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Family Planning and Health Programmes in China**

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I. General Introduction of China's Family Planning Programme

China, one of the Member States in our Region is a developing socialist country with the largest population in the world.

According to the data in the middle of 1984, the country's total population is 1,051.55 million. It is almost 22% of the total of the world and 76% of the population of this Region.

In the old days China was considered as a "sick man in the South-East Asia". The Chinese people suffered a crippling burden of disease and premature death. The population growth was characterized by high birth rate, high mortality rate and low national increase rate.

After the founding of the People's Republic of China in 1949, although there was a dramatic improvement in medical services and health care and socio-economic development, without proper control, the pattern of population growth remains for quite a long time as one of high birth rate, low mortality rate and high national growth rate.

The Government first began promoting family planning in 1956. Former Prime Minister Zhou Enlai personally endorsed a family planning campaign explicitly designed to reduce population growth, as well as to preserve the health of women and children. However, due to the political and economic upheavals caused by the Great Leap Forward, the three-year con-

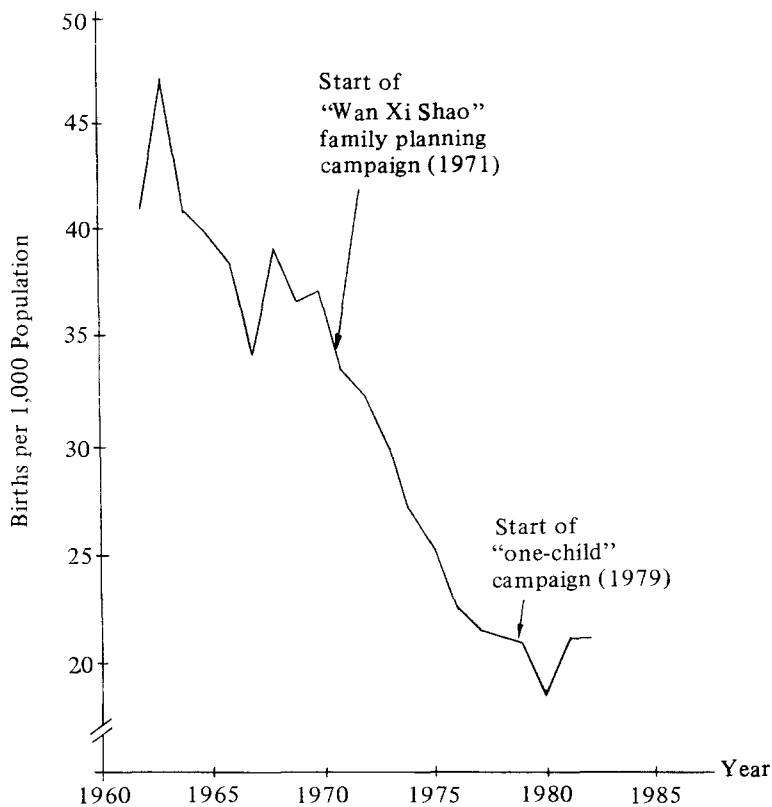
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tinuous natural disaster and the cultural revolution as well as the traditional ideas of child-bearing, the impact was limited until 1970's. Since 1971 a family planning campaign focused on the propaganda of "Wan Xi Shao" ("Later, Longer, Fewer") began. Urging later marriage (not before age 28 years for man and 25 for women in cities, and 25 and 23 in rural areas) and fewer children (two or three at most). Contraceptive supplies and services and induced abortion were made widely available through the primary health care programme that reaches most of the country. By late 1970's, contraception prevalence reached about 70% and fertility dropped dramatically. See Figure 1.

In 1979 the Chinese Government began to implement the current "One-child" campaign declaring further measures were necessary because of large number of women who would be reaching reproductive age during the 1980s and 1990s. See Tables 1 – 3.

Figure 1. Trends in Crude Birthrate in China; 1962–1982



Source: Coale (62), based on National One-per-Thousand-Population Sample Survey, 1982

Table 1. Population (1) (Year-end figure)

Year.	Total population	10 thousand			
		By Sex		By Residence	
		Male	Female	Urban(2)	Rural(3)
1949	54,167	28,145	26,022	5,765	48,402
1950	55,196	28,669	26,527	6,169	49,027
1951	56,300	29,231	27,069	6,632	49,668
1952	57,482	29,833	27,649	7,163	50,319
1953	58,796	30,468	28,328	7,826	50,970
1954	60,266	31,242	29,024	8,249	52,017
1955	61,465	31,809	29,656	8,285	53,180
1956	62,828	32,536	30,292	9,185	53,643
1957	64,653	33,469	31,184	9,949	54,704
1958	65,994	34,195	31,799	10,721	55,273
1959	67,207	34,890	32,317	12,371	54,836
1960	66,207	34,283	31,924	13,073	53,134
1961	65,859	33,880	31,979	12,707	53,152
1962	67,295	34,517	32,778	11,659	55,636
1963	69,172	35,533	33,639	11,646	57,526
1964	70,499	36,142	34,357	12,950	57,549
1965	72,538	37,128	35,410	13,045	59,493
1966	74,542	38,189	36,353	13,313	61,229
1967	76,368	39,115	37,253	13,548	62,820
1968	78,534	40,226	38,308	13,838	64,696
1969	80,671	41,289	39,382	14,117	66,554
1970	82,992	42,686	40,306	14,424	68,568
1971	85,229	43,819	41,410	14,711	70,518
1972	87,177	44,813	42,364	14,935	72,242
1973	89,211	45,876	43,335	15,345	73,866
1974	90,859	46,727	44,132	15,595	75,264
1975	92,420	47,564	44,856	16,030	76,390
1976	93,717	48,257	45,460	16,341	77,376
1977	94,974	48,908	46,066	16,669	78,305
1978	96,259	49,567	46,692	17,245	79,014
1979	97,542	50,192	47,350	18,495	79,047
1980	98,705	50,785	47,920	19,140	79,565
1981	100,072	51,519	48,553	20,171	79,901
1982	101,541	52,310	49,231	21,154	80,387
1983	102,495	52,865	49,630	24,126	78,369

- 1) Figures in this table refer to population of 29 provinces, municipalities and autonomous regions on the mainland, including servicemen.
- 2) Referring to population living in areas under the administration of cities and towns.
- 3) Referring to population of counties but excluding those living in towns of a county.

Table 2. Composition of Population

(%)

Year	By sex		By residence	
	Male	Female	Urban	Rural
1949	51.96	48.04	10.6	89.4
1950	51.94	48.06	11.2	88.8
1951	51.92	48.08	11.8	88.2
1952	51.90	48.10	12.5	87.5
1953	51.82	48.18	13.3	86.7
1954	51.84	48.16	13.7	86.3
1955	51.75	48.25	13.5	86.5
1956	51.79	48.21	14.6	85.4
1957	51.77	48.23	15.4	84.6
1958	51.82	48.18	16.2	83.8
1959	51.91	48.09	18.4	81.6
1960	51.78	48.22	19.7	80.3
1961	51.44	48.56	19.3	80.7
1962	51.29	48.71	17.3	82.7
1963	51.37	48.63	16.8	83.2
1964	51.27	48.73	18.4	81.6
1965	51.18	48.82	18.0	82.0
1966	51.23	48.77	17.9	82.1
1967	51.22	48.78	17.7	82.3
1968	51.22	48.78	17.6	82.4
1969	51.18	48.82	17.5	82.5
1970	51.43	48.57	17.4	82.6
1971	51.41	48.59	17.3	82.7
1972	51.40	48.60	17.1	82.9
1973	51.42	48.58	17.2	82.8
1974	51.43	48.57	17.2	82.8
1975	51.47	48.53	17.3	82.7
1976	51.49	48.51	17.4	82.6
1977	51.50	48.50	17.6	82.4
1978	51.49	48.51	17.9	82.1
1979	51.46	48.54	19.0	81.0
1980	51.45	48.55	19.4	80.6
1981	51.48	48.52	20.2	79.8
1982	51.52	48.48	20.8	79.2
1983	51.58	48.42	23.5	76.5

Table 3. Birth Rate, Death Rate and Natural Growth Rate of Population

(%)

Year	National			City			County		
	Birth rate	Death rate	Natural growth rate	Birth rate	Death rate	Natural growth rate	Birth rate	Death rate	Natural growth rate
1949	36.00	20.00	16.00						
1950	37.00	18.00	19.00						
1951	37.80	17.80	20.00						
1952	37.00	17.00	20.00						
1953	37.00	14.00	23.00						
1954	37.97	13.18	24.79	42.45	8.07	34.38	37.51	13.71	23.80
1955	32.60	12.28	20.32	40.67	9.30	31.37	31.74	12.60	19.14
1956	31.90	11.40	20.50	37.87	7.43	30.44	31.24	11.84	19.40
1957	34.03	10.80	23.23	44.48	8.47	36.01	32.81	11.07	21.74
1958	29.22	11.98	17.24	33.55	9.22	24.33	28.41	12.50	15.91
1959	24.78	14.59	10.19	29.43	10.29	18.51	23.78	14.61	9.17
1960	20.86	25.43	-4.57	28.03	13.77	14.26	19.35	28.58	-9.23
1961	18.02	14.24	3.78	21.63	11.39	10.24	16.99	14.58	2.41
1962	37.01	10.02	26.99	35.46	8.28	27.18	37.27	10.32	26.95
1963	43.37	10.04	33.33	44.50	7.13	37.37	43.19	10.49	32.70
1964	39.14	11.50	27.64	32.17	7.27	24.90	40.27	12.17	28.10
1965	37.88	9.50	28.38	26.59	5.69	20.90	39.53	10.06	29.47
1966	35.05	8.83	26.22	20.85	5.59	15.26	36.71	9.47	27.24
1967	33.96	8.43	25.53						
1968	35.59	8.21	27.38						
1969	34.11	8.03	26.08						
1970	33.43	7.60	25.83						
1971	30.65	7.32	23.33	21.30	5.35	15.95	31.86	7.57	24.29
1972	29.77	7.61	22.16	19.30	5.29	14.01	31.19	7.93	23.26
1973	27.93	7.04	20.89	17.35	4.96	12.39	29.36	7.33	22.03
1974	24.82	7.34	17.48	14.50	5.24	9.26	26.23	7.63	18.60
1975	23.01	7.32	15.68	14.71	5.39	9.32	24.17	7.59	16.58
1976	19.91	7.25	12.66	13.12	6.60	6.52	20.85	7.35	13.50
1977	18.93	6.87	12.06	13.38	5.51	7.87	19.70	7.06	12.64
1978	18.25	6.25	12.00	13.56	5.12	8.44	18.91	6.42	12.49
1979	17.82	6.21	11.61	13.67	5.07	8.60	18.43	6.39	12.04
1980	18.21	6.34	11.87	14.17	5.48	8.69	18.82	6.47	12.35
1981	20.91	6.36	14.55	16.45	5.14	11.31	21.55	6.53	15.02
1982	21.09	6.60	14.49	18.24	5.28	12.96	21.97	7.00	14.97
1983	18.62	7.08	11.54	15.99	5.92	10.07	19.89	7.69	12.20

The average annual natural growth rate before 1973 was over 2% except for a couple of years. The total population went up to 892 million in 1973 from 541 million in 1949, an increase of 64.88%, i.e. 350 million in 24 years. The sharp increase has brought about the population feature of a large base with a young age structure. At present, people at or under the age of thirty account for 64.44% of the total population, with a median age of 22.9 years. About 11 million young couples will reach the age of marriage and child-bearing annually in the remaining years of the century.

Another population character of the People's Republic of China is uneven distribution. Rural population accounts for 80% of the total and geographically, 90% of the population is concentrated on 50% of the territory in the southeast. China's comparatively backward economy and culture with its present demographic situation has made it a necessary and urgent task to control its population growth.

II. Urgency for Strengthening the Population Policy

The State Family Planning Commission released the following figures concerning China's development: in 1952 the amount of cultivated land nationally per capita was around 0.18 hectares and the per capita share of grain was 285 kilogrammes; by 1981 because of the population increase, cultivated land per capita was only about 0.1 hectares. Although the per unit yield of grain had increased, the per capita share of grain was still only 326 kilogrammes. Although China's total grain output ranked second the world, its per capita share of grain was lower than the world level of 400 kilogrammes. The 1981 national income was 5.5 times that in 1953, but per capita national income was only 3.2 times the 1953 figure. These figures illustrate clearly that although China made progress in industrial and agricultural production, the achievement was offsetted by the population explosion.

As mentioned earlier, after the Government has pursued the family planning campaign, "Wan Xi Shao" in 1971 and one "One-child" family policy in 1979, the national population growth rate dropped from 26 per thousand in 1970 to 11.54 per thousand in 1983. However China's population problem is still very serious. For attaining the target of "keeping the total population within 1.2 billion by the end of the century", is still an arduous task owing to China's present huge population of one billion and its young average age. A total of 428 million babies were born in the two baby booms in 1950-58 and 1962-70 and a great number of people have already reached or well soon reach marriageable and reproductive age. In the

18 years from 1983 till the end of this century about 200 million pairs of young men and women will marry and have children.

To deal with the situation, the Chinese Government has energetically promoted and extensively carried out family planning and encourage the families to have “only one child per couple, strict limitation of second births, and resolute prevention of third birth”.

Of course, for a couple to have only one child is not an ideal family plan, because it is not easy to bring up an only child well. Yet from now until the end of the century there will be 200 million newly married couples, if each couple had two children, the total population would grow to at least 1300 million, with continued growth until the mid 2020s when the total population of China would exceed 1800 million. But if we calculate the population based on only one child per couple, the population would reach only 1,200 million by the end of the century. That would mean an annual net increase of over 10 million and annual natural growth rate not exceeding 9.5 per thousand. Even so because population growth can only be slowed gradually it will take another 10 or more years for population growth to reach replacement level, when birth rate equal death rate and population size remains stable. These facts show the urgency and necessity of China’s national programme of family planning.

Following is an example of a projected total population of China. I quoted from Drs Charles Chen and Carl Tyler. The bases of total population in 1980 is an estimated population before the 1982 census, therefore the real situation will be higher other than this diagram. See Table 4, Figures 2, 3 and 4.

Table 4. Projected Total Populations and Vital Rates of China Under Different Family Size Assumptions

Year	Projected Total Population (million)	Crude Birth Rate**	Crude Death Rate**	Crude Rate of Natural Increase**
1 child Family				
1980*	971	19.3	6.0	13.3
90	981	9.1	8.0	1.1
2000	1,006	10.8	8.6	2.2
10	992	6.1	9.3	- 3.2
20	930	5.1	12.4	- 7.2
30	834	4.8	17.2	- 12.5
40	698	3.8	23.4	- 19.6
50	543	3.8	31.2	- 27.3
2 child Family				
1980*	971	19.3	6.0	13.3
90	1,060	16.5	7.9	8.6
2000	1,185	19.3	7.8	11.5
10	1,285	14.0	7.7	6.3
20	1,339	13.1	9.2	3.9
30	1,386	14.2	11.3	2.9
40	1,383	12.1	13.3	- 1.1
50	1,352	12.7	15.2	- 2.5
3 child Family				
1980*	971	19.3	6.0	13.3
90	1,136	23.6	7.8	15.7
2000	1,358	24.8	7.2	17.6
10	1,583	21.1	6.6	14.5
20	1,827	21.8	7.3	14.5
30	2,102	21.8	8.2	13.6
40	2,378	20.8	8.7	12.1
50	2,690	21.5	9.1	12.4

* Initial year of projection, data obtained from U.S. Bureau of the Census (Aird, 1980)

** Rate per 1,000 population.

Source: Charles Chen and Carl Tyler, "Demographic Implications of Family Size Alternatives in the People's Republic of China", *China Quarterly*, No. 82, March 1982, p. 68.

Figure 2. Projected Total Population of China Under Different Family Size Assumptions

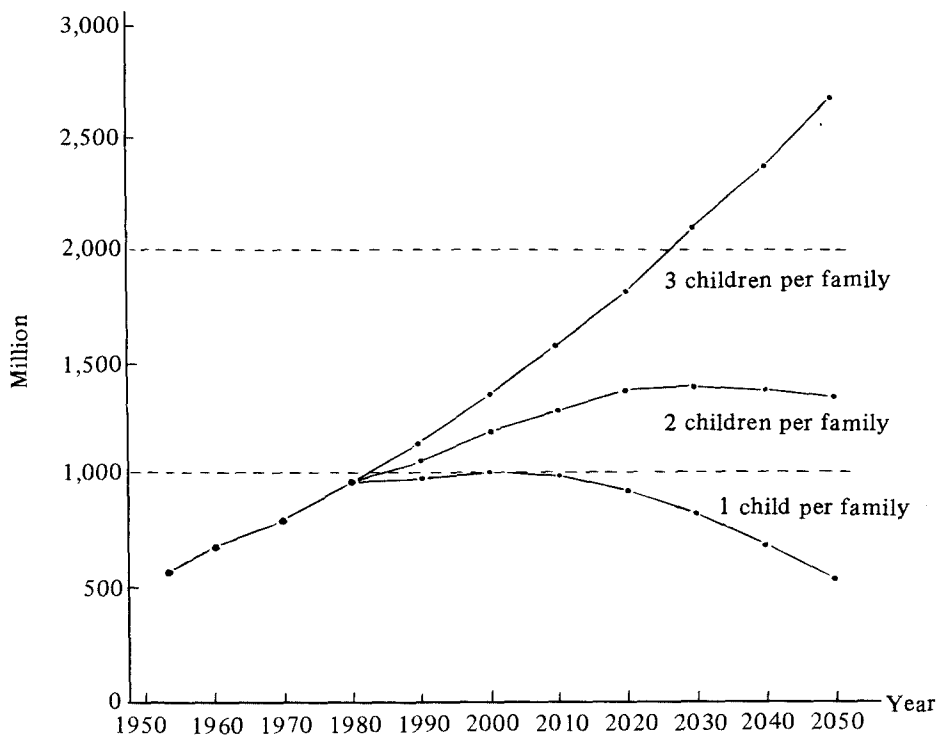
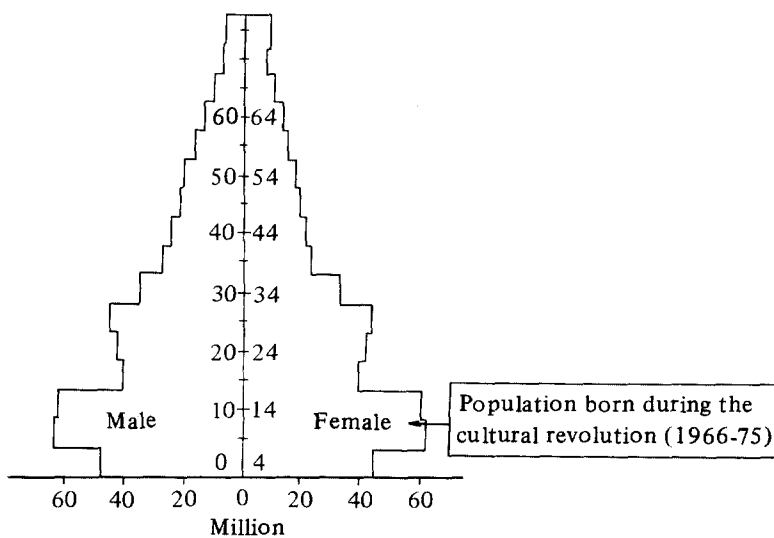
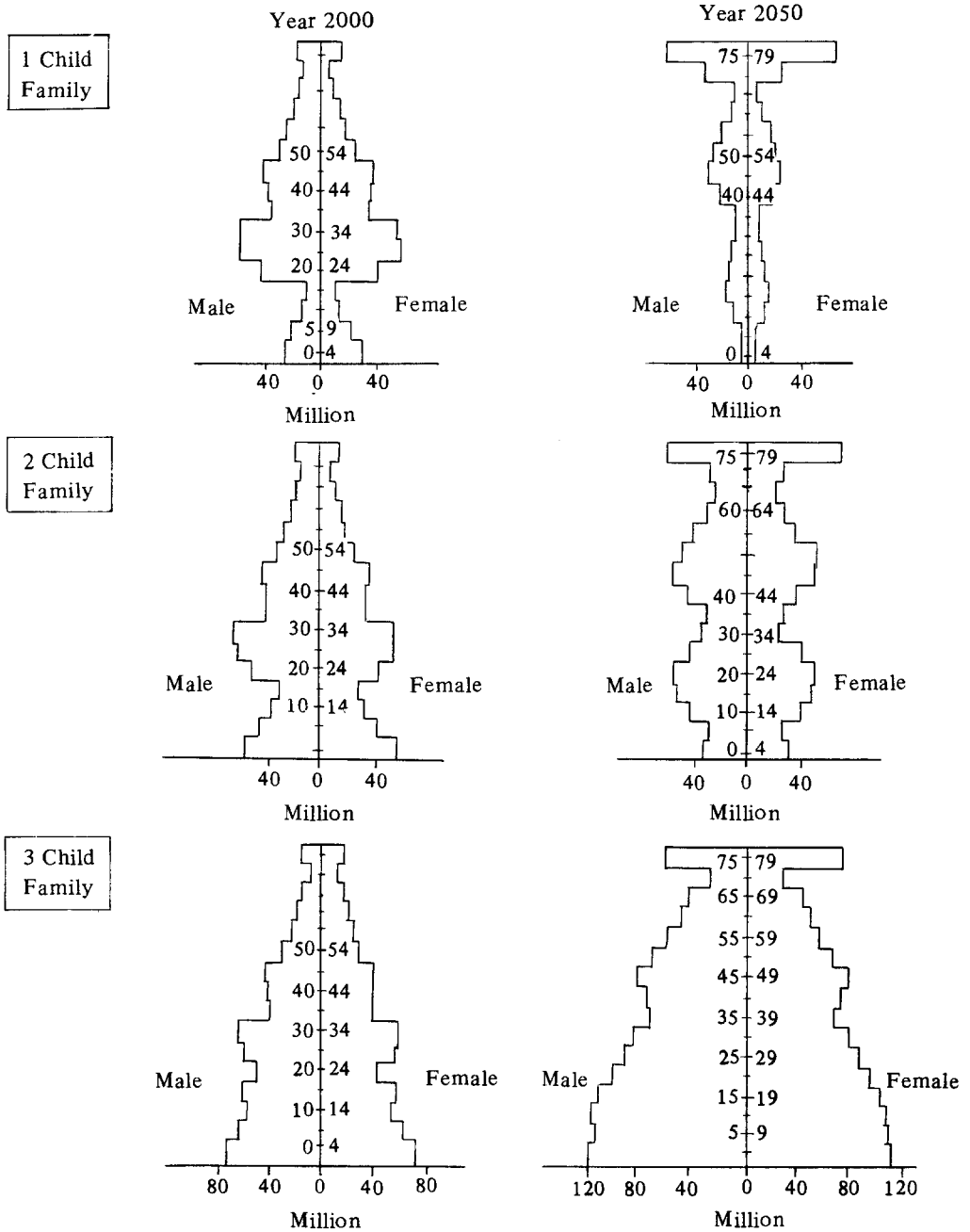


Figure 3. Age-Sex Pyramid and Vital Rates for Current (1980) Population of China



Source: Charles Chen & Carl Tyler, Demographic Implications of Family Size Alternatives in the People's Republic of China, China Quarterly, #82 March 1982 p.67

Figure 4. Age-Sex Pyramid for Projected Population of China Under Different Family Size Assumptions in the Years 2000 and 2050



Source: Charles Chen & Carl Tyler, Demographic Implications of Family Size Alternatives in the People's Republic of China. China Quarterly, #82, March 1982 p.69

III. Difficulties and Arduous Encountered in China's Family Planning Programme

In carrying out the "one child" family policy, there are still some difficulties or arduous encounters. First there is ideological resistance. The Chinese people have long considered child-bearing and caring on the ancestral live as a major aim of the family. In the old days, people always took a big family as a sign of prosperity of the family life and had strong traditional concepts of "Men are honourable and women lowly Men are superior to women".

In the 30 and more years since the founding of the People's Republic of China in 1949, though family structure has changed greatly along with social changes and more and more people are accustomed to the life of a small family old ideologies have in varying degrees, still fettered people's mentality and hampered the carrying out of family planning. The situation is somewhat more serious in the rural and other areas where the cultural level is relatively low.

In the countryside, another resistance in carrying out family planning comes from the practical problems of "begetting a son to provide for one's old age" which is a traditional virtue for Chinese people in supporting their pparents. The custom in rural areas is for daughters generally to join their husband's families after marriage. Thus the duty of supporting parents naturally falls on the sons. At present, although many village (people's commune) have set up homes to care for elderly people without any relatives and some communes have set up a system of retirement pensions. These arrangements are still not nationwide. This is why the great majority of the peasants at present want to have sons.

There are cases where women who have given birth to a daughter are prosecuted and beaten by their husbands and parents-in-law. As mentioned above, in some very remote mountain areas, some people with the feudal idea that if they have no sons they will have no progeny. Hence there were some very rare cases where they try to find ways to kill their first-born infant girls in order to have another chance to get a son. The China newspaper disclosed these very rare criminal cases have attracted serious attention and righteous indignation from the Government and people of various circles and masses. These people have been criticized, disciplined or punished according to law. It was not as some foreign newspaper advertised that it was a big issue related to the China family planning policy.

In order to change the traditional concept of regarding man as superior to women, some places have granted extra benefit to those who have only daughter. For example, in school enrolment or in employment women should be given priority where the job suits them. In rural areas husbands are encouraged to join their wives' families. In some places the Government or its enterprises provide houses to young couples based on the request of the wife. The

Government and the enterprise will provide health insurance to the only child up to the age 18. There will be free education in the nursery or kindergarten age 18. There will be free education in the nursery or kindergarten for those who had accepted one-child policy and receive the one-child certificate. The parents of one-child family will get higher retirement pensions. They will have a house equivalent with the size of the house for family with two children, etc. There are a lot of such kinds of incentives, on the other hand, there are also some regulations for punishing those who would like to have their third children. They may have to pay some penalty on tax payment and will not get promoted in their job, etc.

Yet China's family planning policies are flexible. Taking certain specific factors into consideration, for example, in marriage where only one partner has previously been married and already has a child, or in marriages where the first child has a non-hereditary disability and cannot grow up to be a normal worker, a second birth is permitted. In very remote mountain areas as in fishing villages, where manpower was extremely needed, those family whose first baby is a girl they could have a second baby. In marriages where the couple are unable to have a child for many years and have adopted a child before the wife become pregnant, the birth is also permitted.

China is a multinational country with 56 minority nationalities (the total number of Korean nationality is 1,763,870). In the minority nationality regions, specific policies of family planning have been decided by the local national autonomous governments according to actual situations.

It was therefore to pursue this family planning policy. A multi-disciplined approach and coordination among all the ministers were requested.

IV. Organization of the Family Planning Commission and its Relation with Health Sectors

For strengthening the leadership of the family planning programme and to coordinate with many other sector amongst the different ministers in the Government, the Family Planning Commission was directly under the State Council. The organizational chart of the FP office in different level of the Government and its relation with the Ministry of Health, see Figure 5, 6 and 7.

Figure 5. Organization of Maternal and Child Health Service

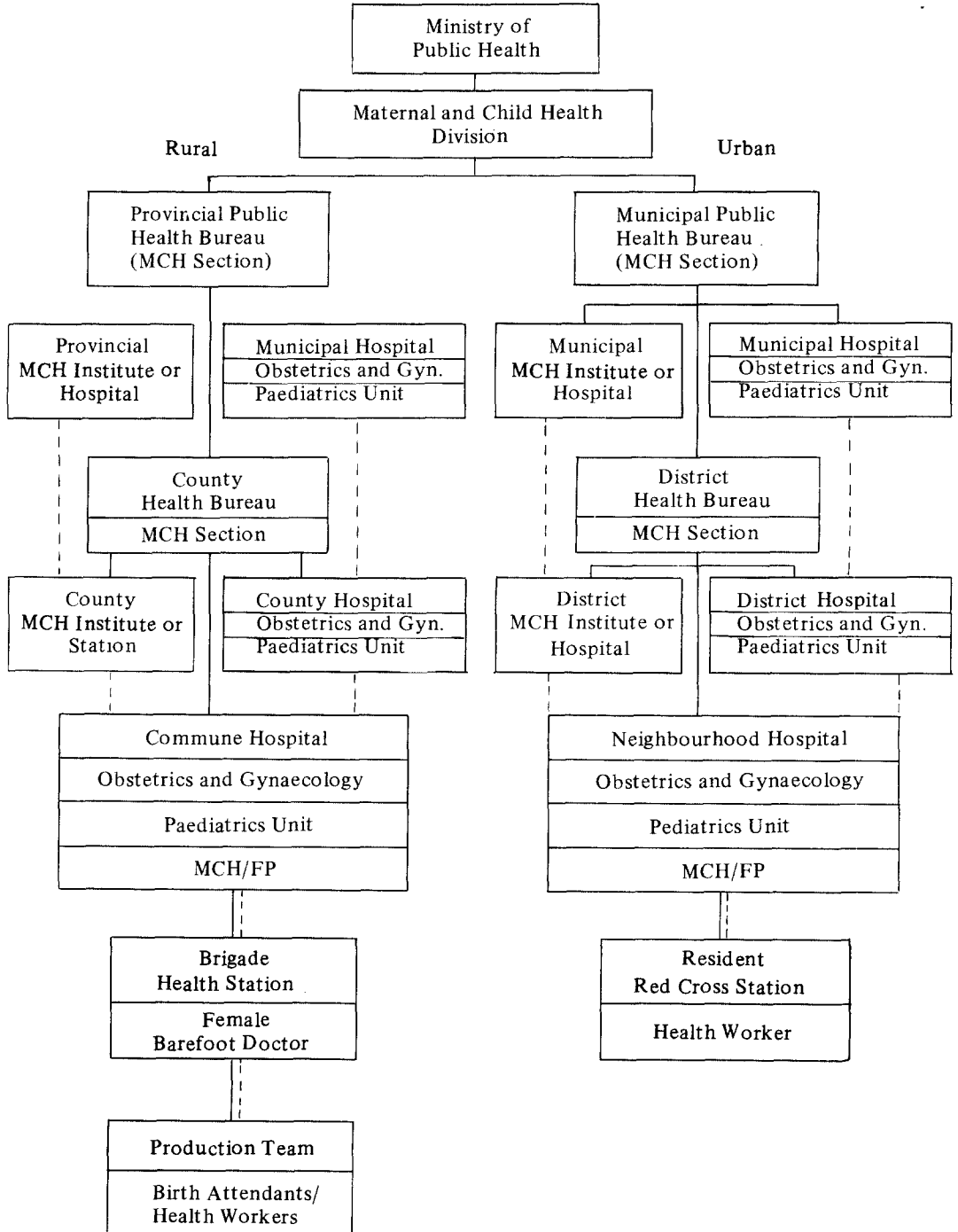
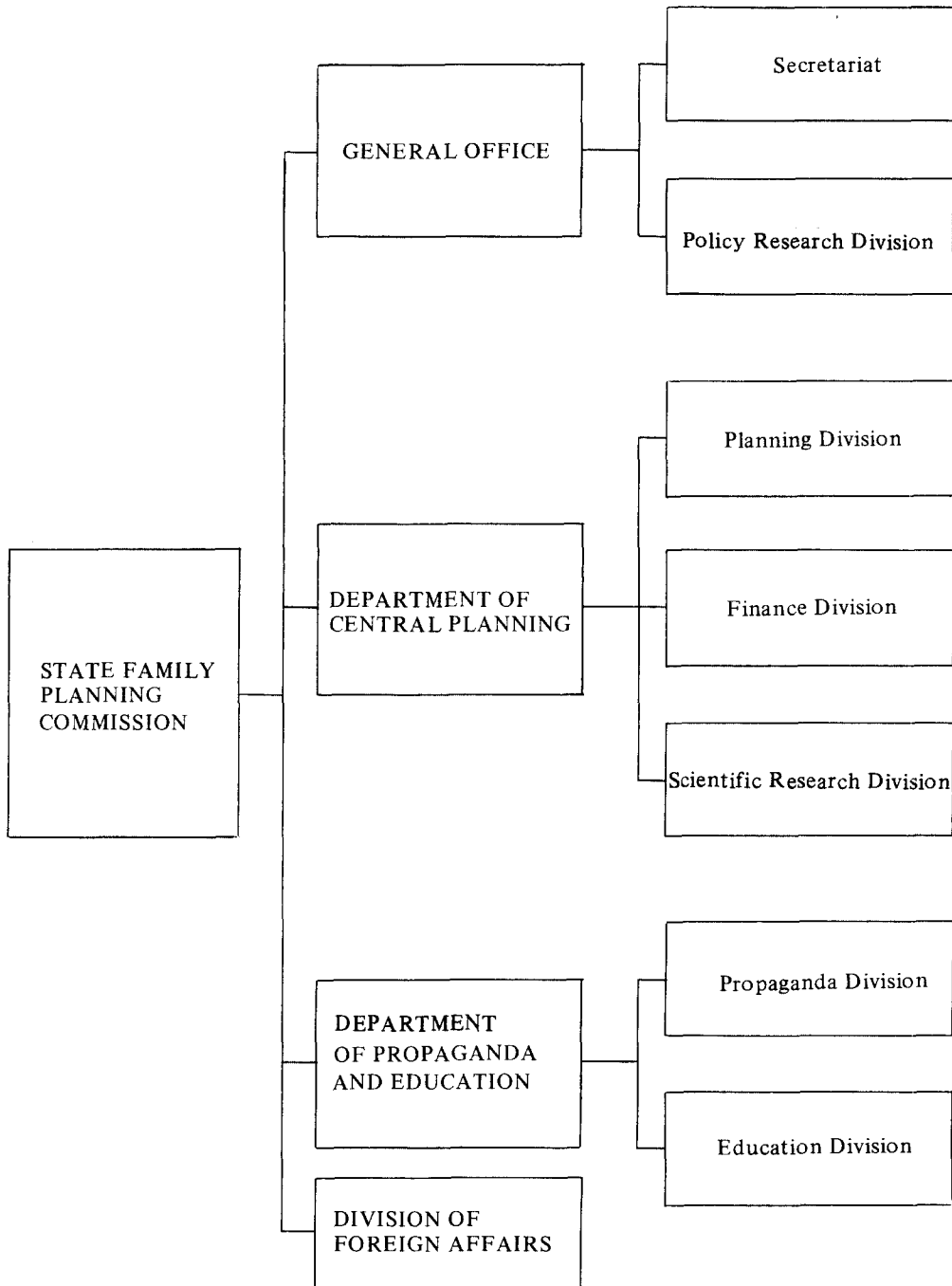


Figure 7. Organizational Chart, State Family Planning Commission



The separation of the Family Planning Commission from the Ministry of Public Health also has some disadvantages. There is a need to improve coordination at different levels. A national workshop on integration of family planning has been organized in 1985 supported by UNFPA. Five consultants and experts from different countries exchanged their expertise with the Chinese Government. It was expected that a close collaboration at different level would be strengthened in the near future.

V. Scientific Management was Requested in the Process of Implementation of Family Planning

Family planning is a comprehensive programme calling upon good coordination with many fields of scientific knowledge. For further monitoring, supervision and evaluating the family planning programme, MOPH, SFPC, MOE and MOFRT had collaboration with WHO, UNFPA, UNESCO, UNICEF, World Bank, etc in relevant activities related to family planning and health programme. WHO/WPRO has been the executing agency for the first cycle (1979-1984) and second cycle (1985-1989) of the UNFPA-funded projects in China. These include family planning management, statistics analysis and evaluation, training of family planning administration personnel, training of MCH/FP professional staff, strengthening research capability of the national and provincial research institute in family planning and MCH, strengthening the training on maternal and perinatal care in medical colleges, strengthening perinatal services at provincial, municipal, county and district levels.

Through the UN organization and other bilateral collaboration, China also strengthened their capabilities in producing all different kinds of contraceptives to meet the needs of such a large population and the principles of self-reliance.

After the third national population census in 1982, in collaboration with WHO, through its technical support, China also conducted the one per thousand sample survey on fertility rate. The following are some of the interesting data and information which will facilitate the Chinese Government to monitoring this implementation of the programmes. See Table 5, Figures 8, 9 and 10.

Table 5. Summary Measures of Estimated Fertility and Mortality for Five Year Periods, 1940-1980

Period	Crude Birth Rate*	Crude Death Rate*	Rate of Natural Increase*	Total Fertility Rate	Infant Mortality Rate	Expectation of Life at Birth(years)
1940-1945	38.0	38.6	-0.6	5.3	290	27.7
1945-1950	41.7	35.7	6.0	5.9	265	30.5
1950-1955	44.7	30.9	13.8	6.5	236	34.1
1955-1960	39.8	27.3	12.5	5.8	229	34.8
1960-1965	38.3	21.9	18.4	5.9	208	37.7
1965-1970	38.2	13.3	24.9	5.5	137	49.0
1970-1975	28.6	9.5	19.1	4.1	96	57.3
1975-1980	19.5	8.5	11.0	2.7	65	64.2

* per thousand per year

Source: World Bank estimates developed in Supplementary Paper No. 1.

Figure 8. Total Fertility Rate in China (1945-1982) Based on the One Per Thousand Sample Survey, 1982

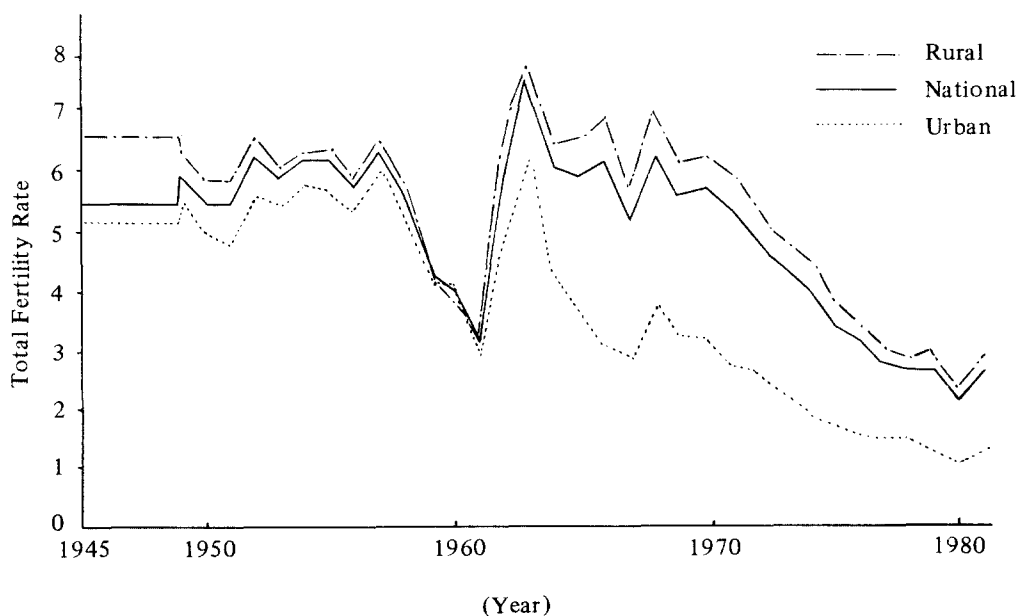


Figure 9. Expectation of Life at Birth. 1950–1982

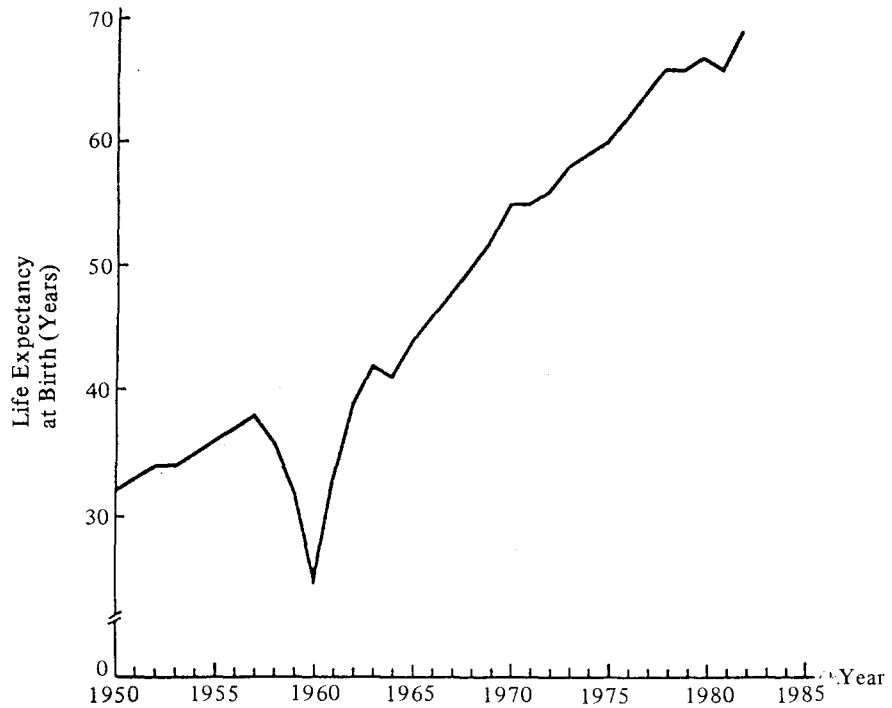
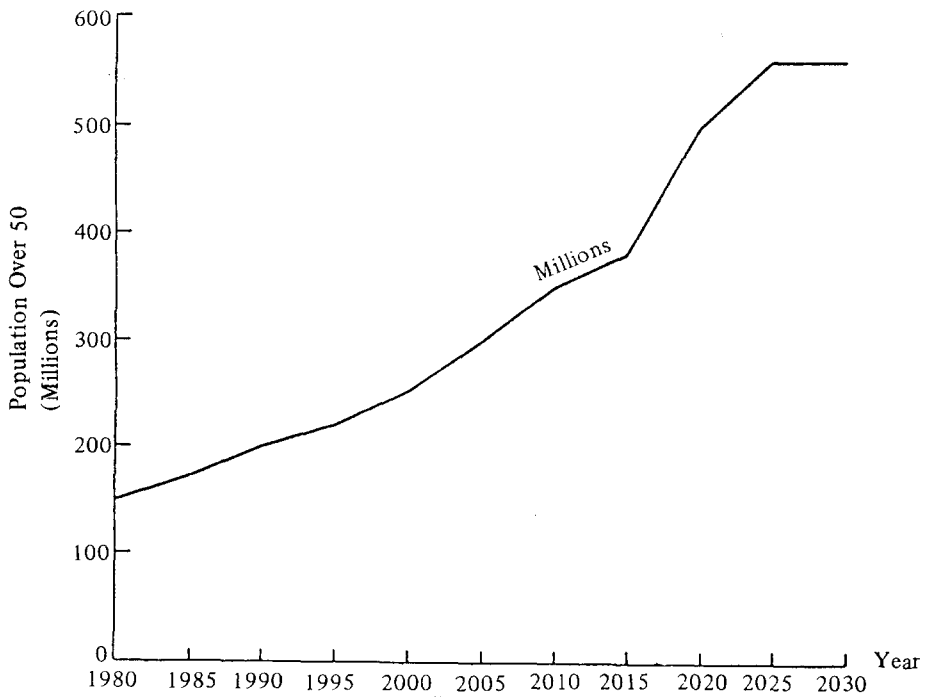


Figure 10. Projected Population over 50 Years of Age, 1980–2030



1. The Evaluation of the Status of the Implementation of the One-Child Family

Table 6. Status of Married Women in Reproductive Age Group who have One-child in Different Regions of People's Republic of China (PROC) – September 1982

Region	Total number of married women in reproductive age group	Total number of married women who have had one child	%
North-East	16,544	3,771	22.79
North	20,726	4,387	21.17
East	50,934	10,507	20.63
Central South	44,351	7,372	16.62
South-West	27,208	5,016	18.44
North West	13,025	2,018	15.49

Table 7. Married Couple Received "One-child Family Certificate Card" in Different Regions of PROC – September 1982

Region	Total number of married women who have had one child	Number of women who received the one-child certificate card	%
North-East	3,711	2,159	57.25
North	4,387	1,953	44.52
East	10,507	5,202	49.51
Central South	7,372	1,872	25.39
South-West	5,016	2,280	45.45
North West	2,018	537	26.61

Table 8. Status of Women who have a Second Baby After She Received the "One-child Family Certificate Card"

Region	Number of women who have received the "card"	Number of women who have a second baby	% of women who have a second baby
North East	2,243	81	3.61
North	2,155	198	3.19
East	5,489	272	4.96
Central South	2,016	136	6.75
South-West	2,501	214	8.56
North West	603	64	10.61

Table 9. The Rate of Only One Baby Died in those One-child Family

Region	Number of women who have received the "card"	Number of death of only child	% of death of one child
North East	2,243	2	0.09
North	2,155	2	0.09
East	5,489	8	0.15
Central South	2,016	6	0.30
South West	2,501	6	0.24
North West	603	0	0.00

Table 10. The Proposition of One-child Family

	Number of women who had children	Number of women who had one child	%
Total	155,687	33,071	21.24
Urban	23,913	7,900	33.04
Rural	131,774	25,171	19.10

Table 11. The Proposition of Couples who Received the "One-child Family Certificate Card"

	Number of women who had one child the "card"	Number of women who have received the "one-child card"	%
Total	33,071	14,003	42.34
Urban	7,900	6,132	77.62
Rural	25,171	7,871	31.27

2. Attitudes of Young People in China to Family Formation

Recently a study in urban and rural areas in Beijing and Sichuan was sponsored by UNESCO and undertaken by the China Sociology Institute, Academy of Medical Sciences of China in collaboration with the Institute of Juvenile studies in 1979. For details see UNESCO publication on the subject.

Table 12, made after the investigation, shows how young people living in Beijing urban areas form their ideas of ideal families.

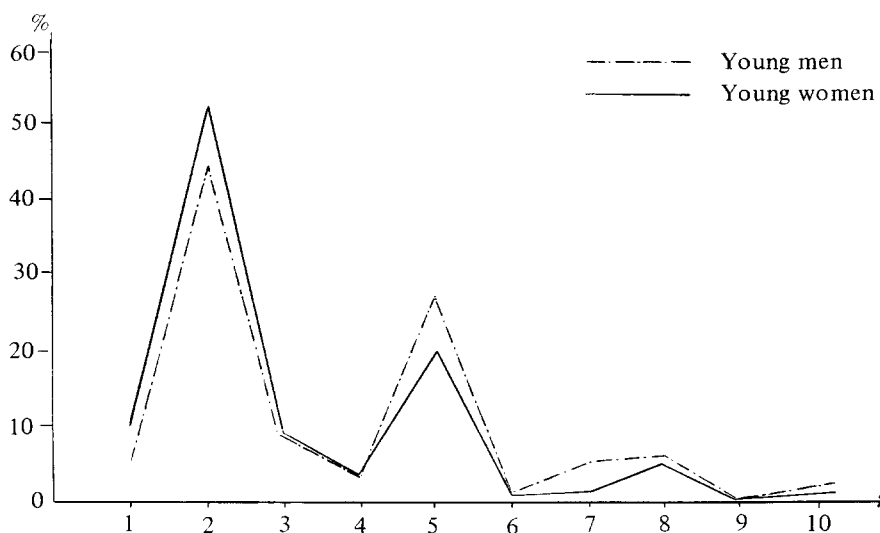
Figure 11 is based on the data in Table 12. The following conclusions can be drawn from Figure 11. Young men and young women are strikingly similar in their choices of ideal families. The most popular form of ideal family is one with only one child, be it a boy or a girl. Other ideas are similar. As all the young people have equal chances for education, and are thus exposed to the same influence, their concept of ideal families is alike. The traditional ideal of having an heir is not very popular. The family type of one child, regardless of sex, takes the lead, followed by the type with a son and a daughter.

Table 12. Young People's Opinion of Ideal Family Size in Beijing

Family type	Class	Male		Female	
		Percentage	Position	Percentage	Position
Childless	1	5.86	4th	8.76	4th
One child(either sex)	2	43.37	1st	51.82	1st
One boy	3	8.18	3rd	8.55	3rd
One girl	4	3.13	7th	3.21	6th
One boy and one girl	5	26.54	2nd	19.12	2nd
Two old parents and one child	6	1.12	9th	1.71	7th
One old parent and two children	7	4.17	6th	1.60	8th
Two old parents and two children	8	5.61	5th	4.27	5th
Many children	9	0.40	10th	0.32	10th
Big family	10	1.52	8th	0.64	5th

Table 13 and Figure 12 (which is based on data from Table 13) show the young people in Beijing rural areas, their ideal family size is different from Beijing urban area. The most popular ideal family is category (5) – one son and one daughter. The next is category (2) – a family with only one child regardless of sex.

Figure 11. Percentages of kinds of ideal families of young people in Beijing urban areas.

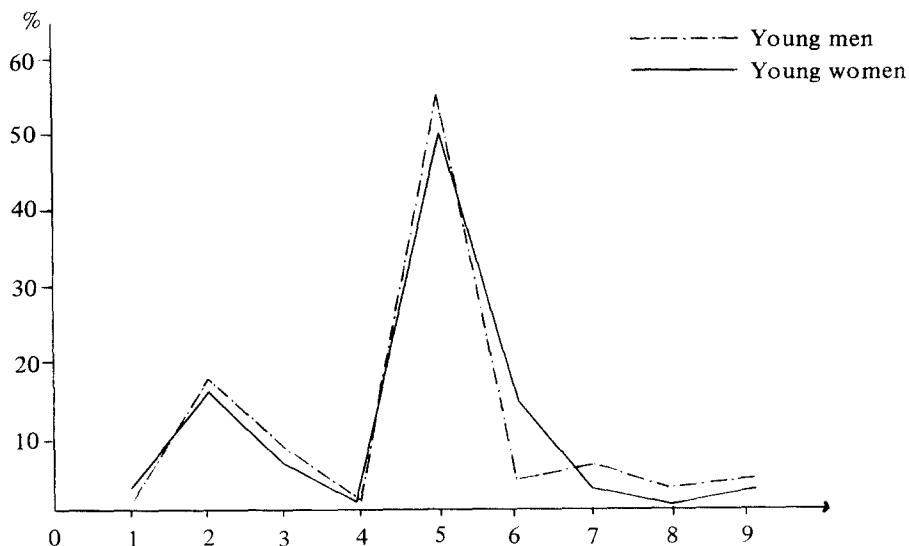


Forms of ideal families arranged according to order: 1-family of a couple, no child; 2-family of a couple with one child of either sex; 3-family of a couple with one son; 4-family of a couple with one daughter; 5-family of a couple with one son and one daughter; 6-family of grandparents, parents and one child; 7-family of a grandparent, parents and two children; 8-family of grandparents, parents and two children; 9-family of a couple with many children; 10-big family.

Table 13. Percentages of Different Kinds of Families Preferred by Young People Living in Beijing Rural Areas

Family type	Category	Male		Female	
		Percentage	Position	Percentage	Position
Childless	(1)	1.45	8th	3.06	5th
One child (either sex)	(2)	17.87	2nd	16.86	2nd
One son	(3)	8.70	3rd	7.28	4th
One daughter	(4)	1.45	9th	1.53	8th
One son and one daughter	(5)	54.59	1st	50.57	1st
One grandparent and a son, a daughter	(6)	3.86	5th	14.56	3rd
Two grandparents, a son and a daughter	(7)	5.80	4th	3.01	6th
Many children	(8)	2.42	7th	0.77	9th
Big family	(9)	3.86	6th	2.30	7th

Figure 12. Percentages of kinds of ideal families of young people in Beijing rural areas.



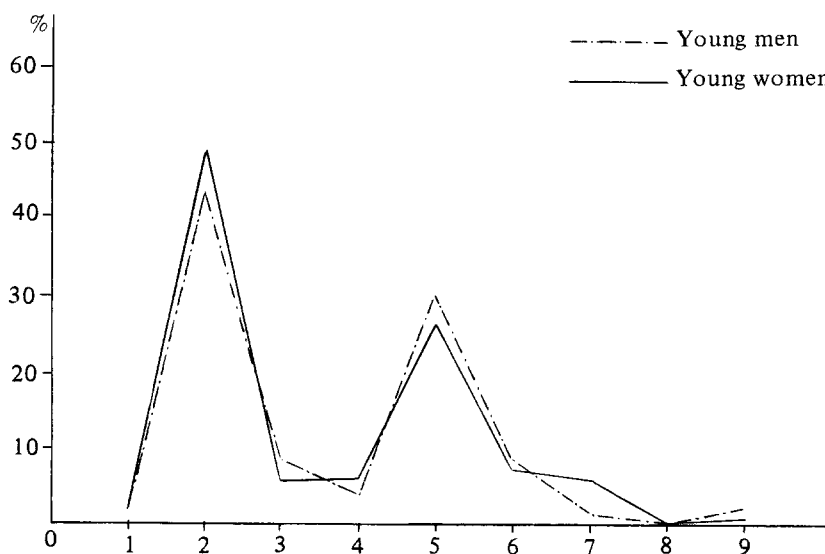
Forms of ideal families according to order; 1-couple only, without children; 2-couple with one child, regardless of sex; 3-couple with one son; 4-couple with one daughter; 5-couple with a son and a daughter; 6-couple with one old parent and two children; 7-couple with two old parents and two children; 8-couple with many children; 9-big family.

Table 14. Ideal Family Types of Young People in Sichuan County

Family type	Category	Male		Female	
		Percentage	Position	Percentage	Position
Childless	(1)	2.32	6th	1.45	7th
One child (either sex)	(2)	44.19	1st	47.83	1st
One son	(3)	9.30	3rd	5.79	3rd
One daughter	(4)	4.65	4th	5.79	4th
One son, one daughter	(5)	30.23	2nd	27.54	2nd
Two children, one old parent	(6)	4.65	5th	4.35	6th
Two children, two old parents	(7)	2.32	7th	5.79	5th
Many children	(8)	0.00	—	—	—
Big family	(9)	2.32	8th	1.45	8th

The significant findings in the Sichuan county towns is that young men and women have similar ideals and have the same idea as that of Beijing. Sichuan county towns and Beijing city are hundreds of miles apart, yet the ideal family types young people prefer are basically the same.

Figure 13. Percentages of kinds of ideal families of young people in Sichuan county towns.



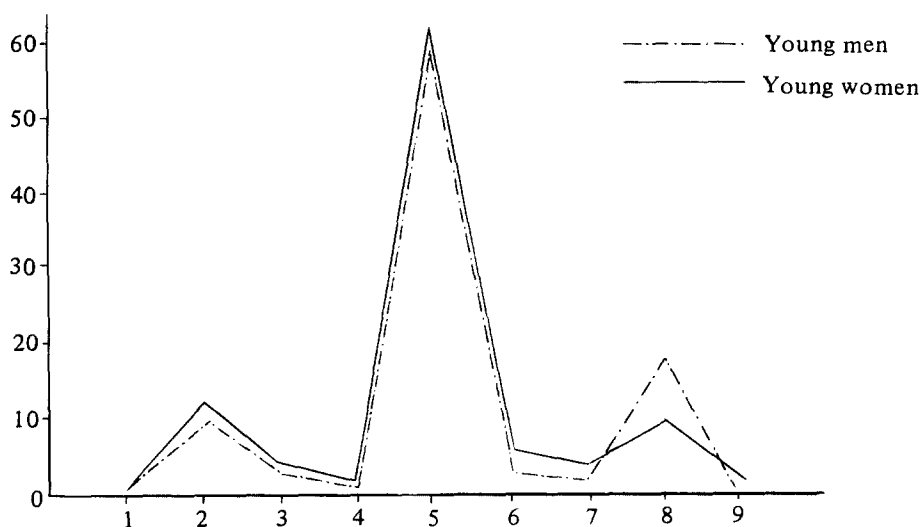
Form of idea families arranged according to order; 1-couple only, without children; 2-couple with one child (of either sex); 3-couple with one son; 4-couple with one daughter; 5-couple with one son, one daughter; 6-couple with one old parent and two children; 7-couple with two old parents and two children; 8-couple with many children; 9-big family.

However in the Sichuan rural area most of young people choose Type 5 a family of one son and one daughter. This choice is different from that of young people in Beijing urban area and Sichuan urban areas, but coincides with that of young people in Beijing rural areas. Therefore, in the choice of family types, the statistical material on Sichuan rural areas shows the special characteristics of the countryside.

Nevertheless, there is an obvious difference between Beijing and Sichuan rural areas for there are 18.11 per cent of young men and 10.65 per cent of young women who would like to have family with many children and this type of idea did not appear in Beijing rural areas.

Table 15. Ideal Family Types of Young People in Sichuan Rural Areas

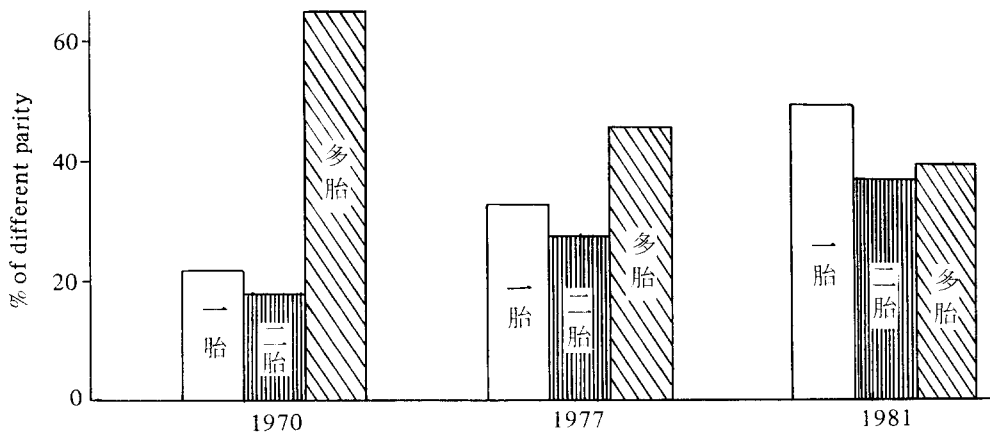
Family types	Class	Male		Female	
		Percentage	Position	Percentage	Position
No child	(1)	0	—	0	—
One child of either sex	(2)	10.24	3rd	11.47	2nd
One son	(3)	2.36	5th	4.92	5th
One daughter	(4)	0.79	7th	1.64	7th
One son, one daughter	(5)	61.42	1st	59.02	1st
Two children, one old parent	(6)	3.94	4th	6.56	4th
Two children, two old parents	(7)	2.36	6th	4.10	6th
Many children	(8)	18.11	2nd	10.65	3rd
Big family	(9)	0.79	8th	1.64	8th

Figure 14. Percentages of kinds of ideal families of young people in Sichuan rural areas.

Forms of families according to order; 1-couple only, without children; 2-couple with one child of either sex; 3-couple with one son; 4-couple with one daughter; 5-couple with a son and a daughter; 6-couple with one old parent and two children; 7-couple with two old parents and two children; 9-couple with many children; 9-big family.

However there is one per thousand sample survey showing a remarkable change in the pattern of the proportion of the order of parity at birth. The primipara in 1981 was 124.7% higher than 1970 and the multipara in 1981 was reduced to 54.86% of 1977. See Figure 15.

Figure 15. Comparison of the Different Proportion of Parity in 1970, 1977 and 1981



3. A survey in the Methods of Contraceptive Used by the People in China.

It was noted during the one per thousand sample survey 172,788 married women answered the questionnaire among them 120,022 used one of the above mentioned methods for fertility regulation. The total ratio of using contraceptives is 69.4% (IUD 34.84%, tubal ligation 17.63%, vasectomy 6.94%, Oral pills 5.86%, condom 1.3% and other method 2.78%).

Table 16. Different Methods for Fertility Regulation in Women at Reproductive Age

Age group	Tubal ligation	Vasectomy	IUD	Oral Pills	Condom	Others	Total
15-19	1.55	0.39	65.89	20.16	1.55	10.47	100.00
20-24	5.26	1.26	71.87	13.22	1.73	6.65	100.00
25-29	15.33	5.58	60.94	11.73	2.15	4.26	100.00
30-34	29.57	9.85	48.08	8.31	1.67	2.51	100.00
35-39	34.94	12.43	41.93	6.65	1.72	2.33	100.00
40-44	30.02	13.16	43.69	6.42	2.36	4.35	100.00
45-49	24.17	15.97	44.11	4.75	2.59	8.40	100.00
Total	25.39	10.00	50.16	8.44	2.00	4.01	100.00

Table 17 shows that there is a different method in choosing the method of contraception between the urban and rural areas. The rate of married women using contraceptives in rural area is 68.58% which is lower than the rate in urban area which is 74.17%. There is also a difference in the acceptance of the rate of contraceptive between the Han nationality and other minority, nationalization in the rural areas, see Table 18.

It was also noted that there are some influence to the women who choose different contraceptives by the number of children they have, See Table 19. Figure 16 shows that the methods of contraceptives used by married women were different in their reproductive age group.

Table 17. Different Methods of Contraception Using Urban and Rural Areas (%)

	Female sterilization	Vasectomy	IUD	Oral Pills	Condom	Others	Total
Urban	20.30	2.77	38.86	18.99	9.68	9.41	100.00
Rural	26.42	11.47	52.45	6.30	0.45	2.92	100.00

Table 18. The Acceptance Rate of Contraceptives in Han and Other Minority Nationality (%)

	Female sterilization	Vasectomy	IUD	Oral Pills	Condom	Others	Total
Minority Nationality	14.06	7.15	56.62	11.00	0.11	11.06	100.00
Han Nationality	27.73	10.09	49.96	8.36	2.06	3.80	100.00

Table 19. The Influence of Choosing Contraceptive by the Number of Children (%)

Number of children	Female sterilization	Vasectomy	IUD	Oral Pills	Condom	Others	Total
0-1	2.77	0.43	18.34	39.66	24.31	14.49	100.00
2-3	25.36	1.13	24.56	30.53	10.82	7.59	100.00
and above	41.20	1.65	14.84	26.92	2.75	12.64	100.00

Figure 16. The Different Methods of Contraceptives Used by Married Women of Reproductive Age Group.

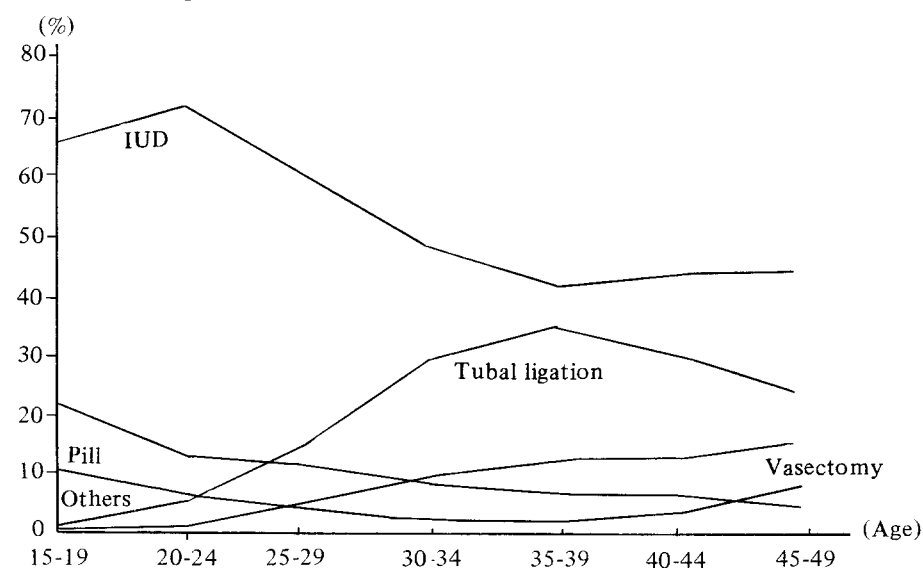


Table 20. Rate of Women Using Contraceptive in Some Developed and Developing Countries

	Rate of using contraceptives	IUD	Oral Pills	Sterilization		Others
				Male	Female	
China*	69.46	50.16	8.44	10	25.39	6.01
Bangladesh**	12	6	37	25		32
Guatemala**	18	7	30	35		28
India**	23	4	—	89		7
Republic of Korea**	55	18	14	11	27	30
Mexico	38	16	40	1	23	20
Pakistan**	6	17	9	9		65
Philippines**	48	9	34	1	6	50
Singapore**	71	4	24	1	30	41
England & Welsh	93	8	45	3	4	40
France**	79	12	39	6		43
Japan	61	9	3	5		83
New Zealand	75	6	66	6		22
United States	68	9	33	14	14	30

Source: Dorthy L. Nortman: Population and Family Planning Programs — A Compendium of data through 1981, the Population Council, 11th edition, P 94, 1982.

* China's data quoted from one per thousand sample survey.

** Women Reproductive Age Group 15-44.

VI. Summary and Some of the Issues that may be Considered in the Future

China's efforts to control population increase in order to improve the health care delivery system, to reduce the incidence of communicable disease and prevalence of malnutrition, thereby greatly reducing the mortality rate and improving the health status of the people, have led to a dramatic increase in life expectancy. This success might be labelled the first Chinese health care revolution (quoted from World Bank's Report). However, followed by this "revolution" and is the newly developed economic policy. Several issue might have to be considered and to be solved in the future.

1. There are 3,987,577 part-time health workers in the rural areas – see Table 21 (including 1,396,452 barefoot doctors of which 443,275 are women barefoot doctors, 584,565 rural midwives and 2,006,566 health aides – brigades). They had played a great important role in the first health care revolution. How to fit them to the second cycle of revolution is the current situation. Mr Dong said, "the barefoot doctor should wear shoes".

Since 1980, the barefoot doctor became village doctors after they had past an examination. But due to the new economic policy how to maintain such a big team of health workers in the rural area is still an issue to be solved.

Table 21. Health Services in Production Brigades 1970, 1975, 1980 and 1981.

	1970	1975	1980	1981
Total Number of Brigades	650,720	675,445	702,910	714,700
Brigades with rural cooperative insurance systems				
– Number	498,451	571,427	483,601	415,957
– % of total	76.6	84.6	68.8	58.2
Number of barefoot doctors (BFD)	1,218,266	1,559,214	1,463,406	1,396,452
– of which female BFD	n.a.	502,225	489,422	443,275
– Proportion of female BFD	n.a.	0.32	0.33	0.32
Average number of BFD per brigade	1.9	2.3	2.1	2.0
Number of rural midwives	n.a.	615,184	634,858	584,565
Number of brigade health aides	3,561,014	3,282,481	2,357,370	2,006,560
Total number of part-time health staff in brigades	4,779,280	5,456,879	4,455,634	3,987,577

Source: These data were provided to the October, 1982, World Bank Rural Health and Medical Education mission by Ministry of Public Health.

2. With the success in the control of population growth and the prevention of the major communicable diseases, the disease pattern were changed. The Government become gradually aware of some of the health problems of middle-aged and older population. Table 22 shows the changes of disease pattern.

However, there is still a big difference between the rural and urban areas in comparison with the other developing and developed countries in the world. In the pattern of distribution of death by cause, there is something in between the model of high-income country and the model of low-income country. See Table 23.

3. The success in the prevention of communicable diseases with inexpensive approach and the improvement of the health condition of the people in China is well known in the world. However in the next stage, due to the change of disease pattern and the pattern of cause of death, China is very much like that of industrialized world – heart disease, cancer and stroke

Table 22. Principal Causes of Death in Urban and Rural Areas, Selected Years (per 100,000 population)

Causes of death	Urban Area*			Rural Area*
	1954-59	1960-63	1974-78	1974-78
Diseases of the respiratory system	99.19-132.60	64.57-101.77	54.14- 66.49	77.55- 88.39
Pulmonary tuberculosis	48.26- 73.71	36.32- 48.81	15.72- 21.29	24.91- 32.61
Diseases of the digestive system	48.12- 74.02	31.35- 52.29	24.74- 28.78	39.75- 46.30
Acute infectious diseases	29.48- 89.90	21.24- 41.99	9.43- 11.64	18.42- 23.31
Heart diseases	44.65- 68.58	36.05- 52.00	113.13-130.67	111.14-151.79
Cerebrovascular diseases	38.56- 57.28	36.87- 41.18	125.02-144.52	88.06-109.44
Malignant neoplasms	36.90- 45.65	35.31- 46.12	111.49-118.01	107.86-119.57

* The numbers given represent a range within the given years.

Source: "A Brief Account of 30 Year's Mortality of Chinese Population." World Health Quarterly, World Health Organization, Volume 34, No. 2, 1981. These data appear to have been collected from the same surveillance points referred to in footnote a, Table B-1.

Table 23. Percent Distribution of Deaths by Cause, China and Model High-and Low-Income Countries

Cause	China 1973-75	Model low- income country	Model high- income country
Infectious, parasitic and respiratory diseases	25.5%	43.7%	10.8%
Cancer	10.3	3.7	15.2
Circulatory diseases	25.5	14.8	32.2
Trauma and accidents	9.4	3.5	6.8
Other causes	29.3	34.3	35.0

Note: Causes of death were allocated into the four broad categories indicated in the table from quite different initial breakdowns; errors of classification may, therefore, exist. The percentage of deaths due to tuberculosis is the percentage of total deaths, not of the percentage of those in the "Infectious ..." category.

Sources: For China, 1973-75, see Annex Table B-3. For the model low-and high-income countries, see Health Sector Policy Paper, World Bank, 1980, p. 13.

lead the list of cause of death. The approach to treatment of these diseases developed in the West tend to be extremely costly and of limited efficacy; yet very natural demands by patients for treatment – and efforts by physicians to supply the best available care have led to expenditure of vast resources with relatively little health impact.

One simple but important example of an increasingly prominent chronic disease in China is hypertension, and the growing problem of hypertension exemplifies that of other chronic disease. Hypertension (or high blood pressure) is a condition that greatly increases an individual's propensity to heart failure, kidney failure and stroke; its 1980 age-adjusted prevalence in China is about 8 percent of the population 15 years of age and over, or 53 million cases. The prevalence would be 10.5% if China's population had the same (older) age distribution as that of the U.S. However, as Table 24 indicates, demographic factors alone will dramatically increase the number of hypertensive in the coming 25 years; indeed, even if age-specific prevalence remains unchanged, the number of cases will more than double by the year 2010. Analyses also indicate, however, that hypertension prevalence in China increases with increasing income levels, so that doubling of the number of hypertension cases that Table 23 projects for the next 25 years is almost certainly an underestimate unless strong preventive measures are adopted. These figures for hypertension exemplify the general problem of a rapidly increasing burden of costly chronic disease.

Table 24. Hypertension Prevalence in China, 1980-2010

	1980	1990	2000	2010
Number of cases	53,000,000	69,000,000	87,000,000	110,000,000
Prevalence	8.1%	8.2%	9.3%	10.8%

Source: World Bank Mission calculations using age-specific hypertension prevalence rates reported from a 1979 national survey. Calculations were undertaken using World Bank projections of population size and age distribution. Hypertension was defined to include confirmed and marginal cases, i.e. blood pressure in excess of 140/90mm Hg.

4. The success in Family Planning Programme in China led to a change in the age structure of the population pyramid and family structure of the young generation. The Government will consider its influence to the manpower resource, the psychosocial development of the only child, the care of elderly and other relevant issues.