Report on the Basic Survey of Population and Development in Southeast Asian Countries
– China –

FEBRUARY 1989

The Asian Population and Development Association

Report on the Basic Survey of Population and Development in Southeast Asian Countries
– China –

FEBRUARY 1989

The Asian Population and Development Association

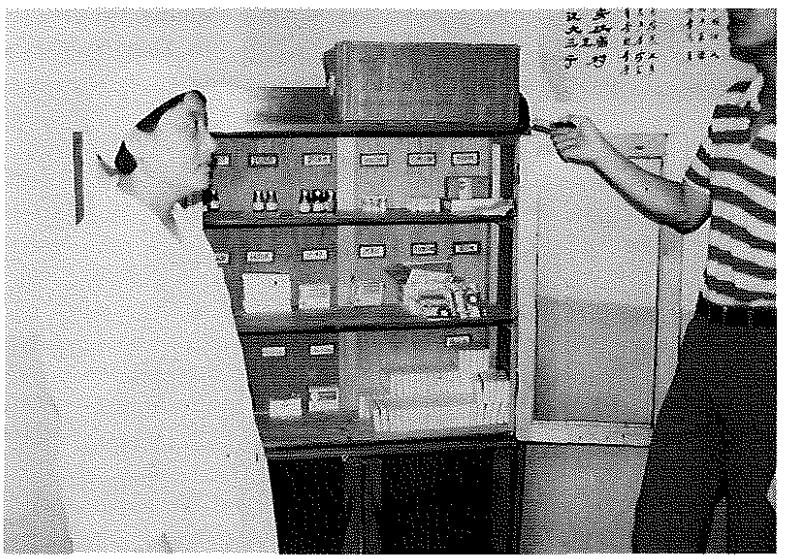
THE ASIAN POPULATION AND DEVELOPMENT ASSOCIATION, 1989
Nagatacho TBR Building, Rm 710
10-2, Nagatacho 2-chome, Chiyoda-ku, Tokyo 100
Telephone: (03)581-7770
Printed in Tokyo, Japan

At State Family Planning Commission
Reporting to the Minister Peng Pei-yun
(From left)
Dr. Toshio Kuroda, Research Team Leader
Minister Peng Pei-yun, and
Ms. Yuiko Nishikawa, team member

At State Family Planning Commission
Discussing the survey
(From left)
Mr. Shen Guo-xiang,
Deputy Director,
Department of Publicity
and Education
Mr. Dong Yu-chang,
Deputy Director,
Bureau of Foreign Affairs

At Sichuan Provincial
Family Planning Commission
(From left)
Mr. Yang Jing-yan, Interpreter
Mr. Sha Ping,
Deputy Director of
Chengdu Municipal
Family Planning
Commission
Mr. Xei Min-dao,
Deputy Director
Dr. Toshio Kuroda,
Research Team Leader
Mr. Xei Tian-yu,
Director, General Office
Ms. Yuiko Nishikawa and
Mr. Hiroaki Washio

Interviewing households in West Ward, Chengdu City
Interview taking place in the courtyard of an old apartment, where eight households live together.



At Hua Yuan Town Family Planning Service Station, Pi County, Chengdu City
Cabinet for various birth control devices
(Left)
Dr. Yan Chongyin, Chief

At Sichuan No. 1 Cotton Textile Dyeing and Printing Plant
Family planning program chart

Foreword

This report presents the findings of a basic survey of population and development in the People's Republic of China. In 1988, the Asian Population and Development Association (APDA) was entrusted with the survey project, "Basic Survey of Population and Development Problems in Southeast Asian Countries" by the Ministry of Health and Welfare and Japan International Corporation of Welfare Services. APDA selected China as the country in which its field survey would be conducted. The actual survey and analysis of the resultant findings were conducted by APDA's survey committee (Chairperson, Dr. Toshio Kuroda, Director Emeritus, Population Research Institute, Nihon University).

For effective application of population policies in the East Asia and other countries, population dynamics as population growth, diseases, mortality, reproduction, population distribution and internal migration, as well as static data of the population including family structure and population structure must be closely defined. In addition, effects of these factors on living and welfare standards, and medical care must be reviewed.

The objective of this survey was to contribute to resolving the problems related to population and development in Asian nations, by conducting a detailed survey of population dynamics, living and welfare standards and health and medical care and other aspects in the Southeast Asian countries.

The field survey was conducted with the guidance and cooperation of Mrs. Peng Pei-yun, Minister of State Family Planning Commission and Mr. Shoji Ashikaga, First Secretary of the Japanese Embassy in China. Also, members of Sichuan Provincial Family Planning Commission and Chengdu Municipal Family Planning Commission. In Japan, members of Policy Planning & Evaluation Division, Minister's Secretariat, Ministry of Welfare and Department of Policies, Economic Cooperation Bureau, Ministry of Foreign Affairs, cooperated in the planning and arrangements of the field survey. I would like to express my heart-felt gratitude to all of them.

In conclusion, I sincerely hope that this report would contribute to the further advancement of the population and development program in the People's Republic of China as well as the Japanese Government's effective cooperation with China.

Furthermore, I would like to add that this report is the responsibility of APDA and does not necessarily reflect the views nor policies of the Ministry of Health and Welfare or the Japanese Government.

February, 1989

Tatsuo Tanaka
Chairman
The Asian Population and
Development Association

C O N T E N T S

Chapter 1

Overview

- Engine of Demographic Transition in China·Sichuan Province -

Only nine of the world's nations have populations of over 100 million. The population of China's Sichuan Province alone is more than 100 million. Sichuan Province is only one of China's provinces, but in terms of population, it is ranked as the tenth most populated region in the world.

The People's Republic of China has achieved a remarkable demographic transition under remarkably backward conditions of economic and social development. In light of both demographic theories and political practices, this extraordinary achievement in demographic transition has captured world-wide attention.

In the great experiment in human history currently taking place in China, both Sichuan Province and Jiangsu Province have been playing key roles as motive powers for this demographic transition.

The primary purpose of our survey, conducted in 1988, was to analyze demographic trends and the present state of population-policy enforcement in Sichuan Province, since it has a significant effect on China's overall demographic changes. We focussed on family planning, public health and sanitation to identify major problems. As a part of this study, we were able to conduct an enquete survey, thanks to the positive cooperation provided by the Sichuan Province Family Planning Commission, and the survey results provided additional valuable information for our study.

The economic and social development of Sichuan Province is extremely limited. The proportion of the population that is engaged in primary industry, an index for its industrialization level, is as high as 74% (1982). Sichuan Province is primarily an agricultural and rural region. The urban population (proportion of the population domiciled in cities and towns to the total provincial population), an index for the urbanization level, is a mere 14.3%, significantly lower than China's overall urbanization percent 20.6%. As an educational and cultural level index, we may cite that the illiteracy rate[1)] (the ratio of illiteracy and semi-illiteracy to the total population over 12 years old) is 32% in Sichuan Province, almost equal to the national average.

There are relatively small differences in mortality rates among the provinces of China. On the other hand, Table 1 shows differences in fertility rates between Sichuan Province and some other provinces, including Liaoning and Jilin. Both Liaoning and Jilin Provinces have achieved greater economic and social advancement than Sichuan Province.

Sichuan Province's crude birth rate was recorded at 12.57 in 1980, second only to Shanghai. In 1985, however, the rate was slightly higher than those in the Liaoning and Jilin Provinces, and much lower than the national average. Taking into consideration that Sichuan Province has an overwhelmingly larger agricultural population, a significantly lower urbanization rate, and a higher illiteracy rate than

Liaoning an Jilin, we can attribute its low fertility rate solely to the powerful and effective family planning program enforced by the Sichuan Government. Based on detailed analysis, Professor Freedman and his colleagues concluded that the tremendous decline in fertility in Sichuan Province is due to its "extraordinarily strong family planning programmes".[2)]

It can be said that the population policy that is being carried out under the family planning program in Sichuan Province is an excellent example of what can be achieved in reducing fertility rates. It has proven that it is possible to achieve fertility transition, even under limited economic and social development conditions.

The most important feature of the family planning programs adopted by the Sichuan Province Family Planning Commission is the complete and thorough enforcement of advertising and education. As already noted, Sichuan Province has an extremely large agricultural population and a high illiteracy rate, and its people tend to be more conservative. Therefore, it has been all the more difficult to win the people's understanding and consensus on family planning. It is, however, an essential prerequisite in order to achieve successful family planning. Sichuan Province has in fact, successfully achieved it. One reason for its success is its use of categorized guidance, in which it systematically provides appropriate guidance for a particular area or population by considering the characteristics of the region or group. The most popular contraceptive measures employed by the Sichuan population is the intra-uterine device (IUD) (43%). However, at a large-scale spinning factory we surveyed, the condom is the most frequently used method partly because they have an eight-hour work shift system. In addition, the duties of village doctors and family planning instructors have begun to be separated. The village doctors belong to public health teams organized under the Public Health Bureau, and they previously were involved in family planning project. However, due to the increasing duties of the village doctors, Sichuan Province now has adopted a family planning instructor system, in which instructors are specialized in family planning. As such, its administrative functions have been systematically organized under the Province and each village-level organizations in three different areas: advertising and education, technical service, and family planning management.

The key success factor in the Sichuan Province family planning program is the organic integration of the horizontal administrative coordination between the public health bureau and other related agencies and the vertical systematization of the family planning administration. Thus, the Sichuan and Jiangsu Provinces have been playing the roles of motive powers in China, which has been achieving a demographic transition while overcoming backward economic and social development conditions.

(Note)

1) Illiterate or semi-illiterate people refer to those who cannot read at all or can read less than 1,500 characters. They cannot read popular magazines and newspapers, nor write simple sentences and letters.

2) Ronald Freedman, Xiao Zhen Yu, Li Bohua, and William R. Lavely: Education and Fertility in Two Chinese Provinces; 1967-1970 to 1979-1982, Asia-Pacific Population Journal, vol. 3, No. 1, 1988. 3, p. 28 and also Local Area Variations in Reproductive Behavior in the People's Republic of China 1973-1982, Population Studies - A Journal of Demography, vol. 42, No. 1, March 1988, pp. 39-57 by the same authors. The following article written by Shen Yimin of the Chinese National Statistical Bureau is also useful. Selected Findings from Recent Fertility Surveys in Three Regions of China, International Family Planning Perspectives, vol. 13, No. 3, September 1987, pp. 80-85.

Table 1 Comparison of Fertility Transition and Modernization
- Sichuan and Jiangsu vs. Liaoning and Jilin -

Province	Birthrate (‰)		Primary industry population ratio	Urbanization rate	Illiteracy rate
	1980	1985			
Sichuan	11.9	12.8	73.6%	14.3%	32.0%
Liaoning	15.8	11.9	46.0	42.4	16.6
Jilin	17.9	11.9	46.3	39.6	21.8
Jiangsu	14.7	10.8	66.2	15.8	34.6
National average	17.0	17.8	73.7	20.6	32.0

Source: Birthrate is based on the data in the "Chinese Statistics Yearbook 1987." Other data is based on "Population Census Materials in China, 1982." Jiangsu Province is very similar to Sichuan Province in terms of its primary industry population ratio, urbanization rate, and illiteracy rate. Based on the data obtained in Sichuan Province, the ratio of agricultural population is 85.6%.

Chapter 2

The General Features of China's Population

1. General Features of the Population according to District

China's population at the end of 1986 was an estimated to be 1.06 billion. By the end of 1987, this number had reached 1.08 billion, an increase of some 20 million people.

The population is distributed unevenly across the huge Chinese land mass and its diverse natural and geographic conditions. In general, the economic concentration and population are said to be dense in the east and sparse in the west.

Ninety-one percent of the population live in the eastern cultivated area. The seven administrative districts in the west (made up of the three provinces of Kansu, Qinghai and Yunnan, and the four autonomous regions of Inner Mongolia, Ningxia, Xinjiang and Tibet), make up 59% of the total area of China, and are sparsely populated, with only 9% of the population (Table 1).

The desert and highland regions are inhabited primarily by ethnic minorities.

The so-called "North-South" issue for China has arisen from the pronounced differences in economic conditions found between its eastern and western regions. The highest per capita income recorded in Shanghai in 1985 (3367 yuan), was nine times higher than the lowest per capita income of 363 yuan recorded in Guizhou (national average: 741 yuan).

Let us look at the demographic features in 1986 of China's 29 provinces, cities and autonomous regions (administrative regions now total 30 with the raising of Hainandao to province rank). Only one district, Sichuan, had more than 100 million people. Seven districts were within the range of 50-100 million; Hebei, Jiangsu, Anhui, Shandong, Henan, Hunan and Guangdong. Sixteen districts fell into the 10-50 million category: Shanxi, Inner Mongolia, Liaoning, Jilin, Heilongjiang, Shanghai, Zhejiang, Fujian, Jiangxi, Hubei, Quangxi, Guizhou, Yunnan, Shaanxi, Gansu and Xinjiang. Regions with less than 10 million people were Beijing, Tianjin, Tibet, Qinghai and Ningxia. The population varied greatly among these regions, ranging from 2.03 million to 100 million.

The population density of China was 109 per square kilometer in 1986, about one-third of that of Japan. An examination according to district shows that Shanghai had the highest population density among all the districts (1,987 per square people), about 1/3 of the figure in Tokyo (5,471 persons in 1987). The population densities of the five districts - Tianjin (725), Jiangsu (611), Beijing (580) and Shandong (507) - were more than five times the national average, while very low population densities were recorded in Tibet (2), Qinghai (6) and Xinjiang (9).

An examination of changes in the proportion of population according to administrative districts since 1953 shows that it has gradually increased in Beijing, Tianjin, Inner Mongolia, Heilongjiang and Xinjiang, while decreasing in Hebei, Jiangsu, Anhui, Shandong and Sichuan. The annual average rate of increase in Beijing, Tianjin, Inner Mongolia, Heilongjiang and Xinjiang during 1953-1986 exceeded 3%.

As for the recent trend in population growth, the total population in 1986 was 107, if the 1980 figure is taken as 100 (Table 1). The rate of increase was higher than the national average in 14 regions: Beijing, Tianjin, Hebei, Inner Mongolia, Fujian, Hunan, Guangdong, Guangxi, Guizhou, Yunnan, Tibet, Gansu, Qinghai, Ningxia and Xinziang. The rates in the remaining 15 districts were either the same as or lower than the national average.

In terms of sex-specific population structure, the number of males per 100 females (sex ratio) was 107, showing there are more males than females. This high figure - the figure in most industrialized countries falls below 100 - can be attributed to low medical standards and the discriminatory attitudes toward women in providing care, based on the widespread belief that women are inferior to men in the society.

Table 1 shows the sex ratios in each administrative district. The number of males exceeded the number of females in all 28 districts, except Tibet. The ratio was particularly high in Shanxi (110), Inner Mongolia (109), Hunan (109) and Shaahxi (109). Relatively low figures were recorded in Shanghai (101), Beijing (104), Tianjin (104), Jiangsu (104), Shandong (104) and Yunnan (103). Figure 1 shows age specific sex ratios. We can see from Figure 1 that in 1953, 1964 and 1982, the number of males exceeded that of females in all age groups before they turn 60. The ratios were then reversed only after the age of 60.

2. Birth-Rate/Death-Rate Standards

China saw high birth and death rates until it was established as a Communist State. In the 20-years period of 1950-1970, the crude death rate declined steadily from 20 to 7.6 per 1,000 population, while the crude birth rate remained high at about 35 per 1,000, except for years natural disasters occurred. Consequently, the population increased rapidly. Since 1971, however, the government has advocated family planning (1971), the postponement of marriage (1973), the encouragement of infrequent pregnancies (in order to have at least four years between pregnancies; 1973) and having fewer children (1973). The government's "one-child policy" was introduced in 1979. These population-control measures were effective in gradually decreasing the birth rate. The natural rate of increase dropped to 12 per 1,000 in 1980 (Table 2). The birth rate, which was declining until 1985, increased again in 1986 to 20.8. This rebound phenomenon was caused mainly by changes in age

composition, as the baby boomers of the 1960s got married and started to have children. Other factors are also held accountable; the increase in the number of two and three-child families in farming villages after the relaxation of the one-child policy in 1984, the increase in the ethnic minorities and the increase in unplanned births due to insufficient birth control as more people migrated from rural areas to urban areas. In February 1988, the Family Planning Commission introduced the contract system to enforce birth-control measures.

Next, let us examine how the population dynamics in each region have changed, compared to that of the whole country. Table 2 shows the birth rate, the death rate and the rate of natural increase in each region for the years between 1957 and 1986. The birth rate was high at over 32 per 1000 population in 1965 in all districts, except in Beijing and Shanghai. In particular, Guizhou (50.0‰) was about three times the lowest rate recorded in Shanghai (17.0‰). In 1980, the birth rate in many districts dropped by more than 50% from the 1965 level and the gap among districts was reduced. The drop in the birth rate in 1980 was greater in districts that had recorded high birth rates in 1965. In 1985 or 1986, many regions showed signs of increasing birth rates.

After the foundation of Communist China, the death rate declined steadily in all districts except after natural disasters, when sharp rebounds were temporarily recorded. In 1957, the death rate ranged between 6.06 (the minimum recorded in Shanghai) and 16.00 (the maximum recorded in Yunnan). However, the regional gap shrank in 1985, with the minimum recorded in Ningxia (3.77) and the maximum registered in Tibet (10.13). The death rate is climbing slowly in Shanghai as the population ages.

Due to the high birth rate and the low death rate, the rate of natural increase reached 20 per 1,000 population in many of China's districts in 1965. The highest rate recorded in Qinghai (39.60) was more than three times the lowest rate registered in Shaghai (11.30). In 1985 the drop in the birth rate held down the rate of natural increase, as the difference between the minimum in Jiangsu (4.97) and the maximum in Guangxi (14.41) decreased. Since 1986, the rebound in the birth rate has pushed up the rate of natural increase in many districts. Only a small number of districts, however, have rates exceeding 20 births per 1,000 population.

Table 3 shows the actual fertility and mortality levels. The regional differences in crude fertility and mortality rates have been shrinking since 1980, but there still are large regional differences in total specific birth rates and average life expectancies. The total fertility rate in Shanghai (the lowest at 1.336) was larger by 3.2 compared with Guizhou (the highest, at 4.532). The average life expectancy for males was the longest in Shanghai at 70.56 years and shortest in Xinjiang at 59.54 years. The longest average life expectancy for females was recorded in Shaghai at 75.20 years and the

shortest in Xinjiang at 60.28 years. The differences between the maximum and minimum were 11 years for males and approximately 15 years for females. It is clear that large differences in the fertility and mortality levels exist among districts. Regions with high fertility rates were concentrated in the ethnic minority regions located in Western China such as Guangxi, Guizhou, Yunnan, Qinghai, Ningxia and Xinjiang. These regions also are known to have low levels of mortality.

3. China's Urban and Rural Populations

There are two types of cities in China: cheng (city) and zhen (town). In the days before the foundation of Communist China, cheng shi were political cities surrounded by ramparts and ji chen were commercial cities with no fortified castle walls. Chen cities were small in size but regularly held fairs and served an important economic function in collecting goods to be brought to the market ("City Planning in Colonial Manchuria" by Akira Echizawa).

After Communist China was founded, cheng shi and zhen referred to those cities that enforced the city system and zhen system in the locality. The name cheng zhen is used as a general term for the two. The term "xiao cheng zhen" is often customarily used to identify ji chen, including those which do not enforce the chen system.

The Chinese government first determined the statistical definitions of urban and rural areas in 1955. These were then revised twice, in 1963 and 1984. The definition of urban and rural areas during each period is outlined below:

As shown in Figure 2, the size of the "non-agricultural population" plays an important role in defining the population of a city in China. "Non-agricultural populations" refer to those which are not engaged in agricultural production (agriculture, forestry, livestock farming, small agriculture-related businesses, fishing) and which consume food crops. Just as in other Socialist countries, "economy in shortage," conditions, in which supply does not meet demand, prevailed in China for prolonged periods the past.

For this reason, ration coupons for important goods such as food, oil, cloth and industrial products (like bicycles) were distributed to the people. Sales of many of these products are liberalized today, but ration coupons are still used for food, oil and pork. The "non-agricultural population" is so designated in the officially maintained family register, and non-farmers receive ration coupons for food and other products. The "agricultural population," does not have the right to such coupons. So, those who have received official approval to migrate from a rural area to a urban area have to alter their family register accordingly. They then will be part of the non-agricultural

population, rather than the agricultural population, from statistical point of view, i.e., in the eyes of the government. However, the agricultural population is also found in cities, as farming has been developed in the suburbs of cities since 1976, as the revisions of administrative districts were enlarged to include farming districts in the cities (Table 5). In Chinese statistics, therefore, the non-agricultural population is tallied separately under the city population. The population of cities is aggregated under urban and suburban population categories. The proportion of the agricultural population is, in general, relatively high in the suburban districts.

Rural areas (xiang cun), on the other hand, also contain "non-agricultural population," such as local government employees and teachers.

4. Urbanization and Migration

The development of the urbanization of the population of Communist China after its foundation varied according to regions, due to the strict government controls on family registers, the restriction on migration from rural areas to urban areas, and the political and economical confusion caused by the Cultural Revolution. In the decade after Communist China was formed urbanization proceeded rapidly under the policy emphasizing heavy industry, which aimed at the recovery of the national economy. However, agricultural production fell in later periods, due to natural disasters and failures in strengthening economy during the Great Leap Forward. The government reduced the urban population by largely reducing the number of workers in the cities and other measures, and in 1963 revised the administrative district zoning in cities, as mentioned earlier. As a result, the number of cities decreased from 208 in 1961 to 179 in 1963 and the urban population dropped by 10.61 million, from 127.07 million to 116.46 million. Moreover, during the Great Cultural Revolution of 1966-1976, industrial development and other construction projects in the cities were cut back or suspended. Urbanization almost came to a standstill as students and intellectuals were sent back to villages.

After the Cultural Revolution, many young people returned to the cities and urbanization proceeded quickly following the economic reform of 1979. As commercial economies in the villages and local industries in xiang zhen developed, the role of the cities grew in exchanges between, and the development of, farming village economies and xiao cheng zhen cities. In 1984, the revision of urban regions mentioned earlier took place. As a result, the rate of urbanization rose from 23.5% in 1983 to 31.9% in 1984, 36.6% in 1985 and doubled by 1986 to 41.4% as compared with that of 1980.

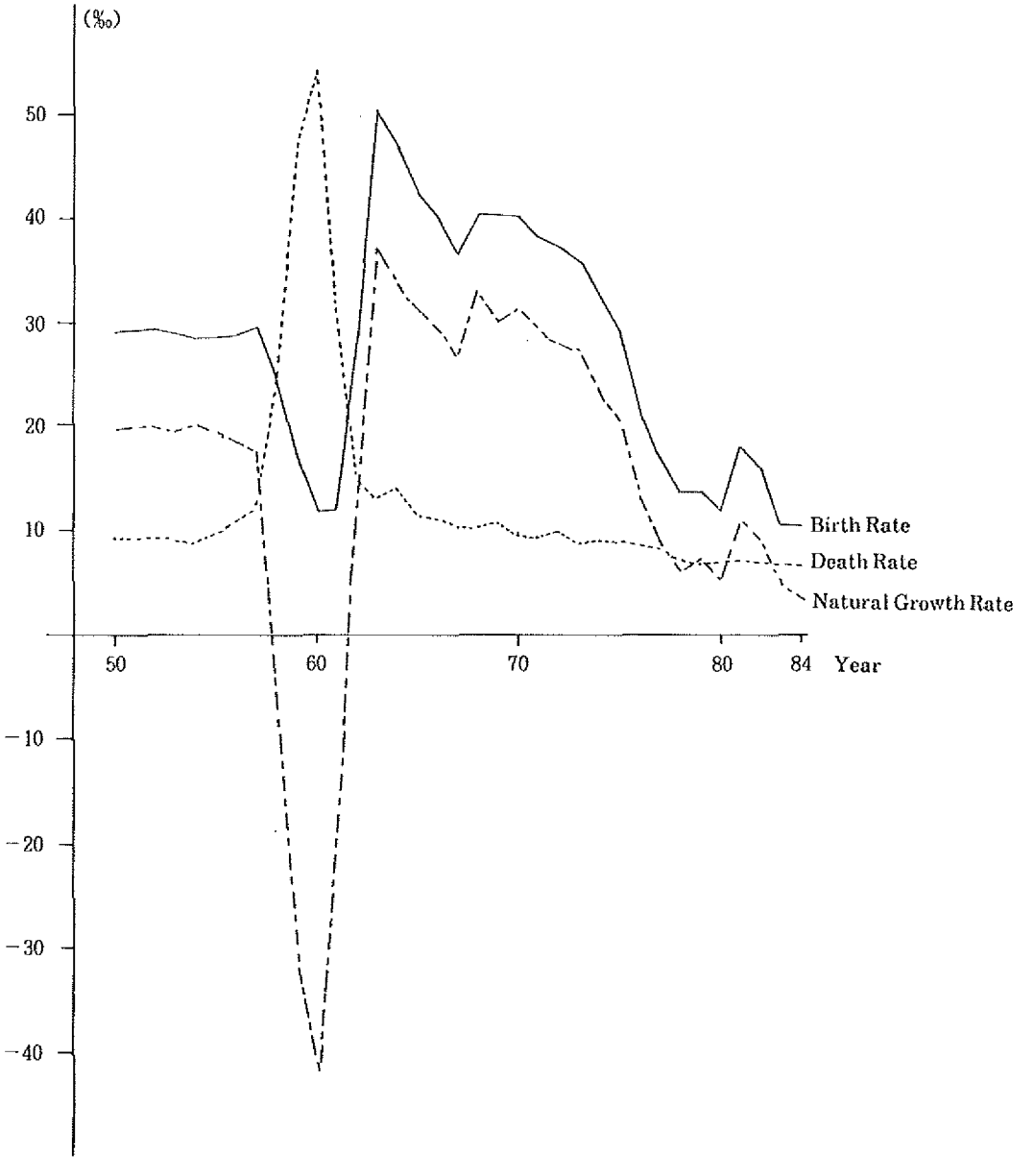
China's current population policy imposes strict restrictions on

migration from villages to the cities. Migration from a village to a town was permitted in 1984 in an effort to reduce surplus labor force in the villages and to settle the family register of the mobile populations (people who reside outside the area of their family register without moving the register). Department of Civil Registration provides permanent registrations for farmers who have guaranteed employment in the ji chen (town) and their families (many of them are classified statistically as "non-agricultural populations"). The Food Bureau issues them food-ration certificates and the local governments supply their housing. They are free to move to and from villages.

One of the most important problems in China today is the control of its increasingly mobile population in very large cities with populations of more than 1 million and large cities with populations of 500,000 - 1 million. Because of strict controls on migration to large cities, more and more people are moving to and settling in cities to work in construction and service sectors for several months without altering their family registry. In 1986, the government issued temporary family registration to 610,000 people in Beijing. These people were classified statistically as "temporary settled populations". They accounted for 6.3% of the permanent population of 9.71 million. It is difficult, however, to grasp the large numbers of people who work at hotels and construction sites without registering them as part of the temporarily settled population. As such, they pose difficulties in family-planning management. A survey in Beijing estimated the size of its mobile population as of 1987 at 1.1 million, or 12% of the permanent population. The rapid increase in the mobile population will increase burden on the city's housing, transport and other services. Urgent and fundamental measures are called for to cope with the problem.

Note: "Urban System and City Growth in Modern China (1) Ajia Keizai, vol. 21, No. 1.

Figure 1: Demographic Changes in Sichuan Province



Source: Chinese Population Yearbook, 1985

Fig. 2 Definition of urban and rural areas

(1) Regulations on classification standards of urban and rural areas by the State Department, November 7, 1955

Cheng zhen:	Cheng shi - (city)	cities under the direct jurisdiction of the central and provincial government. Communities with populations of more than 20,000
	: Ji chen - (town)	Communities with populations of 2,000-20,000, more than 50% of the population being non-farmers
Hsiang cusn		communities other than cheng zhen

(rural areas)

(2) Order by the State Department, Central Communist Party of China, on adjustment of placement of shi and zhen and reduction of cheng shi jiaoqu (suburbs of city), December 7, 1963.

Only the definition of ji chen had been revised since 1955.

Ji chen - Communities with populations of 3,000 - 20,000 with more than 75% being non-farming population.

(3) Report by the People's Affairs Division on the adjustment of the placement of zhen, October 9, 1984. Only the definition of ji zhen had been revised since 1963.

Ji chen - 1. Location of local national institutions at the provincial level

2. Location of the xiang cun government within xiang cun, with a population of less than 20,000, and more than a 2,000 are non-farmers

3. Location of the xiang cun government within xiang cun with populations of more than 20,000, and with more than 10% being non-farmers.

4. Ethnic minority regions, outlying districts with small populations, mountainous regions, small industrial and mining regions, small-port districts and tourist resorts may be elevated to zhen as deemed necessary, even if the population has not reached 2,000.

(Source) Same as Table 2

Table 1 Population by Administrative District in China, 1986

Administrative district	Population (10 thousands)	Sex ratio (%)	Population density (person/km²)	Rate of urbanization (%)	Percentage in total population (%) 1953	1986	Population-increase index 1986/1980
Whole nation	105,721	107	110	41	100.0	100.0	107.1
A	12,095	107		47	11.3	11.4	108.4
1 Beijing	975	104	580	67	0.5	0.9	110.0
2 Tianjin	819	104	725	71	0.5	0.8	109.1
3 Hebei	5,617	106	299	36	6.5	5.3	108.7
4 Shanxi	2,655	110	170	57	2.5	2.5	107.2
5 Inner Mongolia	2,029	109	17	46	1.3	1.9	108.1
B	9,373	105		65	7.4	8.9	105.3
6 Liaoning	3,726	105	256	69	3.5	3.5	106.9
7 Jilin	2,315	105	124	64	1.9	2.2	104.7
8 Heilongjiang	3,332	105	71	61	2.0	3.2	104.0
C	30,823	106		42	30.9	29.2	106.7
9 Shanghai	1,232	101	1,987	63	1.1	1.2	107.5
10 Jiangsu	6,270	104	611	33	7.0	5.9	105.6
11 Zhejiang	4,070	108	400	44	3.9	3.9	106.3
12 Anhui	5,217	108	374	29	5.3	4.9	106.6
13 Fujian	2,749	107	227	44	2.3	2.6	109.2
14 Jiangxi	3,509	107	211	29	2.9	3.3	107.3
15 Shangdong	7,776	104	507	57	8.4	7.4	106.6
D	28,785	107		39	27.4	27.2	108.3
16 Henan	7,808	105	468	21	7.6	7.4	107.2
17 Hubei	4,989	106	266	47	4.8	4.7	106.5
18 Hunan	5,696	109	271	33	5.7	5.4	107.9
19 Guangdong	6,346	106	299	39	6.3	6.0	109.8
20 Guangxi	3,946	107	167	38	3.0	3.7	111.5
E	16,987	106		28	17.1	16.1	106.5
21 Sichuan	10,320	107	182	27	11.3	9.8	105.1
22 Guizhou	3,008	105	171	30	2.6	2.9	108.3
23 Yunnan	3,456	103	88	29	3.0	3.3	108.9
24 Tibet	203	95	2	12	0.2	0.2	109.7
F	7,334	107		40	6.1	6.9	108.1
25 Shaanxi	3,043	109	148	40	2.7	2.9	107.5
26 Gansu	2,071	107	46	39	2.0	2.0	108.0
27 Qinghai	412	105	6	34	0.3	0.4	109.3
28 Ningxia	424	107	64	40	0.3	0.4	113.4
29 Xinjiang	1,384	105	9	43	0.8	1.3	107.9

(Source): "Statistical Year Book of China, 1987" complied by the National Statistics Bureau. Chinese Statistics Publisher
"Chinese Population Yearbook 1985, 1986" edited by Population Research Institute, Chinese Academy of Social Science, China Social Science Press.

Table 2 Vital Statistics of the Chinese Population by Administrative District

(Birth Rate)

District	1957	1965	1970	1975	1980	1985	1986
Whole nation	34.03	380.00	33.59	23.13	16.98	17.80	20.77
Beijing	44.25	23.10	20.68	9.94	15.58	14.43	13.41
Tianjin	45.21		19.29	13.94	13.45	14.53	15.02
Hebei	30.39	31.80	26.76	15.57	19.64	13.40	20.4
Shanxi	33.07	34.00	31.11	23.22	17.50	14.16	
Inner Mongolia	37.17	38.00	28.92	22.19	18.51	13.80	15.5*
Liaoning	41.60	36.20	27.40	16.36	15.84	11.85	14.8
Jilin	34.64	40.50	33.17	20.48	17.85	11.93	13.7
Heilongjiang	36.43	40.40	34.81	21.97	23.57	10.74	12.0
Shanghai	46.00	17.00	13.83	9.43	12.57	12.74	14.5
Jiangsu	34.01	36.90	30.69	17.86	14.69	10.84	
Zhejiang	34.62	36.50	26.16	19.49	15.10	12.11	
Anhui	29.51	41.80	37.19	22.13	15.52	12.75	
Fujian	37.90	41.10	33.62	28.83	17.65	17.49	17.07
Jiangxi	38.15	38.90	31.56	33.98	16.01	14.28	
Shangdong	35.59	35.50	33.91	21.56	15.29	11.75	
Henan	33.48	36.10	31.59	22.75	17.25	11.51	
Hubei	34.21	35.50	29.92	19.93	15.52	13.20	
Hunan	33.28	42.30	37.22	25.04	16.19	14.44	19.90
Guangdong	34.73	36.30	29.64	21.03	20.72	15.68	
Guangxi	32.98	42.40	31.14	27.53	25.17	25.51	27.08
Sichuan	30.63	42.40	52.70	29.14	11.93	12.79	
Guizhou	34.27	50.00	43.10	37.52	21.00	17.30	
Yunnan	36.02	44.10	28.51	29.54	17.83	16.79	
Tibet			19.44	22.35	22.35	23.32	
Shaanxi	32.00	34.70	26.76	21.70	16.15	16.09	
Gansu	34.06	45.30	39.46	20.96	16.51	14.32	21.14
Qinghai	32.18	48.70	39.93	31.59	22.26	14.21	
Ningxia		48.10	40.36	36.34	27.37	17.09	20.54
Xinjiang	23.00	41.70	36.67	33.10	21.83	19.80	
Urban	44.48	26.59	-	14.71	14.17	14.02	17.39
Rural	32.81	39.53	-	24.17	18.82	19.17	21.94

(Death Rate)

District	1957	1965	1970	1975	1980	1985	1986
Whole nation	10.80	9.50	7.64	7.36	6.34	6.57	6.69
Beijing	8.10	6.70	6.37	6.53	6.30	5.50	5.34
Tianjin	8.13		6.35	6.59	6.03	5.78	5.72
Hebei	11.60	8.40	6.48	7.22	7.27	5.69	6.1
Shanxi	12.61	10.40	8.13	7.85	6.73	5.98	
Inner Mongolia	10.69	9.60	5.81	5.64	5.46	4.46	4.3*
Liaoning	9.38	7.10	5.14	6.16	5.60	5.27	5.2
Jilin	9.23	9.70	6.33	6.74	6.20	5.34	5.4
Heilongjiang	10.38	8.00	5.80	5.43	7.24	4.29	4.4
Shanghai	6.06	5.70	4.99	6.01	6.49	6.69	6.5
Jiangsu	9.99	9.50	6.85	6.46	6.57	5.87	
Zhejiang	9.24	8.10	5.97	6.31	6.29	6.05	
Anhui	9.03	7.20	6.44	5.68	4.73	5.16	
Fujian	8.92	7.30	6.02	6.54	6.54	5.38	5.31
Jiangxi	11.42	9.40	7.74	8.01	5.30	5.54	
Shangdong	11.98	10.20	7.34	7.53	6.61	5.90	
Henan	11.74	8.50	7.43	7.66	5.22	6.22	
Hubei	9.56	10.00	7.70	7.88	7.09	6.69	
Hunan	10.35	11.20	10.16	8.34	6.87	6.46	6.30
Guangdong	8.55	6.80	5.89	6.06	5.41	5.01	
Guangxi	11.94	9.00	6.76	6.77	5.80	5.60	6.68
Sichuan	11.82	11.50	12.60	8.86	6.81	6.67	
Guizhou	12.29	15.20	10.78	10.53	7.04	7.51	
Yunnan	16.00	13.00	8.15	8.68	7.42	6.56	
Tibet			7.64	9.05	8.20	10.13	
Shaanxi	10.25	13.00	6.28	8.16	7.23	5.99	
Gansu	11.07	12.30	7.94	7.42	5.53	4.99	5.91
Qinghai	10.40	9.10	7.56	8.24	6.09	4.58	
Ningxia		9.30	6.43	7.74	5.67	3.77	5.00
Xinjiang	14.06	11.10	8.23	8.74	7.70	6.39	
Urban	8.47	5.69	-	5.39	5.48	5.96	5.75
Rural	11.07	10.06	-	7.59	6.47	6.66	6.74

(Rate of Natural Increase)

District	1957	1965	1970	1975	1980	1985	1986
Whole nation	23.23	28.50	25.95	15.77	10.64	11.23	14.08
Beijing	36.15	16.40	14.31	3.41	9.28	8.93	8.07
Tianjin	37.08	-	12.94	7.35	7.42	8.75	9.30
Hebei	18.79	23.40	20.28	8.35	12.37	7.71	14.3
Shanxi	20.46	23.60	22.98	15.37	10.77	8.18	
Inner Mongolia	26.48	28.40	23.11	16.51	13.05	9.34	11.2*
Liaoning	32.22	29.10	22.26	10.20	10.24	6.58	9.6
Jilin	25.41	30.80	26.84	13.74	11.65	6.59	8.3
Heilongjiang	26.05	32.40	29.01	16.54	16.33	6.45	7.6
Shanghai	39.94	11.30	8.86	3.43	6.08	6.05	8.0
Jiangsu	24.02	27.40	23.84	11.74	8.12	4.97	
Zhejiang	25.38	23.40	20.19	13.18	8.81	6.06	
Anhui	20.48	34.60	30.75	16.45	10.97	7.59	
Fujian	28.98	33.80	27.40	22.29	12.11	12.11	11.76
Jiangxi	26.73	29.50	23.82	25.97	10.71	8.74	
Shangdong	23.61	25.30	26.57	14.03	8.68	5.85	
Henan	21.74	27.60	24.16	15.09	12.03	5.29	
Hubei	24.65	25.10	22.22	12.05	9.43	6.51	
Hunan	22.93	31.10	27.06	16.70	9.32	7.90	13.60
Guangdong	26.18	29.15	23.75	14.97	15.31	10.67	
Guangxi	21.04	33.40	24.38	20.76	19.37	19.91	20.40
Sichuan	18.81	30.90	40.10	20.28	5.12	6.12	
Guizhou	21.89	34.80	32.32	26.99	13.96	9.79	
Yunnan	20.02	31.10	20.36	20.86	10.41	10.23	
Tibet			11.80	13.30	14.15	13.19	
Shaanxi	21.75	21.70	20.48	13.54	8.92	10.10	
Gansu	22.99	33.00	31.52	13.54	10.98	9.33	15.23
Qinghai	21.78	39.60	32.37	23.71	16.17	9.63	
Ningxia		38.80	33.93	28.60	21.70	13.32	15.56
Xinjiang	13.94	30.60	28.44	24.36	14.13	13.41	
Urban	36.01	20.90	-	9.32	8.69	8.06	11.64
Rural	21.74	29.47	-	16.58	12.35	12.51	15.20

(Source): "Statistical Year Book of China, 1987" compiled by the National Statistics Bureau, Chinese Statistics Publisher
"Statistical Year Book of Provinces, 1987" compiled by the Statistics Bureau of each province
"Chinese Population Year Book 1985, 1986" compiled by the Population Study Center, Chinese Social Studies Academy, Chinese Social Studies Publisher

Note *) The data refers to one city and three meng in Inner Mongolia

Table 3 Total Fertility Rate and Average Life Expectancy as of 1981

	Total fertility rate as of 1981	Average life expectancy as of 1981	
		Male	Female
Whole nation	2.618	66.24	69.18
Cities	1.499	68.95	72.53
Towns	-	69.48	73.35
Prefectures	2.857	65.59	68.38
Beijing	1.418	70.52	73.49
Tianjin	1.350	69.95	71.99
Hebei	2.661	69.17	71.96
Shanxi	2.817	66.66	69.02
Inner Mongolia	3.202	66.03	67.90
Liaoning	2.052	69.66	71.95
Jilin	1.950	68.33	69.79
Heilongjiang	2.669	67.39	69.32
Shanghai	1.336	70.56	75.20
Jiangsu	1.879	67.41	71.64
Zhejiang	2.246	67.79	71.26
Anhui	2.379	67.64	70.83
Fujian	2.636	66.32	70.82
Jiangxi	2.872	64.74	67.42
Shangdong	2.079	68.61	71.55
Henan	2.400	67.93	71.51
Hubei	2.214	64.10	67.31
Hunan	3.241	64.32	66.88
Guangdong	3.082	68.56	73.41
Guangxi	3.753	68.14	71.38
Sichuan	2.525	63.07	65.09
Guizhou	4.532	61.30	61.83
Yunnan	3.787	60.16	61.85
Tibet	-	-	-
Shaanxi	2.544	64.23	65.87
Gansu	2.690	65.17	66.68
Qinghai	4.429	60.08	61.98
Ningxia	3.836	64.77	66.45
Xinjiang	4.038	59.54	60.28

Source: "Population Census in China, 1982, compiled by the National Statistics Bureau

Table 4 Population by Urban and Rural

Unit: 10,000 persons

Year	National population	Urban		Rural		Non-agricultural population		Agricultural population	
		Population	(%)	Population	(%)	Population	(%)	Population	(%)
1949	54,167	5,765	10.6	48,402	89.4	9,441	17.4	44,726	82.6
1950	55,196	6,169	11.2	49,027	88.8	9,137	16.6	46,059	83.4
1951	56,300	6,632	11.8	49,668	88.2	8,674	15.4	47,626	84.6
1952	57,482	7,163	12.5	50,319	87.5	8,291	14.4	49,191	85.6
1953	58,796	7,826	13.3	50,970	86.7	8,729	14.8	50,067	85.2
1954	60,266	8,249	13.7	52,017	86.3	9,229	15.3	51,037	84.7
1955	61,465	8,285	13.5	53,180	86.5	9,335	15.2	52,130	84.8
1956	62,828	9,185	14.6	53,643	85.4	10,002	15.9	52,826	84.1
1957	64,653	9,949	15.4	54,704	84.6	10,618	16.4	54,035	83.6
1958	65,994	10,721	16.2	55,273	83.8	12,210	18.5	53,784	81.5
1959	67,207	12,371	18.4	54,836	81.6	13,567	20.2	53,640	79.8
1960	66,207	13,073	19.7	53,134	80.3	13,731	20.7	52,476	79.3
1961	65,859	12,707	19.3	53,152	80.7	12,415	18.9	53,444	81.1
1962	67,295	11,659	17.3	55,636	82.7	11,271	16.7	56,024	83.3
1963	69,172	11,646	16.8	57,526	83.2	11,584	16.7	57,588	83.3
1964	70,499	12,950	18.4	57,549	81.6	11,677	16.6	58,822	83.4
1965	72,538	13,045	18.0	59,493	82.0	12,122	16.7	60,416	83.3
1966	74,542	13,313	17.9	61,229	82.1	12,340	16.6	62,202	83.4
1967	76,368	13,548	17.7	62,820	82.3	12,637	16.5	63,731	83.5
1968	78,534	13,838	17.6	64,896	82.4	12,554	16.0	65,980	84.0
1969	80,671	14,117	17.5	66,554	82.5	12,403	15.4	68,262	84.6
1970	82,992	14,424	17.4	68,568	82.6	12,660	15.3	70,332	84.7
1971	85,229	14,711	17.3	70,518	82.7	13,350	15.7	71,879	84.3
1972	87,177	14,935	17.1	72,242	82.9	13,632	15.6	73,545	84.4
1973	89,211	15,345	17.2	73,866	82.8	13,992	15.7	75,219	84.3
1974	90,859	15,595	17.2	75,264	82.8	14,079	15.5	76,780	84.5
1975	92,420	16,030	17.3	76,390	82.7	14,278	15.4	78,142	84.6
1976	93,717	16,341	17.4	77,376	82.6	14,517	15.5	79,200	84.5
1977	94,974	16,669	17.6	78,305	82.4	14,674	15.5	80,280	84.5
1978	96,259	17,245	17.9	79,014	82.1	15,230	15.8	81,029	84.2
1979	97,542	18,495	19.0	79,047	81.0	16,186	16.6	81,356	83.4
1980	98,705	19,140	19.4	79,565	80.6	16,800	17.0	81,905	83.0
1981	100,072	20,171	20.2	79,901	79.8	17,413	17.4	82,659	82.6
1982	101,514	21,154	20.8	80,387	79.2	17,910	17.6	83,631	82.4
1983	102,495	24,126	23.5	78,369	76.5	18,378	17.9	84,117	82.1
1984	103,475	33,006	31.9	70,469	68.1	19,686	19.0	83,789	81.0
1985	104,532	38,244	36.6	66,288	63.4	21,054	20.1	83,478	79.9
1986	105,721	43,753	41.4	61,968	58.6				

Source: Same as in Table 2

Table 5 Population and Number of Cities (Chen shi) in China (excluding the province having direct jurisdiction of the chen shi)

Year	Number of cities	Number of Households (10,000 persons)	Population (10,0000)	Proportion of Non-agricultural Population	
				Number (10,000)	%
1953	166	1,074	5,249	4,353	82.93
1954	165	1,168	5,768		
1955	163	1,229	5,884		
1956	175	1,313	6,343		
1957	177	1,435	6,902		
1958	175	1,980	9,794		
1959	183	2,031	10,428		
1960	199	2,259	11,771		
1961	208	2,068	10,277	7,004	84.73
1962	198	1,991	9,671	6,535	84.85
1963	174	1,874	9,255	6,607	86.72
1964	169	1,832	9,317	6,944	74.53
1965	171	1,799	9,252	7,087	76.06
1966	175		9,394	7,164	76.26
1967	175		9,544	7,221	75.66
1968	175		9,587	7,214	75.25
1969	175		9,530	7,058	74.06
1970	176		9,848	7,113	72.23
1971	180	2,044	10,047	7,331	72.77
1972	181	2,109	10,364	7,535	72.70
1973	181	2,173	10,609	7,690	72.49
1974	181	2,228	10,775	7,749	71.92
1975	184	2,344	11,105	7,852	70.71
1976	187	2,436	11,301	7,956	70.40
1977	189	2,528	11,515	8,055	69.95
1978	191	2,629	11,929	8,445	70.79
1979	203	2,865	12,940	9,037	69.84
1980	217	3,020	13,447	9,448	70.26
1981	229	3,330	14,332	9,828	68.57
1982	239	3,551	14,940	10,136	67.85
1983	271	4,311	17,895	10,752	60.08
1984	295	4,752	19,559	11,461	58.60
1985	324	5,342	21,611	12,250	55.82
1986	347		23,060	12,228	53.03

Source: Same as in Table 2

Chapter 3

Socio-Economic Background and Family Planning in Sichuan Province

1. Natural Conditions

Sichuan Province is located in the southwestern part of China. It covers an area of 570,000 square kilometers, which accounts for 6% of the total land mass of China (1.5 times larger than that of Japan).

About half of Sichuan Province is mountainous, while the remaining half consists of highlands (29%), hills (29%), and plains (2%). There are many 6,000-meter-class mountains in the mountainous area, and most of the highlands are higher than 4,000 meters above sea level. As indicated by these altitudes, Sichuan Province is situated at the east end of the vast Tibet Heights, and much of the province is an alpine region. Therefore, there is only a small, cultivated land area, which accounts for a mere 13% of the total area.

The Sichuan Basin, the main part of the cultivated land, covers an area of 100,000 square kilometers and is surrounded by 1,000- to 2,000-meter-class mountains. The Sichuan Basin is a plain with an elevation of 500 meters. Sichuan Province has a temperate monsoon climate, in addition to continental and alpine climates. There are great regional differences in climate within the province.

Due to such natural conditions, the population of Sichuan Province is unevenly distributed. Seventy percent of the total population of 100 million people is concentrated in the Sichuan Basin. Overall population density of Sichuan Province is 176 people per square kilometer, while that of the Sichuan Basin is 700 per square kilometer. (The average population density in China is 107 per square kilometer. This data is based on the 1985 census.) The majority of the Sichuan population is made up of the Han race, with ethnic minorities accounting for a mere 4%. The minority population of 3.7 million consists of 52 different races, of which the largest population is the 1.53 million of the Yi race, followed by 0.92 million of the Tibetan race, 0.6 million of the Tajia race, and 0.35 million of the Miao race. These four major races, combined, account for 93% of the total minorities population. Many ethnic minorities have self-governing states or communities, and they have their own family-planning policies.

2. Socio-economic Structures

As stated above, Sichuan Province is a geographically unique land, and thus, it used to be considered a remote area where men rarely traveled. Li Po, a renowned Chinese poet of the Tang Age, recited that the road to Chengdu is as precipitous as that to Heaven. On the other hand, Shu was called "a country in Heaven", and the Sichuan Basin is a fertile land which has never experienced famine and has continued to be used as a granary to supply food to other areas in China.

Such dual characteristics of the province, i.e., a land which is geographically inconvenient yet fertile, have remained basically unchanged. Needless to say, Sichuan Province achieved dramatic economic growth after the Revolution, and the improvement in its various infrastructures is also remarkable. Yet, despite the overall economic development, the agricultural sector is still given much weight in the economic structure of Sichuan Province, compared to the overall economic structure of the country. Table 2 indicates the national income structure by industry, and Table 3 shows the composition of the employed population by industry ("social laborers," as defined by the Chinese) in Sichuan Province. Data on other provinces is also given for reference.

As regards provincial income, the agricultural sector earns 45%, and the industrial sector gains 36%. By comparison, the commercial sector accounts for an extremely small percentage of 9.6%. There is no data available for the service sector. This is probably because it is considered in the economic system of Socialism, that service does not produce " value added." It should be noted that the method of calculating national income differs largely from that in a capitalistic economy. Admitting that the City of Beijing is an exception, since it has an overwhelmingly large urban area, a comparison of income structure with other provinces shows that the proportion of income in the agricultural sector to that of the manufacturing sector in Jilin Province, is the opposite to that in Sichuan Province: the manufacturing sector produces 49% of total income, while the agricultural sector accounts for 33% in Jilin Province.

In Guangdong Province, another good example for comparison, the agricultural sector accounts for 38% of national income, while the share of the manufacturing sector is 35%. Thus, there is an almost equal income distribution between the agriculture and manufacturing sectors; i.e., Guangdong Province is positioned somewhere between Sichuan Province and Jilin Province. Compared to the national data, Sichuan Province also shows a greater proportion of the agricultural income.

The composition of the employed population by industry further illustrates the agricultural characteristics of Sichuan Province. Seventy-four percent of the total population is engaged in agricultural works, a much higher ratio compared to those of other provinces: 46% in Jilin Province, 58% in Guangdong Province, and 61% in the whole nation. Naturally, other industries have extremely lower laborer proportions in Sichuan Province: the manufacturing sector accounts for 11% and the commercial sector has a 4% share.

The above conditions should be taken into consideration when studying population problems in Sichuan Province. It is necessary to position the demographic trends of Sichuan Province as those with more rural and less urban characteristics.

3. Administrative Organization

The administrative organization in Sichuan Province is no different from that of other local governments at each administrative level (class), and forms a self-governing organization established by the Constitution. (Please refer to page 54 and 55 in Report on the Basic Survey of Population and Development in Southeast Asian Countries (China) published in 1982.) Therefore, the explanation of the general administrative organization is omitted here, and the organization which is to carry out family-planning policies will be introduced in the following section.

The survey conducted in Sichuan Province dealt with the actual conditions of family planning for the following four groups: (1) urban residents, (2) residents in suburban agricultural communities, (3) rural residents, and (4) workers for national enterprises. However, since a different administrative system is usually applied to workers in national enterprises, a separate chapter is reserved for them. In this chapter, therefore, administrative organizations for family planning regarding cases (1), (2), and (3) are discussed.

(1) Family-planning Administration for Urban Residents

The case of urban residents discussed here is that of people living in No. 24, Tonghuimen, Binsheng road, West ward in Chengdu City. There are a total of 18 city/district-class local, self-governing bodies in Sichuan Province, including 4 cities, 11 districts, and 3 self-governing counties. Chengdu is a city (governed by the Province) where a provincial government is located. The city of Chengdu consists of 5 wards and 12 prefectures. Of the five wards, two are urban wards and the remaining three are suburban wards. The residents surveyed were under the administrative guidance of the West Ward Family-Planning Committee, which operates under the Chengdu Family-Planning Committee. Under the West Ward Family-Planning Committee, there is the Binsheng Family-Planning Committee, and the Family-Planning Committee for Tonghuimen residents is organized under this. It should be noted that the staff of the Binsheng Family-Planning Committee and the higher-level Committees are officials, full-time workers, while the staff for the Family-Planning Committee of Tonghuimen Residents are part-time assistants who have other jobs. The last section of the family-planning administration is the promoting staff for the residents at No.24. A promotional staff usually consists of a volunteer, usually a leader-class married women, called "dajie" in the group. In many cases, she is a member of the National Women's Federation.

Family-planning policies for urban residents are usually carried out within the organizational framework above. Among various organizational levels, the Family-Planning Residents Committee serves as

the key organization of the local administration. The Residents Committee provides all the necessary information for carrying out policies, stores and controls relevant documents, and oversees the contraceptive devices to be distributed by street service stations and technical guidance stations. It also provides consultations to residents and practical instructions and advice.

(2) Family-planning Administration for Suburban Agricultural Communities

In the case of the suburban agricultural community, residents in Group 5, Wukuaisi Village, Dongzi, Jinniu ward in Chengdu were surveyed. Jinniu Ward is one of the three suburban wards in the city of Chengdu, surrounding the center of the city consisting of East Ward and West Ward. In Jinniu Ward, there are both urban and rural areas, but the available farmland is gradually diminishing as urban development encroaches. Dongzi, Jinniu Village is a village/town level local administrative body, having their own People's Congress and People's Government. There are the village Family-Planning Committee and the Wakuaisi hamlet Family-Planning Committee. Wakuaisi hamlet has 403 households with a population of 1,120, which are separated into five neighborhood groups. Each neighborhood group has one family-planning promoter, who is responsible for family-planning, maternal and child health care, and the spiritual civilization construction programs. All the promoters are usually engaged in agricultural works, while at the same time holding several local administrative functions.

In the family-planning program for Wakuaisi hamlet, those who work for national enterprises and other business establishments in the city are excluded, even though they actually live in the village and have families there. These commuters are also excluded from the resident registration of the village. They are registered at their work place, and are supervised under the family-planning program of the enterprise they are working for. In the case of Wakuaisi hamlet, as many as 40% of its 403 households have such commuters (population for place of work). This fact reflects the unique sex composition of the village population: 700 women and 400 men are registered as residents. It should be noted that the administrative organization in China has a dual function: people are registered and administratively controlled either by the place they live or by the place they work. This is very difference from the Japanese administrative structure.

(3) Family-planning Administration for Rural Residents

As a sample of rural residents, the survey was conducted in the No.4 neighborhood group, Jianchun Village, Huayuan District, Pi Prefecture, Chengdu City, Sichuan Province.

Huayuan District is one of the districts in Pi Prefecture and consists of 16 villages and 106 neighborhood groups. Under the Huayuan District Family-Planning Committee, there is a District Family-Planning, Huayuan Town Office and District Family-Planning Promotion and Technical Service Stations.

Three full-time staffers of the local administrative body are working for the program at both offices. Their job includes promotion and education, contraceptive treatment, the distribution of contraceptive agents and devices, training of village instructors and promoters of the family planning program, holding seminars and slide presentations for educational purposes (they use slide and film projectors gratuitously provided by JICA), and collecting and keeping data concerning family planning. In short, the district office and service stations are the key point of family-planning administration for the 16 villages in the district. There is one advisor in Jianchun Village, who also serves as a medical advisor (not a licensed doctor) of the Public Health Department. Further, the No.4 neighborhood group of the village has a promoter of the family-planning program, who is a farmer and works as an unpaid volunteer staffer.

The above three cases illustrate China's administrative organization in its family-planning program. As a result of the recent economic reformation in China, administrative structures are still in a transitional stage. We need to keep our eye on their rapid changes. There were 12 neighborhood groups in Wakuaisi hamlet in 1987, but there are only 5 groups in 1988. Huayuan District was a relatively new district established in 1980s, and the percentage of the temporary migration population (the floating and transient population) has been increasing rapidly. (For instance, in a small area under the guidance of the Kuan Street Resident Committee, there are 8 floating population residents who live together with friends or relatives.) Moreover, since the Family-Planning Committee itself is a relatively new organization in the administrative structure of the Chinese Government, business coordination and functional diversification with other government agencies (Public Health Bureau) has been under way, as the improvement of the organizational framework advances. Taking into consideration that the population problem is a truly serious concern in China, it is essential to grasp the actual conditions through the field studies, so that we are able to correctly understand the present situation and future trends of the family-planning administration in China.

4. Population

(1) Population Trend

According to the one percent sample survey in 1987, the total population in Sichuan Province is 101,117,644, which is about equal to

the total Japanese population. The population of Sichuan Province accounts for 9.4% of the total population in China, the largest proportion of all its provinces. Changes in population since 1949 are shown in Table 5. The population growth rate between 1982, the previous census, and 1987 is 1.24% per year.

The Sichuan Provincial Family-Planning Commission projects that the total population will be 122.36 million by the year 2000. This projection is based on the late-marriage/late-birth policy stipulated by the provincial code, as well as by the expected number of births in the future. It is estimated that 2.6 million people, that is, 1.3 million couples, will reach proper age to start marital life every year from 1986 to the year 2000. According to the local code applied in rural villages, only one-third of its couples can have a second child. Ethnic minorities and residents in mountain areas are allowed to have two children. Taking this fact into consideration, the total number of births of first and second children will be 1.6 to 1.8 million. Adding unplanned births of 2 million, the total population in 2000 will be 122.36 million in Sichuan Province.

(2) Demographic Trends

The demographic trends of Sichuan Province are shown in Figure 1. Three baby booms in Sichuan Province can be spotted on this chart. The first baby boom came between 1953 and 1957, reflecting the stabilization of the people's life-style, and the increasing demand of labor force after the war. The second baby boom took place between 1963 and 1975 and there a high peak of birth rate was observed. Influenced by this second baby boom, Sichuan Province has entered its third baby boom. Reflecting the second baby boom cohort, it is estimated that 1.3 million females will reach suitable age for marriage during 1985 and 1995.

The low birth rate between 1959 and 1961 is due to natural disasters. During this period, the highest mortality rate was recorded and natural increase showed a negative growth.

Table 5 indicates changes in vital statistics by rural and urban areas since 1981. A birth rate was higher in urban areas up to 1984. This high birth rate in urban areas is due to that a large number of young people who were sent by the government to rural villages from the early 1970s to the early 1980s, started returning to the cities in this period. They reached the proper age for marriage, so the birth rate in urban areas was higher than that in rural areas.(1) Taking a look at the age composition of the male population, based on the 1982 census, the 20-29 age group accounts for 18% in metropolitan area and 17.7% in urban area, while it is 14.1% in rural area. On the contrary, the mortality rate is lower in urban areas. As a result, the natural increase rate is comparatively higher in urban areas rather than rural areas.

Table 6 shows fertility rates by area and by educational level in Sichuan Province. Contrary to the birth rate shown in Table 6, the fertility rate in 1979-82 is higher in urban areas than in rural areas.

According to the 1982 census, the rural population in Sichuan Province has a 85.7% share of the total population. Reflecting this high ratio of the rural population, the fertility rate of the province reflects that of rural area. A negative correlation is observed between educational level and fertility. However, there is a positive correlation between educational level and fertility in urban areas was observed in 1979 and 1982. Nevertheless, closer examination reveals that total marital-duration-specific fertility rate in urban areas, for the illiteracy group, the elementary education group, and the group with middle school education were 1602, 1477, and 1461, respectively. This means there is a negative correlation between educational level and fertility rates in urban areas.

The comparison of age specific fertility rate is shown in Figure 2. As indicated, in every age group, fertility is higher in rural areas than in urban areas. In rural areas, a peak of the age specific fertility rate can be observed between 20 and 24, while that of urban areas appears in the 25-29 age group. That is, late marriage is more preferable in urban areas than in rural areas.

(3) Population Composition

1) Age Composition

Table 7 shows changes in the population composition by age group in 1953, 1963, and 1982. Due to the recent effective promotion of the family-planning program, the ratio of the 0-4 age population has been declining. The influence of the second baby boom (1963-75) started to emerge in 1982, and, consequently, the ratio of 10-19 age population is dramatically increasing. On the other hand, the proportion of population 65 years and over has also tended to increase, accelerating the aging population.

Next, the population composition of three age groups, young age (0-14), productive age (15-59), and old age (60 or older), will be analyzed.

Table 8 indicates the percent distribution of aged 0-14, 15-59, 60 and over (population ratio to the total population) in 1953, 1964, 1982, and 1987. It also shows the young-population index (age 0-14 population/age 15-59 population x 100), aged-population index (60 and over population/age 15-59 population x 100), and dependency ratio (<age 0-14 population + age 60 and over population>/age 15-59 population x 100).

As already stated in population composition by age, both the young-population coefficient and the index are on the decline, as affected by the declining birth rate. Furthermore, the baby boomers have entered the economically active-population. Through the improvement of medical and health services, the aging of the population has become more evident. As a whole, however, the decline in the younger population is more salient than the increase in the aged population. Therefore, the dependency ratio is being reduced gradually.

2) Population Composition by Sex

Sex ratio (the number of men per 100 women) by administrative division in 1982 census is shown in Table 9.

It is observed a higher male ratio in Sichuan Province as a whole. In particular, the higher sex ratio is observed in 30-34 age group in urban area. This specific characteristic will be discussed in detail in Chapter 5, "Urban population and urbanization". In the case of the working population registration in urban areas, all registration is done accordingly by their place of work even though they live in rural areas. This results in a higher sex ratio in urban areas than in rural areas. Especially in the economically active population, the sex ratio of male is higher in urban areas than in rural areas.

5. Current Situation of the Family-planning Policy

(1) Characteristics of the Family-planning Policy in Sichuan Province

Reflecting its geographic features, 70% of the total population in Sichuan Province is concentrated in the Sichuan Basin. The population density within the Sichuan Basin is 900-1,000 per square kilometer. Therefore, the labor force is oversupplied in the Sichuan Basin, and a strict family-planning policy has been needed.

As already mentioned in the previous section, Sichuan Province is now entering into its third baby boom, and the social and economic impact of the rapid population increase has become a serious problem. Under such circumstances, the Family Planning Acts were established in 1987, which serve as a mainstay of the family-planning program in Sichuan Province.

Major characteristics of the family-planning program in Sichuan Province are the encouragement of late marriage, late births, and fewer births and eugenics. Late marriage actually refers to marriage at three years later than the lawful age (22 for men, and 20 for women). Next, one child for one couple is advocated and strongly encouraged. Especially in highly populated urban areas, a couple basically has only one child. Having a second child is allowed only for a very limited

number of households. Reflecting the differentials in population density in rural areas, parents are allowed to have two children in mountainous areas and cold climate regions while in the highlands, having a second child is only occasionally allowed in some designated areas.

For the effective enforcement of the policy, only one child will be provided with health care benefits such as partial compensation for medical and health expenses according to relavant stipulations. For late-marriage couples, wedding holidays and maternity leaves are officially guaranteed. If both husband and wife have satisfied the qualifications for late marriage, ten additional holidays are given, in addition to the regular wedding holidays set by the People's Republic of China Constitution. As regards maternity leave, 20 more days are given to late-marriage couples, in addition to the nationally approved period.

By comparison, if couples give a birth to children not covered by the plan, they will be fired from the month the child is born. The wage or annual income of both husband and wife will be decreased by 10-20 per cent for seven years. The total sum deducted should not be less than 500 yuan.

As a basic principle, advertisement and promotion are emphasized in the effective enforcement of the family-planning program. The policy aims at making family-planning a daily, routine practice, and contraceptive measures are considered a key ingredient. On carrying out the program, promotion and education are systematically offered, and techniques and services to facilitate the family-planning policy are systematically provided. The family planning promoted according to the life cycle: sex education is given in schools, pre-marriage education is offered before and after marriage, family planning education is given through maternal and child guidance classes.

Family planning acceptance rates by major contraceptive method are as follows:

IUD	42.94%
Male sterilization	37.87%
Female sterilization	11.13%
Pills & Condoms	7.28%
Others	0.78%

Source: Hearing from the Sichuan Family Planning Commission at the time of the 1988 survey

In the 1988 survey, interviews were conducted in three different area: urban, suburban, and rural areas. The number of households surveyed was 10 in each area, and 30 in total. Table 10 shows the

survey results. Although the sample size of this survey is rather small, the results are almost the same as the data provided by the Sichuan Province Family Planning Commission. A wide variety of contraceptive methods have been adopted in urban areas, compared with rural areas. Broad conclusions should be avoided since the sample size is so limited. However, especially in urban area, the most suitable contraceptive methods are applied according to specific circumstances. For example, in spinning plants, where we visited this time, the use of condoms is encouraged more, considering the fact that IUDs are often dropped during working hours due to tough work.

(2) Manpower Engaged in the Family Planning Program

Staff engaged in the family planning program belong to either the administrative or technical division.

Administrative staff are in charge of planning, administration, and management, and a total of 15,000 people are employed from the province-level to the local level (with one family planning advisory official for each township). Advisory officials are instructed in guidance by special instructors of the district, and their primary job is the promotion, education, and distribution of contraceptive devices, and to provide technical guidance. These officials usually have another job. Their pay for their advisory work is 10 yuan per month, which is paid by the government.

Technical staff members for the family planning program are assigned to family planning technical service offices (one service agent per village). A total of 5,500 technical agents are now working. Presently, 70,000 staff members are engaged in the family planning program, and have other professions. In family planning activities, district medical staff and doctors also are participating. They belong to the public health team, and provide mother/child health care, disease-preventive measures, and family planning technical services.

(3) Desired Number of Children and Opinions about the Family Planning Program

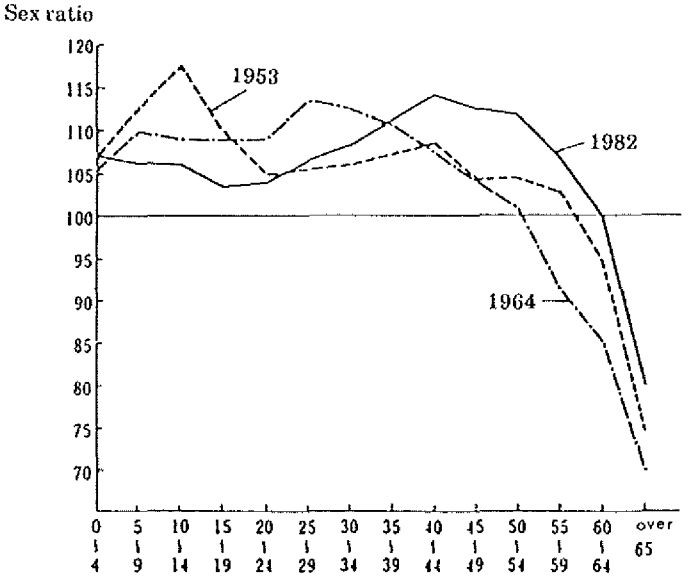
Table 11 indicates the survey results concerning the desired number of children. Compared to other provinces, people in Sichuan Province want fewer children. This trend is especially obvious in urban areas. Even in rural areas, people who want only two children show a higher ratio than in other provinces. This is the result of vigorous family planning promotion and education. Interestingly enough, 44.5% of the respondents expressed the desire to follow the national policy in terms of the number of children they would have. This high ratio of approval seems to reflect the fact that the family planning program in Sichuan Province is carried out based on established local regulations.

The same questions about the desired number of children and respondents' opinions of the government policy were asked in the 1988 survey. Table 12 shows the survey results by number of children the respondents presently have. Similarly, in the results shown in Table 12, the majority of the respondents in urban areas agreed to follow the national family planning policy. Similar results were obtained in terms of the desired number of children. It can be said that the Sichuan Province has been traced the lower fertility trend.

(Note)

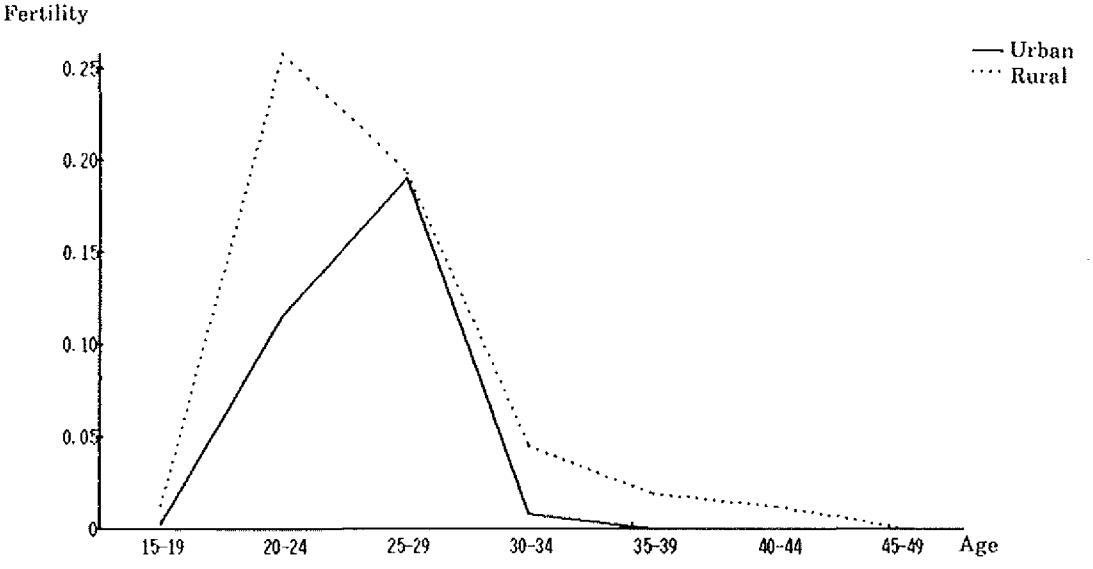
1) Chinese Academy of Social Sciences ed., Demographic Yearbook of China; 1986, p. 273

Figure 1: Age-specific Sex Ratios of the Chinese Population, 1953-1982



Source: Same as in Table 2

Figure 2: Fertility by Age Group (Urban and Rural Areas of Chengdu Province), 1982



Source: Ansley J. Coale and Chen Sheng Li, Basic data on fertility in the province of China, 1940-82, East-West Population Institute, 1987

Table 1 Comparison of Climates (1951-1980 average)

City	Average temperature(C)			Precipitation (mm)		
	Chengdu	Changchun	Tokyo	Chengdu	Changchun	Tokyo
January	5.5	-16.4	4.7	5.9	3.5	54
February	7.5	-12.7	5.4	10.9	4.6	63
March	12.1	-3.5	8.4	21.4	9.1	102
April	17.0	6.7	13.9	50.7	21.9	128
May	20.9	15.0	18.4	88.6	42.3	148
June	23.7	20.1	21.5	111.3	90.7	181
July	25.6	23.0	25.2	235.5	183.5	125
August	25.1	21.3	26.7	234.1	127.5	137
September	21.2	15.0	22.9	118.0	61.4	193
October	16.8	6.8	17.3	46.4	33.5	181
November	11.9	-3.8	12.3	18.4	11.5	93
December	7.3	-12.8	7.4	5.8	4.4	56
Yearly average	16.2	4.9	15.3	Total 947.0	593.8	1,460

Source: Annual Statistics in China, 1987; Annual Statistics in Japan, 1984

Table 2 National Income Structure in Sichuan Province, 1985

Industry / Province	Agriculture	Manufacturing	Construction	Transportation	Commerce	Total
Sichuan province						
Market value (100 million yuan)	220.8	176.8	34.4	12.5	47.0	491.5
Component ratio (%)	44.9	36.0	7.0	2.5	9.6	100.0
Comparison with other provinces						
Beijing (%)	8.9	62.8	11.2	4.4	12.7	100.0
Jilin (%)	32.9	49.2	6.6	4.1	7.2	100.0
Gungdong (%)	37.9	35.3	8.2	4.5	14.1	100.0
Nationwide (%)	35.5	45.0	5.7	3.6	10.2	100.0

Source: Annual Statistics in China, 1987

Table 3 Employed Population (Social laborers) by Industry (as of 1986-end)

Industry	Total	Agriculture, forestry, and fishery	Manufacturing	Construction
Working population (10,000)				
Sichuan	5,310.7	3,907.0	576.1	185.9
Jilin	978.2	452.8	256.2	40.3
Guangdong	3,140.4	1,824.7	494.2	169.4
Whole nation	51,282.2	31,310.6	8,980.4	2,271.1
Component ratio				
Sichuan	100.0	73.6	10.8	3.5
Jilin	100.0	46.3	26.2	4.1
Guangdong	100.0	58.1	15.7	5.4
Whole nation	100.0	61.1	17.5	4.4

Industry	Transportation	Commerce and finance	Public service	Others
Working population (10,000)				
Sichuan	83.3	203.9	260.1	94.4
Jilin	33.1	87.8	97.0	11.0
Guangdong	95.3	218.2	197.0	141.6
Whole nation	1,305.0	2,636.8	3,440.7	1,337.6
Component ratio				
Sichuan	1.6	3.8	4.9	1.8
Jilin	3.4	9.0	9.9	1.1
Guangdong	3.0	7.0	6.3	4.5
Whole nation	2.6	5.1	6.7	2.6

Source: Based on the data in Annual Statistics in China, 1987

Table 4 Changes in total population in Sichuan Province

Year	Total population
Population in 1949	57,300,000
1st census in 1953	62,303,999
2nd census in 1964	68,017,282
3rd census in 1982	99,713,246
1% sampling survey in 1987*	104,003,000

Source: Population Research Center, Chinese Academy of Social Sciences Institute in China, ed., Demographic Yearbook of China, 1985, Sichuan Province Population Census Office, Sichuan Province Population Analysis, Dec. 12, 1987.

Table 5 Vital statistics in Sichuan Province (rural, urban)

Year	Birth rate			Death rate		
	Urban	Rural	Differentials	Urban	Rural	Differentials
1981	18.31	17.92	0.39	6.51	7.07	-0.56
1982	17.33	15.67	1.66	5.84	6.99	-1.15
1983	13.29	11.40	1.89	6.13	6.90	-0.77
1984	10.61	10.19	0.42	5.91	6.90	-0.99
1985	11.70	12.98	-1.28	6.03	6.78	-0.75

Year	Natural growth rate		
	Urban	Rural	Differentials
1981	11.80	10.85	0.95
1982	11.49	8.68	2.81
1983	7.15	4.50	2.65
1984	4.69	3.29	1.40
1985	5.67	6.20	-0.53

Source: Chinese Academy of Social Sciences (ed.), Demographic Yearbook of China, 1986

Table 6 Changes in total fertility by education level (rural, urban)

Year/Education level	Total	Rural	Urban
1967-70			
Illiteracy	6909	7061	4794*
Elementary	5794	7224	3913
Jr. high plus	3875	5331*	3556
Total	6470	6980	3970
1973-76			
Illiteracy	5393	5480	3118*
Elementary	4390	5010	2295
Jr. high plus	2268	3515	1657
Total	4719	5195	1914
1979-82			
Illiteracy	2556	2570	915*
Elementary	2139	2225	1192
Jr. high plus	1740	2140	1271
Total	2135	2320	1187

* Fewer than 100 women-years in denominator for at least one of age groups 20-24, 25-29, or 30-34.

Source: Ronald Freedman and others, "Education and Fertility in Two Chinese Provinces: 1967-1970 to 1979-1982", Asia-Pacific Population Journal, vol. 3, No. 1, 1988, p. 9

Table 7 Changes in population composition by age

Age group	1953	1964	1982
0 - 4	15.83	12.44	7.00
5 - 9	11.48	12.98	12.64
10 - 14	9.99	13.44	14.74
15 - 19	8.11	10.05	12.65
20 - 24	8.37	8.83	5.24
25 - 29	7.71	7.20	9.20
30 - 34	6.71	7.05	7.56
35 - 39	6.64	6.32	6.18
40 - 44	5.56	5.21	5.17
45 - 49	4.96	4.61	4.60
50 - 54	4.23	3.60	4.24
55 - 59	3.63	3.06	3.40
60 - 64	2.75	2.32	2.70
65 - 69	1.03	1.44	2.12
70 - 74	1.23	0.78	1.32
75 - 79	0.65	0.35	0.79
80 and older	0.28	0.15	0.45

Source: Demographic Yearbook of China, 1985

Table 8 Changes in age composition

Year	Population distribution of 3 age groups			Age composition index		
	0-14 age population	15-29 age population	60 years and over population	0-14 age population	15-29 age population	60 years and over population
1953	37.3	55.92	5.94	66.70	10.62	77.32
1964	38.86	55.93	5.04	69.47	9.01	78.49
1982	34.38	58.24	7.38	59.03	12.67	71.70
1987	26.53	65.05	8.42	40.78	12.94	53.73

Source: Demographic Yearbook of China, 1985

Table 9 Population composition Sichuan Province by sex and age, 1982

Age group	Total province	Metropolitan	Urban	Rural
0 - 4	106.82	106.02	105.49	106.95
5 - 9	105.43	105.76	107.86	105.34
10 - 14	105.16	105.42	106.89	105.08
15 - 19	104.50	106.56	115.55	103.75
20 - 24	110.66	104.43	118.45	111.20
25 - 29	110.30	103.58	127.64	110.31
30 - 34	110.68	168.78	155.30	108.81
35 - 39	114.38	133.59	197.11	108.26
40 - 44	116.88	125.69	176.43	112.33
45 - 49	115.99	110.62	169.96	113.51
50 - 54	116.06	114.30	164.78	113.72
55 - 59	108.44	109.51	133.31	107.14
60 - 64	99.78	113.05	122.67	97.12
65 - 69	86.42	105.79	102.39	83.55
70 and older	63.64	72.89	67.97	61.94
All ages	106.58	108.35	130.81	105.28

Source: Demographic Yearbook of China, 1985

Table 10 Survey results on contraceptive methods

(1) Urban areas

Present number of children	Induced abortion		Contraceptive method					
	Once	Twice	1	2	3	4	5	6
1	2	2			2	1	3	2
2	1				1		1	
3								
Total	3	2			3	1	4	2

(2) Suburban areas

Present number of children	Induced abortion		Contraceptive method					
	Once	Twice	1	2	3	4	5	6
1	2	1		1	5		1	
2		1		1				
3					1			
Total	2	2		2	6		1	

(3) Rural areas

Present number of children	Induced abortion		Contraceptive method					
	Once	Twice	1	2	3	4	5	6
1	2				5		1	
2			2	1				
3	1		1					
Total	3		3	1	5		1	

(Note) Contraceptive methods: 1. Male sterilization, 2. Female sterilization, 3. IUD, 4. Pills, 5. Condoms, 6.Others

Table 11 Number of children desired by province

Number of children desired	Area	Beijing	Liaoning	Jiangsu	Hubei	Sichuan
0	Total (%)	2.5			0.12	
	Urban (%)	3				
	Rural (%)	2				
1	Total (%)	17.1	17.0	19.0	2.7	29.2
	Urban (%)	25.2	25.2			43.0
	Rural (%)	9.0	8.7			15.2
2	Total (%)	73.5	81.7	76.9	62.5	25.2
	Urban (%)	69.6	74.4			9.0
	Rural (%)	77.3	88.9			41.35
3	Total (%)	7.9	1.4	4.1	32.8	
	Urban (%)	2.2	0.4			
	Rural (%)	13.5	2.4			
Will abide by the national family planning policy						44.5

Source: Chinese Academy of Social Sciences, Demographic Yearbook of China, 1986, p. 436.

Table 12 Survey results on number of children desired and opinions on the family planning policy

(1) Urban areas

Current number of children	Number of children desired			Opinion on having the second child						Opinin on the one-child policy:	
	1	2	3	1	2	3	4	5	6	Agree	Should be relaxed
1	5	3		5	3					6	2
2		2		1						2	
3											
Total	5	5		6	3					8	2

(2) Suburban areas

Current number of children	Number of children desired			Opinion on having the second child						Opinin on the one-child policy:	
	1	2	3	1	2	3	4	5	6	Agree	Should be relaxed
1	6	2		2				6		8	
2		1			1					1	
3		1						1		1	
Total	6	4		2	1			7		10	

(3) Rural areas

Current number of children	Number of children desired			Opinion on having the second child						Opinin on the one-child policy:	
	1	2	3	1	2	3	4	5	6	Agree	Should be relaxed
1	6			6						6	
2		3			3					2	1
3		1			1						1
Total	6	4		6	4					8	2

(Note) Opinions on having the second child: (1)One is enough, (2)want to have two, (3)unable to financially afford (4)any number (5)will follow government guidance

Chapter 4

Health Care Policy and Process of Policy Implementation in Sichuan Province

1. Health Care Policy

(1) Medical Administration

The most urgent health care priority in Sichuan province is the containment of infectious diseases, since the province has yet to achieve primary sanitary conditions. Infectious disease, the third most often seen cause of death in the 1950's, now ranks eighth, indicating the improvement of conditions in the province. However, epidemic and communicable diseases remain rampant, as inadequate health education has done little to improve the unsanitary practices in the region.

Problems also exist in the medical administration: people in mountainous/hilly areas have limited access to medical services than those in plain area, although mountainous/hilly areas make up 78.82% of the whole province area. The majority of the population - and medical personnel - are concentrated in the remaining 21.18% which makes up the flat areas. Education and the dissemination of sanitary practices in the mountainous/hilly areas have thus been difficult to promote.

Various measures are being taken to solve this problem, such as: (1) improvement of the medical system and the expansion of a medical services network, whose units work in direct contact with the public; (2) promotion of a preventive health care system; and (3) training of medical personnel and other measures.

In the first plan, village doctors ("Xiang tsun" doctors) are assigned to medical units working in direct contact with the public. These so-called "Barefoot doctors," who are engaged in medical practice at the grass-root level, were later renamed to health care staff and as Xiang tsun doctors. To become a Xiang tsun doctor, an applicant must receive training at a medical school at the Hsieng level or above, and pass the qualifying examination held every three years. The revenue of Xiang tsun doctors - who usually have another job - comes primarily in the form of subsidies from tsun/xiang government and medical fees paid by outpatients.

There also is a medical practitioner system. Medical practitioners, most of whom began practicing after retiring from university hospitals, handle 80% of the medical treatment in villages. Qualification permits for medical practitioners are issued by the Sichuan government. To begin practicing, a doctor must apply to the Public Health Bureau and pass the necessary qualification examination.

(2) Medical Facilities and Personnel

There are 18,676 medical facilities in Sichuan province, of which 23.6% are located in urban area. 205,763 or 34.04% of all hospital beds

are located in urban area. "Public Health Service Station," which are medical facilities at the village level, are located in 60,000 locations. More than 81.25% of all village have a health service station.

The proportion of people receiving medical treatment in 1976 increased by 7.6-fold from the 1950's. This increase caused a shortage in medical facilities, and, as of 1985, more than 1 million patients were on waiting lists for hospitalization. The medical situation in Sichuan province is worse than that at the national level. 45,000 more beds will be necessary to meet the needs of all those patients who wish to be hospitalized. To alleviate this shortage, a project to increase hospital beds by 1,900 every year is being drawn up.

As for medical personnel, there are currently 283,897 experts on public health, of which 37.64% work in the city. There are most than 100,000 staff members for public health but 48,000 more medical workers are needed. The supply of doctors and nurses is estimated to be short by 12,000 and 24,000 workers respectively. A project to increase medical personnel by 7,000 personnel every year is under way. Medical personnel are trained in 36 intermediate/higher medical schools, seven schools where Chinese traditional medicine is taught and 165 hsiang-level medical schools. Medical college graduates now total 33,000.

(3) Medical Services Budget

Medical expenditures of the Sichuan Province for 1985 were 345 million yuan, accounting for 2.85% of the total expenditures of the province as whole. Comparing the World Health Organization (WHO) standard that sets the rate of medical expenses out of total expenses at 5%, the rate is a little lower in Sichuan province. That is, funds for medical care are in short supply in Sichuan Province.

Per capita annual medical expenses in the province are 3.3 yuan, which is lower than the national standard by 1.91 yuan. The medical services budget in Sichuan province amounts to 200 million yuan out of which 74% is paid out as manpower, leaving only 26% for the improvement of medical facilities and supplies.

Preventive medical care is essential in the improvement of medical treatment. However, 20% of the population in Sichuan province today does not have access to preventive vaccinations. Although water pipes are being constructed in the villages in the interest of better hygiene, 60% of the village populations have no access to clean drinking water.

2. Obstetric/Pediatric Health Care Policy - Preventive Health Care and Treatment

(1) Availability of Obstetric/Pediatric Care

As of 1987, the female population of Sichuan province was 65.49 million, accounting for 63.8% of the total population in the province. The female population of reproductive age (aged 15 to 45), totaled 31.71 million, or 31% of the total population. The population under 14 years, was 33.78 million, or 32% of the total population.

Infant mortality rates for the different regions of Sichuan province are shown in Table 1. As already stated, the level of medical services differs greatly among regions. Therefore, these regional differentials are also reflected in the infant mortality rates. The infant mortality rate in Hsiang was recorded the highest among all the administrative division. Geographically, infant mortality rates were lowest in the plain areas, followed by hilly and mountainous areas. The obstetric/pediatric child medical treatment takes these regional differences and geographical conditions into account in offering medical care.

(2) Medical Facilities for Mother and Child Health Care

Medical facilities for mother and child health care located in Sichuan province are as follows:

Children's hospitals	3
Child and maternal hospitals	13
Child and maternal health center	216

The number of beds for child and maternal health care in general hospitals - those which have obstetrics, gynecology and pediatrics departments - is 2.27 per 10,000 persons on the average. In child and maternal health care at the prefecture level or higher. 5,308 out of all 7,291 medical personnel are engaged in the hygiene fields while 2,307 doctors, or 16% of all pediatricians practicing in general hospitals at the prefecture level or higher, are engaged in obstetric/pediatric care. The medical centers located in every village usually have a trained female village doctor, as well as a midwife, who give guidance on planned child rearing and child and maternal care.

(3) Prevention of Disease and Treatment of Mother and Child

The medical services are being systematized in Sichuan province to

improve its child and maternal health care. Separate medical guidance is provided to subjects in different regions and of different ethnic groups in consideration of the economically and geographically imbalanced distribution in the province. For instance, medical care in the farming villages and the mountainous areas and regions inhabited by ethnic minorities, places and emphasis on spreading the custom of childbirth in medical institutions. Also, a support budget of 3 million yuan was put aside for combating childbirth-related diseases in an effort to lower the maternal mortality rate, and for examinations (86% has undergone examination) and treatment. A budget of 200,000 yuan was allotted for examinations of expectant mothers and this examination system has been put into practice. As a result, the maternal mortality rate had dropped from the 150 per 10,000 seen before liberation to 8 per 10,000.

Medical facilities are making a coordinated effort to promote planned childbearing. Public health departments perform more than 70% of all sterilization operations for women.

(4) Health and Sanitation for Infants

Health education for mothers is emphasized in infant and child health care. Maternal and child health care guidance is offered to young people before marriage. Weight measurements are taken and nutritional advice is given in regular medical examinations. Medical care in Sichuan province is offered to 20 million expectant mothers and children in 160 prefectures. In urban areas in particular, examinations of expectant mothers and young people before marriage emphasizes the prevention of genetic diseases. This service, which is carried out in 20 districts and cities, does not yet cover rural areas. Medical examinations also are conducted for female workers in state enterprises. Maternity cards are distributed to expectant mothers, who then receive periodic examinations in a mobile clinic. Doctor also make home visits to examine expectant mothers.

The rate of those who have received preventive vaccinations was:

Measles	80.4%
Combination vaccine (three-way)	79.29%
BCG	84.31%

The morbidity rate of measles has dropped from 36.1% in 1986 to 7.36% in 1987.

(5) Future Tasks

Future tasks cited by the Public Health Bureau of Sichuan province are: (1) the systematization of the sanitary and health care networks, (2) priority budget allotments in rural areas particularly for the improvement of the medical network in the 73 districts, (3) establishment and improvement of training facilities for medical personnel, (4) placing an emphasis on treatments using traditional Chinese medicines, a special herb product of Sichuan province, (5) promoting preventive medicine, and (6) the reinforcement of publicity and education system.

Note) The above report was compiled on the basis of an interview at the Public Health Bureau, Sichuan province, at the time of survey in 1988.

3. Conditions and Tasks of Medical Treatment for the Public

(1) "Barefoot Doctors"

To understand the practice of the medical treatment and health care offered to the public in Sichuan province, we conducted a case study on the "Xiang tsun doctors," the so-called "bare-foot doctors" who play an important role in villages.

Let us introduce one lady to get a picture of barefoot doctors and Xiang tsun doctors. This 38-old doctor currently works as the head of general office, Family Planning Commission in Huayuan, Pi prefecture, Chengdu-city in Sichuan province. She was born there in 1950, the first daughter among three children - two daughters and one boy - of a farmer and a midwife. This was the year after Communist China was formed. She grew up, graduating from a local six-year primary school and a three-year junior high school in the same prefecture, in 1965. At this point, she chose to get professional training for her future career and entered a two-year middle medical school. Her decision may have been influenced by her mother.

After graduation from middle medical school, she did one year of training at a hospital in the prefecture, and passed the qualifying examination for receiving a doctor's license in 1968 (at the age of 18). She then worked in a local village as a barefoot doctor for two years, then in the Obsterics Department of the prefectural hospital for four years as an employee of the Sanitation Bureau.

In 1975, she transferred to her current post in Huayuang. She married in the same year, at age 25. This was during the time that the planned childbearing policy was emphasized under the slogan: "Have fewer children, at a later age and at long intervals." She herself practiced

planned childbearing, having her first child four years later, at the age of 29 in 1979. She continued to work at the same post and was promoted to head of the division. She has one nine-year-old daughter and received a One-Child Certificate. The planned childbearing clinic, located in the same office, is run by her and two other staff members who have same doctor's qualifications. The majority of the work carried out at the clinic involves the education of the public about planned childbearing, the control and distribution of contraceptive devices, simple contraceptive treatments such as insertions of IUDs, the study and training of birth control education staffers and management of residents' planned childbearing data.

We can see that her career has coincided with the formation and development of the new Chinese state. During the Great Cultural Revolution, she worked actively as a barefoot doctor, training in obsterics during the 1970's when population-control policies were enforced, and worked to promote planned childbearing in a local office when the policy got started on a national scale in 1973. She herself has practice the policy of "having fewer children, at a later age and with long intervals between children" and China's "One-Child Policy."

The nation building after the formation of Communist China entailed many difficulties, and an acute shortage of qualified staffs was seen in all divisions of the state. It was not an easy task to guarantee food, employment, education and medical treatment to the people under such conditions. Both infectious diseases and minor ailments can be caused, not only by a shortage of medical supplies, but also by the people's poor knowledge of sanitation and medicine in general. No one can deny Socialist China's great success in overcoming and improving these areas, despite many difficulties.

Staff trained at the middle medical school level (the equivalent of an assistant nurse in Japan) worked actively in farming villages with low sanitation standards and took part as barefoot doctors in the movement to improve China's medical services and sanitation. This helped boost medical and sanitary standards in farming villages throughout China. Because of the acute shortage of medical and sanitary personnel available to work in villages, graduates of ordinary middle schools, who had some knowledge of sanitation and who had received technical training in the field, were encouraged to work as barefoot doctors. The number of barefoot doctors is said to have reached 1.4 million nationwide by 1981.

The barefoot doctors active during the Cultural Revolution, were later renamed "Xiang tsun doctors." During the time of the People's Communes, Xiang tsun doctors were included in the medical and sanitation institutions of the government. But as the People's Communes began to break up after the 1978 Third Plenum of the Eleventh Central Committee of the Chinese Communist Party, barefoot doctors were divided into Xiang tsun doctors and medical staff. Barefoot doctors with the doctor's

licenses were employed as regular public workers, or as medical staff in sanitation departments or officials of Family Planning Commission. Some barefoot doctors who had licenses (having passed the Sanitation Department examination) became medical practitioners. Those with no license started working in the medical institutions in farming villages as Xiang tsun doctors on a temporary basis. Because Xiang tsun doctors are not considered public employees, they have no security and get little in the way of salaries from the medical centers. This compels them to do another job. While still having to pass the qualifying examination once every three years to continue working as a Xiang tsun doctor. At present, the number of Xiang tsun doctors under the new system exceeds 30,000 in Sichuan province. There are also 100,000 medical staffers and about 30,000 medical practioners.

(2) The Division of Functions between the Family Planning Commission and the Sanitation Department

The State Family Planning Commission was established in 1981 and its administrative organization has been developed since then. Family planning administration before its establishment came under the jurisdiction of the Sanitation Department. For this reason, the Sanitation Department and the Family Planning Commission have maintained close contacts with each other through the exchange of personnel and operations links. For instance, in villages that have no technical guidance staff of the Family Planning Commission, doctors or Xiang tsun doctors of the Sanitation Department do both jobs. In turn, the technical guidance staff of the Committee are placed in villages with no Sanitation Department medical staff to perform simple medical treatments.

The work of the Family Planning Commission includes a wide variety of operations, such as population problems, family planning, sex education, child rearing, obstetric/pediatric health care and family problems. Its basic philosophy is that childbirth is not a sickness but is a part of normal human physiological activity. The mission of the Sanitation Department, on the other hand, is to eradicate diseases. So, the role of the Family Planning Commission in childbirth is to prepare an environment that will allow healthy childbirths and contraception, while that of Sanitation Department is to treat abnormal symptoms.

There is a movement in China to separate medical activities from the family planning administration and place it under the jurisdiction of the Sanitation Department. There have been many instances where the staff of Family Planning Commission took over the administrative activities of the planned family health care, where staff of the Sanitation Department covered activities of a technical nature, such as contraceptive techniques. The Family Planning Commission, however, is planned to place full-time administrative and technical staff in communities above the village and town levels. The Sanitation

Chapter 5

Changes in Family Planning and Their Impact on Public Health, Medical Care and Life Styles

1. Urban Area

(1) Current Situation of Family Planning

1) Situation in Chengdu

Based on our interviews with Chengdu Municipal Family Planning Commission, family planning conditions in urban area in Sichuan province will be discussed here.

Chengdu city has 5 wards in urban area and 12 administrative districts in prefecture. Population in Chengdu is 2,604,000, of which the urban population accounts for 30.36%.

Demographic data for Chengdu is as follows:

Crude birth rate	15.85‰
Crude death rate	5.95‰
Natural increase rate	9.93‰
Infant mortality rate	26.96‰ (26.31‰ in urban area, 27.24‰ in rural area)
Maternal mortality rate	7.89/10000

2) Current Situation in Urban Family Planning

The family planning policy in Chengdu was established to abide by the Family Planning Regulations set by Sichuan Province. Basically one child policy is also applied in rural areas, however, parents are obliged to have four-year birth spacing if they want to have another child.

In the interest of effective enforcement of the family planning program, emphasis is placed on the expansion of family planning norms and to establish its educational system. Educational programs are organized for different age groups, and appropriate guidance is given according to their life cycle: adolescence, premarital age, maternal and child-care period, and menopausal period. For those in the menopausal period, Family Planning Associations in districts and villages hold family planning classes to teach old-age health to their community members.

Technical services are also systematically provided, based on the regulations of Sichuan Province. The systematic control of contraception is given during (1) adolescence, (2) premarital period, (3) maternal period, and (4) senescence. In the premarital period, people are given appropriate instruction in how to avoid contraception failures, and child-care instruction is provided in the maternal period.

The activities of the family planning program are carried out as a routine work. In the administrative sector, about 1,000 advisors are at work in cities, prefectures, and counties. In the technical service sector, 500 specialists are engaged in the family planning activities. Family planning is organized, including prevalence of contraception. The possible number of births in Chengdu is determined according to an established annual plan. The Family Planning Commission is carrying out its program in cooperation with the Public Health Bureau, labor unions, youth organizations, Women's Federations, and the Family Planning Association. Owing to the aggressive and effective enforcement of family planning policies, the number of births averted between 1970 and 1987 was about 2 million.

(2) Changes in Families and Family Planning

In order to obtain better and more successful results from the family planning program, it is necessary that the family planning policies and connected administrative activities should be supported by the people. In order to insure the survival and good health of the only children of those parents who abide by the one-child policy, maternal and child health care should be guaranteed. Otherwise, any family planning policies will fail to win the people's strong support. When the social and economic policies of a nation support the healthy development of mother and child, the people will be willing to follow the program with a sense of trust and security. The family plays as important a role as the government in the effective enforcement of the family planning program. Only with healthy and sound family relationships which provide both physical and emotional full of affection and careful health well-being, will the true purpose of family planning be achieved. Based on our research of urban families in Chengdu, this problem will be discussed further in the following section.

1) Small Family Composition in City

In regard to the composition of the families we surveyed in Chengdu, the overwhelming majority proved to be nuclear families (about 70% of the sample) and only a small percentage of the families included lineal relatives, such as grandparents (30%). Moreover, there are no large families composed of a multiple number of families that do not share lineal relationships. All the families surveyed have productive-age wives who are 15 to 49 years of age, since this is research which concerns itself with the family planning program. In spite of this fact, all the nuclear families are "one-child" families, and the lineal families, which account for the remaining 30% of the sample, consist of 4 to 6 members. Of these lineal families, there are two families which have two children.

The mating sphere of the couples covers a wide area, and it is

known that people come from various areas in the Province, and even from other provinces, to get married in Chengdu. In addition, all the families have dual-incomes and in half of the families, at least either husband or wife is running a family enterprise.

In China, before the 1949 Revolution, the large-family system was more general, and there were a number of large families and lineal families. However, according to the 1982 census, three- and four-member families exceeded 50% of the total number of families, with the average number of family members in urban areas reported to be 4.4 people. A 1 percent sample survey conducted in 1987 indicated that the number of family members has further declined, to 4.2 people. It is obvious that the number of smaller families and nuclear families has been rapidly increasing in China.

2) Factors in the Increase of Small Families

The primary reason for the increase in small families is the effective enforcement of family planning. The population control policy which began in 1971 successfully reduced the number of children per family, and the one-child policy which was put into force in 1979 further cut the number of children in a family. Another major factor for the decline in family size is the labor policy of the Chinese government. This policy guaranteed the equality of the sexes through an equal-pay-for-equal-job standard. Women can make a living independently, based on the "No work, no eat" principle. In addition, senior citizens tend to keep working until retirement age. Moreover, labor allocations were carried out as necessity demanded under China's planned economic policies, which produced a number of separated families. In order to support such a labor policy, housing distribution, social security plans (including pension and medical care), and a child-care system (through the establishment and improvement of nurseries and kindergartens) have been promoted.

Under the basic social policies above taken by the Government, the number of small families in China has shown a dramatic increase. In recent years, other new accelerating factors have been playing significant roles in reducing family size. These are the restrictive housing conditions and the increasing demands parents have for improved lifestyles and higher living standards.

The shortage of houses in China is a critical issue. It prohibits multiple families from living together, and even nuclear families will be in deep trouble when their children grow up and need additional rooms. In Chengdu, the housing problem is very serious, in spite of the fact that the construction of high-rise apartments has been aggressively promoted. In one case, eight families live together amicably in an old-style apartment that was build before the Revolution and which is owned by the city. It is clear that the housing shortage problem is a major restraining factor on fertility, as experienced in Japan.

Next, Chinese parents' rising expectations and desire for higher living standards are additional factors in the increase of small families. Especially after the renovation of the social system in 1978, education, job selection, and population mobility were substantially liberalized. Thus, young people in particular want to develop their own ability to live better lives. They do not want to take the time required for bearing and raising children. Furthermore, in regard to the overall improvement of living standards, people prefer a life style in which they have fewer children, whom they are better able to care for and educate, and at the same time, which allow the parents themselves enjoy better and richer lives. In Chengdu, a city possessing both educational and cultural opportunities, parents are generally very interested in the education of their children and themselves (e.g., a great number of people are learning languages, dressmaking, machine repair, calligraphy and painting, etc.). It was noted that there was a strong desire for an improved life style among people in Chengdu, including the purchase of home electric appliances and fashionable clothing.

3) Increasing Recognition of Family

On the other hand, as a result of the promotion of family planning, especially the one-child policy, parents have come to have greater expectations for their children. They not only hope for the healthy birth and sound development of their children, but also expect them to have excellent academic records and good physiques, and to be trained to achieve a rich and affluent life. (However, social status is not much emphasized.) In actuality, however, the average infant mortality in Chengdu is 26.96‰(26.31 in city districts, and 27.24 in the outlying province), which is not low. Less than 21.2% of the children who are younger than three years of age can enter nurseries in the urban areas of Sichuan Province. The number of children between three and seven years of age who attend kindergartens is mere 54%. The average weight of newborn babies born in maternal health hospitals in the West wards in Chengdu is between 2,000 and 2,500 grams (they are classified as premature infants by Japanese standards). It is easily anticipated that parents who are supposed to carry out family planning cannot help feeling anxious about such conditions. In order to create healthier environments for babies and infants, China has rapidly realized towns and villages without mosquitoes and flies. While using human feces as fertilizer, they have successfully achieved sanitary conditions, with fewer cases of diarrhea and ascaridiasis. Nevertheless, the smaller weight of newborns and the high infant mortality rate shows the necessity of improving the physical conditions of parents and providing more satisfactory child care. As a rule, special monthly leaves for women during their menstrual periods are not allowed (paid vacation is allowed only for those who are in serious pain during the period). Maternity leave is not allowed before birth, and only three weeks of maternity leave can be taken after the birth. (As an exceptional case, a national spinning factory we visited allowed one-week leave before

child birth as well.) In general, both husband and wife work, and health and sanitary controls for children during the hours when their parents work has become a serious problem. In particular, the care of infants who are not admitted to nurseries or kindergartens and kids who are alone at home after school causes a serious problem. According to this survey in Chengdu, most of the infants and school-age children who are left alone at home are called "door-key children," as in Japan. Help from experienced people, such as a grandmother, seems to be indispensable. This problem has been partially solved by mutual assistance among members of the Residents Committees, or neighborhood groups, and by volunteer activities. However, in the period between the end of maternity leave and the entrance to kindergarten, during which special child care is required, paid helpers should be hired. (This situation has not yet been improved.) Therefore, people have begun to realize the significant role that grandparents can play during the pregnancy and baby-care period. In the near future, taking care of aged people will also become a serious issue, especially when those aged people cannot receive national pensions or get only a minimal amount of social assistance. From this point of view as well, the role of the family is attracting new attention.

2. Suburban Area (Wukuaishi Village)

(1) Urbanization and Migration

1) Urbanization and Administrative Problems

In the enforcement of family planning administration, new problems have arisen recently in urban areas which require new measures. First, due to increasing population mobility (immigrating population), the percentage of the population that is hard to keep track of administratively is rapidly increasing. Second, the wave of urbanization is spreading throughout the suburban area, substantially changing local community structures.

The first problem is attributable to the fact that, since 1982, people can buy food in free markets without food tickets issued by the Government, which consequently has increased the number of population that does not depend on government food control and lives in cities as they wish. At the same time, the members of the population that do not depend on the government for employment and housing has also increased rapidly and this population cannot be monitored through their dwelling and work places (offices and establishments they are working for) as before. This section will deal with such trends, taking Wukuaishi Village as an example.

2) Urbanization Phenomenon in Wukuaishi Village

In Chengdu as well, urbanization has developed rapidly and the immigrant population has been sharply increasing. For instance, Wukuaishi Village in the Dongzi Community of Jinnin Ward, used to be an agricultural village with a main crop of rice. However, partly due to its location, in a northern area connected to the northern railroad station in Chengdu, urban development has made rapid progress in recent years. The development has been initiated by the People's Government of the City of Chengdu, which acquired land, constructed department stores, hotels, and office buildings, and also built and improved roads and streets. Because of this aggressive urban development, Wukuaishi Village, which used to have 12 communities in 1987, has only 5 community groups in 1988. The other seven community groups have turned into non-agricultural population members, and many of them have been hired for government-related jobs. The following is an outline of the village:

Villagers' groups	5
Total population.....	1,120
Cultivated area.....	419
Number of households.....	403
Village enterprises	
Number of enterprises.....	11 (group enterprise) (service business <inns>, health machines manufacturing, auto repair, iron-rod processing)
Number of workers.....	480
Total annual income.....	5.65 million yuan (1,100 yuan per capita per year)
Family enterprises.....	78 (sales, food service, inn, bicycle repair)
Agricultural population...	1,120 (400 males, 700 females)
Commuters to Chengdu.....	40% of the total population

Source: Interview with Wukuaishi Village chief during the 1988 survey

Moreover, since the 1978 Third Plenum of the 11th Central Committee of Chinese Communist Party, Wukuaishi Village has begun village-owned local enterprises as an agricultural-village development model. Presently, the village is operating 11 enterprises. Furthermore, as a family enterprises development model, a total of 78 family enterprises and 7 group enterprises are operating.

The urbanization of Wukuaishi Village has progressed rapidly since 1983, and immigration population has also been rising sharply. The

immigration population, which is not formally registered, are registered as temporary population members, or included by each neighborhood group. However, there are number of people who are not registered at all. There are a great number of unregistered dwellers who are hired as temporary workers by family enterprises. In addition, Wukuaishi Village is located in a suburb of the city of Chengdu, and thus, there are many commuters who go to Chengdu every day. In the Chinese system, these commuters are not registered as residents in Wukuaishi Village. Rather, they are registered as residents where their work places are located. These commuters are called "population for place of work", and classified as urban population members. They have voting rights in the People's Congress at their work places and receive food tickets from the city where they are working. There is an aggressive movement for urbanization, including urban development by the Chengdu City People's Government, independent economic development by the village (local enterprises), and businesses operated by residents themselves (family enterprises). In such circumstances, the population has shown a rapid mobility.

3) Immigration Population in Chengdu

In September 1987, a survey of the floating population was conducted in Chengdu. This survey counted those population members who do not have formal resident registration, yet who were living in the city as of the survey date (September 10, 1987). A report of the survey defined this people as "floating population members". This survey did not intend to conduct population-migration research in a very strict sense, because the population who immigrated with formal resident registrations were excluded. The area survey covers West Ward, East Ward, and eight communities in the inner Jinnin Ward, while eight communities in the outer Jinnin Ward, Qingbaijian Ward and Longquanyi Ward were not included. (The following data is quoted from articles in Population and Development No. 2, 1987: Sichuan University Population Research Center).

According to this survey on the floating population, there were 535,000 floating population members as of September 10, 1987, while there were 1.38 million settled population members. The ratio of the floating population to the settled population is as high as 38.9%. The composition of the floating population can be summarized as follows:

a. Area from Which People Immigrated

From suburban wards of the city:	114,800 (21.4%)
and provinces	
From other areas in Sichuan Province:	339,200 (63.4%)
From other provinces:	70,559 (13.2%)
From abroad:	10,776 (2.0%)

b. Age composition

1-14	4.8%
15-54	85.6%
Over 55	9.6%

c. Sex composition

Male	69.5%
Female	30.5%

d. Places to which they are immigrated

Within the city	523,000 (97.7%)
Transient to other areas	12,000 (2.3%)

e. Length of stay

Long-term stay (one year or longer)	280,000 (52.3%)
Short-term stay (less than one year)	255,000 (47.7%)

f. Purpose of stay

1)	Transportation-related jobs	24%
2)	Inns and hotels	22%
3)	Construction	12%
4)	Manufacturing and commerce	7%
5)	Medical services	9%
6)	Schools	5%
7)	Repairs	2%
8)	Temporary population	17%
9)	Foreigners	2%

Although detailed data is not available, the fact that the floating population is 535,000, or 39% of the settled population, seems to reflect the rapid social and economic changes of recent years. There are 280,000 long-term dwellers who do not have formal resident registration. This fact suggests that, based on the former concept of the Chinese population policy, there are a great number of unplanned residents in the area. Among short-term visitors who stay less than a year, there seems to be many who commute to the city for work or school. It may also include a substantial percentage of the immigration population which enters the city for sales and distribution activities in the free market. However, such a dramatic increase in the floating population is apparently putting a heavy burden on the improvement of the urban infrastructure, such as transportation and housing. Furthermore, unstable living styles, including work away from home, lodging, temporary dwelling in cities, and camping are increasing. It is expected there will be a serious effect on family relations,

including such a problem as whether or not families will be able to live together.

4) The Floating Population as a Common Phenomenon

It is said that a rapid increase in the floating population has also been observed in other areas in China. Especially, besides the daytime migration of the population which commutes to cities for work or school, the migrating population is said to be rapidly increasing in recent years in various regions in China. Questions concerning the migrating population were not included in the 1982 population census, but some questions were added in the 1% sample census taken in 1987. The statistical data of the survey had not been completed as of August 1988. However, migration in the past five years was studied at the province-, district-, and ward-level by this census. As a result, migrating residents who stay for longer than six months were calculated at 30.58 million for the whole country. This figure simply indicates those who have made formal resident registrations, called "Migration Population". Therefore, if one includes the floating population without formal registrations, it is certain that the total number of the migrating population will increase further.

The National Statistics Bureau classifies temporary residents into three categories: (1) population members whose resident registrations are moved at the same time; (2) more than six months have passed since migration, but the resident registration has remained at the former place of residence; (3) less than six months have passed since migration, but resident registration has remained at the former place of residence. The first population group, who follow formal procedures, are called Migration Population while the other two groups are called "floating population". The floating population includes those who have obtained official approval for a one-year temporary stay after their existence in the area is confirmed (called temporary population), population whose existence is not confirmed, "temporary migration population" including construction workers and part-time factory workers, and "seasonal migration population" including those hired for agricultural work. The floating population survey in Chengdu City previously mentioned included both commuters and students in its floating population. In China, free migration has not been allowed because work place (employment), food distribution, housing distribution, and resident registration used to be very closely connected. Under such circumstances, the population was monitored in a very accurate manner in either its dwelling or work places. Since 1978, however, it has become relatively easier for people to migrate, and each administrative organization field has had difficulty in maintaining an accurate number for the migrating population. This also results in a serious impact on the family planning administration.

(2) Current Condition of Family Planning

In Wukuaishi Village, there is one family planning promoter appointed for each villagers group, and a total of five promoters are engaged in family-planning-related work. The major task of these promoters is advertising and education regarding maternal and child health care and family planning. They serve as family-planning promoters beside their main work.

The demographic data in 1987 indicated that the number of births was 36 in Wukuaishi Village, or 23 males and 13 females. The number of deaths was 10. The reproductive-age women (aged 15-49) were 519, of which the fertile women were 448, excluding those who were unmarried or sterile.

With regard to the implementation of family planning, the number of persons who currently accept contraception by method is as follows. This data is based on an interview with Mrs. Zhao Xueilan, a chief, Mother and Child Health Division and staff member of Family Planning Commission in Wukuaishi Village.

Male sterilization	40 (persons)
Female sterilization	35
IUD	249
Condoms	8
Pills	16
Others	8

As shown in the above data, IUD is the most prevalent method of contraception. IUD is most frequently and widely accepted in one-child households. A similar tendency was found in our sample survey as well: seven out of ten people chose to accept IUD. In other cases, it was found that two people chose sterilization. Asked the primary reason for one acceptance of sterilization, the respondents pointed out that it would have no side effects. As already indicated in Chapter 3, there were four cases of induced abortions reported, and it is suspected that there have been more cases of artificial abortions in the village.

People's behavior to accept family-planning seems to be closely related to their future plans. The questionnaire for this survey included items about changes in living standards in the past five years. Results of this interview shows that the respondents' living standards have generally improved and they have savings of 2,000 to 10,000 yuan (4,900 yuan on an average). Since the early 1980s, people have an interest to possess more and more durable goods, and the living standards of the households surveyed have improved significantly. Reflecting these circumstances, two respondents answered the question about their old-age life by saying that they would depend on their

national pensions, five said that they would prepare for it with their own savings, and three answered that they would rely on their children. It is expected that people will become less dependent on their children in terms of their plan for the future after arriving at senescence.

(3) Medical Service Situation

Wukuaishi village has relatively good medical care conditions because it is located near the metropolitan area of Chengdu city, and a variety of medical facilities are available in the city. Based on the answers to the questionnaire, all mothers went to hospitals for pre- and post-natal check-ups and delivery. It takes from 30 minutes to one hour to the nearest hospital, and they have a good access to medical facilities. People are getting information regarding medical examinations through official publications.

As regards child health care services, immunizations are given at local health posts. Printed information is also a major source of information for villagers about these health and medical services.

At a health station in Wukuaishi Village, eleven staff members and four doctors are working. Of these four doctors, two are village doctors and the other two are retired doctors from government medical institutions like a medical college. The major income sources of these doctors are their village subsidies and the medical examination fees paid by patients. It is determined that the medical charge is three yuan per person per visit, including medication. For general medical treatments, the outpatient system is used basically, but doctors may go out to see a patient at home during the busy agricultural season. Also, they sometimes make a round visit for health and sanitary consultations.

According to the responses to the questionnaire, there are only a few cases of home visits by village doctors. However, all the respondents gave affirmative answers to the question "Have you ever received guidance and assistance about health and sanitation?"

The respondents' requests to village doctors are summarized as follows:

Increase the opportunities of home visits	6
Give enough medications	1
Provide more satisfactory medical treatments	9
Provide careful and thoughtful health Guidance (medical consultation)	9

It is clear that the villagers want to have improved medical services of better quality.

3. Rural Area (Huayuan Village, Pi Prefecture, Chengdu City)

(1) Outline of Huayuan-zhen

It has been a long time since the emergence of ten-thousand-yuan households was reported. As a result of the new economic policy adopted in 1978, free markets were approved while the contracted production system was introduced in rural areas. In other sectors as well, economic policies to facilitate private business efforts were taken, and the system of family employment was introduced. The emergence of ten-thousand-yuan households is partly due to the success of such private enterprises. At the same time, the development of community enterprises which are operated independently by local self-governing organizations, such as provinces, counties, and villages, has also helped produce "ten-thousand-yuan" villages and "ten-thousand-yuan" farmers. Considering the fact that China had a small national income in the past and the average national income per capita is still about 800 yuan, it is surprising that increasing numbers of farmers have come to earn more than ten-thousand yuan annually.

Huayuan County in Pi Prefecture, where we conducted this research, is a purely agricultural village located 30 kilometers away from Chengdu. There are a great number of ten-thousand-yuan farmers. Huayuan County consists of 16 local administrative villages and 106 villagers groups. It has a total population of 20,296, making up 5,484 households. The average number of family members per household is 3.7 person. The population density is 922 per sq. km, which is slightly higher than the average population density in Sichuan Province or the Sichuan Basin as a whole.

(2) Current Condition of Family Planning and Maternal and Child Health

Regarding vital statistics in Huayuan County in 1987, the number of births was 318, the number of deaths was 137, and the crude birth rate and the crude death rate were 15.7% and 6.8%, respectively.

The reproductive-age population in Huayuan County was 3,948, and 90.8% of them, or 3,586 people, were accepting contraception as follows:

Male sterilization:	1,233 persons
Female sterilization:	67
IUD:	2,174
Condoms:	84
Others:	28

Source: Based on interview with the Family Planning Service Station in Huayuan

A sample survey of ten households in Huayuan indicates the same trend as that seen overall regarding contraceptive practices in Huayuan: 3 cases of male sterilization, 1 case of female sterilization, 5 cases of IUD, and 1 case of condom. As to the reasons for choosing IUDs or condoms, the respondents pointed out that these methods are easy and convenient to use. The couples using IUDs and condoms tend to have one child, while those who choose sterilization have two or three children. As easily suspected, they chose sterilization because, they say, sterilization is a more efficient method of contraception.

The family planning program is carried out through Family Planning Service Stations. There are 1,700 service stations in Sichuan Province. In the Huayuan Family Planning Service Station, there are three staff members and all of them are village doctors. The profile of the chief doctor in charge of the Huayuan Service Station has already been introduced in Chapter 4. Their major task is the promotion and education of family planning, the control and distribution of contraceptive devices and offering practical training. The promotion and education service includes spreading knowledge about the Marriage Law, the family-planning policy and contraceptive methods by using such media as wire-carried broadcasting, slides, posters, and wall newspapers. In the Huayuan Station, slide projectors provided by JICA are used for such educational activities. The training provided at the health service station is aimed at the efficient and quality improvement of the family planning service staff. One-day training is offered every month about eugenics and contraception. Maternal and child health care services are also given, in addition to family-planning services. Pre-natal and post-natal check-ups are conducted here, and IUDs can be inserted as well.

According to the response to our questionnaire in terms of medical services, the village doctors and the family-planning promoters are playing a significant role in the field of medical services. This is partly because Huayuan County is an entirely agricultural area and there are no medical services provided in its work places. As our survey shows, in urban and suburban communities, publications were the main source of information about such medical services as medical check-ups and immunization. In contrast, for the medical services, face to face communication is more useful in Huayuan: Of ten cases, six respondents answered they were informed by family-planning promoters, two received information from friends, and two from parents. It can be said that people in Huayuan have greater expectations for the medical services provided by the village doctors. Four respondents requested more frequent visits by village doctors, and six respondents wanted more complete and extensive medical treatments. They also request more frequent visits by doctors and an improvement in the quality of medical services.

(3) Establishment of Ten-thousand-yuan Households and Family Planning

1) Attitudes of Ten-thousand-yuan Farmers towards Family Planning

Ten-thousand-yuan households in Huayuan are mostly farmers who have successfully developed better-class and newer varieties of flowers, fruits, and vegetables. The farmers we interviewed were good examples of such successful and creative farmers. The first farming family we visited had six members: a couple, their son and daughter, and the son's wife and child. The head of this household was 52 years old and works as a factory manager in a spinning plant, one of the local enterprises in the area. He also runs a garden plant business privately with his son. He used to work as a chief of a big production group during the era of the People's Communes. His son is engaged in the garden plant business under the contracted production system, and his father is helping the business. The family have been living in the village for more than fifty years and he and his family have experienced many difficult things. Their only son married a girl several years ago. She was running an individual enterprise as a dressmaker, and brought into the family many modern households goods that she had bought with her own savings, including a bed, a wardrobe, a TV set, a washing machine, many dishes and new bedclothes. The family-planning of the surveyed couple was governed by the family-planning policy of the 1960s. The husband underwent sterilization after they had one son and three daughters. At that time, he was a chief of the production group, and they were allowed to have their desired number of children, and so he did not hesitate sterilization. He has not suffered from any after-effects from the sterilizing treatment, and feels secure because the family runs a good business and his son will succeed him in it. His son married when he was 24 years old and his bride was 22. They have one boy. The head of the household and his wife agreed that the one-child was satisfactory nowadays.

Let us introduce another example of the farmers we interviewed. He is a farmer specializing in growing garden plants and runs a successful individual enterprise (contracted agriculture). He has a wife and two daughters, who are 17 and 16 years old. He graduated from middle high school, and used to be a chief of a production group in the time of the People's Communes. He started the contracted production of garden plants in 1981. He has 3.5 mu field under his contract with the village. The annual contract fee was 600 yuan per 1 mu (2,100 yuan in total), but he paid the fee without fail between 1981 and 1984, and thus, he is no longer obliged to pay. In October 1984, he built a house without borrowing money at a cost of 30,000 yuan, which he had saved. (The house was so large and attractive that we thought we were being taken to a restaurant.) It is said that it will cost at least 100,000 yuan to build such a house now. To run a successful floricultural business, he went to agricultural school in Dalian and also read and studied hundreds of books, because he knew that the ordinary plants and flowers produced in the area were priced low and there were too many

competitors in the region. At that time, environmental problems had arisen and a tree-planting campaign had been promoted. Thus, he thought floricultural and garden plant business would grow as the living standards of the people improved. His prediction has come true. Currently, his products are mostly purchased by large corporations in Chengdu. He is very proud of the quality of his products and his own ability to develop new varieties. The respondent won an official commendation as a "most advanced and successful farmer", and has been awarded several other prizes. This was one of the most ideal and successful cases of ten-thousand-yuan households. As regards family planning, he thinks the present policy is acceptable under the current circumstances, and wants his children to choose their own way.

2) New Problems of Ten-thousand-yuan Households

As such, a greater proportion of the ten-thousand-yuan households belong to the group which can anticipate future trends and run businesses by actively adapting to new economic policies. These people are convinced from their own experiences that their efforts will be rewarded if they willingly accept the government's policies and put them into practice. They consider the present family-planning policy as one of the government policies they should follow. In the contracted production business or family enterprises, labor shortages can be compensated for by the employment of seasonal workers, and thus, they usually think that it is not always necessary to have a family work force (especially men). It is said generally that the abundance or shortage of the domestic work force determines the production capacity of a contracted production, and thus, those who run family enterprises tend to have more children, especially boys, for their work forces. However, the interviews we conducted suggest that they have other solutions to the labor shortage. Nevertheless, when individual enterprises begin to produce substantial amounts of money and people save more money, they want to run even more successful businesses and try to make more money. Then, a new problem is expected to arise. That is, who will inherit their increasing property. Moreover, the parents' generation have struggled to become a ten-thousand-yuan family with painstaking labor, while their children are born and brought up in an already rich and affluent environment. There are fears that a new form of parent-children relationship and new ways of thinking among such children may cause frictions between these two generations.

4. State Enterprises

(1) Sichuan No. 1 Cotton Textile and Dyeing Printing Plant - A State Enterprise Forming An Organized Community

Each state-run enterprise in China forms a community in which all the workers and their families receive all necessary services, such as

medical care and education, throughout their lives. They also work in the enterprise community and participate in political activities there. The First Cotton Spinning and Dying Plant, which we visited for this survey, is a government-run enterprise with 15,000 workers. Services are provided in the areas of education, family planning, medical care, and health and sanitation.

The spinning plant was established in 1958, and now has 2,400 spinning machines. The annual production of dyed cloth is 14,500 meters, which can be made into 300,000 uniforms. The production facilities include Italian, Swiss, and Japanese-made machines, in addition to domestic machines. It produces a variety of products, including cotton textiles and synthetic fibers, with one main factory and five branch factories for cotton spinning, chemical fiber spinning, and dying plants for both. The whole organization contributed to National Treasury of 54,200,000 yuan in 1987.

As previously mentioned. there are 15,000 workers at this plant. Twelve thousand of them are working in the spinning and dying departments, and the remaining 3,000 are working in related services. The ratio of female workers is as high as 60%. A three-shift work schedule is employed here: 8:00-16:30 for the first shift, 16:30-1:00 for the second shift, and the third shift is 1:00-8:00. The plant provides transportation for its night-shift workers.

All the full-time workers have resident registration at the place where their plants are located. Three-thousand people are registered in East Ward, where the main plant is located and 12,000 people are registered in the suburban wards where its five branch plants are located. In the Chinese system, commuters are registered not at their home addresses but at the address of their work place. These plant workers send representatives to the People's Congress of each district where their plants are located, and also send one representative to the National People's Congress.

The enterprise surveyed was established in 1958 and there are many families who have been working for this plant for two generations. Some families have been working at it for three generations. The number of retired people has reached 1,600, and they are receiving pensions from the enterprise, based on the national pension plan. The amount of their pensions are determined by their length of employment. If a person started working before October 1, 1949, he will receive 100% of the pension given. Those who started working before January 1, 1952 receive 95%, and those employed later than January 1, 1952 receive 75%. Retired workers are allowed to live in houses provided by the enterprise. However, the enterprise has only a 3,000-house capacity, and priority is given to those who work longer, and to those having big families. Within the enterprise, services in almost all fields have been established which are necessary to the workers: its educational department runs from kindergarten to university, and there is also

hospitals, department stores, a movie theater, workers housing, and free markets in the enterprise. The family planning, and maternal and child health department discussed in the following section is one of those departments run by the enterprise.

(2) Current Conditions in Family Planning and Maternal and Child Health Care

1) Organization for Family Planning

For the implementation of family planning, there is a Family Planning Commission at the headquarters consisting of three staff members (they are public service personnel and are paid by the Government). Under this central Commission, a sub-family planning committee has been established at each of the five branches. In each branch plant, a family planning group has been organized for each workshop, and a family planning committee member is appointed to each group in the workshop. In addition to the family planning organization established in the state-run enterprise, the Women's Department of the labor union is participating in family planning activities at each level of the organization. Furthermore, in 1987, the Family Planning Association was established, which includes not only workers but also retired people. The association as a voluntary organization, participates in supplementary activities in collaboration with the Family Planning Commission, and is making a great contribution to the family planning activities. The Family Planning Commission in the enterprise is an administrative organization which implements national policies while the association is a voluntary organization of the family planning activity which was established by workers themselves. After the establishment of the association, the functional distribution of family planning organizations has become more widespread.

2) Current Conditions of Family Planning

The number of reproductive-age women at the enterprise is presently 7,300, with 5,039 of them capable of having a child. The number of births in 1987 was 302. The ratio of those who use contraceptive method is 99.73% since there are some divorced people, widows, and sterile people. That is, the ratio of acceptance of contraception becomes 100% among women capable of having a baby. The number of persons accepting contraception by method is as shown below:

IUD	1,200
Male sterilization	69
Female sterilization	542
Pills	549
Condoms	2,100
Others	4,000

Source: Hearing at the General Office of Family Planning at Sichuan No. 1 Cotton Textile Dyeing and Printing Plant

The above data concerning the composition of the contraceptive methods accepted suggests that the ratio of condom use is higher compared to the data available for Sichuan Province as a whole, or any urban, suburban, and rural areas. This is because workers walk around most of working hours in the plant, and this could make an IUD drop. Thus, using an IUD is not recommendable, and consequently, the ratio of acceptance of condom is higher compared to other areas. Among the women who have done sterilization, 25 to 26 of these have one child. But in many cases, women would have sterilization after she has had her second child. The workers are scheduled according to the three-shift system, and in many cases, husband and wife have to work different shifts. Therefore, a couple may not spend much time together, and a condom is preferred to pills, because the former is simpler and more convenient. If contraception fails, induced abortion is available. The ratio of induced abortion is 0.9%. All the households having only one child have a One-Child Certificate.

3) Maternal and Child Health

Due to the high employment ratio among women, working conditions of female workers is a serious problem in this enterprise community. The protection of appropriate working conditions is guaranteed during (1) menstrual periods, (2) maternity periods, (3) child delivery periods, (4) breastfeeding periods, and (5) menopausal periods. Special monthly leaves for women are not allowed as a rule. Yet, those who are in serious conditions during such periods may have paid leave. Pre- and post-natal check-ups are given at a medical facility attached to the plant. Women can have three-month maternity leaves. Considering the heavy working conditions in the plant, job coordination is permitted and pregnant women are moved to lighter work positions after the seventh month of pregnancy. A one-week leave is given before delivery. In the period of breastfeeding, a mother is allowed to take two one-hour-long breaks from three to eight months after maternity leave. After eight months, she can have a one-hour break every day for breast feeding.

Babies who are 6 months old are admitted to nurseries provided. There are 120 staff members working in 26 classes in nurseries. Medical services for children are also provided through these nurseries, and the vaccination ratio is 100%.

(3) Limitations of the Enterprise Community

As described above, the Sichuan No. 1 Cotton Textile Dyeing and Printing Plant forms an enterprise community, which corresponds to the local society. It provides workers of every generation, from newborns

to aged people, with a wide range of services that ordinary citizens require: medical care, education, jobs, shopping facilities, leisure, political participation, etc. In a sense, it is a systematically formed community within a community. Workers for the enterprises are considered first as workers of a state-run enterprise, before they are considered as citizens of the local administrative community under the control of the local government. As previously mentioned, therefore, commuters to the enterprise have resident registrations, not at their home address, but at the address of their work place. Thus, their political activities participation also takes place at the enterprise. Social welfare is provided by the enterprise, and other opportunities and activities, such as shopping, dining, and leisure, are also provided by the enterprise for its workers.

Nevertheless, Sichuan No. 1 Cotton Textile Dyeing and Printing Plant, an autonomous and self-satisfying organization which forms a systematic community, is now facing some serious problems. First, the number of long-term workers have increased since the establishment in 1958, and labor costs have been increasing as the workers age. Second, the community has 1,600 retired people now, and it is anticipated that their number will rapidly increase. These aging workers will cause a shortage in the pension fund. Furthermore, the enterprise has only 3,000 houses available for its workers, and it is impossible to provide all the workers with houses. There are also other problems. Under the new economic policy, the independence of enterprises is emphasized more and a self-supporting accounting system is being promoted. This will naturally increase competition among enterprises. In order to remain highly competitive, an enterprise needs to make a serious effort to improve its production facilities and develop new products. This will push up investments and may consequently affect profitability. Furthermore, with the general improvement of living standards, workers demands tend to diversify and become sophisticated. Therefore, in the fields of social welfare, commercial activities, and other services and benefits, an individual enterprise can no longer provide the sufficient quality and variety of services for its workers demand. The systematic and intensive community of state-run enterprise, which has played a great role in providing a minimum level of food, clothing, and housing to the people working there, are now being forced to change, influenced by the improvement and diversification of the people's living standards. It is the time for government-run enterprises to seek a new form and system of community which can cope with the new era China is entering.

Chapter 6

International Cooperation Possibilities

China's modernization is making remarkable progress at an unusually rapid pace never before experienced by any advanced nation. In particular, an unprecedented population policy "One Child for One Couple" was adopted in 1979, while a new "Production Responsibility System", which affects the foundation of the political and economic-social system, was enforced. It is worth noting that China has almost achieved a complete demographic transition in which both its fertility and mortality rates approach levels found in advanced nations.

Japan is another country which has achieved a remarkable demographic transition under the severely devastated economic and social conditions following World War II. The demographic transition of Japan was also carried out at a rapid pace unmatched by any other countries. However, China's demographic transition has been much faster than that in Japan.

It is expected that such rapid drops in fertility and mortality, as well as dramatic declines in the population increase rate, will act as an incentive on China's economic and social development and propel its modernization.

On the other hand, however, it will be difficult to avoid maladjustment problems, including contradictions and imbalances between rapid social economic changes and reproduction behavior.

Based on information and data we obtained from related government agencies in Sichuan Province, the Family Planning Commission, other administrative organizations and from direct contact with the people, we will point out some problems and discuss the possibility of future international cooperation in solving these problems.

More importantly, I would like to note that the Chinese government demonstrated a strong interest in, and enthusiasm towards, our research in Sichuan Province by providing its active cooperation. The Chinese side fully understood the basic idea of this China-Japan joint study, and showed a strong interest in receiving information about Japan and her experience. For instance, the enquête survey we asked them to conduct before our field study had already been completed when we arrived in Sichuan Province. This fact illustrates well the sincere and positive response of the Chinese government to our research. We believe firmly that international cooperation in research in the population field, particularly the study on Chinese demographic issues and policies, can be carried out successfully with the cooperation of Japanese experts. The Chinese government expects such active international cooperation in the future. Therefore, I would like to present some research themes which would require international collaboration.

1. Research Study on Current Changes in Chinese Families

Chinese families have been successful in controlling fertility and improving mortality while undergoing rapid changes in its urbanization process and with its new economic system. Changes in families or households have significant meaning as a point on which various social, economic, and demographic variables converge.

2. Research Study on Migration Trends

Agricultural modernization (improved productivity), the sharp decline of cultivated land available per farmer, has brought about surplus labor force exceeding 100 million in China. As a result, the migration of the agricultural labor force to non-agricultural sectors and urban areas has been unavoidable. Research and analysis on the current state of migration and possible measures for reallocating the surplus labor force is a critical and urgent problem to be studied.

3. Research Study on Measures to Improve Infant Mortality Rates

Despite a marked improvement in the crude death rate, there is still room for improvement in the child mortality rate, especially that of infant mortality. It should be noted that an improvement in the infant mortality will propel a resulting population increase on one hand, but, on the other hand, it is also a significant factor in accelerating a decline in fertility. The infant mortality rate in Sichuan Province is 36.5 (per 1,000 live births). There is a significant difference in infant mortality rates between urban and rural areas: 27.0 in Chengdu City and 40.0 in the rural area. The infant mortality rate in Japan is 5.0, the lowest in the world. Thus, the infant mortality rate in Sichuan Province is seven times higher than that of Japan. Thus Japan's experience of success may contribute to China's efforts to lower its own infant mortality rate.

4. Research Study to Reduce Regional Differences in Fertility

Sichuan Province has planes, hills, and mountainous areas. It also has many ethnic minorities. Consequently, there is a big fertility differential in Sichuan Province. Sichuan Province's family planning program has made a remarkable achievement, but in order to attain even more successful results, it is necessary to strengthen its policy measures so that they focus on areas and ethnic minorities differences.

Research study on factors and measures to rectify fertility differentials is thus required.

5. Research Study on Present State of the Aging and Future Policies to Cope with Aging

The proportion of the population over 65 years of age in Sichuan Province was 4.7% in 1982, almost similar to the national average of 4.8%. However, the remarkable success in fertility control also has been accelerating the speed of aging. In particular, research study on current problems concerning the support of senior citizens over age 60 needs to be carried out.

The Five-Year Research Plan concerning aging problems in China has been conducted since 1985 with the aid of the United Nations Population Fund and the cooperation of Japanese experts. The joint research under the second five-year plan is expected to be carried out after 1990. It is earnestly hoped that the joint China-Japan research in the field of population study will be further expanded and strengthened.

Chapter 7

Survey Members and Itinerary

Survey Members

1. Japanese Committee

Toshio Kuroda (Research Chief)	Director Emeritus, Nihon University Population Research Institute (Head, Field Research Team)
Hiroaki Washio	Senior Researcher, Economic Cooperation Department, Institute of Developing Economies (Member, Field Research Team)
Yasuko Hayase	Senior Researcher, Statistics Department, Institute of Developing Economies
Tsuguo Hirose	Secretary General, The Asian Population and Development Association
Masaaki Endo	Senior Programme Officer, The Asian Population and Development Association
Yuiko Nishikawa	Research Staff, The Asian Population and Development Association (Member, Field Research Team)

2. Cooperators

Embassy of Japan in People's Republic of China

Shoji Ashikaga	First Secretary

State Family Planning Commission

Peng Pei-yun	Minister
Peng Yu	Vice Minister
Dong Yu-chang	Deputy Director, Bureau of Foreign Affairs
Huang Baoshan	Deputy Director, Bureau of Foreign Affairs
Peng Zhi-liang	Deputy Chief, Office of Policy Research
Shen Guo-xiang	Deputy Director, Department of Publicity and Education
Wang Xiang-ying	Deputy Chief, Foreign Affairs Division
Ding Xiao-ming	Interpreter

Department of Population Statistics, State Statistical Bureau

Shen Yimin	Deputy Director

Population Research Institute, Chinese Academy of Social Science

Sha Jicai	Deputy Director
Wang Xiangming	Research Fellow
Li Chen	Head of the Economics and Population Research Section
Yang Zihui	Director of Editorial of the Population & Almanac of Chinese Population
Wang Weizhi	Associate Professor

China Population Information Center

Zhang Faying	Deputy Director
Li Yanqiu	Director for Project

Sichuan Provincial Family Planning Commission

Zong Kan	Director
Xei Min-dao	Deputy Director
Xei Tian-yu	Director, General Office
Yang Jing-yan	Interpreter

Chengdu Municipal Family Planning Commission

Sha Ping	Deputy Director
Xie Guojun	Staff of General Office

Sichuan Provincial Public Health Bureau

Yin Dakui	Director
Zhang Dexiao	Division of Medical Policy
Liu Yucheng	Division of Mother and Child Health
Zhao Xijie	Division of Foreign Affairs

Education Centrality of the Project Bear Children Chengdu

Li Gui Jiu	Director

Sichuan Provincial Statistic Bureau

Lo Qimong	Deputy Director
Zhang Peishen	Deputy Director
Ma Dongchun	Chief Researcher

Mei Bin	Deputy Chief Researcher

Population Research Institute, Sichuan University

Chen Xianmin	Deputy Director
He Chengjin	Deputy Director
Zhao Xueidong	Associate Professor
Yi Xoushu	Associate Professor

Chengdu Municipal Mother and Child Health Hospital

Zhan Shuqing	Director
Guo Xiaocheng	Deputy Director
Chu Mingqing	Chief of General Office

Pi County, Chengdu City

Chen Shifang	Deputy Chief, Family Planning Commission in Pi County
Yan Chongyin	Chief, Huayuan Town Family Planning Service Station
Wang Qinxiou	Deputy Chief, Huayuan Town

Jinniu Ward, Chengdu City

Huang Chunfu	Deputy Chief, Dongzi Kou
Li Wenqing	Staff member, Family Planning Commision, Dongzi Kou
Xu Taolin	Chief, Wu Kuai Shi Village
Zhao Xueilan	Chief,Mother and Child Health Division and staff member, Family Planning Commision in Wukuaishi Village

Sichuan No.1 Cotton Textile Dyeing and Printing Plant

Wu Supin	Vice-Director
Li Shaozun	Chief, Health Devision
Liu Shuhun	General Office of Family Planning
Yi Xueihen	Principal, Attached Nursery School

Survey Itinerary

July 28 - August 10, 1988

July 28 (Thu.) Fly from Narita to Beijing on JL 781 (10:00 - 14:15)

July 29 (Fri.) Courtesy visit to the Japanese Embassy
Discussion at State Family Planning Commission on survey outline

July 30 (Sat.) Visit the Population Reseach Institute of Chinese Academy of Social Science and the Beijing Population Information Center

July 31 (Sun.) Move from Beijing to Chengdu

Aug. 1 (Mon.) Discussion at Sichuan Provincial Family Planning Commission on survey outline. Briefing on Sichuan Province and Chengdu City.
Interview Sichuan Provincial Public Health Bureau about population, structure of diseases and child and maternal health care

Aug. 2 (Tue.) Census Office of Sichuan Provincial Statistic Bureau
Population Research Institute, Sichuan University

Aug. 3 (Wed.) Interview households in West Ward of Chengdu City
Visit Chengdu Municipal Mother and Child Health Hospital
Visit Huayuan Town Family Planning Service Station in Pi County, Chengdu.
Interview households in Huayuan Town

Aug. 4 (Thu.) Interview Chief of Wukuaishi Village and Chief of Mother and Child Health Division and Family Planning Commission of Wukuaishi Village, Dongzi Kou, Jinniu Ward, Chengdu City about population, mother and child health and family planning.
Visit a health post and interview households in Wukuaishi Village

Aug. 5 (Fri.) Visit Sichuan No.1 Cotton Textile Dyeing and Printing Plant
Visit General Office of Family Planning and the Attached Nursery School

Aug. 6 (Sat.) Publicity and Education Sub-center of Chengdu City
Review survey results with Sichuan Provincial Family Planning Commission

Aug. 7 (Sun.) Review the results of sampling survey

Aug. 8 (Mon.) Move from Chengdu to Beijing
Department of Population Statistics, State Statistical Bureau (Explanations of 1987 Sampling Survey)

Aug. 9 (Tue.) Report to the Japanese Embassy
Final discussion and report at State Family Planning Commission

Aug. 10 (Wed.) Fly from Beijing to Narita on CA 985 (10:20 - 16:25)

Chapter 8

References

Figure 1: Map of Sichuan Province

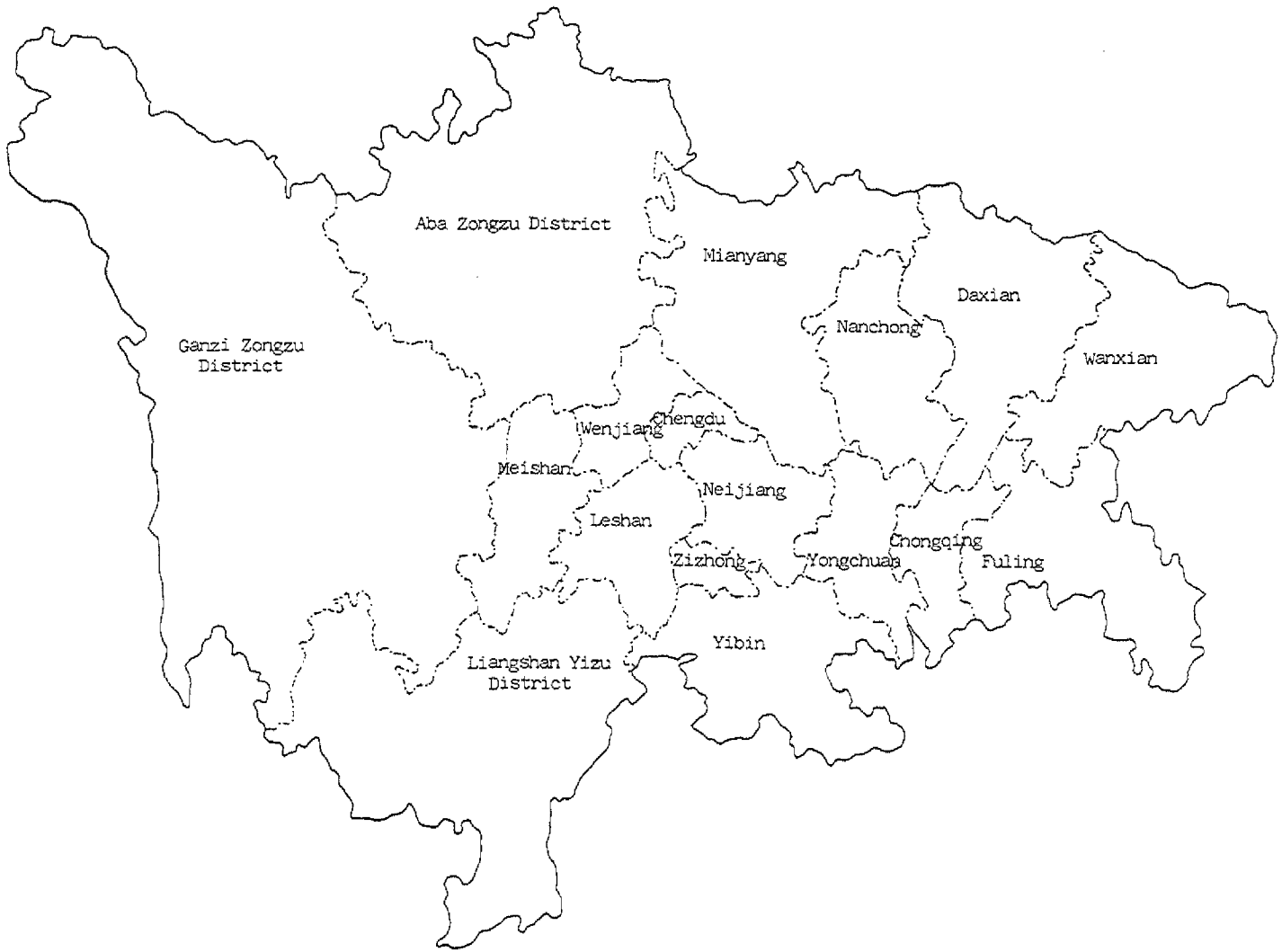


Figure 2: Map of Chengdu City