MOTIVATING THE MASSES FOR FAMILY PLANNING IN THE
PEOPLE'S REPUBLIC OF CHINA

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China's family planning program has been praised by some for being among the most rational and extensive in the developing world (1). This paper focuses on Chinese attitudes, knowledge, and behavior in this area, and describes the network of supportive services and motivational efforts undertaken to promote birth control in the People's Republic.

Attitudes Toward Sex and Family Planning

Lack of sexual promiscuity and sex-related crime is an interesting feature of Chinese society. Furthermore, the People's Republic is the only country in the world which claims to have wiped out venereal disease. It should not be inferred from these observations that the Chinese do not engage in sexual pursuits, but the physical pleasure of sex is not publicly commercialized or exploited. Nowhere in China do audio or visual media play up the sex image. There is no pornography, no sexually oriented seminudity anywhere.

Most Chinese accept sex as a normal part of life and view the sex act as a natural bodily function. Highly moralistic, they tend to believe strongly in individual responsibility. Moreover, the Chinese household has little privacy and several generations often share the same living quarters. It is not uncommon for parents and children to share one bedroom and the same bed. Children, sometimes not yet sound asleep, are on occasion aware of their parents making love; but this is regarded as a natural function in which the parents can engage. The attitude, in sum, is that sex is to be desired and enjoyed, but only in the marriage bed.

Other actions follow this same pattern. Women are not embarrassed to breast-feed their infants around strangers, and children are fondled warmly. In nurseries and care centers, boys and girls often share the same sleeping quarters and bathing facilities in a perfectly natural manner. By custom and tradition, adolescent and adult men and women rarely demonstrate their affection by touching one another in public; but men and women mingle freely and comfortably as associates and friends. Officially, the Government has adopted the term "eiren" (literally "lover" or "beloved one") as a term of reference for use by husbands and wives. The purpose is to describe the nature of the desired relationship between husband and wife and to stress the two partners' equal status.

In perspective, we can see that the People's Republic has developed a new mass culture which stresses frugality, self-reliance, and self-abnegation for the sake of mutual aid and what is regarded as the collective good. This culture, which allows little room for self-indulgence, is reflected in the drab color and utilitarian appearance of women's dress and the total lack
of cosmetic effects. In theory, an individual is only attractive and desirable to the extent merited by his or her personality and "correct thinking" as shown by his or her actions relating to the community. Large signs reading "serve the people" are posted everywhere to remind citizens of the destiny they seek.

The Government believes that "correct thinking" can be enhanced through education. It feels that once the right attitude is formed, correct behavior will follow, enabling the student to become ideologically "red" and professionally "expert."

It would be erroneous to conclude that their beliefs make the Chinese asexual. Our own attitudes reflect commercial conditioning and a tradition of male dominance which undoubtedly color our perceptions of appropriate sexual behavior. It is barely comprehensible to the Chinese that there are societies so immersed in sex as ours, where sexual activities may be engaged in premaritally and extramaritally from early adolescence. Their culture and education teach them to regard that kind of behavior as abnormal to the point of sickness, and they have trouble imagining how anyone could be so shameless as to want "the pill" without first having married.

At the same time, Government literature on family planning argues that limiting family size and spacing is essential for reasons of maternal and child health and for the development of the national economy (2). Obviously, family planning is intimately tied to political ideology and Government policy. Birth control is not just an individual matter, but a state affair.

Delayed Marriage

Postponement of marriage, which is tied to the reward system, delays childbearing and is therefore of strategic importance in family planning.

Traditional Chinese marriage contracts were made by parents for their children when the latter were in their mid-teens or even younger, and were consummated for the sake of ensuring continuity of the family lineage. During the years immediately after the Revolution, a law was passed which set the legal marriage age at

PLATE 1—A barefoot doctor participating with peasants in agricultural work.
18 for women and 20 for men, and which stated that people were free to choose their own marriage partners. Romantic love was thus popularized and made a social norm. Later on, the legal age for marriage was moved to 20 for women and 23 for men. By the 1960’s, women were being urged to delay marriage until 24 or 25 and men were being asked to wait until 28, on grounds that until then they would not have achieved their full physical growth.\(^4\)

The official argument for late marriage is not just that it enhances physical maturation and development, but also that the need for marriage is superseded by the more urgent need for revolutionary youth to expand its intellectual capacity, so that it can heighten the class struggle and acquire knowledge and skills needed for socialist construction. It is thus suggested that if one assumes family responsibilities while still very young, it will tend to retard his or her development as a good socialist. This aspect of delayed marriage was discussed in an article printed on a poster in a factory at Shanyang, a Manchurian industrial center. The final paragraph of that article is translated below:

On the surface the question of marrying early or late is a personal question. In reality, it is a point of conflict between capitalism and the proletariat since it represents two different views. Delayed marriage is a form of revolution which abolishes old traditions and establishes new social forces. Revolutionary youths must heighten their consciousness and resist the decadent thinking of the capitalist world. Hence, we must practice late marriage in order to eliminate traditional attitudes, customs, and habits and to proclaim socialism and establish a new order.

To encourage conformity to this new standard, a range of incentives has been established. For example, eligibility for admission to college, medical school, or other professional schools in China today depends on the candidate being single, and regulations require that he or she remain so during the course of study. Despite such circumstances, premarital sex is extremely rare, for several reasons. The desire to succeed—to be “red” and “expert”—appears to have considerably influenced public attitudes and behavior. The absence of sex-oriented commercial stimulants and of role models relating sex to status may have been influential. Other social conditions have also played an important part: Officially, China’s romantic hero or heroine is the peasant, worker, or soldier who serves the people and resists decadence; and in general it is true that a young woman is looked down upon if she is flirtatious and has many boy friends.

Of the two medical schools, one university, and one public health school visited by the author, none reported any case of a student falling in love and being unable to finish school. Since a student enters college only after being selected by the community, he bears an enormous responsibility; he is sent off with considerable fanfare as a “hero,” and there is tremendous pressure to be worthy of the trust. This is one more reason why the relationship between men and women is invariably one of fraternity and not of courtship.

We interviewed 36 “barefoot doctors,” “worker doctors,” and “red medics” from 20 to 49 years of age in six localities scattered from Shanghai to Shanyang, Manchuria. Barefoot doctors are part-time agricultural workers trained in preventive care and health education; worker doctors are their city factory counterparts; and red medics are housewives stationed at neighborhood clinics. In all, 23 were married, the remainder being single. Of those 34 years of age or less, the average age at marriage was 24.5 for men and 24 for women. Of those 35 and over, these average ages were 33 for men and 20 for women. Except for the two men 35 or older, those interviewed came from families with an average of five or six children. The seven women in the older group had an average of 3.6 children each, whereas the average for the younger women was 1.4 (see Table 1). Most of the younger men and women indicated a

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\(^4\)This information was given to us by an obstetrician in the Eight One Commune Hospital and was confirmed by the Provincial Health Office of Liaoning. See also Questions and Answers Manual on Planned Birth (3).
TABLE 1—Average marriage age, number of siblings, and number of children of barefoot doctors, worker doctors, and red medics in five localities, by age and sex, 1973.

<table>
<thead>
<tr>
<th>Age 34 or Less</th>
<th>Age 35 or More</th>
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<tbody>
<tr>
<td></td>
<td>Men</td>
</tr>
<tr>
<td>Number of persons</td>
<td>6</td>
</tr>
<tr>
<td>Average marriage age</td>
<td>24.5</td>
</tr>
<tr>
<td>Average No. of siblings</td>
<td>5.3</td>
</tr>
<tr>
<td>Average No. of children</td>
<td>1</td>
</tr>
</tbody>
</table>

preference for having only two children and for using family planning to keep births spaced apart.

Family Planning Organization

The highest family planning body, the State Family Planning Commission, is directly responsible to the State Council, the Government's highest decision-making body. The members of the Commission, which was established during the years 1956-1958, include representatives from the ministries of health, propaganda, culture, and commerce, and from the All-China Women's Federation, the Young Communist League, the Chinese Medical Association, and many other groups. The Commission's main tasks are to assure that the importance of family planning is recognized, to coordinate and help set basic policies relating to birth control, and to support the Ministry of Health in planning and implementing family planning activities (see Figure 1).

One and two levels down, in the provinces and counties, family planning committees are responsible for seeing that family planning policies are implemented and for working with the public health department in shaping those policies. They also contribute to periodic large-scale health education campaigns, seeking thereby to provide local organizations with leadership and a sense of direction in family planning matters.

The commune in rural areas and the street office in urban ones are the basic governmental units of political organization and economic production. Below them are two other organizational levels, those of the brigade or residents' committee and the production team or residents' group. The population base for a commune or street office can vary from 20,000 to 60,000 or more.

Each of these local entities has a family planning unit with which it shares responsibility for family planning in its area. This responsibility is also shared with the local women's committee and individual health workers in the area, including local practitioners (e.g., barefoot doctors, worker doctors, and red medics), midwives, and physicians. Activities of the local family planning units are supported by local public health departments, clinics, and hospitals.

Education and Persuasion

The Government provides a wide range of information about family planning to encourage late marriage and to limit births. To start with, the advantages of planned parenthood and the need for it are widely publicized through the mass media, leaflets, other printed materials, person-to-person contacts, and group meetings. But what is so extraordinary in China's case is that the message in favor of family planning is reinforced from every conceivable direction as a result of a concerted effort by the Party, the public health department, and local organizations. Nevertheless, local governments and local communities enjoy a good deal of autonomy in making decisions, and so there is great variation in the intensity and methods with which family planning is promoted in different communities.
FIGURE 1—Family planning elements and their relationship to political organizations.
Education for family planning is considered distinct from sex education. In fact, it is hard for most Chinese to envision the latter as a fit subject for education at all. Middle school pupils learn of the advantages of family planning in classrooms and at mass meetings where propaganda in favor of family planning is presented. Human reproduction is taught at the upper middle school level via biology, anatomy, and physiology. But boys and girls learn about human sexuality, for the most part, from peers and relatives.

Young couples receive information on contraception at marriage. After marriage, the production units which employ them assume responsibility for contraceptive information. Many young couples are not singled out as targets for persuasion until after the first pregnancy or birth of the first child. But in two communes we visited on the outskirts of Shanghai and in Shanyang, a family planning manual was presented to newlyweds with their marriage certificate as a gift from the State.

The principal means of mass communication in China is the loudspeaker. It was visible everywhere we went—hanging from roofs, in the corners of rooms, or raised on poles in fields where thousands of farm workers spend most of the day. Propaganda, which is broadcast at least twice daily, can include any message the Party or the local production unit, school, or hospital wishes to transmit. In contrast, there is only a limited quantity of printed matter on health education, because paper is a precious commodity and is used mostly to make posters, displays, and booklets. Although there is usually a radio at home and a television set in the communal hall, the loudspeaker is present in every household. Someone mans the loudspeaker station 24 hours a day to forewarn of any disaster such as flood or snow and to broadcast Party messages. It is therefore not surprising that Peking was able to mobilize an estimated one million people to sweep the snow off the streets before dawn during President Nixon's 1972 visit. The means of passing the message was the omnipresent loudspeaker.

Local practitioners such as barefoot doctors, midwives, and woman volunteers promote family planning through person-to-person contact and group meetings. They are instructed to be alert for the appropriate moment, such as the period following a painful birth or any time when an individual expresses a desire for information. Group discussions are conducted in the courtyards of village compounds or during the biweekly or triweekly political study sessions which are mandatory for everyone.

A technique called "criticism and self-criticism" employed in these sessions is used by the Party and has been universally adopted as a method in educating cadres and the public alike. It is a forceful form of persuasion. The participants, after a soul-searching self-examination assisted by others, usually reach a decision of compliance or commitment. At times, such persuasion through group pressure may contain an element of coercion.

As a guiding principle for birth control propaganda, promoters are supposed to "extol first, praise second, criticize third, and impel fourth." Rumor has it that clothing and grain rations have been withheld for the third or fourth child in some communities as a way of discouraging numerous births, but everyone we asked during our investigation vehemently denied this. It is reasonable to assume that such measures have rarely if ever been used, since they would have an adverse effect on the welfare of the child, if not the family, and would counter the key official doctrine of social benevolence. But there is no doubt that dissenters are subjected to severe criticism and constant harassment in the name of persuasion.

The natural targets for family planning education are, of course, the young men and women contemplating marriage and the married couples who have had one or more...
children. In some communities where tradition has a strong hold, an additional target population consists of the elderly women who still exert considerable influence on the family and who consider having many grandchildren to be their right. Mothers-in-law, for example, are persuaded to give their daughters-in-law permission to practice birth control. We were also told that certain production units considered “advanced” have developed schedules for family rotation of childbearing. Given the total lack of privacy in present-day Chinese society and the intimate awareness that neighbors have of one another, it is conceivable that discussions on the need for community planning and planned births could lead to some such agreement for scheduling birth events.

The International Maternity Hospital in Shanghai provides family planning education for clinic outpatients and for mothers after delivery. Again, emphasis is placed on maternal health and child welfare, and on the relationship to economic production and socialist construction. Mothers must attend at least one class session during their period of prenatal care. This deals with the reproductive process, prenatal care, preparation for birth, and family planning. Vasectomy is encouraged for the husband as a sound way of preventing future pregnancies.

Family Planning Services

Not only educational efforts but also family planning services are geared to elicit a strong general public response. The barefoot doctors, estimated at one million strong, participate in education of the citizenry, as well as in delivery of family planning services wherever these services are desired.

Contraceptive devices are manufactured by pharmaceutical companies owned by the State, and contraceptives are distributed locally through the official health agency, i.e., the public health department. Condoms cost one cent apiece and contraceptive jelly sells for ten cents a tube; but the pill, insertion of the IUD, and the services required for tubal ligation, vasectomy, and abortion are all free. These contraceptive supplies and services are available at all local clinics and community hospitals. Pills can either be picked up at the clinic attached to one’s place of work or delivered to the woman’s home by a health volunteer or local practitioner.

A person’s production unit provides transportation to family planning services when one must travel some distance—for instance to visit a district or city hospital. These facilities give such travellers preferential access to free services, and the State pays the cost out of a special budgetary account handled by the public health department.

Prenatal and postnatal maternity care is provided by physicians, midwives, and local practitioners at the community hospital, health station, factory clinic, or medical center outpatient department. For those wishing early confirmation of pregnancy, a urinalysis is done on demand. In rural areas, babies are delivered either by the physician at the commune hospital or by the midwife in the home. (Of the six communes we visited, only the Eight One Commune in Shanyang had trained midwives assigned to its brigades.) Emphasis is placed on proper coordination of midwifery services and those of the commune hospital, where maternity care is supervised by a qualified obstetrician. Should there be serious complications or need for a cesarean section, the patient is usually referred to the district hospital, which has more specialists and better equipment. In cities, babies are delivered at city or district hospitals.

The pill is a very popular contraceptive. Both a daily pill taken on a 22-day cycle (active ingredients: norethindrone and ethinyl estradiol) and a pill taken once a month are available, but the latter is still experimental and its use is restricted to selected cities and surrounding areas. This monthly pill, containing cyclopentyl ether of ethinylestradiol and chlormadinone acetate, is recommended only “for women who are very healthy.” The barefoot doctor can dispense both pills without a physician’s prescription after questioning and examining the woman. Sometimes a “number
3 pill” is dispensed to counter side-effects. This contains ethinylestradiol with .005 mg of estrogen.

The barefoot doctor maintains a record of the menstrual cycle of each woman, and the 22-day pills are delivered to her home at the appropriate time. In the case of the monthly pill, the barefoot doctor brings a thermos bottle along for the house visit and makes sure that the patient swallows the pill in his or her presence. There is also limited experimentation with a once-a-month injection which contains estradiol valerate and 17-a-hydroxyprogesterone capronate.

The IUD is another popular contraceptive, one which is said to be 70 to 90 per cent effective. A type called the “plastic flower” is popular. In Liaoning Province the device used is a coiled stainless steel ring that comes in three sizes ranging from approximately 13 to 20 mm in diameter. A physician usually inserts the ring, but midwives have also been trained to perform insertions in the home. The device is generally inserted about six months after delivery, when normal menstruation resumes. The expulsion rate is said to be as high as 15 per cent; and at least in Liaoning Province the patient is X-rayed, once after the first menstrual period and again at six-month or yearly intervals, to make sure the ring is still in place.

Tubal ligation is often preferred by older women with three children or more. The operation is performed transabdominally in the hospital. In general, women appear to show increasing acceptance of sterilization. We visited one residential neighborhood in a Hanchow street office where tubal ligations were the most common form of contraception. Of the 357 couples capable of reproduction, 25 were taking the pill, 76 had IUD insertions, 105 had undergone tubal ligations, 63 used condoms, and 10 had vasectomies. The reported birth rate for 1972 in this community was 8.47 births per 1,000 people, one of the lowest reported to us anywhere.

Other contraceptive methods are also used. Contrary to the information given in birth control manuals (5), breast-feeding is regarded as an effective contraceptive method by many local practitioners and even by some physicians. This may partly account for the many contraceptive failures which end in abortion. Manuals also describe the diaphragm and how it should be used, but we did not come across any clinic or hospital which promoted its use. This is very understandable, in view of the lack of privacy and bathroom facilities in many homes.

At one time the condom was very popular, but there is less official encouragement for this method now than in the past. The probable reason is that many people failed to use it regularly, and this caused too many unwanted pregnancies. Also, unless the user checks the condom first, there is a chance that it will be defective and that protection against impregnation will be lost.

Acceptance of vasectomy varies from place to place, but it is generally less acceptable than other forms of contraception. Only in the Four Season Green Commune on the outskirts of Hanchow did we find that as much as 60 per cent of all sterilizations performed within the last two years were vasectomies. This commune provides a most interesting case, in that the commune hospital, created in 1970, is staffed by 10 barefoot doctors. One of these, who bears the title “Western Medicine Doctor and Surgeon,” had three years of training in medicine and surgery. This was acquired mostly by apprenticeship in a city hospital program, and through a work practicum arrangement supervised by an internist and surgeon assigned to the commune to assist barefoot doctors through in-service training. This man has performed over 100 vasectomies in the last two years at the little commune hospital, and he apparently enjoys the confidence of the people.
PLATE 2—Primary care and first aid is provided in the brigade clinic.

PLATE 3—A group discussion of family planning guided by a midwife.
We had the opportunity to interview two men whose vasectomies were done by this barefoot doctor. One, a 42-year-old peasant, had three daughters; the other, a 28-year-old brigade accountant and Party member, had one daughter. The latter had undergone the operation while his wife was pregnant. Both expressed confidence in Chairman Mao’s teachings and were grateful for his concern about the people’s health and welfare. They said they were not worried about having only daughters, because the new society values the female sex as much as the male. Nevertheless, the young accountant was extremely happy when he learned that his second child was a boy.

In contrast to some countries, there is no monetary reward for those undergoing vasectomies in China (6, 7). However, in a society where monetary prices have been removed from services and enterprises, one way for an individual to receive recognition and social approval is by being a good citizen and what the Government calls an “advance element” in society. In general, aside from the desire for better health and welfare, patriotism does appear to provide frequent motivation for family planning measures. As an additional incentive, a week of paid vacation is provided for anyone undergoing a vasectomy; similarly, a patient receives 3 days of paid vacation for IUD insertion, 2 weeks for an abortion, and 3 weeks for a tubal ligation.

Abortion in China does not have the same emotional overtones as in many Western societies, and the operation is freely performed during the first three months of pregnancy. Consent between husband and wife is necessary, and in some locales community consent is also desired. In the case of premarital pregnancy, which is very rare, abortion is the invariable solution; but here consent from the community is required. This community involvement is designed to discourage promiscuity among the unmarried, and to encourage contraception by married couples.

The abortion is usually performed by vacuum aspiration, and the patient is sent home after an hour’s rest in the clinic’s observation room. Over 100 abortions were performed in the Eight One Commune in 1972, mostly because of contraceptive failures. At the International Maternity Hospital in Shanghai about 1,200 abortions have been performed annually since 1962, again mostly because of contraceptive failures.

Therapeutic abortion is permitted—if both husband and wife request it—in order to safeguard the health of the mother, or to prevent the birth of children who would be subject to known hereditary defects or whose mothers contracted German measles in the early months of pregnancy.

Emancipation of Women

The political and economic emancipation of women has contributed significantly to the promotion of family planning.

Female infanticide was fairly common in China before World War II, and girls were sometimes sold into slavery by their parents in time of need. This situation was changed drastically by the Revolution and by the marriage law of 1950, which stipulated that there must be free choice of partners, monogamy, equal rights for both sexes, and protection of the legitimate interests of women in education, employment, and family relations. There is now scarcely a field from which women are barred, and the emphasis is on equal pay for equal work. There are women machine tool operators, geological prospectors, pilots, navigators, spray painters, engineers, and scientists. Women also participate in managing State affairs, Communist Party committees, and revolutionary committees at all levels. Nurseries and care centers for young children have been developed to facilitate this process.

The assertion of women’s rights has had a very positive effect on family planning. So it is not surprising that women often volunteer to limit the number of their births when their husbands decide that the condom is inconvenient and vasectomy too threatening, or that
many more women than men should appear to adopt contraceptive measures. Women's organizations are fervent supporters of family planning and are instrumental in delivering family planning services. They generally regard freedom from unwanted pregnancies as a desirable achievement in itself—and one which is necessary for full female emancipation.

How Effective is China in Controlling Its Population?

Statistical Data

During the course of our tour, we repeatedly attempted to obtain statistical data on vital trends at the national, provincial, city, and county levels. These attempts were generally unsuccessful, but at the same time our hosts did not seem concerned about the apparent serious lack of systematic vital data. Whenever population figures were quoted, they were usually qualified by such statements as "in the vicinity of" or "approximately," and no more information was forthcoming. This could mean either that statistics is a weak link in China's health intelligence system, or that these kinds of population data are not being provided to outsiders.

One official statement of China's population size is posted on a large billboard in front of the guest house in Sin Jen, the first stop for visitors who enter China. The display reads "650 million welcome our brethren from overseas." Other estimates have ranged from 600 million to 820 million. The figure 700 million was used when Premier Chou met with scholars in 1972, an occasion at which an annual target growth rate of 1.5 per cent was set.

While no one seemed sure just how many men and women were sterilized or were using contraceptive devices in a given city or county, the barefoot doctors at brigade clinics and the worker doctors in the street and lane health stations were often able to give detailed information on the number of local women of reproductive age, as well as the precise numbers of men and women adopting family planning techniques and the methods they used.

Three local health stations in Hanchow, Peking, and Shanyang provided family planning records that we found to be quite complete. These records were designed for women patients. They gave the name and age of the patient and her spouse, the number of children, the type of family planning method adopted, and other personal data. Pledges to have no more children were made by some women and were recorded as such. An example of such a birth control record card is shown in Figure 2.

As indicated on the card, separation of marriage partners is considered a form of contraception. This means that the spouses are stationed in different areas, and therefore no intercourse occurs except during vacations.

During our visit to five cities and their surrounding areas we were shown recorded annual birth rates for communities; these ranged from 20 per 1,000 inhabitants in a Peking suburban commune to 8 per 1,000 in two residential neighborhoods, one in Hanchow and the other in Shanghai. Our hosts were also able to cite precise figures concerning the number of persons accepting various types of contraception and the number of children enrolled in school.

The vice-chairman of the revolutionary committee with jurisdiction over one Shanghai neighborhood school gave the student enrollment figures shown in Table 2. These data provide some circumstantial evidence that family planning may be having an impact on school enrollment. China's universal education system requires all children to enter primary school at the age of seven. Kindergarten is part of the school system, and the majority of children attend. However, day care center enrollment does not reflect the number of children in the community, partly because people prefer to keep very young children at home if there is a grandmother around.
FIGURE 2—Front and back of a birth control record card.

**FRONT**

Record for married women who have already had children

<table>
<thead>
<tr>
<th>Name:</th>
<th>Age:</th>
<th>Work unit:</th>
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Husband's name:

Address:

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<tr>
<th>Number of children</th>
<th>Age of youngest child:</th>
<th>Personal plans (specify contraceptive method and planned years of use):</th>
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<tbody>
<tr>
<td>M:</td>
<td>F:</td>
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</table>

Remarks:

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**BACK**

Reporting interval: Every six months

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<tr>
<th>Date</th>
<th>Family planning methods already adopted</th>
<th>Reasons for not having adopted family planning</th>
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<th>Yr. Mo.</th>
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<th>Injections</th>
<th>IUD</th>
<th>Dio-</th>
<th>Absence</th>
<th>Other</th>
<th>Pregnancy</th>
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TABLE 2—Primary and middle school student enrollment, by grade, at Young Pao Fung Chen New Village in Shanghai, 1973; grade 1 is the lowest grade in both the primary and middle schools, higher numbers designating progressively higher grades.

<table>
<thead>
<tr>
<th>Grade</th>
<th>No. of classes</th>
<th>No. of students</th>
</tr>
</thead>
<tbody>
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<td><strong>Primary school:</strong></td>
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<td></td>
</tr>
<tr>
<td>Day care</td>
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<td>Kindergarten</td>
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<td>16</td>
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<td>&quot; 4 (lower)</td>
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<td><strong>Middle school:</strong></td>
<td></td>
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<tr>
<td>Grade 1</td>
<td>22</td>
<td>1,136</td>
</tr>
<tr>
<td>&quot; 2</td>
<td>26</td>
<td>1,484</td>
</tr>
<tr>
<td>&quot; 3</td>
<td>27</td>
<td>1,480</td>
</tr>
<tr>
<td>&quot; 4</td>
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<tr>
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<td>5,509</td>
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<tr>
<td>Total</td>
<td>314</td>
<td>15,134</td>
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Institutional Barriers

In spite of the rather intense effort to promote family planning that has been described, institutional barriers still encourage large families and prompt a desire for male children. These barriers are primarily economic. China is basically an agrarian country whose technology is primitive and whose labor force is employed on farms. Although women's emancipation has equalized the status of the sexes and enabled women to participate in economic activities, there is still some discrimination inherent in the reward system, which bases the earning power of a worker on accumulated work points. Those tasks which require the most physical exertion are generally awarded a greater number of points. Such tasks are rarely assigned to women. Consequently, the points accumulated by women working in the fields usually amount to 5,000-6,000 a year, while men accumulate an average of 6,000-7,000.

Further, a woman may quit work entirely or be assigned to less strenuous work when she enters the third trimester of pregnancy. Later, after the birth of her child, she may take off more than the 56 holidays entitled to her, especially if there is no older woman in the household who can be a mother surrogate. But the mother is still unable to accumulate work points except by participating in productive labor. This all creates a situation where the income of the sexes is not equal and where men have a definite advantage. For cadres and people in professional ranks, the reward system is the same for both sexes; but these personnel make up only a small part of the work force.

While the Government promotes family planning as a life-style, it also provides economic incentives for having more children. In most areas a basic grain allotment is guaranteed. This constitutes the bulk of one's income in agricultural areas. The amount received is rationed according to one's age and type of occupation. Children 0-3 years of age usually receive 50 per cent of the adult ration (some locales award the full ration regardless of age). Children between three and seven generally receive 70 per cent, and the full ration is given when a child reaches age seven. Consequently, a young child that cannot consume its full share may actually bring income into the family, since the surplus can be sold back to the State for cash. While mothers may lose work points when they have children and are detained at home, this loss can be made up by the cash income accrued from sale of the surplus grain. At some point the child may consume its entire allotment, but by then it will also begin to earn work points to increase the family income.

Age-old cultural values favoring large families and male offspring also run counter to the family planning program. In rural areas, especially, many parents would still like to see their sons and daughters marry early. If the brigade should refuse the young couple marriage registration, they will sometimes have a marriage ceremony with the blessings of their parents and move in together, living as husband and wife. The brigade leaders are in a
position to refuse marriage registration if they deem the couple too young; they also have a responsibility to persuade them to delay the marriage; but they are not empowered to stop the marriage ceremony. When a child is born of such a union, it is considered legitimate and is entitled to all of a child's normal rights. Therefore, sometime between the marriage ceremony and the birth of the child, marriage certification is issued as a matter of necessity to ensure the welfare of all concerned.

Clearly, then, the norms and mores promulgated by the Government in favor of small families can be nullified by human desires, both for economic improvement and for continuity of one's blood-line from generation to generation.

Discussion and Conclusions

Birth control workers often use the four key words "late," "spaced," "small," and "good." "Late" refers to late marriage, "spaced" refers to having children four or five years apart, "small" refers to having only a few children, and "good" refers to the ability to care for and educate children properly when there are few children in the family.

There is little in the way of sex or birth control information in the schools. According to the Chinese, a high school student is too young to be thinking of marriage. Propaganda favoring late marriage is passed to older teenagers and 20-year-olds through organizations such as the Youth League.

The first concrete birth control information a couple is apt to receive is a family planning manual provided at their marriage registration. This practice, however, is not universal. It is more likely that newlyweds will only learn about family planning methods during the wife's first pregnancy or after the birth of the first child. If they are not given birth control information right away, the possibility of immediate pregnancy is very high; but if the couple does not marry until 25 and 28, and if the partners adhere to five-year spacing of their children, immediate pregnancy could be desirable in view of the mother's age.

The manner of disseminating birth control propaganda is both interesting and significant. The method involves creation of strong public sentiment, use of positive incentives and reinforcement, and emphasis on the ready availability and accessibility of family planning services. The birth control publicity campaign, in general, is a successful example of propaganda work.

The Chinese spend a great deal of time in "study" sessions concerning family planning. These are part of an overall program of mandatory study which may involve anywhere from four to 10 hours or more a week, depending on the political climate. Obviously, Chinese leaders consider this a useful way of creating social norms and instilling new values.

Study of family planning takes place under the leadership of a barefoot doctor, midwife, or community leader. The process goes something like this: The discussion leader reads from a booklet showing the advantages and desirability of limiting births. Each point is discussed in turn, and concrete local examples are usually brought in. If the discussion participants are playing the "game" correctly, someone raises objections. The group then discusses the objections and points out the error in the person's thinking. The group position, of course, is then accepted by the objector.

A person might point out, for example, that children are necessary to support parents in their old age. Others could then explain how the new society provides assistance for old age through the guarantee of food, shelter, clothing, medical care, and burial. The objector would acknowledge this. The group might then discuss various birth control methods. Various objections to each method would be raised and defeated. Thus, one person might voice concern about taking medicine which could affect a body humor, or about inserting a piece of plastic or metal into the body, or about having the tubes tied; others might then state that there are no side-effects, and perhaps some people who have already accepted the various methods would come forward to present their views.
Throughout this process, praise and other positive incentives are employed. For example, a person voicing objections is praised for caring enough to think about the potential problems; those arguing against the objections are praised for their level of understanding; and the objector, who acknowledges his errors, is then praised for his capacity to learn. Sometimes during the process someone, let’s say a woman, declares that she wishes to use a particular contraceptive method. Considerable praise is heaped upon her for her progressive thinking. This has a twofold effect. First, with all of this public praise and reinforcement, it becomes quite difficult for the woman to change her mind later or “forget” to take the pill. Second, if practicing birth control is progressive, then the implication is that those who fail to practice it are less progressive or even reactionary.

The effect of this study process is quite striking. At the beginning the people neither know nor necessarily care about birth control, but the leadership wishes to implement a program of family planning. Now, everyone may know from the beginning that the leadership’s desires will in fact prevail. But the issue is not phrased in that way. Rather than ordering people to practice birth control, the idea is to have them talk about it. By means of the discussions, everyone is drawn into the process of implementing family planning work. Once drawn in, it is very difficult to get out. Everyone learns various reasons to support family planning and also learns the arguments against various objections.

Perhaps most important, the final step in agreeing to use birth control methods is “voluntary.” This is true even though everyone “knows” at the beginning of the process that family planning work must be carried out. The voluntariness, the praise, and the publicity one receives make it very difficult to regress. This method is a powerful device for achieving compliance with socially desired norms. It also is very inexpensive, in the sense that the great bulk of the work to change attitudes and enforce decisions is handled locally, with minimum involvement, and hence expense, by the State.

This is not to suggest that all the work is done by local units, or that people come to adopt family planning only because their minds were changed during the educational process described above. On the contrary, central and local efforts are combined, as are ideological and material incentives.

The State sets policies which make family planning a high-priority item. It also prints the brochures and supports the training of the barefoot doctors, midwives, and others. More directly, the State invests in factories and distribution systems for birth control pills and devices, and gives most of these to the public free of charge. It also subsidizes sterilizations and other family planning activities performed in hospitals, such as abortions and even health education.

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The barefoot doctors and midwives play a pivotal role in the family planning program. As mentioned above, they lead the discussions on family planning work. Because they are local people with good local ties, their advice carries a great deal of weight, certainly much more than that of any stranger coming to talk about family planning.

Moreover, these practitioners are extremely important in implementing family planning work after the initial decisions have been made. In several communities that we saw, the local practitioners kept a card on each married woman of childbearing age that specified the birth control method being used. This procedure put pressure on both the practitioner and the woman being registered to have her specify, and hence use, some contraceptive method. Moreover, since pills and IUDs are the preferred methods, a woman not using either would feel somewhat isolated when figures are made public.

The barefoot doctor and midwife have the additional function of delivering the pills. That is, on the proper day each month the local practitioner arrives with either a packet of 22 pills or the monthly pill. Such a practice makes it extremely difficult and embarras-
sing for the user to "forget" to take the pill.

There is a final point related to family planning. We left China convinced of the claim that there is virtually no premarital sex, or that it is extremely rare. What impressed us most in this regard was the reaction of Shan-yang medical students, who were giggling like teenagers when we asked them about premarital sex. The dean of the school also thought this funny and explained to us that these students did not even know what we were talking about. A similar impression was made by difficulties encountered in trying to get adults of various communes and neighborhoods, including health professionals, to talk about sexual matters directly and without embarrassment.

These impressions were reinforced by the general structure of family planning work. If the hospitals and local practitioners handle all insertions of IUDs and control the supply of pills, then it would be extraordinarily difficult for an unmarried person to get these birth control materials. We asked a clerk in a store that sold condoms whether unmarried persons could purchase condoms, and his answer was that he would not sell any to such persons. When asked how he would know whether a customer was married or not, he expressed considerable surprise and said "Of course I would know, I know everyone in this area." Once again, we encounter this important phenomenon of the production unit being very local and very close.

In discussing the critical issues of family planning in China before we embarked on the trip, one astute observer remarked that we should not feel that the situation with respect to premarital sex in China is particularly unusual or unique. Theoretically, the issue is at what point a person expects to have intercourse for the first time. If the age of expectation is 15, then interest begins to develop as of that time and possible frustration occurs if the expectation is not fulfilled. On the other hand, if the age is 25, as in the Chinese case, then expectation does not develop until around that time.

The speaker was probably thinking of Ireland and Greece as two Western examples of places where, at least until quite recently, the incidence of premarital sex was low and marriage took place at a relatively late age. These societies did not break up because of a high level of sexual frustration. In the case of China, the idea of late marriage is reinforced by a puritanical outlook and by a mass culture where individuals subjugate their personal desires to what is believed to be the collective good of society.

With the kind of local organizations and manpower resources available, China has the capacity to bring its population growth under control within a short period of time. The State's extraordinary ability to make people change their customary thinking and practices has proven a highly successful tool in many areas, including women's rights, citizen's participation in decision-making, and acquisition of hygienic habits. China's national leaders filter central policies through the intermediate levels of provincial, city, and county governments to the communal and neighborhood levels. Then the local leadership, to one degree or another, sets family planning as a priority. Since this type of government involves considerable decentralization and local autonomy, the big wheel and the little wheel must turn simultaneously to effectively implement family planning programs in cities and the countryside. That is, successful family planning in China depends on the coordination of central policy and local effort.

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SUMMARY

China’s family planning efforts give the appearance of being substantial and effective, though in terms of hard data the precise degree of success achieved is hard to gauge. The author’s five-week tour of China, upon which this article is based, showed a country that seemed capable of controlling its rate of population growth, but it was unclear whether the desired level of growth had in fact been attained.

What was clear is that several unusual ingredients are primarily responsible for the marked progress made to date. Foremost among them is a public attitude of strict adherence to a moral code which effectively limits sexual relations to married couples and which encourages delay of marriage well beyond the teenage years. Enhancing this, a wide-ranging State publicity campaign promotes birth control through public address systems, brochures given newlyweds, classes and information provided to expectant parents, discussion groups designed to elicit “voluntary” adoption of birth control methods, and other means. To complement this, the Government provides a nationwide network of free or nearly free family planning services organized down to the local level and fully equipped to assist with contraception, sterilization, or termination of pregnancy upon request. Although general statistics have not been made available, it seems obvious that a substantial reduction in China’s potential rate of population growth has been achieved.

REFERENCES


