrants' lives.

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