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Out of Step: Preventive Measures among People of Chinese Origin in France during the Covid-19 Pandemic

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Chinese in France amid the Covid-19 Pandemic

*Daily Lives, Racial Struggles and Transnational
Citizenship of Migrants and Descendants*

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Out of Step: Preventive Measures among People of Chinese Origin in France during the Covid-19 Pandemic

Simeng Wang and Francesco Madrisotti

Abstract

This chapter analyzes how people of Chinese origin have used protective measures during the pandemic and, unlike the general French population, anticipated the need for them. In particular, the first-generation migrants began to anticipate this need in January 2020, wearing masks on public transportation and in public places well before the French-born Chinese. The vast majority of our respondents had overwhelmingly adopted preventive measures by the beginning of March 2020, just before the general lockdown imposed by the French government. The French government started to recommend protective and social distancing measures on in mid-March 2020. People of Chinese origin said that they felt a large gap with the French population in the adoption of preventive measures. First-generation migrants quickly became deeply concerned about the emergence of the pandemic in China. They began to protect themselves early on, following the instructions and advice of Chinese authorities disseminated on official media and social media, particularly WeChat. Descendants became aware of conditions in China from their parents and relatives living in China. However, they maintained a certain distance, and, in line with the announcements by French authorities, did not believe that the virus posed a major danger in France. Finally, descendants adopted protective practices in a relatively flexible manner, particularly with the goal of protecting and pacifying their parents. Descendants saw themselves as in between and caught in a contradictory position. As Covid-19 conditions in France deteriorated, the attitudes of descendants about the virus began to resemble those of their parents and differ from those of their French relatives, friends, and colleagues. The last section of this chapter focuses on vaccination practices and respondents' perceptions of vaccines as one way to protect themselves.

Keywords

preventive measures – mask – lockdown – risk – social distancing – vaccination – WeChat – Chinese diaspora in France – Covid-19 pandemic – migrants – descendants

1 Introduction

Countries have adopted different health policies to manage the Covid-19 pandemic. Their policy guidelines are the primary factor that determine mask use and risk-mitigation behavior by citizens in different national contexts. A lot of research takes a comparative approach and aims to identify national distinctions by comparing the health policies and protective measures of different countries during the pandemic. Through a cross-sectional survey looking at the use of masks and other preventive practices in adults over eighteen years old and carried out in five cities (Sydney and Melbourne, Australia; London, UK; and Phoenix and New York, US), MacIntyre et al. (2021) state that cities with mandates had higher rates of mask use and that lower rates of mask use were related to negative experiences with wearing masks and to perceptions that Covid-19 is not a serious disease. Other scholars distinguish between society-level and individual-level preventive measures (Zhu et al., 2021), comparing the use of preventive measures among college students in the US, Japan, and China. They argue that Chinese participants, on average, reported more government regulations than did participants in the US and Japan. Chinese participants also perceived the pandemic as more controllable and preventable than did other participants.

Some researchers have identified many psychological factors, including fear and perceived threats, risks and expectations, conspiracy beliefs, trust in science, and political ideology (Zhu et al., 2021) as theoretical frameworks through which people's commitment to barrier measures during the Covid-19 pandemic can be measured. Other scholars adopt protection motivation theory (Milne et al., 2000; Rogers, 1975), which states that people act on health warnings and adopt precautionary measures only if they (1) perceive a threat to be severe, (2) consider themselves personally susceptible or vulnerable to the condition, (3) believe that the recommended protective behavior is effective, and (4) consider themselves capable of engaging in the behavior. Researchers who applied this theory to the general population in Belgium find a statistically significant relationship between response efficacy and self-efficacy and commitment (past and future) to barrier measures. However, individual vulnerability and

the severity of the disease did not have statistical significance in the adoption of barrier measures (van Loenhout et al., 2021).

Some quantitative research on immigrant populations provides descriptive insights into differences among ethnic groups regarding insecurities and risk perceptions during Covid-19. In Germany, among different ethnic groups (former Yugoslavian, Turkish, African/Middle Eastern, Asian), Asians were more affected by the pandemic than German respondents with regard to health but not regarding perception of financial risk (Soiné et al., 2021). The scholars suggest that the higher health risk perceptions among Asians in Germany could be related to the fact that the pandemic first emerged, and spread widely, in Asia. In the same vein, several studies focus on the Chinese diasporas and show that overseas Chinese report feeling out of step with the government policies in their host societies at the beginning of the pandemic. As shown by Lu et al. (2021), Chinese immigrants and Chinese nationals living in the US might develop feelings of alienation because they tap different media sources for pandemic information and then adopt protective behaviors accordingly. Looking specifically at Chinese students in the US, Ma and Zhan's qualitative study (2022) demonstrates that the experiences with mask wearing before and during the Covid-19 pandemic by these students were affected by their encounters with stigma and racism, as well as by their coping mechanisms. These students elaborated on several strategies that they used to cope with the stigma in the context of contrasting public health responses in the US and China. In Canada, Kong et al. (2021) state that Chinese parents with children who are sixteen years old and under were more prone to negative emotions (e.g., stress, anxiety, and fear) and more likely to adopt preventive behaviors.

In this chapter, we focus on the first stage of the Covid-19 pandemic in France and analyze two types of feelings of disconnect experienced by Chinese people there. The first is in relation to the wider French population; compared to the general population, Chinese people adopted protective practices early. By mid-March 2020, when the French government imposed the first lockdown, the vast majority of our respondents had already overwhelmingly adopted these protective measures, especially wearing masks. According to the EpiCov study carried out in France, immigrant background participants ($n = 111\ 824$, including first generation migrants and descendants, all origin countries combined) from non-European countries were, during the first wave of the pandemic (May 2020), more exposed to Covid-19-related factors and more respectful of prevention. Whereas 61.8% of the majority population reported not wearing a face mask systematically when outside, the proportion was lowest among first-generation Asian migrants (only 23.5%, $P < 0.001$) (Gosselin et al, 2022).

The second type of disconnect revealed through our quantitative and qualitative data concerns social differentiation within the Chinese population in France in terms of attitudes toward protective measures. Migrants anticipated the adoption of preventive practices in January 2020 and preceded the French-born Chinese descendants in wearing masks on public transportation and other public spaces. This difference between first generation migrants and descendants is coherent with quantitative survey of the EpiCov (op. cit.): in May 2020, only 23.5% of first-generation Asian migrants reported not wearing a face mask systematically when outside, while the proportion among descendants of Asian migrants was 42.6% (Gosselin et al, 2022, op. cit.). Among the migrants, those who were older tended to protect themselves earlier and more comprehensively (in Chapter 6 we analyzed elderly Chinese as a typical subgroup). By examining these two types of feelings of disconnect, in this chapter we contribute to the protection motivation theory by showing how this theory operates in real life at an individual level and the nuances within an ethnically defined population that is highly heterogeneous in terms of class, age, and migratory status, and so on.

For this purpose, we focused on six protective measures: wearing a mask, staying home, avoiding public transportation, not going to school, not going to work, and getting vaccinated. We collected data on the first five of these measure from an online questionnaire and ethnographic interviews. We collected data on attitudes toward vaccination from interviews conducted by telephone and online discussions.

In the first section, we use quantitative and qualitative data as well as data collected from monitoring various media to study the experience of feeling out of step with the majority of the French population, in terms of attitudes toward protective measures. In the second section, we use quantitative and qualitative data to examine differences within the Chinese diaspora in France, in particular, differences between Chinese migrants and their descendants.

2 Being out of Step with the Majority of the French Population

2.1 *Various Narratives about Coping with Covid-19*

People of Chinese origin who live in France were aware of the Covid-19 pandemic early on. Since January 2020, Chinese political and medical authorities as well as official media and social media channels have presented the virus as extremely dangerous. Because they receive information from these sources and from their relatives in China, Chinese people in France began to worry about the possible spread of the virus in France very early on and

adopted protective measures to avoid infection. Chinese authorities took drastic steps to stop the virus from spreading. Lockdowns in China began at the end of January 2020, at first in the Hubei region, and hundreds of millions of people have worn protective masks in public places throughout the country. Those who have been exposed or infected have been quickly placed in strict isolation, sometimes in situ. By consuming Chinese official media and social media (see Chapter 1) and communicating with their families and loved ones, Chinese people in France were aware of both the pandemic situation in China and of the narratives circulating in China.

In contrast, the French government first presented Covid-19 as a remote and manageable risk; this attitude gradually but significantly changed over time, with some contradictions in the French responses to the pandemic as conditions evolved. On February 18, 2020, Olivier Véran, the minister of health, announced on the news channel France Inter: “France is ready because we have an extremely solid health system.”¹ A week later, in an interview given to RTL radio on February 25, he said: “As I speak, no more patients are moving around France, [and] no more patients are hospitalized. The last patient was discharged yesterday from a hospital in Lyon.”² This was particularly disturbing to many Chinese migrants because, at the time, the public health crisis was at its height in China, and the first infections and the first deaths had already been reported in France. A few days later, on March 3, Sibeth Ndiaye, a government spokesperson, announced on France Inter: “We will not close all schools in France,” and “If we fall into Stage 3, i.e., an epidemic that spreads throughout the country, we will not stop life in France.”³ On March 6, 2020, President Macron declared: “Life goes on. There’s no reason to change our habits, except among fragile populations.” These kinds of statements certainly had a large impact on how the French population responded to the pandemic: few people took preventive measures, at least until the beginning of the first national lockdown. National media outlets reported incidents of partying in many major French cities, such as Lyon and Paris, on the night of Saturday, March 14, 2020. These parties lasted until midnight on Sunday the fifteenth, in order

1 The interview is available at <https://www.franceinter.fr/emissions/l-invite-de-8h20-le-grand-entretien/l-invite-de-8h20-le-grand-entretien-18-fevrier-2020/> [in French].

2 The interview is available at <https://www.rtl.fr/actu/bien-etre/olivier-veran-sur-rtl-il-y-a-beaucoup-d-alertes-mais-aucun-test-positif-au-coronavirus-7800152816/> [in French].

3 The interview is available at <https://www.franceinter.fr/emissions/l-invite-de-8h20-le-grand-entretien/l-invite-de-8h20-le-grand-entretien-04-mars-2020/> [in French].

to “celebrate” the last night before all “non-essential” public places closed, and the national lockdown began.⁴

These differences in the narratives between the French and the Chinese context were crystalized by the mask controversy in France. In China wearing a mask had been mandatory since January 2020. This form of protection was presented as an essential factor in preventing spread of the virus and as a necessary measure to protect oneself against infection. In contrast, the use of protective masks by the French population became widespread a few months later, in July 2020, as it became the subject of a major controversy in January 2020, which revealed contradictions in the French government’s response to the Covid-19 pandemic. On January 21, 2020, the health minister at the time, Agnès Buzyn, announced in a press briefing that “the risk of introduction in France [of the virus] is low but cannot be ruled out, especially as there are direct air links with Wuhan” and that “our health system is well prepared, [and] health professionals and establishments have been informed.” A few days later, at a meeting on January 26, 2020, to discuss Covid-19 with Defense Minister Florence Parly, Sibeth Ndiaye, Finance Minister Bruno Le Maire, Minister of Transport Jean-Baptiste Djebbari, and Nicolas Roche, the director of the Office of the Ministry of Foreign Affairs, she stated: “We have tens of millions of masks in stock in the event of an epidemic; these are things that are already planned.”⁵

Contrary to these statements, the French health-care system and manufacturing industry experienced a major shortage of masks that was widely reported in the media. As early as March 13, the press reported about the surprise of the population and the anger of health-care workers and other exposed professionals who were unable to obtain upgraded masks (Triquet, 2021). Many of our respondents bought masks in January and early February; however, after mid-February 2020, they found themselves unable to purchase more protective masks.

As the pandemic spread in France, French health-care authorities began to encourage the population to protect themselves and wear masks. On April 3, Jérôme Salomon, the director general of health, stated: “We encourage the general public, if they wish, to wear ... these alternative masks that are being produced.” However, the government’s communication remained ambiguous on this subject. On April 20, Ndiaye said that there was “no scientific consensus

4 *Le Monde*, https://www.lemonde.fr/societe/article/2020/03/15/c-est-une-derniere-nuit-une-nuit-historique-le-soir-ou-la-france-est-passee-au-stade-3_6033128_3224.html [in French].

5 This is how France Inter reported this statement: <https://www.franceinter.fr/societe/penurie-de-masques-les-raisons-d-un-scandale-d-etat/> [in French].

at this stage on the usefulness for all French people of wearing a mask." Wearing a mask on public transportation (train, subway, rapid transit, bus, trams) and inside stations was required in France on May 11, after a national system was established to manufacture masks and PPE, and the supply problem was solved. Wearing a mask became compulsory in all indoor public places only as of July 20, 2020. On the one hand, this confusion certainly affected the French population's attitudes toward the use of protective masks in public spaces. On the other hand, it contributed to an increase among the Chinese population in feeling out of step with the general public.

2.2 *Anticipating the Arrival of the Virus*

These different narratives in the Chinese and French context certainly lead to different attitudes by the Chinese and French populations in relation to the adoption of protective measures. In the online questionnaire, we asked respondents the following question: "What protective measures have you taken since the beginning of the Covid-19?" They could choose a response from among the following options: (1) wearing a protective mask, (2) staying home, (3) not going to work, (4) not going to school, (5) avoiding public transportation. We also asked respondents to specify the month in which they adopted each specific protective measure.

Figure 2.1 shows that, in the first stage of the pandemic, from January to May 2020, the most popular protective measure among respondents was wearing a protective mask (96.6%) followed by staying home (90.4%), avoiding public transportation (54%), not going to school (25%), and not going to work (14.9%).

These trends are more informative when they are viewed in relation to when they occurred. Figure 2.2 shows that, among our respondents, 21 percent overall began to wear a mask before March 2020, whereas 6 percent did so in January and 15 percent in February. Most respondents started to wear a mask in March, because of the spread of the virus in France and the imposition of the first national lockdown (March 16, 2020).

With respect to staying home to avoid exposure, people of Chinese origin reacted very early. As shown in Figure 2.2, almost 26 percent of the respondents began to stay home before the first national lockdown: 6.2 percent had already started to stay home in January 2020 and 19.5 percent in February 2020. By March 2020, when leaving one's residence was restricted as per measures adopted by the French government to reduce the spread of the virus, 61 percent of the respondents were staying home.

According to our data, the adoption of the other protective measures was less common and mainly began in March 2020. Before March 2020, 10.6

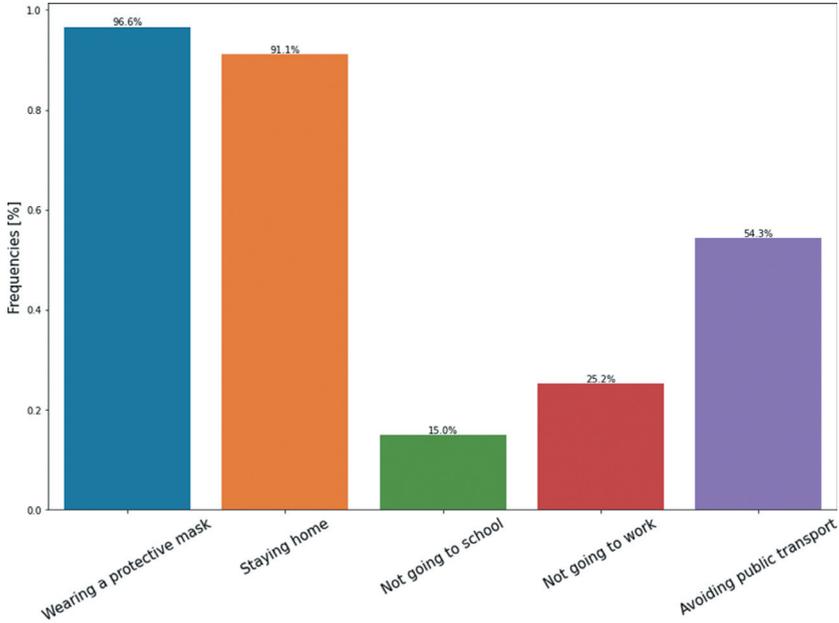


FIGURE 2.1 The most common protective practices among Chinese people in France from January to May 2020

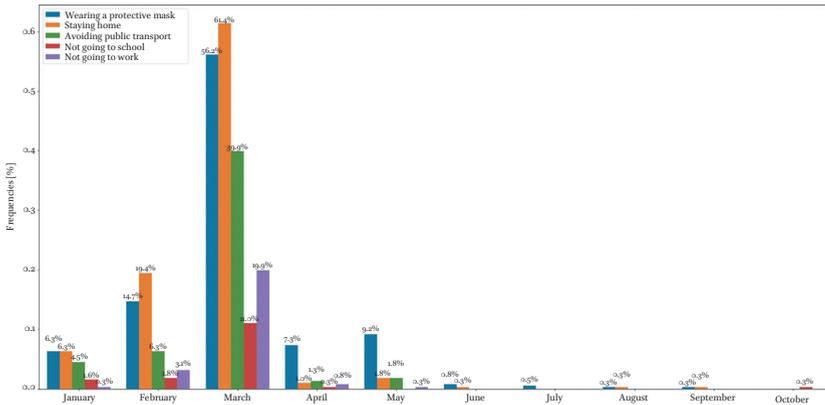


FIGURE 2.2 Timing of the adoption of the different protective practices

percent of respondents overall had stopped using public transportation (4.4% in January 2020 and 6.6% in February 2020), 3.3 percent had stopped going to work (1.5% in January 2020 and 1.8% in February 2020), and 3.3 percent had stopped going to school (0.2% in January 2020 and 3.1% in February 2020). The adoption of these measures was more common beginning in March 2020: by that point, 40 percent of respondents had stopped using public transportation,

11.2 percent had stopped going to work, and 19.7 percent had stopped going to school. However, these percentages were affected by the impact of the national lockdown, when schools were closed, working remotely was strongly encouraged, and people were not permitted to travel more than one kilometer from their homes. Nevertheless, the Chinese population in France seemed to anticipate the arrival of the pandemic in France and started to employ protective measures earlier than the French population did, especially wearing masks and staying home. As mentioned earlier, in May 2020, 61.8% of the majority population reported not wearing a face mask systematically when outside according to the EpiCov survey (Gosselin et al, 2022). The use of a protective mask became mandatory in France in some contexts only in July 2020, and only before a controversy about its effectiveness in protecting against infection and in reducing the spread of the virus.

In the same vein, studies on big data show that mobility levels in France fell sharply starting at the beginning of the first national lockdown and that, before this date, mobility levels were consistent with those the previous year. This also correlates with statements by French political officials, who, until the first week of March 2020, were very reassuring about the evolution and severity of the pandemic and urged the French not to change their habits, shown, for example, by the statements mentioned earlier, made by members of the government. They include a statement by Sibeth Ndiaye on March 3, 2020, that “we will not close all the schools in France” and that, “if we fall into stage 3, i.e., an epidemic that spreads throughout the country, life in France will not stop,” as well as by President Macron on March 6, 2020, that “life goes on. There’s no reason, except for fragile populations, to change our habits on going outside.” These kinds of statements certainly had a great impact on the behavior of the French population, as related to Covid-19. Considering that 26 percent of the respondents to the online questionnaire began to stay home before March 2020, we are inclined to think that people of Chinese origin began to do so before the French population did. In addition, they did so voluntarily, whereas the decline in mobility in France beginning on March 16, 2020, was in response to government restrictions.

2.3 *Other Protective Measures*

Although the other protective measures in the online questionnaire (not going to work, not going to school, avoiding public transportation) were not widespread and began only in March 2020, our ethnographic interviews highlight other ways in which the Chinese population anticipated both the outbreak of the virus and the adoption of the preventive measures to reduce exposure to and spread of the virus. For example, Mr. Xu, the owner of a Chinese restaurant

in Paris, stated that he had decided to close his restaurant before March 2020, when President Macron announced the national lockdown:

There was a party at my restaurant. The customers sang and danced there until after one o'clock in the morning. I just sat at the table outside and had a drink. I thought that at a party like that, the virus must be circulating a lot. When they left, I started to disinfect and clean. The next day, I decided to close my restaurant to avoid infecting myself, my family, and my customers. At that time, I didn't know that the government would ask all the businesses to close a few days later and order a general lockdown.

INTERVIEW CONDUCTED IN CHINESE, JULY 2020

Mr. Xu was worried about the spread of the virus and the behavior of his customers who did not take any protective measures, so he closed his restaurant. This is particularly striking in view of the economic loss that Mr. Xu would suffer. Before the lockdown was imposed, very few shops and restaurants had closed because of the pandemic. However, the majority of those that closed were Chinese owned.

Bastian, a forty-seven-year-old taxi driver from Fujian who had fought in the French Foreign Legion after having arrived in France in 2004, described the protective measures he started to take in January 2020:

I think it was around January 2020 when I read about the new virus in Wuhan on WeChat, ... and, at the beginning, the rumors were a bit outrageous, and I was here in France with [a colleague] who had just arrived from China. At first, we were a little bit worried about our work, but we still had work to do. That's why we started to buy disinfectant and use it in our cars. In January and February, masks were already in short supply at pharmacies. So, some people bought them early on, some of them stocked up, and some of them bought them and sent them to China. ... At the beginning, I just used some disinfectant. ... And then later on, when the virus started to spread more and more in France, I bought a package of masks at the pharmacy near my house, with about forty masks. ... At that time, the French government was saying that masks are useless and that it was not advisable to wear them in public for fear of causing panic. We were afraid to wear them, too, for fear of being different.

INTERVIEW CONDUCTED IN CHINESE, JANUARY 2021

Bastian started to worry about Covid-19 at the end of January 2020. He was aware that the risk of infection was real in France because, driving his taxi, he

had several customers a day, some of whom had come from China. For these reasons, he bought hand sanitizer that he used every day and masks that he stocked at home but was uncomfortable wearing in public.

Another interviewee, Zhe, a thirty-six-year-old migrant who was a geologist at the University of Nancy, was very scared about the Covid-19 virus and the risk of infection. For that reason, he asked his wife to stop going to work and isolated his family at home in a voluntary quarantine starting “about February 29” (he estimated), almost three weeks before the first national lockdown in France began.

In addition to the fact that Covid-19 first broke out in China, Chinese people in France anticipated the outbreak of the pandemic in France and were aware of the dangers of the virus very early on for three reasons. First, Chinese political and medical authorities presented the disease as very dangerous and imposed strict collective measures. Second, Chinese migrants in France had access to that information via official media and social media channels as well as their relatives in China. Third, Chinese people were already familiar with pandemics that had spread in Southeast Asia over the prior twenty years (e.g., SARS, H1N1) and with the measures needed to deal with them. So, adopting basic protective measures was a something that many of them recalled from their home country.

2.4 *Feeling out of Step*

Beyond the familiarity with epidemics, many interviewees of Chinese origin were very aware of the differences in these narratives about Covid-19 and in the different political reactions in France and China. For many of them, this discrepancy in the narratives and the reactions between the French and Chinese contexts was blatant and disturbing: they believed that the French authorities underestimated the disease, did not put in place the measures needed to stop the spread of the virus, and ultimately put lives at risk. These interviewees felt frustrated by the lack of reaction by the French authorities, compounded by some of the French media discourse, which some interviewees described as “China bashing.”

This frustration fueled a sense of being out of step with French society and of not belonging. However, their feelings were related not only to the observation of major differences in political responses and media communication between the French and Chinese contexts but also to a perception of profound differences between themselves and friends, colleagues, and relatives of French origin (and the French population in general) in terms of attitudes, behavior, and portrayals of the Covid-19 virus and the pandemic.

This is how Mr. Zhang, the manager of a food delivery company in France, described the gap between France and China:

France has only recently started to encourage the wearing of masks. The government has just announced that you have to wear a mask when you go out. Before this moment, for several months, there was no consensus on this opinion. They [the French political authorities and the general French population] think that wearing a mask is not necessary. Besides, when French people wear a mask, they wear it very badly, under the chin. This is dangerous and allows the virus to spread.

INTERVIEW CONDUCTED IN CHINESE, JULY 2020

This interview is particularly striking because it was conducted on July 24, 2020, more than two months after the end of the first lockdown. Zhang noted, indirectly, that France was seven months behind China in the normalization of wearing masks as a way to curb the pandemic. He also indicates with dismay that this commonplace protective measure is not done properly or respected by the people he meets.

Cifeng, a forty-five-year-old nonnaturalized migrant who arrived in France in 2004, obtained a PhD, and now works as a professor of Chinese at the University in Paris, described the sense of disconnect and frustration she felt toward her colleagues, in February 2020, when she began to adopt protective measures and urged her colleagues to do the same:

Cifeng: The week before the lockdown, I had lunch with several colleagues at the office. One colleague who lives in Normandy was quite worried because she takes the train twice a week, and she comes to Saint-Denis twice a week to give classes. She told me that she had written to the administration to find out whether it was necessary to adopt stricter preventive measures. She said that she was told not to worry. The administration said that there were a hundred cases a day, so there was nothing to worry about. That was ten days before the national lockdown. ... Among our colleagues, only a small minority of us were worried about the situation. This colleague who lives in Normandy started to alert everyone but was not taken seriously. Then, the following week, I had class on Monday, and the cases were starting to climb to over three hundred a day. There were rumors that we would soon have an Italian-style lockdown, and

a colleague told me that she was going to have a big reunion, a family party, in a few days. So, again, it confirmed my hypothesis that this public health crisis was going to get out of control because people were not at all aware of it. I always have the impression that people don't realize how serious it is. ... But it's not only the lack of information on the seriousness of the disease in France compared to the information circulating in China that poses a problem; I also see an inability to act collectively on this crisis. I'll give you another example. During the week before the national lockdown, on the very day that, in the evening, Macron announced the first national lockdown, I was at the university to attend a meeting. When I arrived, there were only two or three people in the room, so I opened the window to let more air circulate in the room, and I was told, "no, it would be too cold." When I expressed my concern to a colleague, she said to me, "You know, we're all going to die one day."

Q: And at that time, were you already wearing a mask?

Cifeng: I didn't dare to wear a mask in the street. I think that before the first lockdown, I only wore a mask in the Metro.

INTERVIEW CONDUCTED IN FRENCH, NOVEMBER 2021

In her account, we note Cifeng's concern and frustration at the lack of reaction by her colleagues and the university administration. Her frustration is heightened by the feeling that her professional environment does not take the pandemic seriously and underestimates the danger. The majority of her colleagues do not take any protective measures and seem to downplay the risk of infection: "You know, we're all going to die one day." In this way, her colleagues put not only themselves but also others in danger. Cifeng is dismayed that, in such a critical situation, her colleagues organize parties and family gatherings and do not protect themselves and their relatives. This makes her feel out of step and out of place.

Even at hospitals, health-care workers of Chinese origin faced a similar situation. Dr. Lei is a doctor who finished her studies in France and opened a practice in Bussy St-Georges in 2019. She had learned about the danger of the virus from both Chinese and French sources starting in early January. So, she started to wear a mask and PPE when treating her patients. She noticed that her colleagues did not take any protective measures and felt critical of them. Her attitude frightened some patients.

I was the first in my office to wear a mask as soon as possible when treating my patients, starting in January 2020. I wore a mask and PPE and that scared a lot of patients, even the patients of my colleagues. I'm not going to say that they made fun of me, but they thought it was excessive, saying, "The epidemic is far away; do you think you're protecting yourself like that?" ... I also received a lot of negative comments from French patients, who said, for example, that "it's not necessary to wear a mask; it's a bit of a joke." Others said that "it's not necessary to wear a mask; it's an overreaction."

INTERVIEW CONDUCTED IN FRENCH, JANUARY 2021

This interview clearly echoes two earlier interviews. Cifeng's interview demonstrates the same anxiety, frustration, and feeling of being out of step that Xu felt when he observed his restaurant patrons partying without worrying about the risk of infection and without wearing any form of protection. These interviews are also similar to Bastien's interview. Cifeng, Dr. Lei, and Bastien all stated that they were very worried about the risk of infection, that they were aware of the effectiveness of wearing a protective mask, but that they did not dare to wear it in public. This attitude was very common among the migrants whom we interviewed, especially between January and March 2020. As discussed in Chapter 10, in a global context of the racialization of the disease, many people were directly subjected to, or witnessed, racist attacks: these attacks were aimed in particular at people perceived as Asian who were wearing a protective mask. They were accused of being carriers of the virus and of contributing to its spread in France. The experience of racist attacks, coupled with a feeling of being out of step with the majority French population in perception of the danger of the disease and the need to take protective measures, as well as media campaigns targeting health management in China, led to feelings of frustration and displacement and of not belonging to French society among the Chinese people whom we interviewed.

In some cases, this feeling of disconnect with French society is coupled with a feeling of resentment toward their country of origin, leading to a heightened sense of not belonging (Gao, 2021). This is due in particular to the strict barriers that Chinese authorities put in place to control the mobility of the Chinese population outside the country, especially their ability to return to China. These measures include explicit incentives not to return and potentially import another strain of the virus to China, mandatory quarantine in a hotel, and required predeparture screening tests carried out by only a few

laboratories recognized by the Chinese embassy in France. This is how Bastien, the taxi driver, described it:

At that time, all flights were stopped, and it was said on the Chinese internet that people living in foreign countries were forbidden to return to their home country. This put some psychological pressure on those people ..., I just think that this situation might be troubling and will last a long time.

INTERVIEW CONDUCTED IN CHINESE, JANUARY 2021

Although a large majority of Chinese people in France have noted the delays, contradictions, and vagueness in the measures that the French authorities have taken to control the spread of Covid-19 and protect French citizens, at the same time, many have acutely felt the consequences of the measures taken in China and cannot return to their home country. In this way, some respondents felt as if they were not protected in France and were simultaneously stigmatized by the Chinese authorities.

3 Different Preventive Measures Employed by Chinese People in France

In the first section, we showed the disconnect that people of Chinese origin living in France felt with the majority French population during the first months of the Covid-19 pandemic in terms of the perception of the risk linked to the pandemic and the need to adopt protective measures. In this section, we examine in more detail how this disconnect is expressed by different groups of Chinese people in France.

3.1 *A Generation Gap*

Figure 2.3 lists the answers to the question “What protective measures have you taken since the beginning of the Covid-19 pandemic in the following periods?” based on the respondents’ migratory status. In all three groups, the most widespread protective measure is wearing a mask (95.6% of descendants, 97.6% of migrants who are nonnaturalized, and 94.3% of naturalized migrants), followed by staying home (87.6% of descendants, 93.3% migrants who are nonnaturalized, and 91.4% of naturalized migrants) and avoiding public transportation (61.3% of migrants, 50.2% of migrants who are not naturalized, and 51.4% of migrants who are naturalized). Not going to school and not

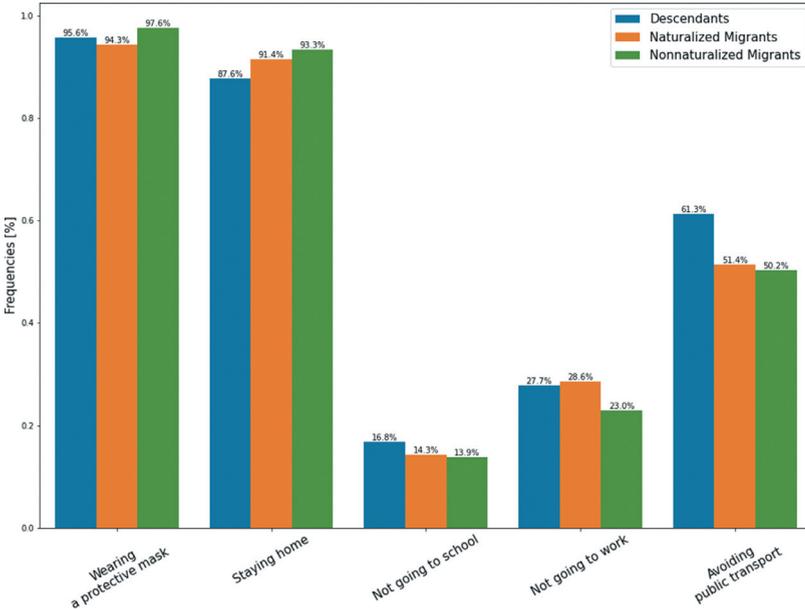


FIGURE 2.3 The most common protective practices from January to May 2020 across groups defined by their migratory status

going to work are less common measures. The patterns in the three groups are very similar, with similar behavior.

Some differences emerge when we examine the timing of the adoption of these protective practices (see Figure 2.4). We see that 30 percent of the migrants who are not naturalized started to wear a mask before March 2020 (9% started in January 2020 and 21% in February 2020) in contrast to only 14 percent of the descendants (4% in January and 10% in February). Moreover, nonnaturalized migrants started to stay home earlier than descendants: 29.6 percent of nonnaturalized migrants began to stay home before March 2020, as opposed to 21.6 percent of the descendants.

These trends are linked to differential socialization in the Chinese and French contexts. Descendants are extremely embedded in the French social context: many of them have little to no proficiency in the Chinese language, have not spent significant time in China, and consume French media almost exclusively; at the same time, they consume French and Western media extensively, and their social circles are composed mainly of French people (see also Chapter 1). For this reason, following the messages from French authorities, many of them did not think that the pandemic would affect France, let alone

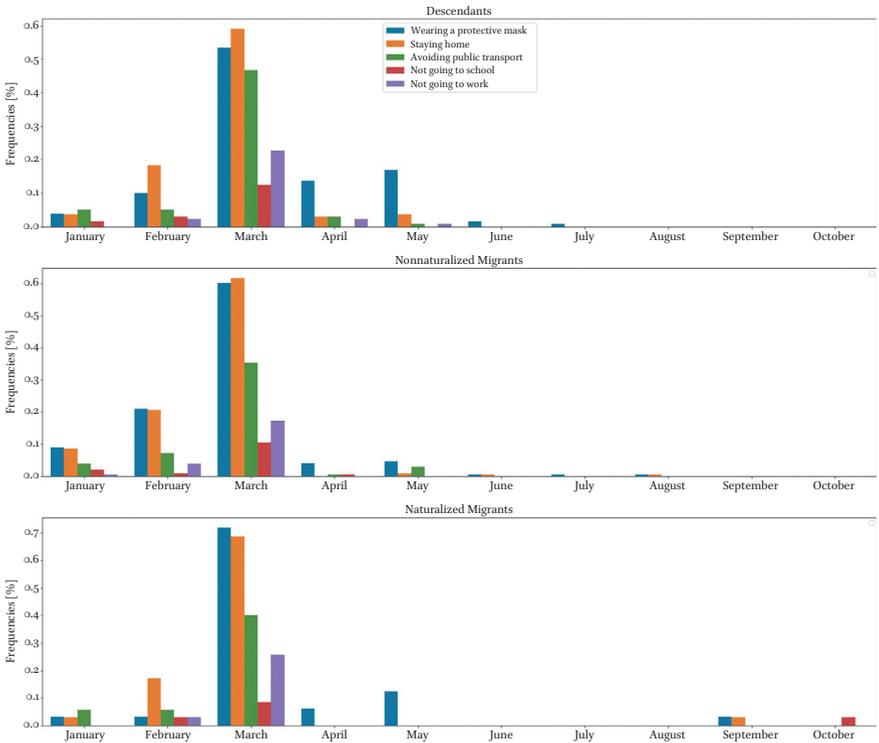


FIGURE 2.4 Timing of the adoption of the different protective practices across groups defined by their migratory status

at the scale that it did. This is reflected in comments by, for example, of Louise, a twenty-seven-year-old digital marketing executive who lives in a suburb of Paris and spent six years in China:

Louise: In early January 2020, when the news started circulating in China, I learned from my family there that a virus—pneumonia—was spreading. I knew about SARS, and at the time I was in China I lived through H1N1, the swine flu, so pneumonia was not something new for us. ...

Q: And how did you react at that time?

Louise: Well, I thought it wouldn't affect us, because when I was in school and SARS was spreading in Asia, my family in France had barely heard about it. I thought that it was only going to stay in Asia, and that we were far away from all that, that it wasn't going to happen in France. ... not at this scale, anyway. For me, it was something far away, [so] I didn't feel concerned.

INTERVIEW CONDUCTED IN FRENCH, OCTOBER 2020

For Louise, this relative lack of concern continued, as China declared a general lockdown in the Hubei region. However, when the virus began to spread in Europe, concern increased. Memories of epidemics in China as well as echoes of information coming from China pushed Louise to start taking protective measures in early February 2020, much earlier than her French friends and colleagues did:

I thought it was starting to get a bit risky in France, I thought we were going to wear masks, but really in my head I thought we were never going to be locked down. But then I started to be a bit afraid; in the metro I was careful, I tried to avoid going to places where there were a lot of people and, then, began wearing a mask. I was a bit afraid to wear a mask because there was a lot of stigma on the street about Asians, so I was afraid of that, too, but I felt that I needed to wear a mask and wash my hands more often.

INTERVIEW CONDUCTED IN FRENCH, OCTOBER 2020

The attitudes of these descendants are linked to their socialization, which is influenced by both the French and Chinese contexts, although not symmetrically. The descendants found themselves caught between two worlds. They had some access to the information circulating in the Chinese context through their parents, who maintain a strong link with China and also consume Chinese media, whereas they consume mainly French and Western media. This means that they were exposed to both information from China, which portrayed the disease as extremely dangerous, and to information in France, which was very reassuring about the disease until March 2020. Similarly, they had to balance the diametrically opposed attitudes of Chinese parents and relatives, who were quick to adopt barrier measures, and French friends and colleagues (often young), who were not worried about the pandemic and did not take any protective measures. As the descendants are much more deeply embedded in the French context than in the Chinese one, these dueling influences are not symmetrical, yet the effect of the Chinese context is not insignificant. This in-between position is well described here by Louise:

In France we talked about the extent and contagiousness of the virus as if it were a simple flu. We said that there was no risk for young people, that it was like a seasonal flu, that we shouldn't give this virus any importance, whereas in China it was like: "You really have to be careful; there are serious consequences; there are serious after-effects even if a young person catches it; it's really serious." It was really two opposing views. So, I was a bit caught between the two, and I didn't know whether I should

believe the Chinese media, knowing what I know about how things work in China and knowing that in France things were underestimated. So, I was a bit torn. I didn't know whether I should really be careful, whether the Chinese media were exaggerating the seriousness of the situation, or whether France was underestimating its seriousness. In France, they said that masks were useless, [so] we continued to go out. Everyone said, "It's OK, it's not very serious; there are no problems for young people; it's just the flu," whereas in China my whole family said, "Don't go out, don't go out, don't go out."

INTERVIEW CONDUCTED IN FRENCH, OCTOBER 2020

This was also true of Amanda, a twenty-three-year-old business school student and bank intern who was born in France:

Actually, I regularly consult French media, but as I'm often in contact with my grandmother [who lives in Cambodia], I often hear things from her reading of Chinese media. And, so, from what I read [in French], I wasn't really shocked or stressed by the disease; but based on what she told me, I became more careful.

INTERVIEW CONDUCTED IN FRENCH, NOVEMBER 2020

Most of the descendants interviewed began to take preventive measures (wearing a mask, avoiding crowded places) in February 2020—less out of fear for their own health than to avoid exposing their parents, who were potentially at risk according to French political and medical authorities.

Amanda started wearing a mask and staying home before the first national lockdown in France because of the influence of her mother and grandmother. Her account illustrates the disconnect in the perception of the risk of Covid-19 between her and her mother and grandmother, who are much closer to the Chinese context and stay informed via Chinese media. It also demonstrates that comments by her family made her change her behavior and adopt protective measures.

Q: You said that you started wearing a mask in early March 2020, but, at the time, there was still a debate about the effectiveness of the mask in France. So, why did you take the initiative to wear a mask?

Amanda: Well, it was to protect myself, because my mother and grandmother were very anxious. So, they ordered masks from China for us to wear. I wore it to reassure them, and I also

wore it because I was aware that I could be an asymptomatic carrier, and, with a mask, I wouldn't infect others if I was infected with the virus without knowing it. So, it was both to protect myself and to protect others. ... Because I'm of Chinese origin, some people gave me funny looks, but I knew that it was important to wear it.

Q: And you also mentioned that you had started staying home beginning in February, and yet, at that time, you were not very worried about the virus.

Amanda: I wasn't worried, but I stopped going out in mid-February at the request of my grandmother and my mother ... and because I experienced incidences of racism; ... there were some instances in which people moved away from me on the bus because I am of Chinese origin. This had never happened to me before—that people moved away from me, leaving a seat between us. At my university, a person of Chinese origin was insulted after having coughed.

INTERVIEW CONDUCTED IN FRENCH, NOVEMBER 2020

What is particularly interesting about Amanda's account is that she adopted protective measures despite the fact she judged that the danger of the Covid-19 virus for herself was not very high. Preventive measures depended on the relational context in which Amanda was situated. With her family, Amanda was quite vigilant, but with her circle of French friends, she adopted a more "French" attitude. For example, the weekend before the first national lockdown (March 14, 2020), she planned to vacation with her friends in Switzerland, because, she says, "at the time, I was not afraid of the Covid-19 virus for myself at all."

During this first phase of the pandemic, which preceded the first national lockdown in France, this vacillation between vigilance and carelessness displayed in Amanda's interview was shared by other descendants. In the family context, they followed the instructions and advice of their parents at least in part, but, in professional or social contexts, outside the Chinese network, they behaved like their peers or adopted preventive measures that are less visible, such as washing their hands frequently or avoiding public transportation. This was true of Clémence, a twenty-year-old descendant who is a student doing an internship. She describes changes in her preventive measures, depending on the context:

I'm in a younger generation, which cares less about catching the virus [than our parents]. But I don't mind at all making an effort for my parents.

I was doing my internship in Paris in a place where I was in contact with people, and nobody was wearing a mask, so they were not very cautious, and I was aware of that. So, to compensate, when I went home, I was really careful, I did everything I had to do—everything my parents asked me to do.

INTERVIEW CONDUCTED IN FRENCH, NOVEMBER 2020

Descendants adopted protective measures both earlier and to a greater extent than the majority French population, but less quickly and to a lesser extent than their parents or family members who were tightly connected to China. In fact, the adoption of protective measures by the descendants was often instigated by parents, who passed on information from China, were anxious about the spread of the virus, and told them to protect themselves. Parents directly encouraged their children to protect themselves by telling them to be careful and encouraged them indirectly by buying masks, obtaining medicine from China, preparing herbal teas or traditional Chinese medicines, and changing their diet based on dietary advice spread on Chinese media and social media (see also Chapter 4). However, in some cases, descendants considered the anxieties and reactions of their parents excessive. Clémence describes her mother's attitude as follows:

My mother reads all the articles about how to protect herself from the Covid-19 virus, especially on WeChat. And that leads her to strengthen her immune system by participating in sports. So, she does crunches, she does spinning, and a Chinese thing called *guang bo ti cao*, which members of her generation did when they were in primary school, a kind of stretching in the morning, which is very, very exaggerated. She's gone back to that, and in her mind it's clearly to counteract Covid-19.

INTERVIEW CONDUCTED IN FRENCH, NOVEMBER 2020

Clémence feels disconnected from her parents, whom she views as overdoing it, faced with the pandemic and following unscientific guidance obtained from social media. At the same time, as shown in the next section, many migrants' children born in France found that their peers in the majority population were too relaxed about the virus. This led descendants to feel a double disconnect.

3.2 *A Double Disconnect*

This in-between position of the descendants, caught between the French and Chinese contexts, produced a singular experience marked by friction both with Chinese parents and relatives and with French friends and colleagues. As shown

above, descendants often felt that the reactions of their parents were excessive, as their parents were vigilant and adopted preventive measures long before the majority French population. Nonetheless, particularly from the beginning of the first national lockdown in France, the descendants were aware of the seriousness of the public health crisis and the dangers posed by the virus. Although excessive, the attitudes of Chinese parents and relatives became more understandable to many descendants, even though they did not completely share those views. However, a significant disconnect remained with the majority French population. This disconnect was already present in the first months of the pandemic, between January and February 2020, when some descendants began to adopt protective measures or, after listening to their parents, became a little more vigilant. Yet, beginning in March 2020, when the Covid-19 conditions in France deteriorated rapidly and the concerns expressed by parents began to seem realistic, differences with French friends and colleagues became glaring and disturbing. Because the public health crisis was worsening, the majority of the descendants began to reproach French people for ignoring the seriousness of the pandemic and for their excessively individualistic and blithe attitude.

Denis, a twenty-one-year-old student who works in his parents' grocery store in Paris, describes the disconnect he felt with the majority population from the moment that the French authorities imposed preventive measures:

I see that in China, things are really strict, but in Paris, nobody respects the preventive measures, nobody cares, and they think that the virus is like a little cough, a little flu, it's nothing. ... When the government started to put up warnings—"Coronavirus Alert," "Respect the Preventive Measures," "Cough into Your Elbow," "Keep 1 Meter Apart"—I saw that nobody respected that, and everybody was embracing one another—even strangers, who are just neighbors. Oh, brother! You kiss each other when there's a fucking virus? It made me angry. Chinese people in France were a bit more suspicious and more careful, ... but everyone else was not.

INTERVIEW CONDUCTED IN FRENCH, JULY 2020

Antoine, a twenty-three-year-old student, described his disappointment with the attitude of his friends and classmates as follows: "When I saw my friends saying, 'Oh, I can't wait for the lockdown to be over so I can go and rob H&M,' I was a bit disappointed in them" (interviewed in French in June 2020). Antoine's attitude from the moment that the French authorities-imposed restrictions to slow the spread of the virus, including a national lockdown, is even more relevant when we consider that between January and February 2020, he ignored his mother's warnings about taking precautions.

In the following interview extract, Clémence summarizes this process of gradually becoming aware of the seriousness of the pandemic, of feeling caught between the Chinese and French contexts, and this double disconnect felt with close family, on the one hand, and friends and colleagues, on the other.

Yes, we heard about it much earlier than the others in France. In China, it was already serious in January, [so] we were already starting to hear about it. But the awareness of the seriousness of the disease in particular was completely different. My [French] friends were still laughing about it and taking it lightly, even in February, and we became a somewhat aware of it, two or three months earlier than everyone else. Our family ... stocked up on masks. We prepared ourselves beforehand, in February, I would say. ... But I was also a bit out of step with my parents, because they were in direct contact with people in China. ... With respect to protective measures, my parents really went over the top ..., I didn't go that far, but I did take some precautions. ... For example, in January and February, my mother always opened doors with a handkerchief or with her elbow, whereas nobody else did that. ... But I also felt a bit of a disconnect with all my friends, who are not of Chinese origin and lived their lives normally, with no idea of what was coming. ... My non-Chinese friends and I called each other about every week, and there was one with whom I didn't really agree, especially about Covid-19. It must have been at the end of March or the beginning of April, when he was rather upset about the lockdown in France, the "infringement of personal freedom" aspect, so he said some things that I found ... very French, culturally very French.

INTERVIEW CONDUCTED IN FRENCH, NOVEMBER 2020

3.3 *Nuanced Views and Multiple Positions among Migrants*

In this section, we address the multiple and nuanced positions among the first-generation migrants, based on their age, gender, professional, and social status.

First, many elderly Chinese began to isolate themselves in February 2020 and extended their self-lockdown until the fall of 2020. In other words, their self-isolation preceded and exceeded the national lockdowns (in the spring and in autumn of 2020) imposed by the French government. Most of them avoided leaving home, and when they had to go out, they wore gloves, hats, and protective goggles. They explained their vigilance by their state of health: indeed, most of them suffered from chronic diseases (see also Chapter 6).

Second, several students received the Covid kit distributed by the Chinese embassy to France, which contains capsules of the Chinese drug *lianhua*

qingwen (see Chapter 12). One respondent, who had been diagnosed as infected with Covid-19 and had a fever, took this medication instead of Doliprane (acetaminophen) as prescribed by her French doctor. Other students had received another drug from their parents living in China, *yiqi chuwen keli* (similar to *lianhua qingwen*, a Chinese drug known to be effective in treating viral influenza) and took it to self-medicate when they did not feel well or as a precaution after going out.

Third, some interviewees were users of Chinese medicine or other complementary and alternative medicines (CAM) before the Covid-19 pandemic were aware of the necessity of preventive measures earlier than others. They took food supplements (vitamin C, propolis, garlic, etc.) to strengthen their immune system (see also Chapter 4). In the same vein, some respondents engaged in regular exercise to protect themselves from the virus. The respondents who said that they engaged in physical exercise are often those who had already internalized a holistic and pluralistic approach to health or who had a health concern (e.g., a chronic disease) well before the Covid-19 pandemic. For example, Louis, an eighty-four-year-old retiree who was a teacher of *qigong* for years, continued to do at least two hours of *qigong* in his yard every day since the spring of 2020. Another respondent, Tan, a fifty-year-old who is an independent contractor or freelancer, uses Chinese medicine and is careful about what she cooks for her family and performs *baduanjin qigong* in her apartment on a daily basis. Two other respondents, who are, respectively, diabetic and overweight, exercised every day during the lockdowns.

Finally, some first-generation migrants live in precarious conditions. Their preventive measures are very different. As demonstrated in Chapter 8, their first consideration during the pandemic was not fear of the virus and infection but fear of hunger, job loss, and economic uncertainty. Diverse solidarity actions were put in place, within ethnic networks, to help these people to survive through food assistance (see Chapter 8), to be taken care of in case of infection and to obtain access to preventive resources (masks, Chinese medicinal infusions, etc.; see also Chapter 5).

In general, when interviewed regarding their preventive measures, migrants commonly linked them to their stress levels, especially during the first stage of the pandemic (January–March 2020), when the French government had not yet announced any measures, whereas the pandemic conditions in China led to severe measures. As Zhe, a skilled migrant living in Nancy, said:

In Nancy, we were in contact with a lot of Chinese people. Many Chinese students from Hubei returned to France after the holidays. I was very, very nervous. In our jobs, my wife and I used to be in constant contact

with Chinese in Nancy. We made a choice, and I persuaded my wife to give up her job. I'm not afraid to say that I was so scared that I didn't even dare to go downstairs. About the end of February, we decided to go into lockdown ourselves. I was laughed at by my friends. ... I now look back and think it was justified, because I saw the terrible news [in China], and a normal human reaction is to protect the family.

INTERVIEW CONDUCTED IN CHINESE, JANUARY 2021

This interview extract reveals the tight links between the stress level self-reported, the media consumption behaviors, and the preventive measures taken. This case is resonant with terms used by other descendants interviewed in their description of the stress level of their parents and relatives: "mentally fragile," "very sensitive," and "very paranoid." In interviews, these descendants associated the "overprotection" of their family with these terms that refer to their mental health (see Chapters 1 and 3).

This general tendency toward a feeling of stress due to the pandemic began to diminish after December 27, 2020, when the vaccination campaign against Covid-19 was launched in France. In the next section, we focus on the vaccination behaviors of the Chinese people living in France who were interviewed.

4 Vaccination: Choices, Hesitation, and Its Effect on Distress

By July 2021, most of the interviewees had been vaccinated, and only a few of them resisted the vaccination campaign, which began at the end of 2020 and accelerated in the spring of 2021. In general, respondents consider vaccination an effective tool for protecting themselves from the effects of Covid-19. The descendants quickly received the vaccines available in the French market. According to interviews, they were driven by the logic of mutual benefit: the more people who get vaccinated, the more quickly that the health crisis can diminish. Some descendants view vaccination a civil responsibility to help society as a whole to end the pandemic.

Although the descendants generally have a positive opinion about vaccination, which is relatively homogeneous, the attitudes among first-generation Chinese migrants are more heterogeneous. First, attitudes evolved over time. In January 2021, many migrants were talking about the Chinese vaccine and the desire to be vaccinated in China if they could go back there or in France if the Chinese embassy could take charge of the vaccination campaign. In fact, they explicitly stated a preference for receiving the vaccine produced in China. In the spring of 2021, these migrants saw that it was impossible to travel to

China, and it was unrealistic to believe the Chinese embassy to France would organize shipments of Chinese vaccines for delivery to overseas Chinese. Moreover, they followed the public debates on the effectiveness of different vaccines. Afterward, their perspective changed and they quickly joined the vaccination campaign in France and received shots of Western vaccines. Most of the migrants interviewed received their first dose of the vaccine before July, even though in May and June 2021 it was difficult to get appointments for vaccination on Doctolib, the French national health-care appointment site.

This general tendency among first-generation migrants was driven by several different positions and rationales. First, some respondents, usually skilled young nonnaturalized migrants, reported mistrust of mRNA technology at the beginning of the French vaccination campaign. This is their reason for preferring the Chinese vaccine, which is based on a traditional technology. However, because Chinese vaccines such as Sinovac were unavailable, these nonnaturalized migrants consented to receiving the vaccine on offer in France in July 2021. This decision about vaccination in France was also driven by the politics of the health pass in France in June 2021.⁶ Several interviewees confess that their decision about vaccination in the early summer of 2021 was driven by pragmatism. The creation of the health pass (which became a vaccination pass)⁷ in France and other European countries turned into a travel constraint for them. From 1 July 2021, the QR code on the French “health pass” can be read anywhere in Europe, directly in the TousAntiCovid application or in paper format, in French and English. Such a “health pass” became required for traveling freely in summer 2021 within the European Union.⁸ At that time, only four vaccines were recognized in France (Pfizer & BioNTech, Moderna, AstraZeneca, Janssen).⁹

6 The health pass came into force in France on June 9, 2021. It was required for access to various places for everyone older than age 12; <https://www.economie.gouv.fr/tousanticovid-signal-cahier-rappel-numerique/> [in French].

7 From January 24 until March 14, 2022, the health pass in France was replaced by a vaccination pass, however, the health pass remains valid for those between 12 and 15 years old. On March 14, 2022, the vaccination pass was abolished and replaced by the health pass; <https://www.economie.gouv.fr/tousanticovid-signal-cahier-rappel-numerique/> [in French].

8 https://www.gouvernement.fr/actualite/pass-sanitaire-toutes-les-reponses-a-vos-questions#fr-sidemenu__link-gdbaa7cf-e181-470c-9128-07249d4fea12/ [in French].

9 An updated and full list of the vaccines recognized is available on the website of the French National Agency for the Safety of Medicines (*Agence Nationale de Sécurité des Médicaments*): <https://ansm.sante.fr/dossiers-thematiques/covid-19-vaccins/covid-19-vaccins-autorises/> [in French].

Qin, who was vaccinated in China during a visit there in January and February 2021 regretted her vaccination in China by early summer. Finally, she received a dose of the Pfizer vaccine in France in October 2021.

After my return to France in February 2021, at first, I was so proud of being vaccinated, and I felt more protected than people around me. I never thought that the vaccination campaign would go so fast in France! If I had known, I would never have chosen to get the Chinese vaccine. Now, I am quite trapped: on the one hand, my Chinese vaccine is not recognized in France. Very soon, I will not be able to travel freely; and, on the other hand, I hesitate to get a dose of Pfizer or Moderna because no one has ever tried to get two different vaccines [the Chinese one and a Western one] and two technologies before, [so] I was worried about side effects. I asked doctors in Paris for advice, but they were not particularly well informed about this. So, I preferred to wait a few months between the last injection of the Chinese vaccine and another shot in the future.

INTERVIEW CONDUCTED IN CHINESE, JULY 2021

Second, after they decided to be vaccinated in France, Chinese people selected from among the Western vaccines available. They researched and compared them, sometimes hesitating before making a choice. For example, some young female nonnaturalized migrants shared their concerns on the potential side effects of the vaccines on fertility. Several Chinese medicine users also questioned the impact of the vaccine on their general health. In general, the interviewees preferred two mRNA vaccines (Pfizer/BioNTech and Moderna) rather than two viral vector vaccines (AstraZeneca and Janssen), whose use is restricted to those aged 55 and over. Knowing that the French National Authority for Health recommends that mRNA vaccines be used as the primary and booster vaccines.¹⁰ Among two mRNA vaccines, the persons interviewed preferred the Pfizer vaccine, most commonly because it is produced by a big pharmaceutical firm whereas the Moderna vaccine is produced by a startup company, which causes them to have less confidence in it.

Finally, a few interviewees declined to be vaccinated—for example, Meng, a thirty-one-year-old student living in Lyon. He does not want to be vaccinated because he is afraid of the potential side effects, as he has hypertension due to a chronic disease. At the same time, he is aware that he will encounter problems because of the implementation of the health pass policy in France. Consequently, he uses protective measures and avoids all gatherings.

¹⁰ https://www.has-sante.fr/jcms/p_3309581/fr/covid-19-deux-nouvelles-alternatives-aux-vaccins-a-armm [in French].

In a nutshell, a vaccination is considered a true protective measure by the Chinese population in France and greatly reduces their stress. Some interviewees admit that since being vaccinated, they are less careful about wearing a mask and taking other preventive measures.

5 Conclusion

The population of Chinese origin in France, through direct or indirect access to information transmitted by official Chinese media or social networks, received an early warning about the deterioration in the pandemic conditions in China and the dangers of the Covid-19 virus. Therefore, they started to take protective measures earlier by staying home, avoiding public transportation, paying close attention to hygiene, and wearing a mask in public. In the spring of 2020, mask wearing became a source of concern because of the sometimes hostile reactions and racist aggression it evoked. In the weeks before the first national lockdown in France (mid-March 2020), in relation to the deteriorating conditions in France, Chinese people there began to take increasingly radical measures: closing their businesses, not going to work, and self-isolating. At the same time, they noted that the French authorities reacted slowly and unclearly and that the majority population underestimated the danger and did not protect itself. This led to a feeling of being out of step with the living society.

In view of a general discrepancy between the attitudes of Chinese people in France and the attitudes of the majority population, our study also demonstrates the differences in attitudes about the risks associated with the pandemic and the adoption of preventive measure by the Chinese population there. These differences are linked to differential anchoring in French and Chinese society. In particular, the descendants reacted well in advance and more fully than the majority population because of their Chinese background and later and to a lesser extent than migrants because of their French background. This created the feeling of a double disconnect, both within their families and within their social and professional networks outside the Chinese environment. The descendants felt as if their parents' anxiety and some of their preventive measures were excessive and, at the same time, considered their French friends and colleagues overly unconcerned and individualistic. Other differences among the first-generation migrants were based on their age, gender, professional, and social status, with diverse perceptions of risk and performance of various preventive measures.

Over time, the preventive measures taken by Chinese people evolved, especially after vaccination became widely available in France. A generational gap in the motivation for vaccination, the choice of vaccine, and timing of the

injection emerges here as well. A turning point was reached in July–August 2021 after the vaccines became universally available in France. The collective perception of the pandemic in French society changed: in the summer of 2021, a group of Chinese who live in a suburb north of Paris said: “Now we are learning to live with the Covid-19 virus” (see Chapter 5).

This study fills a gap in knowledge about the experiences of people with a migration background in the French context, especially the lack of comparison between the majority French population and minority groups. The many different attitudes toward the Covid-19 pandemic and various preventive methods reveal different portrayals of the disease and its danger. These portrayals are strongly linked to the cultural and political context in which they are drawn and diverge sharply between the Chinese and the French. Their exposure to different information and social representation produced in the two contexts, particularly through media consumption, determined the social construction of the Covid-19 disease and, consequently, risk perception and preventive measures taken by Chinese people in France based on their diverse social relationships.

From this perspective, our study sheds new light on the protection motivation theory (Milne et al., 2000; Rogers, 1975). We show empirically and in detail how this theory works in real life and applies to individuals: why they perceive a threat as severe, why they consider themselves personally susceptible or vulnerable to the condition, why they believe that the recommended protective behavior is effective, and why they consider themselves capable of performing the behavior. In an academic interpretation, some nuances of a given/analyzed group have to be kept in mind. First, not everyone perceives the severity of the pandemic in the same way or at the same time. Second, not everyone sees himself as “vulnerable” or at the same level; it definitely depends on age, work, and housing conditions. Third, not everyone thinks that all preventive measures are “effective” and so people continuously navigate between different available resources (e.g., choice of vaccines). Finally, from the perspective of social inequality, not everyone can take the same preventive measures. For example, it is not possible for migrants whose lives are already precarious to cease going to work or taking public transportation.

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